

# Directory of Approved Internships and Residencies

1971-72

THE NATIONAL INTERN MATCHING PROGRAM FOR 1972  
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

**DIRECTORY**  
**OF**  
**APPROVED INTERNSHIPS**  
**AND RESIDENCIES**

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**1971-1972**

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**INCLUDES:**

**INFORMATION ON THE NATIONAL INTERN AND RESIDENT MATCHING PROGRAM FOR 1972**

**ESSENTIALS OF AN APPROVED INTERNSHIP**

**ESSENTIALS OF APPROVED RESIDENCIES**

**REQUIREMENTS FOR CERTIFICATION BY AMERICAN SPECIALTY BOARDS**

**ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES**

# Directory of Approved Internships and Residencies

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The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-38 appears in the November 22, 1971 (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau and the administrative staff of the Department; to Thomas Kulak and James Schneider of the EDP Services Section; to Herbert Salinger, Special Projects Section; and to the staff of the National Intern and Resident Matching Program.

page numbers in the Index Number of JAMA dated December 27, 1971.

The other material published in this Directory does not appear in the November 22, 1971, 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 22 issue, along with the regular copies of JAMA that make up Volume 218.

# Annual Report on Graduate Medical Education in the United States

This is the 44th report on Graduate Medical Education in the United States, consisting of an analysis of the distribution and performance of approved graduate training programs for the academic year 1970-71. Except as otherwise specified, the data reported here were obtained from hospitals as of September 1, 1970, and therefore the performance data are one year old when published. Most tables contain a column projecting the number of positions to be offered for the academic year 1972-73.

The Education Number of *The Journal* for November 22, 1971, will also include most of the material in this Annual Report as well as the two following sections on Special Studies and Special Reports, Announcements and Notices. The remainder of the *Directory of Approved Internships and Residencies* is too large to be included in *The Journal* so that only the above three portions will actually be published twice.

The *Directory of Approved Internships and Residencies*, a complete manual of information on graduate medical education, includes a Consolidated List of Hospitals approved for graduate training, a detailed list of approved internship programs, detailed lists of residency programs by specialty, the Essentials of an Approved Internship, the Essentials of Approved Residencies, full details on the National Intern and Resident Matching Program (NIRMP), the Requirements of the American Specialty Boards, and an extract of the Medical Licensure Requirements, which had been published in full in the State Board Number of *The Journal* for June 14, 1971.

The *Directory of Approved Internships and Residencies* also serves as the Directory for the National Intern and Resident Matching Program (NIRMP). The Directory is sent to all fourth-year medical students in the United States for use in the NIRMP; in addition, it is sent to all third-year students to enable them to become familiar, by the time they enter the last year of undergraduate medical education, with the established programs and the policies pertaining to graduate medical education. Approximately 50,000 copies of the Directory are distributed to institutions, organizations, and agencies in the United States having need for it. Copies are sent to the United States Department of State for its information centers in overseas locations, and to each recognized foreign medical school listed in the World Directory of Medical Schools, published by the World Health Organization. It is intended that a copy of the Directory be available to each medical school library, in the United States and elsewhere throughout the world, to be bound with the library's copy of *JAMA*.

The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service in furnishing "tear-sheets" of lists of the approved internships and residencies to physicians in foreign countries requested for the examination. Copies of the Directory are not sent to individuals outside the United States. Single copies of the Directory, as well as the separate Essentials and Board Requirements, are available, upon request, for distribution within the United States.

Two additional sections follow immediately after the Annual Report. The first consists of Special Studies, indicating the distribution of foreign medical graduates, of osteopaths in graduate medical education, of negro physicians serving in internships and residencies, and of women in graduate education.

The second section, Special Reports, Announcements and Notices, summarizes changes in policy of the Council on Medical Education, the various residency review committees, specialty boards, revisions in the Essentials, new Guides to residency programs, residency appointment procedures, and other topics of interest in graduate education.

## Graduate Education in Canada

The performance data in the Directory of Approved Internships and Residencies are limited to programs in the United States, Puerto Rico, and the Canal Zone. Information is not included on graduate training opportunities in other countries except for publication of a list of junior rotating internships in Canada. Such internships are approved by the Canadian Medical Association and are listed in the Directory only as a courtesy and a service to our Canadian neighbors. Their acceptability for purposes of licensure in the United States is determined individually by each state medical board. Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74, Stanley Avenue, Ottawa, Ontario, Canada.

## Issuance of the Directory

The Directory for 1970-71 was omitted because of difficulties encountered in the computer-programming of information gathered as of September 1, 1969. The preceding edition, the 1969-70, issued in November, 1969, contained data as of September 1, 1968. The statistics gathered for the unpublished 1970-71 Directory have been prepared in table form, and will be available upon request to institutions and organizations having a need for them. In most cases, however, the following comments will refer to statistics as of September 1, 1969, as well as to statistics as of September 1, 1968 and published in the 1969-70 Directory. To assist fourth-year medical students in applying for internships during the summer and fall of 1971, a special "preprint" of the internship information that would have appeared in the 1970-71 Directory was distributed to the medical schools along with a copy of the supplementary list of the NIRMP.

The 1971-72 Directory is being issued by means of computerized printouts, and the book has a markedly changed appearance. Of necessity, some information previously included in the various sections has been omitted. It is planned to issue the 1972-73 Directory in October, 1972, and forms to gather information as of September 1, 1971, will be sent to institutions with approved programs about November 1, 1971. Because of the complex nature of the computerization of information in the Directory, some errors inevitably creep into the listings. Program directors, when supplying the requested information for the next Directory should indicate any listings in the current Directory that are inappropriate to their program. With the integration of two or more facilities in many training programs, and particularly with the probable coordination of internship and residency programs, it is necessary for program directors to agree upon uniform listings for teaching complexes. Program directors contemplating integration of facilities of one hospital with other hospitals should refer to the Consolidated List to determine the overall heading currently used to designate graduate training programs approved for these hospitals.

## GRADUATE MEDICAL EDUCATION

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

Type of Internship	Affiliated Status	Number of Internships					Number of Interns on Duty			
		No. of Approved Programs	Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Graduates U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage Foreign Grads. in Filled Positions	Total Internship Positions Offered 1972-1973
<b>ROTATING— NO MAJOR EMPHASIS:</b>	Affiliated	314	2,908	2,135	773	73	1,515	620	29	2,192
	Nonaffiliated	209	1,852	1,194	658	64	378	816	68	1,692
	<b>Total</b>	<b>523</b>	<b>4,760</b>	<b>3,329</b>	<b>1,431</b>	<b>70</b>	<b>1,893</b>	<b>1,436</b>	<b>43</b>	<b>3,884</b>
<b>ROTATING— MAJOR EMPHASIS ON: Internal Medicine</b>	Affiliated	238	1,135	930	205	82	696	234	25	920
	Nonaffiliated	116	425	323	102	76	107	216	67	387
	<b>Total</b>	<b>354</b>	<b>1,560</b>	<b>1,253</b>	<b>307</b>	<b>80</b>	<b>803</b>	<b>450</b>	<b>36</b>	<b>1,307</b>
Surgery	Affiliated	249	1,071	810	261	76	538	272	34	911
	Nonaffiliated	125	560	382	178	68	116	266	70	507
	<b>Total</b>	<b>374</b>	<b>1,631</b>	<b>1,192</b>	<b>439</b>	<b>73</b>	<b>654</b>	<b>538</b>	<b>45</b>	<b>1,418</b>
Obstetrics-Gynecology	Affiliated	167	382	232	150	61	176	56	24	335
	Nonaffiliated	71	110	61	49	55	23	38	62	116
	<b>Total</b>	<b>238</b>	<b>492</b>	<b>293</b>	<b>199</b>	<b>60</b>	<b>199</b>	<b>94</b>	<b>32</b>	<b>451</b>
Pediatrics	Affiliated	153	307	215	92	70	166	49	23	281
	Nonaffiliated	56	91	52	39	57	21	31	60	93
	<b>Total</b>	<b>209</b>	<b>398</b>	<b>267</b>	<b>131</b>	<b>67</b>	<b>187</b>	<b>80</b>	<b>30</b>	<b>374</b>
Pathology	Affiliated	94	123	74	49	60	56	18	24	116
	Nonaffiliated	28	35	14	21	40	6	8	57	26
	<b>Total</b>	<b>122</b>	<b>158</b>	<b>88</b>	<b>70</b>	<b>56</b>	<b>62</b>	<b>26</b>	<b>30</b>	<b>142</b>
Psychiatry	Affiliated	91	202	151	51	75	139	12	8	234
	Nonaffiliated	18	29	19	10	66	13	6	32	25
	<b>Total</b>	<b>109</b>	<b>231</b>	<b>170</b>	<b>61</b>	<b>74</b>	<b>152</b>	<b>18</b>	<b>11</b>	<b>259</b>
Radiology	Affiliated	79	94	63	31	67	55	8	13	89
	Nonaffiliated	22	23	13	10	57	7	6	46	18
	<b>Total</b>	<b>101</b>	<b>117</b>	<b>76</b>	<b>41</b>	<b>65</b>	<b>62</b>	<b>14</b>	<b>18</b>	<b>107</b>
Anesthesiology	Affiliated	70	82	38	44	46	34	4	11	104
	Nonaffiliated	20	18	6	12	33	1	5	83	15
	<b>Total</b>	<b>90</b>	<b>100</b>	<b>44</b>	<b>56</b>	<b>44</b>	<b>35</b>	<b>9</b>	<b>20</b>	<b>119</b>
All of Above	Affiliated	55								815
	Nonaffiliated	13								211
	<b>Total</b>	<b>68</b>								<b>1,026</b>
Total Rotating (Major Emphasis)	Affiliated	1,196	3,396	2,513	883	74	1,860	653	26	3,805
	Nonaffiliated	469	1,291	870	421	67	294	576	66	1,398
	<b>Total</b>	<b>1,665</b>	<b>4,687</b>	<b>3,383</b>	<b>1,304</b>	<b>72</b>	<b>2,154</b>	<b>1,229</b>	<b>36</b>	<b>5,203</b>
<b>STRAIGHT Internal Medicine</b>	Affiliated	262	2,701	2,391	310	89	2,133	258	11	3,072
	Nonaffiliated	40	190	153	37	81	108	45	29	210
	<b>Total</b>	<b>302</b>	<b>2,891</b>	<b>2,544</b>	<b>347</b>	<b>88</b>	<b>2,241</b>	<b>303</b>	<b>12</b>	<b>3,282</b>
Surgery	Affiliated	212	1,438	1,130	308	79	959	171	15	1,650
	Nonaffiliated	39	114	68	46	60	20	48	71	129
	<b>Total</b>	<b>251</b>	<b>1,552</b>	<b>1,198</b>	<b>354</b>	<b>77</b>	<b>979</b>	<b>219</b>	<b>18</b>	<b>1,779</b>
Pediatrics	Affiliated	158	953	838	115	88	746	92	11	1,071
	Nonaffiliated	17	35	24	11	69	14	10	42	53
	<b>Total</b>	<b>175</b>	<b>988</b>	<b>862</b>	<b>126</b>	<b>87</b>	<b>760</b>	<b>102</b>	<b>12</b>	<b>1,124</b>
Pathology	Affiliated	149	358	173	185	48	134	39	23	380
	Nonaffiliated	20	25	7	18	28	4	3	43	31
	<b>Total</b>	<b>169</b>	<b>383</b>	<b>180</b>	<b>203</b>	<b>47</b>	<b>138</b>	<b>42</b>	<b>23</b>	<b>411</b>
Obstetrics-Gynecology	Affiliated	53	84	50	34	60	47	3	6	150
	Nonaffiliated	13	9	6	3	67	1	5	83	21
	<b>Total</b>	<b>66</b>	<b>93</b>	<b>56</b>	<b>37</b>	<b>60</b>	<b>48</b>	<b>8</b>	<b>14</b>	<b>171</b>
Total Straight	Affiliated	834	5,534	4,582	952	83	4,019	563	12	6,323
	Nonaffiliated	129	373	258	115	69	147	111	43	444
	<b>Total</b>	<b>963</b>	<b>5,907</b>	<b>4,840</b>	<b>1,067</b>	<b>82</b>	<b>4,166</b>	<b>674</b>	<b>14</b>	<b>6,767</b>
<b>Grand Totals</b>	Affiliated	2,344	11,838	9,230	2,608	78	7,394	1,836	20	12,320
	Nonaffiliated	807	3,516	2,322	1,194	66	819	1,503	65	3,534
	<b>Total</b>	<b>3,151</b>	<b>15,354</b>	<b>11,552</b>	<b>3,802</b>	<b>75</b>	<b>8,213</b>	<b>3,339</b>	<b>29</b>	<b>15,854</b>

## Internship Programs

Until the past year or two, final responsibility for approval of internship programs has rested with the Council on Medical Education, assisted in the review of individual programs by the Internship Review Committee. The Review Committee, which 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, has continued to evaluate rotating internships, at its meetings three times a year. The evaluation of straight internships, however, has now been delegated to the Residency Review Committees in the specialties of internal medicine, general surgery, pediatrics, pathology, and obstetrics-gynecology.

The House of Delegates of the American Medical Association in December, 1970, approved the third of a series of three actions aimed at the integration of the internship and residency years, emphasizing the continuum of undergraduate and graduate medical education. Details of the report are given in full in the section on "Special Reports, Announcements, and Notices."

The new policy becomes fully effective July 1, 1975; in the interim, hospitals with rotating internships will continue to be evaluated by the Internship Review Committee.

Table 1.—Number of Internships, 1961-1970

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
1961-1962	816	12,074	8,173	68
1962-1963	789	12,024	8,805	73
1963-1964	765	12,229	9,636	79
1964-1965	757	12,728	10,097	79
1965-1966	772	12,954	9,670	75
1966-1967	816	13,569	10,366	76
1967-1968	853	13,761	10,419	76
1968-1969	821	14,112	10,464	75
1969-1970	900	15,003	10,808	72
1970-1971	896	15,354	11,552	75

Table 1 is the 10-year record on internship supply and demand. In subsequent years, these data should become less significant, as compared to the total data for all graduate education, as an increasing number of specialties organize programs in which the graduate years will form a continuum, with the free-standing internship consequently less evident. Although a slightly smaller number of hospitals offered internship programs beginning in the academic year July 1, 1970, the number of positions offered increased, and the number of interns serving in such programs also increased. The number of internship positions offered, 15,354, was the largest number offered to date; the number of positions filled also was the largest number, with 75% of the available positions filled.

Table 2 indicates that 8,213 U.S. and Canadian graduates and 3,339 foreign graduates were serving as interns on September 1, 1970. For September 1, 1969, the comparable figures were 7,869 and 2,939. Thus, the number of U.S. and Canadian graduates serving internships increased in 1970 by 344; the number of foreign graduates increased by 400.

The total number of U.S. medical school graduates for the academic year 1968-69 was 8,059, while as of September 1, 1969, 7,869 were serving internships, apparently indicating that at least 190 did not immediately begin an internship. For the academic year 1969-70, of the total of 8,367 U.S. graduates, 8,213 U.S. and Canadian graduates were in internships as of September 1, 1970, leaving at least 154 U.S. graduates who did not enter an internship.

## Internships by Type of Service

Table 2 identifies internships by type of service and medical school affiliations, indicating the number and percentage of positions filled by U.S. and Canadian and by foreign graduates. The number of straight internship programs and the number of positions increased in September, 1970, while rotating internships with a major emphasis on a specialty area and the rotating with no major emphasis both declined, with respect to the number of programs and the total number of positions offered. The number of positions filled also showed the same trend, with the best filling rate among the straight internships with 82% of these positions filled, followed by the rotating with an emphasis on the specialty area filling 72%, and the traditional rotating 0 internship filling 70%. The straight internships were also apparently more desirable to U.S. and Canadian graduates, as foreign graduates in the filled positions comprised only 14%; of the rotating internships with a major emphasis on a specialty, 36% of the total positions filled were by foreign graduates; of the traditional rotating 0 internship, 43% of the positions were filled by foreign graduates.

Table 3 shows the trend since 1960 in the distribution of rotating and straight internships. For the past 5 years, more than half of the internship programs offered have been rotating internships with an emphasis on a specialty; more than one-fourth have been straight internships with training provided on a single specialty. The growing emphasis on graduate education as a continuum has apparently spurred the increase of straight internships, so that for the academic year beginning July 1, 1970, they now comprise almost one-third of all programs and well over one-third of all positions offered. They account for almost 42% of the positions filled for September 1, 1970, having increased from 38% as of September 1, 1969, and 31% as of September 1, 1968. The proportion of interns in the traditional internship has dwindled from 39% accepting a rotating 0 internship out of the total number of filled internships as of September 1, 1968, to 30% in September, 1969, and 29% in 1970.

Table 3.—Types of Internship Programs Offered 1966-1970

Academic Year	Types of Programs								Totals
	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		
	No.	%	No.	%	No.	%	No.	%	
1960-61	817	70	69	6	276	24	5	..	1,167
1961-62	737	61	107	9	359	30	9	..	1,212
1962-63	697	56	133	11	391	32	14	1	1,235
1963-64	661	52	153	12	432	34	17	1	1,263
1964-65	658	50	189	14	467	35	14	1	1,328
1965-66	641	45	251	17	531	37	17	1	1,440
1966-67	568	24	1,211	51	582	24	17	5	2,378
1967-68	563	20	1,502	54	687	25	16	..	2,768
1968-69	581	21	1,504	54	703	25	..	..	2,788
1969-70	504	17	1,675	57	714	25	29	1	2,922
1970-71	523	17	1,665	53	963	30	..	..	3,151

\*Listed in tables previous to 1966-67 as "mixed" internships.

At present, two types of internships are approved by the Council on Medical Education: (1) rotating, which includes training of 12 to 24 months on two or more clinical services, one of which must consist of not less than 4 months on internal medicine; in a 12-month internship, the remaining time may be devoted to the surgical, pediatrics, and obstetrics-gynecology services, or a specific service of major emphasis may be identified to provide four to eight months of training. Such rotating internships are listed in the Directory with an appropriate designation by number of the area of emphasis; (2) straight internships, providing training on a

## GRADUATE MEDICAL EDUCATION

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

Control	Number of Internships						Number of Interns on Duty			Total Internship Positions Offered 1972-1973
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Grads., U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
Combined Hospitals	100	266	1,918	1,520	398	79	1,322	198	13	2,108
<b>Totals</b>	<b>100</b>	<b>266</b>	<b>1,918</b>	<b>1,520</b>	<b>398</b>	<b>79</b>	<b>1,322</b>	<b>198</b>	<b>13</b>	<b>2,108</b>
<b>Federal</b>										
U.S. Air Force	7	46	114	96	18	84	96	..	..	121
U.S. Army	7	36	210	201	9	96	201	..	..	222
U.S. Navy	9	73	188	184	4	98	184	..	..	181
U.S. Public Health Service	7	18	103	88	15	85	86	2	2	103
Veterans Administration	36	16	151	96	55	64	78	18	19	166
Other Federal	2	3	28	18	10	64	17	1	6	28
<b>Totals</b>	<b>68</b>	<b>192</b>	<b>794</b>	<b>683</b>	<b>111</b>	<b>86</b>	<b>662</b>	<b>21</b>	<b>3</b>	<b>821</b>
<b>Governmental Non-Federal</b>										
State	47	202	1,133	915	218	81	835	80	9	1,240
County	37	155	1,155	917	238	79	766	151	16	1,160
City	43	131	798	619	179	78	399	220	36	805
City-County	9	37	267	199	68	75	192	7	4	255
Hospital District	6	26	181	149	32	82	129	20	13	208
<b>Totals</b>	<b>142</b>	<b>551</b>	<b>3,534</b>	<b>2,799</b>	<b>735</b>	<b>79</b>	<b>2,321</b>	<b>478</b>	<b>17</b>	<b>3,668</b>
<b>Non-Governmental Non-Profit</b>										
Church Related	181	694	2,445	1,501	944	61	762	739	49	2,508
Non-Profit Corporation	396	1,416	6,527	4,967	1,560	76	3,110	1,857	37	6,602
<b>Totals</b>	<b>577</b>	<b>2,110</b>	<b>8,972</b>	<b>6,468</b>	<b>2,504</b>	<b>72</b>	<b>3,872</b>	<b>2,596</b>	<b>40</b>	<b>9,110</b>
<b>Proprietary</b>										
Corporation	9	32	136	82	54	60	36	46	56	147
<b>Totals</b>	<b>9</b>	<b>32</b>	<b>136</b>	<b>82</b>	<b>54</b>	<b>60</b>	<b>36</b>	<b>46</b>	<b>56</b>	<b>147</b>
<b>Grand Totals</b>	<b>896</b>	<b>3,151</b>	<b>15,354</b>	<b>11,552</b>	<b>3,802</b>	<b>75</b>	<b>8,213</b>	<b>3,339</b>	<b>29</b>	<b>15,854</b>

single service, such as internal medicine, surgery, pediatrics, obstetrics-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty.

For 1970-71, the average number of internship positions available per hospital was 17.1, and the average number of interns on duty was 12. These statistics have remained constant, despite the varying number of positions offered in the types of internships, for September 1969, and for September, 1968.

#### Family Practice Residencies

In previous reports, the number of first-year positions filled in the family practice residencies have been tabulated with the internships, and have also been included in the list of internships for the purposes of the National Intern and Resident Matching Program. Beginning with the current, 1971-72 issue of the Directory, the dual listing of these programs in the internship list and the residency section has been discontinued. Family practice programs are listed along with the other residencies in that section of the Directory, and their statistics included in the statistics for residency programs.

#### Two-Year Internships

In accord with the wishes of the House of Delegates, the Council's staff has continued to advise hospitals of the possibility of establishing two-year internships, in those institutions having fully approved one-year internships, to prepare young physicians for general practice.

The hospitals approved on this basis are listed as offering a "rotating 00" internship, to designate those hospitals that offer some appointments of longer than 12 months' duration. The hospitals are not required to offer a specific number of two-year internships, nor to offer a full 12-month appoint-

ment following the initial 12-month internship, if the trainee should desire a shorter appointment.

#### Internships by Type of Hospital Control

Table 4 again includes the term "combined hospitals," to record the growing number of programs using the resources of two or more hospitals in more than one of the listed categories of type of hospital control. The number of hospitals in this category increased from 37 recorded as of September 1, 1968, and 73 recorded September 1, 1969, to 100 listed for September 1, 1970. These hospitals represented 11% of the hospitals offering internships, but obtained 13% of all of the interns, and 16% of the graduates of U.S. and Canadian schools. The federal hospitals, as before, comprised about 7% of the total number of hospitals, obtained 6% of all interns, and 8% of the U.S. and Canadian graduates. It should be noted that the combined hospitals group probably includes a number of Veterans Administration Hospitals that are "Dean's Committee" hospitals.

As has been true in the past several years, the governmental, non-federal hospitals proved most attractive, and, although they represented only 15% of all hospitals, they obtained 24% of all interns, and 28% of the U.S. and Canadian graduates. The non-governmental, non-profit hospitals comprise 64% of the hospitals, obtained 56% of the interns, and 47% of the United States and Canadian graduates. For 1969, there was a similar distribution, with the non-governmental non-profit category of hospitals comprising 67% of the hospitals, obtaining 55% of the interns available, and 48% of the United States and Canadian graduates.

Further comparison of the two groups of hospitals show that the percentage of foreign graduates in filled positions in governmental, non-federal hospitals was 17% as of September 1, 1970, while it was 40% in the non-governmental non-profit group. For 1969, the percentages were 18 and 37, re-



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

Classification	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Internship Positions Offered 1972-1973
			Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Grads., U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
<b>Affiliated</b>										
Combined Hospitals	90	240	1,725	1,380	345	80	1,272	108	8	1,914
Less than 200 Beds	55	124	668	559	109	84	502	57	10	701
200-299	58	137	598	453	145	76	274	179	40	619
300-499	208	1,668	3,153	2,232	921	71	1,536	696	31	3,289
500-Over	211	1,009	5,694	4,606	1,088	81	3,810	796	17	5,797
<b>Totals</b>	<b>622</b>	<b>2,344</b>	<b>11,838</b>	<b>9,230</b>	<b>2,608</b>	<b>78</b>	<b>7,394</b>	<b>1,836</b>	<b>20</b>	<b>12,320</b>
<b>Non-Affiliated</b>										
Combined Hospitals	10	26	193	140	53	73	50	90	64	194
Less than 200 Beds	20	30	149	94	55	63	33	61	65	146
200-299	74	145	717	455	262	63	76	379	83	705
300-499	122	752	1,477	940	537	64	277	663	71	1,549
500-Over	48	230	980	693	287	71	383	310	45	940
<b>Totals</b>	<b>274</b>	<b>807</b>	<b>3,516</b>	<b>2,322</b>	<b>1,194</b>	<b>66</b>	<b>819</b>	<b>1,503</b>	<b>65</b>	<b>3,534</b>
<b>Grand Totals</b>	<b>896</b>	<b>3,151</b>	<b>15,354</b>	<b>11,552</b>	<b>3,802</b>	<b>75</b>	<b>8,213</b>	<b>3,339</b>	<b>29</b>	<b>15,854</b>

spectively. The overall percentage of foreign graduates for all hospitals is 31% of the total number filling internships, but the single group with the highest proportion of foreign graduates for September 1, 1970, was the church related, non-governmental non-profit group, with 49% foreign graduates in the filled positions. These data are consistent with the records for 1969 and 1968. While there was an increase in the total number of hospitals involved in intern training since September 1, 1968, there was a slight decrease in the non-governmental non-federal group, and an increase in the federal group, as well as in the combined hospitals. Although the number of non-governmental non-profit institutions offering internships decreased, the number of their programs increased and also the number of positions being offered, during the periods from September 1, 1968, through 1969 and to September 1, 1970. When judged by these recruitment data, the hospitals with the poorest record are the church-related hospitals, in the category of non-governmental non-profit institutions, as they filled only 61% of the positions they offered and 49% of such positions are filled with foreign graduates.

Study of the internship positions to be offered for the year 1972-73 indicates that the desire for interns continues unabated, with an overall total increase of 500, or 3%.

#### Internships by Medical School Affiliation and Bed Capacity

Table 5 confirms the continuing trend toward affiliation with medical schools, with 69% of the hospitals affiliated in 1970 with medical schools as compared with 63% as of September 1, 1969, and 52% in 1968. The hospitals not affiliated with medical schools were, in general, smaller in size, with 82% having less than 500 beds, and the largest single group, 122, with 300 to 499 beds, comprising 15% of the non-affiliated hospitals.

For the affiliated hospital group, 67% had 300 beds or more, and those in the largest single group, with 500 beds or more, totaled 211, or 34%.

Overall, 75% of the positions were filled, but 78% of the positions in affiliated hospitals were filled and only 66% in the non-affiliated hospitals.

The affiliated hospitals obtained 90% of the U.S. and Canadian graduates, while the non-affiliated hospitals obtained only 10%, or 819. This number of U.S. and Canadian graduates comprised only 32% of all interns filling positions in non-affiliated hospitals, in contrast to the 7,394, or 80%, in filled positions in affiliated hospitals.

The 1,503 foreign graduates in non-affiliated hospitals comprised 45% of all those available, and they also comprised 65% of all interns on duty in non-affiliated hospitals. The 1,836 foreign graduates in affiliated hospitals comprised 55% of all foreign graduates serving as interns, but only 18% of the interns in affiliated hospitals. The data for 1970, as for 1969, indicated an increased number of foreign graduates serving in affiliated hospital programs, but also an increased number of U.S. and Canadian graduates, giving the affiliated hospitals an increased share of the total intern population available.

Thus, in approximate terms, the trend toward increased activity in affiliated hospitals has accelerated so that there are nine times as many U.S. and Canadian graduates in affiliated hospitals as there are in non-affiliated hospitals. There are four times as many U.S. and Canadian graduates as there are foreign medical graduates in affiliated hospitals. In previous years, in September, 1968, there were 4.5 times as many U.S. and Canadian graduates in affiliated hospitals as there were in non-affiliated hospitals, and six times as many U.S. and Canadian graduates as there were foreign medical graduates in affiliated hospitals. For 1969, the proportions were six times as many, and four times, respectively. In the non-affiliated hospitals, the ratio of foreign medical graduates on duty to U.S. and Canadian graduates in the non-affiliated hospitals is 2:1; the ratio of foreign graduates to U.S. and Canadian graduates in the affiliated hospitals is 1 to 4.

#### Internships by Census Region and State

Table 6 indicates that, since publication of statistics for September 1, 1968, the number of hospitals offering internships increased by 75, and the number of programs increased by 363, so that the current statistics cover 896 hospitals, and 3,151 programs, offering 15,354 positions. In September, 1969, 900 hospitals offered internships, with a total of 2,922 programs, and 15,003 positions. In 1968, 821 hospitals offered 2,788 programs with a total of 14,112 positions.

Although the comparative performance in each of the census divisions fluctuated only slightly, several interesting changes became apparent as of September 1, 1970. In the largest census region, the Middle Atlantic, which includes New Jersey, New York, and Pennsylvania, there was an increase in the percentage of positions filled, and, surprisingly, a decrease in the percentage of foreign graduates in such filled positions. The principal change was an improvement



## GRADUATE MEDICAL EDUCATION

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

Census Division, Region, and State	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Internship Positions Offered 1972-1973
			Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Per- centage Filled	Grads., US, Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
<b>NORTHEAST</b>										
<b>New England</b>										
Connecticut	23	79	328	240	88	73	132	108	45	344
Maine	1	4	15	15	0	100	15	0	0	15
Massachusetts	38	93	575	511	64	89	334	177	35	514
New Hampshire	1	3	30	30	0	100	30	0	0	29
Rhode Island	5	18	90	67	23	74	27	40	60	100
Vermont	1	4	34	32	2	94	32	0	0	30
<b>Totals</b>	<b>69</b>	<b>201</b>	<b>1,072</b>	<b>895</b>	<b>177</b>	<b>83</b>	<b>570</b>	<b>325</b>	<b>36</b>	<b>1,032</b>
<b>Middle Atlantic</b>										
New Jersey	37	123	509	348	161	68	54	294	84	534
New York	119	413	2,433	2,017	416	83	1,111	906	45	2,453
Pennsylvania	78	295	1,131	786	345	69	545	241	31	1,190
<b>Totals</b>	<b>234</b>	<b>831</b>	<b>4,073</b>	<b>3,151</b>	<b>922</b>	<b>77</b>	<b>1,710</b>	<b>1,441</b>	<b>46</b>	<b>4,177</b>
<b>NORTH CENTRAL</b>										
<b>East North Central</b>										
Illinois	50	186	1,026	749	277	73	350	399	53	1,086
Indiana	18	41	215	145	70	67	140	5	3	209
Michigan	43	181	627	464	163	74	296	168	36	664
Ohio	51	236	943	634	309	67	375	259	41	919
Wisconsin	14	55	240	154	86	64	113	41	27	242
<b>Totals</b>	<b>176</b>	<b>699</b>	<b>3,051</b>	<b>2,146</b>	<b>905</b>	<b>70</b>	<b>1,274</b>	<b>872</b>	<b>41</b>	<b>3,120</b>
<b>West North Central</b>										
Iowa	10	29	135	75	60	56	60	15	20	132
Kansas	5	30	81	55	26	68	47	8	15	98
Minnesota	14	45	292	212	80	73	185	27	13	308
Missouri	21	84	428	242	186	57	202	40	17	433
Nebraska	11	28	100	64	36	64	63	1	2	108
North Dakota	1	1	12	2	10	17	0	2	100	12
South Dakota	4	4	16	15	1	94	7	8	53	18
<b>Totals</b>	<b>66</b>	<b>221</b>	<b>1,064</b>	<b>665</b>	<b>399</b>	<b>63</b>	<b>564</b>	<b>101</b>	<b>15</b>	<b>1,109</b>
<b>SOUTH</b>										
<b>South Atlantic</b>										
Delaware	1	10	24	20	4	83	15	5	25	25
District of Columbia	24	54	335	256	79	76	200	56	22	347
Florida	20	54	361	294	67	81	215	79	27	364
Georgia	15	33	242	147	95	61	139	8	5	235
Maryland	20	111	443	328	115	74	184	144	44	472
North Carolina	7	32	212	166	46	78	154	12	7	218
South Carolina	5	20	84	51	33	61	49	2	4	105
Virginia	13	52	269	212	57	79	189	23	11	276
West Virginia	4	25	68	24	44	35	14	10	42	63
<b>Totals</b>	<b>109</b>	<b>391</b>	<b>2,038</b>	<b>1,498</b>	<b>540</b>	<b>74</b>	<b>1,159</b>	<b>339</b>	<b>23</b>	<b>2,105</b>
<b>East South Central</b>										
Alabama	14	27	158	87	71	55	87	0	0	164
Kentucky	12	27	133	79	54	59	68	11	14	129
Mississippi	3	21	63	55	8	87	51	4	7	81
Tennessee	15	69	295	193	102	65	184	9	5	297
<b>Totals</b>	<b>44</b>	<b>144</b>	<b>649</b>	<b>414</b>	<b>235</b>	<b>64</b>	<b>390</b>	<b>24</b>	<b>6</b>	<b>671</b>
<b>West South Central</b>										
Arkansas	3	22	74	46	28	62	46	0	0	82
Louisiana	15	53	259	160	99	62	151	9	6	275
Oklahoma	11	33	95	52	43	55	51	1	2	102
Texas	34	136	621	474	147	76	409	65	14	648
<b>Totals</b>	<b>63</b>	<b>244</b>	<b>1,049</b>	<b>732</b>	<b>317</b>	<b>70</b>	<b>657</b>	<b>75</b>	<b>10</b>	<b>1,107</b>
<b>WEST</b>										
<b>Mountain</b>										
Arizona	11	37	110	98	12	89	76	22	22	122
Colorado	13	29	195	181	14	93	166	15	8	209
New Mexico	3	7	36	35	1	97	35	0	0	27
Utah	6	14	94	56	38	60	55	1	2	96
<b>Totals</b>	<b>33</b>	<b>87</b>	<b>435</b>	<b>370</b>	<b>65</b>	<b>85</b>	<b>332</b>	<b>38</b>	<b>10</b>	<b>454</b>
<b>Pacific</b>										
California	68	251	1,443	1,264	179	88	1,229	35	3	1,567
Hawaii	5	11	80	74	6	93	58	16	22	90
Oregon	7	19	92	85	7	92	78	7	8	104
Washington	13	29	163	149	14	91	132	17	11	140
<b>Totals</b>	<b>93</b>	<b>310</b>	<b>1,778</b>	<b>1,572</b>	<b>206</b>	<b>88</b>	<b>1,497</b>	<b>75</b>	<b>5</b>	<b>1,901</b>
<b>POSSESSIONS</b>										
<b>Territories &amp; Possessions</b>										
Canal Zone	1	1	16	16	0	100	15	1	6	16
Puerto Rico	8	22	129	93	36	72	45	48	52	162
<b>Totals</b>	<b>9</b>	<b>23</b>	<b>145</b>	<b>109</b>	<b>36</b>	<b>75</b>	<b>60</b>	<b>49</b>	<b>45</b>	<b>178</b>
<b>Grand Totals</b>	<b>896</b>	<b>3,151</b>	<b>15,354</b>	<b>11,552</b>	<b>3,802</b>	<b>75</b>	<b>8,213</b>	<b>3,339</b>	<b>29</b>	<b>15,854</b>

in the percentage filled for New Jersey, which rose to 68% instead of 62% as in 1968, and in the percentage of 84% foreign graduates in 1970 instead of 87% as in 1968. For New York state, the percentage of positions filled increased in 1970 to 83% from 81% in 1968, and the number of foreign graduates remained stationary; for Pennsylvania, the percentage of filled positions dropped in 1970 to 69, from 72% in 1968, and the percentage of foreign graduates in filled positions decreased from 34% in 1968 to 31% in 1970. The Middle Atlantic census region includes 234 hospitals, or 26% of the total number offering programs, has 27% of the positions offered, obtained 27% of the interns available, including 21% of the U.S. and Canadian graduates and 43% of the foreign graduates.

In the next largest census region, the East-North Central, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, 176 hospitals comprise 20% of those offering internships, offer 20% of the total positions available, obtain 19% of the interns available, of which they appointed 16% of the total U.S. and Canadian graduates available and 26% of the available foreign graduates. In this group, Illinois dropped from its previous recruitment percentage of 77% of the positions offered in 1968, to 73% in 1970, and filled, in 1970, 53% of the positions with foreign graduates, compared to 49% in 1968. In this census region, also, Ohio in 1968 filled 71% of its internships, but in 1970 filled only 67%; of the positions filled in 1970, 41% were filled with foreign graduates, and 40% in 1968.

The third largest census region, the South Atlantic, which includes 109 hospitals or 12% of the total number offering internships, offered 13% of the total number of positions, and filled 13%; in the filled internships, 23% of the interns were foreign graduates. The census region with the best recruitment record was the Pacific Region, which includes California, Hawaii, Oregon, and Washington. This region filled 88% of the positions offered, despite a slight decrease in the percentage filled in California. The census region also had the lowest percentage, 5%, of foreign graduates in filled positions.

The states with 50% or more foreign graduates in filled positions were Rhode Island, New Jersey, Illinois, North Dakota, South Dakota, and the dependency of Puerto Rico.

All of the census regions filled at least 60% of the available positions, but several individual states fell below this number, including Iowa, Missouri, North Dakota, West Virginia, Alabama, and Oklahoma. The states listed as filling 60% or less of their capacity in 1968, but which have now increased their recruitment well above this level for 1970 are Indiana, Wisconsin, Kansas, Nebraska, Delaware, South Carolina, Louisiana, and Utah.

#### Internship Salaries

The reporting of information on salaries for members of the house staff is generally eight months out of date by the time of publication, because of the deadlines established in order to process information. Most hospitals report salaries as of September 1 of the reporting year, and then take action just prior to the beginning of the next academic year to increase salaries for those who will begin an appointment as of July 1. In some cases, the larger institutions do notify the Department of Graduate Medical Education of such changes, and, when the information is received prior to the processing of the annual reports, it becomes a part of the statistical material reported here. For the most part, however, the salaries used in the statistics and those published in the list of approved internships and residencies are already out of date and probably considerably below the actual salary offered.

Table 7 lists the information processed from the annual questionnaire and indicates that more than 10% of the programs did not report a salary that could be used in compiling this information. For the remaining programs, the data indi-

Table 7.—Annual Salaries Offered Interns\*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available	213	94	307
0— 3,500	11	1	12
3,501— 4,000	1	0	1
5,001— 5,500	11	0	11
5,501— 6,000	12	4	16
6,001— 6,500	25	7	32
6,501— 7,000	128	21	149
7,001— 7,500	128	51	179
7,501— 8,000	152	84	236
8,001— 8,500	254	116	370
8,501— 9,000	487	127	614
9,001— 9,500	284	33	317
9,501—10,000	368	158	526
10,001—10,500	157	59	216
10,501—11,000	85	40	125
11,001—11,500	12	8	20
11,501—12,000	9	3	12
12,001—12,500	6	1	7
16,501—17,000	1	0	1
<b>Totals</b>	<b>2,344</b>	<b>807</b>	<b>3,151</b>
Mean —Annual Salary	\$8,073	\$7,910	\$8,031
Median—Annual Salary	\$8,501-9,000	\$8,501-9,000	\$8,501-9,000
Mode —Annual Salary	\$8,501-9,000	\$9,501-10,000	\$8,501-9,000

\*Data collected prior to July 1, 1971

cate that the average annual salary offered interns was \$8,031, and that, in the affiliated hospitals, the average salary appeared to be \$8,073; in the non-affiliated hospitals, \$7,910. This difference seems to be counter to the trend, observed for a number of years, whereby the non-affiliated hospitals offered a salary somewhat higher than the affiliated hospitals.

The median for all hospitals, affiliated and non-affiliated, was in the range of \$8,501 to \$9,000 and the mode, or most popular salary offered, was also in this range for the affiliated hospitals, but was in the range of \$9,501 to \$10,000 for the non-affiliated hospitals.

No attempt is made, because of the wide diversity of arrangements in hospitals, to determine the value of room and board or other perquisites, and no information is sought as to extra-curricular activities that might produce additional income for members of the house staff. These averages, therefore, are approximations, but they do afford a comparison of the change from those reported for the two preceding years. At the end of 1968, the average salary for interns was \$6,355; in 1969, it was \$7,161. For 1968, the average salary paid interns in affiliated hospitals was \$6,011, and \$6,851 in the non-affiliated hospitals; in 1969, it was \$7,045 in the affiliated hospitals and \$7,435 in the non-affiliated hospitals. Additional information on salaries is provided in Table 16, which compares the change in annual salaries for interns and for residents over the past ten years.

#### Residency Programs

Since 1962, because of the expressed interest of the House of Delegates, additional information is included in these reports on the evaluation and approval of residency programs. A detailed description of the process carried on is included this year in the "Special Reports, Announcements, and Notices."

During the past year, four residency review committees have taken on the additional task of evaluation of straight internships in their specialties, namely, internal medicine, surgery, pediatrics, and obstetrics-gynecology. In addition, the American Board of Pathology, in conjunction with the Council on Medical Education, reviewed straight internships in pathology along with evaluation of the residencies in that field.

Table 8.—Activities of Residency Review Committees, July 1, 1970, to June 30, 1971

Specialty*	No. of Meetings Held	Programs added to Approved List	Programs granted Continual Approval	Programs Granted Increased or Decreased Approval	Programs on Which Further Date 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	29	29	3	6	8	12	4	97
Aerospace Medicine**	2	1	—	—	—	—	—	—	—	1
Colon & Rectal Surgery	1	—	4	—	—	—	1	—	—	5
Child Psychiatry**	2	9	36	9	2	7	2	1	0	66
Dermatology	1	2	8	3	—	—	3	1	11	30
Family Practice	3	15	7	9	7	—	2	1	11	52
General Practice	2	2	18	17	3	—	16	6	—	62
General Preventive Med.**	2	1	10	—	1	4	—	—	—	17
Internal Medicine	3	24	136	—	38	51	11	17	7	284
Neurological Surgery	2	1	17	—	12	7	—	—	2	39
Neurology**	2	8	26	7	4	4	2	1	2	54
Obstetrics-Gynecology	3	5	125	9	21	26	8	6	1	201
Occup. Med. (Academic)**	2	—	2	—	—	—	—	—	—	2
Occup. Med. (In-Plant)**	2	1	9	—	—	2	—	—	—	12
Ophthalmology	2	4	53	4	3	7	7	2	1	81
Orthopedic Surgery	2	3	68	—	20	10	4	2	—	107
Otolaryngology	2	1	36	—	17	10	2	1	2	69
Pediatric Allergy**	2	7	7	1	7	4	1	3	0	30
Pediatric Cardiology**	2	2	13	0	8	1	3	4	2	33
Pediatrics**	2	10	74	12	25	18	20	16	9	184
Phys. Med. & Rehab.	2	3	18	10	3	8	6	2	2	52
Plastic Surgery	2	10	32	0	7	13	5	1	0	68
Psychiatry**	2	11	72	15	2	13	7	5	1	126
Public Health**	2	1	10	—	2	4	—	1	—	18
Radiology (General)†	2	11	173	0	4	13	28	13	1	243
Diagnostic Radiology†	2	30	2	0	2	2	0	0	4	40
Therapeutic Radiology†	2	13	0	0	2	2	0	0	0	17
Surgery	3	6	146	11	13	35	12	18	3	244
Thoracic Surgery	2	5	19	6	19	3	6	5	5	68
Urology	2	6	53	—	12	23	5	5	—	104
<b>Totals*</b>	<b>42</b>	<b>198</b>	<b>1,203</b>	<b>142</b>	<b>239</b>	<b>273</b>	<b>159</b>	<b>124</b>	<b>68</b>	<b>2,406</b>

\*Residencies in Pathology are approved in collaboration with the American Board of Pathology, without a review committee; a subcommittee of the Council on Medical Education reviews 1-2 years residencies in General Surgery.

\*\*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.

†Residencies in Radiology, Diagnostic Radiology, Therapeutic Radiology are evaluated by the Residency Review Committee for Radiology.

Table 8 indicates the volume of activity carried on by the residency review committees during the year July 1, 1970, to June 30, 1971, for the specialties in which a residency review committee evaluates programs. The specialty of pathology is the only area in which the specialty board concerned has not requested the Council on Medical Education to collaborate in the organization of a committee for the joint review of residency programs.

During the 12-month period ending June 30, 1971, the 20 residency review committees held 42 meetings. Each Committee met one to three times a year, with the meetings held at various locations throughout the country.

The actions of the committees are communicated by letter from the Committee's secretary directly to the program director and the hospital administrator concerned. No public announcement is made by the Committee of its actions, so that an adverse recommendation remains confidential to the hospital staff involved.

By comparing the published list in the annual Directories, deletions and additions may be noted. The interests of those in training in the programs are safeguarded by careful recording in the files of the AMA, as well as the specialty boards concerned, so that the Board may determine whether credit may be extended in individual cases for up to one year for those under contract at the time approval is withdrawn.

During the year ending, a total of 2,406 programs were reviewed, with over 200 each in internal medicine, obstetrics-gynecology, radiology, and general surgery. Over 100 each were reviewed in orthopedic surgery, pediatrics, psychiatry, and urology. The total number of programs reviewed during

the year ending June, 1971, is an increase over the total number reviewed the preceding year, during which 2,070 programs were reviewed, and an increase over the year ending June 30, 1969, during which 2,055 programs were reviewed. For the year ending June 30, 1971, approval was withdrawn from 124 programs, approval was withheld on 68 new applications, 159 programs were placed or continued on probation, and 198 programs were added to the approved list.

Table 9.—Survey Activities of Field Representatives

Year Ending June 30	1966	1967	1968	1969	1970	1971
Hospitals Visited	1,020	953	923	807	900	1,012
Internships Reviewed	278	77	252	220	203	288
Residencies Reviewed	1,827	1,829	1,822	1,702	1,961	2,182
<b>Total Programs Reviewed</b>	<b>2,105</b>	<b>1,906</b>	<b>2,074</b>	<b>1,922</b>	<b>2,164</b>	<b>2,470</b>

Table 9 summarizes the survey activities of the Field Representatives of the Department of Graduate Medical Education for the past several years. It is intended that all approved programs be reviewed approximately every three years, so that about one-third of all programs should be reviewed each year by the Field Representatives or by specialists appointed by the individual review committees. The increased activity for the year ending 1971 is the result of the availability of additional personnel, rather than an increase in the need for surveys. During most of the year ending in June, 1971, ten physicians were available as Field Representatives to carry out these surveys in addition to the specialists who carried out surveys assigned by the review committees.

Field Representatives are recruited from the relatively small group of physicians who have an adequate background in medical education, are willing to undergo an intensive orientation period, and have the physical stamina and appropriate family circumstances to enable them to be away from their home base much of the year. The Field Representatives, regardless of their own specialty training, survey all types of residency programs in the hospitals which they visit.

#### Residencies by Specialty

Tables 10 and 27 are the only tables that include statistics on residencies in the fields of preventive medicine. Formerly these tables also excluded Forensic Pathology, but this specialty is now listed in all other tables, as it has been included in the computerization of data on residencies. Tables 10 and 27, thus, includes statistics on 89 programs, with positions for 579 residents, that are not included in the other tables.

Table 10 indicates a total, including the residencies in preventive medicine, of 4,655 programs, as compared with the 4,614 listed as of September 1, 1968. The number of positions offered also increased, from 42,106 in September, 1968, to 45,351 as of September 1, 1969, and to 46,584 as of September 1, 1970. The total number of positions filled also increased over the three-year period, from 35,047 in 1968, to 37,139 in 1969, and to 39,463 as of September 1, 1970. For the current reporting period, 11 major specialties offered over 1,000 positions each, representing 85% of all positions offered; they obtained 86% of the candidates available, and 85% of the U.S. and Canadian graduates available. Two of these specialties, however, pathology and psychiatry,

each had more than 1,000 vacant positions. The rank order of the 11 specialties, according to number of positions offered, was: internal medicine, 7,920; surgery, 7,221; psychiatry, 5,024; pathology, 3,603; obstetrics-gynecology, 3,081; radiology, 2,859; pediatrics, 2,830; orthopedic surgery, 2,117; anesthesiology, 2,046; ophthalmology, 1,385; and urology, 1,060. Fourteen specialties filled 90% or more of the residency positions offered, which is an increase from the 8 specialties achieving this level of recruitment as of September 1, 1968. Their recruitment percentages varied from 90% for pediatric allergy to 98% for ophthalmology. Diagnostic radiology and dermatology each filled 97% of their positions. The hospital residencies with the lowest percentage of filled positions were child psychiatry with 68%, pathology with 65%, physical medicine 64%, forensic pathology 49%, family practice 48%, general practice 40%. The relatively small number of residents serving in family practice programs can be attributed to the fact that, by September 1, 1970, even the early programs approved when the "Essentials" were accepted in December, 1968, had not yet had a full three years of activity, so that in many programs the initial appointees had not yet reached the third-year level of the program.

In the residencies offered in the fields of preventive medicine, only those offered in the field of public health filled more than 50% of the positions offered. These residencies, however, had the lowest proportions of foreign graduates. Except for family practice, which had only 11% of its filled positions covered by foreign graduates, the lowest proportions of foreign medical graduates were in the same specialties having the highest proportions of filled positions. In six specialties, anesthesiology, general practice, pathology, pedi-

Table 10—Number of Residencies, by Specialty

Specialty	Number of Residencies					Number of Residents on Duty			
	No. of Approved Programs	Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Graduates US, Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1972-1973
Anesthesiology	184	2,046	1,681	365	82	802	879	52	2,301
Child Psychiatry	124	621	425	196	68	323	102	24	705
Diagnostic Radiology	41	362	352	10	97	306	46	13	694
Dermatology	86	619	599	20	97	526	73	12	638
Family Practice	62	548	265	283	48	236	29	11	1,024
General Practice	121	662	267	395	40	83	184	69	734
Surgery	536	7,221	6,539	682	91	4,020	2,519	39	7,434
Internal Medicine	421	7,920	7,194	726	91	4,649	2,545	35	9,006
Neurological Surgery	93	621	578	43	93	442	136	24	633
Neurology	107	945	781	164	83	553	228	29	1,108
Obstetrics and Gynecology	350	3,081	2,655	426	86	1,588	1,067	40	3,344
Ophthalmology	160	1,385	1,360	25	98	1,247	113	8	1,452
Orthopedic Surgery	192	2,117	2,015	102	95	1,802	213	11	2,331
Otolaryngology	107	978	910	68	93	782	128	14	1,052
Pathology	611	3,603	2,335	1,268	65	1,077	1,258	54	3,756
Forensic Pathology	22	41	20	21	49	12	8	40	39
Pediatrics	258	2,830	2,592	238	92	1,508	1,084	42	3,180
Pediatric Allergy	45	105	95	10	90	59	36	38	117
Pediatric Cardiology	54	159	119	40	75	55	64	54	184
Physical Medicine	70	484	308	176	64	117	191	62	541
Plastic Surgery	94	280	256	24	91	204	52	20	330
Colon and Rectal Surgery	15	25	20	5	80	9	11	55	25
Psychiatry	262	5,024	3,870	1,154	77	2,802	1,068	28	5,428
Radiology	272	2,859	2,604	255	91	2,103	501	19	3,255
Therapeutic Radiology	31	117	98	19	84	78	20	20	212
Thoracic Surgery	80	292	271	21	93	165	106	39	318
Urology	178	1,060	1,011	49	95	729	282	28	1,107
<b>Totals</b>	<b>4,576</b>	<b>46,005</b>	<b>39,220</b>	<b>6,785</b>	<b>85</b>	<b>26,277</b>	<b>12,943</b>	<b>33</b>	<b>50,948</b>
Other than Hospitals:									
Aerospace Medicine	5	134	64	70	48	60	4	6	131
General Preventive Medicine	23	248	103	145	42	93	10	10	251
Occup. Medicine (Academic)	7	50	18	32	36	12	6	33	51
Occup. Medicine (In-Plant)	25	25	0	25	0	0	0	0	25
Public Health	29	122	58	64	52	53	5	6	124
<b>Totals</b>	<b>89</b>	<b>579</b>	<b>243</b>	<b>336</b>	<b>42</b>	<b>218</b>	<b>25</b>	<b>10</b>	<b>582</b>
<b>Grand Totals</b>	<b>4,665</b>	<b>46,584</b>	<b>39,463</b>	<b>7,121</b>	<b>85</b>	<b>26,495</b>	<b>12,968</b>	<b>33</b>	<b>51,530</b>

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atric cardiology, physical medicine and rehabilitation, and psychiatry, over 50% of the residents serving were graduates of foreign medical schools.

Table 11 is a refinement of Table 10, omitting the programs in preventive medicine, and separating the programs into those with and without medical school affiliations. Study

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

Specialty	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			Total Residency Positions Offered 1972-1973
		Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Grads., US, Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
<b>Affiliated</b>									
Anesthesiology	161	1,885	1,558	327	83	780	778	50	2,119
Child Psychiatry	86	458	331	127	72	263	68	21	520
Diagnostic Radiology	39	362	352	10	97	306	46	13	688
Dermatology	82	601	585	16	97	514	71	12	621
Family Practice	47	418	216	202	52	199	17	8	874
General Practice	57	263	88	175	33	43	45	51	328
Surgery	364	5,688	5,208	480	92	3,646	1,562	30	6,059
Internal Medicine	333	6,964	6,358	606	91	4,344	2,014	32	7,882
Neurological Surgery	91	609	566	43	93	436	130	23	621
Neurology	101	918	762	156	83	544	218	29	1,078
Obstetrics and Gynecology	270	2,583	2,246	337	87	1,439	807	36	2,811
Ophthalmology	137	1,255	1,231	24	98	1,135	96	8	1,322
Orthopedic Surgery	159	1,881	1,794	87	95	1,622	172	10	2,068
Otolaryngology	101	937	870	67	93	752	118	14	1,004
Pathology	417	2,865	1,949	916	68	963	986	51	2,994
Forensic Pathology	10	14	6	8	43	5	1	17	16
Pediatrics	215	2,558	2,349	209	92	1,427	922	39	2,847
Pediatric Allergy	42	92	86	6	93	59	27	31	107
Pediatric Cardiology	53	151	111	40	74	50	61	55	176
Physical Medicine	66	467	307	160	66	116	191	62	517
Plastic Surgery	84	254	234	20	92	187	47	20	300
Colon and Rectal Surgery	11	16	12	4	75	4	8	67	16
Psychiatry	174	3,616	2,926	690	81	2,347	579	20	3,948
Radiology	222	2,596	2,392	204	92	1,961	431	18	2,901
Therapeutic Radiology	28	114	96	18	84	77	19	20	187
Thoracic Surgery	77	278	257	21	92	162	95	37	303
Urology	152	968	928	40	96	686	242	26	1,002
<b>Totals</b>	<b>3,579</b>	<b>38,811</b>	<b>33,818</b>	<b>4,993</b>	<b>87</b>	<b>24,067</b>	<b>9,751</b>	<b>29</b>	<b>43,309</b>
<b>Non-Affiliated</b>									
Anesthesiology	23	161	123	38	76	22	101	82	182
Child Psychiatry	38	163	94	69	58	60	34	36	185
Diagnostic Radiology	2								6
Dermatology	4	18	14	4	78	12	2	14	17
Family Practice	15	130	49	81	38	37	12	24	150
General Practice	64	399	179	220	45	40	139	78	406
Surgery	172	1,533	1,331	202	87	374	957	72	1,375
Internal Medicine	88	956	836	120	87	305	531	64	1,124
Neurological Surgery	2	12	12		100	6	6	50	12
Neurology	6	27	19	8	70	9	10	53	30
Obstetrics and Gynecology	80	498	409	89	82	149	260	64	533
Ophthalmology	23	130	129	1	99	112	17	13	130
Orthopedic Surgery	33	236	221	15	94	180	41	19	263
Otolaryngology	6	41	40	1	98	30	10	25	48
Pathology	194	738	386	352	52	114	272	70	762
Forensic Pathology	12	27	14	13	52	7	7	50	23
Pediatrics	43	272	243	29	89	81	162	67	333
Pediatric Allergy	3	13	9	4	69		9	100	10
Pediatric Cardiology	1	8	8		100	5	3	38	8
Physical Medicine	4	17	1	16	6	1			24
Plastic Surgery	10	26	22	4	85	17	5	23	30
Colon and Rectal Surgery	4	9	8	1	89	5	3	38	9
Psychiatry	88	1,408	944	464	67	455	489	52	1,480
Radiology	50	263	212	51	81	142	70	33	354
Therapeutic Radiology	3	3	2	1	67	1	1	50	25
Thoracic Surgery	3	14	14		100	3	11	79	15
Urology	26	92	83	9	90	43	40	48	105
<b>Totals</b>	<b>997</b>	<b>7,194</b>	<b>5,402</b>	<b>1,792</b>	<b>75</b>	<b>2,210</b>	<b>3,192</b>	<b>59</b>	<b>7,639</b>
<b>Grand Totals</b>	<b>4,576</b>	<b>46,005</b>	<b>39,220</b>	<b>6,785</b>	<b>85</b>	<b>26,277</b>	<b>12,943</b>	<b>33</b>	<b>50,948</b>

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of these tables over a series of years indicates not only the more favorable position of programs in hospitals having medical school affiliations, but the increasing number of hospitals

with such affiliations. Although the total number of approved programs increased only slightly, from 4,518 as of September 1, 1968, to 4,576 in September, 1970, the number of pro-

Table 11A.—Number of First-Year Residencies, by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	Number of Residencies					Number of Residents on Duty			Total Residency Positions Offered 1972-1973
	No. of Approved Programs	Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Per-centage Filled	Grads., US, Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
<b>Affiliated</b>									
Anesthesiology	161	758	635	123	84	328	307	48	784
Child Psychiatry	86	201	153	48	76	121	32	21	240
Diagnostic Radiology	39	113	110	3	97	104	6	5	216
Dermatology	82	203	200	3	99	187	13	7	208
Family Practice	47	167	110	57	66	104	6	5	314
General Practice	57	138	55	83	40	27	28	51	162
Surgery	364	2,281	2,048	233	90	1,508	540	26	2,434
Internal Medicine	333	2,880	2,690	190	93	2,057	633	24	3,130
Neurological Surgery	91	146	139	7	95	107	32	23	138
Neurology	101	332	276	56	83	207	69	25	364
Obstetrics and Gynecology	270	808	712	96	88	486	226	32	851
Ophthalmology	137	419	415	4	99	394	21	5	412
Orthopedic Surgery	159	495	470	25	95	431	39	8	565
Otolaryngology	101	246	223	23	91	199	24	11	277
Pathology	417	851	606	245	71	290	316	52	864
Forensic Pathology	10	8	4	4	50	3	1	25	14
Pediatrics	215	1,155	1,068	87	92	696	372	35	1,253
Pediatric Allergy	42	54	49	5	91	36	13	27	58
Pediatric Cardiology	53	71	51	20	72	24	27	53	84
Physical Medicine	66	156	100	56	64	33	67	67	176
Plastic Surgery	84	120	110	10	92	88	22	20	148
Colon and Rectal Surgery	11	9	7	2	78	2	5	71	13
Psychiatry	174	1,263	1,051	212	83	879	172	16	1,314
Radiology	222	878	824	54	94	683	141	17	902
Therapeutic Radiology	28	37	34	3	92	26	8	24	55
Thoracic Surgery	77	134	118	16	88	77	41	35	148
Urology	152	293	284	9	97	218	66	23	295
<b>Totals</b>	<b>3,579</b>	<b>14,216</b>	<b>12,542</b>	<b>1,674</b>	<b>88</b>	<b>9,315</b>	<b>3,227</b>	<b>26</b>	<b>15,419</b>
<b>Non-Affiliated</b>									
Anesthesiology	23	69	53	16	77	11	42	79	65
Child Psychiatry	38	53	25	28	47	14	11	44	71
Diagnostic Radiology	2								2
Dermatology	4	6	5	1	83	5			6
Family Practice	15	46	21	25	46	15		29	49
General Practice	64	194	89	105	46	24	65	73	198
Surgery	172	602	466	136	77	175	291	62	600
Internal Medicine	88	384	354	30	92	147	207	58	429
Neurological Surgery	2	2	2		100	1	1	50	3
Neurology	6	9	7	2	78	3	4	57	10
Obstetrics and Gynecology	80	181	145	36	80	57	88	61	169
Ophthalmology	23	45	45		100	41	4	9	46
Orthopedic Surgery	33	65	58	7	89	46	12	21	72
Otolaryngology	6	11	11		100	7	4	36	14
Pathology	194	247	138	109	56	36	102	74	242
Forensic Pathology	12	14	10	4	71	4	6	60	14
Pediatrics	43	123	107	16	87	38	69	64	154
Pediatric Allergy	3	8	4	4	50		4	100	6
Pediatric Cardiology	1	5	5		100	3	2	40	4
Physical Medicine	4	9	1	8	11	1			10
Plastic Surgery	10	13	10	3	77	8	2	20	14
Colon and Rectal Surgery	4	5	4	1	80	2	2	50	7
Psychiatry	88	469	337	132	72	172	165	49	488
Radiology	50	94	82	12	87	58	24	29	113
Therapeutic Radiology	3	1	1		100		1	100	7
Thoracic Surgery	3	7	7		100	3	4	57	7
Urology	26	28	27	1	96	13	14	52	36
<b>Totals</b>	<b>997</b>	<b>2,690</b>	<b>2,014</b>	<b>676</b>	<b>75</b>	<b>884</b>	<b>1,130</b>	<b>56</b>	<b>2,836</b>
<b>Grand Totals</b>	<b>4,576</b>	<b>16,906</b>	<b>14,556</b>	<b>2,350</b>	<b>86</b>	<b>10,199</b>	<b>4,357</b>	<b>30</b>	<b>18,255</b>

grams in the affiliated hospitals increased from 3,016 to 3,579 during this two-year period and, in the non-affiliated hospitals, decreased from 1,502 to 997 programs. As a result, the 3,579 programs in the affiliated hospitals now constitute 78% of the total offered, and the ratio of the residency programs in affiliated hospitals to those in non-affiliated hospitals is more than 3:1. In September, 1968, the ratio was 2:1. With 78% of the approved residency programs in the affiliated hospitals, these hospitals offered 84% of the available positions, and obtained 86% of the available residents. The overall percentage of positions filled was 85%, with the affiliated hospitals filling 87% of their positions and the non-affiliated hospitals filling 75% of theirs.

Graduates from medical schools in the United States and Canada comprise 67% of all residents on duty, with 92% of these graduates serving in affiliated hospitals. In September, 1968, the affiliated hospitals had obtained 87% of the U.S. and Canadian graduates. For the current reporting period, 33% of all trainees were foreign graduates, and 75% of these were recruited by affiliated hospitals. While foreign graduates filled 29% of the positions in affiliated hospitals, they filled 59% of the positions in the non-affiliated hospitals. In 1948, with 23,593 U.S. and Canadian graduates and 11,201 foreign graduates available, the foreign graduates filled 26% of the positions in the affiliated hospitals and 56% of the positions in the non-affiliated hospitals.

The final column of Table 11, listing total positions offered for the academic year beginning July, 1971, does not follow the trend noted in 1968, in which the non-affiliated hospitals reduced the number of positions to be offered. For July 1, 1972, the affiliated hospitals contemplate offering 4,498 more positions (12%) than they offered as of September 1, 1970, and the non-affiliated hospitals expect to offer 445 more positions (6%) than they were offering as of September 1, 1970.

In two fields, general practice and forensic pathology, more programs were offered in non-affiliated hospitals than in affiliated hospitals. Somewhat surprisingly, the programs in the non-affiliated hospitals in the following specialties filled a larger percentage of the positions offered: general practice, neurological surgery, ophthalmology, otolaryngology, forensic pathology, pediatric cardiology, colon and rectal surgery, and thoracic surgery. In some of these fields, the small number of programs offered and the outstanding success of these contributed to the larger percentage of filled positions among the non-affiliated hospitals. In the affiliated hospitals, two specialties, general practice and forensic pathology, filled less than 50% of the positions offered; in the non-affiliated hospitals, family practice, general practice, and physical medicine and rehabilitation filled less than 50% of the positions offered. In the affiliated hospitals, foreign graduates filled 50% or more of the available positions in anesthesiology, general practice, pathology, pediatric cardiology, physical medicine and rehabilitation, and colon and rectal surgery. In the non-affiliated hospitals, foreign graduates filled more than 50% of the available positions in anesthesiology, general practice, surgery, internal medicine, neurological surgery, neurology, obstetrics-gynecology, pathology, forensic pathology, pediatrics, pediatric allergy, psychiatry, therapeutic radiology, and thoracic surgery.

#### First-Year Positions

Table 11A shows the distribution of first-year positions by specialty and is provided as a measure of the possible volume of applicants in the development of residency matching programs. In the development of the Table, however, it is necessary to list the first-year positions offered in a specialty even though it may not be on the first-year level of residency training. An example is the listing of programs in child psychiatry, which are offered to candidates who have had two years of

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

Control	Number of Residencies						Number of Residents on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Grads., U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1972-1973
<b>Combined Hospitals (Integrated Programs)</b>	188	982	15,523	14,087	1,436	91	10,531	3,556	25	16,927
<b>Totals</b>	<b>188</b>	<b>982</b>	<b>15,523</b>	<b>14,087</b>	<b>1,436</b>	<b>91</b>	<b>10,531</b>	<b>3,556</b>	<b>25</b>	<b>16,927</b>
<b>Federal</b>										
U.S. Air Force	8	31	253	194	59	77	194	0	0	279
U.S. Army	16	86	817	735	82	90	698	37	5	872
U.S. Navy	12	71	575	521	54	91	512	9	2	652
U.S. Public Health Service	12	35	206	158	48	77	151	7	4	205
Veterans Administration	95	136	1,423	1,162	261	82	552	610	52	1,517
Other Federal	3	11	71	53	18	75	43	10	19	72
<b>Totals</b>	<b>146</b>	<b>370</b>	<b>3,345</b>	<b>2,823</b>	<b>522</b>	<b>84</b>	<b>2,150</b>	<b>673</b>	<b>24</b>	<b>3,597</b>
<b>Governmental (Non-Federal)</b>										
State	212	473	4,989	3,901	1,088	78	2,718	1,183	30	5,596
County	64	208	2,353	2,034	319	86	1,455	579	28	2,703
City	55	106	1,172	999	173	85	486	513	51	1,268
City-County	12	32	233	170	63	73	130	40	24	281
Hospital District	11	24	278	241	37	87	210	31	13	315
<b>Totals</b>	<b>354</b>	<b>843</b>	<b>9,025</b>	<b>7,345</b>	<b>1,680</b>	<b>81</b>	<b>4,999</b>	<b>2,346</b>	<b>32</b>	<b>10,163</b>
<b>Non-Governmental Non-Profit</b>										
Church Related	217	554	3,436	2,587	849	75	1,225	1,362	53	3,832
Non-Profit Corporation	593	1,798	14,493	12,245	2,248	84	7,322	4,923	40	16,212
<b>Totals</b>	<b>810</b>	<b>2,352</b>	<b>17,929</b>	<b>14,832</b>	<b>3,097</b>	<b>83</b>	<b>8,547</b>	<b>6,285</b>	<b>42</b>	<b>20,044</b>
<b>Proprietary and Miscellaneous</b>										
Individual	1	1	2	1	1	50	0	1	100	2
Partnership	3	2	5	1	4	20	0	1	100	5
Corporation	15	26	176	131	45	74	50	81	62	210
<b>Totals</b>	<b>19</b>	<b>29</b>	<b>183</b>	<b>133</b>	<b>50</b>	<b>73</b>	<b>50</b>	<b>83</b>	<b>62</b>	<b>217</b>
<b>Grand Totals</b>	<b>1,517</b>	<b>4,576</b>	<b>46,005</b>	<b>39,220</b>	<b>6,785</b>	<b>85</b>	<b>26,277</b>	<b>12,943</b>	<b>33</b>	<b>50,948</b>



residency training in general psychiatry; in a similar manner residencies in plastic surgery are offered to those candidates who have had previous residency training in general surgery. The table does provide an estimate of the number of specialists likely to seek certification in the next five years.

As in the statistics gathered as of September 1, 1968, 37% of the total positions (all years) offered were first-year positions; and 37% of all the positions filled were first-year positions.

Of the 14,556 first-year positions filled, 10,199, or 70%, were filled by U.S. and Canadian graduates. These U.S. and Canadian graduates were 39% of the total appointed for all years of residencies out of the pool of U.S. and Canadian graduates. The comparable percentage for 1968 was 36% of the positions filled in all years by U.S. and Canadian graduates. In the affiliated hospitals, the foreign graduates filled 26% of the first-year positions; in the non-affiliated hospitals, they filled 58% of the first-year positions. Of the 10,199 U.S. and Canadian graduates of first-year positions, 91% were in affiliated hospitals. Of the total of 4,357 foreign graduates, 74% were in affiliated hospitals.

#### Residencies by Type of Hospital Control

Table 12 lists the category of "combined hospitals" to designate residency programs supported through a combination of resources of several hospitals under different types of control. The total of 188 such hospitals indicates a growing tendency of hospitals to combine resources, and includes 31 more hospitals than in September, 1968. With the increased number of hospitals combining, the number of their approved programs increased, as of September, 1970, to 982 as compared with 747 in 1968. In 1970, the 188 combined hospitals represented only 12% of the total number of hospitals offering residencies, but offered 21% of the approved programs, and 34% of the available positions. The combined hospitals recruited 36% of the available residents and, of these, obtained 40% of the U.S. and Canadian graduates available. Although foreign graduates filled only 25% of the positions in these hospitals, the combined hospitals obtained 27% of the foreign graduates on duty in residencies.

Whereas the number of programs offered as of September 1, 1970, was approximately the same number as that offered in September, 1968, the number of hospitals offering such programs increased from 1,449 to 1,517, and the total number of positions offered increased from 42,106 to 46,005. Similarly, the number of positions filled increased from 34,794 in September, 1968, to 39,220 in September, 1970.

As was true for internship performance, the largest group of hospitals, the non-governmental, non-profit group, had a

relatively poor recruitment record for residents. The 810 hospitals, which represent a slight increase from the 798 listed in September, 1968, comprised 53% of the hospitals offering residencies, they offered 51% of the programs, and had 39% of the total positions. They obtained only 38% of the available residents, and out of the pool of U.S. and Canadian graduates, obtained 33%; out of the pool of foreign graduates in residency programs, they obtained 49% or almost half of the total group of foreign residents serving residencies.

The federal hospitals, which comprised 100% of all hospitals offering residencies, offered 8% of the approved programs, and 7% of the available positions. They recruited 7% of the available residents, and obtained 8% of the U.S. and Canadian graduates available and appointed only 5% of the available foreign graduates. The category of governmental (non-federal) hospitals fared about as well as they had in September of 1968. The 354 hospitals in this group comprised 23% of the hospitals offering residencies, offered 18% of the programs available and 20% of the positions available. They filled 19% of the residency positions, and recruited 19% of the available U.S. and Canadian graduates, and 18% of the foreign graduates available for residencies. The overall performance of categories of non-governmental, non-profit hospitals (810 hospitals), as stated above, was relatively poor, as these hospitals filled, as a group, 83% of their positions offered; the sub-category of church-related institutions, which filled only 75% of their positions, brought down the average for this category of hospitals. Although the 217 church-related hospitals represented 14% of the total number of hospitals approved for residencies, and offered 12% of the approved programs, they offered only 7% of the total positions, and filled only 7%. Theoretically, the 554 programs in this group offered only six positions in each program, compared with an average of more than eight positions for the total of 4,576 programs approved. The church-related hospitals recruited only 5% of the available U.S. and Canadian residents, but recruited 11% of the available foreign graduates. In these hospitals, 53% of the residents on duty are graduates of foreign medical schools.

The proprietary and miscellaneous hospitals comprised only a very small segment of hospitals with graduate programs, and generally represent specialized types of hospitals.

#### Residencies by Medical School Affiliation and Bed Capacity

Table 13, similar to Table 5, categorizes programs by bed capacity and medical school affiliation. The shift of hospitals into the group of "combined hospitals" makes more difficult comparison of performance in relationship to number of beds, as, in the affiliated hospitals, the combined group now com-

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			
			Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Percentage Filled	Grads., U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1972-1973
<b>Affiliated</b>										
Combined Hospitals	152	924	14,603	13,289	1,314	91	10,272	3,017	23	16,124
Less than 200 Beds	161	200	2,114	1,815	299	86	1,452	363	20	2,263
200-299	87	170	1,145	922	223	81	571	351	38	1,321
300-499	254	835	5,812	4,583	1,229	79	2,690	1,893	41	6,864
500-Over	273	1,450	15,137	13,209	1,928	87	9,082	4,127	31	16,737
<b>Totals</b>	<b>927</b>	<b>3,597</b>	<b>38,811</b>	<b>33,818</b>	<b>4,993</b>	<b>87</b>	<b>24,067</b>	<b>9,751</b>	<b>29</b>	<b>43,309</b>
<b>Non-Affiliated</b>										
Combined Hospitals	36	58	920	798	122	87	259	539	68	803
Less than 200 Beds	154	120	638	418	220	66	214	204	49	695
200-299	117	164	943	712	231	76	302	410	58	979
300-499	154	321	1,814	1,268	546	70	384	884	70	2,041
500-Over	129	334	2,879	2,206	673	77	1,051	1,155	52	3,121
<b>Totals</b>	<b>590</b>	<b>997</b>	<b>7,194</b>	<b>5,402</b>	<b>1,792</b>	<b>75</b>	<b>2,210</b>	<b>3,192</b>	<b>59</b>	<b>7,639</b>
<b>Grand Totals</b>	<b>1,517</b>	<b>4,576</b>	<b>46,005</b>	<b>39,220</b>	<b>6,785</b>	<b>85</b>	<b>26,277</b>	<b>12,943</b>	<b>33</b>	<b>50,948</b>

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

Census Division, Region, and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			Total Residency Positions Offered 1972-1973
			Total Positions Offered Sept. 1, 1970	Total Positions Filled Sept. 1, 1970	Positions Vacant Sept. 1, 1970	Per- centage Filled	Grads., U.S., Canada Sept. 1, 1970	Foreign Graduates Sept. 1, 1970	Percentage For. Grads. in Filled Positions	
<b>NORTHEAST</b>										
<b>New England</b>										
Connecticut	32	105	842	708	134	84	365	343	48	1,003
Maine	3	11	51	31	20	61	26	5	16	53
Massachusetts	77	185	1,981	1,817	164	92	1,263	554	30	2,226
New Hampshire	3	11	85	68	17	80	59	9	13	90
Rhode Island	14	25	199	154	45	77	62	92	60	203
Vermont	2	14	131	112	19	85	103	9	8	128
<b>Totals</b>	<b>131</b>	<b>351</b>	<b>3,289</b>	<b>2,890</b>	<b>399</b>	<b>88</b>	<b>1,878</b>	<b>1,012</b>	<b>35</b>	<b>3,703</b>
<b>Middle Atlantic</b>										
New Jersey	62	142	972	776	196	80	170	606	78	1,219
New York	201	685	8,189	7,475	714	91	3,585	3,890	52	8,724
Pennsylvania	111	364	3,042	2,477	565	81	1,697	780	31	3,315
<b>Totals</b>	<b>374</b>	<b>1,191</b>	<b>12,203</b>	<b>10,728</b>	<b>1,475</b>	<b>88</b>	<b>5,452</b>	<b>5,276</b>	<b>49</b>	<b>13,258</b>
<b>NORTH CENTRAL</b>										
<b>East North Central</b>										
Illinois	62	242	2,587	2,213	374	86	1,132	1,081	49	2,781
Indiana	19	51	492	366	126	74	310	56	15	560
Michigan	66	192	2,072	1,714	358	83	922	792	46	2,299
Ohio	82	263	2,549	2,109	440	83	1,121	988	47	2,709
Wisconsin	27	70	709	567	142	80	455	112	20	765
<b>Totals</b>	<b>256</b>	<b>818</b>	<b>8,409</b>	<b>6,969</b>	<b>1,440</b>	<b>83</b>	<b>3,940</b>	<b>3,029</b>	<b>43</b>	<b>9,114</b>
<b>West North Central</b>										
Iowa	13	29	360	321	39	89	238	83	26	378
Kansas	17	37	457	316	141	69	225	91	29	480
Minnesota	23	71	1,404	1,276	128	91	1,021	255	20	1,479
Missouri	42	121	1,237	1,000	237	81	669	331	33	1,384
Nebraska	16	30	239	156	83	65	146	10	6	298
North Dakota	7	4	12	7	5	58	4	3	43	12
South Dakota	3	3	11	7	4	64	6	1	14	14
<b>Totals</b>	<b>121</b>	<b>295</b>	<b>3,720</b>	<b>3,083</b>	<b>637</b>	<b>83</b>	<b>2,309</b>	<b>774</b>	<b>25</b>	<b>4,045</b>
<b>SOUTH</b>										
<b>South Atlantic</b>										
Delaware	4	10	81	56	25	69	19	37	66	92
District of Columbia	23	96	1,065	959	106	90	634	325	34	1,198
Florida	35	91	1,004	917	87	91	641	276	30	1,112
Georgia	21	64	722	491	231	68	422	69	14	744
Maryland	38	135	1,286	1,161	125	90	660	501	43	1,385
North Carolina	24	81	818	723	95	88	645	78	11	901
South Carolina	11	32	313	205	108	65	185	20	10	360
Virginia	36	94	793	663	130	84	533	130	20	908
West Virginia	13	36	222	139	83	63	77	62	45	249
<b>Totals</b>	<b>205</b>	<b>639</b>	<b>6,304</b>	<b>5,314</b>	<b>990</b>	<b>84</b>	<b>3,816</b>	<b>1,498</b>	<b>28</b>	<b>6,949</b>
<b>East South Central</b>										
Alabama	13	44	410	309	101	75	269	40	13	424
Kentucky	22	47	392	286	106	73	223	63	22	463
Mississippi	8	22	194	143	51	74	132	11	8	199
Tennessee	31	88	813	632	181	78	537	95	15	867
<b>Totals</b>	<b>74</b>	<b>201</b>	<b>1,809</b>	<b>1,370</b>	<b>439</b>	<b>76</b>	<b>1,161</b>	<b>209</b>	<b>15</b>	<b>1,953</b>
<b>West South Central</b>										
Arkansas	7	25	177	138	39	78	126	12	9	276
Louisiana	24	75	759	636	123	84	544	92	14	805
Oklahoma	19	36	319	234	85	73	217	17	7	368
Texas	60	187	1,871	1,579	292	84	1,294	285	18	2,120
<b>Totals</b>	<b>110</b>	<b>323</b>	<b>3,126</b>	<b>2,587</b>	<b>539</b>	<b>83</b>	<b>2,181</b>	<b>406</b>	<b>16</b>	<b>3,569</b>
<b>WEST</b>										
<b>Mountain</b>										
Arizona	18	36	269	189	80	70	118	71	38	339
Colorado	20	80	638	597	41	94	551	46	8	708
Nevada	1	1	2	1	1	50	1	1	100	2
New Mexico	10	18	164	137	27	84	107	30	22	165
Utah	11	27	201	181	20	90	167	14	8	230
<b>Totals</b>	<b>60</b>	<b>162</b>	<b>1,274</b>	<b>1,105</b>	<b>169</b>	<b>87</b>	<b>943</b>	<b>162</b>	<b>15</b>	<b>1,444</b>
<b>Pacific</b>										
Alaska	1									
California	131	446	4,407	3,957	450	90	3,689	268	7	5,306
Hawaii	11	18	149	138	11	93	107	31	22	180
Oregon	9	37	301	257	44	85	220	37	14	333
Washington	18	46	529	478	51	90	433	45	9	545
<b>Totals</b>	<b>170</b>	<b>547</b>	<b>5,386</b>	<b>4,830</b>	<b>556</b>	<b>90</b>	<b>4,449</b>	<b>381</b>	<b>8</b>	<b>6,364</b>
<b>POSSESSIONS</b>										
<b>Territories &amp; Possessions</b>										
Canal Zone	1	8	32	28	4	88	20	8	29	33
Puerto Rico	15	41	453	316	137	70	128	188	59	516
<b>Totals</b>	<b>16</b>	<b>49</b>	<b>485</b>	<b>344</b>	<b>141</b>	<b>71</b>	<b>148</b>	<b>196</b>	<b>57</b>	<b>549</b>
<b>Grand Totals</b>	<b>1,517</b>	<b>4,576</b>	<b>46,005</b>	<b>39,220</b>	<b>6,785</b>	<b>85</b>	<b>26,277</b>	<b>12,943</b>	<b>33</b>	<b>50,948</b>

prises 16% of the total number of hospitals offering residencies, and, in the non-affiliated group, comprises 6% of the total. In the affiliated group, hospitals with less than 200 beds comprise 17% of the total hospitals approved for residencies, those with 200 to 299 beds, 9%, those with 300 to 499, 27%, and those with 500 or more, 29%. In the non-affiliated group, 26% of the hospitals had less than 200 beds, 20% had from 200 to 299 beds, 26% had 300 to 499 beds, and 22% had 500 beds or more.

In both groups, the best recruitment record was among the combined hospitals. In the affiliated hospitals, the next best performance was among the smallest and the largest hospitals, with hospitals having less than 200 beds filling 86% of the positions offered, and those having 500 or more beds filling 87%. One factor which may be operating in these cases is the fact that programs in these two categories, on an average, offer ten positions; those in the two intervening categories, of 200 to 299 beds and 300 to 499 beds, offer an average of six positions, which may indicate the attractiveness of a larger "critical mass" of house officers. In the non-affiliated hospitals, those with 500 beds or more offered, on the average, eight positions per program, and filled 77% of the positions available. The other groups in the non-affiliated hospitals offered an average of five or six positions per program. In the non-affiliated hospital groups, the poorest recruitment was among the hospitals with less than 200 beds. The "lion's share" of both U.S. and Canadian graduates, and of foreign graduates went to the affiliated programs, with 92% of the United States and Canadian graduates entering residencies in affiliated hospitals, and 75% of the foreign graduates entering such residencies. The remaining 8% of U.S. and Canadian graduates and the remaining 25% of foreign graduates acbined hospitals" in the affiliated programs obtained the cepted residencies in the non-affiliated programs. The "com-greatest proportion of U.S. and Canadian graduates, as they offered 32% of the total positions, filled 34% of the total positions filled, recruiting 39% of the available U.S. and Canadian graduates, and 23% of the foreign graduates available. Also, in the affiliated group, the hospitals with 500 beds or more, which offered 33% of the total positions available, and filled 34% of the total positions filled, recruited 35% of the U.S. and Canadian graduates and 32% of the available foreign graduates. In the non-affiliated hospitals the best recruitment was also observed in the combined hospitals, which offered 2% of the total positions offered, filled 2% of the total positions filled, but obtained only 1% of the available U.S. and Canadian graduates, completing their recruitment with 4% of the available foreign graduates. The group of hospitals in the non-affiliated category with 500 beds or more offered 6% of the total positions available, filled 6% of the total filled, recruited 4% of the available U.S. and Canadian graduates and 9% of the foreign graduates in residency positions.

#### Residencies by Census, Region, Division, and State

Table 14 lists the distribution of residencies by census region, division, and state, and indicates that, in all categories, the number of hospitals participating increased, with an overall gain of sixty-eight hospitals since publication of the statistics for September 1, 1968. The number of programs also gained slightly, increasing from 4,518 in 1968 to 4,576 in 1970. The number of programs offered, however, in two census divisions decreased: in the West North Central Division, the number of programs offered decreased from 320 to 295, in the area that includes Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The number of programs approved also decreased in the East South Central Division from 240 in 1948 to 201 in 1970. This division includes Alabama, Kentucky, Mississippi, Tennessee. In this area, however, the total number of positions offered increased, as did the number of residents on duty.

As for many years, the Middle Atlantic Division with the three states of New Jersey, New York, and Pennsylvania,

yielded the largest group of data. In these three states are 25% of the hospitals with approved programs, 26% of the approved programs, and 27% of the total number of positions offered. The three states also filled 27% of all the positions offered in the United States. As of September 1, 1970, they attracted 21% of the available U.S. and Canadian graduates and 41% of the available foreign graduates. In the group, New Jersey continued to be the state with the largest percentage of foreign graduates serving in residency programs in that state, the percentage of 78 having remained the same as it was in 1968. The percentage of foreign graduates in residency programs in New York state increased from 49% in 1968 to 52% in 1970, whereas in Pennsylvania, the percentage dropped from 36% of all residents in that state in 1968 to 31% in 1970.

In the East North Central Division, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the proportion of foreign graduates increased from 41% in 1968 to 43% in 1970. This group of states accounted for 17% of the hospitals approved for residencies, 18% of the total programs, 18% of the total number of positions, and recruited 18% of the available residents. They recruited, however, only 15% of the available U.S. and Canadian graduates, and filled the remainder of their appointments with 23% of the total pool of foreign graduates available.

As in 1968, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states—not only appointed 50% of all available U.S. graduates, but appointed 76% of all available foreign graduates as residents.

In 1968, only one state, Maryland, filled more than 90% of its positions. In 1970, it shared this distinction with nine other states, as follows: Massachusetts, New York, Minnesota, District of Columbia, Colorado (with the highest percentage, 94), Utah, California, Hawaii, Washington. Five

Table 15.—Annual Salaries Offered Residents\*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available	934	152	1,086
0- 3,500	0	0	0
4,501- 5,000	2	0	2
5,001- 5,500	1	0	1
5,501- 6,000	7	12	19
6,000- 6,500	4	1	5
6,501- 7,000	44	12	56
7,001- 7,500	86	11	97
7,501- 8,000	148	31	179
8,001- 8,500	226	73	299
8,501- 9,000	310	94	404
9,001- 9,500	322	115	437
9,501-10,000	387	93	480
10,001-10,500	318	124	442
10,501-11,000	373	104	477
11,001-11,500	143	72	215
11,501-12,000	128	46	174
12,001-12,500	28	17	45
12,501-13,000	48	11	59
13,001-13,500	12	7	19
13,501-14,000	48	7	55
14,001-14,500	0	3	3
14,501-15,000	3	5	8
15,001-15,500	0	2	2
15,501-16,000	3	1	4
16,001-16,500	0	1	1
17,001-17,500	1	0	1
17,501-18,000	2	2	4
18,001-18,500	1	0	1
Over -20,000	0	1	1
<b>Totals</b>	<b>3,579</b>	<b>997</b>	<b>4,576</b>
Mean —Annual Salary	\$7,277	\$8,492	\$7,542
Median—Annual Salary	\$9,501-10,000	\$9,501-10,000	\$9,501-10,000
Mode —Annual Salary	\$9,501-10,000	\$10,001-10,500	\$9,501-10,000

\*Data collected prior to July 1, 1971.

states—Delaware, Nevada, New Hampshire, New Jersey, and New York—plus Puerto Rico had foreign graduates in 50% or more of their residency positions. The ten states with less than 70% of their residency positions filled were: Maine, Kansas, Nebraska, North Dakota, South Dakota, Delaware, Georgia, South Carolina, West Virginia, and Nevada.

#### Residencies Salaries

As indicated in the comments under internship salaries, the data collected are frequently out of date by the time of publication. Table 15 represents salaries, in general, offered as of September 1, 1970, although, in a few cases, hospitals furnished information on increases up to about May 1, 1971. The data for residencies are based on the beginning salary, and do not include the cash equivalent of fringe benefits, such as living quarters or living allowances, food, or other items. For the reporting period, as well as for the last published figures for September 1, 1968, the beginning salary for the resident appeared to be, on an average, lower than that offered the intern. The beginning salary for the resident in the non-affiliated hospitals, however, was somewhat higher, following the pattern that has been consistent with past reporting. The median for the salaries reported for both categories of affiliated and non-affiliated hospitals was in the range from \$9,501 to \$10,000, and the mode, or most frequently offered salary, was in the same range for the affiliated hospitals, but in the range of \$10,001 to \$10,500 for the non-affiliated hospitals.

Table 16.—Average Salaries of Interns and Residents

Academic Year	INTERNS			RESIDENTS		
	Affiliated	Non-Affiliated	Total	Affiliated	Non-Affiliated	Total
1961-62	\$2,292	\$2,988	\$2,796	\$2,776	\$3,604	\$3,300
1962-63	2,625	3,485	3,039	3,398	4,037	3,684
1963-64	3,053	3,678	3,425	3,739	4,309	4,037
1964-65	3,245	3,707	3,529	3,775	4,163	3,989
1965-66	3,578	4,071	3,797	3,818	4,059	3,931
1966-67	4,139	4,521	4,322	4,095	4,557	4,295
1967-68	4,893	5,030	4,956	4,755	5,532	5,040
1968-69	6,011	6,851	6,355	5,860	6,907	6,217
1969-70	7,045	7,435	7,161	5,871	6,911	6,073
1970-71	8,073	7,910	8,031	7,277	8,492	7,542

Table 16 is a comparison of the average salaries of interns and residents during the past ten years, and shows the rapid rise from 1968 to current reporting period. The table also indicates the trend of the internship salary to overtake that of the residency for the past four academic years, in either the affiliated or non-affiliated categories or in the overall average. Perhaps because of a statistical oddity, the average salary for the intern in the non-affiliated program for the last year reported was \$163.00 lower per year, whereas the salary for the resident during the same reporting period in the non-affiliated hospital was more than \$1,000.00 higher for the beginning year. One can expect that, in the next reporting period when the difference between the internship program and the first year of residency training may tend to disappear, and "first year of graduate medical education" may be designated, statistics on salary will become more consistent, and will perhaps show little if any difference between the two present categories.

#### Foreign Medical Graduates

The preceding tables have provided information analyzing the distribution of foreign medical graduates in internship and in residency programs. Graduates of Canadian medical schools are not regarded as foreign medical graduates, because the accreditation mechanism for the Canadian medical schools is the same as that for the medical schools in the United States and Puerto Rico. Accordingly, graduates of Canadian or Puerto Rican medical schools are not required to obtain certification by the Educational Council for Foreign Medical Graduates.

Table 17 is a nine-year summary of the distribution of foreign medical graduates as interns, residents, and other trainees, to indicate the steadily increasing numbers appointed to graduate training programs in the United States. The figures listed indicate an increase of 8% in the number serving in graduate training programs during the academic year beginning July 1, 1970, as compared with the previous academic year, or an increase of 6% when compared with the academic year beginning July 1, 1968.

Although the number of interns in programs beginning July 1, 1969, decreased by 331, the number of foreign graduates serving in residencies increased during that period by 859, and the number of "other trainees" decreased by 826. The latter group includes those who are in hospitals with approved graduate training programs, but who have been appointed to fellowships and other types of programs not structured as internships or residencies.

Some additional data on foreign medical graduates assembled as of December 31, 1970, are included in a section following the annual report entitled "Special Studies in Graduate Medical Education."

#### Educational Council for Foreign Medical Graduates

The Educational Council for Foreign Medical Graduates was incorporated in 1956, and began operation on October 1, 1957, under the sponsorship of the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Association for Hospital Medical Education, and the Federation of State Medical Boards of the United States. For a number of years, it has been located at 3930 Chestnut Street, Philadelphia, Pennsylvania, but has recently moved to 3500 Market Street, Philadelphia, Pennsylvania 19104. Its telephone number is (215) 349-9000.

A summary of the activities of the ECFMG is included in the State Board Number of *The Journal* of the American Medical Association, for June 14, 1971. Included in the information is a table showing the results of the ECFMG examinations, tabulating the results by medical school of the two 1970 examinations given, and indicating the number passing from each foreign medical school, for each of the examinations.

#### Other Graduate Trainees by Specialties

Table 18 lists the physicians reported by hospitals with approved graduate training programs as engaged in training activities other than internships and residencies. These activities may include research or teaching fellowships, clinical

Table 17.—Foreign Medical Graduates in Training Programs

Academic Year	Interns	Residents	Other Trainees	Total on Duty
1962-63	1,669	7,062	1,024	9,755
1963-64	2,566	7,052	1,791	11,409
1964-65	2,821	8,153	1,925	12,899
1965-66	2,361	9,113	2,355	13,829
1966-67	2,793	9,505	2,566	14,864
1967-68	2,913	10,627	3,077	16,617
1968-69	3,270	11,201	4,046	18,517
1969-70	2,939	12,060	3,220	18,219
1970-71	3,339	12,943	3,331	19,613

Table 18.—Other Graduate Trainees by Specialty

	Non-Foreign Graduates Trainees Sept. 1, 1970	Foreign Graduates Trainees Sept. 1, 1970	Total No. of Trainees Sept. 1, 1970	Percent- age of Foreign Graduates Sept. 1, 1970
Anesthesiology	91	116	207	56
Child Psychiatry	183	33	216	15
Diagnostic Radiology	24	13	37	35
Dermatology	35	8	43	19
General Practice	48	108	156	69
Surgery	397	475	872	54
Internal Medicine	1,574	909	2,483	37
Neurological Surgery	51	27	78	35
Neurology	91	51	142	36
Obstetrics & Gynecology	126	187	313	60
Ophthalmology	140	32	172	19
Orthopedic Surgery	129	40	169	24
Otolaryngology	65	35	100	35
Pathology	279	314	593	53
Forensic Pathology	9	4	13	31
Pediatrics	411	354	765	46
Pediatric Allergy	82	10	92	11
Pediatric Cardiology	43	27	70	39
Physical Medicine	24	21	45	47
Plastic Surgery	25	21	46	46
Colon and Rectal Surgery	3	4	7	57
Psychiatry	429	316	745	42
Radiology	132	152	284	54
Therapeutic Radiology	7	14	21	67
Thoracic Surgery	18	22	40	55
Urology	75	38	113	34
<b>Totals</b>	<b>4,491</b>	<b>3,331</b>	<b>7,822</b>	<b>43</b>

traineeships, or other types of activities leading towards specialization and possible credit towards certification by a specialty board. The total listed in training as of September 1, 1970, was 7,822, or 268 less than the number reported for September 1, 1969, and 289 less than the number reported for September 1, 1968.

In 1970, 43% of the trainees were graduates of foreign medical schools; in 1969, 40% were graduates of foreign medical schools, and in 1968, 50%. In 1970, as in the two preceding years, the largest number of U.S. and Canadian graduates as well as the largest number of foreign graduates were in programs related to internal medicine, probably seeking training in its subspecialties. Four other fields attracted U.S. and Canadian graduates in equal proportions, and these were surgery, pathology, pediatrics, and psychiatry.

#### Director of Medical Education

Tables 19 and 20 indicate the geographic and specialty distribution of directors of medical education. After several years of steady increase, the number of directors of medical education reported as of September 1, 1970, decreased slightly, with 908 reported by hospitals for September 1, 1970, as compared with 1,078 one year earlier and 1,055 for September, 1968. The number of full-time directors increased slightly, with 580 listed as full-time, salaried directors of medical education for 1970, 577 for 1969, and 542 for 1968. The full-time, salaried group now comprises 64% of the total.

As before, the specialty of internal medicine supplied the greatest proportion of directors of medical education, but as of September 1, 1970, 34% of all directors of medical education were internists, whereas the proportion for 1969 was 36% and for 1968 was 35%. In 1970, 13% of the directors of medical education listed psychiatry as their specialty, and this percentage was also recorded for 1969, an increase from 12% in 1968. In all three years, 11% of the directors of medical education listed surgery as their specialty.

#### Hospital Staffing Patterns

Table 21 shows the number and the proportion of programs in each specialty in which a full-time director of the residency programs has been appointed. Overall, 74% of the

residency programs have full-time directors. In eleven specialties, 80% or more of the programs are supervised by full-time program directors. These specialties are anesthesiology, diagnostic radiology, internal medicine, neurological surgery, neurology, pathology, pediatric cardiology, physical medicine, psychiatry, radiology, and therapeutic radiology. In only two specialties, colon and rectal surgery and general practice, were there full-time directors of residency programs in less than 50% of the programs. In 1968, only six specialties had full-time program directors in more than 80% of the residency programs; in six specialties, less than 50% of the directors of the residency programs were on a full-time basis.

The total number of such full-time directors increased from 3,032 in 1968 to 3,374 in 1970. The increase was accounted for by an increase of 559 for 1970 in the affiliated hospitals and a decrease of 217 in the non-affiliated hospitals. In the latter group, of course, there was a decrease also in the number of residency programs offered.

#### Supply and Demand

Since 1962, additional information has been included in this Annual Report in response to interest expressed by the House of Delegates relating to supply and demand in specialty fields. Table 22 uses information supplied in the "Periodic Survey of Physicians" conducted by the AMA Depart-

Table 19.—Directors of Medical Education by State

State	Full Time		Part Time		Totals
	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	
Alabama	5	1	..	3	9
Alaska	1	..	..	..	1
Arizona	5	2	..	..	7
Arkansas	4	1	1	..	6
California	58	16	1	2	77
Canal Zone	1	..	..	..	1
Colorado	9	2	..	..	11
Connecticut	16	8	..	3	27
Delaware	4	..	..	..	4
District of Columbia	10	1	..	..	11
Florida	17	1	..	..	18
Georgia	8	4	..	..	12
Hawaii	3	5	..	..	8
Illinois	31	13	1	..	45
Indiana	10	6	..	2	18
Iowa	7	1	..	..	8
Kansas	6	2	..	..	8
Kentucky	8	1	..	1	10
Louisiana	4	5	..	..	9
Maine	2	..	..	..	2
Maryland	14	8	..	2	24
Massachusetts	22	17	..	4	43
Michigan	30	12	2	2	46
Minnesota	11	1	..	1	13
Mississippi	3	2	..	..	5
Missouri	14	6	..	1	21
Nebraska	4	4	..	..	8
New Jersey	22	11	1	6	40
New Mexico	3	1	..	1	5
New York	69	33	2	11	115
North Carolina	8	..	..	..	8
North Dakota	..	..	..	2	2
Ohio	31	12	2	7	52
Oklahoma	8	1	..	..	9
Oregon	5	2	..	..	7
Pennsylvania	39	21	1	7	68
Puerto Rico	5	2	..	..	7
Rhode Island	2	3	1	..	6
South Carolina	6	1	..	..	7
South Dakota	..	3	..	..	3
Tennessee	12	3	..	2	17
Texas	27	7	1	3	38
Utah	4	4	..	1	9
Virginia	15	7	1	1	24
Washington	5	8	1	..	14
West Virginia	2	1	..	3	6
Wisconsin	10	7	1	1	19
<b>Totals</b>	<b>580</b>	<b>246</b>	<b>16</b>	<b>66</b>	<b>908</b>



Table 20.—Directors of Medical Education by Specialty as of September 1, 1970

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-salaried	Part Time Non-salaried	Totals
Anesthesiology	1	4	1	1	7
Colon and Rectal Surgery			1		1
Dermatology	1	1			2
Family Practice	5	3			8
General Practice	8	2		2	12
Internal Medicine	200	90	1	15	306
Neurological Surgery	1				1
Neurology	4	1			5
Obstetrics-Gynecology	13	11		2	26
Occupational Medicine	1				1
Ophthalmology				3	3
Orthopedic Surgery	4	14		5	23
Otolaryngology		1			1
Pathology	7	3	3	3	16
Forensic Pathology	2				2
Pediatrics	41	6	2	2	51
Pediatric Allergy		1			1
Pediatric Cardiology	1				1
Physical Medicine & Rehabilitation	7	3			10
Plastic Surgery	1				1
General Preventive Medicine	2				2
Psychiatry	97	21			118
Psychiatry-Child	15	7			22
Radiology	2				2
Surgery	45	39	3	12	99
Thoracic Surgery	8	3		2	13
Urology	5	3			8
Miscellaneous	109	33	5	19	166
<b>Totals</b>	<b>580</b>	<b>246</b>	<b>16</b>	<b>66</b>	<b>908</b>

ment of Survey and Research, published as of December 30, 1970. The latter publication supplied the statistics on physicians in the fields of practice as listed, for purposes of comparison with those currently in training. The information previously published as Table 22 covered information gathered as of December 31, 1967, and appeared in the 1969-70 Directory. The information assembled indicates that, although general practitioners make up 17% of the total physicians in practice, the number of trainees represent only 2% of the total house officers on duty.

As previously, the proportion of trainees in each field listed, except general practice, was greater, when compared with the total number of trainees, than the corresponding proportion of these specialists when compared with the total of all physicians. Thus, while internists represented 12.5% of all physicians, those in training programs represented 21% of all physicians in this specialty and had filled 91% of the residency positions available. While general practitioners represented 17% of all physicians, those in training represented only 2% of all physicians in general practice and filled only 40% of the residency positions available.

Table 21.—Full-Time Directors of Residency Programs as of September 1, 1970

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs
Anesthesiology	144	18	162	88
Colon and Rectal Surgery	3	2	5	33
Dermatology	61	3	64	74
Diagnostic Roentgenology	37	2	39	95
Family Practice	33	6	39	63
General Practice	23	27	50	41
Internal Medicine	275	62	337	80
Neurological Surgery	74	2	76	82
Neurology	88	5	93	87
Obstetrics and Gynecology	183	30	213	61
Ophthalmology	83	11	94	59
Orthopedic Surgery	89	15	104	54
Otolaryngology	71	4	75	70
Pathology	390	180	570	93
Forensic Pathology	8	9	17	77
Pediatrics	176	27	203	79
Pediatric Allergy	28	1	29	64
Pediatric Cardiology	50	1	51	94
Physical Medicine	57	4	61	87
Plastic Surgery	44	3	47	51
Psychiatry	149	67	216	82
Psychiatry-Child	68	21	89	72
Radiology	193	46	239	88
Therapeutic Radiology	23	3	26	84
Thoracic Surgery	58	1	59	74
Urology	95	15	110	62
<b>Totals</b>	<b>2,739</b>	<b>635</b>	<b>3,374</b>	<b>74</b>

For pathology, an excess number of residency positions seemed to be offered, as pathologists made up only 3% of the total number of physicians, with those in training representing 22% of the pathologists listed but filling only 65% of the residency positions available. Of total residency positions 8% were offered and 6% filled in pathology; 17% were offered and 18% filled in internal medicine; 16% were offered and 17% filled in surgery.

On the average, interns, residents and fellows accounted for 15% of the total number of physicians in each specialty, with five specialty fields exceeding this average, and six falling below it.

#### Physicians Placement Service

Table 23 is a summary of the Annual Statistical Report of the Physicians Placement Service of the AMA Department of Insurance and Practice Management. During the 1970 calendar year, the Service processed 6,030 registrations. This represented an increase of 600 listings over the previous year. Of the total registrations, 3,194 were from physicians seeking locations, and 2,836 offered practice opportunities. In addition, the International Section had 147 physicians actively seeking positions in foreign countries, and it was assisting 48 organizations in their recruitment for abroad. The table

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1970

	All Physicians		All Interns, Residents, and Fellows			
	Number*	% of Total Physicians	Number on Duty*	% of Total MDs. in This Field	% of Total on Duty	% of Residencies Filled in This Field
General Practice	57,948	17.3	1,336	2.3	2.6	40
Internal Medicine	41,872	12.5	8,965	21.4	17.5	91
Surgery	29,761	8.9	7,142	23.9	13.9	91
Psychiatry	21,146	6.3	3,278	15.5	6.4	77
Obstetrics-Gynecology	18,875	5.7	3,719	14.4	5.3	86
Pediatrics	17,941	5.4	3,456	19.2	6.8	92
Radiology**	13,360	4.0	2,057	15.3	4.0	91
Anesthesiology	10,860	3.3	1,408	12.9	2.8	82
Pathology	10,283	3.1	2,268	22.0	4.4	65
Ophthalmology	9,927	3.0	1,334	13.4	2.6	98
Orthopedic Surgery	9,620	2.9	1,834	19.0	3.6	98
Urology	5,795	1.7	832	14.3	1.6	95
Otolaryngology	5,409	1.6	814	15.0	1.6	93
<b>Totals</b>	<b>252,798</b>	<b>75.7</b>	<b>37,443</b>	<b>14.8</b>	<b>73.1</b>	<b>..</b>
Others	81,230	24.3	13,785	16.9	26.9	..
<b>Grand Totals</b>	<b>334,028</b>	<b>100%</b>	<b>51,228</b>	<b>15.3</b>	<b>100%</b>	<b>..</b>

\*From *Periodic Survey of Physicians*, conducted by AMA Dept. of Survey Research

\*\*Includes General, Diagnostic, and Therapeutic Radiology

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

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
<b>Total</b>	<b>3,194</b>	<b>100</b>	<b>2,836</b>	<b>100</b>
Allergy	13	Neg.	20	1
Anesthesiology	81	3	65	2
Dermatology	77	2	25	1
General Practice	252	8	732	26
Internal Medicine	596	19	509	18
Neurosurgery	29	1	12	Neg.
Ob-Gyn.	151	5	170	6
Ophthalmology	138	4	81	3
Orthopedics	144	5	104	4
Otolaryngology	88	3	106	4
Pathology	169	5	30	1
Pediatrics	162	5	283	10
Psychiatry, Neurology	142	4	64	2
Radiology	137	4	53	2
Surgery	531	17	146	5
Urology	198	6	96	3
Miscellaneous*	287	9	340	12

\*Includes 4 major categories: Occupational Medicine, Institutional Medicine, Public Health, and School Health  
Neg.—less than 1%.

shows the specialty of the physician seeking opportunity, and the opportunities offered.

As has been true for recent years, the two largest areas of imbalance are general practice and surgery, with an under-supply of physicians in the former, and an apparent oversupply in the latter. The other specialty areas in which there was a lesser degree of imbalance were pediatrics, with 5% physician applicants and 10% opportunities; pathology, with 5% physician applicants and 1% opportunity, and Urology with 6% physician applicants and 3% opportunity.

The Physician Placement Service has continued its Urology residency placement program. A mailing was sent in January,

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

	Hospitals		Hospital Beds		
	Number of Hospitals	% of Total Hospitals	Number of Beds	% of Teaching Beds	% of Total Beds
<b>Hospitals with Approved Programs:</b>					
Major Medical School Affiliation	567	8	215,076	30	13
Limited Medical School Affiliation	288	4	130,421	18	8
Graduate Medical School Affiliation	141	2	65,474	9	4
<b>Total Affiliated</b>	<b>996</b>	<b>14</b>	<b>410,971</b>	<b>57</b>	<b>25</b>
No Medical School Affiliation	696	10	304,836	43	19
<b>Totals</b>	<b>1,692</b>	<b>24</b>	<b>715,807</b>	<b>100</b>	<b>44</b>
<b>Hospitals without Approved Programs:</b>	<b>5,431</b>	<b>76</b>	<b>899,964</b>	<b>..</b>	<b>56</b>
<b>Grand Totals (A.H.A.)</b>	<b>7,123</b>	<b>100</b>	<b>1,615,771</b>	<b>..</b>	<b>100</b>

1971, to 150 hospitals with approved residencies in Urology, to inform them of the program. During the academic year ending June, 1971, 20 hospitals and 148 physicians were registered through the Urology Placement Program. This is the only residency field in which the placement service seeks

to place residents. It has been carried on for several years on an experimental basis.

Hospital Facilities

Tables 24, 24A, and 25 show the relationship of educational programs, medical school affiliation, and hospital beds in hospitals in the United States. The data for total hospital beds and for total hospitals registered by the American Hospital Association were obtained, with permission, from the August 1, 1971, guide issue of the AHA journal, "Hospitals."

For 1970, the American Hospital Association listed 7,123 hospitals, a slight decrease over the preceding years. The total of hospital beds was 1,615,771 beds, or a decrease of 33,892 beds, compared with September, 1969, and a decrease of 47,432 compared with September 1, 1968. Table 24 indicates that 24% of the hospitals in the United States have approved teaching programs, and that these hospitals have 44% of the total beds in hospitals throughout the country. Thus, three-fourths of the hospitals, with 56% of the hospital beds, in the United States are hospitals not offering an approved internship and residency programs.

Table 25.—Relations of Training Programs to U.S. Teaching Hospital Beds, September 1, 1970

Hospitals with:	Hospitals		Hospital Beds		
	Number	% of Total	Number	% of Teaching Hosp. Beds	% of all Hosp. Beds
Internships Only.....	82	5	13,527	2	1
Residencies Only.....	796	47	337,198	47	21
Internships and Residencies	814	48	365,082	51	23
<b>Grand Totals.....</b>	<b>1,692</b>	<b>100</b>	<b>715,807</b>	<b>100</b>	<b>45</b>

Of the hospitals with approved training programs, 57% of the beds are in hospitals with medical school affiliations and 43% are in hospitals without medical school affiliations.

Table 24A, on hospital affiliation with medical schools, indicates the trend that has continued during the past nine years towards increased affiliation with medical schools. For the 1971 academic year, 34% of the hospitals with approved training programs have major affiliations with medical schools, 17% have limited affiliations with medical schools, 8% have affiliation for graduate programs only, and 41% do not have a medical school affiliation. These proportions can be compared to those for 1968, when 26% of the hospitals had major affiliations, 13% had limited affiliations and 10% affiliated for graduate programs only. The remainder, 52%, had no affiliation with a medical school in 1968.

Table 25 indicates that of the hospitals approved for graduate training, 5% offer internship only, 47% offer residencies only, and 48% offer internships and residencies. The 82 hospitals offering only internships are 5% of the total number of hospitals, but represent only 2% of the teaching beds in hospitals, and only 1% of all hospital beds. With the adoption of the policy on "The Continuum of Medical Education" outlined in another section, these programs will need to become a part of a coordinated program of graduate education to

Table 24A.—Hospital Affiliation with Medical Schools

Edition of Directory:	1963-64	1964-65	1965-66	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72
<b>Hospitals with:</b>									
Major Affiliations	245	117	187	275	339	327	376	516	567
Limited Affiliations	135	118	116	141	137	174	182	243	288
Affiliation for Graduate Programs only	60	44	66	101	121	130	141	160	141
<b>Total Hospitals with Affiliations</b>	<b>440</b>	<b>389</b>	<b>369</b>	<b>517</b>	<b>607</b>	<b>631</b>	<b>699</b>	<b>919</b>	<b>996</b>
<b>Hospitals without Affiliations</b>	<b>1,110</b>	<b>1,034</b>	<b>1,017</b>	<b>850</b>	<b>905</b>	<b>781</b>	<b>750</b>	<b>766</b>	<b>696</b>
<b>Hospitals with Approved Programs</b>	<b>1,550</b>	<b>1,423</b>	<b>1,386</b>	<b>1,367</b>	<b>1,512</b>	<b>1,412</b>	<b>1,449</b>	<b>1,685</b>	<b>1,692</b>



include subsequent residency training, and hospitals currently approved only for internship programs may need to make meaningful affiliations with other nearby institutions, or may need to reorient their teaching toward other fields, such as continuing education.

Table 26.—Distribution of House Officers by Source of Medical Education, September 1, 1970

Number on Duty	Affiliated Hospitals			Non-Affiliated Hospitals		
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools
Interns.....	7,394	1,836	9,230	819	1,503	2,322
Residents..	24,067	9,751	33,818	2,210	3,192	5,402
<b>Totals....</b>	<b>31,461</b>	<b>11,587</b>	<b>43,048</b>	<b>3,029</b>	<b>4,695</b>	<b>7,724</b>

#### Present Status of Graduate Training Programs

Table 26 shows the distribution of house officers by source of medical education, and the proportion of graduates of medical schools in the United States and Canada and those graduates of foreign schools serving as interns or residents in the affiliated and non-affiliated hospitals. A total of 50,772 house officers served in all hospitals with approved programs. The hospitals affiliated with a medical school obtained 43,048, or 85%, while the non-affiliated hospitals obtained 15%. The hospitals affiliated with medical schools in the statistics published for 1968 had obtained 77% of the total number. In the affiliated hospitals, interns account for 21% of the total house staff, whereas in the non-affiliated hospitals, interns account for 30% of the total house staff.

In the affiliated hospitals, interns comprised 24% of the U.S. and Canadian graduates in such hospitals, while they comprised only 16% of the graduates of foreign schools serv-

ing in the affiliated hospitals. In the non-affiliated hospitals, interns comprised 27% of the U.S. and Canadian graduates, but 32% of the foreign graduates. Of all house officers on duty in affiliated hospitals, 31,461, or 73% were graduates of U.S. and Canadian schools while 37% were graduates of foreign schools. In the non-affiliated hospitals, 3,029, or 39%, were graduates of U.S. and Canadian, while 4,695, or 61%, were graduates of foreign schools.

As has been the trend, the progressively more favorable performance of the affiliated hospitals was indicated by the fact that of the 34,490 U.S. and Canadian graduates serving as interns and residents in all hospitals with approved pro-

Table 28.—Distribution of Trainees in Hospital Programs, September 1, 1970

	U.S. and Canadian Graduates	Foreign Medical Graduates	Totals
Interns	8,213 ( 21%)	3,339 ( 17%)	11,552 ( 20%)
Residents	26,277 ( 67%)	12,943 ( 66%)	39,220 ( 67%)
Other Trainees	4,491 ( 12%)	3,331 ( 17%)	7,822 ( 13%)
<b>Totals</b>	<b>38,981 (100%)</b>	<b>19,613 (100%)</b>	<b>58,594 (100%)</b>

grams, the 31,461 in the affiliated hospitals represents 91% as compared with 86% in 1968. Out of the total of 16,252 graduates of foreign medical schools serving as interns and residents in all hospitals with approved programs, 11,587 in affiliated hospitals represent 71% as compared to 58% in 1968.

Table 27 is a cumulative table, showing the status of internships and residencies in the United States since World War II. This Table and Table 10 are the only tables that include the total number of residencies offered and filled in programs both in hospitals and in the field of preventive medicine. The total number of positions offered as of September 1, 1970, was 61,938, of which 51,015, or 82% were filled.

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

	INTERNSHIPS						RESIDENCIES							
	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant
					VA	Other						VA	Other	
1970-1971	15,354	11,552	8,213	3,339	96	587	3,802	46,584	39,463	26,495	12,968	1,162	1,722	7,121
1969-1970	15,003	10,808	7,869	2,939	47	501	4,195	45,351	37,139	25,013	12,126	1,391	1,570	8,212
1968-1969	14,112	10,464	7,194	3,270	47	540	3,648	42,633	35,047	23,816	11,231	1,115	1,652	7,597
1967-1968	13,761	10,419	7,506	2,913	74	575	3,342	41,695	33,743	23,116	10,627	1,329	1,531	7,952
1966-1967	13,569	10,366	7,573	2,793	73	663	3,203	39,384	32,050	22,548	9,502	1,590	1,548	7,334
1965-1966	12,954	9,670	7,309	2,361##	93	613	3,284	38,979	31,898	22,765	9,133##	1,753	1,352	7,074
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723#	2,602	1,249	5,766
1960-1961†††	12,547	9,115	7,362	1,753#	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,455	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	..	..	..	..	..	..	..
1947-1948	8,683	6,902	..	..	..	..	1,781	..	..	..	..	..	..	..
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 preceding columns

†1946—P.L. 293, D.M.&S., V.A. (Authorizing Residency Programs in V.A.)

††1949—Smith-Mundt Act

†††1961—Fulbright-Hays Act/ Exchange-Visitor Program.

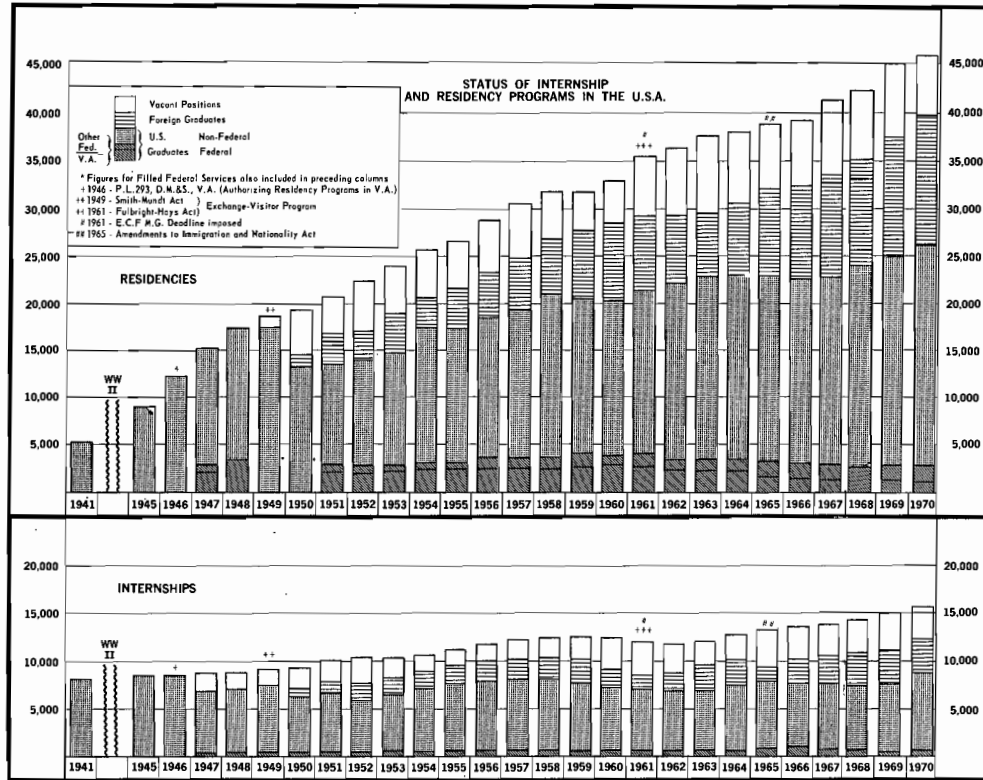
#1961—E.C.F.M.G. Deadline imposed.

##1965—Amendments to Immigration and Nationality Act.

Chart 1 represents in graphic fashion the data recorded in Table 27. The chart indicates the date on which residencies were offered in the Veterans Administration, the dates of the Smith-Mundt Act and the Fulbright-Hays Act authorizing the Exchange-Visitor Program, the date upon which the ECFMG requirements were established, and the amendments to the Immigration and Nationality Act.

Table 28 is a summary table, adding the category of "other trainees" to the categories of interns and residents, and tabu-

lating them according to the source of their medical education. As of September 1, 1970, the total of all trainees, including "other trainees" was 58,594, an increase of 5,229 over the total for September 1, 1968. The 38,981 U.S. and Canadian graduates comprised 67% of the trainees on duty. Interns made up 20% of the total in hospital programs, residents 67%, and trainees 13%. These proportions are similar to those recorded as of September 1, 1968.



## Special Studies in Graduate Medical Education

### Foreign Medical Graduates

In addition to information on foreign medical graduates from hospitals on the questionnaire sent to them and reported as of September 1, 1970, data have been made available through the AMA Circulation and Records Department as of

Table I-A.—Number of Foreign Graduates in U.S. Graduate Training Programs, by Origin of Medical Education as of December 31, 1970 and December 31, 1969

Origin of Medical Training	December 31, 1970			December 31, 1969		
	Interns	Residents	Totals	Interns	Residents	Totals
Africa.....	116	317	433	74	225	299
Americas.....	486	2,147	2,633	458	2,145	2,603
Asia.....	1,669	9,077	10,746	1,612	9,004	10,616
British Isles.....	70	345	415	65	356	421
Europe.....	521	1,863	2,384	408	1,902	2,310
Oceania.....	11	101	112	8	131	139
<b>Totals.....</b>	<b>2,873</b>	<b>13,850</b>	<b>16,723</b>	<b>2,625</b>	<b>13,763</b>	<b>16,388</b>

December 31, 1970. Despite the difference in time and source, the two sets of data are in relatively close agreement. Table I-A shows the number of interns and residents, for the year ending December 31, 1970, and the year ending December 31, 1969, who were serving in programs in the United States but had obtained their medical education elsewhere. The table indicates that, as has been true for the past several years, 64% of the foreign graduates received their medical education in countries of Asia, 16% in South and Central America, 14% in Europe, 3% in Africa, 2% in the British Isles, and 1% in Oceania, which is principally Australia.

The only change at the end of 1970 over the preceding year was a slight increase in the proportion coming to the United States from countries of Africa.

Table I-B lists the 11 countries contributing the greatest number of graduates to internship and residency programs in the United States as of December 31, 1970, and compares their rank to that of the preceding year. Although 80 coun-

Table I-B.—Foreign Countries Contributing Greatest Number of Graduates to US Graduate Programs as of December 31, 1970

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the US	Rank as of Dec. 69	Gain or Loss in Numbers
1. Philippines....	3,003	17.8	1	-413
2. India.....	2,525	15.0	2	+299
3. Korea.....	1,309	7.8	3	+20
4. Thailand.....	837	4.9	4	+6
5. Iran.....	762	4.5	5	+13
6. Formosa.....	627	3.7	6	+9
7. Pakistan.....	519	3.0	9	+77
8. Spain.....	477	2.8	7	+16
9. Germany.....	419	2.4	11	+3
10. Mexico.....	414	2.4	10	-7
11. Argentina.....	413	2.4	8	-28
Totals.....	11,305	66.7		-5

tries provided medical graduates, these 11 countries contributed two-thirds of those in internship and residency programs in the United States.

As has been true for the past several years, the Philippines, India, and Korea were the three countries contributing the largest number. There was, however, a continued drop in the number from the Philippines, which country at the end of 1968 had contributed 24% of the foreign trainees in this country and now contributes 18%. India continued to increase its proportion of foreign graduates, from 13% at the end of 1968 to 15% at the end of 1970.

The first six countries remained in the same rank order as at the end of December, 1969, but Pakistan moved up to 7th place from 9th place. Spain dropped from 7th to 8th place, Germany and Mexico each moved up, and Argentina changed its rank from 8th to 11th in the proportion of foreign graduates in this country.

Table I-C lists the interns and residents and the total foreign graduates for 1970 and 1969, to provide information not otherwise available in view of the fact that the Directory of Approved Internships and Residencies was not issued for 1970-71. For 1970 the number of interns from all foreign countries increased slightly over the number in the United States at the end of 1969, while the number of residents for the most part remained about the same. The graduates from India showed the greatest increase in both internships and residencies over the numbers reported for the end of 1969; the number of interns and residents from the Philippines decreased during this period from that of the preceding year. Although the total numbers are small, graduates from Egypt are coming to the United States at an increasing rate. At the end of 1968, 30 interns who had received their medical education in Egypt were serving in U.S. programs; at the end of 1969, 62 were serving, and at the end of 1970, 104. The number of residents educated in Egypt increased from 109 recorded at the end of

Table I-D.—Ten Foreign Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, December 31, 1970

School	Interns	Residents	Total
1. Faculty of Med. and Surgery, Univ. of Santo Tomas, Manila, Philippines.....	129	1,251	1,380
2. Institute of Med., Far Eastern Univ., Manila, Philippines.....	58	521	579
3. Faculty of Med., Univ. of Teheran, Teheran, Iran.....	72	466	538
4. College of Med., Univ. of the Philippines, Manila, Philippines.....	30	350	380
5. College of Med., Seoul National Univ., Seoul, Korea.....	51	341	392
6. Faculty of Med. at Siriraj Hosp. Univ. of Med. Sciences, Thonburi, Thailand.....	62	321	383
7. College of Med., Univ. of the East, Quezon City, Philippines.....	31	285	316
8. Facultad de Medicina de la Univ. de la Havana, Cuba.....	62	255	317
9. College of Med., National Taiwan Univ., Taipei, Formosa.....	28	233	261
10. Faculty of Med. at Chulalongkorn Hosp., Univ. of Med. Sciences, Bangkok, Thailand..	42	235	277
Totals.....	565	4,258	4,283

1968, 149 at the end of 1969, and 237 at the end of 1970.

Relatively little change occurred in numbers from nations in Central and South America, and it is surprising to note the rather small increase in the number of interns for 1970. In the tabulation of information on foreign graduates, those American citizens who obtain their medical education outside the United States are listed as foreign medical graduates, and it might have been expected that the number educated in Mexico would have increased more noticeably at the end of 1970 because of the number of American citizens reported to be studying in that country.

Among the countries of Asia, the number of interns from Iran at the end of 1970 decreased, but the number in residencies increased. This is apparently a trend, as in 1968, there were 168 interns from Iran and 491 residents. A somewhat similar trend can be seen for graduates of Thailand, with 157 in internships at the end of 1968, 165 at the end of 1969, and 127 at the end of 1970; graduates from Thailand in residencies for 1968 totalled 564; in 1969, 666, and in 1970, 710.

Among the European countries, the number of interns receiving their medical education in Italy increased, and this

Table I-E.—Ten US Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, December 31, 1970

School	Interns	Residents	Total
1. Univ. of Michigan Med. School, Ann Arbor, Michigan.....	190	649	839
2. Univ. of Illinois Coll. of Med., Chicago, Illinois.....	198	621	819
3. State Univ. of N.Y. Downstate Med. Center, N.Y.—Brooklyn.....	191	570	761
4. Jefferson Med. College of Philadelphia, Pennsylvania.....	164	557	721
5. Indiana Univ. School of Med., Indianapolis, Indiana.....	207	524	731
6. Univ. of Tennessee Coll. of Med., Memphis, Tenn.....	161	498	659
7. Univ. of Minnesota Med. School, Minneapolis, Minn.....	184	471	655
8. Harvard Med. School, Boston, Mass.....	151	478	629
9. Ohio State Univ. Coll. of Med., Columbus, Ohio.....	148	477	625
10. Northwestern Univ. Med. School, Chicago, Illinois.....	142	473	615
Totals.....	1,738	5,316	7,054

may be attributed to U.S. citizens who have gone to that country in recent years.

Table I-D lists the 10 foreign medical schools contributing the largest number of graduates to graduate training programs in the United States. Ten schools provide 20% of the foreign graduates who are serving internships in this country, 31% of all the foreign graduates serving residencies, or 29% of all foreign graduates serving in graduate training programs. Four medical schools in the Philippines account for 2,655 foreign graduates serving in internships and residencies, or 16% of all foreign graduates. Despite these large proportions of the foreign graduates receiving their training in these institutions, the numbers reported at the end of 1970 decreased in practically all cases from the numbers reported at the end of 1969.

Table I-E lists the 10 medical schools in the United States that contributed the largest number of graduates to internship and residency programs for the year ending December 31, 1970. These schools provided 21% of all the U.S. graduates serving internships by the end of 1970, and 20% of all residents serving during that year. These data provide a contrast to those on the 10 foreign schools.

Table I-F illustrates the relative success of states in attracting U.S. graduates to their internship and residency programs in the same proportion as the numbers who received their undergraduate medical education in that state, and the contribution made by foreign graduates in filling the remaining positions.

# GRADUATE MEDICAL EDUCATION

Table I-C.—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of Dec. 31, 1970, and 1969

Origin of Medical Training	INTERNS		RESIDENTS		TOTALS	
	1970	1969	1970	1969	1970	1969
	Totals					
	2,873	2,625	13,850	13,763	16,723	16,388
<b>Africa</b> .....	116	74	317	225	433	299
Algeria.....	0	1	1	0	1	1
Congo.....	0	0	1	1	1	1
Egypt.....	104	62	237	149	341	211
Nigeria.....	2	5	19	9	21	14
Uganda.....	3	3	3	0	6	3
Union of S. Africa.....	7	3	56	66	63	69
<b>Americas</b> .....	486	458	2,147	2,145	2,633	2,803
Argentina.....	67	72	346	370	413	442
Bolivia.....	18	7	51	54	69	61
Brazil.....	26	25	113	114	139	139
Chile.....	7	12	54	45	61	57
Colombia.....	67	52	254	256	321	308
Costa Rica.....	3	2	8	4	11	6
Cuba.....	62	68	255	264	317	332
Dominican Republic.....	27	16	90	96	117	112
Ecuador.....	14	10	37	30	51	40
El Salvador.....	11	11	41	35	52	46
Guatemala.....	15	9	56	53	71	62
Haiti.....	20	24	99	97	119	121
Honduras.....	6	9	23	16	29	25
Jamaica.....	5	4	24	21	29	25
Mexico.....	65	50	349	370	414	420
Nicaragua.....	5	10	25	13	30	23
Panama.....	0	0	8	8	8	12
Paraguay.....	10	5	33	30	43	35
Peru.....	39	55	218	199	258	254
Surinam.....	0	0	1	1	0	1
Uruguay.....	6	5	10	9	16	14
Venezuela.....	13	12	52	56	65	68
<b>Asia</b> .....	1,669	1,612	9,077	9,004	10,746	10,616
Afghanistan.....	2	2	13	9	15	11
Burma.....	16	27	61	41	77	68
Ceylon.....	36	12	39	17	75	29
China (Mainland).....	11	17	65	50	76	67
Formosa.....	81	81	546	537	627	618
Hong Kong.....	13	7	40	44	53	51
India.....	479	324	2,046	1,902	2,525	2,226
Indonesia.....	25	30	47	20	72	50
Iran.....	113	178	649	571	762	749
Iraq.....	4	7	79	80	83	87
Israel.....	2	4	63	77	66	81
Japan.....	66	50	210	214	276	264
Korea.....	212	217	1,097	1,072	1,309	1,289
Lebanon.....	15	7	134	133	149	140
Manchuria.....	0	0	3	2	3	2
Pakistan.....	116	98	403	344	519	442
Philippines.....	291	355	2,712	3,058	3,003	3,413
Singapore.....	3	2	13	10	16	12
Syria.....	41	18	71	59	112	77
Thailand.....	127	165	710	666	837	831
Turkey.....	14	11	72	86	86	97
Vietnam.....	2	0	4	12	6	12
<b>British Isles</b> .....	70	65	345	356	415	421
United Kingdom.....	8	13	124	152	132	165
Ireland.....	52	43	164	147	216	190
Scotland.....	10	9	55	53	65	62
Wales.....	0	0	2	4	2	4
<b>Europe</b> .....	521	408	1,883	1,902	2,384	2,310
Austria.....	5	9	48	50	53	59
Belgium.....	18	10	104	110	122	120
Bulgaria.....	1	1	6	4	7	5
Czechoslovakia.....	33	15	65	53	98	68
Denmark.....	7	8	9	13	16	21
Finland.....	1	1	3	4	4	5
France.....	12	9	46	55	58	64
Germany.....	104	104	315	312	419	416
Greece.....	28	27	102	103	130	130
Hungary.....	6	5	33	31	39	36
Iceland.....	3	2	15	22	18	24
Italy.....	103	68	265	250	358	318
Latvia.....	0	0	2	1	2	1
Malta.....	0	0	2	1	2	1
Netherlands.....	5	3	54	61	59	64
Norway.....	0	0	2	3	2	3
Poland.....	26	17	81	73	107	90
Portugal.....	5	2	20	22	25	24
Rumania.....	17	4	45	49	62	53
Spain.....	76	65	401	396	477	461
Sweden.....	1	1	4	5	5	6
Switzerland.....	44	39	171	201	215	240
USSR.....	2	1	7	5	9	6
Yugoslavia.....	24	17	73	78	97	95
<b>Oceania</b> .....	11	8	101	131	112	139
Australia.....	10	7	92	116	102	123
New Zealand.....	1	1	9	15	10	16

Table I-F—State Origin of Medical Education of Interns and Residents, and Distribution of House Officers by State.

STATE	INTERNS				RESIDENTS				Total Interns Res. in U.S. with M.D. from State	Total U.S. & Can. Grads. Interns, Res. in State	Total House Officers in State
	Interns in U.S. with M.D. from school in State	U.S. or Canadian Grads. in Internships in State	Foreign Graduates in Internships in State	Total Interns in State	Residents in U.S. with M.D. from school in State	U.S., Can. Grads. in Residencies in State	Foreign Graduates in Res. in State	Total Res. in State			
Alabama	77	87	22	87	221	269	40	309	298	356	396
Arizona		76		98		118	71	189		194	287
Arkansas	89	46		46	242	126	12	138	331	172	184
California	484	1,229	35	1,264	1,539	3,689	268	3,957	2,023	4,918	5,221
Canal Zone		15	1	16		20	8	28		35	44
Colorado	83	166	15	181	234	551	46	597	317	717	778
Connecticut	83	132	108	240	224	365	343	708	307	497	948
Delaware		15	5	20		19	37	56		34	76
D. of Columbia	315	200	56	256	963	634	325	959	1,278	834	1,215
Florida	142	215	79	294	400	641	276	917	542	856	1,211
Georgia	174	139	8	147	524	422	69	491	698	561	638
Hawaii		58	16	74		107	31	138		165	212
Illinois	578	350	399	749	1,835	1,132	1,081	2,213	2,413	1,482	2,962
Indiana	207	140	5	145	524	310	56	366	731	450	511
Iowa	145	60	15	75	327	238	83	321	472	298	396
Kansas	118	47	8	55	345	225	91	316	463	272	371
Kentucky	159	68	11	79	423	223	63	286	582	291	365
Louisiana	246	151	9	160	832	544	92	636	1,078	695	796
Maine		15		15		26		31		41	46
Maryland	226	184	144	328	658	660	501	1,161	884	844	1,489
Massachusetts	326	334	177	511	1,100	1,263	554	1,817	1,426	1,597	2,328
Michigan	319	296	168	464	981	922	792	1,714	1,300	1,218	2,178
Minnesota	184	185	27	212	471	1,021	255	1,276	655	1,206	1,488
Mississippi	76	51	4	55	196	132	11	143	272	183	198
Missouri	308	202	40	242	871	669	331	1,000	1,179	871	1,242
Nebraska	164	63	1	64	461	146	10	156	625	209	220
Nevada											
New Hampshire		30		30		59	9	68		89	98
New Jersey	73	54	294	348	228	170	606	776	301	224	1,124
New Mexico	23	35		35	16	107	30	137	39	142	172
New York	1,091	1,111	906	2,017	3,387	3,585	3,890	7,475	4,478	4,696	6,382
North Carolina	199	154	12	166	672	645	78	723	871	799	889
North Dakota		2	2	4		4	3	7		4	9
Ohio	339	375	259	634	1,066	1,121	988	2,109	1,405	1,496	2,743
Oklahoma	93	51	1	52	286	217	17	234	379	268	286
Oregon	80	78	7	85	253	220	37	257	333	298	342
Pennsylvania	716	545	241	786	2,293	1,697	780	2,477	3,009	2,242	3,263
Puerto Rico	58	45	48	93	168	128	188	316	226	173	409
Rhode Island		27	40	67		62	92	154		89	221
South Carolina	80	49	2	51	245	185	20	205	325	234	256
South Dakota		7	8	15		6	1	7		13	22
Tennessee	277	184	9	193	841	537	95	632	1,118	721	825
Texas	376	409	65	474	942	1,294	285	1,579	1,318	1,703	2,053
Utah	63	55	1	56	183	167	14	181	246	222	237
Vermont	57	32		32	145	103	9	112	202	135	144
Virginia	191	189	23	212	456	533	130	663	647	722	875
Washington	86	132	17	149	232	433	45	478	318	565	627
West Virginia	58	14	10	24	169	77	62	139	227	91	163
Wisconsin	187	113	41	154	615	455	112	567	802	568	721
Canada	84				581				665		
<b>TOTALS</b>	<b>8,634</b>	<b>8,213</b>	<b>3,339</b>	<b>11,552</b>	<b>26,149</b>	<b>26,277</b>	<b>12,943</b>	<b>39,220</b>	<b>34,783</b>	<b>34,490</b>	<b>50,772</b>

In a number of states, hospitals appointed approximately the same total number of U.S. graduates to their internship and residency programs as had received their undergraduate medical education in medical schools in that state. In other states, the "balance of trade" was heavily in favor of the state obtaining more U.S. graduates than it had educated, while in other states only relatively few U.S. graduates remained in that state despite the larger numbers that had received their medical training there. California is an example of a state attracting more U.S. graduates than it had provided with undergraduate medical education: 484 of the current U.S. interns throughout the country had received their undergraduate medical education in California, and 1,539 residents had received their medical education in that state; nevertheless, 1,229 U.S. or Canadian graduates were serving internships in California, and 3,689 U.S. or Canadian graduates were serving residencies, more than twice the volume of current house staff educated in that state. A similar situation can be noted in Colorado and Minnesota, and to a lesser extent in Connecticut, Florida, New York, Texas, Virginia, and Washington. Three states—Kentucky, Nebraska, and West Virginia—attracted less than half the number of U.S. graduates that had received their medical education in that state. A number of the larger states attracted only about two thirds of the number of U.S. graduates compared to the number for which they had provided undergraduate medical education. In most cases, the states also recruited enough graduates of foreign medical

schools to provide enough house officers to exceed the total number of physicians who received their undergraduate medical education in that state. In recording these statistics, no attempt has been made to determine whether the physicians who receive their undergraduate medical education in a state remained in that state. This study simply indicates the number of U.S. and Canadian graduates currently appointed to internship and residency programs in that state, in relation to the medical education of the current pool of interns and residents who obtained their medical education within the United States.

#### Negro Physicians in Graduate Education

Since 1968, the annual questionnaire to hospitals has stated that "in their present collaborative endeavors, to attract more negroes into medicine through a program of talent recruitment, the American Medical Association and the National Medical Association are obligated to determine both the number and distribution of negro physicians who are *United States citizens*, and who are serving internship and residencies in hospitals in this country."

Tables II-A and II-B record the information provided by hospitals as of September 1, 1970. Table II-A indicates that 321 hospitals, or 19% of the total of 1,692 hospitals with approved graduate training programs, had appointed negro house officers. Of the total of 992 on duty, 250 were serving in internships, and 742 in residency programs. Of these numbers, 170, or 68%, of the interns were graduates of U.S.

Table II-A.—Negro U.S. Citizens Serving in Internship and Residency Programs

State	Number of Hospitals Appointing Negro House Officers	Negro Citizens in Internships			Negro Citizens in Residencies			Total on Duty			
		Sept. 1, 1970			Sept. 1, 1970			September 1,			
		U.S. & Canada Grads.	Foreign Grads.	Total on Duty September 1, 1970	U.S. & Canada	Foreign Grads.	Total on Duty September 1, 1969	1970	1969		
Alabama	4	2	..	2	1	1	4	5	3	7	4
Arizona	2	1	..	1	..	1	..	1	1	2	1
California	42	15	3	18	21	69	9	78	98	96	119
Colorado	2	1	..	1	..	7	..	7	1	8	1
Connecticut	7	1	2	3	2	8	7	12	7	15	9
Dist. of Columbia	9	28	..	28	10	59	4	64	63	92	73
Florida	4	1	..	1	1	2	..	2	8	9	9
Georgia	2	1	..	1	..	2	..	2	2	3	2
Hawaii	4	1	..	1	..	4	..	4	3	5	3
Illinois	16	12	2	14	15	25	7	32	20	46	35
Indiana	3	1	..	1	2	1	7	8	5	9	7
Iowa	3	1	1	2	1	3	..	3	4	5	5
Kansas	1	..	..	..	..	1	..	1	2	1	2
Louisiana	3	..	6	5	4	2	49	51	10	56	14
Maryland	13	6	8	14	15	19	16	35	27	49	42
Massachusetts	14	7	2	3	3	13	7	20	24	23	27
Michigan	18	7	..	7	18	30	1	31	62	38	80
Minnesota	6	3	..	3	..	7	..	7	14	10	14
Missouri	13	4	6	10	5	27	15	42	21	52	26
Nebraska	2	1	1	1	..	3	6	9	3	10	3
New Jersey	8	1	6	7	5	6	6	12	32	19	37
New York	51	32	7	39	36	60	65	125	118	164	154
North Carolina	3	..	..	..	..	3	..	3	2	3	2
Ohio	25	11	5	16	13	30	9	39	45	55	58
Oklahoma	1	..	..	..	..	..	4	4	1	4	1
Oregon	1	..	..	..	..	1	1	2	1	2	1
Pennsylvania	25	12	9	21	12	30	5	35	47	56	59
Puerto Rico	2	..	..	..	..	..	4	4	4	4	4
Rhode Island	2	..	16	16	..	..	..	..	2	16	2
South Carolina	2	..	1	1	..	1	6	7	..	8	..
Tennessee	3	20	..	20	12	20	28	48	30	68	42
Texas	16	5	5	10	13	18	2	20	35	30	48
Utah	2	..	..	..	..	3	..	3	..	3	..
Vermont	1	..	..	..	..	1	..	1	3	1	3
Virginia	6	2	1	3	2	8	4	12	4	15	6
Washington	3	..	..	..	1	3	3	6	1	6	2
West Virginia	..	1	..	1	..	..	..	..	3	..	3
Wisconsin	1	1	..	1	..	1	..	1	..	2	..
<b>TOTALS</b>	<b>321</b>	<b>170</b>	<b>80</b>	<b>250</b>	<b>192</b>	<b>462</b>	<b>280</b>	<b>742</b>	<b>706</b>	<b>992</b>	<b>698</b>

or Canadian medical schools, and 80 were graduates of foreign medical schools; of those serving in the residencies, 462, or 62%, were graduates of U.S. or Canadian medical schools, and 280 of foreign medical schools. The increase in numbers appointed in 1969 was equally distributed among internships and residencies.

Both categories of training programs showed an increase in 1970, with 250 in September 1970, 192 in September 1969, and 194 in September 1968; in residencies, 992 for September 1970, with an increase over the 898 reported in September 1969, and the 607 reported in September 1968.

In comparison with the data for total internships filled, negroes represented 2% of U.S. or Canadian graduates, and 2.3% of foreign graduates serving as interns. For residencies, negroes comprise 1.7% of all residents who are graduates of U.S. or Canadian schools, and 2.1% of residents who are graduates of foreign schools. Of the 50,772 interns and residents on duty as of September, 1970, the 992 comprised not quite 2%. In 1968, they comprised 1.8%.

The distribution of negro U.S. citizens in residencies according to medical specialties, in Table II-B, is representative of the distribution of residents generally, with the first five

Table II-B.—Negro U.S. Citizens Serving in Residencies, by Specialty and Hospital Affiliation

Specialty	U. S. and Canadian Graduates Types of Medical School Affiliation September 1, 1970					1969 Total	Foreign Graduates Types of Medical School Affiliation September 1, 1970					1969 Total	Total on Duty	
	Major	Limited	Grad.	None	Total		Major	Limited	Grad.	None	Total		September 1, 1970	1969
Anesthesiology	16	..	..	2	18	20	10	1	..	11	12	29	32	
Child Psychiatry	4	..	..	2	6	7	1	3	..	4	..	10	7	
Dermatology	16	..	1	1	17	15	2	1	..	3	..	20	15	
Family Practice	6	..	..	1	7	3	..	..	..	..	2	7	5	
General Practice	1	..	..	..	1	2	..	..	1	1	8	2	10	
General Surgery	40	4	3	6	53	94	32	3	20	55	32	108	126	
Internal Medicine	54	13	5	17	89	85	39	9	13	61	29	150	114	
Neurological Surgery	9	..	..	..	9	10	4	..	..	4	..	13	10	
Neurology	3	..	..	..	3	7	6	..	1	7	4	10	11	
Obstetrics & Gynecology	22	8	9	11	50	59	16	..	5	21	16	71	75	
Preventive Medicine	1	..	..	..	1	..	..	..	..	..	1	1	1	
Ophthalmology	14	4	..	2	20	18	4	..	..	4	1	24	19	
Orthopedic Surgery	19	5	5	15	44	35	..	..	..	..	8	44	43	
Otolaryngology	3	..	..	2	5	4	1	..	..	1	..	6	4	
Pathology	12	1	2	2	17	14	10	5	16	31	15	48	29	
Pediatrics	21	2	..	2	25	27	15	2	1	18	28	43	55	
Pediatric Allergy	3	..	..	..	3	..	..	..	3	3	..	6	..	
Pediatric Cardiology	1	..	..	..	1	1	..	..	..	..	..	1	1	
Physical Med. & Rehab.	1	1	..	2	4	..	5	..	..	5	..	9	..	
Plastic Surgery	1	..	..	..	1	1	..	..	..	..	..	1	1	
Psychiatry	30	4	..	13	47	68	5	5	5	29	26	76	94	
Radiology	14	5	1	4	24	25	5	..	..	5	1	29	26	
Therapeutic Radiology	..	..	..	..	..	..	1	..	..	1	..	1	..	
Thoracic Surgery	5	..	1	..	6	6	2	1	..	3	1	9	7	
Urology	10	..	..	1	11	18	1	..	2	3	4	14	22	
<b>TOTALS</b>	<b>308</b>	<b>47</b>	<b>27</b>	<b>82</b>	<b>482</b>	<b>519</b>	<b>159</b>	<b>21</b>	<b>13</b>	<b>67</b>	<b>280</b>	<b>187</b>	<b>742</b>	<b>708</b>

specialties in rank order being general surgery, internal medicine, psychiatry, pathology, and obstetrics-gynecology.

Almost two thirds of all negro house officers, including the foreign graduates, obtained residencies in hospitals with major affiliations with medical schools, and only 20% accepted residency appointments in hospitals without medical school affiliations.

**Osteopathic Physicians in Graduate Education**

On the questionnaire sent to hospitals with approved graduate training programs, information was requested on the appointment of osteopathic physicians to the hospital attending staff, and as house officers.

Table III-A, summarizing responses to the question on staff appointments, indicates that 135 hospitals had appointed osteopathic graduates, and that these hospitals had a total of 504 osteopaths on the attending staff.

Whereas, in 1968, hospitals in only 12 states reported appointing osteopaths to the attending staff, the list for 1970 shows 25 states, with the largest number of appointments in Pennsylvania, New Jersey, California, Michigan, and Washington.

Table III-B, on the number of hospitals appointing osteopathic graduates to internship programs as of September 1, 1970, and September 1, 1969, shows that the number of

hospitals increased to 53 from 11, and the number of interns on duty increased to 117 from 23.

Table III-C lists the numbers of graduates in approved residency programs by specialty and by state. This is the first tabulation of these data. Residency programs in the specialties certified by the following specialty boards are open to osteopathic graduates: Anesthesiology, Dermatology, Internal Medicine, Obstetrics-Gynecology, Orthopedic Surgery, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Preventive Medicine, Psychiatry and Neurology, and Radiology.

Table III-C indicates that appointments have been made in some cases to specialties in which osteopathic graduates are not yet permitted to serve without jeopardizing approval of the program, and some of these may have been appointed through misunderstanding of the policy. For the protection of the osteopathic graduate, the policy of the Council on Medical Education has been to notify hospitals and program directors when the specialty boards have agreed to certify graduates of osteopathic schools, and to indicate at that time that osteopaths may be appointed to such programs in such specialties without jeopardizing approval of the program. Residencies in specialties certified by the following American Boards are not yet open to osteopaths: Colon and Rectal Surgery, Family Practice, Neurological Surgery, Ophthalmology, Otolaryngology, Plastic Surgery, Surgery, Thoracic Surgery, and Urology.

Table III-A.—Departmental Appointments of Osteopaths on Attending Staff, by State

State	Hospitals Appointing Osteopaths 9/1/70	Total Number Appointed	Departmental Appointments, by Specialty																			
			Anes.	Derm.	Fam. Prc.	Gen. Prc.	Gen. Surg.	Int. Med.	Neurol.	Obs. Gyn.	Oph.	Or. Surg.	Otol.	Path.	Ped.	PM & R	C&R Surg.	Psych.	Rad.	Urol.	Misc.	
Arizona	2	2					1															1
California	8	57	3			24	8	14	1	1	1				2		1				2	
Colorado	3	14				11	2															1
Delaware	1	12				12																
Georgia	1	3	1																	1		1
Illinois	1	2							1													1
Iowa	2	5				2														2		1
Kansas	3	4				3																1
Maryland	1	1				1																
Massachusetts	1	2				2																
Michigan	14	36			1	16		4	2	1	1				2							9
Missouri	6	7	1		2			3		1												
New Jersey	36	135			14	31	1	51		3		1	2		5	1			13			13
New Mexico	1	1		1																		
New York	14	20	1		2			3		3									5			6
North Carolina	1	1																				1
Ohio	3	11				3	1	2	1						1					1		2
Oklahoma	1	1																				1
Pennsylvania	20	156	1			13	2	93		22				1	16				4		1	3
Rhode Island	2	3				1				2												
Texas	4	5				1		1														
Virginia	4	4						4							2				1			
Washington	3	19	2			17																
West Virginia	1	1				1																
Wisconsin	2	2																	1			1
Totals	135	504	9	1	19	138	15	176	4	33	1	2	2	1	28	1	1	26	2	3	42	

Table III-B.—Graduates of Osteopathic Schools in AMA-Approved Internships, 1970 and 1969

State	September 1, 1970		September 1, 1969	
	Number of Hospitals	Number of Interns on Duty	Number of Hospitals	Number of Interns on Duty
Arizona	1	1		
California	3	3	1	1
Colorado	1	1		
Delaware	1	1		
District of Columbia	1	2		
Illinois	3	3		
Iowa	1	6		
Kansas	1	1		
Michigan	5	6	4	9
Missouri	5	10	1	1
New Jersey	7	18	2	4
New York	7	26	1	1
Ohio	4	14		
Oklahoma	1	1		
Pennsylvania	4	11		
Texas	4	7	1	5
Virginia	1	5		
Washington	3	5	1	2
Totals	53	117	11	23



Table III-C—Graduates of Osteopathic Schools in Approved Residencies, September 1, 1970

STATES: Specialty	Calif.	Colo.	D.C.	Ga.	Ill.	Ia.	Mich.	Mo.	Neb.	N.J.	N.Y.	Ohio	Okla.	Ore.	Pa.	Tex.	Vt.	Wash.	Wis.	Totals
Anesthesiology							1					1				1		1		4
Child Psychiatry	2																			2
Dermatology															1					1
Family Practice								1										2		3
General Practice		1																		1
General Surgery												2		1	1					4
Internal Medicine			1				7	2		1	3	5	1		1	5				26
Neurological Surgery											1						1			1
Neurology											1									2
Obstetrics-Gynecology				1			4			2	3	1			1	1				13
Pathology											1				1	2	1			6
Pediatrics			1				1		1	1	1					1		1		7
Physical Med. & Rehab.	2							1												4
Psychiatry					1	1	3				6			1	3	1		1	1	19
Radiology							1	1				1								4
Urology										1										1
Miscellaneous					1		1			1	1									4
<b>Total Residents</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>18</b>	<b>5</b>	<b>1</b>	<b>7</b>	<b>15</b>	<b>13</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>11</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>102</b>
<b>Number of Hospitals</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>14</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>67</b>

Women in Graduate Education  
Women In Internships

Table IV-A shows the number of women in filled internship positions as of September 1, 1970, and September 1, 1969, tabulated by U.S. and Canadian graduates, and the type of medical school affiliation of the hospital offering the internship. In September, 1970, 724 women who had graduated from U.S. and Canadian medical schools were serving in internships, filling 8.8% of the internships filled by U.S. or Canadian graduates, although women graduates made up only 8.4% of the graduating class for the year ending June 30, 1970.

As shown in Table IV-B, women graduates from Canadian schools made up 11.9% of the graduating class, so that female graduates made up 8.7% of the total graduating classes of medical schools in the United States and Canada for the year ending June 30, 1970.

As of September 1, 1970, 648 women graduates of foreign medical schools were serving in internship programs, or 19% of all foreign graduates in internships for that period. The total of 1,372 women interns, both foreign and nonforeign graduates, was 12% of the total interns on duty in September, 1970. For the year previously, the total of 1,191 women interns was 11% of the total on duty.

Table IV-A.—Women in Filled Internship Positions, as of September 1, 1970, and 1969

State	U.S. and Canadian Graduates Types of Medical School Affiliation September 1, 1970					Foreign Graduates Types of Medical School Affiliation September 1, 1970					Total on Duty			
	Major	Limited	Grad.	None	Total	1969 Total	Major	Limited	Grad.	None	Total	1969 Total	September 1, 1970	1969
Alabama	1				1	2							1	2
Arizona	1	3			4	1					12	12	20	13
Arkansas	4	1			5		11						5	
California	54	30	5		107	89	3	4		3	10	12	117	101
Canal Zone										1	1		1	
Colorado	8	5	5	1	19	4				7	7	2	26	6
Connecticut	7	1		1	20	9	8	7	7	8	30	29	50	38
Delaware	1				1		11				11		12	
District of Columbia	18				18	10				2	3	7	21	26
Florida	7			3	10	10	2	2		4	8	12	18	31
Georgia	10				10	19			2		2	1	12	20
Hawaii		2		2	4	6			3		3	1	7	7
Illinois	28	3	1	3	35	39	10	15		36	69	58	104	97
Indiana		3		5	8								8	8
Iowa	6			1	7	4				2	2	8	9	12
Kansas	2		1		3	9			2		6		9	2
Kentucky	5			1	6	2				2	3	2	9	11
Louisiana	11	2			13	15		1			1		14	15
Maryland	1	2		1	4	17	2	6	6	17	31	25	35	42
Massachusetts	29	1		1	31	24	14	7		10	31	19	62	43
Michigan	17		3	3	23	25	14	2	4	11	31	29	54	44
Minnesota	9			2	11	4				1	3		14	6
Mississippi	4			1	5	2							5	2
Missouri	10	1	1		12	6	2	1		3	6	8	18	14
Nebraska	2				2	2							2	2
New Hampshire				11	11								11	
New Jersey	2	2		2	6	6	4	12		51	67	59	73	65
New Mexico	5				5	4						2	5	6
New York	99	4		6	109	130	19	16	26	83	144	113	253	243
North Carolina	9	2			11	4		1		2	1		13	5
Ohio	24			12	36	33	1	14	2	43	60	38	96	71
Oregon	4	2	2		8	3				3	3		11	4
Pennsylvania	66	5		7	78	66	20	11	1	18	50	62	128	128
Puerto Rico	10	3			13	4		3	6		10	2	23	6
Rhode Island	1				1	3		4		3	7	6	8	2
South Carolina	1				1	2		1			1		2	2
Tennessee	11			5	16	13				2	2	3	18	16
Texas	19	10	1		30	27	1	6	1	3	11	3	41	30
Utah	1	1			2	4							2	4
Vermont	1				1	2							1	1
Virginia	8	1			9	13	1			1	2	8	11	21
Washington	7	6			13	8			11		11	1	24	9
West Virginia	1	1			2	2		1			1		3	2
Wisconsin	8	1			9	8	1	3	3		7	8	16	16
<b>Totals</b>	<b>512</b>	<b>92</b>	<b>20</b>	<b>100</b>	<b>724</b>	<b>657</b>	<b>137</b>	<b>132</b>	<b>62</b>	<b>317</b>	<b>846</b>	<b>534</b>	<b>1372</b>	<b>1191</b>

Table IV-B.—Male and Female Graduates as of June 30, 1970

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States.....	7,667	91.6	700	8.4	8,367
Canada.....	942	88.1	127	11.9	1,069
<b>Total Graduates..</b>	<b>8,609</b>	<b>91.3</b>	<b>827</b>	<b>8.7</b>	<b>9,436</b>

As in previous years, hospitals were asked whether they offered part-time internships to women who were unable to accept full-time appointments because of family and other responsibilities. Although the information supplied indicated that only 20 such part-time internships had been filled as of September 1, 1970, 121 hospitals indicated willingness to offer internships on a part-time basis. Of this number, 71 were medical school affiliated hospitals and 50 were non-affiliated hospitals. In response to a similar question in 1969, hospitals reported 13 women serving internships on a part-time basis, and 118 hospitals reported willingness to provide training on this basis.

#### Women in Residency Programs

As indicated in Table IV-C, 1,178 women graduates of U.S. and Canadian schools and 2,151 women graduates of foreign medical schools were serving in residency programs, or a total of 3,929. For the period one year earlier, 1,526 women graduates of U.S. and Canadian schools and 2,055 women graduates of foreign schools were serving in residencies, for a total of 3,581. These numbers represent increases from the numbers reported as of September 1, 1969, at which time there were 1,419 women graduates of U.S. and Canadian schools, and 1,820 women graduates of foreign schools for a total of 3,239 women serving in residencies.

The largest proportion of women residents were serving in pediatrics, and the 806 women residents comprised 31% of the pediatric residents serving. In the next most popular field, however, internal medicine, the 632 women residents comprised only 9% of the positions filled. In psychiatry, the 580 women residents made up 15% of the total residents on duty, the 339 women serving in anesthesiology made up 20% of the total residents on duty, and the 334 in obstetrics-gynecology, 13% of the total on duty.

As indicated in Table IV-C, the choices of women graduates of U.S. and Canadian schools differed substantially

from those of their counterparts who had graduated from foreign schools. Only 4% of the U.S. and Canadian graduates sought residencies in anesthesiology, whereas 12% of the foreign graduates accepted appointments in this field. Only 4% of the U.S. and Canadian graduates sought residencies in obstetrics-gynecology, 11% of the foreign graduates sought such appointments. In pathology, 8% of the women graduates of U.S. and Canadian schools sought such appointments, but 16% of the foreign graduates sought them. On the other hand, 21% of the U.S. and Canadian women graduates accepted residencies in psychiatry, while only 10% of the foreign graduates did so; and 8% of the U.S. and Canadian graduates were serving in residencies in radiology, but only 3% of the foreign women graduates.

On the annual questionnaire, hospitals were asked whether they would provide part-time residencies to women if requested and if satisfactory programs could be organized. To this question, 163 affiliated hospitals and 126 non-affiliated hospitals responded affirmatively. It was also reported that 94 women residents were serving on a part-time basis, with 36 of these serving in residencies in psychiatry, 14 in child psychiatry, 8 each in pediatrics and physical medicine, 7 in radiology, 6 in pathology, and a few in several other specialties. Recent revisions of the "Essentials of an Approved Internship" and "Essentials of Approved Residencies" make it possible for program directors to provide part-time internships to men as well as women, provided a satisfactory program can be organized that will meet the requirements of the licensing agencies, of the certifying boards in that specialty, and will provide the necessary degree of progressive responsibility. In September, 1969, 88 women were reported as serving part-time residencies, with half of them serving in the fields of psychiatry and child psychiatry.

#### Refresher Courses for Women Physicians

Hospitals were also asked on the annual questionnaire whether they would provide refresher courses to women physicians who have been out of practice for some time. Only 35 affiliated hospitals and 15 non-affiliated hospitals, or a total of 50, indicated that they had offered such courses during the year ending September 1, 1970, and the prior year. Again, pediatrics was the most popular field in which such courses were offered, followed by psychiatry, pediatric allergy, child psychiatry, and a scattering of other specialties.

Table IV-C—Women Physicians Serving in Residencies, by Specialty and Hospital Affiliation

Specialty	U. S. and Canadian Graduates Types of Medical School Affiliation					Foreign Graduates Types of Medical School Affiliation					Total on Duty			
	September 1, 1970					1969					September 1,			
	Major	Limited	Grad.	None	Total	Total	Major	Limited	Grad.	None	Total	Total	1970	1969
Anesthesiology.....	61	4	2	5	72	72	195	29	4	39	267	205	339	277
Child Psychiatry.....	22	6	..	17	45	29	12	2	..	8	22	27	67	56
Dermatology.....	32	4	..	1	37	35	12	1	..	2	15	18	52	53
Family Practice.....	7	..	..	1	8	..	2	..	..	4	6	..	14	..
General Practice.....	3	..	..	2	5	9	2	2	3	35	42	58	47	67
General Surgery.....	68	11	2	14	95	84	24	12	2	13	51	27	146	111
Internal Medicine.....	211	39	5	35	290	264	136	83	24	99	342	410	632	674
Neurological Surgery.....	4	..	..	..	4	2	..	..	..	1	1	..	5	2
Neurology.....	33	3	..	11	47	44	11	..	1	12	18	18	59	62
Obstetrics & Gynecology.....	46	10	..	20	76	66	114	45	21	66	246	268	322	334
Ophthalmology.....	36	7	2	1	46	42	8	1	..	..	9	4	55	46
Orthopedic Surgery.....	5	1	1	4	11	5	..	..	..	..	..	..	11	5
Otolaryngology.....	4	..	..	1	5	11	1	..	..	..	1	..	6	11
Pathology.....	98	21	5	14	138	117	155	80	21	90	346	308	484	425
Pediatrics.....	294	25	8	27	354	266	275	72	14	91	452	392	806	658
Pediatric Allergy.....	2	..	..	..	2	1	1	..	1	..	2	..	4	1
Pediatric Cardiology.....	6	..	..	..	6	3	3	..	..	3	2	2	9	5
Physical Med. & Rehab.....	21	2	..	3	26	17	34	4	..	13	51	60	77	77
Plastic Surgery.....	2	1	..	..	3	5	1	2	..	..	3	1	6	6
Psychiatry.....	246	29	9	82	366	363	61	34	16	103	214	172	580	535
Radiology.....	108	9	6	14	137	88	36	17	1	9	63	64	200	152
Therapeutic Radiology.....	..	2	..	..	2	..	1	..	..	..	1	..	3	..
Thoracic Surgery.....	..	..	..	1	1	..	..	..	..	..	..	20	1	20
Urology.....	2	..	..	..	2	3	2	..	..	..	2	1	4	4
	<b>1,311</b>	<b>174</b>	<b>40</b>	<b>253</b>	<b>1,778</b>	<b>1,526</b>	<b>1,086</b>	<b>384</b>	<b>107</b>	<b>574</b>	<b>2,151</b>	<b>2,055</b>	<b>3,929</b>	<b>3,581</b>

## Women Physicians on Teaching Staff

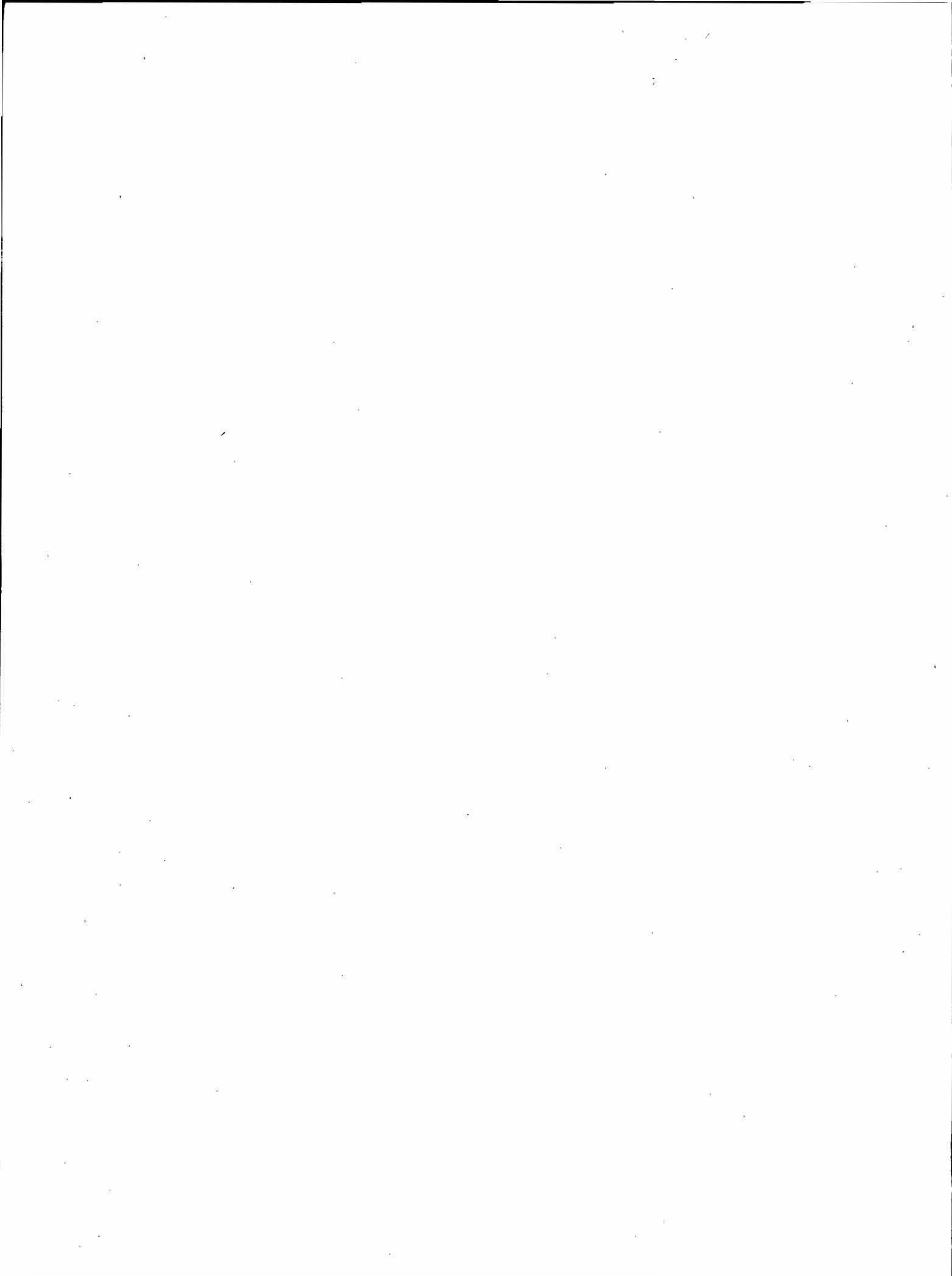
Women currently in practice make a significant contribution to the teaching staffs of hospitals approved for graduate education. In response to an inquiry on the annual questionnaire, hospitals reported 2,069 women physicians with geographic full-time teaching appointments. In addition, 2,398 women physicians served as part-time teachers.

In response to a similar question, hospitals reported, as of

September 1, 1968, that 1,221 women physicians had appointments as full-time teachers in graduate education, and 1,770 as part-time teachers, or a total of 2,991 women teaching in graduate programs as compared with 4,467 in September, 1970. In the compilation of statistics for each of these years, there is a possibility that, in the reporting of the part-time teachers, two or more hospitals may have counted the same individual, with the result that the numbers may be slightly inflated.

Table IV-D—Women Physicians on Teaching Staffs (On Full-time and Part-time basis) as of September 1, 1970

State	FULL-TIME TEACHING STAFF			PART-TIME TEACHING STAFF		
	U.S. Canadian Graduates	Foreign Medical Graduates	Total	U.S. Canadian Graduates	Foreign Medical Graduates	Total
Alabama	27	3	30	13	..	13
Arizona	4	..	4	10	..	10
Arkansas	19	..	19	2	..	2
California	204	11	215	265	3	268
Colorado	72	..	72	15	..	15
Connecticut	29	6	35	41	8	49
Delaware	4	1	5	17	5	22
District of Columbia	39	6	45	62	9	71
Florida	20	6	26	25	9	34
Georgia	25	..	25	25	1	26
Hawaii	1	1	2	10	1	11
Illinois	79	43	122	100	34	134
Indiana	4	1	5	6	..	6
Iowa	9	..	9	10	1	11
Kansas	10	..	10	14	7	21
Kentucky	15	4	19	17	7	24
Louisiana	17	2	19	39	..	39
Maine	1	..	1	1	1	2
Maryland	156	5	161	35	8	43
Massachusetts	39	6	45	103	11	114
Michigan	50	7	57	73	15	88
Minnesota	16	5	21	10	..	10
Mississippi	18	2	20	13	..	13
Missouri	24	18	42	43	6	49
Nebraska	13	..	13	6	1	7
New Hampshire	4	..	4	3	..	3
New Jersey	14	19	33	66	10	76
New Mexico	..	..	..	2	..	2
New York	272	136	408	370	128	498
North Carolina	28	..	28	24	2	26
Ohio	113	41	154	145	24	169
Oklahoma	9	..	9	12	6	18
Oregon	6	..	6	16	..	16
Pennsylvania	148	9	157	171	14	185
Puerto Rico	30	9	39	5	2	7
Rhode Island	4	6	10	14	5	19
South Carolina	3	..	3	13	..	13
South Dakota	..	1	1	1	..	1
Tennessee	11	1	12	15	1	16
Texas	71	9	80	146	..	146
Utah	6	..	6	9	..	9
Vermont	8	..	8	10	..	10
Virginia	27	4	31	22	1	23
Washington	23	..	23	46	1	47
West Virginia	6	4	10	7	2	9
Wisconsin	22	4	26	19	4	23
Totals	1,700	369	2,069	2,071	327	2,398



# Special Reports, Announcements, And Notices

## Integration of Internship and Residency Training

At the Annual Convention of the AMA House of Delegates in December, 1970, approval was given to the third of a series of three actions aimed at integration of the internship and residency years, and emphasizing the continuum of undergraduate and graduate medical education. The first action had been taken in December, 1968, with the adoption of the statement that "an ultimate goal is unification of the internship and residency years into a coordinated whole."

The second action was taken in June, 1970, with approval of two statements establishing dates by which integration of internships with residency programs must be completed.

At the December 1970 meeting, the third action was the adoption of a report entitled "Continuum of Medical Education," which contained ten specific statements recognizing the relationship of the previous actions to the requirements of state licensing boards, requirements for certification by medical specialty boards, the operation of intern and resident matching programs, the interdependence of undergraduate and graduate programs, and other matters. The complete report follows:

### CONTINUUM OF MEDICAL EDUCATION

Report L of the Board of Trustees, presented at the AMA Annual Meeting in June, 1970, stated the results of continuing studies by the Board of Trustees and the Council on Medical Education of the various provisions of the Report of the Citizens Commission on Graduate Medical Education. Two specific recommendations in the Report, aimed at the unification of the internship and residency years into a "coordinated whole," were adopted by the House of Delegates. These were as follows:

1. After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be organized and conducted as a unified and coordinated whole;

2. After July 1, 1975, no internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education.

The action of the House of Delegates in adopting these recommendations did not abolish the internship program, but did require that it be made an integral part of a total program of graduate medical education. The advanced deadlines were set to permit institutions to reorganize their programs of graduate medical education to conform to these requirements.

The effective implementation of these recommendations requires that related organizations and agencies, such as the state licensing boards, the examining boards in medical specialties, and the faculties of medical schools, reevaluate the requirements stated in their current policies.

To insure that the desired transition from the undergraduate curriculum to a unified program of graduate medical education can be effected, it is recommended that the following statement on the Continuum of Medical Education be adopted:

1. That the first year of medical education following receipt of the M.D. degree be accredited by an appropriate residency review committee;

2. That all state licensing boards be notified that, effective July 1, 1970, the first year of an approved residency program, including family practice, is acceptable to the Council on Medical Education as an internship approved by the American Medical Association;

3. That it be recommended to the specialty boards that they consider giving credit toward certification for appropriate clinical experience afforded prior to the granting of the M.D. degree;

4. That medical schools be asked to examine the need for four calendar years of undergraduate medical education and to consider the possibility of beginning graduate medical education in the fourth year;

5. That within the area of graduate medical education joint cooperative efforts be encouraged between university faculties and community hospitals in order to produce a larger number of physicians to provide for the delivery of health care;

6. That within university medical centers and their affiliated hospitals university faculties jointly with the faculties of their affiliated hospitals assume greater corporate responsibility for the conduct of graduate education;

7. That the principle of a voluntary matching program be preserved, and that the only point at which this can be preserved is at the time of obtaining the M.D. degree;

8. That the director of a unified program of graduate medical education be responsible to insure that trainees in the program are adequately grounded in such of the broad fields of medicine, surgery, pediatrics,

psychiatry, family practice, and pathology as are appropriate to the program and to individual career goals;

9. That all specialty boards requiring three or more years of graduate experience permit the substitution of at least one year of graduate education in medicine, surgery, pediatrics, or family practice for their own stated requirements;

10. That the future design and development of post-M.D. education programs, and curricula leading to qualification for examination by a specialty board, should emphasize:

- a. The educational goal,
- b. The personal motivation,
- c. The learning capabilities,
- d. The individual evaluation,

of each post-M.D. candidate, without reference to calendar perimeters of a fixed or limiting character.

The actions taken represent further efforts toward implementation of the recommendations of the Citizens Commission on Graduate Medical Education (Millis Commission). They emphasize the necessity for increasing assumption of corporate responsibility, by the teaching faculty or professional staff of a teaching institution, for all the educational programs offered by that institution.

Full effectiveness in implementation of these actions will depend upon cooperative efforts and complementary actions by teaching institutions, state licensing boards, and medical specialty boards. Such cooperation and complementary action should lead to shortening of the total time required for medical education and to greater emphasis upon the unity and continuum of medical education.

An explanatory memorandum, dated March 18, 1971, sent to all program directors, and still available upon request, contained the following guidelines:

1. Unification of internship and residency years into a coordinated whole implies that the total program must be directed by one individual. This person must necessarily, therefore, have the responsibility and authority for direction of the residency program in that specialty, and he must be responsible for preparation of the entire application, describing all years and the relationship of each year to the others.

2. The program director should have the option of either requiring or recommending a specific type of "internship year" acceptable as a part of his residency program, depending upon the resources of the institution and the undergraduate experience and career objectives of the candidate.

3. The program director should have the option of designing the internship year as a traditional rotating experience, a rotating experience with a specified major, or a straight experience limited largely to the specialty field concerned. He should have complete freedom in the design of this internship year and would not need to designate it by any of the above three standard terms. The program director should have the option of including within the internship year specific experiences of particular value to the trainee in his future career, even though the specialty board concerned may have stated that it would not give credit for certain of these experiences toward eligibility for certification.

The institution has the ultimate, corporate responsibility, but, in order to exercise this responsibility, he should have available the collective judgment of his counterparts in the related specialties.

4. The program director might elect to assign the trainee to an outside hospital for his internship year, would assume responsibility for his educational program for that period of time, and would have to describe in a convincing way those elements of the outside program that assure coordination with the program in the parent hospital. He might also accept trainees who have had experience in other institutions approved for such training.

5. The program director would have to specify the conditions under which a candidate appointed to the first, or internship year, would be eligible for appointment to the subsequent years of the program.

### Approval of Part-Time Graduate Training Programs

In June, 1970, the House of Delegates approved a revision of the "Essentials of an Approved Internship" and "Essentials of Approved Residencies" to permit special programming so that physicians could undertake, in special circumstances, internship and residency training on a part-time basis. The additions inserted in these documents state:

"It is incumbent upon the responsible program director to arrange a program which meets the educational needs of the trainee and at the same time includes in its total extent the sum of clinical experience and responsibilities acquired by a trainee on a normal schedule. Such a

part-time plan must be fair to the other trainees and fully compatible with the hospital's training program and responsibilities in the care of patients."

"The responsible program director must be prepared to justify . . . the manner in which the program will be arranged so as to provide the equivalent of a full-time appointment. . . . Of great importance is the documentation of the manner in which the trainee's patient care responsibilities will be discharged during those periods off duty . . ."

#### Employment Relationships of House Officers

The following statement was added, in June, 1970, to the "Essentials of an Approved Internship" and "Essentials of Approved Residencies:"

"Employment Relationships of House Officers.—The primary purpose of intern and resident programs is professional education. Supervised service to patients is an essential part of intern and resident training. . . . The accreditation process should . . . provide appropriate safeguards for the educational component of the program as follows:

1. "There must be a mechanism for satisfactory intra-institutional communication between the governing board, the professional staff, and house officers with respect to service, research, and educational problems.

2. "There must be a clearly-stated basis for annual reappointment. This must be based on evidence of progressive scholarship and professional growth of the trainee as demonstrated by his ability to assume graded and increasing responsibility for patient care. This determination is the responsibility of the program director, with advice from members of his teaching staff, and cannot be delegated to a professional or non-professional staff member who is primarily concerned with the service needs of the institution. A primary objective of the accreditation process is determination of the excellence of the experience as an exercise in professional education. Since supervised service to patients is an essential part of intern and resident training, these aspects of the program as measured by satisfactory performance of service functions should be considered in determining continued tenure.

3. "There must be an equitable and satisfactory mechanism, involving the participation of the medical staff, for the redress of grievances. Although final responsibility rests with the institution's governing body, the latter should rely upon the determinations of the medical staff in professional matters.

"It is inappropriate that house officers be expected to assume increasing responsibility for patient care, while not at the same time participating effectively in communications which contribute ultimately to policy-making decisions. The intern and resident must be integrated into the medical staff as true colleagues in order that effective programs of medical education and patient care be carried out."

#### Eligibility of Foreign Medical Students and Graduates to Enter American Medical Educational Programs

On July 6, 1971, the Council on Medical Education announced a fifth "pathway" to American medical educational programs for foreign medical students and graduates. The four previously available and the new fifth one are:

1. Admission with advanced standing to American medical schools. A coordinated transfer system (COTRANS) has been established by the Association of American Medical Colleges in cooperation with the National Board of Medical Examiners to assist American citizens studying in foreign medical schools to make application to appropriate American medical schools.

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

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

4. In the case of United States citizens, successfully passing the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination. To be eligible for this route, the foreign medical graduate must have completed all educational requirements that would make him eligible for ECFMG certification should he choose to apply.

5. A new pathway for entrance to AMA approved internships and residency programs, other than those existing under previous AMA policies, is available as of July 1, 1971, for students who have fulfilled the following conditions:

- have completed, in an accredited American college or university, undergraduate premedical work of the quality acceptable for matriculation in an accredited U.S. medical school,
- have studied medicine at a medical school located outside the United States, Puerto Rico, and Canada, but which is recognized by the World Health Organization,
- have completed all of the formal requirements of the foreign medical school except internship and/or social service.

Students who have completed the academic curriculum in residence in a foreign medical school and who have fulfilled the above conditions

may be offered the opportunity to substitute for an internship required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or junior internship) prior to entrance into the first year of AMA approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the Liaison Committee on Medical Education.

Before beginning the supervised clinical training, said students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must pass a screening examination acceptable to the Council on Medical Education, such as Part I of the National Board examinations, or the ECFMG examination, or the FLEX examination.

Said students who are judged by the sponsoring medical schools to have completed successfully the supervised clinical training are eligible to enter the first year of AMA approved graduate training programs without completing social service obligations required by the foreign country or obtaining ECFMG certification.

The Council on Medical Education will recommend to all state board of medical examiners that they consider for licensure all candidates who have completed successfully the supervised clinical training on the same basis as they now consider foreign medical candidates who have received ECFMG certification.

#### Policy on Externships

Questions have been raised about the approval of externships in American hospitals for students who have completed their premedical work in an American college or university and who are studying medicine in a foreign medical school. In this regard, the policy of the Council on Medical Education is still the same as announced in its memorandum dated July 6, 1965. A portion of that memorandum is repeated here to reaffirm that policy:

"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."

#### Osteopathic Graduates Eligible for Certification

During 1970 and the first six months of 1971, several of the approved examining boards in the medical specialties announced that qualified graduates of osteopathic schools were eligible to seek certification in these specialties. As a result, the following eleven boards now provide the opportunity for osteopathic graduates to be certified:

- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Internal Medicine
- American Board of Obstetrics-Gynecology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology

#### National Intern and Resident Matching Program

In the March, 1971, National Intern and Resident Matching Program, candidates were matched to the first-year positions in six specialties as well as to rotating and straight internships.



Because essentially all specialty boards have made significant modifications in their requirements, medical students may now apply for a first year of graduate medical education either in one of the existing types of internships or in a first year of residency in most specialties. Most specialty boards will still recognize certain types of internship experience for credit toward specialty board certification at a future date.

Because of these recent policy changes, new medical graduates can select their first year of graduate medical education from a much broader program base. The first year, whether an internship or residency, will be included in the Matching program, as the 1971-72 Directory lists a Matching Program code number in the lists of residencies as well as the list of internships. Assignment of a code number to a residency program has the same significance as assignment of a number to an internship program. The Matching applies to appointments for the initial year, it is available to the program director if he elects to offer a first-year residency to medical students who have not had internships, but it does not obligate the program director to participate if he does not choose to select some of his first-year residents from among the new medical graduates.

The hospital, in agreeing to participate in the NIRMP, takes part in the program as a corporate entity and lists with the NIRMP all positions being made available to students who have not had an internship. Positions in programs which are to be offered to physicians presently serving as interns, to those in military service, or in other postgraduate activities, are not included in the Matching Program.

The Matching Program agreement for the March, 1972, Matching, covers the period of first-year appointments between April 1, 1972, and December 31, 1972.

Institutions participating in the March 1972 NIRMP may make changes until about December, 1971. At that time a supplementary list of programs will be issued for the information of participants; the NIRMP will be closed to applications from further participants after January 10, 1972. The actual matching operation takes place from February 29, 1972, through March 31, 1972, on which date results are given to students by their deans, and hospitals receive the results of their matching requests.

#### **National Radiology Resident Matching Program**

During the fall of 1971, the National Radiology Resident Matching Program (NRRMP) will be carried out, seeking to match those currently serving in internship with first-year residency programs in general radiology or straight diagnostic radiology. The program is sponsored by the American College of Radiology and operated by the National Intern and Resident Matching Program. The NRRMP does not recruit from graduating medical students, and therefore is completed and results mailed to resident applicants and program directors in November, 1971, for residency positions that will begin July 1, 1972.

The entire month of December can then be used by program directors to recruit outside of the NRRMP for unfilled positions. Program directors should then inform the NIRMP whether they intend to participate in the program of recruiting graduating medical students to the first year of the residency or to a rotating 7 internship if such positions are offered by the hospital.

#### **Uniform Appointment Dates for Residencies in Internal Medicine**

In July, 1971, for the fifth year, program directors of residencies in internal medicine were notified of the uniform appointment procedure for internal medicine residencies, which is coordinated by the Department of Graduate Medical Education of the AMA at the request of the Association of Professors of Medicine.

Program directors are provided with posters announcing the

details of the uniform appointment procedure if they agree to participate in the program. Under the program, first-year residencies to individuals presently in internships may not be offered before 12 noon, E.S.T., on Monday, November 15, 1971, and acceptances from the intern applicants must be received by the residency program director by 12 noon, E.S.T., Wednesday, November 17, 1971. Candidates who have completed internships prior to June 30, 1971, and who are in fellowship training, the armed forces, public health service, etc., are exempt from the November 17, 1971, date.

Individuals who are interning in Canada and who would like a first-year residency appointment in the United States must abide by the uniform appointment date. Prospective residents, however, going directly into specialty programs in Neurology or Dermatology are exempt from the November 15, 1971, date. The uniform appointment procedure is applicable only to first-year residents and does not apply to second or third-year residents. It also does not effect the obligations assumed by those services that offered a two year appointment (internship and first year of residency) to current interns at the time they accepted the appointment as incoming interns. Participation in the program is voluntary, and the number of participants has increased each year of the operation.

#### **New Examining Boards in Medical Specialties**

In June, 1971, two new examining boards in medical specialties were approved by the Liaison Committee for Specialty Boards. The two Boards are: The American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics) and the American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and the American Board of Radiology, and sponsored by the Society of Nuclear Medicine).

A "conjoint" board is defined as a body established under the joint sponsorship of not less than 2 primary boards, for the purpose of setting training standards and of evaluating competence of individual candidates in an area of specialty practice common to the sponsoring groups. A conjoint board has the responsibility of establishing requirements for certification, for the conduct of examinations leading to certification in that area of specialty practice, and may issue certificates to those who fulfill its requirements, in conformity with the policies of the sponsoring boards.

When the two new conjoint boards have completed their incorporation, and determined the qualifications of candidates, the standards ("Essentials") will be established for educational programs for each Board in collaboration with the Council on Medical Education and subject to approval of the AMA House of Delegates; a mechanism for the orderly review of programs will be initiated, such as a residency review committee; and the specific requirements expected of each candidate will be made available to potential diplomates.

#### **Revision of "Essentials for Approval of Examining Boards in Medical Specialties"**

The original version of the "Essentials for Approval of Examining Boards in Medical Specialties" was approved by the AMA House of Delegates in June, 1934. Revisions were made, with the approval of the AMA House of Delegates, in 1962, 1963, and 1970. The revised version as approved by the AMA House of Delegates in June, 1970, is reproduced below:

#### **ESSENTIALS FOR APPROVAL OF EXAMINING BOARDS IN MEDICAL SPECIALTIES**

##### **Section 1. Introduction.**

Since 1934, medical specialty boards have been recognized officially



by action of the American Board of Medical Specialties\* and the AMA Council on Medical Education±.

The original "Essentials for Approved Examining Boards in the Specialties" # was a collaborative effort of the American Board and the Council, based on recommendations of the Committee on Standards and Examinations of the American Board (now the Committee on Standards). It was approved by the AMA House of Delegates at its annual meeting June 11-15, 1934.

The present seventh revision of the "Essentials" is a joint document of the American Board and the Council, reaffirming the close cooperative relationship between the two organizations. It embodies the policies of the American Board and the American Medical Association pertaining to specialty boards without relinquishing either organization's privilege of independent consideration and action should circumstances warrant.

The "Essentials" describe the procedures by which consideration may be given to applications for approval of new examining boards, new types of certification and modification of existing types of certification.

They also indicate that the American 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 standards of medical education and practice. Section II. *Objectives and Functions of Specialty Boards.*

A fundamental objective of all approved specialty boards is to promote the public welfare by contributing to the improvement of medical care.

A primary function of approved specialty boards is to determine the competence of candidates who appear voluntarily for examination and to certify as Diplomates those who are qualified.

To accomplish this function, specialty boards should:

- A. Determine if candidates have received adequate preparation in accordance with established educational standards;
- B. Provide comprehensive examinations to determine the competence of such candidates; and
- C. Certify to the competence of those physicians who have satisfied requirements.

A related objective of approved specialty boards is to assist in improving the quality of medical education by elevating the standards of graduate medical education and improving facilities for specialty training, in collaboration with other organizations and agencies concerned. Section III. *Approval and Recognition of Examining Boards.*

A medical specialty board should represent a distinct and well-defined field of medical practice. It may entail special concern with the problems of patients according to age, sex, or organ systems, with interaction between patients and their environment, or with use of special methods of diagnosis or treatment. A new board should reflect advancement in medical knowledge and practice.

Certification by a specialty board is evidence that a Diplomate has participated in programs of graduate medical education based on high academic standards, and that he has acquired competence in a special area of medicine and demonstrated his proficiency in that field. It follows that the sponsors and founders of a new specialty board should be qualified on the basis of their own high professional standards, as reflected by clearly demonstrated educational backgrounds and academic accomplishments.

Establishment of a new specialty board signifies recognition of a new field of medical practice based on either new advances in medical science or on new methods of delivering medical and health services. Inherent in this action is the organization of new programs of graduate medical education designed to prepare specialists in that field. Accordingly, to assure the establishment of educational programs that meet a single high standard in each specialty, only one primary examining board will be recognized in each specialty.

A *primary board* is an autonomous, financially independent body which determines its own policies and requirements for certification, selects its members from nominees designated by the board's sponsoring organizations, chooses its candidates for certification from persons who apply voluntarily, and issues certificates to those who fulfill its requirements.

A *subsidiary board* is a body which functions under the direction and authority of a parent, primary board. The parent board selects the members of the subsidiary board, provides its financial support, and determines or approves its policies relative to requirements and examination. Candidates for certification are chosen by the subsidiary board from those who apply voluntarily and who have already been certified by the parent board. The parent board issues certificates to those who pass the examinations of the subsidiary board.

A *conjoint board* is a body established under the joint sponsorship of not less than two primary boards\* for the purpose of setting training standards and of evaluating competence of individual candidates in an area of specialty practice common to the sponsoring groups. A conjoint board has the responsibility of establishing requirements for certification, for the conduct of examinations leading to certification in that

area of specialty practice, and may issue certificates to those who fulfill its requirements, in conformity with the policies of the sponsoring boards. Members of a conjoint board are approved by the sponsoring primary boards, and applicants for certification must complete a preliminary training program in the specialty of at least one of the sponsoring boards to be eligible for examination by the conjoint board. A conjoint board may or may not be financially independent.

Section IV. *Function of the Liaison Committee for Specialty Boards.*

The American Board, by authority of the specialty boards and other member organizations, and the Council, through authority delegated by the AMA House of Delegates, have established a Liaison Committee for Specialty Boards\* consisting of representatives selected from each body.

The purpose of the Liaison Committee is:

- A. To receive and make recommendations on applications for approval of medical specialty boards;
- B. To provide a mechanism for contact with petitioning groups, through the executive Director of the American Board, on matters relating to approval of new specialty boards and transmission of decisions of the American Board and the Council;
- C. To determine as expeditiously as possible:

1. Whether further division of medicine resulting from establishing a new specialty board will be in the interest of the public by stimulating advancement in medical knowledge, practice, and care;

2. Whether members of the petitioning group and those intended to administer the proposed new specialty board possess appropriate professional capabilities, whether they are willing to accept closely related consultation services where indicated by the highest standards of medical care, and if adequate administrative facilities are available;
3. The character, objectives, and purposes of the petitioning group.

To assist in attaining these objectives, the Liaison Committee is authorized to appoint consultants known to the American Board and the Council to be highly qualified and representative of the special field which the new specialty board intends to represent.

Section V. *Requirements for Approval of New Boards.*

- A. Application.—The application should be directed to the Executive Director of the American Board. It should contain a general statement justifying approval of a new specialty board and the educational standards that determine eligibility for certification.

A statement should be included providing assurance that candidates for certification by the proposed specialty board have not been solicited or accepted, or both, in anticipation of approval by the Liaison Committee, or on any other basis.

- B. Details of the Application.

1. The name of the proposed specialty board;
2. Its intended functions and objectives;
3. The names of not less than two sponsoring organizations; in the case of a conjoint board, at least two of the sponsoring organizations must be primary boards;
4. A statement of the method of organization, the names and professional qualifications of the proposed officials, the names and addresses of the founding members, their qualifications, and the organizations which each founding member represents;
5. A copy of the proposed or existing Constitution and Bylaws;
6. A copy of the proposed or existing Articles of Incorporation;
7. An outline of the required qualifications of applicants for certification;

8. The number and names of institutions providing residency or other acceptable training programs in the specialty, total number of residencies available, or the number of residency training programs that can be developed;

9. The approximate number of physicians engaged in the practice of the specialty;

10. An outline of the proposed scope of the examination for candidates for certification and a description of the method of examination;

11. A copy of the proposed application form for candidates for certification;

12. A statement relating to proposed provisions for certifying, without examination, physicians practicing in the specialty, including the qualifications and the number of physicians to be certified in that manner.

- C. Within six months after receipt of the application, the Liaison Committee should endeavor to submit a summary and its recommendations to the American Board and the Council for consideration by their members.

- D. An affirmative vote of two-thirds of the members of the American Board and of the Council, present and voting, is required to approve the new board.

- E. As soon as possible, hopefully within twelve months, the Liaison Committee shall inform the petitioning group of the conclusions. If approval of a new specialty board is considered desirable, but the qualifications of the petitioning group do not appear satisfactory, the Liaison Committee may call this fact to the attention of

\* Hereafter termed the American Board

± Hereafter termed the Council

# Hereafter termed the Essentials

\*The sponsoring organizations are not limited to the two primary boards but may include other national specialty organizations as deemed appropriate.

\*Hereafter termed the Liaison Committee

the American Board and the Council for such action as they deem appropriate. If the conclusions are negative, the petitioning group may request a hearing before the Liaison Committee. In the event of an adverse decision, the petitioning group may submit a new application, but it will not be considered earlier than twelve months after the date of the final decision on the first application.

#### Section VI. Procedure for Existing Boards Seeking Approval.

With respect to a board already established, the procedures set forth in Section V shall apply whenever applicable, provided the Liaison Committee can review the academic qualifications, professional experience, and eligibility of all persons certified by the board prior to the time approval is granted. In this connection, the American 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 the qualifications, experience, and eligibility of physicians certified by the petitioning board prior to the date when approval shall become effective.

Board certification of any candidates not meeting qualifications must be withdrawn by the petitioning board before any approval can become effective.

#### Section VII. Official Recognition of Specialty Boards.

Official recognition of a specialty board by the American Board is indicated by listing diplomates in the "Directory of Medical Specialists" and by affixing the official seal of the American Board on the certificates issued by the specialty boards.

Official recognition and continued approval of a specialty board by the AMA Council on Medical Education is indicated by listing in the "Essentials," 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.

The responsibility of the American 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 should be reported immediately by examining boards to the Executive Director of the American Board and by him to the American Board and the Council.

#### Section 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
AB18	American Board of Family Practice	1969
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	American Board of Thoracic Surgery	1948
AB95	American Board of Urology	1935

- \* Symbol employed in designating diplomates of approved primary boards in the *American Medical Directory*.
- \*\* Certifies in internal medicine, allergy and immunology, cardiovascular disease, gastroenterology, pulmonary disease, endocrinology and metabolism, hematology, infectious disease, nephrology, and rheumatology.
- + Certifies in otolaryngology or limited branches of the specialty.
- ++ Certifies in anatomic pathology, anatomic pathology and clinical microbiology, anatomic pathology and clinical pathology, anatomic pathology and neuropathology, clinical chemistry, clinical pathology, forensic pathology, hematology, and neuropathology.
- +++ Certifies in pediatrics, allergy, and pediatric cardiology.
- ‡ Certifies in general preventive medicine, aviation medicine, occupational medicine, and public health.
- ## Certifies in psychiatry, neurology, psychiatry and neurology, and child psychiatry.
- ### Certifies in radiology, diagnostic radiology, therapeutic radiology, pediatric radiology, radiological physics, medical nuclear physics, and roentgen-ray and gamma-ray physics.

### RESIDENCY PROGRAMS

#### A. Revision of "Essentials of Approved Residencies"

##### 1. Changes in General Requirements

At the December, 1969, Clinical Convention, the House of Delegates of the AMA approved the addition of the following statement to the "Essentials of Approved Residencies:"

"Preparation for Practice: it is essential that the house officer, before completing his period of formal graduate medical education in the hospital and its ambulatory facilities, be exposed to the variety of methods by which he will apply his knowledge in the practice situation. If adequate models do not exist within the hospital environment, then a formal plan must be developed to expose the house officers to meaningful experience in health and medical service under a representative variety of patterns now developing throughout the nation. Inherent in this experience is an opportunity to become oriented to the social and economic aspects of medical practice. Preceptorial experience, seminars, or investigative projects on the relationship of medicine to the needs of society should be an essential part of the house officer's experience before he is considered to have completed his graduate medical education."

#### 2. Special Requirements for Programs of International Educational Exchange

In December 1970, the AMA House of Delegates approved the addition of a section on special requirements for programs of international educational exchange of medicine to the "Essentials of Approved Residencies." A similar section was added to the "Essentials of An Approved Internship" some years ago. The section states:

*Special Requirements for Programs of International Educational Exchange in Medicine.*—In addition to the foregoing requirements for all residents, 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) An orientation program 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 6, "Selection of Residents," 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.

(c) 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.

(d) 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.

#### 3. Child Psychiatry

The "Essentials of Approved Residencies" pertaining to child psychiatry were revised during 1970 and 1971 with the approval of the House of Delegates. The principal change was the addition of a statement concerning experience with severe emotional disorders in children and adolescents:

"The resident should acquire competence in the management of patients under continuing long-term residential care in an inpatient setting. It is desired that the residents have experience with a wide variety of mental disorders, including those with schizophrenia, psychophysiological disorders, and mental retardation, so that they may appreciate the natural course of these conditions."

#### 4. Neurological Surgery

Residency requirements for neurological surgery, revised to clarify the requirement of a minimum number of major procedures, now state that "the minimal requirement is 200 major procedures, including at least 25 surgically-verified cranial neoplasms for each resident completing his training each year. . . . The period of training consists of four years and must be preceded by at least one year of training in surgery, either a straight surgical internship or residency training."

#### 5. Pathology, Including Neuropathology and Forensic Pathology

The House of Delegates also approved a number of changes

in the requirements pertaining to residencies in pathology, and these have been included in the current version listed in the Directory. One revision was the expansion of one paragraph to read:

"Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, forensic pathology, and neuropathology. Training programs or courses of study intended to qualify applicants for certification in other special fields of pathology by the American Board of Pathology are approved by the Board on an individual basis."

In addition, the requirements for training programs in neuropathology and the requirements for training programs in forensic pathology were listed in detail, and the section on "Quantitative Requirements" in the "Essentials" was extensively revised to indicate the specific categories in which approval is granted for residency training in pathology. The revision expands the information given under "category SP-1" and lists additional categories in forensic pathology and neuropathology.

#### 6. Internal Medicine

The "Essentials" for residencies in internal medicine received the attention of the House of Delegates at several sessions during 1970 and 1971, and an expanded version of this section was approved by the House of Delegates at the 1971 Annual Convention. The full text appears in the version of the "Essentials" in the Directory of Approved Internships and Residencies, and also appears in the proceedings of the House of Delegates for June 1971. One of the requirements now stated in the "Essentials" is the following:

"It is essential that, under the supervision of properly qualified members of the staff, residents assume individual responsibility in actual case management. This applies regardless of the economic status of the patient on the teaching service or the method of payment for his medical care. The overall training of the resident must include a minimum of 24 months of meaningful patient responsibility. This responsibility must be relevant to the attainment of clinical competence in the broad field of internal medicine. The degree of responsibility must be progressively increased during the residency."

#### 7. Obstetrics and Gynecology

The training requirements for residencies in Obstetrics-Gynecology were revised, with the approval of the AMA House of Delegates in December 1970, as follows:

"The Residency Review Committee for Obstetrics-Gynecology does not approve residencies of less than three years' duration. While experience 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-gynecology. A minimum of 36 months of obstetrics-gynecology is required. Likewise, formal courses in the basic sciences or periods of research activity which separate a resident from clinical responsibility should not be included in the three-year minimal clinical program."

"In the rotational plan for residents who have had an internship year at a hospital with an approved obstetrics-gynecology residency, and who have spent four or more months on that service, such time will be deductible from the requirement for 36 months of clinical experience in obstetrics-gynecology, and may be spent in appropriate allied fields of medicine. Such periods are to be assigned on an elective basis by arrangement with the program director. Such time will not, however, be deductible from the total duration of the residency period. . . . Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal three years of clinical training."

#### B. Statistics Relating to "Patient Mix"

To comply with a resolution adopted by the AMA House of Delegates at its 1970 Annual Convention, the Council on Medical Education requested that residency review committees eliminate items requesting statistics on the "mix" of private and "clinic" patients from the information forms prepared by hospitals at the time of survey.

Although there was no indication that any residency review committee had taken action to alter the status of the program solely on the basis of patient-mix statistics, each residency review committee was asked to delete such items from forms used to gather information concerning programs when such forms were next revised.

#### C. Approval of Ophthalmic Fellowships

The Residency Review Committee for Ophthalmology, representing the Council on Medical Education of the AMA and the American Board of Ophthalmology, has agreed to review and approve ophthalmic fellowships, based on the following guidelines:

1. Ophthalmic fellowships may be nominated for approval in any institution having an approved ophthalmic residency training program or in an institution affiliated with such a training program.

2. The field of fellowship training must be specified and defined in such detail as to give both prospective fellows and members of the reviewing committee a clearly defined scope of the subject field and the method of transmitting knowledge which will be used. Subdivisions to be covered should be specified.

3. Continuity of supervision must be scheduled and some assurance of its execution and policing must be transmitted.

4. Supervision and guidance for enrolled fellows must emanate from a leader of distinct attainment in the subject field and an individual of sufficient maturity to hold responsibility for the training of fellows.

5. Evaluation of Fellowship—The institution must show some method of evaluating the progress of the fellow both during the period of fellowship and at a stated interval following termination of the fellowship.

6. Working space must be identified and provided for the fellow.

7. Assurance must be established that the addition of fellows as projected in this program will not displace or reduce the training and surgical experience currently extended to physicians within the approved number of positions authorized for residency training.

8. Evaluation of proposed fellowships will be made by the Residency Review Committee for Ophthalmology. The Residency Review Committee may establish working subcommittees or invite specialists in given fellowship areas to serve on an ad hoc basis to the Committee for Fellowship Review. The Committee actions may be: 1) Provisional approval, 2) Approval, 3) Probationary approval, or 4) Disapproval. Fellowships in any status of approval may be surveyed at the same time the ophthalmology residency program is surveyed and thus reconsidered by the Residency Review Committee at a subsequent meeting.

9. Programs with approved fellowships must submit the current program descriptions or curricula at the time that the residency program is surveyed. This should be submitted by the fellowship program director with approval by the chief of service. Failure to submit such a revision will be construed as a desire to discontinue the fellowship.

10. Only fellowships of six months or longer duration are to be included in the approval mechanism.

#### D. Residency Programs in Neuropathology

The American Board of Pathology announced in July, 1970, that applications would be accepted for consideration of approval, by it and the AMA Council on Medical Education, of residency programs in neuropathology. These programs would be expected to meet the requirements recently added to the "Essentials of Approved Residencies."

Applications for approval of such programs should be sent to the Department of Graduate Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

#### E. Three-Year Surgery Residencies (Type II)

As previously announced, the Conference Committee on Graduate Education in Surgery and its three sponsoring bodies—the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education of the AMA—agreed in 1967 on the following policy relating to Type II (3-year) residencies in surgery:

1. No new applications for Type II (3-year) programs will be accepted after June 30, 1968;

2. Approval of all Type II (3-year) programs will be discontinued after June 30, 1972.

"Although no new applications for approval of three-year residency programs have been accepted since 1969, all currently approved three-year programs have until June 30, 1972, to take the steps necessary to reorganize to meet the requirements for approval as Type I (four-year) programs. Currently approved Type II programs are being surveyed in accordance with the policy of surveying all approved residency programs regularly. Program directors may make appointments to approved three-year programs provided such appointments will terminate by June 30, 1972."

#### F. Evaluation of New Type of Residency in Plastic Surgery

In accordance with the request of the Residency Review Committee for Plastic Surgery, the Council on Medical Education agreed to the evaluation of a new type of specialized

training of less than one year's duration in the field of plastic surgery. For clarification such programs should be designated as fellowships offering "training which may complement or supplement that provided by approved residency training."

#### G. Listing of Family Practice Programs

In previous editions of the Directory, family practice residencies have been listed in both the internship section and the residency section. This dual listing was used to provide a mechanism for matching the first year of the three-year family practice residencies to candidates just graduating from medical school, and to give these programs visibility at the time that a candidate is beginning to seek his first appointment to a graduate training program. The family practice programs were also listed among the other residency programs.

In the 1971-72 Directory, they are listed only among the residency programs because of the changed circumstances of the matching procedure. They and all other residency programs have now been assigned Matching Program code numbers, and it is expected that candidates for appointments at the first year level of graduate education will have studied the residency listings as well as the internship listings before deciding on their choices.

#### H. Programs in Areas of Preventive Medicine

Program directors of residencies in aerospace medicine, general preventive medicine, and public health were notified in July, 1970, that:

"The Residency Review Committee for Preventive Medicine had agreed that all approved residency programs would be required to have an active advisory committee. . . . Such a committee will have responsibility for assuring that a high quality educational experience is afforded. It should also set standards for admission to the program, review applications . . . and make determinations as to the satisfactory completion of training by residents. . . . The Committee should meet sufficiently frequently and regularly to insure that these responsibilities are effectively carried out. Minutes of these meetings . . . will be one of the elements considered in decisions regarding program approval."

#### I. Residents' Logs in Urology Training

During 1970, program directors of residencies in urology were notified that "it is most important to residents and program directors, as well as to the Residency Review Committee for Urology, that residents' logs of operative experience be kept with accuracy and reviewed at appropriate intervals." A sample copy of a log was sent to each program director, with a statement that the replication and distribution of such logs would be the responsibility of the program director.

#### J. New and Revised Guides

During 1971 "Guides" will be distributed to provide, in individual booklets, additional information to directors of residencies in Family Practice, Physical Medicine and Rehabilitation, Psychiatry, and Radiology.

A revision of the Guide for residencies in Anesthesiology will also be available by the end of the year.

#### Process of Accreditation of Graduate Training Programs

The process by which graduate training programs (internships and residencies) are approved is a complex one and one that is little known, even among directors of such programs. References are made to "AMA-Approved" or "Board-Approved" programs, indicating the widespread misconception that approval is the function of a single organization. The accreditation of graduate training programs is a responsibility of the Council on Medical Education of the AMA that is discharged with the concerned and effective collaboration of specialty boards, specialty societies, and other national organizations. As indicated in Table 8 of the Annual Report, 20 separate committees review residencies in the various specialties; there is also an internship review committee.

Each residency review committee is composed of representatives appointed by the Council on Medical Education, by the specialty board involved, and, in addition, for the appropriate specialty, representatives appointed by the American College of Surgeons, the American College of Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians. Residency Review Committees had been formed for all specialties in which there are approved residencies except for pathology.

The accreditation process follows a similar pattern for each specialty. In response to an initial request, a preliminary application form is sent to the hospital to obtain basic data. Along with the application form are sent copies of the "Essentials of Approved Residencies" and a copy of the "Guide" for residencies in that specialty, if such a guide has been prepared. About half of the specialties have prepared guides, which amplify the requirements stated in the "Essentials."

The Department of Graduate Medical Education of the AMA serves as the secretariat for the review committees. The preliminary application for a program is reviewed by a member of the professional staff of the department, one of four physicians who serve as secretaries to the various review committees. If the application appears to meet the minimum requirements for a residency, the program director is notified that the application has been accepted and that there will be a survey visit by a Field Representative of the Department of Graduate Medical Education. His visit is normally made within three to six months after acceptance of the application. In several specialties, the survey will be followed by that of a specialist, designated from a panel of such names. After the survey report has been received from the Field Representative, it is forwarded to a member of the review committee for preliminary evaluation prior to formal consideration by the full committee at its next regular meeting.

At each meeting of a review committee, in addition to reports on new applications, survey reports on currently approved programs are also evaluated. All programs are reviewed every 30 to 36 months, either by a Field Representative or by a specialist designated by the review committee. Each review committee meets two or three times a year, in a one- or two-day meeting. After thorough discussion of each program, action is recorded as continued approval, provisional approval (for a new program), confidential probation for a previously approved program, if deficiencies exist in the program that would not merit continuation of full approval, or withdrawal of approval. No public announcement is made of actions taken by the residency review committees. A letter of notification is sent to the program director, and it is his prerogative to make any further announcements on the status of his program.

No other indication is given by the Council on Medical Education of the fact that the program has been given the status of confidential probation—the program remains listed in the Directory, and the program director is given 12 to 18 months to correct the deficiencies before a final decision is made as to the future status of the program by the residency review committee at one of its regular meetings. Programs that have been inactive for two successive years are considered individually, and approval may be withdrawn if there appears to be no immediate indication that the program will be activated.

In several specialties, specialists also review the programs for the committees. In general surgery, if a new application is received, the committee requires a survey by a Field Representative followed by a survey by a surgeon representing the committee. In anesthesiology, a new application will have been surveyed by a Field Representative, and then given provisional approval by the Committee; after the program has been activated, in about two years, a survey will be made by a specialist representing the committee. In neurological

surgery, a survey by a Field Representative of an application will be considered by the Review Committee; if the application is not turned down, approval will be deferred pending a survey by a neurosurgeon. Another pattern is followed by the review committees for internal medicine, obstetrics-gynecology, and neurology, in which fields a program may have been placed on probation as a result of a survey by a Field Representative; these committees then designate a specialist in their field to perform a survey about 18 months later, before definitive action is taken possibly to withdraw approval from the program. In radiology, the certifying board every five years designates diplomates in that field to survey all residencies.

In one specialty area—that of preventive medicine—all surveys are carried out by persons designated by the American College of Preventive Medicine in view of the fact that most of these residency programs are based in institutions other than hospitals.

Pathology remains the one specialty without a residency review committee. Surveys made by Field Representative are sent to the office of the American Board of Pathology to be mailed in round-robin fashion to the several members of its Institutional Committee for their evaluation; their comments are summarized in a letter from the Secretary of the Board to a staff member of the Department of Graduate Medical Education, and letters of notification are then sent expressing the conjoint action of the Board and the Council on Medical Education.

The Internship Review Committee functions along similar lines to those of the residency review committees, except that its members are three representatives appointed by the Council on Medical Education with one of these representing the field of general practice, and one member each appointed by the American Hospital Association, the Association of American Medical Colleges, and the Federation of State Medical Boards. The Internship Review Committee, however, does not take final action on internship program; it makes recommendations to the Council on Medical Education, which then takes definitive action.

During the past few years, the Council on Medical Educa-

tion has asked that straight internships in internal medicine, surgery, obstetrics-gynecology, pathology, and pediatrics be reviewed by the residency review committees in these fields. As a result, straight internships in these fields are now surveyed and evaluated along with the residencies in these specialties.

The manner in which a survey is carried out by a Field Representative is determined, to some extent by the complexity of the program. The review committees generally require that all hospitals participating in a residency program be personally visited by the Field Representative if they provide the significant portion of the training to the resident. In general, if residents in a program are assigned to another institution for 6 months or more, on a full-time basis, a visit is also made to that institution, and statistics required.

About four weeks in advance of the survey visit, each of these institutions is sent an information form so that adequate statistics can be assembled and a narrative description of the program written. The visits are planned, when possible, so that the "parent" hospital is visited first, to enable the program director to describe the program in detail.

During the survey visit, the Field Representative is expected to interview one or more trainees on duty, to obtain his appraisal of the program, and to learn whether the various educational activities described for the program are actually available to the trainee.

Each institution surveyed is expected to prepare a form "Status of Graduate Training Program" so that each review committee evaluating the residency will have information indicating the status of other graduate training programs being carried on in that institution. The form requests information on the current status of each program, and the number of foreign and non-foreign interns and residents on duty, to provide the committee with an indication of the educational activity in the institution.

Programs approved by the residency review committees are listed under appropriate headings in the annual Directory of Approved Internships and Residencies, issued in the fall of each year.



# Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 1, 1971

Hospitals, 1,692

Internship Programs, 3,151

Residency Programs, 4,665

The Consolidated List provides general basic information on hospitals with approved internship and residency programs.

To save space, the word "Hospital" has been omitted when it is the last word of the name of the institution.

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 agreement (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 special symbols used in previous editions to indicate ownership of the hospital by a medical school, and to indicate the exclusive right of a medical school to appoint or nominate all members of the hospital staff to services used by the school, have been omitted because of limitations of computer-processing of the data.

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.

The total number of beds is shown in one column. The necropsy percentage is shown in the following column.

Whenever the information could be shown with reasonable accuracy, the number of graduates of foreign and nonforeign medical schools serving in each hospital as of September 1, 1970, is shown as a separate figure for interns and residents. The information was provided by individual hospitals, on the annual questionnaire completed for this Directory. The numbers published do not include those who were listed as serving in the hospital in capacities other than those of intern or resident.

In some cases, because of the complexity of programs in relationship to other hospitals, numbers have not been published; in a few cases, specific figures were not furnished. The absence of numbers in these columns may indicate that either no one was serving in the program as of September 1, 1970, or that the program is so organized that individual participants are appointed to an integrated program and therefore serving during the program in more than one hospital.

The numbers of internship and residency positions are shown for the academic year beginning July 1, 1972, to provide an indication of the training potential of each hospital, insofar as it is possible to indicate this in a list. Some figures may represent duplications in situations in which several hospitals participate in combined training programs for one or more specialties; others may not reflect the large number of trainees regularly rotating to the institution from other programs.

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

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

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

Abbreviations used to indicate the specialty or area of training designated in internship and residency programs are listed on page 91, preceding the list of code numbers for medical schools.



## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970	Non-For.*	Pos. Off. July 1, 1972	Approved Program
ALABAMA								
BIRMINGHAM								
BAPTIST MEDICAL CENTER - MONTCLAIR 800 MONTCLAIR RD. 35213	L-C10	CHURCH	485	41				INT: ROT.; RES: GS, PTH, R;
BAPTIST MEDICAL CENTER - PRINCETON 701 PRINCETON AVE. 35211	L-C10	CHURCH	427	25				INT: ROT.; RES: GS, PTH, R;
BAPTIST MEDICAL CENTERS 701 PRINCETON AVE. 35211	L-C10	MISC.			1		12	INT: ROT.; 20 RES: GS, PTH, R;
CARRAWAY METHODIST 1615 NORTH 25TH ST. 35224	L-C10	CHURCH	419	40		1	12	INT: ROT., ST. MED.; 34 RES: GP, GS, IM, OBG, PTH, U;
CHILDREN'S 1601 6TH AVE. S. 35222	M-010	NP CORP	168	71				INT: ROT., ST. PED.; RES: NS, ORS, OTG, PD, U;
EYE FOUNDATION 1720 8TH AVE. SOUTH 35233		NP CORP	44				7	RES: OPH;
ST. VINCENT 2701 NINTH COURT S. 35205	L-010	CHURCH	191	41			8	12 INT: ROT.;
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS 619 S. 19TH ST. 35233	M-C10	STATE	682	25			14	19 INT: ROT., ST. MED., ST. SURG., ST. PED., RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTG, PTH, PD, PM, P, R, TS, U;
UNIVERSITY OF ALABAMA MEDICAL CENTER	M-C10	MISC.			54		72	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 34 173 278 RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTG, PTH, PD, PM, P, R, TS, U;
VETERANS ADMIN. 700 S. 19TH ST. 35233	M-C10	VA	483	63				INT: ST. MED.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTG, PTH, PM, P, R, TS, U;
FAIRFIELD								
LLOYD NOLAN P. O. BOX 538 35064	L-010	NP CORP	306	40		3	4	24 INT: ROT., ST. MED., ST. SURG., ST. PED.; 31 RES: AN, D, GS, IM, OBG, ORS, PTH, PD;
MOBILE								
MOBILE GENERAL 2451 FILLINGIM ST. 36617	L-010	STATE	301	50		2	8	20 INT: ROT.; 38 RES: GS, IM, OBG, ORS, PTH, PD, U;
MONTGOMERY								
MONTGOMERY BAPTIST 2105 EAST SOUTH BLVD. 36111	L-C10	CHURCH	195					INT: ROT.;
MONTGOMERY REGIONAL FOUNDATION (INCLUDES MONTGOMERY BAPTIST HOSPITAL AND ST. MARGARET'S HOSPITAL) 36111	L-C10	MISC.					8	INT: ROT.;
ST. MARGARET'S 834 ACAMS ST. 36104	L-010	CHURCH	235	24				INT: ROT.;
TUSCALOOSA								
DRUID CITY 809 BIRMINGHAM AVE. 35401	CY-C0		483	22		1	4	RES: PTH;
TUSKEGEE								
VETERANS ADMIN. 36083		VA	1156	36	1	2	7	RES: GS, OPH, PM;
ALASKA								
ANCHORAGE								
U. S. PUBLIC HEALTH SERVICE ALASKA NATIVE MEDICAL CENTER THIRD AND GAMBELL STS. 99501		USPHS	276	78				RES: GS, ORS;
ARIZONA								
PHOENIX								
ARIZONA CRIPPLED CHILDREN'S 1825 E GARFIELD 85006	G-C16	STATE	84	33	3		4	RES: ORS, PS;
ARIZONA STATE 2500 E. VAN BUREN ST. 85008		STATE	1092	42	2	2	18	RES: P;
BARREW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S HOSPITAL 350 W. THOMAS RD. 85013	L-100	STATE				9	15	RES: NS, N;
GGOD SAMARITAN 1033 E. MC DONWELL RD. 85006	L-100	NP CORP	715	42		4	29	22 INT: ROT., ST. PED., ST. OBG.; 68 RES: FP, GS, IM, OBG, ORS, PTH, PD, PDC, PM, PS, P;
MARICOPA COUNTY GENERAL 2601 E. ROOSEVELT ST. 85008	L-100	COUNTY	561	39	11	13	35	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. OBG.; 24 25 75 RES: AN, OR, GS, IM, OBG, ORS, PTH, PD, PS;
PHOENIX INTEGRATED SURGICAL RESIDENCY (INCLUDES GGOD SAMARITAN HOSPITAL, U. S. PUBLIC HEALTH SERVICE INDIAN HOSPITAL AND VETERANS ADMIN. HOSPITAL) 85009	L-100	MISC.			4	5	12	RES: GS;
PHOENIX ORTHOPEDIC RESIDENCY TRAINING PROGRAM (INCLUDES ARIZONA CRIPPLED CHILDREN'S HOSPITAL, GGOD SAMARITAN HOSPITAL, MARICOPA COUNTY GENERAL HOSPITAL AND ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER)	G-016	MISC.			3		8	RES: ORS;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
ARIZONA, PHOENIX - CONTINUED								
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 350 WEST THOMAS RD. 85013	L-100	CHURCH	560	52	5	22	24	INT: ROT., ST.MED.; RES: GS, IM, OBG, ORS, PTH, PC, R;
STATE OF ARIZONA DEPARTMENT OF HEALTH 1624 W. ADAMS ST. 85007		STATE				1	3	RES: PH;
U. S. PUBLIC HEALTH SERVICE INDIAN 4212 N. 16TH ST. 85016		USPHS	194	62				RES: GS;
VETERANS ADMIN. 7TH ST. ANC INDIAN SCHGOL RD. 85012		VA	207	63			6	RES: GS, IM;
TUCSON								
PIMA COUNTY GENERAL 2900 SOUTH SIXTH AVE. 85713	L-100	COUNTY	140	52				INT: ROT., ST.MED., ST.SURG., ST.PED.; RES: GS, IM, PD, PS;
ST. MARY'S WEST ST. MARY'S RD. 85703		NP CORP	260	47				INT: ROT., ST.MED., ST.SURG.; RES: GS, IM;
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM (INCLUDES PIMA COUNTY GENERAL HOSPITAL, ST. MARY'S HOSPITAL AND TUCSON MEDICAL CENTER) P. O. BOX 6067 85716	M-100	MISC.			11	9	20	INT: ROT., ST.MED., ST.SURG.; RES: GS, IM;
TUCSON MEDICAL CENTER GRANT RD. & BEVERLY BLVD. 85716	M-100	NP CORP	555	44	18	8	24	INT: ROT., ST.MED., ST.SURG., ST.PED.; RES: GS, IM, N, PD;
U. S. A. F. REGIONAL DAVIS-MONTHAN A. F. B. 85707	M-100	USAF	90	76				INT: ST.MED., ST.SURG.; RES: GS, IM, PS;
UNIVERSITY 1500 N. CAMPBELL AVE. 85721	M-100	STATE	305				10	INT: ST.PED.; RES: IM, OBG, PD;
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS (INCLUDES PIMA COUNTY GENERAL HOSPITAL, TUCSON MEDICAL CENTER, U. S. A. F. REGIONAL HOSPITAL, UNIVERSITY HOSPITAL AND VETERANS ADMIN. HOSPITAL) 85716	M-100	MISC.			11	3	27	INT: ST.MED., ST.SURG., ST.PED.; RES: GS, IM, N, PD, PS;
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE DEPT. OF COMMUNITY MEDICINE 85721	M-100	STATE					9	RES: GPM;
VETERANS ADMIN. 3601 SOUTH SIXTH AVE. 85713	M-100	VA	305	75				INT: ST.MED., ST.SURG.; RES: GS, IM, N, PS;
ARKANSAS								
LITTLE ROCK ARKANSAS BAPTIST MEDICAL CENTER 1700 WEST 13TH 72201	L-011	NP CORP	440	29	1	9	18	INT: ROT.; RES: FP, GS, OPH, PTH, R;
ARKANSAS CHILDREN'S 804 WOLFE ST. 72201	L-011	NP CORP	92	40				RES: ORS, OTO, U;
ARKANSAS STATE 4313 WEST MARKHAM 72201	L-011	STATE	777	54		2	12	RES: P, U;
ST. VINCENT INFIRMARY MARKHAM & UNIVERSITY 72201	L-011	CHURCH	500	29		9	14	INT: ROT.; RES: FP;
UNIVERSITY 4301 WEST MARKHAM ST. 72201	M-011	STATE	307	55	4	28	50	INT: ROT., ST.MED., ST.SURG., ST.PED., ST.PATH., ST.OBG.; RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, P, R, TS, U;
UNIVERSITY OF ARKANSAS MEDICAL CENTER	M-011	MISC.			7	94	192	RES: DR, D, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, P, R, TS, U;
VETERANS ADMIN. CONSOLIDATED 300 E. ROOSEVELT RD. 72206	M-011	VA	1667	67				RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, P, R, TS, U;
NORTH LITTLE ROCK VETERANS ADMIN. CONSOLIDATED -SEE VETERANS ADMIN. CONSOLIDATED, LITTLE ROCK								
CALIFORNIA								
BAKERSFIELD KERN COUNTY GENERAL 1830 FLOWER ST. 93305	L-013	COUNTY	396	64	2	5	17	INT: ROT., ST.MED., ST.PATH.; RES: GP, GS, IM, OBG, OPH, PTH, FOP;
BERKELEY								
ALTA BATES WEBSTER AT REGENT STS. 94705		NP CORP	209	45			2	RES: PTH;
CITY OF BERKELEY MENTAL HEALTH SERVICES 2515 MILVIA ST. 94704		CITY				1	1	RES: CHP;
HERRICK MEMORIAL 2001 DWIGHT WAY 94704		NP CORP	227	51	1	8	8	INT: ROT.; RES: P;
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 2151 BERKELEY WAY 94704		STATE				11	12	RES: PH;
UNIVERSITY OF CALIFORNIA SCHOOL OF PUBLIC HEALTH 94720		STATE			1	8	24	RES: GPM;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
CALIFORNIA - CONTINUED								
BURBANK ST. JOSEPH 501 S. BUENA VISTA ST. 91503		NP CORP	370	40			1	RES: PTH;
CAMARILLO CAMARILLO STATE BOX A 93010	G-C13	STATE	3444	72		18	16	RES: CHP,P;
CAMP PENDLETON NAVAL 92055		USN	600	63		12	12	INT: ROT.; 4 RES: GP;
DALY CITY MARY'S HELP 1900 SULLIVAN AVE. 94015		CHURCH	246	22	2	1	8	INT: ROT.; RES: GS,DRS;
MARY'S HELP HOSPITAL - ST. JOSEPH'S		MISC.				1	4	RES: GS;
DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS (INCLUDES SACRAMENTO MEDICAL CENTER (SACRAMENTO) AND SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (SACRAMENTO))	M-102	MISC.						INT: ROT.; 8 RES: AN,FP,GS,IM,NS,N,OBG,OPH,ORS,PTH, PD,PM,P,R,U;
DOWNY RANCHO LOS AMIGOS 7601 E. IMPERIAL, HIGHWAY 92242	L-014 G-016,C17 027	COUNTY	1050	34				RES: NS,ORS;
DUARTE CITY OF HOPE MEDICAL CENTER 1500 E. DUARTE RD. 91010	G-C12	NP CORP	194	74			5	8 RES: GS,PTH;
ELDRIDGE SONOMA STATE ARNOLD DR. 95431		STATE	2341	89			2	2 RES: GS,P;
FAIRFIELD DAVID GRANT U.S.A.F. MEDICAL CENTER TRAVIS A. F. B. 94535	M-102	USAF	385	91			18 30	19 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 40 RES: GS,IM,OBG,PD,R;
FONTANA KAISER FOUNDATION 9961 SIERRA AVE. 92235	L-012	NP CORP	177	34				RES: OBG,ORS;
KAISER STEEL CORPORATION P. O. BOX 217 92335		CORP.						1 RES: OM;
FORT ORD U. S. ARMY HOSPITAL SPECIALIZED TREATMENT FACILITY 93941		USA	750	100			5	5 RES: GS;
U. S. ARMY 6TH ARMY HQ., PREVENTIVE MEDICINE DIVISION 93541		USA					3	4 RES: PH;
FRESNO								
FRESNO GENERAL -SEE VALLEY MEDICAL CENTER OF FRESNO								
VALLEY MEDICAL CENTER OF FRESNO 445 S. CEDAR AVE. 93702	G-C16	COUNTY	583	53			28 34	30 INT: ROT.,ST.MED.,ST.SURG.; 38 RES: GS,IM,OBG,OPH,PD,PS;
GLENCLE GLENCLE ADVENTIST 1509 WILSON TERR. 91206		NP CORP	380	42	1	9	13	INT: ROT.,ST.PATH.; 10 RES: GS,NS,OBG,PTH;
EMOLA NAPA STATE HOSPITAL - SONOMA STATE 94558		MISC.			2	13	17	RES: P;
NAPA STATE BOX A 94558		STATE	2728	74				RES: P;
LIVERMORE VETERANS ADMIN. 94550		VA	400	52				RES: ORS;
LOMA LINDA LOMA LINDA UNIVERSITY 11234 ANDERSON ST. 92354	M-C12	CHURCH	464	71		15 2	45 66	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,GS,IM,NS,OBG,OPH,ORS,PTH,PD,P, R,U;
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	M-C12	MISC.			7	5 36	12 71	INT: ROT.; RES: AN,GS,NS,OBG,CRS,PTH,PD,U;
LONG BEACH LONG BEACH COMMUNITY 1720 TERMINO AVE. 90804		NP CORP	300	4	1		2	RES: ORS;
MEMORIAL HOSPITAL OF LONG BEACH 2801 ATLANTIC AVE. 90801	M-095	NP CORP	545	37		20 17	25 29	INT: ROT.,ST.MED.,ST.PATH.; RES: GS,IM,OBG,PTH,PD,PM,R;
NAVAL 7500 CARSON ST. 90801		USN	600	80				RES: GS;
ST. MARY'S LONG BEACH 509 EAST TENTH ST. 90813		NP CORP	341	43		12 1	15 14	INT: ROT.,ST.MED.; RES: IM,PTH,R;
VETERANS ADMIN. 5901 E. 7TH 90801	M-095	VA	1675	58	43	69	146	RES: D,GS,IM,NS,N,OPH,ORS,OTC,PTH,PM, PS,P,R,TS,U;

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Sept. 1, 1970	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
CALIFORNIA - CONTINUED								
LOS ANGELES CALIFORNIA HOSPITAL MEDICAL CENTER 1414 SCOUTS BOULEVARD ST. 90015	L-014	CHURCH	325	38	1	5	4	10 INT: ROT., ST-OBG.; 17 RES: GS, OBG, PTH;
CEDARS-SINAI MEDICAL CENTER (INCLUDES CEDARS OF LEBANON HOSPITAL DIVISION AND MOUNT SINAI HOSPITAL DIVISION) 4833 FOUNTAIN AVE. 90029	M-013	NP CORP				30	43	30 INT: ROT., ST-MED., ST-PED.; 55 RES: CHP, DR, GS, IM, OBG, OPH, PTH, PD, P, R;
CEDARS OF LEBANON HOSPITAL DIVISION 4833 FOUNTAIN AVE. 90029	M-013	NP CORP	508	45		36		INT: ROT., ST-MED., ST-PED.; 42 RES: DR, GS, IM, OBG, OPH, PTH, PD, P, R;
CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD. 90027	M-014 G-012, 017	NP CORP	310	81		20	38	20 INT: ROT., ST-PED.; 50 RES: AN, NS, ORS, PTH, PD, PDC, TS;
HOLLYWOOD PRESBYTERIAN 1322 NORTH VERMONT AVE. 90027		NP CORP	290	12		5		6 RES: OPH;
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER 1212 SKATTO ST. 90017	L-014	NP CORP	391	49		11	12	12 INT: ROT.; 18 RES: GS, IM, PTH, R, TS;
KAISER FOUNDATION 4867 SUNSET BLVD. 90027		NP CORP	412	41	1	34		59 RES: GS, IM, OBG, PD, R, U;
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER 1200 NG. STATE ST. 90033	M-014	COUNTY	2105	30		205	257	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 578 RES: AN, CHP, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, R, TR, TS, U;
MARTIN LUTHER KING, JR. GENERAL 12012 COMPTON AVE. 90059	M-013	NP CORP	150					19 RES: PD;
MOUNT SINAI HOSPITAL DIVISION 8720 BEVERLY BLVD. 90048	M-013	NP CORP	237	37		2		INT: ROT., ST-MED.; 3 RES: CHP, IM, OPH, PTH, P;
OFFICE OF CHIEF MEDICAL EXAMINER-CORNER COUNTY OF LOS ANGELES HALL OF JUSTICE 90012		COUNTY			3	2		3 RES: FOP;
ORTHOPAEDIC 2400 S. FLOWER ST. 90007	L-014	NP CORP	162	33		18		24 RES: ORS;
QUEEN OF ANGELS 2301 BELLEVUE AVE. 90026		CHURCH	404	30	7	2	14	14 INT: ROT.; 25 RES: GP, GS, OBG, PTH, CRS, R;
REISS-LAVIS CHILD STUDY CENTER 9760 WEST PICO BLVD. 90035		NP CORP				5		6 RES: CHP;
SANTA FE MEMORIAL 610 SO. ST. LOUIS ST. 90023		NP CORP	189	31				INT: ROT.; 3 RES: GS;
SANTA FE MEMORIAL-CHILDREN'S		MISC.			6	1		9 INT: ROT.;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 3160 GENEVA ST. 90020		NP CORP	60			3		3 RES: ORS;
U. C. L. A. CENTER FOR THE HEALTH SCIENCES 90024	M-013	NP CORP	509	70		50	71	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 297 RES: AN, CHP, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U;
U.C.L.A. AFFILIATED HOSPITALS	M-013	MISC.				24	24	INT: ROT.; 59 RES: GS, NS, PS, U;
UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE 90024	M-013	STATE				56		1 RES: OM;
VETERANS ADMIN. CENTER, BRENTWOOD WILSHIRE & SANTELLE BLVD. 90073	L-013	VA	1000	80	6	12		24 RES: P;
VETERANS ADMIN. CENTER-WADSWORTH WILSHIRE & SANTELLE BLVD. 90073	M-013	VA	1127	71		12	12	INT: ROT., ST-MED.; 204 RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, R, TS, U;
VETERANS ADMIN. (SEPULVEDA) 16111 PLUMMER ST. 91343	L-013	VA	725	52	5	17		41 RES: GS, IM, P, TS;
WHITE MEMORIAL MEDICAL CENTER 1720 BROOKLYN AVE. 90033	L-012, 014	CHURCH	304	49	4	4	18	INT: ROT., ST-MED., ST-SURG., ST-PED.; 87 RES: AN, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U;
MARTINEZ CONTRA COSTA COUNTY MEDICAL SERVICES 2500 ALHAMBRA AVE. 94553		COUNTY	381	62		11		18 RES: GP;
VETERANS ADMIN. 150 MUIR RD. 94553		VA	482	78	12	7		INT: ST-MED.; 24 RES: GS, IM, N, PTH, P, U;
MODESTO SCENIC GENERAL 830 SCENIC DR. 95350		COUNTY	215	54		5		15 RES: GP;
MOUNTAIN VIEW EL CAMINO 2500 GRANT RD. 94040		DIST.	442					4 RES: PTH;
NEWPORT BEACH HOAG MEMORIAL HOSPITAL PRESBYTERIAN 301 NEWPORT BLVD. 92660		CHURCH	345	45				12 RES: FP;
NORWALK METROPOLITAN STATE 11400 SO. NORWALK BLVD. 90650	L-095	STATE	1923	23	1	11		15 RES: P;

## CONSOLIDATED LIST OF HOSPITALS

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CALIFORNIA - CONTINUED								
OAKLAND CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA 51ST AND GROVE STS. 94609	L-016 G-C15	NP CORP	142	76	6	6 8	8 18	INT: ST-PED.; RES: ORS, PTH, PD, PDC;
HIGHLAND GENERAL 2701 - 14TH AVE. 94606	G-C16	COUNTY	799	42		39 53	45 70	INT: ROT., ST-MED.; RES: GS, IM, OBG, OPH, ORS, PTH, PD, P, R, TS, U;
HIGHLAND GENERAL HOSPITAL-VETERANS ADMIN. (MARTINEZ)	G-016	MISC.					4	INT: ST-MED.;
KAISER FOUNDATION 280 WEST MAC ARTHUR BLVD. 94611		NP CORP	280	46		35	20 50	INT: ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: GS, IM, OBG, OTO, PTH, PD;
NAVAL 8750 MCOUNTAIN BLVD. 94627		USN	875	81		26 83	26 94	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; RES: AN, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, R, U;
SAMUEL HERRITT HAWTHORNE AVE. AND WEBSTER ST. 94609	G-C16	NP CORP	326	32			4	RES: ORS, PTH;
WESTERN LABORATORIES 2945 WEBSTER ST. 94609		PART.					1	RES: FDP;
OLIVE VIEW OLIVE VIEW 147C1 FOOTHILL BLVD. 91330		COUNTY	220			5	9	RES: P;
ORANGE CHILDRENS HOSPITAL OF ORANGE COUNTY 1109 W. LA VETA 92666	M-C95	NP CORP	104	88				INT: ST-PED.; RES: GS, ORS, PD, PDA;
ORANGE COUNTY MEDICAL CENTER 101 MANCHESTER AVE. 92668	M-095	COUNTY	611	70	2	34 63	37 118	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; RES: AN, CHP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TS, U;
ORANGE COUNTY MED. CENTER-CHILDRENS HOSPITAL OF ORANGE COUNTY	M-C95	MISC.				4	8	INT: ST-PED.;
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS (INCLUDES CHILDREN'S HOSPITAL OF ORANGE COUNTY, ORANGE COUNTY MEDICAL CENTER, MEMORIAL HOSPITAL OF LONG BEACH (LONG BEACH), VETERANS ADMIN. HOSPITAL (LONG BEACH))	M-C95	MISC.			16	69	97	INT: ST-MED.; RES: AN, CHP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TS, U;
PALO ALTO PALO ALTO-STANFORD HOSPITAL CENTER -SEE STANFORD UNIVERSITY, STANFORD								
VETERANS ADMIN. 3801 MIRANCA AVE. 94304	M-015	VA	1669	66				INT: ST-MED.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, U;
PANORAMA CITY KAISER FOUNDATION 13652 CANTARA ST. 91402		NP CORP	275	52	2	3	1 14	INT: ST-SURG.; RES: GS, IM;
PASADENA HUNTINGTON MEMORIAL 100 CONGRESS ST. 91105	L-014	NP CORP	385	59	3	5 15	16 33	INT: ROT., ST-MED.; RES: GS, IM, NS, PTH, PS;
PASADENA CHILD GUIDANCE CLINIC 56 WAVERLY DR. 91105		NP CORP				2	4	RES: CHP;
PATTON PATTON STATE 26802 HIGHLAND AVE. 92369	M-012	STATE	2426	46		8	12	RES: P;
POMONA PACIFIC STATE 3530 POMONA BLVD. 91766	L-012	STATE	2061	50			1	RES: P;
RIVERSIDE RIVERSIDE GENERAL 9851 MAGNOLIA AVE. 92503	M-012	COUNTY	410	63		12 10	22 25	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-OBG.; RES: GP, GS, IM, NS, OBG, ORS, PTH, PD, U;
SACRAMENTO KAISER FOUNDATION 2025 MORSE AVE. 95825	L-102	NP CORP	185	66		1	15	RES: GS, IM, OBG;
MERCY HOSPITAL OF SACRAMENTO 4001 J ST. 95819	G-102	NP CORP	364	28			4	RES: PTH;
SACRAMENTO MEDICAL CENTER 2315 STOCKTON BLVD. 95817	M-102 G-016	STATE	580	57		37 5	40 159	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PM, P, R, U;
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO 2820 L ST. 95816	G-102	NP CORP	668	30			3	RES: PTH, R;
SALINAS GENERAL HOSPITAL OF MONTEREY COUNTY P. O. BOX 1611 93901		COUNTY				1	10	RES: GP;
SAN BERNARDINO SAN BERNARDINO COUNTY GENERAL 780 EAST GILBERT 92404	L-012 G-013	COUNTY	439	62	1	16 24	24 71	INT: ROT.; RES: FP, GS, IM, OBG, ORS, PTH;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
CALIFORNIA - CONTINUED								
SAN DIEGO CHILD GUIDANCE CLINIC 8001 FROST ST. 92122		NP CORP						RES: CHP;
CHILDRENS 8001 FROST ST. 92122	G-103	NP CORP	90	84				RES: ORS;
COMMUNITY MENTAL HEALTH SERVICES OF SAN DIEGO COUNTY 345 W. DICKINSON ST., P. O. BOX 3067 92103		COUNTY	150	100		11	16	RES: CHP,P;
DONALD N. SHARP MEMORIAL COMMUNITY 7901 FROST ST. 92122	G-103	CHURCH	318	40		1	2	RES: ORS,PTH;
MERCY HOSPITAL AND MEDICAL CENTER 4077 FIFTH AVE. 92103	G-103	CHURCH	498	41		16 10	22 20	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.; RES: AN,IM,OBG,ORS,PTH;
NAVAL PARK BLVD. 92134	G-103	USN	2135	68		48 5	48 136	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: AN,D,GS,IM,OBG,OPH,ORS,OTO,PTH,PD, R,TS,U;
SAN DIEGO RESIDENCY PROGRAM (INCLUDES CHILDRENS HOSPITAL, DONALD N. SHARP MEMORIAL COMMUNITY HOSPITAL, MERCY HOSPITAL AND MEDICAL CENTER, UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY)	M-103	MISC.				9	13	RES: ORS;
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY 225 W. DICKINSON 92103	M-103	NP CORP	451	66	1	50 112	64 252	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH., ST.OBG.; RES: AN,D,GS,IM,N,OBG,ORS,OTO,PTH,PD, PDA,POC,P,R,U;
UNIVERSITY OF CALIFORNIA AFFILIATED HOSPITALS	M-103	MISC.						INT: ST.MED.;
SAN FRANCISCO CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER 3700 CALIFORNIA ST. 54119	L-016	NP CGRP	330	56	3	14 12	12 28	INT: ROT.,ST.MED.,ST.PED.; RES: CHP,GS,IM,OBG,ORS,PTH,PD,R;
CLAIRE ZELLERBACH SARONI MEMORIAL TUMOR INST. 1600 DIVISADERO ST. 54115	L-016	NP CORP				10	12	RES: TR;
FRANKLIN CASTRO & DUBOCE STS. 94114	L-016	NP CORP	259					RES: NS,ORS,PS,TR;
FRENCH 4131 GEARY BLVD. 94118	L-016	NP CORP	208	37	1	10	10 4	INT: ROT.; RES: GS,PTH;
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER 1400 FELL ST. 94117	L-016	NP CORP	482	72	1	18 13	21 14	INT: ROT.,ST.PATH.; RES: GS,IM,PTH,U;
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS 3RD & PARNASSUS 94122	M-016	NP CORP	553		2	42 8	43 7	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,OR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,POC,PS,R,TR,TS,U;
KAISER FOUNDATION 2425 GEARY BLVD. 54115	L-016	NP CORP	293	67		24 40	26 47	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: GS,IM,OBG,ORS,PTH,PD,POA;
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE 401 PARNASSUS AVE. 94122	M-016	STATE	97	100		5	6	RES: CHP,P;
LETTERMAN GENERAL PRESIDIO OF SAN FRANCISCO 94125	L-016	USA	750	85		28 6	28 144	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: CHP,D,GS,IM,N,OBG,OPH,ORS,PTH,PD, PM,P,R,TS,U;
MOUNT ZION HOSPITAL AND MEDICAL CENTER 1600 DIVISADERO ST. 54115	L-016	NP CORP	452	52		32 3	31 77	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: CHP,DR,GS,IM,OBG,PTH,PD,P;
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	L-016	MISC.				14	19	RES: IM,N;
PACIFIC MEDICAL CENTER-PRESBYTERIAN CLAY & WEBSTER STS. 94115		NP CORP	242		1	18 12	18 17	INT: ROT.,ST.MED.; RES: O,GS,IM,N,OPH,ORS,PTH,P;
ST. FRANCIS MEMORIAL 900 HYDE ST. 94109		NP CORP	334	31		5	6	RES: PS;
ST. JOSEPH'S 355 BUENA VISTA AVE. EAST 94117		CHURCH	215	39				RES: GS,ORS;
ST. LUKE'S 3555 ARMY ST. 94110	L-016	CHURCH	259	61	3	8	9	INT: ROT.;
ST. MARY'S HOSPITAL AND MEDICAL CENTER 2200 HAYES ST. 94117	L-016	CHURCH			2	24 33	24 49	INT: ROT.; RES: CHP,GS,IM,ORS,PTH,PD,P,R;
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES 101 GROVE ST. 94102		CY-CO	100	75		10	12	RES: P;
SAN FRANCISCO GENERAL 1001 POTRERO 94110	M-016	CY-CO	856	41		63	64	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,OR,D,GS,IM,NS,N,OBG,ORS,OTO, PTH,PD,PS,R,TR,U;

† Negroity Percentage  
\* Foreign and Non-Foreign



## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Pos. Off. July 1, 1972	Approved Program
CALIFORNIA, SAN FRANCISCO - CONTINUED							
SAN FRANCISCO ORTHOPEDIC RESIDENCY TRAINING PROGRAM (INCLUDES KAISER FOUNDATION HOSPITAL, ST. JOSEPH HOSPITAL, ST. MARY'S HOSPITAL, MARY'S HELP HOSPITAL (DALY CITY), VETERANS ADMIN. HOSPITAL (LIVERMORE)		MISC.			14	20	RES: ORS;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1701 15TH AVE. 94122	G-C16	NP CORP	60				RES: ORS;
U. S. PUBLIC HEALTH SERVICE 15TH AVE & LAKE ST. 94118	L-C16	USPHS	364	61	20	20	INT: ROT., ST-MED., ST-SURG.; 36 RES: GS, IM, OPH, ORS;
UNIVERSITY OF CALIFORNIA MEDICAL CENTER 3RD AND PARNASSUS 94122	M-C16	MISC.				1	RES: FOP;
UNIVERSITY OF CALIFORNIA PROGRAM	M-C16	MISC.			10	455	524 RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U;
VETERANS ADMIN. 4150 CLEMENT ST. 94121	M-016	VA	319	76	3	3	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U;
SAN JOSE AGNEWS STATE 95114		STATE	2828	15	2	16	24 RES: P;
O'CONNOR 2105 FOREST AVE. 95114	G-016	NP CORP	277	38	1		1 INT: ST-PATH.; 3 RES: PTH;
SANTA CLARA COUNTY MEDICAL EXAMINER-CORNER'S OFFICE SANTA CLARA VALLEY MED. CTR. 9512E		COUNTY	593	86			1 RES: FOP;
SANTA CLARA VALLEY MEDICAL CENTER 751 SOUTH BASCOM 95128	L-C15	COUNTY	593	86	3	32	33 INT: ROT.; 70 RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, U;
SAN MATEO CRYSTAL SPRINGS REHABILITATION CENTER 1100 POLHEMUS RD. 94402		COUNTY	200				RES: PM;
HAROLD D. CHOPE COMMUNITY 222 W. 39TH AVE. 94403		COUNTY	193	53			RES: D, OPH, P;
SAN MATEO COMMUNITY MENTAL HEALTH SERVICES 220 W 20TH AVE. 94402		COUNTY	30		1	11	18 RES: P;
SAN MATEO COUNTY GENERAL -SEE HAROLD D. CHOPE COMMUNITY							
SANTA BARBARA SANTA BARBARA COTTAGE 320 W. PUEBLO ST. 93105		NP CORP	393	53		1	INT: ROT.; 2 RES: GP, GS, IM, PTH, R;
SANTA BARBARA GENERAL SAN ANTONIO RD. 93105		COUNTY	255	51			INT: ROT.; RES: GP, GS, IM, R;
SANTA BARBARA GENERAL-COTTAGE HOSPITALS		MISC.			2	9	17 INT: ROT.; 31 RES: GP, GS, IM, R;
SANTA CLARA KAISER FOUNDATION 900 KIELY BLVD. 95051	G-015	NP CORP	227				10 RES: IM, OBG, ORS, PD, U;
SANTA MONICA ST. JOHN'S 1328 22ND ST. 90404		CHURCH	464	40			17 RES: GS, PTH;
SANTA MONICA HOSPITAL MEDICAL CENTER 1225 15TH ST. 90404		NP CORP	308	25	2	1	8 INT: ROT.; 9 RES: FP;
SANTA ROSA COMMUNITY HOSPITAL OF SONOMA COUNTY 3325 CHANATE RD. 95402	L-016	COUNTY	223	73		11	20 RES: FP, GP;
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	M-C15	MISC.			7	16	18 INT: ST-MED.; 271 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, U;
STANFORD UNIVERSITY 94305	M-015	NP CORP	612	57	1	22	25 INT: ST-SURG., ST-PED., ST-PATH.; 58 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, U;
STOCKTON SAN JOAQUIN GENERAL P. O. BOX 1020 95201		COUNTY	291	89	3	20	20 INT: ROT.; 29 RES: GS, IM, OBG, OPH, PTH, PD;
STOCKTON STATE 510 E. MAGNOLIA ST. 95202	G-102	STATE	1450	63		5	6 RES: P;
TALMAGE MENDOCINO STATE P. O. BOX X 95481		STATE	1604	82	1	20	30 RES: P;
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL 1000 W. CARSON ST.	M-013	COUNTY	712	59		44	76 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 159 218 RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, U;
VAN NUYS SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC 7335 VAN NUYS BLVD. 91405		NP CORP			1		4 RES: CHP;

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CALIFORNIA - CONTINUED								
VENTURA GENERAL HOSPITAL VENTURA COUNTY 3291 LOMA VISTA RD. 93003		COUNTY	372	28		20	23	RES: FP;
CANAL ZONE BALBOA HEIGHTS GORGAS P. C. EDX D		OTHER	365	69	1 8	15 20	16 33	INT: ROT.; RES: GS, IM, OBG, OPH, ORS, PTH, PD, U;
COLORADO COLORADO SPRINGS PENROSE 2215 N. CASCADE AVE. 80907		CHURCH	374	69	1	12	16	RES: PTH, TR;
ST. FRANCIS 800 E. PIKES PEAK AVE. 80903		CHURCH	194				2	RES: GP;
DENVER CHILDREN'S 1056 E. 19TH AVE. 80218	L-017	NP CORP	161	87		11 7	10 7	INT: ST. PED.; RES: AN, GS, ORS, PTH, PD, POC;
CHILDREN'S ASTHMA RESEARCH INSTITUTE AND HOSPITAL 3401 W. 19TH AVE. 80204		NP CORP	32		7		6	RES: PDA;
COLORADO PSYCHOPATHIC -SEE UNIVERSITY OF COLORADO MEDICAL CENTER								
DENVER GENERAL W. 6TH AVE. AND CHEROKEE ST. 80204	M-017	CY-CO	311			1 10	25	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, P, R, U;
FITZSIMONS GENERAL PEDRIA AND E. COLFAX 80240	L-017	USA	1129	87		25 89	24 100	INT: ROT., ST. MED., ST. SURG., ST. PED.; RES: D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U;
FORT LUGAN MENTAL HEALTH CENTER 3520 W. OXFORD AVE. 80236	G-017	STATE	262			11	11	RES: P;
GENERAL ROSE MEMORIAL 1050 CLERMONT ST. 80220	G-017	NP CORP	400	50	1	12 5	12 3	INT: ROT.; RES: GS, OBG, PTH, R;
MERCY 1619 MILWAUKEE ST. 80206		CHURCH	370	53	9 6	2 2	22 22	INT: ROT.; RES: FP, GP, GS, PTH;
PORTER MEMORIAL 2525 SOUTH DOWNING 80210		NP CORP	289	48				RES: PTH;
PRESBYTERIAN MEDICAL CENTER 1719 EAST 19TH AVE. 80218	G-017	NP CORP	430	53		22 33	23 35	INT: ROT.; RES: GS, IM, PTH, R, TR;
ST. ANTHONY W. 16TH AT RALEIGH 80204	G-017	CHURCH	553	46	4 3	1 1	10 10	INT: ROT.; RES: GP, PTH;
ST. JOSEPH 1835 FRANKLIN ST. 80218	G-017	CHURCH	554	53		18 21	22 25	INT: ROT., ST. SURG., ST. OBG.; RES: GP, GS, IM, OBG, CRS, PTH, R;
ST. JOSEPH HOSPITAL-COLORADO STATE	G-017	MISC.			1	11	18	RES: GS;
ST. LUKE'S 601 E. NINETEENTH AVE. 80203	G-017	CHURCH	465	53	1	12 15	12 12	INT: ROT.; RES: GS, OBG, PTH, R;
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	M-017	MISC.			2 17	57 329	68 373	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, R, U;
UNIVERSITY OF COLORADO COMMUNITY PROGRAM (INCLUDES DENVER GENERAL HOSPITAL, GENERAL ROSE MEMORIAL HOSPITAL, ST. LUKE'S HOSPITAL, UNIVERSITY OF COLORADO MEDICAL CENTER)	M-017	MISC.					9	RES: OBG;
UNIVERSITY OF COLORADO MEDICAL CENTER 4200 EAST 9TH AVE. 80220	M-017	STATE	408	83		10 14	35	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, P, R, U;
VETERANS ADMIN. 1055 CLERMONT ST. 80220	M-017	VA	411	82				INT: ST. MED.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, P, R, U;
GREELEY WELD COUNTY GENERAL 16TH ST. AND 17TH AVE. 80631		COUNTY	350	54		6	6	INT: ROT.;
PUEBLO COLORADO STATE 1600 WEST 24TH ST. 81003	G-017	STATE	1511	46			2	RES: GS, P;
CONNECTICUT								
BRIDGEPORT BRIDGEPORT 267 GRANT ST. 06602	L-018	NP CORP	650	45	11 40	6 3	20 49	INT: ROT., ST. MED., ST. SURG., ST. PATH.; RES: GP, GS, IM, OBG, PTH, R;
ST. VINCENT'S 2820 MAIN ST. 06606	G-018	CHURCH	341	34		1 16	12 34	INT: ROT., ST. MED., ST. SURG.; RES: GS, IM, OBG, PTH, R;
BRISTOL BRISTOL BREWSTER RD. 06010		NP CORP	244	23			7	INT: ROT.;

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CONNECTICUT - CONTINUED								
DANBURY DANBURY HOSPITAL AVE. 06810	G-018	NP CORP	259	24	3	8	1	12 INT: ROT.; 21 RES: GP,GS,PTH,R;
DERBY GRIFFIN 130 DIVISION ST. 06418	G-C18	NP CORP	237	31	3			11 INT: ROT.; 4 RES: PTH;
GREENWICH GREENWICH PERRYRIDGE RD. 0683C		NP CORP	350	62		14	7	14 INT: ROT.; 12 RES: GS,IM;
HARTFORD HARTFORD 80 SEYMOUR ST. 06115	M-104	NP CORP	919	57	33	29	58	37 INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; 88 RES: AN,DR,GS,IM,NS,OBG,OPH,CRS,OTO, PTH,PD,P,R,U;
INSTITUTE OF LIVING 400 WASHINGTON ST. 06106		NP CORP	413	33	4	24		36 RES: P;
INSTITUTE OF LIVING-CHILDREN'S CLINIC 17 ESSEX ST. 06114		NP CORP						2 RES: CHP;
MOUNT SINAI 500 BLUE HILLS AVE. 06112	L-104	NP CORP	170	508	8	7	1	16 INT: ROT.; 10 RES: IM,OBG;
ST. FRANCIS 114 WOODLAND ST. 06105	M-104	CHURCH	621	41	4	33	10	14 INT: ROT.,ST.MED.; 59 RES: AN,GS,IM,OBG,OTO,PTH,PD,U;
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	M-104	MISC.			5	14	19	23 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 72 RES: GS,IM,OPH,OTO,PTH,PD,P,U;
UNIVERSITY OF CONNECTICUT HOSPITAL-MC CDCK DIVISION 2 HCLCCMB ST. 06112	M-104	STATE	128	73	6	3		INT: ROT.; 15 RES: GS,IM,OBG,OPH,OTO,PTH,PD,P,U;
MANCHESTER MANCHESTER MEMORIAL 71 HAYNES ST. 06040		NP CORP	333	43	6			6 INT: ROT.;
MERIDEN MERIDEN-WALLINGFORD 181 COOK AVE. 06450		NP CORP	286	34	5			8 INT: ROT.;
MIDDLETOWN CONNECTICUT VALLEY P. C. BOX 351 06457		STATE	1477	24	9	6		24 RES: P;
MIDDLESEX MEMORIAL 28 CRESCENT ST. 06457	L-104	NP CORP	254	33	5			7 INT: ROT.; 2 RES: PTH;
NEW BRITAIN NEW BRITAIN GENERAL 100 GRAND ST. 06050	M-104	NP CORP	400	53	3	17	3	12 INT: ROT.; 21 RES: GS,IM,OBG,PTH,PD;
NEW CANAAN SILVER HILL FOUNDATION VALLEY RD. 06840		NP CORP	65				1	2 RES: P;
NEW HAVEN HOSPITAL OF ST. RAFAEL 1450 CHAPEL ST. 06511	M-018	CHURCH	471	32	21	54	3	31 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 84 RES: AN,DR,FP,GS,IM,CRS,OTO,PTH,PD,R, TS;
YALE-NEW HAVEN 789 HOWARD AVE. 06504	M-018	NP CORP	766	53		13	56	57 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 103 RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDC,PS,P,R,TR,TS,U;
YALE-NEW HAVEN MEDICAL CENTER	M-C18	MISC.				9	125	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 188 RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDC,PS,P,R,TR,TS,U;
YALE UNIVERSITY CHILD STUDY CENTER 333 CECAR ST. 06511	M-018	NP CORP					7	8 RES: CHP;
YALE UNIVERSITY SCHOOL OF MEDICINE 60 COLLEGE ST. 06510	M-C18	NP CORP					2	8 RES: GPM;
NEWINGTON NEWINGTON CHILDREN'S 181 E. CEDAR ST. 06111	L-104	NP CORP	210	33				RES: ORS,U;
VETERANS ADMIN. 555 WILLARD AVE. 06111	M-104	VA	195	57				INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OPH,OTO,PTH,P,U;
NEW LONDON LAWRENCE AND MEMORIAL HOSPITALS 365 MONTAUK AVE. 06320	G-C18	NP CORP	327	41	6			8 RES: GS,OBG;
NEWTOWN FAIRFIELD HILLS BOX W 06470		STATE	2510	33	15	1		30 RES: P;
NORWALK NORWALK 24 STEVENS ST. 06856		NP CORP	480	44	11	13	1	18 INT: ROT.; 30 RES: GS,IM,PTH,PD;
NORWICH NORWICH BOX 508 06360		STATE	1492	36	13	1		24 RES: P;

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CONNECTICUT - CONTINUED								
SHELTON LAUREL HEIGHTS 06484		STATE	213	33				RES: IM;
STAMFORD STAMFORD SHELburne R. AND W. BROAD C69C2		NP CORP	386	43	12 14	3 2	18 25	INT: ROT., ST. SURG.; RES: GS, IM, OBG, PTH;
WATERBURY ST. MARY'S 56 FRANKLIN ST. C67C2	G-018	CHURCH	419	51	8 8		12 14	INT: ROT.; RES: IM, PTH;
WATERBURY 64 FOBEINS ST. 0672C	M-104 L-C18	NP CORP	452	35	3 11	1	12 22	INT: ROT., ST. MED.; RES: GS, IM, PTH, PD, U;
WEST HAVEN VETERANS ADMIN. WEST SPRING ST. 06516	M-018	VA	757	65	3		6	RES: DR, GS, IM, NS, N, ORS, PTH, PS, P, R, TS, U;
DELAWARE								
NEW CASTLE DELAWARE STATE 19720	L-C73	STATE	1203	23	6	1	9	RES: P;
WILMINGTON								
ALFRED I. DU PONT INSTITUTE OF THE NEMOURS FOUNDATION ROCKLAND R., P. O. BOX 269 19899		NP CORP	60	67	2	4	6	RES: ORS, PS;
DELAWARE DIVISION -SEE WILMINGTON MEDICAL CENTER								
E. I. DU PONT DE NEMOURS AND COMPANY, INC. MEDICAL DIVISION, N-11400 19898		CORP.						RES: OM;
MEMORIAL DIVISION -SEE WILMINGTON MEDICAL CENTER								
VETERANS ADMIN. 198C5	G-073	VA	337	44				RES: GS, OPH, ORS, U;
WILMINGTON GENERAL -SEE WILMINGTON MEDICAL CENTER								
WILMINGTON MEDICAL CENTER BOX 1668 19899	M-073	NP CORP	1129	45	5 31	15 18	25 83	INT: ROT., ST. MED., ST. SURG., ST. PED.; RES: GP, GS, IM, NS, OBG, OPH, PTH, PD, PS, R, U;
DISTRICT OF COLUMBIA								
WASHINGTON ARMED FORCES INSTITUTE OF PATHOLOGY 2C305	G-C20	USAF				5	22	RES: OPH, PTH, FOP;
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA 2125 - 13TH ST., N. W. 20009	M-C20 L-021	NP CORP	220	80	7	11 39	15 47	INT: ST. PED.; RES: CHP, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, U;
COLUMBIA HOSPITAL FOR WOMEN 2425 L ST. N.W. 20037	M-C2C	NP CORP	153	36				RES: OBG, PD;
DISTRICT OF COLUMBIA GENERAL 19TH ST. & MASS. AVE., S. E. 20003	M-C19, 020, 021	CITY	983	55	25	2	33	INT: ST. MED., ST. SURG.; RES: GS, GS, GS, IM, NS, OBG, OPH, ORS, ORS, OTO, PTH, PD, R, U, U;
PROGRAM 1--GEORGETOWN UNIVERSITY	M-C19	CITY			2	11	14	INT: ST. MED.;
PROGRAM 4--GEORGE WASHINGTON UNIVERSITY	M-C20	CITY			4	7	14	INT: ST. MED.;
PROGRAM 7--HOWARD UNIVERSITY	M-C21	CITY			4	4	4	INT: ST. MED.;
PROGRAM 8--HOWARD UNIVERSITY	M-C21	CITY			4	4	5	INT: ROT.;
PROGRAM 9--HOWARD UNIVERSITY	M-C21	NP CORP			2		2	INT: ST. SURG.;
PROGRAM 10--HOWARD UNIVERSITY	M-C21	NP CORP			2		4	INT: ROT.;
PROGRAM 11--DISTRICT OF COLUMBIA GENERAL		CITY			4		4	INT: ST. PED.;
DOCTORS 1815 EYE STREET, N. W. 20006		CORP.	323	57	5 11		22 20	INT: ROT.;
DOCTORS HOSPITAL - SIBLEY MEMORIAL	L-019	MISC.			4		4	RES: PTH;
EASTERN DISPENSARY AND CASUALTY -SEE ROGERS MEMORIAL								
FREEDMEN'S 6TH AND BRYANT STREETS, N. W. 20001	M-021	NP CORP	496	41		29	32	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. OBG.;
					30	38	94	RES: D, FP, GS, IM, OBG, OPH, PTH, PD, P, U;
GEORGETOWN UNIVERSITY 3800 RESERVOIR R. N. W. 20007	M-C19	NP CORP	394	80	3 19	16 65	24 99	INT: ROT., ST. MED., ST. SURG., ST. PED.;
								RES: AN, CHP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, U;
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	M-C19	MISC.			36	81	138	INT: ROT.;
								RES: GS, NS, N, OBG, OPH, ORS, OTO, PD, PS, U;
GEORGETOWN UNIVERSITY-D. C. GENERAL	M-C19	MISC.			10		12	INT: ST. SURG.;
GEORGETOWN UNIVERSITY SERVICE	M-C19	CITY			3	11	15	RES: IM;
GEORGE WASHINGTON UNIVERSITY 901 23RD STREET, N. W. 20037	M-020	NP CORP	528	56	1 39	22 34	29 103	INT: ST. MED., ST. SURG., ST. PATH.;
								RES: AN, GS, IM, NS, N, OBG, OPH, ORS, PTH, PM, PS, P, R, TS, U;
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M-020	MISC.			12	74	104	RES: GS, NS, N, OBG, OPH, ORS, TS, U;
GEORGE WASHINGTON UNIVERSITY-D. C. GENERAL	M-020	MISC.			1	6	12	INT: ST. SURG.;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
DISTRICT OF COLUMBIA - CONTINUED								
GEORGE WASHINGTON UNIVERSITY SERVICE	M-020	CITY			5	7	14	RES: IM;
GOV'T. OF THE DIST. OF COLUMBIA DEPT. OF PUB. HLTH. 1875 CONNECTICUT AVE. 20009		CITY			2	3	5	RES: PH;
HOWARD UNIVERSITY AFFILIATED HOSPITALS	M-021	MISC.			8	10	24	RES: GS;
HOWARD UNIVERSITY SERVICE	M-021	CITY			9	2	14	RES: IM;
MALCOLM GROW U.S.A.F. MEDICAL CENTER ANDREWS AIR FORCE BASE 20331	L-020	USAF	350	84			14	INT: ROT.; 6 RES: GP,GS;
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION 600 INDEPENDENCE AVE. S. W. 20546		VA					1	RES: OM;
PROVIDENCE 1150 VARNUM ST., N. E. 20017	L-019	CHURCH	387	44	20	1	22	INT: ROT.,ST.MED.,ST.SURG.; 28 RES: GS,IM,OBG,ORS,PTH,PD;
ROGERS MEMORIAL MASSACHUSETTS AVE. AND ETH ST. N. E. 20002		NP CORP	250	27	5		12	RES: GP,GS;
ST. ELIZABETHS 2800 NICHOLS AVE. S. E. 20032	M-020	OTHER	4387	26	2	23	12	INT: ROT.; 38 RES: OPH,PTH,P;
SIBLEY MEMORIAL 5255 LGUGHROD RD., N. W. 20016	L-019	NP CORP	346					RES: GS,OPH,ORS,PTH;
VETERANS ADMIN. 50 IRVING ST. N. W. 20422	M-C19,020 L-021	VA	694	60	33	20	57	INT: ROT.,ST.MED.; RES: GS,GS,IM,NS,NS,N,OPH,ORS,OTO,PTH, PM,PS,R,U,U;
VETERANS ADMIN. HOSPITAL-GEORGETOWN UNIVERSITY	M-019	MISC.			3		8	INT: ST.MED.;
VETERANS ADMIN. HOSPITAL - GEORGE WASHINGTON UNIVERSITY	M-020	MISC.			1	1	8	INT: ST.MED.;
WALTER REED ARMY INSTITUTE OF RESEARCH WALTER REED ARMY MEDICAL CENTER 20012	M-019 L-C20,C21	USA				8	15	RES: GPM;
WALTER REED GENERAL 6825 16TH ST., N. W. 20012	M-019 L-020,021	USA	1538	81		30	31	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; 222 RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PS,P,R,TS,U;
WASHINGTON HOSPITAL CENTER 110 IRVING ST., N. W. 20010	M-020	NP CORP	845	62	3	39	55	INT: ROT.,ST.MED.,ST.SURG.; 122 RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,R, U;
FLORIDA								
BARTON POLK GENERAL P. C. BOX 816 33830		COLNTY	231	41	8		8	INT: ROT.; RES: GS;
BAY PINES VETERANS ADMIN. CENTER 33504		VA	660	43				RES: U;
DAYTONA BEACH HALIFAX DISTRICT CLYCE MORRIS BLVD. 32015		DIST.	567	25	1	1	12	RES: FP;
FORT LAUDERDALE BROWARD GENERAL 1600 S. ANDREWS AVE. 33316		DIST.	666	34	7		7	RES: GS,PTH;
GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS (INCLUDES WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS, VETERANS ADMIN. HOSPITAL, UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE), VETERANS ADMIN. HOSPITAL (LAKE CITY), ANCLOTE MANOR (TARPCN SPRINGS))	M-022	MISC.			22	132	182	4 INT: ROT.; RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH, PS,P,TS,U;
VETERANS ADMIN. 32601	M-022	VA	450	71				RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH, PS,P,TS,U;
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS UNIVERSITY OF FLORIDA 32601	M-022	STATE	405	65		44	46	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;
					4	34	45	RES: AN,CHP,DR,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PS,P,TR,TS,U;
HOLLYWOOD MEMORIAL 3501 JOHNSON ST. 33021		DIST.	496	29		1	2	RES: PTH;
JACKSONVILLE BAPTIST MEMORIAL 800 MIAMI RD. 32207		CHURCH	392	39	1	3	2	INT: ST.PATH.;
						1	4	RES: GS,IM,OBG,ORS,PTH,PD;
FLORIDA STATE BOARD OF HEALTH 1217 PEARL ST. 32206		STATE				2	10	RES: PH;
HOPE HAVEN CHILDREN'S 5720 ATLANTIC BLVD. 32207		NP CORP	72					RES: ORS;

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
FLORIDA, JACKSONVILLE - CONTINUED								
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM (INCLUDES BAPTIST MEMORIAL HOSPITAL, HOPE HAVEN CHILDREN'S HOSPITAL, ST. LUKE'S HOSPITAL, ST. VINCENT'S HOSPITAL, UNIVERSITY HOSPITAL OF JACKSONVILLE)	M-022	MISC.			51	31	116 RES:	GS, IM, OBG, ORS, PD, PS, U;
NAVAL NAVAL AIR STATION 32214		USN	484	74		11	6 INT: 12 RES:	ROT-; FP;
ST. LUKE'S 1900 EDULEVARD 32204		NP CORP	325	34	9	5	28 RES:	GS, IM, ORS, PD;
ST. VINCENT'S BARRS & ST. JOHNS AVE. 32204		CHURCH	370				1 INT: 4 RES:	ST-PATH-; GP, GS, IM, OBG, PTH, PD, PS, U;
UNIVERSITY HOSPITAL OF JACKSONVILLE 655 8TH ST., P. O. BOX 2751 32203	M-C22	CITY	500		10	8	47 INT: 12 RES:	ROT-, ST-MED-, ST-SURG-, ST-PED-, ST-PATH-; GP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, R, U;
LAKE CITY VETERANS ADMIN. SOUTH MARION ST. 32255		VA	387	60				RES: GS;
LAKELAND LAKELAND GENERAL P. C. CRAWER 448 338C2		CITY	561	30				RES: GS;
LAKELAND GENERAL-PCLK GENERAL HOSPITALS		MISC.			6		8 RES:	GS;
LANTANA A. G. KELLEY STATE BOX 3084 33460		STATE						RES: TS;
MIAMI JACKSON MEMORIAL 1700 N. W. 10TH AVE. 33134	M-023	COUNTY	1239	39				INT: ROT-, ST-MED-, ST-SURG-, ST-PED-, ST-PATH-; 101 RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U;
OFFICE OF MEDICAL EXAMINER OF DADE COUNTY 1700 N. W. 10TH AVE. 33136		COUNTY					1 RES:	FOP;
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS (INCLUDES JACKSON MEMORIAL HOSPITAL, VARIETY CHILDREN'S HOSPITAL, VETERANS ADMIN. HOSPITAL, A. G. KELLEY STATE HOSPITAL (LANTANA), W. T. EDWARDS TUBERCULOSIS HOSPITAL (TAMPA))	M-023	MISC.			5	111	152 INT: 352 RES:	ROT-, ST-MED-, ST-SURG-, ST-PED-, ST-PATH-; AN, CHP, D, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U;
VARIETY CHILDREN'S 6125 S. W. 31ST ST. 33155	L-C23	NP CORP	155	62	3	10	3 INT: 15 RES:	ST-PED-; AN, GS, ORS, PTH, PD;
VETERANS ADMIN. 1201 N. W. 16TH ST. 33125	M-023	VA	688	60		10		INT: ROT-, ST-MED-, ST-SURG-, ST-PATH-; 24 RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PH, P, TS, U;
MIAMI BEACH MOUNT SINAI HOSPITAL OF GREATER MIAMI 4300 ALTON RD. 33140	L-023	NP CORP	663	44	31	6	30 INT: 64 RES:	ROT-, ST-MED-, ST-SURG-, ST-PATH-; AN, DR, GS, IM, OBG, ORS, PTH, R, U;
ST. FRANCIS 250 WEST 63RD ST. 33141		CHURCH	238	38	12	1	15 INT: 3 RES:	ROT-; GS;
ORLANDO FLORIDA 601 E. ROLLINS 32802		CHURCH	411			4	9 INT:	ROT-;
ORANGE MEMORIAL 1416 SOUTH ORANGE AVE. 32806	L-029	NP CORP	811	39	7	4	18 INT: 56 RES:	ROT-; GS, IM, OBG, ORS, PTH, PS, U;
PENSACOLA BAPTIST 1000 W. MORENO ST. 32501	G-022	NP CORP	361	31				INT: ROT-, ST-SURG-, ST-PED-; RES: GS, IM, OBG, PTH, PD;
ESCAMBIA GENERAL -SEE UNIVERSITY HOSPITAL								
NAVAL AEROSPACE MEDICAL INSTITUTE U. S. NAVAL AVIATION MEDICAL CENTER 32512		USN				15	18 RES:	AN;
PENSACOLA EDUCATIONAL PROGRAM (INCLUDES BAPTIST HOSPITAL, SACRED HEART HOSPITAL, AND UNIVERSITY HOSPITAL) 5151 N. 9TH AVE. 32504	G-022	MISC.	793	37	1	7	12 INT: 24 RES:	ROT-, ST-SURG-, ST-PED-; GS, IM, OBG, PTH, PD;
SACRED HEART 5151 N. NINTH AVE. 32504	G-C22	CHURCH	302	40				INT: ROT-, ST-SURG-, ST-PED-; RES: GS, IM, OBG, PTH, PD;
UNIVERSITY	G-022	COUNTY	130	44				INT: ROT-; RES: GS, IM, OBG, PTH, PD;
ST. PETERSBURG BAYFRONT MEDICAL CENTER 701 SIXTH ST. SOUTH 33701		NP CORP	565	26		1	12 INT: 9 RES:	ROT-; GP, GS, OBG;
MOUND PARK -SEE BAYFRONT MEDICAL CENTER								
TAMPA ST. JOSEPH'S 3001 W. BUFFALO AVE. 33607		CHURCH	215				4 RES:	PTH;



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FLORIDA, TAMPA - CONTINUED								
TAMPA GENERAL DAVIS ISLANDS 33604		COUNTY	588	46	1 4	19 42	59	INT: ROT-; RES: GS, IM, OBG, OTO, PTH, PD, R, U;
W. T. EDWARDS TUBERCULOSIS 4001 TAMPA BAY BLVD. 33614		STATE	475	64				RES: TS;
TARPON SPRINGS ANCLYTE MANOR P. O. BOX 1224 33585		NP CORP	76					RES: P;
GEORGIA								
ATLANTA								
CRANFORD W. LONG MEMORIAL 35 LINDEN AVE. N. E. 30308	G-025	CHURCH	434	32	4 15	4	12 21	INT: ROT-; RES: IM, OBG, PTH;
EMORY UNIVERSITY 1364 CLIFTON RD., N. E. 30322	M-025	NP CORP	335	52		3	4 6	INT: ST-MED., ST-SURG., ST-PATH.; RES: AN, CHP, D, GS, IM, NS, OPH, ORS, OTO, PTH, PM, P, R, TS;
EMORY UNIVERSITY AFFILIATED HOSPITALS (INCLUDES EMORY UNIVERSITY HOSPITAL, GEORGIA MENTAL HEALTH INSTITUTE, GRADY MEMORIAL HOSPITAL, HENRIETTA EGLESTON HOSPITAL, VETERANS ADMIN. HOSPITAL, CENTRAL STATE HOSPITAL (MILLEDGEVILLE))	M-025	MISC.			7	200	284	INT: ST-MED.; RES: AN, D, GS, IM, NS, OPH, ORS, OTO, PTH, PD, PM, P, R, TS;
EMORY UNIVERSITY HOSPITAL-GRADY MEMORIAL HOSPITAL-HENRIETTA EGLESTON	M-025	MISC.			1	15	20	INT: ST-SURG.;
GEORGIA BAPTIST 300 BOULEVARD, N. E. 30312	G-037	CHURCH	475	51		8 25	15 34	INT: ROT., ST-MED., ST-SURG., ST-OBG.; RES: GS, IM, OBG, ORS;
GEORGIA MENTAL HEALTH INSTITUTE 1256 BRIARCLIFF RD. N. E. 30304	L-025	STATE	140					RES: CHP, P;
GRADY MEMORIAL 80 BUTLER ST., S. E. 30303	M-025	COUNTY	829	30		47 2	64 59	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, TS, U;
GRADY MEMORIAL HOSPITAL-EMORY UNIVERSITY HOSPITAL-VETERANS ADMIN.	M-025	MISC.				40	40	INT: ST-MED.;
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN 1405 CLIFTON RD., N. E. 30333	L-025	NP CORP	100					INT: ST-SURG.;
								RES: GS, NS, ORS, OTO, PD;
PIEDMONT 1968 PEACHTREE RD., N. W. 30305		NP CORP	314	34	4	2	10	RES: GS, PTH;
ST. JOSEPH'S INFIRMARY 265 IVY ST., N. E. 30303		NP CORP	300	39	2 8		6 13	INT: ROT., ST-SURG., ST-PATH.;
								RES: GS, PTH, U;
STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH 47 TRINITY AVE. S. W. 30334		STATE					2	RES: PH;
VETERANS ADMIN. BOX 29457 30329	M-025	VA	488	40				INT: ST-MED.;
								RES: D, GS, IM, NS, OPH, ORS, OTO, PTH, PM, P, R, TS, U;
AUGUSTA								
EUGENE TALMADGE MEMORIAL 1120 FIFTEENTH 30902	M-024	STATE	400	59		2 33	51	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.;
								RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, P, R, TS, U;
MEDICAL COLLEGE OF GEORGIA HOSPITALS (INCLUDES EUGENE TALMADGE MEMORIAL HOSPITAL, UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL, BATTY STATE HOSPITAL (ROME))	M-024	MISC.			1 15	24 84	42 123	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.;
								RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, P, R, TS, U;
UNIVERSITY UNIVERSITY PL. 30902	M-024	COUNTY	465	31		1 6	9	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.;
								RES: D, GS, IM, NS, OBG, OPH, ORS, PTH, PD;
VETERANS ADMIN. WRIGHTSBORO RD. 30904	M-024	VA	1323	57		2	10	INT: ROT., ST-MED., ST-SURG.;
								RES: D, GS, IM, NS, OPH, ORS, P, TS, U;
COLUMBUS								
MEDICAL CENTER 710 CENTER AVE. 31901	L-024 G-037	CITY	493	29		8 2	16 6	INT: ROT.;
								RES: GP, ORS;
DECATUR								
SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 321 W. HILL ST. 30030		NP CORP	60					RES: ORS;
FORT BENNING								
MARTIN ARMY 31905		USA	1306	72		4	6	RES: GS;
MACON								
MACON 777 HEMLOCK ST. 31201	L-024	CY-CO	519	19		8 13	16 31	INT: ROT.;
								RES: GP, GS, OBG;
MILLEDGEVILLE								
CENTRAL STATE P. O. BOX 325 31662		STATE	9500	24	13		30	RES: P, P;

† Necropsy Percentage  
\* Foreign and Non-Foreign

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GEORGIA - CONTINUED								
ROME								
BATTEY STATE 30161		STATE	328	61				RES: TS;
FLCYC TURNER MC CALL BLVD. 30161		DIST.	261					9 INT: ROT.;
SAVANNAH								
MEMORIAL MEDICAL CENTER WATERS AVE. AT 63RD ST. 31405	L-024	COUNTY	446	36	5	7	10	18 INT: ROT. ; 32 RES: DR,GS,IM,OBG,PTH,R,U;
WARM SPRINGS								
GEORGIA REHABILITATION CENTER 31830		NP CORP	126					RES: PM;
GEORGIA WARM SPRINGS FOUNDATION 3183C		NP CORP	370					12 RES: PM;
HAWAII								
HONOLULU								
OIAMCNC HEAD MENTAL HEALTH CLINIC 3675 KILAUEA AVE. 96816		STATE						RES: CHP;
KAPICLANI MATERNITY AND GYNECOLOGICAL 1319 PUNAHOU ST. 96814	L-105	NP CORP	107					RES: OBG;
KAUIKECLANI CHILDREN'S 226 N. KUAKINI ST. 96817	L-105	CORP.	80	81		3	3	INT: ST.PED. ; 11 RES: PD;
KUAKINI HOSPITAL AND HOME 347 N. KUAKINI ST. 96817	L-105	NP CORP	208	44	9	2	2	12 INT: ROT. ; 2 RES: GS,PTH;
LEAHI 3675 KILAUEA AVE. 96816	M-105	STATE	343	41				RES: CHP,P;
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST. 96813	L-105 G-016	NP CORP	447	56	4	11	9	17 INT: ROT. ; 16 RES: GS,IM,OBG,ORS,PTH,P;
ST. FRANCIS 2260 LILIKUA ST. 96817	L-105	CHURCH	256	39	3	7	4	12 INT: ROT. ; 12 RES: GS,IM,PTH;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1310 PUNAHOU ST. 96814	G-016	NP CORP	40					RES: ORS;
TRIPLER GENERAL A. P. G. SAN FRANCISCO 96438	M-105 G-016	USA	900	79		35	3	46 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG. ; 87 RES: GS,IM,OBG,ORS,PTH,PC,R,U;
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	M-105	MISC.			13	26		61 RES: CHP,GS,OBG,ORS,P;
UNIVERSITY OF HAWAII SCHOOL OF PUBLIC HEALTH 1890 EAST-WEST RD. 96822		STATE			1	2		7 RES: GPM;
KANEONE HAWAII STATE KEAAHALA RD. 96744	G-105	STATE	687					RES: P;
IDAHO								
IDAHO FALLS U. S. ATOMIC ENERGY COMMISSION IDAHO OPERATIONS OFFICE P. O. BOX 2108 84301		OTHER						RES: OM;
ILLINOIS								
BELLEVILLE U. S. A. F. MEDICAL CENTER SCOTT A. F. B. 62225		USAF	300	79				12 INT: ROT. ;
BERWYN MAC NEAL MEMORIAL 3249 CAK PARK AVE. S. 60402	L-030	NP CORP	431	47	17		12	20 INT: ROT. ; 27 RES: FP,GS,OBG,PTH;
CHICAGO								
AMERICAN HOSPITAL OF CHICAGO 850 W. IRVING PARK 60613		NP CORP	168	29	4			4 RES: GS;
AUGUSTANA 411 WEST DICKENS AVE. 60614		CHURCH	368	39		4	1	12 INT: ROT. ; 4 RES: PTH;
CHICAGO MATERNITY CENTER 1336 S. NEWBERRY AVE. 60608	L-027	NP CORP						RES: OBG;
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS (INCLUDES MOUNT SINAI MEDICAL CENTER OF CHICAGO, LOUIS A. WEISS MEMORIAL, SCHWAB REHABILITATION HOSPITAL, VETERANS ADMIN. HOSPITAL (HINES))	M-026	MISC.			5	4		INT: ROT.,ST.MED.,ST.SURG.,ST.PATH. ; 29 RES: AN,GS,IM,NS,OBG,PTH,PD,PM,P,R,U;
CHICAGO-READ MENTAL HEALTH CENTER 6500 W. IRVING PARK RD.	L-026,027, 030	STATE	1743	17				RES: P;
CHICAGO STATE TUBERCULOSIS SANITARIUM 1919 W. TAYLOR STREET 60612		STATE	346					RES: TS;
CHICAGO WESLEY MEMORIAL 250 EAST SUPERIOR ST. 60611	M-027	CHURCH	655	54		33	8	41 INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG. ; 46 RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH, PS,P,R,U;
CHILDREN'S MEMORIAL 2300 CHILDREN'S PLAZA 60614	M-027	NP CORP	240			10	4	18 INT: ST.PED. ; 74 RES: AN,CHP,GS,NS,N,OPH,ORS,OTO,PTH,PD, PDA,PDC,PS,R,TS,U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili- ations	Control	Number of Beds	Nec %†	House Sept. 1, 1970 For.	Staff Non- For.*	Pos. Off. July 1, 1972	Approved Program
ILLINOIS, CHICAGO - CONTINUED								
CITY OF CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM 5601 N. PULASKI RD. 60646	L-C29	CITY	610	53				RES: TS,TS;
COLUMBUS 2520 N. LAKEVIEW AVE. 60614		CHURCH	430	43		13		INT: ROT.; 16 RES: GS,IM,PTH,R;
COLUMBUS-CUNEO MEDICAL CENTER		MISC.			19	1	26	INT: ROT.; 22 RES: GS,IM;
COOK COUNTY CORNER'S OFFICE, INSTITUTE OF FORENSIC PATHOLOGY 1828 W. POLK ST. 60612		COUNTY			20		2	RES: FOP;
COOK COUNTY 1825 W. HARRISON ST. 60612	M-C26,028, 030 L-C27,C29	COUNTY	2263	32	84	29	146	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.; 347 RES: AN,D,GS,IM,NS,N,DBG,OPH,ORS,OTO, PTH,PD,PDC,PS,CRS,R,TS,U;
EDGEWATER 5700 N. ASHLAND AVE. 60626		NP CORP	392	37	12		12	INT: ROT.; 4 RES: PTH;
ENGLEWOOD 6001 SOUTH GREEN ST. 60621		CHURCH	169	31	2		2	RES: PTH;
FRANK CUNEO 750 W. MONTROSE 60613		CHURCH	167	28				INT: ROT.; RES: GS,IM,PTH;
GRANT 551 GRANT PL. 60614	L-C3C G-C27	NP CORP	339	45	12	1	17	INT: ROT.; 22 RES: GP,GS,PTH;
HENROTIN 109 W. OAK ST. 6061C		NP CORP	192	30	8		12	INT: ROT.;
HOLY CROSS 2701 W. 68TH ST. 60629		CHURCH	428	28			18	INT: ROT.; RES: PM;
ILLINOIS CENTRAL 580C STONY ISLAND AVE. 60637	L-C30	NP CORP	247	41	6	5	13	INT: ROT.; 7 RES: GS,PTH;
ILLINOIS MASONIC MEDICAL CENTER 836 W. WELLINGTON AVE. 60657	L-C30 G-C27	NP CORP	534	36	21	5	36	INT: ROT.,ST-MED.,ST-SURG.; 60 RES: AN,GS,IM,DBG,PTH,PD,R;
ILLINOIS STATE PSYCHIATRIC INSTITUTE 1601 WEST TAYLOR ST. 60612	L-C26,027, 029,030 G-030	STATE	310		22	15	36	RES: P;
INSTITUTE FOR JUVENILE RESEARCH 907 SOUTH WOLCOTT AVE. 60612	L-C30	STATE				2	8	RES: CHP;
JACKSON PARK 7531 STONY ISLAND AVE. 60645		NP CORP	215	43	5	1	10	RES: GP,PTH;
LOUIS A. WEISS MEMORIAL 4646 N. MARINE DR. 60646	L-C3C	NP CORP	343	41	6		12	INT: ROT.; 42 RES: GP,IM,PTH,R,U;
MERCY HOSPITAL AND MEDICAL CENTER STEVENSON EXPRESSWAY AT KING DR. 60616	L-030	CHURCH	517	39	14	2	15	INT: ROT.,ST-MED.,ST-SURG.,ST-PATH.; 56 RES: GS,IM,DBG,PTH,PD,R,U;
MICHAEL REESE HOSPITAL AND MEDICAL CENTER 2929 SOUTH ELLIS AVE. 60616	M-C29 G-027,030	NP CORP	922	51	5	43	54	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.; 71 99 191 RES: AN,CHP,GS,IM,DBG,OPH,ORS,OTO,PTH, PD,PDA,PM,P,R,U;
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO 2755 WEST 15TH ST. 6060E	M-026	NP CORP	441	47	21	4	26	INT: ROT.,ST-MED.,ST-SURG.,ST-PATH.; 67 13 94 RES: AN,GS,IM,N,DBG,PTH,PD,PH,P,R,U;
NORTHWESTERN UNIVERSITY MEDICAL CENTER (INCLUDES CHICAGO WESLEY MEMORIAL HOSPITAL, CHILDREN'S MEMORIAL HOSPITAL, PASSAVANT MEMORIAL HOSPITAL, VETERANS ADMIN. RESEARCH HOSPITAL, EVANSTON HOSPITAL (EVANSTON) 303 E. CHICAGO AVE. 60611	M-027	MISC.			72	188	312	INT: ST-MED.; RES: AN,D,GS,IM,NS,N,DBG,OPH,OTO,PTH, PD,PDA,PM,PS,P,R,U;
NORTHWESTERN UNIVERSITY MEDICAL CENTER-COOK COUNTY	M-027	MISC.			1	44	40	RES: ORS;
NORWEGIAN-AMERICAN 1044 NORTH FRANCISCO AVE. 60622		NP CORP	265	31	8		12	INT: ROT.; 12 RES: GP,GS;
PASSAVANT MEMORIAL 303 E. SUPERIOR ST. 60611	M-C27 G-093	NP CORP	375	57	29	5	30	INT: ROT.,ST-MED.,ST-PATH.; 10 RES: AN,GS,IM,DBG,OPH,ORS,OTO,PTH,PS,P, R,U;
PRESBYTERIAN-ST. LUKE'S 1753 W. CONGRESS PKWY. 60612	G-030	NP CORP	823	61	1	40	51	INT: ST-MED.,ST-SURG.,ST-PED.,ST-PATH., ST-DBG.; 41 108 193 RES: AN,CHP,OR,D,GS,IM,NS,N,DBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PS,P,TR,TS, U;
RAVENSWOOD 1931 W. WILSON AVE. 60640	L-030	NP CORP	279	3	12		20	INT: ROT.; 16 RES: GP,GS,PTH;
REHABILITATION INSTITUTE OF CHICAGO 401 EAST OHIO 60611	L-027	NP CORP	71					RES: PM;
RESURRECTION 7435 W. TALCOTT AVE. 60631		CHURCH	268	39	12		18	INT: ROT.;
ST. ANNE'S 4950 W. THOMAS ST. 60651	G-027	NP CORP	430	23	10		18	INT: ROT.; 4 RES: GS,ORS;
ST. ANTHONY DE PADUA 2875 W. 19TH ST. 60623		NP CORP	208				2	RES: GS;

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ILLINOIS, CHICAGO - CONTINUED								
ST. ELIZABETH'S 1431 N. CLAREMONT AVE. 60622		CHURCH	342	25	6		12 INT: ROT.; 12 RES: GP,GS,PTH;	
ST. FRANCES XAVIER CÀBRINI 811 SOUTH LYTLE 606C7		CHURCH	233	35			RES: PTH;	
ST. JOSEPH 2900 NORTH LAKE SHORE DR. 60657	M-028	CHURCH	503	56	24 32	2 2	26 INT: ROT.,ST.PATH.; 41 RES: GS,IM,OBG,PTH;	
ST. MARY OF NAZARETH 112C N. LEAVITT ST. 60622		CHURCH	304	26	11		20 INT: ROT.;	
SCHWAB REHABILITATION 1401 S. CALIFORNIA BLVD. 60608	M-026	NP CORP	88				RES: PM;	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2211 N. OAK PARK AVE. 60635	L-028	NP CORP	60			5	RES: ORS;	
SOUTH CHICAGO COMMUNITY 2320 E. 93RD ST. 60617		NP CORP	300	21	12		12 INT: ROT.;	
SWEDISH COVENANT 5145 N. CALIFORNIA AVE. 60625		CHURCH	237	35	10 8	1 1	12 INT: ROT.; 10 RES: GP,PTH;	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS 950 EAST 59TH ST. 60637	M-C29	NP CORP	653	64	2 54	45 134	49 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; 236 RES: AN,CHP,DR,D,GS,IM,NS,N,GBG,OPH, ORS,OTO,PTH,PD,PDC,PS,P,R,TR,TS,U;	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	M-030	MISC.			1 57	29 90	24 INT: ST.MED.; 159 RES: D,GS,IM,NS,N,ORS,PTH,PM,PS,R,TS,U;	
UNIVERSITY OF ILLINOIS 840 S. WOOD ST. 60612	M-030	STATE	599	57	2 52	20 65	20 INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; 130 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PDC,PM,PS,P,R,TS,U;	
UNIVERSITY OF ILLINOIS HOSPITAL-EYE AND -SEE UNIVERSITY OF ILLINOIS								
VETERANS ADMIN. RESEARCH 333 E. HURON ST. 60611	M-027	VA	519	63		4	20 INT: ST.MED.,ST.SURG.; 4 RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH, PM,PS,P,R,U;	
VETERANS ADMIN. (WEST SIDE) 820 S. DAMEN AVE. 60612	M-030	VA	505	71		2	INT: ST.MED.; 9 RES: GS,IM,ORS,PTH,PM,PS,P,R,TS,U;	
DECATUR DECATUR MEMORIAL 2300 N. EDWARD 62526		MISC	407				9 INT: ROT.;	
DOWNNEY VETERANS ADMIN. 60664	L-027	VA	2487	59			RES: P;	
EVANSTON EVANSTON 2650 RIDGE AVE. 60201	M-C27	NP CORP	506	78	3 8	25 7	48 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; 23 RES: AN,GS,IM,NS,GBG,OPH,ORS,PTH,PD,PS, P,R,U;	
ST. FRANCIS 355 RIDGE AVE. 60202	M-028 G-C27	CHURCH	505	42	16 21	11	24 INT: ROT.,ST.MED.,ST.SURG.; 32 RES: GP,GS,IM,OBG,ORS,PTH,PS,R;	
EVERGREEN PARK LITTLE COMPANY OF MARY 2800 WEST 95TH ST. 60642		CHURCH	557	25	5 13	3	24 INT: ROT.; 19 RES: GS,PTH,R;	
GREAT LAKES NAVAL 60688		USN	1003	75		8 16	10 INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; 22 RES: GS,IM,OBG;	
HINES MADDEN MENTAL HEALTH CENTER 120 S FIRST AVE. 60141	M-028	STATE	194				RES: P;	
VETERANS ADMIN. 5TH AVE. & ROOSEVELT RD. 60141	M-026,028, 030	VA	1513	49	85	59	177 RES: INT: ROT.; AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH, PM,PS,P,R,TS,U;	
HINSDALE HINSDALE SANITARIUM AND HOSPITAL 120 N. OAK ST. 60521	G-030	CHURCH			4		14 INT: ROT.;	
JOLIET ST. JOSEPH 333 N. MADISON ST. 60435		CHURCH	463	25	4		7 RES: AN;	
MAYWOOD LOYOLA UNIVERSITY AFFILIATED HOSPITALS	M-028	MISC.			1 9	5 5	24 INT: ROT.; 33 RES: N,PM,P;	
LOYOLA UNIVERSITY 2160 S. 1ST AVE. 60153	M-028	CHURCH	310	55	14	17	INT: ROT.; 72 RES: AN,GS,IM,N,OBG,PTH,PD,PM,P,R;	
MELROSE PARK GOTTLIEB MEMORIAL 8700 W. NORTH AVE. 60160	L-C26	NP CORP	218	36			8 INT: ROT.;	
OAK LAWN CHRIST COMMUNITY 4440 WEST 95TH ST. 60453		CHURCH	615	31	20 7		26 INT: ROT.; 15 RES: GS,OBG,PTH;	
OAK PARK WEST SUBURBAN 518 N. AUSTIN BLVD. 60302	L-030	NP CORP	404	45	18 10	1 6	23 INT: ROT.,ST.PATH.; 39 RES: FP,GP,ORS,PTH,R;	

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ILLINOIS - CONTINUED								
PARK RIDGE LUTHERAN GENERAL 1775 DEMPSTER 60C68	L-C30 G-C25	CHURCH	660	36	4	6	25 INT: ROT.; 10 RES: ORS, PTH, PS;	
PEORIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION 619 N. E. GLEN OAK AVE. 61603	M-C30	NP CORP	152				3 RES: PM;	
METHODIST HOSPITAL OF CENTRAL ILLINOIS 221 N. E. GLEN OAK AVE. 61603	M-C30	CHURCH	586	33	2		16 RES: GP, GS, PTH;	
ST. FRANCIS 530 N. E. GLEN OAK AVE. 61603	M-C30	CHURCH	772	45	10	7	28 INT: ROT.; 45 RES: GP, GS, IM, OBG, CRS, PTH, PD, R;	
ROCKFORD ROCKFORD MEMORIAL 2400 N. ROCKTON AVE. 61101	L-C30	NP CORP	410	38		1	12 INT: ROT.; 2 RES: PTH;	
SWEDISH AMERICAN 1316 CHARLES ST. 61101	L-C30	NP CORP	380	35			4 RES: PTH;	
SPRINGFIELD ILLINOIS STATE DEPARTMENT OF HEALTH DIVISION OF LOCAL HEALTH SERVICES 62706		STATE			1	1	6 RES: PH;	
ST. JOHN'S 701 EAST MASON ST. 62701		CHURCH	645	30			4 RES: PTH;	
URBANA CARLE FOUNDATION 611 WEST PARK ST. 61801		NP CORP	195				1 RES: PTH;	
INDIANA EAST CHICAGO ST. CATHERINE 4321 FIR ST. 46312		CHURCH	411				INT: ROT.;	
ELKHART ELKHART GENERAL 600 EAST BLVD. 46514		NP CORP	295	17			RES: PTH;	
EVANSVILLE ST. MARY'S 3700 WASHINGTON AVE. 47715	L-C31	CHURCH	421	29		9	6 INT: ROT.;	
FORT WAYNE FORT WAYNE MEDICAL EDUCATION PROGRAM (INCLUDES LUTHERAN HOSPITAL OF FORT WAYNE, PARKVIEW MEMORIAL HOSPITAL, AND ST. JOSEPH HOSPITAL OF FORT WAYNE) 700 INDIANA BANK BLDG. 46802	L-031	MISC.				4	12 INT: ROT.;	
LUTHERAN HOSPITAL OF FORT WAYNE 3024 FAIRFIELD 46807	L-013	CHURCH	523	30	1	4	INT: ROT.;	
PARKVIEW MEMORIAL 2200 RANCALIA DR. 46805	L-031	CHURCH	646	32			INT: ROT.;	
ST. JOSEPH'S HOSPITAL OF FORT WAYNE 700 BROADWAY 46802	L-031	CHURCH	412	33			INT: ROT.;	
GARY LAKE COUNTY COOPERATIVE INTERNSHIP (INCLUDES METHODIST HOSPITAL OF GARY, ST. MARY MERCY HOSPITAL, ST. CATHERINE HOSPITAL (EAST CHICAGO), ST. MARGARET HOSPITAL (HAMMOND) 1600 WEST 6TH AVE. 46402		MISC.					12 INT: ROT.;	
METHODIST HOSPITAL OF GARY 1600 WEST SIXTH AVE. 46402	L-C31	NP CORP	350	35		4	INT: ROT.;	
ST. MARY MERCY 540 TYLER ST. 46402		CHURCH	293	32		3	INT: ROT.;	
HAMMOND ST. MARGARET 25 DOUGLAS ST. 46320		CHURCH	540	19			INT: ROT.;	
INDIANAPOLIS INDIANA UNIVERSITY HOSPITALS 1100 WEST MICHIGAN 46207	M-031	STATE			2	44	70 INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.;	
INDIANA UNIVERSITY MEDICAL CENTER (INCLUDES INDIANA UNIVERSITY HOSPITALS, LARUE D. CARTER MEMORIAL HOSPITAL, MARION COUNTY GENERAL HOSPITAL, METHODIST HOSPITAL, VETERANS ADM HOSPITAL, AND SOME POSITIONS AT METHODIST HOSPITAL OF INDIANA)	M-031	MISC.			33	228	334 RES: AN, CHP, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, R, TR, U;	
LARUE D. CARTER MEMORIAL 1315 WEST TENTH ST. 46202	M-031	STATE	235				RES: CHP, P;	
MARION COUNTY GENERAL 960 LOCKE ST. 46202	M-C31	CY-CO	766		3	3	37 INT: ROT., ST. SURG.;	
METHODIST HOSPITAL OF INDIANA 1604 N. CAPITOL AVE. 46202	L-031	CHURCH	1128	43		29	14 RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TR, U;	
					4	51	28 INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.;	
							88 RES: AN, FP, GS, IM, NS, OBG, ORS, OTO, PTH, PD, R, U;	

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INDIANA, INDIANAPOLIS - CONTINUED								
ST. VINCENT'S 120 WEST FALL CREEK 462C6	L-031	CHURCH	315	42	1	9	10	INT: ROT., ST-PATH.; 28 RES: FP, GS, IM, OBG, CRS, PTH;
VETERANS ADMIN. 1481 WEST TENTH ST. 462C2	M-031	VA	671	65				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, U;
LAFAYETTE ST. ELIZABETH 1501 HARTFORD ST. 475C4		CHURCH	376	25	1		4	RES: PTH;
MISHAWAKA ST. JOSEPH 215 W. 4TH ST. 46544		NP CORP	134	22				RES: PTH;
MUNCIE BALL MEMORIAL 2401 UNIVERSITY AVE. 473C3	L-C31	NP CORP	612	41		8	15	INT: ROT., ST-PATH.; 19 RES: FP, GS, PTH;
SOUTH BEND MEMORIAL HOSPITAL OF SOUTH BEND 615 N. MICHIGAN ST. 466C1	L-031	NP CORP	370	30		10	4	INT: ROT.; 14 RES: FP, PTH;
ST. JOSEPH'S 811 E. MADISON ST. 46622	L-031	CHURCH	345	26	3	8	12	INT: ROT., ST-PATH.; 24 RES: FP, GP, PTH;
SOUTH BEND MEDICAL FOUNDATION HOSPITALS 531 NORTH MAIN ST. 466C1	L-C31	MISC.	1188	24		3	3	INT: ST-PATH.; 8 RES: PTH;
IOWA								
CEDAR RAPIDS CEDAR RAPIDS INTERNSHIP PROGRAM		MISC.				3	23	INT: ROT.;
MERCY 835 SIXTH AVE. S. E. 524C3		CHURCH	305					INT: ROT.; RES: GS;
ST. LUKE'S METHODIST 1026 A AVE. N. E. 52402		CHURCH	596	37		1	4	INT: ROT.; RES: GS, PTH;
ST. LUKE'S METHODIST HOSPITAL-MERCY		MISC.					3	RES: GS;
CHEROKEE MENTAL HEALTH INSTITUTE 1200 W. CECAR ST. 51C12		STATE	408	75	7	5	12	RES: P;
DES MOINES BROADLAWNS POLK COUNTY 16TH & HICKMAN RD. 50314	M-032	COUNTY	182	41		7	12	INT: ROT.; 6 RES: GP, GS;
IOWA LUTHERAN 716 PARNELL AVE. 50316		CHURCH	340	22	3		14	INT: ROT.;
IOWA METHODIST 1200 PLEASANT 50308		CHURCH	614	43	2	1	14	INT: ROT., ST-SURG., ST-PED.; 23 RES: GS, PTH, PD, R;
MERCY 6TH AND UNIVERSITY 50314		CHURCH	361	34	6	7	16	INT: ROT., ST-PATH.; 5 RES: PTH;
VETERANS ADMIN. 30TH AND EUCLID AVES. 5031C	G-C32	VA	358	48	13	4	14	RES: GS, U;
INDEPENDENCE MENTAL HEALTH INSTITUTE 50644		STATE	498	39	7	2	12	RES: P;
IOWA CITY STATE PSYCHOPATHIC 500 NEWTON RD. 5224C	M-032	STATE	77	100		2	3	INT: ROT.; 21 RES: CHP, P;
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	M-032	MISC.				39	133	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 176 RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, R, U;
UNIVERSITY OF IOWA HOSPITALS NEWTON RD. 52240	M-032	STATE	1089	65	4	40	50	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 100 RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, R, TS, U;
VETERANS ADMIN. HIGHWAY 6-WEST 5224C	M-032	VA	447	69			4	RES: AN, GS, IM, NS, N, OPH, OTO, PTH;
KANSAS								
KANSAS CITY BETHANY 51 N. 12TH ST. 66102	G-033	NP CORP	298	25	2	4	8	INT: ROT.; RES: GS;
UNIVERSITY OF KANSAS MEDICAL CENTER 39TH & RAINEW BLVD. 66103	M-033	STATE	530	66	2	11	38	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 239 RES: AN, CHP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PH, PS, P, R, TS, U;
UNIVERSITY OF KANSAS MEDICAL CENTER-CHILDREN'S MERCY	M-033	MISC.			1	2	2	RES: PDA;
TOPEKA								
C. F. MENNINGER MEMORIAL 3617 W. 6TH ST. BOX 825 666C1		NP CORP	145					RES: P;
CHILDREN'S DIVISION, THE MENNINGER FOUNDATION 3617 W. 6TH ST. 666C1		NP CORP	70		5	8	14	RES: CHP;
MENNINGER SCHOOL OF PSYCHIATRY		MISC.				23	40	97 RES: P;
TOPEKA STATE 2700 WEST SIXTH 666C6		STATE	1000	55	13	19		RES: P;



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KANSAS, TOPEKA - CONTINUED								
VETERANS ADMIN. 2200 GAGE BLVD. 66622		VA	987	71				RES: P;
WADSWORTH VETERANS ADMIN. CENTER 66089		VA	592	61	4			5 RES: GS;
WICHITA								
ST. FRANCIS AFFILIATED HOSPITALS		MISC.						12 RES: ORS;
ST. FRANCIS 929 N. ST. FRANCIS 67214	G-033	CHURCH	905	36	13 9	12	22	INT: ROT., ST-MED., ST-SURG.; 34 RES: AN, GP, GS, IM, ORS, PTH, R;
ST. FRANCIS HOSPITAL-VETERANS ADMIN. CENTER	G-033	MISC.			1	8	16	RES: GS;
ST. FRANCIS HOSPITAL-WESLEY MEDICAL CENTER	G-033	MISC.			5	5	18	RES: IM;
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER 3400 GRANE AVE. 67218		CHURCH	451	25	4		10	INT: ROT.; 12 RES: FP, PTH;
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER-VETERANS ADMIN. CENTER	G-033	MISC.			1		4	RES: PTH;
VETERANS ADMIN. CENTER 5500 EAST KELLOGG 67218	G-033	VA	200	48				RES: GS, ORS, PTH;
WESLEY MEDICAL CENTER 550 NORTH HILLSIDE 67214	G-033	CHURCH	674	35	3	19 21	20	INT: ROT.; 39 RES: FP, GS, IM, ORS, PTH, R;
KENTUCKY								
ANCHORAGE CHILDREN'S TREATMENT CENTER 40223		STATE	24					RES: CHP;
COVINGTON								
ST. ELIZABETH 21ST ST. AND EASTERN AVE. 41014		CHURCH	392	20		8	12	INT: ROT.;
FORT CAMPBELL								
U. S. ARMY 42223		USA	550	81	1	2	3	RES: GS;
FORT KNOX								
IRELAND ARMY 40121		USA	500					RES: GS;
FRANKFORT								
DEPARTMENT OF HEALTH STATE OF KENTUCKY 275 E. MAIN ST. 40601		STATE				1	4	RES: PH;
HARLAN								
HARLAN APPALACHIAN REGIONAL 40631	L-034	NP CORP	179	23	8		12	RES: GS, PTH;
LEXINGTON								
CENTRAL BAPTIST 1740 S. LIMESTONE ST. 40503	L-034	CHURCH	235					RES: TS;
GOOD SAMARITAN 310 SOUTH LIMESTONE ST. 40508	L-034	CHURCH	221	16				RES: ORS;
ST. JOSEPH 1400 HARRODSBURG RD. 40504	L-034	CHURCH	325	30				INT: ROT.; RES: GS, ORS, PS, U;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1900 RICHMOND RD. 40502	L-034	NP CORP						RES: ORS;
UNIVERSITY 800 ROSE ST. 40506	M-034	STATE	415	39				INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 56 RES: AN, CHP, DR, GS, IM, NS, N, DBG, OPH, ORS, PTH, PD, PDA, PS, P, R, TS, U;
UNIV. OF KENTUCKY COLLEGE OF MED., DEPT. OF COMM. MED. MEDICAL CENTER 40506	M-034	STATE				2	4	RES: GPM;
UNIVERSITY OF KENTUCKY-LEXINGTON RESIDENCY PROGRAM	M-034	MISC.			2	7	9	RES: ORS;
UNIVERSITY OF KENTUCKY MEDICAL CENTER	M-034	MISC.			1	41	49	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 3 73 120 RES: AN, CHP, GS, IM, N, OPH, PS, P, R, TS, U;
VETERANS ADMIN. LEESTOWN PIKE 40507	M-034	VA	927	52				INT: ROT.; RES: AN, GS, IM, OPH, ORS, PS, P, R, TS, U;
LOUISVILLE								
CENTRAL STATE 40223		STATE	804	30				RES: P;
CHILDREN'S 226 EAST CHESTNUT ST. 40202	M-035	NP CORP	139	61				INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 5 RES: AN, GS, NS, OPH, PTH, PD, PDA, PDC, R, TS, U;
JEWISH 217 E. CHESTNUT ST. 40202	L-035	NP CORP	279	33				INT: ROT.; RES: GS, TS;
JOHN N. NORTON MEMORIAL INFIRMARY 231 WEST OAK ST. 40203	L-035	NP CORP	307	30	2 1		6	INT: ROT.; 6 RES: GS, NS, P;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
KENTUCKY, LOUISVILLE - CONTINUED								
KOSAIR CRIPPLED CHILDREN 982 EASTERN PKWY. 40217		NP CORP	100					RES: ORS;
LOUISVILLE CHILD GUIDANCE CLINIC 601 S. FLOYD ST. 40202	L-035	PART.			1			4 RES: CHP,P;
LOUISVILLE GENERAL 323 E. CHESTNUT ST. 40202	M-035	CY-CO	385	42				INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.; 12 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH, PD,PDA,P,P,R,TR,TS,U;
REHABILITATION CENTER 220 EAST MADISON ST. 40202		NP CORP	30			1		6 RES: PH;
ST. JOSEPH INFIRMARY 735 EASTERN PARKWAY 40217		CORP.	507	29	5	6	18	INT: ROT.,ST-MED.; 27 RES: GS,IM,OBG,R;
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	M-035	MISC.			3	13	44	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.; 26 98 193 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH, PD,PDA,PH,P,R,TR,TS,U;
VETERANS ADMIN. MELLWOOD & ZORN AVE. 40202	M-035	VA	476	53				INT: ROT.; 4 RES: D,GS,IM,NS,N,OPH,ORS,PTH,P,R,TR, TS,U;
LOUISIANA								
ALEXANDRIA VETERANS ADMIN. 71301	L-037	VA	387	33				RES: ORS;
BATON ROUGE EARL K. LONG MEMORIAL 5825 AIRLINE HWY. 70805	M-036	STATE	177	50	1	7	18	INT: ROT.; 21 RES: FP,GS,PD;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	M-036	MISC.						INT: ROT.; RES: FP;
INDEPENDENCE LALLIE KEMP CHARITY HIGHWAY 51, BOX 7 70443	M-037	STATE	132					RES: GS;
LAFAYETTE LAFAYETTE CHARITY 311 WEST ST. MARY BLVD. 70501	M-036	STATE	301	38			15	INT: ROT.; RES: GS;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS 70501	M-036	MISC.						INT: ROT.;
MANDEVILLE SOUTHEAST LOUISIANA P. O. BOX 3850 70446	G-037	STATE	546			2		INT: ROT.; 6 RES: CHP,P;
MONROE E. A. CONWAY MEMORIAL 4801 SOUTH GRAND 71201		STATE	194	19		2	2	RES: GS,ORS;
NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA 1532 TULANE AVE. 70140	M-036,037	STATE	1807	49	6	54	76	INT: ROT.; RES: AN,D,IM,OBG,PTH,PD,PDC,R;
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION 1532 TULANE AVE. 70140	M-036	STATE			2	33	55	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.,ST-OBG.; 20 111 144 RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PD,PDA, PDC,PS,P,TS,U;
CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION 1532 TULANE AVE. 70140	M-037	STATE			3	46	59	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-PATH.,ST-OBG.; 19 73 109 RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PD,PDC, PS,P,TS,U;
EYE, EAR, NOSE AND THROAT 145 ELK PL. 70112	G-037	NP CORP	108					RES: OPH,OTO;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	M-036	MISC.			2	40	50	RES: GS,NS,OPH,PTH,PS,TS;
LOUISIANA STATE UNIVERSITY MEDICAL CENTER	M-036	STATE					8	RES: CHP;
OCHSNER FOUNDATION 1516 JEFFERSON HIGHWAY 70121	L-037	NP CORP	356	71	1	11	16	INT: ROT.,ST-MED.,ST-SURG.; 12 65 91 RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH, PS,CRS,R,TS,U;
SOUTHERN BAPTIST 2700 NAPOLEON AVE. 70115	L-036,037	NP CORP	588	36	1	1	24	INT: ROT.; 6 RES: OBG,PS;
TOURG INFIRMARY 1400 FOUCHER ST. 70115	L-036,037	NP CORP	560	33	2	3	20	INT: ROT.,ST-MED.,ST-SURG., 5 1 15 RES: GS,IM,OPH,ORS,PTH,PS,R,U;
TULANE UNIVERSITY AFFILIATED HOSPITALS	M-037	MISC.			3	90	8	INT: ROT.; 91 RES: CHP,NS,N,OPH,ORS,OTO,PS,P,U;
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE 1430 TULANE AVE. 70112	M-037	NP CORP				6	15	RES: GPM;
U. S. PUBLIC HEALTH SERVICE 210 STATE ST. 70118	L-037	USPHS	403	52			18	INT: ROT.,ST-MED.; 22 27 RES: GS,IM,OBG,OPH,ORS,PTH,PS,R,U;
VETERANS ADMIN. 1601 PERDIDO ST. 70140	L-036,037	VA	571	54	24	6	39	INT: ROT.; RES: GS,IM,NS,N,OPH,ORS,PTH,PS,P,TS,U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili- ations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 Non- For.*	Pos. Off. July 1, 1972	Approved Program
LOUISIANA - CONTINUED							
PINEVILLE HUEY P. LONG CHARITY HOSPITAL BOULEVARD 7136C	M-C37	STATE	187	20			6 RES: GP,GS,ORS;
SHREVEPORT CONFEDERATE MEMORIAL MEDICAL CENTER 1541 KINGS HIGHWAY 71103	M-106	STATE	711	35	33 52	42 INT: ROT.,ST.MED.,ST.PED.; 68 RES: GS,IM,OBG,OPH,ORS,OTO,PTH,PD,P,R, U;	
L. S. U. (SHREVEPORT) AFFILIATED HOSPITALS	M-106	MISC.			23	30 RES: GS,PTH,U;	
SHRINKERS HOSPITAL FOR CRIPPLED CHILDREN 3100 SAMFORD AVE. 71103	G-C37	NP CORP	60			RES: ORS;	
VETERANS ADMIN. 510 E. STONER AVE. 71101	L-106	VA	449			RES: GS,PTH,U;	
MAINE							
BANGOR EASTERN MAINE GENERAL 489 STATE ST. 04401		NP CORP	314	43		1 RES: PTH;	
LEWISTON CENTRAL MAINE GENERAL 300 MAIN ST. 04240		NP CORP	265	40		1 RES: PTH;	
PORTLAND MAINE MEDICAL CENTER 22 ERAMHALL ST. 04102	M-042	NP CORP	565	38	5 15 26	15 INT: ROT.; 51 RES: AN,GP,GP,GS,IM,PTH,PD,P,R;	
MARYLAND							
BALTIMORE BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. 21224	M-C38,039	CITY	484	59	14 31	15 40	23 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 102 RES: AN,GS,IM,NS,N,OBG,ORS,OTO,PTH,PD, PS;
BON SECOURS 2025 W. FAYETTE ST. 21223		CHURCH	220	35	9 9		16 INT: ROT.,ST.OBG.; 10 RES: GS,OBG;
CHILDREN'S 3825 GREENSPRING AVE. 21211	G-C38	NP CORP	135				RES: ORS;
CHURCH HOME AND HOSPITAL 100 N. BROADWAY 21231	L-038	NP CORP	297	27	13 22	1	8 INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; 21 RES: GS,IM,OBG;
FRANKLIN SQUARE 9000 FRANKLIN SQUARE DR. 21237		NP CORP	300	44	20 12		32 INT: ROT.; 18 RES: GS,OBG;
GREATER BALTIMORE MEDICAL CENTER 6701 N. CHARLES ST. 21204	L-038	NP CORP	401	35	19 25	1 10	20 INT: ROT.,ST.MED.; 41 RES: GS,IM,OBG,OPH,OTO,PTH;
JAMES LAWRENCE KERNAN WINESOR MILL RC. & FOREST PARK AVE. 21207	G-C39	NP CORP	126			4	5 RES: ORS;
JOHN F. KENNEDY INSTITUTE 707 N. BROADWAY 21205	L-038	NP CORP	40				RES: PD;
JOHNS HOPKINS 601 NORTH BROADWAY 21205	M-038	NP CORP	1105	58	1 40	81 227	92 INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH., ST.OBG.; 306 RES: AN,CHP,O,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDC,PS,P,R,U;
JOHNS HOPKINS AFFILIATED HOSPITALS	M-C38	MISC.				11	13 RES: OTO;
JOHNS HOPKINS HOSPITAL-BALTIMORE CITY HOSPITALS	M-C38	MISC.				3	8 RES: N;
JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH 615 N. WOLFE ST. 21205	M-C38	NP CORP				19	21 RES: GPM;
LUTHERAN HOSPITAL OF MARYLAND 730 ASHBURTON ST. 21216		NP CORP	240	32	10 12		12 INT: ROT.; 14 RES: GS,OBG;
MARYLAND GENERAL 827 LINDEN AVE. 21201	M-C39	NP CORP	430	43	16 5	9	20 INT: ROT.,ST.MED.,ST.SURG.; 29 RES: GS,IM,OBG,OPH,OTO,PTH;
MERCY 301 ST. PAUL PL. 21202	M-C39	CHURCH	363	33		15	20 INT: ROT.,ST.MED.; 23 RES: GS,IM,NS,OBG,PTH,PD;
MONTEBELLO STATE 2201 ARGONNE DR. 21218		STATE	356				RES: PH;
OFFICE OF THE CHIEF MEDICAL EXAMINER-MARYLAND MEDICAL-LEGAL FOUNDATION 111 PENN ST. 21201		STATE		65	1	1	6 RES: PTH,FOP;
PROVIDENT 1514 DIVISION ST. 21217	M-C39	NP CORP	125				6 INT: ROT.; 7 RES: GS,PTH;
ST. AGNES 1000 CATON AVE. 21225	G-039	CHURCH	422	37	1 37	1 5	20 INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.; 46 RES: GS,IM,OBG,PTH,PD;
ST. JOSEPH 7620 YORK RD. 21204		NP CORP	342	43	4 18		15 INT: ROT.; 31 RES: GS,OBG,PTH;
SETON PSYCHIATRIC INSTITUTE 6400 WABASH AVE. 21215		NP CORP	250		7	2	12 RES: P;
SINAI HOSPITAL OF BALTIMORE BELVEDERE AVE. AT GREENSPRING 21215	L-038	NP CORP	488	35	10 67	7 21	24 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 86 RES: GS,IM,OBG,OPH,ORS,PTH,PD,PH,R,U;

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Neurology Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
MARYLAND, BALTIMORE - CONTINUED								
SOUTH BALTIMORE GENERAL 3001 SOUTH HANOVER ST. 21230	G-C39	NP CORP	340	44	12 15	7 4	20 20	INT: ROT., ST.MED.; RES: GS, IM;
SPRING GROVE STATE WADE AVE. 21228		STATE	2604	15	4	2	12	RES: P;
STATE OF MARYLAND DEPARTMENT OF HEALTH 301 W. PRESTON ST. 21201		STATE					3	RES: PH;
U.S. PUBLIC HEALTH SERVICE 3100 WYMAN PARK DR. 21211		USPHS	238	78	1	10 30	14 36	INT: ROT., ST.MED., ST.SURG.; RES: GS, IM, OPH, OTO, PTH, R;
UNION MEMORIAL 33RC & CALVERT ST. 21216	L-C38	NP CORP	414	38	12 27	3 9	25 39	INT: ROT., ST.MED., ST.SURG.; RES: GS, IM, OBG, ORS, PTH;
UNIVERSITY OF MARYLAND 22 S. GREENE ST. 21201	M-C39	STATE	718	53	5 67	23 104	45 215	INT: ROT., ST.MED., ST.SURG., ST.PED., ST.PATH., ST.OBG.; RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POA, PH, P, R, TS, U;
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	M-C39	MISC.			18	37	63	RES: GS, NS, OTO, PH;
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 21201	M-C39	STATE					1	RES: GPM;
VETERANS ADMIN. 3900 LGCH RAVEN BLVD. 21218	M-039 G-C38	VA	291	52				RES: GS;
BETHESDA NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER 9000 ROCKVILLE PIKE 20014	G-C2C	USPHS	516	90		10	10	RES: D, N, PTH, P;
NAVAL ROCKVILLE PIKE 20014	M-C19 L-021 G-020	USN	750	85		26 2	27 121	INT: ROT., ST.MED., ST.SURG., ST.PED., ST.PATH., ST.OBG.; RES: AN, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U;
SUBURBAN 8600 GLD GEORGETOWN RD. 20014		NP CORP	350	52	3 5		7 10	INT: ROT.; RES: GP, GS, PTH;
CHEVERLY PRINCE GEORGE'S GENERAL 20785	G-C39	COUNTY	496	57	11 23		18 24	INT: ROT., ST.MED., ST.SURG.; RES: GS, IM, OBG, PTH;
CROWNSVILLE CROWNSVILLE STATE 21C32		STATE	1298	17	5	5	12	RES: P;
EDGEWOOD ARSENAL U. S. ARMY ENVIRONMENTAL HYGIENE AGENCY 21C10	G-064	USA						RES: OM;
FORT HOWARD VETERANS ADMIN. 21C52		VA	290	42	1	1	2	RES: U;
HAGERSTOWN WASHINGTON COUNTY KING & ANTIETAM ST. 21740		NP CORP	363	30	3		3	RES: R;
MOUNT WILSON MOUNT WILSON STATE 21112	G-C39	STATE	381	43				RES: TS;
PERRY POINT VETERANS ADMIN. 21902		VA	1135	48	1	1	6	RES: P;
ROCKVILLE CHESTNUT LODGE 500 W. MONTGOMERY AVE. 20850		CORP.	90		1	2	4	RES: P;
SYKESVILLE SPRINGFIELD STATE 21784		STATE	3065	43	5	1	10	RES: P;
TAKOMA PARK WASHINGTON SANITARIUM AND HOSPITAL 7600 CARROLL AVE. 20012		CHURCH	302	46			16	INT: ROT.;
TOWSON SHEPPARD AND ENOCH PRATT YORK RD. 21204	G-C35	NP CORP	265	33	10	21	30	RES: CHP, P;
MASSACHUSETTS BEDFORD VETERANS ADMIN. 200 SPRINGS RD. 01730		VA	1236	49			3	RES: P;
BELMONT BEAVERBROOK GUIDANCE CENTER 115 MILL ST. 02178		STATE					4	RES: CHP;
MC LEAN 115 MILL ST. 02178	M-041	NP CORP	284	60	2	25	39	RES: P;
BEVERLY BEVERLY HERRICK AND HEATHER STS. 01515		NP CORP	238	41	4 5		5 6	INT: ROT.; RES: GS;
BOSTON BETH ISRAEL 330 BROOKLINE AVE. 02215	M-041	NP CORP	360	62	21	25 80	28 117	INT: ST.MED., ST.SURG., ST.PATH.; RES: AN, CHP, GS, IM, NS, N, OBG, PTH, P, R;

## CONSOLIDATED LIST OF HOSPITALS

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MASSACHUSETTS, BOSTON - CONTINUED								
BOSTON CITY 818 HARRISON AVE. 02116	M-C40,041, C42	CITY	941		2 57	84 98	90	INT: ST-MED., ST-SURG., ST-PED., ST-PATH.; 164 RES: AN, D, GS, IM, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, P, R, TS, U;
BOSTON HOSPITAL FOR WOMEN 221 LONGWOOD AVE. 02115	M-041	NP CORP	264		3	15	20	RES: AN, OBG, PTH;
BOSTON STATE 591 MORTON ST. 02124	M-C40,042	STATE	1500		8	11	30	RES: P;
BOSTON UNIVERSITY	M-040	CITY				10	12	INT: ST-PED.;
BOSTON UNIVERSITY AFFILIATED HOSPITALS	M-C40	MISC.			20	74	96	INT: ST-SURG.; RES: GS, IM, N, OPH, ORS, OTO, R, TS, U;
BOSTON UNIVERSITY MEDICAL CENTER CHILD PSYCHIATRY SERVICE 82 E. CONCORD ST. 02118	M-C40	MISC.					8	RES: CHP;
CARNEY 2100 CORCHESTER AVE. 02124	L-C40 G-C42	CHURCH	336	36	4 14	6	6	INT: ST-MED., ST-SURG.; 23 RES: GS, IM, OBG, ORS, PTH;
CHILDREN'S HOSPITAL MEDICAL CENTER 300 LONGWOOD AVE. 02115	M-041 G-C93	NP CORP	343	94	1 29	16 50	14	INT: ST-PED., ST-PATH.; 89 RES: AN, CHP, GS, NS, N, ORS, PTH, PD, PDA, PDC, PS, R;
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM	M-C41	MISC.			4	4	4	RES: NS;
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM-BETH ISRAEL	M-041	MISC.				12	12	RES: N;
COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 600 WASHINGTON ST. ROOM 209 02111		STATE				1	3	RES: PH;
DOUGLAS A. THOM CLINIC FOR CHILDREN 315 DARTMOUTH ST. 02116		NP CORP			1	1	4	RES: CHP;
FAULKNER 1153 CENTRE ST. 02130	G-041	NP CORP	186			2	1	RES: IM, PTH;
5TH AND 6TH MEDICAL SERVICE (BOSTON UNIV.)	M-040	CITY				18	16	INT: ST-MED.;
5TH SURGICAL SERVICE (HARVARD)	M-041	CITY			2	8 33	10	INT: ST-SURG.; 34 RES: GS;
1ST AND 3D MEDICAL SERVICE (TUFTS)	M-C42	CITY			1 10	15 15	16	INT: ST-MED.;
1ST SURGICAL SERVICE (TUFTS)	M-C42	CITY			4	8 18	10	INT: ST-SURG.;
HARVARD MEDICAL SCHOOL FAMILY HEALTH CARE PROGRAM 83 FRANCIS ST. 02115		NP CORP				8	10	RES: FP;
HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 665 HUNTINGTON AVE. 02115	M-041	NP CORP			3	14	36	RES: AM, OM, GPM;
JAMES JACKSON PUTNAM CHILDREN'S CENTER 244 TOWNSEND 02121		NP CORP			2	1	4	RES: CHP;
JOINT CENTER FOR RADIATION THERAPY 50 BINNEY ST. 02115		NP CORP	1294	80			16	RES: R, TR;
JUDGE BAKER GUIDANCE CENTER 295 LONGWOOD AVE. 02115		NP CORP	27		1	3	9	RES: CHP;
LAHEY CLINIC 605 COMMONWEALTH AVE. 02215		NP CORP	200	53	12	11	27	RES: AN, DR, D, GS, ORS, OTO, CRS, R, U;
LEMUEL SHATTUCK 170 MORTON ST. 02130	M-042 L-C40,041	STATE	350		22	4	26	RES: DR, IM, PTH, R;
MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES ST. 02114	M-041 L-C42	NP CORP	179	57		37	40	RES: OPH, OTO;
MASSACHUSETTS GENERAL FRUIT ST. 02114	M-041	NP CORP	1089	56	18 35	44 245	26	INT: ST-MED., ST-SURG., ST-PED., ST-PATH.;
MASSACHUSETTS MENTAL HEALTH CENTER 74 FENWOOD RD. 02115	M-C41	STATE	216		1	82	112	RES: CHP, P;
NEW ENGLAND DEACONESS 185 PILGRIM RD. 02215	L-041	NP CORP	355	48	1 14	11 18	12	INT: ROT., ST-MED.;
NEW ENGLAND MEDICAL CENTER HOSPITALS (INCLUDES BOSTON DISPENSARY AND REHABILITATION INSTITUTE, BOSTON FLOATING HOSPITAL AND NEW ENGLAND CENTER HOSPITAL) 171 HARRISON AVE. 02111	M-042 L-041	NP CORP	386	64	8 22	27 79	22	INT: ST-MED., ST-SURG., ST-PED., ST-PATH.;
PETER BENT BRIGHAM 721 HUNTINGTON AVE. 02115	M-041	NP CORP	321	77	1 12	24 86	27	INT: ST-MED., ST-SURG., ST-PATH.;
							110	RES: AN, GS, IM, NS, N, ORS, PTH, PS, P, R, U;

CONSOLIDATED LIST OF HOSPITALS

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MASSACHUSETTS, BOSTON - CONTINUED								
PETER BENT BRIGHAM HOSPITAL-CHILDREN'S HOSPITAL MEDICAL CENTER	M-041	MISC.			1		2 RES: PS;	
PROGRAM 1	M-040	CITY					RES: IM;	
PROGRAM 2	M-040	CITY			4	19	24 RES: GS, IM;	
PROGRAM 3	M-040	CITY			8	2	12 INT: ST-SURG.; 30 RES: GS;	
ST. ELIZABETH'S HOSPITAL OF BOSTON 736 CAMBRIDGE ST., BRIGHTON 02135	M-042	CHURCH	426	46	17	20	24 INT: ROT., ST-MED., ST-SURG.; 55 RES: AN, GS, IM, N, OBG, PTH, PD;	
ST. MARGARET'S 90 CUSHING AVE., DORCHESTER 02125	M-042	NP CORP	122				RES: OBG;	
2D AND 4TH MEDICAL SERVICES (HARVARD)	M-041	CITY				16	16 INT: ST-MED.; 24 RES: IM;	
3RD SURGICAL SERVICE (BOSTON UNIV.)	M-040	CITY				8	8 INT: ST-SURG.; 18 RES: GS;	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	M-042	MISC.			18	37	93 RES: DR, O, OBG, OPH, CRS, OTO, R;	
U.S. PUBLIC HEALTH SERVICE 77 WARREN ST. 02135	L-040	USPHS	190	65		9	9 INT: ROT.; 4 RES: GS, IM;	
UNIVERSITY 750 HARRISON AVE. 02118	M-040	NP CORP	250	56	10	18	29 INT: ST-MED., ST-SURG., ST-PATH.; 74 RES: AN, DR, GS, IM, N, OPH, ORS, OTO, PTH, PM, P, R, TS, U;	
VETERANS ADMIN. (JAMAICA PLAIN) 150 S. HUNTINGTON AVE. 02130	M-040, 042	VA	829	95	8	5	20 INT: ST-MED.; 84 RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, R, U;	
VETERANS ADMIN. (WEST ROXBURY) 140C V. F. W. PARKWAY, WEST ROXBURY 02132	L-041	VA	300	81			3 RES: GS, IM, ORS, PTH;	
VETERANS ADMIN. HOSPITALS OF THE BOSTON AREA	M-040, 042 L-041	MISC.					RES: P;	
BROCKTON BROCKTON 680 CENTRE ST. 02402	L-040	NP CORP	318	32			INT: ST-SURG.; 3 RES: GS, PTH;	
VETERANS ADMIN. BELMONT ST. 02401	L-040	VA	988	59			3 RES: P;	
CAMBRIDGE CAMBRIDGE GUIDANCE CENTER 5 SACRAMENTO ST. 02138		STATE			1		3 RES: CHP;	
CAMBRIDGE 1493 CAMBRIDGE ST. 02139	L-041	CY-CO	216	46	5	6	11 INT: ROT.; 26 RES: AN, GS, PTH, P;	
HARVARD UNIV. HEALTH SERVICES DIV. OF ENVIRONMENTAL HEALTH AND SAFETY 75 MOUNT AUBURN ST. 02138	M-041	NP CORP					1 RES: OM;	
MOUNT AUBURN 330 MOUNT AUBURN ST. 02138	L-041	NP CORP	309	57	10	10	12 INT: ROT., ST-PATH.; 11 RES: GS, PTH, R;	
CANTON MASSACHUSETTS HOSPITAL SCHOOL RANDOLPH ST. 02021		STATE	195				RES: ORS;	
CHELSEA LAWRENCE F. QUIGLEY MEMORIAL 100 SUMMIT AVE. 02150		STATE	217	46			RES: GS, U;	
NAVAL 1 BROADWAY 02150	M-040	USN	600	81	1	9	11 INT: ROT., ST-MED., ST-SURG., ST-OBG.; 39 RES: AN, GS, IM, OBG, ORS, OTO, PD;	
FALL RIVER TRUESDALE 1820 HIGHLAND AVE. 02722		NP CORP	174	27	3		RES: GS;	
UNION HIGHLAND AVE. AT NEW BOSTON RD. 02720		NP CORP	303	26	3		9 INT: ROT.;	
FRAMINGHAM FRAMINGHAM UNION 25 EVERGREEN ST. 01701	M-040	NP CORP	229	49	8	1	10 INT: ROT., ST-PATH.; 6 RES: GS, IM, PTH;	
HARDING MEDFIELD STATE HOSPITAL RD. 02042	M-040	STATE	881	31	12		12 RES: P;	
HATHORNE DANVERS STATE BOX 50 01935		STATE	1700		4	1	6 RES: P;	
LAKEVILLE LAKEVILLE MAIN ST. 02346		STATE	240	45			RES: ORS;	
LAWRENCE LAWRENCE GENERAL ONE GARDEN ST. 01842		NP CORP	310	27	8		8 INT: ROT.; 4 RES: PTH;	
LYNN LYNN 212 BOSTON ST. 01904		NP CORP	273	33		1	6 RES: PTH;	

## CONSOLIDATED LIST OF HOSPITALS

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MASSACHUSETTS - CONTINUED								
MALDEN MALDEN HOSPITAL RC. 02148	M-040	NP CORP	292	38	3	1	6 INT: ROT., ST. SURG.; 2 RES: GS, PTH;	
NEWTON LOWER FALLS NEWTON-WELLESLEY 2014 WASHINGTON ST. 02162	M-042	NP CORP	250	49	3	3	8 INT: ROT., ST. MED.; 11 RES: IM, PTH;	
NORFOLK PONDVILLE BOX 111 02081		STATE	110	50	4		6 RES: GS, PTH;	
PITTSFIELD BERKSHIRE MEDICAL CENTER 725 NORTH ST. 01201	L-054	NP CORP	438	56	14	4	18 INT: ROT.; 37 RES: AN, GS, IM, OBG, PTH, PD;	
QUINCY SOUTH SHORE MENTAL HEALTH CENTER 77 PARKINGWAY 02165	L-C42	STATE					2 RES: CHP;	
SALEM SALEM 81 HIGHLAND AVE. 01970		NP CORP	277	25	5	2	10 INT: ROT.; 4 RES: PTH;	
SPRINGFIELD SHRIANERS HOSPITAL FOR CRIPPLED CHILDREN 516 CAREW ST. 01104		NP CORP	55	100			RES: ORS;	
SPRINGFIELD HOSPITAL MEDICAL CENTER 759 CHESTNUT ST. 01107	L-074, 104	NP CORP	484	45	2	10	20 INT: ROT., ST. MED., ST. PED.; 40 RES: AN, GS, IM, PTH, PD;	
WESSON WOMEN'S 735 CHESTNUT ST. 01107		NP CORP	133		6		9 RES: OBG;	
STOCKBRIDGE AUSTEN RIGGS CENTER MAIN ST. 01262		NP CORP	41		1	1	5 RES: P;	
TAUNTON TAUNTON STATE HODGES AVE. EXT. 02780		STATE	1393	29	7		13 RES: P;	
WALTHAM METROPOLITAN STATE 475 TRAPELO RD. 02154	M-042	STATE	1450	22	5	5	15 RES: CHP, P;	
WALTER E. FERNALD STATE SCHOOL 200 TRAPELO RD. 02154		STATE	220			1	1 RES: P;	
WALTHAM HOPE AVE. 02154	M-04C	NP CORP	242	36	7		7 INT: ROT.;	
WESTFIELD WESTERN MASSACHUSETTS 91 E. MOUNTAIN RD. 01085		STATE	63	57	3		3 RES: GS;	
WEST ROXBURY VETERANS ADMIN. -SEE BOSTON								
WORCESTER MEMORIAL 119 BELMONT ST. 01605		NP CORP	379	54	14	20	14 INT: ROT.; 23 RES: GS, IM, PTH;	
ST. VINCENT 25 WINTHROP ST. 01604		CORP.	648	41	4	8	24 INT: ROT., ST. MED., ST. PATH.; 15 13 48 RES: GS, IM, PTH, PD;	
WORCESTER CITY 26 QUEEN ST. 01610		CITY	448	43	14	2	22 INT: ROT., ST. SURG., ST. PED.; 30 RES: GS, IM, PTH, PD;	
WORCESTER STATE 305 BELMONT ST. 01604		STATE	1035	21	15	1	16 RES: P;	
WORCESTER YOUTH GUIDANCE CENTER 275 BELMONT ST. 01604		NP CORP					2 RES: CHP;	
MICHIGAN ALLEN PARK VETERANS ADMIN. SOUTHFIELD AT OUTER DR. 48101	M-044	VA	770	55			RES: D, GS, IM, N, OPH, ORS, OTO, PTH, PS, R, U;	
ANN ARBOR ST. JOSEPH MERCY 326 NORTH INGALLS ST. 48104	M-043	CHURCH	554	45	9	20	20 INT: ROT.; 43 RES: DR, GS, IM, NS, OBG, ORS, PTH, PS, U;	
UNIVERSITY 1405 EAST ANN ST. 48104	M-043	STATE	1012	68	2	10	2 INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH., ST. OBG.; 82 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PH, PS, P, R, TS, U;	
UNIVERSITY HOSPITAL-WAYNE COUNTY GENERAL (ELOISE)	M-043	MISC.				20	26 INT: ROT., ST. PED., ST. OBG.;	
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITAL, ST. JOSEPH MERCY HOSPITAL, VETERANS ADMIN. HOSPITAL AND WAYNE COUNTY GENERAL HOSPITAL (ELOISE))	M-043	MISC.			24	341	86 INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH., ST. OBG.; 417 RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, R, U;	
UNIV. OF MICH. INSTITUTE OF ENVIRONMENTAL AND INDUSTRIAL HEALTH 45634 UNIVERSITY HOSP. 48104	M-043	STATE			4		8 RES: OH;	



CONSOLIDATED LIST OF HOSPITALS

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MICHIGAN, ANN ARBOR - CONTINUED								
UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH 48104	M-C43	STATE						5 RES: GPM;
UNIVERSITY-VETERANS ADMIN.-WAYNE COUNTY GENERAL (ELOISE)	M-043	MISC.				56		58 INT: ST-MED., ST-SURG.;
VETERANS ADMIN. 2215 FULLER RC. 48105	M-043	VA	428	78				INT: ST-MED., ST-SURG. ; RES: AN,D,GS,IM,NS,N,OPH,PTH,PS,P,R,U;
DEARBORN								
FORD MOTOR COMPANY AMERICAN RC. 48121		CORP.						RES: OM;
OAKWOOD 18101 OAKWOOD BLVD. 48124		NP CORP	474	44	2 12	9 5		18 INT: ROT. ; 29 RES: GP,GS,IM,OBG,GRS,PTH,R;
DETROIT								
CHILDREN'S HOSPITAL OF MICHIGAN 3921 BEAUBIEN BLVD 48201	M-044	NP CORP	215	69	2 31	4 5		10 INT: ST-PED. ; 47 RES: GS,ORS,OTO,PTH,PD,PDA,PS,U;
CRITTENTON 1554 TUXEDO AVE. 48206		NP CORP	171	20	7	1		8 RES: OBG;
DETROIT GENERAL 1326 ST. ANTOINE 48226	M-C44	CITY	599	39	13 13	12		44 INT: ROT., ST-MED., ST-SURG., ST-PED. ; 13 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PS,R,U;
DETROIT-MACOMB HOSPITALS (INCLUDES DETROIT MEMORIAL HOSPITAL, SOUTH MACOMB HOSPITAL (WARREN) 690 MULLETT ST. 48226		MISC.			14 36			26 INT: ROT., ST-PATH. ; 40 RES: GS,IM,OBG,PTH;
DETROIT MEMORIAL 1420 ST. ANTOINE ST. 48226		NP CORP	315	49				INT: ROT. ; RES: GS,IM,OBG,PTH,R;
DETROIT PSYCHIATRIC INSTITUTE 1151 TAYLOR 48202	M-044	CITY	76	50	3	3		15 RES: P;
EVANGELICAL DEACONESS 3245 E. JEFFERSON 48207		CHURCH	182	27	5 7			10 INT: ROT. ; 10 RES: GP,GS;
GENERAL MOTORS CORPORATION 3044 W. GRAND BLVD. 48202		CORP.						2 RES: OM;
GRACE 4160 JOHN R ST. 48201	M-044	NP CORP	850	42	16 46	2 13		38 INT: ROT., ST-MED., ST-SURG. ; 72 RES: GS,IM,NS,OBG,OPH,ORS,PTH,PS,R;
HARPER 3825 BRUSH ST. 48201	M-044	NP CORP	679	36	2 17	10 11		24 INT: ROT., ST-MED., ST-SURG. ; 40 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH, PS,R,U;
HENRY FORD 2799 W. GRAND BLVD. 48202	M-C43	NP CORP	1117	51	9 113	23 155		32 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH. ; 314 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PDA,PS,P,R,TS,U;
HERMAN KIEFER 1151 TAYLOR AVE. 48202		CITY	502					RES: R,TS;
HUTZEL 432 E. HANCOCK 48201	M-044	NP CORP	387	28	12			14 INT: ROT., ST-OBG. ; RES: GS,IM,OBG,PTH;
KIRKWOOD GENERAL 4059 W. DAVISON AVE. 48238		NP CORP	151					2 RES: GP;
LAFAYETTE CLINIC 951 E. LAFAYETTE 48207		STATE	160		13	18		50 RES: CHP,N,P;
METROPOLITAN 1800 TUXEDO AVE. 48206		NP CORP	170					2 RES: GS;
MOUNT CARMEL MERCY 6071 WEST OUTER DR. 48235	G-043	CHURCH	556	41	15 26	3 3		24 INT: ROT. ; 59 RES: GS,IM,OBG,PTH,PD,R;
REHABILITATION INSTITUTE 261 MACK BLVD. 48201	M-044	NP CORP	96	40	2	2		6 RES: PM;
ST. JOHN 22101 MOROSS RD. 48236		NP CORP	462	43	18 32			42 INT: ROT. ; 44 RES: GS,IM,OBG,PTH;
ST. JOSEPH MERCY 2200 EAST GRAND BLVD. 48211		CHURCH	270	29	5 3			9 INT: ROT. ; 10 RES: GS,OBG;
SINAI HOSPITAL OF DETROIT 6767 WEST OUTER DR. 48235	M-044	NP CORP	464	47	26	18 33		21 INT: ROT., ST-MED., ST-SURG., ST-OBG. ; 84 RES: AN,GS,IM,OBG,OPH,PTH,P,R,U;
WAYNE COUNTY MEDICAL EXAMINER'S OFFICE 400 E. LAFAYETTE AVE. 48226		COUNTY	75					2 RES: FOP;
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	M-044	MISC.			143	102		293 RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PM,PS,R,U;
EAST LANSING								
MICHIGAN STATE UNIVERSITY AFFILIATED HOSPITALS	L-098	MISC.						16 RES: PD,P;
MICHIGAN STATE UNIVERSITY HEALTH CENTER 48823	L-098	STATE	107					RES: PD,P;
ELOISE								
WAYNE COUNTY GENERAL 48132	M-043	COUNTY	474	37		5		4 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-OBG. ; 14 RES: GS,IM,NS,OBG,OPH,ORS,PTH,PD,PS,P, R,U;

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MICHIGAN - CONTINUED								
FLINT GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES 432 N. SAGINAW 48503	L-C98	COUNTY	40					RES: P;
HURLEY 6TH & BEGGLE 48502	M-C98 G-043	CITY	687	49	12	23	25	INT: ROT.; RES: GP,GS,IM,OBG,PTH,PO,R;
MC LAREN GENERAL 401 S. BALLENGER HIGHWAY 48502	L-C98 G-C43	NP CORP	316	35	2	5	2	12 INT: ROT.,ST.SURG.; 20 RES: GS,IM,PTH;
ST. JOSEPH 302 KENSINGTON AVE. 48502	L-098	CHURCH	413	31	7	8		14 INT: ROT.; 18 RES: GP,PTH;
GRAND RAPIDS BLDGGETT MEMORIAL 1840 WEALTHY ST., S. E. 49506	M-C98 G-C43	NP CORP	460	63	1	19		20 INT: ROT.,ST.MED.,ST.PATH.; 33 RES: GS,IM,OBG,ORS,PTH,PS,R;
BUTTERWORTH 100 MICHIGAN N. E. 49503	M-098 G-C43	NP CORP	443	67	3	27		22 INT: ROT.,ST.SURG.; 45 RES: GS,IM,OBG,PTH,PD,PS,R,U;
BUTTERWORTH-BLODGETT MEMORIAL HOSPITALS	M-C98 G-C43	MISC.			1	1		2 RES: PS;
FERGUSON-DROSTE-FERGUSON 72 SHELDON AVE. S. E. 49502		NP CORP	110	34	1	2		4 RES: CRS;
ST. MARY'S 201 LAFAYETTE, S. E. 49503	M-C98 G-043	CHURCH	370	31	3	3	1	14 INT: ROT.; 16 RES: GS,OBG,ORS,PTH;
ST. MARY'S HOSPITAL - BLODGETT MEMORIAL	M-098 G-C43	MISC.				2		6 RES: OBG;
GROSSE POINTE BDN SECOURS 468 CADIEUX RC. 48230		NP CORP	165	36	7	3	1	10 INT: ROT.; 6 RES: GS;
HIGHLAND PARK HIGHLAND PARK GENERAL 369 GLENDALE AVE. 48203		CITY	268	34	11	17		15 INT: ROT.; 19 RES: GS,IM,OBG;
KALAMAZOO BORGESS 1521 GULL RD. 49001		CHURCH	333	51	8	2		15 INT: ROT.; RES: GS,ORS,PTH;
BORGESS-BRONSON HOSPITALS ORTHOPEDIC RESIDENCY	G-043	MISC.				6		8 RES: ORS;
BRONSON METHODIST 252 E. LOVELL 49006	G-043	CHURCH	470	39	1	9	1	15 INT: ROT.; 20 RES: GS,IM,ORS,PTH,PD;
LANSING EDWARD W. SPARROW 1215 E. MICHIGAN AVE. 48902	M-098	NP CORP	455	47	2	2		18 INT: ROT.,ST.PATH.; 22 RES: FP,GS,PTH,PD;
MICHIGAN DEPARTMENT OF PUBLIC HEALTH 3500 N. LOGAN ST. 48914		STATE						RES: PH;
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER 1201 OAKLAND 48914	L-098	CHURCH	366	42				RES: P;
ST. LAWRENCE 1210 WEST SAGINAW 48914	L-098	CHURCH	366	42	2			3 RES: PTH,PD;
MIDLAND DOW CHEMICAL COMPANY P. C. EX 1693 48640		CORP.						1 RES: OM;
MIDLAND 4005 ORCHARD DR. 48640	G-C43	NP CORP	218	47	1	5		8 INT: ROT.; 18 RES: FP;
NORTHVILLE HAWTHORN CENTER 18471 HAGGERTY 48167		STATE	152		2	3		14 RES: CHP;
NORTHVILLE STATE 41001 WEST SEVEN MILE 48167		STATE	1403	42	14	2		15 RES: P;
PONTIAC PONTIAC GENERAL SEMINOLE & W. HURON 48053	G-043	CITY	391	45	9	26	1	12 INT: ROT.; 27 RES: GS,OBG,PTH;
PONTIAC STATE 140 ELIZABETH LAKE RD. 48053	L-C98	STATE	1627	33	5	2		18 RES: GS,GS,P,P;
ST. JOSEPH MERCY 900 WOODWARD AVE. 48053	G-043	CHURCH	500	45	1	20	6	12 INT: ROT.; 36 RES: GS,IM,OBG,PTH,PD,R;
RIVER ROUGE SIDNEY A. SUMEY MEMORIAL 234 VISCER RD. 48218		NP CORP	60					5 RES: GP;
ROYAL OAK WILLIAM BEAUMONT 3601 N. THIRTEEN MILE RD. 48072		NP CORP	711	46	1	45	18	26 INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; 94 RES: GS,IM,OBG,PTH,PD,R,U;
SAGINAW SAGINAW COOPERATIVE HOSPITALS (INCLUDES SAGINAW GENERAL HOSPITAL, ST. LUKE'S HOSPITAL, ST. MARY'S HOSPITAL, VETERANS ADMIN. HOSPITAL) 705 COOPER ST. 48602	M-098 G-043	MISC.			2	8	2	14 INT: ROT.; 30 RES: FP,GS,OBG,PTH,PD;
SAGINAW GENERAL 1447 N. HARRISON 48602	M-C98 G-043	NP CORP	363	40	2	1		INT: ROT.; 6 RES: FP,GS,OBG,PTH;

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MICHIGAN, SAGINAW - CONTINUED								
ST. LUKE'S 705 COPPER ST. 48602	M-098 G-043	NP CORP	257	40				INT: ROT.; 2 RES: FP,GS,PTH,PD;
ST. MARY'S 830 S. JEFFERSON AVE. 48601	M-098 G-043	CHURCH	239	29				INT: ROT.; RES: FP,GS,PTH;
VETERAN'S ADMIN 1500 WEISS ST. 48602	L-098	VA	217	48				RES: GS;
SOUTHFIELD PROVIDENCE 16001 NINE MILE RD. 48075	G-043	CHURCH	403	40	2 23	10 19	12	INT: ROT.; 49 RES: AN,GS,IM,OBG,PTH,R;
TRAVERSE CITY MUNSCN MEDICAL CENTER 6TH AND MACISON STS. 49684	G-043	NP CORP	245	39		5	8	INT: ROT.;
TRAVERSE CITY STATE ELMWOOD & 11TH 49684	G-098	STATE	1960	23	10	9	21	RES: P;
WARREN SOUTH MACOMB 11800 EAST 12 MILE 48093		NP CORP	200	59				INT: ROT.; RES: GS,IM,OBG,PTH;
YPSILANTI YORK WOODS CENTER 80X A 48197		STATE	110					4 RES: CHP;
YPSILANTI STATE 3501 WILLIS RD. 48197	G-043	STATE	2735		10	9	24	RES: P;
MINNESOTA								
DULUTH ST. LUKE'S 915 E. 1ST ST. 55805		NP CORP	436	54		2	8	INT: ROT.;
ST. MARY'S 407 EAST THIRD STREET 55805		CHURCH	402	68	12 1		16	INT: ROT.; 4 RES: PTH;
MINNEAPOLIS FAIRVIEW 2312 S. 6TH ST. 55406	L-045	CHURCH	421	36				RES: FP,ORS;
HENNEPIN COUNTY GENERAL FIFTH AND PORTLAND SOUTH 55415	M-045	COUNTY	418	65	2 1	47 27	58 47	INT: ROT.,ST.PATH.; RES: D,FP,GS,IM,N,CBG,OPH,ORS,OTO,PTH, FOP,PD,P,U;
KENNY REHABILITATION INSTITUTE 1800 CHICAGO AVE. 55404		NP CORP	48					RES: PM;
METROPOLITAN MEDICAL CENTER 914 SOUTH 8TH ST. 55404		NP CORP	481	44	9 2		16	INT: ROT.; 7 RES: PTH,R;
MOUNT SINAI 2215 PARK AVE. 55404	M-045	NP CORP	307	55				2 RES: GS,IM,PTH;
NORTHWESTERN HOSPITAL OF MINNEAPOLIS 810 EAST 27TH ST. 55407	L-C45	NP CORP	480	73	4 8	1 4	12	INT: ROT.,ST.MED.; 15 RES: IM,PTH;
ST. EARNABAS -SEE METROPOLITAN MEDICAL CENTER								
ST. LOUIS PARK MEDICAL CENTER 4959 EXCELSIOR BLVD.		NP CORP						RES: FP;
ST. MARY'S 2414 S. SEVENTH ST. 55406	L-045	CHURCH	495	65	3	14	14	INT: ROT.; 20 RES: FP,OBG,ORS;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2025 EAST RIVER RD. 55414		NP CORP	40					RES: ORS;
STATE OF MINNESOTA DEPARTMENT OF HEALTH 717 DELAWARE ST. S. E. 5544C		STATE				2	4	RES: PH;
SWEDISH -SEE METROPOLITAN MEDICAL CENTER								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS (INCLUDES UNIVERSITY OF MINNESOTA HOSPITALS, VETERANS ADMIN. HOSPITAL, AND SOME PROGRAMS AT HENNEPIN COUNTY GENERAL HOSPITAL, MOUNT SINAI HOSPITAL, AND ST. PAUL-RAMSEY HOSPITAL (ST. PAUL))	M-045	MISC.			71	461	647	RES: AN,DR,D,FP,GS,IM,NS,N,OBG,OPH,OTO, PD,PH,CRS,P,R,TR,TS,U;
UNIVERSITY OF MINNESOTA HOSPITALS 412 UNION STREET, S. E. 55455	M-045	STATE	828	81	1 9	43 27	54 40	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,CHP,DR,D,GS,IM,NS,N,CBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PH,PS,CRS, P,R,TS,U;
VETERANS ADMIN. 54TH ST. & 48TH AVE.,SO. 55417	M-045	VA	960	74	1 2	7 14	10	INT: ST.MED.; 31 RES: AN,DR,D,GS,IM,NS,N,OBG,ORS,OTO, PTH,PH,CRS,P,R,TR,TS,U;
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE (INCLUDES ROCHESTER METHODIST HOSPITAL AND ST. MARY'S HOSPITAL) 200 FIRST AVE S. W. 55901	L-020,045 G-113	NP CORP			1 146	36 467	46	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,CHP,DR,D,GS,IM,NS,N,CBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PH,PS,CRS, P,R,TS,U;
ROCHESTER METHODIST 201 WEST CENTER ST. 55901	L-020,045 G-113	CHURCH	599	65				INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PH,PS,CRS,P,R, TS,U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
MINNESOTA, ROCHESTER - CONTINUED								
ST. MARY'S 1216 SECOND ST. S. W. 55501	L-C20,045 G-113	CHURCH	930	76				INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PCA, PDC, PM, PS, CRS, P, R, TS, U;
ST. LOUIS PARK METHODIST 6500 EXCELSIOR BLVD. 55426	L-C45	NP CORP	405					RES: FP;
ST. PAUL BETHESDA LUTHERAN 559 CAPITOL BLVD. 55101	L-045	CHURCH	299				11	INT: ROT.; RES: FP;
CHARLES T. MILLER 125 WEST COLLEGE AVE. 55102		NP CORP	370	45	1 6	8 6	14	INT: ROT., ST-PATH.; 16 RES: GS, IM, PTH, R;
CHILDRENS 311 PLEASANT AVE. 55102	L-045	NP CORP	99	86	1	2	4	RES: PD;
GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN 1003 EAST IVY AVE. 55106	G-045	STATE	110	100				RES: AN, ORS;
ST. JOHN'S 403 MARIA AVE. 55106	L-C45	NP CORP	403	39				RES: FP;
ST. JOSEPH'S 69 W. EXCHANGE ST. 55102	L-C45	CHURCH	408	33	1		3	RES: OBG, R;
ST. LUKE'S 300 PLEASANT AVE. 55102		NP CORP	360	32	8 4		12	INT: ROT.; RES: GP;
ST. PAUL-RAMSEY 640 JACKSON ST. 55101	M-45	CY-CO	515	64	4	29 24	37	INT: ROT.; 37 RES: O, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, P, U;
MISSISSIPPI								
BILOXI U.S.A.F. MEDICAL CENTER KEESLER A. F. 8. 39534	L-037	USAF	400	81			15 18	22 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-OBG.; 29 RES: GS, IM, OBG, PD;
VETERANS ADMIN. CENTER 39531		VA	829	69			3	RES: P;
JACKSON MENTAL HEALTH SERVICES, MISSISSIPPI STATE BOARD OF HEALTH P. O. BOX 1700 39205		STATE						RES: P;
MISSISSIPPI BAPTIST 1150 NORTH STATE ST. 39201		CHURCH	385	34	8		12	INT: ROT.;
STATE OF MISSISSIPPI DEPARTMENT OF HEALTH 2423 N. STATE ST. 39205		STATE					1	RES: PH;
UNIVERSITY 2500 NORTH STATE ST. 39216	M-046	STATE	440	50	4 1	28 26	47	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 36 RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U;
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	M-046	MISC.			10	88	131	RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U;
VETERANS ADMIN. CENTER 1500 E. WOODROW WILSON DR. 39216	M-046	VA	498	50			3	RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U;
SANATORIUM MISSISSIPPI STATE SANATORIUM 39112	G-C46	STATE	252	23				RES: TS;
WHITFIELD MISSISSIPPI STATE 39193	L-C46	STATE	4785	48				RES: P;
MISSOURI								
COLUMBIA ELLIS FISCHER STATE CANCER BUSINESS LOOP 70 AND GARTH 65201	G-C47,048	STATE	104	73	1	1	7	RES: GS, PTH, TR;
UNIVERSITY OF MISSOURI MEDICAL CENTER 807 STADIUM RD. 65201	M-077	STATE	481	60	1 42	21 94	40	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 203 RES: AN, CHP, O, FP, GP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U;
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE DEPT. OF COMMUNITY HEALTH AND MEDICAL PRACTICE 76201	M-047	STATE					9	RES: GPM;
VETERANS ADMIN.		VA						RES: GS;
KANSAS CITY CHILDREN'S MERCY 1710 INDEPENDENCE AVE. 64108	M-033 G-047	NP CORP	125	71	7	4	9	INT: ST-PED.; 14 RES: ORS, PD, PDA, PDC;
GRTR. KANSAS CITY MNTL. HLTH. FNDN., UNIV. MO. SCH. MED., K. C. DIV. 600 E. 22D ST. 64108		STATE			6		8	RES: CHP;

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MISSOURI, KANSAS CITY - CONTINUED								
KANSAS CITY AFFILIATED HOSPITALS		MISC					12 RES: ORS;	
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER 24TH AND CHERRY 64108	G-033	NP CORP	238	54	9	18 31	30 INT: ROT.; 60 RES: GS, IM, N, OBG, OPH, ORS, PTH, PS, P, U;	
MENDRAH MEDICAL CENTER 4949 ROCKHILL RD. 64110	G-033	NP CORP	339	33	14	8 9	16 INT: ROT., ST-MED., ST-PATH.; 34 RES: GP, GS, IM, OBG, PTH, R;	
RESEARCH HOSPITAL AND MEDICAL CENTER MEYER ELVD. AT PROSPECT AVE. 64132		NP CORP	517	38			4 RES: PTH;	
ST. LUKE'S 44TH AND WORNALL 64111	L-033	CHURCH	479	45	9	18 29	20 INT: ROT., ST-MED., ST-SURG.; 65 RES: GS, IM, OBG, OPH, ORS, PTH, R;	
ST. MARY'S 101 MEMORIAL CR. 64108		CHURCH	385	40			1 INT: ST-PATH.; 4 RES: PTH;	
TRINITY LUTHERAN 31ST & WYANCOTTE ST. 64108		CHURCH	275	38	3	3	8 INT: ROT.; 4 RES: GP;	
UNIVERSITY OF MISSOURI AT KANSAS CITY		MISC					RES: IM;	
UNIVERSITY OF MISSOURI RESIDENCY IN PSYCHIATRY	L-C47	MISC.			18	4	24 RES: P;	
VETERANS ADMIN. 4801 LINWOOD BLVD. 64128	M-033	VA	476	53			RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U;	
WESTERN MISSOURI MENTAL HEALTH CENTER 600 E. 22ND ST. 64108		STATE	158	50			RES: P;	
MOUNT VERNON MISSOURI STATE SANATORIUM 65712		STATE	459	42			RES: TS;	
ST. CHARLES ST. JOSEPH'S 218 FIRST CAPITOL DR. 63301		CHURCH	240	31			6 INT: ROT.;	
ST. LOUIS BARNES HOSPITAL GROUP (INCLUDES BARNARD, MC MILLAN, RENARD, ST. LOUIS MATERNITY, WOHL MEMORIAL HOSPITALS AND WOHL-WASHINGTON UNIVERSITY CLINICS) BARNES HOSPITAL PLAZA 63110	M-C49	NP CORP	1114	54	2 34	50 159	52 INT: ST-MED., ST-SURG., ST-PATH., ST-OBG.; 231 RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U;	
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN 1465 S. GRAND BLVD. 63104	M-048	CHURCH	188				RES: GS, NS, N, OPH, ORS, OTO, PTH, PD, PS, P, R;	
DAVID P. WOHL MEMORIAL MENTAL HEALTH INSTITUTE	M-048	NP CORP					RES: N, P;	
DEACONESS 6150 GAKLAND AVE. 63135		CHURCH	505	47	13 14		16 INT: ROT.; 24 RES: GS, IM, PTH;	
DE PAUL 2415 N. KINGSHIGHWAY BLVD. 63113		CHURCH	375	35	4		4 RES: PTH;	
FIRMIN DESLOGE GENERAL 1402 S. GRAND BLVD. 63104	M-C48	CHURCH	100				RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, R;	
HOMER G. PHILLIPS 2601 NGRTH. WITTIER 63113	M-C49	CITY	432	12	27	1 8	20 INT: ROT.; 66 RES: GS, OBG, OPH, OTO, PTH, PD, U;	
JEWISH HOSPITAL OF ST. LOUIS 216 SO. KINGSHIGHWAY 63110	M-C49	NP CORP	513	43	14	19 31	21 INT: ST-MED., ST-SURG.; 54 RES: GS, IM, OBG, OPH, PTH, PM, P, R;	
LUTHERAN 2639 MIAMI ST. 63118		CHURCH	466	36	9 3		16 INT: ROT.; 9 RES: GP;	
MALCOLM BLISS MENTAL HEALTH CENTER 1420 GRATTAN ST. 63104		STATE	250	87	11	45	66 RES: CHP, P;	
MALLINCKRODT INSTITUTE OF RADIOLOGY -SEE BARNES HOSPITAL GROUP								
MISSOURI BAPTIST 3015 NO. BALLAS RD. 63131		NP CORP	306	54	4 16	2	9 INT: ROT.; 25 RES: GS, IM, PTH;	
MISSOURI INSTITUTE OF PSYCHIATRY - ST. LOUIS STATE 5400 ARSENAL ST. 63135	G-049	STATE	1391	38	27	2	24 RES: GS, P;	
ST. JOHN'S MERCY MEDICAL CENTER 615 SO. NEW BALLAS RD. 63141		CHURCH	605	39	7 14	16	20 INT: ROT., ST-SURG.; 36 RES: GS, IM, OBG, PTH;	
ST. LOUIS CHILDREN'S 500 SO. KINGSHIGHWAY 63110	M-C49	NP CORP	164	71	6	12 28	16 INT: ST-PED.; 36 RES: PD, PDC, PM;	
ST. LOUIS CITY 1515 LAFAYETTE AVE. 63104	M-C48, 049	CITY	550	47	3 3	13	23 INT: ROT., ST-MED., ST-PED.; 24 RES: IM, OBG, OPH, PTH, R;	
ST. LOUIS CITY (ST. LOUIS UNIVERSITY SERVICE) 1515 LAFAYETTE AVE. 63104	M-C48	CITY	550	47	3	1	10 RES: GS, IM, ORS;	
ST. LOUIS CITY (WASHINGTON UNIVERSITY SERVICE) 1515 LAFAYETTE AVE. 63104	M-C49	CITY	550	47		1	8 RES: GS, IM, ORS;	
ST. LOUIS COUNTY 601 SO. BRENTWOOD 63105	L-049	COUNTY	295	32	1 12	1	10 INT: ROT.; 15 RES: GS, OBG;	

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MISSOURI, ST. LOUIS - CONTINUED								
ST. LOUIS-LITTLE ROCK HOSPITALS 1755 S. GRAND BLVD. 63104		NP CORP	350	38	9		10	RES: GS;
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS 1402 S. GRAND BLVD. 63104	M-C48	MISC.	2657	68	2	26	60	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH., ST. OBG.; 176 RES: GS, IM, NS, N, OBG, OPH, GRS, CTO, PTH, PD, PS, P, R;
ST. LUKE'S 5535 CELMAR BLVD. 63112	L-C49 G-047	NP CORP	380	43	1	3	16	INT: ROT., ST. MED.; 21 RES: GS, IM, NS, PTH;
ST. MARY'S 642C CLAYTON RD. 63117	M-048	CHURCH	546	47	1	3	24	INT: ROT., ST. MED.; 18 RES: GS, IM, NS, OBG, GRS, PTH, R;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2001 S. LINDBERGH BLVD. 63131	M-C49	NP CORP	100					RES: ORS;
VETERANS ADMIN. .915 NO. GRANT BLVD. 63106	M-C4E, 049	VA	504	65	1	5	8	RES: GS, GS, N, OPH, ORS, OTO, PTH, PS, P, R, U;
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M-C49	MISC.			10	77	97	RES: N, OPH, OTO, P, R, U;
WILLIAM GREENLEAF ELIOT DIVISION OF CHILD PSYCHIATRY 369 N. TAYLOR AVE. 63108	M-C49	NP CORP			3	2	5	RES: CHP;
NEBRASKA								
LINCOLN								
BRYAN MEMORIAL 4848 SUMNER ST. 68506	M-051	CHURCH	346	37		6	10	INT: ROT.; RES: PTH;
LINCOLN GENERAL 2300 SOUTH 16TH ST. 68502		CITY	226	33		3	6	INT: ROT.; RES: PTH;
NEBRASKA ORTHOPEDIC 1047 SOUTH ST. 68502	G-051	STATE	85			2	2	RES: ORS;
PHYSICIANS PATHOLOGY LABORATORY HOSPITALS 1403 SHARP BLDG. 68508		MISC.				1	4	RES: PTH;
ST. ELIZABETH COMMUNITY HEALTH CENTER 555 S. 70TH ST. 68502		NP CORP	208	29			6	INT: ROT.; RES: GS;
VETERANS ADMIN. 600 SOUTH 70TH ST. 68501	L-051	VA	183	70	2	2	10	RES: GS;
OFFUTT A. F. B. EHLING BERQUIST U.S.A.F. 68113	L-051	USAF						RES: D;
OMAHA								
BISHOP CLARKSON MEMORIAL DEWEY AVE. AT 44TH ST. 68105		NP CORP	412	47		2	4	INT: ROT.; RES: D, IM, OTO, PTH, U;
CHILDRENS MEMORIAL 44TH ST. AND DEWEY AVE. 68105	M-050, 051	NP CORP	100					RES: PD;
CREIGHTON MEMORIAL ST. JOSEPH'S 2305 SOUTH 10TH ST. 68108	M-C50	CHURCH	566	31		8	29	INT: ROT., ST. MED., ST. SURG., ST. PATH.; RES: FP, GS, IM, OBG, PTH, R;
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS (INCLUDES CREIGHTON MEMORIAL ST. JOSEPH'S HOSPITAL, VETERANS ADMIN. HOSPITAL, DOUGLAS COUNTY HOSPITAL)	M-C50	MISC.			2	7	27	INT: ROT., ST. MED., ST. SURG., ST. PATH.; 35 RES: GS, IM, OBG, PTH;
DOUGLAS COUNTY 4102 WOOLWORTH AVE. 68105	M-C50, 051	COUNTY	239	44				INT: ROT.; RES: AN, D, GS, IM, OPH, OTO, U;
IMMANUEL MEDICAL CENTER 36TH AND MEREDITH AVE. 68111	M-051	CHURCH	239				10	INT: ROT.;
NEBRASKA METHODIST 8303 DODGE ST. 68114	M-051	CHURCH	386	43		12	14	INT: ROT., ST. PATH.; 6 RES: PTH, U;
NEBRASKA PSYCHIATRIC INSTITUTE 602 SOUTH 44TH AVE. 68105	M-C51	STATE	75			2	4	RES: CHP, P;
UNIVERSITY OF NEBRASKA 42ND AND DEWEY AVE. 68105	M-C51	STATE	215	71		2	24	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 56 RES: AN, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, R, U;
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS (INCLUDES UNIVERSITY OF NEBRASKA HOSPITAL, BISHOP CLARKSON MEMORIAL HOSPITAL, DOUGLAS COUNTY HOSPITAL, NEBRASKA PSYCHIATRIC INSTITUTE)	M-051	MISC.			1	35	45	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 148 RES: AN, D, GS, IM, N, OPH, ORS, OTO, PD, P, R, U;
VETERANS ADMIN. 4101 WOOLWORTH AVE. 68105	M-050, 051	VA	446	62				INT: ROT.; RES: AN, D, GS, GS, IM, IM, N, OPH, ORS, OTO, PTH, P, R, U;
NEVADA								
LAS VEGAS								
SOUTHERN NEVADA MEMORIAL 1800 WEST CHARLESTON BLVD. 89102		COUNTY	307	41	1		2	RES: PTH;
NEW HAMPSHIRE								
DARTMOUTH-HITCHCOCK MENTAL HEALTH CENTER 03755								
		NP CORP						RES: CHP;

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NEW HAMPSHIRE, HANOVER - CONTINUED								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS (INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL AND VETERANS ADMIN. CENTER, WHITE RIVER JUNCTION, VT.) 03755	M-052	MISC.	342		7	38	55	RES: CHP,GS,IM,NS,ORS,PTH,P,U;
MARY HITCHCOCK MEMORIAL 2 MAYNARD 03755	M-052	NP CORP	342	85	3	30	29	INT: ROT.,ST.MED.,ST.SURG.; 37 RES: AN,CHP,D,GS,IM,NS,ORS,PTH,PD,P,R,U;
NEW JERSEY								
ATLANTIC CITY ATLANTIC CITY 1925 PACIFIC AVE. 0E4C1		NP CORP	398	33	13	10	14	INT: ROT.,ST.SURG.; 32 RES: GS,IM,PTH,R;
BROWNS MILLS DEBORAH TRENTON RD. 08015		NP CORP	120	69				RES: TS;
CAMDEN								
COOPER 6TH & STEVENS ST. C81C3	M-073	NP CORP	710	28	1	6	15	INT: ROT.; 26 RES: GS,IM,OBG,ORS,PTH,PD;
OUR LADY OF LOURDES 1600 MADCON AVE. C81C3		CHURCH	302	31	1		10	INT: ROT.; 4 RES: PTH;
WEST JERSEY MT. EPHRAIM & ATLANTIC AVE. C8104		NP CORP	450	32	3	1	12	INT: ROT.; 4 RES: PTH;
CEDAR CRUCE								
ESSEX COUNTY HOSPITAL CENTER 1 FAIRVIEW AVE. 07009		COLNTY	3297		5	3	13	RES: P;
EAST ORANGE								
EAST ORANGE GENERAL 300 CENTRAL AVE. 07C19		NP CORP	278	26	6		8	INT: ROT.; 1 RES: GS,PTH;
VETERANS ADMIN. TREMONT AVE. 07C19	M-053	VA	950	47	7	3	18	INT: ST.MED.; RES: GS,IM,N,OPH,ORS,PTH,PH,PS,U;
ELIZABETH								
ELIZABETH GENERAL HOSPITAL AND DISPENSARY 925 EAST JERSEY ST. C7201		NP CORP	327				14	INT: ROT.; 2 RES: PTH;
ST. ELIZABETH 225 WILLIAMSON ST. C72C7	L-053	CHURCH	328		11		22	RES: IM,PTH;
ENGLEWOOD								
ENGLEWOOD 350 ENGLE ST. 07631		NP CORP	397	31	9	1	11	INT: ROT.,ST.SURG.; 25 RES: GS,IM,PTH,R;
FLEMINGTON								
HUNTERDON MEDICAL CENTER ROUTE 31 08822	L-075	NP CORP	154			8	17	RES: FP,PTH;
FORT DIX								
1ST ARMY HEADQUARTERS HEALTH CENTER 0864C		USA				1	2	RES: PH;
WALSCN ARMY 0864C		USA	1000	59		9	11	RES: GP,GS;
GREYSTONE PARK								
GREYSTONE PARK PSYCHIATRIC C7950		STATE	3700	30		1	12	RES: P;
HACKENSACK								
HACKENSACK 22 HOSPITAL PL. 076C1	L-053 G-C59	NP CORP	450	32	14	24	18	INT: ROT.,ST.SURG.; 62 RES: AN,GS,IM,PTH,R;
HAMMONTON								
ANCORA PSYCHIATRIC P. C. ANCGRA BRANCH 08037		STATE	1838	29	9		15	RES: P;
HOBOKEN								
ST. MARY 380 WILLOW AVE. C7C3C		NP CORP	291	17	9	2	15	INT: ROT.; 5 RES: GP,PTH;
JERSEY CITY								
CHRIST 176 PALISADE AVE. 07306		NP CORP	367	13	16	2	16	INT: ROT.; 50 RES: PTH,R;
JERSEY CITY MEDICAL CENTER 50 BALWIN AVE. 07304	L-053 G-C59	CITY	579	25	11	56	23	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 61 RES: GS,IM,OPH,ORS,PTH,PD,PS,U;
MARGARET HAGUE MATERNITY 88 CLIFTON PL. 07304		COUNTY	201	8	9	2	12	RES: OBG;
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS RD. 07C39		NP CORP	750	35	16	2	20	INT: ROT.; 47 RES: AN,GS,IM,OBG,PTH,PS,R;
LONG BRANCH								
MONMOUTH MEDICAL CENTER 3RD & PAVILION AVENUES C7740	M-072	NP CORP	550	52	15	5	23	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 60 RES: GS,IM,OBG,ORS,PTH,PD,P,R;
MARLBORO								
MARLBORO PSYCHIATRIC 07746		STATE	1478	32	1		9	RES: P;
MONTCLAIR								
MOUNTAINSIDE 8AY & HIGHLAND AVENUES C7C42		NP CORP	418	42	9	3	15	INT: ROT.,ST.MED.; 20 RES: GP,GS,IM,OTG,PTH;



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NEW JERSEY - CONTINUED								
MORRISTOWN MORRISTOWN MEMORIAL 100 MADISON AVE. 07960	L-C53	NP CORP	432	51	5 7	1 3	12 INT: ROT., ST-PATH.; 19 RES: GP, GS, PTH, R;	
MOUNT HOLLY BURLINGTON COUNTY MEMORIAL 175 MADISON AVE. 08060		NP CORP	247	31	8 1	1	8 INT: ROT.; 4 RES: OBG, PTH;	
NEPTUNE JERSEY SHORE MEDICAL CENTER-FITKIN 1945 CHARLES AVE. 07753		NP CORP	398	35	11 13	1	10 INT: ROT.; 21 RES: GS, IM, OBG, PTH, PD;	
NEWARK								
BABIES -SEE UNITED HOSPITALS MEDICAL CENTER-CHILDREN'S HOSPITAL OF NEWARK								
CHILDREN'S HOSPITAL OF NEWARK -SEE UNITED HOSPITALS MEDICAL CENTER-CHILDREN'S HOSPITAL OF NEWARK								
MARLANC 65 BERGEN ST. 07107	M-053	STATE	612	20	13 35	9 16	29 INT: ROT., ST-MED., ST-PED., ST-OBG.; 72 RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, U;	
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE. 07112	M-C53	NP CORP	518	39	15 41	9 6	32 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH., ST-OBG.; 63 RES: AN, GS, IM, OBG, CTO, PTH, PD, R;	
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS	M-053	MISC.			8 101	5 31	32 INT: ST-MED., ST-SURG.; 188 RES: GS, IM, OPH, ORS, PS, P, U;	
PRESBYTERIAN -SEE UNITED HOSPITALS MEDICAL CENTER-PRESBYTERIAN								
ST. MICHAEL'S MEDICAL CENTER 306 HIGH ST. 07102	L-C53	CHURCH	400	47	9 27	6 9	24 INT: ROT., ST-MED., ST-PED., ST-PATH.; 35 RES: GS, IM, OBG, PTH, PD;	
UNITED HOSPITALS MEDICAL CENTER AFFILIATED PROGRAM	L-C53	MISC.					6 RES: OTO;	
UNITED HOSPITALS MEDICAL CENTER - CHILDREN'S HOSPITAL OF NEWARK 15 SOUTH 9TH STREET 07107	L-C53	NP CORP	84			13	18 RES: GS, PD;	
UNITED HOSPITALS MEDICAL CENTER-NEWARK EYE AND EAR INFIRMARY 15 SOUTH 9TH ST. 07107	L-053	NP CORP	65				RES: OPH, OTO;	
UNITED HOSPS. ORTHOPEDIC CENTER-HOSP. FOR CRIPPLED CHILDREN-ADULTS 89 PARK AVE. 07104	L-053 G-C59	NP CORP	114		2	4	6 RES: ORS;	
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN 27 SOUTH NINTH ST. 07107	L-C53	NP CORP	467	36	4 4	1	10 INT: ROT.; 5 RES: GS, OTO, PTH;	
NEW BRUNSWICK								
MIDDLESEX GENERAL 180 SOMERSET ST. 08901		NP CORP	284	43	8 8	1	12 INT: ROT., ST-MED., ST-SURG.; 13 RES: GS, IM, PTH;	
NEW BRUNSWICK HOSPITALS PROGRAM		MISC.			3	1	12 RES: IM;	
ST. PETER'S GENERAL 254 EASTON AVE. 08903		CHURCH	360	30	1 12		3 INT: ROT.; 13 RES: GS, IM, PTH;	
ORANGE								
HOSPITAL CENTER AT ORANGE (INCLUDES NEW JERSEY ORTHOPAEDIC HOSPITAL AND ORANGE MEMORIAL HOSPITAL)		MISC.			2	4	6 RES: ORS;	
NEW JERSEY ORTHOPAEDIC 289 CENTRAL AVE. 07051		NP CORP	67	60			RES: ORS;	
ORANGE MEMORIAL 188 SOUTH ESSEX AVE. 07051		NP CORP	337	38	10 8		8 INT: ROT.; 8 RES: GS, ORS;	
PARAMUS								
BERGEN PINES COUNTY EAST RIDGEWOOD AVE. 07652		COUNTY	1047	33	6 20	1	16 INT: ROT.; 22 RES: IM, PTH;	
BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY		MISC.			2		8 RES: PTH;	
PASSAIC								
PASSAIC GENERAL 350 BOULEVARD 07055		NP CORP	320	28	1		4 INT: ROT.; 2 RES: PTH;	
ST. MARY'S 211 PENNINGTON AVE. 07055		CHURCH	226	23	6 2		8 INT: ROT.; 2 RES: PTH;	
PATERSON								
BARNERT MEMORIAL HOSPITAL CENTER 680 BROADWAY 07514		NP CORP	242	35	2		2 RES: PTH;	
ST. JOSEPH'S 703 MAIN ST. 07503		NP CORP	584	41	5 18	6	12 INT: ROT.; 46 RES: AN, GS, IM, OBG, ORS, PTH;	
PERTH AMBOY								
PERTH AMBOY GENERAL 530 NEW BRUNSWICK AVE. 08861		NP CORP	553	27	24 9		25 INT: ROT., ST-PATH.; 12 RES: GP, GS, PTH;	
PHILLIPSBURG								
WARREN 185 ROSEBERRY 08865		NP CORP	256	28	2		6 RES: GP;	
PLAINFIELD								
MUHLBERG PARK AVE. & RANDOLPH RD. 07061		NP CORP	500	51	18 13	3	20 INT: ROT., ST-MED., ST-PED., ST-PATH.; 20 RES: IM, PTH, PD, CRS;	
UNION COUNTY PSYCHIATRIC CLINIC 111 E. FRONT ST. 07060		NP CORP			2		2 RES: CHP;	

† Necropsy Percentage  
\* Foreign and Non-Foreign

CONSOLIDATED LIST OF HOSPITALS

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Name and Location <small>1 Necropsy Percentage * Foreign and Non-Foreign</small>	Medical School Affiliations	Control	Number of Beds	Nec % †	House Staff For. †	Staff Non-For. †	Pos. Off. July 1, 1972	Approved Program
NEW JERSEY - CONTINUED								
PRINCETON NEW JERSEY NEUROPSYCHIATRIC INSTITUTE BOX 1000 08540		STATE	862	48	2	1	12	RES: P;
PRINCETON 253 WITHERSPOON ST. 08540		NP CORP	247	58	5	1	7	INT: ROT.; 9 RES: GP;
SOMERS POINT SHORE MEMORIAL NEW YORK AVE. 08244		NP CORP	192	29	6		6	RES: GP;
SOMERVILLE SOMERSET REHILL AVE. 08876		NP CORP	305	37	11	1	12	INT: ROT.; 4 RES: GP;
SUMMIT OVERLOOK 193 MORRIS AVE. 07901	L-053	NP CORP	518	31	10	1	14	INT: ROT.; 11 RES: GP, PTH, R;
TEANECK HOLY NAME 718 TEANECK RD. 07666		CHURCH	251	39	3	1	6	INT: ROT.; 4 RES: PTH;
TRENTON CHILD GUIDANCE CENTER OF MERCER COUNTY 532 W. STATE ST. 08618		NP CORP			2	1	4	RES: CHP;
HELENE FULC 750 BRUNSWICK AVE. 08606		NP CORP	329	24	5		9	INT: ROT.;
MERCER 446 BELLEVUE AVE. 08607		NP CORP	327				12	INT: ROT.; 2 RES: PTH;
NEW JERSEY STATE DEPARTMENT OF HEALTH P. O. BOX 1540 08625		STATE				1	4	RES: PH;
ST. FRANCIS 601 HAMILTON AVE. 08629		CHURCH	494	36	8	11	16	INT: ROT., ST. SURG.; 18 RES: GS, OBG, PTH;
TRENTON PSYCHIATRIC STATION A 08625		STATE	2585	49	8	1	12	RES: P;
VINELAND NEWCOMB 66 S. STATE ST. 08360		NP CORP	230	23	1		1	RES: PTH;
WESTWOOD PASCACK VALLEY OLD HICK RD. 07675		NP CORP	207	23				RES: PTH;
NEW MEXICO								
ALBUQUERQUE BATAAN MEMORIAL 5400 GIBSON BLVD. S. E. 87108	G-096	NP CORP	223	48	4	4	24	RES: GS, ORS, PD, R;
BERNALILLO COUNTY MEDICAL CENTER 2211 LOMAS BLVD. N. E. 87106	M-096	COUNTY	190	60	4	13	24	INT: ROT., ST. MED., ST. SURG., ST. PATH.; RES: GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, U;
PRESBYTERIAN HOSPITAL CENTER 1100 CENTRAL AVE. S.E. 87106	G-096	CHURCH	453					RES: PS;
ST. JOSEPH 400 WALTER ST. 87102	G-096	CHURCH	2150					RES: R;
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS (INCLUDES BERNALILLO COUNTY MEDICAL CENTER AND VETERANS ADMIN. HOSPITAL AND SOME PROGRAMS AT BATAAN MEMORIAL HOSPITAL, PRESBYTERIAN HOSPITAL CENTER AND ST. JOSEPH HOSPITAL)		MISC.			22	35	27	INT: ROT., ST. MED., ST. SURG., ST. PATH.; 107 RES: GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, U;
VETERANS ADMIN. 2100 RIDGECREST DR. S. E. 87108	M-096	VA	430	64				INT: ROT.; RES: GS, IM, N, ORS, PTH, PS, P, R, U;
GALLUP U. S. PUBLIC HEALTH SERVICE INDIAN P. O. BOX 1337 87301		USPHS	200	16		6	8	RES: GP;
LAS VEGAS NEW MEXICO STATE HOT SPRINGS BLVD., P. O. BOX 1388 87701		STATE	740	17				RES: P;
LGS. ALAMOS LOS ALAMOS MEDICAL CENTER 3917 WEST ROAD 87544		NP CORP	98	65			2	RES: GP;
TRUTH OR CONSEQUENCES CARRIE TINGLEY CRIPPLED CHILDREN'S 1400 SOUTH BROADWAY 87901	G-017	STATE	92					RES: ORS;
NEW YORK								
ALBANY ALBANY CHILD GUIDANCE CENTER FOR PSYCHIATRIC SERVICES 135 WESTERN AVE. 12203		NP CORP					2	RES: CHP;
ALBANY MEDICAL CENTER NEW SCOTLAND AVE. 12208	M-054	NP CORP	798	54	3	38	53	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 44 RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTD, PTH, PD, PDC, PM, PS, P, R, TS, U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, ALBANY - CONTINUED								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS (INCLUDES ALBANY MEDICAL CENTER HOSPITAL, CHILD'S HOSPITAL AND VETERANS ADMIN. HOSPITAL)	M-C54	MISC.			47	101	151	RES: D,GS,IM,NS,N,CBG,OPH,ORS,OTO,PTH,PS,R,TS,U;
CHILD'S 25 HACKETT BLVD. 12208	G-C54	NP CORP	82					RES: OPH,PS;
MEMORIAL NORTHERN BLVD. 12204		NP CORP	233	28	12	3	14	INT: ROT-; 3 RES: GS,PS;
ST. PETER'S 315 SO. MANNING BLVD. 12208	L-C54	CHURCH	405	34	15	1	20	INT: ROT-; 42 RES: GS,IM,OBG,PTH,PD,PS,R;
STATE OF NEW YORK DEPARTMENT OF HEALTH 84 HOLLAND AVE. 12208		STATE					7	9 RES: PTH,GPM,PH;
VETERANS ADMIN. 113 HOLLAND AVE. 12208	M-C54	VA	826	66		1	2	RES: D,GS,IM,NS,N,OPH,ORS,OTC,PTH,PS,P,R,TS,U;
BAY SHCRE SOUTHSIDE MONTAUK HIGHWAY 117C4		NP CORP	248	27			10	INT: ROT-; 2 RES: PTH;
BINGHAMTON BINGHAMTON STATE 425 ROBINSON ST. 13501		STATE	1950	22	4		8	RES: P;
BRONXVILLE LAWRENCE 55 PALMER AVE. 10708	G-055	NP CGRP	302	42	12	1	12	INT: ROT-; 2 RES: PTH;
BROOKLYN -SEE NEW YORK CITY								
BUFFALO BUFFALO GENERAL 100 HIGH ST. 14203	M-C55	NP CORP	757	36	4	2	12	INT: ROT-,ST.SURG.,ST.PATH-; 46 RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,CRS,R,TR,TS,U;
BUFFALO GENERAL HOSPITAL-E. J. MEYER MEMORIAL	M-055	MISC.					30	36 INT: ROT-,ST.MED-;
BUFFALO STATE 400 FOREST AVE. 14213	L-C55	STATE	2091	21	13	2	15	RES: P;
CHILDREN'S HOSPITAL OF BUFFALO 219 BRYANT ST. 14222	M-055	NP CORP	315	93	6	2	14	INT: ST.PED-; RES: AN,GS,NS,OBG,ORS,OTO,PTH,PD,PDA,PDC,TS,U;
CHILDREN'S HOSPITAL OF BUFFALO-EDWARD J. MEYER MEMORIAL	M-055	MISC.			1	11	13	INT: ST.PED-;
DEACNESS HOSPITAL OF BUFFALO 1001 HUMBOLDT PARKWAY 14208	L-055	NP CORP	424	45	10	6	16	INT: ROT-; 61 RES: FP,GS,OBG,OPH,PTH,CRS,R,U;
EDWARD J. MEYER MEMORIAL 462 GRICER ST. 14215	M-055	COUNTY	750	42	31	22	13	INT: ROT-,ST.MED-,ST.SURG-,ST.PED-; 60 RES: AN,D,GS,IM,NS,N,OBG,DPH,ORS,OTO,PTH,PD,PM,P,R,U;
EMERGENCY HOSPITAL OF THE DIOCESE OF BUFFALO 108 PINE ST. 14204		CHURCH	150	31				RES: GS;
MERCY 565 ABBOTT RD. 14220		CHURCH	383	40	12	1	15	INT: ROT-; 7 RES: GS,PTH,PS;
MILLARC FILLMORE 3 GATES CIRCLE 14205	M-055	NP CORP	549	36	1	4	23	INT: ROT-,ST.SURG-; 63 RES: AN,GP,GS,IM,OBG,PTH,R,U;
ROSWELL PARK MEMORIAL INSTITUTE 666 ELM ST. 14203	L-055	STATE	315	99	24	3	31	RES: D,GS,OBG,PTH,PS,R,TR,U;
ROSWELL PARK MEMORIAL INSTITUTE-SISTERS OF CHARITY	L-C55	MISC.			2	2	3	RES: U;
SISTERS OF CHARITY 2157 MAIN ST. 14214	L-C55	CHURCH	444	37	8	3	18	INT: ROT-,ST.MED-; 34 RES: GS,IM,OBG,PTH,CRS,U;
S.U.N.-Y. AT BUFFALO AFFILIATED HOSPITALS (INCLUDES BUFFALO GENERAL HOSPITAL, EDWARD J. MEYER MEMORIAL HOSPITAL, VETERANS ADMIN. HOSPITAL, ROSWELL PARK MEMORIAL INSTITUTE)	M-055	MISC.			40	88	160	INT: ROT-,ST.MED-,ST.SURG-,ST.PED-,ST.PATH-; RES: AN,GS,IM,NS,OBG,ORS,PTH,PD,P,TS,U;
UNIVERSITY RESIDENCY	M-055	MISC.			12	3	12	RES: OBG;
VETERANS ADMIN. 3495 BAILEY AVE. 14215	M-055	VA	951	50	20		33	RES: GS,GS,IM,ORS,GTO,PTH,PM,TS,U;
CASTLE POINT VETERANS ADMIN. 12511		VA						RES: GS;
CENTRAL ISLIP CENTRAL ISLIP STATE CARLETON AVE. 11722		STATE	6612	29	20	2	40	RES: P;
COOPERSTOWN MARY IMOGENE BASSETT ATWELL RD. 13326	M-C57 L-063	CORP.	147	72		15	15	INT: ROT-,ST.MED-,ST.SURG-; 20 RES: GS,IM,OBG,PTH,PD,P;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK - CONTINUED								
EAST MEACGW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK CIV. P. C. EDX 175 11554		COUNTY	607	43	9 72	34 60	45 188	INT: ROT., ST.MED., ST.SURG., ST.PED.; RES: AN, GS, IM, N, CBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, U;
ELMHURST -SEE NEW YORK CITY								
ELMIRA ARNCT-GODEN MEMORIAL ROE AVE. 14901		NP CORP	271	28			1	RES: PTH;
FLUSHING -SEE NEW YORK CITY								
GLEN COVE COMMUNITY HOSPITAL AT GLEN COVE ST. ANDREWS LN. 11542		NP CORP	270	37	6 2		10 6	INT: ROT.; RES: GP, PTH;
GLEN GAKS -SEE NEW YORK CITY								
GOVERNORS ISLAND -SEE NEW YORK CITY								
HARRISON ST. VINCENT'S HOSPITAL & MED. CTR. OF NEW YORK WESTCHESTER BRANCH 240 NORTH ST. 10528		CHURCH	135					RES: P;
HUNTINGTON HUNTINGTON 270 PARK AVE. 11743		NP CORP	295				1	RES: PTH;
JAMAICA -SEE NEW YORK CITY								
JOHNSON CITY CHARLES S. WILSON MEMORIAL 33-57 HARRISON ST. 13750	L-063	NP CORP	471	40	3 13	5 1	14 39	INT: ROT.; RES: FP, GS, IM, OBG, PTH;
KENMORE KENMORE MERCY 2950 ELMWOOD AVE. 14217		CHURCH	266	38	5	1	12	INT: ROT.;
KINGS PARK KINGS PARK STATE 11754		STATE	5841	23	18	3	25	RES: P;
KINGSTON BENEDICTINE 105 MARYS AVE. 12401		CHURCH	248					RES: PTH;
KINGSTON 400 BROADWAY 12401		NP CORP	473	26				RES: PTH;
KINGSTON LABORATORY HOSPITALS 400 BROADWAY 12401		MISC.					2	RES: PTH;
LEWISTON MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS 5300 MILITARY RD. 14092		CHURCH	220				8 4	INT: ROT.; RES: PTH;
MANHASSET NORTH SHORE COMMUNITY CR. 11030	M-C58	NP CORP	347	63	13	20	50	INT: ST.MED., ST.SURG., ST.PED.; RES: GS, IM, OBG, OPH, PTH, PD, R;
MARCY MARCY STATE BOX 100 13403		STATE	2966				3	RES: P;
MIDDLETOWN MIDDLETOWN STATE 141 MONHAGEN AVE. 10546		STATE	2801		8	1	18	RES: P;
MINEOLA NASSAU FIRST ST. 11501	G-C59	NP CORP	417	40	13 28	8	18 39	INT: ROT.; RES: GS, IM, OBG, ORS, PTH, R, U;
MONROSE VETERANS ADMIN. 10548	G-C55	VA	1877	68			9	RES: P;
MOUNT KISCO NORTHERN WESTCHESTER EAST MAIN ST. 10545		NP CORP	211	49	8 5	1	8 10	INT: ROT.; RES: IM, PTH;
MOUNT VERNON MOUNT VERNON 12 N. 7TH AVE. 10550		NP CORP	345	38	16 14		16 18	INT: ROT.; RES: GS, IM, OBG, PTH;
NEWBURGH ST. LUKE'S HOSPITAL OF NEWBURGH 70 DUBOIS ST. 12550		NP CORP	251	39	9 6		10 6	INT: ROT.; RES: GS, PTH;
NEW HYDE PARK LONG ISLAND JEWISH MEDICAL CENTER 270-05 76TH AVE. 11040	M-061	NP CORP	448	53	3 9	29 11	33 23	INT: ROT., ST.MED., ST.PED.; RES: AN, GS, IM, OBG, OPH, OTO, PTH, PD, PDC, PM, R, TS, U;

† Necropsy Percentage  
\* Foreign and Non-Foreign

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, NEW HYDE PARK - CONTINUED								
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM (INCLUDES LONG ISLAND JEWISH MEDICAL CENTER AND QUEENS HOSPITAL CENTER (NEW YORK CITY))	M-061	MISC.			84	41	142	INT: ROT., ST-MED., ST-PED.; AN, GS, IM, OBG, OPH, DTO, PTH, PD, PDC, PM, R, TS, U;
NEW ROCHELLE NEW ROCHELLE HOSPITAL MEDICAL CENTER 16 GUIGN PL. 10802	G-059	NP CORP	407	49	13	2	18	INT: ROT.; RES: GS, IM, PTH;
NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS (INCLUDES BRONX MUNICIPAL HOSPITAL CENTER, HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, LINCOLN HOSPITAL AND SOME POSITIONS AT MONTEFIORE HOSPITAL AND MEDICAL CENTER)	M-056	MISC.			97	309	455	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, CHP, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U;
AMERICAN TELEPHONE AND TELEGRAPH COMPANY AND SUBSIDIARIES 195 BROADWAY 10007		CORP.					1	RES: OM;
BEEKMAN-COWTOWN 170 WILLIAM ST. 10036		NP CORP	306	45	12		16	INT: ROT., ST-MED., ST-SURG.; RES: GS, IM, PTH;
BELLEVUE HOSPITAL CENTER FIRST AVE. & 27TH ST. 10016	M-06C	CITY	1779	37		22	22	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, CHP, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TS, U;
BELLEVUE HOSPITAL CENTER - UNIVERSITY	M-06C	MISC.			2	53	61	INT: ROT., ST-SURG., ST-PED., ST-PATH.;
BETH ISRAEL MEDICAL CENTER 10 NATHAN D. PERLMAN PL. 10003	L-108	NP CORP	928	40	4	34	41	INT: ROT., ST-MED., ST-SURG., ST-PED.; RES: AN, GS, IM, OBG, OPH, PTH, PD, PS, P, U;
BIRD S. COLER MEMORIAL HOSPITAL AND HOME (UNIT 3) WELFARE ISLAND 10017	M-059	CITY	1664	47				RES: CHP, GS, IM, N, OPH, PTH, PM, U;
BOOTH MEMORIAL 56-45 MAIN ST., FLUSHING 11355	L-06C	CHURCH	310	39	14		22	INT: ROT., ST-MED., ST-SURG.; RES: GS, IM, OBG, PTH;
BRONX EYE INFIRMARY 321 E. TREMONT AVE. 10457		NP CORP	44			9	9	RES: OPH;
BRONX-LEBANON HOSPITAL CENTER 1276 FULTON AVE. 10456		NP CORP	575	32	27		15	INT: ROT., ST-MED., ST-SURG., ST-PED.; RES: DR, GS, IM, OBG, PTH, PD, R;
BRONX MUNICIPAL HOSPITAL CENTER PELHAM PKWY. S. & EASTCHESTER RD. 10461	M-056	CITY	1202	41	4	63	66	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: AN, CHP, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U;
BRONX MUNICIPAL HOSP. CTR.-HOSP. OF ALBERT EINSTEIN COLL. OF MEDICINE	M-056	MISC.			5	13	24	RES: OBG;
BRONX STATE 1500 WATERS PL., BRONX 10461	L-056	STATE	1100					RES: P;
BROOKDALE HOSPITAL CENTER LINCEN BLVD. & ROCKAWAY PKWY., BROOKLYN 11212	M-06C	NP CORP	421	42	19	6	47	INT: ROT., ST-MED., ST-SURG., ST-PED.; RES: AN, GS, IM, OBG, ORS, PTH, PD, P;
BROOKLYN-CUMBERLAND MEDICAL CENTER 121 DE KALE AVE, BROOKLYN 11201	M-061	NP CORP	747	25	29	2	31	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; RES: GS, IM, OBG, OPH, PTH, PD, R, U;
BROOKLYN EYE AND EAR 29 GREENE AVE., BROOKLYN 11238		NP CORP	142	285	5	7	12	RES: OPH;
BROOKLYN PSYCHIATRIC CENTERS 189 MONTAGUE ST., BROOKLYN 11201		NP CORP			1	2	2	RES: CHP;
BROOKLYN STATE 681 CLARKSON AVE., BROOKLYN 11203	M-061	STATE	2478	16	19	2	30	RES: P;
BROOKLYN WOMENS 1395 EASTERN PKWY., BROOKLYN 11233		NP CORP	56		5		6	RES: OBG;
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS (INCLUDES HOSPITAL OF THE HOLY FAMILY DIVISION, MARY IMMACULATE DIVISION, ST. CHARLES DIVISION, ST. JOHNS QUEENS DIVISION, AND ST. MARY'S DIVISION) 88-25 153D ST., JAMAICA		MISC.			48		48	INT: ROT.; RES: GS, IM, OBG, OPH, ORS, PTH, P;
CITY HOSPITAL CENTER AT ELMHURST 79-01 BROADWAY, ELMHURST 11373	L-108	CITY	957	32	39		45	INT: ROT., ST-MED., ST-SURG.; RES: AN, CHP, DR, D, GS, IM, NS, N, CBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U;
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS (INCLUDES PRESBYTERIAN HOSPITAL, NEW YORK STATE PSYCHIATRIC INSTITUTE)	M-057	MISC.			6	61	59	RES: CHP, PM, P, TS;
COLUMBUS 227 EAST 19TH ST. 10003		CHURCH	288	36	11		14	INT: ROT.; RES: GS, IM;
CONEY ISLAND OCEAN & SHORE PARKWAYS, BROOKLYN 11235		CORP.	575	27	14	4	27	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-OBG.; RES: AN, GS, IM, OBG, PTH, PD, U;

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Neurology; Parenthesis * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, NEW YORK CITY - CONTINUED								
CORNELL COOPERATING HOSPITALS (INCLUDES NEW YORK HOSPITAL, MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES, HOSPITAL FOR SPECIAL SURGERY, AND NORTH SHORE HOSPITAL (MANHASSET))	M-058	MISC.			20	97	156	INT: ST-MED.; RES: AN,DR,GS,IM,NS,N,PD,PM,R;
CREEDMOOR STATE 80-45 WINCHESTER BLVD., QUEENS VILLAGE 11427		STATE	4483	44	13	1	36	RES: P;
FLOWER AND FIFTH AVENUE HOSPITALS (UNIT 1) FIFTH AVE. AT 104TH ST. 10029	M-C55	AP CORP	398	36		5	14	INT: ROT.,ST-MED.,ST-PED.,ST-PATH.; RES: AN,CHP,D,GS,IM,N,DBG,DPH,ORS,OTC,PTH,PD,PM,P,R,TS,U;
FLUSHING HOSPITAL AND MEDICAL CENTER PARSONS BLVD. & 45TH AVE., FLUSHING 11355	G-C59	AP CORP	368	41	16		28	16 INT: ROT.; RES: GS,IM,DBG,PTH,PD;
FORDHAM SOUTHERN BLVD. & CROTONA AVE. 10348		CORP.	406	40	14		18	INT: ROT.,ST-MED.,ST-SURG.,ST-PED.; RES: AN,GS,IM,DBG,PTH,PD,R,U;
FRANCIS DELAFIELD 99 FORT WASHINGTON AVE. 10032	M-057	CITY	250	40	6	11	17	RES: GS,GS,PTH,U;
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER 345 W. 50TH ST. 10019		NP CORP	579	44	27	2	54	32 INT: ROT.,ST-MED.,ST-SURG.,ST-DBG.; RES: AN,GS,IM,DBG,DPH,ORS,PTH,PD,U;
FRENCH AND POLYCLINIC MEDICAL SCHOOL-ST. CLARE'S		MISC.			6		8	RES: PD;
GOLDWATER MEMORIAL WELFARE ISLAND 10017	L-060	CITY	1150					RES: PM;
GREENPOINT KINGSLAND & SKILLMAN AVES, BROOKLYN 11211		CITY	174	31				INT: ROT.,ST-MED.,ST-SURG.,ST-PED.; RES: GS,IM,DBG,PTH,PD,R;
HARLEM HOSPITAL CENTER 532 LENOX AVE. 10037	M-C57	MISC.	931	39	9	43	67	63 INT: ROT.,ST-MED.,ST-SURG.,ST-PED.; RES: AN,CHP,GS,IM,NS,DBG,CRS,PTH,PD,P,TS;
HEADQUARTERS OF THE FIRST U. S. ARMY GOVERNORS ISLAND		USA						RES: PH;
HILLSIDE 75-59 263RD ST., GLEN OAKS 11004		NP CORP	201		4	2	8	RES: CHP,P;
HILLSIDE HOSPITAL TRAINING PROGRAM (INCLUDES HILLSIDE HOSPITAL AND QUEENS HOSPITAL CENTER)		MISC.			17	19	40	RES: P;
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER 1919 MADISON AVE. 10035	L-108	NP CORP	330	29	6	3	15	9 INT: ROT.,ST-MED.,ST-SURG.; RES: AN,GS,IM,ORS,PTH;
HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH ST. 10021	M-C56	NP CORP	200	52	4	26	18	RES: AN,DR,ORS,PM,R;
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE 1825 EASTCHESTER RD., BRONX 10461	M-056	NP CORP	373	44				INT: ROT.,ST-MED.,ST-SURG.,ST-PED.,ST-PATH.; RES: AN,DR,D,GS,IM,NS,N,DBG,DPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
HOSPITAL OF THE HOLY FAMILY DIVISION 155 DEAN ST., BROOKLYN 11217		CHURCH	93				3	RES: OPH;
HOUSE OF ST. GILES THE CRIPPLE 1346 PRESIDENT ST., BROOKLYN 11213		AP CORP	30		1	2	3	RES: ORS;
INSTITUTE OF REHABILITATION MEDICINE 400 E. 34TH ST. 10016		NP CORP	152					RES: PM;
JAMAICA 89TH AVE. & VAN WYCK EXPY., JAMAICA 11418		NP CORP	286	51	14	35	16	INT: ROT.,ST-SURG.,ST-DBG.; RES: GS,IM,DBG,PTH,PD;
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN 555 PROSPECT PL., BROOKLYN 11238	M-C61	NP CORP	638	20	42	2	97	41 INT: ROT.,ST-MED.,ST-SURG.,ST-PED.; RES: AN,GS,IM,DBG,DPH,ORS,PTH,PD,PDA,R,TS,U;
JEWISH MEMORIAL BROADWAY AND 196TH ST. 10040		NP CORP	200	24	10	27	10	INT: ROT.,ST-MED.; RES: GS,IM,DBG,PTH,PD;
KINGSBROOK JEWISH MEDICAL CENTER 86 EAST 49TH ST., BROOKLYN 11203	L-061	NP CORP	812	46	12	19	1	14 INT: ROT.; RES: GS,IM,N,ORS,PTH,PM;
KINGSBROOK JEWISH MEDICAL CENTER - UNITY	L-061	MISC.			24		24	RES: IM;
KINGS COUNTY HOSPITAL CENTER 451 CLARKSON AVE., BROOKLYN 11203	M-061	CITY	2245	32			12	INT: ROT.,ST-MED.,ST-SURG.,ST-PED.,ST-PATH.; RES: AN,CHP,D,GS,IM,NS,N,DBG,DPH,OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
KNICKERBOCKER 70 CONVENT AVE. 10027		NP CORP	228	26	7	19	12	INT: ROT.,ST-MED.,ST-SURG.; RES: GS,IM,PTH;
LENOX HILL 100 E. 77TH ST. 10021		NP CORP	591	54	3	29	25	42 INT: ROT.,ST-MED.,ST-SURG.,ST-PED.; RES: GS,IM,NS,DBG,DPH,ORS,PTH,PD,PS,R,U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970	Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, NEW YORK CITY - CONTINUED								
LINCOLN 320 CONCORD AVE., BRONX 10454	M-056	CITY	350	42	1 8 4 12		13 INT: ST.MED.; 24 RES: AN,GS,IM,OBG,ORS,OTO,PTH,PD,PDC, PM,PS,P,U;	
LONG ISLAND COLLEGE 340 HENRY ST., BROOKLYN 11201	M-C61	NP CORP	558	36	18 14 29 14		31 INT: ROT.,ST.MED.,ST.PED.; 49 RES: AN,GS,IM,NS,OBG,OPH,OTO,PTH,PD, PDA,R,U;	
LONG ISLAND COLLEGE-ST. JOHN'S EPISCOPAL HOSPITALS	M-C61	MISC.			1		6 RES: AN;	
LUTHERAN MEDICAL CENTER 452C FOURTH AVE., BROOKLYN 11220	G-061	CHURCH	288	32	11 34		11 INT: ROT.; 40 RES: FP,GS,IM,OBG,PTH,PD;	
MADELEINE BORG CHILD GUIDANCE INSTITUTE 120 WEST 57TH ST. 10019		NP CORP			1 2		5 RES: CHP;	
MAIMONIDES MEDICAL CENTER 4802 TENTH AVE., BROOKLYN 11215	M-C61	NP CORP	613	24	21 26 44 12		42 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 63 RES: AN,GS,IM,OBG,OPH,PTH,PD,P,R,U;	
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM (INCLUDES CONEY ISLAND HOSPITAL AND MAIMONIDES MEDICAL CENTER)	M-061	MISC.			48 38		INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 89 RES: AN,IM,OBG,PD,U;	
MANHATTAN EYE, EAR AND THROAT 210 EAST 64TH ST. 10021	L-C5E G-C55	NP CORP	176	50	1 30		30 RES: OPH,OTO,PS;	
MANHATTAN PSYCHIATRIC WARE'S ISLAND 10035	L-C55	STATE	2743		28 6		50 RES: P;	
MARTIN LUTHER KING JR. NEIGHBORHOOD HEALTH CENTER 3674 3C AVE., BRONX 10456		NP CORP					RES: IM;	
MARY IMMACULATE DIVISION 152-11 89TH AVE., JAMAICA 11432		CHURCH	279	30	3 1		INT: ROT.; 4 RES: GS,IM,OBG,ORS,PTH;	
MARY IMMACULATE DIVISION (ST. CHARLES UNIT) 152-11 89TH AVE., JAMAICA 11432		CHURCH	19				RES: ORS;	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES 444 EAST 68TH ST. 10021	M-C58 L-082	NP CORP	444	51	27 22		INT: ST.MED.; 56 RES: AN,DR,GS,GS,IM,NS,N,PTH,R;	
METHODIST HOSPITAL OF BROOKLYN 506 SIXTH ST., BROOKLYN 11215	L-C61	NP CORP	547	43	9 80 6		20 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 112 RES: AN,GS,IM,OBG,PTH,PD,R,U;	
METROPOLITAN HOSPITAL CENTER (UNIT 2) 1901 FIRST AVE. 10029	M-C55	CITY	948	32			INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,CHP,D,GS,IM,NS,OBG,OPH,ORS,OTC, PTH,PD,PM,PS,TS,U;	
MISERICORDIA 600 E. 233RD ST., BRONX 10466		CHURCH	332	45	13 3		18 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,GS,IM,OBG,PTH,PD,R,U;	
MISERICORDIA-FORCHAM TRAINING PROGRAM		MISC.			3 2 290 1		6 INT: ST.MED.,ST.SURG.,ST.PED.; 137 RES: AN,GS,IM,OBG,PTH,PD,R,U;	
MONTEFIORE HOSPITAL AND MEDICAL CENTER 111 E. 210TH ST., BRONX 10467	M-C56	NP CORP	719	43	4 22		INT: ST.MED.,ST.SURG.,ST.PED.; 44 RES: AN,DR,GS,IM,NS,OBG,OPH,ORS,PTH, PD,PDC,PM,PS,P,R,TR,TS,U;	
MONTEFIORE HOSPITAL TRAINING PROGRAM	M-C56	MISC.			1 45 99 131		92 INT: ST.MED.,ST.SURG.,ST.PED.; 222 RES: AN,GS,IM,OBG,ORS,PTH,PD,PDC,PM,PS, R,U;	
MORRISANIA CITY 168TH ST. AND GERARD AVE., BRONX 10452	M-056	MISC.	331	42			INT: ST.MED.; RES: AN,GS,IM,OBG,ORS,PTH,PD,PDC,PM,PS, R,U;	
MOUNT SINAI 11 EAST 100TH ST. 10029	M-108	NP CORP	1309	40	55 13 77		54 INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; 89 RES: AN,CHP,D,GS,IM,NS,N,CBG,OPH,ORS, OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;	
MOUNT SINAI HOSPITAL TRAINING PROGRAM (INCLUDES INTEGRATED RESIDENCIES OF CITY HOSPITAL CENTER AT ELMHURST AND MOUNT SINAI HOSPITAL)	M-108	MISC.			62 172		INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 272 RES: AN,D,GS,IM,NS,N,CBG,OPH,ORS,OTO, PTH,PD,PM,PS,P,R,U;	
MOUNT SINAI SCHOOL OF MEDICINE DEPARTMENT OF COMMUNITY MEDICINE 5TH AVE. AND 100TH ST. 10029		NP CORP					12 RES: GPM;	
NEW YORK 525 EAST 68TH ST. 10021	M-058	NP CORP	1157	59	1 20 29 128		23 INT: ST.MED.,ST.SURG.,ST.PATH.; 158 RES: AN,CHP,DR,D,GS,IM,NS,N,CBG,OPH, OTO,PTH,PD,PDC,PM,PS,P,R,U;	
NEW YORK CITY DEPT. OF HEALTH 125 WORTH ST. 10013		STATE			2 9		12 RES: PH;	
NEW YORK EYE AND EAR INFIRMARY 310 EAST 14TH ST. 10003		NP CORP	207	40	9 27		36 RES: OPH,OTO;	
NEW YORK HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	M-C58	MISC.			38		40 INT: ST.MED.,ST.PED.;	
NEW YORK INFIRMARY STUYVESANT SQ. E. AND 15TH ST. 10003	L-C60	NP CORP	265	27	7 22 2		13 INT: ROT.; 26 RES: GS,IM,OBG,PD;	



CONSOLIDATED LIST OF HOSPITALS

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, NEW YORK CITY - CONTINUED								
NEW YORK MEDICAL COLLEGE - METROPOLITAN HOSPITAL CENTER 1 EAST 105TH ST. 10029	M-059	MISC.			10 106	75 161	94 320	INT: ROT., ST. MED., ST. PED., ST. PATH.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTC, PTH, PD, PM, P, R, TS, U;
NEW YORK POLYCLINIC MEDICAL SCHOOL AND -SEE FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER								
NEW YORK STATE PSYCHIATRIC INSTITUTE 722 W. 168TH ST. 10032	M-C57	STATE	182					RES: CHP, P;
NEW YORK UNIVERSITY MEDICAL CENTER 550 FIRST AVE. 10016	M-G60	MISC.			200	300	531	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTC, PTH, PD, PDC, PM, PS, P, R, TS, U;
NORTH SHORE HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	M-C58	MISC.			1	23	31	INT: ST. MED., ST. SURG., ST. PED.;
OFFICE OF THE CHIEF MEDICAL EXAMINER, CITY OF NEW YORK 520 FIRST AVE. 10016		CITY			1		4	RES: FOP;
POSTGRAD. CTR. FOR MNTL. HLTH., CLIN. FOR CHILDREN AND ADOLESCENTS 124 E. 28TH ST. 10016		NP CORP				1	2	RES: CHP;
PRESEYTERIAN 622 WEST 168TH ST. 10032	M-057	NP CORP	1519	38	3 36	41 239	44 277	INT: ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTC, PTH, PD, PDA, PDC, PM, PS, P, R, TS, U;
QUEENS HOSPITAL CENTER 82-68 164TH ST., JAMAICA 11432		CITY	1201	37	23 28	9 5	29 38	INT: ROT., ST. MED.; RES: AN, GS, IM, OBG, OPH, ORS, OTC, PTH, PD, PDC, PM, P, R, TS, U;
QUEENS HOSPITAL CENTER (CATHOLIC MEDICAL CENTER AFFILIATION) 82-68 164TH ST., JAMAICA 11432		CITY	92	25				RES: IM;
ROOSEVELT 428 W. 59TH ST. 10019	M-C57	NP CORP	595	44	33 47	34 47	35 141	INT: ROT., ST. MED., ST. SURG., ST. PED.; RES: CHP, DR, GS, IM, OBG, OTC, PTH, PD, PDA, P, R, U;
ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES 1830 ST. AND 30 AVE., BRONX 10457		NP CORP	415	32	7		8	RES: IM;
ST. CLARE'S HOSPITAL AND HEALTH CENTER 415 WEST 51ST ST. 10019		CHURCH	411	35	24 44	1 3	27 49	INT: ROT., ST. MED., ST. SURG.; RES: GS, IM, OBG, OPH, PTH, PD;
ST. JOHN'S EPISCOPAL 480 HERKIMER ST., BROOKLYN 11213	G-061	CHURCH	288	54	17 32		14 38	INT: ROT.; RES: AN, GS, IM, OBG, PTH, PD;
ST. JOHN'S QUEENS 90-02 QUEENS BLVD., ELMHURST 11373		CHURCH	309	32				INT: ROT.; RES: GS, ORS;
ST. LUKE'S HOSPITAL CENTER AMSTERDAM AVE. & 114TH ST. 10025	M-057	NP CORP	728		52	21 75	27 169	INT: ST. MED., ST. SURG., ST. PED.; RES: AN, CHP, DR, D, GS, IM, OBG, OPH, ORS, OTC, PTH, PD, PS, P, R, U;
ST. MARY'S DIVISION 1298 ST. MARKS AVE., BROOKLYN 11213		CHURCH	266	30	1	1	2	INT: ROT.; RES: GS, IM, OBG, ORS, PTH;
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK 153 WEST 11 ST. 10011		CHURCH	818	41	17 38	2 85	45 138	INT: ROT., ST. MED., ST. SURG.; RES: AN, DR, GS, IM, NS, N, OBG, OPH, PTH, PD, PDA, PM, P, R;
ST. VINCENT'S MEDICAL CENTER OF RICHMOND 355 BARE AVE., STATEN ISLAND 1031C	G-059	CHURCH	340	43	14 32	2 2	20 40	INT: ROT., ST. MED., ST. SURG., ST. PED.; RES: CHP, GS, IM, OBG, ORS, PTH, PD, R;
SOUTH SHORE-ROCKAWAY MENTAL HEALTH CENTER 1600 CENTRAL AVE., FAR ROCKAWAY 11691		NP CORP						RES: P;
STATE UNIVERSITY 445 LENOX ROAD, BROOKLYN 11213	M-C61	STATE	350	37				INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, OTC, PTH, PD, PDC, PM, PS, P, R, TR, TS, U;
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER (INCLUDES KINGS COUNTY HOSPITAL CENTER, STATE UNIVERSITY HOSPITAL OF THE DOWNSTATE MEDICAL CENTER AND SOME POSITIONS AT VETERANS ADMIN. HOSPITAL (BROOKLYN))	M-061	MISC.			16 193	63 201	75 490	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, OTC, PTH, PD, PDC, PM, PS, P, R, TR, TS, U;
STATEN ISLAND 101 CASTLETON AVE., STATEN ISLAND 10301		NP CORP	271	45	5 9	7 10	14 23	INT: ROT.; RES: GS, IM, OBG, PTH, PD;
STATEN ISLAND MENTAL HEALTH SOCIETY 657 CASTLETON AVE., STATEN ISLAND 10301		NP CORP	2					RES: CHP;
STATEN ISLAND MENTAL HLTH. SOCIETY-ST. VINCENT'S MED. CTR. OF RICHMOND		MISC.			1	5	8	RES: CHP;
SYDENHAM 565 MANHATTAN AVE. 10027		CITY	209	33	7 11		9 11	INT: ROT.; RES: GS, OBG;
U. S. PUBLIC HEALTH SERVICE BAY AND VANDERBILT ST., STATEN ISLAND 10304		USPHS	636	53	2 4	27 55	34 67	INT: ROT., ST. MED., ST. SURG.; RES: AN, D, GS, IM, OPH, ORS, PTH, R, U;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
NEW YORK, NEW YORK CITY - CONTINUED								
UNITY 1545 ST. JOHNS PLACE, BROOKLYN 11213		NP CORP	220	34	10		10 INT: ROT.; 12 RES: GS,IM,OBG;	
UNIVERSITY 550 FIRST AVE. 10016	M-C6C	NP CORP	628	42			INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,CHP,D,GS,IM,NS,N,CBG,OPH,ORS, OTO,PTH,PD,PDC,PS,P,R,TS,U;	
UNIVERSITY HOSPITAL-VETERANS ADMIN. (MANHATTAN)	M-C6C	MISC.			26	9	12 INT: ST.MED.; 13 RES: IM;	
VETERANS ADMIN. (BRONX) 130 W KINGSBRIDGE RD., BRONX 10468	L-1C8	VA	1178	40	79	39	142 RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH, PH,PS,P,R,U;	
VETERANS ADMIN. (BROOKLYN) 800 POLY PL., BROOKLYN 11209	M-C61	VA	1000	34	2	45	28 INT: ST.MED.,ST.SURG.; 50 RES: D,GS,IM,N,OPH,PTH,PH,PS,U;	
VETERANS ADMIN. (BROOKLYN)-KINGSBROOK JEWISH MEDICAL CENTER	M-C61	MISC.					11 RES: N;	
VETERANS ADMIN. (MANHATTAN) FIRST AVE. AT E. 24TH ST. 10010	L-C6C	VA	1147	38		51	40 INT: ST.MED.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH, PH,PS,P,R,TS,U;	
HYCKOFF HEIGHTS 374 STOCKHOLM ST., BROOKLYN 11237	G-C55	NP CORP	377		15	34	17 INT: ROT.; 44 RES: GS,IM,OBG,PTH,PD;	
NIAGARA FALLS NIAGARA FALLS MEMORIAL 621 TENTH ST. 14302		NP CORP	35	47	11	1	13 INT: ROT.; 4 RES: PTH;	
OCEANSIDE SOUTH MASSAU COMMUNITIES 2445 OCEANSIDE RD. 11572		NP CORP	321	26	1	1	1 RES: PTH;	
OGDENSEUR ST. LAWRENCE STATE STATION A 13669		STATE	1694	60			15 RES: P;	
ORANGEEUR ROCKLAND STATE 10562		STATE	5277	25	14	1	5 RES: P;	
PCRT CHESTER HIGH POINT UPPER KING ST. 10573		INDIV.	45		1		2 RES: P;	
UNITEC 406 BOSTON POST RD. 10573		NP CORP	330	19	2	1	8 INT: ROT.; 2 RES: GS,PTH;	
PORT JEFFERSON ST. CHARLES 200 BELLE TERRE RD. 11777		NP CORP	183	23	1	2	4 RES: ORS;	
POUGHKEEPSIE HUDSON RIVER STATE BRANCH B 12601		STATE	3887	1	9		25 RES: P;	
ST. FRANCIS NORTH RD. 12601		CHURCH	253	39	3		10 INT: ROT.; 1 RES: PTH;	
VASSAR BROTHERS REACE PL. 12601		NP CORP	342	39	7		12 INT: ROT.; 4 RES: PTH;	
QUEENS VILLAGE -SEE NEW YORK CITY								
RHINEBECK ASTOR HOME FOR CHILDREN 36 MILL ST. 12572		CHURCH	84				1 RES: CHP;	
ROCHESTER EASTMAN KODAK COMPANY 343 STATE ST. 1465C		CORP.					2 RES: OM;	
GENESEE 224 ALEXANDER ST. 14607	M-062	NP CORP	368	54	5	8	25 INT: ROT.,ST.MED.,ST.SURG.; 27 RES: GS,IM,OBG,ORS,PTH,PD;	
HIGHLAND HOSPITAL OF ROCHESTER SOUTH AVE. AT BELLEVUE DR. 14620	M-C62	NP CORP	262	47	3	8	12 INT: ROT.,ST.MED.; 15 RES: FP,GS,IM,OBG,ORS;	
OFFICE OF THE MONROE COUNTY MEDICAL EXAMINER 435 EAST HENRIETTA 14620		COUNTY		32		1	1 RES: FOP;	
ROCHESTER GENERAL 1425 PCRTLAND AVE. 14621	M-C62	NP CORP	526	55	5	13	27 INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 42 RES: GS,IM,OBG,ORS,PTH,PD,P,R,TS;	
ROCHESTER STATE 160C SOUTH AVE. 1462C	G-C62	STATE	2414	36			15 RES: P;	
ST. MARY'S 89 GENESEE ST. 14611	G-C60	NP CORP	318	40	9	3	19 INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; 12 RES: GS,IM,OBG,OPH;	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER 260 CRITTENDEN BLVD. 14620	M-062	NP CORP	702	70		47	62 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; 163 RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PDA,PDC,PS,P,R,TR,TS,U;	
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	M-C62	MISC.			25	46	78 RES: GS,ORS,TS;	

CONSOLIDATED LIST OF HOSPITALS

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NEW YORK, ROCHESTER - CONTINUED								
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM	M-062	MISC.			2	17	20	INT: ROT.; RES: PD;
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE 14620	M-062	NP CORP						RES: PDC;
UNIV.-ROCHESTER SCH.-MED. AND DENTISTRY, DEPT.-PREV. MED.-COMM. HLTH. 260 CRITTENDEN BLVD. 14620	M-062	NP CORP						RES: OM;
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE - HIGHLAND 335 MOUNT VERNON ST. 14620	M-060	MISC.			16		18	RES: FP;
ROCKVILLE CENTRE MERCY 1000 N. VILLAGE AVE. 1157C		CHURCH	386	34	6	3	12	INT: ROT.; RES: OBG;
ROSLYN ST. FRANCIS PORT WASHINGTON BLVD. 11576		NP CORP	133					RES: TS;
SCHENECTADY ELLIS 1101 NOTT ST. 12308	L-054	NP CORP	466	40	7	12	3	20 INT: ROT.; 16 RES: GS, OBG, ORS, PTH;
ST. CLARE'S 600 MC CLELLAN ST. 12304		CHURCH	235					RES: OBG;
SCHENECTADY AFFILIATED PROGRAM	L-054	MISC.			3			4 RES: OBG;
SCHENECTADY COUNTY CHILD GUIDANCE CENTER UNION AND SEWARD PL. 12305		NP CORP						2 RES: CHP;
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVE. 1230E	G-054	NP CORP	78					RES: ORS, PM;
STATEN ISLAND -SEE NEW YORK CITY								
SYRACUSE CROUSE IRVING-MEMORIAL 820 S. CROUSE AVE. 1321C	M-063	NP CORP	533	33				RES: AN, GS, IM, NS, OBG, OPH, ORS, QTO, PTH, PD, PDC, PS, P, R, U;
ST. JOSEPH'S 301 PROSPECT AVE. 13203	M-063	CHURCH	388	38	2	10	8	10 INT: RDT.; 13 RES: AN, FP, GS, OBG, CRS, PTH;
STATE UNIVERSITY 750 E. ADAMS ST. 1321C	M-063	VA	338	50	2	49	21	49 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 21 RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, QTO, PTH, PD, PDC, PS, P, R, TR, U;
S. U. N. Y. UPSTATE MEDICAL CENTER 766 IRVING AVE. 1321C	M-063	MISC.	1721		62	141	244	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 244 RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, QTO, PTH, PD, PDC, PS, P, R, TR, U;
S. U. N. Y. UPSTATE MEDICAL CENTER - ST. JOSEPH'S	M-063	MISC.				18	31	RES: FP;
SYRACUSE PSYCHIATRIC 708 IRVING AVE. 1321C	M-063	STATE	45	1				RES: P;
VETERANS ADMIN. IRVING AVE. AND UNIV. PL. 1321C	M-063	VA	383	55				RES: AN, GS, IM, NS, N, OPH, ORS, QTO, PTH, PS, P, R, U;
THIELLS LETCHWORTH VILLAGE 10584		STATE	3900	63	1			2 RES: P;
TROY SAMARITAN PEOPLES AND BURDETT AVES. 12180		NP CORP	227	20			16	INT: ROT.; 2 RES: PTH;
UTICA CHILDREN'S HOSPITAL AND REHABILITATION CENTER OF UTICA 1675 BENNETT ST. 13502	G-063	NP CORP	54	16				RES: ORS;
VALHALLA BLYTHECALE CHILDREN'S BRACHURST AVE. 10595		NP CORP	72					RES: PM;
GRASSLANDS 10595		COUNTY	406	68	15	47	1	18 INT: ROT., ST-MED., ST-SURG.; 59 RES: AN, GS, IM, OPH, PTH, PD, PM, P;
OFFICE OF THE MEDICAL EXAMINER 10595		COUNTY						2 RES: FDP;
WEST BRENTWOOD PILGRIM STATE BOX A 11717		STATE	8600	19	23			25 RES: P;
WEST HAVERSTRAW NEW YORK STATE REHABILITATION ROUTE 9 W 10593		STATE	162					RES: ORS, PM;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff For.‡	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program	
NEW YORK - CONTINUED									
WEST ISLIP GOOD SAMARITAN 1000 MONTAUK HIGHWAY 11795		CHURCH	229	21	2		12	INT: ROT.;	
WHITE PLAINS BURKE REHABILITATION CENTER 784 HAWKNECK AVE. 10605	L-05E	NP CORP	160					RES: PM;	
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER (WESTCHESTER DIVISION) 21 BLOOMINGDALE RD. 10605	M-C5E	NP CORP	281		7	12	26	RES: P;	
WHITE PLAINS 41 EAST POST RD. 10601		NP CORP	267	36	8 1	1	10	INT: ROT.;	
							2	RES: GS;	
WILLARD WILLARD STATE 14588		STATE	1688	36	4		9	RES: P;	
WINGDALE HARLEM VALLEY STATE 12594		STATE	3887	26			2	RES: P;	
YONKERS ST. JOHN'S RIVERSIDE 967 NORTH BROADWAY 10701	G-C59	NP CORP	341	26	16		16	INT: ROT.;	
ST. JOSEPH'S 127 SOUTH BROADWAY 10701		CHURCH	175		9		12	INT: ROT.;	
YONKERS GENERAL 127 ASHBURTON AVE. 10701		NP CORP	188	38	8 5		8	INT: ROT.;	
							3	RES: GP;	
NORTH CAROLINA									
BUTNER JOHN UMSTEAD 27509	L-C64	STATE	1728	30	2	7	15	RES: P;	
MURDOCH CENTER, CHILDREN'S PSYCHIATRIC INSTITUTE 27509	L-C65	STATE	45			3	4	RES: CHP;	
CAMP LEJEUNE NAVAL 28542		USN	475	49				RES: GS;	
CHAPEL HILL NORTH CAROLINA MEMORIAL PITTSBORO RD. 27514	M-064	STATE	475	55	1	42	46	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.;	
					11	161	211	RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U;	
NORTH CAROLINA MEMORIAL HOSPITAL-MC PHERSON	M-064	MISC.				3	3	RES: OPH;	
UNIVERSITY OF NORTH CAROLINA SCHOOLOF MEDICINE	M-064	STATE						RES: PDC;	
UNIVERSITY OF NORTH CAROLINA SCHOOLS MED. AND PUBLIC HEALTH 27514	M-064	STATE				2	3	RES: GPM;	
CHARLOTTE CHARLOTTE MEMORIAL 1000 BLYTHE BLVD. 28203	M-064	NP CORP	796	43		18 3	18 53	INT: ROT.;	
						39		RES: GP, GS, IM, OBG, CRS, PTH, PD, TS, U;	
DURHAM									
DUKE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES INTEGRATED PROGRAMS OF DUKE UNIVERSITY MEDICAL CENTER AND VETERANS ADMIN. HOSPITAL)	M-065	MISC.				25	219	269	RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, U;
DUKE UNIVERSITY MEDICAL CENTER 27706	M-065	NP CORP	754		1	67 8	73 96	INT: ST-MED., ST-SURG., ST-PED., ST-PATH.;	
						84		RES: AN, DR, O, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POA, PDC, PS, P, R, TR, TS, U;	
DURHAM CHILD GUIDANCE CLINIC, DUKE UNIVERSITY MEDICAL CENTER 402 TRENT ST. 27705	M-065	NP CORP	6			10	10	RES: CHP;	
MC PHERSON 1110 WEST MAIN ST. 27701	L-C64 G-065	PART.	28					RES: OPH, OPH;	
MC PHERSON HOSPITAL-NORTH CAROLINA MEMORIAL	M-064	MISC.				4	4	RES: OPH;	
VETERANS ADMIN. FULTON ST. & ERWIN RD. 27705	M-065	VA	489	62			69	RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, U;	
WATTS CLUB BLVD. AT BROAD ST. 27705	L-064, 065	NP CORP	357	36	4 5	2 2	17	INT: ROT., ST-SURG.;	
							6	RES: GS;	
FORT BRAGG WOMACK ARMY HOSPITAL SPECIALIZED TREATMENT CENTER 28307		USA	775	70	1	3	10	RES: GS, PH;	
GASTONIA NORTH CAROLINA ORTHOPEDIC NEW HOPE RD. 28052	G-064, 065	STATE	100					RES: ORS;	

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NORTH CAROLINA - CONTINUED								
GREENSBORO MOSES H. CONE MEMORIAL 1200 N. ELM ST. 27405	M-C64	NP CORP	427	47		7	17 RES: FP,PTH;	
GREENSBORO VETERANS ADMIN. 28805	L-C65	VA	557	45	1	1	4 RES: TS,U;	
RALEIGH DOROTHEA DIX STATION B 27611	L-064	STATE	1968	24	7	3	17 RES: P;	
MEMORIAL HOSPITAL OF WAKE COUNTY 3000 NEW BERN AVE. 2761C	L-064	COUNTY	380				RES: OBG,ORS;	
NORTH CAROLINA STATE BOARD OF HEALTH MC COWELL ST. 27602		STATE				1	2 RES: PH;	
WILMINGTON NEW HANOVER MEMORIAL 2431 S. 17TH ST. 28401	L-064	NP CORP	330	33	4	1	12 INT: ROT.,ST.SURG.; 13 RES: GS,OBG,PTH;	
WINSTON-SALEM BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS	M-C66	MISC.			1	9	16 RES: ORS;	
FORSYTH MEMORIAL 3333 SILAS CREEK PARKWAY 271C3	M-C66	NP CORP	604	25		1	6 INT: ROT.; 3 RES: ORS;	
NORTH CAROLINA BAPTIST 300 S. WALTHORNE RD. 271C3	M-066	CHURCH	525	59	2	23	42 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 142 RES: AN,OR,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,P,R,TS,U;	
REYNOLDS MEMORIAL 741 HIGHLAND AVE. 271C1	M-C66	CITY	164	13			8 INT: ROT.;	
NORTH DAKOTA								
BISMARCK BISMARCK 323 6TH ST. 58501	L-C97	NP CORP	187	28			2 RES: GS,R;	
BISMARCK AFFILIATED HOSPITALS	L-C97	MISC.				3	3 RES: R;	
ST. ALEXIUS 311 N. 9TH ST. 58501	L-097	CHURCH	258	48			RES: R;	
FARGO ST. LUKE'S HOSPITALS 5TH ST. & MILLS AVE. 58102	L-097	NP CORP	364	41	2		12 INT: ROT.; 3 RES: GS;	
GRAND FORKS ST. MICHAEL'S 501 COLUMBIA RD. 58201	L-097	NP CORP	165				RES: PTH;	
UNITED 212 S. 4TH ST. 58201	L-C97	NP CORP	316	45			RES: PTH;	
UNIVERSITY OF NORTH DAKOTA AFFILIATED HOSPITALS	M-097	MISC.				1	4 RES: PTH;	
OHIO								
AKRON AKRON CITY 525 E. MARKET ST. 44305	L-C65	NP CORP	635	44		20	26 INT: ROT.,ST.MED.,ST.SURG.; 69 RES: FP,GS,IM,OBG,OPH,ORS,PTH,PS,R,U;	
AKRON GENERAL 400 WABASH AVE. 44307		NP CORP	492	40		8	24 INT: ROT.,ST.MED.,ST.SURG.; 63 RES: FP,GP,GS,IM,OBG,ORS,PTH,PS,R,U;	
CHILDREN'S HOSPITAL OF AKRON BUCHTEL AVE. AT BOWERY ST. 443C8		NP CORP	253	60		4	6 INT: ST.PED.; 22 RES: ORS,PTH,PD,PS;	
ST. THOMAS 444 NORTH MAIN ST. 44310		CHURCH	364	48	16		16 INT: ROT.; 19 RES: GP,GS,OBG,PTH;	
BARBERTON BARBERTON CITIZENS TUSCORA PARK 44203		NP CORP	392	27	13		18 INT: ROT.; 10 RES: GP,PTH;	
CANTON AULTMAN 2600 SIXTH ST. S. W. 44710		NP CORP	673	45	8		14 INT: ROT.,ST.PATH.; 38 RES: GS,IM,OBG,PTH,R;	
TIMKEN MERCY 2015 12TH ST. N.W. 4470E		CHURCH	581	30	7		7 RES: GS;	
CINCINNATI								
BETHESDA OAK ST. AND READING RD. 45206		CHURCH	485	29	4	2	6 RES: OBG;	
CENTRAL PSYCHIATRIC CLINIC CINCINNATI GENERAL HOSPITAL 45229	M-C67	CITY					RES: CHP;	
CHILDREN'S ELLAND AVE. AND BETHESDA 45229	M-067	NP CORP	215	76			RES: AN,GS,NS,ORS,PTH,PD,PDA,PDC,PM,R, U;	
CHILDREN'S PSYCHIATRIC CENTER OF THE JEWISH HOSPITAL 3140 HARVEY AVE. 45229	L-067	NP CORP	16				RES: CHP;	
CHRIST 2139 AUBURN AVE. 45219	L-067	NP CORP	664	32	2	8	22 INT: ROT.,ST.SURG.; 20 RES: GS,NS,PS,U;	

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Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
OHIO, CINCINNATI - CONTINUED								
CINCINNATI GENERAL 3231 BURNET AVE. 45225	M-067	CY-CO	683	61	1	67	70	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, FDA, PM, P, R, U;
CONVALESCENT HOSPITAL FOR CHILDREN AUBURN & WELLINGTON PL. 45215	G-067	NP CORP	100	78				RES: PDA;
DANIEL DRAKE MEMORIAL GALERATH & VINE ST. 45216	G-C67	COLNTY	949	51	8		12	RES: IM, PM;
GOOD SAMARITAN 3217 CLIFTON AVE. 45220	L-C67	CHURCH	728	47	10	2	27	INT: ROT., ST. MED., ST. SURG., ST. PED.; RES: GS, IM, NS, OBG, GRS, PTH, PD, U;
GOOD SAMARITAN HOSPITAL TRAINING PROGRAM	L-067	MISC.			17	1	19	RES: GS;
JEWISH BURNET AVE. 45225	L-C67	NP CORP	483	40	7	1	17	INT: ROT., ST. MED., ST. SURG.; RES: GS, IM, ORS, R;
LONGVIEW STATE 6600 PADDOCK RD. 45216		STATE	2964	16				RES: GS;
NATIONAL LEAD COMPANY OF OHIO P. O. BOX 39158 45225		CORP.						1 RES: OM;
NAVAL ORDANCE ENVIRONMENTAL HEALTH CENTER 3333 VINE ST. 45220		USN						1 RES: OM;
ROLLMAN PSYCHIATRIC INSTITUTE 3009 BURNET AVE. 45219		STATE	130	100	24	8	30	RES: P;
U.S.-P.H.S. ENVIRONMENTAL CONTROL ADMIN. BUR. OF OCCUP. SAFETY AND HLTH. 1014 BROADWAY 45202		USPHS						1 RES: OM;
UNIVERSITY OF CINCINNATI HOSPITAL GROUP (INCLUDES POSITIONS AT CHILDREN'S HOSPITAL, CHRIST HOSPITAL, CINCINNATI GENERAL HOSPITAL, DANIEL DRAKE MEMORIAL HOSPITAL, GOOD SAMARITAN HOSPITAL, JEWISH HOSPITAL, VETERANS ADMIN. HOSPITAL)	M-067	MISC.			35	236	326	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, CHP, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, P, R, U;
UNIVERSITY OF CINCINNATI INSTITUTE OF ENVIRONMENTAL HEALTH KETTERING LABORATORY 45215	G-067	NP CORP			2	2	16	RES: OM;
VETERANS ADMIN. 3200 VINE ST. 45220	M-067	VA	429	58				RES: AN, GS, IM, NS, N, ORS, OTO, PTH, PM, P, U;
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND METROPOLITAN GENERAL HOSPITAL AND VETERANS ADMIN. HOSPITAL)	M-C68	MISC.			28	131	176	INT: ST. MED., ST. SURG.; RES: D, GS, NS, OPH, ORS, OTO, PTH, PD, PM, TS, U;
CLEVELAND CLINIC 2020 E. 93RD ST. 44106		NP CORP	590	53	47	115	25	INT: ROT., ST. MED.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PD, PS, CRS, P, R, TS, U;
CLEVELAND CLINIC-ST. VINCENT CHARITY		MISC.			4	21	26	RES: GS;
CLEVELAND METROPOLITAN GENERAL 3395 SCRANTON RD. 44109	M-C68	COUNTY	545			34	34	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, R, TS, U;
CLEVELAND METROPOLITAN GENERAL HOSPITAL-LUTHERAN MEDICAL CENTER	M-C68	MISC.			20	1	24	RES: IM;
CLEVELAND PSYCHIATRIC INSTITUTE 1708 AIKEN AVE. 44105		STATE	255	55	11	4	24	RES: P;
CUYAHOGA COUNTY CORNER'S OFFICE 2121 ACELBERT RD. 44106		COUNTY			1	1	2	RES: FDP;
FAIRHILL MENTAL HEALTH CENTER 12200 FAIRHILL RD. 44120		STATE	161		19	3	25	RES: P;
FAIRVIEW GENERAL 18101 LORAIN 44111		NP CORP	447	47	14	35	25	INT: ROT.; RES: AN, GP, GS, OBG, OPH, PTH;
HIGHLAND VIEW 3901 IRELAND DR. 44122	L-C68	COUNTY	340	72				RES: N, PM;
HURON ROAD 13951 TERRACE RD. 44112		NP CORP	403	37	8	31	2	13 INT: ROT.; 31 RES: AN, GS, IM, OBG, PTH, U;
HURON ROAD HOSPITAL-CLEVELAND CLINIC		MISC.			20	2	22	RES: AN;
LUTHERAN MEDICAL CENTER 2609 FRANKLIN BLVD. 44113		CHURCH	364	41	11	6	12	INT: ROT.; RES: GS, IM, PTH;
MARYMOUNT 12300 MC CRACKEN RD. 44125		CHURCH	256	30	6	4	12	INT: ROT.; RES: AN, PTH;
MOUNT SINAI HOSPITAL OF CLEVELAND UNIVERSITY CIRCLE 44106	L-068	NP CORP	539	51	10	10	16	INT: ROT., ST. MED., ST. SURG.; RES: AN, D, GS, IM, OBG, OPH, ORS, FTH, PD, R;

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OHIO, CLEVELAND - CONTINUED								
POLYCLINIC 6606 CARNEGIE AVE. 44103		NP CORP	133	31	4		9 RES: GP;	
ST. ALEXIS 5163 BROADWAY AVE. 44127		CHURCH	397	38	6		12 INT: ROT-; 15 RES: GS, PTH;	
ST. ANN 2475 EAST BOULEVARD 44120		CHURCH	85	50	5		6 RES: OBG;	
ST. JOHN'S 7911 DETROIT AVE. 44102		CHURCH	366	33	7		15 INT: ROT-; 18 RES: GP;	
ST. LUKE'S 11311 SHAKER BLVD. 44104	L-068	NP CORP	549	45	12	3	20 INT: ROT-, ST. MED., ST. SURG., ST. PED.; 34 17 57 RES: AN, D, GS, IM, OBG, ORS, OTO, PTH, PD, PS, R;	
ST. LUKE'S HOSPITAL-ST. VINCENT CHARITY	L-068	MISC.					2 RES: PS;	
ST. VINCENT CHARITY 2351 E. 22ND ST. 44115		CHURCH	442	32	4		12 INT: ROT-; 8 RES: GS, NS, OPH, ORS, OTO, PTH, PS, TS, U;	
UNIVERSITY HOSPITALS OF CLEVELAND 2065 ADELBERT RD. 44106	M-068	NP CORP	968	53		43	42 INT: ROT-, ST. MED., ST. SURG., ST. PED., ST. PATH-; 39 94 156 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, FDC, PS, P, R, TS, U;	
VETERANS ADMIN. 10701 EAST BLVD. 44106	M-068	VA	780	56		29	5 46 INT: ST. MED., ST. SURG.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U;	
COLUMBUS								
CHILDREN'S 561 SOUTH 17TH ST. 43205	M-065	NP CORP	301	61	1	22	29 RES: GS, GS, NS, ORS, CTO, PTH, PD, PDC, PS, TS, U;	
COLUMBUS STATE 1960 W. BROAD ST. 43223		STATE	1643	44	11	2	24 RES: P;	
GRANT 309 EAST STATE ST. 43215	M-065	NP CORP	453	35	2	2	16 INT: ROT-; 16 RES: FP, PTH;	
MOUNT CARMEL 793 WEST STATE ST. 43222	M-065	NP CORP	504	47		19	18 INT: ROT-; 7 18 45 RES: GP, GS, IM, OBG, ORS;	
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES OHIO STATE UNIVERSITY HOSPITALS AND CHILDREN'S HOSPITAL)	M-065	MISC.			2	28	34 RES: NS, OTO, PS, TS, U;	
OHIO STATE UNIVERSITY COLLEGE OF MEDICINE		STATE					RES: PD;	
OHIO STATE UNIV. COLLEGE OF MEDICINE, DEPT. OF PREVENTIVE MEDICINE 410 W. 10TH AVE. 43210		STATE					6 RES: OM, GPM;	
OHIO STATE UNIVERSITY HOSPITALS 410 W. 10TH AVE. 43210	M-065	STATE	1022	49	1	41	48 INT: ST. MED., ST. SURG., ST. PED., ST. PATH-; 10 128 159 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U;	
OHIO STATE UNIVERSITY HOSPITALS-RIVERSIDE METHODIST	M-065	MISC.				12	12 RES: ORS;	
OHIO STATE UNIVERSITY MEDICAL CENTER 410 W. 10TH AVE. 43210	M-065	STATE			3	6	9 RES: AM;	
RIVERSIDE METHODIST 3535 CLENTANGY RIVER RD. 43214	M-065	CHURCH	718	50	3	4	24 INT: ROT-; 4 9 23 RES: GP, GS, IM, NS, OBG, ORS, PS, R;	
RIVERSIDE METHODIST HOSPITAL-ST. ANN'S HOSPITAL FOR WOMEN	M-069	MISC.			1	4	8 RES: OBG;	
ST. ANN'S HOSPITAL FOR WOMEN 1555 BRYDEN RD. 43205	L-065	CHURCH	115	22			RES: OBG;	
CUYAHOGA FALLS								
FALLSVIEW MENTAL HEALTH CENTER 330 BROADWAY EAST 44222		STATE	120	100	6	4	15 RES: P;	
DAYTON								
DAYTON CHILDREN'S PSYCHIATRIC HOSPITAL - CHILC GUIDANCE CENTER 141 FIRWOOD DR. 45419		STATE					4 RES: CHP;	
GOOD SAMARITAN 1425 W. FAIRVIEW AVE. 45406		CHURCH	504	37	3		13 INT: ROT-; 10 2 18 RES: GP, GS, IM, OBG;	
MIAMI VALLEY 1 WYOMING ST. 45409		NP CORP	679	48		12	12 INT: ROT-; 19 14 45 RES: GP, GS, IM, OBG, ORS, PTH, R;	
ST. ELIZABETH 601 MIAMI BLVD. WEST 45408		CHURCH	537	45		14	16 INT: ROT-;	
VETERANS ADMIN. CENTER 4100 WEST THIRD ST. 45428	G-065	VA	732	56	33	5	48 RES: GS, IM, PTH, R, U;	
ELYRIA								
ELYRIA MEMORIAL 630 E. RIVER ST. 44035		NP CORP	335	39	9		12 INT: ROT-; 7 1 18 RES: GP, GS, ORS, PTH, R;	
EUCLID								
EUCLID GENERAL EAST 185TH ST. & LAKE ERIE 44119		NP CORP	378	35	2		14 INT: ROT-; 2 12 RES: GP;	



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OHIC - CONTINUED								
KETTERING CHARLES F. KETTERING MEMORIAL 3535 SOUTHERN BLVD. 45429		CHURCH	413	49	1	10 7	12 INT: ROT.; 17 RES: GS,IM,PTH;	
LAKESWOOD LAKEWOOD 14519 DETROIT AVE. 44107		CITY	340	47		5 10	12 INT: ROT.; 12 RES: GS;	
LORAIN ST. JOSEPH 205 WEST 20TH ST. 44052		CHURCH	271	34		9 1	12 INT: ROT.; 2 RES: PTH,R;	
ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS		MISC.				7	8 RES: R;	
RAVENNA ROBINSON MEMORIAL PORTAGE COUNTY 449 S. MERIDIAN ST. 44266		COUNTY	280	34		7	15 RES: GP,GS;	
SPRINGFIELD COMMUNITY HOSPITAL OF SPRINGFIELD AND CLARK COUNTY 2615 E. HIGH ST. 45501		NP CORP	268				10 INT: ROT.;	
MERCY 1343 NORTH FOUNTAIN 45501		CHURCH	340	31			10 INT: ROT.;	
STUEBENVILLE OHIC VALLEY 380 SUMMIT AVE. 43952		NP CORP	403	21		7	15 INT: ROT.;	
TOLEDO FLOWER 3350 COLLINGWOOD BLVD. 43610		NP CORP	189	26		5 5	3 INT: ROT.; 19 RES: FP,GS;	
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO ARLINGTON AT DETROIT 43614	M-112	STATE	258	50		13	16 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;	
MEDICAL COLLEGE OF OHIO AT TOLEDO P. C. BOX 6190 43614		NP CORP				2	11 RES: AN,GS,IM,OBG,GRS,PTH,PD,PS,U;	
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATE HOSPITALS (INCLUDES HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO, MERCY HOSPITAL, ST. VINCENT HOSPITAL AND MEDICAL CENTER, TOLEDO HOSPITAL, TOLEDO MENTAL HEALTH CENTER)	M-112	MISC.				4 64	10 INT: ST.SURG.,ST.PED.; 118 RES: AN,GS,IM,OBG,GRS,PTH,PD,PS,P;	
MERCY 2221 MADISON AVE. 43624	L-112	CHURCH	350	37		10 9	18 INT: ROT.,ST.SURG.; 14 RES: GP,GS,OBG,PTH,PD;	
RIVERSIDE 1609 SUMMIT ST. 43604		NP CORP	186	30		1	9 INT: ROT.;	
ST. CHARLES 2600 NAVARRE AVE. 43616		NP CORP	245	34		5	12 INT: ROT.; 4 RES: GP;	
ST. VINCENT HOSPITAL AND MEDICAL CENTER 2213 CHERRY ST. 43606	L-112	NP CORP	689	43		10 5	18 INT: ROT.,ST.SURG.; 7 RES: GS,IM,OBG,GRS,PTH,PD,PS,P,U;	
TOLEDO 2142 N. COVE BLVD. 43606	G-112	NP CORP	511	46		11 2	18 INT: ROT.,ST.PED.; 11 RES: AN,GP,IM,OBG,GRS,PTH,PD;	
TOLEDO MENTAL HEALTH CENTER 930 S. DETROIT AVE. 43603	L-112	STATE	2000	33			RES: GS,P;	
WARREN TRUMBULL MEMORIAL 1350 EAST MARKET ST. 44482		NP CORP	462	36		12 6	16 INT: ROT.; 33 RES: GP,GS,OBG,PTH,PD,R;	
WORTHINGTON HARDING 445 E. GRANVILLE RD. 43085		NP CORP	125			2	9 RES: P;	
WRIGHT-PATTERSON A.F.B. U.S. AIR FORCE HEADQUARTERS AIR FORCE LOGISTICS COMMAND 45431		USAF					1 RES: OM;	
WRIGHT-PATTERSON A. F. B. U. S. A. F. MEDICAL CENTER WRIGHT-PATTERSON A. F. B. 45433		USAF	425	79		12	6 INT: ROT.; 2 RES: GS;	
YOUNGSTOWN ST. ELIZABETH 1044 BELMONT AVE. 44505		CHURCH	545	32		6 36	21 INT: ROT.; 52 RES: AN,GP,GS,IM,OBG,PTH,R;	
YOUNGSTOWN S. UNIT OAK HILL AND FRANCIS STS.; N. UNIT, GYPSY LANE-COLETA AVE. 44501		NP CORP	839	51		6 48	30 INT: ROT.,ST.MED.,ST.SURG.; 56 RES: AN,GS,IM,PTH,R;	
FORT SILL REYNOLDS ARMY 4700 HARTELL BLVD. 73503		USA	421	76		2	4 RES: GS;	
NORMAN CENTRAL STATE GRIFFIN MEMORIAL BOX 151 73069	L-07C	STATE	1599	18		4	6 15 RES: GS,P;	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
OKLAHOMA - CONTINUED								
OKLAHOMA CITY BAPTIST MEMORIAL 580C NORTHWEST GRAND BLVD. 73112	L-07C	CHURCH	385	34		10	10 INT: ROT., ST. MED.; 13 RES: IM, PTH, R;	
BONE AND JOINT 605 N. W. 10TH ST. 731C2		CORP.	74				RES: ORS;	
MERCY 501 N. W. 12TH ST. 731C3	L-07C	CHURCH	206	49		1	2 RES: FP, GS;	
OFFICE OF THE STATE MED. EXAMINER, UNIV. OF OKLAHOMA MEDICAL CENTER 800 N.E. 13TH ST. 73104		STATE					1 RES: FDP;	
PRESBYTERIAN 300 N. W. 12TH ST. 731C3	L-07C	CHURCH	193	40			INT: ROT.; RES: FP, GS, R;	
ST. ANTHONY 601 NORTHWEST NINTH 731C2	L-07C	NP CORP	534	36		14 7	14 INT: ROT.; 28 RES: GS, IM, NS, OBG, GPH, ORS, PTH, R;	
STATE OF OKLAHOMA DEPT. OF HEALTH 800 N. E. 13TH ST. 731C4		STATE					1 RES: PH;	
UNIVERSITY FAMILY PRACTICE PROGRAM	M-07C	STATE					RES: FP;	
UNIVERSITY OF OKLAHOMA HOSPITALS 800 NORTHEAST 13TH 731C4	M-07C	MISC.	406	51		2 29	9 INT: ROT., ST. MED., ST. PED.; 56 RES: AN, D, FP, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PO, FCC, P, R, TS, U;	
UNIVERSITY OF OKLAHOMA HOSPITALS-PRESBYTERIAN	M-07C	MISC.				1 5	6 INT: ROT.;	
UNIVERSITY OF OKLAHOMA HOSPITALS-VETERANS ADMIN.	M-07C	MISC.				11	19 INT: ST. MED., ST. SURG.;	
UNIVERSITY OF OKLAHOMA MEDICAL CENTER (INCLUDES UNIVERSITY OF OKLAHOMA HOSPITALS, PRESBYTERIAN HOSPITAL, ST. ANTHONY HOSPITAL, VETERANS ADMIN. HOSPITAL)	M-07C	STATE				12 162	INT: ROT., ST. MED., ST. SURG., ST. PED.; 225 RES: AN, AM, CHP, D, FP, GP, GS, IM, NS, N, OBG, OH, OPH, ORS, OTO, PTH, P, R, TS, U;	
UNIVERSITY OF OKLAHOMA SCHOOL OF MEDICINE 800 N. E. 13TH ST. 731C4	M-07C	STATE				6	18 RES: GPH;	
VETERANS ADMIN. 921 N. E. 13TH ST. 73104	M-07C	VA	427	57			INT: ST. MED.; RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, P, R, TS, U;	
TULSA								
CHILDREN'S MEDICAL CENTER 4818 SOUTH LEWIS, P. O. BOX 7352 74105		NP CORP	40			2 1	4 RES: CHP;	
HILLCREST MEDICAL CENTER UTICA ON THE PARK 741C4	L-07C	NP CORP	514	30			12 INT: ROT.; 8 RES: GS, IM, OBG, PTH, PD;	
HILLCREST MEDICAL CENTER-ST. JOHN'S	L-07C	MISC.				7	9 RES: OBG;	
ST. FRANCIS 6161 SOUTH YALE 74135	L-07C	NP CORP	599	39		5	12 INT: ROT.; RES: GS, IM, PD;	
ST. JOHN'S 1923 SOUTH UTICA 741C4	L-07C	NP CORP	620	43		13 3	14 INT: ROT.; 4 RES: GS, IM, OBG, PTH, PD;	
TULSA COMBINED RESIDENCY	L-07C	MISC.					15 RES: IM;	
TULSA PEDIATRIC EDUCATIONAL TRUST		MISC.					12 RES: PO;	
TULSA SURGICAL EDUCATION TRUST	L-07C	MISC.				10	15 RES: GS;	
GREGGON								
PORTLAND								
EMANUEL 2801 N. GANTENBEIN AVE. 97227	L-071	CHURCH	481	47		18 3 9	18 INT: ROT.; 19 RES: GS, IM, OBG, ORS, PTH, R;	
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER 1015 N. W. 22ND 97210	G-071, 091	CHURCH				1 14 1 16	29 INT: ROT., ST. MED., ST. SURG., ST. PATH.; 28 RES: GS, IM, NS, N, OPH, PTH, PS;	
PROVIDENCE 700 N. E. 47TH AVE. 97213		CHURCH	436			6 4 4	6 INT: ROT.; 12 RES: GS, IM, PTH;	
ST. VINCENT HOSPITAL AND MEDICAL CENTER 9205 S. W. BARNES RD. 97225	G-071	CHURCH	403	43		5 6	6 INT: ST. SURG.; 19 RES: GP, GS, PTH;	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 8200 N. E. SANDY BLVD. 9722C	G-071	NP CORP	80				RES: ORS;	
STATE OF GREGGON DEPT. OF HEALTH 1400 S. W. 5TH AVE. 972C1		STATE				1	4 RES: PH;	
UNIVERSITY OF OREGON AFFILIATED HOSPITALS (INCLUDES UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS, VETERANS ADMIN. HOSPITAL AND SOME POSITIONS AT EMANUEL HOSPITAL AND GOOD SAMARITAN HOSPITAL)	M-071	MISC.				9 156	192 INT: ROT., ST. MED., ST. PATH.; RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, R, TR, TS, U;	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS 3181 S. W. SAM JACKSON PARK 972C1	M-071	STATE	608	60		13 37 38	37 INT: ROT., ST. MED., ST. PATH.; 62 RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, R, TR, TS, U;	

## CONSOLIDATED LIST OF HOSPITALS

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OREGON, PORTLAND - CONTINUED								
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS-VETERANS ADMIN.	M-071	MISC.				8	8	INT: ST.MED.;
VETERANS ADMIN. SAM JACKSON PARK 97207	M-071	VA	540	75		2	6	INT: ST.MED.;; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,TS,U;
SALEM OREGON STATE STATION A 57310		STATE	1250	63	2	3	9	RES: P;
PENNSYLVANIA ABINGTON ABINGTON MEMORIAL 1200 YORK RD. 19001	L-C74	NP CORP	519	41		16	18	INT: ROT.;; RES: GP,GS,IM,OBG,PTH,R,U;
ALLENTOWN ALLENTOWN 17TH & CHEW STS. 18102	G-C73	NP CORP	543	50	6	15	16	INT: ROT.;; RES: GS,IM,OBG,PTH,PS,CRS;
ALLENTOWN STATE HANGOVER AVE. & QUEBEC ST. 18103		STATE	1444	43		2	4	RES: P;
SACRED HEART FOURTH & CHEW 18102		CHURCH	360	38	1	3	10	INT: ROT.;; RES: GS,R;
ALTOONA ALTOONA 701 HOWARD AVE. 16603		NP CORP	450	32	5	4	16	INT: ROT.;; RES: GP,OBG,PTH;
BETHLEHEM ST. LUKE'S 801 OSTRUM ST. 18015	G-C73	NP CORP	475	40		8	10	INT: ROT.;; RES: GS,IM,OBG,PTH;
BRIDGEVILLE MAYVIEW STATE 15C17		STATE	2681			3	12	RES: P;
BRISTOL LOWER BUCKS BATH RD. & ORCHARD AVE. 19007		NP CORP	274	31		1	8	INT: ROT.;; RES: GP;
BRYN MAWR BRYN MAWR BRYN MAWR AVE. 19010		NP CORP	408	46	4	7	14	INT: ROT.,ST.MED.,ST.SURG.;; RES: GS,IM,PTH,R;
CHESTER CROZER-CHESTER MEDICAL CENTER 15TH ST. & UPLAND AVE. 19013	M-072	NP CORP	409	38			5	INT: ROT.,ST.MED.;; RES: GS,IM,OBG,U;
COATESVILLE VETERANS ADMIN. 19320	M-C73	VA	1602	78	1	1	14	RES: N,P;
DANVILLE DANVILLE STATE 17821		STATE	2076	15			6	RES: P;
GEISINGER MEDICAL CENTER 17821	L-074	NP CORP		52	1	17	20	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;; RES: DR,D,GS,IM,OBG,OPH,ORS,OTO,PTH,R;
DARBY THOMAS M. FITZGERALD MERCY LANSDOWNE AVE. AND BAILY RD. 15023	M-073	CHURCH	400	36	11	2	16	INT: ROT.;; RES: GS,IM,OBG,PTH,PD,R;
DREXEL HILL DELAWARE COUNTY MEMORIAL 501 N. LANSDOWNE AVE. 19026		NP CORP	301		3	4	8	INT: ROT.;; RES: GP;
EASTON EASTON 21ST AND LEHIGH STS. 18042	M-C72	NP CORP	285	25	1	6	10	INT: ROT.;; RES: GS,PTH;
ELIZABETHTOWN STATE HOSPITAL FOR CRIPPLED CHILDREN 17C22	G-C73	STATE	205					RES: ORS;
ERIE HAMOT 4 E. SECOND ST. 16512		NP CORP	446	38	2	9	12	INT: ROT.;; RES: GS,OBG,ORS,PTH;
HAMOT HOSPITAL-ST. VINCENT		MISC.				4	4	RES: OBG;
ST. VINCENT 232 W. 25TH ST. 16512		NP CORP	497	29		9	10	INT: ROT.;; RES: OBG,PTH,U;
GREENSBURG WESTMORELAND 532 W. PITTSBURGH ST. 15601		NP CORP	269	24		1	8	INT: ROT.;; RES: GS;
HARRISBURG HARRISBURG 5 FRONT ST. 17101	L-110	NP CORP	616	40		7	24	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;; RES: DR,GS,IM,OBG,PTH,PD,U;
HARRISBURG POLYCLINIC THIRD AND RADNOR STS. 17105	M-072	NP CORP	772	46		8	22	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.;; RES: GS,IM,PD,R;
PENNSYLVANIA DEPT. OF HEALTH P. C. BOX 50 17108		STATE					1	RES: DM,PH;

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PENNSYLVANIA - CONTINUED								
HAZLETON HAZLETON STATE GENERAL E. BROAD ST. 18201		STATE	180				4 RES: GS;	
ST. JOSEPH 687 N. CHURCH ST. 18201		CHURCH	235	20			4 RES: GS;	
HERSHEY MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DR. 17033	M-110	NP CORP	350			2	17 INT: ST-MED., ST-SURG., ST-PED.; 63 RES: AN, FP, GS, IM, OBG, PTH, PD, U;	
JOHNSTOWN CONEMAUGH VALLEY MEMORIAL 1086 FRANKLIN ST. 15905	G-073	NP CORP	473	41	12	8	12 INT: ROT-; 24 RES: AN, FP, GS, PTH;	
MERCY HOSPITAL OF JOHNSTOWN 1020 FRANKLIN ST. 15905		NP CORP	244				6 INT: ROT-;	
LANCASTER LANCASTER GENERAL 525 N. DUKE ST. 17604	L-C74	NP CORP	490	29	1	8	12 INT: ROT-; 19 RES: FP, GP;	
MC KEESPORT MC KEESPORT 1500 FIFTH AVE. 15132	L-C77	NP CORP	523	33	11	5	12 INT: ROT-; 8 RES: GS;	
NORRISTOWN MONTGOMERY 1301 POWELL ST. 19401		NP CORP	316		4	3	6 INT: ROT-; 6 RES: GP, PTH;	
MONTGOMERY COUNTY MENTAL HEALTH CLINICS 1122 POWELL ST. 19401		NP CORP				1	2 RES: CHP;	
NORRISTOWN STATE STANBRIDGE & STERIGERE STS. 19401		STATE	2889	41	4	7	30 RES: P;	
SACRED HEART 1430 DE KALE ST. 19401		CHURCH	249	32			13 RES: GP, GS;	
PHILADELPHIA ALBERT EINSTEIN MEDICAL CENTER (INCLUDES NORTHERN DIVISION AND SOUTHERN DIVISION) YORK & TAYLOR RDS. 19141	M-074 L-C73	NP CORP	682	37	21	24	46 INT: ROT., ST-MED., ST-SURG., ST-PED.; 108 RES: AN, CHP, GS, IM, NS, N, OBG, ORS, PTH, PC, PM, P, R, U;	
AMERICAN ONCOLOGIC CENTRAL & SHELMIER AVES. 19111		NP CORP	64	50	1	1	3 RES: TR;	
CHESTNUT HILL 8835 GERMANTOWN AVE. 19118	L-073	NP CORP	225	49	2	6	9 INT: ROT., ST-PATH-; 2 RES: GS, PTH;	
CHILDREN'S HOSPITAL OF PHILADELPHIA 1740 BAINBRIDGE ST. 19146	M-075 G-C73	NP CORP	160	80	12	26	15 INT: ST-PED-; 31 RES: AN, GS, NS, N, GPH, ORS, OTO, PTH, PD, PCA, POC;	
EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE HENRY AVE. & ABBOTSFORD RD. 19129	M-C76	STATE	134		2	5	15 RES: P;	
EPISCOPAL FRONT ST. & LEHIGH AVE. 19125	M-074	NP CORP	326	54	5	12	10 INT: ROT., ST-SURG-; 36 RES: GS, NS, OBG, PTH, R, U;	
FRANKFORD FRANKFORD AVE. & WAKELING 19124		NP CORP	205	27		1	10 INT: ROT-; 5 RES: GS, PTH;	
GERMANTOWN DISPENSARY AND HOSPITAL E. PENN & E. WISTER STS. 19144	M-C74	NP CORP	331	44	2	5	12 INT: ROT-; 15 RES: GS, OBG, PTH, R;	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 19TH & LOMBARD STS. 19146	M-C75	NP CORP	324	51	15	3	23 INT: ROT., ST-MED-; 71 RES: AN, O, GS, IM, OPH, ORS, OTO, PTH, PS, R, U;	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	M-C72	MISC.			1	16	42 INT: ST-MED., ST-SURG-; 76 RES: GS, IM, OBG, PM, L;	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL 230 N. BROAD ST. 19102	M-072	NP CORP	508	42	1	4	11 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH-; 38 60 133 RES: AN, CHP, D, GS, IM, NS, N, OBG, ORS, PTH, PD, PM, P, R, TR, TS, U;	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA 3300 HENRY AVE. 19129	M-076	NP CORP	252	54	2	8	21 INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH-; 35 16 63 RES: GS, IM, OBG, PTH, PD, P, U;	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST. 19104	M-C75	NP CORP	921	53	20	141	54 INT: ROT., ST-MED., ST-SURG-; 183 RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, U;	
INSTITUTE OF THE PENNSYLVANIA HOSPITAL 111 N. 49TH ST. 19129	L-075	NP CORP	254		1	24	26 RES: P;	
IRVING SCHWARTZ INST. FOR CHILDREN & YOUTH OF THE PHILA. PSYCH. CTR. FORC RD. AND MONUMENT AVE. 19131		NP CORP			1	4	8 RES: CHP;	
JEANES HARTEL & HASBROOK AVE. 15111		CHURCH	174		2	2	4 RES: GS;	
JEFFERSON MEDICAL COLLEGE -SEE THOMAS JEFFERSON UNIVERSITY								
LANKENAU LANCASTER & CITY LINE AVES. 19151	M-073	NP CORP	425	43	12	15	24 INT: ROT., ST-MED., ST-SURG., ST-OBG-; 36 RES: GS, IM, OBG, OPH, ORS, PTH;	

† Necropsy Percentage  
\* Foreign and Non-Foreign

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PENNSYLVANIA, PHILADELPHIA - CONTINUED								
MAGEE MEMORIAL HOSPITAL-REHABILITATION CENTER 1513 RACE ST. 19102	M-C72	NP CORP	66					RES: PM;
MEDICAL COLLEGE OF PENNSYLVANIA AFFILIATED HOSPITALS	M-C76	MISC.			21	12 3	14 INT: ST-MED.; 35 RES: IM;	
MEDICAL COLLEGE OF PA.-EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE HENRY AVE. AND ABBOTSFORD RD. 19129	M-076	MISC.			4		10 RES: CHP;	
MEMORIAL 5800 RIDGE AVE. 1912E		NP CORP	201	30	5		8 INT: ROT.; 1 RES: PTH;	
MERCY CATHOLIC MEDICAL CENTER (INCLUDES MISERICORDIA HOSPITAL AND THOMAS M. FITZGERALD MERCY HOSPITAL (DARBY)) 54TH ST. AND CEDAR AVE. 19143	M-073	MISC.			18	9	INT: ROT.; 43 RES: GS, OBG, PD, R;	
MERCY-DOUGLASS 5000 WOODLANE AVE. 19143	M-072	NP CORP	223	27	2		8 INT: ROT.;	
METHUENIST 2301 S. BROAD ST. 19148	M-C73	CHURCH	257	15	3 1 1 1		8 INT: ROT.; 3 RES: GS, OBG, ORS;	
MISERICORDIA 54TH ST. & CEDAR AVE. 19143	M-C73	CHURCH	400	51	13 6 10 4		18 INT: ROT., ST-MED.; 16 RES: GS, IM, OBG, PTH, PD, R;	
MOSS REHABILITATION 12TH ST. & TABOR RD. 19141	L-C74	NP CORP	145	11			RES: PM;	
NAVAL 17TH & PATTISON AVE. 19145	M-C73 L-072	USN	1000	51		15 78	11 INT: ROT., ST-MED., ST-SURG., ST-DBG.; 104 RES: AN, D, GS, IM, OBG, OPH, ORS, GTO, PD, P, R, U;	
NAZARETH 2601 HOLME AVE. 19152		CHURCH	352	32	5 7		18 INT: ROT.; 16 RES: GS, PTH, R;	
NORTHEASTERN HOSPITAL OF PHILADELPHIA 2301 E. ALLEGHENY AVE. 19134		NP CORP	220	19	7		8 INT: ROT.;	
OFFICE OF THE MEDICAL EXAMINER, CITY OF PHILADELPHIA DEPT OF HEALTH 13TH & WOOD STS. 19107		CITY			1 1		2 RES: FOP;	
PENNSYLVANIA EIGHTH & SPRUCE STS. 19107	M-C75	NP CORP	425	37	10 8 12 46		24 INT: ROT., ST-MED., ST-SURG.; 59 RES: D, GS, IM, N, OBG, ORS, PTH, PS, R, U;	
PHILADELPHIA CHILD GUIDANCE CLINIC 1700 BAINBRIDGE ST. 19146		USPHS			2 6		8 RES: CHP;	
PHILADELPHIA COMBINED PROGRAM		MISC.					RES: OBG;	
PHILADELPHIA GENERAL CIVIC CENTER BLVD. AT 34TH ST. 19104	M-072, 075 L-073	CITY	1390	30	3 30 1 43		9 INT: ST-MED., ST-SURG., ST-PED., ST-PATH.; 93 RES: CHP, D, GS, IM, NS, OBG, OPH, CRS, CTO, PTH, PD, PM, PS, P, R, U;	
PHILADELPHIA GENERAL HOSPITAL, HANNEMANN MEDICAL COLLEGE SERVICE	M-072	CITY			10 12		22 INT: ROT., ST-MED., ST-SURG.; RES: GS, IM;	
PHILADELPHIA GENERAL HOSPITAL, UNIVERSITY OF PENNSYLVANIA SERVICE	M-C75	CITY			6 21		33 INT: ROT., ST-MED.; RES: GS, ORS;	
PHILADELPHIA PSYCHIATRIC CENTER FORC RC. & MONUMENT AVE. 19131	L-075	NP CORP	152		4 10		24 RES: P;	
PHILADELPHIA STATE ROOSEVELT BLVD. & SOUTHAMPTON RD. 19114	L-C73 G-C76	STATE	3517	19	7 3		30 RES: P;	
PREBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER 51 N. 39TH ST. 19104	M-075	CHURCH	339	50	7 16 8 15		22 INT: ROT., ST-MED., ST-SURG.; 36 RES: AN, GS, IM, OBG, OPH, ORS, CTO, PTH, R;	
ST. AGNES 1900 S. BROAD ST. 19145	M-C72	NP CORP	249				10 INT: ROT., ST-MED.; 2 RES: GP, GS, IM;	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN 2600 N. LAWRENCE ST. 19133	M-C74	NP CORP	146	97	7 7 6 6	12	12 INT: ST-PED.; 19 RES: AN, CHP, GS, NS, N, OPH, ORS, PTH, PD, PDA, POC, TS, U;	
ST. JOSEPH'S 16TH ST. AND GIRARD AVE. 1913C		NP CORP	200	18	3 1 1 1		6 INT: ROT.; 3 RES: GS;	
ST. LUKE'S AND CHILDREN'S MEDICAL CENTER GIRARD AVE. & 8TH 19122		NP CORP	393	31	6		12 INT: ROT.;	
ST. MARY 1567 E. PALMER ST. 19125		CHURCH	210	38	1		8 INT: ROT.; 2 RES: GS;	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 8400 ROOSEVELT BLVD. 19152	L-D74	NP CORP	80				RES: ORS;	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES TEMPLE UNIVERSITY HOSPITAL, MOSS REHABILITATION HOSPITAL, ST CHRISTOPHER'S HOSPITAL, AND SOME POSITIONS AT ALBERT EINSTEIN MEDICAL CENTER)	M-074	MISC.			13 41		63 RES: NS, N, PD, PM, U;	

CONSOLIDATED LIST OF HOSPITALS

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PENNSYLVANIA, PHILADELPHIA - CCNTINUED								
TEMPLE UNIVERSITY 3401 N. BROAD ST. 19140	M-074	NP CORP	633	47	1 34 34 134		31	INT: ROT., ST. MED., ST. SURG., ST. PATH.; 180 RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, CRS, P, R, TS, U;
THOMAS JEFFERSON UNIVERSITY 11TH & WALNUT STS. 19107	M-073	NP CORP	738	45	34	28 126	31	INT: ROT., ST. MED., ST. SURG., ST. PED.; 180 RES: AN, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, GPM, P, R, U;
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	M-073	MISC.			1	42	63	RES: GS, OPH, ORS, U;
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS (INCLUDES HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, VETERANS ADMIN. HOSPITAL, AND SOME POSITIONS AT THE GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AND PHILADELPHIA GENERAL HOSPITAL)	M-075	MISC.			12	182	194	RES: D, GS, IM, OBG, ORS, OTO, R;
VETERANS ADMIN. UNIVERSITY & WOODLAND AVES. 19104	M-075, C76	VA	488	51	3	2	8	INT: ST. MED.; RES: AN, D, GS, GS, IM, IM, OPH, ORS, OTO, PTH, PM, R, U;
WILLS EYE HOSPITAL AND RESEARCH INSTITUTE 1601 SPRING GARDEN ST. 19130	L-C74, C76	STATE	200					RES: OPH;
WILLS EYE HOSPITAL AND RESEARCH INSTITUTE-TEMPLE UNIVERSITY 19130		MISC.				3	3	RES: OPH;
PITTSBURGH: ALLEGHENY GENERAL 320 E. NORTH AVE. 15212	L-C77	NP CORP	676	49	10 2 31 25		16	INT: ROT.; 62 RES: AN, GS, IM, OBG, OPH, ORS, PTH, R, TS;
ALLEGHENY GENERAL HOSPITAL-WESTERN PENNSYLVANIA 15212	L-077	MISC.				4	4	RES: PS;
CHILDREN'S HOSPITAL OF PITTSBURGH -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
EYE AND EAR HOSPITAL OF PITTSBURGH -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH: (INCLUDES CHILDREN'S HOSPITAL, EYE AND EAR HOSPITAL, MAGEE-WOMENS HOSPITAL, MONTEFIORE HOSPITAL, PRESEYTERIAN-UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL, WESTERN PSYCHIATRIC INSTITUTE AND CLINIC) 3550 TERRACE ST. 15213	M-C77	MISC.			53	159	250	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH., ST. OBG.; RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PCA, POC, PS, P, R, TS, U;
JONES AND LAUGHLIN CORPORATION (PITTSBURGH WORKS DIVISION) 3 GATEWAY CENTER 15230		CORP.					1	RES: OM;
MAGEE-WOMENS -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
MERCY 1400 LOCUST ST. 15219	L-077	CHURCH	622	50	23 12 43		24	INT: ROT., ST. MED.; 68 RES: AN, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, R;
MONTEFIORE 3459 FIFTH AVE. 15213	M-C77	NP CORP	480	42	1 14 7 17		22	INT: ROT., ST. MED., ST. PATH.; 28 RES: GS, IM, OPH, PTH, R;
PITTSBURGH 6655 FRANKSTOWN AVE. 15206		NP CORP	243	16	2 2 1		6	INT: ROT.; 3 RES: OBG;
PRESEYTERIAN-UNIVERSITY -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
ST. FRANCIS GENERAL 45TH ST. AND PENN AVE. 15201	L-C77	NP CORP	824	30	19 1 35 12		29	INT: ROT., ST. MED.; 59 RES: GS, IM, OBG, OPH, ORS, PTH, PM, R, TS;
ST. JOSEPH'S HOSPITAL AND DISPENSARY 2117 CARSON ST. 15203		NP CORP	200	24	1		6	INT: ROT.;
ST. MARGARET MEMORIAL 265 - 46TH ST. 15201		NP CORP	250	29	10 4 4 1		10	INT: ROT.; 10 RES: FP, GS, PTH;
SHALYSICE 5230 CENTRE AVE. 15232	L-077	NP CORP	397	32	6 2 2 2		9	INT: ROT.; 15 RES: FP, PTH;
SOUTH SICE S. 20TH AND JANE STS. 15203		NP CORP	340	31	4 3 3		10	INT: ROT.; 3 RES: PTH;
UNIVERSITY OF PITTSBURGH GRADUATE SCHOL OF PUBLIC HEALTH: 130 DE SOTO ST. 15213		NP CORP			1	2	8	RES: OM;
VETERANS ADMIN. -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
WESTERN PENNSYLVANIA 4800 FRIENDSHIP AVE. 15224	L-077	NP CORP	610	50	28 5 19		24	INT: ROT., ST. MED., ST. SURG., ST. PATH.; 56 RES: AN, GS, IM, OBG, PTH, PS, R, U;
WESTERN PSYCHIATRIC INSTITUTE AND -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH:								
POTTSVILLE GOOD SAMARITAN E. NORWEGIAN AND TREMONT STS. 17901		CHURCH	222	20	6		6	RES: GP;

## CONSOLIDATED LIST OF HOSPITALS

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PENNSYLVANIA, POTTSVILLE - CONTINUED								
POTTSVILLE HOSPITAL AND WARNE CLINIC MAUGH CHUNK & JACKSON STS. 179C1		NP CORP	320	28	6		6 INT: ROT.; 4 RES: GP;	
READING READING 6TH & SPRUCE ST. 156C2		NP CORP	609	51	1	13 10	16 INT: ROT., ST-MED., ST-SURG.; 40 RES: GS, IM, OBG, ORS, PTH, R;	
ST. JOSEPH'S 215 N. 12TH ST. 156C3		NP CORP	331	25			11 RES: GP, PTH;	
ROCHESTER ROCHESTER GENERAL 15C74		NP CORP	273	38			1 RES: PTH;	
SAYRE ROBERT PACKER 200 S. WILBUR AVE. 1884C		NP CORP	323	54	6	12 9	12 INT: ROT.; 21 RES: GS, IM, OPH, PTH, R;	
UNIONTOWN UNIONTOWN 500 W. BERKELEY 154C1		NP CORP	293	24	2		7 INT: ROT.; 2 RES: GS;	
WARREN WARREN STATE JAMESTOWN RC. 16365		STATE	2020	14	3	8	27 RES: P;	
WASHINGTON WASHINGTON 155 WILSON AVE. 153C1		NP CORP	583	34		9	12 INT: ROT.;	
WEST CHESTER CHESTER COUNTY 701 E. MARSHALL ST. 153E0		NP CORP	237	23	7		9 INT: ROT.;	
WEST READING READING -SEE READING, PA.								
WILKES-BARRE CHILDRENS SERVICE CENTER OF WYOMING VALLEY 335 S. FRANKLIN ST. 18702		NP CORP	22				2 RES: CHP;	
VETERANS ADMIN. 1111 EAST END BLVD. 187C3	G-074	VA	500	43			RES: GS;	
WILKES-BARRE GENERAL RIVER & AUBURN STS. 18702	G-074	NP CORP	369	30	1		10 INT: ROT.; 4 RES: GS, PTH;	
WILKINSBURG COLUMBIA 312 PENN AVE. 15221		CORP.	282	24	3	3	6 INT: ROT.; 3 RES: GS, OBG;	
WILLIAMSPORT WILLIAMSPORT 777 RURAL AVE. 17701		NP CORP	311				8 INT: ROT.;	
YORK YORK 1001 SOUTH GEORGE ST. 17405	M-C35	NP CORP	591	48	2	18 29	21 INT: ROT., ST-SURG.; 48 RES: FP, GS, IM, PTH;	
PUERTO RICO								
BAYAMON HOSPITAL DR. ALEJANDRO RUIZ SOLER 2KM BHMZ 00619	G-078	STATE	735				RES: TS;	
PUERTO RICO INSTITUTE OF PSYCHIATRY P. O. BOX 127 00615	M-078	CORP.	275		6		10 RES: P;	
HATO REY AUXILIO MUTUO PONCE DE LEON AVE. STOP 37 00918		NP CORP	150	23	10		10 INT: ROT.;	
MAYAGUEZ MAYAGUEZ MEDICAL CENTER HIGHWAY 1 00708		STATE	300	54	12		20 INT: ROT.; 22 RES: OBG, PD;	
PONCE HOSPITAL DE CAMAS CONCORCIA ST. 00731		NP CORP	153		5	2	6 INT: ROT.; 13 RES: AN, GS;	
PONCE DISTRICT GENERAL 80. MACHUELO 00731	L-078	STATE	600	28	8	26	20 INT: ROT., ST-MED.; 57 RES: GS, IM, OBG, PTH, PD;	
SAN JUAN I. GONZALEZ MARTINEZ PUERTO RICO MEDICAL CENTER 00935	L-078	NP CORP	138	42	1	2	INT: ST-SURG.; 3 RES: GS, GS, ORS, OTO, PTH, R, U;	
INDUSTRIAL PUERTO RICO MEDICAL CENTER 00935	G-078	STATE	260				RES: AN, R;	
INSTITUTE OF LEGAL MEDICINE, UNIVERSITY OF PUERTO RICO PUERTO RICO MEDICAL CENTER 00935	M-078	STATE					1 RES: FOP;	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA PUERTO RICO MEDICAL CENTER 00935	L-078	CITY	565		17	34	46 INT: ROT., ST-SURG., ST-PED.; 72 RES: AN, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U;	
PRESBYTERIAN COMMUNITY 1451 ASHFORD AVE. 00907		NP CORP	207	16			1 RES: PD;	
PUERTO RICO REHABILITATION CENTER		NP CORP					RES: PM;	

CONSOLIDATED LIST OF HOSPITALS

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Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
PUERTO RICO; SAN JUAN - CONTINUED								
UNIVERSITY DISTRICT PUERTO RICO MEDICAL CENTER CC935	M-078	STATE	380	55	8	22	38	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 28 RES: AN, D, GP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PH, R, TS, U;
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	M-078	MISC.			56	49	28	INT: ST. SURG.; 148 RES: AN, GS, N, OPH, ORS, OTO, PH, R, TS, U;
UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE DEPARTMENT OF PSYCHIATRY PUERTO RICO MEDICAL CENTER 00935	M-078	STATE	944	100	5	6	17	RES: CHP, P;
VETERANS ADMIN. CENTER G. P. C. BOX 4867 CC936	M-078	VA	349	67	5	1	12	INT: ST. MED., ST. SURG.; 16 RES: 2 58 RES: GS, IM, OPH, ORS, PTH, PK, P, R, U;
RHODE ISLAND								
HOWARD RHODE ISLAND MEDICAL CENTER-INSTITUTE OF MENTAL HEALTH BOX 5 02834		STATE	1760	35			12	15 RES: P;
NORTH PROVIDENCE OUR LADY OF FATIMA 200 HIGH SERVICE AVE. C2904		CHURCH	277					RES: PTH;
PAWTUCKET MEMORIAL PROSPECT ST. 02860	M-101	NP CORP	308	40	4		12	INT: ROT., ST. MED.; 5 RES: 10 RES: D, IM, PTH;
PROVIDENCE BROWN UNIVERSITY AFFILIATED HOSPITALS	M-101	MISC.			2	2	8	RES: D, IM;
MIRIAM 164 SUMMIT AVE. 02906	M-101	NP CORP	1250	53	7		16	INT: ROT., ST. MED.; 1 RES: 13 RES: D, GS, IM, PTH;
PROVIDENCE LYING-IN 50 MAUCE ST. 02908	M-042, 101	NP CORP	190	25				RES: OBG;
PROVIDENCE LYING-IN HOSPITAL-RHODE ISLAND	M-101	MISC.			5	3	6	RES: OBG;
RHODE ISLAND 593 EDCY ST. 02902	M-101	NP CORP	680	40	1	27	32	INT: ROT., ST. MED., ST. SURG., ST. PED.; 40 RES: 54 111 RES: AN, D, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PS, R, U;
ROGER WILLIAMS GENERAL 825 CHALKSTONE AVE. C2508	M-101	NP CORP	256	38	12		24	INT: ROT., ST. MED.; 16 RES: 14 RES: D, IM, PTH;
ST. JOSEPH'S 21 PEACE ST. 02907		CHURCH	544	32	16		16	INT: ROT.; RES: PTH;
ST. JOSEPH'S HOSPITAL-OUR LADY OF FATIMA		MISC.			3		5	RES: PTH;
VETERANS ADMIN. DAVIS PARK 02908	L-040	VA	364	46	8	2	8	RES: GS, IM;
RIVERSIDE EMMA PENDLETON BRADLEY 1011 VETERANS MEML. PKWY. C2915		NP CORP	71			1	5	RES: CHP;
SOUTH CAROLINA								
CHARLESTON CHARLESTON COUNTY 326 CALHOUN 29401	M-079	COUNTY	172	25				RES: GS, IM, OPH, ORS, OTO, PTH, PS, TS, U;
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS (INCLUDES MEDICAL UNIVERSITY OF SOUTH CAROLINA HOSPITAL, CHARLESTON COUNTY HOSPITAL, VETERANS ADMIN. HOSPITAL, AND SOME POSITIONS AT NAVAL HOSPITAL AND ST. FRANCIS XAVIER HOSPITAL)	M-079	MISC.			6	119	174	INT: ROT.; RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U;
MEDICAL UNIVERSITY OF SOUTH CAROLINA 80 BARRE ST. 29401	M-079	STATE	485	62	2	34	57	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 1 RES: 23 69 RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PDC, PS, P, R, TS, U;
NAVAL NAVAL BASE 29408		USN	598	63				RES: ORS;
ST. FRANCIS XAVIER CALHOUN ST. AND ASHLEY AVE. 29402		CHURCH	156					RES: PS;
VETERANS ADMIN. 109 BEE ST. 29403	M-079	VA	337	64				RES: AN, GS, IM, NS, OPH, ORS, OTO, PTH, PS, P, R, TS, U;
COLUMBIA COLUMBIA HOSPITAL OF RICHLAND COUNTY 2020 HAMPTON ST. 29204	G-079	COUNTY	504	13	11	2	15	INT: ROT.; 6 RES: 23 RES: GS, OBG, ORS, PD;
SOUTH CAROLINA STATE -SEE WILLIAM S. HALL PSYCHIATRIC INSTITUTE								
WILLIAM S. HALL PSYCHIATRIC INSTITUTE 2100 BULL ST. 29202		STATE	92	67	2	8	26	RES: CHP, P;
GREENVILLE GREENVILLE GENERAL 100 MALLARD ST. 29601	G-079	NP CORP	635	35		8	18	INT: ROT.; 22 RES: 34 RES: GP, GS, OBG, ORS, PD;

† Necropsy Percentage  
\* Foreign and Non-Foreign



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SOUTH CAROLINA, GREENVILLE - CONTINUED								
SHRIANERS HOSPITAL FOR CRIPPLED CHILDREN 2100 N. PLEASANTBURE DR. 29609		MISC.	60					RES: ORS;
SPARTANBURG SPARTANBURG GENERAL 101 E. WOOD ST. 29303	G-C75	COLNTY	429	44	5	7	15 INT: ROT., ST.SURG.; 34 RES: FP,GS;	
SOUTH DAKOTA								
SIOUX FALLS MC KENNAN 800 E. 21ST ST. 57101	M-08C	NP CORP	317	40	8		8 INT: ROT.;	
SIOUX VALLEY 1123 SC. EUCLID 57105	M-C80	NP CORP	287	44	7	2	8 INT: ROT., ST.PATH.; 4 RES: PTH;	
UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS	M-C8C	MISC.					INT: ROT., ST.PATH.; RES: PTH;	
YANKTON SACRED HEART WEST 4TH ST. 57078	M-C80	CHURCH	225	35	1	4	2 INT: ST.SURG.; 10 RES: GS,OBG;	
TENNESSEE								
CHATTANOOGA BARONESS ERLANGER 261 WIEHL ST. 37403		CY-CO	652	31	1	17	20 INT: ROT., ST.MED., ST.SURG.; 69 RES: GS,IM,OBG,OPH,ORS,PTH,PS,R;	
NEWELL CLINIC 707 WALNUT ST. 37402		CORP.	60	18			3 RES: GS;	
S. E. TENNESSEE MEDICAL EDUCATION CENTER		MISC.					INT: ROT.; RES: GS,IM,OBG,OPH,ORS,PTH,PD,PS,R;	
T. C. THOMPSON CHILDREN'S 1001 GLENWOOD DR. 37406		CY-CO	100	47	3	3	8 RES: PD;	
TENNESSEE VALLEY AUTHORITY, DIV. OF HEALTH AND SAFETY 715 EDNEY BLDG. 37401		MISC.					1 RES: OM;	
KNOXVILLE								
EAST TENNESSEE AFFILIATED HOSPITALS		MISC.			1	5	6 RES: ORS;	
EAST TENNESSEE BAPTIST 137 BLOUNT AVE. 37901		CHURCH	349	9			RES: ORS;	
ST. MARY'S MEMORIAL OAK HILL AVE. 37917		CHURCH	425	15			RES: ORS;	
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL 1924 ALCOA HIGHWAY 37920		STATE			2	16	20 INT: ROT.; 38 RES: AN,FP,GP,GS,IM,OBG,ORS,PTH,PD,R;	
MEMPHIS								
BAPTIST MEMORIAL 899 MADISON AVE. 38103	M-C81	CHURCH	1560	29	7	21	38 INT: ROT., ST.MED., ST.SURG., ST.PATH.; 67 RES: GS,IM,NS,OBG,ORS,PTH,R;	
CAMPBELL FOUNDATION AND UNIVERSITY OF TENNESSEE (INCLUDES BAPTIST MEMORIAL HOSPITAL, CITY OF MEMPHIS HOSPITALS, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST HOSPITAL, CRIPPLED CHILDREN'S HOSPITAL AND VETERANS ADMIN. HOSP.)		MISC.				24	24 RES: ORS;	
CITY OF MEMPHIS HOSPITALS 860 MADISON AVE. 38103	M-C81	CITY	876	37	11	58	66 INT: ROT., ST.MED., ST.SURG., ST.PED.; 53 RES: AN,CHP,D,GS,IM,NS,N,CBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,R,TS,U;	
CRIPPLED CHILDRENS 2009 LAMAR AVE. 38114		NP CORP	55				RES: ORS;	
GAILOR MENTAL HEALTH CENTER	M-C81	STATE					RES: CHP;	
LE BONHEUR CHILDREN'S 848 ADAMS AVE. 38102	L-C81	NP CORP	89				RES: ORS,PD;	
METHODIST 1265 UNION AVE. 38104	G-C81	NP CORP	817	29	10	31	18 INT: ROT., ST.PATH.; 34 RES: GS,NS,OBG,OPH,ORS,OTO,PTH,R;	
ST. JOSEPH 220 OVERTON AVE. 38101		NP CORP	440	40		5	20 INT: ROT., ST.SURG., ST.PED., ST.PATH., ST.OBG.; 11 RES: GS,OBG,PTH,PD;	
ST. JUDE CHILDREN'S RESEARCH 332 NORTH LAUDERDALE ST. 38101	G-C81	NP CORP	24	82		4	4 INT: ST.PED.; 12 RES: PD;	
TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE 865 POPLAR AVE. 38105	L-C81	STATE	200				RES: CHP,P;	
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS (INCLUDES CITY OF MEMPHIS HOSPITALS, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST HOSPITAL, TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE, VETERANS ADMIN. HOSPITAL, WEST TENNESSEE CHEST DISEASE HOSPITAL)	M-081	MISC.			16	157	203 RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,OTO, PD,PDC,P,R,TS,U;	
UNIVERSITY OF TENNESSEE-INSTITUTE OF PATHOLOGY 858 MADISON AVE. 38103	M-081	STATE					2 RES: FOP;	

CONSOLIDATED LIST OF HOSPITALS

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TENNESSEE, MEMPHIS - CONTINUED								
VETERANS ADMIN. 1030 JEFFERSON AVE. 381C4	M-081	VA	984	60	2		8	RES: D,GS,IM,NS,N,CPH,ORS,OTC,PTH,P,R,TS,U;
WEST TENNESSEE CHEST DISEASE 842 JEFFERSON AVE. 381C3	L-081	STATE	280	34				RES: TS;
NASHVILLE								
BAPTIST 2000 CHURCH ST. 372C3		CHURCH	625	26	1 7	2	16	INT: ROT-; 27 RES: GS,OBG,PTH,PD;
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE 1005 18TH AVE. N. 3720E	M-082	CHURCH	208	47		21 2	23 49	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.OBG.; RES: GS,IM,OBG,OPH,PTH,PD,P,R,U;
MIDDLE TENNESSEE CHEST DISEASE BEN ALLEN RC. 37216	G-C83	STATE	154	5				RES: TS;
NASHVILLE METROPOLITAN GENERAL 72 HERMITAGE AVE. 3721C	M-C83	CY-CG	189	330				INT: ST.MED-; RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD, PS,R,TS,U;
ST. THOMAS 2000 HAYES ST. 37203		CHURCH	331	46	5 14	8	15 27	INT: ROT.,ST.MED.,ST.SURG-; RES: GS,IM,OBG;
STATE OF TENNESSEE DEPARTMENT OF HEALTH CORCELL HULL BLDG. 37215		STATE				2	2	RES: PH;
VANDERBILT UNIVERSITY 1161 21ST AVE. SOUTH 37203	M-083 L-082	NP CORP	485	53		1	4	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH., ST.OBG-; RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,CTC, PTH,PD,PS,P,R,TR,TS,U;
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	M-C83	MISC.			2	49	58	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH., ST.OBG-; RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD, PS,P,R,TS,U;
VETERANS ADMIN. 1310 24TH AVE., SOUTH 27203	M-C83 L-082	VA	467	46	1	3	4	INT: ST.MED-; RES: GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R, TS,U;
OAK RIDGE								
OAK RIDGE ASSOCIATED UNIVERSITIES, MEDICAL DIVISION P. O. BOX 117 37830		OTHER	26				1	RES: PTH;
TEXAS								
AUSTIN								
AUSTIN STATE 4110 GUADALUPE 78751		STATE	2150	67	5	8	24	RES: P;
BRACKENRIDGE 15TH & EAST AVE. 787C1	L-C85	CITY	270	41		14 3	14	INT: ROT-; 7 RES: GS,PTH;
STATE OF TEXAS DEPT. OF HEALTH 1100 W. 45TH ST. 78756		STATE					1	RES: PH;
BROOKS AIR FORCE BASE								
U. S. AIR FORCE SCHOOL OF AEROSPACE MEDICINE 78235		USAF				2	6	RES: GPM;
CORPUS CHRISTI								
DRISCOLL FOUNDATION CHILDREN'S 3533 S. ALAMEDA, P. O. DRAWER 653C 78411		NP CORP	93	70		8	6	INT: ST.PED-; 12 RES: PD;
MEMORIAL MEDICAL CENTER 2606 HOSPITAL BLVD. 784C5		DIST.	438	30	1	4	10	INT: ROT-;
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER 3500 GASTON AVE. 75246	L-C84	CHURCH	975	37		27 10	29 66	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH-; RES: GS,IM,OBG,ORS,PTH,PM,PS,CRS,R,TS, U;
CHILDREN'S MEDICAL CENTER 1935 AMELIA 75235	M-C84	NP CORP	122	72		10 2	12 29	INT: ST.PED-; RES: DR,NS,N,OTO,PD,PDC,R,TS;
DALLAS CHILD GUIDANCE CLINIC 2101 WELBORN 75219		NP CORP					4	RES: CHP;
GASTON EPISCOPAL 3505 GASTON AVE. 75246		NP CORP	107	47		1	3	RES: GS;
METHODIST HOSPITAL OF DALLAS 301 W. COLORADO 75208	L-084	CHURCH	577	42	2 5	10 17	19 36	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG-; RES: GS,IM,OBG,PTH,PD,R;
OFFICE OF THE COUNTY MEDICAL EXAMINER 5201 HARRY HINES BLVD. 75235		COUNTY				1	3	RES: FDP;
PARKLAND MEMORIAL 5201 HARRY HINES BLVD. 75235	M-084	DIST.	765	36		56 4	75 152	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH-; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PM,PS,P,R,TS,U;
PRESBYTERIAN HOSPITAL OF DALLAS 8200 WALNUT HILL LN. 75231	L-084	CHURCH	366	37		1	12 1	INT: ROT-; RES: PS,CRS,P,U;
ST. PAUL 5909 HARRY HINES BLVD. 75235	L-C84	CHURCH	490	33	2 9	9 17	17 39	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG-; RES: GS,IM,NS,OBG,PTH,R,TS;

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Narcosis Permits * Foreign and Non-Foreign	Medical School Affili- ations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	Non- For.*	Pos. Off. July 1, 1972	Approved Program
TEXAS, DALLAS - CONTINUED								
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 2201 WELBORN 75219	L-084	NP CORP	78					RES: ORS;
TIMBERLAWN PSYCHIATRIC 4600 SAMUELL BLVD. 75223	G-084	CORP.	152			4	15	RES: P;
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL 5323 HARRY HINES BLVD. 75235	M-084	NP CORP						RES: CHP;
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS (INCLUDES CHILDREN'S MEDICAL CENTER, PARKLAND MEMORIAL HOSP., PRESBYTERIAN HOSPITAL OF DALLAS, TEXAS SCOTTISH RITE HOSP., VETERANS ADMIN. HOSP., TERRELL STATE HOSP. (TERRELL))	M-084	MISC.			7	112	132	RES: DR, GS, NS, N, OPH, ORS, OTO, PS, P, R, TS, U;
VETERANS ADMIN. 4500 S. LANCASTER 75216	M-084	VA	733	41		4	15	INT: ST-MED.; 37 RES: GS, IM, N, OPH, DR, OTO, PTH, PS, P, R, TS, U;
EL PASO R. E. TOMASON GENERAL 4815 ALAMEDA AVE. 75905		DIST.	381	54	9	3	20	INT: ROT., ST-OBG.; 15 RES: GP, IM, OBG, PTH, U;
WILLIAM BEAUMONT GENERAL HAYES ST. 79920		USA	750	92		20	24	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-OBG.; 6 52 71 RES: GS, IM, OBG, ORS, PTH, PC, U;
FORT HOOD DARNALL ARMY 8 LCG 36000 76544		USA	392	50		3	9	RES: GS;
FORT WORTH FORT WORTH AFFILIATED HOSPITALS	G-084	MISC.				1		8 RES: ORS;
FORT WORTH CHILDREN'S HOSPITAL-FORT WORTH MEDICAL CENTER 1400 COOPER 76104	G-027	NP CORP	102	52				RES: ORS;
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER 1300 W. CANNON 76104		CHURCH	566	34			3	INT: ST-PATH.; 8 RES: AN, ORS, PTH;
JOHN PETER SMITH 1500 S. MAIN ST. 76104	G-084	DIST.	227	38		21	24	INT: ROT.; 16 RES: GP, ORS, OTO, U;
ST. JOSEPH 1401 S. MAIN 76104		CHURCH	502	26	1		1	RES: GS;
GALVESTON OFFICE OF GALVESTON COUNTY MEDICAL EXAMINER UNIVERSITY OF TEXAS MEDICAL BRANCH 77550		COUNTY	1086	56			1	RES: FOP;
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS 8TH & MECHANIC STS. 77550	M-085	STATE	1086	56	3	40	51	INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 18 158 249 RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PCA, FOC, PS, P, R, U;
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS	M-086	MISC.						INT: ROT., ST-MED., ST-SURG., ST-PED., ST-PATH.; 83 210 403 RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U;
BEN TAUB GENERAL 1502 TAUB LQDP 77025	M-086	DIST.	471	48	5	15	32	INT: ROT., ST-MED., ST-SURG., ST-PED.; RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, L;
BEN TAUB GENERAL HOSPITAL-METHODIST	M-086	MISC.			2	4	6	INT: ST-SURG.;
BEN TAUB GENERAL-ST. LUKE'S EPISCOPAL-TEXAS CHILDREN'S	M-086	MISC.			3	3	6	INT: ST-SURG.;
BEN TAUB GENERAL-TEXAS CHILDREN'S	M-086	MISC.			2	13	21	INT: ST-PED., ST-PATH.;
BEN TAUB GENERAL-VETERANS ADMIN.	M-086	MISC.			5	7	21	INT: ST-MED., ST-SURG.;
HERMANN 1203 ROSS STERLING AVE. 77025	L-085, 086	NP CORP	623	39	1	12	25	INT: ROT., ST-MED., ST-PATH.; 6 39 66 RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, CRS, U;
JEFFERSON DAVIS 1801 ALLEN PARKWAY 77019	M-086	DIST.	275	55				RES: AN, IM, OBG, PTH, PD, PM, TR;
MEMORIAL BAPTIST 1100 LOUISIANA 77002		CHURCH	1007	25	5	7	12	INT: ROT.; 9 RES: GP;
METHODIST 6516 BERTNER 77025	M-086	NP CORP	1040	56	1	18	21	INT: ST-MED., ST-SURG.; RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS;
ST. JOSEPH 1919 LA BRANCH 77002	L-085	CHURCH	743	42	6		13	INT: ROT., ST-PATH.;
ST. LUKE'S EPISCOPAL 6720 BERTNER 77025	M-086	CHURCH	388	52	1	1	6	INT: ST-MED., ST-SURG.; 4 RES: AN, GS, IM, OBG, PTH, TR, TS, L;



## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec % †	House Staff Sept. 1, 1970 For.	Non-For.*	Pos. Off. July 1, 1972	Approved Program
UTAH - CONTINUED								
PROVO UTAH STATE 1500 EAST CENTER 84601	G-087	STATE	557	10				RES: P;
SALT LAKE CITY HOLY CROSS HOSPITAL OF SALT LAKE CITY 1045 EAST FIRST SOUTH 84102	L-087	CHURCH	363	40		3	4	RES: AN, GS, NS, ORS, PTH;
LATTER-DAY SAINTS 325-8TH AVE. 84103	L-087	CHURCH	564	45	1	12	28	INT: ROT., ST. MED., ST. SURG.; 38 RES: AN, GP, GS, IM, OBG, ORS, PTH, PD, PS, R, TS;
OFFICE OF STATE MEDICAL EXAMINER-UNIVERSITY OF UTAH MEDICAL CENTER 44 MEDICAL CR. 84112	L-087	STATE				1	1	RES: FOP;
PRIMARY CHILDREN'S 320 TWELFTH AVE. 84103	L-087	CHURCH	135	76				RES: AN, ORS, PD, PS, R, TS;
ST. MARK'S 803 NORTH SECOND WEST 84103	G-087	CHURCH	258	45				3 RES: AN, ORS, R;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN FAIRFAX AT VIRGINIA STS., BOX 1865 84103	L-087	NP CORP	50					RES: AN, ORS, PD;
UNIVERSITY 50 NORTH MEDICAL DR. 84112	M-087	STATE	284	62				INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 6 RES: AN, CHP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U;
UNIVERSITY OF UTAH AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL AND SOME POSITIONS AT HOLY CROSS HOSP., LATTER-DAY SAINTS HOSP., PRIMARY CHILDREN'S HOSP., ST. MARK'S HOSP., SHRINERS HOSP. AND UTAH STATE HOSP. (PROVO)	M-087	MISC.				39	44	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 11 143 178 RES: AN, CHP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U;
UTAH STATE DEPT. OF HEALTH 44 MEDICAL CR. 84113		STATE				2	2	RES: PH;
VETERANS ADMIN. 500 FOOTHILL DR. 84113	M-087	VA	561	72				INT: ROT.; RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, R, TS, U;
VERMONT BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT COLCHESTER AVE. 05401	M-088	NP CORP	545	67		32	30	INT: ROT., ST. PATH.; 9 103 128 RES: AN, CHP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, P, R, U;
WHITE RIVER JUNCTION VETERANS ADMIN. CENTER NORTH HARTLAND RD. C5C01	L-052	VA	200	73				RES: GS, IM, NS, ORS, PTH, U;
VIRGINIA ALEXANDRIA ALEXANDRIA 4320 SEMINARY RD. 22314	L-C20	NP CORP	184	55		2	4	RES: PTH;
ARLINGTON ARLINGTON 5129 N. 16TH ST. 22205	M-019	NP CORP						RES: ORS, PD;
NATIONAL ORTHOPAEDIC AND REHABILITATION 2455 ARMY NAVY DR. 22206		NP CORP	140			1	3	8 RES: ORS;
CHARLOTTESVILLE UNIVERSITY OF VIRGINIA JEFFERSON PARK AVE. 22503	M-089	STATE	560	43		38	45	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 5 132 159 RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U;
UNIVERSITY OF VIRGINIA AFFILIATED HOSPITALS	M-089	MISC.				2	39	44 RES: GS, ORS, U;
CLIFTON FORGE CLIFTON FORGE-HUNTINGTON HOSPITALS 24422		NP CORP	205	20				RES: GS;
CLIFTON FORGE-HUNTINGTON AFFILIATED HOSPITALS (INCLUDES CLIFTON FORGE-HUNTINGTON HOSPITALS, CLIFTON FORGE-HUNTINGTON HOSPITALS (HUNTINGTON, W. VA.) AND LEWIS-GALE HOSPITAL (ROANOKE)	L-C92	MISC.				8	10	RES: GS;
DANVILLE MEMORIAL 142 SOUTH MAIN ST. 24541		NP CORP	325	36		2	4	10 RES: GS, PTH, U;
FALLS CHURCH FAIRFAX 3300 GALLOWS RD. 22046	M-020 L-019	NP CORP	497	36				12 INT: ROT.; 2 RES: GS, OBG, PTH;
FAIRFAX-FALLS CHURCH MENTAL HEALTH CENTER 2949 SLEEPY HOLLOW RD. 22044		STATE				1	2	RES: CHP;

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Name and Location	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1970 For.	House Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
VIRGINIA, FALLS CHURCH - CONTINUED								
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE 3302 GALLGWS RD. 22046		STATE	120				9 RES: P;	
FORT BELVOIR DE WITT ARMY BLDG. 808 22060		USA	300	80		5	5 RES: GS;	
NEWPORT NEWS NEWPORT NEWS SHIP BUILDING AND DRY DOCK COMPANY 23607		CORP.					1 RES: OM;	
RIVERSIDE J. CLYDE MORRIS BLVD. 23606	M-C90	NP CORP	563	35	1	15 5	16 INT: ROT.; 19 RES: FP,GP,GS,OBG,PTH,R;	
NORFOLK CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 609 COLLEY AVE. 23057	L-C85	NP CORP	88	69	8	1	3 INT: ST.PED.; 7 RES: PD;	
DE PAUL KINGSLEY LANE AND GRANBY ST. 23505	M-C9C	NP CORP	298	34	9	15	12 INT: ROT.; 17 RES: GP,GS,PTH,R;	
NORFOLK COMMUNITY 2535 CORPREW AVE. 23504	G-021	NP CORP	190	19			4 RES: GP;	
NORFOLK GENERAL 600 GRESHAM DR. 23507		NP CORP	705	39	9	11 15 28	22 INT: ROT.,ST.PATH.,ST.OBG.; 59 RES: GP,GS,IM,OBG,PTH,PS,R,U;	
U. S. PUBLIC HEALTH SERVICE 6500 HAMPTON BLVD. 23508		USPHS	210	42		2	8 INT: ROT.; 6 RES: GP;	
PETERSBURG CENTRAL STATE BOX 271 23803		STATE	4721	17	4		10 RES: P;	
PORTSMOUTH MARYVIEW 3636 HIGH ST. 23707		CHURCH	291	22	2		8 RES: GP;	
NAVAL 23708		USN	1539	71	29	59	30 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; 82 RES: GS,IM,OBG,ORS,PTH,PD,U;	
NORFOLK NAVAL SHIPYARD		USN					1 RES: OM;	
PORTSMOUTH GENERAL 900 LECKIE ST. 23704		NP CORP	252	24	4	1	10 RES: GP;	
RICHMOND CRIPPLEE CHILDREN'S 2924 BROOK RD. 2322C		NP CORP	100				RES: ORS;	
JOHNSTON-WILLIS 2908 KENSINGTON AVE. 23221	M-C9C	CORP.	318	33	1	4	14 INT: ROT.; 10 RES: GS;	
MEDICAL COLLEGE OF VIRGINIA BOX 41 23219	M-C9C	NP CORP			1	1	3 RES: FOP;	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS 1200 E. BROAD ST. 23219	M-C90	STATE	1021	29	25	81	130 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,D,FP,GS,IM,NS,N,CBG,CPH,ORS, OTO,PTH,PD,PDA,PDC,PM,P,R,TR,U;	
RICHMOND MEMORIAL 1300 WESTWOOD AVE. 23227	M-C9C	NP CORP	441	33			4 RES: GS,PTH,U;	
STATE OF VIRGINIA DEPT. OF PUBLIC HEALTH 109 GOVERNOR ST. 23219		STATE				1	1 RES: PH;	
VETERANS ADMIN. 1201 BROAD ROCK RD. 23219	M-O9C	VA	848	55	2	5	10 INT: ROT.; RES: D,GS,IM,NS,N,OPH,ORS,OTC,PTH,PM,R, U;	
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS (INCLUDES MEDICAL COLLEGE OF VIRGINIA HOSPITALS AND VETERANS ADMIN. HOSPITAL, AND SOME POSITIONS AT RICHMOND MEMORIAL HOSPITAL, AND RIVERSIDE HOSPITAL (NEWPORT NEWS))	M-C9C	MISC.			3	73	94 INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; 14 159 221 RES: AN,D,FP,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PM,P,R,TR,U;	
VIRGINIA TREATMENT CENTER FOR CHILDREN 515 NORTH 10TH ST. 23219	M-C9C	STATE	40			1	5 RES: CHP;	
ROANOKE COMMUNITY HOSPITAL OF ROANOKE VALLEY 101 ELM AVE., P. O. BOX 2201 24005		NP CORP	400	32	1	3	12 INT: ROT.; 8 RES: GS;	
LEWIS-GALE 3D ST. AND LUCK AVE. 24007		CORP.	140				RES: GS;	
ROANOKE MEMORIAL HOSPITALS BELLEVUE AT JEFFERSON ST. 24014		NP CORP	475	29	2	21 5	20 INT: ROT.; 26 RES: GP,GS,ORS,PTH,R;	
SALEM VETERANS ADMIN. 1970 BOULEVARD, ROANOKE 24153	G-C85	VA	1543	29			RES: GS,U;	

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff For. Sept. 1, 1970	Non-For.*	Pos. Off. July 1, 1972	Approved Program
VIRGINIA - CONTINUED								
SUFFOLK LOUISE GBICI MEMORIAL WINSOR RC. 23434		NP CORP	201	28	8		7	RES: GP;
WILLIAMSBURG EASTERN STATE DRAWER A 23185		STATE	2390	17	2	4	12	RES: P;
WASHINGTON FORT STEILACOM WESTERN STATE 98494	G-C91	STATE	1643	26	3	3	12	RES: P;
OLYMPIA STATE OF WASHINGTON DEPT. OF HEALTH OLYMPIA AIRPORT 985C1		STATE					2	3 RES: PH;
RICHLAND HANFORD ENVIRONMENTAL HEALTH FOUNDATION P. C. BOX 100 99352		NP CORP						1 RES: OM;
SEATTLE BOEING COMPANY P. O. BOX 3707, M.S. 1C-27 98124		CORP.						2 RES: OM;
CHILDREN'S MEDICAL CENTER-UNIVERSITY	M-C91	MISC.				12	10	INT: ST-PED.;
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER 4800 SAND POINT WAY N. E. 98105	M-091	NP CORP	223	92	1		2	INT: ST-PED. ; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD, PDA,PM,TR;
DOCTORS 909 UNIVERSITY ST. 98101		NP CORP	183	32	2	3	8	INT: ROT. ; 1 RES: GS;
GROUP HEALTH 201 16TH AVE. E. 98102		NP CORP	167	51		3	6	RES: FP;
HARBORVIEW MEDICAL CENTER 325 NINTH AVE. 98104	M-C91	COUNTY	276	74	1	32	13	INT: ROT.,ST-MED.,ST-SURG. ; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PDA,PM,P,TR,U;
KING COUNTY -SEE HARBORVIEW MEDICAL CENTER								
PROVIDENCE 17TH & E. JEFFERSON 98122	L-091	CHURCH	337	51	2	6	12	INT: ROT. ; 17 RES: GP,GS,PTH;
SWEDISH HOSPITAL MEDICAL CENTER 1212 COLUMBIA 98104	L-091	NP CORP	461	44	2	13	12	INT: ROT. ; 23 RES: GS,OBG,ORS,PTH,R;
U.S. PUBLIC HEALTH SERVICE 1131 14TH AVE. S. 98144	M-091 L-082	USPHS	281	81				INT: ST-MED. ; RES: GS,IM,OPH,ORS,OTO,PTH,PM,U;
UNIVERSITY 1959 N. E. PACIFIC ST. 98105	M-091	STATE	322	83	1	2	4	INT: ST-MED.,ST-SURG.,ST-PED.,ST-PATH. ; 15 RES: AN,CHP,DR,D,GS,IM,NS,N,CBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PM,P,TR,U;
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS (INCLUDES POSITIONS AT CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER, HARBORVIEW MEDICAL CENTER, SWEDISH HOSPITAL MEDICAL CENTER, U. S. PUBLIC HEALTH SERVICE HOSP., UNIVERSITY HOSP. AND VETERANS ADMIN. HOSP)	M-091	MISC.			27	34	39	INT: ST-MED.,ST-SURG.,ST-PED.,ST-PATH. ; 360 RES: AN,CHP,DR,GS,IM,NS,N,CBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PM,P,TR,U;
UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH & COMMUNITY MEDICINE DEPT. OF PREVENTIVE MEDICINE 98105	M-091	STATE			3	8	42	RES: GPM,PH;
VETERANS ADMIN. 4435 BEACON AVE. S. 98108	M-091	VA	317	78				INT: ST-MED. ; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,PTH,PM,P, TR,U;
VIRGINIA MASON 1111 TERRY AVE. 98101	L-C91	NP CORP	292	64	4	17	17	INT: ROT.,ST-MED. ; 43 RES: AN,GS,IM,PTH,R,U;
SEDRO WCOLLEY NORTHERN STATE BOX 309 98284	G-091	STATE	905	60	2	6	4	RES: P;
SPOKANE DEACONESS 800 W. FIFTH AVE. 99210		CHURCH	300	44	12		12	INT: ROT. ; 2 RES: PTH;
SACRED HEART W. 101 EIGHTH AVE. 99204		CHURCH	497	42	2	15	15	INT: ROT. ; 13 RES: GS,OBG,PTH,R;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN NORTH 820 SUMMIT BLVD. 99201	G-091	NP CORP	40					RES: ORS;
TACOMA MADIGAN GENERAL 98431	L-091	USA	1279	85		33	37	INT: ROT.,ST-MED.,ST-SURG.,ST-PED., ST-OBG. ; 60 RES: GS,IM,OBG,OTO,PTH,PD;
TACOMA GENERAL 315 SOUTH K ST. 98405	G-091	NP CORP	245	33		1	4	RES: AN,PTH;

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WEST VIRGINIA								
BECKLEY APPALACHIAN REGIONAL BOX 1149 258C1	L-092	NP CORP	221	42	11	1	20	RES: GS, IM, PTH;
CHARLESTON CHARLESTON GENERAL BROCKS ST. & ELMWOOD AVE. 25325	L-092	NP CORP	360	24	8		17	RES: GS, PTH, U;
MEMORIAL 320C NOYES AVE. S. E. 253C4	L-C92	NP CORP	443	30	1	3	16	INT: ROT., ST. MED.; 26 RES: GS, IM, OBG, PTH, PD, U;
MEMORIAL HOSPITAL-CHARLESTON GENERAL	L-092	MISC.			3		3	RES: U;
CLARKSEURG VETERANS ADMIN. 26301	M-092	VA						RES: GS;
HUNTINGTON CABELL HUNTINGTON 1340 16TH ST. 257C1	L-C92	NP CORP	280	63		1	4	RES: PTH;
CLIFTON FORGE-HUNTINGTON HOSPITALS 1801 SIXTH AVE. 257C3	L-C92	NP CORP	175	14				RES: GS;
MARTINSBURG VETERANS ADMIN. CENTER 25401	L-020	VA	705	43			4	RES: PTH;
MORGANTOWN WEST VIRGINIA UNIVERSITY MEDICAL CENTER MEDICAL CENTER 26506	M-092	STATE	438	58	2	11	22	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 137 RES: AN, D, GS, IM, NS, N, C, BG, OPH, ORS, OTG, PTH, PD, P, R, U;
PHILIPPI BROADCUS COLLEGE HILL 26416	L-C92	NP CORP	101	37	3	1	4	RES: GS;
SOUTH CHARLESTON HERBERT J. THOMAS MEMORIAL 4605 MAC CORKLE AVE S. W. 253C5	L-C92	NP CORP	229	25			4	RES: GP;
WHEELING OHIO VALLEY GENERAL 2000 ECFF ST. 260C3	L-C92	NP CORP	433	34	9	3	17	INT: ROT., ST. SURG., ST. OBG.; 26 RES: GS, IM, OBG, PTH, R;
WHEELING 109 MAIN ST. 260C3	L-092	CHURCH	229	29	7		10	INT: ROT.; 4 RES: GP;
WISCONSIN								
EAU CLAIRE LUTHER 310 CHESTNUT ST. 547C1		NP CORP	336	41		1	3	RES: PTH;
LA CROSSE LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC 1836 SOUTH AVE. 546C1	L-C93	NP CORP	350	62	10	4	11	INT: ROT., ST. MED.; 15 RES: GS, IM, PD;
MADISON CHILDRENS TREATMENT CENTER 3814 HARPER RD. 537C4	G-093	STATE	27					RES: CHP;
MADISON GENERAL 202 S. PARK ST. 53715	M-C93	NP CORP	473	47	1	3	6	INT: ROT.; 4 RES: GS, IM, OBG, ORS, OTO, PTH, PD, U;
MENDOTA STATE 301 TRCY CR. 537C4	M-C93	STATE	673					RES: P;
ST. MARYS HOSPITAL MEDICAL CENTER 720 S. BROOKS ST. 53715	M-093	CHURCH	332	42				RES: OBG, ORS, PD, U;
STATE OF WISCONSIN BOARD OF HEALTH 1 W. WILSON ST. 537C2		STATE				1	2	RES: PH;
UNIVERSITY FAMILY HEALTH SERVICE 1552 UNIVERSITY AVE. 537C6	M-093	NP CORP	332	42			12	RES: FP;
UNIVERSITY HOSPITALS 1300 UNIVERSITY AVE. 53706	M-C93	STATE	692	70	1	49	51	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. PATH.; 54 RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, U;
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITALS, CHILDRENS TREATMENT CENTER, MADISON GENERAL HOSPITAL, ST. MARYS HOSPITAL, VETERANS ADMIN. HOSPITAL, MENDOTA STATE HOSPITAL, AND MARSHFIELD CLINIC (MARSHFIELD))	M-C93	MISC.			29	182	242	RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, R, U;
UNIVERSITY OF WISCONSIN MEDICAL CENTER	M-093	STATE						RES: FP
VETERANS ADMIN. 2500 OVERLOOK TERR. 53705	M-093	VA	420	71				RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, U;
MARSHFIELD								
MARSHFIELD CLINIC 650 S. CENTRAL AVE. 54449	M-093	NP CORP						RES: D;
ST. JOSEPH'S 611 ST. JOSEPH AVE. 54449	M-C93	NP CORP	408	40	1	1	8	INT: ROT.; 1 RES: GS;



CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Number of Beds	Nec % †	House Staff For. †	Staff Non-For.*	Pos. Off. July 1, 1972	Approved Program
WISCONSIN - CONTINUED								
MILWAUKEE ALLIS-CHALMERS MFG. CO. 1126 S 70TH ST. 53201		CORP.					1 RES: OM;	
COLUMBIA 3321 N. MARYLAND AVE. 53211	G-094	NP CORP	423	58		3	13 INT: ROT., ST. PATH.; 7 RES: GS, ORS, PTH, R, U;	
EVANGELICAL DEACONESS 620 NORTH 19TH ST. 53233	G-094	CHURCH	268	36	12	5	18 INT: ROT.; 18 RES: GP, GS, PTH, R, TS;	
LUTHERAN HOSPITAL OF MILWAUKEE 2200 W. KILBOURN AVE. 53233	G-094	NP CORP	349	38		1	13 INT: ROT., ST. PATH.; 7 RES: GS, OPH, PTH, R, U;	
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS (INCLUDES MILWAUKEE CHILDREN'S HOSP., MILWAUKEE COUNTY GENERAL HOSP., VETERANS ADMIN. CENTER (WOOD), AND SOME POSITIONS AT COLUMBIA HOSP., EVANGELICAL DEACONESS HOSP., AND LUTHERAN HOSPITAL OF MILWAUKEE)	M-094	MISC.			36	176	INT: ROT., ST. MED., ST. SURG., ST. PATH.; 259 RES: AN, GS, IM, NS, N, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TS, U;	
MEDICAL COLLEGE OF WISCONSIN DIVISION OF PREVENTIVE MEDICINE 1725 W. WISCONSIN AVE. 53233	M-094	NP CORP					8 RES: GPM;	
MILWAUKEE CHILDREN'S 1700 W. WISCONSIN AVE. 53233	M-094	NP CORP	200	80	1	2	8 INT: ST. PED.; 8 RES: CHP, GS, N, OPH, ORS, PTH, PD, PDA, PDC, PS, P, R, TS, U;	
MILWAUKEE COUNTY GENERAL 8700 W. WISCONSIN AVE. 53226	M-094	COUNTY	563	51		44	53 INT: ROT., ST. MED., ST. SURG., ST. PATH.; 24 RES: AN, GS, IM, NS, N, OPH, ORS, PTH, PD, PDA, PM, PS, R, TS, U;	
MILWAUKEE COUNTY MENTAL HEALTH CENTER 9151 WATERICK PLANK RD. 53226	M-094	COUNTY	6812				RES: CHP, P;	
MOUNT SINAI MEDICAL CENTER 948 N. 12TH ST. 53233	L-093 G-094	NP CORP	358	32	11	2	18 INT: ROT., ST. PATH.; 21 RES: GS, IM, OBG, PTH;	
ST. FRANCIS 3237 S. 16TH ST. 53215		NP CORP	255	21			2 RES: PTH;	
ST. JOSEPH'S 5000 W. CHAMBERS 53210	L-094	CHURCH	540	39	4	18	15 INT: ROT.; 24 RES: GS, OBG, PTH, R;	
ST. LUKE'S 2900 W. OKLAHOMA AVE. 53215	G-094	NP CORP	503	48	1	3	14 INT: ROT., ST. SURG.; 21 RES: GS, PTH, R, TS;	
ST. MARY'S 2320 N. LAKE DR. 53211	G-094	CHURCH	296	41	3	1	10 INT: ROT.; 7 RES: OBG, PTH;	
ST. MICHAEL 2400 WEST VILLARD AVE. 53209		NP CORP	297	43	12	4	12 INT: ROT.; 12 RES: GP;	
VETERANS ADMIN. CENTER (WOOD) 5000 W. NATIONAL AVE. 53193	M-094	VA	958	72	4	17	20 RES: AN, O, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U;	
WAUWATCSA MILWAUKEE PSYCHIATRIC 1220 DEWEY AVE. 53213		NP CORP	120	82			RES: P;	
WINNEBAGO WINNEBAGO STATE 54985		STATE	814	34		3	12 RES: P;	

† Necropsy Percentage  
\* Foreign and Non-Foreign

# ABBREVIATIONS AND NOTES

## Symbols in Column for Medical School Affiliations:

10 through 113—see list below of names of medical schools, under heading of "Medical School Affiliations."

## Abbreviations Used in Column for Control:

AEC	Atomic Energy Commission
Church	Church Related
CyCo	City and County
Corp	Corporation
Dist	District
Fed	Federal
HEW	Department of Health, Education, and Welfare
NPCorp	Nonprofit corporation
Part	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USPHS	U.S. Public Health Service
Misc	Miscellaneous

## Abbreviations Used for Approved Internships:

St.	Straight
Int.	Internship
Med.	Internal Medicine
Surg.	Surgery
Ped.	Pediatrics
ObG	Obstetrics-Gynecology
Path.	Pathology

## Other Symbols and Abbreviations Used in Directory:

Nec	Necropsy
#	Internships begin during June rather than July 1.
For.	Foreign (medical graduate)

## For Orthopedic Surgery Residencies:

A	Adult Orthopedics
C	Children's Orthopedics
F	Fractures

## Abbreviations Used for Residencies:

Res.	Residencies
AM	Aerospace Medicine
An	Anesthesiology
ChP	Child Psychiatry
CRS	Colon and Rectal Surgery
D	Dermatology
FoP	Forensic Pathology
DR	Diagnostic Radiology
FP	Family Practice
GP	General Practice
GPM	General Preventive Medicine
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
ObG	Obstetrics-Gynecology
OM	Occupational Medicine
Oph	Ophthalmology
OrS	Orthopedic Surgery
Oto	Otolaryngology
Pth	Pathology
PdA	Pediatric Allergy
Pd	Pediatrics
PdC	Pediatric Cardiology
PM	Physical Medicine and Rehabilitation
PS	Plastic Surgery
P	Psychiatry
PH	Public Health
R	Radiology
GS	Surgery
TR	Therapeutic Radiology
TS	Thoracic Surgery
U	Urology

## Medical School Affiliations

Numbers 10 to 113 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships and graduate education.

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

- |   |  |
|---|--|
| 10. Medical College of Alabama, Birmingham, Ala.                      | 16. University of California School of Medicine, San Francisco         |
| 11. University of Arkansas School of Medicine, Little Rock, Ark.      | 17. University of Colorado School of Medicine, Denver                  |
| 12. Loma Linda University School of Medicine, Loma Linda, California  | 18. Yale University School of Medicine, New Haven                      |
| 13. The UCLA School of Medicine, Los Angeles                          | 19. Georgetown University School of Medicine, Washington, D. C.        |
| 14. University of Southern California School of Medicine, Los Angeles | 20. George Washington University School of Medicine, Washington, D. C. |
| 15. Stanford University School of Medicine, Stanford, Calif.          | 21. Howard University College of Medicine, Washington, D. C.           |

22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Miami, Fla.
24. Medical College of Georgia, Augusta, Georgia
25. Emory University School of Medicine, Atlanta, Ga.
26. Chicago Medical School, University of Health Sciences, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University Stritch School of Medicine, Maywood
29. University of Chicago Pritzker 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 College of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville, Ky.
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University College of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N. H.
53. New Jersey College of Medicine and Dentistry, Newark, 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, New York City
60. New York University School 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, College of Medicine, 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, Ohio
68. Case 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 of Philadelphia, Philadelphia
73. Jefferson Medical College of Thomas Jefferson University, Philadelphia
74. Temple University of the Commonwealth System of Higher Education 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 University of South Carolina College of Medicine, Charleston
80. University of South Dakota School of Medicine, Vermillion, S. D.
81. University of Tennessee College of Medicine, Memphis
82. Meharry Medical College School of Medicine, 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 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 School of Medicine Virginia Commonwealth University, 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. Medical College of Wisconsin, Milwaukee
95. University of California, Irvine California College of Medicine, Los Angeles
96. University of New Mexico School of Medicine, Albuquerque
97. University of North Dakota School of Medicine, Grand Forks
98. Michigan State University College of Human Medicine, East Lansing
99. Rutgers Medical School, Rutgers—The State University, New Brunswick, N. J.
100. University of Arizona College of Medicine, Tucson
101. Brown University Program in Medical Science, Providence, R. I.
102. University of California, Davis School of Medicine, Davis
103. University of California at San Diego School of Medicine, San Diego
104. University of Connecticut School of Medicine, Hartford, Connecticut
105. University of Hawaii School of Medicine, Honolulu, Hawaii
106. Louisiana State University Medical Center Shreveport School of Medicine, Shreveport, Louisiana
107. University of Massachusetts Medical School, Worcester, Massachusetts
108. Mount Sinai School of Medicine of the City University of New York, New York, New York
109. State University of New York at Stony Brook Health Sciences Center, Stony Brook, New York
110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania
111. University of Texas Medical School at San Antonio, San Antonio, Texas
112. Medical College of Ohio at Toledo, Toledo, Ohio
113. Mayo Graduate School of Medicine, Rochester, Minnesota

# The National Intern and Resident Matching Program

The Directory of Approved Internships and Residencies lists all of the hospitals with intern and resident training programs approved by the Council on Medical Education of the AMA. For the past 20 years, over 98% of the hospitals approved for intern training have participated in the matching program for such appointments. The matching program is limited to those hospitals which have signed an agreement to participate for the coming year and to abide by the rules and regulations.

Because essentially all specialty boards have made significant modifications in their internship requirements, it is now possible for medical students to apply for a first year of graduate medical education either in one of the existing types of internships or in a first year of residency in most specialties. Most specialty boards will still recognize certain types of internship experience for credit toward specialty board certification at a future date.

These recent policy changes have made it possible for new medical graduates to select their first year of graduate medical education from a much broader program base. Because of a consensus among medical students as well as the organizations sponsoring the NIRMP that the first year of graduate medical education continue to be included in the matching program, it has become necessary to assign a matching program code number to each approved program in the directory—whether listed as an internship or as a residency.

Assignment of a code number to a residency program has exactly the same significance as assignment of a number to an internship program. It applies only to the initial year, is available if a program director elects to offer a first-year residency to medical students, but it does not obligate him to participate in the program if he does not choose to select some of his first-year residents from among new medical graduates.

In this Directory the federal services, except for the Veterans Administration, are listed first. Please note that the Air Force may not be participating in the matching program covering 1972 appointments. This is related to a cutback in personnel and federal funding and also to the fact that students who are Air Force sponsored are subject to government control. In applying for training in the Army, 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 Army will attempt to meet the student's first choice. In cases where 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, at the Army, and not to a particular hospital within it. If you are applying for training in the Navy or Public Health Service you are to apply directly to the hospital involved. If you have more than one choice of a Hospital, please list each hospital as a completely separate choice on your ranking list. All Naval and Public Health Service Hospitals will be acting as independent agents in the selection of candidates under the National Intern and Resident Matching Program again this year. Matching will take place to a specific Naval or Public Health Service Hospital rather than to the Federal Service itself. The government services do not issue 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 Program Director.

The Directory 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 each list but will be found along with certain other basic data in the Consolidated List of Hospitals with approved graduate training programs.

The code number designates one specific type of program 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 programs 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 programs, he must indicate on his confidential preference blank his preference for the specific type of program in that hospital for which he has applied. For example, if a student applies for a residency in surgery and also a general rotating internship at the same hospital, he must rank these just as if they were in 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 positions in 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 candidates and because of an equally strong desire of some students to serve 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.

In February 1968, the corporation, National Intern Matching Program (NIMP) became the National Intern and Resident Matching Program (NIRMP). Depending upon the option of organizations sponsoring resident matching, this provided a mechanism for matching to the

first year of residency following a year of internship.

Thus the Association of Professors of Psychiatry sponsored a matching program for first-year residencies beginning in 1967 and 1968. The Association of Medical School Pediatric Department Chairmen did the same for first-year residencies beginning in 1968. Neither Association will sponsor matching programs for residencies beginning in 1972.

The American Academy of Orthopaedic Surgeons and the American Orthopaedic Association sponsored a matching program for first-year residencies beginning in 1969, 1970, and 1971, but will not sponsor a program for residencies beginning in 1972. A matching program for first-year radiology residencies beginning in 1970 and 1971 was sponsored by The American College of Radiology and again will be sponsored for 1972 residencies.

This is the only specialty in which a separate matching program is operating, and it applied only to Radiology residencies which follow a year of internship.

### WHAT THE PARTICIPATING STUDENT DOES

The student participating in the matching program for appointment in 1972 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 \$4.00. 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 internship or participating residency program in any NIRMP member hospital listed in this directory. The listed hospitals and participating programs have agreed not to offer appointments before March 31, 1972, to anyone not in the plan.

There are over 8,000 programs in nearly 1,500 hospitals. NIRMP agreements are with hospitals as corporate entities, even though some of the individual programs in those hospitals may not be participants in the matching program. A supplementary directory is published in December and made available to each student so that he can identify those hospitals or programs which are not in the NIRMP.

3. He applies for appointment 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 October 1 and January 11, 1972.

5. The student submits, on a form sent to him, the confidential rank order list of his preference among the positions for which he has applied. This list is to be mailed so as to arrive at the NIRMP office in Evanston on or before January 17, 1972. The confidential lists should be submitted as early as the student has definitely decided about the rank order of his hospitals.

6. The student will receive before February 22, 1972, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIRMP. Corrections cannot be made after February 28, 1972, when the matching process takes place.

7. The student will receive on March 31, 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 serve 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 NIRMP 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 appointment 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 position 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 and Resident Matching Program, you are then at liberty to make application. After selection of the several most promising programs, 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 NIRMP, 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 programs 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 positions greatly outnumber the applicants for the coming year, no applicant need be denied appointment to a program 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 a program 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 8,000 programs thought most desirable by other applicants. You should list correctly the several programs 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 program 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 NIRMP 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 programs. 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 and Resident Matching Plan, was the member-at-large student director of NIRMP. 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 NIRMP.)

This is an explanation of how the National Intern and Resident Matching Program acts as your agent in trying to get you the program 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 and residents 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 Evanston to arrive by January 17.

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 program 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 program 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 a program previously held for you whenever the clearing house finds that you are offered another program. The program you no longer want is offered to the next applicant on the hospital's list. Thus the hospitals use the National Intern and Resident Matching Program as their agent in offering programs 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 candidates it needs.

If you have not been matched by the steps described so far, your first hospital choice 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 program 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 program on your list that has an opening for you.
2. Whether or not a program is "open to you" is determined by whether or not the program 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 program. They are that the program 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 program he prefers.

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

Here Midwest Hospital has ranked its 7 applicants in the order in which they are shown on the ladder. They offer four positions. 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 different program ladders in the matching program. As soon as a man gets within a quota of a program 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 program is filled by men it prefers.

Consider an example showing the full matching of a specific program for three hospitals and three students.

### Example

#### Student Confidential Preference Lists

*Green*

1. Mt. Sinai
2. Internia

*Smith*

1. Mt. Sinai
2. Internia

*Jones*

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

#### Hospital Preference Lists

*Mt. Sinai (2)*

1. Jones
2. Smith
3. Green

*Internia (1)*

1. Smith
2. Jones
3. Green

*St. Joseph (1)*

1. Jones

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



Consider Green, whose first choice is Mt. Sinai, which offers two programs, 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 position, 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 positions, Smith can be permanently "matched." Since Smith is now matched at his first choice hospital, his name is removed from Internia, his second choice, and Jones and Green slide up.

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

#### Student Lists

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

#### Hospital Lists

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

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

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

#### Student Lists

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

#### Hospital Lists

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

The removal of Jones' name from Mt. Sinai allows Green to slide up into second place. Since two positions 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 matched no candidate 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 appointment by using the Matching Program as your agent.

1. Which program 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 appointment 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 programs 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 positions offered than there are students to take them (15,000 vs. 8,000). Therefore many positions 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 appointment 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 appointments, 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 candidates 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 serving 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 positions left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 18. 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 serve there more than at other hospitals which want them.

In 1970 this happened to less than 4% (274) of the students in the program. They were very quickly taken by the 689 (out of 734) hospital units which sought, but failed to get, 7,454 interns through the Matching Program.

There were some very desirable positions 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 by getting an appointment 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. 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 program 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 actual matching problem, due to its complexity and the need for speed and accuracy, is done on computers. These machines are rigidly self-controlled and externally audited while solving the matching problem so that there will be no error. 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 candidates, 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 \$4.00 toward the cost of operating the Evanston office of the National Intern and Resident Matching Program, (which is a non-profit corporation). Three students sit on the Board of Directors of the corporation—one representing the Student AMA and the others—two students-at-large. Also represented are the hospital associations, the Association of American Medical Colleges, the American Medical Association, and the American Board of Medical Specialties.

# NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 Orrington Avenue, Evanston, Illinois 60201

## STUDENT AGREEMENT

Please return with your fee to N.I.R.M.P. Office by June 18, 1972

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 a first-year appointment in graduate medical education to start between April 1 and December 31, 1972. I agree to participate in and abide by the results of the matching plan for internship/residency appointment. In particular, I understand that I am agreeing:

1. To apply for internship/residency 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 October, 1971.

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/residency 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.R.M.P. cannot accept me as an intern/resident unless I have this release.

3. To abide by the official schedule, including ranking the internships/residencies for which I have applied and returning my confidential ranking form before January 18, 1972.

4. To send herewith a non-refundable fee of \$4.00 to help cover costs of participation in the matching plan.

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

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

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

My confirmed confidential rating blank, giving my order of preference, is to be the sole determinant of the order of my preference among the internships/residencies 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 18, 1971.

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/Residency Appointment of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, American Board of Medical Specialties, the Catholic Hospital Association, the American Medical Association, the Student Medical Association, and the medical services of the federal agencies offering internships/residencies.

Please return the Student Agreement and fee to your Dean or the N.I.R.M.P. Office by June 18, 1972.

**OCTOBER 30, 1971 DEADLINE FOR FOREIGN MEDICAL SCHOOL GRADUATES TO REGISTER IN NIRMP.**

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM  
1603 Orrington Avenue Evanston, Illinois 60201

POLICY REVISIONS 1972-73 MATCHING PROGRAM

*MARRIED STUDENTS*

One new exception will be made for that relatively small number of medical students who are or will be married to each other by the time of graduation and who wish to secure appointments in the same community. Such couples may exercise the option of participating in NIRMP as individuals without special consideration or, with appropriate confirmation from the dean's office, may function as free agents and negotiate directly with program directors.

Institutions will be free to appoint such individuals without jeopardizing their participation in the matching program; however, any such appointments which reduce the quota for matching purposes should be reported promptly to the NIRMP office no later than the January 1 deadline.

The number of such couples is small and relatively constant, and the cost and effort to arrange their matching through computer programming is prohibitive.

*DUAL PARTICIPATION IN CANADIAN MATCHING PROGRAM (CIMS) AND NIRMP*

U. S. and Canadian students will be permitted to participate in both matching programs. As the CIMS results are known one month earlier, students participating in both programs must agree to accept the Canadian program to which they are matched. It must also be their understanding that their names will be automatically withdrawn from the NIRMP. The deletion of a name from NIRMP eliminates any possibility of double matching. Those not matched by the CIMS will remain in the NIRMP and will be eligible for matching under NIRMP. This revision in policy will permit American medical students to compete for internship positions in Canadian hospitals without jeopardizing their status with NIRMP and vice versa.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM  
1603 Orrington Avenue Evanston, Illinois 60201

## HOSPITAL AGREEMENT

For First-Year Appointments in Graduate Medical Education 1972-73  
(Starting between April 1 and December 31, 1972)

Name of Institution \_\_\_\_\_

Location of Institution \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

On behalf of the institution named above, I agree to participate and to abide by the regulations of the National Intern and Resident Matching Program for appointment of students to first-year positions in graduate medical education 1972-73 (starting service from April 1 through December 31, 1972).

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

1. Participate in NIRMP as a corporate entity.
2. List with NIRMP all programs and positions which are being made available to students. Positions in programs which are to be offered to physicians presently serving as interns, in military service, or in other postgraduate activities, need not be listed with NIRMP.
3. Offer appointment to all applicants matched with this hospital by the matching program, the matched applicants being the highest ranked applicants on this hospital's confidential ranking form who wish to serve here more than at any other hospital available to them.
4. Restrict 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.
5. 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.
6. Their authorized administrative official notifying NIRMP by December 1, 1971 of any program not offering any positions to students. All applicants who may have applied for positions in such programs should be notified; with carbon copies to the deans of their respective medical schools. Each participating director must decide on the number of first-year positions he wishes to offer to medical students, and the authorized administrative official must notify NIRMP of this figure by January 1, 1972.
7. Abide by the official schedule including accepting no applications from participants in the matching plan after January 10, 1972; rating applicants and returning rating form by January 17, 1972; offering formal appointments promptly to individuals matched by the plan with this hospital, and not later than April 21, 1972.
8. Not accept an applicant who was matched elsewhere and subsequently not released.
9. Pay a service fee of \$8.00 for each applicant matched through the plan.

We understand further that although we may freely discuss any matter we choose with the applicant, no participating hospital has the right, under the plan, to demand or to require that the applicant state how he will rank this hospital on his confidential rating blank. We also understand that the applicant 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 applicant, is subject to change based on further considerations. We understand that we, as well as the applicant, 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 preference among our applicants.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Authorized Administrative Official

The Matching Program is the official cooperative plan, for first-year appointments in graduate medical education, 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, the American Board of Medical Specialties, the Association for Hospital Medical Education, and the medical services of the federal agencies offering internships.

PLEASE RETURN THIS FORM BY AUGUST 1, 1972

## NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

## SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR FIRST-YEAR APPOINTMENTS

IN GRADUATE MEDICAL EDUCATION FOR 1972-73

1. OCTOBER, 1971. Hospital directory published, containing the number of internships/residencies authorized and the description, at each participating hospital.
2. OCTOBER 1, 1971—JANUARY 11, 1972. Period for students to make application for internship/residency 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, 1971. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1971.
3. OCTOBER 1, 1971—JANUARY 11, 1972. The deans may send letters of recommendation to the hospitals at any time after October 1, 1971, but in so far as possible letters should be sent by December 20, 1971, so that the hospitals may have this information when the students are interviewed.
4. NOVEMBER, 1971. Student directory published containing name and medical school of each participating student.
5. JANUARY 17, 1972. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as soon as the student has definitely decided about the exact rank order of the hospitals.
6. FEBRUARY 21, 1972. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 28, 1972. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 29, 1972. Matching operation begins.
9. MARCH 27, 1972. Results of the matching plan are mailed from Evanston to students, via the Dean's office, and hospitals.
10. MARCH 31, 1972. Results are given to students by Deans. Hospitals receive results.
11. APRIL 1—APRIL 18, 1972. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1971.

**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, 1971

Hospitals 896\*

Internship Positions, 15,354\*

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

Family Practice residencies are no longer listed among internships; they are listed, with Matching Code Numbers, in the section on Approved Residencies. Those Family Practice residencies that fill their first-year positions as a rotating internship will have such positions listed as internships in the following pages.

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. 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 necropsy percentage appear in the Consolidated List.

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

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

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

For some hospitals, statistics on discharges may have been supplied instead of admissions.

The total number of deaths, which is shown in the internship information, and the necropsy 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 but the emergency room visits and referred visits have been omitted in this edition.

The beginning salary per year is not listed for the majority of federal hospitals, since salaries in the uniformed services are determined in relation to military rank or grade, rather than to intern status. For non-federal hospitals, the beginning salary is stated.

The salary data supplied by the hospital may be out of

date by the time it is published; candidates should ascertain from the program directors whether the information shown in this Directory is still current and complete.

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

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

Designations for rotating internships are:

0. Rotating without a major emphasis
1. Rotating, emphasis on medicine
2. Rotating, emphasis on surgery
3. Rotating, emphasis on obstetrics-gynecology
4. Rotating, emphasis on pediatrics
5. Rotating, emphasis on pathology
6. Rotating, emphasis on psychiatry
7. Rotating, emphasis on radiology
8. Rotating, emphasis on anesthesiology

All internships in the approved list are of 12 months' duration unless they are listed with Rotating 00. Rotating 00 indicates the hospital may offer some intern appointments longer than 12 months in duration.

Hospitals not participating in the Matching Program can be identified by a blank in the column showing the NIRMP code. All other hospitals participate in the Matching Program.

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

For internships in the Navy or the U.S. Public Health Service, applications should now be directed to the specific hospital to which the applicant wishes to be matched; this is a change in procedure for these two services. For internships in the Air Force or Army, applications should continue to 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 indicate.

The number and types of internships as listed represent appointments offered for the intern year 1972-1973, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1970.

\*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, 1970.



## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
UNITED STATES ARMY									
CALIFORNIA									
SAN FRANCISCO LETTERMAN GENERAL		544	11,612	237	361,954		14 08 03 02 01	ROT-2; ST.MED. ST.SURG. ST.PED. ST.OBG.	
COLORADO									
DENVER FITZSIMONS GENERAL		1,632	12,696	199	106,729		09 08 03 03 01	ROT-2; ST.MED. ST.SURG. ST.PED. ST.OBG.	
DISTRICT OF COLUMBIA									
WASHINGTON WALTER REED GENERAL		1,800	16,459	417	159,186		10 02 10 04 03 02 01	ROT-2; ROT-8; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	ROT-2 100413 RCT-8 100477 ST.MED. 100432 ST.SURG. 100433 ST.PED. 100434 ST.PATH. 100436 ST.OBG. 100435
HAWAII									
HONOLULU TRIPLER GENERAL		661	18,198	188	700,233		20 08 04 03 01	ROT-2; ST.MED. ST.SURG. ST.PED. ST.OBG.	OFFICE OF THE SURGEON GENERAL DEPARTMENT OF THE ARMY, WASHINGTON, D.C. 20314 ATTN. MEOCM-MT
TEXAS									
EL PASO WILLIAM BEAUMONT GENERAL		784	14,994	188	504,084		11 07 03 02 01	ROT-2; ST.MED. ST.SURG. ST.PED. ST.OBG.	
SAN ANTONIO BROCKE GENERAL		840	20,164	378	663,104		15 02 10 03 03 01	ROT-2; ROT-8; ST.MED. ST.SURG. ST.PED. ST.OBG.	
WASHINGTON									
TACOMA MADIGAN GENERAL		785	27,077	124			10 08 03 02 01	ROT-2; ST.MED. ST.SURG. ST.PED. ST.OBG.	
UNITED STATES AIR FORCE									
CALIFORNIA									
FAIRFIELD DAVIC GRANT U. S. A. F. MEDICAL CENTER, TRAVIS A.F.B.		307	9,850	117	307,669		10 03 04 02	ROT-0,1,2,3,4; ST.MED. ST.SURG. ST.PED.	
DISTRICT OF COLUMBIA									
WASHINGTON MALCOLM GROW U.S.A.F. MEDICAL CENTER, ANDREWS A.F.B.		295	8,667	99	275,143		14	ROT-0,1,2,3,4;	
ILLINOIS									
BELLEVILLE U. S. A. F. MEDICAL CENTER, SCOTT A.F.B.		199	5,997	61	195,235		12	ROT-0,1,2,3,4;	
MISSISSIPPI									
BILLOXI U.S.A.F. MEDICAL CENTER, KEESLER A.F.B.		314	9,632	106	310,312		10 04 04 02 02	ROT-0, 1,2,3,4; ST.MED. ST.SURG. ST.PED. ST.OBG.	
OHIO									
DAYTON U. S. A. F. MEDICAL CENTER, WRIGHT-PATTERSON A.F.B.		332	9,650	92	339,810		12	ROT-0,1,2,3,4;	

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Compen- sation	Type	NIRMP Number
UNITED STATES AIR FORCE - CONTINUED									
TEXAS									
SAN ANTONIO									
WILFORD HALL U.S.A.F. MEDICAL CENTER, LACKLAND A.F.B.		1,033	22,408	322	450,695		06 24 10 04 04	ROT.5,6,7,8; ST.MED. ST.SURG. ST.PED. ST.OBG.	
UNITED STATES NAVY									
CALIFORNIA									
CAMP PENDLETON									
NAVAL	R. R. ANDERSON	461	12,840	88	213,659		12	ROT.0;	100211
OAKLAND									
NAVAL	V. L. GCLLER	748	14,130	145	192,113		10 04 02 01 01 02 02 02 01 01	ROT.0; ROT.2; ROT.6; ROT.7; ROT.8; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	181311 181313 181376 181342 181377 181332 181333 181334 181336 181335
SAN DIEGO									
NAVAL	E. D. KAUFMANN	1,570	28,165	556	602,941		26 02 05 02 01 03 03 02 02 02	ROT.0; ROT.1; ROT.2; ROT.7; ROT.8; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	181411 181412 181413 181442 181477 181432 181433 181434 181436 181435
FLORIDA									
JACKSONVILLE									
NAVAL	L. H. SEATON	382	8,818	102	243,257		06	ROT.0;	181911
ILLINOIS									
GREAT LAKES									
NAVAL	F. M. HIGHLY, JR.	987	13,404	91	166,703		05 02 01 01 01	ROT.0; ROT.1; ST.MED. ST.SURG. ST.OBG.	182111 182112 182132 182133 182135
MARYLAND									
BETHESDA									
NAVAL	R. J. VAN HOUTEN	527	14,813	231	455,481		10 01 01 02 02 02 03 02 02 01 03	ROT.0; ROT.1; ROT.2; ROT.6; ROT.7; ROT.8; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	182311 182312 182313 182376 182342 182377 182332 182333 182334 182336 182335
MASSACHUSETTS									
CHELSEA									
NAVAL	J. M. YGUNG	517	7,211	129	109,558		03 03 01 01 01 01 01 01	ROT.0; ROT.1; ROT.2; ROT.8; ST.MED. ST.SURG. ST.OBG.	182511 182512 182513 182577 182532 182533 182535
PENNSYLVANIA									
PHILADELPHIA									
NAVAL	R. R. DUHAMEL R. R. DUHAMEL W. M. BASON R. R. DUHAMEL R. R. DUHAMEL W. J. JACOBY, JR. R. J. CALES R. F. KIRK	918	11,120	268	145,099		02 02 01 01 01 02 01 01	ROT.0; ROT.1; ROT.4; ROT.6; ROT.7; ST.MED. ST.SURG. ST.OBG.	183111 183112 183114 183176 183142 183132 183133 183135
VIRGINIA									
PORTSMOUTH									
NAVAL	R. T. UPTON	1,208	22,502	232	261,676		18 02 02 03 02 01 02	ROT.0; ROT.2; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	183211 183213 183232 183233 183234 183236 183235

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE									
CALIFORNIA									
SAN FRANCISCO U. S. PUBLIC HEALTH SERVICE		250	5,224	118	114,892		15 04 01	ROT.2; ST.MED. ST.SURG.	100113 100132 100133
LOUISIANA									
NEW ORLEANS U. S. PUBLIC HEALTH SERVICE	R. E. STREICHER S. J. HERBERT	307	6,172	169	141,447		16 02	ROT.0,2; ST.MED.	183520 183532
MARYLAND									
BALTIMORE U. S. PUBLIC HEALTH SERVICE	K. K. WONG S. FOREMAN H. V. BELCHER	172	4,092	150	84,498		10 02 02	ROT.0,1,2; ST.MED. ST.SURG.	183620 183632 183633
MASSACHUSETTS									
BOSTON U. S. PUBLIC HEALTH SERVICE	H. E. FINKEL	130	2,235	37			09	ROT.0,1,2; /	184020
NEW YORK									
NEW YORK CITY (STATEN ISLAND) U. S. PUBLIC HEALTH SERVICE	E. STEIN E. V. GEAR, JR. L. G. GUZMAN	420	7,809	224	125,205		18 12 04	ROT.0; ST.MED. ST.SURG.	184120 184132 184133
VIRGINIA									
NORFOLK U. S. PUBLIC HEALTH SERVICE	C. R. GARFIELD	142	3,306	71	75,092		08	ROT.0;	184511
WASHINGTON									
SEATTLE - SEE UNIV. OF WASHINGTON AFFILIATED HOSPS. DEPT. OF HEALTH, EDUCATION, AND WELFARE DISTRICT OF COLUMBIA									
WASHINGTON ST. ELIZABETHS	W. WHITMORE D. D. COWELL	4,330	3,651	449	24,000	9,780	04 08	ROT.2; ROT.6;	180413 180476
OTHER FEDERAL									
CANAL ZONE									
BALBOA HEIGHTS GORGAS	R. W. IRVIN, JR.	215	8,509	172	27,650	10,626	16	ROT.2;	180613
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM BAPTIST MEDICAL CENTERS	R. F. RODDAM					9,000	06 06	ROT.0; ROT.2;	190311 190313
BAPTIST MEDICAL CENTER-MONTCLAIR		438	7,717	425					
BAPTIST MEDICAL CENTER-PRINCETON		390	14,962	444					
CARRAWAY METHUEN	D. O. BRIGGS, JR. R. TIESZEN K. BERRY	370	13,357	352	20,467	9,600	12 04	ROT.0,1,2; ST.MED.	100620 100632
ST. VINCENT UNIVERSITY OF ALABAMA MEDICAL CENTER	F. G. MOODY C. E. FLOWERS J. W. BENTON C. H. LUPTON P. H. LINTON G. CORSSSEN T. J. REEVES F. G. MOODY J. W. BENTON C. H. LUPTON	184	9,141	204	2,899	9,000	12 03 06 06 04 07 20 08 08 04	ROT.0,1,2,3; ST.MED. ROT.2; ROT.3; ROT.4; ROT.5; ROT.6; ROT.7; ST.MED. ST.SURG. ST.PED. ST.PATH.	185120 100713 100715 100714 100714 100786 100776 100777 100732 100732 100733 100734 100736
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS VETERANS ADMIN. CHILDREN'S		605 410 123	22,625 7,846 8,278	725 346 83	71,051 346 25,517				
FAIRFIELD LLOYD NOLAN	W. E. RILEY C. E. PORTER J. M. SLAUGHTER G. C. MC CULLOUGH	243	10,295	381	126,547	10,200	14 04 04 02	ROT.9; ST.MED. ST.SURG. ST.PED.	100820 100832 100833 100834
MOBILE MOBILE GENERAL MONTGOMERY MONTGOMERY REGIONAL FOUNDATION MONTGOMERY BAPTIST ST. MARGARET'S	H. J. WISEMAN J. J. KIRSCHENFELD E. G. GIVHAN M. WEINRIB	215 168 189	9,911 7,920 8,378	369 189 280	39,622 774 1,902	8,640 7,200	20 08	ROT.0; ROT.1;	185211 100912
ARIZONA									
PHOENIX GOOD SAMARITAN	F. T. FLOOD F. T. FLOOD H. W. LIPOW W. B. CHERNY	597	32,239	858	11,317	9,000	15 03 02 02	ROT.0,1,2,3,4,5,7,8; ROT.6; ST.PED. ST.OBG.	101120 101176 101134 101135

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Compen- sation	Type	NIRMP Number
ARIZONA, PHOENIX - CONTINUED									
MARICOPA COUNTY GENERAL	H. F. LENHARDT	351	15,423	710	73,840	9,526	28	ROT-00,0,1,2,3,4;	189820
							02	ST-MED.	189832
							02	ST-SURG.	189833
							02	ST-PED.	189834
							01	ST-OBG.	189835
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	J. C. WHITE J. W. SMITH	476	25,867	570	25,838	9,000	22	ROT-0,1,2,3,4,5,6,7;	101220
							02	ST-MED.	101232
TUCSON									
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	E. G. RAMSAY D. J. CROSBY E. G. RAMSAY					8,400	16	ROT-0,1,2,4;	101420
							02	ST-MED.	101432
							02	ST-SURG.	101433
PIMA COUNTY GENERAL ST. MARY'S TUCSON MEDICAL CENTER UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. F. DENNY E. E. PEACOCK, JR.	123 209 426	4,370 9,379 22,836	188 272 544	34,349 2,858 12,969	7,920	12	ST-MED.	101532
							05	ST-SURG.	101533
VETERANS ADMIN.		250 69 69	3,882 3,494 3,494	219 46 46	36,801 120,000 120,000				
U. S. A. F. REGIONAL UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS PIMA COUNTY GENERAL TUCSON MEDICAL CENTER UNIVERSITY	V. A. FULGINITI	123 426	4,370 22,836	188 544	34,349 12,969	8,020	10	ST-PED.	101534
ARKANSAS									
LITTLE ROCK ARKANSAS BAPTIST MEDICAL CENTER	W. G. COOPER	385	19,869	525		8,400	13	ROT-0;	101611
							01	ROT-5;	101686
							02	ROT-7;	101642
							02	ROT-8;	101677
ST. VINCENT INFIRMARY UNIVERSITY	G. M. THORN L. L. SANDERS R. MERRILL R. ABERNATHY G. CAMPBELL R. MERRILL W. E. JAQUES D. L. BARCLAY	414 414	21,646 21,646	441 441	8,231 823	8,400 8,400	14 18	ROT-0,1,2;	101720
							02	ROT-9;	101820
							02	ROT-4;	101814
							08	ST-MED.	101832
							06	ST-SURG.	101833
							04	ST-PED.	101834
							07	ST-PATH.	101836
							05	ST-OBG.	101835
CALIFORNIA									
BAKERSFIELD KERN COUNTY GENERAL	D. FALK P. PISES W. R. SCHMALHORST	241	9,187	359	55,816	10,380	12	ROT-2;	192113
							03	ST-MED.	192132
							02	ST-PATH.	192136
BERKELEY HERRICK MEMORIAL	E. B. MC LEAN	182	6,891	182	19,040	8,100	06	ROT-0,1,2;	102020
							02	ROT-6;	102076
DALY CITY MARY'S HELP	G. L. TORASSA S. D. MCFADDEN G. L. TORASSA S. GROSS	186	9,173	216	8,768	8,400	03	ROT-0;	105311
							02	ROT-1;	105312
							02	ROT-2;	105313
							01	ROT-4;	105314
DAVIS									
UNIVERSITY OF CALIFORNIA (OAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	G. G. SNIVELY R. J. BOLT E. F. WOLFMAN, JR. R. S. STEMPEL S. R. WELLINGS	394	13,354	673	101,400	9,612	24	ROT-0;	104611
							06	ST-MED.	104632
							06	ST-SURG.	104633
							02	ST-PED.	104634
							02	ST-PATH.	104636
FRESNO VALLEY MEDICAL CENTER OF FRESNO	F. M. HEBERT	303	11,445	428	71,389	10,776	26	ROT-9;	102220
							02	ST-MED.	102232
							02	ST-SURG.	102233
GLENDALE GLENDALE ADVENTIST	S. W. KIME, JR. H. HARDER	339	12,872	392	13,988	7,800	12	ROT-0;	102311
							01	ST-PATH.	102336
LOMA LINDA									
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS LOMA LINDA UNIVERSITY PATTON STATE (PATTON) RIVERSIDE GENERAL (RIVERSIDE) SAN BERNARDINO GENERAL (SAN BERNARDINO) LOMA LINDA UNIVERSITY#	H. EVANS	373 1,805 2,470 261 373	13,329 4,618 9,720 9,717 13,329	387 112 309 425 387	140,000 1,924 75,464 51,833 140,000	10,000 9,120	12	ROT-6;	102476
							04	ROT-0;	102411
							03	ROT-3;	102415
							04	ROT-7;	102442
							03	ROT-8;	102477
							21	ST-MED.	102432
							06	ST-SURG.	102433
							04	ST-PED.	102434
LONG BEACH MEMORIAL HOSPITAL OF LONG BEACH	S. EDE M. COHEN E. R. JENNINGS	480	19,198	766	6,117	9,000	20	ROT-0,1,2,3,4;	102720
							02	ST-MED.	102732
							03	ST-PATH.	102736
ST. MARY'S LONG BEACH	C. C. CALESCIBETTA R. S. SWERDLOFF	267	7,241	382	2,553	10,000	12	ROT-0,1,2,3,4;	102520
							03	ST-MED.	102532
LOS ANGELES									
CALIFORNIA HOSPITAL MEDICAL CENTER	K. L. SENTER R. J. FUTORAN	272	13,301	416	36,567	10,000	08	ROT-0;	102911
							02	ST-OBG.	102935

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
CALIFORNIA, LOS ANGELES - CONTINUED									
CEDARS-SINAI MEDICAL CENTER#	D. L. MAKOFF					9,000	03 11 02 10 04	ROT.0; ROT.1; ROT.2; ST.MED. ST.PED.	103011 103012 103013 103032 103034
CECARS OF LEBANON HOSPITAL DIVISION		340	19,262	491	39,701				
MOUNT SINAI HOSPITAL DIVISION		223	9,613	284					
CHILDREN'S HOSPITAL OF LOS ANGELES	J. S. APTHORP	212	12,660	236	79,359	8,500	20	ST.PED.	103134
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER#	P. H. L. SARGENT	341	13,860	478	17,341	10,800	12	ROT-0,1,2,5;	103220
	W. E. NERLICH	1,861	94,196	3,144	687,372	10,800	78	ROT.0;	103311
	S. WOODS						21	ROT.6;	103376
	H. MEYERS						02	ROT.7;	103342
	T. BREM						78	ST.MED.	103332
	L. ROSOFF						30	ST.SURG.	103333
	J. ALLEN						24	ST.PED.	103334
	G. LUNDBERG						06	ST.PATH.	103336
	E. J. QUILLIGAN						18	ST.OBG.	103335
	K. J. SCHMUTZER	247	14,476	461	13,293	10,500	14	ROT-0,1,2,3,4;	103620
QUEEN OF ANGELS SANTA FE MEMORIAL HOSPITAL-CHILDREN'S HOSPITAL OF LOS ANGELES	G. C. SOMICH					10,800	09	ROT-0,1,2;	103820
SANTA FE MEMORIAL CHILDREN'S HOSPITAL OF LOS ANGELES		122	4,723	204	31,884				
U. C. L. A. AFFILIATED HOSPITALS#	G. M. KALMANSON					10,869	24	ROT.0;	198311
U. C. L. A. VETERANS ADMIN. CENTER-WADSWORTH LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)		899	12,361	807	83,785				
U. C. L. A.#	W. N. VALENTINE	546	21,205	945	186,190	8,300	31	ST.MED.	195632
	W. P. LONGMIRE, JR.	367	16,390	464	141,301		20	ST.SURG.	195633
	A. J. MOSS						10	ST.PED.	195634
	W. H. CARNES						06	ST.PATH.	195636
	J. G. MOORE						04	ST.OBG.	195635
VETERANS ADMIN. CENTER-WADSWORTH#	G. M. KALMANSON	899	12,361	807	83,785	10,869	12	ST.MED.	103932
WHITE MEMORIAL MEDICAL CENTER	D. A. MITCHELL, JR.	265	12,243	461		10,500			
	A. I. KUGEL						12	ROT.9;	104020
	N. S. NATION						03	ST.SURG.	104033
							03	ST.PED.	104034
MARTINEZ									
VETERANS ADMIN. - SEE HIGHLAND OAKLAND	GEN.HOSP. - VET.ADMIN., OAKLAND								
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	R. H. GERDSEN	99	7,308	123	36,521	9,900	08	ST.PED.	193934
HIGHLAND GENERAL#	A. A. TRATAR	561	14,408	593	136,993	8,520	39 03 03	ROT.0; ROT.4; ROT.6;	104111 104114 104176
HIGHLAND GENERAL HOSPITAL-VETERANS ADMIN.#	H. D. CUTTING					8,520	04	ST.MED.	104132
HIGHLAND GENERAL VETERANS ADMIN. (MARTINEZ)		561	14,408	593	136,993				
KAISER FOUNDATION#	M. A. SHEARN	423	6,097	347	33,369	9,380	09	ST.MED.	104232
	H. D. GRANT	189	14,465	361	632,336		05	ST.SURG.	104233
	E. SCHON						04	ST.PED.	104234
	N. MORGENSTERN						02	ST.PATH.	104236
ORANGE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS									
ORANGE COUNTY MEDICAL CENTER#	L. A. GOTTSCHALK	368	13,885	450	101,801	10,800	04 01 13 12 01 06	ROT.6; ROT.7; ST.MED. ST.SURG. ST.PED. ST.OBG.	104376 104342 104332 104333 104336 104335
ORANGE COUNTY MED. CENTER-CHILDREN'S HOSP. OF ORANGE COUNTY#	T. L. NELSON					10,800	08	ST.PED.	104334
ORANGE COUNTY MEDICAL CENTER		368	13,885	450	101,801				
CHILDREN'S HOSPITAL OF ORANGE COUNTY		72	5,129	90	17,066				
PALO ALTO									
VETERANS ADMIN. - SEE STANFORD PANORAMA CITY	UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
KAISER FOUNDATION PASADENA	D. L. DEAN						01	ST.SURG.	208933
HUNTINGTON MEMORIAL#	R. J. BING	333	14,658	565	21,529	10,000	12 04	ROT.0,1,2,3,4,5; ST.MED.	104420 104432
RIVERSIDE									
RIVERSIDE GENERAL#		2,470	9,720	309	75,464	9,048	06 04 04 04 02 02	ROT.0; ROT.1; ST.MED. ST.SURG. ST.PED. ST.OBG.	185011 185012 185032 185033 185034 185035
SACRAMENTO									
SACRAMENTO MEDICAL CENTER - SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS									
SAN BERNARDINO SAN BERNARDINO COUNTY GENERAL HOSPITAL		261	9,717	425	51,833	9,600	24	ROT.0,1;	104720
SAN DIEGO MERCY HOSPITAL AND MEDICAL CENTER#	W. PERKINS	406	21,599	54	58,912	8,700	18 02 01 01	ROT.0,1,2,4; ST.MED. ST.PATH. ST.OBG.	104820 104832 104836 104835

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
CALIFORNIA, SAN DIEGO - CONTINUED									
UNIVERSITY OF CALIFORNIA AFFILIATED HOSPITALS UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY#									
	E. BRAUNWALD	306	11,244	494	57,962	8,300	26	ST.MED.	104932
	M. J. ORLOFF						22	ST.SURG.	104933
	W. L. NYHAN						07	ST.PED.	104934
	A. A. LIEBOW						05	ST.PATH.	104936
	K. J. RYAN						04	ST.OBG.	104935
SAN FRANCISCO CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER									
	H. I. GRIFFEATH	244	14,538	271	45,704	9,300	08	ST.MED.	105032
	S. T. GIAMMUNA						04	ST.PED.	105034
	V. DI RAIMONDO	177	10,014	246	30,060	8,000	10	ROT-0,1,2;	105220
FRENCH HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER#									
	J. J. KELLY, JR.	271	10,882	207	68,744	9,000	10	ROT-0;	106011
	J. J. KELLY, JR.						10	ROT-1;	106012
	A. G. SCOTTOLINI						01	ST.PATH.	106036
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS#									
	L. H. SMITH, JR.	426	17,333	386	143,184	8,300	18	ST.MED.	106232
	J. E. DUNPHY						12	ST.SURG.	106233
	M. M. GRUMBACH						10	ST.PED.	106234
	H. D. MOON						03	ST.PATH.	106236
KAISER FOUNDATION									
	A. H. LIEBERMAN	247	13,764	320	661,762	8,900	12	ROT-0;	195911
							05	ST.MED.	195932
							06	ST.SURG.	195933
							01	ST.PED.	195934
							02	ST.PATH.	195936
MOUNT ZION HOSPITAL AND MEDICAL CENTER#									
	H. WEINSTEIN	390	16,098	416	85,106	8,694	11	ROT-0,1,2,3,4,5,7,8;	105420
	E. WEINSHEL						03	ROT-6;	105476
	S. LEVIN						06	ST.MED.	105432
	L. ROSEMAN						06	ST.SURG.	105433
	R. GROSS						03	ST.PED.	105434
	J. KERNER						02	ST.OBG.	105435
PACIFIC MEDICAL CENTER-PRESBYTERIAN									
	J. J. KELLY, JR.	159	7,616	242	27,607	8,000	06	ROT-0;	106111
							07	ROT-1;	106112
							05	ST.MED.	106132
ST. LUKE'S#									
	J. G. PITTMAN	188	10,039	278	19,575	8,000	09	ROT-9;	105620
ST. MARY'S HOSPITAL AND MEDICAL CENTER									
	B. COHN					8,400	24	ROT-9;	105720
SAN FRANCISCO GENERAL#									
	B. COHN	521	20,183	640	118,670	8,556	24	ROT-0;	105811
	HOUSE STAFF COMM						20	ROT-2;	105813
							04	ROT-4;	105814
							02	ROT-6;	105876
							12	ST.MED.	105832
							02	ST.PATH.	105836
SAN JOSE O'CONNOR									
	L. R. GRAMS	223	13,496	241		7,200	01	ST.PATH.	104536
SANTA CLARA VALLEY MEDICAL CENTER#									
	R. M. HANSON	329	9,679	326	106,150	9,068	33	ROT-0;	106311
SANTA BARBARA SANTA BARBARA GENERAL-COTTAGE HOSPITALS#									
	S. B. CHIRMAN					9,600	10	ROT-0;	106411
							04	ROT-1;	106412
							03	ROT-2;	106413
		313	15,564	324					
		168	2,910	119	11,869				
SANTA CLARA KAISER FOUNDATION									
	E. WOLFE	153	10,007				06	ST.MED.	213532
	B. L. DOONG						02	ST.PED.	213534
SANTA MONICA SANTA MONICA HOSPITAL MEDICAL CENTER									
	A. U. RIVIN	250	13,587	522	9,614	9,600	08	ROT-0;	106611
STANFORD STANFORD UNIVERSITY#									
	H. A. OBERHELMAN	499	22,846	701	101,120	7,950	12	ST.SURG.	182033
	H. C. SCHWARTZ						09	ST.PED.	182034
	D. KORN						04	ST.PATH.	182036
STANFORD UNIVERSITY AFFILIATED HOSPITALS# STANFORD UNIVERSITY VETERAN'S ADMIN. (PALD ALTO)									
	H. R. HOLMAN	499	22,846	701	101,120	7,950	18	ST.MED.	189932
		1,320	7,830	262	62,742				
STOCKTON SAN JOAQUIN GENERAL#									
	J. D. BERNARD	134	7,409	259	123,115	9,444	20	ROT-0;	102111
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL#									
	J. A. TURNER	546	21,205	945	186,190	10,800	44	ROT-1,2,3,4;	106720
							02	ROT-6;	106776
							12	ST.MED.	106732
							10	ST.SURG.	106733
							04	ST.PED.	106734
							03	ST.PATH.	106736
							01	ST.OBG.	106735
COLORADO									
DENVER CHILDREN'S - SEE UNIVERSITY OF COLORADO AFFILIATED HOSPITALS									
GENERAL ROSE MEMORIAL#									
	E. BLAIR	332	15,439		6,687	8,500	12	ROT-0,1,2;	106920
	M. CHERINGTON	302	15,576	249	8,774	7,020	11	ROT-2;	192213
PRESBYTERIAN MEDICAL CENTER#									
	M. A. LUBCHENCO	331	13,685	474	600	8,500	22	ROT-0;	107211
	A. E. LUBCHENCO						01	ROT-5;	107286
	W. E. EATON	413	24,282	379	4,532	8,500	10	ROT-0;	107311
ST. ANTHONY									
	M. E. MC DONELL	473	22,790	432	10,327	8,500	17	ROT-0,1,2,3,4;	107420
ST. JOSEPH#									
	M. E. JOHNSON						03	ST.SURG.	107433
	C. H. ALEXANDER						02	ST.OBG.	107435
	R. S. LIGGETT	373	16,274	428	1,572	6,000	12	ROT-0,1,2;	107520
ST. LUKE'S# UNIVERSITY OF COLORADO AFFILIATED HOSPITALS#									
	E. S. TAYLOR					8,500	06	ROT-3;	107615
	C. MEIKLEJOHN						20	ST.MED.	107632
	W. R. WADDELL						20	ST.SURG.	107633
	G. B. PIERCE						07	ST.PATH.	107636
DENVER GENERAL UNIVERSITY OF COLORADO MEDICAL CENTER									
		333	16,831	399	170,809				
	VETERANS ADMIN.	333	6,101	313	61,330				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Com- p- l- e- t	Type	NIRMP Number
COLORADO, DENVER - CONTINUED									
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS#	C. H. KEMPE					8,500	25	ST.-PEO.	017634
UNIVERSITY OF COLORADO MEDICAL CENTER CHILDREN'S DENVER GENERAL		117	9,582	189	32,536				
GREELEY WELD COUNTY GENERAL	W. K. MANGUM	249	11,159	193	6,672	6,300	06	ROT-0;	185311
CONNECTICUT									
BRIDGEPORT BRIDGEPORT	N. P. R. SPINELLI	477	23,359	653	19,685	8,450	10 04 04 02	ROT-0,1,2,3,4,5,6,7; ST.-MED. ST.-SURG. ST.-PATH.	107920 107932 107933 107936
ST. VINCENT'S	W. H. CURLEY M. GARRELL W. H. CURLEY	296	14,966	475	5,394	10,000	02 06 04	ROT-0; ST.-MED. ST.-SURG.	108011 108032 108033
BRISTOL BRISTOL	A. W. CICCARELLI	194	10,129	300	3,648	7,500	07	ROT-0;	192311
DANBURY DANBURY	INTERN COMMITTEE	230	11,356	426	9,406	9,000	12	ROT-0,1,2;	108120
DERBY GRIFFIN	V. A. DE LUCA JR.	189	8,330	277	7,237	8,500	09	ROT-0,1,2,3,4;	197720
GREENWICH GREENWICH#	J. G. MURRAY	289	10,851	294	7,983	9,500	14	ROT-1,2;	108220
HARTFORD HARTFORD	J. G. FREYMANN J. H. FOSTER F. J. FLYNN C. B. HICKCOX R. REINFRAK J. H. FOSTER G. B. MC ADAMS	885	42,288	1,214	46,226	9,000	10 08 04 01 12 06 02	ROT-0; ROT-2; ROT-4; ROT-B; ST.-MED. ST.-SURG. ST.-PATH.	108311 108313 108314 108377 108332 108333 108336
MOUNT SINAI ST. FRANCIS	S. H. BERNSTEIN W. J. LAHEY S. B. SULAVIK	168 606	8,364 23,694	187 696	7,800 32,188	9,000 7,200	16 10 04	ROT-1,2,3,4; ROT-0,1,2,3,4; ST.-MED.	185420 108520 108532
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS#	G. OWENS M. MARKOWITZ J. WALKER G. OWENS					8,630	03 03 10 03	ROT-2; ROT-4; ST.-MED. ST.-SURG.	109413 109414 109432 109433
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION VETERANS ADMIN. (NEWINGTON)		94 171	2,949 2,678	49 164	25,583 40,975				
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS# UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION NEW BRITAIN GENERAL (NEW BRITAIN)	M. MARKOWITZ						04	ST.-PED.	109434
MANCHESTER MANCHESTER MEMORIAL	M. DUKE	287	14,682	297	5,484	8,200	06	ROT-0;	185511
MERIDEN MERICEN-WALLINGFORD	M. J. SEIDE	233	11,112	342	4,272	8,000	08	ROT-0;	108611
MIDDLETOWN MIDDLESEX MEMORIAL	M. J. SEIDE	235	12,512	388	10,090	8,000	07	ROT-0;	108711
NEW BRITAIN NEW BRITAIN GENERAL NEW BRITAIN GENERAL - SEE ALSO	H. LEVINE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD	332	16,096	380	8,940	8,500	12	ROT-2;	108813
NEW HAVEN HOSPITAL OF ST. RAPHAEL	R. P. ZANES, JR. D. S. DOCK D. A. FARMER C. CULOTTA	391	18,159	694	20,795	9,350	17 06 02 06	ROT-9; ST.-MED. ST.-SURG. ST.-PED.	109011 109032 109033 109034
YALE-NEW HAVEN MEDICAL CENTER YALE - NEW HAVEN	C. COOK, P. BONDY P. K. BONDY H. WRIGHT C. D. COOK L. THOMAS	723	33,656	950	89,740	9,350	02 19 16 12 08	ROT-4; ST.-MED. ST.-SURG. ST.-PED. ST.-PATH.	108914 108932 108933 108934 108936
NEWINGTON VETERANS ADMIN. - SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD									
NORWALK NORWALK	T. SAFFORD J. FALSONE W. HUGHES G. PATTERSON B. GROSSMAN	323	15,386	508	70,006	8,400	08 02 02 02 04	ROT-0; ROT-1; ROT-2; ROT-3; ROT-4;	109311 109312 109313 109315 109314
STAMFORD STAMFORD	L. M. SMITH	305	10,933	342	21,176	9,725	15 03	ROT-0,1,2,3,6; ST.-SURG.	109520 109533
WATERBURY ST. MARY'S		348	13,477	468	17,559	7,200	08 02 02	ROT-0; ROT-1; ROT-2;	109611 109612 109613
WATERBURY#	T. T. AMATRLDA, JR.	344	15,930	481	19,532	9,000	08 04	ROT-0,1,2,4,5; ST.-MED.	109720 109732
DELAWARE									
WILMINGTON WILMINGTON MEDICAL CENTER	E. W. MARTZ	924	40,005	1,315	60,667	9,400	13 06 03 03	ROT-0,1,2,3,4,5,7; ST.-MED. ST.-SURG. ST.-PED.	109920 109932 109933 109934
DISTRICT OF COLUMBIA									
WASHINGTON CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA GENERAL PROGRAM 1-GEORGETOWN UNIVERSITY PROGRAM 4-GEORGE WASHINGTON UNIVERSITY	D. W. DELANEY R. F. DENOHUE M. CORN	153 680	12,152 23,769	174 1,039	60,142 204,499	10,500	15 14 14	ST.-PED. ST.-MED. ST.-MED.	107034 179932 179957

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
DISTRICT OF COLUMBIA GENERAL - CONTINUED									
PROGRAM 7-HOWARD UNIVERSITY	E. C. NASH						04	ST.MED.	179925
PROGRAM 8-HOWARD UNIVERSITY	E. C. NASH						05	ROT.1;	179926
PROGRAM 9-HOWARD UNIVERSITY	L. H. KURTZ					9,780	02	ST.SURG.	179927
PROGRAM 10-HOWARD UNIVERSITY	L. H. KLRTZ					9,780	04	ROT.2;	179913
PROGRAM 11-DISTRICT OF COLUMBIA GENERAL						9,780	04	ST.PED.	179934
DOCTORS	R. L. BOHANNON	263	10,094	339		8,500	22	ROT.0;	179411
FREEDMEN'S	H. W. WILLIAMS, JR.	384	13,085	486	62,785	10,000	04	ROT.0;	219311
	H. W. WILLIAMS, JR.						05	ROT.1;	219312
	H. W. WILLIAMS, JR.						04	ROT.2;	219313
	H. W. WILLIAMS, JR.						02	ROT.3;	219315
	H. W. WILLIAMS, JR.						02	ROT.4;	219314
	H. W. WILLIAMS, JR.						03	ROT.6;	219376
	W. L. HENRY, JR.						06	ST.MED.	219332
	LAS. D. LEFFALL						02	ST.SURG.	219333
	R. B. SCOTT						02	ST.PED.	219334
	J. F. J. CLARK						02	ST.ORG.	219335
GEORGETOWN UNIVERSITY#	I. B. BRICK	316	13,623	383	40,535	9,000	02	ROT.3;	180115
	I. B. BRICK						12	ST.MED.	180132
	C. E. HOLLERMAN						10	ST.PED.	180134
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS VETERANS ADMIN.	R. STEINBACH	595	7,019	494	106,847	9,000	04	ROT.6;	185976
GEORGETOWN UNIVERSITY		316	13,623	383	40,535				
GEORGETOWN UNIVERSITY-D. C. GENERAL	C. A. HUFNAGEL					9,000	12	ST.SURG.	181733
GEORGETOWN UNIVERSITY DISTRICT OF COLUMBIA		316	13,623	383	40,535				
GEORGE WASHINGTON UNIVERSITY#	W. N. JENSEN	437	17,956	479	46,817	8,999	27	ST.MED.	180232
	T. M. PEERY						02	ST.PATH.	180236
GEORGE WASHINGTON UNIVERSITY-D. C. GENERAL	P. C. ADKINS					8,999	12	ST.SURG.	181833
GEORGE WASHINGTON UNIVERSITY DISTRICT OF COLUMBIA GENERAL		437	17,956	479	46,817				
PROVIDENCE	T. E. CURTIN	680	23,769	1,039	204,499	9,400	10	ROT-0,1,2,3,4;	180320
	H. WEISS	315	17,187	427	52,094		08	ST.MED.	180332
	L. J. GOFFREDO						04	ST.SURG.	180333
VETERANS ADMIN. HOSPITAL - GEORGETOWN UNIVERSITY	H. ZIMMERMAN	595	7,019	494	106,847	9,224	08	ST.MED.	179532
VETERANS ADMIN. HOSPITAL - GEORGETOWN UNIVERSITY		316	13,623	383	40,535				
VETERANS ADMIN. HOSPITAL - GEORGE WASHINGTON UNIVERSITY	H. ZIMMERMAN	595	7,019	494	106,847	9,224	08	ST.MED.	179632
VETERANS ADMIN. HOSPITAL - GEORGE WASHINGTON UNIVERSITY		437	17,956	479	46,817				
WASHINGTON HOSPITAL CENTER	J. R. SHAPIRO	694	31,731	764	84,346	9,000	18	ROT-0,1;	180020
	M. GOLDMAN						13	ROT.2;	180013
	J. A. CLRTIN						18	ST.MED.	180032
	M. GOLDMAN						06	ST.SURG.	180033
FLORIDA									
BARTON POLK GENERAL		191	5,707	208	43,741	8,500	08	ROT-0,1,2;	183320
GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	C. M. WILLIAMS						02	ROT.7;	183442
	J. H. MODELL						02	ROT.8;	183477
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE)		347	13,768	553	93,944	6,500			
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS	L. E. CLUFF	347	13,768	553	93,944	6,500	24	ST.MED.	182432
	E. R. WOODWARD						10	ST.SURG.	182433
	E. M. AYDLB						10	ST.PED.	182434
	K. K. PIERSON						02	ST.PATH.	182436
JACKSONVILLE BAPTIST MEMORIAL ST. VINCENT'S UNIVERSITY HOSPITAL OF JACKSONVILLE	R. V. JOEL	316	16,283	336	3,380	8,100	02	ST.PATH.	197036
	C. M. WHORTON						01	ST.PATH.	110336
	S. D. DOFF					8,100	12	ROT.0;	110111
	W. R. KEENE						15	ST.MED.	110132
	S. STEPHENSON, JR.						10	ST.SURG.	110133
	S. LEVIN						08	ST.PED.	110134
	R. M. RHATIGAN						02	ST.PATH.	110136
MIAMI UNIVERSITY OF MIAMI AFFILIATED HOSPITALS#	W. A. LITTLE					9,300	10	ROT.3;	110415
	W. CLEVELAND						03	ROT.4;	110414
	J. N. SLSSEX						05	ROT.6;	110476
	F. MDYA						04	ROT.8;	110477
	R. ZEPPA						18	ST.SURG.	110433
	W. CLEVELAND						07	ST.PED.	110434
	W. A. D. ANDERSON						03	ST.PATH.	110436
JACKSON MEMORIAL VETERANS ADMIN. UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	W. HARRINGTON	1,085	35,235	1,661	153,545	9,400	51	ST.MED.	110432
JACKSON MEMORIAL VETERANS ADMIN. MOUNT SINAI HOSPITAL OF GREATER MIAMI (MIAMI BEACH)		553	9,260	605	115,206				
VARIETY CHILDREN'S	M. ELBUALY, L. CASON	621	22,125	1,083	50,621	9,400	03	ST.PED.	111034
		99	6,598	52	11,097	8,350			



## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
FLORIDA - CONTINUED									
MIAMI BEACH MOUNT SINAI HOSPITAL OF GREATER MIAMI	J. W. KETZKY	621	22,125	1,083	50,621	9,400	08	ROT-0;	110511
							08	ROT-1;	110512
							02	ROT-2;	110513
							02	ROT-7;	110542
							09	ST.SURG.	110533
							01	ST.PATH.	110536
							15	ROT-1;	110612
ST. FRANCIS ORLANDO	L. R. MEDOFF	203	6,754	373	4,267	8,000	09	ROT-0;	110211
FLORIDA ORANGE MEMORIAL	T. A. BECKNER					7,800	09	ROT-0;	110211
PENSACOLA PENSACOLA EDUCATIONAL PROGRAM	F. H. CARY	666	31,659	915	28,972	8,400	18	ROT-1,2,3,4;	110720
	W. C. WHITE	613	37,343	813	68,856	9,600	08	ROT-1,2,3,4;	182620
							02	ST.SURG.	182633
							02	ST.PED.	182634
BAPTIST SACREC HEART UNIVERSITY		278	14,643	351	4,001				
		235	17,011	307	3,335				
		100	5,689	155	34,053				
ST. PETERSBURG BAYFRONT MEDICAL CENTER	W. S. WIGGINS	456	15,954	1,082	15,905	9,600	12	ROT-0;	191111
TAMPA TAMPA GENERAL	E. J. LINBERG	540	25,722	718	18,971	8,400	20	ROT-0,1,2,3,4,5,7,8;	110920
GEORGIA									
ATLANTA CRAWFORD W. LONG MEMORIAL	H. S. RAMOS	356	16,932	495	9,184	7,920	06	ROT-0;	111111
							03	ROT-1;	111112
							03	ROT-2;	111113
EMORY UNIVERSITY EMORY UNIVERSITY AFFILIATED HOSPITALS	M. B. GRAVANIS	297	11,008	347		7,920	04	ST.PATH.	111936
EMORY UNIVERSITY HOSPITAL-GRADY MEMORIAL HOSPITAL-HENRIETTA EGLESTON #	W. D. WARREN					7,920	20	ST.SURG.	111333
GRADY MEMORIAL EMORY UNIVERSITY HENRIETTA EGLESTON HOSPITAL FOR CHILDREN		642	26,009	1,280	375,320				
GRADY MEMORIAL HOSP.-EMORY UNIVERSITY HOSP.-VETERANS ADMIN#	J. W. HURST	297	11,008	347		7,920	40	ST-MED.	111332
GRADY MEMORIAL EMORY UNIVERSITY VETERANS ADMIN. GRADY MEMORIAL#		399	7,630	393	47,355				
		642	26,009	1,280	375,320	7,920			
GEORGIA BAPTIST	R. W. BLUMBERG						06	ST.PED.	111334
	W. T. WEAVER						10	ROT-0;	111211
	G. FLETCHER	375	27,375	438	5,076	7,500	03	ST-MED.	111232
	J. P. WILSON						01	ST-SURG.	111233
	M. SEALEY						01	ST-OBG.	111235
GRADY MEMORIAL	W. D. WARREN	642	26,009	1,280	375,320	7,920	07	ROT-2;	111313
	J. D. THOMPSON						12	ROT-3;	111315
	R. W. BLUMBERG						09	ROT-4;	111314
	M. B. GRAVANIS						02	ROT-5;	111306
	H. S. WEENS						02	ROT-7;	111342
	J. E. STEINHAUS						02	ROT-8;	111377
	M. B. GRAVANIS						02	ST.PATH.	111336
ST. JOSEPH'S INFIRMARY	P. C. SHEA, JR.	270	12,212	320	5,670	8,694	04	ST.SURG.	111533
							02	ST.PATH.	111536
AUGUSTA MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. B. STRONG					76,000	04	ROT-3;	198515
	W. B. STRONG						12	ROT-9;	198520
	A. J. COLLET						12	ST-MED.	198532
	W. H. MORETZ						04	ST-SURG.	198533
	A. BROWN						06	ST-PED.	198534
	B. CHANDLER						04	ST-OBG.	198536
EUGENE TALMADGE MEMORIAL UNIVERSITY VETERANS ADMIN.		323	9,377	270	74,703				
		395	17,747	534	31,793				
		1,146	6,451	225	34,523				
COLUMBUS MEDICAL CENTER	C. D. CABANISS	436	19,442	664	28,957	9,600	16	ROT-0;	111811
MACON MACON	C. R. IRELAND	423	22,241	774	34,038	9,600	16	ROT-0;	112011
ROME FLGYC							09	ROT-5	199211
SAVANNAH MEMORIAL MEDICAL CENTER	J. WALLER, T. YEH	376	13,925	500	30,772	7,200	18	ROT-0,1,2,4;	197120
HAWAII									
HONOLULU KAUIKEOLANI CHILDREN'S# KUAKINI HOSPITAL AND HOME QUEEN'S MEDICAL CENTER#	S. J. BINTLIFF	45	3,741	49	10,000	9,600	03	ST.PED.	172434
	E. Y. YAMADA	185	7,131	312	37,001	9,600	12	ROT-2;	180713
	J. A. ORBISON	381	17,999	550	37,001	9,600	09	ROT-1;	180812
	J. J. MCNAMARA						08	ROT-2;	180813
ST. FRANCIS#	H. H. C. FONG	212	9,096	290	16,894	9,600	12	ROT-1;	180912
ILLINOIS									
BERWYN MAC NEAL MEMORIAL	R. G. MRAZEK	375	15,820	728	9,244	9,420	20	ROT-0,1,2,3,6;	112120
CHICAGO AUGUSTANA CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	R. D. A. PETERSON	317	11,108	425	3,154		12	ROT-1,2,3;	112420
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO#	R. D. A. PETERSON								
	L. P. LEVITT	383	11,753	477	61,306	9,100	10	ROT-0;	114411
	L. P. LEVITT						02	ROT-6;	114476
	P. FREEDMAN						06	ST-MED.	114432
	M. AIRAN						07	ST.SURG.	114433
	A. RUBENSTONE						01	ST.PATH.	114436
COLUMBUS - CUNEO MEDICAL CENTER	J. R. NORA					10,000	26	ROT-2;	112613
COLUMBUS FRANK CUNEO		362	12,024	397	20,178				
		132	3,995	183	8,266				

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED									
COOK COUNTY#	J. L. BERMAN	1,597	62,176	2,670	241,545	10,300	72	ROT-0,1,2,3,4;	112720
	J. L. BERMAN							ROT-6;	112776
	J. L. BERMAN							ROT-7;	112742
	R. GUNNAR						02	ROT-8;	112777
	F. A. FOLK						20	ST-MED.	112732
	I. M. ROSENTHAL						20	ST-SURG.	112733
ECGWEATER	S. BROWNSTEIN	346	12,014	450	8,343	6,600	12	ST-PED.	112734
								ROT-0;	112811
								ROT-1;	112812
								ROT-2;	112813
							04	ROT-3;	112815
							02	ROT-4;	112814
							17	ROT-0,1,2;	113220
GRANT	L. C. JOHNSTON	313	10,934	362	36,855	9,600	17	ROT-1,2;	113320
HENROTIN	C. B. PUESTOW	178	6,313	172	9,653	9,600	12	ROT-0;	113320
HOLY CROSS	G. J. RUKSTINAT	387	14,565	641	66,791	7,200	18	ROT-0;	113411
ILLINOIS CENTRAL	P. L. CAMPAGNA	176	5,881	247	33,849	9,600	13	ROT-2;	113613
ILLINOIS MASONIC MEDICAL CENTER	N. J. IGLITZEN	479	17,599	470	13,350	9,500	30	ROT-0,1,2;	113720
							03	ST-MED.	113732
							03	ST-SURG.	113733
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER	323	9,950	393	9,297	10,700	03	ROT-0;	184611
								ROT-1;	184612
								ROT-2;	184613
								ROT-3;	184615
								ROT-5;	184686
							01	ROT-7;	184642
							01	ROT-8;	184677
MERCY HOSPITAL AND MEDICAL CENTER	M. J. JERVA	469	15,877	460	51,289	9,600	09	ROT-0,1,2,3,4,5,7;	114120
								ST-MED.	114132
								ST-SURG.	114133
								ST-PATH.	114136
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	E. REISS	756	26,171	922	132,906	10,250	32	ST-MED.	114232
								ST-SURG.	114233
								ST-PED.	114234
								ST-PATH.	114236
NORTHWESTERN UNIVERSITY MEDICAL CENTER# CHICAGO WESLEY MEMORIAL#	J. F. MARQUARDT	587	17,971	516	44,572	10,500	08	ROT-1;	116212
								ROT-6;	116276
								ST-MED.	116232
								ST-SURG.	116233
							02	ST-PATH.	116236
							03	ST-OBG.	116235
CHILDREN'S MEMORIAL EVANSTON (EVANSTON)#	H. NADLER	435	8,685	436	61,991	10,500	18	ST-PED.	184234
								ROT-2;	116713
								ROT-6;	116776
								ST-MED.	116732
								ST-SURG.	116733
								ST-PED.	116734
								ST-PATH.	116736
ST-OBG.	116735								
PASSAVANT MEMORIAL#	J. CONN, JR.	321	10,947	276	72,747	10,500	11	ROT-1,2,3,5;	114620
								ROT-6;	114676
								ST-SURG.	114632
								ST-PATH.	114633
							01	ST-PATH.	114636
							14	ST-MED.	225332
							06	ST-SURG.	225333
VETERANS ADMIN. RESEARCH NORWEGIAN - AMERICAN PRESBYTERIAN - ST. LUKE'S	C. W. BORDEN	184	7,715	224	3,981	9,600	12	ROT-0;	224911
								ST-MED.	114732
								ST-SURG.	114733
								ST-PED.	114734
								ST-PATH.	114736
								ST-OBG.	114735
								ST-PATH.	114736
RAVENSWOOD	W. F. BOEHR	241	11,037	386	3,841	10,000	10	ROT-0;	114911
								ROT-1;	114912
								ROT-2;	114913
								ROT-3;	114915
								ROT-3;	114915
								ROT-3;	114915
								ROT-3;	114915
RESURRECTION ST. ANNE'S ST. ELIZABETH'S	F. E. BANICH	254	11,594	388	11,459	8,000	18	ROT-0,1,2;	193720
								ROT-2;	115213
								ROT-0;	115311
								ROT-1;	115312
							03	ROT-2;	115313
							02	ROT-3;	115315
							02	ROT-4;	115314
ST. JOSEPH	R. W. ZALAR	463	15,129	445	19,225	10,000	25	ROT-0,1,2,3,4,6;	115520
								ST-PATH.	115536
ST. MARY OF NAZARETH SOUTH CHICAGO COMMUNITY SWEDISH COVENANT UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS#	A. R. SAPIENZA	270	9,175	489	8,042	9,600	20	ROT-0,1,2;	115420
								ROT-0;	115811
	L. H. DAVIS	222	8,561	369	16,643	7,800	12	ROT-0,1,2;	115920
	R. D. MOSELEY	494	18,571	578	144,837	9,500	04	ROT-7;	116042
	M. H. HARMEL						02	ROT-8;	116077
	A. R. TARLOV						20	ST-MED.	116032
	J. MULLAN						12	ST-SURG.	116033
	A. DORFMAN						08	ST-PED.	116034
	R. W. WISSLER						05	ST-PATH.	116036
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS# UNIVERSITY OF ILLINOIS HOSPITAL VETERANS ADMIN. (WEST SIDE) UNIVERSITY OF ILLINOIS HOSPITAL#	M. BOGDONOFF	427	16,303	414	280,707	9,900	24	ST-MED.	115032
								ST-MED.	115032
		475	7,164	368	119,561				
	L. M. NYHUS	427	16,303	414	280,707	9,900	14	ST-SURG.	115033
	I. SCHULMAN						06	ST-PED.	115034
DECATUR DECATUR MEMORIAL EVANSTON	R. B. OLSTAD	305	13,602				09	ROT-0;	185711
EVANSTON - SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO ST. FRANCIS	D. J. MURPHY	402	14,854	628	36,286	10,000	14	ROT-0;	116811
								ROT-1;	116812
								ROT-2;	116813
								ST-MED.	116832
								ST-SURG.	116833

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
ILLINOIS - CONTINUED									
EVERGREEN PARK LITTLE COMPANY OF MARY	P. J. TALSO	526	20,833	671	4,880	8,473	18 02 02 02	ROT-0; ROT-2; ROT-5; ROT-7;	225511 225513 225586 225542
HINES VETERANS ADMIN. - SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD									
HINSDALE HINSDALE SANITARIUM AND HOSPITAL	C. L. DALE	291	12,207	382	1,832		14	ROT-0,2,4;	199320
MAYWOOD LOYOLA UNIVERSITY AFFILIATED HOSPITALS#	J. R. TOBIN R. J. FREEARK J. A. O'LEARY D. Y. HSIA G. BRYNJOLFSSON J. A. SMITH A. A. EL ETR					9,000	05 06 02 03 02 04 02	ROT-1; ROT-2; ROT-3; ROT-4; ROT-5; ROT-6; ROT-8;	117012 117013 117015 117014 117086 117076 117077
LOYOLA UNIVERSITY VETERANS ADMIN. (HINES)		189 1,230	6,159 15,450	200 1,096	27,352 64,868				
MELROSE PARK GOTTLIEB MEMORIAL OAK LAWN	C. PORTES	201	9,852	154	10,236	8,000	08	ROT-0;	118011
CHRIST COMMUNITY OAK PARK	M. M. WASICK	563	20,472	791	8,154	7,500	26	ROT-00,2;	113120
WEST SUBURBAN	R. C. MUEHRCKE	335	14,581	518	8,349	9,000	18 01 01 01 01 01	ROT-0,1,2; ROT-3; ROT-4; ROT-7; ROT-8; ST.PATH.	117320 117315 117314 117342 117377 117336
PARK RIDGE LUTHERAN GENERAL	A. N. RUGGIE	572	19,549	539	14,206	11,820	25	ROT-9;	117620
PEORIA ST. FRANCIS	C. O. BRANCH	664	26,714	704	14,170	7,700	24 04	ROT-0,1,2,3,4; ROT-5,6,7,8;	117520 117510
ROCKFORD ROCKFORD MEMORIAL	D. H. WORTMANN	85	17,469	2	2,806	8,000	12	ROT-0;	117711
INDIANA									
EAST CHICAGO ST. CATHERINE - SEE LAKE COUNTY COOPERATIVE INTERNSHIP, GARY									
EVANSVILLE ST. MARY'S	W. T. SPAIN	365	15,252	365	1,264	9,600	06	ROT-0;	194111
FORT WAYNE FORT WAYNE MEDICAL EDUCATION PROGRAM	F. A. BRYAN					1,000	12	ROT-00,9;	117820
LUTHERAN HOSPITAL OF FORT WAYNE		415	15,031	505	2,159				
PARKVIEW MEMORIAL		564	22,380	592					
ST. JOSEPH'S HOSPITAL OF FORT WAYNE		384	14,420	377	52,745				
GARY LAKE COUNTY COOPERATIVE INTERNSHIP	N. J. WILSON					12,000	12	ROT-9;	117420
METHODIST HOSPITAL OF GARY		318	12,949	632	28,912				
ST. MARY MERCY		249	13,786	356					
ST. CATHERINE (EAST CHICAGO)		369	16,070	574	60,000				
ST. MARGARET (HAMMOND)		446	20,734	715	23,915				
HAMMOND ST. MARGARET - SEE LAKE COUNTY COOPERATIVE INTERNSHIP, GARY									
INDIANAPOLIS									
INDIANA UNIVERSITY HOSPITALS	V. K. STOELTING W. J. DALY J. S. BATTERSBY M. GREEN J. L. EDWARDS						06 28 20 09 07	ROT-8; ST.MED. ST.SURG. ST.PED. ST.PATH.	118777 118732 118733 118734 118736
MARION COUNTY GENERAL	H. W. GILLEN J. GLOVER J. HELBI G. E. DRYDEN J. GLOVER	556	17,595	707	172,656	9,000	25 04 02 03 03	ROT-0; ROT-2; ROT-4; ROT-8; ST.SURG.	118611 118613 118614 118677 118633
METHODIST HOSPITAL OF INDIANA#	J. H. HALL R. W. CAMPBELL C. SCHLEGEL G. ROSENBERG L. H. HOYT	9,708	38,033	1,156	35,116	10,000	14 04 04 04 02	ROT-0; ST.MED. ST.SURG. ST.PED. ST.PATH.	118811 118832 118833 118834 118836
ST. VINCENT'S	S. R. STOUDEER	263	12,783	316	6,573	10,620	06 03 01	ROT-9; ST.MED. ST.PATH.	118920 118932 118936
MUNCIE BALL MEMORIAL	J. L. CULLISON G. E. BRANAM	506	22,442	641	29,885	10,000	12 03	ROT-0,1,4; ST.PATH.	119220 119236
SOUTH BEND MEMORIAL HOSPITAL OF SOUTH BEND	D. T. OLSON N. HOLTZMAN	351 294	16,310 11,854	579 402	9,032 21,919	9,600 9,600	04 10 02	ROT-0; ROT-0; ROT-1;	119311 119411 119412
SOUTH BEND MEDICAL FOUNDATION HOSPITALS	J. R. BENNETT	247	47,108	1,524	55,139	10,000	03	ST.PATH.	117136
IOWA									
CEDAR RAPIDS CEDAR RAPIDS INTERNSHIP PROGRAM									
	F. R. PETERSON					10,200	20 03	ROT-0; ROT-00;	119611 119620
MERCY ST. LUKE'S METHODIST		247 393	12,596 17,533	283 415	31,641				

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
IOWA - CONTINUED									
DES MOINES									
BROADCLAWNS POLK COUNTY	S. L. SANDS	112	5,051	181	22,379	7,980	12	ROT.0;	119911
IOWA LUTHERAN		319	10,403	252	14,287	8,400	14	ROT.0;	120011
IOWA METHODICIST	C. A. ROSS	511	18,038	500	19,475	9,000	10	ROT.0,1,2,4;	120120
	C. A. ROSS						02	ST.SURG.	120133
	L. WINTERMEYER						02	ST.PED.	120134
MERCY		316	14,685	419	14,030	7,200			
	H. G. ELLIS						14	ROT.9;	120220
	J. SONG, R. VILLELLA						02	ST.PATH.	120236
IOWA CITY									
UNIVERSITY OF IOWA AFFILIATED HOSPITALS									
UNIVERSITY OF IOWA HOSPITALS*	J. CLIFTON	848	31,001	777	207,694	9,000	06	ROT.1;	120312
	R. E. CONDON						06	ROT.2;	120313
	D. L. DUNPHY						02	ROT.4;	120314
	J. CLIFTON						17	ST.MED.	120332
	R. E. CONDON						10	ST.SURG.	120333
	D. L. DUNPHY						06	ST.PED.	120334
	G. D. PENICK						03	ST.PATH.	120336
STATE PSYCHOPATHIC	P. E. HUSTON	52	483	1	8,883	9,000	03	ROT.6;	120376
KANSAS									
KANSAS CITY									
BETHANY	L. L. TRETBAR	234	10,774	332	15,316	8,400	08	ROT.0;	120511
UNIVERSITY OF KANSAS MEDICAL CENTER*	J. D. WALKER	402	18,019	461	211,156	9,000	09	ROT.0;	120811
	C. GURNEY						15	ST.MED.	120832
	L. HUMPHREY						05	ST.SURG.	120833
	H. MILLER						05	ST.PED.	120834
	D. SCARPELLI						04	ST.PATH.	120836
WICHITA									
ST. FRANCIS	J. H. HOLT	677	27,356	653	7,612	9,000			
							16	ROT.9;	120920
							03	ST.MED.	120932
							03	ST.SURG.	120933
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER	L. W. PURINTON	349	16,204	287	13,054	12,300	10	ROT.0;	121111
WESLEY MEDICAL CENTER	L. S. GARFINKEL	597	26,462	556	156,804	9,000	20	ROT.9;	121020
KENTUCKY									
COVINGTON									
ST. ELIZABETH*	W. J. TEMPLE	335	18,672	554	1,345	9,600	12	ROT.0;	121311
LEXINGTON									
UNIVERSITY OF KENTUCKY MEDICAL CENTER*	R. B. BOETTNER					7,500	14	ROT.9;	184820
	J. W. HOLLINGSWORTH						12	ST.MED.	184832
	W. O. GRIFFEN						16	ST.SURG.	184833
	W. E. WHEELER						05	ST.PED.	184834
	J. J. VAZQUEZ						02	ST.PATH.	184836
UNIVERSITY ST. JOSEPH VETERANS ADMIN.		311	13,140	477	74,600				
		270	14,510	304	7,736				
		739	4,759	205	34,619				
LOUISVILLE									
JOHN N. KORTON MEMORIAL INFIRMARY	H. S. COLLIER	290	11,296	250	1,207	8,900	06	ROT.2;	121813
ST. JOSEPH INFIRMARY	S. S. DHANJAL	421	21,447	576	13,215	8,300	16	ROT.0,1,2,3,4;	122020
	R. D. WOLFE						02	ST.MED.	122032
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	D. R. MACMILLAN					7,600	14	ROT.0;	121711
	R. J. LEHMAN						02	ROT.6;	121776
	C. W. SHAFER						02	ROT.8;	121777
	W. H. ANDERSON						08	ST.MED.	121732
	P. J. HARBRECHT						08	ST.SURG.	121733
	D. R. MACMILLAN						08	ST.PED.	121734
	W. M. CHRISTOPHERSON						02	ST.PATH.	121736
CHILDREN'S JEWISH LOUISVILLE GENERAL VETERANS ADMIN.		126	7,790	140	28,294				
		262	12,616	382	31,680				
		244	11,631	679	88,295				
		384	6,574	388					
LOUISIANA									
BATON ROUGE									
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS									
EARL K. LONG MEMORIAL	N. C. NELSON	163	6,924	192	39,792	5,400	12	ROT.0;	122111
							02	ROT.1;	122112
							02	ROT.3;	122115
							02	ROT.4;	122114
LAFAYETTE									
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS									
LAFAYETTE CHARITY	N. C. NELSON	251	10,932	337	61,927	5,400	15	ROT.0;	122511
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA		1,616	44,312	2,158	375,501				
LOUISIANA STATE UNIVERSITY DIVISION	J. T. CRAPANZANG					6,600	11	ROT.0;	122411
							08	ROT.1;	122412
							02	ROT.3,4;	122415
							02	ROT.5;	122486
							02	ROT.6;	122476
							08	ST.MED.	122432
							08	ST.SURG.	122433
							08	ST.PED.	122434
							02	ST.PATH.	122436
							04	ST.OBG.	122435

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Com- m P c e t	Type	NIRMP Number
LOUISIANA, NEW ORLEANS - CONTINUED									
CHARITY HOSPITAL OF LOUISIANA TULANE UNIVERSITY DIVISION	F. CHIRINO	1,616	44,312	2,158	375,501	6,600	09	ROT-0;	122411
							12	ROT-1;	122412
							02	ROT-3;	122415
							04	ROT-4;	122414
							08	ST-MED.	122432
							16	ST-SURG.	122433
							04	ST-PED.	122434
							02	ST-PATH.	122436
							02	ST-OBG.	122435
OCHSNER FOUNDATION	C. T. RAY	315	12,905	335	393,666	7,500	08	ROT-9;	196620
							05	ST-MED.	196632
							03	ST-SURG.	196633
SOUTHERN BAPTIST	J. H. COLLINS	407	19,483	522	16,302	6,600	08	ROT-0;	122811
	J. A. ROGERS						04	ROT-1;	122812
	W. F. BECKER						04	ROT-2;	122813
	J. H. COLLINS						04	ROT-3;	122815
	C. E. KEMMERLY, III.						04	ROT-4;	122814
TOURO INFIRMARY	L. H. STRUG	464	19,124	769	30,481	8,478	09	ROT-0;	122911
							06	ST-MED.	122932
							04	ST-SURG.	122933
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH					6,600	08	ROT-6;	122476
CHARITY HOSPITAL OF LOUISIANA (TULANE DIVISION)		498	8,358	511	74,144				
VETERANS ADMIN. SOUTHEAST LOUISIANA (MANDEVILLE)		393	2,140						
SHREVEPORT CONFEDERATE MEMORIAL MEDICAL CENTER	J. R. BRUNER	431	21,577	670	120,282	6,600	36	ROT-0;	123211
	E. K. LANG						01	ROT-7;	123242
	M. D. HARGROVE, JR.						03	ST-MED.	123232
	J. A. LITTLE						02	ST-PED.	123234
MAINE									
PORTLAND MAINE MEDICAL CENTER#		501	15,594	506	35,237	7,875	15	ROT-0,1,2,4;	123620
MARYLAND									
BALTIMORE BALTIMORE CITY HOSPITALS	C. J. CARPENTER	330	14,152	552	122,453		02	ROT-1;	123712
	C. E. J. CARPENTER						17	ST-MED.	123732
	H. E. HARRISON						03	ST-PED.	123734
	A. O. POLLACK						01	ST-PATH.	123736
BON SECOURS		186	7,949	282	18,993	9,000	14	ROT-0,1,2,3,4;	123820
							02	ST-OBG.	123835
CHURCH HOME AND HOSPITAL	S. GOLDBERG	267	9,371	305	17,138	10,000	04	ST-MED.	232932
	J. ZIMMERMAN						04	ST-SURG.	232933
FRANKLIN SQUARE	D. T. CRAWFORD	195	7,859	256	19,343	9,200	21	ROT-0;	124011
							04	ROT-1;	124012
							04	ROT-2;	124013
							02	ROT-3;	124015
							02	ROT-4;	124014
GREATER BALTIMORE MEDICAL CENTER		340	17,627	395	50,124	10,000	16	ROT-0,1,2,3;	124120
							04	ST-MED.	124132
JOHNS HOPKINS	A. M. HARVEY	883	32,408	873	403,618	8,500	35	ST-MED.	123232
	G. D. ZUIDEMA						21	ST-SURG.	123233
	R. E. COOKE						18	ST-PED.	123234
	R. H. HEPTINSTALL						08	ST-PATH.	123236
	H. JONES						10	ST-OBG.	123235
LUTHERAN HOSPITAL OF MARYLAND MARYLAND GENERAL	R. WEBER	185	7,649	316	11,457	9,000	12	ROT-1;	124312
	N. TARR	348	13,906	422	33,273	10,000	04	ROT-0;	124411
	N. TARR						09	ROT-1;	124412
	D. T. LEWERS						05	ST-MED.	124432
	F. A. CLARK						02	ST-SURG.	124433
MERCY	J. A. MEAD, JR.	280	10,646	317	24,952	10,000	08	ROT-0,1,2,3,4;	124520
							04	ST-MED.	124532
PROVIDENT ST. AGNES	E. A. BIANCO	93	3,559	306	21,898		12	ROT-0;	124611
	E. R. MOHLER	388	16,524	559	11,166	9,000	12	ROT-0,1,2,3,4,5;	124720
	W. HICKEN						04	ST-MED.	124732
	J. CASTELLAND						01	ST-PATH.	124736
	R. MAY						03	ST-OBG.	124735
ST. JOSEPH SINAI HOSPITAL OF BALTIMORE#	R. S. COHEN	300	12,844	392	12,702	9,000	15	ROT-0,1,2,3;	124820
	A. I. MENDELLOFF	413	18,257	603	61,410	10,000	04	ROT-0;	124911
	A. M. SELIGMAN						08	ROT-1;	124912
	E. KAPLAN						01	ROT-2;	124913
	A. I. MENDELLOFF						02	ROT-4;	124914
	A. M. SELIGMAN						06	ST-MED.	124932
	E. KAPLAN						02	ST-SURG.	124933
SOUTH BALTIMORE GENERAL	R. T. PARKER	280	11,107	390	24,230	10,000	16	ROT-0,2,4;	124934
							04	ST-MED.	125011
UNION MEMORIAL	J. H. MULHOLLAND	346	12,237	597	28,052	10,000	07	ROT-0,1,2,3;	125120
	J. N. CLASSEN						11	ST-MED.	125132
UNIVERSITY OF MARYLAND#	A. MANSBERGER	458	1,395	562	65,977	10,500	07	ST-SURG.	125133
	E. BRODY						02	ROT-2;	125213
	T. WOODWARD						02	ROT-6;	125276
	A. MANSBERGER						20	ST-MED.	125232
	M. CORNBLOTH						08	ST-SURG.	125233
	B. TRUMP						08	ST-PED.	125234
	A. HASKINS						02	ST-PATH.	125236
							03	ST-OBG.	125235
BETHESDA SUBURBAN		289	16,331	425	2,965	9,000	07	ROT-0;	125311

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Com- m p l e- t	Type	NIRMP Number
MARYLAND - CONTINUED									
CHEVERLY PRINCE GEORGE'S GENERAL	P. HOOKMAN	463	24,267	646	19,501	8,300	06	ROT-0;	190511
							02	ROT-1;	190512
							02	ROT-2;	190513
							02	ROT-3;	190515
							01	ROT-4;	190514
							01	ROT-5;	190586
							01	ROT-6;	190576
							01	ROT-7;	190542
	J. HARDING						01	ST-MED.	190532
	J. BAYLY						01	ST-SURG.	190533
TAKOMA PARK WASHINGTON SANITARIUM AND HOSPITAL	G. M. GRAMES	257	10,947	439	5,476	7,800	16	ROT-0;	125411
MASSACHUSETTS									
BEVERLY BEVERLY	A. S. MAC DONALD, JR	178	8,693	246	16,747	6,500	03	ROT-2;	236313
							01	ROT-3;	236315
							02	ROT-4;	236314
							01	ROT-7;	236342
							01	ROT-8;	236377
BOSTON BETH ISRAEL	H. H. HIATT	312	12,964	432	69,830	9,000	15	ST-MED.	125632
	W. SILEN						12	ST-SURG.	125633
	D. G. FREIMAN						01	ST-PATH.	125636
BOSTON CITY FIRST AND THIRD MEDICAL SERVICES (TUFTS)	H. J. JEGHERS					9,000	16	ST-MED.	125793
2D AND 4TH MEDICAL SERVICES (HARVARD)	C. S. DAVIDSON					9,000	16	ST-MED.	125794
5TH AND 6TH MEDICAL SERVICE (BOSTON UNIV)	N. G. LEVINSKY					9,000	16	ST-MED.	125795
1ST SURGICAL SERVICE (TUFTS)	H. S. SOROFF					9,000	10	ST-SURG.	125796
3D SURGICAL SERVICE (BOSTON UNIV.)	J. J. BYRNE					9,000	08	ST-SURG.	125798
5TH SURGICAL SERVICE (HARVARD)	W. V. MCDERMOTT, JR.					9,000	10	ST-SURG.	125703
BOSTON UNIVERSITY	D. INGALL					9,000	12	ST-PED.	125704
BOSTON CITY HOSPITAL	S. L. ROBBINS	668	21,609	1,237	206,548	9,000	02	ST-PATH.	125736
BOSTON UNIVERSITY AFFILIATED HOSPITALS PROGRAM 3	L. WILLIAMS					9,000	12	ST-SURG.	125533
CARNEY		305	10,835	478	24,207				
BROCKTON (BROCKTON)		244	10,021	370	11,793				
MALDEN (MALDEN)		255	10,568	284	1,232				
CARNEY	F. L. COLPOYS	305	10,835	478	24,207	9,000	06	ST-MED.	125832
CHILDREN'S HOSPITAL MEDICAL CENTER#	C. A. JANEWAY	86	12,379	293	108,401	8,500	12	ST-PED.	125934
	G. VANTER						02	ST-PATH.	125936
MASSACHUSETTS GENERAL	D. FEDERMAN, A. LEAF	988	28,212	1,370	180,066	9,000	18	ST-MED.	126132
	L. OTTINGER						14	ST-SURG.	126133
	N. TALBOT						09	ST-PED.	126134
	B. CASTLEMAN						03	ST-PATH.	126136
NEW ENGLAND DEACONESS	J. L. TULLIS	333	10,431	355	9,984	9,000	02	ROT-1;	126412
							10	ST-MED.	126432
NEW ENGLAND MEDICAL CENTER HOSPITALS	W. B. SCHWARTZ	321	10,671	353	59,372	9,000	11	ST-MED.	126332
	R. A. DETERLING, JR.						08	ST-SURG.	126333
	S. S. GELLIS						09	ST-PED.	126334
	M. H. FLAX						02	ST-PATH.	126336
PETER BENT BRIGHAM#	G. W. THORN	290	9,972	414	73,080	9,000	15	ST-MED.	126532
	F. D. MOORE						08	ST-SURG.	126533
	G. J. DAMMIN						04	ST-PATH.	126536
ST. ELIZABETH'S HOSPITAL OF BOSTON	W. H. GARVIN, JR.	301	11,530	407	18,446	9,000	04	ROT-0;	126611
							06	ROT-1;	126612
							10	ST-MED.	126632
							04	ST-SURG.	126633
UNIVERSITY	R. W. WILKINS	212	6,552	294		9,000	18	ST-MED.	126232
	R. H. EGDAHL						09	ST-SURG.	126233
	K. BALDGH						02	ST-PATH.	126236
VETERANS ADMIN. (JAMAICA PLAIN)	E. SCHIMMEL	680	6,868	383	41,477	9,590	20	ST-MED.	127132
CAMBRIDGE CAMBRIDGE	M. ALIAPCULIOS	150	6,419	232	28,763	9,000	11	ROT-0;	126811
MOUNT AUBURN#	R. ARKY, F. ACKROYD	246	8,828	319	3,961	9,000	11	ROT-1,2;	12692C
	H. A. BIRD						01	ST-PATH.	126936
FALL RIVER UNION	A. RESNICK	256	10,188	384	2,107	7,200	09	ROT-0;	186411
FRAMINGHAM FRAMINGHAM UNION	C. G. TEDESCHI	181	10,821	249	614	9,000	08	ROT-0,1,2;	181220
	L. G. TEDESCHI						02	ST-PATH.	181236
LAWRENCE LAWRENCE GENERAL	M. CUSHING	294	12,371	446	3,134	8,000	08	ROT-0;	127411
MALDEN MALDEN	J. L. CAFARELLA	255	10,568	284	1,232	9,000	06	ROT-2;	240713
NEWTON NEWTON-WELLESLEY	N. S. STEARNS	212	9,160	305	4,355	9,000	05	ROT-0,1,2;	128020
	L. B. PAGE						03	ST-MED.	128032
PITTSFIELD BERKSHIRE MEDICAL CENTER	G. L. HAIDAK	380	15,399	396	19,309	9,000	18	ROT-0,1,2,3,4,5,6;	128120
SALEM SALEM	H. L. COOPER	243	9,558	338	7,664	8,000	10	ROT-0,1,2;	128420
SPRINGFIELD SPRINGFIELD HOSPITAL MEDICAL CENTER	R. E. GIANELLY	439	13,170	624	12,367	10,000	05	ROT-1;	128612
	D. A. DE LAURENTIS						08	ROT-2;	128613
	R. E. GIANELLY						05	ST-MED.	128632
	M. MEDALIE						02	ST-PED.	128634
WALTHAM WALTHAM	N. S. STEARNS	193	8,830	288	1,139	9,000	07	ROT-0,1,2;	128820

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
MASSACHUSETTS - CONTINUED									
WORCESTER MEMORIAL ST. VINCENT	G. L. SPANKNEBEL C. WHALEN J. DUGGAN J. J. CALABRO G. H. FRIEDEL V. P. DI DOMENICO	287 487	15,791 17,644	340 580	5,829 4,829	9,000 9,000	14 06 06 10 02	ROT-0; ROT-2; ROT-4; ST.MED. ST.PATH.	128911 129013 129014 129032 129036
WORCESTER CITY#	E. BUONITZ E. J. CROCE J. BREM W. MACGILLIVRAY E. J. CROCE J. BREM	341	12,686	486	29,164	9,645	06 04 02 02 02 04	ROT-0; ROT-1; ROT-2; ROT-4; ROT-5; ST.SURG. ST.PED.	129111 129112 129113 129114 129186 129133 129134
MICHIGAN									
ANN ARBOR ST. JOSEPH MERCY# UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS UNIVERSITY UNIVERSITY - VETERANS ADMIN. - WAYNE COUNTY GENERAL (ELOISE)	A. J. FRENCH W. D. ROBINSON C. G. CHILD, 3RD.	468 750	20,153 21,657	552 725	4,500 267,278	9,500 8,300	20 02	ROT-0,1,2,3,5; ST.PATH.	129220 129336
UNIVERSITY VETERANS ADMIN. WAYNE COUNTY GENERAL (ELOISE)		750	21,657	725	267,278	8,300	38 20	ST.MED. ST.SURG.	129332 129333
UNIVERSITY HOSPITAL - WAYNE COUNTY GENERAL (ELOISE)		333	5,331	253	21,850				
UNIVERSITY HOSPITAL - WAYNE COUNTY GENERAL (ELOISE)		324	12,781	575	90,680	8,300	02 18 06	ROT-8; ST.PED. ST.OBG.	129377 129334 129335
UNIVERSITY WAYNE COUNTY GENERAL (ELOISE)		750	21,657	725	267,278				
UNIVERSITY WAYNE COUNTY GENERAL (ELOISE)		324	12,781	575	90,680				
UNIVERSITY WAYNE COUNTY GENERAL (ELOISE)	R. W. SCHMIDT	324	12,781	575	90,680	8,169	04	ROT-0;	130611
DEARBORN OAKWOOD	E. W. DURHAM	440	20,516	644	6,175	10,200	18	ROT-01,0,2,3,4;	194620
DETROIT CHILDREN'S HOSPITAL OF MICHIGAN DETROIT GENERAL	P. V. WOOLLEY Y. J. SILVA Y. J. SILVA A. M. WEISSLER L. P. LEBLANC M. HEINS H. M. MAHONEY J. D. LANGSTON	191 499	9,472 14,819	269 767	84,295 168,827	9,014 9,540	10 20 01 12 09 02 24 02	ST.PED. ROT-0,1,2; ROT-6; ST.MED. ST.SURG. ST.PED. ROT-0; ST.PATH.	184334 129520 129576 129532 129533 129534 129611 129636
DETROIT-MACOMB HOSPITALS		242	8,750	225	16,319				
DETROIT MEMORIAL SOUTH MACOMB (WARREN) EVANGELICAL DEACONESS GRACE	L. STERN C. J. POLLINA D. W. MYERS Y. S. KIM	172 152 752	9,948 5,430 28,422	145 253 1,030		9,660 9,600	10 22 08 08	ROT-1,2; ROT-0,1,2,3,5,7; ST.MED. ST.SURG.	129720 129820 129832 129833
HARPER#	H. SHAPIRO S. MILLER P. J. CONNOLLY	569	17,629	676		10,500	12 06 06	ROT-0,1,2,3,5,7; ST.MED. ST.SURG.	129920 129932 129933
HENRY FORD	R. D. PARKS	903	27,609	1,176	349,200	10,000	08 16 06 02 02 02	ROT-9; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	130020 130032 130033 130034 130036 130511
HUTZEL	D. STATZER D. STATZER	354	16,519	316	21,042	10,000	12 02	ROT-0; ST.OBG.	130511 130535
MOUNT CARMEL MERCY ST. JOHN ST. JOSEPH MERCY SINAI HOSPITAL OF DETROIT	J. W. MOSES W. E. RUSH H. SHECTER E. M. BROWN H. A. RAVIN A. KANTROWITZ A. I. SHERMAN	494 433 228 417	19,763 19,792 8,474 16,833	649 716 290 406	10,350 8,238	10,200 10,000 10,000 9,000	24 21 09 14 04 04 01	ROT-9; ROT-0,1,2,3,4,5,7,8; ROT-0,1,2,3; ROT-0,1,2,3,5,6,7,8; ST.MED. ST.SURG. ST.OBG.	130220 191520 130420 192620 192632 192633 192635
EAST LANSING MICHIGAN STATE UNIVERSITY AFFILIATED HOSPITALS MICHIGAN STATE UNIVERSITY HEALTH CENTER EDWARD W. SPARROW (LANSING) ST. LAWRENCE (LANSING)	W. B. WEIL, JR.						02	ST.PED.	243634
ELOISE WAYNE COUNTY GENERAL - SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR									
FLINT									
HURLEY	E. M. GOLDBERG	529	20,134	449	6,206		25	ROT-0,1,2,3,4,5,7;	130720
MC LAREN GENERAL	J. L. SHIELDS R. O. PELHAM L. E. SIMONI	305	14,516	279	4,513		11 01 22	ROT-0,1,2,3,5,7,8; ST.SURG. ROT-0;	186620 186633 130811
ST. JOSEPH GRAND RAPIDS BLODGETT MEMORIAL	C. E. BOOHER C. E. BOOHER C. E. BOOHER N. L. AVERY E. L. MOORHEAD	362 380	15,280	444	1,733	9,000	10 04 04 02 11	ROT-0,3,4; ROT-1; ROT-2; ST.MED. ROT-0,3,4;	130920 130912 130913 130932 131020
BUTTERNORTH		381	18,556	575	11,562	6,600	07 02 02	ROT-1; ROT-2; ST.SURG.	131012 131013 131033
ST. MARY'S GROSSE POINTE BGN SECOURS HIGHLAND PARK HIGHLAND PARK GENERAL	J. C. PEIRCE R. C. CONNELLY J. SHAPIRO C. G. BARONE	283 145 259	13,097 7,697 9,388	459 204	10,686 8,252	6,600 11,000 10,300	14 10 15 04	ROT-0,1,2,3,4,5; ROT-0; ROT-0; ST.SURG.	190611 131211 131233
KALAMAZOO BORGESS BRONSON METHODIST	R. R. SPRINGGATE R. M. NICHOLSON	294 341	13,373 17,728	454 388	6,714 14,893	8,400 8,400	15 15	ROT-00,9; ROT-0,1,2,3,4,5,7,8;	131320 131420

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
MICHIGAN - CONTINUED									
LANSING									
EDWARD W SPARROW	R. W. PCEROY	400	22,883	472	10,033	10,000	16	ROT-0,1,2,3,4,5,7;	131520
	W. E. MALDONADO						02	ST.PATH.	131536
EDWARD W. SPARROW - SEE ALSO MICHIGAN STATE UNIV. AFFILIATED HOSPITALS, EAST LANSING									
ST. LAWRENCE - SEE MICHIGAN STATE UNIV. AFFILIATED HOSPITALS, EAST LANSING									
MIDLAND									
MIDLAND	R. E. BOWSER	176	8,999	191	2,839	10,000	04	ROT-00,0,1,2,3,4,5,8;	196120
MUSKEGON									
PONTIAC									
PONTIAC GENERAL	R. L. TUPPER	364	18,998	414	8,116	10,200	12	ROT-0,1,2,3,4,5,8;	131820
ST. JOSEPH MERCY		285	13,582	361	8,312	10,200			
	R. M. CLTLER						12	ROT-9;	131920
ROYAL OAK									
WILLIAM BEAUMONT	R. S. MC CAUGHEY	632	30,278	749	13,597	10,000	18	ROT-0;	197811
	Y. MORITA						03	ST.MED.	197832
	F. ARCARI						03	ST.SURG.	197833
	R. R. MARGULIS						02	ST.OBG.	197835
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS	P. WAYS					9,960	14	ROT-0;	132011
SAGINAW GENERAL		263	12,239	333	19,613				
ST. LUKE'S		217	9,721	224					
ST. MARY'S		208	9,596	284					
SOUTHFIELD									
PROVIDENCE	J. A. RINALDO, JR.	367	15,334	414	7,421	11,400	12	ROT-0,1,2,3,7;	130320
TRAVERSE CITY									
MUNSCN MEDICAL CENTER	J. R. HARWOOD	203	9,347	258		8,400	08	ROT-0;	132311
WARREN									
SOUTH MACOMB - SEE DETROIT-MACOMB HOSPITALS, DETROIT									
MINNESOTA									
DULUTH									
ST. LUKE'S#	V. G. GOLDSCHMIDT	385	14,291	452	19,254	9,600	08	ROT-0;	132411
ST. MARY'S	A. C. AUFDERHEIDE	349	15,199	375	31,758	9,600	16	ROT-0;	132511
MINNEAPOLIS									
HENNEPIN COUNTY GENERAL#	R. B. RAILE	361	14,287	553	103,177	8,500	30	ROT-0;	132911
							12	ROT-1;	132912
							08	ROT-2;	132913
							04	ROT-4;	132914
							02	ROT-6;	132976
							02	ST.PATH.	132936
METROPOLITAN MEDICAL CENTER	L. J. HAY	321	11,907	413	5,636	9,000	16	ROT-0,1,6;	245720
NORTHWESTERN HOSPITAL OF MINNEAPOLIS	R. B. HOWARD	366	14,329	267	6,492	9,000	03	ROT-0;	133011
							03	ROT-1;	133012
	C. J. WATSON						06	ST.MED.	133032
ST. BARNABAS-SWEDISH HOSPITALS - SEE METROPOLITAN MEDICAL CENTER									
ST. MARY'S		416	17,602	393	6,529		14	ROT-0;	133211
UNIVERSITY OF MINNESOTA HOSPITALS#	F. GARETZ	603	17,473	663	124,426	7,750	04	ROT-6;	133476
	J. MURRAY						10	ST.MED.	133432
	J. S. NAJARIAN						17	ST.SURG.	133433
	J. A. ANDERSON						17	ST.PED.	133434
	J. MC CULLOUGH						04	ST.PATH.	133436
	J. SCIARRA						02	ST.OBG.	133435
	R. EBERT	776	12,143	551	5,571	4,000	10	ST.MED.	133332
VETERANS ADMIN. ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	J. R. MCPHERSON					7,000	04	ROT-1;	132812
	D. C. MCILRATH						04	ROT-2;	132813
	G. L. MOORE						02	ROT-6;	132876
	J. R. MCPHERSON						20	ST.MED.	132832
	D. C. MCILRATH						08	ST.SURG.	132833
	M. D. CLOUTIER						06	ST.PED.	132834
	K. E. HOLLEY						02	ST.PATH.	132836
ROCHESTER METHOIST ST. MARY'S		513	19,863	349	2,020				
ST. PAUL		700	24,042	700					
BETHESDA LUTHERAN CHARLES T. MILLER#	M. E. JANSSEN	325	12,979	339	7,589	8,820	11	ROT-0;	133611
	J. E. EDWARDS						12	ROT-0,1,2,3,4,7;	133720
	R. J. HCULE	276	8,736	244	3,034	9,000	02	ST.PATH.	133736
ST. LUKE'S		340	12,421	536	123,759	9,000	12	ROT-0;	133911
ST. PAUL-RAMSEY	A. MOWLEM						12	ROT-0;	133511
							12	ROT-1;	133512
							04	ROT-2;	133513
							02	ROT-3;	133515
							03	ROT-4;	133514
							04	ROT-5,6;	133520
MISSISSIPPI									
JACKSON									
MISSISSIPPI BAPTIST UNIVERSITY	J. F. BUSEY	311	15,036	370	2,541	8,400	12	ROT-0;	134011
	H. H. TIMMIS	346	14,801	583	77,390	8,000			
	H. H. TIMMIS						15	ROT-01,0,2,3,4;	195720
	B. B. JOHNSON						06	ST.MED.	195732
	H. H. TIMMIS						04	ST.SURG.	195733
	B. E. BATSON						04	ST.PED.	195734
	J. G. BRUNSON						01	ST.PATH.	195736
	H. A. THIEDE						02	ST.OBG.	195735
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	D. G. HALL	330	10,289	336	87,486	9,000	02	ROT-3;	199415
	G. S. LODDICK						01	ROT-7;	199442
	G. W. N. EGGERS, JR.						02	ROT-8;	199477
	C. E. MENGEL						20	ST.MED.	199432
	M. DE MEESE						08	ST.SURG.	199433
	R. L. JACKSON						04	ST.PED.	199434
	D. A. SENHAUSER						04	ST.PATH.	199436
KANSAS CITY									
CHILDREN'S MERCY	N. W. SMULL	79	3,710	97	67,105	9,000	09	ST.PED.	198834
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	A. MCCANSE	207	8,851	435	67,880	8,700	30	ROT-9;	134320



## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
MISSOURI, KANSAS CITY - CONTINUED									
MENDRAH MEDICAL CENTER	L. KINDRED	278	11,478	309	2,911		12	ROT.0,1,2,3,4,5,6,7;	134520
	N. WINER						02	ST.MED.	134532
	P. W. KEITGES						02	ST.PATH.	134536
ST. LUKE'S	R. R. HALL	471	20,366	618	24,494	8,520	05	ROT.0;	134811
	R. R. HALL						08	ROT.1;	134812
	P. G. KCONTZ						02	ROT.2;	134813
	R. R. HALL						04	ST.MED.	134832
	P. G. KCONTZ						01	ST.SURG.	134833
ST. MARY'S	T. J. FRITZLEN	330	12,853	337		9,600	01	ST.PATH.	134936
TRINITY LUTHERAN	J. H. HILL	219	7,860	270	6,381	7,200	08	ROT.2;	135013
ST. CHARLES									
ST. JOSEPH'S	R. HAMES	205	12,582	239	5,124	10,800	06	ROT.0,1,2,3,4;	135120
ST. LOUIS									
BARNES HOSPITAL GROUP	C. V. MOORE	984	35,361	788	104,133	9,000	26	ST.MED.	135332
	F. BALLINGER						15	ST.SURG.	135333
	P. E. LACY						07	ST.PATH.	135336
	J. C. WARREN						04	ST.OBG.	135335
DEACNESS	R. C. KINGSLAND	399	13,388	529	23,979	8,400	16	ROT.0,1,2,5;	135620
HOMER G PHILLIPS	E. N. MITCHELL	393	13,806	504	78,725	8,118	20	ROT.0;	135711
JEWISH HOSPITAL OF ST. LOUIS	S. WESSLER	460	16,320	539	24,761	10,200	14	ST.MED.	135832
	A. E. BAUE						07	ST.SURG.	135833
LUTHERAN		382	14,629	573	18,895	8,400	06	ROT.0;	135911
							02	ROT.1;	135912
							06	ROT.2;	135913
							02	ROT.3;	135915
							09	ROT.2;	136013
MISSOURI BAPTIST	F. J. CATANZARO	305	11,052	244	4,946	9,000	02	ROT.2;	136013
ST. JOHNS'S MERCY MEDICAL CENTER									
	P. C. HIGGINS	557	23,329	634	76,599	6,960	18	ROT.0,1,2;	136220
	W. W. MONAFO						02	ST.SURG.	136233
ST. LOUIS CHILDREN'S	P. R. DODGE	130	6,179	150	24,812	9,000	16	ST.PED.	136934
ST. LOUIS CITY	L. V. MULLIGAN	350	13,516	864	78,221	8,118	12	ROT.0,1,2,3,4;	136320
	R. A. KINSELLA, JR.						08	ST.MED.	136332
ST. LOUIS COUNTY	R. D. MUETHER	189	7,313	389	47,595	6,000	10	ROT.2;	136213
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS									
	R. J. GAMES	1,061	40,802	1,249	130,618	9,000	10	ROT.0;	136511
	T. F. FRAMLEY						04	ROT.1;	136512
	A. E. MC ELFRESH						02	ROT.4;	136514
	T. F. FRAMLEY						16	ST.MED.	136532
	V. L. WILLMAN						10	ST.SURG.	136533
	A. E. MC ELFRESH						08	ST.PED.	136534
	G. D. SORENSON						04	ST.PATH.	136536
	O. CAVANAGH						06	ST.OBG.	136535
ST. LUKE'S	R. PAINE	313	11,085	437	17,565	9,000	12	ROT.0,1,2,3;	136420
							04	ST.MED.	136432
ST. MARY'S	J. A. NUETZEL	471	16,498	484	1,579	9,000	16	ROT.9;	199920
							08	ST.MED.	199932
NEBRASKA									
LINCOLN									
BRYAN MEMORIAL#	L. R. LEE	255	12,970	315	5,404	6,600	10	ROT.0,1,2;	136820
LINCOLN GENERAL	L. P. JOHNSON	194	10,448	284		6,600	06	ROT.0;	136911
ST. ELIZABETH COMMUNITY HEALTH CENTER	L. D. TOALSON	119	6,161	181	1,417	8,523	06	ROT.0;	137011
OMAHA									
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS						9,600			
	J. F. SULLIVAN						06	ROT.1;	137212
	R. J. LUBY						02	ROT.3;	137215
	J. R. MITCHELL						04	ROT.4;	137214
	J. A. SISSON						01	ROT.5;	137286
	J. F. SULLIVAN						06	ST.MED.	137232
	F. A. MILLER						06	ST.SURG.	137233
	J. A. SISSON						02	ST.PATH.	137236
CREIGHTON MEMORIAL ST. JOSEPH		440	13,567	383	20,486				
VETERANS ADMIN.		362	5,946	301	38,042				
DOUGLAS COUNTY		161	4,193	207	11,281				
IMMANUEL		152	8,395	275	4,011		10	ROT.0;	137311
NEBRASKA METHODIST#	J. R. SCHENKEN	320	17,320	366		9,000	12	ROT.0;	137411
							20	ST.PATH.	137436
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS						7,200	02	ROT.0,1,2,3,4,5,8;	137620
	R. MESSER						06	ROT.6;	137676
	W. BURROWS						01	ROT.7;	137642
	W. WILSON						08	ST.MED.	137632
	J. SHIPP						04	ST.SURG.	137633
	M. M. MUSSELMAN						04	ST.PED.	137634
	G. VAN LEEUWEN						02	ST.PATH.	137636
UNIVERSITY OF NEBRASKA BISHOP CLARKSON MEMORIAL		163	7,158	174	80,016				
DOUGLAS COUNTY		294	15,278	347	14,781				
VETERANS ADMIN.		161	4,193	207	11,281				
		362	5,946	301	38,042				
NEW HAMPSHIRE									
HANOVER									
MARY HITCHCOCK MEMORIAL#	T. P. ALMY	275	7,628	227	85,666	7,500	18	ST.MED.	137732
	R. C. KARL						11	ST.SURG.	137733
NEW JERSEY									
ATLANTIC CITY									
ATLANTIC CITY	W. R. THOMPSON	374	15,219	661	15,695	8,300	06	ROT.0;	137811
	W. R. THOMPSON						04	ROT.1;	137812
	M. J. ELDVITZ						02	ROT.2;	137813
	M. J. ELDVITZ						02	ST.SURG.	137833
CAMDEN									
COOPER#	W. T. SNAGG	565	20,640	768	16,748	9,500	15	ROT.00,0,1,2,3,4,5;	138020
OUR LADY OF LOURDES	E. FINE	285	13,424	235	3,442	8,000	10	ROT.0;	193311
WEST JERSEY	E. R. CURRAN, JR.	361	15,781	477	9,130	8,500	06	ROT.0;	138111
							02	ROT.1;	138112
							02	ROT.2;	138113
							01	ROT.3;	138115
							01	ROT.4;	138114

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Compen- sation	Type	NIRMP Number
NEW JERSEY - CONTINUED									
EAST ORANGE EAST ORANGE GENERAL VETERANS ADMIN. - SEE NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS, NEWARK	D. P. PEYSER	211	8,161	373	5,737	6,500	08	ROT-0;	138211
ELIZABETH ELIZABETH GENERAL HOSPITAL AND DISPENSARY	E. R. KERTIS						14	ROT-2;	138413
ENGLEWOOD ENGLEWOOD	C. WIERUM	348	14,881	462	11,132	8,220	10 01	ROT-0,2; ST. SURG.	13862C 138633
HACKENSACK HACKENSACK	W. C. BLACK	422	20,037	549	10,067	10,000	16 02	ROT-9; ST. SURG.	138720 138733
HOBOKEN ST. MARY'S JERSEY CITY CHRIST JERSEY CITY MEDICAL CENTER	F. AQUILA C. TAN SY H. MARK B. WATTIKER H. MARK B. WATTIKER J. P. CURRAN	231 319 389	8,902 12,495 10,005	454 598 678	6,600 4,627	8,400 9,000	15 16 08 03 08 03 01	ROT-0; ROT-0; ROT-1; ROT-2; ST. MED. ST. SURG. ST. PED.	138811 138911 139012 139013 139032 139033 139034
LIVINGSTON ST. BARNABAS MEDICAL CENTER LONG BRANCH MONMOUTH MEDICAL CENTER	A. H. ISLAMI W. S. VAUN J. C. KIRBY C. S. ARVANITIS W. C. ELLIS M. SALWEN	571 491	24,474 15,630	542 688	23,141 28,770	9,600 10,500	20 04 08 06 03 02	ROT-0,1,2,3,4; ROT-9; ST. MED. ST. SURG. ST. PED. ST. PATH.	139620 139220 139232 139233 139234 139236
MONTCLAIR MOUNTAINSIDE	E. T. ANDERSON	315	12,726	463	14,012	7,500	09 06	ROT-0,1,2; ST. MED.	139320 139332
MORRISTOWN MORRISTOWN MEMORIAL	J. ALKHAS H. F. LUDDECKE	371	17,331	437	26,057	7,600	10 02	ROT-9; ST. PATH.	139420 139436
MOUNT HOLLY BURLINGTON COUNTY MEMORIAL NEPTUNE JERSEY SHORE MEDICAL CENTER-FITKIN NEWARK MARTLAND	J. R. WOLGAMOT A. F. VERGA G. M. LORDI F. C. BEHRLE W. D. SHARPE H. A. KAMINETZKY	216 305 526	9,040 16,129 19,532	460 691 939	11,654 14,219 101,335	6,600 10,500	08 10 18 06 01 05	ROT-0; ROT-0; ROT-0,1,0,2,3,4,6; ST. PED. ST. PATH. ST. OBG.	138311 139511 13982C 139834 139835 139836
NEWARK BETH ISRAEL MEDICAL CENTER	S. PARENT M. KIRSCHNER V. PARSONNET M. E. FISCHMAN H. SCHWARTZ	455	19,870	629	25,665	10,300	16 08 06 01 01	ST. MED. ST. SURG. ST. PED. ST. OBG.	139713 139732 139733 139734 139735
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS MARTLAND VETERANS ADMIN. (EAST ORANGE) ST. MICHAEL'S MEDICAL CENTER	F. P. CHINARD J. J. KNIGHTLY L. G. SMITH L. G. SMITH R. DELFINO R. CARNES	526 824 312	19,532 7,364 12,317	939 655 406	101,335 39,197 21,265	10,500 9,800	20 12 15 04 04 01	ST. MED. ST. SURG. ROT-9; ST. MED. ST. PED. ST. PATH.	139832 139833 139920 139932 139934 139936
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN NEW BRUNSWICK MIDDLESEX GENERAL NEW BRUNSWICK HOSPITALS PROGRAM MIDDLESEX GENERAL ST. PETER'S GENERAL ST. PETER'S GENERAL ORANGE ORANGE MEMORIAL	J. J. MC GUIRE S. KONIGSBERG S. KONIGSBERG N. REITMAN F. X. MC GINN	380 233 233 295 295 258	13,870 10,749 10,749 17,793 17,793 10,268	467 401 401 390 390 454	23,599 14,519 14,519 10,444 10,444 9,990	9,800 11,000 7,500	10 04 04 08 03 02 06	ROT-0; ROT-0,1,2; ST. SURG. ST. MED. ROT-2; ROT-0; ROT-2;	187211 197920 197933 252332 140013 140111 140113
PARAMUS BERGEN PINES COUNTY PASSAIC PASSAIC GENERAL ST. MARY'S PATERSON ST. JOSEPH'S PERTH AMEY PERTH AMBOY GENERAL PLAINFIELD MUHLBERG PRINCETON PRINCETON SOMERVILLE SOMERSET SUMMIT OVERLOOK TEANECK HOLY NAME	S. F. ALEXANDER J. FERRANTE, JR. J. V. IRAGGI K. P. LANCE H. A. CROMWELL M. SHUSTER P. K. JOHNSON P. K. JOHNSON P. A. WINDKUR B. H. HYUN H. ROTHBERG B. S. MILLER M. E. TRACHT	895 265 163 448 468 404 204 271 327 288	7,108 11,492 8,528 16,375 18,785 18,795 11,048 15,367 18,071 11,756	760 495 327 678 679 662 237 325 539 443	47,224 4,675 1,881 24,061 11,926 11,463 3,051 5,418 3,286 35,381	8,400 7,800 8,100 9,528 9,000 7,800 8,250 8,800 14 14 06	16 04 08 12 24 01 14 03 02 01 04 03 12 14 06	ROT-1; ROT-0; ROT-0; ROT-0; ROT-0; ST. PATH. ROT-0,1,2,3,4,5; ST. MED. ST. PED. ST. PATH. ROT-1; ROT-2; ROT-0,1,2,3,4,5,7,8; ROT-0,1,2,4; ROT-9;	190812 140211 140311 140611 187311 187336 140720 140732 140734 140736 136612 136613 19342C 14082C 14092C

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Com- m- P- h- e- t	Type	NIRMP Number
NEW JERSEY - CONTINUED									
TRENTON HELENE FULD	M. D. SHEPP	275	11,616	362	5,883	8,200	09	ROT.0;	141211
MERCER ST. FRANCIS	J. J. FITZPATRICK J. J. FITZPATRICK L. G. FARES	408	17,115	688	14,184	8,500	12 08 04 04	ROT.0; ROT.0; ROT.1; ST.SURG.	254111 141111 141112 141133
NEW MEXICO									
ALBUQUERQUE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS#	INTERNSHIP COMMITTEE R. A. MUNSICK E. A. MORTIMER R. SENESEU R. C. WILLIAMS E. T. PETER R. E. ANDERSON					7,245	06 02 05 02 06 04 02	ROT.0; ROT.3; ROT.4; ROT.6; ST.MED. ST.SURG. ST.PATH.	196211 196215 196214 196276 196232 196233 196236
BERNALILLO COUNTY MEDICAL CENTER VETERANS ADMIN.		143 349	6,823 5,912	232 283	47,451 49,981				
NEW YORK									
ALBANY ALBANY MEDICAL CENTER	P. DONNELLY S. BONDURANT A. KRAFT K. SCHMIDT S. BONDURANT C. ECKERT I. PORTER W. THOMAS M. RYAN	702	23,518	884	59,424	9,000	05 11 06 02 16 07 04 02 14	ROT.0; ROT.1; ROT.6; ROT.8; ST.MED. ST.SURG. ST.PED. ST.PATH. ROT.0,2;	141411 141412 141476 141477 141432 141433 141434 141436
MEMORIAL ST. PETER'S	W. H. O' BRIEN	222 361	7,326 14,147	332 474	3,576 8,849	9,000 9,200	20	ROT.9;	141611
BAY SHORE SOUTHSIDE#	W. J. CLARKSON, JR.	222	16,589	508	1,020	7,500	10	ROT.0;	141720
BRONXVILLE LAWRENCE	R. C. SWINGLE	234	9,123	306	2,451	10,000	12	ROT.1;	191612
BUFFALO DEACONESS HOSPITAL OF BUFFALO#	P. L. BURKES	150	12,989	517	10,502	9,500	16	ROT.0,1,2,3;	14372C
MERCY MILLARC FILLMORE	J. J. O' BRIEN L. A. GOLLEN	365 516	13,870 18,251	512 735	16,135 16,393	10,000 9,500	15 17	ROT.0,1,2,3,4; ROT.0,1,2,3,5,7,8;	143920 14402C
SISTERS OF CHARITY	P. B. WELLS C. P. VOLTZ	412	16,226	536	11,068	9,100	06 04 06 06 02 02	ST.SURG. ROT.0; ROT.1; ROT.2; ROT.3; ST.MED.	144033 144111 144112 144113 144115 144132
STATE UNIV. OF N.Y. AT BUFFALO AFFILIATED HOSPITALS BUFFALO GENERAL#	E. MILCH E. MILCH E. CALKINS	652	19,655	977	31,472	9,500	06 06 06	ROT.2; ST.SURG. ROT.0;	143613 143633
BUFFALO GENERAL HOSPITAL-E. J. MEYER MEMORIAL#	E. CALKINS J. P. NOLAN E. CALKINS					9,500	06 14 16	ROT.0; ROT.1; ST.MED.	143611 143612 143632
BUFFALO GENERAL EDWARD J. MEYER MEMORIAL CHILDREN'S HOSPITAL OF BUFFALO-EDWARD J. MEYER MEMORIAL CHILDREN'S HOSPITAL OF BUFFALO EDWARD J. MEYER MEMORIAL EDWARD J. MEYER MEMORIAL	J. A. CORTNER	652 581	19,655 11,990	977 706	31,472 113,097		8,000	13	ST.PED.
	W. G. SCHENK, JR. Z. C. TAINTOR W. G. SCHENK, JR.	266 581 581	19,731 11,990 11,990	238 706 706	71,255 112,097 113,097	8,000	05 02 06	ROT.2; ROT.6; ST.SURG.	143813 143876 143833
COOPERSTOWN MARY IMOGENE BASSETT#	C. A. ASHLEY	98	3,926	169	59,971	10,000	07 01 04 03	ROT.0; ROT.6; ST.MED. ST.SURG.	144211 144276 144232 144233
EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	T. CINQUE A. DIBENEDETTO J. M. SEMER G. IRWIN I. WEINBERG T. CINQUE A. DIBENEDETTO P. J. COLLIPP	477	17,544	1,149	105,776	9,517	08 05 09 02 01 12 05 03	ROT.1; ROT.2; ROT.6; ROT.7; ROT.8; ST.MED. ST.SURG. ST.PED.	144812 144813 144876 144842 144877 144832 144833 144834
GLEN COVE COMMUNITY HOSPITAL AT GLEN COVE	F. X. MOORE	180	8,211	313	12,433	8,000	10	ROT.0,1,2,3,4;	14462C
JOHNSON CITY CHARLES S. WILSON MEMORIAL	E. M. WYSD	385	15,435	402	59,683	8,800	14	ROT.0,1,2,3;	14522C
KENMORE KENMORE MERCY LEWISTON	P. A. CLINE	231	9,253	305	299	8,500	12	ROT.0;	182911
MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS							08	ROT.0;	150311
MANHASSET NORTH SHORE - SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY									
MINEOLA NASSAU MOUNT KISCO NORTHERN WESTCHESTER	W. C. HOLLIS F. J. BRIGGETTI	383 162	15,941 10,233	668 295	8,907 1,102	11,500 9,530	18 08	ROT.0,1,2,3; ROT.1,2;	14552C 14562C
MOUNT VERNON MOUNT VERNON NEWBURGH ST. LUKE'S HOSPITAL OF NEWBURGH	A. R. WALSH G. FLAUM	290 228	10,612 8,445	405 404	15,107 5,937	9,000 8,500	16 10	ROT.0; ROT.0;	145711 145811

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Compl. c-t	Type	NIRMP Number
NEW YORK - CONTINUED									
NEW HYDE PARK									
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM									
LONG ISLAND JEWISH MEDICAL CENTER	P. LANZKOWSKY	347	14,628	503	40,003	10,300	14	ROT-0,1,2,3,4;	196320
	E. MEILMAN						14	ST.MED.	196332
	P. LANZKOWSKY						05	ST.PED.	196334
QUEENS HOSPITAL CENTER (NEW YORK CITY)	H. KOLOONY	926	16,540	1,734	175,122	10,300	26	ROT-0,1,2,3,4;	145120
							04	ST.MED.	145132
NEW ROCHELLE									
NEW ROCHELLE HOSPITAL MEDICAL CENTER		308	13,505	518	8,157	8,000	18	ROT-0,1,2,3,4;	145920
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS									
BRONX MUNICIPAL HOSPITAL CENTER	S. L. ROMNEY	914	24,654	1,548	272,279		05	ROT-3;	193115
	M. FULOP						24	ST.MED.	193132
	O. STATE						15	ST.SURG.	193133
	L. M. FRAAD						21	ST.PED.	193134
	R. TERRY						03	ST.PATH.	193136
	S. POLLACK	247	9,648	403	189,986		13	ST.MED.	148432
LINCOLN	J. FLYNN; R. NOLAN	191	4,473	335	20,471	10,300	08	ROT-2;	189013
BEEKMAN-DOWNTOWN	J. T. FLYNN						04	ST.MED.	189032
	R. B. NOLAN						04	ST.SURG.	189033
BELLEVUE HOSPITAL CENTER - SEE BETH ISRAEL MEDICAL CENTER	NEW YORK UNIVERSITY MEDICAL CENTER	926	27,648	585	419,478	10,300	14	ROT-0;	147011
	B. STRAUS						16	ST.MED.	147032
	B. STRALS						10	ST.SURG.	147033
	W. I. WOLFF						03	ST.PED.	147034
	S. BLATMAN						06	ROT-1;	182212
BOOTH MEMORIAL	B. H. BOAL	238	10,649	374	16,833	8,700	09	ST.MED.	182232
	J. DNEK						07	ST.SURG.	182233
	J. CHASSIN	526	17,371	742	125,346	10,000	07	ROT-0,1,2,3,4,7;	
							04	ST.MED.	
							02	ST.SURG.	
							02	ST.PED.	
BRONX-LEBANON HOSPITAL CENTER	M. J. GOODFRIEND	526	17,371	748	125,346	10,000	08	ROT-0,1,2,3,4,5,7;	147120
							04	ST.MED.	147132
							02	ST.SURG.	147133
							02	ST.PED.	147134
BROOKDALE HOSPITAL CENTER	A. LYON	362	14,289	480	73,032	10,900	18	ST.MED.	141932
	A. I. KAHN						07	ST.SURG.	141933
	R. GOLINKO						05	ST.PED.	141934
BROOKLYN-CUMBERLAND MEDICAL CENTER#	V. TRICOMI	607	22,537	950	161,820	10,300	06	ROT-0;	142011
	J. F. HUELLER						12	ST.MED.	142032
	R. BRITTON						07	ST.SURG.	142033
	P. SCAGLIONE						04	ST.PED.	142034
	G. FINKEL						02	ST.PATH.	142036
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	J. J. BUTLER					8,800	48	ROT-9;	145020
MARY IMMACULATE DIVISION		238	8,652	400	35,555				
ST. JOHN'S QUEENS DIVISION		271	9,732	417	7,233				
ST. MARY'S DIVISION		185	7,013	201	45,840				
COLUMBUS	M. R. BAZZINI	269	6,658	398	24,478	9,400	14	ROT-1,2;	147220
CORNELL COOPERATING HOSPITALS									
NEW YORK HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	A. G. BEARN					10,500	29	ST.MED.	146632
	M. W. MC CRORY	863	33,144	833	210,674		11	ST.PED.	146634
NEW YORK MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES		403	9,042	889	52,748				
NORTH SHORE HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	L. SCHERR					11,200	16	ST.MED.	146732
	A. R. BEIL, JR.						11	ST.SURG.	146733
	H. P. GOLDBERG	322	16,540	372	33,881		04	ST.PED.	146734
NORTH SHORE (MANHASSET) MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES		403	9,042	889	52,748				
FLUSHING HOSPITAL AND MEDICAL CENTER	L. J. DELLI-PIZZI	301	12,346	474	10,423	10,000	06	ROT-0;	144511
							03	ROT-1;	144512
							03	ROT-2;	144513
							02	ROT-3;	144515
							02	ROT-4;	144514
FORDHAM HOSPITAL (MISERICORDIA HOSPITAL TRAINING PROGRAM)	CHRMN., GRAD. MED ED	351	10,186	604	143,251	10,300	18	ROT-0,1,2,3,4,5,7,8;	147420
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	R. HERZ, JR.	503	16,833	628	56,115	11,000	12	ROT-0;	147511
	A. M. GELB						03	ROT-1;	147512
	J. E. MCMANUS						03	ROT-2;	147513
	L. J. CARUSO						03	ROT-3;	147515
	E. M. DITGLLA						01	ROT-4;	147514
	A. M. GELB						02	ST.MED.	147532
	J. E. MCMANUS						06	ST.SURG.	147533
	L. J. CARUSO	741	16,049	1,041	259,960		02	ST.ORG.	147535
HARLEM HOSPITAL CENTER	G. E. THOMSON						23	ROT-9;	147820
	G. E. THOMSON						20	ST.MED.	147832
	J. M. FERRER, JR.						16	ST.SURG.	147833
	E. J. KAHN						04	ST.PED.	147834
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	S. REICHMAN	291	6,549	216	59,148	10,300	01	ROT-1;	147912
							01	ROT-2;	147913
							03	ST.MED.	147932
							04	ST.SURG.	147933

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number	
NEW YORK, NEW YORK CITY - CONTINUED										
JAMAICA	B. D. GUSOFF	250	9,544	565	24,385	8,250	13	ROT-0,1,2;	144920	
	H. BARBER							02	ST.SURG.	144933
	M. M. ABITBOL							02	ST.OBG.	144935
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	M. G. GOLDNER	606	22,946	985	65,731	10,300	05	ROT-0;	142511	
	M. G. GOLDNER							07	ROT-1;	142512
	B. S. LEVOWITZ							05	ROT-2;	142513
	M. A. SCHIFFER							02	ROT-3;	142515
	C. V. PRYLES							03	ROT-4;	142514
	I. M. PALLIN							01	ROT-8;	142577
	M. G. GOLDNER							12	ST.MED.	142532
	B. S. LEVOWITZ							03	ST.SURG.	142533
	C. V. PRYLES							03	ST.PED.	142534
GREENPOINT JEWISH MEMORIAL	J. COHEN	152	5,584	352	141,018	9,000	08	ROT-0,1;	148020	
		175	6,743	382	34,259		02	ST.MED.	148032	
KINGSBROOK JEWISH MEDICAL CENTER	E. E. MANDEL	765	4,553	690	26,768	9,100	12	ROT-1;	147612	
							02	ROT-7;	147642	
KNICKERBOCKER	B. E. KRENTZ	196	3,728	277	18,335	8,800	06	ROT-0;	148111	
	B. E. KRENTZ							03	ST.MED.	148132
	E. P. FLEICHMANN							03	ST.SURG.	148133
LENOX HILL	W. D. SICHER	523	15,373	656	65,481	11,300	02	ROT-0;	148311	
								02	ROT-1;	148312
								04	ROT-2;	148313
								D2	ROT-3;	148315
								15	ST.MED.	148332
								02	ST.SURG.	148333
								05	ST.PED.	148334
LONG ISLAND COLLEGE	W. G. MULLIN	544	21,234	743	47,378	10,300	24	ROT-0;	142711	
							04	ST.MED.	142732	
							03	ST.PED.	142734	
LUTHERAN MEDICAL CENTER MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	G. F. CUCOLO	293	8,622	494	54,544	10,300	11	ROT-0;	143011	
MAIMONIDES MEDICAL CENTER	D. GROB	588	22,977	1,168	52,507	10,300	12	ROT-0;	142811	
	D. GROB							16	ST.MED.	142832
	G. DEGENSHEIN							09	ST.SURG.	142833
	H. JOOS							05	ST.PED.	142834
CONEY ISLAND#	S. GLICK	415	9,154	1,123	154,271	8,800	16	ST.MED.	142232	
	H. KRIEGER							06	ST.SURG.	142233
	A. VASICKA							02	ST.OBG.	142235
MARY IMMACULATE - SEE CATHOLIC METHODIST HOSPITAL OF BROOKLYN	V. LARKIN	83	14,227	547	40,316	11,000	09	ROT-0;	142911	
	I. ENQUIST							02	ROT-2;	142913
	M. HOFFMAN							02	ST.MED.	142932
	I. ENQUIST							04	ST.SURG.	142933
	H. GHADIMI							01	ST.PED.	142934
	S. WERTHAMER							02	ST.PATH.	142936
MISERICORDIA MISERICORDIA-FORDHAM TRAINING PROGRAM	CHRMN., GRAD. MED ED	314	12,765	467	26,243	10,300	18	ROT-0,1,2,3,4,5;	148620	
	R. F. GOMP Recht					10,300	02	ST.MED.	148632	
	B. M. REYNOLDS						02	ST.SURG.	148633	
	W. R. STANKEWICK						02	ST.PED.	148634	
MISERICORDIA FORDHAM		314	12,765	467	26,243					
MONTEFIORE HOSPITAL TRAINING PROGRAM	H. WISE	351	10,186	604	143,251					
	D. HAMERMAN					10,300	06	ST.MED.-SOCIAL	148794	
	M. GLIEDMAN						42	ST.MED.	148732	
	H. WISE						16	ST.SURG.	148733	
	L. FINBERG						08	ST.PED.-SOCIAL	148795	
							20	ST.PED.	178734	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		716	15,651	985	92,872					
MORRISANIA CITY		282	9,960	525	112,117					
MOUNT SINAI HOSPITAL TRAINING PROGRAM										
MOUNT SINAI	S. BERSON	1,022	31,170	1,164	166,714	10,300	32	ST.MED.	149032	
	A. E. KARK							15	ST.SURG.	149033
	H. L. HODES							07	ST.PED.	149034
CITY HOSPITAL CENTER AT ELMHURST	A. SINGER	813	19,516	1,476	192,478	10,300	32	ROT-0;	149111	
	S. SECKLER							10	ST.MED.	149132
	A. SINGER							03	ST.SURG.	149133
	P. A. EBERT							17	ST.SURG.	149233
NEW YORK	J. T. ELLIS	863	33,144	833	210,674	10,500	06	ST.PATH.	149236	
NEW YORK HOSPITAL - SEE ALSO NEW YORK INFIRMARY	CORNELL COOPERATING HOSPITALS	226	8,771	299	26,110	8,550	13	ROT-0;	187511	
NEW YORK MEDICAL COLLEGE - METROPOLITAN HOSPITAL CENTER	H. TAUBE									
	W. L. MERSHEIMER						30	ROT-2;	147313	
	M. L. STONE						04	ROT-3;	147315	
	R. GOLDSTEIN						36	ST.MED.	147332	
	E. WASSERMAN						19	ST.PED.	147334	
	D. SPIRO						05	ST.PATH.	147336	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		315	13,797	303	11,134					
UNIT 2 - METROPOLITAN HOSPITAL CENTER		723	16,413	816	321,231					
NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL - SEE FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER										
NEW YORK UNIVERSITY MEDICAL CENTER										
BELLEVUE HOSPITAL CENTER	S. J. FARBER	1,472	29,100	1,162	274,279		22	ST.MED.	146432	
BELLEVUE HOSPITAL CENTER-UNIVERSITY	S. J. FARBER						04	ROT-1;	146412	
	G. W. DOUGLAS						06	ROT-3;	146415	
	F. BECKER, GORSTEIN						05	ROT-5;	146486	
	M. HERMAN, S. FARBER						10	ROT-6;	146476	
	F. C. SPENCER						20	ST.SURG.	146433	
	S. KRUGMAN						11	ST.PED.	146434	
	BECKER, F. GORSTEIN						05	ST.PATH.	146436	
BELLEVUE HOSPITAL CENTER UNIVERSITY		1,472	29,100	1,162	274,279					
		584	16,833	512	23,362					

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED									
UNIVERSITY HOSPITAL-VETERANS ADMIN. (MANHATTAN)	N. SPRITZ, S. FARBER						12	ST.MED.	146532
VETERANS ADMIN. (MANHATTAN)		896	10,229	601	68,136				149532
UNIVERSITY PRESBYTERIAN	C. A. RAGAN	584	16,833	512	23,362	10,750	16	ST.MED.	149533
	F. P. HERTER						12	ST.SURG.	149534
	G. W. MELLIN						10	ST.PED.	149536
	D. W. KING	1,210	38,040	1,165	391,842		06	ST.PATH.	149536
QUEENS HOSPITAL CENTER - SEE LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM, NEW HYDE PARK ROOSEVELT	T. F. DILLON	524	18,491	641	82,564	8,800	02	ROT.3;	149615
	H. C. SHANDS						06	ROT.6;	149676
	N. P. CHRISTY						12	ST.MED.	149632
	W. A. WICHERN						10	ST.SURG.	149633
	E. N. JOYNER						05	ST.PED.	149634
ST. CLARE'S HOSPITAL AND HEALTH CENTER	J. L. MADDEN	347	8,499	433	26,482	8,500	17	ROT.0;	149711
	C. A. R. CONNOR						06	ST.MED.	149732
	J. L. MADDEN						04	ST.SURG.	149733
ST. JOHN'S EPISCOPAL	J. E. MULE	257	10,019	283	44,115	12,360	14	ROT.0;	143211
ST. JOHN'S QUEENS - SEE CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS									
ST. LUKE'S HOSPITAL CENTER	T. B. VAN ITALLIE	625	22,872	577	167,122	10,300	14	ST.MED.	149932
	H. F. FITZPATRICK						09	ST.SURG.	149933
	S. S. STEVENSON						04	ST.PED.	149934
ST. MARY'S - SEE CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS									
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. J. BOLLER	752	18,695	1,014	80,971	8,500	23	ROT.9;	150020
							12	ST.MED.	150032
							10	ST.SURG.	150033
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	A. A. CLAPS	313	11,963	400	18,071	10,800	12	ROT.0,1,2,3,4,5,7;	151420
	A. A. CLAPS						02	ROT.6;	151476
	L. WEINER						02	ST.MED.	151432
	W. C. FREDERICK						02	ST.SURG.	151433
	A. A. CLAPS						02	ST.PED.	151434
STATEN ISLAND	T. G. MC GINN	234	11,176	366	22,358	10,700	12	ROT.0;	151511
							02	ROT.1;	151512
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	M. MERZ						15	ROT.0,1,2,3,4,5,6;	142620
	L. W. EICHNA						33	ST.MED.	142632
	C. DENNIS						20	ST.SURG.	142633
	J. LANMAN						05	ST.PED.	142634
	P. J. FITZGERALD						02	ST.PATH.	142636
KINGS COUNTY HOSPITAL CENTER		1,780	45,436	2,828	445,580				
STATE UNIVERSITY SYDENHAM	L. ROSS	223	8,577	216	50,541	7,750	09	ROT.1;	150111
UNIVERSITY - SEE NEW YORK UNIVERSITY MEDICAL CENTER	V. GINSBERG	155	4,973	121	30,456		10	ROT.2;	143413
VETERANS ADMIN. (BROOKLYN)	A. A. POLACHEK	177	1,760	219	22,308				
VETERANS ADMIN. (MANHATTAN) - SEE NEW YORK UNIVERSITY MEDICAL CENTER	H. H. LEVEEN	811	9,370	689	37,989	10,869	16	ST.MED.	150232
WYCKOFF HEIGHTS	J. LOPRESTI					9,500	12	ROT.0;	143511
	M. FRIEDMAN						02	ROT.3;	143515
	A. STATSINGER						03	ROT.5;	143586
NIAGARA FALLS NIAGARA FALLS MEMORIAL	L. B. KRAMER	500,306	11,961	415	185	8,000	13	ROT.0;	193511
PORT CHESTER UNITED	E. K. HOWARD	294	10,460	380	5,058	9,100	08	ROT.0;	150411
POUGHKEEPSIE ST. FRANCIS	R. FLAHERTY	211	9,542	288	1,467	6,000	05	ROT.0;	150511
							05	ROT.2;	150512
VASSAR BROTHERS ROCHESTER	A. E. APFEL	290	11,763	273	3,909	7,000	12	ROT.0,1,2,3,8;	150620
GENESEE	H. L. SEGAL	342	18,436	512	24,634	9,000	14	ROT.1,2;	150720
							06	ST.MED.	150732
							02	ST.SURG.	150733
HIGHLAND HOSPITAL OF ROCHESTER	J. W. HOLLER	230	15,808	435	6,767	9,000	08	ROT.0,1,2;	150820
							04	ST.MED.	150832
ROCHESTER GENERAL	T. H. CASEY	485	22,689	693	20,194	9,000	14	ROT.0,1,2,4;	150920
							07	ST.MED.	150932
							02	ST.SURG.	150933
							01	ST.PED.	150934
ST. MARY'S	R. J. NAPODANO	250	11,132	317		8,500	09	ROT.9;	151020
	R. J. NAPODANO						04	ST.MED.	151032
	K. HOBLER						04	ST.SURG.	151033
	J. B. IUPPA						02	ST.OBG.	151035
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. E. YOUNG	601	21,654	740	84,430	9,000	02	ROT.2;	151113
	C. J. CURTIS						06	ROT.3;	151115
	L. E. YOUNG						02	ROT.4;	151114
	L. E. YOUNG						18	ST.MED.	151132
	C. ROB						14	ST.SURG.	151133
	R. J. HAGGERTY						12	ST.PED.	151134
	S. F. PATTEN, JR.						06	ST.PATH.	151136
	C. J. LUND						02	ST.OBG.	151135
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM	J. W. SAYRE	342	18,436	512	24,634	9,000	03	ROT.4;	150714
GENESEE	J. W. SAYRE	485	22,689	693	20,194	9,000	03	ROT.4;	150914
ROCHESTER GENERAL ROCKVILLE CENTER	A. W. MARKS	363	15,900	367	14,504	9,400	12	ROT.0;	151911
MERCY SCHENECTADY		410	15,529	582	13,466	9,000			
ELLIS	G. D. VLAHIDES						20	ROT.9;	151220
ST. CLARE'S SYRACUSE		204	8,511	327	41,186		12	ROT.0,1,2;	151320
ST. JOSEPH'S	F. S. CALIVA	329	18,077	524	26,934	9,700			
	F. S. CALIVA						10	ROT.9;	151820
S. U. N. Y. UPSTATE MEDICAL CENTER		260	8,248	395	65,499	9,700			
	E. KAPLAN						06	ROT.6;	151676
	W. J. WILLIAMS						20	ST.MED.	151632
	W. R. WEBB						10	ST.SURG.	151633
	G. LAMB						10	ST.PED.	151634
	R. B. HILL						03	ST.PATH.	151636

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Com- m- p- l- e- t	Type	NIRMP Number
NEW YORK - CONTINUED									
TROY SAMARITAN	G. J. RILEY	232	8,452	329	952	8,000	16	ROT-0;	152011
VALHALLA GRASSLANDS	W. R. DALZIEL F. A. GRAIG M. RDHMAN	292	7,113	254	70,666	9,530	14 02 02	ROT-0; ST-MED. ST-SURG.	152111 152132 152133
WEST ISLIP GOOD SAMARITAN	W. J. O'CONNOR	226	15,740	449	15,530	10,200	12	ROT-0;	149311
WHITE PLAINS WHITE PLAINS	M. M. LIPMAN	223	10,670	335	5,565	8,700	10	ROT-9;	152320
YONKERS ST. JOHN'S RIVERSIDE	C. E. FLOKAS	282	11,390	402	6,114	8,520	16	ROT-0;	152411
ST. JOSEPH'S		150	4,832	214			07	ROT-0;	152511
YONKERS GENERAL	S. A. SOROKOFF	169	5,577	232	21,435	8,500	08	ROT-0;	152611
NORTH CAROLINA									
CHAPEL HILL NORTH CAROLINA MEMORIAL#	L. G. WELT L. G. WELT C. G. THOMAS F. W. DENNY K. M. BRINKHOUS	358	13,560	447	124,542	8,500	06 17 12 07 04	ROT-4; ST-MED. ST-SURG. ST-PED. ST-PATH.	190014 190032 190033 190034 190036
CHARLOTTE CHARLOTTE MEMORIAL	B. L. GALUSHA	679	28,329	768	69,941	8,400	12 04 02	ROT-0,2,3; ROT-1; ROT-4;	15272C 152712 152714
DURHAM DUKE UNIVERSITY MEDICAL CENTER	J. WYNGAARDEN D. SABISTON S. KATZ L. KINNEY H. A. ROYSTER	638	22,191			8,750	34 18 13 08 04	ST-MED. ST-SURG. ST-PED. ST-PATH. ROT-0,1,2,4;	152932 152933 152934 152936 187720 187733
WATTS		267	11,984	369	7,109	8,750	13 04	ROT-0,1,2,4; ST-SURG.	187720 187733
WILMINGTON NEW HANOVER MEMORIAL	L. B. MASON	294	14,597	433	10,841	7,000	10 02	ROT-9; ST-SURG.	15342C 153433
WINSTON-SALEM FORSYTH MEMORIAL	W. A. LAMBETH, JR.	551	24,610	693	9,490	7,500	06	ROT-0;	153511
NORTH CAROLINA BAPTIST	J. TODDLE, E. YOLNT E. YOUNG, R. BURT E. YOUNG, N. KELSEY E. YOLNT R. MYERS W. KELSEY R. MOREHEAD	412	18,427	595	42,430	7,500	02 04 04 11 10 06 05	ROT-1; ROT-3; ROT-4; ST-MED. ST-SURG. ST-PED. ST-PATH.	153712 153715 153714 153732 153733 153734 153736
REYNOLDS MEMORIAL		140	5,715	290	6,232		08	ROT-0;	153611
NORTH DAKOTA									
FARGO ST. LUKE'S HOSPITALS	R. MONTGOMERY	295	12,275	329		9,000	12	ROT-0;	153911
OHIO									
AKRON AKRON CITY	C. W. LOUGHRY A. KERR, JR. R. M. BARTLETT	622	23,812	900	15,634	9,100	17 03 06	ROT-0,1,2,3,5,7; ST-MED. ST-SURG.	154120 154132 154133
AKRON GENERAL	K. F. HAUSFELD H. M. FRIEDMAN D. M. EVANS	423	13,665	494	19,180	9,100	16 04 04	ROT-0,1,2,3; ST-MED. ST-SURG.	154220 154232 154233
CHILDREN'S HOSPITAL OF AKRON ST. THOMAS	J. D. KRAMER D. S. STEINREICH	186 363	12,502 17,029	172 421	39,613 14,979	9,100 10,030	06 10 06	ST-PED. ROT-0; ROT-1,2,3,5;	189534 154311 154320
BARBERTON BARBERTON CITIZENS CANTON	H. YOUNG	324	15,547	340	5,589	7,200	18	ROT-0,2,3;	196420
AULTMAN	N. KALORIDES W. S. MORGAN	579	24,442	684	9,612	9,600	12 02	ROT-0; ST-PATH.	154411 154436
CINCINNATI CHRIST	C. R. SIKES R. DEAN	565	20,184	683	13,409	9,400	15 07	ROT-0,1,2; ST-SURG.	154720 154733
GOOD SAMARITAN#	J. J. CRANLEY D. C. FISCHER J. J. CRANLEY D. J. FRANK	676	26,970	721	15,603	9,120	17 04 04 02	ROT-9; ST-MED. ST-SURG. ST-PED.	155020 155032 155033 155034
JEWISH	E. G. MARGOLIN E. G. MARGOLIN H. J. HEIMLICH	465	19,103	632	11,812	9,200	07 05 05	ROT-0,1,2; ST-MED. ST-SURG.	155120 155132 155133
UNIVERSITY OF CINCINNATI HOSPITAL GROUP CINCINNATI GENERAL#	J. LINDNER, JR. R. W. VILTER W. A. ALTEMEIER S. KAPLAN P. WOZENCRAFT	495	16,929	635	154,682	8,400	24 16 12 16 02	ROT-0,1,2,3,4; ST-MED. ST-SURG. ST-PED. ST-PATH.	154820 154832 154833 154834 154836
CLEVELAND CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	P. E. WISENBAUGH W. O. HOLDEN						14 18	ST-MED. ST-SURG.	155232 155233
UNIVERSITY HOSPITALS OF CLEVELAND		710 416	27,202 13,253	845	191,332 215,975	10,000 9,500			
CLEVELAND METROPOLITAN GENERAL		416 659 659	13,253 6,797 6,797		215,975 87,338 87,338	9,500			
VETERANS ADMIN. CLEVELAND CLINIC	R. A. VAN OMMEN R. E. HERMANN R. A. VAN OMMEN	537	22,392	624			05 08 12	ROT-1; ROT-2; ST-MED.	196812 196813 196832

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
OHIO, CLEVELAND - CONTINUED									
CLEVELAND METROPOLITAN GENERAL#	C. RAMMELKAMP, JR.	416	13,253		215,975	9,500	06	ROT-1,2,3,4;	15532C
	J. D. REID						02	ROT-5;	155386
	C. RAMMELKAMP, JR.						18	ST-MED.	155332
FAIRVIEW GENERAL	R. SCHWARTZ						08	ST-PED.	155334
	J. A. GRAUEL	412	17,146	451	14,679	10,800	01	ROT-8;	155477
	J. A. GRAUEL						24	ROT-9;	15542C
HURON ROAD	E. M. GOYETTE	366	13,073	485	11,137	10,200	06	ROT-0;	157111
	E. M. GOYETTE						03	ROT-1;	157112
	J. L. BILTON						02	ROT-2;	157113
	A. E. LENHART						01	ROT-3;	157115
	E. SIEGLER						01	ROT-5;	157186
LUTHERAN MEDICAL CENTER MARYMOUNT	D. W. SCHULTZ	265	9,201	343	904	8,000	12	ROT-1;	155612
	N. G. DE PIERO	230	8,896	268	870	10,800	12	ROT-0;	157211
MOUNT SINAI HOSPITAL OF CLEVELAND#		476	21,572	554	49,378	10,000			
	S. E. WOLPAW						10	ROT-9;	15572C
ST. ALEXIS	V. VERTES						04	ST-MED.	155732
	J. R. PARADISE	320	12,546	469	5,651	9,600	12	ROT-0,2;	15582C
	R. J. MC CAFFERY	303	11,888	366	6,360	10,800	15	ROT-0,1,2,3;	155920
ST. JOHN'S		446	19,112	533	47,948	9,000			
	T. W. WYKOFF						10	ROT-9;	15602C
	R. G. WIELAND						06	ST-MED.	156032
ST. LUKE'S	F. S. CROSS						02	ST-SURG.	156033
	R. D. WALTON						02	ST-PED.	156034
	P. H. MULLADY	372	10,691	444	34,496	10,000	12	ROT-9;	156120
ST. VINCENT CHARITY									
	L. O. LENKOSKI	710	27,202	845	191,332	10,000			
	M. B. MENTZ						04	ROT-3;	156215
	H. L. FRIEDEL						04	ROT-7;	156242
	J. S. GRAVENSTEIN						07	ROT-8;	156277
	M. H. PRITCHARD						16	ST-MED.	156232
UNIVERSITY HOSPITALS OF CLEVELAND	L. W. MATTHEWS						11	ST-PED.	156234
	J. P. STEVENS	431	16,974	624	3,044	8,100	16	ROT-9;	15642C
MOUNT CARMEL OHIO STATE UNIVERSITY HOSPITALS#	M. A. ANTHONY	468	15,988	465	19,080	7,850	18	ROT-0,1,2;	156520
	J. V. WARREN	772	26,776	834	112	7,000	20	ST-MED.	156632
RIVERSIDE METHODIST DAYTON	R. M. ZOLLINGER						10	ST-SURG.	156633
	B. D. GRAHAM						16	ST-PED.	156634
	J. C. GEER						02	ST-PATH.	156636
GOOD SAMARITAN MIAMI VALLEY#	D. J. VINCENT	534	21,984	656	9,418	8,100	24	ROT-0,1,2,3;	156720
	B. A. KLEINMAN	446	19,133	617	7,258	12,000	13	ROT-0;	156811
ST. ELIZABETH ELYRIA	618	23,229	736	27,954	10,000				
	R. K. BARTHOLOMEW	454	20,500	497	14,434	12,000	12	ROT-9;	15692C
ELYRIA MEMORIAL EUCLID	R. C. ASHCOM						16	ROT-0;	157011
	W. H. SIGALOVE	275	15,499	352	20,762	7,200	12	ROT-2;	190113
EUCLID GENERAL	G. C. POORE	300	12,202	373	2,639	9,600	06	ROT-0;	155511
							02	ROT-1;	155512
							06	ROT-2;	155513
KETTERING CHARLES F. KETTERING MEMORIAL#	E. C. HEDRICK	381	17,979	371	10,102	7,800	09	ROT-0,2,3,4,5,7,8;	15762C
	A. BRUST						03	ROT-1;	157612
LAKEMOOD LAKEMOOD	R. W. REYNOLDS	297	12,574	401	3,871	7,500	12	ROT-1,2;	15742C
LORAIN ST. JOSEPH		245	10,484	343	1,950	9,300	12	ROT-0,1,2,3;	197320
SPRINGFIELD COMMUNITY HOSPITALS OF SPRINGFIELD AND CLARK COUNTY		210	9,548	275	53,539		10	ROT-0;	157711
	G. P. ANDERSON	278	12,401	419	33,832	7,800	10	ROT-0;	187811
STUEBENVILLE OHIO VALLEY	S. PRESS	303	14,209	375	715	10,000	15	ROT-0;	192711
TOLEDO FLOWER HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	F. B. RUWE	181	8,691	245	3,791	7,800	03	ROT-0;	157811
	E. H. VOGEL	191	6,705	329	23,777	9,600	12	ROT-0,1,2,3,4,5;	15792C
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	G. LUDWIG						03	ST-MED.	157932
	J. PATRICK						01	ST-PATH.	157936
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. REJENT					9,600	02	ST-PED.	157934
		191	6,705	329	23,777				
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO		480	20,642	492	11,730				
	M. C. ANDERSON					9,600	08	ST-SURG.	157933
MERCY ST. VINCENT HOSPITAL AND MEDICAL CENTER		191	6,705	329	23,777				
		343	14,891	405	7,838				
MERCY RIVERSIDE ST. CHARLES	J. F. BRUNNER	581	23,648	725	25,395	9,600	18	ROT-0,1,2,3,4,5,7,8;	15802C
	H. SHAPIRO	343	14,891	405	7,838	7,800	09	ROT-0;	158111
	M. YUCE	156	7,448	188	1,197	8,720	12	ROT-0,1,2,3,6;	195120
ST. VINCENT HOSPITAL AND MEDICAL CENTER TOLEDO	234	9,026	270	3,005					
	R. P. WHITEHEAD	581	23,648	725	25,395	9,600	18	ROT-0,1,2,4;	15822C
		480	20,642	492	11,730	9,600	09	ROT-0;	158311
							03	ROT-1;	158312
							02	ROT-2;	158313
							01	ROT-3;	158315
							01	ROT-4;	158314
							01	ROT-5;	158386
							01	ROT-6;	158377
WARREN TRUMBULL MEMORIAL	R. W. JUVANCIC	366	16,958	406	4,744	10,000	12	ROT-0;	190811
							01	ROT-1;	190812
							01	ROT-2;	190813
							01	ROT-3;	190815
							01	ROT-4;	190814



## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
OHIO - CONTINUED									
YOUNGSTOWN									
ST. ELIZABETH	L. P. CACCAMO	515	22,077	704	10,093	10,000	21	ROT-0,1,2,3,4;	15842C
YOUNGSTOWN	R. A. WILTSIE	774	29,783	1,078	12,761	10,000	24	ROT-0,1,2,3,4,5,7,8;	15852C
							04	ST-MED.	158532
							02	ST-SURG.	158533
OKLAHOMA									
OKLAHOMA CITY									
BAPTIST MEMORIAL	F. H. MC GREGOR	338	15,522	388	2,622	8,400	06	ROT-1,2,5,6,7,8;	183020
	F. H. MC GREGOR						01	ROT-3;	183015
	J. W. DRAKE						03	ST-MED.	183032
ST. ANTHONY	J. M. PARKER	385	18,805	421	9,892	8,400	14	ROT-1,2,3,5,7;	15872C
UNIVERSITY OF OKLAHOMA									
MEDICAL CENTER									
UNIVERSITY OF OKLAHOMA									
HOSPITALS		304	11,038	454	101,561		04	ROT-3;	158815
							05	ST-PED.	158834
UNIVERSITY OF OKLAHOMA									
HOSPITALS-PRESBYTERIAN									
HOSPITALS	R. COUSSONS					7,500	06	ROT-0,5,6,7,8;	15902C
UNIVERSITY OF OKLAHOMA									
HOSPITALS		304	11,038	454	101,561				
PRESBYTERIAN		153	8,926	222	4,144				
UNIVERSITY OF OKLAHOMA									
HOSPITALS-VETERANS ADMIN.							11	ST-MED.	158932
							08	ST-SURG.	158933
UNIVERSITY OF OKLAHOMA									
HOSPITALS		304	11,038	454	101,561				
VETERANS ADMIN.		367	6,630	392	61,467				
TULSA									
HILLCREST MEDICAL CENTER	J. B. NETTLES	364	17,290	420	21,457	9,108	12	ROT-0;	159111
ST. FRANCIS	R. G. TOMPKINS	465	23,287	456		9,000	08	ROT-0;	159311
	R. G. TOMPKINS						02	ROT-1;	159312
	C. T. THOMPSON						02	ROT-2;	159313
ST. JOHN'S.	J. D. MAYFIELD	502	22,595	580	16,920	9,600	14	ROT-0,1,2,3,4;	159220
OREGON									
PORTLAND									
EMANUEL	W. J. KUHL, JR.	426	24,514	503	15,556	6,600	16	ROT-0,1,2,3,4,5,7,8;	159420
GOOD SAMARITAN HOSPITAL AND									
MEDICAL CENTER	S. S. MEIGHAN					8,400	12	ROT-9;	15952C
	M. WEINSTEIN						02	ST-MED.	159532
	M. MC KIRDIE						02	ST-SURG.	159533
	D. JOHNSON						01	ST-PATH.	159536
PORTLAND ADVENTIST		195	9,418	324	18,902		10	ROT-0,1,2;	15962C
PROVIDENCE	D. N. GILBERT	302	13,747	426	1,024	8,400	06	ROT-0,1;	15972C
ST. VINCENT HOSPITAL AND									
MEDICAL CENTER	D. B. MILLER, JR.	285	14,498	421	179	8,400	06	ST-SURG.	159833
UNIVERSITY OF OREGON MEDICAL									
SCHOO L HOSPITALS AND CLINICS#	M. D. BAIRD	478	15,890	501	129,791	6,600	36	ROT-0;	159911
	R. MOORE						01	ST-PATH.	159936
UNIVERSITY OF OREGON MEDICAL									
SCHOO L HOSPITALS-VETERANS									
ADMIN.#	D. BRISTOW					6,500	08	ST-MED.	159932
UNIVERSITY OF OREGON									
MEDICAL SCHOO L HOSPITALS		478	15,890	501	129,791				
AND CLINICS		441	6,767	371	54,954				
VETERANS ADMIN									
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL#	P. M. ROEDIGER	443	20,124	489	11,083	8,400	18	ROT-1,2;	160020
ALLENTOWN		488	19,674	667	10,883	9,000			
	F. D. FISTER						16	ROT-9;	16012C
SACRED HEART	G. E. MOERKIRK	27C	10,743	459	6,389	7,800	10	ROT-0;	160211
ALTOONA									
ALTOONA	P. W. HOGVLER	371	15,421	574	20,032	9,600	16	ROT-0;	160311
BETHLEHEM		386	14,852	502	12,861	9,000			
ST. LUKE'S							10	ROT-9;	160520
BRISTOL									
LOWER BUCKS	W. A. CAPPIELLO	266	14,394	273	4,362	6,000	08	ROT-0;	197411
BRYN MAWR		360	13,982	480	14,299	9,000	08	ROT-0,1,2,3,4,5,8;	160620
BRYN MAWR	T. J. BERRY						03	ST-MED.	160632
	J. T. MAGEE						03	ST-SURG.	160633
	W. C. STAINBACK								
CHESTER									
CROZER-CHESTER MEDICAL CENTER	J. H. LOUCKS	376	14,822	463	37,192	8,500	05	ROT-0,1,2,3,4;	160720
DANVILLE									
GEISINGER MEDICAL CENTER#	R. EYERLY	331	14,573	524	204,384	7,000	15	ROT-0,1,2;	160820
							02	ST-MED.	160832
							02	ST-SURG.	160833
							01	ST-OBG.	160835
DARBY									
THOMAS M. FITZGERALD MERCY#	A. R. HERVADA	310	13,047	436	15,831	9,400	16	ROT-9;	160920
DREXEL HILL		264	9,340	478	4,423		08	ROT-2;	185813
DELAWARE COUNTY									
EASTON	H. Y. SEIDEL	249	9,786	454	7,398	6,600	10	ROT-1;	160111
ERIE									
HAMOT	G. J. D'ANGELO	392	15,929	573	22,644	9,000	12	ROT-0,1,2,3,4;	161120
ST. VINCENT	R. T. RENZ	421	20,038	581	2,974	8,200	10	ROT-0;	161211
GREENSBURG									
WESTMORELAND	J. FONG	241	11,342	344	99,248	7,800	08	ROT-0;	161311
HARRISBURG									
HARRISBURG#		57C	20,665	801	29,532	9,600			
	T. F. FLETCHER						08	ROT-9;	16142C
	K. E. GUCKEL						06	ST-MED.	161432
	R. P. DUTLINGER						04	ST-SURG.	161433
	R. D. BALTZ						02	ST-PED.	161434
	F. W. BRASON						02	ST-PATH.	161436
	C. K. FETTERHOFF						02	ST-OBG.	161435

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
PENNSYLVANIA, HARRISBURG - CONTINUED									
HARRISBURG POLYCLINIC	D. A. SMITH	558	18,643	688	16,251	10,000	02	ROT-0,1,2,3,4;	161520
	D. H. SMITH						04	ST-MED.	161532
	L. T. PATTERSON						04	ST-SURG.	161533
	J. M. GARFUNKEL						02	ST-PED.	161534
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	G. H. JEFFRIES					8,928	08	ST-MED.	161732
	J. A. WALDHAUSEN						05	ST-SURG.	161733
	N. M. NELSON						04	ST-PED.	161734
JOHNSTOWN									
CONEMAUGH VALLEY MEMORIAL#	S. A. GOLDBLATT	401	15,633	583	35,213	9,000	12	ROT-9;	161620
MERCY HOSPITAL OF JOHNSTOWN		193	8,129	209	716		06	ROT-0;	181611
LANCASTER									
LANCASTER GENERAL	J. H. ESBENSHADE, JR	387	17,369	604	9,274	9,500	12	ROT-0;	161811
MC KEESPORT	J. L. ELLIOTT	486	16,023	832	14,250	9,000	12	ROT-9;	162020
NORRISTOWN									
MONTGOMERY	R. E. CARLSON	246	12,150	305	16,153	9,600	06	ROT-0;	162111
NORRISTOWN									
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER#	I. WOLDOW	616	19,784	899	41,269	9,500	10	ROT-9;	163120
							26	ST-MED.	163132
							08	ST-SURG.	163133
							02	ST-PED.	163134
CHESTNUT HILL#	C. R. BROWN, JR. Z. WOOD	177	7,252	276	6,160	9,500	08	ROT-0,1,2,3,5,8;	191020
							01	ST-PATH.	191036
CHILDREN'S HOSPITAL OF PHILADELPHIA#									
EPISCOPAL	D. CORNFELD	121	6,917	173	47,436	9,200	15	ST-PED.	186334
	F. GLAUSER	294	11,277	494	33,288	8,000	08	ROT-0,1,2,3,5,7;	162320
	L. H. STAHLGREN	181	8,141	362	6,572	8,500	10	ST-SURG.	162333
FRANKFORD	R. E. COHN	181	8,141	362	6,572	8,500	10	ROT-0;	162411
GERMANTOWN DISPENSARY AND HOSPITAL									
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA#	G. MC LAUGHLIN	289	8,871	564	18,941	8,400	12	ROT-0,1,2,3,4;	162520
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	R. B. LAUCKS	283	6,994	461	38,539	9,700	12	ROT-0,1,2;	162620
	H. F. ZINSSER						10	ST-MED.	162632
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	P. SIGMANN D. SARIS	428	11,743	654	65,322	9,500	24	ST-MED.	162732
							18	ST-SURG.	162733
							1,001	19,297	915
PHILADELPHIA GENERAL CROZER-CHESTER MEDICAL CENTER (CHESTER) ST. AGNES		376	14,822	463	37,192	8,500			
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL									
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	J. LEE	428	11,743	654	65,322	9,500	02	ROT-3;	162715
	M. HASKIN						02	ROT-7;	162742
	E. SHAHEEN						05	ST-PED.	162734
	J. DOLPHIN						02	ST-PATH.	162736
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	E. R. CARRINGTON	221	9,288	205	52,568	9,700	03	ROT-3;	184915
	D. A. HOWELL						02	ROT-4;	184914
	L. MADOK						04	ROT-6;	184976
	D. R. COOPER						04	ST-SURG.	184933
	D. A. HOWELL						06	ST-PED.	184934
	R. SHUMAN						02	ST-PATH.	184936
LANKENAU#	L. MASTROIANNI, JR.	358	15,365	496	24,435	9,500	04	ROT-3;	162815
	S. S. HAMILTON						04	ROT-6;	162876
	A. S. RELMAN						24	ST-MED.	162832
	J. E. RHODS						22	ST-SURG.	162833
MEDICAL COLLEGE OF PENNSYLVANIA AFFILIATED HOSPITALS	A. P. ANGELIDES	358	15,365	496	24,435	9,500	15	ROT-0,1,2,3,4,5,7,8;	163220
	A. P. ANGELIDES						01	ROT-6;	163276
	F. D. GRAY, JR.						04	ST-MED.	163232
	E. W. SHEARBURN						02	ST-SURG.	163233
	J. D. CORBIT, JR.						02	ST-OBG.	163235
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA VETERANS ADMIN. MEMORIAL									
MERCY CATHOLIC MEDICAL CENTER MISERICORDIA#	D. KAYE	221	9,288	205	52,568	9,700	14	ST-MED.	184932
MERCY-DOUGLASS METHODIST MISERICORDIA - SEE MERCY CATHOLIC MEDICAL CENTER NAZARETH	C. D. COPPES	432	6,142	396	29,277	7,800	08	ROT-0;	163311
		175	6,028	305	1,169				
NORTHEASTERN HOSPITAL OF PHILADELPHIA PENNSYLVANIA#	N. H. COHEN	288	9,528	621	24,211	9,400	13	ROT-9;	163620
							05	ST-MED.	163632
PHILADELPHIA GENERAL COMBINED DIVISIONS#		141	4,996	178	14,584		08	ROT-0;	163411
		228	10,102	325	17,746	9,500	08	ROT-0,1,2,3;	163520
	R. J. WINKLE	338	13,865	492	46,984	7,500	18	ROT-0;	163820
	M. S. MANDELL	200	6,894	270	14,487	10,000	08	ROT-0;	197511
UNIVERSITY OF PENNSYLVANIA SERVICE#	R. E. CAMPBELL	379	13,161	501	69,946	9,600	10	ROT-0;	163911
	E. E. WALLACH						02	ROT-3;	163915
	J. M. MYERS						02	ROT-6;	163976
	J. E. WOOD						08	ST-MED.	163932
	P. V. MCULDER						02	ST-SURG.	163933
HAHNEMANN MEDICAL COLLEGE SERVICE#									
UNIVERSITY OF PENNSYLVANIA SERVICE#	A. GOLDMAN	1,001	19,297	915	206,128	9,000	07	ROT-6;	164010
	E. COODLEY						06	ROT-9;	164020
	E. COODLEY						05	ST-MED.	164032
	M. PERLMAN						04	ST-SURG.	164033
UNIVERSITY OF PENNSYLVANIA SERVICE#	H. OILLON	1,001	19,297	915	206,128	9,000	08	ROT-6;	164080
	T. G. SCHNABEL						13	ROT-9;	164060
	T. G. SCHNABEL						12	ST-MED.	164050
	M. S. WARREN						06	ST-PED.	164034

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED									
PRESBYTERIAN - UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER#	R. G. TROUT	259	9,418	431	32,252	9,700	10	ROT-0,2,3,4,5,7,8;	164120
							10	ST.MED.	164132
							02	ST.SURG.	164133
							10	ROT-0;	164211
ST. AGNES									
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	V. C. VAUGHAN, III.	116	6,112	114	47,647	9,200	12	ST.PED.	165334
ST. JOSEPH'S	T. J. MAYE	158	4,603	194	1,909	8,400	06	ROT-0;	164311
ST. LUKE'S AND CHILDREN'S MEDICAL CENTER	J. H. DAVIDSON	328	8,889	253	26,532	10,200	12	ROT-0,1,2,4;	164420
ST. MARY	A. M. ALBERICO	184	7,031	176	6,544	7,800	08	ROT-2;	164513
TEMPLE UNIVERSITY	M. J. DALY	542	18,116	659	119,804	9,500	03	ROT-3;	164615
	S. SHERRY						20	ST.MED.	164632
	W. P. MAIER						06	ST.SURG.	164633
	W. H. CLARK, JR.						02	ST.PATH.	164636
THOMAS JEFFERSON UNIVERSITY#	J. M. HUNTER	647	23,245	722	72,736	9,500	13	ROT-0,1,2,3,4,5,6,8;	163020
							12	ST.MED.	163032
							04	ST.SURG.	163033
							02	ST.PED.	163034
PITTSBURGH									
ALLEGHENY GENERAL	G. J. BRODMERKEL	528	19,135	610	42,157		10	ROT-1;	164812
	G. J. MAGOVERN						06	ROT-2;	164813
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH									
CHILDREN'S HOSPITAL OF PITTSBURGH#	T. K. GLIVER, JR.	197	8,492	222	32,965	9,000	16	ST.PED.	165234
MAGEE-WOMENS	D. L. HUTCHINSON	285	16,025	114	37,038	9,000	03	ROT-3;	165215
							03	ST.OBG.	165235
MONTEFIORE#	H. MENDELW	425	13,732	573	32,208	9,000	09	ROT-0;	165011
	P. TRDEN						12	ST.MED.	165032
	H. MENDELW						01	ST.PATH.	165036
PRESBYTERIAN-UNIVERSITY	P. SAFAR	494	14,756	697	56,564	9,000	02	ROT-8;	165277
	J. J. LEONARD						24	ST.MED.	165232
	H. T. BAHNSON						12	ST.SURG.	165233
	T. GILL						05	ST.PATH.	165236
WESTERN PSYCHIATRIC INSTITUTE AND CLINIC									
MERCY	F. F. LOEB, JR.	124	1,014	3	53,740	9,000	06	ROT-6;	166076
	J. P. ZACCARDI	550	16,934	678	25,524	9,180	16	ROT-1,2,3,4,5,7,8;	164920
	F. J. LUPARELLO						08	ST.MED.	164932
PITTSBURGH	R. G. RECIO	190	7,071	318	6,419	7,200	06	ROT-0;	165111
ST. FRANCIS GENERAL	J. A. MARASCO, JR.	764	19,783	613	40,992	11,000	22	ROT-0,1,2;	188120
	E. J. HOLZINGER						07	ST.MED.	188132
ST. JOSEPH'S HOSPITAL AND DISPENSARY	A. S. SCHATNER	156	6,140	217	4,250	8,400	06	ROT-0;	165511
ST. MARGARET MEMORIAL#	P. W. DISHART	227	7,093	187	4,576	7,800	11	ROT-2;	165613
SHADYSIDE	K. H. FRANZ	332	11,565	445	2,803	7,980	09	ROT-2;	165713
SOUTH SIDE	F. J. HERTZOG	293	9,844	419	11,635	10,200	10	ROT-0;	165811
WESTERN PENNSYLVANIA	F. M. MATEER	475	17,593	567	20,998	10,000	12	ROT-0;	165911
							05	ST.MED.	165932
							05	ST.SURG.	165933
							02	ST.PATH.	165936
POTTSVILLE									
POTTSVILLE HOSPITAL AND WARNE CLINIC	E. W. CUBLER	279	9,366	220	2,561	8,400	06	ROT-0;	184711
READING									
READING	J. R. MC SHANE	574	21,432	507	109,201	10,080	11	ROT-0,1;	166120
	E. A. HILDRETH						03	ST.MED.	166132
	N. S. GIMBEL						02	ST.SURG.	166133
SAYRE									
ROBERT PACKER#	P. C. ROYCE	245	11,288	316	92,284	8,000	12	ROT-0,1,2,3,4,6;	166420
UNIONTOWN									
UNIONTOWN	T. M. D' AURIA	245	9,229	485	10,289	9,600	07	ROT-0;	166811
WASHINGTON									
WASHINGTON	R. W. STINELY	504	17,010	620	2,522	9,600	12	ROT-0;	166911
WEST CHESTER									
CHESTER COUNTY	P. N. HILLER	202	8,942	274		8,400	09	ROT-0;	188211
WILKES-BARRE									
WILKES-BARRE GENERAL	J. STUCCIO	306	10,878	515	34,605	7,100	10	ROT-0;	167111
WILKINSBURG									
COLUMBIA	W. N. WILSON	259	9,221	304	22,060	8,700	06	ROT-0;	167211
WILLIAMSPORT									
WILLIAMSPORT							08	ROT-0;	167311
YORK									
YORK	L. P. ANDREWS	4,626	23,205	800	20,828	9,600	18	ROT-9;	167420
							03	ST.SURG.	167433
PUERTO RICO									
HATO REY									
AUXILIO MUTUO	E. RIVERA	132	6,090	190	32,921	7,800	06	ROT-1;	
	J. I. IGLESIAS						04	ROT-2;	
MAYAGUEZ									
MAYAGUEZ MEDICAL CENTER	J. RAMIREZ-RIVERA	261	10,986	363	52,786		20	ROT-0;	
PONCE									
HOSPITAL DE DAMAS							06	ROT-0,1,2,8;	
PONCE DISTRICT GENERAL	R. CUEVAS NATAL	501	12,010	461	45,806	5,700	18	ROT-0,1,2,3,4,5;	
	H. RODRIGUEZ						02	ST.MED.	
SAN JUAN									
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	E. MARCHAND	403	19,485	706	112,991	6,975	36	ROT-0;	
	A. S. CASANOVA						04	ST.SURG.	
	J. F. JIMENEZ						06	ST.PED.	
UNIVERSITY DISTRICT	L. HADDOCK	350	16,728	712	144,521	6,975	24	ROT-0;	
	M. GARCIA PALMIERI						06	ST.MED.	
	A. ORTIZ						04	ST.PED.	
	R. MARCIAL						04	ST.PATH.	
UNIVERSITY OF PUERTO RICO									
AFFILIATED HOSPITALS	V. GUTIERREZ	350	16,728	712	144,521	6,975	28	ST.SURG.	
UNIVERSITY DISTRICT									
I. GONZALEZ MARTINEZ		105	1,975	81	19,244				
ONCOLOGIC									
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		403	19,485	706	112,991				
VETERANS ADMIN.CENTER		283	4,526	127	97,842				
VETERANS ADMIN. CENTER	E. A. RAMIREZ	283	4,526	127	97,842	7,146	12	ST.MED.	

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Compen- sation	Type	NIRMP Number
RHODE ISLAND									
PAWTUCKET MEMORIAL	H. H. MAGENDANTZ	263	11,797	465	8,828	9,000	06	ROT-0;	167611
	H. H. MAGENDANTZ						01	ROT-1;	167612
	H. H. MAGENDANTZ						01	ROT-2;	167613
	M. STEIN						04	ST.MED.	167632
PROVIDENCE MIRIAM	R. P. DAVIS	197	6,716	235	6,321	9,000	12	ROT-0;	195311
RHODE ISLAND	W. J. FISCHER, JR. W. J. FISCHER, JR. M. W. HAMOLSKY H. T. RANDALL B. FEINBERG	609	21,798	921	57,160	9,000	04	ST.MED.	195332
							10	ROT-1;	167712
							05	ROT-2;	167713
							10	ST.MED.	167732
							05	ST.SURG.	167733
02	ST.PED.	167734							
ROGER WILLIAMS GENERAL	P. CALABRESI	230	8,555	413	5,458	9,000	16	ROT-1,2,4,7;	167820
ST. JOSEPH'S	S. R. ALLEGRA	418	14,847	595	10,837	9,000	08	ST.MED.	167832
							16	ROT-0;	167911
SOUTH CAROLINA									
CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS MEDICAL UNIVERSITY OF SOUTH CAROLINA		346	14,635	404	96,574	7,100	22	ROT-9;	16802C
							12	ST.MED.	168032
							12	ST.SURG.	168033
							05	ST.PED.	168034
							06	ST.PATH.	168036
COLUMBIA COLUMBIA HOSPITAL OF RICHLAND COUNTY	H. C. MC GOWN, 3D.	397	18,400	732	20,148	7,800	15	ROT-0;	168111
GREENVILLE GREENVILLE GENERAL	R. C. RAMAGE	577	28,858	805	33,434	8,500	18	ROT-0;	168311
SPARTANBURG SPARTANBURG GENERAL	L. F. PARMLEY E. M. COLVIN	398	16,714	615	14,690	8,400	11	ROT-0,1,2;	168520
							04	ST.SURG.	168533
SOUTH DAKOTA									
SIOUX FALLS MC KENNAN UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS SIOUX VALLEY	R. R. DONAHDE	244	11,381	217		7,200	08	ROT-0;	168611
	R. E. NELSON	256	11,458	335	1,369	8,400	06	ROT-0;	168711
							02	ST.PATH.	168736
YANKTON SACRED HEART	C. B. MCVAY	165	5,663	208	2,507	8,700	02	ST.SURG.	280533
TENNESSEE									
CHATTANOOGA S. E. TENNESSEE MEDICAL EDUCATION CENTER BARONESS ERLANGER	R. C. CODDINGTON C. E. RICHARDSON Y. KATO	613	29,174	985	31,483	8,700	12	ROT-0,1,2,3,4,5;	168920
							04	ST.MED.	168932
							04	ST.SURG.	168933
KNOXVILLE UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. D. BEASLEY H. A. BLAKE A. W. DIDDLE H. S. CHRISTIAN F. S. JONES					7,800	10	ROT-1;	183912
							05	ROT-2;	183913
							02	ROT-3;	183915
							02	ROT-4;	183914
							01	ROT-5;	183986
MEMPHIS BAPTIST MEMORIAL	J. D. UPSHAW, JR. P. MILNOR, JR. R. M. MILES E. E. MURHEAD P. GEORGE	1,340	57,959	1,397	10,165	8,580	26	ROT-9;	16942C
							04	ST.MED.	169432
							06	ST.SURG.	169433
							02	ST.PATH.	169436
CITY OF MEMPHIS HOSPITALS	G. H. STOLLERMAN G. H. STOLLERMAN R. H. SHERMAN J. G. HUGHES T. V. STANLEY	585	25,554	953	159,956	6,100	24	ROT-0;	184411
							13	ROT-1;	184412
							17	ST.MED.	184432
							04	ST.SURG.	184433
							08	ST.PED.	184434
METHODIST	J. K. OLCKNORTH E. J. SPIOTTA M. C. PIAN L. C. PRIETO W. F. MACKAY D. PINKEL	777	37,705	907	13,711	8,400	16	ROT-0,1,2;	169620
							02	ST.PATH.	169636
ST. JOSEPH		371	15,907	564	9,306	7,800	16	ROT-0,1,2,3,4,5;	169720
							02	ST.SURG.	169733
							01	ST.PATH.	169736
							01	ST.OBG.	169735
		17	703	72	13,105	7,000	04	ST.PED.	169834
ST. JUDE CHILDREN'S RESEARCH ST. JOSEPH		371	15,907	564	9,306				
NASHVILLE BAPTIST GEORGE W. HUBBARD HOSPITAL OF MEHARRY MEDICAL COLLEGE	J. K. WRIGHT L. O. PERRY	456	21,765	532	4,459	9,600	16	ROT-0;	169911
		163	6,465	236	47,417	8,400	14	ROT-0,1,2,3,4,5,6,7;	282120
							03	ST.MED.	282132
							02	ST.SURG.	282133
							02	ST.PED.	282134
							02	ST.OBG.	282135
ST. THOMAS	R. F. INGRAM	288	12,949	406	6,258		10	ROT-0,1,2,3;	170120
							03	ST.MED.	170132
							02	ST.SURG.	170133
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	G. W. LIDDLE H. W. SCOTT, JR. D. T. KARZON J. L. SHAPIRO D. A. GOSS					8,000	23	ST.MED.	170232
							18	ST.SURG.	170233
							10	ST.PED.	170234
							05	ST.PATH.	170236
							02	ST.OBG.	170235
VANDERBILT UNIVERSITY NASHVILLE METROPOLITAN GENERAL VETERANS ADMIN.		415	16,235	531	85,035				
		419	7,053	383	29,891				

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
TEXAS									
AUSTIN BRACKENRIDGE	R. W. PAPE	228	10,223	436	27,860	9,600	14	ROT-9;	170420
CORPUS CHRISTI DRISCOLL FOUNDATION CHILDREN'S MEMORIAL MEDICAL CENTER	J. M. SLOAN V. C. CALMA	69 372	2,636 17,729	77 438	26,920 18,771	9,000 10,000	06 10	ST.PED. ROT-0;	170334 170511
DALLAS BAYLOR UNIVERSITY MEDICAL CENTER	R. TOMPSETT R. TOMPSETT R. S. SPARKMAN G. J. RACE H. EICHENWALD	698	32,422	926	15,984	7,800	10 08 08 03 12	ROT-1,2,5; ST.MED. ST.SURG. ST.PATH. ST.PED.	170620 170632 170633 170636 195534
CHILDREN'S MEDICAL CENTER METHODIST HOSPITAL OF DALLAS	I. E. DANHOF J. R. MUSSELL W. H. GOSSARD G. NOTEBOOM D. T. HOTCHKISS	87 467	6,313 21,965	161 610	65,028 10,721	8,400 8,000	12 02 02 01 02	ROT-9; ST.MED. ST.SURG. ST.PATH. ST.OBG.	170720 170732 170733 170736 170735
PARKLAND MEMORIAL	CHIEFS OF SERVICES P. C. MACDONALD M. T. JENKINS D. W. SELDIN G. T. SHIRES V. A. STEMBRIDGE	693	23,807	877	236,823	7,200	15 05 08 19 22 06	ROT-0; ROT-3; ROT-8; ST.MED. ST.SURG. ST.PATH.	170811 170815 170877 170832 170833 170836
PRESBYTERIAN HOSPITAL OF DALLAS ST. PAUL	F. L. CASEY DIR., MED EDUCATION K. WALGREN J. CHILDERS L. LEIB S. EISENBERG	327 431	21,049 25,146	284 619	11,742 15,013	7,200 7,200	12 10 04 01 02 15	ROT-0,1,2,3,5,6,8; ROT-0,1,2,3,5,7; ST.MED. ST.PATH. ST.OBG. ST.MED.	171920 170920 170932 170936 170935 188732
VETERANS ADMIN. EL PASO R. E. THOMAS GENERAL	M. I. MARKS H. M. JESURUN	440 225	9,599 9,187	640 325	67,998 50,217	7,345 9,000	15 18 02	ST.MED. ROT-0; ST.OBG.	188732 171011 171035
FORT WORTH HARRIS HOSPITAL - FORT WORTH MEDICAL CENTER JOHN PETER SMITH	C. B. MITCHELL W. W. GOLDMAN, JR.	542 179	30,409 10,261	693 398	5,031 84,581	9,996 10,000	03 24	ST.PATH. ROT-2;	171236 171113
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS#	W. J. MC GANITY E. I. BRUCE, JR. C. R. ALLEN W. P. DEISS, JR. J. C. THOMPSON C. W. DAESCHNER F. L. JENNINGS	830	18,560	586	109,226	7,800	04 04 03 17 13 08 02	ROT-3; ROT-6; ROT-8; ST.MED. ST.SURG. ST.PED. ST.PATH.	171415 171476 171477 171432 171433 171434 171436
HOUSTON									
BAYLOR COLLEGE AFFILIATED HOSPITALS BEN TAUB GENERAL	G. L. JORDAN, JR.	353	15,196	847	204,609	6,900	26	ROT-9;	171620
BEN TAUB GENERAL HOSPITAL - METHODIST BEN TAUB GENERAL METHODIST	M. E. DE BAKEY	353 873	15,196 32,455	847 784	204,609 77,979	6,900	06	ST.SURG.	171633
BEN TAUB GENERAL-ST. LUKE'S EPISCOPAL-TEXAS CHILDREN'S BEN TAUB GENERAL ST. LUKE'S EPISCOPAL TEXAS CHILDREN'S	M. E. DE BAKEY	353 313 111	15,196 14,468 7,568	847 298 151	204,609 13,352 24,495	6,900	06	ST.SURG.	171698
BEN TAUB GENERAL-TEXAS CHILDREN'S	R. J. BLATTNER H. J. SPJUT	353 111	15,196 7,568	847 151	204,609 24,495	6,900	18 03	ST.PED. ST.PATH.	171634 171636
BEN TAUB GENERAL TEXAS CHILDREN'S BEN TAUB GENERAL - VETERANS ADMIN.	H. MC INTOSH M. E. DE BAKEY	353 1,069	15,196 12,407	847 744	204,609 53,740	6,900	15 06	ST.MED. ST.SURG.	171632 171633
BEN TAUB GENERAL VETERANS ADMIN METHODIST# ST. LUKE'S EPISCOPAL HERMANN	N. BERKMAN R. J. HALL D. G. KADROVACH F. F. MC MULLEN W. G. BROWN	873 313 469	32,455 14,468 25,374	784 298 460	77,979 13,352 63,310	6,900 6,900 7,800	21 06 20 04 01	ST.MED. ST.MED. ROT-9; ST.MED. ST.PATH.	171732 172032 171520 171532 171536
MEMORIAL BAPTIST ST. JOSEPH	A. T. TALLEY, JR. H. L. FRED P. MARCUSE	730 596	41,213 29,172	835 535	11,500 13,648	9,600 7,800	12 12 01	ROT-0; ROT-0,1,2,3,4,5; ST.PATH.	198211 171820 171836
SAN ANTONIO									
BAPTIST MEMORIAL SANTA ROSA MEDICAL CENTER UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS#	V. I. BEATO M. H. LEWIS H. L. ZAUDER L. CANDER J. B. AUST S. CRAWFORD H. MC GILL, JR. J. SEITCHIK	597 745 353	30,549 32,803 15,325	813 792 476	11,264 93,383	7,200 8,100 7,500	12 12 03 16 14 06 04 04	ROT-0; ROT-0; ROT-8; ST.MED. ST.SURG. ST.PED. ST.PATH. ST.OBG.	198211 172311 172277 172232 172233 172234 172236 172235
BEXAR COUNTY TEACHING TEMPLE SCOTT AND WHITE MEMORIAL	K. B. KNUOSEN	353 599	15,325 20,810	476 494	93,383 163,241	9,000	08 03 03 01	ROT-0,1,2,5,6,7,8; ST.MED. ST.SURG. ST.PATH.	172520 172532 172533 172536
UTAH									
OGDEN MC KAY - DEE HOSPITAL CENTER ST. BENEDICT'S SALT LAKE CITY LATTER-DAY SAINTS#	W. P. DAINES J. L. WALLACE D. H. NELSON D. H. NELSON W. D. GAISFORD	315 136 531	20,678 7,906 28,200	335 185 708	1,067 1,019 8,562	8,400 6,000 8,400	14 10 16 06 06	ROT-0; ROT-0; ROT-0,1,2; ST.MED. ST.SURG.	172811 172711 172920 172932 172933

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
UTAH, SALT LAKE CITY - CONTINUED									
UNIVERSITY OF UTAH AFFILIATED HOSPITALS#						8,400	09	ROT-2;	173213
	F. H. TYLER						07	ROT-4;	173214
	F. H. TYLER						15	ST.MED.	173232
	F. H. TYLER						07	ST.SURG.	173233
	F. H. TYLER						04	ST.PED.	173234
	J. WESTON						02	ST.PATH.	173236
UNIVERSITY VETERANS ADMIN.		231	9,851	334	51,354				
		460	4,936	226	32,362				
VERMONT									
BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT#									
	W. A. TISDALE	436	20,042	476	24,112	7,500	16	ROT-1;	173412
	J. H. DAVIS, JR.						09	ROT-2;	173413
	R. J. MCKAY, JR.						02	ROT-4;	173414
	R. W. COON						03	ST.PATH.	173436
VIRGINIA									
CHARLOTTESVILLE UNIVERSITY OF VIRGINIA									
	W. MULLER, E. HOOK	427	17,049	553	81,104	6,820	06	ROT-2;	173713
	W. THURMAN, E. HOOK						06	ROT-4;	173714
	D. R. HAWKINS						02	ROT-6;	173776
	H. CARRON						02	ROT-8;	173777
	E. W. HOOK						13	ST.MED.	173732
	W. H. MULLER, JR.						10	ST.SURG.	173733
	W. G. THURMAN						04	ST.PED.	173734
	O. S. SMITH						02	ST.PATH.	173736
NEWPORT NEWS RIVERSIDE	E. L. ALEXANDER	449	19,909	485	28,126	8,400	16	ROT-1,2,3,4,5,6,7;	173920
NORFOLK CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS#									
	M. A. WARFIELD	62	4,067	48	28,958	10,000	03	ST.PED.	173834
	V. J. SPECKHART	261	12,591	285	19,838	9,600	12	ROT-0;	174011
	R. MARET	617	22,347	731	54,605	10,000	20	ROT-0,1,2,3,4;	174120
	R. STEPHENS						01	ST.PATH.	174136
RICHMOND JOHNSTON-WILLIS VIRGINIA COMMONWEALTH UNIVERSITY M. C. V. AFFILIATED HOSPITALS#									
	G. HILKOVITZ					6,820	06	ROT-0;	174311
	W. T. THOMPSON						12	ROT-1;	174312
	D. HUME						06	ROT-2;	174313
	L. DUNN						05	ROT-3;	174315
	W. LAUPUS						04	ROT-4;	174314
	F. GOODALE						02	ROT-5;	174386
	J. MATHIS						03	ROT-6;	174376
	E. R. KING						04	ROT-7;	174342
	C. P. BOYAN						04	ROT-8;	174377
	W. T. THOMPSON						24	ST.MED.	174332
	D. HUME						12	ST.SURG.	174333
	W. LAUPUS						08	ST.PED.	174334
	F. GOODALE						04	ST.PATH.	174336
MEDICAL COLLEGE OF VIRGINIA-HOSPITAL DIVISION		683	26,914	1,058	128,756				
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		683	26,914	1,058	128,756				
VETERANS ADMIN.		703	8,449	404	46,239				
ROANOKE COMMUNITY HOSPITAL OF ROANOKE VALLEY									
	C. I. LOFTIN	378	18,670	433	19,178	7,200	06	ROT-0;	174611
							06	ROT-2;	174613
							20	ROT-0;	174811
ROANOKE MEMORIAL HOSPITALS									
	C. L. CROCKETT, JR.	499	16,818	470	25,219	6,000	20	ROT-0;	174811
WASHINGTON									
SEATTLE CHILDREN'S MEDICAL CENTER-UNIVERSITY HOSPITAL#									
	J. M. DECTER					8,700	10	ST.PED.	199034
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER		130	9,248	184	48,043				
UNIVERSITY DOCTORS		231	8,200	334	109,600				
HARBORVIEW MEDICAL CENTER#	R. H. BARNES	136	9,108	214	1,613	7,200	08	ROT-0,1;	175120
PROVIDENCE#	E. H. LAWS	226	8,801	349	78,284	7,008	13	ROT-0;	175211
SWEDISH HOSPITAL MEDICAL CENTER#	J. E. Z. CANER	263	13,878	421	13,004	9,240	12	ROT-0,1,2,3,5,7,8;	175320
UNIVERSITY#	J. L. WRIGHT	383	21,460	652	54,298	7,400	12	ROT-0;	175511
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS#	N. K. MOTTET	231	8,200	334	109,600	8,200	04	ST.PATH.	191836
	T. J. PHILLIPS					8,200	06	ROT-0;	191811
	R. G. PETERSOORF						21	ST.MED.	191832
	K. A. MERENDINO						18	ST.SURG.	191833
UNIVERSITY HARBORVIEW MEDICAL CENTER VETERANS ADMIN.		231	8,200	334	109,600				
U. S. PUBLIC HEALTH SERVICE VIRGINIA MASON#		226	8,801	349	78,284				
		277	4,410	232	54,413				
		180	5,110	118	112,120				
	G. H. LAWRENCE	232	12,805	299	18	7,600	13	ROT-0,2;	175620
	R. M. HEGSTRUM						04	ST.MED.	175632
SPOKANE DEACONNESS SACRED HEART#									
	C. G. ROWE	245	16,397	400	1,496	8,400	12	ROT-0;	175711
	R. G. ROWBERG	365	21,055	638		8,400	15	ROT-0,1,2,3,5,7;	175820
WEST VIRGINIA									
CHARLESTON MEMORIAL									
	H. H. POMERANCE	372	17,197	489	20,558	7,500	13	ROT-0,0,1,2,4,5;	190220
	H. SELINGER						03	ST.MED.	190232
MORGANTOWN WEST VIRGINIA UNIVERSITY MEDICAL CENTER#									
	B. ZIMMERMANN	357	12,036	455	80,831	8,500	02	ROT-2;	183713
	W. G. KLINGBERG						02	ROT-4;	183714
	E. B. FLINK						08	ST.MED.	183732
	B. ZIMMERMANN						03	ST.SURG.	183733
	W. G. KLINGBERG						04	ST.PED.	183734
	M. R. HALES						03	ST.PATH.	183736

## APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Deaths	Out-patient Clinic Visits	Minimum Annual Salary	Competition	Type	NIRMP Number
WEST VIRGINIA - CONTINUED									
WHEELING OHIO VALLEY GENERAL	R. O. STRAUCH	384	14,430	520	7,425	11,820	15 01	ROT-0,1,2,3,4,6,7; ST-SURG.	176920 176933
WHEELING	G. M. KELLAS	193	7,323	269	2,482	7,200	10	ST-OBG. ROT-0,2,3,4;	176935 177020
WISCONSIN									
LA CROSSE LA CROSSE LUTHERAN HOSPITAL-GUNCERSEN CLINIC#	L. E. OVERHOLT	283	13,338	328	173,224	5,400	08 03	ROT-0,1,2,3,4; ST-MED.	177420 177432
MADISON MADISON GENERAL# UNIVERSITY HOSPITALS#	D. R. KORST C. C. LCBECK R. F. SCHILLING A. R. CURRERI C. C. LOBECK A. W. DUDLEY, JR.	350 522	16,297 16,618	318 478	136,874	9,000 9,000	06 03 26 10 08 04	ROT-0; ROT-4; ST-MED. ST-SURG. ST-PED. ST-PATH.	177611 177914 177932 177933 177934 177936
MARSHFIELD ST JOSEPH'S	J. W. MANIER	309	11,958	418	9,512	9,000	08	ROT-0;	178011
MILWAUKEE COLUMBIA	D. G. SANTER D. B. CLAUDON	302	10,777	307	17,756	9,000	11 02	ROT-0,1,2; ST-PATH.	178120 178136
EVANGELICAL DEACONESS	J. T. BOTTICELLI B. G. NARODICK	221	8,018	270	3,916	9,000	09 09	ROT-1; ROT-2;	178212 178213
LUTHERAN HOSPITAL OF MILWAUKEE MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS MILWAUKEE COUNTY GENERAL	H. ALBRIGHT	241	10,443	234		9,068	13	ST-PATH.	178536
MILWAUKEE CHILDREN'S MOUNT SINAI MEDICAL CENTER	J. M. CERLETTY W. W. ENGSTROM J. C. DARIN J. STRAUMFJORD, JR. J. C. PETERSON J. CHASE	144 306	9,761 13,593	95 335	41,328 14,174	9,000 10,000	12 02 02 08 17	ROT-0,1,2,3,4; ST-MED. ST-SURG. ST-PATH. ST-PED. ROT-D,1,2,3;	178420 178432 178433 178436 178334 178720
ST. JOSEPH'S ST. LUKE'S	J. N. SHANBERGE K. E. SAUTER	460 433	19,486 15,955	462 550	15,176 60,963	10,000 9,500	01 15	ST-PATH. ROT-0,1,2,3;	178736 178820
ST. MARY'S ST. MICHAEL	J. A. PALESE M. J. CICCATELLI F. E. BERRIDGE	246 258	9,862 11,157	407 275	9,212 10,505	9,500 7,500	12 02 10 12	ROT-9; ST-SURG. ROT-0; ROT-0;	178920 178933 179011 179111

## HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

NOTE: The American Medical Association does not participate in the evaluation and/or approval of internships and residencies outside the United States and Puerto Rico. The list is published simply as a convenience for the users of the Annual Directory of Approved Internships and Residencies.

The following list of hospitals that are approved as conforming to the standards of The Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals in the United States approved for intern training by the Council on Medical Education of the American Medical Association. This list was furnished by The Canadian Medical Association on August 23, 1968.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
<b>British Columbia</b>		<b>Ontario</b>		<b>Quebec (Continued)</b>	
Royal Columbian Hospital . . . . .	New Westminster	Hamilton Civic Hospitals . . . . .	Hamilton	Montreal Children's Hospital . . . . .	Montreal
St. Paul's Hospital . . . . .	Vancouver	McMaster University Family Practice		Montreal General Hospital . . . . .	Montreal
Vancouver General Hospital . . . . .	Vancouver	Course (1st year) . . . . .	Hamilton	Queen Elizabeth Hospital . . . . .	Montreal
Royal Jubilee Hospital . . . . .	Victoria	St. Joseph's Hospital . . . . .	Hamilton	Reddy Memorial Hospital . . . . .	Montreal
St. Joseph's Hospital . . . . .	Victoria	Hotel-Dieu Hospital . . . . .	Kingston	Royal Victoria Hospital . . . . .	Montreal
		Kingston General Hospital . . . . .	Kingston	St. Mary's Hospital . . . . .	Montreal
		St. Joseph's Hospital . . . . .	London	Hopital de l'Enfant-Jesus . . . . .	Quebec
		Victoria Hospital . . . . .	London	Hopital du Saint-Sacrement . . . . .	Quebec
		Ottawa Civic Hospital . . . . .	Ottawa	Hopital St-Francoise-d'Assise . . . . .	Quebec
		Ottawa General Hospital . . . . .	Ottawa	Hotel-Dieu de Quebec . . . . .	Quebec
		Port Arthur/Fort William		Jeffrey Hale's Hospital . . . . .	Quebec
		Integrated Program . . . . .	Port Arthur	Hopital General St-Vincent-de Paul . . . . .	Sherbrooke
			Fort William	Hotel-Dieu de Sherbrooke . . . . .	Sherbrooke
		St. Thomas-Elgin General Hospital . . . . .	St. Thomas	Sherbrooke Hospital . . . . .	Sherbrooke
		Scarborough General Hospital . . . . .	Scarborough	Hopital St-Joseph . . . . .	Trois-Rivieres
		New Mount Sinai Hospital . . . . .	Toronto	Hopital General de Verdun . . . . .	Verdun-Montreal
		North York General Hospital . . . . .	Toronto	Hopital g�neral du Christ-Roi . . . . .	Verdun-Montreal
		North York Branson Hospital . . . . .	Toronto		
		St. Joseph's Hospital . . . . .	Toronto	<b>New Brunswick</b>	
		St. Michael's Hospital . . . . .	Toronto	Victoria Public Hospital . . . . .	Fredericton
		Sunnybrook Hospital . . . . .	Toronto	The Moncton Hospital . . . . .	Moncton
		Toronto East General and		Saint John General Hospital . . . . .	Saint John
		Orthopaedic Hospital . . . . .	Toronto		
		Toronto General Hospital . . . . .	Toronto	<b>Nova Scotia</b>	
		Toronto Western Hospital . . . . .	Toronto	Halifax Infirmary . . . . .	Halifax
		Wellesley Hospital . . . . .	Toronto	Victoria General Hospital . . . . .	Halifax
		Women's College Hospital . . . . .	Toronto		
				<b>Newfoundland</b>	
		<b>Quebec</b>		Memorial University	
		Hotel-Dieu St.-Vallier . . . . .	Chicoutimi	Integrated Program . . . . .	St. John's
		Hopital du Sacre-Coeur . . . . .	Hull	St. John's General Hospital . . . . .	St. John's
		Hopital Jean-Talon . . . . .	Montreal		
		Hopital Maisonneuve . . . . .	Montreal		
		Hopital du Sacre-Coeur . . . . .	Montreal		
		Hopital Notre-Dame . . . . .	Montreal		
		Hopital Ste-Jeanne d'Arc . . . . .	Montreal		
		Hopital Saint-Luc . . . . .	Montreal		
		Hotel-Dieu de Montreal . . . . .	Montreal		
		Jewish General Hospital . . . . .	Montreal		
<b>Alberta</b>					
Calgary General Hospital . . . . .	Calgary				
Foothills Hospital . . . . .	Calgary				
Holy Cross Hospital . . . . .	Calgary				
Edmonton General Hospital . . . . .	Edmonton				
Misericordia Hospital . . . . .	Edmonton				
Royal Alexandra Hospital . . . . .	Edmonton				
University of Alberta Hospital . . . . .	Edmonton				
<b>Saskatchewan</b>					
Regina General Hospital . . . . .	Regina				
Regina Grey Nuns' Hospital . . . . .	Regina				
St. Paul's Hospital . . . . .	Saskatoon				
Saskatoon City Hospital . . . . .	Saskatoon				
University Hospital . . . . .	Saskatoon				
<b>Manitoba</b>					
St. Boniface General Hospital . . . . .	St. Boniface				
Grace General Hospital . . . . .	Winnipeg				
Misericordia General Hospital . . . . .	Winnipeg				
Winnipeg General Hospital . . . . .	Winnipeg				



## ABBREVIATIONS AND NOTES

Internship appointments begin in June rather than on July 1. The exact date should be obtained from the program director and should be specified in the intern's contract.

St.	Straight
Rot.	Rotating
Fam. Pr.	Family Practice
Med.	Medicine
Surg.	Surgery
Ped.	Pediatrics
ObG	Obstetrics-Gynecology
Path.	Pathology
Psych.	Psychiatry

## REQUIREMENTS FOR ROTATING INTERNSHIPS

With the revision of the definition of a rotating internship in 1966, all rotating internships must now contain a mandatory assignment of not less than four, nor more than six months to the internal medicine service (except for a medicine major) plus an assignment to at least one other service. Each rotating internship is listed with a number to identify the additional service to which special "major emphasis is given as indicated by an assignment of four or more months. A hospital is not limited to one variety of rotation, but may list several, each with different majors. It is not necessary to specify the electives that will complete the twelve-month internship, but these will need to be described when the program is surveyed for continued approval.

## ROTATIONS AND ELECTIVES

Each hospital staff must make a firm decision and must publicize clearly the limits of the rotational possibilities to be offered to prospective interns. To make the best use of the flexibility provided by the redefinition of a rotating internship, the varieties of rotations and the span of electives offered should be limited to those that capitalize on the strengths of the hospital's clinical resources; the hospital is not obliged nor expected to make available all of the rotations that may seem desirable to the prospective intern. It is not in the best interest of the candidate nor the hospital to consider rotations involving inadequate or nonexistent clinical resources.

## REQUIREMENTS FOR A STRAIGHT INTERNSHIP

The "Essentials" state that a straight internship is one that 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. The straight internship requires that the hospital have a concurrent, fully approved residency in the specialty.

## LISTINGS OF ROTATING INTERNSHIPS

Hospitals that prefer to offer a rotating internship that is limited to the four major clinical services of internal medicine, surgery, obstetrics-gynecology, and pediatrics, and without a specific "major" may use the designation "rotating 0" for such programs, in addition to programs that follow the pattern listed below for "rotating 0." Those few hospitals approved for rotating internships of longer than twelve months duration will be listed as "rotating 00." A maximum of ten footnotes can be published as follows:

**Rotating 0**—A mandatory assignment of at least four months but not more than five months to *internal medicine*, plus other assignments of less than four months, but of not less than two months' duration. Possible combinations for months of assignments are:

Medicine 4, Electives 3-3-2  
Medicine 4, Electives 2-2-2-2  
Medicine 5, Electives 3-2-2

**Rotating 1**—A mandatory assignment of not less than six months but of not more than eight months to *internal medicine*, plus an elective assignment of not less than two months to at least one other service. Examples in months would be:

Medicine 8, Electives 4  
Medicine 8, Electives 2-2  
Medicine 7, Electives 5  
Medicine 7, Electives 3-2  
Medicine 6, Electives 4-2  
Medicine 6, Electives 3-3  
Medicine 6, Electives 2-2-2

**Rotating 2**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *surgery*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Surgery 8  
Medicine 4, Surgery 6, Elective 2  
Medicine 4, Surgery 5, Elective 3  
Medicine 4, Surgery 4, Elective 4  
Medicine 4, Surgery 4, Electives 2-2  
Medicine 5, Surgery 7  
Medicine 5, Surgery 5, Elective 2  
Medicine 5, Surgery 4, Elective 3  
Medicine 6, Surgery 6  
Medicine 6, Surgery 4, Elective 2

**Rotating 3**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *obstetrics-gynecology*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Obstetrics-Gynecology 8  
Medicine 4, Obstetrics-Gynecology 6, Elective 2  
Medicine 4, Obstetrics-Gynecology 5, Elective 3  
Medicine 4, Obstetrics-Gynecology 4, Elective 4  
Medicine 4, Obstetrics-Gynecology 4, Electives 2-2  
Medicine 5, Obstetrics-Gynecology 7  
Medicine 5, Obstetrics-Gynecology 5, Elective 2  
Medicine 5, Obstetrics-Gynecology 4, Elective 3  
Medicine 6, Obstetrics-Gynecology 6  
Medicine 6, Obstetrics-Gynecology 4, Elective 2

**Rotating 4**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *pediatrics*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Pediatrics 8  
Medicine 4, Pediatrics 6, Elective 2  
Medicine 4, Pediatrics 5, Elective 3  
Medicine 4, Pediatrics 4, Elective 4  
Medicine 4, Pediatrics 4, Electives 2-2  
Medicine 5, Pediatrics 7  
Medicine 5, Pediatrics 5, Elective 2  
Medicine 5, Pediatrics 4, Elective 3  
Medicine 6, Pediatrics 6  
Medicine 6, Pediatrics 4, Elective 2

**Rotating 5**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *pathology*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Pathology 8  
Medicine 4, Pathology 6, Elective 2  
Medicine 4, Pathology 5, Elective 3  
Medicine 4, Pathology 4, Elective 4  
Medicine 4, Pathology 4, Electives 2-2  
Medicine 5, Pathology 7  
Medicine 5, Pathology 5, Elective 2  
Medicine 5, Pathology 4, Elective 3  
Medicine 6, Pathology 6  
Medicine 6, Pathology 4, Elective 2

**Rotating 6**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *psychiatry*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Psychiatry 8  
Medicine 4, Psychiatry 6, Elective 2  
Medicine 4, Psychiatry 5, Elective 3  
Medicine 4, Psychiatry 4, Elective 4  
Medicine 4, Psychiatry 4, Electives 2-2  
Medicine 5, Psychiatry 5, Elective 2  
Medicine 5, Psychiatry 4, Elective 3  
Medicine 6, Psychiatry 6  
Medicine 6, Psychiatry 4, Elective 2  
Medicine 5, Psychiatry 7

**Rotating 7**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *radiology*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Radiology 8  
Medicine 4, Radiology 6, Elective 2  
Medicine 4, Radiology 5, Elective 3  
Medicine 4, Radiology 4, Elective 4  
Medicine 4, Radiology 4, Electives 2-2  
Medicine 5, Radiology 7  
Medicine 5, Radiology 5, Elective 2  
Medicine 5, Radiology 4, Elective 3  
Medicine 6, Radiology 6  
Medicine 6, Radiology 4, Elective 2

**Rotating 8**—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *anesthesiology*, but not more than two other assignments of at least two months each. Examples:

Medicine 4, Anesthesiology 8  
Medicine 4, Anesthesiology 6, Elective 2  
Medicine 4, Anesthesiology 5, Elective 3  
Medicine 4, Anesthesiology 4, Elective 4  
Medicine 4, Anesthesiology 4, Electives 2-2  
Medicine 5, Anesthesiology 7  
Medicine 5, Anesthesiology 5, Elective 2  
Medicine 5, Anesthesiology 4, Elective 3  
Medicine 6, Anesthesiology 6  
Medicine 6, Anesthesiology 4, Elective 2

**Rotating 9**—This notation will be used, to simplify the listing, when hospitals offer all types of rotating internships, from Rotating 0 through Rotating 8 under a single Matching Code number. If the Internships are to have separate Matching Code numbers, however, Rotating 9 cannot be used for the listing.

# 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.

In December, 1970, the AMA House of Delegates approved a report of the Council on Medical Education entitled "Continuum of Medical Education." The report is given in full under Section II, "The Internship," beginning as Part 2, "Policy effective July 1, 1971."

Other changes made in the Essentials since 1955 will now be nullified, or at least modified, by adoption of the new policy, but the individual changes are detailed in the section on "Special Announcements" in the Annual Directory of Approved Internships and Residencies. It is expected that a new version of the Essentials will have been submitted to the House of Delegates prior to the deadline date for the implementation of the new policy on the coordination of internships and residencies.

In the meantime, these "Essentials of an Approved Internship" should serve as a guide to the staff of hospitals conducting internship programs currently and being considered as components of graduate training programs that will coordinate the internship and residencies into a unified whole. The Essentials may also serve as a source of information for students planning their graduate education, as well as for interns themselves, so that they may be aware of the current requirements and the changes that will take place in graduate medical education by 1975.

## 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 physi-

cians must teach them, by precept and example, the human as well as the scientific aspects of the lofty discipline of medicine.

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

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

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

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

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

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

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

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

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

## II. THE INTERNSHIP

### 1. Policy Prior to July 1, 1971.

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

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

certified by an American board are required to take three to five years of graduate work after completing the medical school course.

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

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

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

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

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

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

In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or

more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

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

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

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

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

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

#### 2. Policy Effective July 1, 1971:

Report L of the Board of Trustees presented at the AMA annual meeting in June, 1970, had stated the results of continuing studies by the Board of Trustees and the Council on Medical Education of the various provisions of the report of the Citizens Commission on Graduate Medical Education. In December 1970, the House of Delegates adopted the following two specific recommendations in the report, aimed at the unification of the internship and residencies years into a "coordinated whole":

1. After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be organized and conducted as a unified and coordinated whole;
2. After July 1, 1975, no internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education.

The action of the House of Delegates in adopting these recommendations did not abolish the internship program, but did require that it be made an integral part of a total program of graduate medical education. The advanced deadlines were set to permit institutions to reorganize their programs of graduate medical education to conform to these requirements. Meanwhile, the program should meet the requirements outlined above for the internship program, until July 1, 1975.

The effective implementation of the requirements requires that related organizations and agencies, such as the state licensing boards, the examining boards in medical specialties—and the faculties of medical schools, reevaluate the requirements stated in their current policies.

To insure that the desired transition from the undergraduate curriculum to a unified program of graduate medical education can be effected, the following statement on the Continuum of Medical Education has been adopted as AMA policy:

1. That the first year of medical education following receipt of the M.D. degree be accredited by an appropriate residency review committee;
2. That all state licensing boards be notified that, effective July 1, 1970, the first year of an approved residency program including family practice, is acceptable to the Council on Medical Education as an internship approved by the American Medical Association;
3. That it be recommended to the specialty boards that they consider giving credit toward certification for appropriate clinical experience afforded prior to the granting of the M.D. degree;
4. That medical schools be asked to examine the need for four calendar years of undergraduate medical education and to consider the possibility of beginning graduate medical education in the fourth year;
5. That within the area of graduate medical education joint cooperative efforts be encouraged between university facilities and community hospitals in order to produce a larger number of physicians to provide for the delivery of health care;
6. That within university medical centers and their affiliated hospitals university faculties jointly with the faculties of their affiliated hospitals assume greater corporate responsibility for the conduct of graduate education;
7. That the principle of a voluntary matching program be preserved, and that the only point at which this can be preserved is at the time of obtaining the M.D. degree;
8. That the director of a unified program of graduate medical education be responsible to insure that trainees in the program are adequately grounded in such of the broad fields of medicine, surgery, pediatrics, psychiatry, family practice, and pathology as are appropriate to the program and to individual career goals;
9. That all specialty boards requiring three or more years of graduate experience permit the substitution of at least one year of graduate education in medicine, surgery, pediatrics, or family practice for their own stated requirements;
10. That the future design and development of post-M.D. education programs, and curricula leading to qualification for examination by a specialty board, should emphasize:
  - a. The educational goal,
  - b. The personal motivation,
  - c. The learning capabilities,
  - d. The individual evaluation,
 of each post-M.D. candidate, without reference to calendar perimeters of a fixed or limiting character.

#### 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 ascer-

tain 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.

As of January 1, 1969, any graduate of a school of osteopathy is eligible under the following conditions for appointment to a hospital internship approved by the American Medical Association:

- a. He must possess a license to practice medicine which is identical with or wholly equivalent to the full and unrestricted license granted graduates of approved schools of medicine in the United States; or,
- b. He must be eligible for such a license, on the completion of the internship, under conditions identical with those which apply to graduates of approved schools of medicine in the United States, and
- c. He must meet such requirements as are necessary to determine the personal and medical qualifications of such applicants for internship positions, as established by the medical staff of the hospital.

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

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

- (1) have secured a standard certificate from ECFMG, or
- (2) have a full and unrestricted state license to practice, or
- (3) in the case of United States citizens, have successfully passed the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination.

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, 2 or 3 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 cir-

\*See also "2. Policy Effective July 1, 1971." under "II. The Internship."



cumstances, 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 and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of a teaching appointment, and motivated to assign acceptable priority to teaching duties. Physicians appointed to the visiting staff must have proper qualifications as to medical education and licensure. The staff must be limited to physicians whose professional and moral integrity are unquestioned, who are proficient in the fields of practice to which they devote themselves, who give personal attention to the patients under their charge, and who are willing to assume responsibility individually and as a group for providing ample instruction to the interns and to assist them in their work.

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

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

#### VI. CLINICAL RECORDS

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

2. *Endorsement of Records.*—All case records must show by signature the names of the persons who have written

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

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

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

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

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 physi-

\*See also "2. Policy Effective July 1, 1971." under "II. The Internship."

cians 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 im-

portance 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 programs.

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

Well-child care, including immunization procedures, is assuming increasing importance in the work of general practitioner and pediatrician. Wherever possible the hospital

should offer training in this field through well-child conferences and well-baby clinics. Straight pediatric internships should provide training in surgical as well as medical pediatrics, including their subspecialties.

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

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

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

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

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

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

8. *Special Requirements for Teaching with Ambulatory Patients.*—The majority of young physicians no longer enter practice after only one year of graduate medical education. Although experience with ambulatory patients is an essential part of all graduate medical education programs, it need not be scheduled necessarily during the first year if it is provided

by the hospital later as a part of a total integrated program. Thus, except for those few hospitals whose only approved graduate program is an internship, ambulatory experience may be scheduled at any time during the program when it is deemed appropriate in terms of the program objectives.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

to the foreign physician upon return to his own country.

10. *Preparation for Practice*—It is essential that the house officer before completing his period of formal graduate medical education in the hospital and its ambulatory facilities be exposed to the variety of methods by which he will apply his knowledge in the practice situation. If adequate models do not exist within the hospital environment, then a formal plan must be developed to expose the house officers to meaningful experience in health and medical service under a representative variety of patterns now developing throughout the nation. Inherent in this experience is an opportunity to become oriented to the social and economic aspects of medical practice. Preceptorial experience, seminars, or investigative projects on the relationship of medicine to the needs of society should be an essential part of the house officer's experience before he is considered to have completed his graduate medical education.

#### 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.

While internship and residency programs have ordinarily been considered as full-time activities, there are particular circumstances under which physicians can undertake graduate medical education programs only on a part-time basis. It is highly desirable that these physicians be encouraged to proceed as far as possible with the necessary training to prepare them for licensure and medical practice.

It is incumbent upon the responsible program director to arrange a program which meets the educational needs of the trainee and at the same time includes in its total extent the sum of clinical experience and responsibilities acquired by a trainee on a normal schedule. Such a part-time plan must be fair to the other trainees and fully compatible with the hospital's training program and responsibilities in the care of patients.

The responsible program director must be prepared to justify to the appropriate review committee, as well as to state boards of licensure and specialty boards, the manner in which the program will be arranged so as to provide the equivalent of a full-time appointment, and the manner in which the trainee's experience and responsibilities will be documented. Of great importance is documentation of the manner in which the trainee's patient-care responsibilities will be discharged during those periods off duty. If two half-time trainees were to assume responsibility for the care of the same group of patients, this would not be unlike the manner in which patient care is delivered in some private practice situations.

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

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

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

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

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

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

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

1. The term of the internship.
2. The salary.
3. The conditions under which living quarters, meals and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the intern, or whether he will be expected to provide such insurance at his own cost if he desires the coverage.
5. Whether the hospital will provide hospitalization and health insurance for the intern and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the internship, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

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

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

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

8. *Employment Relationships of House Officers.*—The primary purpose of intern and resident programs is professional education. Supervised service to patients is an essential part of intern and resident training, and it benefits both trainee and patient.

The accreditation process should include evidence that the employment agreements with interns and residents provide appropriate safeguards for the educational component of the program as follows:

1. There must be a mechanism for satisfactory intra-institutional communication between the governing board, the professional staff, and house officers with respect to service, research, and educational problems.
2. There must be a clearly-stated basis for annual re-appointment. This must be based on evidence of progressive scholarship and professional growth of the trainee as demonstrated by his ability to assume graded and increasing responsibility for patient care. This determination is the responsibility of the program director, with advice from members of his teaching staff, and cannot be delegated to a professional or non-professional staff member who is primarily concerned with the service needs of the institution. A primary objective of the accreditation process is determination of the excellence of the experience as an exercise in professional education. Since supervised service to patients is an essential part of intern and resident training, these aspects of the program as measured by satisfactory performance of service functions should be considered in determining continued tenure.
3. There must be an equitable and satisfactory mechanism, involving the participation of the medical staff, for the redress of grievances. Although final responsibility rests with the institution's governing body, the latter should rely upon the determinations of the medical staff in professional and educational matters.



It is inappropriate that house officers be expected to assume increasing responsibility for patient care, while not at the same time participating effectively in communications which contribute ultimately to policy-making decisions. The intern and resident must be integrated into the medical staff as true colleagues in order that effective programs of medical education and patient care be carried out.

#### XIII. ADMISSION TO THE APPROVED LIST\*

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

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

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

#### XIV. WITHDRAWAL FROM THE APPROVED LIST\*

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

Among other major deficiencies leading to probationary status are:

- (1) Failure to maintain an autopsy rate of at least 25%.
- (2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials" specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.
- (3) Failure to secure a minimal effective complement of interns for two successive years. It is in the direct interest of hospital service requirements that there be uninterrupted service coverage in each of the major clinical departments. This minimal effective complement should also provide for effective coverage during emergency room assignment, affiliated assignments and off-duty periods, for uninterrupted operation of the teaching program, a sufficiently large group of interns to permit the necessary group interaction during teaching activities, and effective stimulus to the staff to provide a real educational program.

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

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

graduates of medical schools of the United States or Canada.

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 9, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

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

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

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

#### APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

Hospitals which are unable to qualify for internship approval should give consideration to other means of providing adequate medical service. It should be noted that less than 15% of the hospitals in this country are approved for intern education. Although the immediate availability of physicians on a 24-hour basis and the maintenance of adequate clinical records is a major problem facing many hospitals lacking intern staffs, unquestionably a large proportion of them provide a high level of patient care despite this lack.

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

1. Depending on the size of the hospital, one or more younger physicians who have completed their formal hospital training may be employed to assist the attending staff in the care of their patients by performing certain of the functions ordinarily carried out by the house staff. An adequate salary and living quarters within the hospital or on the hospital property should be provided. These physicians should be employed under terms which conform to accepted ethical practices.
2. If the size of the hospital staff makes it practicable, responsibility for night duty, or 24-hour duty, may be arranged for through rotation of this assignment among the members of the junior attending staff.
3. If the junior staff is too limited in number, these duties may be rotated through the entire attending staff.
4. A junior attending or courtesy staff physician who is just starting the practice of medicine in the community may be employed on a part-time basis to care for emergencies and perform house-staff duties during the night.
5. Nurses, qualified technicians, and other ancillary personnel may be trained to perform many procedures ordinarily assigned to the intern staff.

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

\*See also "2. Policy Effective July 1, 1971," under "II. The Internship."

# Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 1, 1971

Hospitals, 1,692

Residencies, Positions, 46,584

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 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 program 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 39.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1970.

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. For some hospitals, statistics on discharges may have been supplied instead of admissions.

Outpatient visits may include emergency room visits as well.

The tabulations of residencies show the number of positions offered for the first year of the program and for all years of the program. In some instances, the total of residencies offered may be greater than the sum of those offered for the number of years of training approved for the program, 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 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. The salary data supplied by the hospital may be out of date by the time it is published; candidates should ascertain from the program directors whether the information shown in this Directory is still current and complete.

Numerical and other references are on Page 90.

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9. Internal Medicine . . . . .	168	24. Psychiatry . . . . .	274
10. Neurological Surgery . . . . .	180	25. Public Health . . . . .	272
11. Neurology . . . . .	185	26. Radiology . . . . .	288
12. Obstetrics and Gynecology . . . . .	192	27. Radiology, Diagnostic . . . . .	297
13. Occupational Medicine . . . . .	272	28. Radiology, Therapeutic . . . . .	298
14. Ophthalmology . . . . .	202	29. Surgery . . . . .	300
15. Orthopedic Surgery . . . . .	210	30. Thoracic Surgery . . . . .	318A
		31. Urology . . . . .	318F

## 1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training, or for ONE year of specialized training at the third year level, by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology.

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	F. J. DANNEMILLER	9,883	420	3	06	016		
UNITED STATES ARMY								
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	R. R. RITTER	9,947	213	3	04	012		100465
TEXAS BROOKE GENERAL, SAN ANTONIO	M. K. MENDENHALL	6,797	78	3	04	012		100465
UNITED STATES NAVY								
CALIFORNIA NAVAL, OAKLAND	H. N. DEAN	5,079	738	3	03	009		181365
NAVAL, SAN DIEGO	P. R. KNOX	10,453	853	3	05	015		181465
MARYLAND NAVAL, BETHESDA	R. J. VAN HOUTEN	5,012	185	3	04	011		182365
MASSACHUSETTS NAVAL, CHELSEA	L. T. YORK	2,545	150	3	03	007		182565
PENNSYLVANIA NAVAL, PHILADELPHIA	R. H. NORTON	3,972	40	3	03	008		183165
UNITED STATES PUBLIC HEALTH SERVICE								
NEW YORK U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	J. A. SHOUKAS	2,453	116	2	02	006		184165
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	G. CORSSEN			3	06	018	9,400	100765
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS VETERANS ADMIN. FAIRFIELD LLOYD NOLAN	R. W. GRADY	16,000 2,898	250 100					
ARIZONA PHOENIX MARICOPA COUNTY GENERAL	T. I. CRAWFORD	5,339	286	2	02	003	11,400	100865
ARIZONA PHOENIX MARICOPA COUNTY GENERAL	T. I. CRAWFORD	9,459	461	2	04	008	10,795	189865
ARKANSAS LITTLE ROCK UNIVERSITY	F. E. GREIFENSTEIN	4,016	23	3	06	015	7,000	101865
CALIFORNIA DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	H. S. DAVIS	4,000	250	2	04	011	10,344	104665
LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS LOMA LINDA UNIVERSITY	B. BRANDSTATER	5,668	124	3	04	010		102465 9,970
LOS ANGELES CHILDRENS HOSPITAL OF LOS ANGELES LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER U. C. L. A. WHITE MEMORIAL MEDICAL CENTER	G. LEWIS J. S. DENSON J. B. DILLON H. T. MORSE, JR.	7,293 17,865 10,379 5,064	40 843 455 229	1 3 3 3	00 16 12 03	009 038 030 007	12,500 13,656 8,900 10,800	103165 103365 195665 104065
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	H. W. ELLIOTT	2,972		2	03	006	13,000	104365
PALO ALTO VETERANS ADMIN. SACRAMENTO SACRAMENTO COUNTY SAN DIEGO MERCY HOSPITAL AND MEDICAL CENTER UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD SEE UNIV. OF CALIF. (DAVIS) AFFILIATED HOSPITALS, DAVIS G. E. KINYON H. H. BENDIXEN							
SAN FRANCISCO UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS SAN FRANCISCO GENERAL VETERANS ADMIN.	W. K. HAMILTON W. K. HAMILTON W. K. HAMILTON, E. P. GUY W. HAMILTON, H. FAIRLEY	9,935 4,944 2,194	12 800 1,500	3	09	035	8,900 9,921 9,030	106265

## I. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgi- cal Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number		
					1st Yr.	All Yrs.				
CALIFORNIA - CONTINUED										
SAN JOSE										
SANTA CLARA VALLEY MEDICAL CENTER	P. A. GILSEN	3,435	1,200	3	03	006	10,524	106365		
STANFORD										
STANFORD UNIVERSITY AFFILIATED HOSPITALS	J. P. BUNKER	13,118	532	3	07	019	8,480	189965		
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	W. H. FORREST, JR.								1,582	10
TORRANCE										
LOS ANGELES COUNTY HARBOR GENERAL	P. LORHAN	6,773	518	2	08	020	13,656	106765		
COLORADO										
DENVER										
CHILDREN'S UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	P. R. HACKETT	4,172	320	1	C1	003	9,900	188965		
UNIVERSITY OF COLORADO MEDICAL CENTER	P. J. COHEN	7,362	239	3	10	023	9,200	107665		
DENVER GENERAL	P. J. COHEN								3,633	311
VETERANS ADMIN.	T. E. STARZL								4,629	25
CONNECTICUT										
HARTFORD										
HARTFORD	C. B. HICKCOX	24,335	146	3	C3	009	9,800	108365		
ST. FRANCIS	S. J. MARTIN	18,368	88	2	05	010	7,800	108565		
NEW HAVEN										
HOSPITAL OF ST. RAPHAEL	M. L. GAROFALO	10,461	171	3	C1	004	9,500	109065		
YALE-NEW HAVEN MEDICAL CENTER	N. M. GREENE	17,543	3,480	3	05	015	10,450	108965		
YALE-NEW HAVEN										
DISTRICT OF COLUMBIA										
WASHINGTON										
GEORGETOWN UNIVERSITY	T. E. MACNAMARA	11,479	50	3	C4	011	10,000	180165		
GEORGE WASHINGTON UNIVERSITY	G. S. COAKLEY	14,162	896	3	C8	020	9,500	180265		
WASHINGTON HOSPITAL CENTER	C. A. ALBERT	20,880	623	3	C5	012	10,000	180065		
FLORIDA										
GAINESVILLE										
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	J. H. MODELL	5,334	10,234	3	08	024	8,400	183465		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	J. H. MODELL								3,822	335
VETERANS ADMIN.	H. M. PERKINS									
MIAMI										
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	F. MOYA	19,053	2,300	3	09	036	9,800	110465		
JACKSON MEMORIAL	F. MOYA								2,614	127
VARIETY CHILDREN'S	A. FREEMAN								3,460	225
VETERANS ADMIN.	J. KATZ									
MIAMI BEACH										
MOUNT SINAI HOSPITAL OF GREATER MIAMI	S. MILLER	7,821	10	2	C2	006	9,900	110565		
GEORGIA										
ATLANTA										
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. E. STEINHAUS	6,878	54	3	03	009	8,400	111365		
EMORY UNIVERSITY									7,569	223
GRADY MEMORIAL										
AUGUSTA										
MEDICAL COLLEGE OF GEORGIA HOSPITALS	P. P. VOLPITTO	3,057	8	3	C4	010	8,100	198565		
EUGENE TALMADGE MEMORIAL										
ILLINOIS										
CHICAGO										
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	H. S. HAYDALA	4,936	545	3	C3	009	9,700	114465		
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	V. J. COLLINS	11,000	674	3	C8	025	10,900	112765		
COOK COUNTY	F. HELLER	6,504	67	2	C5	010	10,000	113765		
ILLINOIS MASONIC MEDICAL CENTER	R. F. ALBRECHT	12,016	350	3	05	013	10,850	114265		
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	E. A. BRUNNER	6,558	540	3	10	030	11,000	224765		
NORTHWESTERN UNIVERSITY MEDICAL CENTER	E. A. BRUNNER								4,115	2,500
CHICAGO WESLEY MEMORIAL	D. ALLAN								6,378	95
CHILDREN'S MEMORIAL	F. RAYMON								1,765	110
PASSAVANT MEMORIAL	E. A. BRUNNER								8,111	217
VETERANS ADMIN. RESEARCH	C. A. BALDWIN, JR.								11,250	260
EVANSTON (EVANSTON)	S. FRIEFELD									
PRESBYTERIAN-ST. LUKE'S										
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS									7,975	225
UNIVERSITY OF ILLINOIS	M. SADOVE								8,177	600
EVANSTON										
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO									
HINES										
VETERANS ADMIN.	R. BALAGOT	2,745	341	2	C3	009	9,600	117065		
JOLIET										
ST. JOSEPH	L. D. RUTTLE	10,178	279	2	03	007	12,000	115565		
MAYWOOD										
LOYOLA UNIVERSITY	A. A. EL ETR	3,578	121	3	C4	012	9,600	117065		



## 1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgi- cal Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
INDIANA INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER	V. K. STOELTING			3	C9 025	118765	
INDIANA UNIVERSITY HOSPITALS VETERANS ADMIN.		12,000	1,500			9,500	
METHODIST HOSPITAL OF INDIANA	W. EDWARDS	1,987	50	2	C2 006	10,750	118865
		26,225	543			10,600	
IOWA IOWA CITY UNIVERSITY OF IOWA AFFILIATED HOSPITALS	J. MOYERS	16,034	1,054	3	09 022	9,500	120365
UNIVERSITY OF IOWA HOSPITALS VETERANS ADMIN.	J. MOYERS, F. D. STAAB	2,854	48				
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	R. T. PARMLEY	8,853	147	3	04 010	12,000	120865
WICHITA ST. FRANCIS	R. H. ROBINSON	13,541	350	2	C2 004	5,300	120965
KENTUCKY LEXINGTON UNIVERSITY OF KENTUCKY MEDICAL CENTER	M. A. CARNES	6,626	273	3	C5 013	8,000	184865
UNIVERSITY VETERANS ADMIN.	M. A. CARNES L. F. REDICK	1,994	85			8,300	
LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	E. H. CONNER	3,047		3	04 010	8,100	121765
CHILDREN'S LOUISVILLE GENERAL	C. W. SHAFER	2,802	250				
LOUISIANA NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA OCHSNER FOUNDATION	J. ADRIANI	12,302	436	3	09 020	7,800	122465
	J. F. ARENS	23,414	1,150	2	C3 006	8,500	196665
MAINE PORTLAND MAINE MEDICAL CENTER	J. R. LINCOLN	9,053	229	3	02 006	8,505	123665
MARYLAND BALTIMORE BALTIMORE CITY HOSPITALS JOHNS HOPKINS UNIVERSITY OF MARYLAND	P. CHODOFF	3,725	400	3	07 014	123765	
	D. W. BENSON	17,169	181	3	07 016	9,500	124265
	M. HELRICH	9,621	425	3	C5 015	11,900	125265
MASSACHUSETTS BOSTON BETH ISRAEL BOSTON CITY BOSTON HOSPITAL FOR WOMEN CHILDREN'S HOSPITAL AND MEDICAL CENTER	J. HEDLEY-WHYTE	8,164	988	3	03 010	9,500	125665
	P. S. MARCUS	9,536	184	2	C6 014	11,100	125765
	M. H. ALPER	12,027	300	1	C2 002		236565
LAHEY CLINIC MASSACHUSETTS GENERAL NEW ENGLAND MEDICAL CENTER HOSPITALS	R. M. SMITH	8,643	176	1		004 10,500	125965
PETER BENT BRIGHAM ST. ELIZABETH'S HOSPITAL OF BOSTON	R. B. ORR	7,048	444	3	02 005	9,500	238565
UNIVERSITY VETERANS ADMIN. (JAMAICA PLAIN)	R. J. KITZ	17,505	550	3	12 035	9,000	126165
CAMBRIDGE PITTSFIELD BERKSHIRE MEDICAL CENTER SPRINGFIELD SPRINGFIELD HOSPITAL MEDICAL CENTER	B. E. EISTEN	4,851	630	3	04 012	9,500	126365
	L. D. VANDAM	5,121	230	3	C5 013	9,500	126565
	E. J. FRUGGIERO	10,952	720	2	03 006	9,500	126665
	B. J. KRIPKE	3,458	150	3	04 010	9,500	126265
	D. L. MAHLER	3,500	150	2	C2 006	10,090	127165
	F. L. COMUNALE	2,659	250	2	C2 006	10,300	126865
	W. R. PADGET	8,319	150	2	C2 004	9,600	128165
	F. R. DINALE	5,987	197	3	02 006	10,600	128665
MICHIGAN ANN ARBOR UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS UNIVERSITY VETERANS ADMIN.	T. J. DE KORNFELD	9,685		3	09 020	8,600	129365
	T. J. DE KORNFELD	2,048				9,100	
DETROIT HENRY FORD SINAI HOSPITAL OF DETROIT WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	P. R. DUMKE	15,593	418	2	06 013	10,300	130065
DETROIT GENERAL HARPER SOUTHFIELD PROVIDENCE	E. M. BROWN	13,310	1,180	3	03 009	9,600	192665
	G. DAL SANTO	7,126		3	07 015		129565
	G. DAL SANTO	9,662				9,858	
	G. J. WITHEY					9,900	
	A. KANE	18,160	200	3	01 002	11,700	130365
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN. GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN (ST. PAUL)	F. H. VAN BERGEN	8,349	618	3	09 030		133465
		8,335	104				

## I. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgi- cal Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA - CONTINUED								
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	A. FAULCONER	36,794	2,912	3	05	019	7,300	132865
ST. PAUL GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS							
MISSISSIPPI								
JACKSON UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CENTER	L. W. FABIAN H. L. GEE	7,007 3,735	60 34	2	06	012	8,500 8,853	195765
MISSOURI								
COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER	G. W. N. EGGERS, JR.	4,688	50	2	04	010	9,000	199465
NEBRASKA								
OMAHA UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS UNIVERSITY OF NEBRASKA DOUGLAS COUNTY VETERANS ADMIN.	J. R. JONES	2,800 702 2,238	400 260 125	3	04	011	9,000 10,344	137665
NEW HAMPSHIRE								
HANOVER MARY HITCHCOCK MEMORIAL	M. L. HELLER	5,539	716	3	02	006	8,000	137765
NEW JERSEY								
HACKENSACK HACKENSACK LIVINGSTON ST. BARNABAS MEDICAL CENTER	A. R. WOLLACK R. K. EGGE	10,172 14,686	300 50	3 3	02 01	006 003	10,600 10,200	138765 139665
NEWARK								
NEWARK BETH ISRAEL MEDICAL CENTER	H. KORTIS	9,599	275	3	03	007	10,800	139765
PATERSON								
ST. JOSEPH'S	E. T. LAWLESS	9,418	150	2	05	010	10,320	140665
NEW YORK								
ALBANY ALBANY MEDICAL CENTER	K. F. SCHMIDT	13,000	70	3	02	006	9,600	141465
BUFFALO								
BUFFALO GENERAL CHILDREN'S HOSPITAL OF BUFFALO CHILDREN'S HOSPITAL OF BUFFALO MILLARD FILLMORE S.U.N.-Y. AT BUFFALO AFFILIATED HOSPITALS	R. N. TERRY M. J. DOWNEY, JR. M. J. DOWNEY, JR. K. A. KELLY	13,465 7,287 11,451	172 400 520	3 1 3	04 00 03	010 003 009	10,000 9,500 10,000	143665 196565 144065
EDWARD J. MEYER MEMORIAL	R. MARKELLO	3,564	123	3	03	005		143865
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	I. WEINBERG	4,686	450	3	03	008	10,112	144865
NEW HYDE PARK								
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM LONG ISLAND JEWISH MEDICAL CENTER QUEENS HOSPITAL CENTER (NEW YORK CITY)	S. N. SURKS S. N. SURKS	8,629 4,223	489 1,084	3 3	03 03	008 009	11,000 11,000	196365 145165
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE LINCOLN	L. R. ORKIN	7,919 7,385 4,286 9,908 9,462	5,868 76 416 550 432	3 3 3	12 06 02 07	036 016 004 024	11,000 11,000 11,600 11,200	193165 147065 141965 146665
BETH ISRAEL MEDICAL CENTER BROOKDALE HOSPITAL CENTER CORNELL COOPERATING HOSPITALS NEW YORK MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES HOSPITAL FOR SPECIAL SURGERY	S. JOFFE A. C. GOLDFEDER J. F. ARTUSIO, JR. J. F. ARTUSIO, JR. W. S. HOWLAND J. L. FOX, A. GOULET	19,230 7,000 2,648	200 1,000 20	3 2 3	06 02 07	016 004 024	11,000 11,600 11,200	147065 141965 146665
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER HARLEM HOSPITAL CENTER JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	J. MILGOWSKY K. TSUEDA A. CHIRON	5,555 11,454 11,734	450 372 131	3 2 2	03 02 04	009 006 012	11,500 14,7565 14,7865	147565 147865
LONG ISLAND COLLEGE-ST. JOHN'S EPISCOPAL HOSPITALS LONG ISLAND COLLEGE ST. JOHN'S EPISCOPAL MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	E. S. OWRE, P. SANCHEZ	7,984 6,325	127 106	2	03	006	13,560	142765
MAIMONIDES MEDICAL CENTER CONEY ISLAND METHODIST HOSPITAL OF BROOKLYN MISERICORDIA - FORDHAM TRAINING PROGRAM MISERICORDIA FORDHAM	P. SECHZER R. ROBERTAZZI G. WALLACE A. L. MAURO	12,977 2,284 5,000 6,181 2,484	5,302 362	2 3 2	03 04 06	009 012 016	11,000 9,500 12,000 11,500	142865 142965 148665

## 1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgi- cal Patients	Length of Approved Program (Yrs.)	Positions Offered			
					1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
MONTEFICRE HOSPITAL TRAINING PROGRAM	D. DUNCALF			3	10	022	11,000	148765
MONTEFICRE HOSPITAL AND MEDICAL CENTER		6,474	315					
MORRISANIA CITY MOUNT SINAI HOSPITAL TRAINING PROGRAM	L. RENDELL-BAKER	3,243		3	10	022	11,000	149065
MOUNT SINAI	L. RENDELL-BAKER	16,184	650				11,000	
CITY HOSPITAL CENTER AT ELMHURST	A. I. ROSENTHAL	6,228	820				11,000	
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	A. M. BETCHER	4,078	242				10,800	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	H. F. BISHOP, L. FIERRO			3	07	019		147365
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	H. F. BISHOP, L. FIERRO	8,133	126					
UNIT 2 - METROPOLITAN GRASSLANDS (VALHALLA)	H. F. BISHOP, D. BIZZARRI	6,532	1,112				11,280	
NEW YORK UNIVERSITY MEDICAL CENTER	K. SHIBUTANI	1,605	1,752					
BELLEVUE HOSPITAL CENTER UNIVERSITY	V. D. B. MAZZIA	8,679	110	3	10	030		146465
VETERANS ADMIN. (MANHATTAN)		9,559	325				12,805	
PRESEYTERIAN	S. NGAI	2,241	35	3	18	031	11,250	149565
QUEENS HOSPITAL CENTER	SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK	20,883	548					
ST. LUKE'S HOSPITAL CENTER	L. S. BLANCATO	13,230	198	3	06	014	11,300	149965
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. G. HICKS	9,203	1,522	3	03	008	9,500	150065
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	B. D. KING			3	10	030	11,000	142665
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY		8,092	640					
VETERANS ADMIN. (BRONX)	G. TEUTSCH	3,425	160					
ROCHESTER		3,112	321	2	02	006	12,805	262765
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. J. GILLIES	9,908	500	3	05	012		151165
SYRACUSE								
ST. JOSEPH'S	H. K. MORELL, JR.	11,332	261	3	04	006	10,400	151865
S.U.N.Y. UPSTATE MEDICAL CENTER	A. B. DOBKIN	4,735	100	3	07	019	10,400	151665
STATE UNIVERSITY	A. B. DOBKIN	8,872	200					
CORCUSE IRVING-MEMORIAL VETERANS ADMIN.	R. ATKINSON	2,268	29					
VALHALLA GRASSLANDS	SEE NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSP CTR N Y CITY							
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	K. SUGIOKA	6,902	167	3	04	010	9,500	190065
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS				3	04	014		152965
DUKE UNIVERSITY MEDICAL CENTER	M. H. HARMEL	12,408	50				7,500	
VETERANS ADMIN.	R. E. BENWAY	5,370					9,250	
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	T. IRVING	8,188	300	3	03	009	8,000	153765
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	N. W. B. CRAYTHORNE	6,000	200	3	13	039		154865
CHILDREN'S		5,410	100				8,800	
CINCINNATI GENERAL		2,582					8,800	
VETERANS ADMIN.							9,893	
CLEVELAND								
CLEVELAND METROPOLITAN GENERAL	H. E. KRETCHMER	12,170	154	3	02	005	10,000	155365
FAIRVIEW GENERAL	R. WARREN	11,235	823	2	04	012	11,400	155465
HURON ROAD HOSPITAL-CLEVELAND CLINIC				3	04	022		157165
HURON ROAD	E. R. MALIA	22,500	286				10,800	
CLEVELAND CLINIC	A. BARNES, J. POTTER	11,619	216				9,500	
MARYMOUNT	N. G. DE PIERO	6,002	628	3	02	006	11,400	157265
MOUNT SINAI HOSPITAL OF CLEVELAND	S. KATZ	12,790	311	3	02	006	10,500	155765
ST. LUKE'S	B. B. SANKEY	11,878	131	2	01	002	9,500	156065
UNIVERSITY HOSPITALS OF CLEVELAND	J. S. GRAVENSTEIN	20,023	591	3	08	023	10,500	156265
VETERANS ADMIN.		4,163	8				9,767	
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	W. HAMELBERG	22,622	400	3	04	010	7,200	156665
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	L. E. MORRIS			3	04	012	10,500	157965
HOSP OF THE MEDICAL COLLEGE OF OHIO AT TOLEDO	R. L. KENNEDY	11,579	49	3	02	005	10,200	158365
TOLEDO								
YOUNGSTOWN								
ST. ELIZABETH	R. S. RICHARDS	13,456	903	2	06	012	10,600	158465
YOUNGSTOWN	D. W. METCALF	16,584	890	2	04	010	10,600	158565
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	S. DEUTSCH	6,541	1,035	3	03	014	8,000	158865
UNIVERSITY OF OKLAHOMA HOSPITALS		1,848	63					
VETERANS ADMIN.	C. A. CARMACK							

## 1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgi- cal Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973			Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.			
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	N. A. BERGMAN			3	C5	015		159965	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	N. A. BERGMAN	9,250	326				6,600		
VETERANS ADMIN.	F. P. HAUGEN	2,721	12				8,160		
PENNSYLVANIA									
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	A. E. YEAKEL			3	C2	005	9,648	161765	
JOHNSTOWN									
CONEMAUGH VALLEY MEMORIAL	P. C. LUND	10,121	1,822	2	C3	009	10,200	161665	
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	B. GOLDSTEIN	14,476	266	2	C4	012	10,100	163165	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. H. STONE	2,716	375	2	02	006	10,650	162665	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	H. L. PRICE	6,432	162	3	C4	012	8,600	162765	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	R. D. DRIPPS	16,440	503	3	17	055	10,650	162865	
CHILDREN'S HOSPITAL OF PHILADELPHIA	L. BACHMAN						11,000		
VETERANS ADMIN.	R. D. DRIPPS	2,839	210				8,878		
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	S. SCHOTZ	4,471	74	3	C2	005	10,650	164165	
TEMPLE UNIVERSITY	L. W. KRUMPERMAN	14,890	46	3	C5	014	10,200	164665	
ST. CHRISTOPHER'S HOSP FOR CHILDREN	M. J. HAYDEN	3,690	100				8,400		
THOMAS JEFFERSON UNIVERSITY	J. JACOBY	11,083	284	3	06	015	10,300	163065	
PITTSBURGH									
ALLEGHENY GENERAL HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	R. L. PATTERSON	11,089	1,319	3	C3	008	10,500	164865	
PRESBYTERIAN-UNIVERSITY CHILDREN'S HOSPITAL OF PITTSBURGH	P. SAFAR	45,550	3,000	3	07	024	10,000	165265	
EYE AND EAR HOSPITAL OF PITTSBURGH	R. B. SMITH								
MAGEE-WOMENS VETERANS ADMIN.	B. KIRIMLI								
MERCY	E. S. SIKER	10,524	618	3	C4	012	10,800	164965	
WESTERN PENNSYLVANIA	D. C. PHILLIPS	9,793	114	3	02	006	10,600	165965	
PUERTO RICO									
PONCE									
HOSPITAL DE CAMAS	J. L. JIMENEZ VELEZ			3	C2	005	6,000		
SAN JUAN									
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	N. R. DE JESUS	17,039		3	08	020	7,875		
INDUSTRIAL MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA									
UNIVERSITY DISTRICT									
RHODE ISLAND									
PROVIDENCE									
RHODE ISLAND	E. SAKLAD	14,426	150	2	C4	008	9,400	167765	
SOUTH CAROLINA									
CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. E. MAHAFFEY			3	C4	010		168065	
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. E. MAHAFFEY	6,628	660				7,600		
VETERANS ADMIN.	L. L. BROWN	1,139	25				7,990		
TENNESSEE									
KNOXVILLE									
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	W. F. POWELL	5,928	81	3	C1	003	9,180	183965	
MEMPHIS									
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	W. C. NORTH	7,465	300	3	05	015	9,000	184465	
CITY OF MEMPHIS HOSPITALS									
NASHVILLE									
VANDERBILT UNIVERSITY	B. E. SMITH	6,572		3		010	8,500	170265	
TEXAS									
DALLAS									
PARKLAND MEMORIAL	M. T. JENKINS	15,398	208	3	06	023	7,590	170865	
FORT WORTH									
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	A. N. HEINRICH	17,539	172	2	G2	004	10,320	171265	
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	C. R. ALLEN	8,654	1,068	3	06	018	8,400	171465	
HOUSTON									
BAYLOR COLLEGE AFFILIATED HOSPITALS	A. S. KEATS			3	C8	024		171665	
BEN TAUB GENERAL	A. S. KEATS	6,118	3,684				7,500		
JEFFERSON DAVIS	A. S. KEATS	8,002	1,382				7,500		
METHUENIST	P. H. CHALMERS	23,607	7				7,500		
ST. LUKE'S EPISCOPAL	J. D. CARTER	10,623					7,500		
TEXAS CHILDREN'S	J. D. CARTER	2,953					7,500		
VETERANS ADMIN.	W. H. MANNHEIMER	5,377	24				8,100		

## 1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS, FOLSTON - CONTINUED								
HERMANN	F. P. THOMAS	17,395	248	2	02	004	8,400	171565
ST. JOSEPH	L. T. JOHNSON, JR.	12,255	475	2	02	004	9,000	171865
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	W. S. DERRICK	5,381	236	3		006	9,000	285165
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	H. L. ZAUDER	6,178	127	3	05	015	8,100	172265
BEXAR COUNTY TEACHING HOSPITAL								
TEMPLE								
SCOTT AND WHITE MEMORIAL	C. H. GILLESPIE	6,620		3	C1	003	9,400	172565
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	C. M. BALLINGER			3	C8	022		173265
UNIVERSITY	C. M. BALLINGER	3,788	200					
HOLY CROSS HOSPITAL OF SALT LAKE CITY	C. M. BALLINGER	7,925	100				7,600	
LATTER-DAY SAINTS								
PRIMARY CHILDREN'S	R. A. ELWYN	6,153						
ST. MARK'S	O. C. HOLLOWAY	6,539	72				8,900	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	W. S. JORDAN	276						
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	J. ABAJIAN, JR.	10,953	432	3	C4	010	8,100	173465
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	H. CARRON	7,193		3	07	014	8,200	173765
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	C. P. BOYAN	10,622	320	3	C4	010	8,910	174365
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. J. BONICA			3	12	036		191865
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	K. EATHER	4,730	75					
HARBORVIEW MEDICAL CENTER	F. FREUND	3,435	168					
UNIVERSITY	J. J. BONICA	4,980	810				7,704	
VETERANS ADMIN.	G. M. AASHEIM	1,242	230				7,704	
TACOMA GENERAL (TACOMA)	P. H. BACKUP	9,636	122				7,700	
VIRGINIA MASON	D. C. MODRE	7,300	250	3	C4	012	8,400	175665
TACOMA								
TACOMA GENERAL	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	H. TURNDORF	5,000	500	3	C4	012	9,000	183765
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	B. J. BAMFORTH			3	06	010		177965
UNIVERSITY HOSPITALS	B. J. BAMFORTH	5,920	198				9,500	
VETERANS ADMIN.	D. C. BOHLMAN	2,342	60					
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	E. D. HENSCHEL			3	08	028		178465
MILWAUKEE COUNTY GENERAL		4,854	919				10,000	
VETERANS ADMIN. CENTER (WOOD)		3,144	846				9,909	

## 2. AEROSPACE MEDICINE

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

## 3. CHILD PSYCHIATRY

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

4. COLON AND RECTAL SURGERY

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

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1972-1973 1st Yr.	1973 All Yrs.	
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA LOS ANGELES QUEEN OF ANGELS	G. HUGO		8	262	C1	001	15,000
ILLINOIS CHICAGO COCK COUNTY	D. SMITH	12	448	3,905	C1	001	12,100
LOUISIANA NEW ORLEANS DOCHSNER FOUNDATION	J. E. RAY	14	434	12,352	C2	002	
MASSACHUSETTS BOSTON LAHEY CLINIC	M. C. VEIDENHEIMER	37	610	8,147	C2	002	11,000
MICHIGAN GRAND RAPIDS FERGUSON-DROSTE-FERGUSON	J. P. MULDOON	88	3,658	13,928	C4	004	6,900
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN.	W. C. BERNSTEIN	10 5	312 199	2,336 1,044	C2	002	11,000
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. R. HILL	36	1,416	31,750	C2	004	7,900
NEW JERSEY PLAINFIELD MUHLENBERG	E. P. SALVATI	12	524	81	C1	001	10,200
NEW YORK BUFFALO BUFFALO GENERAL DEACONESS HOSPITAL OF BUFFALO SISTERS OF CHARITY	J. E. ALFORD W. H. BERNHOFT C. A. STRALBINGER	11 4	320 116	265 161	C1 C1	002 001	11,500 12,000 9,509
OHIO CLEVELAND CLEVELAND CLINIC	R. B. TURNBULL, JR.	28	719	5,073	C1	003	11,500
PENNSYLVANIA ALLENTOWN ALLENTOWN PHILADELPHIA TEMPLE UNIVERSITY	G. L. KRATZER A. R. GENNARD	25 25	673 472	188 517	C1 C2	001 002	10,700 12,000
TEXAS DALLAS BAYLOR UNIVERSITY MEDICAL CENTER PRESBYTERIAN HOSPITAL OF DALLAS	W. BAILEY R. J. ROWE	15 10	700 326	238 2,000	C1 C1	001 001	9,300 9,030
HOUSTON HERMANN	J. W. HARRIS	19	859	1,018	C1	001	10,800

5. DERMATOLOGY

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

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered		Annual Salary (Min.)	NIRMP Number
						1972-1973 1st Yr.	1973 All Yrs.		
UNITED STATES AIR FORCE									
NEBRASKA EHRLING BERQUIST U.S.A.F., OFFUTT A.F.B.	SEE UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS, OMAHA								
TEXAS WILFRED HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	L. R. LUMPKIN	8	114	27,969	3	C3	009		
UNITED STATES ARMY									
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	H. S. WILEY	6	76	11,095	3	C2	006		100466
COLORADO FITZSIMONS GENERAL, DENVER	D. NUSS	4	68	17,056	3	C2	006		100466
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	W. R. VINEYARD	8	117	20,749	3	C3	010		100466

## 5. DERMATOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES ARMY - CONTINUED									
TEXAS BRCDKE GENERAL, SAN ANTONIO	W. C. FISHER	4	101	28,892 3	C4	012		100466	
UNITED STATES NAVY									
CALIFORNIA NAVAL, SAN DIEGO	W. E. CARSON	25	348	38,277 3	C4	012		181466	
PENNSYLVANIA NAVAL, PHILADELPHIA	R. G. DAVIS	10	148	9,734 3	C3	009		183166	
UNITED STATES PUBLIC HEALTH SERVICE									
MARYLAND NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA							1		234166
NEW YORK U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	J. P. FIELDS	20	184	8,399 2	C2	006		184166	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	R. O. NOOJIN						3	C3 009 8,200	100766
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS VETERANS ADMIN.		8	208	30,290 955					
FAIRFIELD LLOYD NOLAN	P. G. REQUE	1	28	7,600 2	C1	002	11,400	100866	
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. I. JANSEN						3	C2 006	101866
UNIVERSITY VETERANS ADMIN. CONSOLIDATED		1	49	5,528				7,000	
		17	183	3,344				7,153	
CALIFORNIA LONG BEACH VETERANS ADMIN.	J. W. WILSON	16	538	6,957 3	C3	009	11,905	204966	
LOS ANGELES LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	N. E. LEVAN	12	493	14,662 3	C3	011	13,656	103366	
U. C. L. A. VETERANS ADMIN. CENTER-WADSWORTH	T. H. STERNBERG E. T. WRIGHT	8 32	1,189	20,740 3 17,418 3	C3 C3	005 009	8,900 11,905	195666 198366	
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
SAN DIEGO UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. R. NICKEL	2	53	1,984 3	C1	003	8,900	104966	
SAN FRANCISCO PACIFIC MEDICAL CENTER-PRESBYTERIAN	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
UNIVERSITY OF CALIFORNIA PROGRAM SAN FRANCISCO GENERAL H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS VETERANS ADMIN.	W. L. EPSTEIN W. EPSTEIN, D. TUFFANELLI	8 6	272 293	10,161 1,210				8,900 9,030	
SAN MATEO HAROLD D. CHOPE COMMUNITY STANFORD	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	E. M. FARBER						3	C3 012	189966
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	E. M. FARBER W. T. SUMMERLIN	8 11	202 132	9,077 1,175				8,480 9,260	
PACIFIC MEDICAL CENTER-PRESBYTERIAN (SAN FRANCISCO)	H. M. SCHNEIDMAN	2	51	1,898				8,600	
HAROLD D. CHOPE COMMUNITY (SAN MATEO)	O. E. L. SCHMIDT	2	89	1,494				9,468	
COLORADO DENVER UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	R. W. GOLTZ						3	C2 006	107666
UNIVERSITY OF COLORADO MEDICAL CENTER DENVER GENERAL VETERANS ADMIN.	R. W. GOLTZ W. GENTRY R. W. GOLTZ	5 1	260 9	5,148 1,560				7,650 8,003	
CONNECTICUT NEW HAVEN YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN	A. B. LERNER			8,437 3	C2	006	10,450	108966	
DISTRICT OF COLUMBIA WASHINGTON FREEDMEN'S	J. A. KENNEY	1	29	5,869 3	C1	003	10,700	219366	

## 5. DERMATOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
FLORIDA								
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	H. BLANK				3	C5 015		110466
JACKSON MEMORIAL VETERANS ADMIN.	H. BLANK	18	320	7,837			5,800	
	K. HALPRIN	9	172	1,241			8,975	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	A. C. BROWN				3	C1 003		111766
EMORY UNIVERSITY GRADY MEMORIAL VETERANS ADMIN.	S. OLANSKY	2	91	4,126			8,400	
	A. C. BROWN			1,030			8,400	
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	J. G. SMITH				3	C3 009		222366
EUGENE TALMADGE MEMORIAL UNIVERSITY VETERANS ADMIN.		2	72	2,961			8,100	
				281				
				713			7,600	
ILLINOIS								
CHICAGO								
COOK COUNTY NORTHWESTERN UNIVERSITY MEDICAL CENTER	S. BARSKY	17	173	17,360	3	C2 005	10,900	112766
VETERANS ADMIN. RESEARCH PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	S. M. BLLEFARB	10	172	2,680	3	C2 006	9,500	224766
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	F. D. MALKINSON	2	21	3,885	3	C1 003	9,946	114766
UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS VETERANS ADMIN. (HINES)	A. L. LORINCZ	10	202	5,899	3	C3 009	10,000	116066
	A. ROSTENBERG				3	03 008		115066
		5	74	8,232			10,560	
		7	184	2,889			5,600	
HINES VETERANS ADMIN. SEE UNIVERSITY OF ILLINOIS AFFILIATED HOSPS., CHICAGO								
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	V. C. HACKNEY				3	C1 005	9,500	227366
INDIANA UNIVERSITY HOSPITALS MARICA COUNTY GENERAL			22	1,627				
				9,343				
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA HOSPITALS	R. G. CARNEY	14	438	13,161	3	C3 009	9,500	120366
KENTUCKY								
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS LOUISVILLE GENERAL VETERANS ADMIN.	L. G. OWEN	2	20	3,500	3	C2 006	8,100	121766
				1,764			7,920	
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA	V. J. DERBES	6	194	21,731	3	C4 012	7,800	122466
MARYLAND								
BALTIMORE								
JOHNS HOPKINS UNIVERSITY OF MARYLAND	G. W. HAMBRICK, JR.			5,417	3	02 006	9,500	124266
	H. ROBINSON	2	24	9,780	3	C3 008	11,100	124466
MASSACHUSETTS								
BOSTON								
LAHEY CLINIC	S. MOSCHELLA	8	416	15,153	2	C1 002	9,500	238566
MASSACHUSETTS GENERAL TUFTS UNIVERSITY AFFILIATED HOSPITALS	T. B. FITZPATRICK	15	331	9,794	3	C6 009	9,000	126166
BOSTON CITY NEW ENGLAND MEDICAL CENTER HOSPITALS	W. F. LEVER	1	14	10,795	3	C3 008		239466
							9,600	
UNIVERSITY	H. MESCON	3	72	14,680			9,500	
		8	10	7,857	3	02 008	9,500	126266
MICHIGAN								
ALLEN PARK								
VETERANS ADMINISTRATION								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS UNIVERSITY VETERANS ADMIN.	E. R. HARRELL				3	05 014		129366
	E. R. HARRELL	12	304	8,972			8,600	
	E. R. HARRELL, R. BISHOP			824				
DETROIT								
HENRY FORD WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS VETERANS ADMIN. (ALLEN PARK)	C. S. LIVINGOOD	25	640	40,079	3	C5 015	10,300	130066
DETROIT GENERAL HARPER	H. PINKUS				3	03 011		129566
	H. PINKUS	18	237	2,085			10,459	
	H. PINKUS	1	15	5,188			10,459	
	H. PLOTNICK			923			5,900	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS HENNEPIN COUNTY GENERAL UNIVERSITY OF MINNESOTA HOSPITALS	I. FISHER				3	C3 014		133466
	B. J. BART	1	41	3,664			8,250	
VETERANS ADMIN. ST. PAUL-RAMSEY (ST. PAUL)	I. FISHER	8	91	3,200				
	I. FISHER	9	180	2,059				
	H. RAVITS	1	36	3,471				



## 5. DERMATOLOGY - Continued

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
MINNESOTA - CONTINUED									
ROCHESTER	MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	R. K. WINKELMANN	32	1,221	32,147	3	05 015	7,300	132866
ST. PAUL	ST. PAUL-RAMSEY	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS., MINNEAPOLIS							
MISSOURI									
COLUMBIA	UNIVERSITY OF MISSOURI MEDICAL CENTER	P. C. ANDERSON, L. MILLIKAN	4	110	9,681	3	C3 009	9,000	199466
ST. LOUIS	BARNES HOSPITAL GROUP	A. Z. EISEN	50	250	15,238	3	C3 009	9,500	135366
NEBRASKA									
OMAHA	UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS BISHOP CLARKSON MEMORIAL DOUGLAS COUNTY UNIVERSITY OF NEBRASKA VETERANS ADMIN. EHRLING BERQUIST U.S.A.F. (OFFUTT A.F.B.)	R. M. FUSARO				3	C1 003		137666
								10,344	
NEW HAMPSHIRE									
HANOVER	MARY HITCHCOCK MEMORIAL	W. E. CLENDENNING	11	189	7,408	3	01 004	8,000	137766
NEW YORK									
ALBANY	ALBANY MEDICAL CENTER AFFILIATED HOSPITALS ALBANY MEDICAL CENTER VETERANS ADMIN.	J. J. RUSSO	2	80	3,884	3	C2 006	9,600	141466
BUFFALO	EDWARD J. MEYER MEMORIAL ROSWELL PARK MEMORIAL INSTITUTE	H. L. STOLL, JR. H. L. STOLL, JR.	1 6	17 41	3,731 3,097	3 1	C1 004 C1 001	10,600 8,273	143866 256566
NEW YORK CITY	ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	F. PASS	3 2		4,000 2,000	3	C2 006		193166
MOUNT SINAI HOSPITAL TRAINING PROGRAM	MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST	A. W. GLICK A. W. GLICK I. KANTOR	3 1	90 37	12,000 5,142	3	C1 003	11,000	149066
NEW YORK	NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	F. DANIELS, JR. E. H. MANDEL			10,300	3	C2 006 C3 009	11,200	149266 147366
	UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS UNIT 2 - METROPOLITAN		3	59	9,409				
NEW YORK UNIVERSITY MEDICAL CENTER	BELLEVUE HOSPITAL CENTER UNIVERSITY VETERANS ADMIN. (MANHATTAN)	R. L. BAER R. L. BAER R. L. BAER P. MICHAELIDES	20 17 29	237 345 480	11,488 22,830	3	C9 018		146466
PRESBYTERIAN	ST. LUKE'S HOSPITAL CENTER	C. T. NELSON A. W. YOUNG, JR.	6 4	107 74	23,806 7,692	3 2	C1 004 C1 003	12,805 11,250 11,300	149566 149966
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	L. FRANK L. FRANK L. FRANK Y. LYNFIELD	13 5 31	206 115 481	10,260 1,255 1,197	3	C2 006	11,000 11,000 12,805	142666
VETERANS ADMIN. (BRONX)		H. SHATIN	28	426	2,775	2	C2 004	12,805	262766
NORTH CAROLINA									
CHAPEL HILL	NORTH CAROLINA MEMORIAL	C. E. WHEELER, JR.			7,383	3	C3 008	9,500	190066
DURHAM	DUKE UNIVERSITY MEDICAL CENTER	J. L. CALLAWAY	3	162	3,169	3	C3 009	9,250	152966
OHIO									
CINCINNATI	UNIVERSITY OF CINCINNATI HOSPITAL GROUP CINCINNATI GENERAL	L. GOLDMAN	11	196	5,827	3	C3 009	8,800	154866
CLEVELAND	CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS UNIVERSITY HOSPITALS OF CLEVELAND VETERANS ADMIN. ST. LUKE'S MOUNT SINAI HOSPITAL OF CLEVELAND	B. MICHEL	5 9	159 142	4,442 523	3	C3 009	10,500 9,767	270666
CLEVELAND CLINIC	CLEVELAND METROPOLITAN GENERAL	H. H. ROENIGK, JR. J. R. POMERANZ	10 4	330 74	17,566 8,702	3 3	C3 009 C2 006	9,500 10,000	196866 155366
COLUMBUS	OHIO STATE UNIVERSITY HOSPITALS	E. D. LOWNEY	2	92	14,000	3	C1 004	7,300	156666
OKLAHOMA									
OKLAHOMA CITY	UNIVERSITY OF OKLAHOMA MEDICAL CENTER UNIVERSITY OF OKLAHOMA HOSPITALS VETERANS ADMIN.	M. A. EVERETT	3 2	104 30	12,981 1,149	3	C2 006	8,000	158866

## 5. DERMATOLOGY, - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. C. LOBITZ, JR.				3	C4	012		159966
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		5	102	12,299				6,600	
VETERANS ADMIN.		4	43					8,160	
PENNSYLVANIA									
DANVILLE									
GEISINGER MEDICAL CENTER	R. F. DICKEY	2	18	20,300	3	C2	006	9,300	160866
PHILADELPHIA									
HANNEKAMA MEDICAL COLLEGE AND HOSPITAL	R. FLEISCHMAJER	25	160	7,000	3	01	003	8,500	162766
TEMPLE UNIVERSITY	F. URBACH	18	336	24,523	3	C3	011	10,200	164666
THOMAS JEFFERSON UNIVERSITY	H. A. LUSCOMBE	2	27	3,326	2	C1	002	10,300	163066
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	W. B. SHELLEY				3	C4	012		277266
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	M. H. SAMITZ	3	67	1,450				10,650	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. GOLDSCHMIDT	7	225	8,157				10,650	
PENNSYLVANIA	P. R. GROSS	2	47	2,637				10,200	
PHILADELPHIA GENERAL	H. J. HURLEY	13	177	5,125				9,500	
VETERANS ADMIN.	C. CORNELIUS	5	240	1,200					
PITTSBURGH									
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	P. S. PORTER				3	C2	006		165266
CHILDREN'S HOSPITAL OF PITTSBURGH				15,548					
PRESBYTERIAN-UNIVERSITY HOSPITAL									
PUERTO RICO									
SAN JUAN									
UNIVERSITY DISTRICT	V. TORRES	22	15	17,357	3	C3	009	7,875	
RHODE ISLAND									
PAWTUCKET									
MEMORIAL	SEE BROWN UNIVERSITY AFFILIATED HOSPITALS, PROVIDENCE								
PROVIDENCE									
BROWN UNIVERSITY AFFILIATED HOSPITALS	C. J. MC DONALD				3	C2	008		279166
ROGER WILLIAMS GENERAL	C. J. MC DONALD	5	95	2,411				9,500	
MIRIAM	A. B. KERN, R. P. DAVIS							9,500	
RHODE ISLAND	C. S. SAWYER		13	2,106				9,400	
MEMORIAL (PAWTUCKET)	B. L. SCHIFF			97					
TENNESSEE									
MEMPHIS									
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	E. W. ROSENBERG				3	C2	006		184466
CITY OF MEMPHIS HOSPITALS		2	31	4,457				6,600	
VETERANS ADMIN.		4	70	2,155				8,120	
TEXAS									
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. F. M'LLINS	10	150	10,400	3	C2	006	8,400	171466
HOUSTON									
BAYLOR COLLEGE AFFILIATED HOSPITALS	J. M. KNOX				3	C4	012		171666
BEN TAUB GENERAL	J. M. KNOX	1	20	7,544				7,500	
VETERANS ADMIN.	E. B. SMITH	21	248	3,515				8,100	
VIRGINIA									
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	E. P. CAWLEY	6	123	9,948	3	C2	006	7,260	173766
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	W. K. BLAYLOCK				3	C3	009	7,260	174366
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		30	16	18,400					
VETERANS ADMIN.		5	60	2,360					
WASHINGTON									
SEATTLE									
UNIVERSITY	W. M. BAKER, G. F. ODLAND			2,260	3	C1	004		191866
WEST VIRGINIA									
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. A. WELTON	1	40	2,936	3	C1	003	9,000	183766
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	D. J. CRIPPS				3	C2	006	9,500	177966
UNIVERSITY HOSPITALS	D. CRIPPS, S. JOHNSON	6	154	4,813					
VETERANS ADMIN.	S. A. M. JOHNSON	3	102	1,137					
MARSHFIELD CLINIC (MARSHFIELD)	W. F. SCHORR		120	9,512					
MARSHFIELD									
MARSHFIELD CLINIC	SEE UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS, MADISON								
MILWAUKEE									
VETERANS ADMIN. CENTER (WOOD)	D. W. KERSTING	4	83	6,570	3	C1	005	10,409	290966

## 7. FAMILY PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Family Practice, and the American Academy of Family Physicians, through the Residency Review Committee for Family Practice, as offering THREE years of training.

	Director of Program	Model Family Practice Unit Planned Number of Families			Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
		1st Yr.	2d Yr.	3d Yr.		1st Yr.	All Yrs.		
UNITED STATES NAVY									
FLORIDA NAVAL, JACKSONVILLE	R. W. KNAPP					04	012		181918
NONFEDERAL AND VETERANS ADMINISTRATION									
ARIZONA									
PHOENIX GOOD SAMARITAN	D. F. SCHALLER	500	1,000	1,500		C5	015	9,000	101118
ARKANSAS									
LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER ARKANSAS BAPTIST MEDICAL CENTER ST. VINCENT INFIRMARY UNIVERSITY	J. M. TUDOR, JR.	40	320	640	5,000	20	060	8,400 8,400 7,000	101818
CALIFORNIA									
DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	L. H. ANDRUS	50	100	200		C6	018	9,600	104618
NEWPORT BEACH HOAG MEMORIAL HOSPITAL PRESBYTERIAN	J. F. BRIDGEMAN	25	50	75	11,000	C6	012	11,000	103718
SACRAMENTO									
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS								
SAN BERNARDINO									
SAN BERNARDINO COUNTY GENERAL SANTA MONICA SANTA MONICA HOSPITAL MEDICAL CENTER	W. L. OGDEN		100	100	54,232	20	045	9,600	104718
SANTA ROSA COMMUNITY HOSPITAL OF SONOMA COUNTY	T. L. STERN	50	100	200	17,479	03	009	12,000	106618
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	R. N. HEDGES, JR.	50	100	200	17,479	C6	018	10,200	106518
VENTURA GENERAL HOSPITAL VENTURA COUNTY	W. H. WELCHER	2,800	2,800	2,800	30,812	C5	023	8,400	106818
COLORADO									
DENVER MERCY UNIVERSITY OF COLORADO MEDICAL CENTER	M. CHERINGTON					C3	009		192218
	H. R. BRETTELL		100		150	C0	010	9,200	107618
CONNECTICUT									
NEW HAVEN HOSPITAL OF ST. RAPHAEL	J. MIGNONE					03	009		109018
DISTRICT OF COLUMBIA									
WASHINGTON FREEDMEN'S	W. E. MATORY	300	400	400	2,340	C4	016	10,000	219318
FLORIDA									
DAYTONA BEACH HALIFAX DISTRICT	W. H. HUBBARD	100	200	400	5,721	04	012	8,000	162918
MIAMI									
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS JACKSON MEMORIAL	L. P. CARMICHAEL	50	150	250	68,000	12	036	9,300	110418
ILLINOIS									
BERWYN MAC NEAL MEMORIAL	K. F. KESSEL	86	296	122	3,471	C4	014	9,420	112118
OAK PARK WEST SUBURBAN	A. L. BLRDICK, JR.	150	250	375	3,179	C5	015	9,000	117318
INDIANA									
INDIANAPOLIS METHODIST HOSPITAL OF INDIANA ST. VINCENT'S	R. G. BLANKENBAKER	124	98	228	5,448	C6	012	10,600	118818
	A. A. FISCHER	150	350	700		C2	006	10,620	118918
MUNCIE BALL MEMORIAL	R. L. EGGER, H. E. WARE	28	201		1,414	C4	012	10,000	119218
SOUTH BEND									
MEMORIAL HOSPITAL OF SOUTH BEND ST. JOSEPH'S	L. L. FRANK, JR. N. N. HOLTZMAN	43	52	50	1,041	06 04	014 012	9,600 9,600	119318 119418
KANSAS									
WICHITA ST. JOSEPH HOSPITAL AND REHABILITATION CENTER WESLEY MEDICAL CENTER	J. M. DONNELL G. STEPHENS, C. OSBORNE	25 50	50 75	50 100	21,000	C4 C4	012 017	12,300 9,300	121118 121018
LOUISIANA									
BATON ROUGE LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS EARL K. LONG MEMORIAL	V. G. BYARS					06	018	8,400	122118
MARYLAND									
BALTIMORE UNIVERSITY OF MARYLAND	W. STEWART					02	006	11,100	125218

7. FAMILY PRACTICE - Continued

	Director of Program	Model Family Practice Unit Planned Number of Families			Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
		1st Yr.	2d Yr.	3d Yr.		1st Yr.	All Yrs.		
MASSACHUSETTS									
BOSTON									
HARVARD MEDICAL SCHOOL FAMILY HEALTH CARE PROGRAM	J. J. ALPERT	15	15		8,700	C0	008	7,600	125918
MICHIGAN									
LANSING									
EDWARD W. SPARROW	H. E. CROW, R. LANDICK	901			3,731	C4	012	10,000	131518
MIDLAND									
MIDLAND	R. E. BOWSER	35	55	83	921	C6	018	10,000	196118
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS	R. J. GERARD					C6	018	9,960	132018
SAGINAW GENERAL		10	100	300					
ST. LUKE'S		10	100	300					
ST. MARY'S		10	100	300					
MINNESOTA									
MINNEAPOLIS									
HENNEPIN COUNTY GENERAL UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	E. B. BERGLUND	200	700	1,200		12	018	8,250	132918
UNIVERSITY OF MINNESOTA HOSPITALS	E. W. CIRIACY		200	100	155,327	42	076	8,400	133418
BETHESDA LUTHERAN (ST. PAUL)	E. W. CIRIACY								
FAIRVIEW	A. BELSITO								
METHODIST (ST. LOUIS PARK)	O. MILLER								
ST. JOHN'S (ST. PAUL)	J. FLINN								
ST. MARY'S	R. W. REIF								
ST. LOUIS PARK MEDICAL CENTER	J. LA BREE								
ST. LOUIS PARK	H. RACER								
METHODIST	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS								
ST. PAUL	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS								
BETHESDA LUTHERAN	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS								
ST. JOHN'S	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS								
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	A. S. BAKER			50		C3	009	7,500	199418
NEBRASKA									
OMAHA									
CREIGHTON MEMORIAL ST. JOSEPH'S UNIVERSITY OF NEBRASKA	M. J. HALLER	247				07	014	10,200	137218
	F. LAND	125	560	1,040		10	026	9,000	137418
NEW JERSEY									
FLEMINGTON									
HUNTERDON MEDICAL CENTER	D. POTCHKISS, JR.		60	300	76,985	C5	015	7,000	183818
NEW YORK									
BUFFALO									
DEACONESS HOSPITAL OF BUFFALO	E. R. HAYNES	500	750	1,000	10,502	C8	026	9,500	143718
JOHNSON CITY									
CHARLES S. WILSON MEMORIAL	E. M. WYSO	200	400	800		C6	014	8,800	145218
NEW YORK CITY									
LUTHERAN MEDICAL CENTER	E. FANTA	20	40		1,620	C2	006	11,000	143018
ROCHESTER									
UNIVERSITY OF ROCHESTER SCHOOL OF MED.-HIGHLAND	E. S. FARLEY, JR.	180	700	300	14,000	C6	018		150818
SYRACUSE									
S. U. N. Y. UPSTATE MEDICAL CENTER - ST. JOSEPH'S ST. JOSEPH'S STATE UNIVERSITY	F. S. CALIVA	10	75	20	9,049	10	031	9,700	151818
NORTH CAROLINA									
GREENSBORO									
MOSES H. CONE MEMORIAL HOSPITAL	W. B. HERRING	25	50	150	2,039	C4	013	7,500	194318
OHIO									
AKRON									
AKRON CITY	E. J. SHAHADY	800			6,757	C4	011	9,600	154118
AKRON GENERAL	J. P. SCHLEMMER	50	75	100		C2	006	9,100	
COLUMBUS									
GRANT	A. J. PULTZ				3,044	04	012	8,100	156418
TOLEDO									
FLOWER	F. B. RUBE	50	80	100	3,791	C6	018	7,800	157818
OKLAHOMA									
OKLAHOMA CITY									
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	R. I. LIENKE		2,000	2,000	15,000	C6	018	7,500	158818
UNIVERSITY FAMILY PRACTICE PROGRAM									
UNIVERSITY OF OKLAHOMA HOSPITAL PRESBYTERIAN MERCY									
PENNSYLVANIA									
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	T. L. LEAMAN	15	25	40	15,000	C3	009	9,648	161718
JOHNSTOWN									
CONEMAUGH VALLEY MEMORIAL	T. M. DUGAN	50	100	300	10,133	C3	009	9,000	161618
LANCASTER									
LANCASTER GENERAL	N. J. ZERVANDOS	150			9,274	C3	015	9,500	161818

## 7. FAMILY PRACTICE - Continued

	Director of Program	Model Family Practice Unit Planned Number of Families			Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
		1st Yr.	2d Yr.	3d Yr.		1st Yr.	All Yrs.		
PENNSYLVANIA - CONTINUED									
PITTSBURGH ST. MARGARET MEMORIAL SHADYSIDE	J. A. FERRANTE	35	80	150	800	C2	006	7,800	165618
YORK YORK	W. J. GARNER	30	30	30	2,484	C3	009	8,700	165718
	E. T. LIS, T. M. HART	100	300	400	9,847	C4	018	9,600	167418
SOUTH CAROLINA									
CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA	H. B. CURRY	255	200	50	811	12	036	7,100	168018
SPARTANBURG SPARTANBURG GENERAL	W. C. LOVETT, R. H. TAYLOR	200	200	300	6,723	C8	024	8,400	168518
TENNESSEE									
KNOXVILLE UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	R. F. LASH	2,000	2,000	2,000		C2	006	7,800	183918
TEXAS									
WACO MC LENNAN COUNTY FAMILY PRACTICE PROGRAM PROVINECE HILLCREST BAPTIST VETERANS ADMIN.	J. K. WALKER	7,000	10,000	10,000	20,000	C6	019	8,000	173518
VIRGINIA									
NEWPORT NEWS RIVERSIDE RICHMOND	SEE VA. COMMONWEALTH UNIV. M.C.V. AFFIL. HOSPS., RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS RIVERSIDE (NEWPORT NEWS)	F. MAYO					C8	024	12,000	174318
	E. L. ALEXANDER, JR.	53	138		9,949			9,600	
WASHINGTON									
SEATTLE GROUP HEALTH	J. J. QUINN, R. MONROE	75	150			C2	006	9,600	181118
WISCONSIN									
MADISON UNIVERSITY OF WISCONSIN MEDICAL CENTER UNIVERSITY FAMILY HEALTH SERVICE	J. H. RENNER	200	500	600		C4	012	9,000	177918

## FORENSIC PATHOLOGY

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

## 8. GENERAL PRACTICE

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

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
DISTRICT OF COLUMBIA MALCOLM GROW U. S. A. F. MEDICAL CENTER, WASHINGTON	P. G. KEIL	295	8,667	348,478	2	C2	004		
UNITED STATES ARMY									
NEW JERSEY WALDEN ARMY, FORT DIX	L. M. DIXON	945	26,000	455,775	2	C4	008		100467
UNITED STATES NAVY									
CALIFORNIA NAVAL, CAMP PENDLETON	E. R. KORN	461	12,840	213,659	2	C2	004		100267
UNITED STATES PUBLIC HEALTH SERVICE									
NEW MEXICO U. S. PUBLIC HEALTH SERVICE INDIAN, GALLUP				73,627	2	C4	008		255167
VIRGINIA U. S. PUBLIC HEALTH SERVICE, NORFOLK	C. R. GARFIELD	142	3,306	75,092	2	C3	006		184567
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA BIRMINGHAM CARRAWAY METHODIST	D. O. BRIGGS, JR.	371	13,357		2	C2	004	10,200	100667

## 8. GENERAL PRACTICE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	P. DUNFORD	241	9,187	55,816	2	C2 004	12,000	192167
LOS ANGELES								
QUEEN OF ANGELS	D. G. VOEGELE	101		3,579	2	C1 002	12,000	103667
MARTINEZ								
CONTRA COSTA COUNTY MEDICAL SERVICES	R. K. FUJIMOTO	248	11,867	199,812	2	10 018		207167
MODESTIC								
SCENIC GENERAL	L. R. MARTIN	119	3,733	35,747	2	C5 015	14,400	207567
RIVERSIDE								
RIVERSIDE GENERAL	D. L. JCHN	247	9,721	10,113	2	C4 012	10,600	185067
SALINAS								
GENERAL HOSPITAL OF MONTEREY COUNTY	C. J. LEONARD				2	05 010		210267
SANTA BARBARA								
SANTA BARBARA GENERAL-COTTAGE HOSPITALS	S. B. CHIRMAN				2	C3 006	10,600	106467
SANTA BARBARA COTTAGE SANTA BARBARA GENERAL		127	5,372					
		168	2,910	11,869				
SANTA ROSA								
COMMUNITY HOSPITAL OF SONOMA COUNTY					2	C1 002		106567
COLORADO								
COLORADO SPRINGS								
ST. FRANCIS	R. W. URICH				2	C1 002		214767
DENVER								
MERCY	E. SCHULMAN, M. CHERINGTON	303	15,576	19,475	2	C2 004	7,400	192267
ST. ANTHONY	W. E. EATON	414	24,282	4,532	2	C3 006	9,200	107367
ST. JOSEPH	M. E. MC DOWELL	473	22,790	10,327	2	C2 004	9,200	107467
CONNECTICUT								
BRIDGEFORD								
BRIDGEPORT	F. F. NORTHMAN	477	23,404	19,172	2	C2 004	10,350	107967
DANBURY								
DANBURY		88	3,311	1,085	2	C3 006	9,600	108167
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	D. T. WALTERS	86	2,413	5,397	2	03 009	9,400	109967
DISTRICT OF COLUMBIA								
WASHINGTON								
ROGERS MEMORIAL	J. H. CHOI	87	3,336	6,736	2	03 006	11,000	220567
FLORIDA								
JACKSONVILLE								
ST. VINCENT'S	F. L. PICHLER	357	20,302	129,245	2		8,100	110367
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. J. ALFORD	252	10,794	194,738	2	C1 002	8,600	110167
ST. PETERSBURG								
BAYFRONT MEDICAL CENTER	K. A. BAKER	137	4,345	621	2	C2 004	10,080	191167
GEORGIA								
COLUMBUS								
MEDICAL CENTER	C. D. CABANISS	436	19,442	28,600	2	C3 006	10,200	111867
MACON								
MACON	C. R. IRELAND	423	22,241	34,038	2	C4 012	9,600	112067
ILLINOIS								
CHICAGO								
GRANT	L. C. JOHNSTON	138	3,633	11,270	2	C8 014	10,320	113267
JACKSON PARK	M. I. SHAPIRO	171	6,328	1,494	2	C4 008	12,000	224567
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER	323	9,950	21,580	2	C4 008	11,300	184667
NORWEGIAN-AMERICAN	G. T. MURPHY	184	7,715	9,488	2	C6 008	10,200	224967
RAVENSWOOD	W. F. BOEHM	113	3,437	1,323		C6 012	10,600	114967
ST. ELIZABETH'S	W. F. KONDRATOWICZ	120	4,036	767	2	C3 004	9,000	115367
SWEDISH COVENANT	P. D. ANDERSON	222	8,561	16,643	2	C2 006	8,100	115967
EVANSTON								
ST. FRANCIS	J. W. O' DONNELL	403	14,854	39,578	2	C1 002	10,600	116867
DAKOTA								
WEST SUBURBAN	R. C. MUEHRCKE	324	13,338	3,179	2	C6 012	9,500	117367
PEORIA								
METHODIST HOSPITAL OF CENTRAL ILLINOIS	D. R. BORDEAUX	230	8,510	2,115	2	04 008	6,000	226767
ST. FRANCIS	C. F. NEUHOFF	194	5,681	1,366	2	C2 004	8,200	117567
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	G. T. LUKEMEYER				2	C2 004	9,500	118767
SOUTH BEND								
ST. JOSEPH'S	N. HOLTZMAN	294	11,854	54,775	2	C4 012	12,000	119467
IOWA								
DES MOINES								
BROADLAWNS POLK COUNTY	S. L. SANDS	112	5,051	22,379	2	03 006	8,800	119967
KANSAS								
WICHITA								
ST. FRANCIS	C. C. SCHOPF	656	26,844	12,487	2	C3 006	9,300	120967
LOUISIANA								
PINEVILLE								
HUEY P. LONG CHARITY	T. ERTAN	114	7,163	81,715	2	C6 006	9,600	232367

## 8. GENERAL PRACTICE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MAINE PORTLAND MAINE MEDICAL CENTER	R. H. PAWLE				2	C2	004	8,505	123667
MARYLAND BETHESDA SUBURBAN	E. P. LIBRE	289	16,331	2,965	2	C2	004	10,200	125367
MICHIGAN DEARBORN OAKWOOD	E. W. DURHAM	85	4,698	1,530	2	C3	006	10,800	194667
DETROIT EVANGELICAL DEACONESS KIRKWOOD GENERAL	J. F. FENNESSEY T. M. BATCHELOR	152	5,430	1,318	2	C4	008	9,960	129767
FLINT HURLEY ST. JOSEPH RIVER ROUCE SIDNEY A. SUMBY MEMORIAL	P. S. THOMS L. E. SIMONI J. L. LCDMIS	362	15,280	13,468	2	C2	004	8,900	130767
MINNESOTA ST. PAUL ST. LUKE'S	R. J. HOULE	266	8,127	9,982	2	C6	010	10,200	133967
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER	A. S. BAKER				2	C3	009		199467
KANSAS CITY MEMORAH MEDICAL CENTER TRINITY LUTHERAN ST. LOUIS LUTHERAN	L. FORMAN J. H. HILL G. A. KOEHLER	279 219	11,478 7,860	14,079 7,341	2	C2	002		134567
NEW JERSEY HOBOKEN ST. MARY MCNTCLAIR MCOUNTAINSIDE MORRISTOWN MORRISTOWN MEMORIAL PERTH AMBOY PERTH AMBOY GENERAL PHILLIPSBURG WARREN PRINCETON PRINCETON SOMERS POINT SHORE MEMORIAL SOMERVILLE SOMERSET SUMMIT OVERLOOK	F. CACACE D. N. BURBANK J. ALKHAAS H. A. CROMWELL E. B. LORENTZ H. ROTHBERG S. GOSIN B. S. MILLER W. B. NESTLER	231 315 371 468 193 204 178 271	8,902 12,726 17,331 18,785 7,898 11,048 8,317 15,367	6,600 14,012 26,057 11,926 2,228 3,051 21,807 52,828	2 2 2 2 2 3 2 2	C2 C2 C2 C2 C3 C4 C3 C2	004 004 004 004 006 009 006 004	9,500 8,100 8,400 5,500 8,400 8,800 10,400 12,000	138867 139367 139467 187367 253167 136667 253767 193467
NEW MEXICO LOS ALAMOS LOS ALAMOS MEDICAL CENTER	C. SHAFER	30	2,200	2,000	2	C2	002	10,000	255367
NEW YORK BUFFALO MILLARD FILLMORE GLEN COVE COMMUNITY HOSPITAL AT GLEN COVE YONKERS YONKERS GENERAL	J. R. NUNN F. X. MOORE S. A. SOROKOFF				2	C2	004	10,000	144067
NORTH CAROLINA CHARLOTTE CHARLOTTE MEMORIAL	B. L. GALUSHA	160	6,303	24,654	2	C2	004	9,300	152767
OHIO AKRON AKRON GENERAL ST. THOMAS BARBERTON BARBERTON CITIZENS	M. C. MORGAN C. A. EAST L. J. JANCHAR, D. ZELLING	24 145 324	775 4,266 15,847	5,200 5,189	2	C3 C2	006 004	9,600 10,530	154267 154367
CINCINNATI UNIVERSITY OF CINCINNATI HOSPITAL GROUP CINCINNATI GENERAL	J. W. AGNA	300		95,455	2	C6	012	8,800	154867
CLEVELAND FAIRVIEW GENERAL POLYCLINIC ST. JOHN'S	J. P. FRACKELTON R. V. BACHMAN R. J. MCCAFFERY	412 112 303	17,149 3,674 11,888	14,679 5,405 6,360	2	C3 C3 C6	006 009 018	11,400 12,000 11,400	155467 270167 155967
COLUMBUS MOUNT CARMEL RIVERSIDE METHODIST DAYTON GOOD SAMARITAN MIAMI VALLEY	J. F. MASON R. E. HEERING B. A. KLEINMAN, R. KAHN J. WORTHMAN	406 22 183 621	15,988 667 6,049 23,266	19,080 18	2	C3 C1	003 003	8,150 8,900	156567 156767
ELYRIA ELYRIA MEMORIAL EUCLID EUCLID GENERAL RAVENNA ROBINSON MEMORIAL PORTAGE COUNTY	W. H. SIGALOVE G. C. POORE K. F. RUPP, F. MC KEEHAN	143 300 212	9,043 12,202 13,050	3,363 2,639 25,980	2	C3 C4 C6	006 012 015	8,400 10,200 10,200	190167 155567 271767

## 8. GENERAL PRACTICE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered		Annual Salary (Min.)	NIRMP Number
						1972-1973 1st Yr.	All Yrs.		
OHIO - CONTINUED									
TCLEDD MERCY	T. G. KLEVER	343	16,763	2,759	2	C4	008	10,200	158067
ST. CHARLES	M. YUCE	234	9,026	3,005	2	C2	004	10,200	195167
TCLEDD	J. B. GIBBS	480	20,642	11,730	2	C2	002	10,200	158367
WARREN TRUMBULL MEMORIAL	R. R. LEWIS	367	16,922	4,744	2	C4	008	10,600	198067
YOUNGSTOWN ST. ELIZABETH	A. RANDELL, H. L. SHORR	515	22,077	10,093	2	C1	002	10,600	158467
OKLAHOMA									
OKLAHOMA CITY UNIVERSITY OF OKLAHOMA MEDICAL CENTER	I. H. BROWN	304	11,038	121,243	2	C2	004	8,000	158867
OREGON									
PORTLAND ST. VINCENT HOSPITAL AND MEDICAL CENTER	D. B. MILLER, JR.	278	13,600		2	C2	005	9,000	159867
PENNSYLVANIA									
ABINGTON ABINGTON MEMORIAL	R. B. LUTZ, JR.	18	620	1,428	2	C1	002	8,900	160067
ALTOONA ALTOONA	P. W. HOEVLER	367	13,458	18,775	2	C3	006	10,800	160367
BRISTOL LOWER MUCKS COUNTY	W. A. CAPPIELLO	266	14,394	4,362	2	C4	006	9,000	197467
DREXEL HILL DELAWARE COUNTY GENERAL	J. H. A. BOMBERGER				2	C2	004		185867
LANCASTER LANCASTER GENERAL	J. H. ESBENSHADE, JR.	387	17,369	9,274	2	C2	004	10,100	161867
MORRISTOWN MONTGOMERY	R. E. CARLSON	246	12,150	107,247	2	C2	004	10,500	162167
SACRED HEART	B. R. MARGER	112	5,653	3,349	2	C4	008	9,600	274967
PHILADELPHIA ST. AGNES	J. P. COSSA	244	7,590	11,099	2	C1	002	10,200	164267
POTTSVILLE GOOD SAMARITAN	N. M. WALL	219	9,874	39,480	2	C3	006	11,400	277767
POTTSVILLE HOSPITAL AND WARNE CLINIC	E. W. CUBLER	279	9,366	26,620	2	C2	004	9,600	184767
READING ST. JOSEPH'S	J. WILLIAMS	283	11,015	12,701	2	C3	007	6,000	277967
PUERTO RICO									
SAN JUAN UNIVERSITY DISTRICT	L. HADDOCK	350	16,728	114,521	2	C2	003	7,875	
SOUTH CAROLINA									
GREENVILLE GREENVILLE GENERAL	P. S. SNAPE	111	3,970	6,776	2	C3	006		168367
TEXAS									
EL PASO R. E. THOMASON GENERAL						C1	002		171067
FORT WORTH JOHN PETER SMITH	W. W. GOLDMAN, JR.	179	10,261	84,581	2	C8	016	10,320	171167
HOUSTON MEMORIAL BAPTIST	A. T. TALLEY, JR.	730	41,213	12,000	2	C3	005	10,800	198267
UTAH									
OGDEN MC KAY-DEE HOSPITAL CENTER	G. N. STAGG				2	C1	002		172867
SALT LAKE CITY LATTER-DAY SAINTS	J. H. COOK	531	28,200	8,562	2	C2	004	8,900	172967
VIRGINIA									
NEWPORT NEWS RIVERSIDE	E. L. ALEXANDER, JR.				2	C3	006		173967
NORFOLK DE PAUL	H. HORDEN	143	7,309	19,836	2	C1	002	9,900	174067
NORFOLK COMMUNITY	O. W. HOFFLER	166	4,979	8,442	2	C2	004	10,700	287167
NORFOLK GENERAL	A. CICCONE	655	25,681	4,163	2	C4	008	10,500	174167
PORTSMOUTH MARYVIEW	C. N. PSIMAS	243	9,406		2	C4	008	9,600	287567
PORTSMOUTH GENERAL	B. L. CANAGA, JR.	234	9,638	16,731	2	C6	010	10,200	287767
ROANKE ROANKE MEMORIAL HOSPITALS	C. L. CROCKETT, JR.	50	1,473	13,397	2	C4	008	6,600	174867
SUFFOLK LOUISE OBICI MEMORIAL	B. L. CRITZER	165	6,787	19,962	2	C3	007	9,600	288567
WASHINGTON									
SEATTLE PROVIDENCE	W. E. LACY	263	13,878	2,347	2	C2	004	9,840	175367
WEST VIRGINIA									
SOUTH CHARLESTON HERBERT J. THOMAS MEMORIAL	J. J. SCHAEFER	197	9,605	1,350	2	C2	004	8,400	290367
WHEELING WHEELING	J. TRAUBERT	193	7,323		2	C2	004	8,400	177067
WISCONSIN									
MILWAUKEE EVANGELICAL DEACONESS	J. T. BOTTICELLI	97	3,385	1,832	3	C2	006	9,500	178267
ST. MICHAEL	N. B. BAUCH, F. E. BERRIDGE	258	11,157		2	C6	012	8,700	179167



## APPROVED RESIDENCIES

## 9. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE							
ARIZONA							
U. S. AIR FORCE, TUCSON	SEE VETERANS ADMIN., TUCSON						
CALIFORNIA							
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	M. B. MILLER	100	3,601	71,643	C3 009		
MISSISSIPPI							
U.S.A.F. MEDICAL CENTER, BILOXI	R. O. AMDALL	83	2,391	78,633	C3 007		
TEXAS							
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	R. F. FITCH	249	6,124	180,000	C8 021		
UNITED STATES ARMY							
CALIFORNIA							
LETTERMAN GENERAL, SAN FRANCISCO	J. J. DELLER, JR.	116	2,527	158,418	C6 018		100468
COLORADO							
FITZSIMONS GENERAL, DENVER	J. J. BERGIN	337	4,328	129,484	C6 018		100468
DISTRICT OF COLUMBIA							
WALTER REED GENERAL, WASHINGTON	R. W. BLOHM, A. J. OGNIBENE	235	5,166	168,105	10 030		100468
HAWAII							
TRIPLER GENERAL, HONOLULU	O. BARRETT, JR.	184	4,768	150,892	C6 018		100468
TEXAS							
WILLIAM BEAUMONT GENERAL, EL PASO	J. E. HILL, JR.	144	4,582	81,981	C6 018		100468
BROCKE GENERAL, SAN ANTONIO	R. L. NORTH	184	4,270	73,026	16 040		100468
WASHINGTON							
MADIGAN GENERAL, TACOMA	E. B. COOPER	332	15,050	68,221	C6 018		100468
UNITED STATES NAVY							
CALIFORNIA							
NAVAL, OAKLAND	G. E. GORSLICH	141	2,267	32,936	C4 013		181368
NAVAL, SAN DIEGO	D. C. KENT	360	6,917	32,728	C8 027		181468
ILLINOIS							
NAVAL, GREAT LAKES	R. H. EASTERDAY	239	3,166	15,856	C4 008		182168
MARYLAND							
NAVAL, PETHESDA	L. M. FOX	128	2,681	98,010	C6 017		182368
MASSACHUSETTS							
NAVAL, CHELSEA	J. M. YCLING	115	1,676	18,892	C3 009		182568
PENNSYLVANIA							
NAVAL, PHILADELPHIA	W. J. JACOBY, JR.	120	2,525	12,731	C6 024		183168
VIRGINIA							
NAVAL, PORTSMOUTH	C. J. T. HORGAN	302	3,625	95,594	C6 016		183268
UNITED STATES PUBLIC HEALTH SERVICE							
CALIFORNIA							
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	K. H. HYATT	121	2,232	17,659	C6 016		100168
LOUISIANA							
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	S. J. HERBERT	129	2,066	13,681	C3 009		183568
MARYLAND							
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	S. FOREMAN	85	1,850	48,000	C4 010		183668
MASSACHUSETTS							
U. S. PUBLIC HEALTH SERVICE, BOSTON	R. H. THURM	42	892	4,642	C1 003 13,416		184068
NEW YORK							
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	E. V. GEAR	132	2,220	21,794	C7 016		184168
WASHINGTON							
U. S. PUBLIC HEALTH SERVICE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE						
OTHER FEDERAL							
CANAL ZONE							
GORGAS, BALBOA HEIGHTS	C. M. DE CASTRO	61	2,289	22,014	C2 006 11,386		180668
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
CARRAWAY METHODIST	R. TIESZEN	91	3,555	4,941	C4 008 10,200		100668
UNIVERSITY OF ALABAMA MEDICAL CENTER	T. J. REEVES				18 044 8,200		100768
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		91	3,326	22,519			
VETERANS ADMIN.		140	3,228	18,095			

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ALABAMA - CONTINUED								
FAIRFIELD								
LLYOY NCLANC	C. E. PORTER	114	3,826	30,351	C2	006	11,400	100868
MOBILE								
MOBILE GENERAL	J. M. MC GEHEE	61	2,135	9,527	C2	006	9,240	185268
ARIZONA								
PHOENIX								
GOOD SAMARITAN	F. T. FLEGG	194	7,786	2,389	C3	005	10,200	101168
MARICOPA COUNTY GENERAL	J. W. HEATON, JR.	136	3,134	33,621	C6	018	10,795	189868
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	J. W. SMITH	188	7,080	6,132	C5	009	10,200	101268
VETERANS ADMIN.		102	1,518	1,541	C2	006	10,278	201968
TUCSON								
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	D. J. CROSBY				06	014	9,600	101468
PIMA COUNTY GENERAL		45	1,345	31,050				
ST. MARY'S		99	3,935	1,811				
TUCSON MEDICAL CENTER		151	5,769	8,568				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. F. DENNY				C6	016		101568
U. S. A. F. REGIONAL	O. A. THORUP	15	1,731	6,572				
UNIVERSITY	W. F. DENNY							
VETERANS ADMIN.	W. F. DENNY	145	2,359	18,084			8,400	
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER					C8	024		101868
UNIVERSITY	R. S. ABERNATHY	49	1,712	9,988			7,000	
VETERANS ADMIN. CONSOLIDATED	R. S. ABERNATHY, J. BATES	160	2,797	2,892			7,153	
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	P. PISES	47	1,289	11,416	C4	008	12,000	192168
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	R. J. BOLT	73	3,522	25,316	1C	030	10,344	104668
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	R. K. LARSON	60	2,262	18,414	C4	012	13,416	102268
LOMA LINDA								
LOMA LINDA UNIVERSITY	H. A. ELDER	173	5,315	83,584	13	027	9,970	102468
LONG BEACH								
MEMORIAL HOSPITAL OF LONG BEACH	M. COHEN	220	4,957	394	C4	009	11,200	102768
ST. MARY'S LONG BEACH	R. S. SWERDLOFF	89	4,171	10,495	02	007	11,000	102568
VETERANS ADMIN.	G. H. WHIPPLE		7,353	30,283	20	067	11,905	204968
LOS ANGELES								
CEDARS-SINAI MEDICAL CENTER	C. R. KLEEMAN				10	026	12,000	103C68
CEDARS OF LEBANON HOSPITAL DIVISION		310	13,468	22,299				
MOUNT SINAI HOSPITAL DIVISION		201	4,763					
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	S. CRYST	132	4,800	14,509	C3	006	13,656	103268
KAISER FOUNDATION	M. YETTRA	152	5,220	222,456	C6	016	10,800	205568
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	T. H. BREM	591	36,678	88,998	40	121	13,746	103368
U. C. L. A.	W. N. VALENTINE	127	4,184	25,744	18	038	8,900	195668
VETERANS ADMIN. (SEPULVEDA)	M. C. GEOKAS	161	2,944	22,520	C7	025	11,905	206968
VETERANS ADMIN. CENTER-WADSWORTH	S. DAYTON	307	7,964	7,943	18	076	11,905	103968
WHITE MEMORIAL MEDICAL CENTER	V. L. DE QUATTRO				C2	006		104068
MARTINEZ								
VETERANS ADMIN.	E. R. MOVITT	180	2,953	15,900	C4	007	9,876	207368
OAKLAND								
HIGHLAND GENERAL	H. O. CUTTING	140	5,405	55,685	C6	012	9,156	104168
KAISER FOUNDATION	M. A. SHEARN	74	2,125	192,468	C6	011	9,980	104268
DRANGE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	L. W. HEATHER	120	4,798	22,727	10	028	13,000	104368
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PANDRAMA CITY								
KAISER FOUNDATION	P. ROTH	100	3,484	150,081	C3	008	12,000	208968
PASADENA								
HUNTINGTON MEMORIAL	R. J. BING	103	4,278	16,970	C5	015	11,000	104468
RIVERSIDE								
RIVERSIDE GENERAL	D. L. JDHN	85	1,451	8,550	C6	013	10,600	185068
SACRAMENTO								
KAISER FOUNDATION	H. F. HURD				C3	009		209768
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN BERNARDINO								
SAN BERNARDINO COUNTY GENERAL	J. P. DRINKARD	70	2,000	14,387	C4	012	10,600	104768
SAN DIEGO								
MERCY HOSPITAL AND MEDICAL CENTER	J. GELLER	116	5,145	9,288	04	008	9,300	104868
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	E. BRAUNWALD	116	4,222	14,764	20	044	8,900	104968
SAN FRANCISCO								
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	H. I. GRIFFEATH	65	2,600	10,000	03	008	9,900	105068
KAISER FOUNDATION	M. J. JANIN	73	2,550	170,603	C6	013	9,500	195968
MOUNT ZION HOSPITAL AND MEDICAL CENTER	S. LEVIN	179	5,621	14,915	C6	012	9,760	105468
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	J. J. KELLY, JR.				C7	016	8,600	106168
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER		145	3,863	26,936				
PACIFIC MEDICAL CENTER - PRESBYTERIAN		54	2,486	13,847				

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA, SAN FRANCISCO - CONTINUED								
ST. MARY'S HOSPITAL AND MEDICAL CENTER	J. J. FURLONG	115	3,720	12,967	C3	009	9,000	105768
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MCFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	L. H. SMITH, JR.				24	082		212568
SAN FRANCISCO GENERAL VETERANS ADMIN.	L. H. SMITH, JR.	94	3,051	31,065			8,900	
	H. WILLIAMS	192	4,271	41,217			9,921	
	L. H. SMITH, JR.	107	2,163	2,556			9,030	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	R. A. O'REILLY	161	2,896	22,183	C5	011	10,524	106368
SANTA BARBARA								
SANTA BARBARA GENERAL-COTTAGE HOSPITAL'S	W. URE				04	010	10,600	106468
SANTA BARBARA GENERAL SANTA BARBARA COTTAGE		104	1,000	9,270				
		127	5,372					
SANTA CLARA								
KAISER FOUNDATION STANFORD	E. WOLFE				C3	007		213568
STANFORD UNIVERSITY AFFILIATED HOSPITALS								
STANFORD UNIVERSITY	H. R. HOLMAN	66	2,378	12,404	12	026	8,480	189968
VETERANS ADMIN. (PALO ALTO)	H. R. HOLMAN	61	1,292	3,378			9,260	
	K. B. TAYLOR							
STOCKTON								
SAN JOAQUIN GENERAL	L. ARMANING	41	2,174	12,646	C4	009	10,386	102168
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	D. SCLIMON	142	9,288	33,056	14	046	13,656	106768
COLORADO								
DENVER								
PRESBYTERIAN MEDICAL CENTER	H. B. KENNISON	154	6,128	528	C6	015	9,200	107268
ST. JOSEPH	M. E. MC DOWELL	187	7,757	1,624	C3	007	9,200	107468
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	G. MEIKLEJOHN				18	045		107668
DENVER GENERAL	A. B. ORGANICK	65	1,992	14,932				
UNIVERSITY OF COLORADO MEDICAL CENTER	G. MEIKLEJOHN	78	2,957	27,564			9,200	
VETERANS ADMIN.	H. P. WARD	101	2,610	26,040			8,003	
CONNECTICUT								
BRIDGEPORT								
BRIDGEPORT	P. E. PERILLIE	197	5,410	6,231	C4	015	10,350	107968
ST. VINCENT'S	M. GARRELL	124	4,956	2,420	03	016	10,500	108068
GREENWICH								
GREENWICH	J. G. MURRAY	119	3,736	5,033	C3	008	10,250	108268
HARTFORD								
HARTFORD	R. REINFRAK, A. BELLUCCI	265	6,822	9,854	10	026	5,800	108368
MOUNT SINAI	S. H. BERNSTEIN	65	1,360	1,500	C3	008	10,000	185468
ST. FRANCIS	S. B. SULAVIK	146	3,855	4,826	C8	015	7,800	108568
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	J. E. C. WALKER				C8	018	9,720	109468
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		94	2,949	6,126				
VETERANS ADMIN. (NEWINGTON)		85	1,603	15,849				
NEW BRITAIN								
NEW BRITAIN GENERAL	H. LEVINE	156	4,740	5,680	C3	008	9,000	108868
NEW HAVEN								
HOSPITAL OF ST. RAPHAEL	D. S. COCK	142	4,426	13,439	09	028	10,450	109068
LAUREL HEIGHTS (SHELTON)	H. L. EHRENKRANTZ	97	184	1,525			11,336	
YALE-NEW HAVEN MEDICAL CENTER	P. K. BONDY				18	036		108968
YALE-NEW HAVEN	P. K. BONDY	177	6,055	26,435			10,450	
VETERANS ADMIN. (WEST HAVEN)	P. K. BONDY	85	1,830	6,511			10,543	
NEWINGTON								
VETERANS ADMINISTRATION	SEE UNIV. OF CONNECTICUT AFFIL. HOSPITALS, HARTFORD							
NORWALK								
NORWALK	M. H. FLOCH	131	5,009	2,029	C4	015	9,000	109368
SHELTON								
LAUREL HEIGHTS	SEE HOSPITAL OF ST. RAPHAEL, NEW HAVEN							
STAMFORD								
STAMFORD	M. G. MAGIDA	264	3,634	6,943	C4	009	10,325	109568
WATERBURY								
ST. MARY'S	R. L. PISCATELLI	157	4,895	6,969	C4	010	8,200	109668
WATERBURY	G. F. THORNTON	146	5,123	2,929	C4	010	10,100	109768
WEST HAVEN VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON	R. B. FLINN	251	7,282	33,025	C6	014	9,900	109568
WILMINGTON MEDICAL CENTER								
DISTRICT OF COLUMBIA								
WASHINGTON								
DISTRICT OF COLUMBIA GENERAL GEORGETOWN UNIVERSITY SERVICE	R. F. DONOHUE	76	1,924		10	015	10,710	179968
GEORGE WASHINGTON UNIVERSITY SERVICE	M. C. CORN	88	1,842		C7	014	10,710	179905
HOWARD UNIVERSITY SERVICE	E. C. NASH	56	1,096		C6	014	10,710	179906
DOCTORS	C. W. JONES, J. CALATAYUD	130	3,525	1,102	C9	016	9,000	179468
FREEDMEN'S	W. L. HENRY, JR.	97	2,419	18,506	12	033	10,700	219368
GEORGETOWN UNIVERSITY	I. B. BRICK	106	3,042	10,262	12	021	10,000	180168
GEORGE WASHINGTON UNIVERSITY	W. N. JENSEN	152	4,513	34,733	12	041	9,500	180268
PROVINCENCE	H. WEISS	146	3,458	7,039	C4	010	10,000	180368
VETERANS ADMIN.	H. ZIMMERMAN	206	2,992	38,345	10	051	9,724	220768
WASHINGTON HOSPITAL CENTER	J. A. CURTIN	207	5,304	16,803	11	028	9,500	180068

9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
FLORIDA GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	L. E. CLUFF				10	024		183468
WILLIAM A. SHANCS TEACHING HOSP. AND CLINICS	L. E. CLUFF	47	3,023	7,857			8,300	
VETERANS ADMIN.	W. C. THOMAS, JR.	93	2,778	18,383			7,137	
JACKSONVILLE JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	W. R. KEENE				17	028	8,600	221368
BAPTIST MEMORIAL	F. S. MONSOUR	120	4,615	17				
ST. LUKE'S	G. IRA, JR., W. R. KEENE	87	2,271					
ST. VINCENT'S	W. R. KEENE							
UNIVERSITY HOSPITAL OF JACKSONVILLE	W. R. KEENE	47	1,494	17,714				
MIAMI UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	J. SANDERS				35	119		110468
JACKSON MEMORIAL	W. J. HARRINGTON	209	6,455	48,407			5,800	
VETERANS ADMIN.	S. PAPPER	161	4,078	18,607			8,975	
MIAMI BEACH MOUNT SINAI HOSPITAL OF GREATER MIAMI	D. S. KUSHNER	322	9,563	9,465			9,900	110468
ORLANDO ORANGE MEMORIAL	M. LEVY	170	6,252	6,251	C3	009	9,000	110768
PENSACOLA PENSACOLA EDUCATIONAL PROGRAM	N. VICKERS, J. W. HALL				C2	006	10,200	182668
BAPTIST		105	4,139	1,971				
SACRED HEART		69	3,778	1,642				
UNIVERSITY		32	2,763	16,427				
TAMPA TAMPA GENERAL	L. KAHANA	106	6,599	3,854	C3	005	8,925	110968
GEORGIA ATLANTA CRAWFORD W. LONG MEMORIAL EMORY UNIVERSITY AFFILIATED HOSPITALS	H. S. RAMOS	145	4,824	8,996	C4	009	8,400	111168
EMORY UNIVERSITY	J. W. HURST	98	3,163		32	062	8,400	111768
GRADY MEMORIAL	J. W. HURST	138	3,920	44,919				
VETERANS ADMIN.	J. C. CRUTCHER	176	4,084	20,635				
GEORGIA BAPTIST	G. FLETCHER	100	3,396	720	C2	006	7,500	111268
AUGUSTA MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. J. BOLLET				16	031		222368
EUGENE TALMADGE MEMORIAL	A. J. BOLLET	67	1,572	2,124			8,100	
UNIVERSITY	A. J. BOLLET	78	2,786	10,557				
VETERANS ADMIN.	L. G. HORAN	202	1,765	1,342			7,600	
SAVANNAH MEMORIAL MEDICAL CENTER	J. T. WALLER	184	5,106	13,565	C2	006	7,800	197168
HAWAII HONOLULU QUEEN'S MEDICAL CENTER	J. A. ORBISON	91	3,570	13,085	C6	012	10,500	180868
ST. FRANCIS	H. H. CHUN, H. H. C. FONG	123	3,916	17,524	04	008	10,500	180968
ILLINOIS CHICAGO CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	P. FREEDMAN	127	3,152	14,650	C9	018	9,700	114468
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	H. P. RUSSE				C4	013	10,600	112668
COLUMBUS - CUNED MEDICAL CENTER		156	4,260	8,600				
COLUMBUS		53	2,435	4,950				
FRANK CUNEO		490	18,193	41,246	20	080	10,900	112768
COOK COUNTY	R. M. GUNNAR	167	4,610	4,924	C8	016	10,000	113768
ILLINOIS MASONIC MEDICAL CENTER	S. M. KAHN	170	4,917	9,297	C8	024	11,300	184668
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER							
MERCY HOSPITAL AND MEDICAL CENTER	W. F. CERNOCK, H. DIZADJI	180	4,424	12,905	C6	013	10,200	114168
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	E. REISS	327	7,710	30,202	15	033	10,850	114268
NORTHWESTERN UNIVERSITY MEDICAL CENTER	D. P. EARLE				32	080		224768
CHICAGO WESLEY MEMORIAL	G. HOLLIFIELD		4,643				11,000	
PASSAVANT MEMORIAL	O. PAUL	116	3,263	35,149			11,000	
VETERANS ADMIN. RESEARCH	C. W. BORDEN	189	3,928	3,663			10,500	
EVANSTON (EVANSTON)	L. F. JOURDONAIS	204	6,572	5,192			11,500	
PREBYTERIAN-ST. LUKE'S	T. B. SCHWARTZ	281	7,709	27,579	18	033	9,946	114768
ST. JOSEPH	D. KESSLER	275	6,220	9,119	C8	018	10,600	115568
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	A. R. TARLOV	153	4,119	37,403	13	C28	10,000	116068
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	M. D. BOGDONOFF				16	040		115068
UNIVERSITY OF ILLINOIS	M. D. BOGDONOFF	65	1,566	35,565			10,560	
VETERANS ADMIN. (WEST SIDE)	M. D. BOGDONOFF, C. G. PILZ	223	3,072	38,929			5,600	
EVANSTON EVANSTON ST. FRANCIS	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO				C6	012	10,600	116868
HINES VETERANS ADMIN.	B. T. HEFFERNAN	164	4,948	8,053				
MAYWOOD LOYOLA UNIVERSITY	A. LITTMAN	420	7,376	15,168	12	060	5,600	225768
PEORIA ST. FRANCIS	J. R. TOBIN, JR.	58	1,658	6,947	C5	018	9,600	117068
	D. E. RAGER	253	6,826	41,585	C3	009	8,200	117568

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER								
	W. J. DALY				16	040		118768
	W. J. DALY	76	1,986	6,469			9,500	
	C. E. TEST		3,077	62,078			9,500	
	W. J. DALY	279	4,977	5,515			10,750	
	R. W. CAMPBELL	314	7,986	4,867	04	014	10,600	118868
	S. R. STOUER				03	009		118968
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS								
	J. CLIFTON	152	5,361	34,538	22	036	9,500	120368
	J. S. THOMPSON	154	2,615	6,382				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER								
	C. W. GURNEY	130	4,674	30,041	16	044	9,500	120868
	H. O. LEWIS	140	3,525	2,863			9,500	
MICHIGAN								
ST. FRANCIS HOSPITAL-WESLEY MEDICAL CENTER								
	W. C. GOODPASTURE	386	13,582	1,491	06	018	9,300	229968
		197	7,507	3,764				
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER								
	J. W. HOLLINGSWORTH	79	2,557	15,135	12	024	8,000	184868
	J. W. HOLLINGSWORTH	150	1,107	4,129			8,300	
	W. H. NICKELL							
LOUISVILLE								
ST. JOSEPH INFIRMARY								
	R. D. WOLFE	154	5,830	3,885	03	009	8,900	122068
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS								
	W. H. ANDERSON	67	2,296	21,157	12	030	8,100	121768
	J. J. MARTIN, JR.	133	2,349	12,555			7,920	
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA								
	F. ALLISON	107	2,691	23,241	10	030	7,800	122468
	G. BURCH	102	2,789	24,999	10	030	7,800	232068
	W. D. DAVIS	115	4,868	61,278	04	015	8,500	196668
	S. JACOBS	154	4,515	8,302	03	009	9,000	122968
	H. A. BUECHNER	263	4,531	34,000	09	035	9,437	232168
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER								
	M. D. HARGROVE, JR.	84	3,656	13,099	04	012	7,800	123268
MAINE								
PORTLAND								
MAINE MEDICAL CENTER								
	A. ARANSON	139	4,283	10,000	03	009	8,505	123668
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS								
	C. C. J. CARPENTER	125	4,111	25,135	13	023		123768
	S. GOLDBERG	122	2,677	4,919	04	008	10,750	232968
	T. E. PRUITT	94	2,195	4,149	04	010	10,500	124168
	A. M. HARVEY	226	6,398	48,680	36	051	9,500	124268
	D. T. LEWERS	126	2,915	2,766	08	014	10,750	124468
	J. A. MEAD, JR.	98	2,398	7,543	05	009	10,500	124568
	E. R. MCHLER, JR.	145	3,355	3,138	04	012	9,500	124768
	A. I. MENDOLOFF	150	5,857	14,644	10	020	10,700	124968
	R. T. PARKER	114	2,810	5,080	02	006	10,500	125068
	J. E. HOWARD, J. MULHOLLAND	150	3,729	15,023	05	009	10,500	125168
	T. WOODWARD	89	2,415	15,456	10	028	11,100	125268
CHEVERLY								
PRINCE GEORGE'S GENERAL								
	W. J. HARDING	159	5,045	5,817	03	007	9,000	190568
MASSACHUSETTS								
BOSTON								
BETH ISRAEL								
	H. H. HIATT	119	3,488	11,275	15	024	9,500	125668
BOSTON CITY								
1ST AND 3RD MEDICAL SERVICE (TUFTS)								
	H. JEGHERS	70	2,528	12,793	10	025	9,600	125768
2D AND 4TH MEDICAL SERVICE (HARVARD)								
	C. S. DAVIDSON	78	2,525	16,425	16	024	9,600	125705
BOSTON UNIVERSITY AFFILIATED HOSPITALS								
PROGRAM 1								
	H. JEGHERS, C. DAVIDSON	220	7,610	44,621	39	069	9,600	125568
PROGRAM 2								
	R. W. WILKINS	74	2,695	13,709	09	017	9,500	126668
	F. L. COLPOYS, E. LINTZ	125	4,029	7,431	06	013	9,500	125868
	F. L. IBER	153	1,617	13,100	10	024		238768
	J. R. GRAHAM	91	2,306					
	D. D. FEDERMAN, A. LEAF	226	8,007	3,019	18	028	9,500	126168
	J. L. TULLIS	201	6,485	4,626	12	023	9,500	126468
NEW ENGLAND DEACONESS HOSPITALS								
	S. PROGER, W. SCHWARTZ	92	3,391	24,018	15	019	9,500	126368
	G. W. THORN	129	5,057	28,858	15	022	9,500	126568
	T. A. WARTHIN	58	1,070	7,408			10,388	239568
ST. ELIZABETH'S HOSPITAL OF BOSTON								
	F. STOHLMAN	102	2,781	4,831	10	018	9,500	126668
	E. SCHIMMEL	225	2,337	7,332	12	044	10,090	
VETERANS ADMIN. (JAMAICA PLAIN)								

9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS - CONTINUED							
FRAMINGHAM FRAMINGHAM UNION NEWTON LOWER FALLS NEWTON-WELLESLEY PITTSFIELD BERKSHIRE MEDICAL CENTER SPRINGFIELD SPRINGFIELD HOSPITAL MEDICAL CENTER WORCESTER MEMORIAL ST. VINCENT WORCESTER CITY	R. B. HICKLER L. B. PAGE, N. S. STEARNS E. M. FRIBUSH R. E. GIANELLY H. H. MAC GILPIN J. J. CALABRO E. BLONITZ	60 212 131 158 248 184 138	2,716 9,160 4,932 4,214 5,157 4,919 3,871	 4,355 6,012 3,365 3,054 2,065 9,833	C1 003 C4 C09 C4 009 C5 010 C5 009 C8 020 C6 011	9,600 9,500 9,600 10,600 9,500 9,600 9,645	181268 128068 128168 128668 128968 129068 129168
MICHIGAN							
ALLEN PARK VETERANS ADMIN. ANN ARBOR ST. JOSEPH MERCY UNIVERSITY OF MICHIGAN AFFILIATE HOSPITALS UNIVERSITY VETERANS ADMIN. WAYNE COUNTY GENERAL (ELOISE)	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT R. B. CARBECK W. D. ROBINSON W. D. ROBINSON, R. BISHOP B. A. BERCU	 184 166 92 143	 5,513 4,318 2,085 4,843	 161 61,699 2,543 25,958	C5 015 32 088 C3 009 C4 012	10,000 8,600 8,800 9,169	129268 129368 194668 129668
DEARBORN OAKWOOD DETROIT DETROIT-MACOMB HOSPITALS DETROIT MEMORIAL SOUTH MACOMB (WARREN) GRACE HARPER HENRY FORD MOUNT CARMEL MERCY ST. JOHN SINAI HOSPITAL OF DETROIT WAYNE STATE UNIVERSITY AFFILIATE HOSPITALS VETERANS ADMIN. (ALLEN PARK) DETROIT GENERAL HUTZEL	C. Y. WU S. KLAR D. W. MYERS, C. POLLINA S. MILLER R. W. SMITH, JR. I. D. FAGIN C. E. RUPE H. A. RAVIN V. VAITKEVICIUS G. W. BISSELL V. VAITKEVICIUS A. M. LERNER	143 122 58 324 294 440 195 180 133 291 157 135	3,921 3,278 2,214 9,165 5,535 8,900 5,933 6,055 2,900 3,509 3,144 3,551	1,530 2,743 13,803 13,157 183,000 3,151 3,485 3,364 12,630 20,494 2,643	C3 009 C4 012 C8 020 C8 018 24 095 C6 015 C4 016 C6 016 19 049	10,800 10,200 9,900 9,900 10,300 10,800 10,800 9,600 10,459 9,858 10,300	194668 129668 129868 129968 130068 130268 191568 192668 129568
ELOISE WAYNE COUNTY GENERAL	SEE UNIV. OF MICHIGAN AFFIL. HOSPITALS, ANN ARBOR						
FLINT HURLEY MC LAREN GENERAL GRAND RAPIDS BLODGETT MEMORIAL BUTTERWORTH HIGHLAND PARK HIGHLAND PARK GENERAL KALAMAZOO BRONSON METHODIST PONTIAC ST. JOSEPH MERCY ROYAL OAK WILLIAM BEAUMONT SOUTHFIELD PROVIDENCE WARREN SOUTH MACOMB	R. E. JOHNSON A. J. SORSCHER N. L. AVERY C. K. CLAWSON J. SHAPIRO H. E. DE PREE A. I. RAGINS Y. MORITA, F. M. WILNER E. ZOBEL SEE DETROIT-MACOMB HOSPITALS, DETROIT	174 104 114 121 128 83 88 264 127	7,075 2,969 4,214 4,076 3,716 2,832 2,633 9,118 3,438	1,267 1,927 1,195 3,441 4,160 2,269 3,446 2,980 2,637	C5 013 C3 009 C4 012 C4 010 C2 008 C2 006 C2 006 C9 024 C3 013	8,900 186668 9,000 9,000 10,800 8,700 10,800 10,500 11,700	130768 186668 130968 131068 131268 131468 131968 197868 130368
MINNESOTA							
MINNEAPOLIS NORTHWESTERN HOSPITAL OF MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATE HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS HENNEPIN COUNTY GENERAL MOUNT SINAI VETERANS ADMIN. ST. PAUL-RAMSEY (ST. PAUL)	C. J. WATSON R. V. EBERT R. V. EBERT A. L. SCHULTZ F. B. LEWIS R. EBERT J. W. FROST	159 124 107 231 272 83	4,154 2,923 3,473 11,737 4,594 2,619	12,283 19,374 26,264 27,449 16,874	04 014 45 124 40 200 C1 003	10,000 9,000 8,250 7,500 7,300 9,420	133068 133468 132868 133768
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S ST. PAUL CHARLES T. MILLER ST. PAUL-RAMSEY	J. A. SPITTELL, JR. M. E. JANSSEN SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS	374 93	23,000 3,493	412,732 3,783	40 200 C1 003	7,300 9,420	132868 133768
MISSISSIPPI							
JACKSON UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CENTER	H. K. HELLEMS B. B. JOHNSON J. L. GLASGOW	82 182	3,102 2,841	15,329 1,618	12 024	8,500 8,853	195768
MISSOURI							
COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER KANSAS CITY KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER MENDOTA MEDICAL CENTER ST. LUKE'S	C. E. MENGEL E. J. TWIN N. WINER J. M. CATLETT	120 77 150 175	3,800 1,682 4,612 5,988	10,000 27,076 6,414 21,602	12 022 06 018 C4 012 C5 019	8,000 9,285 13,456 8,820	199468 134368 134568 134868

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSOURI, KANSAS CITY - CONTINUED								
UNIVERSITY OF MISSOURI AT KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	M. G. BERRY							
MENGRAH MEDICAL CENTER								
ST. LUKE'S								
VETERANS ADMIN. SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS								
ST. LOUIS								
BARNES HOSPITAL GROUP	C. V. MOORE	193	4,883	19,932	26	C4C	5,500	135368
DEACONESS	R. C. KINGSLAND				C2	006		135668
JEWISH HOSPITAL OF ST. LOUIS	S. WESSLER	173	5,927	7,504	08	020	10,700	135868
MISSOURI BAPTIST	F. J. CATANZARO	92	2,740	1,977	C3	009	9,600	136068
ST. JOHN'S MERCY MEDICAL CENTER	W. P. HAMILTON, A. REIDER	223	6,283	4,365	05	010	7,560	136268
ST. LOUIS CITY								
WASHINGTON UNIVERSITY SERVICE	J. D. VAVRA, C. V. MOORE	54	2,112	16,031	C2	008	9,725	136368
ST. LOUIS UNIVERSITY SERVICE	R. A. KINSELLA, JR.	54	2,112	16,031	C4	010	8,491	136305
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS								
FIRMIN DESLOGE GENERAL	T. F. FRANLEY, R. SLAVIN	134	3,804	18,709	16	036	9,600	136568
ST. LUKE'S	R. PAINE	134	3,840	5,431	C3	C05	9,600	136468
ST. MARY'S	W. A. KNIGHT, JR.	169	4,978	893	C8	018	9,600	199968
NEBRASKA								
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS								
CREIGHTON MEMORIAL ST. JOSEPH'S	J. F. SULLIVAN	155	4,269	16,283	C6	016	10,200	250168
DOUGLAS COUNTY		26	559				10,200	
VETERANS ADMIN.		140	3,296	6,879			10,344	
UNIVERSITY OF NEBRASKA								
AFFILIATED HOSPITALS								
UNIVERSITY OF NEBRASKA	F. F. PALSTIAN				10	024		137668
BISHOP CLARKSON MEMORIAL	F. F. PALSTIAN	43	1,162	17,583			9,000	
DOUGLAS COUNTY	F. F. PALSTIAN		4,913					
VETERANS ADMIN.	F. F. PALSTIAN	25	531					
	R. ECKLUND	140	3,296	6,879			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL								
AFFILIATED HOSPITALS								
MARY HITCHCOCK MEMORIAL	T. P. ALMY	75	2,704	30,394	10	018	8,000	137768
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)	J. L. GRANT	72	1,515	7,344				
NEW JERSEY								
ATLANTIC CITY								
ATLANTIC CITY	W. R. THOMPSON	190	5,505	7,603	C4	010	8,300	137868
CAMDEN								
COOPER	J. G. DICKENSHEETS	242	4,682	6,191	C2	006	10,000	138068
EAST ORANGE								
VETERANS ADMIN. SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK								
ELIZABETH								
ST. ELIZABETH	C. R. REAM	117	3,176	6,523	C9	014	10,700	138568
ENGLEWOOD								
ENGLEWOOD	C. D. ROBERTS	130	3,547	4,506	C3	007	8,820	138668
HACKENSACK								
HACKENSACK	G. D. HELDEN	134	4,031	4,897	C3	007	10,600	138768
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	H. MARK	389	10,005	11,452	13	025	9,500	139068
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	J. HOGAN	222	7,259	2,761	C4	012	10,200	139668
LONG BRANCH								
MONMOUTH MEDICAL CENTER	J. C. KIRBY	238	5,534	7,739	C6	014	11,000	139268
MONTCLAIR								
MOUNTAINSIDE	R. LOCHHEAD	120	3,602	4,228	C2	008	8,100	139368
NEPTUNE								
JERSEY SHORE MEDICAL CENTER-FITKIN								
	E. ABRAHAM, Y. S. ARKEL	113	3,922	3,475	C2	006	8,100	139568
NEWARK								
NEWARK BETH ISRAEL MEDICAL CENTER								
NEW JERSEY COLLEGE OF MEDICINE	M. KIRSCHNER	155	3,907	8,197	08	017	10,800	139768
AFFILIATED HOSPITALS								
VETERANS ADMIN. (EAST ORANGE)	F. P. CHINARD				25	104	11,300	139868
MARTLAND	C. M. LEEVY	208	2,799	28,976				
ST. MICHAEL'S MEDICAL CENTER	F. P. CHINARD	166	4,893	15,922				
	L. G. SMITH	175	3,967	6,770	C6	014	10,300	139968
NEW BRUNSWICK								
NEW BRUNSWICK HOSPITALS PROGRAM								
MIDDLESEX GENERAL	N. REITMAN, P. B. JENNINGS				C4	012		252368
ST. PETER'S GENERAL	N. REITMAN, G. PICKAR	83	2,611	5,416			12,000	
				3,355				
PARAMUS								
BERGEN PINES COUNTY	S. F. ALEXANDER	659	3,388	15,912	10	022	9,000	190868
PATERSON								
ST. JOSEPH'S	K. P. LANCE	119	4,365	3,811	C4	011	10,320	140668
PLAINFIELD								
MUHLEBERG	P. K. JOHNSON	152	4,531	3,557	C2	007	8,300	140768
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO								
AFFILIATED HOSPITALS								
BERNALILLO COUNTY MEDICAL CENTER	R. C. WILLIAMS, JR.	41	1,542	17,474	12	030		196268
VETERANS ADMIN.	R. C. WILLIAMS, JR.						8,032	
	D. H. LAW	122	2,763	2,151			7,950	

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director.	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	S. BONOURANT				12	026		
ALBANY MEDICAL CENTER		176	5,552	7,381			9,600	
VETERANS ADMIN.		285	3,450	4,989			10,940	
ST. PETER'S	W. H. O' BRIEN	146	3,304	1,092	C5	014	10,000	141668
BUFFALO								
MILLARC FILLMORE	L. A. GOLDEN	218	4,764	8,225	C4	013	10,000	144068
SISTERS OF CHARITY	C. J. O' CONNELL	156	4,301	3,952	C4	010	9,509	144168
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	E. CALKINS				22	054		143668
BUFFALO GENERAL		268	5,760	15,720			10,000	
EDWARD J. MEYER MEMORIAL		245	3,640	42,980			10,600	
VETERANS ADMIN.	J. T. AQUILIAN	397	3,135	13,262	10	028	8,500	257168
COOPERSTOWN								
MARY IMOGENE BASSETT	M. I. PAGE	32	1,122	10,784	04	007	11,000	144268
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	T. J. CINQUE	144	4,344	18,930	21	049	10,112	144868
JOHNSON CITY								
CHARLES S. WILSON MEMORIAL	E. M. WYSO, E. N. ZINNER	162	4,358	40,235	C5	008	9,400	145268
MANHASSET								
NORTH SHORE	SEE CORNELL COOPERATING HOSPITALS, NEW YORK							
MINEOLA								
NASSAU	W. C. HCLLIS	187	4,803	2,098	C3	010	12,000	145568
MOUNT KISCO								
NORTHERN WESTCHESTER	F. J. BRICCETTI	65	2,489	362	C2	006	11,280	145668
MOUNT VERNON								
MOUNT VERNON	F. T. ROGLIANO	145	4,397	6,333	02	006	9,500	145768
NEW HYDE PARK								
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM	E. MEILMAN				20	051	11,000	196368
LONG ISLAND JEWISH MEDICAL CENTER	E. MEILMAN	101	3,880	4,494				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	H. KOLCONY	330	5,493	44,542				
NEW ROCHELLE								
NEW ROCHELLE HOSPITAL MEDICAL CENTER	J. J. MC LEAN	140	3,033	3,052	04	008	8,750	145968
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	J. SANDSON				16	047		193168
BRONX MUNICIPAL HOSPITAL CENTER	M. FULOP	302	8,386	34,313				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	R. A. SHIMM	90	2,266					
BEEKMAN-DOWNTOWN	J. T. FLYNN	99	1,921	9,221	09	017	11,000	189068
BETH ISRAEL MEDICAL CENTER	B. STRAUS	206	3,233	94,891	20	039	11,000	147068
BOOTH MEMORIAL	J. A. DWEK	150	2,495				9,250	182268
BRONX-LEBANON HOSPITAL CENTER	E. E. FISCHEL	233	4,622	70,810	11	033	10,500	147168
BROOKDALE HOSPITAL CENTER	A. F. LYON	122	2,935	21,615	07	020	11,600	141968
BROOKLYN - CUMBERLAND MEDICAL CENTER	J. F. MUELLER	227	7,195	53,359	12	030	11,000	142068
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	H. W. HARRIS, S. RAAB				16	036	9,500	145068
MARY IMMACULATE DIVISION	S. RAAB	83	1,901	7,021				
QUEENS HOSPITAL CENTER (CATHOLIC MEDICAL CENTER AFFILIATION)	W. A. D' ANGELO	85	2,058	5,020				
ST. MARY'S DIVISION	R. SCHWINGER	64	1,380	12,563				
COLUMBUS	S. J. WITTENBERG	163	2,415	8,488	03	009	10,100	147268
CORNELL COOPERATING HOSPITALS	A. G. BEARN, W. P. L. MYERS				49	086		149268
NEW YORK	A. G. BEARN	224	4,779	69,434			11,200	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	W. P. L. MYERS	149	1,969	26,818			10,500	
NORTH SHORE (MANHASSET)	L. SCHERR	90	2,444	14,802			12,000	
FLUSHING HOSPITAL AND MEDICAL CENTER	C. CRAMER	111	2,605	4,916	C4	009	9,000	144568
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	A. M. GELB	197	4,623	17,689	06	013	11,500	147568
HARLEM HOSPITAL CENTER	G. E. THOMSON	283	4,592	57,726	20	044		147868
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	J. GROSSMAN	69	1,084	17,751	03	008	11,000	147968
JAMAICA	B. D. GUSSOFF	96	2,201	9,452	05	011	8,750	144968
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	M. G. GOLONER	203	4,103	16,650	10	018	11,000	142568
GREENPOINT	M. G. GOLONER	48	1,063	58,288			11,000	
JEWISH MEMORIAL	R. P. LASSER	56	1,349	14,700	C3	008	9,500	148068
KINGSBROOK JEWISH MEDICAL CENTER-UNITY	V. GINSBERG				C6	024	9,800	147668
KINGSBROOK JEWISH MEDICAL CENTER UNITY	E. E. MANDEL	571	2,348	4,660			9,800	
	V. GINSBERG	66	2,093	5,569			9,800	
KNICKERBOCKER	B. E. KRENTZ	106	1,637	8,424	C3	009	8,250	148168
LENOX HILL	M. S. BRUNO	250	4,840	23,080	06	015	12,000	148368
LINCOLN	S. POLLACK	59	1,428	28,162	07	012	11,000	148468
LONG ISLAND COLLEGE	J. N. EDSON	235	7,852	10,983	04	010	11,000	142768
LUTHERAN MEDICAL CENTER	A. CACCESE	109	1,893	17,199	C3	008	11,000	143068
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM		260	5,353	17,253	30	058		142868
MAIMONIDES MEDICAL CENTER	D. GROB						11,000	
CONY ISLAND	S. GLICK	138	3,743	68,981			9,500	
METHODIST HOSPITAL OF BROOKLYN	M. M. HOFFMAN	140	2,340	9,000	16	031	12,000	142968
MISERICORDIA - FORDHAM TRAINING PROGRAM	R. F. GOMPRECHT				14	039	11,500	148668
MISERICORDIA		119	4,480	10,179				
FORDHAM		130	2,607	23,796				



## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
MONTEFIORE HOSPITAL TRAINING PROGRAM	D. HAMERMAN				36	057	11,000	148768
MONTEFIORE HOSPITAL AND MEDICAL CENTER		383	7,278	15,490				
MORRISANIA CITY MONTEFIORE HOSPITAL TRAINING PROGRAM		106	2,339	16,180				
MARTIN LUTHER KING JR. NEIGHBORHOOD HEALTH CENTER								
MOUNT SINAI HOSPITAL TRAINING PROGRAM	S. A. BERSON	325	8,337	41,037	36	074	11,000	149068
MCOUNT SINAI	S. A. BERSON	325	8,337	41,037				
CITY HOSPITAL CENTER AT ELMHURST	S. G. SECKLER	186	6,581	30,619				
NEW YORK INFIRMARY	M. L. GELFAND	226	2,060	9,867	04	010	9,050	187568
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. GOLDSTEIN				18	054		147368
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS								
UNIT 2 - METROPOLITAN		210	3,517	85,500				
UNIT 3 - BIRC S. COLER MEMORIAL HOSPITAL AND HOME		1,301	805					
NEW YORK UNIVERSITY MEDICAL CENTER								
BELLEVUE HOSPITAL CENTER-UNIVERSITY	S. J. FARBER, H. LAWRENCE				22	051		
BELLEVUE HOSPITAL CENTER UNIVERSITY	S. J. FARBER, H. LAWRENCE	293	5,356	60,885				
NEW YORK UNIVERSITY MEDICAL CENTER	S. J. FARBER, H. LAWRENCE	145	3,527					
UNIVERSITY HOSPITAL-VETERANS ADMINISTRATION (MANHATTAN)	N. SPRITZ, S. J. FARBER				10	035	12,805	146568
VETERANS ADMIN. (MANHATTAN) UNIVERSITY	N. SPRITZ, S. J. FARBER	167	2,603	42,168			12,805	
PRESBYTERIAN	S. J. FARBER, H. LAWRENCE	145	3,527					
QUEENS HOSPITAL CENTER	C. A. RAGAN	228	7,073	91,919	15	029	11,250	149568
ROOSEVELT	SEE L-I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK							
ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES	N. P. CHRISTY	190	3,579	18,679	10	018	9,800	149668
ST. CLARE'S HOSPITAL AND HEALTH CENTER	D. L. LARSON	300	1,448	4,400	04	008	12,000	262368
ST. JOHN'S EPISCOPAL	A. J. LEWIS, C. CONNOR	126	2,145	8,490	08	015	10,500	149768
ST. LUKE'S HOSPITAL CENTER	F. TAUBMAN, V. BURNETT	81	2,222	14,351	04	010	13,560	143268
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	T. B. VAN ITALLIE	201	4,035	127,399	09	018	11,300	149968
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	W. J. GRACE	235	4,513	24,042	10	021	9,500	150068
STATEN ISLAND	L. WEINER	121	2,683	9,738	05	014	11,300	151468
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	T. G. MC GINN	118	4,016	7,233	03	006	11,200	151568
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY	L. W. EICHNA	592	8,561	107,888	19	054	11,000	142668
VETERANS ADMIN. (BRONX)		47	1,123	11,265			11,000	
VETERANS ADMIN. (BROOKLYN)	J. WOLF	344	2,962	26,340	12	053	12,805	262768
WYCKOFF HEIGHTS	A. A. POLACHEK	364	4,403	6,762	14	046	12,805	150268
ROCHESTER	V. J. ADAMS				01	003		143568
GENESEE	A. L. URELES	108	3,284	6,202	08	017	9,500	150768
HIGHLAND HOSPITAL OF ROCHESTER	W. W. FALDON	73	2,307	947	03	009	9,500	150868
ROCHESTER GENERAL	S. B. TROUP	150	3,487	5,161	08	016	9,500	150968
ST. MARY'S	G. E. ECKERT	85	2,321	2,122	03	006	9,000	151068
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. E. YOUNG, W. MORGAN	145	4,445	21,000	18	032		151168
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	W. J. WILLIAMS	125	3,000		14	027	10,400	151868
CROUSE IRVING-MEMORIAL STATE UNIVERSITY	W. J. WILLIAMS	69	1,900	8,054				
VETERANS ADMIN.	F. KLEMPERER	98	1,313	1,777				
VALHALLA GRASSLANDS	F. A. GRAIG	119	3,393	19,961	05	015	11,280	152168
NORTH CAROLINA CHAPEL HILL								
NORTH CAROLINA MEMORIAL CHARLOTTE	L. G. WELT	85	2,755	21,104	15	028	7,500	190068
CHARLOTTE MEMORIAL DURHAM	M. M. MC CALL, 3D.	147	5,700	16,645	04	008	9,300	152768
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. B. WYNGAARDEN		1,525					
DUKE UNIVERSITY MEDICAL CENTER	J. B. WYNGAARDEN	245	7,325	3,953	24	036	9,250	152968
VETERANS ADMIN.	J. LASZLO	107	2,178	9,481				
GREENSBORO WINSTON-SALEM								
NORTH CAROLINA BAPTIST	E. YGUNT	117	4,720	8,679	08	021	8,000	153768
OHIO AKRON								
AKRON CITY	A. KERR, JR.	124	3,407	1,110	03	009	9,600	154168
AKRON GENERAL	H. M. FRIEDMAN	131	3,037	7,071	05	015	9,600	154268
CANTON AULTMAN	C. V. SMITH	106	3,353	5,477	04	010	10,200	154468
CINCINNATI DANIEL CRAKE MEMORIAL	S. GOODMAN	463	844	6,748	06	012	8,000	269168
GODD SAMARITAN	D. C. FISCHER	176	5,245	2,308	03	009	9,660	155068
JEWISH	E. G. MARGOLIN	160	4,472	5,754	08	013	9,600	155168
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. W. VILTER				16	042		154868
CINCINNATI GENERAL		119	3,604	23,139			8,800	
VETERANS ADMIN.		108	1,595	4,666			9,893	

9. INTERNAL MEDICINE - Continued

OHIO - CONTINUED	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CLEVELAND								
CLEVELAND CLINIC	R. A. VAN OMMEN	108	6,595	108,764	20	069	9,500	196868
CLEVELAND METROPOLITAN GENERAL HOSPITAL-LUTHERAN MEDICAL CENTER	C. H. RAMMELKAMP, JR.	152	3,381	40,374	14	026	10,000	155368
CLEVELAND METROPOLITAN GENERAL LUTHERAN MEDICAL CENTER	C. H. RAMMELKAMP, JR.	152	3,381	40,374	08	024	8,600	155668
HURON ROAD	E. M. GOYETTE	122	3,220	1				
MOUNT SINAI HOSPITAL OF CLEVELAND	V. VERTES	135	3,864	5,769	03	008	10,800	157168
ST. LUKE'S	R. G. WIELAND	198	6,412	19,308	09	014	10,500	155768
UNIVERSITY HOSPITALS OF CLEVELAND	P. E. WISENBAUGH	139	3,403	15,454	04	012	9,500	156068
VETERANS ADMIN.	W. H. PRITCHARD	162	5,333	51,453	16	047	10,500	156268
COLUMBUS	P. E. WISENBAUGH	195	2,541	3,205	16	046	9,267	270568
MOUNT CARMEL	A. POLLACK	93	2,666	2,683	08	016	8,150	156568
OHIO STATE UNIVERSITY HOSPITALS	J. V. WARREN, E. N. METZ	228	7,355	35,306	15	025	8,088	156668
RIVERSIDE METHODIST	D. J. VINCENT	152	4,186	2,385	04	012	8,900	156768
DAYTON								
GOOD SAMARITAN	B. A. KLEINMAN, R. SERBIN	183	6,049	3,276	02	006	12,650	156868
MIAMI VALLEY	B. H. BOLTON	204	6,781	1,576	02	006	10,600	156968
VETERANS ADMIN. CENTER	J. T. TAGUCHI	260	2,988	4,259	08	022	11,452	271568
KETTERING								
CHARLES F. KETTERING MEMORIAL	A. A. BRUST	167	5,188	1,702	02	006	10,980	157668
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	G. LUDWIG				15	037	10,200	157968
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	G. LUDWIG	89	3,342	10,652				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	P. STIFF	190	5,805	2,636				
TOLEDO	C. D. COBAU	196	6,583	3,301				
YOUNGSTOWN								
ST. ELIZABETH	E. KESSLER	224	6,296	1,196	04	011	10,600	158468
YOUNGSTOWN	W. H. BUNN, JR.	322	9,333	6,731	05	015	10,600	158568
OKLAHOMA								
OKLAHOMA CITY								
BAPTIST MEMORIAL	J. W. DRAKE	69	2,660	1,534	02	006	9,000	183068
ST. ANTHONY	E. W. ALLEN	83	3,420	997	02	006	8,700	158768
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	J. F. HAMMARSTEN				09	028		158868
UNIVERSITY OF OKLAHOMA HOSPITALS	J. F. HAMMARSTEN							
VETERANS ADMIN.	P. C. HOUK	144	2,677	27,874				
TULSA								
TULSA COMBINED RESIDENCY	R. A. MARSHALL				05	015	9,600	272768
HILLCREST MEDICAL CENTER	D. E. WELLS	73	3,606	6,268				
ST. FRANCIS	R. A. MARSHALL	122	4,573					
ST. JOHN'S	D. JENKINS	144	5,011	4,185				
OREGON								
PORTLAND								
EMANUEL	R. H. GRAY	117	4,388	2,324	02	006	9,000	159468
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	M. WEINSTEIN	118	4,967	11,318	02	006	5,000	159568
PROVIDENCE	J. BLANCHARD, D. GILBERT	303	13,747	1,024	02	006	8,400	159768
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	J. D. BRISTOW				15	037		159968
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	J. D. BRISTOW	96	3,437	37,201			6,600	
VETERANS ADMIN.	H. P. LEWIS	222	3,928	6,020			8,160	
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL	H. J. KENWORTHY	174	3,290	1,428	05	010	8,900	160068
ALLENTOWN								
ALLENTOWN	D. F. DIMICK				02	006		160168
BETHLEHEM								
ST. LUKE'S	L. SATALINE	170	3,783	4,644	02	006	10,200	160568
BRYN MAWR								
BRYN MAWR	J. T. MAGEE	155	3,579	5,592	02	006	9,700	160668
CHESTER								
CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MEDICAL COLL. AFFIL. HOSPS., PHILADELPHIA							
DANVILLE								
GEISINGER MEDICAL CENTER	J. A. COLLINS, JR.	120	4,042	41,445	05	014	9,300	160868
DARBY								
THOMAS M. FITZGERALD MERCY	D. J. HILFERTY, JR.	110	6,513	5,848	05	010	10,000	160968
HARRISBURG								
HARRISBURG	K. E. QUICKEL	233	6,998	8,671	06	024	10,380	161468
HARRISBURG POLYCLINIC	D. A. SMITH	249	5,214	4,800	03	008	11,000	161568
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	G. H. JEFFRIES				06	019	9,648	161768
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	T. M. DURANT	331	5,702	9,896	10	020	10,100	163168
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	K. F. ZINSSER	18	3,610	11,932	06	019	10,650	162668
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	P. SIGMANN				12	026		162768
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	P. SIGMANN	217	4,707	5,616			9,000	
PHILADELPHIA GENERAL	E. COODLEY	110	1,293	6,690			9,500	
CROZER-CHESTER MEDICAL CENTER (CHESTER)								
ST. AGNES								
LANKENAU	F. D. GRAY, JR.	152	3,517	5,512	04	012	10,300	163268

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			
					1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED								
MEDICAL COLLEGE OF PENNSYLVANIA	D. KAYE				12	035	10,650	184968
AFFILIATED HOSPITALS								
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. KAYE	110	2,383	12,500				
VETERANS ADMIN.	R. M. MYERSON	218	3,081	16,823				
MERCY-DUGLASS	E. E. HOLLGWAY				C3	006		163468
MISERICORDIA	N. N. COHEN	142	3,459	3,731	C5	012	10,000	163668
PENNSYLVANIA	J. E. WOOD, JR.	141	3,052	15,882	C6	012	10,200	163968
PHILADELPHIA GENERAL	T. G. SCHNABEL	75	1,293	6,690	C8	018	9,500	164068
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA	F. H. GARDNER	126	3,222	9,488	C8	015	10,650	164168
TEMPLE UNIVERSITY	S. SHERRY	172	4,467	25,667	14	026	10,200	164668
THOMAS JEFFERSON UNIVERSITY	R. I. WISE	166	4,626	15,938	16	032	10,300	163068
UNIVERSITY OF PENNSYLVANIA								
AFFILIATED HOSPITALS	A. S. RELMAN				22	039		162868
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	A. S. RELMAN	177	4,380	8,504			10,650	
VETERANS ADMIN.	E. J. STEMLER	218	3,081	16,823				
PITTSBURGH								
ALLEGHENY GENERAL	G. J. BRCDMERKEL, JR.	141	3,947	18,209	03	009	10,500	164868
HOSPITALS OF THE UNIVERSITY								
HEALTH CENTER OF PITTSBURGH	J. J. LEONARD				15	024	10,000	165268
MAGEE-WOMENS	T. S. DANOWSKI	90	1,074	2,794				
PRESBYTERIAN-UNIVERSITY	J. J. LEONARD	240	7,125	19,585				
VETERANS ADMIN.	A. EICHENHOLZ	121	1,860	6,480				
HOSPITALS OF THE UNIVERSITY								
HEALTH CENTER OF PITTSBURGH								
MONTEFIORE	P. TRDEN	215	6,160	12,629	08	018		165068
MERCY	F. J. LUPARELLO	221	5,389	13,572	C6	012	10,800	164968
ST. FRANCIS GENERAL	E. J. HOLZINGER	194	4,961	11,117	04	026	11,500	188168
WESTERN PENNSYLVANIA	C. R. WILSON, JR.	203	5,671	8,070	C2	006	10,600	165968
READING								
REACING	E. A. HILDRETH	172	4,681	29,411	C2	006	10,680	166168
SAYRE								
ROBERT PACKER	B. D. BOSELLI	117	5,199	22,390	02	006	8,500	166468
YORK								
YORK	J. L. ATKINS, D. M. SHEARER	171	5,367	4,777	06	014	10,200	167468
PUERTO RICO								
PONCE								
PONCE DISTRICT GENERAL	H. F. RODRIGUEZ	86	2,457	17,380	C4	012	6,600	
SAN JUAN								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	E. J. MARCHAND	103	2,985	25,166	08	024	7,875	
UNIVERSITY DISTRICT	M. R. GARCIA-PALMIERI	76	2,388	48,157	12	044	7,875	
VETERANS ADMIN. CENTER	E. A. RAMIREZ	160	2,299	38,890	12	036	8,204	
RHODE ISLAND								
PANTUCKET								
MEMORIAL								
PROVIDENCE	SEE BROWN UNIV. AFFILIATED HOSPITALS, PROVIDENCE							
BROWN UNIVERSITY AFFILIATED HOSPITALS								
MEMORIAL (PANTUCKET)	M. STEIN	62	2,684	1,637	C2	006	9,500	167668
MIRIAM	R. P. DAVIS	197	2,555	1,551	04	009	9,500	195368
RHODE ISLAND	M. W. HAKOLSKY	202	5,349	19,319	14	028	9,400	167768
ROGER WILLIAMS GENERAL	P. CALABRESI	105	2,866	3,909	C4	010	9,500	167868
VETERANS ADMIN.	S. FINK	167	1,642	23,393	03	008	10,090	279768
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. C. ROSS				15	040		168068
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. C. ROSS	42	1,784	12,740			7,600	
CHARLESTON COUNTY		13	835					
VETERANS ADMIN.	A. T. LADD	122	1,919	5,427			7,990	
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER								
BARONESS ERLANGER	C. E. RICHARDSON	151	6,070	7,642	04	013	9,300	168968
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. D. BEASLEY	9	3,251	2,174	C2	006	7,980	183968
MEMPHIS								
BAPTIST MEMORIAL								
UNIVERSITY OF TENNESSEE	P. MILNOR, JR.	160	6,406	3,020	04	014	9,180	169468
AFFILIATED HOSPITALS								
CITY OF MEMPHIS HOSPITALS	G. H. STGLLERMAN	104	3,905	46,314	18	046		281568
VETERANS ADMIN.	R. S. COHEN	280	5,233	30,893			6,600	
							8,120	
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	R. BROWN	54	1,276	15,634	03	007	9,000	282168
ST. THOMAS	J. E. ANDERSON	85	3,185	1,861	C3	008	8,800	170168
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS								
NASHVILLE METROPOLITAN GENERAL	G. W. LIDDLE	27	1,147	19,014	16	038	8,500	170268
VANDERBILT UNIVERSITY	T. F. PAINE	128	4,462	23,568				
VETERANS ADMIN.	G. W. LIDDLE	141	3,098	24,460				
	R. M. DES PREZ							

## 9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS								
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	R. TOMPSETT	171	6,800	8,635	C3	0C9	8,400	170668
METHODIST HOSPITAL OF DALLAS	J. R. MUSSELL	124	3,821	3,305	C2	006	9,000	170768
PARKLAND MEMORIAL	D. W. SELDIN	145	4,880	50,582	12	035	7,590	170868
ST. PAUL	K. WALGREN	137	5,354	3,414	02	006	7,800	170968
VETERANS ADMIN.	S. EISENBERG	271	4,437	3,253	04	026	7,945	188768
EL PASO								
R. E. THOMSON GENERAL	M. I. MARKS				C2	006		171068
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	W. P. DEISS, JR.	237	5,651	20,966	12	034	8,400	171468
ST. JOSEPH (HOUSTON)	H. L. FRED	158	6,770	2,254			9,000	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE (HOUSTON)	C. C. SHULLENBERGER	100	2,190	22,540			9,000	
HOUSTON								
BAYLOR COLLEGE AFFILIATED HOSPITALS	C. P. ALFREY, JR.				25	060		171668
BEN TAUB GENERAL	H. D. MC INTOSH	156	3,500	58,302			7,500	
JEFFERSON DAVIS	H. D. MC INTOSH	69	952	34,612			7,500	
METHODIST	H. D. MC INTOSH	221	7,059				7,500	
ST. LUKE'S EPISCOPAL	R. J. HALL	86	3,850	375			7,500	
VETERANS ADMIN.	R. J. LUCHI	345	4,653	45,510			8,100	
HERMANN	L. R. RODGERS	137	4,806	18,930	C3	009	8,400	171568
ST. JOSEPH	SEE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON							
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	SEE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON							
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	L. CANDER	81	2,125	24,877	10	028	8,100	172268
BEXAR COUNTY TEACHING HOSPITALS								
TEMPLE								
SCOTT AND WHITE MEMORIAL	K. B. KNUDSEN	146	6,745	64,904	C4	016	9,400	172568
UTAH								
SALT LAKE CITY								
LATTER-DAY SAINTS	D. H. NELSON	172	7,033	3,818	C4	010	8,900	172968
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	G. E. CARTWRIGHT				10	020	8,900	173268
UNIVERSITY	G. E. CARTWRIGHT	53	1,931	18,343				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	W. A. TISDALE	132	4,548	7,029	C8	018	8,100	173468
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER	SEE DARTMOUTH MED. SCH. AFFILIATED HOSPITALS, HANOVER, N.H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	E. W. HOOK	107	3,771	8,282	10	023	7,260	173768
NORFOLK								
NORFOLK GENERAL	D. W. DREW	201	6,743	15,676	C3	009	10,500	174168
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	W. T. THOMPSON, JR.				24	070		174368
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	W. T. THOMPSON, JR.	289	6,012	187,253			6,820	
VETERANS ADMIN.	J. J. KELLY, 3D.	319	4,620	8,181			7,260	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	R. G. PETERSDORF				24	055		191868
HARBORVIEW MEDICAL CENTER	R. D. CONN	68	2,075	7,537				
UNIVERSITY	R. G. PETERSDORF	35	1,486	15,708			7,704	
U. S. PUBLIC HEALTH SERVICE	M. ILRICK	58	1,688	1,298			7,700	
VETERANS ADMIN.	R. S. EVANS	81	1,891	5,208			7,704	
VIRGINIA MASON	R. M. HEGSTROM	32	5,199	90,315	C5	011	8,400	175668
TACOMA								
MADIGAN GENERAL	E. B. COOPER	332	15,050	68,221	C6	018		100468
WEST VIRGINIA								
BECKLEY								
APPALACHIAN REGIONAL	P. C. DAVIS	76	2,663	29,885	C3	008	12,000	289568
CHARLESTON								
MEMORIAL	H. SELINGER	133	4,278	3,575	C1	003	7,860	190268
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	E. B. FLINK	87	2,942	12,569	C8	018	9,000	183768
WHEELING								
OHIO VALLEY GENERAL	R. B. ARMSTRONG	81	1,968	1,432	C2	006	12,420	176968
WISCONSIN								
LA CROSSE								
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	E. L. OVERHOLT	140	4,203	65,049	C3	009	7,200	177468
MADISON								
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	R. F. SCHILLING				18	032	9,500	177968
MADISON GENERAL			3,607					
UNIVERSITY HOSPITALS	R. F. SCHILLING	123	3,758	22,411				
VETERANS ADMIN.	C. M. KUNIN	157	3,395	12,461				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	W. W. ENGSTROM	136	5,331	57,978	17	051		178468
MILWAUKEE COUNTY GENERAL	W. W. ENGSTROM						10,000	
VETERANS ADMIN. CENTER (WOOD)	G. B. THEIL	256	3,456	12,673			10,409	
MOUNT SINAI MEDICAL CENTER	C. J. SHERKOW	135	4,625	4,356	02	006	10,500	178768

## 10. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
SAN ANTONIO								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	P. W. MYERS, L. H. DART	79	1,217	1,921	C1	005		
UNITED STATES ARMY								
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	L. G. KEMPE	195	1,711	2,012	C1	004		100469
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. G. GALBRAITH				C1	005	8,200	100765
CHILDREN'S UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	S. GRAHAM	1	40					
VETERANS ADMIN.	J. G. GALBRAITH	50	1,570	919				
	J. G. GALBRAITH	12	168	785				
ARIZONA								
PHOENIX								
BARRON NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S HOSPITAL	J. R. GREEN	60	1,334	300	C2	009	10,200	201169
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	S. FLANIGAN	16	404	1,000	C1	004	7,000	101869
VETERANS ADMIN. CONSOLIDATED		12	308	628			7,153	
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)								104669
DOWNEY								
RANCHO LOS AMIGOS	SEE WHITE MEMORIAL MEDICAL CENTER, LOS ANGELES							
GLENDALE								
GLENDALE ADVENTIST	SEE WHITE MEMORIAL MEDICAL CENTER, LOS ANGELES							
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	G. ALSTIN	19	582	1,100	C1	004	9,970	102469
LOMA LINDA UNIVERSITY RIVERSIDE GENERAL (RIVERSIDE)		136	5	352			10,649	
LONG BEACH								
VETERANS ADMIN.	SEE UNIV. OF CALIFORNIA (IRVINE) AFFILIATED HOSPS., ORANGE							
LOS ANGELES								
CHILDRENS HOSPITAL OF LOS ANGELES	SEE UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPS., ORANGE							
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	T. KURZE	46	2,081	2,489	C1	010	13,650	103369
U.C.L.A. AFFILIATED HOSPITALS	W. E. STERN				C2	010		198369
U. C. L. A. VETERANS ADMIN. CENTER-WADSWORTH	W. E. STERN	18	600	1,189			9,500	
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	F. A. KILLEFFER	18	478	874			11,905	
WHITE MEMORIAL MEDICAL CENTER	D. BECKER	8	354	781			14,784	
GLENDALE ADVENTIST (GLENDALE)	P. J. VOGEL	20	616	5,405	C1	005	10,800	104069
RANCHO LOS AMIGOS (DOWNEY)	P. VOGEL	14	394	194				
	P. J. VOGEL	112	502	1,518			13,656	
ORANGE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	R. W. PORTER				C1	005		104369
ORANGE COUNTY MEDICAL CENTER	E. L. FOLTZ	19	719	1,141			14,000	
VETERANS ADMIN. (LONG BEACH)	R. W. PORTER	33	516	1,277			11,905	
CHILDRENS HOSPITAL OF LOS ANGELES (LOS ANGELES)								
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PASADENA								
HUNTINGTON MEMORIAL	C. H. SHELDON	22	675	620	C1	004	11,000	104469
RIVERSIDE								
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM FRANKLIN	C. B. WILSON				C2	010		212569
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	C. B. WILSON	32	1,076	1,183			8,900	
SAN FRANCISCO GENERAL	J. HOFF	15	566	770			9,921	
VETERANS ADMIN.	C. WILSON, E. CONNOLLY	18	275	648			9,030	
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	J. W. HANBERY				C1	006		189969
STANFORD UNIVERSITY	J. W. HANBERY	21	702	2,735			8,480	
VETERANS ADMIN. (PALO ALTO)	R. N. MILLER	19	217	611			9,260	
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A. AFFILIATED HOSPITALS, LOS ANGELES							

## 10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	W. M. KIRSCH				02	005		107669
UNIVERSITY OF COLORADO MEDICAL CENTER	W. M. KIRSCH	18	542	97			9,200	
VETERANS ADMIN.	T. E. STARZL	15	287	120			8,003	
CONNECTICUT								
HARTFORD								
HARTFORD								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	W. F. COLLINS, JR.				C2	009		108969
YALE-NEW HAVEN		41	1,071	1,852			10,450	
HARTFORD (HARTFORD)		46	1,540	392				
VETERANS ADMIN. (WEST HAVEN)		6	132	790			10,543	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	SEE THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. J. LUESSENHOP				02	008		185969
DISTRICT OF COLUMBIA GENERAL GEORGETOWN UNIVERSITY	A. J. LUESSENHOP	24	436				10,710	
VETERANS ADMIN.	A. J. LUESSENHOP	20	381	83			10,000	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	H. V. RIZZOLI				02	008		180269
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	T. MILHORAT	7	239	702				
GEORGE WASHINGTON UNIVERSITY	H. V. RIZZOLI	32	740	325			9,500	
VETERANS ADMIN.	J. L. FOX	15	120	610			9,724	
WASHINGTON HOSPITAL CENTER	H. V. RIZZOLI	51	1,190	306			9,500	
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	L. E. WHITE				C2	009		183469
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		11	269	1,585			7,000	
VETERANS ADMIN.		23	343	1,212			7,137	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	D. J. REYNOLDS				02	010		110469
JACKSON MEMORIAL	D. J. REYNOLDS	26	704	700			10,300	
VETERANS ADMIN.	W. P. PARKER, JR.	21	239	591			8,975	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	R. A. SEARS				01	005	8,400	111369
EMORY UNIVERSITY	R. A. SEARS	22	551					
GRADY MEMORIAL	R. A. SEARS	16	362	1,588				
HENRIETTA EGGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN.	H. D. RICHARDSON	25	444	624				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	M. B. ALLEN				01	005		222369
EUGENE TALMADGE MEMORIAL	M. B. ALLEN	18	306	1,346			8,100	
UNIVERSITY	M. B. ALLEN	52	1,924	434				
VETERANS ADMIN.	R. A. GINDIN	15	200	273			7,600	
ILLINOIS								
CHICAGO								
COOK COUNTY	R. SELBY	40	1,581	2,744	C1	008	10,900	112769
NORTHWESTERN UNIVERSITY MEDICAL CENTER	P. C. BUCY				03	015		224769
CHICAGO WESLEY MEMORIAL	P. C. BUCY	19	697	90			11,000	
CHILDREN'S MEMORIAL	A. J. RAMONDNI	13	569	960			11,000	
VETERANS ADMIN. RESEARCH	P. C. BUCY	21	267	2,080			10,500	
EVANSTON (EVANSTON)	J. A. TARKINGTON	12	330	65			11,500	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. F. MULLAN	23	512	1,862	01	006	10,000	116069
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	D. SUGAR				02	008		115069
PRESBYTERIAN-ST. LUKE'S	W. S. WHISLER	19	245	187			9,946	
UNIVERSITY OF ILLINOIS	D. SUGAR	35	517	8,893			9,900	
VETERANS ADMIN. (HINES)	E. OLDBERG	32	500	966			9,600	
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. L. CAMPBELL				C2	010		118769
INDIANA UNIVERSITY HOSPITALS	R. L. CAMPBELL	42	880	1,527			9,500	
MARION COUNTY GENERAL	J. L. GLOVER		240	515				
METHODIST HOSPITAL OF INDIANA	J. R. RUSSELL	77	1,922	78			10,600	
VETERANS ADMIN.	R. L. CAMPBELL	17	299	420			10,750	

## 10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
IOWA IOWA CITY UNIVERSITY OF IOWA AFFILIATED HOSPITALS UNIVERSITY OF IOWA HOSPITALS VETERANS ADMIN.	G. E. PERRET	35 12	700 210	2,050 978	C2	008	10,000	120369
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER VETERANS ADMIN. (KANSAS CITY, MO.)	C. E. BRACKETT C. E. BRACKETT	21 21	649 470	1,865 231	G1	006	9,000	120869 9,500
KENTUCKY LEXINGTON UNIVERSITY LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS CHILDREN'S JOHN A. NORTON MEMORIAL INFIRMARY LOUISVILLE GENERAL VETERANS ADMIN.	H. NORRELL E. G. GRANTHAM P. J. HARBRECHT E. G. GRANTHAM E. G. GRANTHAM E. G. GRANTHAM	20 10 10 21	762 269 420 273 224	2,040 174 418 836	G1 G1	004 004	8,000 8,100	184869 121769 8,100 7,920
LOUISIANA NEW ORLEANS LOUISIANA STATE UNIVERSITY, AFFILIATED HOSPITALS CHARITY HOSPITAL OF LOUISIANA TULANE UNIVERSITY AFFILIATED HOSPITALS CHARITY HOSPITAL OF LOUISIANA OCHSNER FOUNDATION VETERANS ADMIN.	D. G. KLINE R. C. LLEWELLYN R. C. LLEWELLYN H. B. KIRGIS R. C. LLEWELLYN	35 10 32 23	435 283 999 341	1,110 1,121 4,350 1,860	G1 C2	005 003	7,800 8,400 9,000 9,437	122469 232069 9,000 9,437
MARYLAND BALTIMORE JOHNS HOPKINS BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS UNIVERSITY OF MARYLAND MERCY	A. E. WALKER J. D. MC QUEEN J. G. ARNOLD J. G. ARNOLD	37 28	1,069 598	1,494 887 499	G2 G2	008 010	10,500 11,100	124269 125269
MASSACHUSETTS BOSTON CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM CHILDREN'S HOSPITAL MEDICAL CENTER PETER BENT BRIGHAM MASSACHUSETTS GENERAL BETH ISRAEL BOSTON CITY NEW ENGLAND MEDICAL CENTER HOSPITALS VETERANS ADMIN. (JAMAICA PLAIN) RHODE ISLAND (PROVIDENCE, R.I.)	K. WELCH W. H. SWEET W. SILEN, N. ZERVAS V. H. MARK B. M. STEIN G. HOESSLY J. STOLL, JR.	22 57 7 23 17 23 47	776 1,334 203 375 281 461 1,182	935 995 153 683 1,005 738 413	G1 C2 G1	004 010 006	9,500 9,000 12,000 9,600 9,500 10,090 10,700	237169 126169 125769 126369 10,090 10,700
MICHIGAN ANN ARBOR UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS ST. JOSEPH MERCY UNIVERSITY VETERANS ADMIN. WAYNE COUNTY GENERAL (ELOISE)	R. C. SCHNEIDER S. FARHAT R. C. SCHNEIDER R. C. SCHNEIDER, J. TAREN J. TAREN	18 32 8 9	468 821 150 383	1,182 3,116 454 639	G2	012	10,000 9,200 9,400 9,169	129369 9,200 9,400 9,169
DETROIT HENRY FORD WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS DETROIT GENERAL GRACE ELOISE WAYNE COUNTY GENERAL	R. S. KNIGHTON L. M. THOMAS	35 25 24	928 578 656	4,207 79	C2 C2	008 008	10,300 9,858 9,900	130069 129569 9,858 9,900
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN.	L. A. FRENCH	42 36	1,210 385	3,016 927	G2	012	7,500	133469
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	C. S. MAC CARTY	62	2,394	5,573	G6	024	7,600	132869
MISSISSIPPI JACKSON UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CENTER	O. J. ANDY O. J. ANDY T. SARAFOLU	24 13	689 216	1,034 987	G1	005	8,500 8,853	195769 8,500 8,853
SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR								

## 10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	S. P. W. BLACK	18	378	1,197	C1	004		199469
ST. LUKE'S (ST. LOUIS)	G. E. ROULHAC	34	1,041	15			10,800	
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
BARNES HOSPITAL GROUP	H. G. SCHWARTZ	45	953	1,439	C2	008	9,500	135369
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	K. R. SMITH				C1	004	5,600	199965
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN								
FIRMIN DESLAGE GENERAL								
ST. MARY'S		15	440	1				
ST. LUKE'S	SEE UNIVERSITY OF MISSOURI MEDICAL CENTER, COLUMBIA							
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	E. SACHS, JR.				C1	004	8,500	250569
MARY HITCHCOCK MEMORIAL		22	537	1,126				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		10	149	493				
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	R. A. LENDE				C1	005		141469
ALBANY MEDICAL CENTER		39	1,261	69			9,600	
VETERANS ADMIN.		7	190	465			10,940	
BUFFALO								
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	L. BAKAY				C1	004	10,500	143669
BUFFALO GENERAL		15	448	96			11,000	
CHILDREN'S HOSPITAL OF BUFFALO		4	185	140				
EDWARD J. MEYER MEMORIAL		5	161	191			10,600	
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	H. L. ROSCHOFF				C3	018		193169
BRONX MUNICIPAL HOSPITAL CENTER		23	480	371				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		21	451	593				
MONTEFIORE HOSPITAL AND MEDICAL CENTER		29	487	300				
CORNELL COOPERATING HOSPITALS	R. H. PATTERSON, JR.				C1	004	11,200	146665
NEW YORK	R. H. PATTERSON, JR.	35	762	3,323				
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	R. BERGLAND	4	250	41			13,200	
MONTEFIORE HOSPITAL AND MEDICAL CENTER	SEE ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS							
MOUNT SINAI HOSPITAL TRAINING PROGRAM	L. MALIS				C2	01C		149C69
MOUNT SINAI	L. MALIS	41	776				11,000	
CITY HOSPITAL CENTER AT ELMHURST	S. HCLLIN	16	394	640			11,000	
VETERANS ADMIN. (BRONX)	L. MALIS	32	237	560			12,805	
NEW YORK UNIVERSITY MEDICAL CENTER								
BELLEVUE HOSPITAL CENTER	J. RANSOHOFF	27	221	475	C2	010		146469
UNIVERSITY		33	556					
VETERANS ADMIN. (MANHATTAN)		13	44				12,805	
PRESBYTERIAN	J. L. POOL	43	1,254	716	C3	010	11,750	149569
HARLEM HOSPITAL CENTER								
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. L. ROVIT	17	302	262	C1	004	9,500	150069
LENOX HILL	J. G. MC MURTRY	12	125				13,500	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	A. W. COOK				O2	008	11,000	142669
KINGS COUNTY HOSPITAL CENTER		51	1,033	1,734				
LONG ISLAND COLLEGE		34	573	274				
STATE UNIVERSITY		2	17	9				
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	F. P. SMITH	24	820	200	C1	004		151169
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	R. B. KING				G2	01C	10,400	151669
CROUSE IRVING-MEMORIAL		16	409					
STATE UNIVERSITY		27	656	413				
VETERANS ADMIN.		16	258	365				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	G. S. DUGGER	21	603	1,258	C1	005	7,500	190069
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	G. L. ODOM				O2	010	9,250	152969
DUKE UNIVERSITY MEDICAL CENTER	G. L. ODOM	38	1,128	1,360				
VETERANS ADMIN.	R. H. WILKINS		402	785				
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	E. ALEXANDER	32	1,001	1,512	C1	005	8,500	153769
OHIO								
CINCINNATI								
GOOD SAMARITAN	F. H. MAYFIELD	50	371	380	C1	003	5,660	155069
CHRIST	F. H. MAYFIELD	30	720				10,300	
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. L. MC LAURIN				C1	004		154869
CHILDREN'S			299	136				
CINCINNATI GENERAL		13	360	989			9,200	
VETERANS ADMIN.		20	278	1,022			9,893	



## 10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
OHIO - CONTINUED								
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	F. E. NULSEN					007		270669
CLEVELAND METROPOLITAN GENERAL UNIVERSITY HOSPITALS OF CLEVELAND	R. J. WHITE	17	389	952			10,500	
VETERANS ADMIN.	F. E. NULSEN	18	561	552			11,000	
CLEVELAND CLINIC	J. S. BRODKEY	19	157	411			9,267	
ST. VINCENT CHARITY	D. F. DOHN	43	1,159	4,788	02	008	10,000	196869
	E. J. BISHOP	30	359	250				
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	M. E. HUNT					02	007	156669
OHIO STATE UNIVERSITY HOSPITALS CHILDREN'S	M. E. HUNT	30	671	215				
RIVERSIDE METHODIST	M. P. SAYERS							
	J. N. MEAGHER							
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	R. G. FISHER					02	005	158969
ST. ANTHONY		33	1,377	36			8,700	
UNIVERSITY OF OKLAHOMA HOSPITALS		12	288	719			8,000	
VETERANS ADMIN.		8	110	300				
OREGON								
PORTLAND								
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	J. RAAF	42	1,442	456		01	005	9,000 159569
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	H. D. PAXTON					01	004	159969
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		16	430	1,066			6,600	
VETERANS ADMIN.		11	119	216			8,160	
PENNSYLVANIA								
PHILADELPHIA								
EPISCOPAL HAHNEMAN MEDICAL COLLEGE AND HOSPITAL	H. SHENKIN	26	812	476		01	004	8,500 162369
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. L. OSTERHOLM	27	446	1,076		01	005	162769
CHILDREN'S HOSPITAL OF PHILADELPHIA	T. W. LANGFITT	23	456	311		01	011	10,650 162869
PHILADELPHIA GENERAL	L. SCHUT	16	313	164			8,000	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	T. W. LANGFITT	23	195	509			9,500	
TEMPLE UNIVERSITY	M. SCOTT					02	006	10,200 164669
ALBERT EINSTEIN MEDICAL CENTER (NORTHERN DIVISION)	M. SCOTT	50	664	555				
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	M. R. KATZ		130	73				
THOMAS JEFFERSON UNIVERSITY WILMINGTON MEDICAL CENTER (WILMINGTON, DEL.)	M. SCOTT	12	270	207				
	P. D. GORDY	23	286	434		02	010	10,900 163069
	L. OLMEDO	99	1,652	861			10,900	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	P. J. JANNETTA	75	1,695	3,516		02	008	10,000 165269
CHILDREN'S HOSPITAL OF PITTSBURGH								
PRESBYTERIAN-UNIVERSITY VETERANS ADMIN.	P. J. JANNETTA							
MERCY	P. SHEPTAK	40	1,063	313		01	005	10,800 164969
	G. H. GRAY							
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND								
	SEE NEW ENGLAND MEDICAL CENTER HOSPITALS, BOSTON, MASS.							
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	P. L. PERDT, JR.					01	005	168069
MEDICAL UNIVERSITY OF SOUTH CAROLINA	P. L. PEROT, JR.	20	388	763			7,600	
VETERANS ADMIN.	S. YAMADA	15	144	549			7,990	
TENNESSEE								
MEMPHIS								
METHODIST	C. D. HAWKES	98	2,923	412		01	004	8,700 169669
VETERANS ADMIN.	E. L. CASHION	17	262	1,262			8,120	
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	F. MLRPHEY					02	008	281569
BAPTIST MEMORIAL		134	4,681	560			9,190	
CITY OF MEMPHIS HOSPITALS		14	538	967			7,600	
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	M. F. MEACHAM					02	007	9,000 170269
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	3	174	307				
VANDERBILT UNIVERSITY	M. F. MEACHAM	39	1,410	360			9,000	
VETERANS ADMIN.	M. F. MEACHAM	16	253	937			8,500	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTH-WESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	K. CLARK					01	007	283569
CHILDREN'S MEDICAL CENTER			162	213				
PARKLAND MEMORIAL		18	488	1,708			8,310	
ST. PAUL		31	874	140			7,800	

10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS - CONTINUED							
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	G. T. TINDALL	34	786	1,063	02 006	8,400	171469
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS	G. J. EHNI	10	552	829	04 015	7,500	171669
BEN TAUB GENERAL METHODIST	G. J. EHNI J. GREENWOOD	80	2,377			7,500	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	G. J. EHNI	4	109	722			
VETERANS ADMIN.	G. J. EHNI	35	360	880		8,100	
UTAH							
SALT LAKE CITY UNIVERSITY OF UTAH AFFILIATED HOSPITALS	T. S. ROBERTS				01 004		173269
UNIVERSITY HC LY CROSS HOSPITAL OF SALT LAKE CITY VETERANS ADMIN.							
VERMONT							
BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT	R. M. P. DONAGHY	33	918	510	C1 004	8,700	173469
WHITE RIVER JUNCTION VETERANS ADMIN. CENTER	SEE DARTMOUTH MED SCHOOL AFFILIATED HOSPITALS, HANOVER, N.H.						
VIRGINIA							
CHARLOTTEVILLE UNIVERSITY OF VIRGINIA	J. A. JANE	30	885	547	C1 005	7,260	173769
RICHMOND VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	J. F. ALKSNE				C1 005	7,260	174369
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	J. F. ALKSNE	28	850	1,500			
VETERANS ADMIN.	J. L. ULMER	7	121	374			
WASHINGTON							
SEATTLE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	A. A. WARD, JR.	10	213	284	C2 011		191869
HARBORVIEW MEDICAL CENTER UNIVERSITY		11	364	1,123		7,704	
VETERANS ADMIN.		14	166			8,208	
WEST VIRGINIA							
MORGANTOWN WEST VIRGINIA UNIVERSITY MEDICAL CENTER	G. R. NUGENT	33	961	3,174	C1 005	9,000	183769
WISCONSIN							
MADISON UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	M. J. JAVID	27	673	1,426	C1 005	9,500	177969
UNIVERSITY HOSPITALS VETERANS ADMIN.		9	129	269			178469
MILWAUKEE							
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	S. J. LARSON	27	697	1,563	C1 005	10,500	
MILWAUKEE COUNTY GENERAL VETERANS ADMIN. CENTER (WOOD)		35	278	1,392		10,409	

11. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY							
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	D. S. BUCHANAN	26	490	4,092	C3 009		100470
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	H. H. SCHWABE	80	630	4,700	C3 009		100470
UNITED STATES NAVY							
MARYLAND NAVAL, BETHESDA	W. L. BRANNON	18	350	5,000	02 006		182370

## APPROVED RESIDENCIES

## 11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. H. HALSEY, JR.					C3	009	8,200 100770
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		17	581	1,350				
VETERANS ADMIN.		10	103	740				
ARIZONA								
PHOENIX								
BARROW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S HOSPITAL	J. C. WHITE, JR.	28	1,049	2,154		G2	066	10,200 101270
TUCSON								
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. A. SIBLEY					C3	006	8,400 101570
TUCSON MEDICAL CENTER		23	894	1,640				
VETERANS ADMIN.								
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	D. D. LUCY, JR.	6	244	1,997		C2	004	101870
UNIVERSITY	D. D. LUCY, JR., G. LUCAS	62	315	520				7,000
VETERANS ADMIN. CONSOLIDATED								7,153
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS								
SACRAMENTO MEDICAL CENTER (SACRAMENTO)	P. M. DREYFUS	10	297	2,340		C2	005	10,344 104670
LOS ANGELES								
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	K. G. VON HAGEN	60	3,329	6,922		O3	008	13,646 103370
VETERANS ADMIN. (LONG BEACH)	H. C. H. FANG	71	447	648				11,905
U. C. L. A.	A. S. ROSE	1	25	3,538		C4	012	8,900 195670
LOS ANGELES COUNTY HARBOR GENERAL, (TORRANCE)	M. GOLDBERG	6	191	1,314				15,936 106770
VETERANS ADMIN. CENTER-WADSWORTH	W. W. TELRILOTTE	27	647	2,453		C3	010	11,905 103970
MARTINEZ								
VETERANS ADMIN.	SEE PACIFIC MED. CTR.-AFFILIATED HOSPITALS, SAN FRANCISCO							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSP., DAVIS							
SAN DIEGO								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	J. R. NELSON	12	345	2,100		C5	015	8,900 104970
SAN FRANCISCO								
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	K. H. FINLEY					C1	003	106170
PACIFIC MEDICAL CENTER - PRESBYTERIAN	K. H. FINLEY	5	242	526				8,600
VETERANS ADMIN. (MARTINEZ)	C. S. USHRO	38	397	1,420				
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	R. A. FISHMAN					C6	016	106270
SAN FRANCISCO GENERAL	R. A. FISHMAN	7	780	3,990				8,900
VETERANS ADMIN.	F. YATSU	10	325	1,319				9,921
STANFORD	R. A. FISHMAN, A. K. ASBURY	13	185	576				9,030
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. A. PRINCE							
STANFORD UNIVERSITY	D. A. PRINCE	10	256	1,370		C4	012	189970
VETERANS ADMIN. (PALO ALTO)	R. W. ANGEL	29	244	470				8,480
TORRANCE								9,260
LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A., LOS ANGELES							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	J. H. AUSTIN					C5	013	107670
UNIVERSITY OF COLORADO MEDICAL CENTER	J. H. AUSTIN	10	331	5,087				9,200
DENVER GENERAL		8	244	743				
VETERANS ADMIN.	J. H. AUSTIN	32	413	157				8,003
CONNECTICUT								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	G. GLASER					O3	009	108970
YALE-NEW HAVEN	G. GLASER	12	405					10,450
VETERANS ADMIN. (WEST HAVEN)	L. L. LEVY	37	418	960				10,543
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON GENERAL	SEE THOMAS JEFFERSON UNIV. HOSP., PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	D. S. O' DOHERTY					C5	015	180170
GEORGETOWN UNIVERSITY	D. S. O' DOHERTY	9	280	996				10,000
VETERANS ADMIN.	J. F. KLITZKE	53	851	884				9,724

## 11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
DISTRICT OF COLUMBIA - CONTINUED							
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	S. O' REILLY	8	389	663	01 003	9,500	18027C
GEORGE WASHINGTON UNIVERSITY CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	S. O' REILLY M. MALONE	8 10	389 545	663 1,451			
FLORIDA							
GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	M. GREER				C4 012		182470
WILLIAM A. SHANCS TEACHING HOSP. AND CLINICS		12	514	2,923		7,700	
VETERANS ADMIN. UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE)		33	551	986		8,137	
				199			
MIAMI							
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	P. SCHEINBERG				06 016		110470
JACKSON MEMORIAL VETERANS ADMIN.	P. SCHEINBERG N. J. DAVID	42 20	1,088 390	3,258		5,800 8,975	
GEORGIA							
ATLANTA GRADY MEMORIAL	H. R. KARP	7	228	2,697	02 006	8,880	111370
AUGUSTA							
MEDICAL COLLEGE OF GEORGIA HOSPITALS							
EUGENE TALMADGE MEMORIAL	H. COLLINGS	10	234	1,346	C2 006	8,100	198570
ILLINOIS							
CHICAGO							
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	M. E. BRUETMAN				07 023		223570
COOK COUNTY MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	H. L. MEYERS, JR. M. E. BRUETMAN	24 20	235 615	4,071 811		10,900 10,000	
VETERANS ADMIN. (PINES)	M. E. BRUETMAN	68	906	916		9,600	
NORTHWESTERN UNIVERSITY MEDICAL CENTER							
CHICAGO WESLEY MEMORIAL VETERANS ADMIN. RESEARCH	B. BOSSES B. BOSSES H. KGENIG	50 24	818 280	102	04 015	11,000 10,500	224770
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	S. SCHULMAN	14	320	4,479	03 006	10,000	116070
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	M. M. COHEN				C3 009		115070
PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF ILLINOIS		22 35	180 517	550 8,893		9,946 10,560	
MINNESOTA							
VETERANS ADMIN.	SEE CHICAGO MED. SCH. AFF. HOSPS., CHICAGO AND LOYOLA UNIVERSITY AFFIL. HOSPS., MAYWOOD						
MAYWOOD							
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	J. BRUMLIK				02 007		117070
LOYOLA UNIVERSITY VETERANS ADMIN. (PINES)		15	473	477		9,600	
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY MEDICAL CENTER	A. T. ROSS				C4 012		118770
INDIANA UNIVERSITY HOSPITALS MARION COUNTY GENERAL VETERANS ADMIN.		8 478 31	182 478 480	3,251 2,044 230		9,500 9,500 10,750	
IOWA							
IOWA CITY							
UNIVERSITY OF IOWA AFFILIATED HOSPITALS					04 012		9,500 120370
UNIVERSITY OF IOWA HOSPITALS VETERANS ADMIN.	A. L. SAHS E. W. SYBIL	47 17	1,738 278	7,049 625			
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	D. K. ZIEGLER	6	356	2,168	C3 009	6,500	120870
VETERANS ADMIN. (KANSAS CITY, MO.)	V. B. MATOVICH	21	320	500		9,500	
KENTUCKY							
LEXINGTON							
UNIVERSITY OF KENTUCKY MEDICAL CENTER							
UNIVERSITY	D. B. CLARK	17	546	2,489	02 005	8,000	184870
LOUISVILLE							
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS					02 006		121770
LOUISVILLE GENERAL VETERANS ADMIN.	E. ROSEMAN I. O. DEIN	24 40	720 328	2,920 823		8,100 7,920	
LOUISIANA							
NEW ORLEANS							
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	R. M. PADDISON	12	334	3,463	03 007	7,800	122470
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH				01 004		232070
CHARITY HOSPITAL OF LOUISIANA OCHSNER FOUNDATION VETERANS ADMIN.		10 20	279 231	2,582 4,680		7,800 11,905	

## 11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MARYLAND								
BALTIMORE								
JOHNS HOPKINS HOSPITAL-BALTIMORE	G. M. MC KHANN				C5	015	9,500	124270
CITY HOSPITALS	R. D. TEASCALL			896				
BALTIMORE CITY HOSPITALS	G. M. MC KHANN	25	900	4,084				
JOHNS HOPKINS	E. NELSON	21	405	1,920	C4	016	11,100	12527C
UNIVERSITY OF MARYLAND								
MASSACHUSETTS								
BOSTON								
BOSTON CITY	N. GESCHWIND	18	312	1,979	C3	010	9,600	12577C
BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. G. FELDMAN				C7	022		12557C
UNIVERSITY		21	265	650			9,500	
VETERANS ADMIN. (JAMAICA PLAIN)		110	967	964			10,090	
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM-BETH ISRAEL	C. F. BARLOW				C4	012		237370
BETH ISRAEL	C. I. MAYMAN	6	205	725			9,500	
CHILDREN'S HOSPITAL MEDICAL CENTER	C. F. BARLOW	12	603	4,936				
PETER BENT BRIGHAM	H. R. TYLER	17	466	1,458				
MASSACHUSETTS GENERAL	R. D. ADAMS, D. POSKANZER	71	1,283	6,232	C8	023	7,000	126170
NEW ENGLAND MEDICAL CENTER HOSPITALS	J. F. SULLIVAN	17	598	2,269	C3	007	9,500	126370
ST. ELIZABETH'S HOSPITAL OF BOSTON	R. E. FLYNN	6	245	357			9,500	
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	R. N. DE JONG				04	012		129370
UNIVERSITY	R. N. DE JONG	28	697	7,826			8,600	
VETERANS ADMIN.	R. N. DE JONG, E. FERINGA	18	349	442			8,800	
ALLEN PARK	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							
VETERANS ADMIN.								
DETROIT								
HENRY FORD	K. H. KAPPAHN	15	378	5,584	C1	003	10,300	130070
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	J. GILROY				C5	017		12957C
VETERANS ADMIN. (ALLEN PARK)	J. GILROY	53	422	250			10,459	
DETROIT GENERAL	J. GILROY	16	350	5,862			9,858	
HARPER	J. GILROY	15	428	1,332			9,900	
LAFAYETTE CLINIC	E. A. RODIN	18	145	1,654			13,700	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	A. B. BAKER, M. ETTINGER				12	036		133470
HENNEPIN COUNTY GENERAL	M. C. ETTINGER	20	687	2,893			8,250	
UNIVERSITY OF MINNESOTA HOSPITALS	A. B. BAKER	45	918	5,389			7,500	
VETERANS ADMIN.	A. B. BAKER			950				
ST. PAUL-RAMSEY (ST. PAUL)	R. J. GUMNIT	2	630	3,314				
VETERANS ADMIN.	A. B. BAKER			950	C3	011		13337C
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHUENIST ST. MARY'S	D. W. MULDER	48	5,253	41,124	C8	025	7,300	132870
ST. PAUL	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS, MINNEAPOLIS							
ST. PAUL-RAMSEY								
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	R. D. CURRIER				C2	005		19577C
UNIVERSITY		11	344	2,093			10,000	
VETERANS ADMIN. CENTER		20	259	275			8,853	
MISSOURI								
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	S. HORENSTEIN	28	709	3,257	C4	012	9,600	136570
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN								
DAVID P. WGL MEMORIAL MENTAL HEALTH INSTITUTE								
FIRMIN DESLGE GENERAL								
VETERANS ADMIN.	R. M. WOOLSEY	12	246	1,867			9,840	
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS								
BARNES HOSPITAL GROUP	W. M. LANDAU	55	1,388	3,388	C8	025	9,500	135370
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	W. J. FRIEDLANDER				C3	009		137670
UNIVERSITY OF NEBRASKA		11	359	1,313			9,000	
VETERANS ADMIN.		24	240				10,344	
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	V. S. PASQUA	78	712	780	C3	008	11,300	25097C

## 11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW MEXICO							
ALBUQUERQUE							
UNIVERSITY OF NEW MEXICO							
AFFILIATED HOSPITALS	A. H. GREENHOUSE				C2 006		19627C
BERNALILLO COUNTY MEDICAL CENTER	A. H. GREENHOUSE	10	154	730		8,032	
VETERANS ADMIN.	J. M. BICKNELL	29	412	748		7,950	
NEW YORK							
ALBANY							
ALBANY MEDICAL CENTER AFFILIATED							
HOSPITALS	K. D. BARRON				C4 006		141470
ALBANY MEDICAL CENTER		28	953	858		9,600	
VETERANS ADMIN.		27	323			10,940	
BUFFALO							
EDWARD J. MEYER MEMORIAL	B. H. SMITH	26	595	2,356	C3 008	10,600	143870
EAST MANHATTAN							
NASSAU COUNTY MEDICAL							
CENTER-MEADOWBROOK CIV.	S. LOUIS	12	600	1,600	C2 006	10,112	144870
NEW YORK CITY							
ALBERT EINSTEIN COLLEGE OF							
MEDICINE AFFILIATED HOSPITALS	R. KATZMAN				10 031		193170
BRONX MUNICIPAL HOSPITAL CENTER	R. KATZMAN	60	1,092	3,625			
MONTEFIORE HOSPITAL AND MEDICAL	E. WEITZMAN	45	692	9,910			
CENTER							
HOSPITAL OF THE ALBERT EINSTEIN	R. KATZMAN	30	624				
COLLEGE OF MEDICINE	F. PLUM				C5 015	11,200	146670
CORNELL COOPERATING HOSPITALS	F. PLUM						
NEW YORK		22	532	3,549			
MEMORIAL HOSPITAL FOR CANCER AND	J. PCSNER	16	250	1,510			
ALLIED DISEASES							
MONTEFIORE HOSPITAL AND MEDICAL	SEE ALBERT EINSTEIN COLL. OF ME. AFFILIATED HOSPITALS						
CENTER							
MOUNT SINAI HOSPITAL TRAINING	M. B. BENDER				C8 023	11,000	14907C
PROGRAM	M. B. BENDER	110	1,600	2,427			
MOUNT SINAI	N. CHRISTOFF	29	569	2,031			
CITY HOSPITAL CENTER AT ELMHURST							
NEW YORK MEDICAL							
COLLEGE-METROPOLITAN HOSPITAL							
CENTER	R. J. STROBOS				C4 014		14737C
UNIT 1 - FLOWER AND FIFTH AVENUE							
HOSPITALS		4	111	721			
UNIT 2 - METROPOLITAN		40	613	2,153			
UNIT 3 - BIRCH STREET MEMORIAL							
HOSPITAL AND HOME		16	11				
NEW YORK UNIVERSITY MEDICAL							
CENTER	C. T. RANDT				C8 020		14647C
UNIVERSITY		28	671				
BELLEVUE HOSPITAL CENTER		38	412	3,714			
VETERANS ADMIN. (MANHATTAN)		70	449			12,805	
PRESBYTERIAN	R. L. MASLAND	130	2,652	15,091	C5 020	11,250	149570
ST. VINCENT'S HOSPITAL AND	J. G. CHUSID	33	466	2,069	C3 009	9,500	15007C
MEDICAL CENTER OF NEW YORK							
STATE UNIVERSITY-KINGS COUNTY	E. F. VASTOLA				C3 009		14267C
HOSPITAL CENTER		80	27	876		11,000	
STATE UNIVERSITY		20	197	3,093			
KINGS COUNTY HOSPITAL CENTER	S. P. DIAMOND, M. BENDER	53	282	1,620	C2 006	12,805	262770
VETERANS ADMIN. (BRONX)							
VETERANS ADMIN.							
(BRONX)-KINGSBROOK JEWISH							
MEDICAL CENTER	I. F. NORSTRAND				C5 011	12,805	150270
VETERANS ADMIN. (BROOKLYN)	I. F. NORSTRAND	98	459	375			
KINGSBROOK JEWISH MEDICAL CENTER	L. SCHNECK	23	345	782			
ROCHESTER							
STRONG MEMORIAL HOSPITAL OF THE							
UNIVERSITY OF ROCHESTER	R. J. JDYNT	19	581	1,089	C3 010		15117C
SYRACUSE							
S. U. N. Y. UPSTATE MEDICAL							
CENTER	G. S. ROSS				C2 006	10,400	151670
CROUSE IRVING-MEMORIAL							
STATE UNIVERSITY	G. S. ROSS	12	360	1,258			
VETERANS ADMIN.	M. CHIPMAN	18	143	858			
NORTH CAROLINA							
CHAPEL HILL							
NORTH CAROLINA MEMORIAL							
	T. W. FARMER	12	446	2,836	C2 006	7,500	190070
DURHAM							
DUKE UNIVERSITY AFFILIATED							
HOSPITALS	S. H. APPEL				C4 012		15297C
DUKE UNIVERSITY MEDICAL CENTER	S. H. APPEL	19	622	1,360		9,000	
VETERANS ADMIN.	K. WENG NG	19	327	1,117		9,250	
WINSTON-SALEM							
NORTH CAROLINA BAPTIST							
	J. TODDLE	21	848	1,181	C3 008	8,000	15377C
OHIO							
CINCINNATI							
UNIVERSITY OF CINCINNATI							
HOSPITAL GROUP	C. D. ARING				C2 006		15487C
CINCINNATI GENERAL		18	445	2,887		8,800	
VETERANS ADMIN.		20	274	1,006		9,893	
CLEVELAND							
CLEVELAND CLINIC							
CLEVELAND METROPOLITAN GENERAL	G. H. WILLIAMS, JR.	11	304	10,060	C2 006	9,500	196870
UNIVERSITY HOSPITALS OF	M. VICTOR	58	1,121	2,322	010	10,000	155370
CLEVELAND	J. M. FDLEY	20	518	1,634	C6 018	10,500	15627C
HIGHLAND VIEW	M. COLE	35	230	64			
VETERANS ADMIN.	J. M. FDLEY	37	428	279		9,267	
COLUMBUS							
OHIO STATE UNIVERSITY HOSPITALS							
	N. ALLEN	25	675	1,159	C2 006	8,000	15667C

## 11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	
OKLAHOMA OKLAHOMA CITY UNIVERSITY OF OKLAHOMA MEDICAL CENTER UNIVERSITY OF OKLAHOMA HOSPITALS VETERANS ADMIN.	R. I. DRUCKMAN	1 16	39 324	640 1,100	01	003	8,000	158970
OREGON PORTLAND UNIVERSITY OF OREGON AFFILIATED HOSPITALS GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS VETERANS ADMIN.	R. L. SWANK, R. GRIMM R. S. DOW R. L. SWANK R. L. SWANK	20 7 26	991 228 386	704 2,337 478	04	012	9,000 6,600 8,160	159970
PENNSYLVANIA PHILADELPHIA HANNEMANN MEDICAL COLLEGE AND HOSPITAL HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA PENNSYLVANIA TEMPLE UNIVERSITY AFFILIATED HOSPITALS ALBERT EINSTEIN MEDICAL CENTER ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN TEMPLE UNIVERSITY THOMAS JEFFERSON UNIVERSITY PITTSBURGH HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH PRESBYTERIAN-UNIVERSITY CHILDREN'S HOSPITAL OF PITTSBURGH	E. L. MANCALL L. P. ROWLAND F. A. ELLIOTT G. R. HAASE A. BANK G. R. HAASE G. R. HAASE R. A. CHAMBERS H. B. HIGMAN	20 44 36 3 39 15	275 837 332 265 164 225 680 440	900 3,797 1,541 338 299 1,564 1,493 1,236	03 02 04 03	009 018 006 010 009 009	9,600 10,650 10,200 10,200 10,300 10,000	162670 162870 163970 164670 163070 165270
PUERTO RICO SAN JUAN UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS UNIVERSITY DISTRICT MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	L. P. SANCHEZ LONGO	16	1,456	5,501	04	013	7,875	
SOUTH CAROLINA CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS MEDICAL UNIVERSITY OF SOUTH CAROLINA	R. TALBERT	16	518	3,847	03	009	7,600	168070
TENNESSEE MEMPHIS UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS CITY OF MEMPHIS HOSPITALS VETERANS ADMIN.	R. A. UTTERBACK	18 10	517 68	2,887 35	04	010	7,100 8,120	184470
NASHVILLE VANDERBILT UNIVERSITY AFFILIATED HOSPITALS VANDERBILT UNIVERSITY NASHVILLE METROPOLITAN GENERAL VETERANS ADMIN.	G. M. FENICHEL G. M. FENICHEL T. F. PAINE L. W. MC LAIN	9 18	281 366	1,748 936	01	003	8,500	170270
TEXAS DALLAS UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS PARKLAND MEMORIAL CHILDREN'S MEDICAL CENTER VETERANS ADMIN.	D. D. DALY, F. LAWRASON F. D. LAWRASON D. D. DALY L. M. PENCE	6 9 16	190 257 242	2,814 165 935	02	006	7,590 7,945	283570
CALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. R. CALVERLEY	20	468	3,568	02	006	8,400	171470
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS BEN TAUB GENERAL METHODIST VETERANS ADMIN.	J. S. MEYER	14 31 35	232 674 418	3,079 3,068 1,710	04	014	7,500 7,500 8,100	171670
UTAH SALT LAKE CITY UNIVERSITY OF UTAH AFFILIATED HOSPITALS UNIVERSITY VETERANS ADMIN.	L. W. JARCHO L. W. JARCHO	14	526	694	04	010	8,900	173270
VERMONT BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT	C. M. POSER	25	810	736	3	03 007	8,100	173470

11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	T. R. JOHNS	23	796	2,767	04	014	7,260	173770
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	C. SUTER				03	010		174370
MEDICAL COLLEGE OF VIRGINIA								
HOSPITALS	C. SUTER	34	914	5,263			7,260	
VETERANS ADMIN.	H. R. HOWELL	50	160	212			9,060	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	P. D. SWANSON				03	009		191870
CHILDREN'S ORTHOPEDIC HOSPITAL								
AND MEDICAL CENTER	C. CARLSON	9	406	10,000				
HARBORVIEW MEDICAL CENTER	M. SLMI	11	421	1,319				
UNIVERSITY	P. D. SWANSON	10	380	2,856			7,704	
VETERANS ADMIN.	H. LEFFMAN	14	270	607			7,704	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	L. GUTHMANN	17	629	3,399	03	009	9,000	183770
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	F. M. FORSTER				07	018		
UNIVERSITY HOSPITALS	F. M. FORSTER	30	742	2,677			9,500	177970
VETERANS ADMIN.	B. MESSERT	30	359	603				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	P. T. WHITE				02	006		178470
MILWAUKEE COUNTY GENERAL	P. T. WHITE	12	243	1,770			10,000	
MILWAUKEE CHILDREN'S	P. R. DYKEN	2	81	1,068				
VETERANS ADMIN. CENTER (WOOD)	E. JIMENEZ	58	502	1,829			10,409	

11. NEUROLOGY

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 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 levels.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
PENNSYLVANIA								
CGATESVILLE								
VETERANS ADMIN.	R. A. FARMER	60	241	214	02	006	8,800	273970

11. NEUROLOGY

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 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 levels.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA								234170
NONFEDERAL AND VETERANS ADMINISTRATION								
ILLINOIS								
CHICAGO								
NORTHWESTERN UNIVERSITY MEDICAL CENTER								
CHILDREN'S MEMORIAL	M. B. LARSEN	8	317	1,571	02	006	11,000	184270
PENNSYLVANIA								
PHILADELPHIA								
CHILDREN'S HOSPITAL OF PHILADELPHIA	P. H. BERMAN	7	204	424	01	003	10,000	186370



## 12. OBSTETRICS-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 Obstetricians and Gynecologists through the Residency Review Committee for Obstetrics-Gynecology, as offering full training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
CALIFORNIA DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	J. E. WESP	30	2,410	48,162	4	C3	011		
MISSISSIPPI U.S.A.F. MEDICAL CENTER, BILDXI	A. MORALES-PEREIRA	29	2,292	33,423	4	C2	008		
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. J. HALKI	55	3,655	56,391	4	C3	012		
UNITED STATES ARMY									
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	J. A. ALSTIN	26	1,771	37,541	3	C3	009		100471
COLORADO FITZSIMONS GENERAL, DENVER	K. DEUBLER	38	2,643	32,301	3	C3	009		100471
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	R. E. ROGERS	49	2,254	36,477	3	C3	009		100471
HAWAII TRIPLER GENERAL, HONOLULU	D. L. VALGHN	62	5,312	59,734	3	C4	012		100471
TEXAS WILLIAM BEAUMONT GENERAL, EL PASO	J. W. PEARSON	42	3,758	57,422	3	C4	012		100471
BROCKE GENERAL, SAN ANTONIO	G. D. PLUNKETT	40	2,522	46,247	3	C3	009		100471
WASHINGTON MADIGAN GENERAL, TACOMA	J. L. GIBSON	41	3,862	63,005	3	C4	012		100471
UNITED STATES NAVY									
CALIFORNIA NAVAL, OAKLAND	J. F. WURZEL	32	2,632	28,598	3	C2	006		181371
NAVAL, SAN DIEGO	W. E. LLICAS	70	5,785	86,364	3	C4	013		181471
ILLINOIS NAVAL, GREAT LAKES	R. C. DRIPS	24	2,117	39,330	3	C2	006		182171
MARYLAND NAVAL, BETHESDA	E. B. MC MAHON	38	2,920	55,638	3	C2	006		182371
MASSACHUSETTS NAVAL, CHELSEA	S. BARCHET	21	1,388	16,588	3	C1	003		182571
PENNSYLVANIA NAVAL, PHILADELPHIA	R. F. KIRK	20	1,635	21,180	3	C2	006		183171
VIRGINIA NAVAL, FORTSMOUTH	R. L. BAKER	110	7,039	63,440	3	C4	016		183271
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	A. D. LANDRY	18	1,244	13,584	3	C1	003		183571
OTHER FEDERAL									
CANAL ZONE GORGAS, BALBOA HEIGHTS	J. K. NEWTON	30	2,079	18,896	3	C1	003	11,386	180671
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA BIRMINGHAM CARRAWAY METHODIST UNIVERSITY OF ALABAMA MEDICAL CENTER	C. TYNDAL	44	2,618	2,184	3	C1	003	10,200	100671
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS FAIRFIELD	C. E. FLOWERS, JR.	55	5,125	12,497	3	C5	015	8,850	100771
MOBILE MOBILE GENERAL	J. P. HARDY	19	1,273	15,830	3	C1	003	11,400	100871
MOBILE GENERAL	D. M. OTTS, JR.	38	3,282	6,972	3	C2	006	9,240	185271
ARIZONA PHOENIX GOOD SAMARITAN MARICOPA COUNTY GENERAL ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	W. B. CHERNY	83	7,322	2,569	3	C3	012	10,800	101171
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	W. E. CRISP, L. ASADOURIAN	34	3,470	4,915	3	C2	006	10,795	189871
TUCSON UNIVERSITY	R. J. JENNETT	58	5,511	4,993	3	C2	006	10,200	101271
UNIVERSITY	C. D. CHRISTIAN				3	C3	010	10,170	202171
ARKANSAS LITTLE ROCK UNIVERSITY	D. L. BARCLAY	70	3,800	21,500	3	C3	012	7,000	101871

12. OBSTETRICS-GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
CALIFORNIA BAKERSFIELD KERN COUNTY GENERAL DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	L. E. SMALE	21	2,059	12,585	3	02	006	12,000	192171
FONTANA KAISER FOUNDATION	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA								
FRESNO VALLEY MEDICAL CENTER OF FRESNO	H. L. TIECHE	28	2,950	15,476	3	C2	006	13,416	102271
GLENDALE GLENDALE ADVENTIST	Y. I. HAHN	28	2,520	9,241	3	01	003	10,200	102371
LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	H. F. ZIPRICK				3	G4	012		204571
LOMA LINDA UNIVERSITY KAISER FOUNDATION (FONTANA)	H. F. ZIPRICK, R. M. NELSON	26	1,938	25,113				9,970	
KAISER FOUNDATION (FONTANA)	W. R. GROEBER	51	4,003	39,385					
RIVERSIDE GENERAL (RIVERSIDE)	W. W. BROWN, G. STRIEPEKE	23	1,904	8,141				10,649	
LONG BEACH MEMORIAL HOSPITAL OF LONG BEACH	S. G. PILLSBURY, JR.	75	5,368	2,800	3	C1	003	11,200	102771
LOS ANGELES CALIFORNIA HOSPITAL MEDICAL CENTER	R. J. FUTORAN	46	3,834	6,883	3	02	006	11,000	102971
CEDARS-SINAI MEDICAL CENTER CEDARS OF LEBANON HOSPITAL DIVISION	M. WADE	68	6,888	7,833	4	03	012	12,000	103071
KAISER FOUNDATION LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	A. SALTZ	74	7,092	96,393	3	C5	014	10,800	205571
QUEEN OF ANGELS	E. J. QUILLIGAN	224	21,756	50,631	4	C8	032	13,656	103371
U. C. L. A.	R. NATALE	43		5,201	3	02	006	12,000	103671
WHITE MEMORIAL MEDICAL CENTER	J. G. MOORE	40	3,610	19,699	4	04	015	8,900	195671
OAKLAND HIGHLAND GENERAL KAISER FOUNDATION	M. NAKAMOTO	40	3,554	18,876	3	C3	009	10,800	104071
L. PARKER		21	1,842	10,923	3	C2	006	9,156	104171
L. ROTH		37	4,552	66,220	3	04	012	9,980	104271
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	J. H. MC CLURE	32	3,277	17,792	3	03	009	13,000	208771
RIVERSIDE RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA								
SACRAMENTO KAISER FOUNDATION SACRAMENTO MEDICAL CENTER	A. J. KAHANE	36	3,789	387,435	3	C2	006	9,000	209771
SAN BERNARDINE SAN BERNARDINE COUNTY GENERAL	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS								
SAN DIEGO MERCY HOSPITAL AND MEDICAL CENTER	W. J. SPANOS	20	1,809	9,392	3	C1	004	10,600	104771
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	J. F. WANLESS	53	5,235	11,265	3	02	006	9,300	104871
SAN FRANCISCO KAISER FOUNDATION	K. J. RYAN, J. F. WANLESS	28	3,081	7,279	3	C2	006	8,900	104971
MOUNT ZION HOSPITAL AND MEDICAL CENTER	H. B. NELSON	47	4,856	51,838	3	C3	009	9,500	195971
UNIVERSITY OF CALIFORNIA PROGRAM CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	J. A. KERNER	38	3,645	6,003	3	C1	003	9,760	105471
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	E. W. PAGE				4	C6	021		212571
SAN FRANCISCO GENERAL	G. A. WEBB	56	5,382	5,984				9,900	
SAN JOSE SANTA CLARA VALLEY MEDICAL CENTER	E. W. PAGE	39	1,521	23,052				8,900	
SANTA CLARA KAISER FOUNDATION	R. W. SMITH	28	2,247	16,530				9,921	
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
STANFORD UNIVERSITY SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	C. E. MC LENNAN	62	4,861	12,826	3	C6	018	8,480	189971
KAISER FOUNDATION (SANTA CLARA)	C. E. MC LENNAN								
STOCKTON SAN JOAQUIN GENERAL	E. W. LOWE	20	2,040	14,063				10,524	
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	D. HARRINGTON	19	2,600	16,305	3	C2	006	10,386	102171
J. MARSHALL		60	5,678	16,594	4	04	016	13,656	106771
COLORADO DENVER ST. JOSEPH'S UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	C. H. ALEXANDER	73	5,861	5,006	3	02	006	9,200	107471
UNIVERSITY OF COLORADO MEDICAL CENTER	E. S. TAYLOR				3	C6	018		107671
DENVER GENERAL	E. S. TAYLOR	42	3,990	23,127				9,200	
UNIVERSITY OF COLORADO COMMUNITY PROGRAM	H. E. THOMPSON	37	3,584	12,921					
DENVER GENERAL	H. E. THOMPSON	37	3,584	12,921	3	C3	009		215771
GENERAL ROSE MEMORIAL	S. GOODMAN	52	4,450	4,218				9,200	
ST. LUKE'S	E. S. TAYLOR	52	3,724	142				9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	E. S. TAYLOR	42	3,990	23,127				9,200	

## 12. OBSTETRICS-GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT									
BRIDGEPORT	J. R. LYDDY	49	4,750	4,378	3	C2	006	10,350	107971
ST. VINCENT'S	H. S. ECKELS	32	3,203	1,154	3	C1	003	10,500	108071
HARTFORD									
HARTFORD	R. C. BURCHELL	110	8,604	9,689	3	C3	009	9,800	108371
MOUNT SINAI	D. ROBINSON	25	3,002	2,840	3	C1	002	10,000	185471
ST. FRANCIS	J. M. GIBBONS	86	7,542	9,914	3	C3	009	7,800	108571
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION	J. N. BLECHNER	47	4,517	1,895	3	C2	006	9,000	216771
NEW BRITAIN GENERAL (NEW BRITAIN)	J. N. BLECHNER	47	4,517	1,895				9,000	
NEW BRITAIN									
NEW BRITAIN GENERAL	SEE UNIVERSITY OF CONN. HOSPITAL-MC COOK DIVISION, HARTFORD								
NEW HAVEN									
YALE-NEW HAVEN MEDICAL CENTER	N. G. KASE	98	8,799	20,876	4	C5	018	10,450	108971
YALE-NEW HAVEN									
NEW LONDON									
LAWRENCE AND MEMORIAL HOSPITALS	J. T. MURRAY	35	3,263	1,745	3	C1	003	8,000	217771
STAMFORD									
STAMFORD	A. BELLWIN	24	2,320	3,758	3	C1	003	10,325	109571
DELAWARE									
WILMINGTON									
WILMINGTON MEDICAL CENTER	A. H. SEEGER	119	11,608	8,951	3	04	012	9,400	109971
DELAWARE DIVISION									
WILMINGTON GENERAL DIVISION									
DISTRICT OF COLUMBIA									
WASHINGTON									
FREEDMEN'S	J. F. J. CLARK	57	4,094	4,934	4	04	016	10,700	219371
DISTRICT OF COLUMBIA GENERAL (HOWARD UNIVERSITY SERVICE)	A. M. BRADFORD	71	7,044	14,297				10,710	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	P. D. BRUNS			14,297	3	06	016		185971
GEORGETOWN UNIVERSITY	P. D. BRUNS	54	4,035	6,297				10,000	
DISTRICT OF COLUMBIA GENERAL	F. J. BEPKO, JR.	71	7,044	14,297				10,710	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	J. G. SITES				3	09	027		219771
GEORGE WASHINGTON UNIVERSITY	J. G. SITES	69	5,862	3,312				9,500	
COLUMBIA HOSPITAL FOR WOMEN		121	12,234	13,508					
FAIRFAX (FALLS CHURCH, VA.)	N. J. PRICE	53	7,162	3,554					
PROVIDENCE	P. D. PROTOS, J. HARRINGTON	48	4,418	4,516	3	C2	006	10,000	180371
WASHINGTON HOSPITAL CENTER	W. F. PETERSON	102	9,767	13,558	4	C3	012	9,500	180071
FLORIDA									
GAINESVILLE									
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	H. PRYSTOWSKY	41	2,880	12,187	4	03	012	7,000	182471
JACKSONVILLE									
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	R. J. THOMPSON				3	06	018	8,600	221371
BAPTIST MEMORIAL	A. G. JONAS	43	3,678	2,334					
ST. VINCENT'S UNIVERSITY HOSPITAL OF JACKSONVILLE	R. J. THOMPSON	38	3,665	12,805					
MIAMI									
JACKSON MEMORIAL	W. A. LITTLE	125	7,473	13,576	3	C5	020	9,800	221771
MIAMI BEACH									
MOUNT SINAI HOSPITAL OF GREATER MIAMI	H. KRAFF	35	3,091	7,912	3	02	006	9,900	110571
ORLANDO									
ORANGE MEMORIAL	R. M. BLEAKNEY	83	6,940	3,645	3	C2	006	9,000	110771
PENSACOLA									
PENSACOLA EDUCATIONAL PROGRAM	E. GEIGER, G. T. COUCH				3	02	006	10,200	182671
BAPTIST		46	3,521	685					
SACRED HEART		38	2,377	571					
UNIVERSITY		19	1,572	5,710					
ST. PETERSBURG									
BAYFRONT MEDICAL CENTER	W. S. MC KEITHEN	51	4,336	9,283	3	C1	003	10,080	191171
TAMPA									
TAMPA GENERAL	J. M. INGRAM	59	5,061	4,832	3	C2	006	8,925	110971
GEORGIA									
ATLANTA									
CRAWFORD W. LONG MEMORIAL	E. G. BOWEN	57	2,824	5,043	3	02	006	8,400	111171
GEORGIA BAPTIST	M. SEALEY	110	7,248	578	3	02	006	7,500	111271
GRADY MEMORIAL	J. D. THOMPSON	138	8,822	43,136	3	10	026	8,400	111371
AUGUSTA									
MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. A. SCOGGIN				4	04	016		222371
EUGENE TALMADGE MEMORIAL		38	1,971	13,033				8,100	
UNIVERSITY		23	2,485	5,668					
MACON									
MACON	G. W. JACKSON	73	5,829	9,359	3	03	009	10,200	112071
SAVANNAH									
MEMORIAL MEDICAL CENTER	R. W. SCARBROUGH	27	2,160	5,519	3	C1	003	7,800	197171
HAWAII									
HONOLULU									
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. A. KRIEGER				3	C3	009	10,500	223171
KAPICLANI MATERNITY AND GYNECOLOGICAL	J. A. KRIEGER	92	10,358	4,253					
QUEEN'S MEDICAL CENTER	G. GOTO, J. OHTANI	22	2,665	4,287					

## 12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS									
BERWYN									
MAC NEAL MEMORIAL	D. M. FARLEY	48	3,723	3,022	3	C2	006	10,020	112171
CHICAGO									
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS									
MCUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	R. C. STEPTO	36	13,026	7,972	4	C3	008	9,600	114471
COOK COUNTY	A. F. LASH, A. WEBSTER	205	18,048	35,237	3	C8	028	10,900	112771
ILLINOIS MASONIC MEDICAL CENTER	J. J. BARTON	52	3,859	4,668	3	C2	006	10,000	113771
MERCY HOSPITAL AND MEDICAL CENTER	C. J. SMITH	60	3,993	5,124	3	C2	006	10,200	114171
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	A. SCOMMEGNA	95	6,794	16,829	4	C4	016	10,850	114271
NORTHWESTERN UNIVERSITY MEDICAL CENTER									
CHICAGO WESLEY MEMORIAL	D. N. DANFORTH	50	3,597	2,403	4	C2	008	11,000	116271
CHICAGO MATERNITY CENTER	B. E. TUCKER			10,698				10,000	
PASSAVANT MEMORIAL	J. I. BREWER	47	2,972	7,204	3	C2	006	11,000	114671
EVANSTON (EVANSTON)	T. W. MC ELLIN	46	4,357	4,178	4	01	004	11,500	116771
PREBYTERIAN-ST. LUKE'S	G. D. WILBANKS, JR.	80	4,310	15,571	3	C4	016	9,946	114771
ST. JOSEPH	D. FAHRENBACH	56	4,192	6,873	3	C2	006	10,600	115571
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	F. P. ZUSPAN	76	5,531	30,395	3	C6	025	10,000	116071
UNIVERSITY OF ILLINOIS	R. M. WYNN	53	3,695	27,765	3	C4	010	10,560	225171
EVANSTON									
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO								
ST. FRANCIS	J. H. ISAACS	40	2,783	4,085	3	01	003	10,600	116871
MAYWOOD									
LOYOLA UNIVERSITY	J. A. O' LEARY	17	1,096	3,617	4	C2	005	9,600	226171
DAK LAWN									
CHRIST COMMUNITY	G. VLASIS	47	4,506	626	3	C2	006	8,500	113171
PEORIA									
ST. FRANCIS	J. D. MURPHY	67	5,362	3,278	3	C2	006	8,200	117571
INDIANA									
EVANSVILLE									
ST. MARY'S	C. C. YOUNG, JR.	42	3,466	1,264	3	C1	003	10,800	194171
INDIANAPOLIS									
INDIANA UNIVERSITY MEDICAL CENTER									
INDIANA UNIVERSITY HOSPITALS	C. A. HUNTER	49	3,227	7,437	3	C6	018	9,500	227371
MARION COUNTY GENERAL			4,586	21,632					
METHODIST HOSPITAL OF INDIANA	J. T. BENSON	85	6,623	6,655	3	C3	005	10,600	118871
ST. VINCENT'S	P. F. MULLER	44	3,218	5,911	3	C2	006	11,280	118971
IOWA									
IOWA CITY									
UNIVERSITY OF IOWA HOSPITALS	W. C. KEETTEL	116	5,105	34,222	3	C6	017	9,500	120371
KANSAS									
KANSAS CITY									
UNIVERSITY OF KANSAS MEDICAL CENTER	K. E. KRANTZ	51	4,248	28,495	3	C5	012	9,500	120871
KENTUCKY									
LEXINGTON									
UNIVERSITY	J. W. GREENE, JR.	39	2,856	15,169	3	C4	012	8,000	230371
LOUISVILLE									
ST. JOSEPH INFIRMARY	J. CHILDERS	56	3,829	6,233	3	C1	003	8,900	122071
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS									
LOUISVILLE GENERAL	W. M. WOLFE	45	2,507	11,597	3	C4	012	8,100	230971
LOUISIANA									
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA									
LOUISIANA STATE UNIVERSITY DIVISION	A. MICKAL	103	5,371	2,093	3	C9	025	7,800	122471
TULANE UNIVERSITY DIVISION	C. COLLINS	99	5,120	679	3	C6	018	7,800	232071
OCHSNER FOUNDATION	J. C. WEED	22	1,419	25,018	3	C2	006	8,500	196671
SOUTHERN BAPTIST	J. H. COLLINS	48	6,288	2,607	3	C2	006	7,800	122871
SHREVEPORT									
CONFEDERATE MEMORIAL MEDICAL CENTER	A. T. FORT	60	5,246	13,169	3	C3	009	7,800	123271
MARYLAND									
BALTIMORE									
BALTIMORE CITY HOSPITALS									
BDN SECOURS	D. F. KALTREIDER	52	4,316	17,541	3	07	028		123771
CHURCH HOME AND HOSPITAL	J. A. ENGERS, JR.	32	2,791	6,153	3	C2	006	9,600	123871
FRANKLIN SQUARE	N. J. KCHLERMAN	38	2,698	7,016	3	C2	006	10,750	232571
GREATER BALTIMORE MEDICAL CENTER	G. A. GLOWACKI	24	1,651	2,444	3	C2	006	9,300	124071
JOHNS HOPKINS	E. S. DIGGS	93	7,246	7,057	4	C3	010	10,000	124171
LUTHERAN HOSPITAL OF MARYLAND	H. W. JONES, JR.	104	6,960	30,069	4	C6	022	9,500	124271
MARYLAND GENERAL	N. LEVIN				3	C2	006		124371
MERCY	G. WELLS	42	3,137	3,356	3	C2	006	10,750	124471
ST. AGNES	J. P. DURKAN	40	2,820	5,596	3	C2	006	10,500	124571
ST. JOSEPH	J. CASTELLANO	57	5,065	3,947	3	C2	006	9,500	124771
SINAI HOSPITAL OF BALTIMORE	C. E. RYBCZYNSKI	56	4,561	2,791	3	C2	006	9,500	124871
UNION MEMORIAL	J. S. HARRIS	86	7,475	16,748	3	C4	011	10,700	124971
UNIVERSITY OF MARYLAND	J. M. HAMS	38	2,884	9,862	4	C2	008		125171
CHEVERLY	A. L. HASKINS	46	3,862	25,340	3	04	016	11,100	125271
PRINCE GEORGE'S GENERAL	J. S. HAUGHT	37	5,402	7,375	3	C1	004	9,000	190571

## 12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered		Annual Salary (Min.)	NIRMP Number
						1972-1973 1st Yr.	All Yrs.		
MASSACHUSETTS									
BOSTON									
BETH ISRAEL	E. A. FRIEDMAN	63	5,768	14,644	4	04	016	9,500	125671
BOSTON CITY	D. CHARLES	74	4,786	29,404	3	07	017	9,600	125771
BOSTON HOSPITAL FOR WOMEN	D. E. REID	193	14,166	40,406	3	06	014		236571
ST. ELIZABETH'S HOSPITAL OF BOSTON	J. WHELTON	36	2,811	4,235	3	02	006	9,500	126671
TUFTS UNIVERSITY AFFILIATED HOSPITALS	G. W. MITCHELL, JR.				3	04	012	9,500	239471
CARNEY		11	804	896					
NEW ENGLAND MEDICAL CENTER HOSPITALS		14	544	10,000					
ST. MARGARET'S		120	9,074	19,122					
PITTSFIELD									
BERKSHIRE MEDICAL CENTER	J. A. REDER	55	1,862	2,020	4	02	005	9,600	128171
SPRINGFIELD	S. J. ZWIREK	109	8,765	6,879	3	03	009	9,300	241371
WESSON WOMEN'S									
MICHIGAN									
ANN ARBOR									
ST. JOSEPH MERCY	N. L. BANGHART	54	4,420	3,649	3	02	006	10,000	129271
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	J. R. WILLSON				3	06	023		129371
UNIVERSITY		76	4,697	17,924				8,600	
WAYNE COUNTY GENERAL (ELOISE)		35	3,221	10,207				9,169	
DEARBORN									
OAKWOOD	W. J. YETZER	87	7,045	1,370	3	02	008	10,800	194671
DETROIT									
CRITTENTON	A. A. HODARI	51	3,648	12,905	4	02	008	9,600	242971
DETROIT-MACOMB HOSPITALS	A. HODARI	20	2,105	12,581		03	012	10,200	129671
DETROIT MEMORIAL		31	3,168						
SOUTH MACOMB (WARREN)		93	6,077	1,609	4	03	012	9,900	129871
GRACE	L. B. STEVENSON	58	3,301	36,898	4	03	012	10,300	130071
HENRY FORD	C. P. HODGKINSON	55	3,365	3,717	4	02	008	10,800	130271
MOUNT CARMEL MERCY	J. M. MALONE	94	7,212	2,339	4	03	012	10,800	191571
ST. JOHN	P. C. DI LCRETO	34	2,224	6,675	4	01	004	10,600	130471
ST. JOSEPH MERCY	R. G. WALKOWIAK	88	6,394	3,609	3	04	012	9,600	192671
SINAI HOSPITAL OF DETROIT	A. I. SHERMAN								
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	T. N. EVANS	21	1,248	3,995	4	09	036		129571
DETROIT GENERAL	T. N. EVANS	31	1,519	1,025				9,800	
HARPER	L. P. HEATH	165	10,834	17,724				9,900	
HUTZEL	T. N. EVANS							10,300	
ELOISE									
WAYNE COUNTY GENERAL	SEE UNIV. OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR								
FLINT									
HURLEY	J. W. HALLITT		4,210	1,618	3	02	005	8,900	130771
GRAND RAPIDS									
BUTTERWORTH	K. VANDER KOLK	76	5,832	1,999	3	02	006	9,000	131071
ST. MARY'S HOSPITAL-BLODGETT MEMORIAL	H. C. VISSCHER	32	2,514	1,716	3	02	006	9,000	131171
ST. MARY'S		50	4,280	1,573					
BLODGETT MEMORIAL									
HIGHLAND PARK									
HIGHLAND PARK GENERAL	W. CHAVIS	44	2,887	1,111	3	01	003	10,800	131271
PONTIAC									
PONTIAC GENERAL	R. L. SEGULA	72	6,197	2,776	3	03	005	10,800	131871
ST. JOSEPH MERCY	M. KRANE, W. H. SWARTZ	42	3,215	1,362	3	02	006	10,800	131971
ROYAL OAK									
WILLIAM BEAUMONT	R. R. MARGULIS	109	8,773	2,802	3	04	012	10,500	197871
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS									
SAGINAW GENERAL	H. C. MATTHEWS	65	4,833	597	3	02	006	9,600	132071
SOUTHFIELD									
PROVIDENCE	E. GILEWSKI	56	4,222	3,616	3	02	006	11,700	130371
WARREN									
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT								
MINNESOTA									
MINNEAPOLIS									
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	J. J. SCIARRA				4	06	024		133471
HENNEPIN COUNTY GENERAL UNIVERSITY OF MINNESOTA HOSPITALS	D. W. FREEMAN	31	2,529	12,771				8,250	
ST. MARY'S	J. J. SCIARRA	29	1,599	12,413				8,000	
ST. JOSEPH'S (ST. PAUL)	L. ADCOCK	63	5,000	2,500				11,000	
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	D. G. DECKER	64	4,927	40,934	4	04	016	7,300	132871
ST. PAUL									
ST. JOSEPH'S	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS., MINNEAPOLIS								
ST. PAUL-RAMSEY	E. HAKANSON	50	1,834	15,127	4	02	008	9,500	133571
MISSISSIPPI									
JACKSON									
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY	H. A. THIEDE	54	4,309	12,174	3	04	012	8,500	195771
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	D. G. HALL	55	1,661	13,019	4	02	008	9,000	199471
KANSAS CITY									
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	G. L. MILLER	32	2,975	15,806	3	03	006	9,285	134371
MEMORIAL MEDICAL CENTER	H. J. WINER	33	2,266	1,110	3	01	003		134571
ST. LUKE'S	R. L. NEWMAN	69	4,334	8,715	3	03	009	8,820	134871

12. OBSTETRICS-GYNECOLOGY - Continued

MISSOURI - CONTINUED		Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
ST. LOUIS									
BARNES HOSPITAL GROUP		J. C. WARREN	96	5,535	16,500	4	C4 016	9,500	135371
HOMER G. PHILLIPS		S. MONAT	53	3,550	5,909	3	C3 009	8,492	135771
JEWISH HOSPITAL OF ST. LOUIS		D. REITHMAN	64	4,464	5,985	4	C2 008	10,700	135871
ST. JOHN'S MERCY MEDICAL CENTER		R. I. C. MUCKERMAN	97	7,328	4,993	3	C3 009	7,560	136271
ST. LOUIS COUNTY		J. R. VAUGHAN	17	1,306	6,840	3	C1 003	6,600	134271
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS		D. CAVANAGH	159	10,825	19,197	3	C4 012	9,600	136571
FIRMEN DESLOGE GENERAL		D. CAVANAGH	46	3,610	11,859			8,491	
ST. LOUIS CITY		D. CAVANAGH, H. OTT, JR.	70	4,951	1,420			9,600	
ST. MARY'S									
NEBRASKA									
OMAHA									
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS		R. J. LUBY	120	2,017	7,605	3	03 009	9,600	250171
CREIGHTON MEMORIAL ST. JOSEPH'S UNIVERSITY OF NEBRASKA		W. PEARSE	27	1,880	11,744	3	C3 009	9,000	137671
NEW JERSEY									
CAMDEN									
CCOPER		F. LOVETT, L. ROSE	71	3,504	6,719	3	C2 006	10,500	138071
JERSEY CITY		H. P. WAGER	134	10,292	32,429	3	C4 012	9,500	251771
MARGARET HAGUE MATERNITY		J. L. BREEN	86	5,852	14,955	3	C3 009	10,200	139671
LIVINGSTON		A. J. HALPERN	29	2,643	6,273	3	C1 003	11,000	139271
ST. BARNABAS MEDICAL CENTER		E. FOOD	22	1,670	3,463	3	C1 003	6,600	138371
LONG BRANCH									
MONMOUTH MEDICAL CENTER									
MOUNT HOLLY									
BURLINGTON COUNTY MEMORIAL									
NEPTUNE									
JERSEY SHORE MEDICAL CENTER - FITKIN		D. W. PAYNE, J. AYERS, JR.	40	3,217	4,312	3	C1 003	8,100	139571
NEWARK									
HARTLAND		H. A. KAMINETZKY	77	6,107	40,706	3	C5 015	10,500	139871
NEWARK BETH ISRAEL MEDICAL CENTER		H. SCHWARTZ	66	5,013	3,332	3	C2 006	10,800	139771
ST. MICHAEL'S MEDICAL CENTER		E. J. SLOWINSKI	45	2,979	5,630	3	C2 006	10,300	139971
PATERSON									
ST. JOSEPH'S		J. A. OOLAN	47	3,910	5,815	3	C2 006	10,320	140671
TRENTON									
ST. FRANCIS		F. SEILER	45	3,601	3,729	3	C2 006	9,000	141171
NEW MEXICO									
ALBUQUERQUE									
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS		R. A. MUNSICK	31	2,777	19,115	3	C4 012	8,032	196271
BERNALILLO COUNTY MEDICAL CENTER									
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS		T. M. KING				3	C4 012		141471
ALBANY MEDICAL CENTER		T. M. KING	73	5,247	4,545			9,600	
ST. PETER'S		J. J. CASSIDY	67	5,379	2,054			10,000	
BUFFALO									
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS		N. G. COUREY	64	4,312	8,893	4	02 008	10,000	143771
DEACONESS HOSPITAL OF BUFFALO		R. V. MOESCH	96	5,792	4,047	4	03 009	10,000	144071
MILLARD FILLMORE		M. UNHER	82	5,885	4,411	4	C2 008	9,509	144171
SISTERS OF CHARITY		R. GOPLERUD				3	C4 012		256971
UNIVERSITY RESIDENCY		P. K. BIRTCH	55	3,959	5,840				
BUFFALO GENERAL		R. PATTERSON	57	6,283	159			9,500	
CHILDREN'S HOSPITAL OF BUFFALO		D. R. GOPLERUD	28	1,680	9,081				
EDWARD J. MEYER MEMORIAL		J. BARLOW	29	587	4,589			8,273	
ROSWELL PARK MEMORIAL INSTITUTE									
COOPERSTOWN									
MARY IMogene EASSETT		D. H. BARKS, R. ANDRESEN	7	559	6,712	3	C1 001	11,000	144271
EAST MEADOW									
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.		S. L. MARCUS	43	2,970	10,687	4	C3 012	10,112	144871
MERCY (ROCKVILLE CENTRE)		E. N. CARTNICK	59	4,556	1,744				
JOHNSON CITY									
CHARLES S. WILSON MEMORIAL		W. DIXON	37	2,810	3,050	3	C1 003	9,400	145271
MANHASSET									
NORTH SHORE		A. N. FENTON	55	5,278	4,378	4	C2 008	12,000	146771
MINEOLA									
NASSAU		J. MALFETANO	48	4,038	1,544	3	C1 003	12,000	145571
MOUNT VERNON									
MOUNT VERNON		N. M. WEINROD	30	2,243	3,522	3	C1 003	9,500	145771
NEW HYDE PARK									
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM		A. H. ROSENTHAL				3	C4 012	11,000	196371
LONG ISLAND JEWISH MEDICAL CENTER		A. H. ROSENTHAL	50	4,526	1,793				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		F. BENJAMIN	58	3,511	19,562				
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS		S. L. ROMNEY	87	8,797	22,226	4	C6 024		193171
BRONX MUNICIPAL HOSP. CTR.-HOSP. OF ALBERT EINSTEIN COLL. OF MEDICINE									
BRONX MUNICIPAL HOSPITAL CENTER									
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE									
LINCLEN		I. H. KAISER	50	3,572	23,925	4	03 009	11,000	148471
BETH ISRAEL MEDICAL CENTER		G. BLINICK	91	6,050	31,547	4	C4 014	11,000	147071
BRONX-LEBANON HOSPITAL CENTER		R. S. NEUWIRTH	92	6,420	25,647	3	C4 012	10,500	147171
BROOKDALE HOSPITAL CENTER		S. BIRNBAUM	79	6,203	13,842	4	C4 016	11,600	141971

## 12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
BROOKLYN - CUMBERLAND MEDICAL CENTER	V. TRICOMI	119	8,381	23,185	4	C5 020	11,000	142071
BROOKLYN WOMENS CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	A. A. KATZ	40	3,586	12,399	3	02 006	8,500	259571
MARY IMMACULATE DIVISION ST. MARY'S DIVISION	D. A. CONNORS D. A. CONNORS	30	2,416	13,224	3	C3 009	9,500	145071
FLUSHING HOSPITAL AND MEDICAL CENTER	L. H. TISDALL	47	3,216	7,543				
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER FRENCH DIVISION	G. J. LAWRENCE, JR.	38	3,008	1,893	4	C1 004	9,000	144571
POLYCLINIC DIVISION	L. J. CARLSON	56	4,698	7,904	4	C1 004	11,500	147571
HARLEM HOSPITAL CENTER JAMAICA	D. P. SWARTZ M. M. ABITBOL	117	5,038	47,753	4	C6 024	9,500	147871
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN GREENPOINT	M. A. SCHIFFER M. A. SCHIFFER	96	7,010	12,857	4	C5 020	11,000	142571
JEWISH MEMORIAL LENOX HILL	R. LANDESMAN H. R. K. BARBER	37	2,461	17,536			11,000	
LONG ISLAND COLLEGE LUTHERAN MEDICAL CENTER	M. A. SCHIFFER R. LANDESMAN	38	3,056	4,348	3	C2 003	9,500	148071
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	H. R. K. BARBER H. FREEDMAN	55	3,530	9,064	4	C2 008	12,000	148371
MAIMONIDES MEDICAL CENTER CONEY ISLAND	H. FREEDMAN G. S. ZAROU	57	3,973	7,096	4	C2 008	11,000	142771
METHODIST HOSPITAL OF BROOKLYN MISERICORDIA - FORDHAM TRAINING PROGRAM	G. S. ZAROU W. POMERANCE	50	3,060	7,989	3	C2 006	11,000	143671
MISERICORDIA FORDHAM	A. VASICKA	99	6,060	7,625	4	C4 016	11,000	142871
MONTEFIORE HOSPITAL TRAINING PROGRAM	C. A. B. CLEMETSON	29	1,627	7,156			9,500	
MONTEFIORE HOSPITAL AND MEDICAL CENTER MORRISANIA CITY	C. A. B. CLEMETSON S. G. BERGESS	60	4,600	10,000	4	C3 012	12,000	142571
MOUNT SINAI HOSPITAL TRAINING PROGRAM	S. G. BERGESS	121	3,867	6,991	3	C5 015	11,500	148671
MOUNT SINAI HOSPITAL TRAINING PROGRAM	N. HERZIG	36	3,457	24,447				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	N. HERZIG	13	356	1,796	4	C3 012	11,000	148771
MOUNT SINAI HOSPITAL TRAINING PROGRAM	N. HERZIG	43	3,821	17,815				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	S. B. GUSBERG	95	6,700	32,854	4	C6 025	11,000	149071
MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST NEW YORK	S. B. GUSBERG J. J. ROVINSKY	56	4,291	26,668				
NEW YORK INFIRMARY	F. FUCHS, S. BIRNBAUM	130	9,250	32,873	4	05 022	11,200	149271
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	E. C. CLINE	51	3,837	6,034	3	02 006	9,050	187571
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	M. L. STONE				4	C6 024		147371
UNIT 2 - METROPOLITAN HOSPITALS	M. L. STONE	77	4,927	10,951				
NEW YORK UNIVERSITY MEDICAL CENTER	G. W. DOUGLAS	71	4,277	28,058				
BELLEVUE HOSPITAL CENTER BOOTH MEMORIAL UNIVERSITY	G. W. DOUGLAS	63	4,026	29,472	4	C6 024		146471
PRESBYTERIAN QUEENS HOSPITAL CENTER ROOSEVELT	R. L. VANDE NIELE SEE L. I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK	128	7,551	51,019	3	C6 022	11,250	149571
ST. CLARE'S HOSPITAL AND HEALTH CENTER	T. F. DILLON	12	4,351	15,176	4	C3 012	9,800	149671
ST. JOHN'S EPISCOPAL ST. LUKE'S HOSPITAL CENTER	M. J. JORDAN W. A. LAPP	8	545	3,485	4	C2 008	10,500	149771
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	H. M. M. TGVELL	132	8,400	12,530	4	C2 008	13,560	143271
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	B. J. PISANI	52	3,096	9,551	4	05 016	11,300	149971
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	W. M. LEEN	40	2,803	3,319	3	C3 009	9,500	150071
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY	W. M. LEEN	129	12,429	42,060	4	C2 006	11,300	151471
STATEN ISLAND SYDENHAM	M. S. RAPP	39	2,905	9,631			11,000	
UNITY WYCKOFF HEIGHTS	M. R. CEHELSKY	36	3,499	4,600	4	C1 004	11,200	151571
ROCHESTER	F. STEVENS	31	1,653	4,965	3	C1 003	8,250	150171
GENESEE HIGHLAND HOSPITAL OF ROCHESTER	M. FRIEDMAN	4	3,214	3,460	3	C2 006	10,000	143571
ROCHESTER GENERAL ST. MARY'S	M. G. FAROOLLI G. C. TROMBETTA, M. AMSTAY	27	3,030	5,489	3	C2 006	9,500	150771
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	W. A. LANGE J. B. IUPPA, E. MC DONOUGH	49	5,166	3,090	3	C2 006	9,500	150871
ROCKVILLE CENTRE MERCY	S. B. DOOLITTLE	54	5,352	5,959	3	C2 006	9,500	150971
SCHENECTADY AFFILIATED PROGRAM ELLIS	C. J. LUND	37	3,548	7,384	3	C1 003	9,000	151071
ST. CLARE'S SYRACUSE	SEE NASSAU COUNTY MED. CTR.-HEADQUARTERS DIV., EAST MEADOW							
S. U. N. Y. UPSTATE MEDICAL CENTER	W. H. BROWN	27	2,103		4	C1 004	9,600	264771
STATE UNIVERSITY CROUSE IRVING-MEMORIAL ST. JOSEPH'S	W. H. BROWN	4	1,441	19,878			8,760	
NORTH CAROLINA CHAPEL HILL	R. E. L. NESBITT, JR. R. E. L. NESBITT, JR.	12	613	4,611	3	C4 013	10,400	151671
NORTH CAROLINA MEMORIAL HOSPITAL OF WAKE COUNTY (RALEIGH)	N. B. REICHER S. B. DOOLITTLE	72	6,129	7,596				
	C. H. HENDRICKS	25	2,515	3,286				
	C. H. HENDRICKS	38	2,827	20,414	4	C4 016	8,300	190071

12. OBSTETRICS - GYNECOLOGY - Continued

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NORTH CAROLINA - CONTINUED									
CHARLOTTE	CHARLOTTE MEMORIAL	R. P. RANKIN, JR.	89	7,153	14,034	3	03 009	9,300	152771
DURHAM	DUKE UNIVERSITY MEDICAL CENTER	R. T. PARKER	58	3,595	17,035	4	04 018	7,000	152971
RALEIGH	MEMORIAL HOSPITAL OF WAKE COUNTY	SEE NORTH CAROLINA MEMORIAL, CHAPEL HILL							
WILMINGTON	NEW HANOVER MEMORIAL	C. H. FICKLEN	55	1,791	3,296	3	02 006	7,500	153471
WINSTON-SALEM	NORTH CAROLINA BAPTIST	R. BURT	42	2,808	6,819	4	03 009	8,000	153771
OHIO									
AKRON	AKRON CITY	L. M. WALKER	79	5,215	3,738	3	03 008	9,600	154171
	AKRON GENERAL	W. B. BOZEMAN	60	4,932	3,143	3	02 006	9,600	154271
	ST. THOMAS	J. J. DETTLING	69	4,971	1,959	3	02 006	10,530	154371
CANTON	AULTMAN	K. W. KENNEDY	66	4,467	3,254	3	01 003	10,200	154471
CINCINNATI	BETHESDA	W. R. GRAF	109	7,596		3	02 006	9,100	268971
	GOOD SAMARITAN	R. T. F. SCHMIDT	113	8,094	4,203	3	02 007	9,660	155071
	UNIVERSITY OF CINCINNATI HOSPITAL GROUP								
	CINCINNATI GENERAL	R. W. STANDER	67	4,910	17,758	3	05 015	8,800	154871
CLEVELAND	CLEVELAND METROPOLITAN GENERAL	B. LITTLE	61	4,573	40,402	4	04 016	10,000	155371
	FAIRVIEW GENERAL	G. P. LEICHT	90	6,012	3,650	4	02 008	11,400	155471
	HURON ROAD	A. E. LENHART	34	2,105	1,553	3	02 006	10,800	157171
	MOUNT SINAI HOSPITAL OF CLEVELAND	M. LINDEN	71	5,664	10,225	3	03 009	10,500	155771
	ST. ANN	P. O. FUNK	65	4,275	2,203	3	02 006	11,000	270371
	ST. LUKE'S	J. R. BOYD	65	4,649	6,597	3	02 006	9,500	156071
	UNIVERSITY HOSPITALS OF CLEVELAND	W. B. WENTZ	87	6,674	29,040	4	04 016	10,500	156271
COLUMBUS	MOUNT CARMEL	J. G. BOUTSELIS	60	5,148	8,159	4	02 008	8,150	156571
	OHIO STATE UNIVERSITY HOSPITALS	J. C. ULLERY	75	4,567	137,116	4	03 012	7,000	156671
	RIVERSIDE METHODIST HOSPITAL-ST. ANN'S HOSPITAL FOR WOMEN	Z. J. R. HOLLENBECK				4	02 008	8,900	156771
	RIVERSIDE METHODIST	K. DE VOE, JR.	67	5,889	3,142				
	ST. ANN'S HOSPITAL FOR WOMEN	Z. J. R. HOLLENBECK	85	7,050	3,812				
DAYTON	GOOD SAMARITAN	B. A. KLEINMAN, Z. KATZ	34	4,743	2,875	3	01 003	12,650	156871
	MIAMI VALLEY	N. J. THOMPSON	79	5,886	6,029	3	03 010	10,600	156971
TOLEDO	MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. A. AYERS				3	04 012	10,200	157971
	HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. A. AYERS	13	735	3,768				
	MERCY	H. F. SCHROEDER	52	3,531	1,076				
	ST. VINCENT HOSPITAL AND MEDICAL CENTER	F. BOWDLE, W. MEYER	64	4,308	2,928				
	TOLEDO	R. W. MUENZER	85	5,709	3,942			10,200	
WARREN	TRUMBULL MEMORIAL	I. G. MILHEIM	57	3,897	2,301	3	01 003	10,600	198071
YOUNGSTOWN	ST. ELIZABETH	J. DENTSCHOFF	73	5,053	310	3	02 006	10,600	158471
OKLAHOMA	OKLAHOMA CITY	P. J. MAGUIRE	59	4,096	2,498	3	02 006	8,700	158771
	ST. ANTHONY								
	UNIVERSITY OF OKLAHOMA MEDICAL CENTER								
	UNIVERSITY OF OKLAHOMA HOSPITALS	J. A. MERRILL	38	56	17,257	3	03 012	8,000	158871
TULSA	HILLCREST MEDICAL CENTER-ST. JOHN'S	J. B. NETTLES	45	3,681	7,084	3	03 009	9,600	159171
	HILLCREST MEDICAL CENTER	J. B. NETTLES							
	ST. JOHN'S	C. BARTON	57	4,266	8,023				
OREGON									
PORTLAND	UNIVERSITY OF OREGON AFFILIATED HOSPITALS	R. C. BENSON				3	06 021		159971
	UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. C. BENSON	40	3,214	23,575			6,600	
	EMANUEL	R. N. BOLTON	58	8,302	9,697			9,000	
PENNSYLVANIA									
ABINGTON	ABINGTON MEMORIAL	A. L. BRENNER	41	5,512	2,200	3	02 004	8,900	160071
ALLENTOWN	ALLENTOWN	J. A. MILLER	80	4,448	3,250	3	02 006	10,000	160171
ALTDONA	ALTDONA	L. B. HULL	39	2,776	2,251	3	01 003	10,800	160371
BETHLEHEM	ST. LUKE'S	F. S. FLOR	33	2,416	1,598	3	01 003	10,200	160571
CHESTER	CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MED. COLL. AFFILIATED HOSPITALS, PHILADELPHIA							
DANVILLE	GEISINGER MEDICAL CENTER	C. T. BEECHAM	35	1,854	19,544	3	01 003	9,300	160871
DARBY	THOMAS M. FITZGERALD MERCY HOSPITAL	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA							



## 12. OBSTETRICS-GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered		Annual Salary (Min.)	NIRMP Number
						1972-1973 1st Yr.	All Yrs.		
PENNSYLVANIA - CONTINUED									
ERIE									
HAMPT HOSPITAL-ST. VINCENT					4				
HAMPT	D. B. MC NEILL	31	2,758	2,084		C1	CC4	9,500	161171
ST. VINCENT	C. PETERSCN	45	3,499	1,440				8,800	
HARRISBURG									
HARRISBURG	C. K. FETTERHOFF	66	4,657	8,270	3	C2	006	10,380	161471
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	V. G. STENGER				3	C2	006	9,648	161771
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	W. G. SLATE	75	5,156	9,220	3	C4	012	10,100	163171
EPISCOPAL	R. W. HYATT	35	2,825	7,190	3	C2	006	8,500	162371
GERMANTOWN DISPENSARY AND HOSPITAL	J. G. LOGUE	25	1,725	4,719	3	C1	003	9,000	162571
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	J. H. LEE, JR.				3	C5	015	10,000	162771
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	J. H. LEE, JR.	116	6,728	15,583					
CROZER-CHESTER MEDICAL CENTER (CHESTER)									
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	E. R. CARRINGTON	71	3,770	16,160	3	03	010	8,600	184971
LANKENAU	J. D. CORBIT, JR.	50	3,598	3,820	3	C2	006	10,300	163271
MERCY CATHOLIC MEDICAL CENTER	J. E. LYNCH, J. J. PRICE				3	C3	009	10,000	163671
MISERICORDIA	J. E. LYNCH, J. J. PRICE	28	1,633	4,379					
THOMAS M. FITZGERALD MERCY (CAREY)	J. E. LYNCH	57	3,865						
METHODIST	W. W. BARE	44	2,999	2,746	3	C1	003	10,300	163571
PENNSYLVANIA	E. E. WALLACH	83	5,789	20,663	3	C4	012	10,200	163971
PHILADELPHIA COMBINED PROGRAM					3				
THOMAS JEFFERSON UNIVERSITY	R. G. HOLLY, G. ANDROS	104	6,701	16,269	3	C4	012	10,300	164071
PHILADELPHIA GENERAL									
PRESEBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	W. D. CHAMBLIN	27	1,682	7,680	3	C1	003	10,650	164171
TEMPLE UNIVERSITY	M. J. DALY	68	3,774	18,948	3	C5	015	10,200	164671
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	L. MASTROIANNI, JR.				4	C6	024	10,650	277271
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		87	6,072	23,753				10,650	
PHILADELPHIA GENERAL		22	1,367	22,496				9,500	
PITTSBURGH									
ALLEGHENY GENERAL	J. GILMORE	64	3,531	7,338	3	C1	003	10,500	164871
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH									
MAGEE-WOMENS	D. L. HUTCHINSON	208	13,599	37,038	3	C6	018	10,000	165271
MERCY	J. RIVKIND	46	2,777	2,054	3	C1	004	10,800	164971
PITTSBURGH	R. G. RECIO	26	1,639	1,552	3	C1	003	9,000	165171
COLUMBIA (WILKINSBURG)	W. N. WILSON	26	1,638	752				9,000	
ST. FRANCIS GENERAL	M. A. GUTHRIE	47	2,624	4,059	3	C2	005	11,500	188171
WESTERN PENNSYLVANIA	L. E. LAUFE	65	3,385	6,155	3	C3	009	10,600	165971
READING									
READING	J. G. MEHARG	63	3,708	2,903	3	C2	006	9,480	166171
WILKINSBURG									
COLUMBIA	SEE PITTSBURGH HOSPITAL, PITTSBURGH								
PUERTO RICO									
MAYAGUEZ									
MAYAGUEZ MEDICAL CENTER	V. LLZON	56	4,578	3,772	3	C3	009	6,600	
PONCE									
PONCE DISTRICT GENERAL	A. TAMM	68	6,626	7,091	3	C4	012	6,600	
SAN JUAN									
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	R. AXTMAYER	105	9,176	9,807	3	C6	019	7,875	
UNIVERSITY DISTRICT	I. A. PELEGRINA-SARIEGO	86	7,896	36,589	3	C6	018	7,875	
RHODE ISLAND									
PROVIDENCE									
PROVIDENCE LYING-IN HOSPITAL-RHODE ISLAND	B. H. BUXTON, JR.				3	C2	006	9,400	279371
PROVIDENCE LYING-IN	B. H. BUXTON, JR.	137	10,011	9,546					
RHODE ISLAND	H. C. MC DUFF, JR.	10	432	2,030					
SOUTH CAROLINA									
CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS									
MEDICAL UNIVERSITY OF SOUTH CAROLINA	L. L. HESTER, JR.	43	3,544	28,608	4	C3	012	7,600	168071
COLUMBIA									
COLUMBIA HOSPITAL OF RICHLAND COUNTY	W. C. BOGGS	32	2,623	3,408	3	C1	003	8,400	168171
GREENVILLE									
GREENVILLE GENERAL	C. M. EASLEY	70	5,196	10,299	3	C2	006	9,000	168371
SOUTH DAKOTA									
YANKTON									
SACRED HEART	B. RANNEY	19	1,088	12,778	3	C1	003	8,700	280571
TENNESSEE									
CHATTANOOGA									
S. E. TENNESSEE MEDICAL EDUCATION CENTER									
BARNESS ERLANGER	P. HOWARD	74	5,110	11,332	3	C3	009	9,300	168971
KNOXVILLE									
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. W. OIDDLE	6	2,266	5,827	3	C2	006	7,980	183971

## 12. OBSTETRICS-GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
TENNESSEE - CONTINUED									
MEMPHIS									
BAPTIST MEMORIAL	P. C. SCHREIER	107	9,004	2,397	3	C2	006	9,180	169471
METHODIST	H. P. JAMES	86	6,214	1,901		C1	003	8,700	169671
ST. JOSEPH	W. F. MACKEY	21	2,110	1,570	3	C1	003	8,400	169771
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS									
CITY OF MEMPHIS HOSPITALS	S. A. FISH	100	9,177	21,174	3	C5	015	6,600	184471
NASHVILLE									
BAPTIST	J. M. BRAKEFIELD	60	5,078	2,500	3	C2	006	10,200	169971
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	W. F. B. JAMES	26	1,814	4,823	3	C2	006	5,000	282171
ST. THOMAS	E. M. CLAYTON	50	3,462	3,733	3	C2	006	8,800	170171
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	J. S. ZELENIK				3	C5	015	8,500	170271
NASHVILLE METROPOLITAN GENERAL	J. S. ZELENIK	20	1,772	10,197					
VANDERBILT UNIVERSITY	D. A. GOSS	36	2,344	11,534					
TEXAS									
DALLAS									
BAYLOR UNIVERSITY MEDICAL CENTER	R. H. ADAMS	110	9,826	4,769	3	C4	012	8,400	170671
METHODIST HOSPITAL OF CALLAS	O. T. HOTCHKISS	68	4,964	4,447	3	C2	006	5,000	170771
PARKLAND MEMORIAL	P. C. MAC DONALD	130	9,905	54,592	3	C7	019	7,590	170871
ST. PAUL	L. LEIB	59	5,314	7,956	3	C2	006	7,800	170971
EL PASO									
R. E. THOMSON GENERAL	H. M. JESURUN	28	2,266	5,913	3	C1	003		171071
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	W. J. MC GANITY	55	3,099	14,768	3	C4	012	8,400	171471
HOUSTON									
BAYLOR COLLEGE AFFILIATED HOSPITALS	R. H. KAUFMAN				3	C8	024	7,500	171671
BEN TAUB GENERAL	R. H. KAUFMAN	32	1,748	14,648					
JEFFERSON DAVIS	R. H. KAUFMAN	89	8,561	27,880					
METHODIST	H. P. ARNOLD	83	5,685	234					
ST. LUKE'S EPISCOPAL	H. L. GARDNER	43	3,302	1,448					
HERMANN	J. T. ARMSTRONG	83	6,677	17,160	3	C3	009	8,400	171571
UNIVERSITY OF TEXAS AFFILIATED SYSTEMS	J. A. LUCCI, JR.				3	C3	009	10,200	284971
ST. JOSEPH	J. A. LUCCI, JR.	74	5,733	8,071				9,000	
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS (GALVESTON)	W. J. MC GANITY	55	3,099	14,768				8,400	
SAN ANTONIO									
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	J. SEITCHIK	80	5,842	16,679	3	C4	012	8,100	172271
BEXAR COUNTY TEACHING									
TEMPLE									
SCOTT AND WHITE MEMORIAL	T. A. WALKER, W. F. BADEN	32	2,195	13,876	3	C1	003	9,400	172571
UTAH									
SALT LAKE CITY									
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	M. A. STENCHEVER				3	C4	012	8,900	173271
UNIVERSITY	M. A. STENCHEVER	21	1,657	10,036					
LATTER-DAY SAINTS	R. M. HEBERTSON	70	6,314	1,226					
VERMONT									
BURLINGTON									
MEDICAL CENTER HOSPITAL OF VERMONT	J. V. S. MAECK	41	3,346	5,076	4	C2	007	7,500	173471
VIRGINIA									
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	W. N. THORNTON, JR.	36	2,588	11,975	4	C3	012	7,260	173771
FALLS CHURCH									
FAIRFAX	SEE GEO. WASHINGTON UNIV AFFILIATED HOSPS., WASHINGTON, D.C.								
NEWPORT NEWS									
RIVERSIDE	T. P. CAINE, JR.		4,339	4,124	3	C1	003	8,400	173971
NORFOLK									
NORFOLK GENERAL	W. C. ANDREWS	71	5,639	16,569	3	C3	009	10,500	174171
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS									
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	L. DUNN	98	7,382	55,000	3	C8	024	7,260	174371
WASHINGTON									
SEATTLE									
SWEDISH HOSPITAL MEDICAL CENTER	C. G. STIPP	42	4,353	3,527	3	C1	003	8,100	175571
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	L. R. SPADONI				4	C4	016		191871
HARBORVIEW MEDICAL CENTER		15	1,271	7,053					
UNIVERSITY		20	1,895	17,684				7,704	
SPOKANE									
SACRED HEART	W. H. FRAZIER	30	2,713	1,031	3	C1	003	9,000	175871
WEST VIRGINIA									
CHARLESTON									
MEMORIAL	D. A. MAIRS	46	3,899	7,277	3	C2	006	7,860	190271
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. A. BONNEY	27	1,644	12,185	3	C2	006	9,000	183771
WHEELING									
OHIO VALLEY GENERAL	F. G. GIUSTINI	38	2,790	2,325	3	C1	003	12,420	176971

## 12. OBSTETRICS-GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	B. M. PECKHAM								
MADISON GENERAL		42	3,176		3		05	015	9,500 177971
ST. MARYS HOSPITAL MEDICAL CENTER	R. W. DLSON	45	3,200						
UNIVERSITY HOSPITALS	B. M. PECKHAM	37	1,699	13,918					
MILWAUKEE									
MILWAUKEE COUNTY GENERAL	R. F. MATTINGLY	44	3,260	23,099	4		03	012	10,000 178471
MOUNT SINAI MEDICAL CENTER	C. J. LEVINSON	57	4,478	4,177	3		01	003	10,500 178771
ST. JOSEPH'S	W. J. BUGGY	97	7,057	2,282	3		02	006	10,500 178871
ST. MARY'S	W. C. FETHERSTON	46	3,169	2,820	3		01	003	10,000 179071

## 13. 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.

## 14 OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE OR MORE YEARS of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	V. J. SHEPHERD	24	733	25,917		02	006	
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	F. L. WERGELAND, JR.	14	361	40,050		03	005	100472
COLORADO								
FITZSIMONS GENERAL, DENVER	W. W. HEARS	27	411	29,437		01	003	100472
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	B. APPLETON	60	760	74,300		04	013	100472
TEXAS								
BROOKE GENERAL, SAN ANTONIO	J. R. SIMMONS	31	421	45,587		03	009	100472
UNITED STATES ARMY, NAVY, AND AIR FORCE								
DISTRICT OF COLUMBIA								
ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	SEE GEORGE WASHINGTON UNIV. AFFIL. HCSPS., WASHINGTON, D. C.							
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	F. J. SCHMETZ	22	287	20,315		02	006	181372
NAVAL, SAN DIEGO	F. R. PRESTON	30	744	30,513		03	009	181472
MARYLAND								
NAVAL, BETHESDA	J. F. RCSBOROUGH	16	423	32,472		03	008	182372
PENNSYLVANIA								
NAVAL, PHILADELPHIA	W. R. WILSON, JR.	7	114	18,463		01	003	183172
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	W. W. RICHARDS	5	144	7,953		01	003	100172
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	M. E. HARKEY	7	211	9,277		01	003	183572
MARYLAND								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	W. E. NEWBY	11	250	10,181		02	006	183672
NEW YORK								
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	F. DYKSTRA	13	363	11,921		02	006	184172
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.							

## 14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE								
WASHINGTON ST. ELIZABETHS, WASHINGTON	SEE GEORGE WASHINGTON UNIV. AFFIL. HOSPS., WASHINGTON, D. C.							
OTHER FEDERAL								
CANAL ZONE GORGAS, BALBOA HEIGHTS	R. H. RUPP	4	175	11,342	C1	003	11,386	180672
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM EYE FOUNDATION	A. CALLAHAN	23	1,303	3,811	C2	008	7,500	200372
UNIVERSITY OF ALABAMA MEDICAL CENTER	S. J. KELLY				C3	009	8,200	100772
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		11	502	6,938				
VETERANS ADMIN.		2	86	1,400				
TUSKEGEE VETERANS ADMIN.	S. H. SETTLER, JR.	17	416	4,520	C2	004	8,200	200772
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER	F. T. FRAUNFELDER				C3	012		101872
ARKANSAS BAPTIST MEDICAL CENTER		13	803				8,700	
UNIVERSITY		14	512	10,138			7,000	
VETERANS ADMIN. CONSOLIDATED		11	438	9,769			7,153	
CALIFORNIA BAKERSFIELD KERN COUNTY GENERAL	D. WETTERHOLM		58	2,476	C1	001	12,000	192172
DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	B. H. DEMOREST	4	218	10,380	C2	005	10,344	104672
FRESNO VALLEY MEDICAL CENTER OF FRESNO	R. H. WHITTEN		125	4,979	C1	003	13,416	102272
LOMA LINDA LOMA LINDA UNIVERSITY	R. V. SHEARER	7	454	13,000	C2	006	9,970	102472
LONG BEACH VETERANS ADMIN.	R. E. CHRISTENSEN	17	334	7,161	C1	004	11,905	204572
LOS ANGELES CEDARS-SINAI MEDICAL CENTER CEDARS OF LEBANON HOSPITAL DIVISION	P. SHANEDLING						8,700	
MOUNT SINAI HOSPITAL DIVISION								
HOLLYWOOD PRESBYTERIAN	S. ROME	18	948	7,535	C2	006	11,100	205372
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	A. E. OBERMAN	19	931	26,420	04	016	13,656	103372
U. C. L. A.	B. R. STRAATSMAN	27	1,829	26,138	04	014	8,900	198372
VETERANS ADMIN. CENTER-WACSWORTH	R. E. BARTLETT	12	531	5,850	C1	005	11,905	103972
WHITE MEMORIAL MEDICAL CENTER	G. K. KAMBARA	7	403	8,151	C3	008	10,800	104072
OAKLAND HIGHLAND GENERAL	E. H. BRUGGE	2	992	5,032	C1	002	9,156	104172
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	J. G. TIRICO	3	312	3,241	C1	005	13,000	104372
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO SACRAMENTO MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFIL. HOSPS., DAVIS							
SAN FRANCISCO PACIFIC MEDICAL CENTER - PRESBYTERIAN	W. ERDBRINK	10	824	3,747	02	006	8,600	106172
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	M. J. HOGAN				C6	026		212572
VETERANS ADMIN.	M. J. HOGAN	8	546	13,817			8,900	
SAN JOSE SANTA CLARA VALLEY MEDICAL CENTER	N. J. HOGAN, D. D. JESBERG	10	211	2,799			9,030	
SAN MATEO HAROLD C. CHOPE COMMUNITY	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD UNIVERSITY	A. A. DELLAPORTA	4	212	8,365	C3	009		189972
VETERANS ADMIN. (PALO ALTO)	A. A. DELLAPORTA	5	211	5,144			7,950	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	A. A. DELLAPORTA						9,260	
HAROLD C. CHOPE COMMUNITY (SAN MATEO)	F. D. BERRY	3	127	4,113			10,524	
SAN JOAQUIN GENERAL (STOCKTON)	R. D. SHERWOOD	2	73	2,647			9,468	
STOCKTON SAN JOAQUIN GENERAL	A. DELLAPORTA							
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
	A. KREIGER	4	262	12,556	C2	006	13,656	106772

## 14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
COLORADO								
DENVER								
DENVER GENERAL UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	J. CERASOLI	4	188	6,961	C2	006	9,012	10772
UNIVERSITY OF COLORADO MEDICAL CENTER	P. P. ELLIS				C3	012		107672
VETERANS ADMIN.	P. P. ELLIS T. E. STARZL	5 4	377 164	15,533 288			9,200 8,003	
CONNECTICUT								
HARTFORD								
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	J. G. ROLRKE				C3	003		109472
HOSPITAL-MC COOK DIVISION HARTFORD	J. O'Rourke, W. BREWSTER	2 16	106 880	11,097 82			10,820 10,700	
VETERANS ADMIN. (NEWINGTON)		7	84	1,532				10,820
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN	M. L. SEARS	13	794	11,498	C3	010	10,450	108972
DELAWARE								
WILMINGTON								
VETERANS ADMIN. WILMINGTON MEDICAL CENTER	SEE THOMAS JEFFERSON UNIV. AFFIL. HOSPS., PHILADELPHIA, PA. SEE THOMAS JEFFERSON UNIV. AFFIL. HOSPS., PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
FREEDMEN'S GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	C. L. COWAN	6	155	4,812	C1	004	10,700	219372
GEORGETOWN UNIVERSITY DISTRICT OF COLUMBIA GENERAL SIBLEY MEMORIAL VETERANS ADMIN.	P. Y. EVANS P. Y. EVANS M. A. LEMP, Z. SRAJBER A. R. PILKERTON	3 8 20 9	112 213 735 120	4,108 9,072 2,820 1,080	C5	016		185972 10,000 10,710 9,724
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M. F. ARMALY				C3	012		219772
GEORGE WASHINGTON UNIVERSITY ARMED FORCES INSTITUTE OF PATHOLOGY	M. F. ARMALY L. E. ZIMMERMAN	11	486	4,810			9,500	
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA ST. ELIZABETHS WASHINGTON HOSPITAL CENTER	M. PARKS H. S. WICKER R. DAY	6 5 37	1,484 84 1,764	5,326 4,020 24,713	04	012	9,500	180072
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	H. E. KAUFMAN	10	212	8,434	C4	017		183472
WILLIAM A. SHANES TEACHING HOSP. AND CLINICS	H. E. KAUFMAN	19	1,056	20,861			9,500	
UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE) VETERANS ADMIN.	H. E. KAUFMAN, D. BROWN D. M. WORTHEN	4 13	219 415	6,655 2,663				8,637
JACKSONVILLE								
UNIVERSITY HOSPITAL OF JACKSONVILLE	SEE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS, GAINESVILLE							
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	E. W. D. NORTON				C6	018		110472
JACKSON MEMORIAL VETERANS ADMIN.	E. W. D. NORTON R. MACHEMER	55 6	2,219 285	30,152 2,536			5,800 8,975	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	F. P. CALHOUN, JR.				C4	012	8,400	111372
EMORY UNIVERSITY GRADY MEMORIAL VETERANS ADMIN.		18 12 7	812 525 123					26,305 2,385
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	R. P. THOMAS				C2	006		222372
EUGENE TALMADGE MEMORIAL UNIVERSITY VETERANS ADMIN.		11 4 3	438 363 84	2,722 317			8,100 7,600	
ILLINOIS								
CHICAGO								
COOK COUNTY MICHAEL REESE HOSPITAL AND MEDICAL CENTER	M. FRENKEL	18	487	19,443	C3	010	10,900	112772
NORTHWESTERN UNIVERSITY MEDICAL CENTER	M. L. STILLERMAN	20	1,052	12,845	C3	005	10,850	114272
CHICAGO WESLEY MEMORIAL CHILDREN'S MEMORIAL PASSAVANT MEMORIAL VETERANS ADMIN. RESEARCH PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	D. SHOCH E. H. MERZ P. E. ROMANO D. E. SHOCH D. E. SHOCH W. F. HUGHES F. W. NEWELL M. GOLDBERG		635 275 705 211 618	6,859 5,420 3,120 4,153	C3	012		224772 11,000 11,000 11,000 10,500 9,946
UNIVERSITY OF ILLINOIS EVANSTON		12 36	623 1,474	5,512 54,668	C2	006	10,000	116672
EVANSTON					C9	026	10,560	225172
HINES	C. V. BARRETT	12	632	1,152	C1	003	11,500	116772
VETERANS ADMIN.	J. R. FITZGERALD	17	449	4,658	C2	006	9,600	225772

## 14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	F. M. WILSON				07	021		227372
INDIANA UNIVERSITY HOSPITALS		11	621	12,446			9,500	
MARION COUNTY GENERAL			218	8,865			9,500	
VETERANS ADMIN.		6	147	1,645			10,750	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	F. C. BLODI	35	2,221	27,694	08	024		120372
UNIVERSITY OF IOWA HOSPITALS	F. C. BLODI, T. BURTON	13	364	4,048				
VETERANS ADMIN.								
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	A. N. LEMOINE, JR.	14	721	7,733	02	007	9,000	120872
ST. LUKE'S (KANSAS CITY, MO.)	A. N. LEMOINE, JR.							
VETERANS ADMIN. (KANSAS CITY, MO.)	L. L. HYDE	6	200	948			9,500	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	J. D. WIRTSCHAFTER				03	009		184872
UNIVERSITY		5	350	6,500			8,000	
VETERANS ADMIN.		3	42	909			8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	R. MACDONALD, JR.				03	009		121772
LOUISVILLE GENERAL		4	170	5,806			8,100	
CHILDREN'S		5	182	3,220				
VETERANS ADMIN.		5	140	1,636			7,920	
LOUISIANA								
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	G. M. HAIK	18	508	11,918	C2	008	7,800	122472
CHARITY HOSPITAL OF LOUISIANA	R. A. SCHIMEK	9	427	14,825	C2	007	8,500	196672
OCHSNER FOUNDATION								
TULANE UNIVERSITY AFFILIATED HOSPITALS	M. G. HCLLAND				05	020		232072
EYE, EAR, NOSE AND THROAT								
TUROD INFIRMARY		4	248	2,486			9,000	
VETERANS ADMIN.		12	330	5,460			9,437	
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	L. A. BREFFEILH	12	527	6,529	C2	006	7,800	123272
MARYLAND								
BALTIMORE								
GREATER BALTIMORE MEDICAL CENTER	R. E. HOOVER		1,503	20,178	C3	009	10,500	124172
JOHNS HOPKINS	A. E. MAUMENE	57	2,405	28,924	05	022	9,500	124272
MARYLAND GENERAL	H. WILSON	20	1,019	15,858	02	005	10,750	124472
SINAI HOSPITAL OF BALTIMORE	H. K. GOLDBERG	7	326	2,788	01	002	10,700	124972
UNIVERSITY OF MARYLAND	R. D. RICHARDS	11	559	7,448	03	009	11,100	125272
MASSACHUSETTS								
BOSTON								
BOSTON UNIVERSITY AFFILIATED HOSPITALS	E. FRIEDMAN, S. LESSELL				C4	016		125572
BOSTON CITY	S. LESSELL	15	247	13,296			9,600	
UNIVERSITY	E. FRIEDMAN	6	302	5,420			9,500	
MASSACHUSETTS EYE AND EAR INFIRMARY	H. F. ALLEN	104	6,188	58,839	06	022	9,500	238972
TUFTS UNIVERSITY AFFILIATED HOSPITALS	B. SCHWARTZ				C1	004		126372
NEW ENGLAND MEDICAL CENTER		2	96	5,893			9,500	
HOSPITALS								
VETERANS ADMIN. (JAMAICA PLAIN)		12	290	2,597			10,090	
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	J. W. HENDERSON				07	021		129372
UNIVERSITY	J. W. HENDERSON	26	1,364	16,555			8,600	
VETERANS ADMIN.	J. W. HENDERSON, J. WOLTER	5	191	1,498			8,800	
WAYNE COUNTY GENERAL (ELOISE)	J. W. HENDERSON							
DETROIT								
GRACE	M. CROLL	18	756	4,916	C2	006	9,900	129872
HARPER	W. S. DAVIES	28	992	4,945	C2	006		129972
HENRY FORD	J. S. GUYTON	29	999	24,836	04	016	10,300	130072
SINAI HOSPITAL OF DETROIT	H. S. SUGAR	12	941	3,178	01	003	9,600	192672
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	R. S. JAMPEL				C4	012		
VETERANS ADMIN. (ALLEN PARK)	F. A. LAUPPE	7	54	1,445			10,459	129572
DETROIT GENERAL	R. S. JAMPEL	11	455	18,616			9,858	
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							

## 14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	J. E. HARRIS				C4	017		133472
HENNEPIN COUNTY GENERAL UNIVERSITY OF MINNESOTA HOSPITALS	H. A. SHAW	2	104	5,895			8,250	
VETERANS ADMIN. ST. PAUL-RAMSEY (ST. PAUL)	J. E. HARRIS J. E. HARRIS R. MCNAHAN	22 13 4	1,087 515 193	18,992 7,195 7,371			8,250	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. W. HENDERSON	17	910	70,429	C8	024	7,300	132872
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS							
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	S. B. JOHNSON				C2	006		246772
UNIVERSITY VETERANS ADMIN. CENTER		6 5	315 197	2,952 3,372			8,500 8,853	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	W. M. HART	36	336	5,841	C3	009	6,500	199472
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	F. N. SABATES	3	104	4,395	C2	005	10,200	134372
ST. LUKE'S VETERANS ADMIN. ST. LOUIS	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KAN.							
ST. LOUIS								
HOMER G. PHILLIPS ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	H. P. VENABLE R. D. MATTIS	9 29	229 1,255	6,798 15,841	C4 C4	011 012	8,492 5,600	135772 136572
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN FIRMIN DESLOGE GENERAL WASHINGTON UNIVERSITY AFFILIATED HOSPITALS					C8	029		248872
BARNES HOSPITAL GROUP JEWISH HOSPITAL OF ST. LOUIS ST. LOUIS CITY VETERANS ADMIN.	B. BECKER E. F. BERG A. E. KOLKER B. BECKER	53 7 6 6	2,961 394 232 263	20,170 3,321 6,620 3,224			9,500 10,700 8,491 9,840	
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS DOUGLAS COUNTY UNIVERSITY OF NEBRASKA VETERANS ADMIN.	R. E. RECORDS H. J. GIFFORD R. E. RECORDS R. E. RECORDS	2 8	100 624	4,164 3,900	C2	006		137672
							9,000 10,344	
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	SEE ASSOCIATED EYE RESIDENCIES OF NEW JERSEY, NEWARK							
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	SEE ASSOCIATED EYE RESIDENCIES OF NEW JERSEY, NEWARK							
NEWARK								
ASSOCIATED EYE RESIDENCIES OF NEW JERSEY	J. D. BURKE, A. A. CINOTTI				C5	016		252072
JERSEY CITY MEDICAL CENTER (JERSEY CITY)	A. A. CINOTTI	6	387	4,005			9,500	
MARTLAND UNITED HOSPITALS MEDICAL CENTER - NEWARK EYE AND EAR INFIRMARY VETERANS ADMIN. (EAST CRANGE)	A. A. CINOTTI J. D. BURKE J. L. HARRIS	4 26 8	203 1,304 200	4,896 8,294 2,900			11,300 10,500 11,300	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	R. D. REINECKE				C4	011		141472
ALBANY MEDICAL CENTER CHILD'S VETERANS ADMIN.		10 10	601 167	5,580 479			9,600 10,940	
BUFFALO								
BUFFALO GENERAL DEACONESS HOSPITAL OF BUFFALO EDWARD J. MEYER MEMORIAL	C. H. ADDINGTON E. P. OLMSTED W. Y. JONES	25 13 8	1,078 878 158	5,930 10,821 10,737	C2 C2 C2	006 006 006	10,000 9,500 10,600	143672 143772 143872
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	E. K. RAHN	8	304	9,575	C3	009	10,112	144872
MANHASSET								
NORTH SHORE NEW HYDE PARK	I. H. KAUFMAN	5	307	1,936	C1	003	12,000	146772
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM								
LONG ISLAND JEWISH MEDICAL CENTER	P. BALLEW	3	190	1,168	C3	009	11,000	196372
QUEENS HOSPITAL CENTER (NEW YORK CITY)		8	234	10,772				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE MONTEFIORE HOSPITAL AND MEDICAL CENTER	P. HENKIND P. HENKIND	9 3 20	546 112 731	20,000 891 8,058	C6	016		193172
							11,000	148772

## 14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			
					1972-1973 Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
BETH ISRAEL MEDICAL CENTER	H. M. HADDAD	26	500	40,000	C3	010	11,000	147072
BRONX EYE INFIRMARY	S. S. EPSTEIN	27	1,504	17,766	C3	005	11,000	258772
BROOKLYN EYE AND EAR	M. A. LASKY	45	2,828	35,342	C4	012	12,500	258572
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS					C1	003	9,500	145072
HOSPITAL OF THE HOLY FAMILY FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	S. SCHUTZ	8	395	4,306	C1	003	11,500	147572
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	M. LASKY	8	271	4,305	C1	004	11,000	142572
LENOX HILL	J. SAUER	17	520	4,913	C1	003	12,000	148372
MANHATTAN EYE, EAR AND THROAT MONTEICRE HOSPITAL AND MEDICAL CENTER	F. H. KONSTANTINE	79	4,663	48,051	C6	018	10,530	261372
MOUNT SINAI HOSPITAL TRAINING PROGRAM	SEE ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS							
MCUNT SINAI	I. H. LEOPOLD	55	1,175	9,319	C5	013	11,000	149072
CITY HOSPITAL CENTER AT ELMHURST	A. SAFIR	11	219	12,338				
NEW YORK EYE AND EAR INFIRMARY	J. G. COLE	111	5,567	63,258	C7	021	9,520	261772
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	D. M. SHAFER	25	1,175	16,270	C2	006	11,200	149272
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	M. A. GALIN				C3	012		147372
UNIT 2 - METROPOLITAN	L. S. HARRIS	25	1,229	6,274				
UNIT 3 - BIRD S. COLLER MEMORIAL HOSPITAL AND HOME	R. HAGADUS	7	420	16,969				
NEW YORK UNIVERSITY MEDICAL CENTER	M. BEST	2	33	4,162				
BELLEVUE HOSPITAL CENTER	G. M. BREININ	21	302	14,632	C5	020		146472
UNIVERSITY VETERANS ADMIN. (MANHATTAN)		16	854					12,805
PRESBYTERIAN (INSTITUTE OF OPHTHALMOLOGY)	A. G. DE VOE	73	4,309	26,927	C3	009	11,250	149572
VETERANS ADMIN. (BRONX)	A. DE VCE	12	324	3,620				13,609
QUEENS HOSPITAL CENTER	SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK							
ST. CLARE'S HOSPITAL AND HEALTH CENTER	W. J. MAHER	14	598	2,027	C1	004	10,500	149772
ST. LUKE'S HOSPITAL CENTER	G. CLARK	5	238	10,387	01	003	11,300	149972
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. D' AMICO	9	273	5,482	C2	004	9,500	150072
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	O. WILLARD				C7	024		142672
BROOKLYN-CUMBERLAND MEDICAL CENTER	R. TROUTMAN	6	172	5,021				11,000
KINGS COUNTY HOSPITAL CENTER	R. C. TROUTMAN	19	516	16,659				
LONG ISLAND COLLEGE	A. I. FINK	7	281	2,068				11,000
HAIMONIDES MEDICAL CENTER	J. GGLOSTEIN	10	421	2,293				11,000
STATE UNIVERSITY	D. WILLARD	2	88	2,382				11,000
VETERANS ADMIN. (BROOKLYN)	A. M. LEVINE	9	195	3,920				13,609
ROCHESTER								
ST. MARY'S	C. DE SANTIS, S. IANACONE	9	683	2,655	C1	003	9,000	151072
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. C. SNELL	5	375	5,460	C2	007		151172
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER	J. L. MC GRAH	13	793	4,592	C2	006	10,400	151672
CROUSE IRVING-MEMORIAL STATE UNIVERSITY		4	92	773				
VETERANS ADMIN.								
VALHALLA								
GRASSLANDS	J. A. DUNCAN	4	122	4,582	C1	003	11,280	152172
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL HOSPITAL - MC PHERSON	S. D. MC PHERSON, JR.	5	280	7,500	C1	003	7,500	190072
NORTH CAROLINA MEMORIAL HOSPITAL (DURHAM)								
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. A. C. WADSWORTH	13	784	7,357	C3	009		152972
DUKE UNIVERSITY MEDICAL CENTER	J. A. C. WADSWORTH		384	2,098				9,250
VETERANS ADMIN.	A. C. CHANDLER, JR.							
MC PHERSON HOSPITAL - NORTH CAROLINA MEMORIAL	S. D. MC PHERSON, JR.	13	907	29,221	C1	004	7,500	267372
MC PHERSON		5	280					
NORTH CAROLINA MEMORIAL (CHAPEL HILL)								
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	W. ROBERTS	10	629	7,607	01	004	8,000	153772
OHIO								
AKRON								
AKRON CITY	D. W. MATHIAS	11	450	797	C1	003	9,600	154172
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	T. ASBURY	5	253	10,118	C3	009	8,800	154872
CINCINNATI GENERAL								
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	C. I. THOMAS	4	193	9,294	C5	015		155272
CLEVELAND METROPOLITAN GENERAL UNIVERSITY HOSPITALS OF CLEVELAND		15	817	10,840				10,500
VETERANS ADMIN.		9	201	1,185				9,267





## 14. OPHTHALMOLOGY - Continued

TENNESSEE - CONTINUED	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
<b>MEMPHIS</b>								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	R. L. HIATT				02	007		281572
CITY OF MEMPHIS HOSPITALS	R. L. HIATT	7	368	10,401			6,600	
METHODIST	J. M. FREEMAN	31	1,883	5,014			8,700	
VETERANS ADMIN.	G. R. WOODBURY	8	319	6,988			8,120	
<b>NASHVILLE</b>								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	A. C. HANSEN	27	82	3,159	C1	003	9,000	282172
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	J. H. ELLIOTT				C3	005	8,500	170272
VANDERBILT UNIVERSITY	J. H. ELLIOTT	25	1,072	6,276				
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	2	78	2,221				
VETERANS ADMIN.	J. H. ELLIOTT	10	240	1,973				
<b>TEXAS</b>								
<b>DALLAS</b>								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	J. R. LYNN	6	342	12,836	C6	018	7,590	170872
PARKLAND MEMORIAL	S. B. GOSTIN	15	319	6,166	C1	003	7,945	188772
VETERANS ADMIN.								
<b>GALVESTON</b>								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. C. FERGUSON, 3D.	15	577	10,452	C3	009	8,400	171472
<b>HGUSTON</b>								
BAYLER COLLEGE AFFILIATED HOSPITALS	D. PATON				C6	017		171672
BEN TAUB GENERAL		6	384	13,423			7,500	
METHODIST		36	1,745	267			7,500	
VETERANS ADMIN.		16	444	3,412			8,100	
HERMANN	R. S. RLIZ	27	1,741	5,837	C3	005	8,400	171572
<b>SAN ANTONIO</b>								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	G. W. WEINSTEIN	6	175	8,500	C2	006	8,100	172272
BEXAR COUNTY TEACHING								
<b>TEMPLE</b>								
SCOTT AND WHITE MEMORIAL	R. C. CUNNINGHAM	22	626	18,238	C2	006	9,400	172572
<b>UTAH</b>								
<b>SALT LAKE CITY</b>								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	H. J. L. VAN DYK	7	200	3,800	C1	003		173272
UNIVERSITY	H. J. L. VAN DYK			550			7,600	
VETERANS ADMIN.	F. T. RIEKHOF	5	157				7,600	
<b>VIRGINIA</b>								
<b>CHARLOTTESVILLE</b>								
UNIVERSITY OF VIRGINIA	M. K. HUMPHRIES, JR.	9	510	4,626	C2	006	7,260	173772
<b>RICHMOND</b>								
VETERANS ADMIN.	E. W. PERKINS	8	261	2,852	C1	003	7,260	288172
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. GLERRY, 3D.	45	374	14,367	04	010	7,600	174372
<b>WASHINGTON</b>								
<b>SEATTLE</b>								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	R. E. KALINA				03	009		191872
UNIVERSITY	R. E. KALINA	2	120	4,579			7,704	
HARBORVIEW MEDICAL CENTER	D. F. MILAM	1	67	3,181				
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	R. JOHNSON	2	254	2,350				
U. S. PUBLIC HEALTH SERVICE	P. D. KRAMAR	3	105	7,099			7,700	
VETERANS ADMIN.	R. E. KALINA	4	108				8,208	
<b>WEST VIRGINIA</b>								
<b>MORGANTOWN</b>								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	R. R. TROTTER	6	252	9,337	C2	006	9,000	183772
<b>WISCONSIN</b>								
<b>MADISON</b>								
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	M. D. DAVIS				C5	018	9,500	177972
UNIVERSITY HOSPITALS	M. D. DAVIS, J. C. ALLEN	23	1,139	9,829				
VETERANS ADMIN.	J. C. ALLEN	9	215	1,904				
<b>MILWAUKEE</b>								
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	R. D. SCHULTZ				06	019		178472
MILWAUKEE COUNTY GENERAL	R. G. SCHULTZ	9	347	11,977			10,000	
LUTHERAN HOSPITAL OF MILWAUKEE	A. C. KISSLING, JR.	8	364	215			9,506	
MILWAUKEE CHILDREN'S	H. GILLER	3	404	3,129				
VETERANS ADMIN. CENTER (WOOD)	R. H. LEHMAN	13	270	6,984			10,409	

## 15. 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, the American Board of Orthopaedic Surgery, and the American College of Surgeons, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics; children's orthopedics, and fractures. Training in the basic sciences if 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 follows this list of programs. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE										
TEXAS WILFRID HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. L. EARLE	136	2,570	38,621	ACF	120	C4	016		
UNITED STATES ARMY										
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	J. E. BANCROFT	132	1,383	18,719	ACF	C4C	C4	016		100473
COLORADO FITZSIMONS GENERAL, DENVER	W. E. BURKHALTER	317	1,983	24,414	AF	C91	C3	005		100473
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	G. I. BAKER	425	1,574	23,220	ACF	075	C4	012		100473
HAWAII TRIPLER GENERAL, HONOLULU	S. WALTON	151	1,673	61,019	ACF	C68 086		009		100473
TEXAS WILLIAM BEAUMONT GENERAL, EL PASO	C. A. LUEKENS, JR.	210	1,749	23,040	AF	096	C3	012		100473
BROOKE GENERAL, SAN ANTONIO	R. C. ELTON	370	1,909	50,262	ACF	117	C3	009		100473
UNITED STATES NAVY										
CALIFORNIA NAVAL, OAKLAND	I. J. WOODSTEIN	222	1,479	18,218	AF	020	C3	012		181373
NAVAL, SAN DIEGO	G. W. CADY	371	2,942	27,786	ACF	079	04	016		181473
MARYLAND NAVAL, BETHESDA	D. Q. WILSON	97	1,616	15,751	ACF	020	C2	008		182373
MASSACHUSETTS NAVAL, CHELSEA	P. E. BIRON	169	878	9,757	AF	020	C2	006		182573
PENNSYLVANIA NAVAL, PHILADELPHIA	F. J. CREMONA	331	1,935	19,647	AF	020	C2	006		183173
SOUTH CAROLINA NAVAL, CHARLESTON	SEE MEDICAL UNIV. OF S. C. TEACHING HOSPS., CHARLESTON, S.C.									
VIRGINIA NAVAL, PORTSMOUTH	C. S. LAMBON	399	3,018	55,414	ACF	130	C3	012		183273
UNITED STATES PUBLIC HEALTH SERVICE										
ALASKA U. S. PUBLIC HEALTH SERVICE ALASKA NATIVE MEDICAL CENTER, ANCHORAGE	W. J. MILLS, JR.	30	466	1,194	C	110				
CALIFORNIA U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	A. F. EILERS	38	865	10,855	AF	110	C2	008		100173
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	J. S. BETHEA, 3D.	48	695	5,772	AF	010				
NEW YORK U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	V. L. PURLIA, A. MICHELE	62	887	18,902	AF	127	C2	008		184173
WASHINGTON U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.									
OTHER FEDERAL										
CANAL ZONE GORGAS, BALBOA HEIGHTS	W. C. BOUZARD	34	904	12,212	ACF	131	C2	005	12,127	180673
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	C. L. YELTON					044	C4	C16	8,200	100773
CHILDREN'S UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	D. G. VESELY	18	586	1,545	C	044				
VETERANS ADMIN.	C. L. YELTON	45	1,000	4,502	ACF	044				
FAIRFIELD	C. L. YELTON	39	543	3,175	AF	044				
LLOYD MOLAND	C. L. YELTON	31	1,046	14,380	AF	044	C1	004	11,400	100873
MOBILE MOBILE GENERAL	K. M. HANNON	26	746	4,513	ACF	132	C1	005	9,240	185273

## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ARIZONA										
PHOENIX										
PHOENIX ORTHOPEDIC RESIDENCY TRAINING PROGRAM	W. A. COLTON, JR.					073	02	008		201573
ARIZONA CRIPPLED CHILDREN'S	W. A. COLTON, JR.	25	629	6,567	C	040 073 086 091			11,500	
GOOD SAMARITAN										
MARICOPA COUNTY GENERAL	H. P. AIDEM	54	1,693	1,295	AF	073			11,500	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	W. A. COLTON, JR., H. LOUIS	35	450	4,500	AF	073			11,502	
	T. H. TABER, JR.	44	1,922	1,263	AF	073			11,500	
ARKANSAS										
LITTLE ROCK										
UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. H. CHAMBERS			2,512		094	03	012		101873
ARKANSAS CHILDREN'S		11	820	2,512	C	094			7,000	
UNIVERSITY		22	700	3,134	AF	094			7,000	
VETERANS ADMIN. CONSOLIDATED		37	1,153	2,441	AF	094			7,153	
CALIFORNIA										
DALY CITY										
MARY'S HELP	SEE SAN FRANCISCO ORTH. RES. TRAINING PROG., SAN FRANCISCO									
DAVIS										
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	P. R. LIPSCOMB	27	870	7,014	ACF	133	03	013	10,860	104673
DOWNEY										
RANCHO LOS AMIGOS	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
FONTANA										
KAISER FOUNDATION	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
LOMA LINDA										
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	V. L. NICKEL					063	04	016		102473
LOMA LINDA UNIVERSITY	V. L. NICKEL	30	817	7,194	AF	063			9,970	
RANCHO LOS AMIGOS (DOWNEY)	V. L. NICKEL	292	1,351	8,732	AC	010 064 071			13,656	
KAISER FOUNDATION (FONTANA)										
RIVERSIDE GENERAL (RIVERSIDE)	H. R. SCHOENE	10	540	9,600	AF	063			9,200	
SAN BERNARDINO COUNTY GENERAL (SAN BERNARDINO)	G. J. WIESSEMAN	24	539	2,566	AF	063			10,649	
	V. L. NICKEL, G. WIESSEMAN	36	665	4,091	AF	063			9,970	
LIVERMORE										
VETERANS ADMIN.	SEE SAN FRANCISCO ORTH. RES. TRAINING PROG., SAN FRANCISCO									
LONG BEACH										
LONG BEACH COMMUNITY VETERANS ADMINISTRATION	H. AMSTUTZ, W. STEGEMAN	204	10,601	38,226	ACF	090	01	002	9,200	204773
LOS ANGELES										
CHILDRENS HOSPITAL OF LOS ANGELES	J. C. WILSON, JR.	17	657	6,072	C	071	01	004	14,784	103173
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. P. HARVEY, JR.	163	5,424	38,346	ACF	111 020 119	08	032	13,656	103373
ORTHOPAEDIC	W. STRYKER				ACF	020 119	05	024		206173
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	G. W. WESTIN	51	275	2,246	C	003 040 078 090	00	003		206573
U. C. L. A.										
VETERANS ADMIN. CENTER-WADSWORTH	H. C. AMSTUTZ	32	1,046	7,035	ACF	078	04	012	9,500	195673
WHITE MEMORIAL MEDICAL CENTER	R. E. RICHTER	66	1,493	4,151	AF	119	03	012	11,905	103973
	A. J. NEUFELD	19	765	4,473	ACF	111	02	008	10,800	104073
OAKLAND										
CHILDRENS HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA HIGHLAND GENERAL	SEE UNIVERSITY OF CALIFORNIA PROGRAM, SAN FRANCISCO T. K. SMITH	57	1,399	11,858	AF	002	01	004	9,852	104173
SAMUEL MERRITT										
SEE UNIVERSITY OF CALIFORNIA PROGRAM, SAN FRANCISCO										
ORANGE										
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER CHILDRENS HOSPITAL OF ORANGE COUNTY	T. R. WAUGH					064	04	016		104373
VETERANS ADMIN. (LONG BEACH)	T. R. WAUGH	31	1,027	7,175	ACF	064			13,000	
	B. EWALD	8	471	370	C	064				
	T. R. WAUGH	37	509	7,763	A	064			11,905	
PALO ALTO										
VETERANS ADMINISTRATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
SACRAMENTO										
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPS., DAVIS									
SAN BERNARDINO										
SAN BERNARDINO COUNTY GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
SAN DIEGO										
SAN DIEGO RESIDENCY PROGRAM UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. K. AKESON					109	04	013		104973
CHILDRENS	W. H. AKESON	33	715	5,563	AF	109			8,900	
DONALD N. SHARP MEMORIAL COMMUNITY	C. K. BARTA	10	632	2,908	C	109			9,700	
MERCY HOSPITAL AND MEDICAL CENTER	P. H. DICKINSON	252	16,538		AF	109				
	H. E. WIGGINS	49	2,090	852	AF	109			9,300	

## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						Pro- gram No.	1st Yr. Yrs.		
CALIFORNIA - CONTINUED									
SAN FRANCISCO									
SAN FRANCISCO ORTHOPEDIC RESIDENCY TRAINING PROGRAM									
	L. W. TAYLOR					108	05	9,000	212173
	MARY'S HELP (DAILY CITY)			6,170	ACF	108		9,000	
	KAISER FOUNDATION	47	1,567	37,964	ACF	108		10,100	
	ST. JOSEPH'S	38	1,376			108			
	ST. MARY'S HOSPITAL AND MEDICAL CENTER	35	1,106	1,610	AF	108			
	VETERANS ADMIN. (LIVERMORE)	L. W. TAYLOR	52	1,467	7,953	AF	108	9,000	
	UNIVERSITY OF CALIFORNIA PROGRAM	C. RAISBECK, JR.	43	508	3,237	AF	108	11,064	
	H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	D. B. LUCAS				002	10	040	212573
	CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	D. B. LUCAS	41	1,013	5,731	ACF	002	8,900	
	FRANKLIN	L. J. LARSEN	35	1,258	1,102	C	002	9,900	
	PACIFIC MEDICAL CENTER - PRESBYTERIAN	D. B. LUCAS			A	002			
	SAN FRANCISCO GENERAL	D. E. KING	16	609	1,312	AF	002	8,600	
	SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	E. G. BOVILL	66	1,517	10,077	AF	002	9,921	
	VETERANS ADMIN.	L. J. LARSEN	31	272	2,731	C	002		
						040			
		V. T. INMAN, R. C. MAURER	29	306	1,164	A	002	9,030	
						003			
	CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA (OAKLAND)	C. ROWE	7	455	1,890	C	002	10,194	
	HIGHLAND GENERAL (OAKLAND)	T. K. SMITH	57	1,399	11,858	AF	002	9,852	
						003			
	SAMUEL HERRITT (OAKLAND)	D. B. LUCAS	64	2,674	3,978	AF	002	9,156	
SAN JOSE									
SANTA CLARA VALLEY MEDICAL CENTER									
SANTA CLARA									
KAISER FOUNDATION									
STANFORD									
STANFORD UNIVERSITY AFFILIATED HOSPITALS									
						ACF	098	03	012
	STANFORD UNIVERSITY	D. A. NAGEL	26	982	3,131		098		189973
	VETERANS ADMIN. (PALO ALTO)	D. A. NAGEL	14	169	1,204		098		8,480
	SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	D. S. BURTON					098		9,260
	KAISER FOUNDATION (SANTA CLARA)	R. M. JAMESON	27	602	4,511		098		10,524
							098		
TORRANCE									
LOS ANGELES COUNTY HARBOR GENERAL									
	D. STREET	41	1,131	24,997	AF	119	03	013	13,656 106773
COLORADO									
DENVER									
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS									
	J. S. MILES						004	04	016
	UNIVERSITY OF COLORADO MEDICAL CENTER	J. S. MILES	23	781	8,000	ACF	004		9,200
	VETERANS ADMIN.	T. E. STARZL	30	546	336	AF	004		8,003
	CHILDREN'S	R. G. VOLZ	11	667	3,640	C	004		9,900
	DENVER GENERAL	L. HAWKINS	30	756	7,284	AF	004		
							091		
ST. JOSEPH									
SEE ST. FRANCIS AFFILIATED HOSPITALS, WICHITA									
CONNECTICUT									
HARTFORD									
HARTFORD									
NEW HAVEN									
HOSPITAL OF ST. RAPHAEL									
	A. GOODMAN	50	1,519	9,643	AF	134	C2	006	11,000 109073
	YALE-NEW HAVEN MEDICAL CENTER	W. O. SOUTHWICK				005	06	019	108973
	YALE-NEW HAVEN	W. O. SOUTHWICK	51	1,491	7,737	AF	005		10,450
	HARTFORD	W. O. SOUTHWICK	71	2,031	121	AF	005		
	VETERANS ADMIN. (WEST HAVEN)	W. O. SOUTHWICK	32	593	3,795	AF	005		10,543
NEWINGTON									
NEWINGTON CHILDREN'S									
	J. M. CARY	80	743	7,667	C	005	00	001	
							082		
WEST HAVEN									
VETERANS ADMIN.									
SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
DELAWARE									
WILMINGTON									
ALFRED I. DUPONT INSTITUTE OF THE NEMOURS FOUNDATION									
	G. D. MAC EWEN	43	845	12,506	C	020		006	10,000
						021			
						077			
VETERANS ADMINISTRATION									
SEE THOMAS JEFFERSON UNIV. AFFIL. HOSPITALS, PHILADELPHIA									
DISTRICT OF COLUMBIA									
WASHINGTON									
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA									
	P. GRIFFIN	16	441	4,739	C	054			083
DISTRICT OF COLUMBIA GENERAL (HOWARD UNIVERSITY SERVICE)									
	M. P. GLADDEN	41	482	5,872	ACF	115	03	009	10,710 179908
DISTRICT OF COLUMBIA GENERAL (CRIPPLED CHILDREN'S UNIT)									
	C. H. EPPS, JR.	24	346	7,988	C	014	01	003	10,710 179573
						083			
						115			
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS									
	G. W. HYATT	149	2,304	19,651		014	03	012	180173
	GEORGETOWN UNIVERSITY	G. W. HYATT	31	660	8,650	AF	014		10,000
	SIBLEY MEMORIAL	G. W. HYATT	30	214	1,539	ACF	014		
	VETERANS ADMIN.	P. I. KENMORE	31	400	8,140	A	014		9,724
						083			
						115			

## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
DISTRICT OF COLUMBIA - CONTINUED										
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	J. P. ADAMS					C83	04	019		180273
GEORGE WASHINGTON UNIVERSITY WASHINGTON HOSPITAL CENTER	J. P. ADAMS	37	1,181	9,100	AF	C83			9,500	
	G. SCHUSTER	51	1,425	3,373	AF	054			10,000	
						C83				
PROVIDENCE	C. EPPS	23	817	1,753	AF	115	C3	012	10,500	180373
FLORIDA										
GAINESVILLE										
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	W. F. ENNEKING					123	C2	009		183473
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	W. F. ENNEKING	23	538	3,122	ACF	123			7,700	
VETERANS ADMIN.	T. K. GREENLEE, JR.	31	590	2,338	AF	123			7,137	
JACKSONVILLE										
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	J. T. HOCKER					C62	C3	009	8,900	221373
BAPTIST MEMORIAL	G. J. FIPP	32	1,305		77 AF	C62				
HOPE HAVEN CHILDREN'S	J. T. HOCKER					C62				
ST. LUKE'S	J. LOVEJOY, J. T. HOCKER	9	732			A				
UNIVERSITY HOSPITAL OF JACKSONVILLE	R. G. DEDD	19	567	5,031	AF	062				
MIAMI										
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	A. SARMIENTO					C76	C5	020		110473
JACKSON MEMORIAL	A. SARMIENTO	103	1,963	7,172	AF	C76			9,800	
VARIETY CHILDREN'S	C. D. HOLMES	15	598	6,919	C	C76			9,850	
						118				
VETERANS ADMIN.	A. SARMIENTO	29	373	4,235	A	C76			8,975	
MIAMI BEACH										
MOUNT SINAI HOSPITAL OF GREATER MIAMI	L. RUSIN	54	1,182	1,179	AF	118	02	004	10,400	110573
ORLANDO										
ORANGE MEMORIAL	J. G. MATTHEWS	118	4,628	3,926	ACF	C20	C3	010	9,000	110773
GEORGIA										
ATLANTA										
EMORY UNIVERSITY AFFILIATED HOSPITALS	R. P. KELLY					C35	C5	014	8,880	111773
EMORY UNIVERSITY	R. P. KELLY	19	598		AF	039				
GRADY MEMORIAL	R. P. KELLY	60	1,401	17,775	ACF	039				
HENRIETTA EGGLESTON HOSPITAL FOR CHILDREN	R. P. KELLY					C			039	
VETERANS ADMIN.	E. A. ACKERMAN	41	720	4,800	A	C39				
GEORGIA BAPTIST	R. E. KING	70	1,632		22 AF	113	03	012	7,500	111273
AUGUSTA										
MEDICAL COLLEGE OF GEORGIA HOSPITALS	F. E. BLIVEN					114	03	012		222373
EUGENE TALMADGE MEMORIAL	F. E. BLIVEN	23	630	6,083	ACF	114			8,100	
UNIVERSITY	F. E. BLIVEN	44	1,615	1,023	A	114				
VETERANS ADMIN.	P. E. SABATELLE	38	396	1,672	A	114			7,600	
COLUMBUS										
MEDICAL CENTER	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS									
DECATUR										
SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN						C			113	
HAWAII										
HONOLULU										
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	L. GORDON					C68	C2	006	11,100	223173
QUEEN'S MEDICAL CENTER	A. PAVEL	61	1,940	1,210	AF	068				
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	I. J. LARSEN	36	159	3,375	C	068				086
ILLINOIS										
CHICAGO										
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	M. POST	51	1,172	24,333	ACF	135	02	008	10,850	114273
NORTHWESTERN UNIVERSITY MEDICAL CENTER-COOK COUNTY	W. J. KANE					007	10	040		224773
CHICAGO WESLEY MEMORIAL	W. J. KANE		1,888		ACF	007			11,000	
CHILDREN'S MEMORIAL	M. TACHDJIAN	27	1,080	5,931	C	007			11,000	
						121				
COOK COUNTY	J. T. HARTMAN	153	4,904	22,505	ACF	007			10,900	
						047				
PASSAVANT MEMORIAL	J. K. STACK	24	537	5,499	A	007			11,000	
ST. ANNE'S	J. J. CALLAHAN	49	1,705	4,937	AF	007			9,600	
VETERANS ADMIN. RESEARCH	W. J. KANE	29	428	3,150	AF	007			10,500	
EVANSTON (EVANSTON)	N. C. MEAD	59	1,898		898 AF	007			11,500	
ST. FRANCIS (EVANSTON)	J. J. FAHEY	68	1,524	7,954	AF	007			10,600	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	E. A. MILLAR	48	519	5,746	C	050	00	005		
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. STEVENS	29	743	7,464	ACF	136	C2	007	10,000	116073
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	R. D. RAY							05	020	115073
PRESBYTERIAN-ST. LUKE'S	C. N. LAMBERT	41	1,145	1,630	AF	047			9,946	
UNIVERSITY OF ILLINOIS	R. D. RAY	65	829	17,363	ACF	C47			10,560	
VETERANS ADMIN. (WEST SIDE)	R. O. RAY, R. BARMADA	36	673	8,780	AF	047			10,560	
EVANSTON										
EVANSTON	SEE NORTHWESTERN UNIV. MEDICAL CENTER-COOK COUNTY, CHICAGO									
ST. FRANCIS	SEE NORTHWESTERN UNIV. MEDICAL CENTER-COOK COUNTY, CHICAGO									
HINES										
VETERANS ADMIN.	B. W. CARR	63	980	4,249	AF	C50	03	012	9,600	225773

## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1972-1973 1st Yr.	All Yrs.		
ILLINOIS - CONTINUED										
OAK PARK WEST SUBURBAN PARK RIDGE LUTHERAN GENERAL PEORIA ST. FRANCIS	H. A. SOFIELD R. T. LIDGE J. J. FLAHERTY	50 65 77	1,545 1,642 2,505	7,707 13,750 6,722	AF AF ACF	C50 050 137	C2 C0 C1	002 002 004	9,600 13,000 11,757	117373 117673 117573
INDIANA										
FORT WAYNE LUTHERAN HOSPITAL OF FORT WAYNE INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER INDIANA UNIVERSITY HOSPITALS	F. W. BROWN J. B. WRAY J. B. WRAY	75 28	2,312 665	2,159 7,203	ACF ACF	138 008	C2 C5	008 020	10,300 9,500	117873 227373
MARION COUNTY GENERAL METHODIST HOSPITAL OF INDIANA ST. VINCENT'S VETERANS ADMIN.	R. D. PIERCE R. BRUECKMANN G. F. RAPP J. B. WRAY	76 38 39	853 1,910 1,166 634	8,325 1,156 8,604 1,675	ACF AF AF AF	008 008 008 008		9,500 10,600 11,280 10,750		
IOWA										
IOWA CITY UNIVERSITY OF IOWA AFFILIATED HOSPITALS UNIVERSITY OF IOWA HOSPITALS	C. B. LARSON	76	2,578	15,770	ACF	139 139	05	020	9,500	120373
KANSAS										
KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	F. W. RECKLING	18	638	11,362	ACF	140	02	006	9,000	120873
WICHITA										
ST. FRANCIS AFFILIATED HOSPITALS ST. FRANCIS VETERANS ADMINISTRATION CENTER WESLEY MEDICAL CENTER ST. JOSEPH (DENVER, COLO.)		72 17 35	2,338 276 2,511	1,789 621 44,796	ACF AF ACF AF	106 106 106 106	C3	012	9,300 8,400 9,300	120973
KENTUCKY										
LEXINGTON UNIVERSITY OF KENTUCKY-LEXINGTON RESIDENCY PROGRAM UNIVERSITY VETERANS ADMIN. SHRINERS HOSPITAL FOR CRIPPLED CHILDREN GOOD SAMARITAN ST. JOSEPH	T. D. BROWER T. D. BROWER T. D. BROWER T. D. YOCUM K. R. THOMPSON T. D. BROWER	20 4	800 169	5,000 796	AF AF	059 059	03	009	8,000 8,300	184873
LOUISVILLE										
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS KOSAIR CRIPPLED CHILDREN LOUISVILLE GENERAL VETERANS ADMIN.	J. W. HARKESS J. W. HARKESS D. J. HURT	44 40 39	1,563 794 667	12,051 6,697 3,743	C AF AF	009 009 009	04	016	7,000 8,100 7,920	121773
LOUISIANA										
ALEXANDRIA VETERANS ADMINISTRATION MONROE E. A. CONWAY MEMORIAL NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION OCHSNER FOUNDATION TULANE UNIVERSITY AFFILIATED HOSPITALS CHARITY HOSPITAL OF LOUISIANA VETERANS ADMIN. (ALEXANDRIA) TOURO INFIRMARY U. S. PUBLIC HEALTH SERVICE VETERANS ADMIN. MEDICAL CENTER (COLUMBUS, GA.) HUEY P. LONG CHARITY	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS A. W. DUNN I. CAHEN A. W. DUNN J. WICKSTROM J. WICKSTROM J. WICKSTROM I. REDLER J. S. BETHEA, 3D. R. H. ALLOREDGE J. HUGHSTON J. WICKSTROM	8 36 30 40 33 66 48 51 52 15	397 1,019 866 1,125 224 2,455 695 603 1,779 452	3,720 14,066 13,154 ACF 2,080 1,873 5,772 4,870 3,819 5,709	A ACF ACF ACF AF ACF AF AF AF AF	C56 141 C56 C1C 010 110 010 010 010 010 010	C0	002 014 008 014	12,000 7,800 8,500 12,615 9,000 9,437 9,600 9,600	231573 122473 196673 232073
PINEVILLE										
HUEY P. LONG CHARITY SHREVEPORT CONFEDERATE MEMORIAL MEDICAL CENTER SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS D. W. MC KAY D. W. MC KAY	38 41	1,237 435	5,085 2,396	ACF C	043 010 043	03	012	7,800	123273
MARYLAND										
BALTIMORE CHILDREN'S JAMES LAWRENCE KERNAN JOHNS HOPKINS BALTIMORE CITY HOSPITALS SINAI HOSPITAL OF BALTIMORE UNION MEMORIAL UNIVERSITY OF MARYLAND	G. D. EATON R. C. ABRAMS R. A. ROBINSON G. SCHMEISSER R. E. ZADEK J. T. H. JOHNSON T. H. MORGAN	90 68 56 20 35 40 22	2,505 1,471 1,334 538 953 858 625	3,520 13,600 10,312 6,499 2,271 3,441 8,936	C C ACF ACF AF ACF AF	057 087 C20 070 088 C57 070 070 087 057 070 087 070 087 087 088	C2 C2 C4 C1	005 012 003 006 012	9,800 10,500 11,400 1,100 11,100	233173 124273 124973 125173 125273

15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	1st Yr.	Positions Offered 1972-1973 All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS										
BOSTON										
BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. E. LEACH					C66 C4	012			125573
UNIVERSITY LAHEY CLINIC	R. E. LEACH	24	4	950	A	C66		9,500		
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN (SPRINGFIELD)	W. R. TORGERSON	32	560	8,240	A	C66		10,000		
CARNEY CHILDREN'S HOSPITAL MEDICAL CENTER	J. D. FISHER	45	376	3,907	C	C66				
MASSACHUSETTS GENERAL HOSPITAL	R. M. KILFOYLE	33	926	8,109	AF	C45 C2	006	10,000		125873
PETER BENT BRIGHAM HOSPITALS	A. M. PAPPAS	69	1,907	15,058	C	C11		9,500		
TUFTS UNIVERSITY AFFILIATED HOSPITALS	T. BROWN	168	2,893	16,138	ACF	C11 C2	048	10,000		126173
BOSTON CITY	C. B. SLEDGE	34	800	6,169	AF	C11		11,000		
	H. BANKS					C13 C8	028			125773
		65	1,305	35,000	AF	C13 C45 C66		9,600		
NEW ENGLAND MEDICAL CENTER HOSPITALS		40	800	7,000	AC	C13		9,500		
VETERANS ADMIN. (JAMAICA PLAIN)			893	3,056	AF	C13		10,090		
VETERANS ADMIN. (WEST ROXBURY)	J. B. MC GINTY	21	185	1,143	A	C11		10,388		
CANTON MASSACHUSETTS HOSPITAL SCHOOL	R. M. KILFOYLE	100	123	1,056	C	C45 C66		12,413		
LAKEVILLE LAKEVILLE	W. DONAHUE	85	164	552	C	C45 C66		11,388		
SPRINGFIELD										
SHRINER'S HOSPITAL FOR CRIPPLED CHILDREN	SEE BOSTON UNIVERSITY AFFILIATED HOSPITALS, BOSTON									
MICHIGAN										
ALLEN PARK VETERANS ADMIN. ANN ARBOR										
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. S. SMITH	34	1,036	9,615	ACF	C74 C74	05 019	8,900		129373
UNIVERSITY ST. JOSEPH MERCY	G. H. BAUER	51	1,636	13,414	ACF	C74		10,500		
WAYNE COUNTY GENERAL (ELOISE)	H. KALFER	36	948	7,069	AF	C74		9,169		
DEARBORN GAKWOOD										
DETROIT HENRY FORD	H. M. FROST	110	2,070	30,859	ACF	C12 C6	024	10,300		130073
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	H. E. PEDERSEN					C12 C5	02C			129573
VETERANS ADMIN. (ALLEN PARK)	R. H. RAMSEY	42	317	4,250	A	C12		10,459		
DAKWOOD (DEARBORN) CHILDREN'S HOSPITAL OF MICHIGAN	H. E. PEDERSEN				ACF					
DETROIT GENERAL	A. J. DAY	14	499	4,011	C	C12		9,912		
GRACE	H. E. PEDERSEN	51	1,188	12,096	AF	C12		9,858		
HARPER	W. H. BLODGETT	20	535	469	A	C12		10,200		
ELOISE WAYNE COUNTY GENERAL	A. J. DAY	32	902	1,177	A	C12		10,200		
SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR										
GRAND RAPIDS										
BLODGETT MEMORIAL	A. B. SWANSON	92	1,778	3,381	ACF	C20 C2	006	9,000		130973
ST. MARY'S	G. T. AITKEN	44	1,552	6,317	ACF	C143 C2	007	9,000		131173
KALAMAZOO										
BORGESS-BRONSON HOSPITALS	C. M. HANSON					C126 C2	008	8,700		131373
ORTHOPEDIC RESIDENCY		35	1,342	402	ACF	C126				
BORGESS		45	1,277	752	ACF	C126				
MINNESOTA										
MINNEAPOLIS										
FAIRVIEW	J. MOE, J. HOUSE	59	1,754	3,146	AF	C89				
HENNEPIN COUNTY GENERAL	R. B. GUSTILO	22	705	4,482	AF	C89		8,250		
ST. MARY'S	J. HOUSE	50	1,500	500	AF	C89 C5	020	8,000		133273
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	D. R. LANNIN	42	299	2,079	C	C16				
UNIVERSITY OF MINNESOTA HOSPITALS	J. H. MOE	45	317	2,372	ACF	C80 C5	020	8,000		133473
VETERANS ADMIN.	R. PREMER	63	1,062	3,980	AF	C16 C80				
ROCHESTER										
MAYO GRADUATE SCHOOL OF MEDICINE	P. J. KELLY	186	7,064	75,604		C121 C16	064	7,300		132873
ROCHESTER METHODIST					ACF	C121				
ST. MARY'S					ACF	C121				
ST. PAUL										
GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN	J. H. MOE, R. B. WINTER	71	941	18,453	C	C16 C89		7,202		
ST. PAUL-RAMSEY	T. COMFORT	26	959	5,413	F	C80 C2	003			133573
MISSISSIPPI										
JACKSON										
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	P. S. DERIAN	27	843	6,872	ACF	C06 C3	009	8,500		246773
UNIVERSITY VETERANS ADMIN. CENTER	P. S. DERIAN	29	465	3,104	AF	C06		9,353		
	W. F. OWENS, JR.					C06				
MISSOURI										
COLUMBIA										
UNIVERSITY OF MISSOURI MEDICAL CENTER	L. O. LITTON	20	728	5,980	ACF	C148 C1	003			199473



## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number	
							1st Yr.	All Yrs.			
MISSOURI - CONTINUED											
KANSAS CITY											
KANSAS CITY AFFILIATED HOSPITALS CHILDREN'S MERCY	J. L. BARNARD		178	4,819	C	C18	012		7,200	134373	
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	J. L. BARNARD	17	426	4,127	AF	C18			7,200		
ST. LUKE'S	J. L. BARNARD	68	1,565	7,248	ACF	C18			8,820		
VETERANS ADMIN.	J. L. BARNARD	22	634	1,184	AF	C18			9,500		
ST. LOUIS											
BARNES HOSPITAL GROUP	F. C. REYNOLDS	8	2,444	5,541	ACF	O6C	C5	020	10,000	135373	
ST. LOUIS CITY											
WASHINGTON UNIVERSITY SERVICE	V. BADGER	16	391	2,174	F	C6C					
ST. LOUIS UNIVERSITY SERVICE	D. E. O' REILLY	16	390	2,174	F	O46			8,882		
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	D. E. O' REILLY	72	2,003	7,545	ACF	C46	C3	012	9,600	136573	
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	D. E. O'REILLY					O46					
FIRMIN DESLOGE GENERAL	D. E. O'REILLY					C46					
ST. MARY'S	D. E. O' REILLY, R. FUNSCH	38	1,098		6	C46			9,600		
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	G. E. SCHEER	87	1,010	8,242	C	C6C					
VETERANS ADMIN.	F. REYNOLDS	34	570	2,446	A	C6C			9,840		
NEBRASKA											
LINCOLN											
NEBRASKA ORTHOPEDIC	H. E. MITCHELL	40	769	5,545	C	C01		002	9,300		
OMAHA											
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	L. T. HOOD					C01	C3	010		137673	
UNIVERSITY OF NEBRASKA VETERANS ADMIN.		5	167	1,696	ACF	CC1			9,000		
		20	310	1,840	AF	OC1			10,344		
NEW HAMPSHIRE											
HANDOVER											
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	L. W. HALL					C82	C2	006	8,500	250573	
MARY HITCHCOCK MEMORIAL		36	789	3,985	AF	O82					
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		17	255	1,130	AF	C82					
NEW JERSEY											
CAMDEN											
COOPER	K. HAINES, H. SHERK	48	1,219	2,096	ACF	144	C1	003	10,500	138073	
EAST ORANGE											
VETERANS ADMIN.	SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK										
JERSEY CITY											
JERSEY CITY MEDICAL CENTER	A. M. FRANCIS	45	581	5,862	ACF	145	C2	006		139073	
LONG BRANCH											
MONMOUTH MEDICAL CENTER	B. M. HALBSTEIN	57	1,591	1,783	ACF	146	C1	005	11,000	139273	
NEWARK											
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS	A. F. DE PALMA						102	O9	038	11,300	135873
VETERANS ADMIN. (EAST ORANGE)	J. J. AMSTER	38	295	728	A	102					
MARTLAND	A. F. DE PALMA	48	770	5,998	ACF	102					
UNITED HOSPS. ORTHOPEDIC CENTER-HOSP. FOR CRIPPLED CHILDREN-ADULTS	P. WILLNER	81	1,794			AC	170	C1	006	10,500	252173
ORANGE											
HOSPITAL CENTER AT ORANGE	H. T. HANSEN	53	1,333	11,938	ACF	122	C2	006	8,200	140173	
NEW JERSEY ORTHOPAEDIC						122					
ORANGE MEMORIAL						122					
PATERSON											
ST. JOSEPH'S	R. V. HOLMAN	57	1,525	2,073	ACF	147	C2	005	10,320	140673	
NEW MEXICO											
ALBUQUERQUE											
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	G. E. OMER, JR.					C93	C3	012		196273	
BATAAN MEMORIAL	R. S. TURNER	19	921	20,079	AF	O93			8,032		
BERNALILLE COUNTY MEDICAL CENTER	G. E. OMER, JR.	18	564	4,789	AF	C93			8,032		
VETERANS ADMIN.	L. M. DVERTON	38	735	3,031	AF	O93			7,950		
TRUTH OR CONSEQUENCES											
CARRIE TINGLEY CRIPPLED CHILDREN'S	D. H. MUNGER	59	465	4,552	C	004			8,000		
						C93					
						C96					
NEW YORK											
ALBANY											
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	C. J. CAMPBELL					O55	O4	016		141473	
ALBANY MEDICAL CENTER	C. J. CAMPBELL	65	1,657	1,637	ACF	C55			9,600		
VETERANS ADMIN.	C. J. CAMPBELL	8	380	607	AF	O55			10,940		
ELLIS (SCHENECTADY)	J. DGLAN	51	1,347		ACF	C55			9,600		
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER (SCHENECTADY)	J. DGLAN	66	572	4,587	ACF	O55					
BUFFALO											
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	E. R. MINDELL					AF	C24	C4	016	143673	
BUFFALO GENERAL	B. E. OBLETZ	63	1,318	987	AF	O24			10,000		
CHILDREN'S HOSPITAL OF BUFFALO	J. D. GODFRAY	22	575	3,000	C	O24					
EDWARD J. MEYER MEMORIAL	E. R. MINDELL	25	279	1,385	AF	O24			10,600		
VETERANS ADMIN.	R. B. ERICKSON	44	854	835	AF	O24			8,500		
EAST MEADOW											
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	A. POTENZA	73	1,191	24,053	ACF	149	C4	016	10,112	144873	
MINEOLA											
NASSAU	S. GREINER	44	1,359	473	ACF	O38	C2	006	12,500	145573	

15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number	
							1st Yr.	All Yrs.			
NEW YORK - CONTINUED											
NEW YORK CITY											
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	B. B. GREENBERG					112	C5	020		193173	
BROXN MUNICIPAL HOSPITAL CENTER	B. B. GREENBERG	53	866	12,301	ACF	112			10,000		
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	B. B. GREENBERG	22	425	1,593	AF	112					
LINCOLN	E. D. SEDLIN, R. SHETH				ACF	112					
BROOKDALE HOSPITAL CENTER	A. KENIN	24	2,643	7,350	ACF	158	O2	008	11,600	141973	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	D. S. MARTIN, J. MULLE					124	C2	008	9,500	145073	
MARY IMMACULATE DIVISION	D. S. MARTIN, J. MULLE	16	483	1,425	AF	124					
MARY IMMACULATE DIVISION (ST. CHARLES UNIT)	F. VACCARINO	13	344	4,654	C	020					
						103					
						124					
ST. JOHN'S QUEENS DIVISION	D. S. MARTIN, J. MULLE	23	664	721	AF	124					
ST. MARY'S DIVISION	D. S. MARTIN, J. MULLE	17	256	1,470	AF	124					
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	J. W. FIELDING	31	515	1,692	AF	026		002	12,000	147573	
HARLEM HOSPITAL CENTER	M. L. SHELTON	70	761	9,536	ACF	150	O2	006	9,500	147873	
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	H. J. MANKIN	144	3,170	22,132	ACF	125	O6	026	11,000	147973	
HOSPITAL FOR SPECIAL SURGERY	R. L. PATTERSON, JR.	172	3,507	33,524	ACF	022	O6	018	12,000	260773	
HOUSE OF ST. GILES THE CRIPPLE	J. W. FIELDING	17	179	10,957	C	026		003			
						041					
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	L. KOVEN	39	682	5,311	AF	084	O2	008	11,000	142573	
KINGSBROOK JEWISH MEDICAL CENTER	M. SCHNEIDER	46	664	2,947	AC	084	C1	003	9,800	147673	
KINGS COUNTY HOSPITAL CENTER	L. S. LAVINE	55	823	10,851	ACF	151	O1	012		142673	
LENOX HILL	J. A. NICHOLAS	50	987	3,874	AF	103	O1	003	12,500	148373	
MONTEFIORE HOSPITAL TRAINING PROGRAM	B. B. GREENBERG					125	O4	012	11,500	148773	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		48	747	4,324	ACF	125					
MORRISANIA CITY		32	563	7,474	ACF	125					
MOUNT SINAI HOSPITAL TRAINING PROGRAM	R. S. SIFFERT					065	O8	009	11,500	149C73	
MOUNT SINAI	R. S. SIFFERT	57	714	8,300	ACF	065					
CITY HOSPITAL CENTER AT ELMHURST	A. J. SCHEIN	67	906	10,209	AF	065					
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	A. A. MICHELE						O6	O6	021	147373	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		32	450	1,050	AF	067					
UNIT 2 - METROPOLITAN		62	591	10,800	ACF	067					
NEW YORK UNIVERSITY MEDICAL CENTER	W. A. L. THOMPSON					051	O6	018		148473	
BELLEVUE HOSPITAL CENTER	H. SPRAGUE	21	147	8,599	ACF	051					
UNIVERSITY	H. SPRAGUE	37	705		A	051					
VETERANS ADMIN. (MANHATTAN)	K. P. TAM	33	448		AF	C51			12,805		
PRESBYTERIAN	F. E. STINCHFIELD	135	3,434	31,248	ACF	128	O8	027	11,750	149573	
QUEENS HOSPITAL CENTER	J. MANLY	75	1,195	8,764	ACF	152	O2	006	11,000	145173	
ST. LUKE'S HOSPITAL CENTER	F. R. THOMPSON	65	1,165	6,535	ACF	041	O3	007	11,800	149973	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	J. W. FIELDING	28	559	1,797	AF	026	O1	002	11,300	151473	
VETERANS ADMIN. (BRONX)	R. L. PATTERSON	44	697	4,480	AF	022	O2	003	13,609	262773	
PORT JEFFERSON											
ST. CHARLES	J. S. CONSOLI	24	316	3,444	C	038	C1	004	7,000	263773	
						127					
ROCHESTER											
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	L. A. GOLDSTEIN						ACF	C31	O4	012	151173
GENESEE	R. DICKERSON	21	952	1,097		031					
HIGHLAND HOSPITAL OF ROCHESTER	L. A. GOLDSTEIN					031					
ROCHESTER GENERAL	J. D. STATES	42	1,052	651		C31			11,000		
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. A. GOLDSTEIN	47	1,072	4,306		031					
SCHENECTADY											
ELLIS	SEE ALBANY MEDICAL CENTER AFFILIATED HOSPS., ALBANY										
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	SEE ALBANY MEDICAL CENTER AFFILIATED HOSPS., ALBANY										
SYRACUSE											
S. U. N. Y. UPSTATE MEDICAL CENTER	D. G. MURRAY						O48	C4	016	10,400	151673
CROUSE IRVING-MEMORIAL	S. BASTABLE	54	1,360			ACF	O48				
ST. JOSEPH'S	A. A. VERCILLO	24	960	1,008	AF	O48					
STATE UNIVERSITY	D. G. MURRAY	28	791	3,014	AF	O48					
VETERANS ADMIN.	R. O. BECKER	27	598	893	A	O48					
UTICA											
CHILDREN'S HOSPITAL AND REHABILITATION CENTER OF UTICA	D. G. MURRAY, E. FRIEDMAN	43	1,433	1,913	C	O48					
WEST HAVERSTRAM											
NEW YORK STATE REHABILITATION	A. GARRETT	115	655	1,157	C	128			11,330		
NORTH CAROLINA											
CHAPEL HILL											
NORTH CAROLINA MEMORIAL HOSPITAL OF WAKE COUNTY (RALEIGH)	F. C. WILSON	30	673	10,256	ACF	081	O3	012	7,500	190C73	
						AF				081	
CHARLOTTE											
CHARLOTTE MEMORIAL	J. S. GAUL, JR.	130	4,021	4,299	ACF	104	O2	009	9,300	152773	
DURHAM											
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. L. GOLDNER						O19	O8	032	9,250	152973
DUKE UNIVERSITY MEDICAL CENTER	J. L. GOLDNER	53	2,027	8,309	ACF	O19					
						G20					
VETERANS ADMIN.	J. R. URBANIAK		725	2,935	AF	O19					

## APPROVED RESIDENCIES

## 15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Positions Offered		Annual Salary (Min.)	NIRMP Number
						1972-1973 Yr.	All Yrs.		
NORTH CAROLINA - CONTINUED									
GASTONIA NORTH CAROLINA ORTHOPEDIC	G. R. MILLER	82	290	6,083	C	C19 C81		10,000	
RALEIGH									
MEMORIAL HOSPITAL OF WAKE COUNTY WINSTON-SALEM	SEE NORTH CAROLINA MEMORIAL, CHAPEL HILL								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS	J. ROBINSON					C77 C4	016	8,000	267973
FORSYTH MEMORIAL	A. GRISTINA, J. ROBINSON	76	2,220	843	ACF	C77		8,000	
NORTH CAROLINA BAPTIST	A. G. GRISTINA	24	819	2,046	ACF	C77			
OHIO									
AKRON									
AKRON CITY	W. A. HOYT, JR.	82	2,072	684	AF	C15 C3	010	9,600	154173
AKRON GENERAL	H. W. O' DELL	68	1,621	894	AF	C58 C2	008	9,600	154273
CHILDREN'S HOSPITAL OF AKRON	W. A. HOYT, JR.	37	1,787	2,685	C	C15 C58		9,600	
CINCINNATI									
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	E. H. MILLER					C17 C7	021		154873
CHILDREN'S	E. H. MILLER	7	289	942	C	C17			
CINCINNATI GENERAL	E. H. MILLER	35	504	8,349	AF	C17		9,200	
GOOD SAMARITAN	N. J. GIANNISTRAS	92	2,485	706	ACF	C17 C2	008	9,660	155073
JEWISH	J. R. LEVITAS	38	1,078	539	AF	C17		9,600	
VETERANS ADMIN.	E. H. MILLER	24	299	1,008	AF	C17		9,893	
CLEVELAND									
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	C. H. HERNOOD					C27 C6	018		155273
CLEVELAND METROPOLITAN GENERAL UNIVERSITY HOSPITALS OF CLEVELAND	R. P. MACK	24	595	8,079	ACF	C27		10,500	
VETERANS ADMINISTRATION	C. H. HERNOOD	76	1,829	9,119	ACF	C27		11,000	
CLEVELAND CLINIC	V. H. FRANKEL	48	433	1,828	A	C27		9,767	
MOUNT SINAI HOSPITAL OF CLEVELAND	C. M. EVARTS	51	1,357	22,763	ACF	C42 C3	012	10,000	196873
ST. LUKE'S	A. W. TRAMER	50	1,564	3,560	ACF	C1 C2	006	11,000	155773
ST. VINCENT CHARITY	A. I. FRIGINSON	32	949	1,839	ACF	C15 C2	008	9,500	156673
COLUMBUS	K. S. ALFRED	34	939	2,651	ACF	C42			
MOUNT CARMEL	H. B. LACEY	55	1,676	902	AF	C25 C2	006	8,150	156573
OHIO STATE UNIVERSITY HOSPITALS - RIVERSIDE METHODIST CHILDREN'S	P. H. CLRTISS, JR. P. H. CURTISS, JR.	18	1,052	4,761	C	C59 C3	012	7,700	156673
OHIO STATE UNIVERSITY HOSPITALS RIVERSIDE METHODIST	P. H. CLRTISS, JR. C. R. COLEMAN	34	945	3,781	AF	C55		7,300	
MIAMI VALLEY	H. KLAAREN	60	1,937	1,248	AF	C99		8,900	
ELYRIA	W. L. HASSLER	56	1,530	813	ACF	C15 C2	006	10,900	156973
TOLEDO				17,199	ACF	C15 C1	004	8,400	190173
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	I. SINGH					C69 C3	012	10,200	157973
ST. VINCENT HOSPITAL AND MEDICAL CENTER	I. SINGH	11	298	1,341	AF	C69			
TOLEDO	H. ROSENBLATT T. H. BROWN, JR.	45	1,625	962	ACF	C69			
YOUNGSTOWN		71	2,186	117	AF	C69		10,200	
YOUNGSTOWN	G. W. COOK	57	1,686	4,996	AF	C107 C1	002	10,900	158573
OKLAHOMA									
OKLAHOMA CITY									
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	D. H. O' DONOGHUE					C53 C6	022		158973
BONE AND JOINT	J. P. EVANS	60	2,500		AF	C53		7,500	
ST. ANTHONY	D. H. O' DONOGHUE	48	2,552	1,046	AF	C53		8,700	
UNIVERSITY OF OKLAHOMA HOSPITALS VETERANS ADMIN.	D. H. O' DONOGHUE G. R. FRANK	21	771	8,074	ACF	C53		8,000	
		27	490	7,800	AF	C53			
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. E. SNELL R. C. ZIMMERMAN	84	2,495	503	AF	C28 C3	012	9,000	159973
EMANUEL SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	P. CAMPBELL	54	401	3,215	C	C28			
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS VETERANS ADMIN.	W. E. SNELL W. E. SNELL	31	789	10,038	AF	C28		6,600	
		36	422	1,009	AF	C28		8,160	
PENNSYLVANIA									
DANVILLE									
GEISINGER MEDICAL CENTER ELIZABETHTOWN	R. D. HEATH	28	916	19,816	ACF	C155 C7	008	9,300	160873
STATE HOSPITAL FOR CRIPPLED CHILDREN	J. M. HUNTER	107	334	5,796	C	C21 C92		12,075	
ERIE									
HAMOT	J. J. MONAHAN	114	2,754	5,982	ACF	C156 C1	004	9,500	161173
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	I. STEIN, S. M. ALBERT		1,013	2,483	ACF	C157 C3	008	10,100	163173
PHILADELPHIA GENERAL	O. CORN	37	503	4,774	AF	C92 C3	012	8,500	162773
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	A. BERMAN, O. CORN	40	570	1,905	ACF	C159		9,500	164073
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	J. W. LACHMAN	9	349	789	C	C29			
TEMPLE UNIVERSITY	H. H. STEEL J. W. LACHMAN	70	566	4,739	C	C29			
		52	1,031	5,184	AF	C29 C4	016	10,200	164673

15. ORTHOPEDIC SURGERY - Continued

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Positions Offered 1972-1973			Annual Salary (Min.)	NIRMP Number
							Program No.	1st Yr.	All Yrs.		
PENNSYLVANIA, PHILADELPHIA - CONTINUED											
THOMAS JEFFERSON UNIVERSITY											
AFFILIATED HOSPITALS		J. J. GARTLAND					C21	C6	024		163073
THOMAS JEFFERSON UNIVERSITY		J. J. GARTLAND	55	1,575	3,954	ACF	C21			10,300	
LANKENAU		J. J. DOWLING	42	1,061	2,201	AF	C21			10,300	
METHODIST		P. J. MARONE	15	490	1,123	AF	C21			10,300	
VETERANS ADMIN. (WILMINGTON, DEL.)		H. R. COWELL	22	314		A	C21			12,126	
UNIVERSITY OF PENNSYLVANIA											
AFFILIATED HOSPITALS		E. L. RALSTON					C23	C8	036		277273
CHILDREN'S HOSPITAL OF PHILADELPHIA		S. M. K. CHUNG	12	381	3,772	C	C23			10,000	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		J. E. NIXON	22	510	1,500	AF	023			11,200	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		E. L. RALSTON	73	1,574	7,084	ACF	023			10,650	
PHILADELPHIA GENERAL		E. L. RALSTON	40	313	9,515	AF	C23			9,500	
PENNSYLVANIA		R. H. ROTHMAN	18	365	2,398	F	023			10,200	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER		Z. FRIEDENBERG	8	193	1,540	AF	023			10,650	
VETERANS ADMIN.		J. E. NIXON	35	667	4,100	A	023			8,878	
PITTSBURGH:											
ALLEGHENY GENERAL		R. F. BOTKIN	84	2,011	16,419	ACF	16C	C3	012	10,500	164873
HOSPITALS OF THE UNIVERSITY		A. B. FERGUSON, JR.					C3C	10	030		165273
HEALTH CENTER OF PITTSBURGH		A. B. FERGUSON, JR.									
CHILDREN'S HOSPITAL OF PITTSBURGH		A. B. FERGUSON, JR.					C		03C		
MERCY		A. B. FERGLSON, JR.					AF		03C		
PRESBYTERIAN-UNIVERSITY		A. B. FERGUSON, JR.	158	3,930	12,471	AF	030			11,000	
ST. FRANCIS GENERAL		A. B. FERGUSON	26	878	1,051	AF	030			12,000	
VETERANS ADMIN.		P. LAING	63	757	3,100	AF	03C			8,750	
READING											
READING		L. C. YUND	59	1,091	10,420	AF	C72	C2	008	10,680	166173
SAN PUERTO RICO											
SAN JUAN											
UNIVERSITY OF PUERTO RICO		A. L. LUGO					161	C3	012		
AFFILIATED HOSPITALS			28	1,084	15,438	ACF	161			7,875	
UNIVERSITY DISTRICT					27	AF	161				
I. GONZALEZ MARTINEZ							161			7,875	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA			23	498	8,907	ACF	161			7,875	
VETERANS ADMIN. CENTER			12	188	6,117	AF	161			9,447	
RHODE ISLAND											
PROVIDENCE											
RHODE ISLAND		A. A. SAVASTANO	81	1,728	7,429	ACF	162	C2	008	9,400	167773
SOUTH CAROLINA											
CHARLESTON											
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS		J. A. SIEGLING					052	C2	008		168C73
MEDICAL UNIVERSITY OF SOUTH CAROLINA		J. A. SIEGLING	17	377	4,766	ACF	C52			8,100	
CHARLESTON COUNTY		J. A. SIEGLING	20	166		ACF	052				
NAVAL		R. G. WINANS, H. WESTERVELT	71	1,023	8,456	ACF	C52				
VETERANS ADMIN.		J. A. SIEGLING	22	294	1,440	AF	052			7,990	
COLUMBIA											
COLUMBIA HOSPITAL OF RICHLAND COUNTY		E. M. LUNCFORD, JR.	77	2,355	1,784	ACF	163	C2	008	8,400	168173
GREENVILLE											
GREENVILLE GENERAL		F. H. STELLING	98	2,907	3,436	AF	033	C2	008	9,000	168373
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN		F. H. STELLING	57	473	5,080	C	019				
							033				
TENNESSEE											
CHATTANOOGA											
S. E. TENNESSEE MEDICAL EDUCATION CENTER		R. C. CODDINGTON	81	2,855	1,234	ACF	164	C3	012	9,300	168973
BARONESS ERLANGER											
KNOXVILLE											
EAST TENNESSEE AFFILIATED HOSPITALS		R. G. BRASHEAR					085	C2	006	8,160	281173
EAST TENNESSEE BAPTIST		C. P. MC CAMMON	26	1,835		AF	085				
ST. MARY'S MEMORIAL		R. G. BRASHEAR	83	2,584	724	AF	085				
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL		R. G. BRASHEAR	3	1,309	2,032	ACF	085				
MEMPHIS											
CAMPBELL FOUNDATION AND UNIVERSITY OF TENNESSEE		H. B. BOYD					061	C8	024		281373
CITY OF MEMPHIS HOSPITALS		L. D. ANDERSON	56	1,116	10,942	AF	C61			7,100	
BAPTIST MEMORIAL		M. J. STEWART	144	4,449	932	AF	061			9,480	
METHODIST		M. MOORE, JR.	76	2,485	359	AF	C61			9,000	
LE BONHEUR CHILDREN'S							C		061		
VETERANS ADMIN.		E. DEHNE	19	470	3,068	A	061			8,120	
CRIPPLED CHILDREN'S		F. P. SAGE	36	173	1,232	C	061			6,000	
NASHVILLE											
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS		A. L. BROOKS					116	C5	015	9,000	170273
NASHVILLE METROPOLITAN GENERAL		J. L. SAHYERS	16	6,250	6,250	AF	116				
VANDERBILT UNIVERSITY		A. L. BROOKS	40	1,184	8,160	ACF	116			9,000	
VETERANS ADMIN.		J. F. CONNOLLY	37	618	17,097	AF	116			8,500	

## 15. ORTHOPEDIC SURGERY - Continued

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS											
DALLAS											
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS											
		C. F. GREGORY					032 C5	020		283573	
	BAYLOR UNIVERSITY MEDICAL CENTER	F. L. WARE	127	4,134	3,327 AF		032		8,700		
	PARKLAND MEMORIAL	C. F. GREGORY	42	1,051	10,777 AF		032		7,590		
	TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN	B. CARRELL	46	758	6,196 C		032				
	VETERANS ADMIN.	C. F. GREGORY	53	139	2,699 AF		032		7,945		
FORT WORTH											
	FORT WORTH AFFILIATED HOSPITALS	J. E. HOLMES					100 C2	008		283773	
	JOHN PETER SMITH	J. E. HOLMES	18	618	4,664 ACF		100		10,320		
	FORT WORTH CHILDREN'S HOSPITAL-FORT WORTH MEDICAL CENTER	J. J. INNIS	14	849	1,670 C		100		8,400		
	HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	F. W. SANDERS	12	1,176		AF	100		10,660		
GALVESTON											
	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. B. EVANS	53	1,087	5,102 ACF		165 04	014	8,400	171473	
HOUSTON											
	BAYLOR COLLEGE AFFILIATED HOSPITALS	J. W. KING					049 C4	012		171673	
	BEN TAUB GENERAL	J. W. KING	27	1,180	8,999 ACF		049		7,500		
	METHODIST	J. W. KING	87	2,924	2,440 AF		049		8,100		
	VETERANS ADMIN.	R. L. BROWNHILL	28	568	5,970 A		049		8,100		
	HERMANN	F. F. PARRISH	56	1,997	2,104 ACF		166 03	011	8,400	171573	
	SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	M. M. DONOVAN	27	451	4,242 C		049		8,400		
							166				
SAN ANTONIO											
	UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	C. A. ROCKWOOD	62	1,895	13,297 AF		095 C6	026	8,100	172273	
	BEXAR COUNTY TEACHING SANTA ROSA MEDICAL CENTER	R. N. DAVIS, M. A. ASHER	85	2,865	7,203 AC		095				
							117				
							120				
TEMPLE											
	SCOTT AND WHITE MEMORIAL	R. A. MURRAY	106	2,756	18,089 ACF		170 C2	008	9,400	172573	
UTAH											
SALT LAKE CITY											
	UNIVERSITY OF UTAH AFFILIATED HOSPITALS	S. S. COLEMAN					034 05	020		173273	
	UNIVERSITY	S. S. COLEMAN	14		2,643 AF		034		8,900		
	HOLY CROSS HOSPITAL OF SALT LAKE CITY	S. S. COLEMAN	39	1,537	3,600 AF		034		7,600		
	LATTER-DAY SAINTS	W. E. HESS	48	1,686	793 AF		034		8,900		
	PRIMARY CHILDREN'S	S. W. ALLRED	26	730	2,101 C		034				
	ST. MARK'S	A. P. MARTIN	47	1,430	1,101 AF		034		8,900		
	SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	S. S. COLEMAN	42	258	1,749 C		034				
	VETERANS ADMIN.	S. S. COLEMAN					AF	034			
VERMONT											
BURLINGTON											
	MEDICAL CENTER HOSPITAL OF VERMONT	F. T. HOAGLUND	66	1,942	8,165 ACF		167 02	008	8,100	173473	
	WHITE RIVER JUNCTION VETERANS ADMINISTRATION CENTER	SEE DARTMOUTH MED. SCHOOL AFFILIATED HOSPS., HANOVER, N. H.									
VIRGINIA											
ARLINGTON											
	ARLINGTON NATIONAL ORTHOPAEDIC AND REHABILITATION	J. W. LEABHART	30	852	4,703 AF		014				
	CHARLOTTESVILLE		103	2,773	2,500 ACF		168 C2	008	9,500	286173	
	UNIVERSITY OF VIRGINIA AFFILIATED HOSPITALS	R. C. THOMPSON, W. STAMP					129 04	016	7,260	173773	
	UNIVERSITY OF VIRGINIA ROANOKE MEMORIAL HOSPITALS (ROANOKE)		44	1,597	4,987 ACF		129				
							AC	129			
RICHMOND											
	VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	S. M. ELMORE					035 C4	012	7,260	174373	
	CRIPPLED CHILDREN'S MEDICAL COLLEGE OF VIRGINIA HOSPITALS	B. B. CLARY	62	918	3,676 C		035				
	VETERANS ADMIN.	S. M. ELMORE	47	1,212	7,200 AF		035				
		W. M. DEYERLE	37	474	2,040 A		035				
ROANOKE											
	ROANOKE MEMORIAL HOSPITALS	SEE UNIV. OF VA. AFFILIATED HOSPS., CHARLOTTESVILLE									
WASHINGTON											
SEATTLE											
	UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	D. K. CLANSON					036 C5	025		191873	
	CHILDREN'S ORTHOPAEDIC HOSPITAL AND MEDICAL CENTER	L. STAHALI	14	825	6,000 C		036				
	HARBORVIEW MEDICAL CENTER	D. R. GUNN	31	1,019	6,782 AF		036				
	SWEDISH HOSPITAL MEDICAL CENTER	E. H. MILLS	79	3,309		AF	036		8,100		
	U. S. PUBLIC HEALTH SERVICE UNIVERSITY	D. K. CLANSON	23	708	5,833 AF		036		7,700		
	VETERANS ADMIN.	D. K. CLANSON	23	431	6,912 AF		036		7,704		
	SHRINERS HOSPITAL FOR CRIPPLED CHILDREN (SPOKANE)	L. R. FRY	38	336		A	036		7,704		
		R. W. MARIS	34	272	2,777 C		036 C2			289273	

15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1972-1973 1st Yr.	All Yrs.		
WASHINGTON - CONTINUED										
SPOKANE										
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE									
WEST VIRGINIA										
MORGANTOWN										
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	J. C. PICKETT	30	714	4,949	ACF	169	C2	008	9,000	183773
WISCONSIN										
MADISON										
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	H. W. WIRKA					097	C4	012		177973
MADISON GENERAL		46	1,660		AF	097				
ST. MARYS HOSPITAL MEDICAL CENTER	J. MILLER	22	944		AF	097				
UNIVERSITY HOSPITALS	H. W. WIRKA	42	1,121	8,074	ACF	097			10,000	
VETERANS ADMIN.	S. C. ROGERS	35	526	2,338	A	097				
MILWAUKEE										
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	B. J. BREWER					037	05	020		178473
COLUMBIA	A. C. SCHMIDT	40	943	1,737	AF	037				
MILWAUKEE CHILDREN'S	C. HICKEY	18	619	2,872	C	037				
MILWAUKEE COUNTY GENERAL	B. J. BREWER	29	962	12,268	ACF	037			10,000	
VETERANS ADMIN. CENTER (WOOD)	B. J. BREWER	27	472	7,440	AF	037			10,409	

## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Nebraska Orthopedic Hospital.	Lincoln, Neb.	21.	Alfred I. DuPont Institute of the Nemours Foundation.	Wilmington, Del.
	University of Nebraska Hospital.	Omaha, Neb.		Veterans Admin. Hospital.	Wilmington, Del.
2.	H. C. Moffitt-University of California Hospitals.	San Francisco		State Hospital for Crippled Children.	Elizabethtown, Pa.
	Children's Hospital and Adult Medical Center.	San Francisco		Lankenau Hospital.	Philadelphia
	Franklin Hospital.	San Francisco		Methodist Hospital.	Philadelphia
	Pacific Medical Center-Presbyterian Hospital.	San Francisco	22.	Thomas Jefferson University Hospital.	Philadelphia
	San Francisco General Hospital.	San Francisco		Hospital for Special Surgery.	New York City
	Shriners Hospital for Crippled Children.	San Francisco		Veterans Admin. Hospital (Bronx).	New York City
	Veterans Admin. Hospital.	San Francisco	23.	Children's Hospital of Philadelphia.	Philadelphia
	Children's Hospital Medical Center of Northern California.	Oakland, Calif.		Graduate Hospital of the University of Pennsylvania.	Philadelphia
	Highland General Hospital.	Oakland, Calif.		Hospital of the University of Pennsylvania.	Philadelphia
	Samuel Merritt Hospital.	Oakland, Calif.		Pennsylvania Hospital.	Philadelphia
3.	Shriners Hospital for Crippled Children.	Los Angeles		Philadelphia General Hospital.	Philadelphia
	Highland General Hospital.	Oakland, Calif.		Presbyterian-University of Pennsylvania Medical Center.	Philadelphia
	Veterans Admin. Hospital.	San Francisco		Veterans Admin. Hospital.	Philadelphia
4.	Children's Hospital.	Denver	24.	Buffalo General Hospital.	Buffalo
	Denver General Hospital.	Denver		Children's Hospital of Buffalo.	Buffalo
	University of Colorado Medical Center.	Denver		Edward J. Meyer Memorial Hospital.	Buffalo
	Veterans Admin. Hospital.	Denver		Veterans Admin. Hospital.	Buffalo
	Carrie Tingley Crippled Children's Hospital.	Truth or Consequences, N. M.	25.	Children's Hospital.	Columbus, Ohio
5.	Hartford Hospital.	Hartford, Conn.		Mount Carmel Hospital.	Columbus, Ohio
	Yale-New Haven Hospital.	New Haven, Conn.	26.	French and Polyclinic Medical School and Health Center.	New York City
	Newington Children's Hospital.	Newington, Conn.		House of St. Giles the Cripple (Brooklyn).	New York City
	Veterans Admin. Hospital.	West Haven, Conn.		St. Vincent's Medical Center of Richmond (Staten Island).	New York City
6.	University Hospital.	Jackson, Miss.	27.	Cleveland Metropolitan General Hospital.	Cleveland
	Veterans Admin. Center.	Jackson, Miss.		University Hospitals of Cleveland.	Cleveland
7.	Chicago Wesley Memorial Hospital.	Chicago		Veterans Admin. Hospital.	Cleveland
	Children's Memorial Hospital.	Chicago	28.	Emanuel Hospital.	Portland, Ore.
	Cook County Hospital.	Chicago		Shriners Hospital for Crippled Children.	Portland, Ore.
	Passavant Memorial Hospital.	Chicago		University of Oregon Medical School Hospitals and Clinics.	Portland, Ore.
	St. Anne's Hospital.	Chicago		Veterans Admin. Hospital.	Portland, Ore.
	Veterans Admin. Research Hospital.	Chicago	29.	St. Christopher's Hospital for Children.	Philadelphia
	Evanston Hospital.	Evanston, Ill.		Shriners Hospital for Crippled Children.	Philadelphia
	St. Francis Hospital.	Evanston, Ill.		Temple University Hospital.	Philadelphia
8.	Indiana University Hospitals.	Indianapolis	30.	Children's Hospital of Pittsburgh.	Pittsburgh
	Marion County General Hospital.	Indianapolis		Mercy Hospital.	Pittsburgh
	Methodist Hospital of Indiana.	Indianapolis		Presbyterian-University Hospital.	Pittsburgh
	St. Vincent's Hospital.	Indianapolis		St. Francis General Hospital.	Pittsburgh
	Veterans Admin. Hospital.	Indianapolis		Veterans Admin. Hospital.	Pittsburgh
9.	Kosair Crippled Children Hospital.	Louisville, Ky.	31.	Genesee Hospital.	Rochester, N. Y.
	Louisville General Hospital.	Louisville, Ky.		Highland Hospital of Rochester.	Rochester, N. Y.
	Veterans Admin. Hospital.	Louisville, Ky.		Rochester General Hospital.	Rochester, N. Y.
10.	Rancho Los Amigos.	Downey, Calif.		Strong Memorial Hospital of the University of Rochester.	Rochester, N. Y.
	Charity Hospital of Louisiana, Tulane University Division.	New Orleans	32.	Baylor University Medical Center.	Dallas, Tex.
	Touro Infirmary.	New Orleans		Parkland Memorial Hospital.	Dallas, Tex.
	U. S. Public Health Service Hospital.	New Orleans		Texas Scottish Rite Hospital for Crippled Children.	Dallas, Tex.
	Veterans Admin. Hospital.	New Orleans		Veterans Admin. Hospital.	Dallas, Tex.
	Veterans Admin. Hospital.	Alexandria, La.	33.	Greenville General Hospital.	Greenville, S. C.
	Huey P. Long Charity Hospital.	Pineville, La.		Shriners Hospital for Crippled Children.	Greenville, S. C.
	Shriners Hospital for Crippled Children Medical Center.	Shreveport, La.	34.	Holy Cross Hospital of Salt Lake City.	Salt Lake City
11.	Children's Hospital Medical Center.	Boston		Latter-day Saints Hospital.	Salt Lake City
	Massachusetts General Hospital.	Boston		Primary Children's Hospital.	Salt Lake City
	Peter Bent Brigham Hospital.	Boston		St. Mark's Hospital.	Salt Lake City
	Veterans Admin. Hospital (West Roxbury).	Boston		Shriners Hospital for Crippled Children.	Salt Lake City
12.	Veterans Admin. Hospital.	Allen Park, Mich.		University Hospital.	Salt Lake City
	Oakwood Hospital.	Dearborn, Mich.		Veterans Admin. Hospital.	Salt Lake City
	Children's Hospital of Michigan.	Detroit	35.	Crippled Children's Hospital.	Richmond, Va.
	Detroit General Hospital.	Detroit		Medical College of Virginia Hospitals.	Richmond, Va.
	Grace Hospital.	Detroit		Veterans Admin. Hospital.	Richmond, Va.
	Harper Hospital.	Detroit	36.	Children's Orthopedic Hospital and Medical Center.	Seattle
13.	Boston City Hospital.	Boston		Harborview Medical Center.	Seattle
	New England Medical Center Hospitals.	Boston		Swedish Hospital Medical Center.	Seattle
	Veterans Admin. Hospital (Jamaica Plain).	Boston		U. S. Public Health Service Hospital.	Seattle
14.	District of Columbia General Hospital (Crippled Children's Unit).	Washington, D.C.		University Hospital.	Seattle
	Georgetown University Hospital.	Washington, D.C.		Veterans Admin. Hospital.	Seattle
	Sibley Memorial Hospital.	Washington, D.C.		Shriners Hospital for Crippled Children.	Spokane, Wash.
	Veterans Admin. Hospital.	Washington, D.C.	37.	Columbia Hospital.	Milwaukee
	Arlington Hospital.	Arlington, Va.		Milwaukee Children's Hospital.	Milwaukee
15.	Akron City Hospital.	Akron, Ohio		Milwaukee County General Hospital.	Milwaukee
	Children's Hospital of Akron.	Akron, Ohio		Veterans Admin. Center (Wood).	Milwaukee
16.	Shriners Hospital for Crippled Children.	Minneapolis	38.	Nassau Hospital.	Mineola, N. Y.
	Veterans Admin. Hospital.	Minneapolis		St. Charles Hospital.	Port Jefferson, N. Y.
	Gillette State Hospital for Crippled Children.	St. Paul, Minn.	39.	Emory University Hospital.	Atlanta, Ga.
17.	Children's Hospital.	Cincinnati		Grady Memorial Hospital.	Atlanta, Ga.
	Cincinnati General Hospital.	Cincinnati		Henrietta Eggleston Hospital for Children.	Atlanta, Ga.
	Good Samaritan Hospital.	Cincinnati		Veterans Admin. Hospital.	Atlanta, Ga.
	Jewish Hospital.	Cincinnati	40.	Arizona Crippled Children's Hospital.	Phoenix, Ariz.
	Veterans Admin. Hospital.	Cincinnati		Shriners Hospital for Crippled Children.	Los Angeles
18.	Children's Mercy Hospital.	Kansas City, Mo.		Letterman General Hospital.	San Francisco
	Kansas City General Hospital and Medical Center.	Kansas City, Mo.		Shriners Hospital for Crippled Children.	San Francisco
	St. Luke's Hospital.	Kansas City, Mo.	41.	House of St. Giles the Cripple (Brooklyn).	New York City
	Veterans Admin. Hospital.	Kansas City, Mo.		St. Luke's Hospital Center.	New York City
19.	Duke University Medical Center.	Durham, N. C.	42.	Cleveland Clinic Hospital.	Cleveland
	Veterans Admin. Hospital.	Durham, N. C.		St. Vincent Charity Hospital.	Cleveland
	North Carolina Orthopedic Hospital.	Gastonia, N. C.	43.	Confederate Memorial Medical Center.	Shreveport, La.
20.	Shriners Hospital for Crippled Children Orthopaedic Hospital.	Greenville, S. C.		Shriners Hospital for Crippled Children.	Shreveport, La.
	Naval Hospital.	Los Angeles	44.	Children's Hospital.	Birmingham, Ala.
	Alfred I. DuPont Institute of the Nemours Foundation.	Wilmington, Del.		University of Alabama Hospitals and Clinics.	Birmingham, Ala.
	Orange Memorial Hospital.	Orlando, Fla.		Veterans Admin. Hospital.	Birmingham, Ala.
	James Lawrence Kernan Hospital.	Baltimore		Lloyd Noland Hospital.	Fairfield, Ala.
	Naval Hospital.	Bethesda, Md.	45.	Boston City Hospital.	Boston
	Naval Hospital.	Chelsea, Mass.		Carney Hospital.	Boston
	Blodgett Memorial Hospital.	Grand Rapids, Mich.		Massachusetts Hospital School.	Canton, Mass.
	Mary Immaculate Division (St. Charles Unit).	New York City		Lakeville Hospital.	Lakeville, Mass.
	Duke University Medical Center.	Durham, N. C.			
	Naval Hospital.	Philadelphia			

## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
46.	Cardinal Glennon Memorial Hospital for Children	St. Louis	74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.
	Firmen Desloge General Hospital	St. Louis		University Hospital	Ann Arbor, Mich.
	St. Louis City Hospital	St. Louis	75.	Wayne County General Hospital	Eloise, Mich.
	St. Louis University Group of Hospitals	St. Louis		Walter Reed General Hospital	Washington, D.C.
47.	St. Mary's Hospital	St. Louis	76.	Jackson Memorial Hospital	Miami, Fla.
	Cook County Hospital	Chicago		Variety Children's Hospital	Miami, Fla.
	Presbyterian-St. Luke's Hospital	Chicago		Veterans Admin. Hospital	Miami, Fla.
	University of Illinois Hospital	Chicago	77.	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.
	Veterans Admin. Hospital (West Side)	Chicago		North Carolina Baptist Hospitals	Winston-Salem, N. C.
48.	Crouse Irving-Memorial Hospital	Syracuse, N. Y.		Forsyth Memorial Hospital	Winston-Salem, N. C.
	St. Joseph's Hospital	Syracuse, N. Y.	78.	Shriners Hospital for Crippled Children	Los Angeles
	State University Hospital	Syracuse, N. Y.		U. C. L. A. Hospital	Los Angeles
	Veterans Admin. Hospital	Syracuse, N. Y.	79.	Naval Hospital	San Diego, Calif.
	Children's Hospital and Rehabilitation Center of Utica	Utica, N. Y.	80.	University of Minnesota Hospitals	Minneapolis
49.	Ben Tuab General Hospital	Houston, Tex.		Veterans Admin. Hospital	Minneapolis
	Methodist Hospital	Houston, Tex.		St. Paul-Ramsey Hospital	St. Paul, Minn.
	Shriners Hospital for Crippled Children	Houston, Tex.	81.	North Carolina Memorial Hospital	Chapel Hill, N. C.
	Veterans Admin. Hospital	Houston, Tex.		North Carolina Orthopedic Hospital	Gastonia, N. C.
50.	Veterans Admin. Hospital	Hines, Ill.		Memorial Hospital of Wake County	Raleigh, N. C.
	Shriners Hospital for Crippled Children	Chicago	82.	Newington Children's Hospital	Newington, Conn.
	West Suburban Hospital	Oak Park, Ill.		Mary Hitchcock Memorial Hospital	Hanover, N. H.
	Lutheran General Hospital	Park Ridge, Ill.	83.	Veterans Admin. Center	White River Jct., Vt.
51.	Bellevue Hospital Center	New York City		Children's Hospital of the District of Columbia	Washington, D.C.
	University Hospital	New York City		District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.
	Veterans Admin. Hospital (Manhattan)	New York City		George Washington University Hospital	Washington, D.C.
52.	Charleston County Hospital	Charleston, S. C.		Veterans Admin. Hospital	Washington, D.C.
	Medical University of South Carolina Hospital	Charleston, S. C.		Washington Hospital Center	Washington, D.C.
	Naval Hospital	Charleston, S. C.	84.	Jewish Hospital and Medical Center of Brooklyn	New York City
53.	Veterans Admin. Hospital	Charleston, S. C.		Kingsbrook Jewish Medical Center	New York City
	Bone and Joint Hospital	Oklahoma City		East Tennessee Baptist Hospital	Knoxville, Tenn.
	St. Anthony Hospital	Oklahoma City	85.	St. Mary's Memorial Hospital	Knoxville, Tenn.
	University of Oklahoma Hospitals	Oklahoma City		University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
	Veterans Admin. Hospital	Oklahoma City		Arizona Crippled Children's Hospital	Phoenix, Ariz.
54.	Children's Hospital of the District of Columbia	Washington, D.C.	86.	Shriners Hospital for Crippled Children	Honolulu
	Washington Hospital Center	Washington, D.C.		Tripler General Hospital	Honolulu
55.	Albany Medical Center Hospital	Albany, N. Y.	87.	Baltimore City Hospitals	Baltimore
	Veterans Admin. Hospital	Albany, N. Y.		Children's Hospital	Baltimore
	Ellis Hospital	Schenectady, N. Y.		Johns Hopkins Hospital	Baltimore
56.	Sunnyview Hospital and Rehabilitation Center	Schenectady, N. Y.		Union Memorial Hospital	Baltimore
	E. A. Conway Memorial Hospital	Monroe, La.	88.	James Lawrence Kernan Hospital	Baltimore
	Ochsner Foundation Hospital	New Orleans		University of Maryland Hospital	Baltimore
57.	Baltimore City Hospitals	Baltimore	89.	Fairview Hospital	Minneapolis
	Children's Hospital	Baltimore		Hennepin County General Hospital	Minneapolis
	Johns Hopkins Hospital	Baltimore		St. Mary's Hospital	Minneapolis
58.	Akron General Hospital	Akron, Ohio		University of Minnesota Hospitals	Minneapolis
	Children's Hospital of Akron	Akron, Ohio		Gillette State Hospital for Crippled Children	St. Paul, Minn.
59.	Good Samaritan Hospital	Lexington, Ky.	90.	Long Beach Community Hospital	Long Beach, Calif.
	St. Joseph Hospital	Lexington, Ky.		Shriners Hospital for Crippled Children	Los Angeles
	Shriners Hospital for Crippled Children	Lexington, Ky.	91.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	University Hospital	Lexington, Ky.		Denver General Hospital	Denver
	Veterans Admin. Hospital	Lexington, Ky.		Fitzsimons General Hospital	Denver
60.	Barnes Hospital Group	St. Louis	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
	St. Louis City Hospital	St. Louis		Hahnemann Medical College and Hospital	Philadelphia
	Shriners Hospital for Crippled Children	St. Louis	93.	Bataan Memorial Hospital	Albuquerque, N. M.
	Veterans Admin. Hospital	St. Louis		Bernalillo County Medical Center	Albuquerque, N. M.
61.	Baptist Memorial Hospital	Memphis, Tenn.		Veterans Admin. Hospital	Albuquerque, N. M.
	City of Memphis Hospitals	Memphis, Tenn.		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
	Crippled Children's Hospital	Memphis, Tenn.	94.	Arkansas Children's Hospital	Little Rock, Ark.
	Le Bonheur Children's Hospital	Memphis, Tenn.		University Hospital	Little Rock, Ark.
	Methodist Hospital	Memphis, Tenn.		Veterans Admin. Consolidated Hospital	Little Rock, Ark.
	Veterans Admin. Hospital	Memphis, Tenn.	95.	Bexar County Teaching Hospital	San Antonio, Tex.
62.	Baptist Memorial Hospital	Jacksonville, Fla.		Santa Rosa Medical Center	San Antonio, Tex.
	Hope Haven Children's Hospital	Jacksonville, Fla.	96.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	St. Luke's Hospital	Jacksonville, Fla.		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
	University Hospital of Jacksonville	Jacksonville, Fla.		William Beaumont General Hospital	El Paso, Tex.
63.	Rancho Los Amigos Hospital	Downey, Calif.	97.	Madison General Hospital	Madison, Wis.
	Kaiser Foundation Hospital	Fontana, Calif.		St. Mary's Hospital	Madison, Wis.
	Loma Linda University Hospital	Loma Linda, Calif.		University Hospitals	Madison, Wis.
	Riverside General Hospital	Riverside, Calif.		Veterans Admin. Hospital	Madison, Wis.
	San Bernardino County General Hospital	San Bernardino, Calif.	98.	Stanford University Hospital	Stanford, Calif.
64.	Rancho Los Amigos Hospital	Downey, Calif.		Veterans Admin. Hospital	Palo Alto, Calif.
	Veterans Admin. Hospital	Long Beach, Calif.		Santa Clara Valley Medical Center	San Jose, Calif.
	Children's Hospital of Orange County	Orange, Calif.	99.	Kaiser Foundation Hospital	Santa Clara, Calif.
	Orange County Medical Center	Orange, Calif.		Children's Hospital	Columbus, Ohio
65.	City Hospital Center at Elmhurst	New York City		Ohio State University Hospitals	Columbus, Ohio
	Mount Sinai Hospital	New York City	100.	Riverside Methodist Hospital	Columbus, Ohio
66.	Boston City Hospital	Boston		Fort Worth Children's Hospital-Fort Worth Medical Center	Fort Worth, Tex.
	Lahey Clinic	Boston		Harris Hospital-Fort Worth Medical Center	Fort Worth, Tex.
	University Hospital	Boston		John Peter Smith Hospital	Fort Worth, Tex.
	Massachusetts Hospital School	Canton, Mass.	101.	Indiana University Hospitals	Indianapolis
	Lakeville Hospital	Lakeville, Mass.		Mount Sinai Hospital of Cleveland	Cleveland
	Shriners Hospital for Crippled Children	Springfield, Mass.	102.	Veterans Admin. Hospital	East Orange, N. J.
67.	Flower and Fifth Avenue Hospitals (Unit 1)	New York City		Martland Hospital	Newark, N. J.
	Metropolitan Hospital Center (Unit 2)	New York City	103.	Lenox Hill Hospital	New York City
68.	Queens Medical Center	Honolulu		Mary Immaculate Division (St. Charles Unit)	New York City
	Shriners Hospital for Crippled Children	Honolulu	104.	Charlotte Memorial Hospital	Charlotte, N. C.
	Tripler General Hospital	Honolulu	105.	Miami Valley Hospital	Dayton, Ohio
69.	Hospital of Medical College of Ohio at Toledo	Toledo, Ohio	106.	St. Joseph Hospital	Denver
	St. Vincent Hospital and Medical Center	Toledo, Ohio		St. Francis Hospital	Wichita, Kan.
	Toledo Hospital	Toledo, Ohio		Veterans Admin. Center	Wichita, Kan.
70.	Baltimore City Hospitals	Baltimore		Wesley Medical Center	Wichita, Kan.
	James Lawrence Kernan Hospital	Baltimore	108.	Mary's Help Hospital	Daly City, Calif.
	Johns Hopkins Hospital	Baltimore		Veterans Admin. Hospital	Livermore, Calif.
	Sinai Hospital of Baltimore	Baltimore		Kaiser Foundation Hospital	San Francisco
71.	Rancho Los Amigos Hospital	Downey, Calif.		St. Joseph's Hospital	San Francisco
	Children's Hospital of Los Angeles	Los Angeles		St. Mary's Hospital and Medical Center	San Francisco
	Los Angeles County—U.S.C. Medical Center	Los Angeles			
72.	Children's Hospital of Philadelphia	Philadelphia			
	Reading Hospital	Reading, Pa.			
73.	Arizona Crippled Children's Hospital	Phoenix, Ariz.			
	Good Samaritan Hospital	Phoenix, Ariz.			
	Mariocopa County General Hospital	Phoenix, Ariz.			
	St. Joseph's Hospital and Medical Center	Phoenix, Ariz.			



## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
109.	Childrens Hospital.	San Diego, Calif.	126.	Borgese Hospital.	Kalamazoo, Mich.
	Donald N. Sharp Memorial Community Hospital.	San Diego, Calif.	127.	Bronson Methodist Hospital.	Kalamazoo, Mich.
	Mercy Hospital and Medical Center.	San Diego, Calif.		St. Charles Hospital.	Port Jefferson, N. Y.
	University Hospital of San Diego County.	San Diego, Calif.		U. S. Public Health Service Hospital.	New York City
110.	U. S. Public Health Service Alaska Native Medical Center.	Anchorage, Alaska	128.	Presbyterian Hospital.	New York City
	U. S. Public Health Service Hospital.	San Francisco		New York State Rehabilitation Hospital.	West Haverstraw, N. Y.
	Charity Hospital of Louisiana.	New Orleans	129.	University of Virginia Hospital.	Charlottesville, Va.
	Tulane University Division.	New Orleans		Roanoke Memorial Hospitals.	Roanoke, Va.
111.	Rancho Los Amigos Hospital.	Downey, Calif.	130.	Naval Hospital.	Portsmouth, Va.
	Los Angeles County-U.S.C. Medical Center.	Los Angeles	131.	Gorgas Hospital.	Balboa Heights, C. Z.
	White Memorial Medical Center.	Los Angeles	132.	Mobile General Hospital.	Mobile, Ala.
112.	Bronx Municipal Hospital Center.	New York City	133.	Sacramento Medical Center.	Sacramento, Calif.
	Hospital of the Albert Einstein College of Medicine.	New York City	134.	Hospital of St. Raphael.	New Haven, Conn.
	Lincoln Hospital.	New York City	135.	Michael Reese Hospital and Medical Center.	Chicago
113.	Georgia Baptist Hospital.	Atlanta, Ga.	136.	University of Chicago Hospitals and Clinics.	Chicago
	Scottish Rite Hospital for Crippled Children.	Decatur, Ga.	137.	St. Francis Hospital.	Peoria, Ill.
	Eugene Talmadge Memorial Hospital.	Augusta, Ga.	138.	Lutheran Hospital of Fort Wayne.	Fort Wayne, Ind.
	University Hospital.	Augusta, Ga.	139.	University of Iowa Hospitals.	Iowa City, Ia.
114.	Veterans Admin. Hospital.	Augusta, Ga.	140.	University of Kansas Medical Center.	Kansas City, Kan.
	District of Columbia General Hospital.	Washington, D.C.	141.	Charity Hospital of Louisiana (Louisiana State University Division).	New Orleans
115.	District of Columbia General Hospital (Crippled Children's Unit).	Washington, D.C.	142.	Henry Ford Hospital.	Detroit
	Providence Hospital.	Washington, D.C.	143.	St. Mary's Hospital.	Grand Rapids, Mich.
	Veterans Admin. Hospital.	Washington, D.C.	144.	Cooper Hospital.	Camden, N. J.
116.	Nashville Metropolitan General Hospital.	Nashville, Tenn.	145.	Jersey City Medical Center.	Jersey City, N. J.
	Vanderbilt University Hospital.	Nashville, Tenn.	146.	Monmouth Medical Center.	Long Branch, N. J.
	Veterans Admin. Hospital.	Nashville, Tenn.	147.	St. Joseph's Hospital.	Paterson, N. J.
117.	Brooke General Hospital.	San Antonio, Tex.	148.	University of Missouri Medical Center.	Columbia, Mo.
	Santa Rosa Medical Center.	San Antonio, Tex.	149.	Nassau County Medical Center-Meadowbrook Div.	East Meadow, N. Y.
118.	Variety Children's Hospital.	Miami, Fla.	150.	Harlem Hospital Center.	New York City
	Mount Sinai Hospital of Greater Miami.	Miami Beach, Fla.	152.	Queens Hospital Center.	New York City
119.	Orthopaedic Hospital.	Los Angeles	153.	St. Luke's Hospital.	Cleveland
	Veterans Admin. Center-Wadsworth Hospital.	Los Angeles	154.	Elyria Memorial Hospital.	Elyria, Ohio
	Los Angeles County Harbor General Hospital.	Torrance, Calif.	155.	Geisinger Medical Center.	Danville, Pa.
120.	Santa Rosa Medical Center.	San Antonio, Tex.	156.	Hamot Hospital.	Erie, Pa.
	Wilford Hall U.S.A.F. Medical Center.	San Antonio, Tex.	157.	Albert Einstein Medical Center.	Philadelphia
121.	Children's Memorial Hospital.	Chicago	158.	Brookdale Hospital Center.	New York City
	Mayo Graduate School of Medicine.	Rochester, Minn.	159.	Philadelphia General Hospital.	Philadelphia
	Rochester Methodist Hospital.	Rochester, Minn.	160.	Allegheny General Hospital.	Pittsburgh
	St. Mary's Hospital.	Rochester, Minn.	161.	I. Gonzalez Martinez Hospital.	San Juan, P. R.
122.	New Jersey Orthopaedic Hospital.	Orange, N. J.		Municipal Hospital Dr. Rafael Lopez Nussa.	San Juan, P. R.
	Orange Memorial Hospital.	Orange, N. J.		University District Hospital.	San Juan, P. R.
123.	William A. Shands Teaching Hospital and Clinics.	Gainesville, Fla.		Veterans Admin. Center.	San Juan, P. R.
	Veterans Admin. Hospital.	Gainesville, Fla.	162.	Rhode Island Hospital.	Providence, R. I.
124.	Mary Immaculate Division (St. Charles Unit).	New York City	163.	Columbia Hospital of Richland County.	Columbia, S. C.
	St. John's Queens Division.	New York City	164.	Baroness Erlanger Hospital.	Chattanooga, Tenn.
	St. Mary's Division.	New York City	165.	University of Texas Medical Branch Hospitals.	Galveston, Tex.
125.	Hospital for Joint Diseases and Medical Center.	New York City	166.	Hermann Hospital.	Houston, Tex.
	Montefiore Hospital and Medical Center.	New York City		Shriners Hospital for Crippled Children.	Houston, Tex.
	Morrisania City Hospital.	New York City	167.	Medical Center Hospital of Vermont.	Burlington, Vt.
			168.	National Orthopaedic and Rehabilitation Hospital.	Arlington, Va.
			169.	West Virginia University Medical Center.	Morgantown, W. Va.
			170.	United Hospitals Orthopaedic Center-Hospital for Crippled Children and Adults.	Newark, N. J.

## 16. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973	Annual Salary (Min.)	Yr.	
UNITED STATES AIR FORCE								
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	F. W. FITE		4	1,384	17,825	C2	008	
UNITED STATES ARMY								
COLORADO FITZSIMONS GENERAL, DENVER	E. A. KREKORIAN	31	748	22,506		C2	006	100474
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	H. W. MC CURDY	53	1,058	10,810		C3	005	100474
TEXAS BROCKE GENERAL, SAN ANTONIO	S. R. LE MAY, JR.	17	795	26,170		C2	006	100474
WASHINGTON MADIGAN GENERAL, TACOMA	L. L. HAYS	28	847	20,694			003	100474
UNITED STATES NAVY								
CALIFORNIA NAVAL, OAKLAND	T. F. MILLER	53	1,488	23,139		C2	008	181374
NAVAL, SAN DIEGO	R. W. CANTRELL	60	1,770	22,903		C4	014	181474
MARYLAND NAVAL, BETHESDA	H. G. DE FRIES	33	933	18,392		C2	008	182374
MASSACHUSETTS NAVAL, CHELSEA	SEE BOSTON UNIVERSITY AFFILIATED HOSPITALS, BOSTON							
PENNSYLVANIA NAVAL, PHILADELPHIA	F. I. MARLOWE	59	1,350	13,500		C1	004	183174
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	B. R. MARSH	8	350	3,504		C1	004	183674
WASHINGTON U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	J. J. HICKS					C5	018	8,200 100774
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		16	956	2,927				
CHILDREN'S		9	1,604	2,082				
VETERANS ADMIN.		14	343	1,815				
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER	R. N. MC GREW					C2	008	101874
UNIVERSITY OF ARKANSAS CHILDREN'S		2	133	1,001			7,300	
VETERANS ADMIN. CONSOLIDATED		14	366	1,694			7,153	
CALIFORNIA LONG BEACH VETERANS ADMIN.	A. SKIRSKY	34	743	7,434		C2	008	11,905 204974
LOS ANGELES LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	C. W. WHITAKER	26	1,533	25,342		C5	019	13,656 103374
U. C. L. A.	P. H. WARD	12	924	9,857		07	030	9,500 198374
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	P. WARD	7	574	8,262				14,784
VETERANS ADMIN. CENTER - WADSWORTH	M. J. ACQUARELLI	36	1,084	4,722		03	009	11,905 103974
WHITE MEMORIAL MEDICAL CENTER	L. R. HOUSE	12	1,042	5,790		02	010	10,800 104074
OAKLAND KAISER FOUNDATION	K. K. ADOUR	5	837	15,409		C2	008	5,980 104274
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SAN DIEGO UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	A. M. NAHUM					C2	008	8,900 104974
SAN FRANCISCO UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	F. A. SGOY					C1	006	212574
SAN FRANCISCO GENERAL	F. A. SGOY	8	697	7,311				8,900
VETERANS ADMIN.	D. TIPTON	7	398	2,751				9,921
	J. A. T. ROSS	14	353	3,051		C1	003	9,030 212774
SAN JOSE SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	F. B. SIMMONS	8	251	5,428		C3	009	189974
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	F. B. SIMMONS	20	239	5,027				8,480 9,260
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	M. F. W. SMITH	7	439	5,461				10,524
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A., LOS ANGELES							

## 16. OTOLARYNGOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	W. G. HEMENWAY				03	012		107674
UNIVERSITY OF COLORADO MEDICAL CENTER	W. G. HEMENWAY	9	725	14,032			9,200	
DENVER GENERAL	R. NEWELL	6	309	3,880				
VETERANS ADMIN.	T. E. STARZL	11	163	240			8,003	
CONNECTICUT								
HARTFORD								
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	J. M. TOOMEY				02	006		109474
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		3	137	12,052			10,820	
HARTFORD	J. M. TOOMEY, C. TUCKER	14	1,811	232			10,700	
ST. FRANCIS	T. L. CURRAN	12	1,361					
VETERANS ADMIN. (NEWINGTON)		10	132	1,000			10,820	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	J. KIRCHNER	12	1,087	10,278	02	007		108974
YALE-NEW HAVEN	J. KIRCHNER						11,000	
HOSPITAL OF ST. RAPHAEL	H. W. SMITH	11	1,054	1,200			10,500	
NEWINGTON								
VETERANS ADMINISTRATION	SEE UNIV. OF CONNECTICUT AFFILIATED HOSPS., HARTFORD							
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. G. DI BIASIO				03	012		185974
GEORGETOWN UNIVERSITY	A. G. DI BIASIO	3	397	4,529			10,000	
DISTRICT OF COLUMBIA GENERAL	A. G. DI BIASIO	15	338	3,366			10,710	
VETERANS ADMIN.	K. GERWIN	7	192	4,115			9,724	
WASHINGTON HOSPITAL CENTER	I. S. JAFFEE	28	3,486	6,162	03	009	10,000	180074
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	G. T. SINGLETON				02	008		183474
WILLIAM A. SHANES TEACHING HOSP. AND CLINICS		7	420	5,685			7,700	
VETERANS ADMIN.		13	475	2,382			7,137	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	J. R. CHANDLER				03	009		110474
JACKSON MEMORIAL		19	983	7,500			10,300	
VETERANS ADMIN.		8	253	2,003			8,975	
TAMPA								
TAMPA GENERAL	W. I. DUNN	18	1,309	2,138	02	006	9,450	110974
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. S. TURNER, JR.				03	009	8,800	111374
EMORY UNIVERSITY	J. S. TURNER, JR.	4	248					
GRADY MEMORIAL	J. S. TURNER, JR.	10	550	7,075				
HENRIETTA EGGLESTON HOSPITAL FOR CHILDREN	J. S. TURNER, JR.							
VETERANS ADMIN.	D. W. RUCKER	16	280	1,940				
ILLINOIS								
CHICAGO								
NORTHWESTERN UNIVERSITY MEDICAL CENTER	G. A. SISSON		5,484	28,773	05	025		224774
CHICAGO WESLEY MEMORIAL	G. A. SISSON	16	1,441	3,091			11,000	
CHILDREN'S MEMORIAL	J. ELSEN	2	1,127	2,880			11,000	
COOK COUNTY	J. D. KERTH	37	1,339	17,940			10,900	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	B. M. CGHEN	8	1,019	5,764			10,850	
PASSAVANT MEMORIAL	G. A. SISSON	2	231	3,093			11,000	
VETERANS ADMIN. RESEARCH	G. A. SISSON	12	301	3,120			10,500	
PRESBYTERIAN-ST. LUKE'S	S. A. FRIEDBERG	25	1,042	5,895	01	003	9,946	114774
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	R. F. NALNTON	11	768	7,275	02	005	10,500	116074
UNIVERSITY OF ILLINOIS	A. H. ANDRENS	27	1,671	31,457	06	018	11,220	115074
MINNESOTA								
VETERANS ADMIN.	B. J. SCIBOROFF	18	545	4,239	02	006	10,200	225774
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	D. E. BROWN				03	009		227374
INDIANA UNIVERSITY HOSPITALS	D. E. BROWN	11	503	8,114			5,500	
MARION COUNTY GENERAL	D. E. BROWN		504	4,645			9,500	
METHODIST HOSPITAL OF INDIANA	L. E. MORRISON	22	2,857	737			10,600	
VETERANS ADMIN.	D. E. BROWN	12	316	1,180			10,750	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS					05	020	9,500	120374
UNIVERSITY OF IOWA HOSPITALS	B. F. MC CABE	60	3,177	40,061				
VETERANS ADMIN.	B. F. MC CABE, M. ABRAMSON	12	312	3,177				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	G. D. PROUD	10	677	12,732	02	006	9,000	120874
VETERANS ADMIN. (KANSAS CITY, MO.)	H. A. KNAUFF	12	402	913			9,500	



## 16. OTOLARYNGOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number	
					1st Yr.	All Yrs.			
NEBRASKA									
OMAHA									
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS UNIVERSITY OF NEBRASKA BISHOP CLARKSON MEMORIAL DOUGLAS COUNTY VETERANS ADMIN.	C. T. YARINGTON		8 351 1,413 12	3,012 2,543 2,613	03 012		9,000	137674	
NEW JERSEY									
MONTCLAIR									
MCOUNTAINSIDE									
NEWARK									
UNITED HOSPITALS MEDICAL CENTER AFFILIATED PROGRAM NEWARK BETS ISRAEL MEDICAL CENTER UNITED HOSPITALS MEDICAL CENTER - NEWARK EYE AND EAR INFIRMARY UNITED HOSPITALS MEDICAL CENTER-PRESBYTERIAN MCOUNTAINSIDE (MONTCLAIR)	W. F. KEIM M. J. SHAPIRO W. F. KEIM W. F. KEIM W. F. KEIM		5 16 12	462 4,642 279	02	006		187274 11,300 11,000 8,400	
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS ALBANY MEDICAL CENTER VETERANS ADMIN.	F. B. GOFFIN		13 10	703 212	2,788 943	C2	006	141474 10,300 10,940	
BUFFALO									
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS BUFFALO GENERAL CHILDREN'S HOSPITAL OF BUFFALO EDWARD J. MEMORIAL VETERANS ADMINISTRATION	J. M. LORE, JR.		24 13 6 15	4,776 3,449 412 298	1,605 2,016 2,745 560	03	011	10,500 10,500 10,000 10,600 8,500	
NEW YORK CITY									
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM LONG ISLAND JEWISH MEDICAL CENTER QUEENS HOSPITAL CENTER (NEW YORK CITY)	M. GOODMAN		3 12	489 269	1,268 3,755	01	003	11,000 196374 11,000	
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE LINCOLN	R. J. RUBEN		40 18	1,322 555	10,800 6,000	C4	012	193174 10,000 11,500	
LONG ISLAND COLLEGE MANHATTAN EYE, EAR AND THROAT MOUNT SINAI HOSPITAL TRAINING PROGRAM MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST NEW YORK EYE AND EAR INFIRMARY NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS UNIT 2 - METROPOLITAN NEW YORK NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN QUEENS HOSPITAL CENTER ROOSEVELT ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BRONX)	I. A. POLISAR R. J. BELLUCCI J. L. GOLDMAN J. L. GOLDMAN K. MORGENSTEIN E. A. WEYMLLER R. J. BELLUCCI J. A. MOORE J. F. DALY D. C. BAKER, JR. SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK W. A. WICHERN, JR. S. WHITFIELD A. LAPIDOT J. L. GOLDMAN		10 30 18 9 37 7 23 30 14 30 28 4 13 33 2 19	1,101 3,697 826 433 3,856 211 1,160 1,606 823 348 2,098 518 580 1,032 95 380	3,390 43,095 7,349 11,433 29,656 6,447 12,366 16,829 823 348 2,098 2,463 8,093 9,117 614 3,400	C1 C4 C4 C5 C1 01 C4 03 C1 01 03 C1	003 012 015 003 008 003 013 003	11,000 11,000 9,520 11,500 11,000 11,200 11,800 11,750 11,800 13,609	142774 261374 149074 261774 147374 149274 146474 149574 149674 149974 142674 262774
ROCHESTER									
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER SYRACUSE S.U.N.Y. UPSTATE MEDICAL CENTER CROUSE IRVING-MEMORIAL STATE UNIVERSITY VETERANS ADMIN.	J. P. FRAZER G. F. REED D. DOUSHTER G. F. REED G. F. REED		5 12 7 10	543 2,176 367 282	2,135 3,980 882	02 03	005	151174 10,900 151674	
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL DURHAM DUKE UNIVERSITY AFFILIATED HOSPITALS DUKE UNIVERSITY MEDICAL CENTER VETERANS ADMIN. WINSTON-SALEM NORTH CAROLINA BAPTIST	N. D. FISCHER D. C. SABISTON W. R. HUDSON T. B. COLE J. HARRILL		7 11 9	623 918 273 797	4,681 1,581 2,385	C2 03 C1	007 012 004	11,000 9,250 8,000	190074 152974 153774

APPROVED RESIDENCIES

16. OTOLARYNGOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
<b>OHIO</b>								
<b>CINCINNATI</b>								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	D. A. SHUMRICK				05	025		154874
CINCINNATI GENERAL VETERANS ADMIN.		55	1,140	10,148			9,200	
<b>CLEVELAND</b>								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	W. H. MALONEY				03	009		155274
UNIVERSITY HOSPITALS OF CLEVELAND		8	767	4,485			11,000	
CLEVELAND METROPOLITAN GENERAL VETERANS ADMINISTRATION		8	474	5,272			10,500	
CLEVELAND CLINIC		13	259	946			9,767	
ST. VINCENT CHARITY	H. E. HARRIS	13	672	14,918	02	007	10,000	196874
ST. LUKE'S	S. C. HISSAL	15	666	1,600				
	R. L. RUGGLES	13	1,728	3,157	01	004	9,500	156074
<b>COLUMBUS</b>								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	W. H. SAUNDERS				04	014	7,500	156674
OHIO STATE UNIVERSITY HOSPITALS	W. H. SAUNDERS	25	1,022	10,503				
CHILDREN'S	H. G. BIRCK	21	4,162	2,795				
<b>OKLAHOMA</b>								
<b>OKLAHOMA CITY</b>								
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	J. B. SNOW, JR.				03	009	8,500	158874
UNIVERSITY OF OKLAHOMA HOSPITALS		9	621	4,491				
VETERANS ADMIN.		17	375	4,121				
<b>OREGON</b>								
<b>PORTLAND</b>								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	D. D. DE WEESE				03	012		159974
UNIVERSITY OF OREGON MEDICAL SCHCOL HOSPITALS AND CLINICS	D. D. DE WEESE	14	1,118	8,768			6,600	
VETERANS ADMIN.	T. G. TEN EYCK	9	314	685			8,160	
<b>PENNSYLVANIA</b>								
<b>DANVILLE</b>								
GEISINGER MEDICAL CENTER	J. M. COLE	20	1,458	22,760	02	008	9,300	160874
<b>PHILADELPHIA</b>								
TEMPLE UNIVERSITY	M. L. RONIS	12	602	5,242	03	009	10,200	164674
THOMAS JEFFERSON UNIVERSITY	J. R. LEONARD	14	1,004	2,528	04	012	10,900	163074
PHILADELPHIA GENERAL	J. R. LEONARD	10	291	4,522			9,500	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	P. A. MARDEN				03	009		162874
CHILDREN'S HOSPITAL OF PHILADELPHIA	S. E. STOOL	4	970	3,500			6,000	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. P. ATKINS	2	540	675				
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	P. A. MARDEN	20	1,053	3,114			11,200	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	E. MYERS	15	1,031	1,411			11,200	
VETERANS ADMIN.	W. K. H. SUNDHAKER	8	247	1,770			8,878	
<b>PITTSBURGH</b>								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	R. E. JORDAN				04	016		165274
EYE AND EAR HOSPITAL OF PITTSBURGH	R. E. JORDAN	66	7,040	4,332			10,000	
VETERANS ADMIN.	C. S. DIMLING	14	297	1,040				
MERCY	J. T. DICKINSON	30	1,834	2,136	02	008	10,800	164974
<b>PUERTO RICO</b>								
<b>SAN JUAN</b>								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	J. PICO, A. RULLAN				03	012		6,000
I. GONZALEZ MARTINEZ		3	88	1,672				
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		13	1,193	7,802			7,875	
UNIVERSITY DISTRICT		5	264	3,514			7,875	
<b>RHOCE ISLAND</b>								
<b>PROVICENCE</b>								
RHODE ISLAND	F. L. MC NELIS	18	3,142	3,774	02	008	9,400	167774
<b>SOUTH CAROLINA</b>								
<b>CHARLESTON</b>								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	R. W. HANCKEL, JR.				02	006		168074
MEDICAL UNIVERSITY OF SOUTH CAROLINA		6	425	4,864				
CHARLESTON COUNTY		4	137					
VETERANS ADMIN.		8	222	1,205			7,990	
<b>TENNESSEE</b>								
<b>MEMPHIS</b>								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	C. W. GROSS				04	012		281574
CITY OF MEMPHIS HOSPITALS		18	895	9,314			6,600	
METHODIST		13	1,403	1,876			9,000	
VETERANS ADMIN.	T. A. MAGUDA	19	663	12,077			8,120	
<b>NASHVILLE</b>								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	J. CHERRY				03	009	9,000	170274
VANDERBILT UNIVERSITY	J. CHERRY	10	741	2,600			9,000	
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	3	200	2,787				
VETERANS ADMIN.	J. CHERRY	20	804	2,653			8,500	

## 16. OTOLARYNGOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	J. P. GLNTER		5	447	7,489	C6	024	170874
PARKLAND MEMORIAL	J. P. GLNTER							7,590
CHILDREN'S MEDICAL CENTER	M. C. CULBERTSON		3	659	2,326			7,945
VETERANS ADMIN.	J. A. HOLLIDAY, JR.		33	528	4,531			10,680
JCHN PETER SMITH (FORT WORTH)	J. R. HARRIS		4	276	2,982			
FORT WORTH								
JCHN PETER SMITH	SEE UNIV. TEX. SOUTHWESTERN MED. SCH. AFFIL. HOSPS., DALLAS							
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	B. J. BAILEY		13	663	4,371	03	010	8,400 171474
HOUSTON								
BAYLOR COLLEGE AFFILIATED HOSPITALS	B. R. ALFORD		10	462	7,456	C5	015	8,100 171674
BEN TAUB GENERAL	B. R. ALFORD		15	1,491	160			
METHODIST	B. R. ALFORD		15	386	4,860			
VETERANS ADMIN.	R. M. KOMORN							
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	G. K. THOMAS					C2	006	8,900 173274
UNIVERSITY VETERANS ADMIN.	G. K. THOMAS		4		2,739			
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	C. F. TSCHOPP		11	1,442	1,490	01	004	8,100 173474
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	G. S. FITZ-HUGH		21	1,053	7,547	02	006	7,260 173774
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	P. N. PASTORE, G. WILLIAMS		37	1,041	18,251	C4	014	7,260 174374
VETERANS ADMIN.	P. N. PASTORE		7	226	2,155			
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	J. A. DONALDSON					009		191874
UNIVERSITY	J. A. DONALDSON		2	227	3,599			8,208
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. NOVACK		5	1,306	1,875			
HARBORVIEW MEDICAL CENTER	J. WALIKE		3	165	1,704			
U. S. PUBLIC HEALTH SERVICE	A. L. CAIN, W. MORRISON		9	491	6,008			7,700
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	P. M. SPRINKLE		15	977	8,492	C2	008	9,000 183774
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	J. H. BRANDENBURG		10	516	5,653	C2	006	10,000 177974
UNIVERSITY HOSPITALS			17	2,239				
MADISON GENERAL			7	191	1,407			
VETERANS ADMIN.								
MILWAUKEE								
VETERANS ADMIN. CENTER (WOOD)	R. H. LEHMAN		14	352	6,065	C3	013	10,409 290974

## 17. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A--anatomic pathology only; C--clinical pathology only; P--anatomic pathology and clinical pathology; SP--Special pathology is a separate category.

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
UNITED STATES AIR FORCE										
TEXAS										
WILFCRD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	C. K. LEEPER	360	2,039,994	14,870	13,383	4P	C2	008		
UNITED STATES ARMY										
CALIFORNIA										
LETTERMAN GENERAL, SAN FRANCISCO	C. T. HARDING, JR.	202	1,170,587	5,392	5,322	4P	C2	008		100475
COLORADO										
FITZSIMONS GENERAL, DENVER	W. R. DWYRE	272	1,795,896	6,704	6,629	4P	C2	008		100475

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
UNITED STATES ARMY - CONTINUED										
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	D. M. ROBINSON	373	2,450,000	10,000	10,000	4P	C3	012		100475
HAWAII TRIPLER GENERAL, HONOLULU	J. M. HARDMAN	207	1,745,570	9,452	9,000	4P	C2	008		100475
TEXAS WILLIAM BEAUMONT GENERAL, EL PASO	D. S. MAC NAIR	270	1,565,881	6,451	6,400	4P	C2	006		100475
BROOKE GENERAL, SAN ANTONIO	S. A. CHAMBLIN, JR.	312	1,785,058	7,358	7,320	4P	C2	010		100475
WASHINGTON MADIGAN GENERAL, TACOMA	W. A. MERIKETHER	209	1,763,752	7,460	7,423	4P	C2	008		100475
UNITED STATES ARMY, NAVY, AND AIR FORCE										
DISTRICT OF COLUMBIA ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	E. B. HELWIG	14,792		28,793	28,793	1A	1C	020		218975
UNITED STATES NAVY										
CALIFORNIA NAVAL, OAKLAND	M. BORDNSKY	148	849,003	8,626	7,763	4P	C1	004		181375
NAVAL, SAN DIEGO	C. F. BISHOP	413	2,342,315	16,965	15,285	4P	C3	012		181475
MARYLAND NAVAL, BETHESDA	M. J. VALASKE	245	1,500,000	5,590	9,590	4P	C2	008		182375
VIRGINIA NAVAL, PORTSMOUTH	N. A. D'AMATO	260	1,741,160	12,331	8,632	4P	C1	004		183275
UNITED STATES PUBLIC HEALTH SERVICE										
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	G. F. RUST	89	485,408	4,611	4,588	4P	C1	004		183575
MARYLAND U. S. PUBLIC HEALTH SERVICE, BALTIMORE	F. W. BAUER	121	480,901	3,304	3,284	4P	C1	006		183675
NATIONAL INSTITUTES OF HEALTH - CLINICAL CENTER, BETHESDA	L. B. THOMAS, J. MAC LOWRY	241	812,973	3,127	3,127	4P	C1	004		234175
NEW YORK U.S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	T. DE FECO	125	384,662	3,969	3,969	4P	C1	004		184175
WASHINGTON U.S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.									
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE										
DISTRICT OF COLUMBIA ST. ELIZABETH'S, WASHINGTON	H. LEN TSENG	120	266,655	501	501	1A	C2	002	10,710	180475
OTHER FEDERAL										
CANAL ZONE GORGAS, BALBOA HEIGHTS	D. C. DE JONG	243	501,965	4,930	4,930	4P	C1	004	11,386	180675
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA BIRMINGHAM										
BAPTIST MEDICAL CENTERS	A. E. CASEY	192	762,315	10,747	10,747	4P	C1	004	9,600	190375
BAPTIST MEDICAL CENTER-MONTCLAIR		132	473,284	6,894	15,333					
BAPTIST MEDICAL CENTER-PRINCETON	J. BEAIRD	141	6,759	6,759	6,759	4P	C1	004	10,800	100675
CARRAWAY METHODIST										
UNIVERSITY OF ALABAMA MEDICAL CENTER	C. H. LUPTON, JR.					4P	17	044	8,200	100775
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		447	1,158,341	6,986	6,986					
VETERANS ADMIN.		221	515,077	2,534	2,534					
FAIRFIELD LLOYD NCLAND	H. G. DAVIS, JR.	153	283,176	3,647	3,407	1A	C1	001	11,400	100875
MOBILE MOBILE GENERAL	E. L. BROWN	203	312,149	3,268	3,228	1A	C2	002	9,240	185275
TUSCALOOSA DRUID CITY	J. SHIELDS	143	594,092	6,782	6,365	4P	C1	004	9,000	200575
ARIZONA PHOENIX										
GODD SAMARITAN	W. A. BENNETT	375	548,906	12,215	10,619	4P	C2	006	10,200	101175
MARICOPA COUNTY GENERAL	R. L. CAMPONOVO	400	1,000,000	3,300	3,000	4P	C2	008	10,795	189875
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	R. A. BROOKS	335	404,000	11,566	10,169	4P	C2	006	10,200	101275
ARKANSAS LITTLE ROCK										
ARKANSAS BAPTIST MEDICAL CENTER	R. A. BURGER	228	444,840	13,426	11,113	4P	C1	004	8,700	101675
UNIVERSITY OF ARKANSAS MEDICAL CENTER						4P	C7	011		101875
UNIVERSITY	W. E. JAKUES	501	385,111	5,462	5,462				7,000	
VETERANS ADMIN. CONSOLIDATED	W. E. JAKUES, H. J. WHITE	339	699,610	5,484	5,484				8,953	



## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CALIFORNIA BAKERSFIELD KERN COUNTY GENERAL	W. R. SCHMALHORST	232	174,551	2,190	1,813	4P	01	004	12,000	192175
BERKELEY ALTA BATES	D. SINGMAN	114	274,594	7,546	6,356	2P	C1	002	10,000	202475
BURBANK ST. JOSEPH	R. STRAUS	225	383,662	8,616	7,122	4P	C1	001	6,000	202775
DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	S. R. WELLING	378	919,513	4,070	3,570	4P	C2	008	10,344	104675
DUARTE CITY OF HOPE MEDICAL CENTER	G. AMROMIN, H. GORDON	223	243,002	4,654	4,654	2P	C1	002	6,900	203375
GLENDALE GLENDALE ADVENTIST	H. I. HARDER	197	363,823	6,821	5,461	4P	C1	003	10,200	102375
LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	W. P. THOMPSON					4P	C1	003		102475
LOMA LINDA UNIVERSITY RIVERSIDE GENERAL (RIVERSIDE)		350	521,884	5,796	5,067				9,970	
LONG BEACH MEMORIAL HOSPITAL OF LONG BEACH	E. R. JENNINGS	313	509,319	11,331	9,460	4P	C1	005	11,200	102775
ST. MARY'S LONG BEACH VETERANS ADMIN.	T. KIDDIE I. P. REINGOLD	191 513	358,146 1,361,149	8,534 4,449	6,558 4,299	4P 4P	01 C4	004 010	11,000 11,905	102575 204975
LCS ANGELES CALIFORNIA HOSPITAL MEDICAL CENTER	P. H. JERNSTROM	158	423,652	5,836	4,913	4P	01	004	11,000	102975
CEDARS-SINAI MEDICAL CENTER CEDARS-OF-LEBANON HOSPITAL DIVISION	L. KAPLAN	257	1,527,473	10,687	10,554	4P	C2	008	12,000	103075
MOUNT SINAI HOSPITAL DIVISION CHILDRENS HOSPITAL OF LOS ANGELES	B. H. LANDING	115	339,941	4,288	3,884	4P				
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	W. H. KERN	212	343,164	4,885	2,667	1A	C1	002	8,700	103175
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	H. A. EDMONDSON	1,057	3,900,000	21,630	20,929	4P	C8	032	13,656	103375
QUEEN OF ANGELS	J. H. CREMIN	166	276,379	5,103	4,219	4P	01	004	12,000	103675
U. C. L. A.	W. H. CARNES	422	716,506	10,208	8,849	4P	C4	017	8,900	195675
VETERANS ADMIN. CENTER-WADSWORTH WHITE MEMORIAL MEDICAL CENTER	B. G. FISHKIN G. KRPRIDAKIS, D. B. PRATT	628 264	1,236,927 857,578	7,766 8,527	7,766 6,919	4P 4P	C4 C1	016 004	11,905 10,800	103975 104075
MARTINEZ VETERANS ADMIN.	W. B. DUBLIN	213	327,540	3,853	3,723	4P	C1	004	10,572	207375
MOUNTAIN VIEW EL CAMINO						4P	01	004		207775
OAKLAND CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA HIGHLAND GENERAL KAISER FOUNDATION SAMUEL MERRITT	B. VON SCHMIDT, J. KELLY R. J. PARSONS N. L. MORGENSTERN R. S. DAVIS	98 210 238 138	159,211 317,483 791,762 441,197	2,272 3,799 9,882 7,289	583 3,652 7,582 5,848	1A 4P 4P 4P	01 C1 C1 C1	001 003 004 004	10,194 9,156 9,980 9,156	193975 104175 104275 208375
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	E. R. ARQUILLA	247	871,712	5,605	3,726	4P	02	008	13,000	104375
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
PASADENA HUNTINGTON MEMORIAL	D. S. SHILLAM	344	548,045	10,221	7,967	4P	C1	004	11,000	104475
RIVERSIDE RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
SACRAMENTO MERCY HOSPITAL OF SACRAMENTO SACRAMENTO MEDICAL CENTER SUTTER COMMUNITY HOSPITALS OF SACRAMENTO	S. FRIEDLANDER, R. GASBER SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS	107	303,143	11,682	8,311	4P	C1	004		209975
SAN BERNARDINO SAN BERNARDINO COUNTY GENERAL	C. M. BLUMENFELD H. BRAUNSTEIN	243 268	439,936 398,926	13,582 3,008	10,633 2,708	4P 4P	C1	003 004		210175 9,600 104775
SAN DIEGO DONALD A. SHARP MEMORIAL COMMUNITY MERCY HOSPITAL AND MEDICAL CENTER	H. E. MAAS, H. R. IRWIN D. A. DE SANTO	342 259	391,113 957,054	17,007 22,465	13,267 20,766	4P 4P	01 C1	002 004	10,000 9,300	210575 104875
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	A. A. LIEBOW	350	673,142	6,029	5,839	4P	C5	014	8,900	104975
SAN FRANCISCO CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	J. L. BENNINGTON G. WATSON	165 93	308,053 222,749	7,254 4,331	5,748 4,255	4P 2P	01 C1	004 002	9,900 8,600	105075 105275
FRENCH HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER	A. G. SCOTOLINI M. L. BASSIS	144 310	431,291 1,116,068	4,422 12,492	4,079 11,760	4P 4P	C1 C1	004 006	9,780 9,500	106075 195975
KAISER FOUNDATION MOUNT ZION HOSPITAL AND MEDICAL CENTER	F. R. ELEVITCH	252	756,474	6,932	6,139	4P	C1	004	9,760	105475
PACIFIC MEDICAL CENTER - PRESBYTERIAN	R. J. KLEINHENZ	190	307,645	3,848	3,500	4P	C1	004		106175
ST. MARY'S HOSPITAL AND MEDICAL CENTER	R. A. JEFFREY, JR. H. D. MOON, G. BRECHER	173	240,000	6,200	5,900	4P 4P	C1 C7	004 013	9,000	105775 212575
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	D. N. RAMBO D. MC KAY, M. POLLYCDE S. H. CHOY, D. M. HADDEN	284 270 141	1,025 816,346 511,074	7,141 4,177 2,155	7,141 4,044 2,155				8,900 9,921 9,030	
SAN FRANCISCO GENERAL VETERANS ADMIN.										
SAN JOSE C. CONNOR	L. R. GRAMS	96	357,578	7,279	4,445	4P	C1	003	8,400	104575
SANTA CLARA VALLEY MEDICAL CENTER	R. S. COX, JR.	308	486,629	3,381	3,126	4P	C4	008	10,524	106375

## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CALIFORNIA - CONTINUED										
SANTA BARBARA SANTA BARBARA COTTAGE	D. R. DICKSON	229	223,904	9,058	6,919	4P	C1	002	10,600	106475
SANTA MONICA ST. JOHN'S	R. A. CULLEN, N. ORLOFF	220	1,007,750	8,416	6,855	4P	C4	016		213775
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. KORN					4P	C3	022		189975
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	D. KORN	444	684,467	14,209	11,830				8,480	
	B. GERSTL	174	637,114	2,570	2,544				9,260	
STOCKTON SAN JACUIN GENERAL	H. J. SCHNEIDER, R. CHARD	256	17,916	2,831	2,577	4P	C1	004	10,386	102175
TORRANCE LOS ANGELES COUNTY HARBOUR GENERAL	S. FRENCH	539	1,591,338	7,378	7,099	4P	C3	013	13,656	106775
COLORADO										
COLORADO SPRINGS PENROSE	M. BERTHRONG, D. L. DAWSON	265	640,112	6,900	6,900	4P	C1	004	8,100	214575
DENVER CHILDREN'S	B. E. FAVARA, R. FRANCIOSI	159	254,237	2,588	1,075	1A	C1	001	9,200	188975
GENERAL ROSE MEMORIAL	J. MINCKLER	164	545,392	7,669	7,319	4P	C2	003		106975
MERCY	M. CHERINGTON, R. HAWLEY	130	313,438	9,137	9,137	4P	C1	004	7,400	192275
PORTER MEMORIAL	J. DENST	113	247,713	5,531	5,003	4P	C1	001		215475
PRESBYTERIAN MEDICAL CENTER	A. E. LUBCHENCO	249	416,776	8,586	7,279	4P	C2	008	5,200	107275
ST. ANTHONY	S. K. KURLAND	204	454,772	10,805	7,618	4P	01	004	9,200	107375
ST. JOSEPH	J. B. HCLYOKE	272	761,986	18,546	16,035	4P	C1	004	9,200	107475
ST. LUKE'S	E. P. ELZI	228	494,246	7,900	6,682	4P	C2	006	6,600	107575
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	G. B. PIERCE					4P	C6	024		107675
UNIVERSITY OF COLORADO MEDICAL CENTER	G. B. PIERCE	265	1,226,049	4,779	4,685				9,200	
DENVER GENERAL	D. M. CLARK	255	1,138,059	4,400						
VETERANS ADMIN.	W. S. HAMMOND	256	532,192	2,051	2,025				8,003	
CONNECTICUT										
BRIDGEPORT BRIDGEPORT	R. H. POPE	292	607,000	9,079	7,797	4P	C2	004	10,350	107975
ST. VINCENT'S	D. H. LOBDELL	221	430,763	6,285	5,302	4P	C1	004	10,500	108075
DANBURY DANBURY	N. E. HERRERA	142	414,973	5,075	4,260	4P	C2	006	5,600	108175
DERBY GRIFFIN	D. F. MILLER	88	218,125	6,960	3,998	4P	C1	004	9,000	197775
HARTFORD HARTFORD	G. B. MC ADAMS	686	1,026,991	18,549	14,467	4P	C2	008	5,800	108375
ST. FRANCIS	J. E. THAYER	317	633,759	12,852	9,503	4P	C1	004	7,800	108575
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	F. W. SUNDERMAN, JR.					4P	C3	010	8,630	109475
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		54	175,000	1,116	983					
VETERANS ADMIN. (NEWINGTON)		88	161,747	1,386	1,206					
MIDDLETOWN MIDDLESEX MEMORIAL	C. E. MC LEOD	187	281,459	5,544	4,419	4P	C1	002	8,500	108775
NEW BRITAIN NEW BRITAIN GENERAL	T. J. MADDEN	235	303,827	8,512	7,145	4P	C1	004	9,000	108875
NEW HAVEN HOSPITAL OF ST. RAPHAEL	B. F. MANN, JR.	270	599,166	7,193	6,569	4P	C1	006	10,450	109075
YALE-NEW HAVEN MEDICAL CENTER	L. THOMAS, D. SELIGSON	547	1,237,109	15,969	13,608	4P	C8	020	10,450	108975
YALE-NEW HAVEN VETERANS ADMIN. (WEST HAVEN)	R. YESNER	172	832,186	3,955	3,560	4P	C2	006	10,543	218375
NEWINGTON VETERANS ADMIN.	SEE UNIV. OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD									
NORWALK NORWALK	R. BARNETT	271	350,698	6,793	5,154	4P	C1	004	9,000	109375
STAMFORD STAMFORD	E. S. BREAKELL	190	241,385	4,663	3,335	4P	C1	004	10,325	109575
WATERBURY ST. MARY'S	M. E. COX	160	330,751	5,457	4,349	4P	C1	004	8,200	109675
WATERBURY	R. K. GILBERT	197	282,927	5,725	4,830	4P	01	004	10,100	109775
WEST HAVEN VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
DELAWARE										
WILMINGTON WILMINGTON MEDICAL CENTER	P. ASHLEY	601	1,360,349	19,843	16,290	4P	C2	008	9,400	109975
DISTRICT OF COLUMBIA										
WASHINGTON CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	R. CHANDRA	146	352,133	4,306	2,149	1A	C2	002	8,500	107075
DISTRICT OF COLUMBIA GENERAL DOCTORS HOSPITAL-SIBLEY MEMORIAL DOCTORS	S. L. PERRY	576	2,396,108	5,433	5,433	4P	C1	004	12,000	179975
SIBLEY MEMORIAL	G. B. HUNTER, JR.	194	144,868	11,194	9,805		C1	004	9,000	179475
FREEDMEN'S GEORGETOWN UNIVERSITY	M. A. JACKSON, C. SAMPSON	196	482,432	5,679	5,679	4P	01	004		219375
GEORGE WASHINGTON UNIVERSITY	A. GOLDEN	320	535,324	6,760	6,700	4P	C3	011	10,000	180175
PROVIDENCE	T. M. PEERY	340	951,165	12,524	12,324	4P	C3	010	9,500	180275
VETERANS ADMIN.	J. B. MORALES	220	385,604	7,038	6,537	4P	01	004	10,000	180375
WASHINGTON HOSPITAL CENTER	M. A. BURNS	332	1,040,692	3,348	3,348	4P	02	006	9,724	220775
	V. E. MARTENS	571	798,490	18,518	17,432	4P	C3	010	9,500	180075
FLORIDA										
FORT LAUDERDALE BROWARD GENERAL	R. J. PAPPITI	371	852,428	8,618	6,265	4P	C1	004	8,403	220875
GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	K. K. PIERSON, W. ADAMS					4P	C4	015		183475
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	K. K. PIERSON, W. ADAMS	553	933,262	8,789	8,600				7,500	
VETERANS ADMIN.	W. ADAMS	213	496,215	2,709	2,545				7,137	

## 17. PATHOLOGY - Continued

FLORIDA - CONTINUED	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
HCLLYWCGC MEMORIAL JACKSONVILLE	J. MICKLEY	289	815,860	6,977	6,531	4P	C1	002	8,000	220975
BAPTIST MEMORIAL ST. VINCENT'S UNIVERSITY HOSPITAL OF JACKSONVILLE	R. V. JOEL C. M. WHORTON	217 158	389,958 427,697	13,933 8,226	12,678 6,109	4P 4P	01	004	8,600	197C75
MIAMI UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	R. M. RHATIGAN	293	765,469	4,072	4,072	4P	01	004	8,600	110175
JACKSON MEMORIAL VETERANS ADMIN. VARIETY CHILDREN'S MIAMI BEACH	W. A. D. ANDERSON R. M. CLARK M. BEVILACCUA, E. BLUM	748 346 34	1,668,145 965,580 124,164	13,241 4,517 1,818	11,098 4,517 573	4P 4P 2P	C8 C4 C1	022 016 001	9,800 8,975 9,850	110475 221975 111075
MOUNT SINAI HOSPITAL OF GREATER MIAMI	A. RYKLIN	479	1,551,414	8,521	7,147	4P	C3	010	9,900	110575
ORLANDO ORANGE MEMORIAL HOSPITAL	B. C. WILLARD	436	956,026	5,044	7,134	4P	C2	008	9,000	110775
PENSACOLA PENSACOLA EDUCATIONAL PROGRAM BAPTIST SACRED HEART UNIVERSITY	G. SQUIRES, C. H. HILBERT G. SQUIRES G. H. HILBERT G. SQUIRES	128 203 135	178,013 228,013 72,074	5,926 9,551 1,709	4,042 7,286 1,343	4P	C1	004	10,200	182675
TAMPA ST. JOSEPH'S TAMPA GENERAL	J. E. SZAKACS J. L. TAMAYO	584	744,475	11,588	10,363	4P 4P	C1 C2	004 008	222075 8,925	222075 191175
GEORGIA ATLANTA CRAWFORD W. LONG MEMORIAL EMORY UNIVERSITY AFFILIATED HOSPITALS	J. F. OLLEY	157	445,484	8,254	8,085	4P	C2	006	8,400	111175
EMORY UNIVERSITY GRADY MEMORIAL VETERANS ADMIN. PIEDMONT ST. JOSEPH'S INFIRMARY	W. G. CAMPBELL W. G. CAMPBELL M. B. GRAVANIS J. MENDELOFF R. VINCENZI J. T. GODWIN	258 386 190 124 170	582,860 1,333,166 640,147 579,216 361,662	7,318 10,029 2,576 14,989 7,399	6,586 10,029 2,456 14,989 7,196	4P 4P 4P 4P 4P	C5 C1	022 004	7,920 8,400 8,400 9,006	111775 222175 111575
AUGUSTA MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. B. CHANDLER L. D. STODDARD	207 129	1,193,856 401,487	4,442 20,474	4,271 20,167	4P 4P	C2 C2	009 009	8,100	198575 111675
UNIVERSITY SAVANNAH MEMORIAL MEDICAL CENTER	W. S. MEDART	293	322,048	4,252	4,248	4P	C1	002	7,800	197175
HAWAII HONOLULU KUAKINI HOSPITAL AND HOME QUEEN'S MEDICAL CENTER ST. FRANCIS	G. N. STEMMERMANN D. WILL M. H. HABER	150 323 118	199,215 457,429 346,038	4,230 10,467 4,349	4,105 10,084 4,159	4P 4P 4P	C2 C1 C1	002 004 004	10,200 10,500 10,500	180775 180875 180975
ILLINOIS BERYN MAC NEAL MEMORIAL CHICAGO AUGUSTANA CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	B. H. NEIMAN G. MILLES	336 166	402,316 281,903	7,610 4,102	6,292 3,726	4P 4P	C1	004	10,020 9,500	112175 112475
COLUMBUS FRANK CUNEO ST. FRANCIS XAVIER CABRINI COOK COUNTY EDGEWATER ENGLEWOOD GRANT ILLINGIS CENTRAL ILLINGIS MASONIC MEDICAL CENTER JACKSON PARK LOUIS A. WEISS MEMORIAL MERCY HOSPITAL AND MEDICAL CENTER	A. I. RUBENSTONE C. MASO C. MASO C. MASO P. B. SZANTO, G. M. NOVAK H. H. MALVIN, A. CARDOSO C. A. TORRES S. S. BARRON, J. PASSMANN W. P. MAVRELIS G. GYORI, E. J. GOLDMAN A. SION W. DRWIEGA	268 170 51 64 1,284 187 69 281 101 209 103 166	766,350 571,677 146,015 207,133 2,002,474 398,325 112,625 150,769 130,969 745,408 172,480 506,535	6,178 42,242 1,255 2,040 13,513 4,726 1,993 3,504 3,616 6,125 2,745 5,113	5,946 4,115 1,207 1,983 13,218 4,601 1,557 2,623 3,616 5,508 2,148 4,859	4P 4P 4P 4P 4P 4P 2P 4P 4P 4P 2P 4P	03 C2	010 006	9,600 10,600	114475 112675
MICHAEL REESE HOSPITAL AND MEDICAL CENTER NORTHWESTERN UNIVERSITY MEDICAL CENTER CHICAGO WESLEY MEMORIAL CHILDREN'S MEMORIAL PASSAVANT MEMORIAL VETERANS ADMIN. RESEARCH EVANSTON (EVANSTON) PRESBYTERIAN-ST. LUKE'S RAVENSWOOD ST. ELIZABETH'S ST. JOSEPH SWEDISH COVENANT UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS UNIVERSITY OF ILLINOIS VETERANS ADMIN. (WEST SIDE)	G. W. CHANGUS C. L. PIRANI R. B. JENNINGS G. KENT J. D. BOGGS, J. M. KIDD J. C. SHERRICK H. YOKOO H. R. FRIEDERICI G. M. HASS H. HETZ A. M. RING J. KRAFT J. B. MC CORMICK R. W. WISSLER C. A. KRACKNER C. A. KRACKNER B. CHOMET	208 558 321 162 199 325 338 635 130 252 129 372 239 261	799,208 1,637,927 781,870 293,564 296,784 912,443 711,056 1,677,371 292,000 540,018 201,502 1,175,000 1,445,376 1,003,000	5,229 11,228 18,567 3,877 4,687 2,694 6,881 11,982 4,106 6,528 3,672 11,412 14,772 2,140	5,229 5,357 18,432 3,877 4,687 135 6,007 10,931 3,600 6,305 3,253 11,412 14,772 2,120	4P 4P 4P 2P 4P 4P 4P 4P 4P 4P 4P 4P 4P 4P	C2 02	006 012	10,200 10,850	114175 114275
EVANSTON EVANSTON ST. FRANCIS EVERGREEN PARK LITTLE COMPANY OF MARY HINES VETERANS ADMIN.	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO R. W. WILHOITE L. J. KNAFF M. E. RUBNITZ	270 208 535	513,676 791,237 1,316,993	6,059 8,200 5,317	4,890 7,000 5,077	4P 4P 4P	02 01 03	004	10,600 8,473 9,600	116875 225575 225775





## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MICHIGAN - CONTINUED										
DETROIT										
CHILDREN'S HOSPITAL OF MICHIGAN	W. W. ZUELZER	200	267,847	2,007	785	1A	C1	CC1	9,300	184375
DETROIT-MACOMB HOSPITALS	J. D. LANGSTON					4P	C2	008	10,200	129675
DETROIT MEMORIAL		138	401,306	3,141	3,141					
SOUTH MACOMB (WARREN)	J. D. LANGSTON	100	356,672	4,819	4,660					
GRACE	G. D. STOBBE	291	814,585	14,497	14,030	4P	C1	003	9,900	129875
HENRY FORD	R. C. HORN, JR., S. SAEED	654	1,527,308	14,632	14,526	4P	C4	014	10,300	130075
MOUNT CARMEL MERCY	L. W. GARDNER	294	756,211	31,666	29,004	4P	C2	008	10,800	130275
ST. JOHN	J. J. HUMES	332	898,100	8,518	6,778	4P	C1	004	10,800	191575
SINAI HOSPITAL OF DETROIT	S. D. KOBERNICK	287	667,237	10,305	8,488	4P	C1	005	9,600	192675
WAYNE STATE UNIVERSITY										
AFFILIATED HOSPITALS	A. R. W. CLINIE						C8	032		129575
VETERANS ADMIN. (ALLEN PARK)	T. C. KNECHTGES	249	464,239	2,309	2,250	4P			10,459	
OAKWOOD (DEARBORN)	R. L. MAINWARING	239	623,889	10,098	9,555	4P			10,800	
DETROIT GENERAL	J. L. CHASON	318	1,091,346	4,555	3,189	4P			9,858	
HARPER	J. R. McDONALD	245	660,884	9,661	8,896	4P			9,900	
HUTZEL	E. BOOTH	163	852,581	7,077	6,877	4P			10,300	
ELGISE										
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR.									
FLINT										
MURLEY	F. V. HODGES	418	394,620	6,858	6,745	4P	C2	004	8,900	130775
MC LAREN GENERAL	E. G. MURPHY, J. D. WHEELER	136	386,892	6,090	5,222	4P	01	004		186675
ST. JOSEPH	W. L. EATON, C. A. BROWN	152	466,621	5,111	4,478	4P	C1	004	9,000	130875
GRAND RAPIDS										
BLODGETT MEMORIAL	C. A. PAYNE	465	504,176	10,985	9,742	4P	C2	003	9,000	130975
BUTTERWORTH	J. D. MANN	421	520,333	10,803	10,230	4P	C1	004	9,000	131075
ST. MARY'S	H. E. BOWMAN	179	406,861	8,554	8,004	4P	C1	004	9,000	131175
KALAMAZOO										
BORGESS	F. H. COX, P. M. KEEP	214	309,542	7,000	5,400	2P	C2	004	8,700	131375
BRONSON METHODIST	A. H. RUSSCHER	152	326,128	8,672	7,279	4P	01	004	8,700	131475
LANSING										
EDWARD W. SPARROW	W. E. MALDONADO	241	605,176	8,989	8,094	4P	C2	008	11,000	131575
ST. LAWRENCE	L. WALKER	151	251,162	5,116	4,880	4P	01	003	11,200	243975
PONTIAC										
PONTIAC GENERAL	W. R. DITO	202	728,338	8,749	8,564	4P	C1	004	10,800	131875
ST. JOSEPH MERCY	W. C. SWATEK	178	197,598	6,081	4,498	4P	C1	004	10,800	131975
ROYAL OAK										
WILLIAM BEAUMONT	J. RLTZKY, J. BERNSTEIN	394	712,072	12,458	11,463	4P	C2	008	10,500	197875
SAGINAW										
SAGINAW COOPERATIVE HOSPITALS	U. MOESER									
SAGINAW GENERAL	U. MOESER	151	358,437	4,864			C1	004	10,560	132075
ST. LUKE'S	J. R. YCLING	122	232,785	8,815						
ST. MARY'S	R. G. HINES	144	207,325	3,324	3,182					
SOUTHFIELD										
PROVIDENCE	E. KNIGHTS	193	594,000	7,478	6,776	4P	01	004	11,700	130375
WARREN										
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT									
MINNESOTA										
DULUTH										
ST. MARY'S	A. C. AUFDERHEIDE	289	327,200	7,549	6,223	4P	C1	004	10,200	132575
MINNEAPOLIS										
HENNEPIN COUNTY GENERAL	J. I. COE	367	1,229,916	5,553	4,700	4P	C2	006	8,250	132975
METROPOLITAN MEDICAL CENTER	C. M. STRAND	187	243,492	4,714	3,636	4P	01	004	9,600	245775
MOUNT SINAI	P. C. J. WARD, M. D. BURKE	119	521,064	4,531	3,491	4P	C1	002	5,000	245975
NORTHWESTERN HOSPITAL OF MINNEAPOLIS	F. H. LOTT	229	393,978	6,842	3,457	4P	C1	001	10,000	133075
UNIVERSITY OF MINNESOTA HOSPITALS	R. A. GOOD	543		4,879	4,474	4P	C3	009		133475
VETERANS ADMIN.	D. F. GLEASON, M. AZAR	421	1,200,000	4,394	4,118	4P	C2	008		133375
ROCHESTER										
MAYO GRADUATE SCHOOL OF MEDICINE	K. E. HOLLEY	1,072	2,206,218	25,619	29,619	4P	C5	020	7,300	132875
ROCHESTER METHODIST										
ST. MARY'S										
ST. PAUL										
CHARLES T. MILLER	J. E. EDWARDS	154	239,234	6,819	5,547	4P	C1	004	9,420	133775
ST. PAUL-RAMSEY	E. HAUS	367	428,000	6,300	6,100	4P	02	008	9,500	133575
MISSISSIPPI										
JACKSON										
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. G. BRUNSON, W. N. BELL					4P	C2	004		195775
UNIVERSITY VETERANS ADMIN. CENTER	J. G. BRUNSON, W. N. BELL	350	1,093,103	6,489	6,489				8,500	
	R. R. GATLING	156	590,655	4,016	4,016				8,853	
MISSOURI										
COLUMBIA										
ELLIS FISCHER STATE CANCER	C. PEREZ-MESA	75	184,658	44,487	44,487	1A	C1	001	7,620	247175
UNIVERSITY OF MISSOURI MEDICAL CENTER	F. V. LUCAS	221	561,953	5,083	5,083	4P	C3	012	9,000	199475
KANSAS CITY										
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	J. S. ARNOLD, S. RICHANY	275	630,048	3,426	3,243	4P	01	004	9,285	134375
MENORAH MEDICAL CENTER	P. W. KEITGES	150	320,806	19,773	19,626	4P	C1	004		134575
RESEARCH HOSPITAL AND MEDICAL CENTER	J. M. FLYNN	212	679,431	8,448	6,641	4P	C1	004	6,600	134675
ST. LUKE'S	D. M. GIBSON	377	523,707	9,556	7,697	4P	02	008	8,820	134875
ST. MARY'S	T. J. FRITZLEN	160	565,038	6,065	5,092	4P	C1	004	10,185	134975
VETERANS ADMIN.	SEE UNIV. OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS									
ST. LOUIS										
BARNES HOSPITAL GROUP	P. E. LACY	640	1,394,478	18,071	18,071	4P	C6	020	9,000	135375
VETERANS ADMIN.	T. R. HAMILTON	326	952,816	2,903					9,840	
DEACONESS	R. W. BRANGLE	255	352,301	6,815	4,626	4P	C1	004	8,700	135675
DE PAUL	J. D. BAUER	171	530,608	5,486	5,309	4P	C1	004	10,020	247775
HOMER G. PHILLIPS	M. MENENDEZ	103	538,022	2,762	2,364	3A	C2	006	11,157	135775
JEWISH HOSPITAL OF ST. LOUIS	E. R. RABIN	304	495,165	7,423	7,122	4P	01	004	10,700	135875
MISSOURI BAPTIST	W. R. PLATT, M. ALTUG	131	296,882	689	689	4P	01	004	9,600	136075
ST. JOHN'S MERCY MEDICAL CENTER	F. G. GERMLTH, JR.	246	811,520	9,620	7,675	4P	01	004	7,560	136275
ST. LOUIS CITY	L. ALVAREZ, M. VELEZ	386	785,343	3,623	3,623	4P	C2	008	8,118	136375

## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSOURI, ST. LOUIS - CONTINUED									
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	G. D. SORENSON	258	3,071,168	9,064	7,890	4P	C3 012	9,600	136575
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN									
FIRMIN DESLOUGE GENERAL ST. MARY'S	G. D. SORENSON, E. TUCKER	258	1,030,000	9,494	8,172				
ST. LUKE'S	R. W. OGILVIE	204	377,282	5,932	4,782	3A	01 003	9,600	136475
NEBRASKA									
LINCOLN									
PHYSICIANS PATHOLOGY LABORATORY HOSPITALS	D. L. KUTSCH	173	332,923	8,000	6,562	4P	01 004		249575
BRYAN MEMORIAL	F. H. TANNER	186	283,155	7,950	6,800			8,400	
LINCOLN GENERAL	D. L. KUTSCH							8,000	
OMAHA									
BISHOP CLARKSON MEMORIAL CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	E. G. GREENE	183	547,442	7,349	5,363	4P	C1 004	10,800	249975
CREIGHTON MEMORIAL ST. JOSEPH'S VETERANS ADMIN.	J. A. SISSON	156	440,628	4,244	4,031	4P	G3 008		137275
NEBRASKA METHODIST	J. A. SISSON	191	387,035	2,724	2,641			10,200	
UNIVERSITY OF NEBRASKA	H. J. QUIGLEY	198	477,080	11,094	10,034	4P	01 006	9,300	137475
	J. R. SCHENKEN	450	356,260	11,415	10,515	4P	C2 008	9,000	137675
	C. MC WHORTER								
NEVADA									
LAS VEGAS									
SOUTHERN NEVADA MEMORIAL	R. R. BELLIVEAU	180	524,595	5,050	5,050	4P	C1 002	6,000	250375
NEW HAMPSHIRE									
HANDOVER									
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	R. K. HOUSE	256	298,980	4,821	4,446	4P	02 006	8,000	250575
MARY FITCHCOCK MEMORIAL VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		102	134,337	934	911				
NEW JERSEY									
ATLANTIC CITY									
ATLANTIC CITY	M. ACKERMAN	233	323,425	5,022	4,428	4P	02 008	8,900	137875
CAMDEN									
COOPER	S. BURROWS	248	544,934	9,561	7,668	4P	C1 004	10,000	138075
OUR LADY OF LOURDES	W. V. HARRER	114	257,151	4,410	3,492	4P	01 004	10,000	193375
WEST JERSEY	W. V. MC DONNELL	154	459,013	9,265	8,787	4P	01 004	9,000	138175
EAST ORANGE									
EAST ORANGE GENERAL	H. L. GOODMAN	97	343,887	3,196	2,890	1A	01 001	7,200	138275
VETERANS ADMIN.	D. H. BOEHME	306	778,708	3,192	3,192	4P	02 004	11,300	250975
ELIZABETH									
ELIZABETH GENERAL HOSPITAL AND DISPENSARY	J. P. GREELEY, B. K. DER	105	328,017	6,349	5,406	4P	01 002		138475
ST. ELIZABETH	D. H. DREIZIN	134	390,293	4,675	4,663	4P	G2 008	9,500	138575
ENGLEWOOD									
ENGLEWOOD	S. CZEPIEL, I. A. GASPAR	183	651,942	8,520	6,453	4P	C1 004	8,820	138675
FLEMINGTON									
HUNTERDON MEDICAL CENTER	E. V. OLMSTEAD	159	143,998	2,939	2,392	2P	C1 002	7,500	183875
HACKENSACK									
HACKENSACK	D. E. BROWN, R. ROBINSON	177	430,815	8,961	5,554	3A	01 003	10,600	138775
HOBOKEN									
ST. MARY	A. EHRlich	90	352,000	4,473	3,803	1A	01 001	9,500	138875
JERSEY CITY									
CHRIST	A. J. GITLITZ	170	293,613	3,165	3,126	2P	01 002	10,000	138975
JERSEY CITY MEDICAL CENTER	G. M. MULCAHY					4P	C1 004	9,500	139075
LIVINGSTON									
ST. BARNABAS MEDICAL CENTER	P. WERTLAKE	188	262,638	10,450	8,601	4P	C2 008	10,200	139675
LONG BRANCH									
MONMOUTH MEDICAL CENTER	M. SALWEN	353	757,522	7,330	6,270	4P	02 006	11,000	139275
MONTCLAIR									
MOUNTAINSIDE	H. STUMPF	179	799,262	7,793	7,286	4P	02 005	8,100	139375
MORRISTOWN									
MORRISTOWN MEMORIAL	H. F. LUODECKE	222	856,221	9,833	9,777	4P	02 007	8,400	139475
MOUNT HOLLY									
BURLINGTON COUNTY MEMORIAL	C. CATANZARO	159	388,902	4,390	4,018	1A	C1 001	6,600	138375
NEPTUNE									
JERSEY SHORE MEDICAL CENTER									
FITKIN	E. M. SNEFF	307	304,361	7,547	6,731	4P	C2 004	8,100	139575
NEWARK									
MARTLAND	R. V. P. HUTTER, N. ENDE	195	818,439	5,498	5,498	4P	C3 015	11,300	139875
NEWARK BETH ISRAEL MEDICAL CENTER	L. GOLDMAN	282	709,942	7,715	7,501	4P	C1 004	10,800	139775
ST. MICHAEL'S MEDICAL CENTER	R. CARNES	191	559,791	3,631	3,611	4P	01 004	10,300	139975
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN	S. S. SARKISIAN	187	583,607	8,182	8,182	3A	02 003	10,500	187275
NEW BRUNSWICK									
MIDDLESEX GENERAL	D. W. SMITH, P. C. SMILCH	189	310,545	5,386	4,217	4P	01 004	12,000	197975
ST. PETER'S GENERAL	V. A. GALDI	175	558,168	7,446	6,376	4P	01 004	12,000	140075
PARAMUS									
BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY	V. H. GILLSON	241	579,010	1,327	1,174	4P	02 008	9,000	190875
BERGEN PINES COUNTY PASCACK VALLEY (WESTWOOD)	E. HAGMAN	72	225,500	5,260	4,471				
	V. H. GILLSON								
PASSAIC									
PASSAIC GENERAL	J. R. GANNON	140	187,982	3,891	3,491	2P	C1 002	8,400	140275
ST. MARY'S	R. BRILL	75	202,064	3,415	3,234	2P	01 002	8,700	140375
PATERSCN									
BARNERT MEMORIAL HOSPITAL CENTER	J. CHURG	144	406,807	6,201	6,201	2P	C1 002	12,000	252975
ST. JOSEPH'S	P. STEINLAUF	296	700,802	9,552	8,522	4P	01 004	10,320	140675
PERTH AMEY									
PERTH AMEY GENERAL	M. SHLSTER	155	880,000	6,461	5,500	4P	C1 004	9,500	187375
PLAINFIELD									
MUHLENBERG	B. H. HYUN	364	668,329	7,008	6,148	4P	02 006	8,300	140775

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1972-1973 1st Yr.	All Yrs.		
NEW JERSEY - CONTINUED										
SUMMIT										
OVERLOOK	G. L. ERODMAN					4P	C1	004		140875
TEANECK										
HOLY NAME	M. E. TRACHT	159				4P	C1	004		140975
TRENTON										
MERCER	J. MCRA					2P	C1	002		254175
ST. FRANCIS	F. CAMPO	245	855,294	9,739	7,524	4P	C1	004	9,000	141175
VINELAND										
NEWCCME	M. N. SOLCMON	66	336,364	3,381	2,919	1A	C1	001	9,600	254575
WESTWOOD										
PASCACK VALLEY	SEE BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY, PARAMUS									
NEW MEXICO										
ALBUQUERQUE										
UNIVERSITY OF NEW MEXICO										
AFFILIATED HOSPITALS	R. E. ANDERSON					4P	C3	010		196275
BERNALILLE COUNTY MEDICAL CENTER	R. E. ANDERSON	169	365,530	3,698	2,905				8,032	
VETERANS ADMIN.	R. L. SIPHER	188	418,000	3,577	3,544				7,950	
NEW YORK										
ALBANY										
ALBANY MEDICAL CENTER AFFILIATED										
HOSPITALS	W. A. THOMAS, A. DAUOD					4P	C3	010		141475
ALBANY MEDICAL CENTER	W. A. THOMAS, A. DAUOD	507		5,361	9,361				9,600	
VETERANS ADMIN.	W. A. THOMAS	298	599,834	1,883	1,833				10,940	
ST. PETER'S	T. S. BEECHER	216	288,988	6,060	5,820	4P	C2	002	10,000	141675
STATE OF NEW YORK DEPARTMENT OF										
HEALTH	W. KALFMANN		573,921	2,521	2,521	1P	C2	002	13,945	255775
BAY SHORE										
SOUTHSIDE	I. RAPPAPORT	146	435,036	6,063	4,647	2P	C1	002	9,500	141775
BRONXVILLE										
LAWRENCE	J. M. BUDINGER	131	153,200	3,430	2,910	2P	C1	002	10,500	191675
BUFFALO										
DEACNESS HOSPITAL OF BUFFALO	J. B. SHEFFER	241	395,796	7,622	7,544	4P	C1	004	10,000	143775
MERCY	A. B. CONSTANTINE	201	328,100	6,078	5,245	1A	C2	002	10,300	143975
MILLARD FILLMORE	A. V. POSTCLOFF	308	694,363	10,457	10,395	4P	C1	004		144075
ROSWELL PARK MEMORIAL INSTITUTE	J. W. PICKREN	472	926,727	10,494	10,490	4P	C1	008	8,273	256575
SISTERS OF CHARITY	C. F. BECKER	224	330,223	7,891	7,133	4P	C1	004	9,509	144175
S.U.N.-Y. AT BUFFALO AFFILIATED										
HOSPITALS										
BUFFALO GENERAL	J. C. BRENNAN	390	1,153,928	13,694	13,694				10,000	
CHILDREN'S HOSPITAL OF BUFFALO	K. L. TERPLAN	209		4,977	3,382				10,000	
EDWARD J. MEYER MEMORIAL	E. F. SCHLELLER	384	35,206	4,958	4,958				10,600	143875
VETERANS ADMIN.	G. FAZEKAS	276	549,100	2,481	2,352				8,500	
COOPERSTOWN										
MARY IMGENE BASSETT	C. V. Z. HAWN, L. ROBERTS	158	230,286	2,097	1,989	1A	C2	002	11,000	144275
EAST MEADCH										
NASSAU COUNTY MEDICAL										
CENTER-MEADOWBROOK DIV.	V. S. PALLADINO	409	1,444,000	5,517	4,764	4P	C3	012	10,112	144875
ELMIRA										
ARNCT-ODDEN MEMORIAL	C. A. KUGNEN	137	144,738	5,390	4,336	1A	C1	001		257575
GLEN COVE										
COMMUNITY HOSPITAL AT GLEN COVE	T. ROBERTSON	108	304,554	5,918	5,231	4P	C1	004	8,500	144675
HUNTINGTON										
HUNTINGTON										
JOHNSDALE CITY										
CHARLES S. WILSON MEMORIAL	D. D. MARK	295	317,840	7,482	6,471	4P	C1	004	9,400	145275
KINGSTON										
KINGSTON LABORATORY HOSPITALS	H. DERMAN	206	538,654	5,830	5,070	4P	C1	002	12,000	257975
KINGSTON										
BENEDICTINE										
LEWISTON										
MOUNT ST. MARY'S HOSPITAL OF										
NIAGARA FALLS	T. T. BRONK					4P	C1	004		150375
MANHASSET										
NORTH SHORE	S. GROSS	209	1,328,341	8,098	7,594	4P	C2	006	12,000	146775
MINEOLA										
NASSAU	L. A. FERRARO, J. NATARO	317	671,283	8,348	6,487	4P	C1	004	12,000	145575
MOUNT KISCO										
NORTHERN WESTCHESTER	R. A. FOX	144	287,229	5,429	4,606	4P	C1	004	11,280	145675
MOUNT VERNON										
MOUNT VERNON	J. G. SHARNOFF	405	336,557	5,280	5,100	2P	C1	002	9,500	145775
NEWBURGH										
ST. LUKE'S HOSPITAL OF NEWBURGH	T. P. B. PAYNE	157	230,823	4,613	3,558	1A	C2	002	9,400	145875
NEW HYDE PARK										
LONG ISLAND JEWISH MEDICAL										
CENTER TRAINING PROGRAM										
LONG ISLAND JEWISH MEDICAL										
CENTER	J. BERKMAN	270	1,221,707	10,006	9,306	4P	C2	008	11,000	196375
QUEENS HOSPITAL CENTER (NEW YORK	J. V. KLAVINS	513	1,194,417	3,532	3,532	4P	C2	008	11,000	145175
CITY)										
NEW ROCHELLE										
NEW ROCHELLE HOSPITAL MEDICAL										
CENTER	W. C. SCHRAFT, JR.	280	453,307	5,799	4,562	4P	C1	004	8,750	145975
NEW YORK CITY										
ALBERT EINSTEIN COLLEGE OF										
MEDICINE AFFILIATED HOSPITALS	R. TERRY					4P	C8	026		193175
BRONX MUNICIPAL HOSPITAL CENTER		658	3,491,302	11,359	11,359					
HOSPITAL OF THE ALBERT EINSTEIN										
COLLEGE OF MEDICINE		140	331,868	5,528	5,528					
BEEKMAN-DOWNTOWN	C. M. KARPAS, B. MDUMGIS	151	322,222	2,841	2,763	2P	C1	002	11,000	189075
BETH ISRAEL MEDICAL CENTER	W. ANTOPGL	239	46,008	12,160	12,160	4P	C2	010	11,000	147075
BOOTH MEMORIAL	A. BLAUSTEIN	161	465,358	4,814	4,814	4P	C1	004	9,250	182275
BRONX-LEBANON HOSPITAL CENTER	L. REINER	223	528,226	7,914	7,820	4P	C2	008	10,500	147175
BROOKDALE HOSPITAL CENTER	D. SPAIN	200	1,226,028	9,719	9,669	4P	C1	004	11,600	141975
BROOKLYN - CUMBERLAND MEDICAL										
CENTER	G. C. FINKEL	313	730,194	6,119	6,119	4P	C3	012	11,000	142075



## 17. PATHOLOGY - Continued

NEW YORK, NEW YORK CITY - CONTINUED	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	P. REMIGIO	121	339,534	4,622	4,535	4P	C1	004	9,500	145075
MARY IMMACULATE DIVISION	I. ALMENDOFF	127	627,992	3,352	3,352	2P	C1	002	9,500	262475
ST. MARY'S DIVISION	K. E. GERSTMANN	287	831,810	3,227	3,227	4P	C4	01C	9,500	142275
CONEY ISLAND										
FLUSHING HOSPITAL AND MEDICAL CENTER	I. GARRON	194	470,113	4,482	3,691	4P	C1	004	9,000	144575
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	W. E. FINKELSTEIN	184	483,091	4,267	4,267	4P	C1	004	11,500	149475
HARLEM HOSPITAL CENTER	T. W. ROBERTS, J. HAGSTROM	310	875,051	5,659	5,659	4P	C3	012		147875
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	H. C. DORFMAN	63	266,788	4,114	3,755	1A	C1	002	11,000	147575
JAMAICA	E. KHAYAT	290	320,425	29,774	25,774	4P	C2	0C8	8,750	144975
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	A. C. ALLEN	228	11,248	7,637	7,541	4P	C1	004	11,000	142575
GREENPOINT	A. C. ALLEN	98	486,136	1,759	1,799				11,000	
JEWISH MEMORIAL	A. SCHWARZ	138	325,203	4,209	4,080	4P	C1	004	9,500	148075
KINGSBROOK JEWISH MEDICAL CENTER	B. W. VCLK	329	464,400	3,398	3,056	4P	C1	0C6	9,800	147675
KNICKERBOCKER	A. DE CHABON	73	165,114	1,146	1,180	1A	C1	0C2	10,000	148175
LENOX HILL	S. C. SOMMERS	387	968,703	7,565	7,552	4P	C2	0C8	13,000	148375
LINCOLN	H. LEPOK	114	1,144,438	3,516	3,344	3A	C1	003	11,000	148475
LONG ISLAND COLLEGE	J. KGRZIS	288	805,047	6,314	5,747	4P	C1	006	11,000	142775
LUTHERAN MEDICAL CENTER	T. EKRENREICH	162	441,600	3,564	3,466	2P	C1	002	11,000	143075
MAIMONIDES MEDICAL CENTER	I. BOUGH	285	1,486,415	14,234	14,234	4P	C2	006	11,000	142875
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	F. W. FOGTE, JR.	461		9,798	9,798	3A	C2	011	12,700	146775
METHODIST HOSPITAL OF BROOKLYN	S. WERTHAMER	219	560,684	5,768	5,500	4P	C2	01C	12,000	142975
MISERICORDIA - FORDHAM TRAINING PROGRAM	P. E. KALISH					4P	C2	0C5	11,500	148675
FORDHAM		191	806,242	3,567	3,243					
MISERICORDIA		182	578,000	3,626	3,038					
MONTEFICRE HOSPITAL TRAINING PROGRAM	H. M. ZIMMERMAN					4P	C4	016	11,000	148775
MONTEFIORE HOSPITAL AND MEDICAL CENTER		450	1,430,265	6,955	6,955					
MORRISANIA CITY		218	1,572,177	4,172	4,150					
MOUNT SINAI HOSPITAL TRAINING PROGRAM	H. POPPER					4P			11,000	
MOUNT SINAI	H. POPPER	575	34,147	13,916	13,916		C5	011		149075
CITY HOSPITAL CENTER AT ELMHURST	W. MAUTNER	369	1,044,531	4,157	4,099		C4	016		149175
NEW YORK	J. T. ELLIS	494	1,087,150	10,829	10,046	4P	C4	012	11,200	149275
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	D. SPIRO					4P	C6	023		147375
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	R. J. STENGER	142	692,470	8,216	8,216					
UNIT 2 - METROPOLITAN	A. W. BRANWOGD	307	1,778,000	8,438	8,438					
UNIT 3 - BIRC S. CCLER MEMORIAL HOSPITAL AND HOME	S. LEVINE	148	239,924	451	451					
NEW YORK UNIVERSITY MEDICAL CENTER	F. F. BECKER, F. GORSTEIN	537	3,569,245	34,622	33,923	4P	C5	02C		146475
BELLEVUE HOSPITAL CENTER		323	2,690,187	24,732	24,742					
UNIVERSITY		214	879,063	5,890	9,181					
PRESBYTERIAN	D. W. KING	450	1,746,437	12,182	12,182	4P	C4	02C	11,250	149575
FRANCIS DELAFIELD	B. M. WAGNER	247	181,791	4,288	4,288				10,300	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH MED. CTR. TRAINING PROGRAM, NEW HYDE PARK	287	841,664	7,187	7,127	4P	C2	006	9,800	149675
ROOSEVELT	R. GARRET									
ST. CLARE'S HOSPITAL AND HEALTH CENTER	J. R. HADDAD	164	627,733	3,725	3,591	4P	C1	004	10,500	149775
ST. JOHN'S EPISCOPAL	L. M. FOX, M. C. OGUZHAN	143	299,510	5,094	5,094	2P	C1	002	13,560	143275
ST. LUKE'S HOSPITAL CENTER	C. F. BEGG	331	637,869	11,803	11,803	4P	C2	0C7	11,300	149575
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	W. E. DELANEY	373	1,422,419	6,589	6,589	4P	C2	006	9,500	150075
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	V. KGGAN	185	447,650	5,678	4,683	1A	C2	002		151475
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	P. J. FITZGERALD					4P	C9	036		142675
KINGS COUNTY HOSPITAL CENTER		917	1,620,553	11,167	11,167					
STATE UNIVERSITY		81	165,650	3,927	3,927				11,000	
STATEN ISLAND	V. ALTMANN	158	319,923	4,410	3,950	2P	C2	002	11,200	151575
VETERANS ADMIN. (BROOKLYN)	A. F. LIBER	246	972,253	3,856	3,800	4P	C2	006	12,805	262775
VETERANS ADMIN. (BROOKLYN)	F. A. JIMENEZ	236	652,021	4,010	4,010	4P	C1	004	12,805	150275
VETERANS ADMIN. (MANHATTAN)	N. S. COOPER	212	1,336,242	3,814	3,664	4P	C3	005	12,805	146575
WYCKOFF HEIGHTS	A. L. STATSINGER	228	549,751	3,148	3,000	4P	C2	0C6	10,000	143575
NIAGARA FALLS										
NIAGARA FALLS MEMORIAL	K. K. LEE	184	174,118	3,854	3,650	4P	C1	0C4	8,600	193575
OCEANSIDE										
SOUTH NASSAU COMMUNITIES	H. J. MC CALLEY	143	422,644	5,353	5,353	2P	C1	001	10,000	262975
PORT CHESTER										
UNITED	C. J. ALEXANDER	74	295,881	4,810	4,810	1P	C1	001	9,850	150475
POUGHKEEPSIE										
ST. FRANCIS	J. D. GIOIA	134	377,064	1,219	1,219	1A	C1	001	6,000	150575
VASSAR BROTHERS	F. J. MC MAHON	179	320,886	7,053	4,734	4P	01	004	7,600	150675
ROCHESTER										
GENESEE	J. ABBOTT	330	1,150,498	11,466	9,440	4P	C1	004	9,500	150775
ROCHESTER GENERAL	Z. M. TOMKIEWICZ	490	991,082	12,200	9,171	4P	C2	008	9,500	150975
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	S. F. PATTEN, JR.	614	1,285,595	8,286	7,863	4P	C3	012		151175
SCHENECTADY										
ELLIS	G. PARKHURST	249	532,333	6,804	7,928	4P	C2	006	9,600	151275
SYRACUSE										
S.U.N.-Y. UPSTATE MEDICAL CENTER	R. B. HILL					4P	C4	016	9,700	151675
CROUSE IRVING-MEMORIAL	J. T. PRIOR	287	577,229	4,150	3,634					
STATE UNIVERSITY	R. B. HILL	192	699,922	4,943	75					
ST. JOSEPH'S	N. A. COHEN	168	512,460	7,578	6,100					
VETERANS ADMIN.	J. A. SCHAEFER	177	245,202	2,472	2,472					
TROY										
SAMARITAN	O. R. ZUMBO	144	166,176	3,971	3,687	4P	C1	002	11,000	152075
VALHALLA										
GRASSLANDS	M. LEFKOWITZ	173	395,481	2,612	2,574	4P	C1	004	11,280	152175

## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NORTH CAROLINA										
CHAPEL HILL										
NORTH CAROLINA MEMORIAL	K. M. BRINKHOUS	286	990,373	11,873	11,873	4P	C3	012	9,000	190075
CHARLOTTE										
CHARLOTTE MEMORIAL	W. M. SHELLEY	358	453,329	9,858	9,388	4P	01	004	9,300	152775
DURHAM										
DUKE UNIVERSITY AFFILIATED HOSPITALS										
DUKE UNIVERSITY MEDICAL CENTER	T. D. KINNEY, P. PRATT					4P	02	009	9,250	152975
VETERANS ADMIN.	T. D. KINNEY	639	4,522,830	10,622	10,622					
	P. C. PRATT	237	1,767,059	3,167	3,167					
GREENSBORO										
MCSEES F. CONE MEMORIAL	W. W. MC LENDON	311	509,000	19,353	18,189	4P	C1	004	7,500	194375
WILMINGTON										
NEW HANGOVER MEMORIAL	H. P. SINGLETARY	222	275,388	8,272	7,502	2P	C1	002	7,500	153475
WINSTON-SALEM										
NORTH CAROLINA BAPTIST	R. MCREHEAD	410	1,018,780	24,635	24,635	4P	04	017	8,000	153775
NORTH DAKOTA										
GRAND FORKS										
UNIVERSITY OF NORTH DAKOTA AFFILIATED HOSPITALS						4P	01	004	4,800	268575
ST. MICHAEL'S	W. A. WASDAHL									
UNITED	W. A. WASDAHL	147	160,000	4,500	4,100					
OHIO										
AKRON										
AKRON CITY	J. G. LIM	417	596,528	12,543	11,943	4P	C1	004	9,600	154175
AKRON GENERAL	G. T. HRANILOVICH	199	721,305	7,622	6,776	4P	01	004	9,600	154275
CHILDREN'S HOSPITAL OF AKRON	R. P. BOLANDE	122	469,773	2,376	1,686	2P	01	002	10,000	189575
ST. THOMAS	E. G. WILT	189	375,810	5,514	5,307	4P	01	004	10,530	154375
BARBERTON										
BARBERTON CITIZENS	M. L. SNELL, R. C. METZGER	113	401,224	9,313	5,001	1A	C1	002	7,800	196475
CANTON										
AULTMAN	W. S. MORGAN	300	777,500	8,800	8,660	4P	C2	008	10,200	154475
CINCINNATI										
GOOD SAMARITAN	L. Z. GORDON	429	906,504	17,075	17,075	4P	01	004	9,660	155075
UNIVERSITY OF CINCINNATI HOSPITAL GROUP						4P	C4	013		154875
CINCINNATI GENERAL	P. WOZENCRAFT	470	789,096	6,117	5,610				8,800	
CHILDREN'S	A. J. MC ADAMS	175	4,853	4,853	3,091				9,200	
VETERANS ADMIN.	E. A. GALL	250	553,931	1,840	1,840				9,893	
CLEVELAND										
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS						4P	06	024		270675
UNIVERSITY HOSPITALS OF CLEVELAND	J. R. CARTER									
VETERANS ADMIN.	J. R. CARTER	449	1,759,921	11,881	11,881				10,500	
	J. R. KAHN	376	1,239,542	5,682	5,228				9,767	
CLEVELAND CLINIC	L. J. MC CORMACK	336	874,587	12,244	12,204	4P	02	010	9,500	196875
CLEVELAND METROPOLITAN GENERAL	J. D. REID	411	1,808,295	7,727	7,524	4P	04	016	10,000	155375
FAIRVIEW GENERAL	H. F. MC CORKLE	202	443,665	7,315	6,136	2P	C1	002	11,400	155475
HURON ROAD	E. SIEGLER	211	425,864	7,377	6,015	4P	01	004	10,800	157175
LUTHERAN MEDICAL CENTER	W. SINCLAIR	153	323,228	3,675	2,955	2P	02	003	8,600	155675
MARYMOUNT	G. S. GAREWAL	84	232,246	5,381	4,917	4P	02	002	11,400	157275
MOUNT SINAI HOSPITAL OF CLEVELAND	H. GOLD	310	950,674	9,633	9,153	4P	C1	004	10,500	155775
ST. ALEXIS	A. F. NAJI	177	216,487	11,579	4,000	4P	C1	004	10,200	155875
ST. LUKE'S	A. J. SEGAL	240	320,740	8,531	7,243	4P	C2	008	9,500	156075
ST. VINCENT CHARITY	J. S. MACKRELL, JR.	177	671,154	5,450	3,902	4P	01	004	10,600	156175
COLUMBUS										
CHILDREN'S	W. A. NEWTON, JR.	211	320,000	6,424	6,171	2P	C2	004		27C775
GRANT	B. H. HURD	218	493,025	7,922	7,900	4P	01	004	8,100	156475
OHIO STATE UNIVERSITY HOSPITALS	J. C. GEER	455	2,500,000	10,209	10,004	4P	C2	012	7,600	156675
DAYTON										
MIAMI VALLEY	J. W. FUNKHOUSER	389	825,052	11,589	11,589	4P	C2	008	10,600	156975
VETERANS ADMIN. CENTER	L. G. PALILEO	248	317,348	1,781	1,500	4P	C1	002	11,452	271575
ELYRIA										
ELYRIA MEMORIAL	R. G. THOMAS	301	339,687	9,511	7,384	4P	C1	004	8,400	190175
KETTERING										
CHARLES F. KETTERING MEMORIAL	E. ROTH	215	503,233	13,051	11,055	4P	C1	004	10,980	157675
LORAIN										
ST. JOSEPH	C. CHESNER	198	314,474	4,294	3,128	4P	01	002	9,300	197375
TOLEDO										
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS										
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	J. R. PATRICK	200	412,791	1,674	1,579	4P	C1	004	10,200	157975
MERCY	D. J. HANSON	192	416,765	6,664	5,819	4P	02	006	10,200	158075
ST. VINCENT HOSPITAL AND MEDICAL CENTER	D. B. HARDING, JR.	370	575,000	8,200	6,000	4P	01	004	9,600	158275
TOLEDO	W. A. NORDIN	356	462,731	9,404	8,138	4P	C1	004	10,200	158375
WARREN										
TRUMBULL MEMORIAL	R. E. PENCE	183	354,742	7,046	5,216	4P	01	003	10,600	198075
YOUNGSTOWN										
ST. ELIZABETH	B. TAYLOR	332	948,500	7,974	7,020	4P	C1	004	10,600	158475
YOUNGSTOWN	A. E. RAPPOPORT	557	1,165,631	10,858	9,923	4P	02	008	10,600	158575
OKLAHOMA										
OKLAHOMA CITY										
BAPTIST MEMORIAL	J. P. DEWAR, J. HENSLEY	229	303,019	6,692	4,651	4P	01	004	9,000	183075
ST. ANTHONY	T. W. VIOLETT	174	545,637	8,668	5,643	4P	C1	004	8,700	158775
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	C. STOLT					4P	C2	008	8,000	158875
UNIVERSITY OF OKLAHOMA HOSPITALS		254	623,733	5,341	4,786					
VETERANS ADMIN.		226	493,518	3,250	2,320					
TULSA										
HILLCREST MEDICAL CENTER	D. E. VAN WORMER	265	382,844	6,275	5,300	4P	C1	004	9,600	159175
ST. JOHN'S	E. E. PALIK	266	429,921	10,908	9,841	4P	01	004	9,420	159275

## 17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens of Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
OREGON										
PORTLAND										
EMANUEL	V. D. SNEEDEN	284	669,180	13,429	12,019	4P	C1	004	9,000	159475
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	D. S. JOHNSON	238	892,580	8,332	7,267	4P	C1	004	9,000	159575
PROVIDENCE	R. S. JONES	221	509,943	5,945	5,049	4P	C1	004	9,000	159775
ST. VINCENT HOSPITAL AND MEDICAL CENTER	J. E. NCHLREN	280	598,682	10,476	8,501	4P	C2	005	9,000	159875
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	R. D. MOORE, T. HUTCHENS					4P	C3	016		159975
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		350	865,837	6,361	6,361				6,600	
VETERANS ADMIN.		285	503,076	2,606	2,364				8,160	
PENNSYLVANIA										
ABINGTON										
ABINGTON MEMORIAL	J. W. EIPAN	274	1,098,290	10,135	8,295	4P	C2	006	8,900	160075
ALLENTOWN	P. G. PANAS	333	501,099	9,081	8,265	4P	C1	004	12,100	160175
ALTOONA	W. J. KIRSCH	196	396,994	4,378	3,032	4P	C1	004	10,800	160375
BETHLEHEM	E. J. BENZ	250	511,500	9,100	7,800	4P	C1	004	10,200	160575
BRYN MAWR	J. J. MC GRAH, JR.	221	750,733	8,541	7,286	4P	C3	006	9,700	160675
DANVILLE	J. J. MCRAN	331	466,952	9,217	7,735	4P	C1	004	9,300	160875
DARBY	W. H. MILLER, G. MC NEAL	175	334,486	5,772	5,652	4P	C1	004	10,000	160975
EASTON	J. C. GAULIN	186	225,167	4,983	4,466	4P	C2	002		161075
ERIE	J. A. FLST	264	376,924	8,838	6,517	4P	C1	004	9,500	161175
HAMOT	R. B. EISENBERG	184	387,643	7,700	5,750	4P	C1	004	8,800	161275
HARRISBURG	F. W. BRASCA	441	606,080	14,023	12,832	4P	C2	004	10,380	161475
HARRISBURG							C2	004		161475
HERSHEY										
MILTON S. PERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	R. L. NAEYE					4P	C2	008		161775
JOHNSTOWN	S. A. GOLDBLATT	256	527,441	9,993	6,521	4P	C1	004	10,200	161675
CONEMAUGH VALLEY MEMORIAL										
NORRISTOWN	H. T. TAMAKI, H. W. SCHMIDT	120	286,000	4,680	4,210	2P	C1	002	10,000	162175
MONTGOMERY										
PHILADELPHIA										
ALBERT EINSTEIN MEDICAL CENTER	H. BRODY	509	1,299,410	12,212	11,539	4P	C3	008	10,100	163175
CHESTNUT HILL	Z. WCO	168	286,253	3,587	3,572	4P	C1	002	10,000	191075
CHILDREN'S HOSPITAL OF PHILADELPHIA	W. C. YAKOVAC	138		1,219	905	1A	C1	002	9,600	186375
EPISCOPAL	H. WATTS	322	287,609	4,000	3,975	4P	C2	006	8,500	162375
FRANKFORD	S. H. ARDEN	150	160,502	3,850	3,500	2P	C1	002	9,000	162475
GERMANTOWN DISPENSARY AND HOSPITAL	F. FITE	273	244,140	4,027	3,570	4P	C1	004	9,000	162575
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	A. VALDES-DAPENA	228	635,463	3,792	3,595	4P	C1	004	10,650	162675
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	J. M. DOLPHIN, S. TEUFEL	268	758,288	4,883	4,883	4P	C2	008	8,600	162775
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	M. M. PORTER, R. SHUMAN	194	760,840	3,970	3,895	4P	C1	004	8,600	184975
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	P. C. NEWELL, H. RAWNSLEY	339	1,282,897	11,259	10,433	4P	C4	016	10,650	162875
LANKENAU	I. K. KLINE	246	412,442	6,663	6,663	4P	C2	008	10,300	163275
MEMORIAL	D. F. COLETTA	84	202,483	2,581	1,989	1A	C1	001	8,400	163375
MISERICORDIA	H. E. MARX, R. P. BAKER	297	339,122	2,297	2,048	4P	C1	004	10,000	163675
NAZARETH	E. M. TASSONI	176	522,804	5,094	5,094	4P	C1	004	8,500	163875
PENNSYLVANIA	A. R. CRANE	188	544,567	5,720	5,720	4P	C1	004	10,200	163975
PHILADELPHIA GENERAL	L. B. RORKE, H. SCHWARZ	384	2,015,685	6,742	6,726	4P	C4	015	9,500	164075
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	J. BUTCHER	211	405,076	3,246	2,638	4P	C2	005	10,650	164175
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	J. B. AREY	116	157,287	1,809	1,035	1A	C2	003	9,800	165375
TEMPLE UNIVERSITY	W. H. CLARK, JR.	406	28,830	7,421	7,391	4P	C3	012	10,200	164675
THOMAS JEFFERSON UNIVERSITY	G. E. APGENTE	326	473,376	9,182	9,182	4P	C3	011	10,300	163075
VETERANS ADMIN.	P. V. SKERRETT	206	533,089	4,062	4,062	4P	C2	006	8,878	277375
PITTSBURGH										
ALLEGHENY GENERAL	R. C. GRAUER	303	699,503	8,576	8,576	4P	C2	006	10,500	164875
HOSPITALS OF THE UNIVERSITY	T. GILL						C4	023		165275
HEALTH CENTER OF PITTSBURGH										
CHILDREN'S HOSPITAL OF PITTSBURGH	G. H. FETTERMAN	166	278,389	3,027	3,027	2P			10,000	
MACEE-WOMENS	B. KLIONSKY	390	17,793	10,758	10,758	4P			10,000	
PRESBYTERIAN-UNIVERSITY	T. GILL	443	654,650	9,463	9,463	4P			10,000	
VETERANS ADMIN.	H. R. HELLSTROM	247	750,500	2,832	2,832	4P			8,000	
HOSPITALS OF THE UNIVERSITY										
HEALTH CENTER OF PITTSBURGH										
MONTEFIORE	H. MENDELOW	256	656,283	5,934	5,934	4P	C2	006		165075
MERCY	M. M. BRACKEN	360	499,644	8,353	6,460	4P	C2	006	10,800	164975
ST. FRANCIS GENERAL	R. HAMILTON	194	863,878	6,844	6,502	4P	C1	004	11,500	188175
ST. MARGARET MEMORIAL	J. E. KURTZ, R. C. BLOCK	73	218,187	3,521	3,331	1A	C1	001	8,400	165675
SHADYSIDE	E. R. FISHER	141	304,348	4,872	4,872	4P	C1	006	9,600	165775
SOUTH SIDE	L. GOODMAN, L. B. MYERS	131	239,595	3,453	3,280	4P	C1	003	10,200	165875
WESTERN PENNSYLVANIA	E. R. ERICKSON	496	645,660	10,119	8,658	4P	C2	008	10,600	165975
READING										
READING	M. S. REED	456	1,477,994	11,494	10,381	4P	C2	008	10,680	166175
ST. JOSEPH'S	J. G. CHEN SEE	144	173,000	7,180	6,710	4P	C1	004	6,600	277975
ROCHESTER										
ROCHESTER GENERAL	J. MOYER, DO., W. GILLESPIE	113	302,260	4,861	3,536	4P	C1	001	7,200	278175

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
PENNSYLVANIA - CONTINUED										
SAYRE ROBERT PACKER	D. R. WEAVER, W. C. LUFT	231	374,283	4,346	3,951	4P	C1	004	8,500	166475
WILKES-BARRE WILKES-BARRE GENERAL	C. W. KOEHL, JR.	180	300,561	4,054	4,054	4P	C1	004	8,100	167175
YORK YORK	F. A. MC KEON, JR.	448	760,033	10,092	7,881	4P	C2	006	10,200	167475
PUERTO RICO										
PONCE PONCE DISTRICT GENERAL	E. RIVERA	177	449,353	4,558	4,318	4P	C3	009	6,600	
SAN JUAN I. GONZALEZ MARTINEZ MUNICIPAL HOSPITAL DR. RAFAEL	R. A. MARCIAL-ROJAS	31	35,062	2,347	2,316	1SP	C1	001	8,400	
LOPEZ NUSSA UNIVERSITY DISTRICT	R. MARCIAL					3A	C1	003		
VETERANS ADMIN. CENTER	R. A. MARCIAL-ROJAS	1,080	769,450	17,512	17,512	4P	C6	02C	6,900	
	G. A. RAMIREZ DE ARELLANO	95	355,183	1,590	1,557	4P	C1	004	8,204	
RHODE ISLAND										
NORTH PROVIDENCE OUR LADY OF FATIMA	SEE ST. JOSEPH'S HOSPITAL-OUR LADY OF FATIMA, PROVIDENCE									
PAWTUCKET MEMORIAL	G. P. PAPARG	182	521,517	8,922	6,722	4P	C1	004	9,500	167675
PROVIDENCE MIRIAM	S. M. ARONSON	144	274,500	5,988	5,088	4P	C1	004	9,500	195375
RHODE ISLAND ROGER WILLIAMS GENERAL	H. FANGER	413	1,251,711	12,476	12,014	4P	02	010	9,400	167775
ST. JOSEPH'S HOSPITAL - OUR LADY OF FATIMA	I. DIAMOND	163	581,069	4,024	3,098	4P	C1	004	9,500	167875
OUR LADY OF FATIMA (NORTH PROVIDENCE) ST. JOSEPH'S	S. R. ALLEGRA	237	711,918	8,271	7,262	4P	C1	005	9,500	167975
SOUTH CAROLINA										
CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	G. R. HENNIGAR					4P	C5	022	7,600	168075
MEDICAL UNIVERSITY OF SOUTH CAROLINA CHARLESTON COUNTY VETERANS ADMIN.		609	790,777	20,066	20,066					
SOUTH DAKOTA										
SIOUX FALLS UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS SIOUX VALLEY	K. WEGNER	161	185,231	4,271	4,976	4P	C1	004	9,480	168775
TENNESSEE										
CHATTANOOGA S. E. TENNESSEE MEDICAL EDUCATION CENTER BARONESS ERLANGER	S. H. AUERBACH	398	572,999	20,026	20,009	4P	C2	006	10,200	168975
KNOXVILLE UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	F. S. JONES	213	386,060	5,357	5,163	4P	C1	004	9,180	183975
MEMPHIS BAPTIST MEMORIAL	E. E. MUIRHEAD	405	2,133,462	23,522	23,225	4P	04	016	9,180	169475
CITY OF MEMPHIS HOSPITALS	C. C. ERICKSON	914	1,152,618	8,335	8,335	4P	04	018	7,800	184475
METHODIST	J. K. DUCKWORTH	293	998,706	13,450	12,850	4P	C2	008	8,700	169675
ST. JOSEPH	L. C. PRIETO, JR.	228	378,859	5,948	4,783	4P	C1	004	9,600	169775
VETERANS ADMIN.	J. M. YOUNG	369	572,262	3,029	2,911	4P	C2	008	8,120	281975
NASHVILLE BAPTIST	F. C. WCMACK, JR.	170	1,209,447	9,771	8,253	4P	C1	004	10,200	169975
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	J. C. ASHHURST	111	157,621	6,121	4,890	4P	C1	004	9,000	282175
VANDERBILT UNIVERSITY NASHVILLE METROPOLITAN GENERAL VETERANS ADMIN.	R. D. BUCHANAN	300	786,728	9,475	9,191		C5	020	8,500	170275
	R. J. FREEMAN	117	415,576	2,763	2,622					
	R. D. BUCHANAN	178	854,632	2,771	2,771	4P	C1	004	8,500	282275
OAK RIDGE OAK RIDGE ASSOCIATED UNIVERSITIES, MEDICAL DIVISION	R. M. KNISELEY	25	66	90	90	1SP	01	001	9,000	282375
TEXAS										
AUSTIN BRACKENRIDGE	A. Q. DA SILVA, J. SPIDLE	197	341,877	1,038	1,038	4P	C1	004	10,200	170475
DALLAS BAYLOR UNIVERSITY MEDICAL CENTER	G. RACE	384	991,011	17,869	17,025	4P	C4	014	8,400	170675
METHODIST HOSPITAL OF DALLAS	G. NOTEBOOM	256	667,540	8,880	8,875	4P	01	004	9,000	170775
PARKLAND MEMORIAL	V. A. STEMBRIDGE	311	2,613,435	72,624	72,624	4P	C3	012	7,590	170875
ST. PAUL	J. H. CHILDERS	207	416,019	13,533	8,176	4P	C1	004	7,800	170975
VETERANS ADMIN.	T. H. CAPERS	263	1,159,314	3,756	3,756	4P	C1	004	7,945	188775
EL PASO R. E. THOMSON GENERAL	J. A. BACKUS	197		2,070	2,027	4P	C2	004	13,000	171075
FORT WORTH HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	C. B. MITCHELL	277	423,073	10,343	8,322	4P	C1	004	10,320	171275
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	F. L. JENNINGS	327	746,711	7,915	7,664	4P	C2	009	8,400	171475
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS	H. J. SPJUT					4P	C5	021		171675
BEN TAUB GENERAL	H. J. SPJUT	418	1,460,389	7,942					7,500	
JEFFERSON DAVIS	H. J. SPJUT		422,370						7,500	
METHODIST	M. S. ANDERSON	449	1,248,367	17,882					7,500	
TEXAS CHILDREN'S	H. S. ROSENBERG	239	390,223	2,362	2,362				7,500	
VETERANS ADMIN.	F. GYORKEY	362	1,157,324	7,937	7,937				8,100	



17. PATHOLOGY - Continued

WISCONSIN - CONTINUED	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MILWAUKEE COLUMBIA	D. B. CLAUDON	209	507,857	7,256	1,916	4P	C1	004	5,500	178175
MILWAUKEE CHILDREN'S	S. R. MC CREADIE, T. TANG	83	232,384	3,415	1,267					
EVANGELICAL DEACONESS	Y. TAIRA, E. L. BEMIS	99	314,469	3,864	3,332	4P	C1	003	9,500	178275
LUTHERAN HOSPITAL OF MILWAUKEE	E. A. BIRGE	102	222,574	7,136	5,903	4P	C1	004	5,609	178575
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS										
MILWAUKEE COUNTY GENERAL	J. V. STRAUMFJORD, JR.	472	1,797,100	5,149	4,718	4P	06	012	10,000	178475
VETERANS ADMIN. CENTER (WOOD)	K. PINTAR	361	860,954	3,234	2,933	4P	C1	002	10,409	290975
MILWAUKEE CHILDREN'S	S. R. MC CREADIE, T. TANG	83	232,384	3,415	1,267	2P	C2	002	11,000	178375
MOUNT SINAI MEDICAL CENTER	J. N. SHANBERGE	121	732,401	5,982	5,443	4P	01	004	10,500	178775
ST. FRANCIS	E. R. TUCKER	69	221,997	3,563	3,629	4P	C1	002	10,000	290775
ST. JOSEPH'S	C. H. ALTSHULER	228	774,558	9,841	9,841	4P	G1	004	10,500	178875
ST. LUKE'S	G. E. BATAYIAS	302	1,085,596	6,851	6,259	4P	C2	006	10,000	178975
ST. MARY'S	D. J. CARLSON	180	249,304	4,678	3,558	4P	C1	004	10,000	179075

PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education and the American Board of Pathology as offering acceptable training in the specialty.

Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam. †	Positions Offered 1972-1973		Annual Salary (Min.)
					1st Yr.	All Yrs.	
† Examined at Scene by Pathologist							
UNITED STATES ARMY, NAVY AND AIR FORCE							
DISTRICT OF COLUMBIA ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	C. J. STAHL	515	74	2,018	15		C2 002
NCFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA BAKERSFIELD							
KERN COUNTY GENERAL							C1 001
LOS ANGELES OFFICE OF CHIEF MEDICAL EXAMINER-CORONER COUNTY OF LOS ANGELES	T. T. NOGLUCHI	6,925	712	21,869	150		C3 003 25,000
OAKLAND WESTERN LABORATORIES	G. S. LOGUVAM, A. B. MC NIE	2,437	108	10,576			G1 001
SAN FRANCISCO UNIVERSITY OF CALIFORNIA MEDICAL CENTER	H. D. MOON	2,517	129	10,977			C1 001 9,600
SAN JOSE SANTA CLARA COUNTY MEDICAL EXAMINER-CORONER'S OFFICE	J. E. HAUSER	1,350	30	1,953	40		C1 001
COLORADO DENVER							
DENVER GENERAL	J. A. PRESTON	700					C1 001
FLORIDA MIAMI							
OFFICE OF THE MEDICAL EXAMINER OF DADE COUNTY	J. H. DAVIS	1,800	190	4,000	150		C1 001
ILLINOIS CHICAGO							
COOK COUNTY CORONER'S OFFICE, INSTITUTE OF FORENSIC PATHOLOGY	J. J. KEARNS						C1 001
INDIANA INDIANAPOLIS							
INDIANA UNIVERSITY MEDICAL CENTER	J. A. BENZ						C2 002
MARYLAND BALTIMORE							
OFFICE OF THE CHIEF MEDICAL EXAMINER-MARYLAND MEDICAL-LEGAL FOUNDATION	R. S. FISHER, W. SPITZ	1,893	267	8,000			03 003 12,000
MICHIGAN DETROIT							
WAYNE COUNTY MEDICAL EXAMINERS OFFICE	G. E. CORRIGAN	2,400	650	10,000			10,500
MINNESOTA MINNEAPOLIS							
HENKPIN COUNTY GENERAL	J. I. COE	748	36	788	374		01 001 8,250
NEW YORK NEW YORK CITY							
OFFICE OF THE CHIEF MEDICAL EXAMINER, CITY OF NEW YORK	M. HELPERN	5,256	855	3,632	9,140		C2 004 12,000
ROCHESTER							
OFFICE OF THE MONROE COUNTY MEDICAL EXAMINER	J. F. EDLAND	556	42	4,020			00 001 18,000
VALHALLA							
OFFICE OF THE MEDICAL EXAMINER	H. SIEGEL	561	21	2,050			C1 002 14,000

## PATHOLOGY, FORENSIC - Continued

Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxico- logical Tests Made	Necropsies on Bodies Exam. †	Positions Offered 1972-1973		Annual Salary (Min.)
					1st Yr.	All Yrs.	
† Examined at Scene by Pathologist OHIO CLEVELAND CUYAHOGA COUNTY CORONER'S OFFICE	L. ADELSON, S. R. GERBER	1,630	310	3,163	100	C0 002	
OKLAHOMA OKLAHOMA CITY OFFICE OF THE STATE MEDICAL EXAMINER, UNIV. OF OKLA. MED. CTR.	J. L. LUKE	700	150	1,500	2,800	C1 001	
PENNSYLVANIA PHILADELPHIA OFFICE OF THE MEDICAL EXAMINER	M. E. ARNOLDSON	1,441	352	1,682	91	C1 002	
PUERTO RICO SAN JUAN INSTITUTE OF LEGAL MEDICINE, UNIVERSITY OF PUERTO RICO	R. A. MARCIAL-ROJAS	1,991	110	1,607	30	C1 001	
SOUTH CAROLINA CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA	G. R. HENNIGAR	159	54	600	163	C1 002	9,000
TENNESSEE MEMPHIS UNIVERSITY OF TENNESSEE-INSTITUTE OF PATHOLOGY	J. T. FRANCISCO	410	105	3,264		C2 002	14,000
TEXAS DALLAS OFFICE OF THE COUNTY MEDICAL EXAMINER	C. S. PETTY	1,286	346	6,252		C1 003	9,000
GALVESTON OFFICE OF THE GALVESTON COUNTY MEDICAL EXAMINER	R. V. BUCKLIN	393	28	1,543	20	C1 001	8,604
UTAH SALT LAKE CITY OFFICE OF STATE MEDICAL EXAMINER-UNIVERSITY OF UTAH MEDICAL CENTER	J. T. WESTON	337	43	864	63	C1 001	18,000
VIRGINIA RICHMOND MEDICAL COLLEGE OF VIRGINIA	G. T. MANN	1,972	405	3,094	1,350	C2 003	10,000

## 18. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, and the Subspecialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics.

## 19. 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.

Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered Newborn 1972-1973		Annual Salary (Min.)	NIRMP Number
				Pre- mature Yr.	All Yrs.		
UNITED STATES AIR FORCE							
CALIFORNIA DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	C. J. BEAUCHAMP	34	1,224	41,211	020 03	006	
MISSISSIPPI U.S.A.F. MEDICAL CENTER, BILGXI	F. R. STONE, JR.	23	1,385	44,308	017 C2	006	
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	H. H. JOHNSON	26	1,179	42,000	021 C4	012	
UNITED STATES ARMY							
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	J. L. STEWART, JR.	10	668	19,556	012 C3	005	100480
COLORADO FITZSIMONS GENERAL, DENVER	D. C. PLUNKET	20	2,272	69,813	C4	012	100480
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	F. C. BIEHUSEN	44	1,517	29,008	015 C4	008	100480

18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	A. D. C. Newborn Pre- mature	Positions Offered 1972-1973 1st Yrs. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY - CONTINUED								
HAWAII TRIPLER GENERAL, HONOLULU	J. W. BASS	23	1,462	33,717	036	04 009		100480
TEXAS								
WILLIAM BEAUMONT GENERAL, EL PASO	L. M. HEBERTSON	21	1,578	70,450	021	04 008		100480
BROOKE GENERAL, SAN ANTONIO	J. M. LOURD	46	2,677	40,716	014	04 008		100480
WASHINGTON								
MADIGAN GENERAL, TACOMA	R. G. SCHERZ	20	1,253	83,550	025	04 011		100480
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	J. W. HAYES	21	1,365	19,359	012	03 008		181380
NAVAL, SAN DIEGO	J. E. SCHANBERGER	40	2,193	55,111	048	05 013		181480
MARYLAND								
NAVAL, BETHESDA	D. W. BAILEY	29	2,066	30,078		04 009		182380
MASSACHUSETTS								
NAVAL, CHELSEA	A. E. BAGGETT, JR.	12	736	12,536	010	02 006		182580
PENNSYLVANIA								
NAVAL, PHILADELPHIA	W. M. BASON	13	821		011	03 005		183180
VIRGINIA								
NAVAL, PORTSMOUTH	J. L. HUGHES	25	656	41,234	050	04 012		183280
OTHER FEDERAL								
CANAL ZONE								
GORGAS, BALBOA HEIGHTS	D. HIRSCHL	15	763	7,466	013	01 002	11,386	180680
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. BENTON	47	2,972	44,768		08 018	8,200	100780
CHILDREN'S UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		4	295	2,948		062		
FAIRFIELD LLOYD MCLANE	G. C. MC CULLOUGH	20	881	22,683	009	02 004	11,400	100880
MOBILE MOBILE GENERAL	E. A. DUDLEY, JR.	13	835	5,741	030	03 006	9,240	185280
ARIZONA								
PHOENIX GOOD SAMARITAN	H. W. LIPON	27	2,882	4,214	051	03 006	10,200	101180
MARICOPA COUNTY GENERAL	R. S. GANELIN	27	564	15,607	024	04 009	10,795	189880
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	M. L. COHEN	46	3,099	4,488	031	03 006	10,200	101280
TUCSON UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	V. A. FULGINITI	18	860	14,561		10 018	10,170	101580
PIMA COUNTY GENERAL		33	2,442	1,615		035		
TUCSON MEDICAL CENTER UNIVERSITY								
ARKANSAS								
LITTLE ROCK UNIVERSITY	R. E. MERRILL	66	3,862	23,600	030	05 015	7,000	101880
CALIFORNIA								
DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS								
SACRAMENTO MEDICAL CENTER (SACRAMENTO)	R. S. STEMPFEL, JR.	30	2,235	22,146	010	04 008	10,344	104680
FRESNO VALLEY MEDICAL CENTER OF FRESNO	J. F. MC KENNA	30	1,358	9,820	023	03 005	13,416	102280
LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	R. F. CHINNOCK					04 007		102480
LOMA LINDA UNIVERSITY	R. F. CHINNOCK	18	1,374	14,500	010		9,970	
RIVERSIDE GENERAL (RIVERSIDE)	R. L. TOMPKINS	19	931	5,900	015		10,649	
LONG BEACH MEMORIAL HOSPITAL OF LONG BEACH	SEE UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., GRANGE							
LOS ANGELES CEDARS-SINAI MEDICAL CENTER								
CECARS OF LEBANON HOSPITAL DIVISION	B. KAGAN	34	1,813	6,915	034	03 007	12,000	103080
CHILDRENS HOSPITAL OF LOS ANGELES	J. S. APTHORP	128	6,167	41,065		06 033	9,000	103180
KAISER FOUNDATION	M. R. BROOY	33	3,064		045	04 007		205580
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. P. ALLEN	88	4,880	123,000	156	18 042	13,656	103380
MARTIN LUTHER KING, JR. GENERAL	R. E. GREENBERG					08 019		205780
U. C. L. A.	A. MOSS	52	2,493	21,555	025	08 014	8,900	195680
WHITE MEMORIAL MEDICAL CENTER	N. S. NATION	27	1,659	7,290	020	02 004	10,800	104080
CALIFORNIA								
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	R. GERDSEN, E. DUFFIE, JR.	99	7,308	58,997	023	08 015	10,194	193980
HIGHLAND GENERAL	A. HATOFF	12	579	6,454				
KAISER FOUNDATION	E. J. SCHON	19	2,065	88,341	021	03 005	9,980	104280



## 18. PEDIATRICS - Continued

CALIFORNIA - CONTINUED	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973			Annual Salary (Min.)	NIRMP Number	
					A. D. C. Newborn Pre- mature	1st Yr.	All Yrs.			
ORANGE										
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	T. L. NELSON					10	020		20878C	
ORANGE COUNTY MEDICAL CENTER	T. L. NELSON	32	1,462	12,398	032		13,000			
CHILDRENS HOSPITAL OF ORANGE COUNTY	M. J. CARSON	72	5,129	8,056	002					
MEMORIAL HOSPITAL OF LONG BEACH (LONG BEACH)	H. W. ORME	28	2,223	2,765	030		11,200			
RIVERSIDE										
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPS., LOMA LINDA									
SACRAMENTO										
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS									
SAN DIEGO										
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. L. NYHAN	35	1,743	60,000	018	09	022	8,900	10498C	
SAN FRANCISCO										
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	S. T. GIAMMONA	30	2,198	14,703	028	04	007	9,900	10508C	
KAISER FOUNDATION	H. R. SHINEFIELD	21	1,493	86,328	033	02	005	5,500	19598C	
MOUNT ZION HOSPITAL AND MEDICAL CENTER	R. GROSS, C. ERRANTE	16	1,171	8,343	021	03	006	9,760	10548C	
ST. MARY'S HOSPITAL AND MEDICAL CENTER	B. COHN	38	1,686	10,380	016	03	006	9,000	10578C	
UNIVERSITY OF CALIFORNIA PROGRAM H. C. McFERRITT-UNIVERSITY OF CALIFORNIA HOSPITALS	M. M. GRUMBACH	48	2,535	16,045	028		12	020	21258C	
SAN FRANCISCO GENERAL	M. GROSSMAN	12	678	17,705	016			8,900	9,921	
SAN JOSE										
SANTA CLARA VALLEY MEDICAL CENTER	J. R. MALCNEY	32	1,415	14,655	016	01	002	10,524	10638C	
SANTA CLARA										
KAISER FOUNDATION	B. L. DONG	21	1,855		035	02	003		21358C	
STANFORD										
STANFORD UNIVERSITY	H. C. SCHWARTZ	40	1,857	9,721	040	09	018	8,480	18208C	
STOCKTON										
SAN JOAQUIN GENERAL	W. X. WEST	13	712	5,271	012	01	002	10,386	10218C	
TORRANCE										
LOS ANGELES COUNTY HARBOR GENERAL	J. ST. GEME	56	262	14,888	46	10	020	13,656	10678C	
COLORADO										
DENVER										
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	C. H. KEMPE						19	037	10768C	
UNIVERSITY OF COLORADO MEDICAL CENTER	C. H. KEMPE	27	1,655	37,200	025			9,200		
CHILDREN'S	A. SILVERMAN	93	9,582	32,536	025			9,200		
DENVER GENERAL	H. UMLAUF	24	1,399	11,535						
CONNECTICUT										
HARTFORD										
HARTFORD	F. J. FLYNN, JR.	51	7,866	4,671	057	02	008	9,800	10838C	
ST. FRANCIS	W. E. HART	35	2,694	9,146	010	03	007	7,800	10858C	
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	M. MARKOWITZ						06	009	10948C	
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COCK DIVISION		14	721	8,269	029			9,720		
NEW BRITAIN GENERAL (NEW BRITAIN)										
NEW BRITAIN										
NEW BRITAIN GENERAL	SEE UNIV. OF CONNECTICUT AFFIL. HOSPS., HARTFORD									
NEW HAVEN										
HOSPITAL OF ST. RAPHAEL	C. S. CULOTTA		1,763	1,454		03	006	10,450	10908C	
YALE-NEW HAVEN MEDICAL CENTER	C. D. COOK	69	3,906	16,159	071	10	016	10,450	10898C	
YALE-NEW HAVEN										
DELAWARE										
WILMINGTON										
WILMINGTON MEDICAL CENTER	H. ROSENBLUM	92	5,602	9,755	076	06	014	9,900	10998C	
DISTRICT OF COLUMBIA										
WASHINGTON										
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	D. W. DELANEY	74	4,118	67,947	018	03	026	10,500	10708C	
DISTRICT OF COLUMBIA GENERAL	T. E. REICHELDERFER	57	1,852	43,755	078	07	017	10,710	17998C	
FREEDMEN'S	R. B. SCOTT	21	1,007	4,595	034	03	008	10,700	21938C	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	C. E. HOLLERMAN						10	020	18598C	
GEORGETOWN UNIVERSITY		20	1,274	5,832	030			10,000		
COLUMBIA HOSPITAL FOR WOMEN					030					
PROVIDENCE		23	2,100	2,200	030					
ARLINGTON (ARLINGTON, VA.)		16	1,463	700	016					
FLORIDA										
GAINESVILLE										
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	E. M. AYOUB	60	2,633	8,617		08	016	7,700	18248C	
JACKSONVILLE										
JACKSONVILLE HOSPITALS										
EDUCATIONAL PROGRAM	S. LEVIN						16	026	8,600	22138C
BAPTIST MEMORIAL	M. A. PRICE	35	2,848	1,058	021					
ST. LUKE'S	J. MOSS, S. LEVIN	20	751		014					
ST. VINCENT'S										
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. LEVIN	31	1,445	10,786	037					
MIAMI										
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS										
JACKSON MEMORIAL	W. CLEVELAND	55	1,653	14,514	154	06	015	9,800	11048C	
VARIETY CHILDREN'S	M. S. ELBUALY, L. CASON	64	3,781	5,805		06	013	8,850	11108C	

## 18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973			Annual Salary (Min.)	NIRMP Number
					A. D. C. Newborn Pre-mature	1st Yr.	All Yrs.		
FLORIDA - CONTINUED									
PENSACOLA PENSACOLA EDUCATIONAL PROGRAM	J. H. WHITCOMB, R. BELL	12	1,092	356	018	004	10,200	182680	
BAPTIST SACRED HEART UNIVERSITY		37	3,365	297	015				
		9	132	3,668	005				
TAMPA TAMPA GENERAL	S. L. WOLFSON	48	3,019	1,236	060	006	8,925	110980	
GEORGIA									
ATLANTA EMORY UNIVERSITY AFFILIATED HOSPITALS	R. W. BLUMBERG	43	1,636	9,462	119	021	8,400	111380	
GRADY MEMORIAL HENRIETTA EGLESTON HOSPITAL FOR CHILDREN									
AUGUSTA MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. K. BROWN	19	532	12,221	C3	011	8,100	222380	
EUGENE TALMADGE MEMORIAL UNIVERSITY		31	2,234	1,570					
HAWAII									
HONOLULU KAUIKEGLANI CHILDREN'S	S. J. BINTLIFF	45	3,741	10,000	014	011	10,500	172480	
ILLINOIS									
CHICAGO CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	A. GROSSMAN	39	1,678	4,008	015	005	9,700	114480	
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	I. ROSENTHAL	234	11,503	102,499	161	056	10,900	112780	
COOK COUNTY ILLINOIS MASONIC MEDICAL CENTER	J. L. BRAUDD	480	17,599	20,271	025	006	10,000	113780	
MERCY HOSPITAL AND MEDICAL CENTER	V. LG PRIORE	48	2,458	11,449	025	010	10,200	114180	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	J. L. BRAUDD	61	6,989	77,883	053	021	10,850	114280	
NORTHWESTERN UNIVERSITY MEDICAL CENTER	H. L. NADLER	97	2,990	40,800	5,6	054	11,000	184280	
CHILDREN'S MEMORIAL					C				
PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. R. CHRISTIAN	77	3,314	60,861	056	015	9,946	114780	
UNIVERSITY OF ILLINOIS	A. DORFMAN	84	2,049	29,815	044	015	10,000	116080	
MAYWOOD LOYOLA UNIVERSITY	I. SCHULMAN	53	2,131	21,330	35	017	10,560	115080	
PEORIA ST. FRANCIS	D. YI-YUNG HSIA	15	730	3,165	9	006	9,600	117080	
	W. H. ALBERS	69	2,376	14,110	063	004	8,200	117580	
INDIANA									
INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER	M. GREEN	58	2,117	8,847	07	015	9,500	227380	
INDIANA UNIVERSITY HOSPITALS MARION COUNTY GENERAL				11,886					
METHODIST HOSPITAL OF INDIANA	G. ROSENBERG	117	9,190	4,857	C3	007	10,600	118880	
IOWA									
DES MOINES IOWA METHODIST (RAYMOND BLANK MEMORIAL HOSPITAL FOR CHILDREN)	L. WINTERMEYER	29	3,449	8,360	012	006	9,600	120180	
IOWA CITY UNIVERSITY OF IOWA HOSPITALS	D. L. DLAPHY	50	2,264	16,526	035	012	9,500	120380	
KANSAS									
KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	H. C. MILLER	54	1,682	27,661	024	018	10,000	120880	
KENTUCKY									
LEXINGTON UNIVERSITY	W. E. WHEELER	65	3,211	16,902	C32	011	8,000	230380	
LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	D. R. MAC MILLAN	60	3,655	24,597	015	019	7,600	121780	
CHILDREN'S LOUISVILLE GENERAL		14	686	12,237			8,100		
LOUISIANA									
NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA LOUISIANA STATE UNIVERSITY DIVISION	R. FOWLER	122	2,359	3,673	056	017	7,800	122480	
TULANE UNIVERSITY DIVISION	H. C. SHIRKEY	117	2,129	3,984	054	020	7,800	232080	
SHREVEPORT CONFEDERATE MEMORIAL MEDICAL CENTER	J. A. LITTLE	51	1,943	2,510	038	006	7,800	123280	
MAINE									
PORTLAND MAINE MEDICAL CENTER	G. E. HALLETT	23	917	4,480	025	002	8,505	123680	
MARYLAND									
BALTIMORE BALTIMORE CITY HOSPITALS	H. E. HARRISON	49	1,530	36,795	051	012		123780	
JOHNS HOPKINS	R. E. COOKE	84	3,036	88,857	022	033	9,500	124280	
JOHN F. KENNEDY INSTITUTE	R. H. A. HASLAM	35	300	4,000			9,500		
MERCY	S. H. WALKER	25	1,821	6,926	016	004	10,500	124580	
SINAI HOSPITAL OF BALTIMORE	E. KAPLAN	28	1,795	14,659	046	012	10,700	124980	
UNIVERSITY OF MARYLAND	M. CORNBLOTH	29	953	7,666	035	025	11,100	125280	



## 18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	A. D. C. Newborn Pre- mature	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW HAMPSHIRE HANOVER MARY HITCHCOCK MEMORIAL	R. C. STARRS	4	233	5,209	004	01	002	8,000	137780
NEW JERSEY CAMDEN COOPER JERSEY CITY JERSEY CITY MEDICAL CENTER	R. M. BERNARDIN, C. TYLER	39	627	5,717	036	01	002	10,000	138080
LONG BRANCH MONMOUTH MEDICAL CENTER	J. P. CLARRAN	150	8,600	21,350	100	06	010	9,500	139080
NEPTUNE JERSEY SHORE MEDICAL CENTER - FITKIN	W. C. ELLIS	28	2,535	4,311	030	03	008	11,000	139280
NEWARK MARTLANC NEWARK BETH ISRAEL MEDICAL CENTER	A. P. DE SPIRITO	40	3,517	3,522	26	02	004	8,100	139580
ST. MICHAEL'S MEDICAL CENTER UNITED HOSPITALS MEDICAL CENTER - CHILDREN'S HOSPITAL OF NEWARK	F. C. BEHRLE	43	1,701	26,330	065	05	027	11,300	139580
PLAINFIELD MUHLENBERG	M. FISCHMAN R. DELFINO	47 46	1,838 2,069	1,422 5,484	023 049	04 03	008	10,800 10,300	139780 139980
	R. H. RAPKIN	37	1,276	3,420	012	07	016	10,500	187280
	P. A. WINKLER	35	2,332	3,554	033	03	006	8,300	140780
NEW MEXICO ALBUQUERQUE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS BATAAN MEMORIAL BERNALILLE COUNTY MEDICAL CENTER	E. A. MORTIMER, JR. P. M. EICHER E. A. MORTIMER, JR.	10 24	274 1,145	17,040 19,448	005 020	05	012	7,350 8,032	196280
NEW YORK ALBANY ALBANY MEDICAL CENTER	I. H. PORTER	22	1,248	4,952	025	04	009	9,600	141480
BUFFALO S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS CHILDREN'S HOSPITAL OF BUFFALO EDWARD J. MEYER MEMORIAL	J. A. CORTNER J. A. CORTNER H. P. STAUB	158 30	112,019 1,439	71,255 28,173	049 009	12	026	9,500 10,600	196580
EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWS DIV.	P. J. COLLIPP	75	3,239	45,293	055	07	022	10,112	144880
MANHASSET NORTH SHORE NEW HYCE PARK LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM LONG ISLAND JEWISH MEDICAL CENTER	SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY					08	022	11,000	196380
QUEENS HOSPITAL CENTER (NEW YORK CITY)	P. LANZKOWSKY A. ABALLI	24 37	1,808 1,291	8,300 19,523	045 033				
NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE LINCOLN	L. FRAAD L. FRAAD L. FRAAD A. EINHORN	88 30	3,245 1,618	78,025 5,184	078 026	16	030		193180
BETH ISRAEL MEDICAL CENTER BRONX-LEBANON HOSPITAL CENTER BROOKDALE HOSPITAL CENTER BROOKLYN - CUMBERLAND MEDICAL CENTER	S. BLATMAN M. DAVIDSON R. GGLINKO P. R. SCAGLIONE	37 50 38 50	1,490 2,026 1,020 1,366	36,944 34,546 16,568 23,091	042 058 060 077	08 07 05 09	016 019 010 024	11,000 10,500 11,600 11,000	147080 147180 141980 142080
CORNELL COOPERATING HOSPITALS NEW YORK NORTH SHORE (MANHASSET) FRENCH AND POLYCLINIC MEDICAL SCHOOL - ST. CLARE'S FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER ST. CLARE'S HOSPITAL AND HEALTH CENTER	W. W. MC GRORY H. P. GOLDBERG E. M. DI TOLLA	85 29 8	2,068 2,019 463	30,365 7,756	120 035	09 03	018 007	11,200 12,000	146680 146780
HARLEM HOSPITAL CENTER JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN GREENPOINT LENGX HILL LONG ISLAND COLLEGE LUTHERAN MEDICAL CENTER MAIMONIDES MEDICAL CENTER TRAINING PROGRAM MAIMONIDES MEDICAL CENTER CONEY ISLAND METHODIST HOSPITAL OF BROOKLYN MISERICORDIA - FORCHAM TRAINING PROGRAM MISERICORDIA FORDHAM MONTEFIORE HOSPITAL TRAINING PROGRAM MONTEFIORE HOSPITAL AND MEDICAL CENTER MORRISANIA CITY MOUNT SINAI HOSPITAL TRAINING PROGRAM MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST	E. J. KAHN C. V. PRYLES E. A. DAVIES J. R. BONGIORNO N. CHIARA H. A. JOOS F. FELDMAN H. GHADIMI W. R. STANKEWICK L. FINBERG	67 53 20 28 41 26 40 34 34 34 52 49 39 63 42	2,157 1,714 791 1,543 2,387 1,146 5,904 1,082 1,179 1,654 2,053 2,151 1,433 2,821 2,051	29,179 8,499 42,957 9,071 20,902 18,532 9,217 18,842 7,154 4,095 68,598 28,138 69,048 14,433 44,587	067 078 026 031 035 025 064 017 042 043 029 10 030	08 10 04 06 03 02 02 06 06 06 02 02 06 05	025 024 007 008 006 022 022 014 014 018 027	11,000 11,000 12,000 11,000 9,500 11,000 11,000 9,500 12,000 11,500 11,000 11,000 11,000 11,000 11,000	147880 142580 11,000 148380 142780 143080 142880 9,500 142980 146880 146780 146780 149080 149180

## 18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	A. D. C. Newborn Pre- mature	Positions Offered 1972-1973 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	E. WASSERMAN					10 018		14738C
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		64	3,618	3,865	042			
UNIT 2 - METROPOLITAN		124	4,231	69,009	052			
NEW YORK UNIVERSITY MEDICAL CENTER	S. KRUGMAN					15 C31		14648C
BELLEVUE HOSPITAL CENTER	S. KRUGMAN, S. N. COHEN	87	1,713	23,949	016			
UNIVERSITY	S. KRUGMAN, S. Q. COHLAN	25	1,033		021			
PRESBYTERIAN (BABIES)	G. W. MELLIN	138	5,323	45,870	079	1C	11,250	14958C
QUEENS HOSPITAL CENTER	SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK							
ROOSEVELT	E. JCYNER, A. ANASTASIADES	46	1,564	47,654	038	C1 011	9,800	14968C
ST. LUKE'S HOSPITAL CENTER	S. S. STEVENSON	45	1,232	35,000	055	C4 008	11,300	149980
ST. VIACENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	V. J. FONTANA	39	3,430	4,136	C38	C4 008	9,500	15008C
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	A. A. CLAPS	50	2,023	5,105	C37	C2 004	11,300	15148C
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. T. LANMAN					17 052		14268C
KINGS COUNTY HOSPITAL CENTER		197	4,292	175,592	103			
STATE UNIVERSITY		24	721	14,082	013		11,000	
STATEN ISLAND	F. X. GILSTRA	19	1,251	4,357	030	C2 005	11,200	15158C
ROCHESTER								
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM	R. J. HAGGERTY					11 02C		15178C
GENESEE	C. B. LILLIBRIDGE	21	1,784	3,976	031		9,500	
ROCHESTER GENERAL	G. MILLER	17	1,227	3,459	036		9,500	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	R. J. HAGGERTY	77	3,929	16,668	025			
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	M. L. VOORHESS, G. LAMB					C8 015	10,400	15168C
ARCUSE IRVING-MEMORIAL	G. LAMB	12	650		045			
STATE UNIVERSITY	M. VOORHESS, G. LAMB	14	759	2,180				
VALHALLA								
GRASSLANDS	P. B. FARNSWORTH	38	773	5,344	C05	C3 006	11,280	15218C
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	F. W. DENNY	24	881	8,027	C20	C6 013		19008C
CHARLOTTE								
CHARLOTTE MEMORIAL	J. C. PARKE, JR.	24	1,098	13,952	C56	C2 004	9,300	15278C
DURHAM								
DUKE UNIVERSITY MEDICAL CENTER	S. L. KATZ	41	1,651	16,560	C14	C8 014		15298C
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	W. KELSEY	14	726	3,464	C3C	C4 011	8,000	15378C
OHIO								
AKRON								
CHILDREN'S HOSPITAL OF AKRON	J. D. KRAMER	86	5,047	10,505	C21	C8 02C	9,600	18958C
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	E. L. PRATT					22 04E		15488C
CHILDREN'S		96	5,071	6,720	030		8,800	
CINCINNATI GENERAL		26	1,106	14,101	064		8,800	
GOOD SAMARITAN								
HOSPITAL-COMMUNITY PEDIATRIC PROGRAM	D. J. FRANK	85	4,238	7,763	C68		9,660	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	L. W. MATTHEWS					17 029		270680
CLEVELAND METROPOLITAN GENERAL UNIVERSITY HOSPITALS OF	R. SCHWARTZ	52	2,501	47,353	059		10,000	
CLEVELAND	L. W. MATTHEWS	58	2,786	22,557	C61		10,500	
CLEVELAND CLINIC	R. D. MERCER	14	795	7,493	02	006	9,500	196880
MOUNT SINAI HOSPITAL OF								
CLEVELAND	E. E. SMITH	26	1,960	4,735	C36	C3 006	10,500	15578C
ST. LUKE'S	R. O. WALTON	31	2,186	5,858	02	004	9,500	15608C
COLUMBUS								
OHIO STATE UNIVERSITY COLLEGE OF MEDICINE								
CHILDREN'S	B. D. GRAHAM	260	10,853	128,602	C30	12 021	7,700	15668C
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. REJENT					C6 014	10,200	15798C
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. REJENT	20	1,277	5,549	C04			
MERCY	E. G. BROOKFIELD	36	2,645	3,134	049			
ST. VINCENT HOSPITAL AND MEDICAL CENTER	E. PIKE	39	2,749	8,673	031			
TOLEDO	J. C. ROBERTS	38	3,019	2,033	C59			
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HOSPITALS	H. D. RILEY, JR.	84	3,750	28,460	040	020	8,000	15888C
TULSA								
TULSA PEDIATRIC EDUCATIONAL TRUST	G. LUGO					C6 012	9,600	272980
HILLCREST MEDICAL CENTER	S. J. ADELSON	34	2,100	5,100	032		9,600	
ST. FRANCIS	B. J. MAGUIRE	29	2,430		035			
ST. JOHN'S	C. COOPER, I. BRAVERMAN	41	1,266	2,941	03C		9,600	
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS								
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. OLMSTED	28	2,980	28,341	028	C6 014	6,600	15998C

18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	A. D. C. Newborn Pre- mature	Positions Offered 1972-1973 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA								
DARBY								
THOMAS M. FITZGERALD MERCY	SEE MERCY CATHOLIC MED. CTR., PHILADELPHIA							
HARRISBURG								
HARRISBURG	R. D. BALTZ	39	1,811	6,810	051 C2	004	10,380	161480
HARRISBURG POLYCLINIC	J. M. GARFUNKEL	37	2,574	7,080	028 C2	004	11,000	161580
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	N. M. NELSON					C3 005		161780
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	A. W. ROOT	25	1,519	2,996	075 C2	004	10,100	163180
CHILDREN'S HOSPITAL OF PHILADELPHIA	D. CORNFELD	121	6,917	60,726		11 017	9,600	186380
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	E. SHAHEEN	32	544	12,188	C26 C4	008		162780
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. A. HOWELL	26	1,265	15,700	025 C5	016		184980
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	L. BARNES	7	427	8,066	044 C1	004	10,650	162880
MERCY CATHOLIC MEDICAL CENTER MISERICORDIA	A. R. HERVADA	21	1,409		01	002	10,000	163680
THOMAS M. FITZGERALD MERCY (DARBY)		26	2,232			013		
PHILADELPHIA GENERAL	W. S. WARREN	47	1,301	35,448	C35 C6	012	9,500	164080
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	V. C. VAUGHAN, 30.					C4 026	5,800	164680
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN		116	6,112	81,008		034		
TEMPLE UNIVERSITY								
THOMAS JEFFERSON UNIVERSITY	R. L. BRENT	14	532	10,063	045 C6	014	10,300	163080
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	T. K. OLIVER, JR.					18 033	10,000	165280
CHILDREN'S HOSPITAL OF PITTSBURGH		78	3,015					
MAGEE-WOMENS								
PUERTO RICO								
MAYAGUEZ								
MAYAGUEZ MEDICAL CENTER	G. CARDONA	44	1,178	2,178	027 C5	013	6,600	
PONCE								
PONCE DISTRICT GENERAL	M. A. LOPEZ-RODRIGUEZ	112	3,367	12,157	035 C4	008	6,600	
SAN JUAN								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	J. F. JIMENEZ	59	2,190	7,161	062 12	026	7,875	
UNIVERSITY DISTRICT	A. ORITZ, P. R. JAUNARENA	73	869	14,373	004 10	026	7,875	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	B. FEINBERG	38	1,696	7,030		05 011	9,400	167780
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	M. WESTPHAL	25	3,043	17,530	028 C4	008		168080
MEDICAL UNIVERSITY OF SOUTH CAROLINA								
COLUMBIA								
COLUMBIA HOSPITAL OF RICHLAND COUNTY	S. N. WESTON	16	826	2,263	016 C2	003	8,400	168180
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER	H. MASSOUD	51	4,197	22,829	010 C3	008	8,700	168980
T. C. THOMPSON CHILDREN'S								
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	H. S. CHRISTIAN	7	2,654	2,403	004 C2	004	7,980	183980
MEMPHIS								
ST. JUDE CHILDREN'S RESEARCH ST. JOSEPH	D. PINKEL	17	703	14,156	C22 C4	012	8,000	169880
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	H. D. JOHNSON	12	1,003	1,309			7,000	
CITY OF MEMPHIS HOSPITALS LE BONHEUR	J. G. HUGHES	72	2,495	20,070	066	10 021	6,600	281580
NASHVILLE								
BAPTIST	E. L. BISHOP, JR.	11	662	892	C29 C2	003	10,200	169980
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	E. P. CRUMP	22	804	14,278		02 006	9,000	282180
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	D. T. KARZON	5	301	4,167	39 C6	011	8,500	170280
NASHVILLE METROPOLITAN GENERAL VANDERBILT UNIVERSITY	J. P. MOSS, JR. D. T. KARZON	38	2,713	9,439		027		
TEXAS								
CORPUS CHRISTI								
DRISCOLL FOUNDATION CHILDREN'S	J. M. SLAN	69	2,636	26,920	003 C6	012	9,600	170380
DALLAS								
CHILDREN'S MEDICAL CENTER	H. F. EICHENWALD			43,340		14 026	8,400	195580
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	C. W. DAESCHNER	95	2,903	21,106	028 C8	016	8,400	171480

## 18. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Positions Offered			Annual Salary (Min.)	NIRMP Number
					Newborn Pre-mature	1972-1973 1st Yr.	1973 All Yrs.		
TEXAS - CONTINUED									
HOUSTON									
BAYLOR COLLEGE AFFILIATED HOSPITALS									
BEN TAUB GENERAL	R. J. BLATTNER					18	035	7,500	171680
HERMANN	R. J. BLATTNER	37	1,561	47,167					
JEFFERSON DAVIS	R. J. BLATTNER	7	441	4,300	053				
METHODIST	E. B. BRANDES	122	7,787						
TEXAS CHILDREN'S	R. J. BLATTNER		4	24,495					
SAN ANTONIO									
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS									
BEXAR COUNTY TEACHING	S. E. CRAWFORD	62	2,303	9,108	063	C7	017	8,100	172280
SANTA ROSA MEDICAL CENTER	H. BRITTON	207	10,244	8,221					
UTAH									
SALT LAKE CITY									
UNIVERSITY OF UTAH AFFILIATED HOSPITALS									
UNIVERSITY	M. E. LAHEY					C5	011	8,900	173280
LATTER-DAY SAINTS	M. E. LAHEY	26	1,377	7,311	018				
PRIMARY CHILDREN'S	M. E. LAHEY	102	8,289	31,709	047				
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	F. A. ZITER	42	258	1,749					
VERMONT									
BURLINGTON									
MEDICAL CENTER HOSPITAL OF VERMONT	R. J. MC KAY, JR.	38	2,960	8,977	030	C2	005	8,100	173480
VIRGINIA									
ARLINGTON									
ARLINGTON									
SEE GEORGETOWN UNIV. AFFIL. HOSPITALS, WASHINGTON, D.C.									
CHARLOTTESVILLE	W. G. THURMAN	17	1,080	11,172	C27	C6	013	7,260	173780
UNIVERSITY OF VIRGINIA									
NORFOLK									
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS	M. A. WARFIELD	62	4,067	28,958	039	C3	007	10,500	173880
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY									
M.C.V. AFFILIATED HOSPITALS	W. E. LAUPUS	88	3,925	44,635	C67	C8	022	7,260	174380
MEDICAL COLLEGE OF VIRGINIA HOSPITALS									
WASHINGTON									
SEATTLE									
UNIVERSITY OF WASHINGTON									
AFFILIATED HOSPITALS									
CHILDREN'S ORTHOPEDIC HOSPITAL	R. J. WEDGWOOD					15	031		191880
AND MEDICAL CENTER	J. M. DOCTER	130	9,248	59,362				9,200	
HARBORVIEW MEDICAL CENTER	N. J. SMITH	6	277	8,456					
UNIVERSITY	R. J. WEDGWOOD	18	1,045	14,546	023			7,704	
WEST VIRGINIA									
CHARLESTON									
MEMORIAL	H. H. POMERANCE	34	2,252	4,694	027	C2	004	7,860	190280
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. G. KLINGBERG	41	1,681	8,532	C13	C3	009	9,000	183780
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN									
AFFILIATED HOSPITALS									
UNIVERSITY HOSPITALS	C. C. LOBECK	35	1,100	15,856	005	C6	012	9,500	177980
MADISON GENERAL	C. C. LOBECK								
ST. MARYS HOSPITAL MEDICAL CENTER	S. N. GRAVEN	26	2,297						
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN									
AFFILIATED HOSPITALS	J. C. PETERSON	87	5,296	38,479		11	019	10,000	178480
MILWAUKEE CHILDREN'S		20	971	6,785	039			10,000	
MILWAUKEE COUNTY GENERAL									

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 through affiliation with a fully approved program.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Positions Offered			Annual Salary (Min.)	NIRMP Number
					Newborn Pre-mature	1972-1973 1st Yr.	1973 All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION									
CONNECTICUT									
NORWALK									
NORWALK	B. GROSSMAN	31	3,125	700	023	C2	004	5,000	109380
WATERBURY									
WATERBURY	P. WARREN	25	1,923	719	022	C1	002	10,100	109780
ILLINOIS									
CHICAGO									
NORTHWESTERN UNIVERSITY MEDICAL CENTER									
EVANSTON (EVANSTON)	H. F. PHILIPSBORN	21	1,912	1,342	C31	C2	006	11,500	116780
EVANSTON									
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO								

19. PEDIATRICS--Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Pre-mature	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
LOUISIANA BATON ROUGE EARL K. LONG MEMORIAL	L. J. HEBERT	22	903		024	C3	003		122180
MARYLAND BALTIMORE ST. AGNES	F. HELDRICH	27	2,481	1,783	31	C3	008	9,500	124780
MICHIGAN DETROIT MOUNT CARMEL MERCY KALAMAZOO BRUNSON METHODIST	W. C. MCNTGEMERY W. P. BRISTOL	38 50	2,750 2,639	1,847 5,535	040 C40	C0 C2	010 002	11,400 8,700	130280 131480
NEW YORK ALBANY ST. PETER'S COOPERSTOWN MARY IMogene BASSETT NEW YORK CITY FLUSHING HOSPITAL AND MEDICAL CENTER JAMAICA JEWISH MEMORIAL NEW YORK INFIRMARY ST. JOHN'S EPISCOPAL WYCKOFF HEIGHTS	A. MAC CILLAM J. H. CANNON J. N. DE HOFF M. L. BLUMBERG A. T. GOALWIN M. W. WEBER B. H. SHULMAN, R. GARCIA A. N. EDEN	58 6 30 25 13 15 30 44	3,930 232 1,510 1,373 706 567 1,408 1,290	1,945 10,138 2,534 8,331 3,261 3,803 6,811 8,799	044 C05	C02 C01	C06 001	10,000 11,000 9,000 14,498 9,000 14,458 13,560 10,000	141680 144280 144580 144980 148080 143280 143580
OHIO WARREN TRUMBULL MEMORIAL	J. O. VLAD	32	2,773	1,361	C32	C2	C04	10,600	198080
PUERTO RICO SAN JUAN PRESBYTERIAN COMMUNITY	A. J. GARCIA RIVERA	20	1,735	3,000	018	C1	001	8,400	
SOUTH CAROLINA GREENVILLE GREENVILLE GENERAL	R. C. BROWNLEE, JR.	14	864	4,741	C49	C2	003	5,000	168380
TEXAS DALLAS METHODIST HOSPITAL OF DALLAS	F. S. BROOKSALER	19	5,662	1,005	028	C2	C04	9,000	170780
WISCONSIN LA CROSSE LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	R. K. SLUNGAARD	19	1,666	19,654	C05	C1	001	7,200	177480

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.

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES AIR FORCE TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	M. I. MICHELS	36	47,033	C1	002	
NONFEDERAL AND VETERANS ADMINISTRATION ARKANSAS LITTLE ROCK UNIVERSITY	V. H. GORDON	106	2,900	C1	002	7,000
CALIFORNIA LOS ANGELES LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER U. C. L. A. ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER CHILDRENS HOSPITAL OF ORANGE COUNTY SAN DIEGO UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY SAN FRANCISCO KAISER FOUNDATION UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS STANFORD STANFORD UNIVERSITY	Z. H. HADDAD E. R. STIEHM, S. C. SIEGEL T. L. NELSON T. L. NELSON L. CUMMINS, P. KOZAK R. N. HAMBURGER D. F. GERMAN W. C. DEAMER V. A. MARINKOVICH	512 512 67 86 58 1 72	5,208 2,497 971 1,137 484 121,140 3,236 1,989	C1 C2 C1 C1 C2 C1 C1 C2	002 004 002 002 004 002 002 004	15,936 6,000 10,200 8,900 10,100 8,900 7,000



## PEDIATRIC ALLERGY - Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)
				1st Yr.	All Yrs.	
CALIFORNIA - CONTINUED						
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	D. HEINER		3,811	02	004	13,656
COLORADO DENVER CHILDREN'S ASTHMA RESEARCH INSTITUTE AND HOSPITAL UNIVERSITY OF COLORADO MEDICAL CENTER	E. MIDDLETON, JR. D. S. PEARLMAN, E. ELLIS	195	360 2,917	03	006	5,200
DISTRICT OF COLUMBIA WASHINGTON CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA GEORGETOWN UNIVERSITY	W. A. HOWARD C. E. HOLLERMAN	419	5,777 670	02 01	004 001	10,500
FLORIDA GAINESVILLE WILLIAM A. SPANNS TEACHING HOSP. AND CLINICS	H. WITTIG		1,501	01	002	7,700
ILLINOIS CHICAGO MICHAEL REESE HOSPITAL AND MEDICAL CENTER NORTHWESTERN UNIVERSITY MEDICAL CENTER CHILDREN'S MEMORIAL PRESBYTERIAN-ST. LUKE'S	A. ROSENBLUM R. PATTERSON G. LANGFF J. S. HYCE	88	1,893 9,000 1,772	01 02 01	001 004 002	10,850 10,100 11,198
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER-CHILDREN'S MERCY UNIVERSITY OF KANSAS MEDICAL CENTER CHILDREN'S MERCY (KANSAS CITY, MO.)	F. SPEER		3,276 6,561	01	002	9,000 9,000 7,400
KENTUCKY LEXINGTON UNIVERSITY LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS LOUISVILLE GENERAL CHILDREN'S	K. L. GERSON N. I. HANDELMAN	183	1,197 339 7,786	01 01	002 002	8,000 8,100 8,000
LOUISIANA NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	R. FOWLER	65	3,619	01	002	8,400
MARYLAND BALTIMORE UNIVERSITY OF MARYLAND	R. LINDEN		2,400	01	002	11,100
MASSACHUSETTS BOSTON CHILDREN'S HOSPITAL MEDICAL CENTER	H. L. MUELLER		4,182	01	002	
MICHIGAN ANN ARBOR UNIVERSITY DETROIT CHILDREN'S HOSPITAL OF MICHIGAN HENRY FORD	K. P. MATHEWS T. JOOS J. A. ANDERSON	151	4,750 3,106 10,000	02 01 01	004 001 002	9,000 9,300 10,300
MINNESOTA ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	G. B. LOGAN		819	01	002	7,900
ST. PAUL ST. PAUL-RAMSEY	H. D. VENTERS, E. STREM	72	948	01	001	
MISSOURI KANSAS CITY CHILDREN'S MERCY	SEE U. KANS. MED. CNTR.-CHILDREN'S MERCY, KANS. CITY, KANS.					
NEBRASKA OMAHA UNIVERSITY OF NEBRASKA	R. HADLEY		995	01	002	9,000
NEW YORK BUFFALO CHILDREN'S HOSPITAL OF BUFFALO EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	C. E. ARBESMAN N. S. WEISS	40	4,395 2,544	02 01	002	10,112

## PEDIATRIC ALLERGY - Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		
				1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)
NEW YORK - CONTINUED						
NEW YORK CITY						
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	D. MERKSAMER, B. SIEGAL	78	5,521	C1	001	11,000
LONG ISLAND COLLEGE PRESBYTERIAN (BABIES)	L. T. CHIARAMONTE	83	3,648	C1	002	12,000
ROOSEVELT ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	W. R. KESSLER	55	2,880	C1	001	
ROCHESTER	E. N. JOYNER, S. FINE	125	2,051	C3	006	9,800
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	V. J. FONTANA	105	207	C2	002	10,500
NORTH CAROLINA						
DURHAM						
DUKE UNIVERSITY MEDICAL CENTER	S. C. DEES, A. SPOCK	122	3,002	C2	004	6,000
OHIO						
CINCINNATI						
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	J. E. GHORY			C1	002	8,000
CHILDREN'S CINCINNATI GENERAL CONVALESCENT HOSPITAL FOR CHILDREN		101	812			
PENNSYLVANIA						
PHILADELPHIA						
CHILDREN'S HOSPITAL OF PHILADELPHIA	H. I. LECKS	95	2,250	C1	002	7,000
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	L. S. GIRSH	114	3,618	C1	002	9,800
THOMAS JEFFERSON UNIVERSITY PITTSBURGH	H. C. MANSMANN, JR.	60	1,591	C1	002	11,500
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	P. FIREMAN	204	8,702	C1	002	10,000
TENNESSEE						
MEMPHIS						
CITY OF MEMPHIS HOSPITALS (FRANK TOBEY MEMORIAL CHILDREN'S HOSPITAL)	L. CRAWFORD					
TEXAS						
GALVESTON						
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	A. S. GOLDMAN		328	C2	004	8,400
VIRGINIA						
RICHMOND						
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	F. S. MASSIE	231	5,116	C2	003	7,810
WASHINGTON						
SEATTLE						
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER HARBORVIEW MEDICAL CENTER	C. W. BIERMAN	535	5,900	C1	002	6,500
WISCONSIN						
MADISON						
UNIVERSITY HOSPITALS	C. E. REED			C1	002	9,500
MILWAUKEE						
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS MILWAUKEE CHILDREN'S MILWAUKEE COUNTY GENERAL	J. A. ARKINS, R. R. WELLER	10	825	C1	002	11,000
	R. R. WELLER	21	2,366			10,000
	J. A. ARKINS, R. R. WELLER					

## 20. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics and the Sub-Specialty Board of Pediatric Cardiology, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)
NONFEDERAL AND VETERANS ADMINISTRATION							
ARIZONA							
PHOENIX							
GOOD SAMARITAN	M. E. MOLTAN	5	294	1,390	C1	002	11,900
ARKANSAS							
LITTLE ROCK							
UNIVERSITY	W. T. DUNGAN	47	222	932	C1	002	7,000

## 20. PEDIATRIC CARDIOLOGY

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)
					1st Yr.	All Yrs.	
CALIFORNIA							
LOS ANGELES							
CHILDREN'S HOSPITAL OF LOS ANGELES	P. LLRIE	11	504	1,584	C1	002	10,000
U. C. L. A.	F. H. ADAMS	6	284	1,603	C2	005	7,000
OAKLAND							
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	S. M. HIGASHINO	15	526	1,879	C1	002	9,600
SAN DIEGO							
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. F. FRIEDMAN	8	260	940	C1	003	8,900
SAN FRANCISCO							
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	A. M. RUDDLPH			247	C1	005	7,000
STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS STANFORD UNIVERSITY	P. BENARON, R. A. GREENE	1	72	561	C1	002	
COLORADO							
DENVER							
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS UNIVERSITY OF COLORADO MEDICAL CENTER CHILDREN'S	J. J. NCRA J. J. NCRA C. R. HAWES	8	188	1,400	C1	002	10,600
CONNECTICUT							
NEW HAVEN							
YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN	N. TALNER			2,959	C2	004	
DISTRICT OF COLUMBIA							
WASHINGTON							
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	L. P. SCOTT	5	264	1,053	C1	002	10,500
FLORIDA							
GAINESVILLE							
WILLIAM A. SPANOS TEACHING HOSPITAL AND CLINICS	G. L. SCHIEBLER	6	110	776			7,700
GEORGIA							
ATLANTA							
GRADY MEMORIAL	D. BRINSFIELD			1,115	C2	002	6,000
AUGUSTA							
EUGENE TALMADGE MEMORIAL	G. M. FOLGER				C2	004	5,100
ILLINOIS							
CHICAGO							
CHILDREN'S MEMORIAL	M. H. PALL	15	435	2,785	C1	003	11,000
COOK COUNTY	R. A. MILLER	13	398	3,855	C2	005	12,100
PRESBYTERIAN-ST. LUKE'S	H. G. BUCHELERES	10	369	1,129	C1	002	11,198
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	D. E. CASSELS	22	455	1,771	C2	004	10,500
UNIVERSITY OF ILLINOIS	A. R. HASTREITER	6	385	1,511	C2	003	11,220
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY HOSPITALS	G. GIRDD	20	1,246	1,763	C1	002	10,500
IOWA							
IOWA CITY							
UNIVERSITY OF IOWA HOSPITALS	R. M. LAUER	8	465	3,882		002	10,500
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	A. M. DIEHL	10	384	1,257	C1	003	10,500
KENTUCKY							
LOUISVILLE							
CHILDREN'S	K. MINHAS	11	436	2,365	C2	005	8,600
MARYLAND							
BALTIMORE							
JOHNS HOPKINS	R. D. ROWE			1,198	C2	004	5,500
MASSACHUSETTS							
BOSTON							
CHILDREN'S HOSPITAL MEDICAL CENTER	A. S. NADAS	27	1,339	3,260	C5	012	8,500
MICHIGAN							
ANN ARBOR							
UNIVERSITY	A. M. STERN	15	532	1,560	C2	004	9,000
MINNESOTA							
MINNEAPOLIS							
UNIVERSITY OF MINNESOTA HOSPITALS	R. V. LUCAS, JR.	15	890	1,921	C3	007	7,500
ROCHESTER							
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. W. DU SHANE	11	447	2,903	C2	006	7,900

## 20. PEDIATRIC CARDIOLOGY

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973			Annual Salary (Min.)
					1st Yr.	All Yrs.		
MISSOURI								
KANSAS CITY								
CHILDREN'S MERCY	J. R. SASANO, JR.	12	400	36	1,400	01	002	9,500
ST. LOUIS								
ST. LOUIS CHILDREN'S	D. GOLDRING	10	364	31	2,041	02	004	9,500
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER	R. SHAHAR	3	216		628	C1	002	11,100
BUFFALO								
CHILDREN'S HOSPITAL OF BUFFALO	E. C. LAMBERT, P. VLAD	25	512	25	3,184		003	8,700
NEW HYDE PARK								
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM	N. GOOTMAN					C1	002	11,000
LONG ISLAND JEWISH MEDICAL CENTER		7	425	10	400			
QUEENS HOSPITAL CENTER (NEW YORK CITY)		3	200	10	515			
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	G. HAIT					C2	004	
LINCOLN								
MONTEFIORE HOSPITAL TRAINING PROGRAM	D. YCUNG					C1	002	12,500
MONTEFIORE HOSPITAL AND MEDICAL CENTER		6	294	8	1,771			
MORRISANIA CITY		3	57	2	739			
MOUNT SINAI	H. L. HODES, L. STEINFELD	12	200	15	2,200	01	002	11,900
NEW YORK	M. A. ENGLE	10	301	20	1,955	02	004	9,500
NEW YORK UNIVERSITY MEDICAL CENTER	E. F. DOYLE					C2	004	
BELLEVUE HOSPITAL CENTER UNIVERSITY					1,920 150			
PRESBYTERIAN (BABIES) QUEENS HOSPITAL CENTER	G. R. LEVINE SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK					02	004	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	R. RODRIGUEZ-TORRES					02	004	
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY		3	139	11	3,774 1,254			11,000
ROCHESTER								
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	J. A. MANNING	15	334	39	2,309	01	002	
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER CROUSE IRVING-MEMORIAL STATE UNIVERSITY	G. S. HUSSON	6	365	12	4,200	C2	004	8,000
NORTH CAROLINA								
CHAPEL HILL								
UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE								
NORTH CAROLINA MEMORIAL	H. S. HARNED, JR.	8	230	14	1,329	C1	001	10,000
DURHAM								
DUKE UNIVERSITY MEDICAL CENTER	M. S. SPACH	15	430	15	1,927	02	005	7,000
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP CHILDREN'S	S. KAPLAN				55	1,300		
CLEVELAND								
UNIVERSITY HOSPITALS OF CLEVELAND	J. LIEBMAN				646	C2	004	11,500
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HOSPITALS	W. M. THOMPSON, JR.				665		002	8,500
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS								
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	M. H. LEES, C. SUNDERLAND	7	260	22	2,100	01	002	8,000
PENNSYLVANIA								
PHILADELPHIA								
CHILDREN'S HOSPITAL OF PHILADELPHIA	S. FRIEDMAN	18	650	35	2,400	02	005	7,000
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	C. R. E. WELLS	7	224	33	1,291	02	004	5,800
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	J. R. ZUBERBUHLER		415		2,900	C1	003	10,000
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA	A. R. HOHN	12	525	27	1,978	C1	002	8,720

## 20. PEDIATRIC CARDIOLOGY

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973			Annual Salary (Min.)
					1st Yr.	All Yrs.		
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS CITY OF MEMPHIS HOSPITALS	R. C. TIERNEY			1,350	C1	003	6,600	
TEXAS								
DALLAS								
CHILDREN'S MEDICAL CENTER	W. MILLER	9	439	569	C3	003		
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	L. C. HARRIS			583	C1	002	10,200	
HOUSTON								
TEXAS CHILDREN'S	D. G. MC NAMARA	33	1,119	2,700	C4	006	8,000	
VIRGINIA								
CHARLOTTEVILLE								
UNIVERSITY OF VIRGINIA	M. A. CARPENTER	12	249	1,233	C2	002	7,260	
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	C. H. MC CUE	18	573	2,137	C1	002	8,000	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY	W. G. GUNTHEROTH	2	252	756	C1	003	8,000	
WISCONSIN								
MILWAUKEE								
MILWAUKEE CHILDREN'S	W. J. GALLEN, D. FRIEDBERG	7	475	1,247	C1	002	7,500	

## 21. 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.

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1972-1973			Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.			
UNITED STATES ARMY									
CALIFORNIA									
LETTERMAN GENERAL, SAN FRANCISCO	J. L. ROTH	5,932	101,245	13,531	C2	006		100481	
UNITED STATES PUBLIC HEALTH SERVICE									
WASHINGTON									
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV OF WASH AFFILIATED HGSP, SEATTLE								
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. M. MILLER, 3D.				C2	004	12,000	100781	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. M. MILLER, 3D.	567	35,095	270					
VETERANS ADMIN.	W. C. FLEMING	2,021	11,762	210					
TUSKEGEE									
VETERANS ADMIN.	W. J. LEE	1,072	102,187	590	C2	003	8,200	200781	
ARIZONA									
PHOENIX									
GOOD SAMARITAN	J. B. FENGER	5,435	132,012	29,720	C2	006	10,200	101181	
CALIFORNIA									
DAVIS									
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	W. M. FOWLER, JR.	2,082	19,383	1,210	C2	007	10,344	104681	
LONG BEACH									
MEMORIAL HOSPITAL OF LONG BEACH VETERANS ADMIN.	SEE UNIV OF CALIFORNIA (IRVINE) AFFILIATED HGSP, ORANGE P. E. PAGE	3,050	148,732	17,916	05	013	11,905	102781	
LOS ANGELES									
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	E. S. AUSTIN	30,669	144,952	32,369	01	003	13,656	103381	
VETERANS ADMIN. CENTER, WASHGORTH	K. H. HAASE	3,400	184,576	6,100	04	012	11,905	198381	
ORANGE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER MEMORIAL HOSPITAL OF LONG BEACH (LONG BEACH)	J. S. TOBIS				C3	009			

21. PHYSICAL MEDICINE AND REHABILITATION - Continued

	Chief of Service or Program Director	Number of		Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
		Patients Treated	Number of Treatments		1972-1973 1st Yr.	All Yrs.		
CALIFORNIA - CONTINUED								
PALO ALTO VETERANS ADMIN. SACRAMENTO SACRAMENTO MEDICAL CENTER SAN MATEO CRYSTAL SPRINGS REHABILITATION CENTER STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS VETERANS ADMIN. (PALO ALTO) CRYSTAL SPRINGS REHABILITATION CENTER (SAN MATEO)	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD  SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS  SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD  J. C. MCNERO K. E. CARLSON  J. MCNERO	1,470	522,600	19,020	C3	006	12,615 5,260	189981
DENVER UNIVERSITY OF COLORADO MEDICAL CENTER	J. W. GERSTEN	5,522	41,310	41,310	C2	005	9,200	107681
WASHINGTON DISTRICT OF COLUMBIA GEORGETOWN UNIVERSITY VETERANS ADMIN. GEORGE WASHINGTON UNIVERSITY	M. KENRICK A. MASTELLONE M. MCLURAD	3,841 3,186 2,190	15,222 75,014 45,897	7,921 4,515 7,688	C1	003	10,000 9,724	180181 180281
FLORIDA MIAMI VETERANS ADMIN.	H. FREYTES	7,444	147,065	38,312	C5	008	8,975	221981
GEORGIA ATLANTA EMORY UNIVERSITY AFFILIATED HOSPITALS GRADY MEMORIAL EMORY UNIVERSITY VETERANS ADMIN. WARM SPRINGS GEORGIA WARM SPRINGS FOUNDATION GEORGIA REHABILITATION CENTER	M. PESZCZYNSKI M. PESZCZYNSKI S. B. CHYATTE G. C. BERN  R. L. BENNETT, E. HAAK	828 1,536	8,952	697 4,596	C4	012	8,400	111781
ILLINOIS CHICAGO CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO SCHWAB REHABILITATION HOLY CROSS NORTHWESTERN UNIVERSITY MEDICAL CENTER REHABILITATION INSTITUTE OF CHICAGO VETERANS ADMIN. RESEARCH UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS MICHAEL REESE HOSPITAL AND MEDICAL CENTER UNIVERSITY OF ILLINOIS HOSPITAL VETERANS ADMIN. (WEST SIDE)	A. M. ROSENTHAL  8,065 2,297 10,342 44,483  SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD  H. B. BETTS  H. B. BETTS J. S. STRATIGOS  R. R. WASSERMAN  K. H. KOHN D. I. ABRAMSON R. R. WASSERMAN	2,297	10,342 44,483	1,629 1,880	C2	006	9,300	223581
HINES VETERANS ADMIN.	SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD				C2	007		224781
MAYWOOD LOYOLA UNIVERSITY AFFILIATED HOSPITALS LOYOLA UNIVERSITY HOLY CROSS (CHICAGO) VETERANS ADMIN. (HINES)	A. A. RODRIGUEZ	3,255	31,332	2,657	C3	008	9,600	117081
PEORIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION	R. D. MC MURRIS	3,826	301,680	5,760			9,000	
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER VETERANS ADMIN. (KANSAS CITY, MO.)	D. L. ROSE R. R. BEATTY	12,631	26,142	3,799	C2	006	9,000	120881
KENTUCKY LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS REHABILITATION CENTER	T. A. KELLEY, JR.	3,166	19,073	1,227			9,500	
MARYLAND BALTIMORE UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS UNIVERSITY OF MARYLAND MONTEBELLO STATE SINAI HOSPITAL OF BALTIMORE		456	24,329	4,428	C2	006	6,000	121781
MARYLAND BALTIMORE UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS UNIVERSITY OF MARYLAND MONTEBELLO STATE SINAI HOSPITAL OF BALTIMORE	P. F. RICHARDSON P. F. RICHARDSON  B. S. COHEN	1,336	30,110	14,726	C2	006	11,100	125281
MASSACHUSETTS BOSTON NEW ENGLAND MEDICAL CENTER HOSPITALS (REHABILITATION INSTITUTE) UNIVERSITY VETERANS ADMIN. (JAMAICA PLAIN)		2,522	150,104	46,591			10,700	
MASSACHUSETTS BOSTON NEW ENGLAND MEDICAL CENTER HOSPITALS (REHABILITATION INSTITUTE) UNIVERSITY VETERANS ADMIN. (JAMAICA PLAIN)	C. V. GRANGER M. M. FREED F. FRIEDLAND	1,598 1,654 3,100	18,261 45,393 89,000	1,207 6,267 1,800	C2	005	9,500	126381 126281 127181

## 21. PHYSICAL MEDICINE AND REHABILITATION - Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN ANN ARBOR UNIVERSITY DETROIT WAYNE STATE UNIV AFFILIATED HOSPITALS REHABILITATION INSTITUTE	J. W. RAE    H. INGBERG	5,255    3,040	50,551    86,356	12,635    40,427	C3 009	8,600	129381	
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS KENNY REHABILITATION INSTITUTE VETERANS ADMIN.	F. KOTTKE    F. KOTTKE L. L. BEKSMAN B. S. TROEDSON	    4,283 475 13,448	    153,712 153,926	    4,156 54	06 024	7,500	133481	
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	G. M. MARTIN	17,605	125,054	39,180	C4 012	7,300	132881	
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER KANSAS CITY VETERANS ADMIN. ST. LOUIS JEWISH HOSPITAL OF ST. LOUIS ST. LOUIS CHILDREN'S	L. E. WOLCOTT    SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS  F. U. STEINBERG F. U. STEINBERG	13,869    5,056 96	56,368    39,927 771	16,484    7,018	02 006  01 002	8,000   10,700 9,200	199481   135881	
NEW JERSEY EAST ORANGE VETERANS ADMIN.	L. STEFANIWSKY	2,476	77,140	1,681	C2 006	11,300	250981	
NEW YORK ALBANY ALBANY MEDICAL CENTER AFFILIATED HOSPITALS ALBANY MEDICAL CENTER VETERANS ADMIN. SUNNYVIEW HOSPITAL AND REHABILITATION CENTER (SCHENECTADY)	B. J. PAUL    R. S. HOFFMAN	20,193    66	30,024    572	3,913    4,587	02 006	9,600	141481	
BUFFALO EDWARD J. MEYER MEMORIAL VETERANS ADMIN.	J. R. O'CONNOR K. H. LEE	2,720 2,430	66,731 127,436	5,632 16,122	C1 003 C1 003	10,600 8,500	143881 257181	
EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIVISION	H. S. WHITING				C1 003		144881	
NEW HYDE PARK LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM LONG ISLAND JEWISH MEDICAL CENTER QUEENS HOSPITAL CENTER (NEW YORK CITY)	A. WEISS    885	    9,923	    158,881	5,382    12,462	01 003	11,000	196381	
NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE LINGOLN	A. S. ABRAMSON A. S. ABRAMSON  A. S. ABRAMSON A. O. PEROTTO	10,662   8,423 3,742	138,871   38,379 15,417	15,197   8,485 5,996	08 020	11,000	193181	
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS PRESBYTERIAN BLYTHEDALE CHILDREN'S (VALHALLA) NEW YORK STATE REHABILITATION (WEST HAVERSTRAW)	R. C. DARLING R. C. DARLING  L. CHU W. NAGLER	6,555   655	127,320   117,084	8,895   1,157	02 010  C1 003	11,250   11,330	259781   149281	
CORNELL COOPERATING HOSPITALS NEW YORK HOSPITAL FOR SPECIAL SURGERY BURKE REHABILITATION CENTER (WHITE PLAINS)								
KINGSBROOK JEWISH MEDICAL CENTER VETERANS ADMIN. (BROOKLYN) MONTEFICRE HOSPITAL TRAINING PROGRAM MONTEFICRE HOSPITAL AND MEDICAL CENTER MORRISANIA CITY	B. SANDLER L. Y. CHEN  S. BLUESTONE  8,684 1,580	1,508 4,866   65,133 16,114	124,997 96,973   6,076 5,894	14,003 2,517   6,076 5,894	05 012	9,800 12,805	147681	
MOUNT SINAI HOSPITAL TRAINING PROGRAM MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST	L. H. WISHAM L. H. WISHAM L. KAPLAN	16,590 38,259	24,533 97,517	5,488 5,488 10,560	C3 013	11,000	149081	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS UNIT 2 - METROPOLITAN UNIT 3 - BIRD S. GLEER MEMORIAL HOSPITAL AND HOME	C. HINTERBUCHNER    517 6,931  1,786	    7,449 45,709  146,341	    7,449 45,709  146,341	1,866 4,419  1,739	06 021		147381	





## 21. PHYSICAL MEDICINE AND REHABILITATION - Continued

	Chief of Service or Program Director	Number of		Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number	
		Patients Treated	Number of Treatments		1st Yr.	All Yrs.			
VIRGINIA									
RICHMOND									
VETERANS ADMIN.	C. W. LA FRATTA	1,652	183,767	2,739	C2	003	7,260	288181	
VIRGINIA COMMONWEALTH UNIVERSITY									
M.C.V. AFFILIATED HOSPITALS									
MEDICAL COLLEGE OF VIRGINIA									
HOSPITALS	A. BUSZA	6,777	66,263	4,020	C1	002	7,260	174381	
WASHINGTON									
SEATTLE									
UNIVERSITY OF WASHINGTON									
AFFILIATED HOSPITALS	J. F. LEHMANN				05	020		191881	
CHILDREN'S ORTHOPEDIC HOSP AND									
MEDICAL CENTER	N. TAYLOR	1,080	6,600	1,640					
HARBORVIEW MEDICAL CENTER	B. DE LATEUR	1,787	24,247	8,142					
U. S. PUBLIC HEALTH SERVICE	W. C. STCLOV	1,846	19,890	1,554			7,700		
UNIVERSITY	J. F. LEHMANN	1,763	22,814	2,988			7,704		
VETERANS ADMIN.	A. J. MASOCK	1,514	32,785	1,670			7,704		
WISCONSIN									
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN									
AFFILIATED HOSPITALS	R. W. BOYLE, D. MATTARELLA				C3	003		178481	
MILWAUKEE COUNTY GENERAL	R. W. BOYLE	4,597	45,944	8,081			10,000		
VETERANS ADMIN. CENTER (WOOD)	D. MATTARELLA	3,310	176,216	11,840			10,409		

## 22. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)	
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
TEXAS									
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	D. G. BOWERS	34	5	4,363	2	C2	004		
UNITED STATES ARMY									
DISTRICT OF COLUMBIA									
WALTER REEC GENERAL, WASHINGTON	R. W. PARSONS	45	487	2,532	2	C2	004		
UNITED STATES NAVY									
MARYLAND									
NAVAL, BETHESDA	W. D. LATHAM	34	482	4,896	2	C1	002		
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA									
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS								
NONFEDERAL AND VETERANS ADMINISTRATION									
ARIZONA									
PHOENIX									
ARIZONA CRIPPLED CHILDREN'S	R. A. PETERSON	5	342	1,299	2	C2	004	10,692	
GCCD SAMARITAN	H. LAWRENCE	12	481	62					
MARICOPA COUNTY GENERAL	R. A. PETERSON	5	229	810				10,795	
TUCSON									
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. C. TRIER				2	C1	002		
VETERANS ADMIN.		9	386	702				9,840	
PIMA COUNTY GENERAL									
U. S. A. F. REGIONAL		3	162	364					
CALIFORNIA									
FRESNO									
VALLEY MEDICAL CENTER OF FRESNO	SEE STANFORD UNIVERSITY AFFIL. HOSPITALS, STANFORD								
LONG BEACH									
VETERANS ADMIN.	SEE UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., ORANGE								
LOS ANGELES									
U.C.L.A. AFFILIATED HOSPITALS	F. L. ASHLEY	7	461	3,097	3	C2	006		
U. C. L. A.	F. L. ASHLEY	16	459	557				11,000	
VETERANS ADMIN. CENTER-WADSWORTH	F. L. ASHLEY	7	480	6,240				11,905	
HUNTINGTON MEMORIAL (PASADENA)	G. V. WEBSTER	2	60	528				12,800	
LOS ANGELES COUNTY FARRER GENERAL (TORRANCE)								18,260	
ORANGE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	D. W. FURNAS				2	C3	006		
CRANES COUNTY MEDICAL CENTER		2	17	173				16,000	
VETERANS ADMIN. (LONG BEACH)		10	146	780				17,250	

22. PLASTIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973	Annual Salary (Min.)
						1st Yr. All Yrs.	
CALIFORNIA - CONTINUED							
PALO ALTO							
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD						
PASADENA							
HUNTINGTON MEMORIAL	SEE L. C. L. A. AFFILIATED HOSPITALS, LOS ANGELES						
SAN FRANCISCO							
ST. FRANCIS MEMORIAL	V. PENNISI	9	1,063	536	3	C2 006	8,400
UNIVERSITY OF CALIFORNIA PROGRAM	H. M. BLACKFIELD				2	C2 004	
H. C. MCFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	H. M. BLACKFIELD	5	320	2,203			11,000
FRANKLIN	H. J. MORRIS						
SAN FRANCISCO GENERAL	H. J. MORRIS	7	276	706			9,921
VETERANS ADMIN.	W. J. MORRIS, J. Q. DOWSLEY	6	180	310			9,030
STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. R. LAUB, E. N. KAPLAN				2	C3 006	10,525
STANFORD UNIVERSITY	D. R. LAUB, E. N. KAPLAN	10	363	3,960			8,480
VALLEY MEDICAL CENTER OF FRESNO (FRESNO)	N. J. WILDE		106	867			
VETERANS ADMIN. (PALO ALTO)	E. N. KAPLAN	8	159	787			9,260
TORRANCE							
LOS ANGELES COUNTY HARBOR GENERAL	SEE L.C.L.A. AFFIL. HOSPITALS, LOS ANGELES						
CONNECTICUT							
NEW HAVEN							
YALE-NEW HAVEN MEDICAL CENTER	T. J. KRIZEK				2	C1 002	
YALE-NEW HAVEN		15	479	2,215			10,450
VETERANS ADMIN. (WEST HAVEN)		7	113	700			10,543
WEST HAVEN							
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN						
DELAWARE							
WILMINGTON							
WILMINGTON MEDICAL CENTER	D. E. SAUNDERS	12	428	673	2	C1 002	11,900
DISTRICT OF COLUMBIA							
WASHINGTON							
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. F. FLEURY	14	149	233	2	C1 002	
GEORGETOWN UNIVERSITY		10	547	220			11,500
VETERANS ADMIN.							9,724
GEORGE WASHINGTON UNIVERSITY	G. S. LETTERMAN	8	382	212	2	C1 002	11,505
FLORIDA							
GAINESVILLE							
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	H. J. JURKIEWICZ				2	C2 004	
WILLIAM A. SHANGS TEACHING HOSP. AND CLINICS		14	523	1,152			10,000
VETERANS ADMIN.		17	424	1,245			10,137
JACKSONVILLE							
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	B. MORGAN				2	C2 004	9,500
ST. VINCENT'S UNIVERSITY HOSPITAL OF JACKSONVILLE		6	164	2,194			
MIAMI							
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS							
JACKSON MEMORIAL	D. R. MILLARD	21	1,096	2,975	2	C2 004	11,800
ORLANDO							
ORANGE MEMORIAL	J. E. O' MALLEY	30	1,012	8,639	2	C2 004	10,800
ILLINOIS							
CHICAGO							
NORTHWESTERN UNIVERSITY MEDICAL CENTER	B. H. GRIFFITH				2	C4 008	
CHICAGO WESLEY MEMORIAL	J. R. HINES, B. GRIFFITH	12					11,000
CHILDREN'S MEMORIAL		41	1,417	2,915			12,700
COCK COUNTY	D. H. STUTEVILLE	13	516				11,000
PASSAVANT MEMORIAL	B. H. GRIFFITH	10	168	2,040			10,500
VETERANS ADMIN. RESEARCH							
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	H. A. ZAREK	9	406	2,656	2	C2 004	11,500
PRESBYTERIAN-ST. LUKE'S	J. W. CURTIN	20	604	327	2	C1 002	12,342
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	R. C. SCHULTZ				2	C2 004	
UNIVERSITY OF ILLINOIS LUTHERAN GENERAL (PARK RIDGE)		10	359	3,546			12,540
VETERANS ADMIN. (WEST SIDE)							9,600
							11,400
EVANSTON							
ST. FRANCIS	SEE VETERANS ADMIN., HINES						
HINES							
VETERANS ADMIN.	W. B. SLAUGHTER	26	430	804	2	C2 004	11,400
ST. FRANCIS (EVANSTON)		11	856	91			10,600
PARK RIDGE							
LUTHERAN GENERAL	SEE UNIV. OF ILLINOIS AFFIL. HOSPS., CHICAGO						
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY MEDICAL CENTER	J. E. BENNETT				2	C3 006	
INDIANA UNIVERSITY HOSPITALS	J. E. BENNETT	29	677	2,068			11,500
MARION COUNTY GENERAL	J. L. GLOVER			1,990			
VETERANS ADMIN.	J. E. BENNETT	13	225	450			12,250
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	D. W. ROBINSON	15	943	7,840	2	C2 004	10,890

## 22. PLASTIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)
KENTUCKY LEXINGTON UNIV OF KENTUCKY MEDICAL CENTER	A. M. MOORE				2	C1 002	
UNIVERSITY ST. JOSEPH VETERANS ADMIN.	W. GRIFFIN	6	459	50			8,300
		2	32				
LOUISIANA NEW ORLEANS LOUISIANA STATE UNIVERSITY	G. W. HOFFMAN	9	287	1,667	3	C1 003	7,800
AFFILIATED HOSPITALS CHARITY HOSPITAL OF LOUISIANA		6	285				7,800
SOUTHERN BAPTIST VETERANS ADMIN.		9	116	950			10,037
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. F. RYAN				2	C2 004	
CHARITY HOSPITAL OF LOUISIANA	R. F. RYAN	5	145	1,740			8,400
OCHSNER FOUNDATION	D. M. MC KEE	6	252	2,270			
TURC INFIRMARY	R. VINCENT	6	363	130			10,044
U. S. PUBLIC HEALTH SERVICE	R. E. STREICHER	4	160	796			
MARYLAND BALTIMORE JOHNS HOPKINS BALTIMORE CITY HOSPITALS	J. E. HOOPES	22	927	3,482	2	C2 004	13,500
		18	638	1,964			
MASSACHUSETTS BOSTON MASSACHUSETTS GENERAL PETER BENT BRIGHAM HOSPITAL-CHILDREN'S HOSPITAL MEDICAL CENTER	B. CANNON, J. CONSTABLE	48	6,700	1,750	2	C1 001	11,500
PETER BENT BRIGHAM CHILDREN'S HOSPITAL MEDICAL CENTER	J. E. MURRAY				2	C1 002	11,000
	J. E. MURRAY	11	367	566			
	D. W. MAC COLLUM			1,652			
MICHIGAN ALLEN PARK VETERANS ADMIN.	SEE WAYNE STATE UNIV. AFFIL. HCSPS., DETROIT						
ANN ARBOR UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	R. O. DINGMAN				2	C3 006	
ST. JOSEPH MERCY UNIVERSITY VETERANS ADMIN.	R. O. DINGMAN	8	659	43			11,500
WAYNE COUNTY GENERAL (ELOISE)	R. O. DINGMAN	11	461	2,207			10,400
	R. O. DINGMAN, W. GRABB			87			11,600
	R. ONEAL	2	110	553			10,631
DETROIT HENRY FORD WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	A. P. KELLY, JR.	18	747	12,550	2	C1 002	10,300
VETERANS ADMIN. (ALLEN PARK)	P. ZAMICK				2	C2 004	
CHILDREN'S HOSPITAL OF MICHIGAN		18	537				11,359
DETROIT GENERAL		11	754				
GRACE		8	588				
HARPER		21	580				9,900
		8	547				10,000
ELGISE WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR						
GRAND RAPIDS BUTTERWORTH-BLODGETT MEMORIAL HOSPITALS	R. BLOCKSMA				2	C1 002	9,900
BUTTERWORTH BLODGETT MEMORIAL	R. BLOCKSMA	13	805	4,505			
	W. B. STEFFENSON	5	431	2,440			
MINNESOTA ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. N. SIMONS	25	935	11,089	2	02 004	8,400
MISSISSIPPI JACKSON UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. H. HENDRIX, JR.				2	C1 002	
UNIVERSITY VETERANS ADMIN. CENTER	J. H. HENDRIX, JR.	10	452	2,783			8,500
	J. H. HENDRIX, JR.	8	126	487			10,353
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER	H. G. BINGHAM	11	465	2,562	2	C1 002	
KANSAS CITY KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	F. J. MCCOY	6	297	1,921	2	02 004	11,360
ST. LOUIS BARNES HOSPITAL GROUP ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	P. M. WEEKS	33	1,489	2,372	2	C4 008	11,000
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	F. X. PALETTA	54	945	3,281	2	C3 006	11,600
FIRMEN DESLIGNE GENERAL VETERANS ADMIN.	F. X. PALETTA	54	945	3,205			9,700
	R. C. DONALDSON	25	292	1,530			9,840
NEW JERSEY EAST ORANGE VETERANS ADMIN.	SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK						
JERSEY CITY JERSEY CITY MEDICAL CENTER	SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK						

## 22. PLASTIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)
NEW JERSEY - CONTINUED							
LIVINGSTON ST. BARNABAS MEDICAL CENTER NEWARK	J. C. WALKER	22	1,260	2,205	2	C2 0C4	11,400
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS MARTLAND VETERANS ADMIN. (EAST ORANGE) JERSEY CITY MEDICAL CENTER (JERSEY CITY)	S. R. LOVERME	11 32 17	271 289 380	1,275 1,041 1,094	2	C3 006	12,500 12,300
NEW MEXICO ALBUQUERQUE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS BERNALILLO COUNTY MEDICAL CENTER PRESBYTERIAN HOSPITAL CENTER VETERANS ADMIN.	R. A. GOODING				2	C1 002	
NEW YORK ALBANY ALBANY MEDICAL CENTER AFFILIATED HOSPITALS ALBANY MEDICAL CENTER CHILD'S MEMORIAL ST. PETER'S VETERANS ADMIN.	W. B. MACCMBER	25 4 10 9	685 322 389 197	97 474 547	2	C3 005	12,000 12,000 10,940
BUFFALO MERCY EAST MANSFIELD NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV. NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE LINCOLN LENOX HILL MONTEFIORE HOSPITAL TRAINING PROGRAM MONTEFIORE HOSPITAL AND MEDICAL CENTER MORRISANIA CITY MOUNT SINAI HOSPITAL TRAINING PROGRAM MOUNT SINAI BETH ISRAEL MEDICAL CENTER CITY HOSPITAL CENTER AT ELMHURST	J. CCNNELLY, J. QUINLIVAN	20	715	8,000	2	C1 002	10,300
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	L. RUBIN	65	1,921	16,550	2	C1 002	11,897
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	D. WEINER	38 10	824 351	3,840 2,850	3	C2 004	
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	E. P. BERRY	12	469	648	2	C1 002	13,500
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	M. LEWIN	11 17	493 254	2,221 1,282	2	C2 004	12,000
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	A. E. KARK, B. SIMON A. E. KARK, B. SIMON S. KAHN D. WESSER D. GULIAN, JR.	15 7 3 25 13	510 321 119 511 235	1,277 894 1,457 2,207 680	3	C1 003	11,500 13,500 12,700 14,609
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	J. M. CONVERSE	12 9 19	280 862 1,071	2,826 856	2	C4 008	11,070
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	G. F. CRICKELAIR H. F. FITZPATRICK	4	380	3,966 901	2	C3 006 C1 001	12,750 12,800
NEW YORK VETERANS ADMIN. (BRONX) NEW YORK UNIVERSITY MEDICAL CENTER BELLEVUE HOSPITAL CENTER MANHATTAN EYE, EAR AND THROAT UNIVERSITY VETERANS ADMIN. (MANHATTAN) PRESBYTERIAN ST. LUKE'S HOSPITAL CENTER STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY VETERANS ADMIN. (BROOKLYN)	B. E. BROMBERG B. E. BROMBERG I. C. SONG	37 1 6	1,036 67 79	4,802 55 624	2	C3 006	11,000 15,109
ROCHESTER STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER SYRACUSE S.-U.-N.Y. UPSTATE MEDICAL CENTER CROUSE IRVING-MEMORIAL STATE UNIVERSITY VETERANS ADMIN.	R. M. MC CORMACK	14	595	749	2	C2 004	
SYRACUSE S.-U.-N.Y. UPSTATE MEDICAL CENTER CROUSE IRVING-MEMORIAL STATE UNIVERSITY VETERANS ADMIN.	D. B. STARK	2 9 7	158 360 134	1,137 435	2	C1 002	11,900
NORTH CAROLINA CHAPEL HILL NORTH CAROLINA MEMORIAL DURHAM DUKE UNIVERSITY AFFILIATED HOSPITALS DUKE UNIVERSITY MEDICAL CENTER VETERANS ADMIN.	A. G. BEVIN	17	579	1,883	2	C2 004	12,500
NORTH CAROLINA CHAPEL HILL NORTH CAROLINA MEMORIAL DURHAM DUKE UNIVERSITY AFFILIATED HOSPITALS DUKE UNIVERSITY MEDICAL CENTER VETERANS ADMIN.	K. L. PICKRELL K. L. PICKRELL L. K. THOMPSON, 3D.	29	1,328 333	1,464 563	3	C2 006	11,250 9,250
OHIO AKRON CITY AKRON GENERAL CHILDREN'S HOSPITAL OF AKRON	J. W. EWING	9	481		2	C1 002	9,600
CINCINNATI CHRIST CLEVELAND CLEVELAND CLINIC ST. LUKE'S HOSPITAL - ST. VINCENT CHARITY ST. LUKE'S ST. VINCENT CHARITY UNIVERSITY HOSPITALS OF CLEVELAND VETERANS ADMIN.	J. J. LONGACRE	17	515		2	C1 002	10,900
CLEVELAND CLEVELAND CLINIC ST. LUKE'S HOSPITAL - ST. VINCENT CHARITY ST. LUKE'S ST. VINCENT CHARITY UNIVERSITY HOSPITALS OF CLEVELAND VETERANS ADMIN.	R. ANDERSON	20	957	7,219	2	C1 002	11,500
CLEVELAND CLEVELAND CLINIC ST. LUKE'S HOSPITAL - ST. VINCENT CHARITY ST. LUKE'S ST. VINCENT CHARITY UNIVERSITY HOSPITALS OF CLEVELAND VETERANS ADMIN.	D. T. SHAW	10	467	151 559	2	C1 002	13,000
CLEVELAND CLEVELAND CLINIC ST. LUKE'S HOSPITAL - ST. VINCENT CHARITY ST. LUKE'S ST. VINCENT CHARITY UNIVERSITY HOSPITALS OF CLEVELAND VETERANS ADMIN.	C. L. KIEHN	17 12	633 135	542 148	2	C1 002	12,000 9,267

## 22. PLASTIC SURGERY - Continued

OHIO - CONTINUED		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS		R. B. BERGGREN				2	01 002	7,300
OHIO STATE UNIVERSITY HOSPITALS CHILDREN'S			16	515	1,165			
RIVERSIDE METHODIST		J. C. TRABUE	5	299	975	2	C1 002	
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS		J. C. KELLEHER				2	C3 006	12,000
HOSPITAL OF THE MEDICAL COLLEGE OF OHIO AT TOLEDO								
ST. VINCENT HOSPITAL AND MEDICAL CENTER			13	679	329			
OREGON								
PORTLAND								
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER		W. ROWLAND				2	C1 002	10,920
PENNSYLVANIA								
ALLENTOWN								
ALLENTOWN		A. E. TREVASKIS	15	784	1,763	2	C1 002	10,700
PHILADELPHIA								
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		H. B. LEHR	13	688	775	2	C2 004	12,900
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		H. B. LEHR	7	234	1,426			12,900
PHILADELPHIA GENERAL		H. B. LEHR	6	206	1,000			10,700
PENNSYLVANIA		H. LIPSHUTZ	15	343	912	2	C1 002	12,600
TEMPLE UNIVERSITY		L. M. CRAMER				2	C3 006	12,000
PITTSBURGH								
WESTERN PENNSYLVANIA HOSPITALS OF THE UNIVERSITY		J. C. GAISFORD	14	621	562	2	C2 004	11,600
HEALTH CENTER OF PITTSBURGH		W. L. WHITE				2	C3 006	13,000
CHILDREN'S HOSPITAL OF PITTSBURGH								
PRESBYTERIAN-UNIVERSITY			24	605	2,500			
VETERANS ADMIN.			35	507	1,400			
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND		R. P. SEXTON	10	658	1,200	2	C1 002	11,500
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS		J. S. HARVIN				2	C2 004	8,600
MEDICAL UNIVERSITY OF SOUTH CAROLINA		J. S. HARVIN	6	227	943			
CHARLESTON COUNTY			4	45				
ST. FRANCIS XAVIER								
VETERANS ADMIN.		F. D. SCHUH	11	159	380			9,490
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER		J. W. DAVIS	25	1,620	5,679	2	C2 004	11,700
BARONESS ERLANGER								
MEMPHIS								
CITY OF MEMPHIS HOSPITALS		A. P. JERCME	15	102		2	C1 002	7,600
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS		G. RICKETSON				2	C1 002	10,000
VANDERBILT UNIVERSITY			5	163	340			10,000
NASHVILLE METROPOLITAN GENERAL			2	32				8,500
VETERANS ADMIN.								
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MED. SCH. AFFILIATED HOSPITALS		K. E. SALYER				2	C2 004	
PARKLAND MEMORIAL		W. SUGG						
BAYLOR UNIVERSITY MEDICAL CENTER		D. C. KIPP	4	441				9,300
PRESBYTERIAN HOSPITAL OF DALLAS								
VETERANS ADMIN.		K. E. SALYER				121		9,145
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS		S. R. LEWIS	72	1,330	6,922	3	C3 009	8,400
HOUSTON								
BAYLOR COLLEGE AFFILIATED HOSPITALS		S. B. HARDY				3	C3 009	
BEN TAUB GENERAL		S. B. HARDY	14	373	2,974			7,500
METHODIST		S. B. HARDY	13	827				9,300
TEXAS CHILDREN'S		T. D. CRONIN	1	39				9,300
VETERANS ADMIN.		S. B. HARDY	18	300	1,625			9,900
HERMANN		R. J. WISE	11	758	463	2	C1 002	10,200
ST. JOSEPH		T. D. CRONIN	13	824	7,451	2	C1 002	7,800
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS		J. R. SMITH				2	C2 004	
BAPTIST MEMORIAL		J. R. SMITH	597	30,549	3,666			10,000
BEXAR COUNTY TEACHING		T. S. WILKINSON	21	1,379	3,294			10,500
SANTA ROSA MEDICAL CENTER		W. SCHLATTNER	23	962				8,100

## 22. PLASTIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)
						1st Yr.	All Yrs.	
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	C. C. SNYDER				2	C2	004	
LATTER-CAY SAINTS	T. R. BROADBENT, R. WOLF	10	548	128				10,700
PRIMARY CHILDREN'S	T. R. BROADBENT	8		115				
UNIVERSITY	C. C. SNYDER	6		1,156				10,900
VETERANS ADMIN.	C. C. SNYDER							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	M. T. EDGERTON	13	485	1,342	2	C2	004	7,260
NORFOLK								
NORFOLK GENERAL	J. ADAMSON	14	869	1,302	2	C2	004	11,300
WISCONSIN								
MADISON								
UNIVERSITY HOSPITALS	F. D. BERNARD	16	625	2,613	2	C2	004	11,000
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	R. P. GINGRASS				2	C2	004	
MILWAUKEE COUNTY GENERAL	R. P. GINGRASS	12	359	3,261				12,000
MILWAUKEE CHILDREN'S	J. TEASLEY	5	306	268				
VETERANS ADMIN. CENTER (WOOD)	R. P. GINGRASS	14	156	1,071				10,409

## 22. PLASTIC SURGERY

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 training which may complement or supplement that provided by approved residency programs.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)
					Total		
NEW YORK							
BUFFALO							
ROSWELL PARK MEMORIAL INSTITUTE	D. SHEDD, V. BAKAJIAN	23	300	2,569	3		8,273

## 22. PREVENTIVE MEDICINE

## AEROSPACE MEDICINE

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

School	Location	Director		Length of Approved Program (Years)	Beginning Salary (Year)
<b>UNITED STATES AIR FORCE</b>					
U.S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	W. H. H. Shea	For information regarding program write to: Headquarters, USAF Office of the Surg. Gen. (SGPSE) Randolph AFB, Texas 78148	3	...
Other Federal affiliated training sites for the third year are: U. S. Army Aviation Center, Fort Rucker, Alabama; Civil Aeromedical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; and several other U.S.A.F. medical facilities.					
<b>UNITED STATES NAVY</b>					
U.S. Naval Aerospace Medical Institute, U.S. Naval Aerospace Medical Center	Pensacola, Florida	G. E. Balyeat	For information regarding program write to: Chief, Bureau of Medicine & Surgery (Code 5) Department of the Navy Washington, D.C. 20390	3	...
Other affiliated training sites for the third year are: Aerospace Medical Research Dept., and Aerospace Crew Equipment Dept., NADMC, Ivyland, Pa.; Naval Safety Center, NAS, Norfolk, Virginia					
<b>NONFEDERAL</b>					
Harvard School of Public Health	Boston, Mass.	J. D. Dougherty	For information regarding program write to: J. D. Dougherty, M.D., Guggenheim Center for Aerospace Health and Safety, Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115.	3	...
Other affiliated training sites for the third year are: NASA Manned Spacecraft Center, Houston, Tex.; Mayo Clinic, Rochester, Minn.; Lovelace Foundation, Albuquerque, N.M.					
Ohio State University Medical Center	Columbus, Ohio	H. V. Ellingson	For information regarding program write to: H. V. Ellingson, M.D., Prof. and Chairman, Dept. of Preventive Medicine, 410 W. 10th Avenue, Columbus, Ohio 43210	3	6,000
Other affiliated training sites for the third year are: North American Rockwell Corp., Los Angeles; NASA Manned Spacecraft Center, Houston, Tex.; Lovelace Foundation, Albuquerque, N.M.					
University of Oklahoma Medical Center	Oklahoma City, Okla.	J. R. Dille	For information on program write to: J. R. Dille, M.D., Director of Training for Aerospace Medicine, University of Oklahoma Medical Center, 800 N.E. 13th St., Oklahoma City, Okla. 73104	3	6,000
Other affiliated training sites for the third year are: FAA: Civil Aeromedical Institute, Oklahoma City; Mayo Clinic, Rochester, Minn.; Lovelace Foundation, Albuquerque, N.M.					

## 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 Emphasis
<b>UNITED STATES AIR FORCE</b>		
<b>TEXAS</b>		
Brooks Air Force Base U.S. Air Force School of Aerospace Medicine	W. C. Barnes, Jr.	Military Preventive Medicine, Epidemiology
<b>UNITED STATES ARMY</b>		
<b>DISTRICT OF COLUMBIA</b>		
Washington Walter Reed Army Institute of Research	J. H. Greenberg	Military Preventive Medicine, Epidemiology
<b>NONFEDERAL</b>		
<b>ALABAMA</b>		
Birmingham University of Alabama Medical Center	P. B. Peacock	General Preventive Medicine, Epidemiology
<b>ARIZONA</b>		
Tucson University of Arizona College of Medicine, Department of Community Medicine	A. R. Leonard	Health Services Administration, Epidemiology
<b>CALIFORNIA</b>		
Berkeley University of California School of Public Health Division of Epidemiology	H. L. Blum	Epidemiology, Health Services Administration, Maternal and Child Health, Environmental Health
Los Angeles University of California School of Medicine and School of Public Health	J. M. Chapman M. I. Roemer	Epidemiology Medical Care Administration
<b>CONNECTICUT</b>		
New Haven Yale University Department of Epidemiology and Public Health	J. W. Meigs	Epidemiology, Clinical Preventive Medicine
<b>HAWAII</b>		
Honolulu University of Hawaii School of Public Health	E. O'Rourke	Epidemiology International Health
<b>KENTUCKY</b>		
Lexington University of Kentucky College of Medicine, Department of Community Medicine	T. F. Whyne	Community Medicine
<b>LOUISIANA</b>		
New Orleans Tulane University School of Public Health and Tropical Medicine	P. R. Beckjord	International Health, Nutrition, Maternal and Child Health, Epidemiology, Clinical Preventive Medicine, Population Dynamics

22. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
<b>MARYLAND</b> Baltimore Johns Hopkins University School of Hygiene and Public Health.....	J. C. Hume.....	Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health, Health Services Administration
University of Maryland School of Medicine.....	G. Entwisle.....	Epidemiology
<b>MASSACHUSETTS</b> Boston Harvard University School of Public Health.....	B. MacMahon..... R. H. Daggy..... A. S. Yerby.....	Epidemiology International Health Health Services Administration
<b>MICHIGAN</b> Ann Arbor University of Michigan School of Public Health.....	M. E. Wegman.....	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Administration, Population Dynamics
<b>MISSOURI</b> Columbia University of Missouri School of Medicine, Department of Community Health and Medical Practice.....	W. C. Allen.....	Community Medicine
<b>NEW YORK</b> Albany State of New York Department of Health.....	J. L. Freitag.....	Epidemiology
New York City Mount Sinai School of Medicine of the City University of New York Dept. of Community Medicine.....	A. E. Miller.....	Epidemiology, Environmental Health, Community Medicine
<b>NORTH CAROLINA</b> Chapel Hill University of North Carolina School of Medicine and School of Public Health.....	W. P. Richardson.....	Epidemiology, Community Medicine
<b>OHIO</b> Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	H. V. Ellingson.....	Epidemiology, Community Environmental Health
<b>OKLAHOMA</b> Oklahoma City University of Oklahoma Medical Center, Department of Preventive Medicine and Public Health.....	T. N. Lynn.....	Clinical Preventive Medicine
<b>PENNSYLVANIA</b> Philadelphia Thomas Jefferson Medical College, Dept. of Community Health and Preventive Medicine.....	E. B. Byrne.....	Clinical Preventive Medicine
<b>WASHINGTON</b> Seattle University of Washington School of Medicine, Department of Preventive Medicine.....	J. T. Grayston.....	Epidemiology, Community Medicine
<b>WISCONSIN</b> Milwaukee Medical College of Wisconsin Division of Preventive Medicine.....	S. Shindell.....	Epidemiology, Community Medicine, Health Services Administration

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 1972-1973		
		1st Year	2nd Year	Total All Years
<b>CALIFORNIA</b> Los Angeles University of California School of Public Health.....	L. S. Goerke.....	4	4	8
<b>MASSACHUSETTS</b> Boston Harvard University School of Public Health.....	J. L. Whittenberger.....	4	4	8
<b>MICHIGAN</b> Ann Arbor University of Michigan Institute of Environmental and Industrial Health.....	B. D. Dinman.....	4	4	8
<b>NEW YORK</b> Rochester University of Rochester School of Medicine and Dentistry.....	T. S. Ely.....	..	..	..
<b>OHIO</b> Cincinnati University of Cincinnati Department of Environmental Health, Kettering Laboratory.....	L. B. Tepper, R. R. Suskind.....	8	8	16
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	J. H. Schulte.....	3	3	6
<b>OKLAHOMA</b> Oklahoma City University of Oklahoma Medical Center, Institute of Environmental Health.....	C. A. Nau.....	2	2	4
<b>PENNSYLVANIA</b> Pittsburgh University of Pittsburgh, Graduate School of Public Health.....	D. Minard.....	4	4	8



APPROVED RESIDENCIES

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	Residencies Offered 1972-1973 Total All Years
<b>NATIONAL AERONAUTICS AND SPACE ADMINISTRATION</b>		
<b>DISTRICT OF COLUMBIA</b>		
National Aeronautics and Space Administration Division of Occupational Medicine.....	L. B. Arnoldi.....	1
<b>UNITED STATES AIR FORCE</b>		
<b>OHIO</b>		
Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Dayton.....	H. W. Dietz.....	2
<b>UNITED STATES ARMY</b>		
<b>MARYLAND</b>		
U.S. Army Environmental Hygiene Agency, Edgewood Arsenal.....	R. G. Daniels.....	4
<b>UNITED STATES ATOMIC ENERGY COMMISSION</b>		
<b>IDAHO</b>		
U.S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls.....	J. H. Spickard.....	1
<b>UNITED STATES NAVY</b>		
<b>OHIO</b>		
Cincinnati		
Naval Ordnance Environmental Health Center.....	W. A. Redman, Jr.....	1
<b>VIRGINIA</b>		
Norfolk Naval Shipyard, Portsmouth.....	R. S. Stevenson.....	2
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>		
<b>OHIO</b>		
Cincinnati		
U.S. Public Health Service, Environmental Health Service, Bureau of Occupational Safety and Health.....	M. M. Key.....	1
<b>UNITED STATES TENNESSEE VALLEY AUTHORITY</b>		
<b>TENNESSEE</b>		
Tennessee Valley Authority Division of Medical Services, Chattanooga.....	J. L. Craig.....	1
<b>NONFEDERAL</b>		
<b>CALIFORNIA</b>		
Fontana		
Kaiser Steel Corporation.....	H. A. Lewis.....	1
<b>DELAWARE</b>		
<b>Wilmington</b>		
E. I. duPont de Nemours & Company.....	C. A. D'Alonzo.....	0
<b>MASSACHUSETTS</b>		
<b>Cambridge</b>		
Harvard University Health Services, Division of Environmental Health and Safety.....	B. G. Ferris, Jr.....	1
<b>MICHIGAN</b>		
<b>Dearborn</b>		
Ford Motor Company.....	D. L. Block.....	0
<b>Detroit</b>		
General Motors Corporation.....	S. D. Steiner.....	2
<b>Midland</b>		
Dow Chemical Company.....	H. L. Gordon.....	1
<b>NEW YORK</b>		
<b>New York City</b>		
American Telephone & Telegraph Company and Subsidiaries.....	E. J. Schowalter.....	1
<b>Rochester</b>		
Eastman Kodak Company.....	H. A. Hanson.....	2
<b>OHIO</b>		
<b>Cincinnati</b>		
National Lead Company of Ohio.....	J. A. Quigley.....	1
<b>Columbus</b>		
Ohio State University College of Medicine.....	J. H. Schulte.....	1
<b>PENNSYLVANIA</b>		
<b>Harrisburg</b>		
Commonwealth of Pennsylvania Department of Health, Division of Occupational Health.....	S. Tanaka.....	1
<b>Pittsburgh</b>		
Jones & Laughlin Steel Corporation, Pittsburgh Works Division.....	R. J. Halen.....	1
<b>VIRGINIA</b>		
<b>Newport News</b>		
Newport News Ship Building and Dry Dock Company.....	C. W. Stallard, Jr.....	1
<b>WASHINGTON</b>		
<b>Richland</b>		
Hanford Environmental Health Foundation.....	P. A. Fuqua.....	1
<b>Seattle</b>		
Boeing Company.....	S. M. Williamson.....	2
<b>WISCONSIN</b>		
<b>Milwaukee</b>		
Allis-Chalmers Manufacturing Company.....	C. Zenz.....	2

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
U.S. Army	U.S. Army Hospital Specialized Treatment Facility, Ford Ord, California	L. J. Legters.....	Military Post—Ford Ord.....	.....	1	.....
		J. J. Smith.....	Fort Dix Military Reservation, N.J.....	125,000*	2	.....
		R. B. Austin, III.....	Fort Bragg and environs.....	.....	1	.....
State of Arizona	Phoenix, Arizona	H. Randel.....	Arizona State Department of Health.....	.....	2	6,000
			Maricopa County Health Department.....	600,000*	.....	.....
			Pima County Health Department.....	250,000*	.....	.....

# APPROVED RESIDENCIES

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## 22. PREVENTIVE MEDICINE—Continued

### PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary					
State of California	Berkeley, California	W. H. Clark	Alameda County	1,073,184	2	6,000					
			Berkeley City	116,716							
			Contra Costa County	558,389							
			Los Angeles County	7,032,075							
			Orange County	1,420,386							
			Riverside County	4,459,074							
			Sacramento County	631,498							
			San Bernardino County	684,072							
			San Diego County	1,357,854							
			San Francisco County	715,674							
			San Mateo County	556,234							
			Santa Clara County	1,064,714							
			Santa Cruz	123,790							
			Yolo County	91,788							
Government of the District of Columbia	Washington, D. C.	C. R. Hayman	District of Columbia	756,510	2	11,000					
State of Florida	Jacksonville, Florida	M. J. Ford	Dade-Miami	1,267,792	2	16,020					
			Hillsborough-Tampa	490,265							
			Palm Beach-West Palm Beach	348,753							
			Pinellas-St. Petersburg	522,329							
			Florida State Division of Health (b)								
			District VI (N. Central)	286,270							
			District VII (E. Central)	283,530							
			District VIII (W. Central)	265,280							
			District X (East)	287,351							
			District XI (S.E.)	342,542							
State of Georgia	Atlanta, Georgia	J. H. Venable	District #28	242,972	2	11,568					
			District #36	433,539							
			District #38	607,592							
			Cook County (e)	1,782,330							
			DuPage County	490,882							
			Lexington-Fayette County	176,400							
			Louisville-Jefferson County	707,300							
			Allegheny County	90,500							
			Anne Arundel County	288,550							
			Baltimore County	598,100							
State of Illinois	Springfield, Illinois	F. D. Yoder	Baltimore City	911,500	2	14,700					
			Montgomery County	473,800							
			Prince George's County	629,900							
			Washington County	110,500							
			Boston City	626,326							
			Brookline Town	53,608							
			Cambridge City	94,667							
			Central District	743,530							
			Newton City	88,514							
			Northeastern District	1,554,983							
State of Kentucky	Frankfort, Kentucky	W. P. McElwain	Southeastern District	1,406,948	2	12,706					
			Western District	735,988							
			State of Michigan	Lansing, Michigan			M. S. Reizen		2	18,000	
			State of Minnesota	Minneapolis, Minnesota			W. R. Lawson		2	6,000	
			State of Mississippi	Jackson, Mississippi			S. W. Mitchell	Mississippi State Board of Health		2	16,820
			State of New Jersey	Trenton, New Jersey			M. Sachs	Northern District	802,951	2	16,890
								Metropolitan District	3,441,162		
								Central District	1,878,762		
			New York City	New York City			L. Bergner	Southern District	1,045,289	2	15,000
								New York City	8,125,000		
State of New York	Albany, New York	J. L. Freitag			Charlotte-Mecklenburg County	500,000		2	6,500		
State of North Carolina	Raleigh, North Carolina	I. C. Grant	Guilford County (Greensboro)	350,000							
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	185,000							
			Gaston County	175,000							
State of Oklahoma	Oklahoma City, Oklahoma	T. N. Lynn	North Carolina State Board of Health		2	6,000					
			Oklahoma University Med. Center								
			Cleveland County	51,000							
State of Oregon	Portland, Oregon	S. B. Osgood	Oklahoma State Dept. of Health		2	6,000					
			Clackamas County	155,088							
			Lane County	213,358							
			Marion County	151,309							
			Multnomah County	556,967							
Commonwealth of Pennsylvania	Harrisburg, Pennsylvania	C. L. Leedham	State of Oregon	2,091,385	2	12,075					
			Allentown-Bethlehem	182,213							
			Bucks County	415,056							
			Chester County	278,311							
			Erie County	263,654							
			Norristown	3,865,810							
			Philadelphia City	1,948,609							
			State of Tennessee	Nashville, Tennessee			E. W. Fowinkle	Chattanooga-Hamilton County	242,782	2	15,000
			State of Texas	Austin, Texas			J. E. Peavy	Memphis-Shelby County	718,777		
								Nashville-Davidson County	444,469		
State of Utah	Salt Lake City	E. A. Isaacson		2	17,500						
State of Virginia	Richmond, Virginia	M. I. Shanholtz	Richmond and selected rural areas		2	14,700					
State of Washington	Olympia, Washington	J. A. Beare	Benton-Franklin	89,200	2	13,128					
			Seattle-King	1,134,000							
			Tacoma-Pierce	405,000							
			Washington State								
University of Washington School of Public Health and Community Medicine	Seattle, Washington	R. W. Day			2	12,000					

NOTE: Rounded figures in population columns usually indicate estimates. Consult program director for additional information on fringe benefits, citizenship requirements, provision for additional academic training, and for current salary information.

## 24. 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, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. C. SPARKS	70	1,000	27,178	C4	011		
UNITED STATES ARMY								
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	R. R. KEIM, JR.	72	782	37,389	C7	021		100482
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	A. W. JOHNSON, JR.	145	996	19,042	10	030		100482
UNITED STATES NAVY								
CALIFORNIA NAVAL, OAKLAND	V. M. HOLM	177	1,443	12,835	C3	009		181382
MARYLAND NAVAL, BETHESDA	T. H. LEWIS	75	598	7,743	C4	012		182382
PENNSYLVANIA NAVAL, PHILADELPHIA	R. E. STRANGE	231	1,476	4,032	C4	012		183182
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
DISTRICT OF COLUMBIA ST. ELIZABETHS, WASHINGTON	O. E. RASKIN	4,330	3,651	6,332	12	036	10,710	180482
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	W. W. WILKERSON				C5	015		100782
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	W. W. WILKERSON	65	11	3,413			12,000	
VETERANS ADMIN.	P. H. LINTON	42	311	3,995			8,200	
ARIZONA PHOENIX ARIZONA STATE GOOD SAMARITAN	H. E. WULSIN L. S. COHN	1,068 24	1,898 597	1,255 9,024	06 04	018 012	10,800 10,200	201782 101182
ARKANSAS LITTLE ROCK ARKANSAS STATE UNIVERSITY OF ARKANSAS MEDICAL CENTER	R. R. NOLEN	420	2,798	8,076	04	012	13,700	202382
UNIVERSITY VETERANS ADMIN. CONSOLIDATED (NORTH LITTLE ROCK DIVISION)	R. F. SHANNON W. G. REESE, H. L. LAMBERT	15 698	196 3,181	5,693 13,327	04	012	11,000 11,905	101882
CALIFORNIA BERKELEY HERRICK MEMORIAL CAMARILLO CAMARILLO STATE DAVIS	F. H. OCKO N. C. MACE	53 2,490	1,512 3,483	11,795 19,631	05 C3	015 012	9,300 8,112	102082 202982
UNIVERSITY OF CALIFORNIA (CAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	D. G. LANGSLEY	51	2,047	28,239	06	018	9,612	104682
ELDRIDGE SONOMA STATE SONOMA STATE SONOMA STATE (ELDRIDGE)	SEE NAPA STATE-SONOMA STATE, IMOLA M. J. ORTEGA M. J. ORTEGA J. C. DANSON				C5	017	9,852	204182
LOMA LINDA LOMA LINDA UNIVERSITY LONG BEACH VETERANS ADMIN.	H. S. EVANS E. G. HILER	16 115	253 1,541	3,000 5,704	C4 C5	012 009	10,000 11,905	102482 204982
LOS ANGELES CEDARS-SINAI MEDICAL CENTER CEDARS OF LEBANON HOSPITAL DIVISION MCINT SINAI HOSPITAL DIVISION	D. SANDERS			8,516 10,730	C6	018	12,000	103082
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER U. C. L. A. VETERANS ADMIN. CENTER, BRENTWOOD VETERANS ADMIN. (SEPULVEDA)	S. M. WOODS R. O. PASNAU R. O. PASNAU M. UNGER	172 55 828 362	4,242 435 3,501 1,390	50,651 26,610 34,265 11,714	20 15 C8 04	072 045 024 012	13,656 10,545 11,905 11,905	103382 195682 206782 206982
MARTINEZ VETERANS ADMIN.	SEE HIGHLAND GENERAL, OAKLAND							
NORWALK METROPOLITAN STATE OAKLAND HIGHLAND GENERAL VETERANS ADMIN. (MARTINEZ)	S. E. ABBOTT R. D. GERLACH P. E. MORENTZ	1,515 43 59	8,859 1,881 755	1,556 35,299 2,971	C5 C4	015 012	8,923 9,156	207982 104182
OLIVE VIEW OLIVE VIEW ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	J. C. SHIPPER, R. KOEGLER L. A. GOTTSCHALK	90 73	1,500 2,354	5,000 23,401	C3	009 042	13,656 13,000	208682 104382

## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA - CONTINUED								
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PATTON PATTEN STATE SAN DIEGO	B. KOVITZ	1,805	4,618	1,924	04	012	8,112	209382
SACRAMENTO SACRAMENTO MEDICAL CENTER SAN DIEGO	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPS., DAVIS							
SAN DIEGO COUNTY COMMUNITY MENTAL HEALTH SERVICES UNIVERSITY OF CALIFORNIA AT SAN DIEGO UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	D. G. ZAPPELLA	114	3,234		04	012		210782
SAN FRANCISCO MOUNT ZION HOSPITAL AND MEDICAL CENTER	M. KARNO, A. MANDELL				18	033	8,900	104982
ST. MARY'S HOSPITAL AND MEDICAL CENTER	E. M. WEINSHL	17	440	18,490	08	024	8,543	105482
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES	M. T. KHELENTZOS	25	492	10,113	03	009	9,000	105782
UNIVERSITY OF CALIFORNIA PROGRAM LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE VETERANS ADMIN.	J. KATSURANIS A. SIMON	117	4,010	143,500	04	012	9,500	211982
SAN JOSE AGNEWS STATE	A. SIMON A. SIMON, I. FEINBERG	71	630	23,005 14,636			6,000 9,030	
SAN MATEO SAN MATEO COMMUNITY MENTAL HEALTH SERVICES	J. E. JEFFRESS, A. SIMON				08	024	8,112	212982
HAROLD D. CHOPE COMMUNITY	P. I. WACKTER	24	1,189	60,742	06	018	9,468	213382
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	P. I. WACKTER	13	466	3,602			9,468	
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	C. P. ROSENBAUM C. P. ROSENBAUM G. KRIEGER	11 832	263 3,258	13,476 21,498	08	032	8,094 9,260	189982
STOCKTON STOCKTON STATE	H. H. BREWSTER	1,191	2,283	6,986	02	006	9,852	213982
TALMAGE MENDOCINO STATE	R. L. DRURY, J. E. O' NEILL	1,185	6,427	3,427	10	030	8,112	214182
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	P. CASTELNUOVO-TEDESCO	20	206	15,060	06	018	13,656	106782
COLORADO								
DENVER DENVER GENERAL	M. G. WHITTINGTON	25	953	2,194	04	012	9,012	107782
FORT LUGAN MENTAL HEALTH CENTER UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	M. N. SCHWARTZ	1,321	2,654	685	05	011	9,000	215382
UNIVERSITY OF COLORADO MEDICAL CENTER VETERANS ADMIN.	D. B. CARTER				15	058		107682
PUEBLO COLORADO STATE	D. B. CARTER D. E. STARRETT	87 43	840 384	42,459 24,950			11,000 8,750	
CONNECTICUT HARTFORD INSTITUTE OF LIVING UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	C. E. MEREDITH, D. CARTER	15	180	3,216	02	002		216182
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION HARTFORD VETERANS ADMIN. (NEWINGTON)	W. W. ZELLER	380	552	13,037	12	036	10,500	216382
NEW HAVEN MIDDLETOWN CONNECTICUT VALLEY	J. R. STABENAU				06	019		109482
NEW HAVEN YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN VETERANS ADMIN. (WEST HAVEN)	J. R. STABENAU J. STABENAU, D. L. BROWN	12 38 16	221 940 119	7,000 3,354			8,630 9,800 8,630	
NEWINGTON VETERANS ADMIN.	S. A. PRINS	1,492	6,310	122	08	024	10,694	216982
NEWTOWN FAIRFIELD HILLS	T. DETRE T. DETRE P. ERRERA	25 93	131 532	8,913 6,103	15	042	10,450 10,543	108982
NORWICH NORWICH	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD				10	030	11,336	217982
WEST HAVEN VETERANS ADMIN.	D. W. THOMAS	2,191	4,274	392	08	024	11,336	218182
DELAWARE NEW CASTLE DELAWARE STATE	M. MARTIN	1,515	4,377	10,088				
DISTRICT OF COLUMBIA WASHINGTON FREEDMEN'S GEORGETOWN UNIVERSITY GEORGE WASHINGTON UNIVERSITY	R. WINKELMAYER	1,107	1,635	5,620	03	009	12,120	218582
FLORIDA GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	E. E. RICKMAN R. A. STEINBACH J. E. RANKIN	27 30	361 401	3,508 15,380 2,435	02 10 05	006 031 015	10,700 10,000 10,000	219382 180182 180282
WILLIAM A. SHANES TEACHING HOSP. AND CLINICS ANCLITE MANOR (TARPOON SPRINGS) VETERANS ADMIN.	J. J. SCHWAB, E. NEWMAN				08	024		183482
	J. J. SCHWAB, E. NEWMAN R. L. MEADOWS H. R. LYONS	20 58	515 364	4,482 2,600 2,090			7,700 11,000 8,012	

## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	All Yrs.		
FLORIDA - CONTINUED								
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	J. N. SUSSEX				15	038		110482
JACKSON MEMORIAL VETERANS ADMIN.	J. N. SUSSEX	136	1,759	11,779			11,650	
TARPEN SPRINGS ANCLOTE MANOR	J. A. BRAUN	152	1,536	1,527			11,614	
SEE UNIV. OF FLORIDA AFFILIATED HOSPITALS, GAINESVILLE								
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	B. C. HOLLAND				15	045		111782
EMORY UNIVERSITY	B. C. HOLLAND	16	231				8,800	
GRADY MEMORIAL	B. C. HOLLAND	26	1,141	14,241				
CENTRAL STATE (MILLEDGEVILLE)	L. J. JACOBS	9,060	11,502	4,564				
GEORGIA MENTAL HEALTH INSTITUTE	C. O. TAIT	70	402	21,590				
VETERANS ADMIN.	T. E. FULMER	38	291	11,400				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS								
EUGENE TALMAGE MEMORIAL VETERANS ADMIN.	E. J. MC CRANIE	15	194	4,669	C3	009	8,100	198582
	N. M. MC FADYEN	920	2,652	8,002	04	010	9,000	222582
MILLEDGEVILLE								
CENTRAL STATE	L. J. JACOBS	9,060	11,502	4,564	10	03C	11,298	222782
HAWAII								
HONOLULU								
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. F. MC DERMOTT				06	019	10,500	223182
HAWAII STATE (KANEHOE)		26	409	6,544				
LEAHI		25	63					
QUEEN'S MEDICAL CENTER		20	714	3,719				
KANEHOE								
HAWAII STATE								
SEE UNIV. OF HAWAII AFFILIATED HOSPITALS, HONOLULU								
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	E. GOMEZ	22	428	4,001	05	014	9,200	114482
ILLINOIS STATE PSYCHIATRIC INSTITUTE	H. D. STRASSMAN	133	884	16,500	12	036	11,700	224182
CHICAGO-READ MENTAL HEALTH CENTER		1,736	9,022					
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	D. OFFER	73	503	17,659	07	025	10,850	114282
NORTHWESTERN UNIVERSITY MEDICAL CENTER								
CHICAGO WESLEY MEMORIAL	H. M. VISOTSKY	48	388	6,566	10	030		224782
PASSAVANT MEMORIAL	H. M. VISOTSKY	32	394				11,000	
VETERANS ADMIN. (RESEARCH)	L. S. KUHS	25	205	122			10,500	
VETERANS ADMIN. (COWNEY)	J. H. MASSERMAN	2,004	3,301	19,612			9,500	
EVANSTON (EVANSTON)	L. DIAMOND	32	498	599			11,500	
PRESBYTERIAN-ST. LUKE'S	P. E. EBENHOEH	59	530	5,328	C6	018	9,946	114782
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS								
UNIVERSITY OF ILLINOIS HOSPITAL VETERANS ADMIN. (WEST SIDE)	D. X. FREEDMAN	21	483	9,564	C8	025	10,000	116082
	G. H. BORDWITZ	21	154	15,008	C8	023	10,560	115082
	B. RAPPAPORT	79	864	45,800	C3	009	10,560	225382
COWNEY								
VETERANS ADMIN.								
SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO								
EVANSTON								
EVANSTON								
SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO								
HINES								
MADDEN MENTAL HEALTH CENTER VETERANS ADMIN.								
SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	E. K. MC DONALD	104	1,416	4,166	04	016	9,600	225782
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	A. J. SPADONI				06	018		117082
LOYOLA UNIVERSITY	J. A. SMITH							
MADDEN MENTAL HEALTH CENTER (HINES)	C. CASTELLANGS	147	1,698	10,008			10,100	
VETERANS ADMIN. (HINES)	E. K. MC DONALD	104	1,416	4,166			9,600	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. I. NURNBERGER				15	050		227382
INDIANA UNIVERSITY HOSPITALS	J. I. NURNBERGER			2,941			10,000	
LARUE D. CARTER MEMORIAL	D. F. MOORE	86	269	1,945			10,800	
MARION COUNTY GENERAL	J. I. NURNBERGER			16,201			9,500	
VETERANS ADMIN.	J. I. NURNBERGER	66	519	70			10,000	
ICWA								
CHEROKEE								
MENTAL HEALTH INSTITUTE	E. A. KJENAAS	278	1,082	6,440	C4	012	13,812	228182
INDEPENDENCE								
MENTAL HEALTH INSTITUTE	S. M. KORSON	337	1,840	3,360	C4	012	13,812	228582
ICWA CITY								
STATE PSYCHOPATHIC	P. E. HUSTON	34	435	7,581	C8	018	10,000	228682
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	J. T. BRALCHI	50	557	20,407	C8	032	10,500	120882
VETERANS ADMIN. (KANSAS CITY, MO.)	F. V. SMITH	59	510	1,123			11,500	

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KANSAS - CONTINUED								
TOPEKA								
MENNINGER SCHOOL OF PSYCHIATRY	H. KLEMMER				28	097		229382
C. F. MENNINGER MEMORIAL	P. WOODLICK, JR.	137	148	41,058			11,000	
TOPEKA STATE	A. M. KOWALSKI	729	1,010	10,249			8,500	
VETERANS ADMIN.	A. D. COOK, JR.	753	3,487	51,457			11,000	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	H. A. STORROW			4,126	06	018		184882
UNIVERSITY	H. A. STORROW	20	283	4,126				
VETERANS ADMIN.	K. B. MOORE	525	2,622	2,129			8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	W. K. KELLER				07	024		121782
CENTRAL STATE	D. IRIGOVEN	714	1,287	3,332				
JC+N. N. AGRON MEMORIAL INFIRMARY	E. E. LANDIS	28	230	1,695			6,000	
LOUISVILLE CHILD GUIDANCE CLINIC	J. F. ICE	33	423	7,952				
LOUISVILLE GENERAL	N. KATERYNIUK	19	1,726	1,625			8,100	
VETERANS ADMIN.	N. S. RUSSINOVICH	43	657	1,206			7,920	
LOUISIANA								
MANDEVILLE								
SOUTHEAST LOUISIANA NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	S. S. NEEDELL	58	1,011	1,044	05	016	7,800	122482
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH				06	018		232082
CHARITY HOSPITAL OF LOUISIANA	R. G. HEATH	55	911	6,715			7,800	
VETERANS ADMIN.	W. W. WALLACE	36	370	7,923			11,905	
SOUTHEAST LOUISIANA (MANDEVILLE)	R. G. HEATH	393	2,140				12,600	
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	K. SHANNON	19	932	1,307	03	009	7,800	123282
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	A. M. ELKINS	28	394	12,408	03	009	8,505	123682
MARYLAND								
BALTIMORE								
JOHNS HOPKINS	S. PERLIN	78	518	16,993	12	030	9,500	124282
SETON PSYCHIATRIC INSTITUTE	T. LYNCH	182	312	637	02	012	12,000	233582
SPRING GROVE STATE	B. RADAUSKAS	2,257	4,356	6,055	04	012	8,400	233782
UNIVERSITY OF MARYLAND	E. B. BRODY	50	437	10,462	08	024	12,000	125282
CROWNSVILLE								
CROWNSVILLE STATE	L. R. FLORES	1,272	5,400	3,244	04	012	8,400	234382
PERRY POINT								
VETERANS ADMIN.	W. M. HARRIS	938	1,612	7,248	02	006	8,500	234982
SYKESVILLE								
SPRINGFIELD STATE	S. C. CHEEKS	2,763	4,169		03	010	15,150	235382
TOWSON								
SHEPPARD AND ENOCH PRATT	I. H. COHEN	245	412	4,803	08	024	9,500	235582
MASSACHUSETTS								
BEDFORD								
VETERANS ADMIN.	SEE VETERANS ADMIN. HOSPITALS OF THE BOSTON AREA, BOSTON							
BELMONT								
MC LEAN	H. M. SHEIN	212	383	13,727	16	039	9,500	236182
BOSTON								
BETH ISRAEL	J. C. NEMIAH	261	8,303	6,387	04	013	9,000	125682
BOSTON CITY	J. MENDELSON	21	360	8,253	05	015	9,600	125782
BOSTON STATE	F. J. DUHL				10	030		236682
MASSACHUSETTS GENERAL	M. T. MC GLIRE	22	270	8,640	16	044	9,500	126182
MASSACHUSETTS MENTAL HEALTH CENTER	J. EWALT, E. SEMRAD	216	916	39,859	28	105	8,400	239182
NEW ENGLAND MEDICAL CENTER HOSPITALS	P. G. MYERSON	10	140	6,171	05	015	9,500	126382
UNIVERSITY	S. I. COHEN	16	134	5,940	07	024	9,500	126282
VETERANS ADMIN. HOSPITALS OF THE BOSTON AREA								
VETERANS ADMIN. (BEDFORD)	E. W. KEIL	843	2,673	36,375	03	003	10,090	235782
VETERANS ADMIN. (JAMAICA PLAIN)	D. M. HOLMES	111	476	5,407	05	015		127182
VETERANS ADMIN. (BROCKTON)	W. R. CROCORAN	891	1,966	41,155	01	003		239982
BROCKTON								
VETERANS ADMIN.	SEE VETERANS ADMIN. HOSPITALS OF THE BOSTON AREA, BOSTON							
CAMBRIDGE								
CAMBRIDGE	J. E. MACK	15	176	10,698	06	018	9,600	126882
HARDING								
MEDFIELD STATE	N. S. MITTEL	776	959	19,387	04	012	13,411	240382
HATHORNE								
DANVERS STATE	E. CONBOY	1,440	1,500	3,000	02	006	13,410	240582
TAUNTON								
TAUNTON STATE	T. IIDA	1,116	986	3,761	06	013	13,411	241782
WALTHAM								
METROPOLITAN STATE	M. ASEKOFF	1,087	2,029	4,258	03	009	13,000	241982
WORCESTER								
WORCESTER STATE	J. L. PRUNIER	848	1,070	2,493	04	016	13,411	242582
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	E. DRAPER				14	045		129382
UNIVERSITY	E. DRAPER	59	316	10,560			10,600	
VETERANS ADMIN.	E. DRAPER, R. J. GING	63	584	807			8,800	

## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 Yr.	All Yrs.		
MICHIGAN - CONTINUED								
DETROIT								
DETROIT PSYCHIATRIC INSTITUTE	M. MARGOLIS	68	1,658	16,531	12	015	12,500	243182
HENRY FORD	R. SCHOPBOCH	25	500	2,500	01	003	10,300	130082
LAFAYETTE CLINIC	J. S. GOETTLIEB	45	303	14,989	12	040	12,720	243382
SINAI HOSPITAL OF DETROIT	N. ROSENZWEIG	32	504	15,934	06	016	12,000	192682
EAST LANSING								
MICHIGAN STATE UNIVERSITY AFFILIATED HOSPITALS	C. M. WORBY				04	012		243682
MICHIGAN STATE UNIVERSITY HEALTH CENTER	A. WERNER		162	900				
GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES (FLINT)	P. CHAPMAN			18,000			12,000	
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER (LANSING)	G. LO	31	960	6,425				
PONTIAC STATE (PONTIAC)	I. S. FINKELSTEIN	1,474	2,105	35,321			12,267	
ELOISE								
WAYNE COUNTY GENERAL	M. MINCI	1,691	2,002	26,798	05	014	10,669	130682
FLINT								
GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES	SEE MICHIGAN STATE UNIV. AFFILIATED HOSPS., EAST LANSING							
LANSING								
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER	SEE MICH. STATE UNIV. AFFILIATED HOSPS., EAST LANSING							
NORTHVILLE								
NORTHVILLE STATE	E. S. MARTINCZYK	1,094	2,112	27,000	05	015	12,210	244382
PONTIAC								
PONTIAC STATE	I. S. FINKELSTEIN	1,474	2,105	35,321	06	018	12,267	244582
TRAVERSE CITY								
TRAVERSE CITY STATE	P. E. KAUFFMAN, R. PEARSON	1,730	1,200	7,000	07	021	12,215	245182
YPSILANTI								
YPSILANTI STATE	J. J. TIZIANI	2,450	1,650	5,115	08	024	12,215	245582
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	W. JEPSON				09	026		133482
UNIVERSITY OF MINNESOTA HOSPITALS	W. HAUSMAN	48	479	29,600			10,500	
HENNEPIN COUNTY GENERAL	W. H. JEPSON	23	667	23,681			8,250	
ST. PAUL-RAMSEY (ST. PAUL)	R. R. TEETER	47	1,733	3,435				
VETERANS ADMIN.	W. HAUSMAN	92	1,226	7,964	04	012	12,050	133382
ST. PAUL								
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	R. M. STEINHILBER	38	848	10,899	08	024	7,300	132882
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINN. AFFILIATED HOSPS., MINNEAPOLIS							
MISSISSIPPI								
BILOXI								
VETERANS ADMIN. CENTER	M. W. DAVIS, C. WATKINS	340	2,465	8,093	03	003	10,203	246582
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	W. S. AGRAS, J. F. SUESS				04	012		246782
MENTAL HEALTH SERVICES, MISSISSIPPI STATE BOARD OF HEALTH	W. S. AGRAS, J. F. SUESS	13	245	967			14,000	
UNIVERSITY VETERANS ADMIN. CENTER	S. C. RUSSELL	65	575				11,736	
MISSISSIPPI STATE (WHITFIELD)	A. G. ANDERSON	221	3,808	125			14,000	
WHITFIELD								
WHITFIELD STATE	SEE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, JACKSON							
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	J. M. A. WEISS	92	1,089	7,354	08	030	12,000	199482
KANSAS CITY								
UNIVERSITY OF MISSOURI RESIDENCY IN PSYCHIATRY	R. K. HORNSTRA	123	3,479	30,731	08	024	12,000	247582
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER								
WESTERN MISSOURI MENTAL HEALTH CENTER								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
JEWISH HOSPITAL OF ST. LOUIS	N. M. SIMON	30	413	2,767	02	006	11,000	135882
MALCOLM BLISS MENTAL HEALTH CENTER	V. B. TUASON	184	2,690	42,434	16	058	12,000	247982
MISSOURI INSTITUTE OF PSYCHIATRY-ST. LOUIS STATE	I. W. SLETTEN	1,299	2,976	29,519	08	024	13,000	248382
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	E. T. AUER, C. K. HOFLING	39	682	4,650	06	018	13,000	136582
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN								
DAVID P. WOHL MEMORIAL MENTAL HEALTH INSTITUTE								
FIRMIN DESLIGNE GENERAL VETERANS ADMIN.	R. L. BIDDY	53	553	11,268			13,240	
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS								
BARNES HOSPITAL GROUP	E. ROBINS	93	1,427	9,613	18	056	11,000	135382
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	M. T. EATON				12	036		137682
NEBRASKA PSYCHIATRIC INSTITUTE	M. T. EATON	51	357	4,409			8,600	
VETERANS ADMIN.	G. W. BARTHOLOW	68	524	3,111			10,700	

## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	All Yrs.		
NEW HAMPSHIRE HANOVER DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS MARY HITCHCOCK MEMORIAL	P. C. WHYBROW	23	549	7,738	05	015	8,500	250582
NEW JERSEY CEDAR GROVE ESSEX COUNTY HOSPITAL CENTER GREYSTONE PARK GREYSTONE PARK PSYCHIATRIC HAMMONTON ANCCRA PSYCHIATRIC LONG BRANCH MONMOUTH MEDICAL CENTER MARLBORO MARLBORO PSYCHIATRIC NEWARK NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS MARTLAND PRINCETON NEW JERSEY NEUROPSYCHIATRIC INSTITUTE TRENTON TRENTON PSYCHIATRIC	A. M. KALLEN J. J. SMITH L. L. SELL H. H. BRLNT N. KIREMITCI M. S. OENHOLTZ J. STARRELS M. ROTOV, C. BUFORD	2,865 3,400 1,322 38 1,038 80 754 2,060	1,792 1,987 3,311 608 3,126 10 1,817 2,197	11,605 13,043 3,000 2,747 2,640	05 04 05 02 03 07 04 04	013 012 015 006 009 015 012 012	11,500 11,500 11,500 11,000 11,500 10,500 11,500 11,500	250782 251382 251582 139282 251982 139882 253582 254382
NEW MEXICO ALBUQUERQUE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS BERNALILLO COUNTY MEDICAL CENTER VETERANS ADMIN. NEW MEXICO STATE (LAS VEGAS) LAS VEGAS NEW MEXICO STATE	R. A. SENESCU R. A. SENESCU S. I. GLOVER T. P. LOWRY SEE UNIV. OF NEW MEXICO AFFILIATED HOSPITALS, ALBUQUERQUE	34 29 447	1,164 470 1,451	21,500 12,739	05	013	8,032	196282
NEW YORK ALBANY ALBANY MEDICAL CENTER AFFILIATED HOSPITALS ALBANY MEDICAL CENTER VETERANS ADMIN. BINGHAMTON BINGHAMTON STATE BUFFALO BUFFALO STATE S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS EDWARD J. MEYER MEMORIAL CENTRAL ISLIP CENTRAL ISLIP STATE COOPERSTOWN MARY IMOGENE BASSETT EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV. HARRISON ST. VINCENT'S HOSPITAL AND MED. CENTER OF NEW YORK, WESTCHESTER BRANCH KINGS PARK KINGS PARK STATE MARCY MARCY STATE MIDDLETOWN MIDDLETOWN STATE MONTROSE VETERANS ADMIN. NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER BRONX STATE LINCOLN HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE BETH ISRAEL MEDICAL CENTER BROOKDALE HOSPITAL CENTER BROOKLYN STATE CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS SOUTH SHORE-ROCKAWAY MENTAL HEALTH CENTER COLUMBIA UNIVERSITY AFFILIATED HOSPITALS NEW YORK STATE PSYCHIATRIC INSTITUTE PRESBYTERIAN MARY IMOGENE BASSETT (COOPERSTOWN) CREEDMOOR STATE HARLEM HOSPITAL CENTER HILLSIDE HOSPITAL TRAINING PROGRAM HILLSIDE QUEENS HOSPITAL CENTER	A. M. KRAFT A. M. KRAFT C. R. YOUNG J. J. SCONZO, B. SALABAN Z. TAINTOR F. J. O' NEILL SEE COLUMBIA UNIVERSITY AFFILIATED HOSPITALS, NEW YORK CITY J. M. SEMER SEE ST. VINCENT'S HSP. & MED. CTR. OF NEW YORK, N.Y.C. G. V. LAURY H. BLERMANN A. DEL GIUDICE D. W. HARRIS J. ZWERLING I. ZWERLING I. ZWERLING E. BERGON J. ZWERLING M. E. PERKINS, H. PINSKER J. FRDSCH M. B. WALLACH J. H. WEISSBERG L. C. KOLB L. C. KOLB L. C. KOLB H. GURIAN J. M. GREENBERG, G. SEAMAN E. B. DAVIS S. SHAPIRO, H. ESECOVER H. B. ESECOVER	56 224 1,765 1,930 73 6,913 73 5,551 2,599 1,418 93 20 362 16 2,056 265 11 11 37 188	1,298 810 1,415 1,751 2,228 4,918 3,469 978 1,442 2,094 3,136 80 8,746 200 1,884 205 150 2,678 447 522	6,546 13,633 3,434 9,600 42,823 3,243 17,550 16,823 5,319 30,870 46,276 117,302 7,744 1,500 16,690 2,412 86,284 26,208 15,621	07 02 02 05 06 14 06 08 06 03 17 08 10 04 10 08 12 10 06 14	021 002 008 015 019 040 018 025 018 009 065 036 024 03C 012 035 036 015 04C	13,000 10,940 25,618 11,300 11,240 11,488 10,112 11,288 12,417 12,615 10,000 11,000 11,000 11,850 12,177 9,500 11,000 12,166 11,500	141482 255982 256182 256382 143882 257382 144882 257782 258182 258382 258582 193182 147082 141982 259382 145082 259782 13,363 259982 147882 260582



## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 Yr.	All Yrs.	Annual Salary (Min.)	
NEW YORK, NEW YORK CITY - CONTINUED								
MAIMONIDES MEDICAL CENTER	M. ULLMAN	34	385	1,291	C4	012	11,000	142882
MANHATTAN PSYCHIATRIC MONTEFICORE HOSPITAL AND MEDICAL CENTER	I. KESSELBRENNER	2,700			17	050	11,985	261582
MOUNT SINAI HOSPITAL TRAINING PROGRAM	H. WEINER	24	260	11,308	C6	018	11,000	146782
MOUNT SINAI CITY HOSPITAL CENTER AT ELMHURST	E. D. JOSEPH	100	1,069	2,386	12	036	11,000	149082
NEW YORK (PAYNE WHITNEY PSYCHIATRIC CLINIC)	H. WEINSTOCK	120	3,696	14,470	12	034	11,250	149182
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	P. G. WILSON	79	388	16,449	C9	028	11,200	262082
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	A. M. FREEDMAN				27	054		147382
UNIT 2 - METROPOLITAN NEW YORK UNIVERSITY MEDICAL CENTER	R. GOLOSSTEIN	102	2,550	780				
UNIVERSITY	A. M. FREEDMAN	90	2,235	50,427				
BELLEVUE HOSPITAL CENTER	M. HERMAN	21	326		14	046		146482
ROOSEVELT		503	11,259	38,857				
ST. LUKE'S HOSPITAL CENTER	H. C. SHANDS, S. KATZ	35	484	26,419	C5	015	9,800	149682
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	J. M. COITTON	57	10,930	13,322	C5	011	11,300	149982
ST. VINCENT'S HSP. E.M.C. OF N.Y., WESTCHESTER BR. (HARRISON)	H. J. TOMPKINS	82	893	19,100	09	026	9,500	150082
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER		105	870	3,058				
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY	M. STEIN	333	9,253	49,827	20	060		142682
VETERANS ADMIN. (BRONX)		18	109				11,000	
VETERANS ADMIN. (MANHATTAN)	J. A. DAVID	112	292	2,460	C5	015	12,562	262782
CDGENSBURG	M. A. GOLDBERG	153	1,293	6,378	C7	019	12,562	146582
ST. LAWRENCE STATE	L. D. HANES	1,267	1,129	2,986	C5	015	12,417	263182
ORANGEBURG								
ROCKLAND STATE	H. PLEASURE	4,859	2,172	3,501	C5	005	11,966	263382
POUGHKEEPSIE								
HUDSON RIVER STATE	H. B. SNOW	3,499	1,418	2,376	C5	025	11,300	263982
ROCHESTER								
ROCHESTER GENERAL	W. T. HART, S. J. VIENER	30	720	40,938	C2	006	9,500	150982
ROCHESTER STATE	R. BARTON	2,723	1,891	8,740	C5	015	11,966	264582
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER		100	1,367	19,754	16	048		151182
SYRACUSE	J. RIMANC							
S.U.N.Y. UPSTATE MEDICAL CENTER	D. OKEN				12	037	9,700	151682
STATE UNIVERSITY	D. OKEN	14	76	3,283				
SYRACUSE PSYCHIATRIC		30	308	10,775				
VETERANS ADMIN.	J. J. DANEHY	70	381	518				
VALHALLA								
GRASSLANDS	S. GAYLIN	83	2,336	8,376	C6	019	11,280	152182
WEST BRENTWOOD								
PILGRIM STATE	H. BRILL	8,600	3,730		C5	025	11,288	265582
WHITE PLAINS								
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER (WESTCHESTER DIVISION)	F. J. HAMILTON	242	572	5,062	C8	026	8,040	265782
NORTH CAROLINA								
BUTNER								
JOHN UMSTEAD	A. VERHOERDT	1,265	3,036		C5	015	12,468	266382
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	W. E. BAKEWELL, JR.	47	653	10,234	12	040	10,000	190082
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS								
DUKE UNIVERSITY MEDICAL CENTER	E. W. BUSSE	58	908	3,842	12	044		152982
VETERANS ADMIN.	E. W. BUSSE	68	594	3,842			9,500	
RALEIGH	R. L. GREEN, JR.			689			9,250	
DOROTHEA CIX	P. A. WALKER	2,222	5,244	15,194	C5	017	13,080	267782
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	R. FROCTOR	9	246	1,572	C4	010	8,000	153782
OHIO								
CINCINNATI								
ROLLMAN PSYCHIATRIC INSTITUTE UNIVERSITY OF CINCINNATI HOSPITAL GROUP	W. R. CHAMBERS	104	568	16,676	10	030	9,214	269382
CINCINNATI GENERAL VETERANS ADMIN.	M. LEVINE	38	489	43,676	18	045		154882
CLEVELAND		62	570	1,611			8,400	
CLEVELAND CLINIC	A. D. WEATHERHEAD	21	216	5,171	C2	006	9,500	196882
CLEVELAND PSYCHIATRIC INSTITUTE	F. A. LINGL	172	1,552	14,670	C8	024	9,214	269582
FAIRHILL MENTAL HEALTH CENTER	T. J. JOYNES	120	1,649	37,678	10	025	9,214	269882
UNIVERSITY HOSPITALS OF CLEVELAND								
VETERANS ADMIN.	L. D. LENKOSKI	65	690	5,530	C8	025	10,500	156282
COLUMBUS	H. S. SLDAK	34	218				9,767	
COLUMBUS STATE	L. SZABO	1,550	1,830	14,162	C8	024	8,736	270982
OHIO STATE UNIVERSITY HOSPITALS	I. GREGORY	100	1,350	14,000	08	018	9,600	156682
CUYAHOGA FALLS								
FALLSVIEW MENTAL HEALTH CENTER	M. MENASSA	117	1,752	18,849	C5	015	8,965	271182
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. GOTTLIEB				C4	012	10,200	157982
ST. VINCENT HOSPITAL AND MEDICAL CENTER								
TOLEDO MENTAL HEALTH CENTER	W. KING	32	680					
WORTHINGTON	M. GOTTLIEB, W. KING	1,877	2,586	8,000			10,200	
HARCING	G. T. HARDING, JR.	96	549	1,862	C3	009	9,000	271982

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
OKLAHOMA NORMAN CENTRAL STATE GRIFFIN MEMORIAL OKLAHOMA CITY UNIVERSITY OF OKLAHOMA MEDICAL CENTER	H. H. DONAHLE	552	2,231	9,460	C5	015	13,780	272382
UNIVERSITY OF OKLAHOMA HOSPITALS VETERANS ADMIN.	G. H. DECKERT G. H. DECKERT P. P. PARRISH	13 67	33 636	2,437 6,700	C6	024	9,000	158982
OREGON PORTLAND UNIVERSITY OF OREGON AFFILIATED HOSPITALS UNIVERSITY OF OREGON MEDICAL SCHOOl HOSPITALS AND CLINICS	G. SASLOW	34	1,403	7,893	C6	018	6,600	159982
SALEM OREGON STATE	N. B. JETMALANI	998	2,544		C3	C09	12,288	273382
PENNSYLVANIA BRIDGEVILLE MAYVIEW STATE COATESVILLE VETERANS ADMIN. HARRISBURG NORRISTOWN NORRISTOWN STATE PHILADELPHIA ALBERT EINSTEIN MEDICAL CENTER EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA INSTITUTE OF THE PENNSYLVANIA HOSPITAL PHILADELPHIA GENERAL PHILADELPHIA PSYCHIATRIC CENTER PHILADELPHIA STATE TEMPLE UNIVERSITY THOMAS JEFFERSON UNIVERSITY	R. ST. JOHN M. P. ROSENBLUM P. GLOWACKI, F. E. KAPLAN M. D. PRESSMAN W. A. PHILLIPS R. A. NEWMAN, E. LAGER L. MADDOX S. S. HAMILTON J. M. MYERS J. MGCK B. JAFFE, R. SAUL B. CAHN M. D. PEPERNIK F. S. CERNELISON, JR.	2,275 1,285 2,434 22 90 1,909 50 23 187 36 134 2,688 20 20	754 1,882 862 507 278 4,009 160 541 1,147 408 1,496 918 386 399	1,946 1,502 6,402 27,377 1,498 7,109 6,775 2,436 22,208 1,514 3,491 1,390	C4 C3 C1 C3 C5 12 C5 12 10 C4 C8 13 C8 C6	012 008 030 010 015 035 015 034 026 004 024 030 024 014	17,839 12,000 12,075 16,100 9,454 8,500 16,650 10,600 11,686 11,000 12,075 16,200 12,000	273782 273982 274782 163182 275382 162682 184982 162882 275582 164082 276982 277182 164682 163082
PITTSBURGH HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	F. F. LOEB, JR.	124	1,014	53,740	12	048		276382
WARREN WARREN STATE	A. Y. HOCHING	2,149	727	1,948	C1	027	9,454	278382
PUERTO RICO BAYAMON PUERTO RICO INSTITUTE OF PSYCHIATRY SAN JUAN UNIV. OF PUERTO RICO SCHOOL OF MEDICINE (DEPARTMENT OF PSYCHIATRY) VETERANS ADMIN. CENTER	V. BERNAL Y DEL RIO J. A. ROSSELLLO P. J. DURAND	170 939 220	591 3,675 1,600	248 56,612 18,000	C4 C5 C4	010 011 012	10,000 7,500 17,761	
RHODE ISLAND PROVIDENCE RHODE ISLAND MEDICAL CENTER-INSTITUTE OF MENTAL HEALTH	M. ROSS	1,600	68	1,425	05	015	9,580	278782
SOUTH CAROLINA CHARLESTON MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS MEDICAL UNIVERSITY OF SOUTH CAROLINA VETERANS ADMIN.	L. MC GURDY L. MC GURDY J. D. SEXAUER	38 33	647 288	1,362 1,103	C8	024		168082
COLUMBIA WILLIAM S. HALL PSYCHIATRIC INSTITUTE	J. E. FREED	66	442	5,644	C6	018	11,358	280382
TENNESSEE MEMPHIS UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS CITY OF MEMPHIS HOSPITALS TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE VETERANS ADMIN.	G. H. AIVAZIAN G. H. AIVAZIAN G. H. AIVAZIAN J. H. DRUFF	27 165 147	1,134 1,933 900	3,519 12,289 9,127	06	018	6,600 12,000 8,120	281182
NASHVILLE GEORGE W. HUBBARD HOSPITAL OF THE McHARRY MEDICAL COLLEGE VANDERBILT UNIVERSITY AFFILIATED HOSPITALS VANDERBILT UNIVERSITY VETERANS ADMIN.	J. SPURLOCK C. E. WELLS C. E. WELLS J. H. FISHBEIN	9 11 25	168 203 201	2,153 2,477 1,927	C2 C6	006 018	9,000 9,000 8,500	282182 170282
TEXAS AUSTIN AUSTIN STATE	A. P. ROUSOS	1,750	4,000	4,200	C8	024	10,800	282582

## 24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS - CONTINUED								
DALLAS								
TIMBERLAWN PSYCHIATRIC UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	J. M. LEWIS	143	432	12,217	C5	015	10,800	283382
PARKLAND MEMORIAL PRESBYTERIAN HOSPITAL OF DALLAS VETERANS ADMIN. TERRELL STATE (TERRELL)	H. J. STUART A. W. DE LCACH, B. BEARD I. KIMBELL, JR. L. M. COWLEY	35 21 76 2,598	231 449 540 4,233	5,499 5,702 1,502 5,189	C8	030	7,590 6,930 7,945 13,000	283582
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. I. BRUCE, JR.	227	1,986	8,029	12	036	8,400	171482
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS	A. D. POKORNY A. D. POKORNY W. A. CANTRELL	20 40	599 793	6,102	10	030		171682
BEN TAUB GENERAL METHODIST TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES VETERANS ADMIN.	J. C. SCHOLAR A. D. POKORNY	89 361	924 2,116	31,678 9,137			8,000 9,100	
SAN ANTONIO SANTA RECA MEDICAL CENTER UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS BEXAR COUNTY TEACHING	W. H. LEWIS S. H. ROSENTHAL	718 26	1,875 600	38,852 12,000	03	003	10,200	172382
TEMPLE SCOTT AND WHITE MEMORIAL	H. A. WILMER	13	375	4,978	04	012	9,400	172582
TERRELL TERRELL STATE	SEE UNIV. OF TEX. SOUTHWESTERN MED. SCH. AFF. HOSPS., DALLAS							
UTAH								
PROVO UTAH STATE SALT LAKE CITY UNIVERSITY OF UTAH AFFILIATED HOSPITALS	SEE UNIVERSITY OF UTAH AFFILIATED HOSPITALS, SALT LAKE CITY							
UNIVERSITY VETERANS ADMIN. UTAH STATE (PROVO)	E. L. BLISS E. L. BLISS G. S. JOHNSON	21 429	603 1,173	2,868	05	015	8,900	173282
VERMONT BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT	F. P. MC KEGNEY	29	525	3,467	05	014	8,600	173482
VIRGINIA CHARLOTTESVILLE UNIVERSITY OF VIRGINIA FALLS CHURCH NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	D. R. HAWKINS M. A. JACOBSON	26 110	460 706	7,936 1,045	06 03	021 009	10,620 15,000	173782 286982
PETERSBURG CENTRAL STATE RICHMOND VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	H. SORMUS J. L. MATHIS, J. MULLANEY	4,174 51	2,727 2,682	2,727 6,495	04 06	010 018	15,000 7,260	287382 174382
WILLIAMSBURG EASTERN STATE	F. D. MC KENNEY, JR.	2,385	2,327		04	012	15,000	288782
WASHINGTON FORT STELLACON WESTERN STATE SEATTLE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS HARBORVIEW MEDICAL CENTER UNIVERSITY VETERANS ADMIN.	J. W. BOWDWIN H. C. WIMBERGER W. WOMACK H. C. WIMBERGER M. H. JOHNSON	1,218 20 39 73	2,274 1,825 218 518	10,314 1,811 13,788 11,949	04 15	012 047	10,800 191882 7,704 7,008	288982
SEDCR WCLLEY NORTHERN STATE	S. M. SPIRG	673	937	8,400	01	004	10,800	289182
WEST VIRGINIA MORGANTOWN WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. W. SPRADLIN	25	792	6,888	04	013	9,000	183782
WISCONSIN								
MADISON UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS UNIVERSITY HOSPITALS MENDOTA STATE	W. F. FEY W. F. FEY L. I. STEIN	30 407	591 2,135	20,000 1,950	12	042	9,500	177982
MILWAUKEE MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS MILWAUKEE PSYCHIATRIC (WAUWATOSA) MILWAUKEE CHILDREN'S MILWAUKEE COUNTY MENTAL HEALTH CENTER VETERANS ADMIN. CENTER (WOOD)	M. JOSEPHSON H. SACKIN M. GELFMAN B. JACKSON	94 2 327 69	356 135 4,098 930	3,191 9,474 14,714 17,471	08	024	178482 9,909 9,966 10,409	178482
WAUWATOSA MILWAUKEE PSYCHIATRIC WINNEBAGO WINNEBAGO STATE	SEE MED. COLL. OF WIS. AFFILIATED HOSPS., MILWAUKEE G. D. LYSLEFF	574	2,296	259	04	012	15,700	291182

PSYCHIATRY

Residency program 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, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973	Annual Salary (Min.)	NIRMP Number
					Ist Yr.	All Yrs.	
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA SAN FRANCISCO PACIFIC MEDICAL CENTER - PRESBYTERIAN	J. P. KAHN	10	270	3,994	C1	005 8,600	106182
NEW YORK WILLARD WILLARD STATE	A. N. MUSTILLE	1,511	346	8,360	C3	005 11,288	265982
WINGDALE HARLEM VALLEY STATE	A. DRESNER	3,608	837	1,087	CC	002 11,288	266182
PENNSYLVANIA ALLENTOWN ALLENTOWN STATE	H. T. FIEDLER	1,205	398	2,961	C2	004 12,075	273582
DANVILLE DANVILLE STATE	L. R. ANGUS	1,881	550	3,753	C3	006 9,454	274182

PSYCHIATRY

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, 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.

UNITED STATES PUBLIC HEALTH SERVICE							
MARYLAND NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA							234182
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA POMONA PACIFIC STATE	R. R. PARLCUR				C1	001	209582
CONNECTICUT NEW CANAAN SILVER HILL FOUNDATION	E. T. HUPALOWSKY		287	1,343	C2	002	217182
MARYLAND RECKVILLE CHESTNUT LODGE	J. L. CAMERON	85	29	2,880	CO	004 13,000	235182
MASSACHUSETTS BOSTON PETER BENT BRIGHAM STOCKBRIDGE	P. REICH					11,000	126582
AUSTEN RIGGS CENTER	E. A. WHITE, JR.	38	40	2,729	C2	005 11,000	241582
WALTHAM WALTER E. FERNALD STATE SCHOOL	N. R. BERNSTEIN, J. C. RICE				C1	001	242182
NEW YORK PORT CHESTER HIGH POINT THIELLS	A. GRALNICK	41	98		CO	002 16,500	263582
LEITCHWORTH VILLAGE	T. SMITH	3,650	59	15,118	CO	002 11,288	265182

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. 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.

UNITED STATES ARMY							
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	C. K. CORDES			2,516	C2	004	
DISTRICT OF COLUMBIA WALTER REEC GENERAL, WASHINGTON	D. P. DEVARIS	30		7,540	C4	008	
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	R. E. ESTOCK			1,726	02	004 12,000	
CALIFORNIA BERKELEY CITY OF BERKELEY MENTAL HEALTH SERVICES	C. R. GRAHAM	11	127	2,925	C1	001 7,500	
CAMARILLO CAMARILLO STATE	N. I. RIEGER	165	180		C2	004 8,952	

## CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		
					1st Yr.	All Yrs.	Annual Salary (Min.)
CALIFORNIA - CONTINUED							
LOS ANGELES							
CEDARS-SINAI MEDICAL CENTER MOUNT SINAI HOSPITAL DIVISION	S. L. BROWN			13,901	C1	003	12,000
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. D. TEICHER	61	578	17,823	C6	C12	15,936
REISS-DAVIS CHILD STUDY CENTER	R. L. MOTT	57	152	18,215	C3	006	9,000
U. C. L. A.	R. O. PASNAU	49	197	12,786	C4	008	13,545
ORANGE							
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS ORANGE COUNTY MEDICAL CENTER	J. D. CALL	10	36	10,000	C2	008	16,000
PASADENA							
PASADENA CHILD GUIDANCE CLINIC	J. M. MEAD	40	360	9,980	C2	004	7,000
SAN DIEGO							
SAN DIEGO COUNTY COMMUNITY MENTAL HEALTH SERVICES CHILD GUIDANCE CLINIC	L. FOX	16	44	3,173	C2	004	12,324
SAN FRANCISCO							
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	R. A. KIMMICH			9,447	C1	003	9,900
MOUNT ZION HOSPITAL AND MEDICAL CENTER	C. F. SETTLAGE			9,244	C4	007	11,150
ST. MARY'S HOSPITAL AND MEDICAL CENTER	M. T. KHLENTZOS	40	410	8,071	C3	006	10,020
UNIVERSITY OF CALIFORNIA PROGRAM LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE	S. A. SZUREK				C4	006	7,000
STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS STANFORD UNIVERSITY	A. J. ROSENTHAL			2,224	C2	008	8,094
TORRANCE							
LOS ANGELES COUNTY HARBOR GENERAL	R. RCGERS			5,535	C1	003	14,784
VAN NUYS							
SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC	I. H. WEILAND		1,710	20,000	C2	004	12,000
COLORADO							
DENVER							
UNIVERSITY OF COLORADO MEDICAL CENTER	G. E. BLOM	16	116	13,744	C4	008	13,000
CONNECTICUT							
HARTFORD							
INSTITUTE OF LIVING-CHILDREN'S CLINIC	F. G. BLACKMAN	31	51	4,495	C1	002	12,000
NEW HAVEN							
YALE UNIVERSITY CHILD STUDY CENTER	A. J. SOLNIT			7,562	C1	008	10,000
DISTRICT OF COLUMBIA							
WASHINGTON							
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	R. S. LORIE	2	38	7,200	C1	010	10,500
GEORGETOWN UNIVERSITY MEDICAL CENTER	E. S. KESSLER			3,324	C3	006	11,000
FLORIDA							
GAINESVILLE							
WILLIAM A. SHANCS TEACHING HOSP. AND CLINICS	P. L. ADAMS	20	9	4,336	C5	009	8,500
MIAMI							
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS JACKSON MEMORIAL	J. N. SUSSEX	6	16	880	C2	004	
GEORGIA							
ATLANTA							
EMORY UNIVERSITY CHILDREN'S CLINIC	J. M. WINER			5,000	C3	006	12,000
GEORGIA MENTAL HEALTH INSTITUTE	L. HOLLANDER			10,176			
HAWAII							
HONOLULU							
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. F. MC DERMOTT				C3	007	11,700
LEAHI DIAMOND PEAC MENTAL HEALTH CLINIC		11	57				
		8	146	2,000			
ILLINOIS							
CHICAGO							
CHILDREN'S MEMORIAL	J. L. SCHULMAN			5,113	C2	004	11,000
INSTITUTE FOR JUVENILE RESEARCH	E. H. FLUTTERMAN			4,440	C4	008	5,840
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	S. C. FEINSTEIN	40		6,500	C2	005	11,850
PRESBYTERIAN-ST. LUKE'S	A. H. NORTON	14	68	5,237	C3	008	11,198
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. F. KENWARD	40	10	2,838	C2	004	11,000
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY MEDICAL CENTER	J. E. SIMMONS				C4	008	
INDIANA UNIVERSITY HOSPITALS LARUE D. CARTER MEMORIAL		47	75	2,982 703			9,500 13,380

## CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)
IOWA ICWA CITY STATE PSYCHOPATHIC	R. L. JENKINS	18	48	1,302	01 003	11,500
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	P. C. LAYBURN, JR.	4	58	4,988	C4 008	11,000
KANSAS TCPEKA CHILDREN'S DIVISION, THE MENNINGER FOUNDATION	J. T. MORROW, JR.	61	37	6,538	CC 014	10,000
KENTUCKY LEXINGTON UNIVERSITY OF KENTUCKY MEDICAL CENTER	R. G. AUG R. G. AUG	20	105	1,682	C3 006	8,000
KENTUCKY UNIVERSITY CHILDREN'S TREATMENT CENTER (ANCHORAGE)	R. G. AUG, J. G. MAY	22	19	864		
KENTUCKY LOUISVILLE LOUISVILLE CHILD GUIDANCE CLINIC	J. F. ICE	33	423	7,952	C2 004	10,000
LOUISIANA NEW ORLEANS LOUISIANA STATE UNIVERSITY MEDICAL CENTER	S. E. RUBIN			3,600	C4 008	
LOUISIANA TULANE UNIVERSITY AFFILIATED HOSPITALS SOUTHEAST LOUISIANA (MANDEVILLE)	R. G. HEATH			2,071	C3 006	
MARYLAND BALTIMORE JOHNS HOPKINS UNIVERSITY OF MARYLAND	A. RODRIGUEZ F. RAFFERTY			936	C1 005 C2 004	9,500 12,000
MARYLAND TOWSON SHEPPARD AND ENOCH PRATT	J. J. GIBBS	16	26	2,796	C3 006	10,500
MASSACHUSETTS BELMONT BEAVERBROOK GUIDANCE CENTER	C. L. HUDSON			6,513	C2 004	
MASSACHUSETTS BOSTON BETH ISRAEL BOSTON UNIVERSITY-BOSTON CITY HOSPITAL GUIDANCE CENTER	J. C. NEMIAH E. N. REXFORD	9 150	579 15	6,121 4,500	C3 006 C4 008	10,000 7,500
MASSACHUSETTS CHILDREN'S HOSPITAL MEDICAL CENTER	T. BENARON			8,684	C1 006	9,600
MASSACHUSETTS DOUGLAS A. THOM CLINIC FOR CHILDREN	H. WEINTRAUB	18	75	2,825	C2 004	8,000
MASSACHUSETTS JAMES JACKSON PUTNAM CHILDREN'S CENTER	R. CHASIN V. B. TISZA	27	19	7,608 10,130	C1 004 C6 005	10,000 6,000
MASSACHUSETTS JUDGE BAKER GUIDANCE CENTER MASSACHUSETTS GENERAL MASSACHUSETTS MENTAL HEALTH CENTER	J. H. LAMONT G. ROCHLIN			2,530	C1 001	7,500
MASSACHUSETTS NEW ENGLAND MEDICAL CENTER HOSPITALS	M. STOCKING, F. EHRlich	11	2	3,550	C4 007	12,500
MASSACHUSETTS CAMBRIDGE CAMBRIDGE GUIDANCE CENTER		1	140	4,661	C1 005	9,500
MASSACHUSETTS QUINCY SOUTH SHORE MENTAL HEALTH CENTER	C. K. TAGILRI J. NELSON			7,690	C1 003	
MASSACHUSETTS WALTHAM METROPOLITAN STATE	D. S. GAIR	30	462	6,995	CC 002	8,500
MASSACHUSETTS WORCESTER WORCESTER YOUTH GUIDANCE CENTER	H. L. WYLIE	75	250		C2 006	9,000
MASSACHUSETTS WORCESTER WORCESTER YOUTH GUIDANCE CENTER	H. L. WYLIE			7,284	002	
MICHIGAN ANN ARBOR UNIVERSITY	S. M. FINCH, S. HARRISON	31	49	11,057	C7 014	11,400
MICHIGAN DETROIT LAFAYETTE CLINIC	C. B. SIMSON	51	182	6,758	C4 010	13,700
MICHIGAN NORTHVILLE HAWTHORN CENTER	H. L. WRIGHT	245	216	7,040	C2 014	12,214
MICHIGAN YPSILANTI YORK WCCDS CENTER	E. P. BENEDEK	95	64	818	C2 004	12,156
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA HOSPITALS	C. P. MALMQUIST	15	82	1,500	C2 004	11,500
MINNESOTA ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE	J. G. DELAND	15	78	4,050	C2 004	7,900
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER	F. TAPIA	22	65	2,274	C4 008	14,000
MISSOURI KANSAS CITY GRTR. KANSAS CTY. MNTL. HLTH. FRDN., U. MO. SCH. MED., KANS. CITY DIV.	J. R. HARTE	34	384	16,460	C4 008	14,000
MISSOURI ST. LOUIS MALCOLM BLISS MENTAL HEALTH CENTER	J. E. EDWARDS	23	220	9,867	C1 008	15,000
MISSOURI WILLIAM GREENLEAF ELIOT DIV. OF CHILD PSYCH., WASH. U. SCH. OF MED.	E. J. ANTHONY	55	38	10,255	C1 005	12,750

## CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st All Salary Yr. Yrs. (Min.)
NEBRASKA					
OMAHA					
NEBRASKA PSYCHIATRIC INSTITUTE	P. M. FINE	11	39	2,111	C2 004 9,800
NEW HAMPSHIRE					
HANOVER					
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS DARTMOUTH-FITCHCOCK MENTAL HEALTH CENTER MARY FITCHCOCK MEMORIAL	R. SCBEL			2,088	C1 002 9,500
NEW JERSEY					
PLAINFIELD					
UNION COUNTY PSYCHIATRIC CLINIC	N. A. DURANT				C1 002 11,500
TRENTON					
CHILD GUIDANCE CENTER OF MERCER COUNTY	N. N. BOONIN			9,405	004 10,500
NEW YORK					
ALBANY					
ALBANY CHILD GUIDANCE CENTER FOR PSYCHIATRIC SERVICES	L. M. SPORTSMAN		590		C1 002
NEW YORK CITY					
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS					
BROOKLYN MUNICIPAL HOSPITAL CENTER	E. SPERLING	27	584	17,000	C7 015
BROOKLYN PSYCHIATRIC CENTERS					C1 002 7,500
CITY HOSPITAL CENTER AT ELMHURST	D. SCHULMAN	37	473	3,176	C5 010 12,250
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS	W. S. LANGFORD				C4 010 11,500
NEW YORK STATE PSYCHIATRIC INSTITUTE PRESBYTERIAN		10	13	1,821	11,500
HARLEM HOSPITAL CENTER	V. N. WILKING			6,156	C1 002
HILLSIDE	H. B. ESECOVER	188	522	4,579	C4 008 15,250
MADELEINE BORG CHILD GUIDANCE INSTITUTE	A. H. ESMAN			4,492	C1 005 11,000
MOUNT SINAI	E. D. JOSEPH, A. BLAU	12	77	1,271	C4 007 12,000
NEW YORK (PAYNE WHITNEY PSYCHIATRIC CLINIC)	B. L. NEW			3,897	C3 006 11,500
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. LA VIETES				C3 006
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		2	4	594	
UNIT 2 - METROPOLITAN		24	271	6,202	
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME					
NEW YORK UNIVERSITY MEDICAL CENTER	B. FISH				C4 008
BELLEVUE HOSPITAL CENTER UNIVERSITY		65	371	4,032	
POSTGRAD. CTR. FOR MNTL. HLTH., CLIN. FOR CHILDREN AND ADOLESCENTS	B. B. GEFER	43	1	43	C1 002 12,000
ROOSEVELT	H. C. SHANDS, B. PACELLA	30	38	5,008	C1 002 9,800
ST. LUKE'S HOSPITAL CENTER	J. M. COTTON	29	127	5,479	C2 004 12,300
STATEN ISLAND MNTL. HLTH. SOCIETY-ST. VINCENT'S MED. CTR. OF RICHMOND	B. L. NEW	24	435	5,737	C3 008 12,000
STATEN ISLAND MENTAL HEALTH SOCIETY					
ST. VINCENT'S MEDICAL CENTER OF RICHMOND					
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. P. KEMPH				C8 012 12,000
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY		55	590	6,811	
RHINEBECK					
ASTOR HOME FOR CHILDREN	G. MORA	84	25	35	C1 001 10,000
ROCHESTER					
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	D. L. MILLER		20	1,665	C2 004
SCHENECTADY					
SCHENECTADY COUNTY CHILD GUIDANCE CENTER	H. E. KAROWE			2,974	C2 002 8,000
NORTH CAROLINA					
BUTNER					
MURDOCH CENTER, CHILDREN'S PSYCHIATRIC INSTITUTE	M. AMAYA	46	31	10,749	C2 004 13,745
CHAPEL HILL					
NORTH CAROLINA MEMORIAL	J. I. BOSWELL, JR.			4,383	C2 005 11,000
DURHAM					
DURHAM CHILD GUIDANCE CLINIC, DUKE UNIVERSITY MEDICAL CENTER	J. A. FOWLER	150	400	10,000	C4 010
OHIO					
CINCINNATI					
UNIVERSITY OF CINCINNATI HOSPITAL GROUP					C7 014
CENTRAL PSYCHIATRIC CLINIC				6,228	9,200
CHILDREN'S PSYCHIATRIC CENTER OF THE JEWISH HOSPITAL		30		4,493	7,000
CLEVELAND					
UNIVERSITY HOSPITALS OF CLEVELAND	W. D. BOAZ	8	36	5,206	C2 004 11,500
COLUMBUS					
OHIO STATE UNIVERSITY HOSPITALS	R. D. CODDINGTON	17	34	4,000	C2 004 10,000

## CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)
OHIO - CONTINUED							
DAYTON DAYTON CHILDREN'S PSYCHIATRIC HOSPITAL-CHILD GUIDANCE CENTER	J. M. CUNNINGHAM	57	91	5,672	C2	004	11,606
CLEVELAND MEDICAL COLLEGE OF OHIO AT CLEVELAND	W. M. EASSON				C1	001	
OKLAHOMA OKLAHOMA CITY UNIVERSITY OF OKLAHOMA MEDICAL CENTER	M. D. SCHECHTER			4,300	C2	004	12,000
TULSA CHILDREN'S MEDICAL CENTER	J. T. PROCTOR	34	216	21,258	C2	004	11,600
OREGON							
PORTLAND UNIVERSITY OF OREGON AFFILIATED HOSPITALS UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	H. BOVERMAN	12	50	2,566	O2	004	10,000
PENNSYLVANIA							
NORRISTOWN MONTGOMERY COUNTY MENTAL HEALTH CLINICS	S. I. ALTMAN			7,870	C2	002	7,500
PHILADELPHIA ALBERT EINSTEIN MEDICAL CENTER HANNEMANN MEDICAL COLLEGE AND HOSPITAL	W. L. ALLER		1	1,126	C2	004	10,100
IRVING SCHWARTZ INST. FOR CHILDREN & YOUTH OF THE PHILA. PSYCH. CTR.	H. S. BELMONT	24	144	9,736	O5	010	8,500
MEDICAL COLLEGE OF PA.-EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE	N. WOHL			23,109	C2	008	10,600
PHILADELPHIA CHILD GUIDANCE CLINIC	R. C. PRALL	51	31	336	C5	010	13,301
PHILADELPHIA GENERAL ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	C. A. MALONE D. WILLIG		1,296	20,024 588	C4 C2	008 002	6,000 11,686
PITTSBURGH HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	J. M. DUNN			6,002	C4	008	11,500
WILKES-BARRE CHILDREN'S SERVICE CENTER OF WYOMING VALLEY	R. L. COHEN	120	2,600	26,000	C2	010	11,500
	M. E. BARNES	16	43	5,575	C1	002	8,000
PUERTO RICO							
SAN JUAN UNIV. OF PUERTO RICO SCHOOL OF MEDICINE (DEPARTMENT OF PSYCHIATRY)	A. FIGAREDO	20	13	4,200	C4	006	
RHODE ISLAND							
RIVERSIDE EMMA PENDLETON BRADLEY	S. ALFIE	66	19	11,744	C1	005	9,000
SOUTH CAROLINA							
COLUMBIA WILLIAM S. FALL PSYCHIATRIC INSTITUTE	R. C. SCHNACKENBERG			4,161	C4	008	13,633
TENNESSEE							
MEMPHIS UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS CITY OF MEMPHIS HOSPITALS GAILOR MENTAL HEALTH CENTER TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE	W. C. HIATT			110 540		003	12,000
NASHVILLE VANDERBILT UNIVERSITY	H. P. COPPOLILLO	17	23	938	C2	004	11,000
TEXAS							
DALLAS UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL DALLAS CHILD GUIDANCE CLINIC	L. CLAMAN			6,527	O1	004	
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	L. G. HORNSBY	29	37	1,594	C3	008	9,600
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES	D. B. HANSEN	22	900	6,000	C3	006	
SAN ANTONIO UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS COMMUNITY GUIDANCE CENTER OF BEXAR COUNTY	A. C. SERRANO	23	40	1,942	C2	006	10,000
UTAH							
SALT LAKE CITY UNIVERSITY OF UTAH AFFILIATED HOSPITALS UNIVERSITY	M. H. EGAN			3,605	C2	004	8,900



## CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)
VERMONT BURLINGTON MEDICAL CENTER HOSPITAL OF VERMONT	H. R. HUESSEY	28	54	366	C2	004	7,200
VIRGINIA CHARLOTTESVILLE UNIVERSITY OF VIRGINIA FALLS CHURCH FAIRFAX-FALLS CHURCH MENTAL HEALTH CENTER	A. MATSSON  S. L. ALSTER			9,000	C1	002	12,528
RICHMOND VIRGINIA TREATMENT CENTER FOR CHILDREN	J. L. MATHIS			3,387	C3	005	15,000
WASHINGTON SEATTLE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY	H. C. WIMBERGER	10	20	5,575		008	8,700
WISCONSIN MADISON UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS UNIVERSITY HOSPITALS CHILDRENS TREATMENT CENTER	J. C. WESTMAN	25	46	3,500 15,356	C3	006	11,900
MILWAUKEE MILWAUKEE CHILDREN'S MILWAUKEE COUNTY MENTAL HEALTH CENTER	F. SACKIN J. A. JOHNSON	2	135	9,474	C2	004	11,000 10,962

## 25. 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.

## 26. 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.

	Chief of Service or Program Director	X-ray Examina- tions	Radium or Cobalt (not Telotherapy) Treatments	Superficial and Ortho- voltage Treat. Visits	Mega- voltage Treatment Visits	Positions Offered			NIRMP Number	
						1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)		
UNITED STATES AIR FORCE										
CALIFORNIA DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	R. C. MC ELIGOT	65,000	11,145	3,644	6,784	C2	006			
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	W. H. GREENDYKE	156,000	53	1	438	C6	018			
UNITED STATES ARMY										
U. S. ARMY COORDINATE PROGRAM LETTERMAN GENERAL, SAN FRANCISCO, CALIF.	J. J. DL BOIS	67,815	18	14	93	C4	012		100483	
FITZSIMONS GENERAL, DENVER, C.C.G.	J. B. CAMPBELL	110,274	8	6	294	C4	012		100483	
WALTER REED GENERAL, WASHINGTON, D.C.	J. G. MAIER	125,908	51	28	394	C6	024		100483	
TRIPLER GENERAL, HONOLULU, HAWAII	M. M. REEDER	91,915	36	20	84	C4	012		100483	
BROCKE GENERAL, SAN ANTONIO, TEXAS	R. O. HAGEN	153,249	18	11	214	C5	015		100483	
UNITED STATES NAVY										
U. S. NAVY COORDINATE PROGRAM NAVAL, OAKLAND, CALIF.	R. J. RCBL	66,455	146	171	4,048	C3	007		181383	
NAVAL, SAN DIEGO, CALIF.	Q. E. CREKS, JR.	406,047	38	506	10,689	C5	015		181483	
NAVAL, BETHESDA, MD.	J. E. TURNER	87,288	12	52	450	C4	012		182383	
NAVAL, PHILADELPHIA, PA.	J. C. BAXTER	52,752	138	3	138	C3	009		183183	
UNITED STATES PUBLIC HEALTH SERVICE										
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE CHARITY HOSPITAL OF LOUISIANA, NEW ORLEANS, LA.									

26. RADIOLOGY - Continued

UNITED STATES PUBLIC HEALTH SERVICE - CONTINUED		Chief of Service or Program Director	X-ray Examina- tions	Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- voltage Treat.Visits	Mega- voltage Treatment Visits	Positions Offered 1972-1973	Annual Salary (Min.)	NIRMP Number
1st	All								
Yr.	Yrs.								
MARYLAND									
U. S. PUBLIC HEALTH SERVICE,									
		BALTIMORE	H. P. ANASTOPOLOS	31,338	3	10	217	C2 006	183683
NEW YORK									
U. S. PUBLIC HEALTH SERVICE									
		(STATEN ISLAND), NEW YORK CITY	G. S. PERLPLTTER	41,513	1	13	70	C3 009	184183
ACNFECERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
BAPIIST MEDICAL CENTERS									
			F. HENLEY	47,158	36	83	204	C2 006	9,600 190383
		BAPTIST MEDICAL CENTER-MONTCLAIR		37,594	23	211			
UNIVERSITY OF ALABAMA MEDICAL CENTER									
		UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	S. Y. HAN, R. E. ROTH	99,131	35	23	780	C7 024	8,200 100783
		VETERANS ADMIN.		51,257					
ARIZONA									
PHOENIX									
		ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	D. E. MATTHIESEN	62,500	11	550		C2 006	10,200 101283
ARKANSAS									
LITTLE ROCK									
		ARKANSAS BAPTIST MEDICAL CENTER	J. W. LANE	47,627	197	36	197	03 010	8,700 101683
UNIVERSITY OF ARKANSAS MEDICAL CENTER									
		UNIVERSITY	H. J. BARNHARD	57,000	65	31	342	C6 019	7,000 101883
		VETERANS ADMIN. CONSOLIDATED	H. J. BARNHARD	42,166					7,153
			H. BARNHARD, R. TIRMAN						
CALIFORNIA									
DAVIS									
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS									
		SACRAMENTO MEDICAL CENTER (SACRAMENTO)	A. RAVENTOS					C2 008	104683
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (SACRAMENTO)									
			A. RAVENTOS						
			R. C. RIPPLE	38,573	510	418	232		9,180
LOMA LINDA									
		LOMA LINDA UNIVERSITY	M. P. JUDKINS	62,718	31	77	633	C5 021	9,970 102483
LONG BEACH									
		MEMORIAL HOSPITAL OF LONG BEACH	F. THEISMAN	45,145	18	180	372	C1 004	11,200 102783
		ST. MARY'S LONG BEACH	H. T. VANLEY	32,401	358	81	358	C1 003	11,000 102583
		VETERANS ADMIN.	H. W. PRIBRAM	90,089			234	C6 021	11,905 204983
LOS ANGELES									
CEDARS-SINAI MEDICAL CENTER									
		CECARS OF LEBANON HOSPITAL DIVISION	H. L. JAFFE, D. E. ZION	48,782	24	75	350	C4 008	12,000 103083
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER									
		KAISER FOUNDATION	R. E. LEVIS	38,623	11	88	264	C1 002	13,656 103283
		LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	D. ROSENFELD	228,000	93	3,816	18,054	C2 003	10,800 205583
		QUEEN OF ANGELS	H. I. MEYERS	334,835	75	259	285	C2 036	13,656 103383
		U. C. L. A.	S. P. WILK	24,822		79		C1 003	12,000 103683
		VETERANS ADMIN. CENTER,	W. N. HANAFEE	105,980	20	3	446	C7 029	8,900 195683
		WADSWORTH	J. JORGENS	123,260	80,360	44	609	C8 034	11,905 198383
		WHITE MEMORIAL MEDICAL CENTER	I. SANDERS	39,237	56	71	342	C2 010	10,800 104083
OAKLAND									
		HIGHLAND GENERAL	D. L. MACK	52,301	49		49	C1 004	9,156 104183
ORANGE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS									
		ORANGE COUNTY MEDICAL CENTER	B. J. O' LOUGHLIN	59,171	24	1	176	C4 012	13,000 104383
PALO ALTO									
		VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD						
SACRAMENTO									
		SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS						
		SUTTER COMMUNITY HOSPITALS OF SACRAMENTO	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS						
SAN DIEGO									
		UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	E. C. LASSER	73,000	46	140	300	C2 034	8,900 104983
SAN FRANCISCO									
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER									
		ST. MARY'S HOSPITAL AND MEDICAL CENTER	H. J. BURHENNE	28,597	34	51	416	C1 003	9,900 105083
UNIVERSITY OF CALIFORNIA PROGRAM									
		H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	J. C. BENNETT	35,238	5	36		C2 005	8,400 105783
		SAN FRANCISCO GENERAL	A. R. MARGULIS					C15 048	212583
		VETERANS ADMIN.	A. R. MARGULIS	76,536	12	186	514		8,900
			W. COULSON	101,561	2	17	78		9,921
			A. MARGLLIS, C. OVENFORS	59,061	54				9,030
SAN JOSE									
		SANTA CLARA VALLEY MEDICAL CENTER	J. J. MC CORT	46,080	15	202	202	C3 007	10,525 106383
SANTA BARBARA									
		SANTA BARBARA GENERAL-COTTAGE HOSPITALS	P. A. RIEMENSCHNEIDER					C2 004	9,400 106483
		SANTA BARBARA GENERAL		13,388					
		SANTA BARBARA COTTAGE		30,033	66	144	403		
STANFORD									
STANFORD UNIVERSITY AFFILIATED HOSPITALS									
		STANFORD UNIVERSITY	F. F. ZBORALSKE	48,352				C9 027	189983
		VETERANS ADMIN. (PALO ALTO)	F. F. ZBORALSKE	34,594			139		8,480
			H. H. JONES						9,260

## 26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examina- tions	Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- voltage Treat. Visits	Mega- voltage Treatment Visits	Positions Offered				
						1972-1973 Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number	
CALIFORNIA - CONTINUED										
TORRANCE										
LGS ANGELES COUNTY HARBOR GENERAL	D. TORRANCE	122,224	16	52	223	C6	020	13,656	106783	
COLORADO										
DENVER										
PRESBYTERIAN MEDICAL CENTER	R. W. HAMMER, M. F. MANKE	39,143	88	141	680	C1	004	9,200	107283	
ST. JOSEPH	G. S. MARESH	43,547	43	14	244	C1	004	9,200	107483	
ST. LUKE'S	D. W. FINK	30,096	18	70	247	C2	C06	6,600	107583	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	M. L. DAVES					12	036		215783	
DENVER GENERAL	E. SALZMAN	61,256	8	49					9,200	
GENERAL ROSE MEMORIAL	M. L. DAVES	42,174							9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	M. L. DAVES	61,899	10	35	274				9,200	
VETERANS ADMIN.	M. L. DAVES	44,368							5,200	107683
CONNECTICUT										
BRIDGEPORT										
BRIDGEPORT	J. J. ESPOSITO	52,149	36	45	232	C1	004	10,350	107983	
ST. VINCENT'S	R. D. RUSSO	38,089	21	106		C1	003	10,500	108083	
DANBURY										
DANBURY	W. B. GOLDSTEIN	33,692	12	22	190	C2	C07		108183	
HARTFORD										
HARTFORD	A. H. JANZEN	94,224	43	357	584	C1	001	9,800	108383	
NEW HAVEN										
HOSPITAL OF ST. RAPHAEL	R. SHAPIRO, W. WHITCOMB	54,705	24	112	294	C3	010	10,450	109083	
YALE-NEW HAVEN MEDICAL CENTER	M. M. KLIGERMAN					C6	019		108983	
YALE-NEW HAVEN	M. M. KLIGERMAN	108,668		110	1,157			10,450		
VETERANS ADMIN. (WEST HAVEN)	M. F. KEGHANE	33,875	176	99	77			10,543		
WEST HAVEN										
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
DELAWARE										
WILMINGTON										
WILMINGTON MEDICAL CENTER	E. M. RENZI	101,946	141	499	394	C2	006	9,900	109983	
DISTRICT OF COLUMBIA										
WASHINGTON										
DISTRICT OF COLUMBIA GENERAL	B. GONDOOS	108,544		46	119	C4	012	10,710	179983	
GEORGETOWN UNIVERSITY	M. L. TWIGG	62,320	12	57	122	C5	015	10,000	180183	
GEORGE WASHINGTON UNIVERSITY	W. W. STANBRO	62,785	50	60	325	C3	008	9,500	181883	
WASHINGTON HOSPITAL CENTER	R. M. CAULK	82,673	54	106	568	C3	010	9,500	180083	
FLORIDA										
JACKSONVILLE										
UNIVERSITY HOSPITAL OF JACKSONVILLE	W. D. WALKLETT	56,955	19		382	C2	006	8,600	110183	
MIAMI										
JACKSON MEMORIAL	M. VIAMONTE	110,474	438	2,500	5,557	C6	018	9,800	110483	
MIAMI BEACH										
MOUNT SINAI HOSPITAL OF GREATER MIAMI	M. VIAMONTE	72,296	1,015	130	885	C5	015		110583	
TAMPA										
TAMPA GENERAL	M. L. SILBINGER	59,559	33	52	323	C2	006	8,925	110983	
GEORGIA										
ATLANTA										
EMORY UNIVERSITY AFFILIATED HOSPITALS	T. F. LEIGH					C4	016	8,400	111783	
EMORY UNIVERSITY	T. F. LEIGH	47,213	657	23	555					
VETERANS ADMIN.	S. KRANTZ	41,515	2	26	354					
GRADY MEMORIAL	H. S. WEENS	154,194	280	50	280	C6	C19	8,400	111383	
AUGUSTA										
MEDICAL COLLEGE OF GEORGIA HOSPITALS	M. BROWN	43,193	58	21	265	C3	009	8,100	222383	
SAVANNAH										
MEMORIAL MEDICAL CENTER	W. A. MILLER	41,358	35	30	305	C2	006	7,800	197183	
ILLINOIS										
CHICAGO										
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	G. B. GREENFIELD	57,057	12	106	40	C3	010		223583	
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	F. D. LAKE, D. LOCHMAN	32,804	76	208	450	C3	010	10,600	112683	
COLUMBUS	G. D. DOBBEN	335,660	40	50	390	10	034	10,900	112783	
COOK COUNTY	W. MESZAROS	57,639	6	24	138	C2	006	10,000	113783	
ILLINOIS MASONIC MEDICAL CENTER	L. B. BOBROW					C2	006		184683	
LOUIS A. WEISS MEMORIAL	B. J. HILL	69,324	110	43	229	C3	009	10,200	114183	
MERCY HOSPITAL AND MEDICAL CENTER	B. LEVIN, J. NICKSON	93,893	35	375	827	C6	021	10,850	114283	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	E. E. BARTH	75,000	247	66	536	10	030		224783	
NORTHWESTERN UNIVERSITY MEDICAL CENTER	A. H. CANNON							11,000		
CHICAGO WESLEY MEMORIAL	W. E. BUNDESEN	33,826						11,000		
CHILDREN'S MEMORIAL	E. G. WARNICK, W. B. MOSS	36,281	1	34	450			10,500		
PASSAVANT MEMORIAL	H. C. BURKHEAD	64,000	8	71	187			11,500		
VETERANS ADMIN. RESEARCH	R. D. MOSELEY	129,415	135	50	500	C1	003	10,000	116083	
EVANSTON (EVANSTON)	E. J. LIEBNER	60,667	220	101	321			10,560	225183	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS										
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS										
UNIVERSITY OF ILLINOIS VETERANS ADMIN. (WEST SIDE)										
EVANSTON										
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO									
ST. FRANCIS	R. L. DEL FAVA	52,439	18	40	247	C2	006	10,600	116883	

26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examinations	Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Treat. Visits	Mega-voltage Treatment Visits	Positions Offered			NIRMP Number
						1972-1973 Yr.	All Yrs.	Annual Salary (Min.)	
ILLINOIS - CONTINUED									
EVERGREEN PARK LITTLE COMPANY OF MARY HINES	J. F. LHRICH, C. A. LEKAS	89,401	44	90	418	C2	003	9,793	225583
VETERANS ADMIN. MAYWOOD	I. E. KIRSH, S. STEFANI	73,751	78	236	473	C3	012	9,600	225783
LOYOLA UNIVERSITY OAK PARK	L. LCVÉ	22,654	47	2	8	C3	005	9,600	117083
WEST SUBURBAN PEORIA	H. A. LERNER	48,418		21	141	C1	004	9,500	117383
ST. FRANCIS	P. R. DIRKSE	61,739	14	175		C1	004	8,200	117583
INDIANA									
INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER						12	036		227383
INDIANA UNIVERSITY HOSPITALS MARION COUNTY GENERAL VETERANS ADMIN. METHODIST HOSPITAL OF INDIANA	J. A. CAMPBELL C. H. HELMEN J. A. CAMPBELL E. D. VAN HOVE	64,401 92,708 36,260 114,684	338	75	120			5,500 9,500 10,750 10,600	
ICWA DES MOINES IOWA METHODIST IOWA CITY UNIVERSITY OF IOWA AFFILIATED HOSPITALS UNIVERSITY OF IOWA HOSPITALS	L. MAHER J. H. CHRISTIE	40,149 95,548	31	75	278	C1	003	9,600	120183
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	A. W. TEMPLETON	76,254	11	10	418	C4	016	10,000	120883
WICHITA ST. FRANCIS WESLEY MEDICAL CENTER	H. D. DAVIDSON S. E. HERSHORN, T. WOLFE	69,775 67,118	373 328	132 95	336 305	C3 C2	008 006	9,300 9,300	120983 121083
KENTUCKY									
LEXINGTON UNIVERSITY OF KENTUCKY MEDICAL CENTER UNIVERSITY VETERANS ADMIN. LOUISVILLE ST. JOSEPH INFIRMARY UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS CHILDREN'S LOUISVILLE GENERAL VETERANS ADMIN.	H. ROSENBAUM, Y. MARUYAMA H. ROSENBAUM, Y. MARUYAMA H. D. ROSENBAUM E. N. MAXWELL J. T. LING L. A. DAVIS J. T. LING R. H. AKERS	20,000 20,000 50,633 19,171 53,965 25,900	400	50	400	C5 C1 C4	016 005 014	8,000 8,300 8,900 12,1783	184883 122083
LOUISIANA NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA U.S. PUBLIC HEALTH SERVICE OCHSNER FOUNDATION TOURG INFIRMARY SHREVEPORT CONFEDERATE MEMORIAL MEDICAL CENTER	C. M. NICE, JR. B. C. KIRKHAM B. C. BUCHTEL A. PAYZANT E. K. LANG	253,575 34,635 66,661 53,038 53,183	129	104	386	C6 C3 C2	024 005 002	7,800 8,500 9,000	122483 196683 122983
MAINE PORTLAND MAINE MEDICAL CENTER	J. F. GIBBONS	63,439	56	128	514	C2	006	8,505	123683
MARYLAND									
BALTIMORE JOHNS HOPKINS SINAI HOSPITAL OF BALTIMORE UNIVERSITY OF MARYLAND HAGERSTOWN WASHINGTON COUNTY	R. H. MORGAN J. D. SALIK J. M. DENNIS S. H. MACHT	143,776 58,157 81,785 36,767	105	12	700	C6 C3 C4	024 009 016	8,500 10,700 11,100	124283 124983 125283
MASSACHUSETTS									
BOSTON BETH ISRAEL JOINT CENTER FOR RADIATION THERAPY BOSTON UNIVERSITY AFFILIATED HOSPITALS BOSTON CITY UNIVERSITY LAHEY CLINIC MASSACHUSETTS GENERAL NEW ENGLAND DEACONESS JOINT CENTER FOR RADIATION THERAPY PETER BENT BRIGHAM CHILDREN'S HOSPITAL MEDICAL CENTER JOINT CENTER FOR RADIATION THERAPY TUFTS UNIVERSITY AFFILIATED HOSPITALS NEW ENGLAND MEDICAL CENTER HOSPITALS LEMUEL SHATTUCK VETERANS ADMIN. (JAMAICA PLAIN) CAMBRIDGE MOUNT AUBURN JOINT CENTER FOR RADIATION THERAPY (BOSTON)	S. PAULIN S. HELLMAN J. H. SHAPIRO F. A. SALZMAN, R. E. WISE J. M. TAVERAS M. A. KELLETT H. L. ABRAMS, S. HELLMAN E. B. D. NEUHAUSER S. HELLMAN R. E. PAUL, JR. R. E. PAUL, JR. A. H. ROBBINS S. SCHATZKI S. HELLMAN	47,908 125,551 32,402 67,594 62,000 70,266 83,758 46,614 47,675	14	7	216	C9 C1 C1 C1 C1 C1 C1 C1 C1 C1 C1	027 004 003 026 008 008 003 003 003 003 003	5,600 9,500 9,500 9,500 9,500 9,500 9,500 9,500 9,500 9,500 9,500	236783 238583 126183 126483 126583 9,500 239483 9,500 10,090 126983

## APPROVED RESIDENCIES

## 26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examinations	Radium or Cobalt (not and Ortho- Teletherapy) Treatments	Superficial Voltage Treat. Visits	Mega-voltage Treatment Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MICHIGAN ALLEN PARK VETERANS ADMIN. ANN ARBOR UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS UNIVERSITY VETERANS ADMIN. WAYNE COUNTY GENERAL (ELGISE)	SEE WAYNE STATE UNIV. AFFILIATED HOSPITALS, DETROIT								
DEARBORN CAKWOOD	A. T. HENNESSY					12	036		129383
DETROIT GRACE HARPER HENRY FORD MOUNT CARMEL MERCY SINAI HOSPITAL OF DETROIT WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS VETERANS ADMIN. (ALLEN PARK) DETROIT GENERAL DETROIT MEMORIAL HERMAN KIEFER	W. M. WHITEHOUSE W. M. WHITEHOUSE W. M. WHITEHOUSE, R. RAPP H. W. FISCHER S. J. FIGIEL J. C. COOK W. R. EYLER K. D. MC GINNIS M. TATELMAN K. L. KRABENHOFT N. M. JACKIW K. L. KRABENHOFT R. KLRTZMAN E. HARKAWAY	112,000 24,161 72,067 80,000 63,329 200,000 88,016 53,408 52,511 121,136 28,952	66 67 31 95 82 26 421 16 29 106 32	67 530 74 95 251 206 26 27 72 284	295 281 365 297 362	03 01 01 10 02 02 06	010 012 030 036 006 020	9,900 9,900 10,300 10,800 9,600 10,459 9,858	129883 129983 130083 130288 192683 129584 9,858
ELOISE WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR								
FLINT HURLEY	R. S. ORMOND					03	005		129383
GRAND RAPIDS BLODGETT MEMORIAL BUTTERWORTH	J. GUNN E. WAHBY	46,569 52,317	26 19	495 98	5,774 360	01 02	003 004	9,000 9,000	130983 131083
PONTIAC ST. JOSEPH MERCY ROYAL OAK WILLIAM BEAUMONT SOUTHFIELD PROVIDENCE	E. J. KEEFFE J. FARAH T. JAMES	39,988 117,434 56,418		115 72 141		02 04 02	006 012 006	10,800 10,500 11,700	131983 197883 130383
MINNESOTA MINNEAPOLIS METROPOLITAN MEDICAL CENTER UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN.	A. O. RHOLL E. GEDGALDAS	40,136 323,528 75,481	302 3,561 4	44 27 12	33 2 212	01 15	003 064	9,600 133483	245783
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. R. HODGSON	347,043	44	224	1,735	10	030	7,300	132883
ST. PAUL CHARLES T. MILLER ST. JOSEPH'S	J. B. COLEMAN A. VEINBERGS	27,730 32,180	116 36	166 96	515 515	01 01	004 003	9,420 8,800	133783 133883
MISSISSIPPI JACKSON UNIVERSITY	R. D. SLGAN	64,793	127	34	307	04	012	8,500	195783
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER KANSAS CITY MENORAH MEDICAL CENTER ST. LUKE'S ST. LOUIS ST. LOUIS CITY ST. LOUIS UNIVERSITY GROUP OF HOSPITALS CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN FIRMIN DESLOEE GENERAL ST. MARY'S VETERANS ADMIN. WASHINGTON UNIVERSITY AFFILIATED HOSPITALS BARNES HOSPITAL GROUP (MALLINCKRODT INSTITUTE OF RADIOLOGY) JEWISH HOSPITAL OF ST. LOUIS	G. S. LODWICK S. RLBIN D. R. GERMANN D. C. WEIR O. C. WEIR J. B. SHIELDS J. TAVERAS J. TAVERAS H. R. SENTURIA, J. TAVERAS	50,079 39,642 42,797 64,016 182,765 37,536 45,667 143,437 47,036	95 332 36 27 63 34 46 188 48	6 44 42 27 219 52 46 20 25		04 01 02 04 03 02 08	012 003 007 016 007 008 029	8,000 134583 8,820 8,491 9,600 5,840 248883 9,500 10,700	199483 134583 134883 136383 136583 248783 248883
NEBRASKA GMAHA CREIGHTON MEMORIAL ST. JOSEPH'S UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS UNIVERSITY OF NEBRASKA VETERANS ADMIN.	D. A. DONELL W. J. WILSON W. J. WILSON H. B. SAICHEK	34,933 35,315 35,900	238 20	117 30		02 05	006 015	10,200 9,000 10,344	137283 137683
NEW HAMPSHIRE HANOVER MARY HITCHCOCK MEMORIAL	J. R. DYKE, F. W. LANE	45,467	45	149	350	03	008	8,000	137783
NEW JERSEY ATLANTIC CITY ATLANTIC CITY ENGLEWOOD ENGLEWOOD HACKENSACK HACKENSACK	M. D. RITTER J. V. CUSMANO, J. GALLAGHER Y. CHANG	51,720 55,950	53 25	72 55	315 300	02 02	006 004	8,900 8,820	137883 138683 138783

## 26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examinations	Radium or Cobalt (not Telettherapy) Treatments	Superficial and Orthovoltage Treat. Visits	Mega-voltage Treatment Visits	Positions Offered			NIRMP Number	
						1972-1973 Yr.	All Yrs.	Annual Salary (Min.)		
NEW JERSEY - CONTINUED										
JERSEY CITY										
CHRIST	B. GARFINKEL					12	048		138983	
LIVINGSTON										
ST. BARNABAS MEDICAL CENTER	P. J. GIANCINTO	50,020	18	30	254	C1	003	10,200	139683	
LONG BRANCH										
MONTICMOUTH MEDICAL CENTER	M. BRODIE	46,073	13	39	254	C2	006	11,000	139283	
MORRISTOWN										
MORRISTOWN MEMORIAL	D. L. BLOOM	53,694	17	120	205	C2	006	8,400	139483	
NEWARK										
NEWARK EETH ISRAEL MEDICAL CENTER	L. SPINDELL	45,800	612	64	5,672	C4	007	10,800	139783	
SUMMIT										
VERLICK	A. D. CROSETT					C1	003		140883	
NEW MEXICO										
ALBUQUERQUE										
BATAAN MEMORIAL UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	D. S. HEDRICK, J. GROSSMAN	45,646	15	280	299	C2	007	7,350	254783	
BERNALILLE COUNTY MEDICAL CENTER	B. G. BROGDON					C4	011		254583	
ST. JOSEPH VETERANS ADMIN.		38,419 21,000 41,573	50 52	40 25	275 300			8,032		7,950
NEW YORK										
ALBANY										
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	J. F. ROACH					C2	006		141483	
ALEANY MEDICAL CENTER VETERANS ADMIN.		97,613 41,148 47,431	28	74 16 32	506 26 248			9,600 10,940 10,000		
ST. PETER'S	V. F. CROSS		280			C2	008	10,000	141683	
BUFFALO										
BUFFALO GENERAL	G. J. CLLVER	57,609	106	510	594	C2	006	10,000	143683	
DEACONESS HOSPITAL OF BUFFALO	R. E. SEIBEL	63,000	350	144	344	C2	003	10,000	143783	
EDWARD J. MEYER MEMORIAL	E. G. ESCHNER, E. LESLIE	51,916	9	21	84	C3	005	10,600	143883	
MILLARC FILLMORE	F. R. SHEEHAN	43,000				C1	004	10,000	144083	
ROSWELL PARK MEMORIAL INSTITUTE	J. WEBSTER	47,039	275	180	784	C2	006	8,273	256583	
EAST MANHATTAN										
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK CIV.	G. A. L. IRWIN	84,369	118	52	151	C3	011	10,112	144883	
MANHASSET										
NORTH SHORE	H. L. STEIN	40,370		125		C2	006		146783	
MINEOLA										
NASSAU	H. CHIAT, P. MANDEL	39,542	7	55	520	C1	003	12,000	145583	
NEW HYDE PARK										
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM										
LONG ISLAND JEWISH MEDICAL CENTER	B. EPSTEIN	66,943	309	10	304	C2	007	11,000	196383	
QUEENS HOSPITAL CENTER (NEW YORK CITY)	J. J. SPULEWICZ	120,938	165	16	18	C5	015	11,000	145183	
NEW YORK CITY										
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	M. ELKIN					C9	033		193183	
BROOKLYN MUNICIPAL HOSPITAL CENTER		114,438	173	59	9					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		35,553	19	5	248					
BROOKLYN-LEBANON HOSPITAL CENTER	H. L. MILLER	73,337	32	103	251	C2	006	10,500	147183	
BROOKLYN - CUMBERLAND MEDICAL CENTER	J. P. SACKLER	85,311	29	47	306	C4	012	11,000	142083	
CORNELL COOPERATING HOSPITALS NEW YORK	J. A. EVANS J. A. EVANS	148,604				C7	021		146683	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	G. J. D'ANGIO		561		38,628			11,200		
HOSPITAL FOR SPECIAL SURGERY	R. H. FREIBERGER	44,555						9,200		
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	D. BRYK	46,320 32,392	15	9	247	C3	009	11,000	142583	
GREENPOINT								11,000		
LENOX HILL	E. E. BRANT	86,749	529	221	308	C2	006	13,000	148383	
LONG ISLAND COLLEGE	R. L. PINCK	84,457	284	94		C2	007	11,000	142783	
MAIMONIDES MEDICAL CENTER	E. LEVIN	63,318	55	2,160		C2	004	11,000	142883	
METHODIST HOSPITAL OF BROOKLYN	N. F. BARTONE, R. GRIECO	55,378	26	40	231	C3	009	12,000	142983	
MISERICORDIA-FORDHAM TRAINING PROGRAM	D. B. HAYT					C6	021		148683	
MISERICORDIA										
FORDHAM										
MONTEFIORE HOSPITAL TRAINING PROGRAM	H. G. JACOBSON					C6	013	11,000	148783	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		110,798 69,959	39	30	754					
MORRISANIA CITY										
MOUNT SINAI HOSPITAL TRAINING PROGRAM										
MOUNT SINAI	B. S. WOLF, J. BOLAND	114,000	169	41	1,056	C6	018	11,000	149083	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER										
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	R. M. FRIEDENBERG	57,051	54	15	253	C8	022		147383	
NEW YORK UNIVERSITY MEDICAL CENTER	N. CASE, A. F. KEEGAN					15	045		146483	
BELLEVUE HOSPITAL CENTER		151,306 63,431	117 75	55 60	134 443					
UNIVERSITY										
PRESBYTERIAN	W. B. SEAMAN	230,000	35	176	831	10	030	11,250	149583	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH MED. CTR. TRAINING PROG., NEW HYDE PARK									
ROOSEVELT	A. A. DUNN	92,207	462	147	7,173	C3	010	9,800	149683	
ST. LUKE'S HOSPITAL CENTER	N. FINBY	62,870	48	113	253	C3	009	11,300	149883	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	F. F. RUZICKA, JR.	91,046	38	57	300	05	017	9,500	150083	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	D. L. MANFREDI	41,693	437	54		C1	004	11,300	151483	

## 26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examinations	Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Treat. Visits	Mega-voltage Treatment Visits	Positions Offered				
						1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number	
NEW YORK, NEW YORK CITY - CONTINUED										
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	J. A. BECKER					10	03C			142683
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY		232,015	53	18	255					
VETERANS ADMIN. (BRONX)	K. F. CHAN, B. ROSWIT	31,029	216					11,000		
VETERANS ADMIN. (MANHATTAN)	D. J. PRINCIPATO	51,005	19	127	500	C8	024	12,805	262783	
ROCHESTER		62,125	51	30	274	C4	012	12,805	146583	
ROCHESTER GENERAL STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	T. F. VAN ZANDT	53,482	175	40		C2	006	9,500	150983	
SYRACUSE	S. M. ROGOFF, P. RUBIN	74,267	45	42	469	C5	015			151183
S. U. N. Y. UPSTATE MEDICAL CENTER	J. G. MC AFEE					C7	021	10,400	151683	
CROUSE IRVING-MEMORIAL STATE UNIVERSITY VETERANS ADMIN.	A. BERNE J. G. MC AFEE J. A. HEAD	53,080 51,244 26,831		527	56 447 66					
NORTH CAROLINA										
CHAPEL HILL										
NORTH CAROLINA MEMORIAL HOSPITALS	J. H. SCATLIFF	63,670	440	186	262	C4	012	7,500	190083	
DURHAM										
DUKE UNIVERSITY AFFILIATED HOSPITALS	R. G. LESTER				760	12	042	9,250	152983	
DUKE UNIVERSITY MEDICAL CENTER VETERANS ADMIN.	R. G. LESTER T. S. HARLE	133,865 49,382	84	103	760 288					
WINSTON-SALEM										
NORTH CAROLINA BAPTIST	I. MESCHAN	60,110	40	92	530	C5	015	8,000	153783	
NORTH DAKOTA										
BISMARCK										
BISMARCK AFFILIATED HOSPITALS	S. K. IMES					C1	003			268383
BISMARCK		13,064	24	399	2,461			8,500		
ST. ALEXIUS		17,906	57					8,700		
OHIO										
AKRON										
AKRON CITY	H. G. NIEMEYER	86,358	23	132	444	C1	004	9,600	154183	
AKRON GENERAL	C. J. MILLER, JR.	52,545	13	17		C1	003	9,600	154283	
CANTON										
AULTMAN	W. J. HOWLAND	76,758	42	78	366	C2	006	10,200	154483	
CINCINNATI										
JEWISH UNIVERSITY OF CINCINNATI HOSPITAL GROUP	L. S. ROSENBERG	53,565	255	14			003	9,600	155183	
CINCINNATI GENERAL CHILDREN'S	B. FELSON B. FELSON F. N. SILVERMAN	88,706 27,463	826	6	421	C7	027			154883
CLEVELAND										
CLEVELAND CLINIC	T. F. MEANEY	148,538	363	89	363	C5	015	9,500	196883	
CLEVELAND METROPOLITAN GENERAL HOSPITAL	A. SEGEL	84,679	51	35	129	04	015	10,000	155383	
MOUNT SINAI HOSPITAL OF CLEVELAND	M. LUBERT, G. KRAUSE	71,931	20	59	445	C2	006	10,500	155783	
ST. LUKE'S UNIVERSITY HOSPITALS OF CLEVELAND	O. D. BRANNON	55,755	34	207	408	01	003	9,500	156083	
VETERANS ADMIN.	H. L. FRIEDEL D. S. LINTON	121,170 52,457	78	40	637 175	C5	017	10,500	156283	
COLUMBUS										
OHIO STATE UNIVERSITY HOSPITALS RIVERSIDE METHODIST	S. W. NELSON J. V. BLAZEK	92,311	74	151	427	C5	02C	7,000	156683	
DAYTON										
MIAMI VALLEY VETERANS ADMIN. CENTER	D. E. MEININGER E. GUTMAN	70,763 34,095	685	140	545	C1	002			156983
ELYRIA						C2	008	11,452	271583	
ELYRIA MEMORIAL HOSPITALS	SEE ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS, LORAIN									
LORAIN										
ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS	D. A. RUSSELL, C. CHESNER	39,959	129	116		C2	008			197383
ST. JOSEPH	C. CHESNER	42,153	31	187	144			9,300		
ELYRIA MEMORIAL (ELYRIA)	D. A. RUSSELL							8,400		
WARREN										
TRUMBULL MEMORIAL HOSPITALS	R. J. PAUL	49,578	11	85	129	C2	005	10,600	198083	
YOUNGSTOWN										
ST. ELIZABETH YOUNGSTOWN	R. J. SCHEETZ J. C. MELNICK	80,750 127,779	11	162	27	C1	003	10,600	158483	
			27	27	384	03	009	10,600	158583	
OKLAHOMA										
OKLAHOMA CITY										
BAPTIST MEMORIAL HOSPITALS	D. MITCHELL, JR.	34,028	345	20	642	C1	003	9,000	183083	
ST. ANTHONY UNIVERSITY OF OKLAHOMA MEDICAL CENTER	G. D. HALLUM	29,813	20	21	325	C2	006	8,700	158783	
UNIVERSITY OF OKLAHOMA HOSPITALS	S. P. TRAUB	59,559	344	31	554	10	040	8,000	158883	
PRESBYTERIAN VETERANS ADMIN.	E. H. KALMON S. P. TRAUB	14,424 59,807	114	12	380			8,000		
			210	380	2,891					
OREGON										
PORTLAND										
EMANUEL UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. Y. BURTON, J. LEE	39,135	305	51		C1	003	9,000	159483	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	C. T. DOTTER					01	003			159983
PENNSYLVANIA										
ABINGTON										
ABINGTON MEMORIAL HOSPITALS	C. H. SILLARS	68,636	289	89	262	02	006	8,900	160083	
ALLENTOWN										
SACRED HEART HOSPITALS	M. STAMATAKOS	29,329	8	39	403	C1	003	7,800	160283	
BRYN MAWR										
BRYN MAWR	H. H. STEINMEYER, JR.	39,673	13	69	202	C1	003	9,700	160683	

26. RADIOLOGY - Continued

	Chief of Service or Program Director	X-ray Examinations	Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Treat. Visits	Mega-voltage Treatment Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
PENNSYLVANIA - CONTINUED									
DANVILLE GEISINGER MEDICAL CENTER	J. L. WILLIAMS	70,549	60	50	461	C2	006	9,300	160883
DARBY THOMAS M. FITZGERALD MERCY	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA								
HARRISBURG HARRISBURG POLYCLINIC	T. A. TRIŠTAN	54,269	21	23	535	C1	003	11,000	161583
PHILADELPHIA ALBERT EINSTEIN MEDICAL CENTER	H. J. ISARD, B. J. OSTRUM	92,526	62	210	470	C4	012	10,100	163183
EPISCOPAL GERMANTOWN DISPENSARY AND HOSPITAL	H. M. POLLACK	43,000	10	231		C2	006	8,500	162383
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	R. B. FUNCH	35,349	24	100	265	C2	004	9,000	162583
PREBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	A. K. FINKELSTEIN	40,411			730	C4	016	10,650	162683
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL		31,218	13	245				10,650	
MERCY CATHOLIC MEDICAL CENTER MISERICORDIA	M. E. HASKIN	57,089				C5	017	8,600	162783
THOMAS M. FITZGERALD MERCY (DARBY)	C. J. RCMINGER	70,000	35	70	350	C4	014	10,000	163683
		33,000	35	70	350				
NAZARETH PENNSYLVANIA	J. C. BERES	53,952	12	46	227	C1	004	8,500	163883
PHILADELPHIA GENERAL	M. J. TUDDENHAM	44,146	24	25	160	C2	006	10,200	163983
TEMPLE UNIVERSITY	M. S. FISHER	71,703	11	28	140	C5	016	9,500	164083
THOMAS JEFFERSON UNIVERSITY	R. ROBBINS	67,063	466	47	513	C6	018	10,200	164683
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	I. FRELNDLICH, S. KRAMER	70,000		35	480	C2	010	10,300	163083
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	R. H. CHAMBERLAIN					C8	032	10,650	162883
VETERANS ADMIN.		99,801	6	38	730			10,650	
		48,783	8	680					
PITTSBURGH ALLEGHENY GENERAL HOSPITALS OF THE UNIVERSITY	T. B. CHILDS, J. FEIST	61,872	378	62	440	C2	008	10,500	164883
HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	E. R. HEINZ					C10	032	10,000	165283
MAGEE-WOMENS MONTEFIORE	H. W. FRIEDMAN	53,732	24	84	450				
PREBYTERIAN-UNIVERSITY VETERANS ADMIN.	E. R. HEINZ	76,713	12	21	366				
MERCY		36,980	46						
ST. FRANCIS GENERAL	J. R. LEWIN	77,162	534	54	534	C3	008	10,800	164983
WESTERN PENNSYLVANIA	J. A. MARASCG, JR.	64,886	52	54	330	C3	009	11,500	188183
READING	W. S. MELLON, JR.	74,264	324	110		C5	009	10,000	165983
REACING	G. R. MATTHEWS	52,604	187	75		C2	006	10,680	166183
SAYRE ROBERT PACKER	J. W. J. CARPENDER	40,738	21	41	125	C1	003	8,500	166483
PUERTO RICO SAN JUAN									
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	H. PAGAN-SAEZ					C6	022	4,800	
I. GONZALEZ MARTINEZ INDUSTRIAL MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	E. PANTOJA		1,024	158	993				
UNIVERSITY DISTRICT VETERANS ADMIN. CENTER	H. PAGAN-SAEZ								
	H. PAGAN-SAEZ, V. MARCIAL	150,000						7,875	
	R. GARRIGA	29,442	1		18			8,204	
RHODE ISLAND PROVIDENCE	J. J. LAMBIASE	101,893	30	201	937	C3	009	9,400	167783
RHODE ISLAND SOUTH CAROLINA CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	H. S. PETTIT					C6	018		168083
MEDICAL UNIVERSITY OF SOUTH CAROLINA		135,379	184	680	825				
VETERANS ADMIN.		24,774		10				7,990	
TENNESSEE CHATTANOOGA									
S. E. TENNESSEE MEDICAL EDUCATION CENTER	C. W. REAVIS	80,032	28	35	257	C2	005	9,300	168983
BARONESS ERLANGER									
KNOXVILLE UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	E. BLONOCORE	30,078	8,822			C1	003	7,980	183983
MEMPHIS BAPTIST MEMORIAL	J. L. SCOTH	121,353	112	120	843	C4	013	9,180	169483
METHODIST	J. C. KING	110,436	83	160	510	C3	010	5,100	169683
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	B. E. GERALD					C8	024		281583
CITY OF MEMPHIS HOSPITALS	B. E. GERALD	116,273	71	9	302			6,600	
VETERANS ADMIN.	B. E. GREENBERG	62,810	2	36	301			8,120	
NASHVILLE GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	G. J. TARLETON, JR.	15,720	89	3		C1	003	9,000	282183
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	E. C. KLATTE					C6	021	8,500	170283
VANDERBILT UNIVERSITY	W. L. CALDWELL		95	40	607				
VETERANS ADMIN.	V. A. VIX	51,868			185				
NASHVILLE METROPOLITAN GENERAL	T. R. DLNCAN	38,080							





## 26. RADIOLOGY, DIAGNOSTIC

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 Diagnostic Radiology.

	Chief of Service or Program Director	No. of X-ray Examinations	Positions Offered		Annual Salary (Min.)	NIRMP Number
			1972-1973 1st Yr.	All Yrs.		
NCFECERAL AND VETERANS ADMINISTRATION						
ARIZONA PHOENIX MARICOPA COUNTY GENERAL	M. L. SUSSMAN		C2	006		189887
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CONSOLIDATED	H. J. BARNHARD	52,408	C2	006		101887
CALIFORNIA LOS ANGELES CEDARS-SINAI MEDICAL CENTER CEDARS OF LABANON HOSPITAL DIVISION LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER SAN FRANCISCO MOUNT ZION HOSPITAL AND MEDICAL CENTER UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS SAN FRANCISCO GENERAL VETERANS ADMIN.	D. E. ZION  H. I. MEYERS  A. J. DAVIDSON A. R. MARGULLIS	48,782  40,232  71,106 62,689 30,557	C2  12 C3 IC	002  036  01C 03C	12,000  9,760	103087  103387  105487 212587
SAN JOSE SANTA CLARA VALLEY MEDICAL CENTER TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	J. J. MCCURT  D. J. TORRANCE	43,266  72,201	12 C2	036 006		106387  106787
CONNECTICUT HARTFORD HARTFORD NEW HAVEN HOSPITAL OF ST. RAPHAEL YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN VETERANS ADMIN. (WEST HAVEN) WEST HAVEN VETERANS ADMIN.	A. H. JANZEN  R. SHAPIRO S. S. SCHWARTZ  SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN	94,224  48,800 42,146  72,296	C3  C1 C5	008  003 015	5,800	108387  109087 108987
FLORIDA GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS WILLIAM A. SHANCS TEACHING HOSP. AND CLINICS VETERANS ADMIN. MIAMI BEACH MOUNT SINAI HOSPITAL OF GREATER MIAMI	C. WILLIAMS  M. VIAMONTE, JR.	36,823  48,800 42,146  72,296	C8  C5	024  020	7,500 7,137	183487  110587
GEORGIA SAVANNAH MEMORIAL MEDICAL CENTER	W. A. MILLER	41,358	C2	006	7,800	197187
ILLINOIS CHICAGO PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	R. E. BUENGER  R. O. MOSELEY	124,900  118,105	C6 C6	C2C 026	9,946	114787 116087
KENTUCKY LEXINGTON UNIVERSITY	H. D. ROSENBAUM		C5	015		184887
MASSACHUSETTS BOSTON LAHEY CLINIC MASSACHUSETTS GENERAL NEW ENGLAND DEACONESS TUFTS UNIVERSITY AFFILIATED HOSPITALS NEW ENGLAND MEDICAL CENTER HOSPITALS LEMUEL SHATTUCK VETERANS ADMIN. (JAMAICA PLAIN)	R. E. WISE, F. A. SALZMAN J. M. TAVERAS M. A. KELLETT, H. BAILEY  R. E. PAUL, JR.  R. E. PAUL, JR.  A. H. ROBBINS	67,594 196,227 27,539  83,758  46,614	 10 C1  C8	 036 003  024	5,500 9,500 9,500  5,500  10,090	238587 126187 126487  239487  133487
MICHIGAN ANN ARBOR ST. JOSEPH MERCY	F. LEE		C1	003		129287
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN. HENNEPIN COUNTY GENERAL ST. PAUL-RAMSEY (ST. PAUL)	E. GEDGALDAS		15	060		133487

## 27. RADIOLOGY, DIAGNOSTIC - Continued

	Chief of Service or Program Director	No. of X-ray Examinations	Positions Offered		Annual Salary (Min.)	NIRMP Number
			1972-1973 1st Yr.	1973 All Yrs.		
MINNESOTA - CONTINUED						
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	J. R. HODGSON		12	036		132667
ST. PAUL ST. PAUL-RAMSEY	SEE UNIV. OF MINN. AFFIL. HGSPS., MINNEAPOLIS					
NEW YORK						
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	M. ELKIN	114,438	07	019		193187
BRONX-LEBANON HOSPITAL CENTER	H. L. MILLER	35,553	01	003		147187
CORNELL COOPERATING HOSPITALS NEW YORK	J. A. EVANS		01	003		146687
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	R. WATSON	65,000			11,200	
HOSPITAL FOR SPECIAL SURGERY	R. H. FREIBERGER	44,555			9,200	
MONTEFIORE HOSPITAL AND MEDICAL CENTER	H. G. JACOBSON	180,757	05	013	11,000	148787
ROOSEVELT	J. L. S. MORRIS		12	034		149687
ST. LUKE'S HOSPITAL CENTER	N. FINBY		12	036		149987
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	F. F. RUZICKA, JR.		01	003		150087
SYRACUSE						
S. U. N. Y. UPSTATE MEDICAL CENTER	J. G. MC AFEE	51,244	07	021	10,400	151687
STATE UNIVERSITY						
NORTH CAROLINA						
DURHAM DUKE UNIVERSITY MEDICAL CENTER	R. G. LESTER	133,865	10	036	9,250	152987
WINSTON-SALEM NORTH CAROLINA BAPTIST	I. MESCHAN		05	015		153787
OREGON						
PORTLAND UNIVERSITY OF OREGON AFFILIATED HOSPITALS	C. T. DOTTER	77,208	06	017	6,600	159987
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS						
PENNSYLVANIA						
DAVILL GEISINGER MEDICAL CENTER	J. L. WILLIAMS	70,549	01	003	9,300	160887
HARRISBURG HARRISBURG	G. J. TRIANO	50,361	01	004	10,380	161487
PHILADELPHIA TEMPLE UNIVERSITY	R. ROBBINS	67,063	02	008	10,200	164687
THOMAS JEFFERSON UNIVERSITY	I. FREUNDLICH, S. KRAMER	70,000	06	024	10,300	163087
TEXAS						
DALLAS UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	F. J. BONTE		02	008		283587
PARKLAND MEMORIAL	F. J. BONTE	154,967			7,590	
CHILDREN'S MEDICAL CENTER	G. CURRARING	20,916				
GALVESTON UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	R. N. COOLEY	96,023	05	015	8,400	171487
VIRGINIA						
CHARLOTTESVILLE UNIVERSITY OF VIRGINIA	T. E. KEATS	85,379	02	006	7,260	173787
WASHINGTON						
SEATTLE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	M. M. FIGLEY		04	013		191887
UNIVERSITY	M. M. FIGLEY	40,337			7,704	
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	B. WARD	22,149				
HARBORVIEW MEDICAL CENTER	R. S. LEIGHTON	20,101			7,704	
VETERANS ADMIN.						

## 27. RADIOLOGY, THERAPEUTIC

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 Therapeutic Radiology.

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatms.	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	1973 All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LCS ANGELES LOS ANGELES COUNTY - U.S.C. MEDICAL CENTER	B. H. FEDER	751	14,345	231	04	016	13,656	103388
U. C. L. A.	W. N. HANAFEE	528	11,833	33	01	005	8,900	195688

## 28. RADIOLOGY, THERAPEUTIC - Continued

CALIFORNIA - CONTINUED	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatmts.	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PALM ALTO VETERANS ADMIN.	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
SAN FRANCISCO CLAIRE ZELLERBACH SARCOMI TUMOR INSTITUTE	J. M. VAETH	703	16,370	38	C3	012	9,300	210988
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS SAN FRANCISCO GENERAL FRANKLIN	T. L. PHILLIPS				C3	012		212588
SAN JOSE SANTA CLARA MEDICAL CENTER	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	H. S. KAPLAN				C5	014		189988
STANFORD UNIVERSITY VETERANS ADMIN. (PALM ALTO)	H. S. KAPLAN, M. BAGSHAW	1,301	22,000	46			8,900 9,260	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	J. W. KRAUT	202	1,011	15			10,525	
COLORADO COLORADO SPRINGS PENROSE	J. A. DEL REGATO				C3	012		214588
DENVER PRESBYTERIAN MEDICAL CENTER	R. W. LACKEY	820	30,667	88	C1	003	9,200	107288
CONNECTICUT NEW HAVEN YALE-NEW HAVEN	M. M. KLIGERMAN	1,267	21,813	125	C1	005	10,450	108988
FLORIDA GAINESVILLE WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	R. R. MILLION	548	10,170	84	C2	006	9,000	182488
ILLINOIS CHICAGO PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	F. R. HENDRICKSON	729	11,673	34	C2	007	9,946	114788
	M. L. GRIEM	1,050	12,538	140	C2	008	10,000	116088
INDIANA INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER	N. B. HORNBACH				C2	006		227388
INDIANA UNIVERSITY MARION COUNTY GENERAL VETERANS ADMIN.								
KENTUCKY LOUISVILLE UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS LOUISVILLE GENERAL VETERANS ADMIN.	R. M. SCOTT	801 134	14,852	114	C1	003	8,100	121788
MASSACHUSETTS BOSTON JOINT CENTER FOR RADIATION THERAPY	S. HELLMAN				C4	016		238188
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS UNIVERSITY OF MINNESOTA HOSPITALS VETERANS ADMIN.	S. H. LEVITT	800	900	120	C3	009	8,550	133488
MISSOURI COLUMBIA ELLIS FISCHER STATE CANCER ST. LOUIS BARNES HOSPITAL GROUP MALLINCKRODT INSTITUTE OF RADIOLOGY	A. T. OZARDA	506	12,516	56	C1	002	8,400	247188
	W. E. POWERS				C2	006		248188
NEW YORK BUFFALO BUFFALO GENERAL ROSWELL PARK MEMORIAL INSTITUTE	W. T. MURPHY	1,152	26,248	106	C1	003	10,000	143688
	J. WEBSTER	950	26,000	150	C3	012	8,273	256588
NEW YORK ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS BRONX MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	N. A. GHOSSEIN	210	4,371	144	C2	004		193188
MONTEFIGRE HOSPITAL AND MEDICAL CENTER	H. G. JACOBSON	784	13,431	39	C1	002	11,000	148788
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	D. BENNINGHOFF				C2	006		142688
KINGS COUNTY HOSPITAL CENTER	J. BECKER	1,233	7,262	105				
STATE UNIVERSITY	D. BENNINGHOFF	1,000	16,000	160			11,000	
ROCHESTER STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	P. RUBIN				C2	006		151188
SYRACUSE S. U. N. Y. UPSTATE MEDICAL CENTER STATE UNIVERSITY	K. H. SAGERMAN				C3	009		151688

## 28. RADIOLOGY, THERAPEUTIC - Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatmts.	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NORTH CAROLINA							
DURHAM DUKE UNIVERSITY MEDICAL CENTER	P. J. CAVANALGH	863	16,859	84	C2 008	5,250	152988
OHIO							
COLUMBUS OHIO STATE UNIVERSITY HOSPITALS	F. BATLEY				C1 003		156688
OREGON							
PORTLAND UNIVERSITY OF OREGON AFFILIATED HOSPITALS UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	C. ALLEN	341	10,367	61	C2 004	6,600	159988
PENNSYLVANIA							
PHILADELPHIA AMERICAN ONCOLOGIC HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	H. G. SEYDEL	1,343	7,972	61	C1 003	8,500	275188
	L. W. BRADY	920	2,250	145	C1 006	9,000	162788
TENNESSEE							
NASHVILLE VANDERBILT UNIVERSITY	W. L. CALDWELL	742	647	95	CC 001	8,500	170288
TEXAS							
HOUSTON BAYLOR COLLEGE AFFILIATED HOSPITALS BEN TAUB GENERAL JEFFERSON DAVIS METHODIST ST. LUKE'S EPISCOPAL TEXAS CHILDREN'S VETERANS ADMIN. UNIVERSITY OF TEXAS M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	R. S. MACINTYRE	158	2,965	39	C2 006		171688
		941	15,530	192		7,500	
		188	3,414	3		8,100	
	G. H. FLETCHER	2,914	55,252	519	018	9,000	285188
VIRGINIA							
RICHMOND VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	E. R. KING	648	14,196	137	C2 009	10,410	174388
WASHINGTON							
SEATTLE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER HARBORVIEW MEDICAL CENTER VETERANS ADMIN.	R. PARKER R. PARKER	398	8,830	56	C1 004	7,704	175688
	B. WARD, T. GRIFFIN	115	914				

## 29. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE							
ARIZONA							
U.S.A.F. REGIONAL	SEE UNIV OF ARIZONA AFFILIATED HOSPITALS, TUCSON, ARIZ.						
CALIFORNIA							
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	W. H. PENISTON	99	3,539	36,185	C2 008		
MISSISSIPPI							
U.S.A.F. MEDICAL CENTER, BILOXI	M. J. WILLIAMS	135	3,876	56,747	C2 008		
TEXAS							
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	R. G. DAWSON, W. KEMMERER	110	2,867	12,431	C4 020		
UNITED STATES ARMY							
CALIFORNIA							
LETTERMAN GENERAL, SAN FRANCISCO	A. COHEN	111	2,705	34,962	C3 012		100484
COLORADO							
FITZSIMONS GENERAL, DENVER	J. BAUGH, R. L. HEYMANN	169	3,769	155,762	C3 012		100484
DISTRICT OF COLUMBIA							
WALTER REED GENERAL, WASHINGTON	J. H. BAUGH	95	1,791	11,136	C4 016		100484

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY - CONTINUED								
HAWAII TRIPLER GENERAL, HONOLULU	T. G. NELSON	176	3,959	66,230	04	016		100484
TEXAS WILLIAM BEAUMONT GENERAL, EL PASO	W. AUSTERMAN, A. RODRIGUEZ	123	4,077	105,992	03	012		100484
BROOKE GENERAL, SAN ANTONIO	J. B. MC CLURE	54	1,713	9,512	03	012		100484
WASHINGTON MADIGAN GENERAL, TACOMA	R. G. STANEK	517	10,081	316,136	02	006		100484
UNITED STATES NAVY								
CALIFORNIA NAVAL, LONG BEACH	SEE MEMORIAL HOSPITAL OF LONG BEACH, LONG BEACH, CALIF.							
NAVAL, CAKLANC	V. H. FITCHETT	189	3,178	11,591	02	008		181384
NAVAL, SAN DIEGO	R. C. LANING	378	4,164	20,011	04	016		181484
ILLINOIS NAVAL, GREAT LAKES	R. F. MILNES	605	5,851	27,220	02	008		182184
MARYLAND NAVAL, EETHESCA	T. H. WILSON, JR.	78	2,149	9,423	02	006		182384
MASSACHUSETTS NAVAL, CHELSEA	S. G. KRAMER	139	1,770	10,077	02	006		182584
NORTH CAROLINA NAVAL, CAMP LEJEUNE	SEE NAVAL, PORTSMOUTH, VA.							
PENNSYLVANIA NAVAL, PHILADELPHIA	R. J. CALES	135	3,522	7,415	02	010		183184
VIRGINIA NAVAL, PORTSMOUTH	J. T. MULLEN	180	3,679	20,560	04	016		183284
NAVAL (CAMP LEJEUNE, N.C.)		410	10,523	210,551				
UNITED STATES PUBLIC HEALTH SERVICE								
ALASKA U. S. PUBLIC HEALTH SERVICE ALASKA NATIVE MEDICAL CENTER, ANCHORAGE	SEE U. S. PUBLIC HEALTH SERVICE, NEW YORK CITY							
ARIZONA U. S. PUBLIC HEALTH SERVICE INDIAN, PFCENIX	SEE U.S.P.H.S., N.Y.C. & PHOENIX INT. SUR. RES., ARIZ.							
CALIFORNIA U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	C. H. LITHGOW	52	1,125	9,430	03	009		100184
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	J. J. NGYA	88	1,758	8,572	02	008		183584
MARYLAND U. S. PUBLIC HEALTH SERVICE, BALTIMORE	H. V. BELCHER	63	701	11,291	01	004		183684
MASSACHUSETTS U. S. PUBLIC HEALTH SERVICE, BOSTON	R. G. CLAY, JR.	87	1,267	11,561	01	004	13,416	184084
NEW YORK U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	L. G. GUZMAN	93	1,402	7,061	02	006		184184
U. S. PUB. HLTH. SERV. ALASKA NATIVE MED. CENTER (ANCHORAGE, ALASKA)	J. F. WILSON	39	576	1,100				
U. S. PUBLIC HEALTH SERVICE INDIAN (PFCENIX, ARIZ)	F. L. ZWEMER	62	1,953	13,208				
WASHINGTON U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
OTHER FEDERAL								
CANAL ZONE GORGAS, BALBOA HEIGHTS	R. J. RHORER	34	1,327	8,095	02	007	11,386	180684
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM								
BAPTIST MEDICAL CENTERS	D. E. MERCK, J. AKIN, JR.				06	010	9,600	190384
BAPTIST MEDICAL CENTER-MONTCLAIR			8,991					
BAPTIST MEDICAL CENTER-PRINCETON		140	5,906					
CARRAWAY METHODIST	R. KENT	187	7,586	6,139	06	012	10,200	100684
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. KIRKLIN				12	032	8,200	100784
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. W. KIRKLIN	156	5,047	12,600				
VETERANS ADMIN.	J. W. KIRKLIN, J. ALDRETE	45	2,173	7,965				
VETERANS ADMIN. (TUSKEGEE)	J. E. C. NORRIS	84	975	4,000			8,200	
FAIRFIELD								
LLCYD NCLAND	J. M. SLAUGHTER	51	2,461	21,150	04	008	11,400	100884

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ALABAMA - CONTINUED								
MOBILE MOBILE GENERAL TUSKEGEE VETERANS ADMIN.	H. S. J. WALKER, JR. SEE UNIV. OF ALABAMA MEDICAL CENTER, BIRMINGHAM	70	2,636	11,264	C4	013	9,240	185284
ARIZONA								
PHOENIX MARICOPA COUNTY GENERAL PHOENIX INTEGRATED SURGICAL RESIDENCY GOOD SAMARITAN U. S. PUBLIC HEALTH SERVICE INDIAN (ALSO NEW YORK CITY) VETERANS ADMIN.	H. W. HALE, JR. W. P. KLEITSCH R. J. FELDHAUS F. L. ZWEMER W. P. KLEITSCH	102	3,038	18,921	C8	020	10,795	189884
		242	8,129	349	C3	012	10,800	201384
		62	1,953	13,208				
		78	1,416	7,484			10,278	
TUCSON								
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM PIMA COUNTY GENERAL ST. MARY'S TUCSON MEDICAL CENTER UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS U. S. A. F. REGIONAL VETERANS ADMIN.	E. G. RAMSAY E. E. PEACOCK, JR.	41 103 230	1,508 4,847 9,713	22,780 671 671	C4	010	9,600	101484
		15	963	3,217	C8	020		101584
		70	1,197	5,191			8,400	
ARKANSAS								
LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CONSOLIDATED	G. S. CAMPBELL G. S. CAMPBELL, R. C. READ	52 80	1,540 1,876	5,888 2,282	C4	016	7,000 7,153	101884
CALIFORNIA								
BAKERSFIELD KERN COUNTY GENERAL DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	N. R. ARBEGAST E. F. WOLFMAN, JR.	72	2,228	15,798	C5	012	12,000	192184
		140	5,660	5,464	12	022	10,344	104684
FRESNO VALLEY MEDICAL CENTER OF FRESNO LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS LOMA LINDA UNIVERSITY RIVERSIDE GENERAL (RIVERSIDE)	J. F. KEMP D. B. HINSHAW B. BRANSON J. K. LONGERBEAM	64	2,063	21,495	C3	012	13,416	102284
		149	4,449	15,239	C4	016	9,970	204584
		50	2,960	6,898			10,649	
LONG BEACH MEMORIAL HOSPITAL OF LONG BEACH NAVAL VETERANS ADMIN.	S. EDE G. B. HART SEE U. OF CALIF. (IRVINE) AFFILIATED HOSPS., ORANGE	157 85	6,650 2,500	158 12,000	C2	008		102784
LOS ANGELES								
CALIFORNIA HOSPITAL MEDICAL CENTER CEDARS-SINAI MEDICAL CENTER CEDARS OF LABANON HOSPITAL DIVISION KAISER FOUNDATION LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER QUEEN OF ANGELS U. C. L. A. AFFILIATED HOSPITALS U. C. L. A. VETERANS ADMIN. (SEPULVEDA) VETERANS ADMIN. CENTER - WAGSWORTH WHITE MEMORIAL MEDICAL CENTER	K. L. SENTER L. MORGENSTERN J. WINKLEY L. ROSOFF D. GAZZANIGA, K. SCHMUTZER W. P. LONGHIRE, JR. W. P. LONGHIRE, JR. B. V. H. THATCHER H. E. GORDON S. H. FRITZ	110 146 119 165 86 49 91 93 42	5,106 4,310 7,104 7,186 1,503 1,614 1,640 3,552 1,516	2,702 9,060 91,600 18,582 1,503 6,571 3,716 5,121 3,503	02	007	11,000	102984
		119	7,104	91,600	10	013	12,000	103084
		165	7,186	18,582	C5	014	10,800	205584
		86	1,503	1,503	04	022	13,656	103384
		49	1,614	6,571	C2	009	12,000	103684
		91	1,640	3,716	16	031	8,900 11,905	198384
		93	3,552	5,121	12	021	11,905	103984
		42	1,516	3,503	04	010	10,800	104084
MARTINEZ VETERANS ADMIN.	J. YEE	117	1,485	6,115	C4	010	9,876	207384
OAKLAND								
HIGHLAND GENERAL KAISER FOUNDATION	A. J. HUNNICUTT H. D. GRANT	57 72	2,235 3,618	17,397 27,973	C8	024	9,156	104184
					04	010	9,980	104284
ORANGE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS CHILDRENS HOSPITAL OF ORANGE COUNTY ORANGE COUNTY MEDICAL CENTER VETERANS ADMIN. (LONG BEACH)	J. E. CONNOLLY J. DAVID J. E. CONNOLLY E. A. STEMMER	8 45 67	601 2,081 1,074	128 6,494 4,167	C9	023		208784
							13,000	
							11,905	
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PANORAMA CITY KAISER FOUNDATION	R. WILCOX	77	5,479	36,658	C2	006	12,000	208984
PASADENA HUNTINGTON MEMORIAL	A. C. PATTISON	137	6,232	15,392	C5	010	11,000	104484
RIVERSIDE								
RIVERSIDE GENERAL SACRAMENTO KAISER FOUNDATION SACRAMENTO MEDICAL CENTER	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA A. B. EAKER SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS				02	008		209784
SAN DIEGO								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	M. J. ORLOFF	76	2,443	10,284	16	040	8,900	104984
SAN FRANCISCO								
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER KAISER FOUNDATION MOUNT ZION HOSPITAL AND MEDICAL CENTER	W. L. NEWBERG P. D. SMITH, JR. L. D. ROSEMAN	119 108 152	4,542 5,059 5,640	28,704 104,977 3,944		010 04 05	9,780 9,500 9,760	106084 195984 105484

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
CALIFORNIA, SAN FRANCISCO - CONTINUED								
UNIVERSITY OF CALIFORNIA PROGRAM	J. E. DUNPHY				20	054		212584
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	J. E. DUNPHY	69	2,352	9,026			8,900	
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	V. RICHARDS	50	2,735	1,236			5,900	
SAN FRANCISCO GENERAL VETERANS ADMIN.	W. BLAISDELL	100	5,715	14,639			9,921	
SAN JOSE	J. E. DUNPHY, A. D. HALL	73	973	2,710			5,030	
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
SANTA BARBARA	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
SANTA BARBARA GENERAL-COTTAGE HOSPITALS	W. H. GERWIG, JR.				C4	011	10,600	106484
SANTA BARBARA GENERAL		18	593	3,894				
SANTA BARBARA COTTAGE HOSPITALS		168	5,680					
STANFORD	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS	H. A. OBERHELMAN, JR.				C8	029		189984
STANFORD UNIVERSITY	H. A. OBERHELMAN, JR.	80	3,248	8,546			8,480	
VETERANS ADMIN. (PALO ALTO)	L. G. CROWLEY	36	655	2,007			5,260	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	J. M. GUERNSEY	69	2,106	8,825			10,524	
STOCKTON	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
SAN JOAQUIN GENERAL	W. BROCK	56	1,820	20,458	C3	00E	10,386	102184
TORRANCE	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
LOS ANGELES COUNTY HARBR GENERAL	J. BENFIELD	76	4,086	9,401	11	027	13,656	106784
COLORADO								
DENVER	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
ST. JOSEPH HOSPITAL-COLORADO STATE	M. E. JOHNSON				C8	018	9,200	215584
ST. JOSEPH	M. E. JOHNSON	194	8,300	3,597				
COLORADO STATE (PUEBLO)	W. E. LGOBY	35	627	8,020				
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	W. R. WADDELL				20	060		107684
DENVER GENERAL	B. EISEMAN	51	1,759	5,286				
GENERAL ROSE MEMORIAL	E. BLAIR	121	4,651	501			9,200	
PRESBYTERIAN MEDICAL CENTER	H. F. BRAMLEY	164	7,557	72			9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	W. R. WADDELL	70	2,395	5,931			8,500	
VETERANS ADMIN.	T. E. STARZL	62	90	480			9,600	
PUEBLO	SEE ST. JOSEPH HOSPITAL-COLORADO STATE, DENVER							
COLORADO STATE	SEE ST. JOSEPH HOSPITAL-COLORADO STATE, DENVER							
CONNECTICUT								
BRIDGEPORT	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
BRIDGEPORT	A. J. PANETTIERI	195	8,825	5,899	C6	016	10,350	107984
ST. VINCENT'S	W. H. CURLEY	130	6,807	788	C2	008	10,500	108084
HARTFORD	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
HARTFORD	J. H. FOSTER	198	7,394	5,385	10	015	5,800	108384
ST. FRANCIS	H. MANNIX	282	10,214	4,066	04	010	7,800	108584
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	G. OWENS				C4	010	9,720	109484
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		30	566	2,561				
VETERANS ADMIN. (NEWINGTON)		64	956	9,628				
NEW BRITAIN	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
NEW BRITAIN GENERAL	W. T. LIVINGSTON	129	6,839	1,365	C3	005	5,000	108884
NEW HAVEN	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
HOSPITAL OF ST. RAPHAEL	D. A. FARMER	81	4,165	1,868	C4	012	10,450	109084
YALE-NEW HAVEN MEDICAL CENTER	H. K. WRIGHT				14	029		108984
YALE-NEW HAVEN	H. K. WRIGHT	118	4,339	16,627			10,450	
VETERANS ADMIN. (WEST HAVEN)	E. H. STORER	47	1,361	5,350			10,543	
NEWINGTON	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
VETERANS ADMIN.	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
NORWALK	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
NORWALK	W. HUGHES	20	7,455	605	C2	007	9,000	109384
STAMFORD	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
STAMFORD	J. B. OGILVIE	264	4,224	2,948	C3	005	10,325	109584
WATERBURY	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
WATERBURY	S. B. LURIA	131	5,322	601	C2	006	10,100	109784
WEST HAVEN	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
VETERANS ADMIN.	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
DELAWARE								
WILMINGTON	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
VETERANS ADMIN.	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
WILMINGTON MEDICAL CENTER	L. W. WHITNEY, M. DZ	221	8,151	4,639	06	015	9,900	109984
DISTRICT OF COLUMBIA								
WASHINGTON	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	C. A. HUFNAGEL				12	028		185984
DISTRICT OF COLUMBIA GENERAL	H. H. BALCH	27	617	10,095				
GEORGETOWN UNIVERSITY	C. A. HUFNAGEL	114	4,357	6,084			10,000	
VETERANS ADMIN.	G. A. HIGGINS	78	1,135	7,385			9,724	
FAIRFAX (FALLS CHURCH, VA.)	A. HALL							
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	P. C. AOKINS				12	026		219784
DISTRICT OF COLUMBIA GENERAL	J. R. THISTLETHWAITE	27	692	10,095				
GEORGE WASHINGTON UNIVERSITY	P. C. AOKINS	70	3,008	2,500			9,500	
VETERANS ADMIN.	G. A. HIGGINS	78	1,135	7,385			9,724	
HOWARD UNIVERSITY AFFILIATED HOSPITALS	L. D. LEFFALL, JR.				C9	024	10,710	220184
DISTRICT OF COLUMBIA GENERAL	L. H. KLRTZ	27	616	10,095				
FREEDMEN'S	L. C. LEFFALL, JR.	95	2,333	14,571				
PROVIDENCE	L. J. GOFFREDI	75	3,851	2,737	04	008	10,000	180384
WASHINGTON HOSPITAL CENTER	M. L. GOLDMAN	136	5,447	10,455	12	023	9,500	180084



## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	All Yrs.		
FLORIDA								
BARTON								
POLK GENERAL HOSPITALS SEE LAKELAND GEN.-POLK GEN. HOSPS., LAKELAND								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS								
WILLIAM A. SHANES TEACHING HOSP. AND CLINICS	E. R. WOODWARD, W. PFAFF				12	026		183484
VETERANS ADMIN.	E. R. WOODWARD, W. PFAFF	77	2,426	8,858			8,000	
VETERANS ADMIN. (LAKE CITY)	J. H. LANDOR	31	722	2,037			7,137	
	W. R. MOORE	73	1,519	2,910			7,137	
JACKSONVILLE								
JACKSONVILLE HOSPITALS								
EDUCATIONAL PROGRAM	S. E. STEPHENSON, JR.				12	028	8,600	221384
BAPTIST MEMORIAL	C. M. PHILLIPS	74	3,348	256				
ST. LUKE'S	R. STILL, S. STEVENSON, JR.	90	2,230					
ST. VINCENT'S								
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. E. STEPHENSON, JR.	58	1,950	14,737				
LAKE CITY								
VETERANS ADMIN. SEE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS, GAINESVILLE								
LAKELAND								
LAKELAND GENERAL-POLK GENERAL HOSPITALS								
LAKELAND GENERAL	W. H. PROCTOR	462	21,118		02	008	8,752	221584
POLK GENERAL (BARTON)		191	5,707	43,741			8,200	8,152
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS								
JACKSON MEMORIAL	R. ZEPPA	91	2,796	12,497	14	035	9,800	110484
VETERANS ADMIN.		67	1,197	1,701			8,975	
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI								
	A. HURWITZ	115	2,428	5,164	07	015	9,900	110584
ORLANDO								
ORANGE MEMORIAL HOSPITAL								
	D. L. WEEKS, JR.	215	7,987	3,426	05	015	9,000	110784
PENSACOLA								
PENSACOLA EDUCATIONAL PROGRAM								
BAPTIST	G. L. CARR, S. S. SHIPPEY	124	6,263	989	C1	004	10,200	182684
SACRED HEART		77	5,036	825				
UNIVERSITY		23	1,222	8,248				
TAMPA								
TAMPA GENERAL HOSPITAL								
	J. C. FLETCHER	98	3,184	4,312	07	015	8,925	110984
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS								
EMORY UNIVERSITY	W. D. WARREN				24	048	8,400	111384
GRADY MEMORIAL	W. D. WARREN	81	3,286					
HENRIETTA EGGLESTON HOSPITAL FOR CHILDREN	W. D. WARREN	92	3,226	20,793				
VETERANS ADMIN.	R. B. SMITH, 3D.	66	1,160	2,971				
GEORGIA BAPTIST	J. P. WILSON	154	7,380	624	01	010	7,500	111284
PIEDMONT	J. E. SKANDALAKIS	155	7,601	2,008	03	006	8,400	222184
ST. JOSEPH'S INFIRMARY	O. SHEPARD	148	6,411	1,640	02	006	9,006	111584
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA								
HOSPITALS								
EUGENE TALMADGE MEMORIAL	W. H. MORETZ	56	1,348	6,422	13	029		222384
UNIVERSITY	W. H. MORETZ	73	2,945	3,375			8,100	
VETERANS ADMIN.	W. D. JENNINGS, JR.	38	663	2,512			7,600	
MACON								
MACON MEMORIAL MEDICAL CENTER								
	M. B. HATCHER	231	10,817	7,133	04	010	10,200	112084
SAVANNAH								
MEMORIAL MEDICAL CENTER								
	T. J. YEH	105	3,331	7,033	03	006	7,800	197184
HONOLULU								
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS								
QUEEN'S MEDICAL CENTER	R. T. MAMIYA	154	6,146	2,577	09	020	10,500	223184
ST. FRANCIS	J. J. MC NAMARA	82	4,676	6,210				
KUAKINI HOSPITAL AND HOME	R. T. TANOU	96	3,834					
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL								
AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	M. C. AIRAN	82	2,712	7,650	07	017	5,700	114484
COLUMBUS-CUNEG MEDICAL CENTER	P. F. NORA				04	009	10,600	112684
COLUMBUS		139	4,834	3,143				
FRANK CUNEO		46	1,468	1,268				
COOK COUNTY	F. A. FOLK	261	9,302	36,751	24	062	10,900	112784
ILLINOIS CENTRAL	C. Y. WERELIUS	92	2,640	6,536	02	006	11,450	113684
ILLINOIS MASONIC MEDICAL CENTER	L. W. PETERSCN	219	4,893	4,762	04	012	10,000	113784
MERCY HOSPITAL AND MEDICAL CENTER	R. SCHMITZ	103	2,524	5,774	04	012	10,200	114184
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	G. W. PESKIN	131	3,381	16,000	08	021	10,850	114284
NORTHWESTERN UNIVERSITY MEDICAL CENTER								
CHICAGO WESLEY MEMORIAL	J. M. BEAL	121	4,006		16	038		224784
PASSAVANT MEMORIAL	J. R. HINES	53	1,860	8,225			11,000	
VETERANS ADMIN. RESEARCH	J. M. BEAL	73	1,289	4,571			11,000	
EVANSTON (EVANSTON)	T. W. SHIELDS	54	2,552	1,093			10,500	
PRESBYTERIAN-ST. LUKE'S	J. M. DORSEY	72	2,649	3,512	12	027	9,946	114784
ST. ELIZABETH'S	H. W. SCLTHWICK	80	3,298	391	04	010	9,000	115384
ST. JOSEPH	S. J. OPALINSKI	150	4,717	8,302	04	011	10,600	115584
	E. DEL BECCARO							

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			
					1972-1973 1st Yr.	1972-1973 All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED								
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	G. E. BLICK	58	2,104	10,708	C7	02C	10,000	116084
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	L. M. NYHUS	73	2,764	15,162	C6	03C	10,560	115084
UNIVERSITY OF ILLINOIS VETERANS ADMIN. (WEST SIDE)	L. M. NYHUS W. SCHUMER	176	3,271	31,021				
EVANSTON								
EVANSTON ST. FRANCIS	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO	121	4,623	7,174	C3	007	10,600	116884
EVERGREEN PARK	J. B. O' DONOGHUE, JR.	198	6,605	1,556	C4	012	9,793	225584
LITTLE COMPANY OF MARY	J. B. O' DONOGHUE, JR.	174	3,249	4,429	14	041	9,600	225784
HINES VETERANS ADMIN.	C. B. PUESTOK	27	834	2,523	C6	022	9,600	226184
MAYWOOD	R. J. FREEARK	134	4,114	15,699	C2	008	8,200	117584
LOYOLA UNIVERSITY	J. W. OTTEN							
PEORIA ST. FRANCIS								
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. E. JESSEPH	50	1,374	2,101	C6	024	9,500	227384
INDIANA UNIVERSITY HOSPITALS		52	683	1,155			10,750	
VETERANS ADMIN.	J. L. GLEVER		1,203	8,732	C5	014	9,500	118684
MARION COUNTY GENERAL	D. E. SCHLEGEL	169	5,360	1,335	06	015	10,600	118884
METHODIST HOSPITAL OF INDIANA								
IOWA								
DES MOINES								
IOWA METHODIST	R. E. PAUL	71	3,056	5,415	04	01C	9,600	120184
BROOKDALE POLK COUNTY		29	1,430	8,371				
VETERANS ADMIN.	L. T. PALUMBO	110	3,179	16,936	C5	014	10,503	228384
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	R. E. CONDON	174	4,789	29,029	10	034	9,500	120384
UNIVERSITY OF IOWA HOSPITALS		69	600	1,280				
VETERANS ADMIN.								
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	L. J. HUMPHREY	59	2,109	6,665	10	024	9,000	120884
BETHANY	L. L. TRETBAR	48	4,600	94				
VETERANS ADMIN. (KANSAS CITY, MO.)	A. HEILBRUNN	51	1,786	1,431			9,500	
WADSWORTH	W. BRAUER	76	1,101	4,874	C2	005	8,745	229584
VETERANS ADMIN. CENTER								
WICHITA								
ST. FRANCIS HOSPITAL-VETERANS ADMIN. CENTER	G. J. FARHA	165	7,891	728	07	016	9,300	229784
ST. FRANCIS	G. J. FARHA	51	905	1,226			8,400	
VETERANS ADMIN. CENTER	F. W. ROBINSON	148	7,981	868	03	006	9,300	121084
WESLEY MEDICAL CENTER	G. J. MASTID							
KENTUCKY								
HARLAN								
HARLAN APPALACHIAN REGIONAL	P. M. WALSTAD	122	9,597		C3	010	12,000	230184
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	W. D. GRIFFEN, JR.	100	5,675	4,802	14	026	8,300	184884
ST. JOSEPH	W. D. GRIFFEN, JR.	25	1,448	3,870			7,500	
UNIVERSITY	W. G. MALETTE	46	1,205				8,300	
VETERANS ADMIN.								
LOUISVILLE								
ST. JOSEPH INFIRMARY	W. J. OLIVER, B. SCHOO	159	7,217	1,411	04	010	8,900	122084
UNIVERSITY OF LOUISVILLE								
AFFILIATED HOSPITALS	H. C. PGLK	20	1,671	3,860	14	032	8,100	121784
CHILDREN'S		151	7,910	266			8,100	
JEWISH		57	1,943	14,574			8,100	
LOUISVILLE GENERAL		68	1,397	5,252			7,920	
VETERANS ADMIN.								
LOUISIANA								
BATON ROUGE								
EARL K. LONG MEMORIAL	SEE L.S.U. AFFIL. HOSPITALS, NEW ORLEANS							
INDEPENDENCE								
LALLIE KEMP CHARITY	SEE CHARITY HOSP. OF LA. (TULANE UNIV. DIV.), NEW ORLEANS							
LAFAYETTE								
LAFAYETTE CHARITY	SEE L.S.U. AFFIL. HOSPITALS, NEW ORLEANS							
MONROE								
E. A. CONWAY MEMORIAL	SEE OCHSNER FOUNDATION, NEW ORLEANS							
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION	T. DRAPANAS	130	2,133	19,989	C9	036	7,800	232084
LALLIE KEMP CHARITY (INDEPENDENCE)		44	1,607	5,748			9,600	
HUEY P. LONG CHARITY (PINEVILLE)								
LOUISIANA STATE UNIVERSITY								
AFFILIATED HOSPITALS	I. COHN, JR.	415	10,150	99,754	21	045	9,000	231784
CHARITY HOSPITAL OF LOUISIANA	I. COHN, JR.	82	2,954	2,561			9,000	
TCURO INFIRMARY	W. LEON	77	1,682	7,800			9,437	
VETERANS ADMIN.	B. G. TAYLOR							
EARL K. LONG MEMORIAL (BATON ROUGE)	I. COHN, JR.	38	1,162	8,150			9,000	
LAFAYETTE CHARITY (LAFAYETTE)	I. COHN, JR., T. WALTON	67	2,147	19,757			9,000	
OCHSNER FOUNDATION	J. L. OCHSNER	43	1,297	8,983	C4	016	8,500	196684
E. A. CONWAY MEMORIAL (MONROE)		22	1,137	5,723			12,000	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
LOUISIANA - CONTINUED								
PINEVILLE								
HUEY P. LONG CHARITY SHREVEPORT	SEE CHARITY HCSP. OF LA. (TULANE UNIV. DIV.), NEW ORLEANS							
L.S.U. (SHREVEPORT) AFFILIATED HOSPITALS	F. T. KURZNEG					C6 018	123284	
CONFEDERATE MEMORIAL MEDICAL CENTER		109	4,032	5,077			7,800	
VETERANS ADMIN.								
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	E. H. DRAKE	178	8,871	3,750		C4 011	8,505	123684
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS	R. W. STEENBURG, G. SMITH	48	1,867	12,635		C5 01C		123784
CHURCH HOME AND HOSPITAL	J. M. ZIMMERMAN	96	3,346	7,315		C4 007	10,750	232984
FRANKLIN SQUARE	P. J. FERRIS	79	3,261	7,934		C6 012	9,300	124084
JOHNS HOPKINS	G. D. ZUIDEMA	142	5,001	61,594		21 035	9,500	124284
VETERANS ADMIN.	R. F. KIEFFER, JR.	.59	3,688	63,332			8,500	
ST. AGNES	E. COX	158	5,617	2,305		05 014	9,500	124784
ST. JOSEPH	A. A. ALECCE	130	4,726	4,891		C5 012	9,500	124884
SINAI HOSPITAL OF BALTIMORE	A. M. SELIGMAN	150	5,857	5,247		10 C17	10,700	124984
SOUTH BALTIMORE GENERAL	N. NOVIN	101	3,6C8	11,066		C6 014	10,500	125084
UNION MEMORIAL	J. N. CLASSEN	145	5,119	32,949		C6 012	1C,500	125184
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	A. MANSBERGER					12 031		233984
MARYLAND GENERAL	F. CLARK	126	3,850	2,744			1C,750	
MERCY								
UNIVERSITY OF MARYLAND	A. MANSBERGER	65	1,886	10,667			11,100	
CHEVERLY								
PRINCE GEORGE'S GENERAL	J. H. E. BAYLY	139	5,539	4,765		C5 011	5,000	190584
MASSACHUSETTS								
BOSTON								
BETH ISRAEL	W. SILEN	109	3,104	11,087		C8 025	9,500	125684
BOSTON CITY								
1ST SURGICAL SERVICE (TUFTS)	H. SOROFF	40	1,443	8,212		10 022	5,60C	125784
MIRIAM	F. A. SIMEONE							
3RD SURGICAL SERVICE (BOSTON UNIV.)	J. J. BYRNE	40	1,500	7,801		C6 018	9,600	125707
FRAMINGHAM UNION (FRAMINGHAM)								
QUINCY CITY (QUINCY)								
5TH SURGICAL SERVICE (HARVARD)	W. V. MC DERMOTT, JR.	48	1,521	8,283		14 034	9,600	125708
CAMBRIDGE (CAMBRIDGE)								
MOUNT AUBURN	F. W. ACKROYD	120	6,000	216			5,60C	
NEW ENGLAND DEACCNSS	C. E. SEOGWICK	81	2,398	544			9,500	
BOSTON UNIVERSITY AFFILIATED HOSPITALS								
PROGRAM 2	R. H. EGDAHL, J. MANNICK	81	3,675	10,716		11 024		125507
UNIVERSITY	R. H. EGDAHL, J. A. MANNICK	119	2,172	6,354			9,500	
VETERANS ADMIN. (JAMAICA PLAIN)	D. C. NABSETH	89	1,657	9,442			10,090	
VETERANS ADMIN. (PROVIDENCE, R. I.)	R. H. EGDAHL							
PROGRAM 3	L. WILLIAMS	117	5,045	971		12 03C		125584
BROCKTON (BROCKTON)	D. E. MARCELLO	92	5,136	6,282			7,500	
CARNEY	C. J. SHEA	123	4,928	267			9,500	
MALDEN (MALDEN)	W. E. GARREY	120	6,700	15,846		14 044	9,000	126184
MASSACHUSETTS GENERAL NEW ENGLAND MEDICAL CENTER	L. W. OTTINGER							
HOSPITALS								
VETERANS ADMIN. (JAMAICA PLAIN)	R. A. DETERLING, JR.	63	2,146	6,944		1C 022	5,500	126384
PETER BENT BRIGHAM	D. C. NABSETH	119	2,172	6,354			10,090	
VETERANS ADMIN. (WEST ROXBURY)	F. D. MOORE	161	4,915	29,098		C9 033	9,500	126584
ST. ELIZABETH'S HOSPITAL OF BOSTON	H. B. WHEELER	32	581	4,357			10,388	
LAWRENCE F. QUIGLEY MEMORIAL (CHELSEA)	R. H. STANTON	114	4,479	6,836		C5 015	9,500	126684
BROCKTON	G. F. MILLER	27	680	3,632			9,500	
BROCKTON	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 3), BOSTON							
CAMBRIDGE	SEE BOSTON CITY (5TH SURGICAL SERVICE, HARVARD), BOSTON							
CHELSEA	SEE ST. ELIZABETH'S, BOSTON							
LAWRENCE F. QUIGLEY MEMORIAL FRAMINGHAM UNION	SEE BOSTON CITY (3RD SURG. SERVICE, BOSTON UNIV.), BOSTON							
MALDEN	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 3), BOSTON							
PITTSFIELD								
BERKSHIRE MEDICAL CENTER	R. ZUPANEC	141	5,966	2,500		C5 013	5,600	128184
QUINCY CITY	SEE BOSTON CITY (3RD SURG. SERVICE, BOSTON UNIV.), BOSTON							
SPRINGFIELD								
SPRINGFIELD HOSPITAL MEDICAL CENTER	D. A. DE LAURENTIS	182	6,872	2,116		C6 015	1C,600	128684
WORCESTER								
MEMORIAL	J. P. CHANDLER	128	5,782	2,775		05 011	9,500	128984
ST. VINCENT	C. S. WHELAN	209	7,807	455		C5 014	9,600	129084
WORCESTER CITY	E. J. CROCE	133	5,244	7,798		C3 009	9,645	129184
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE U. AFFIL. HOSPS., DETROIT							
ANN ARBOR								
ST. JOSEPH MERCY	D. A. CAMPBELL	89	3,289	1,520		C6 015	1C,000	129284
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. J. FRY					21 05C		129384
UNIVERSITY	W. J. FRY	105	2,272	8,691			8,600	
VETERANS ADMIN.	W. J. FRY, S. LINDENAUER	62	1,353	4,670			8,800	
WAYNE COUNTY GENERAL (ELOISE)	W. R. OLSEN	57	1,931	6,666			9,169	

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered				
					1972-1973	All Yrs.	Annual Salary (Min.)	NIRMP Number	
MICHIGAN - CONTINUED									
DEARBORN									
OAKWOOD	W. O. NICKEL	173	8,181		03	006	10,800	194684	
DETROIT									
DETROIT - MACOMB HOSPITALS	P. T. LEE				02	008	10,200	129684	
DETROIT MEMORIAL		103	3,364	858					
SOUTH MACOMB (WARREN)		82	4,570						
GRACE	Y. S. KIM	269	10,215	1,537	10	021	9,900	129884	
HENRY FORD	D. E. SZILAGYI	175	10	50,358	17	048	10,300	130084	
MOUNT CARMEL MERCY	W. S. CARPENTER	255	10,456	1,359	06	012	10,800	130284	
ST. JOHN	J. A. GRADY	160	7,091	1,164	03	012	10,800	191584	
SINAI HOSPITAL OF DETROIT	A. KANTROWITZ	121	4,856	1,921	05	014	9,600	192684	
WAYNE STATE UNIVERSITY					23	05C		129584	
AFFILIATED HOSPITALS	A. J. WALT								
VETERANS ADMIN. (ALLEN PARK)	A. W. WEAVER	105	1,241	5,970			10,459		
DETROIT GENERAL	L. P. LE BLANC	122	3,524	11,419			9,858		
HARPER	P. J. CONNOLLY	134	3,455	1,883			9,900		
HUTZEL	A. RESTO SDTO	54	2,134	675			10,300		
ELOISE									
WAYNE COUNTY GENERAL	SEE U. MICH. AFFIL. HOSPS., ANN ARBOR								
FLINT									
HURLEY	O. F. KLINE, JR.	197	5,821	2,546	04	016	8,900	130784	
MC LAREN GENERAL	R. O. PELHAM	137	6,887	1,738	03	007	10,800	186684	
GRAND RAPIDS									
BLOODCETT MEMORIAL	C. SOUTHWICK	189	9,423	197	03	009	9,000	130984	
BUTTERWORTH	R. E. HAYES	93	4,504	1,182	04	010	9,000	131084	
ST. MARY'S	F. S. GILLET	98	5,068	1,111	02	005	9,000	131184	
HIGHLAND PARK									
HIGHLAND PARK GENERAL	C. G. BARONE	85	3,147	1,269	02	008	10,800	131284	
KALAMAZOO									
BRONSON METHODIST	R. W. HODGMAN	93	4,392	639	02	008	8,700	131484	
PONTIAC									
PONTIAC GENERAL	S. M. BAYLIS	117	5,049	2,506	05	014	10,800	131884	
PONTIAC STATE	D. DAWSON, M. PLAGGE	101	1,300	7,452					
ST. JOSEPH MERCY	R. R. WESSELS	100	4,247	1,684	02	008	10,800	131984	
ROYAL OAK									
WILLIAM BEAUMONT	F. A. ARCARI, J. A. INGOLD	260	12,387	3,471	09	024	10,500	197884	
PONTIAC STATE	D. DAWSON, F. CAMPBELL	101	1,300	7,452					
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS	C. J. KOUCKY				02	008		132084	
SAGINAW GENERAL	R. O. NORTHWAY	92	2,199				10,560		
ST. LUKE'S	W. T. RICE	122	5,574				10,560		
ST. MARY'S	L. C. BARRY	105	4,337	673			10,560		
VETERANS ADMIN.	C. J. KOUCKY	71	1,339	1,472			12,000		
SOUTHFIELD									
PROVIDENCE	J. PFEIFER	154	7,177	460	06	018	11,700	130384	
WARREN									
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT								
MINNESOTA									
MINNEAPOLIS									
HENNEPIN COUNTY GENERAL	C. R. HITCHCOCK	78	2,306	12,663	05	022	8,250	132984	
UNIVERSITY OF MINNESOTA									
AFFILIATED HOSPITALS	J. S. NAJARIAN				21	060		133484	
MOUNT SINAI	M. M. EISENBERG	231	11,737	26,264			7,500		
UNIVERSITY OF MINNESOTA									
HOSPITALS	J. S. NAJARIAN	639	33,335	10,755			8,750		
VETERANS ADMIN.	J. S. NAJARIAN	305	1,740	21,327					
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	R. B. WALLACE	230	10,486	65,700	18	056	7,300	132884	
ROCHESTER METHODIST									
ST. MARY'S									
ST. PAUL									
CHARLES T. MILLER	N. M. TROTMAN, G. H. BAAH	134	5,278	593	02	005	9,420	133884	
ST. PAUL-RAMSEY	J. F. PERRY	76	2,234	6,664	04	013	9,500	133584	
MISSISSIPPI									
JACKSON									
UNIVERSITY OF MISSISSIPPI									
MEDICAL CENTER	J. D. HARDY				08	030		195784	
UNIVERSITY	J. D. HARDY	44	1,727	8,268			8,500		
VETERANS ADMIN. CENTER	J. H. CONN	82	1,548	3,680			8,853		
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	M. S. DE WEESE	46	1,617	4,962	10	022	9,000	199484	
VETERANS ADMIN.									
KANSAS CITY									
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	A. MC CANSE	36	1,344	9,481	04	010	9,825	134384	
MENORAH MEDICAL CENTER	N. B. ACKERMAN	83	3,740	1,483	04	010		134584	
ST. LUKE'S	P. G. KODNITZ, JR.	137	3,827	8,529	04	010	8,820	134884	
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS								
ST. LOUIS									
BARNES HOSPITAL GROUP	W. F. BALLINGER	130	4,525	5,846	15	027	9,500	135384	
ST. LOUIS CITY	C. L. ANDERSON	34	1,264	4,401			8,491		
VETERANS ADMIN.	W. T. NEWTON	42	836	1,696			5,840		
DEACONESS	R. O. FREDERICK	150	5,613	2,581	06	014	8,700	135684	
HOMER G. PHILLIPS	A. D. SPENCER	124	3,456	11,216	10	022	8,492	135784	
JEWISH HOSPITAL OF ST. LOUIS	A. E. BALE	171	5,936	8,497	07	014	10,700	135884	
MISSOURI BAPTIST	E. R. LERWICK	114		1,146	04	012	9,600	136084	
MISSOURI INSTITUTE OF PSYCHIATRY-ST. LOUIS STATE	R. THOMASSEN, G. KARADIMCS	32	23	96					
ST. JOHN'S MERCY MEDICAL CENTER	W. W. MONAFO	235	8,925	1,750	06	013	7,560	136284	
ST. LOUIS COUNTY	J. C. PEDEN, JR.	46	1,644	28,659	03	012	6,600	134284	
ST. LOUIS-LITTLE ROCK HOSPITALS	R. A. WEIR, B. PASSANANTE	105	3,000	39,891	03	010	9,000	248584	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 1st Yr.	1972-1973 All Yrs.	Annual Salary (Min.)	
MISSOURI, ST. LOUIS - CONTINUED								
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	V. L. WILLMAN	266	8,864	10,973	C6	023	9,600	136584
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN								
FIRMIN DESLOGE GENERAL HOSPITAL	R. KELTNER, V. WILLMAN	34	1,264	4,401				
ST. LOUIS CITY ST. MARY'S	V. L. WILLMAN, T. DUBUQUE	100	2,986	67			9,600	
VETERANS ADMIN.	V. L. WILLMAN	43	789	1,983			5,840	
ST. LUKE'S	C. A. MC AFEE	108	3,673	1,256	C6	009	9,600	136484
NEBRASKA								
LINCOLN								
VETERANS ADMIN.	C. R. MOTA	55	1,086	2,934	C4	010	9,123	249784
ST. ELIZABETH COMMUNITY HEALTH CENTER	C. R. MOTA, R. GILLESPIE	119	6,161				9,123	
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	F. A. MILLER				C4	011		250184
CREIGHTON MEMORIAL ST. JOSEPH'S	F. A. MILLER	146	4,755	5,958			10,200	
DOUGLAS COUNTY	F. A. MILLER	25	495					
VETERANS ADMIN.	J. F. DUESMAN	108	2,364	7,488			10,344	
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	M. M. MUSSELMAN				C6	015		137684
UNIVERSITY OF NEBRASKA	M. M. MUSSELMAN	27	878	7,246			9,000	
DOUGLAS COUNTY	M. M. MUSSELMAN	17	443					
VETERANS ADMIN.	W. C. DAVIS	108	2,364	7,488			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS					C6	018	8,000	250584
MARY HITCHCOCK MEMORIAL	R. C. KARL	74	2,270	15,603				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)	W. B. CRANDELL	46	688	3,264				
NEW JERSEY								
ATLANTIC CITY								
ATLANTIC CITY	M. J. ELOVITZ	142	6,030	5,982	C2	008	8,900	137884
CAMDEN								
COOPER	E. KAIN, P. ARONOW	223	6,422	5,401	C2	005	10,000	138084
EAST ORANGE								
EAST ORANGE GENERAL	SEE ORANGE MEMORIAL, ORANGE							
VETERANS ADMIN.	SEE NEW JERSEY COLLEGE OF MEDICINE AFFIL. HOSPS., NEWARK							
ENGLEWOOD								
ENGLEWOOD	G. D. HALSTED, P. A. MELE	177	8,718	1,846	C4	010	8,820	138684
HACKENSACK								
HACKENSACK	R. B. GRANT, A. A. ALESSI	196	10,466	1,047	C4	010	10,600	138784
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	B. J. HATTIKER	70	2,502	5,694	C6	016		139084
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	L. DEL GUERCIO	206	7,375	3,220	C2	008	10,200	139684
LONG BRANCH								
MONMOUTH MEDICAL CENTER	C. S. ARVANITIS	102	4,731	4,078	04	010	11,000	139284
NEWARK								
NEWARK BETH ISRAEL MEDICAL CENTER	V. PARSONNET	165	7,011	12,714	C4	014	10,800	139784
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS	B. F. RUSH, JR.	122	3,165	6,303	12	030	11,300	139884
MARTLAND	B. F. RUSH, JR.	103	834	4,984				
VETERANS ADMIN. (EAST ORANGE)	D. SERLIN							
NEW BRUNSWICK								
MICCLESEX GENERAL	N. ROSENBERG	130	6,197	2,854	C4	009	12,000	197984
ST. PETER'S GENERAL	F. M. CLARKE, JR.			2,097	C3	009	12,000	140084
ORANGE								
ORANGE MEMORIAL	L. E. ULVESTAD	258	10,268	9,990	C2	008	7,800	140184
EAST ORANGE GENERAL (EAST ORANGE)	J. AUGUST	63	2,447	321			12,000	
PATERSON								
ST. JOSEPH'S	M. RAMUNDO	63	3,659	2,640	C4	010	10,320	140684
PERTH AMBOY								
PERTH AMBOY GENERAL	H. SLOBODIEN, H. CROMWELL	468	18,785	11,926	C1	004	9,500	187384
TRENTON								
ST. FRANCIS	L. G. FARES	186	8,034	5,794	C2	008	9,000	141184
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	E. T. PETER				C8	018		196284
BERNALILLO COUNTY MEDICAL CENTER	E. T. PETER	32	855	5,786			8,032	
VETERANS ADMIN.	D. E. SMITH	33	894	1,640			7,950	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	C. E. ECKERT				14	027		141484
ALBANY MEDICAL CENTER		92	2,764	1,008			5,600	
VETERANS ADMIN.		93	1,163	3,826			10,940	
ST. PETER'S	J. J. PHELAN, JR.	134	4,951	1,048	05	012	10,000	141684
BUFFALO								
DEACONESS HOSPITAL OF BUFFALO	D. R. BECKER	161	4,501	7,922	04	013	10,000	143784
MILLARD FILLMORE	P. B. WELLS	193	6,040	825	06	017	10,000	144084
SISTERS OF CHARITY	F. M. ZAEPEL	156	5,392	1,406	C3	012	9,509	144184
EMERGENCY HOSPITAL OF THE CIOCESE OF BUFFALO		90	2,193	4,203			8,874	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, BUFFALO - CONTINUED								
S. U. N. Y. AT BUFFALO AFFILIATED HOSPITALS, PROGRAM 1	E. MILCH				07	021	10,000	143684
BUFFALO GENERAL VETERANS ADMIN.	E. MILCH A. A. GAGE	125 48	3,924 865	6,097			10,000 8,500	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS, PROGRAM 2	W. G. SCHENK, JR.				07	024		143884
EDWARD J. MEYER MEMORIAL VETERANS ADMIN.	W. G. SCHENK, JR. A. A. GAGE	100 32	1,894 576	3,312 780			10,600 8,500	
CASTLE POINT VETERANS ADMIN.	SEE ST. CLARE'S, NEW YORK CITY							
COOPERSTOWN MARY IMGGENE BASSETT	D. A. BLUMENSTOCK	37	1,365	15,322	03	009	11,000	144284
EAST MEADOW NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	A. DI BENEDETTO	83	2,089	9,987	06	015	10,112	144884
JOHNSON CITY CHARLES S. WILSON MEMORIAL	C. C. FRIES	153	5,466	11,616	03	010	9,400	145284
MANHASSET NORTH SHORE	SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY							
MINEOLA NASSAU	D. JANELLI	86	4,972	315	04	010	12,000	145584
NEWBURGH ST. LUKE'S HOSPITAL OF NEWBURGH	W. H. PARK, D. A. WAHL	105	3,874	1,600	01	004	9,400	145884
NEW HYCE PARK LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM	G. WISOFF				21	032	11,000	196384
LONG ISLAND JEWISH MEDICAL CENTER	G. WISOFF	116	4,507	2,800				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	M. FRIEDMAN	89	2,231	6,331				
NEW ROCHELLE NEW ROCHELLE HOSPITAL MEDICAL CENTER	W. J. MC CANN	156	6,576	4,287	03	007	8,750	145984
NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	D. STATE				25	052		193184
BROXN MUNICIPAL HOSPITAL CENTER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	D. STATE	167	5,209	26,700				
LINCOLN BEEKMAN-DOWNTOWN	D. STATE P. H. WEIL	89	2,678	2,352 27,056				
BETH ISRAEL MEDICAL CENTER	R. B. NOLAN	85	2,183	9,592	05	012	11,000	189084
BOOTH MEMORIAL	W. I. WOLFF	147	4,625	43,254	20	036	11,000	147084
BRONX-LEBANON HOSPITAL CENTER	J. L. CHASSIN	89	2,220	7,425	05	009	9,250	182284
BROOKDALE HOSPITAL CENTER	P. H. GERST	200	59,138	11,016	08	022	10,500	147184
BROOKLYN - CUMBERLAND MEDICAL CENTER	C. B. RIPSTEIN	78	3,230	5,913	06	018	11,600	141984
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	R. C. BRITTON	180	4,557	33,899	12	027	11,000	142084
MARY IMMACULATE DIVISION	D. S. MARTIN	105	3,492	3,270	08	020	9,500	145084
ST. JOHN'S QUEENS DIVISION		94	2,895	330				
ST. MARY'S DIVISION		51	1,529	3,697				
COLUMBUS	L. M. ROSATI	163	3,931	6,794	04	010	10,100	147284
CORNELL COOPERATING HOSPITALS NEW YORK	P. A. EBERT	212	6,100	23,166	13	038	11,200	145284
NORTH SHORE (MANHASSET)	A. R. BEIL, JR.	97	5,025	8,806	10	020	12,000	146784
FLUSHING HOSPITAL AND MEDICAL CENTER	J. J. CREEDON	128	4,189	3,423	03	009	9,000	144584
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	J. E. MC MANUS	156	4,836	6,971			11,500	
FRENCH DIVISION					04	009		147584
POLYCLINIC DIVISION					07	013		149484
HARLEM HOSPITAL CENTER	J. M. FERRER	225	4,077	43,602	16	032		147884
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	J. R. WILDER	70	1,965	10,314	02	008		147984
JAMAICA	H. BARBER	81	2,565	6,880	02	008	8,750	144984
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	B. S. LEVOWITZ	122	2,961	5,311	10	022	11,000	142584
GREENPOINT		48	1,296	25,393			11,000	
JEWISH MEMORIAL	L. VENET	61	1,940	6,363	04	008	9,500	148084
KNICKERBOCKER	E. P. FLEISCHMANN	86	1,928	6,865	04	010	9,500	148184
LENEX HILL	A. J. ABELOFF	161	4,144	8,925	08	018	12,000	148384
LONG ISLAND COLLEGE	R. A. MAINZER	97	2,463	6,288	05	009	11,000	142784
LUTHERAN MEDICAL CENTER	G. F. CUCOLO	88	2,523	8,333	04	012	11,000	143084
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	G. A. DEGENSHEIN	202	3,118	15,778	14	029		142884
MAIMONIDES MEDICAL CENTER	G. DEGENSHEIN	130	1,927	7,099			11,000	
CONEY ISLAND	H. KRIEGER	124	4,145	11,352	10	024	12,000	142984
METHODIST HOSPITAL OF BROOKLYN	I. F. ENQUIST							
MISERICORDIA - FORDHAM TRAINING PROGRAM	B. M. REYNOLDS	101	2,601	5,807	08	020	11,500	148684
MISERICORDIA		131	2,764	23,557				
MONTEFIORE HOSPITAL TRAINING PROGRAM	M. L. GLIEDMAN				17	044	11,000	148784
MONTEFIORE HOSPITAL AND MEDICAL CENTER		185	3,514	5,942				
MORRISANIA CITY		33	1,693	11,471				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	A. E. KARK				18	050	11,000	149084
MOUNT SINAI	A. E. KARK	300	7,100	4,395				
CITY HOSPITAL CENTER AT ELMHURST	D. A. DREILING	93	1,841	12,873				
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	W. L. MERSHEIMER				14	032		147384
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		67	2,183	358				
UNIT 2 - METROPOLITAN		107	2,246	25,450				
UNIT 3 - BIRD S. COLLER MEMORIAL HOSPITAL AND HOME		61	226	703				

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
NEW YORK, NEW YORK CITY - CONTINUED								
NEW YORK UNIVERSITY MEDICAL CENTER	F. C. SPENCER				30	066		146484
BELLEVUE HOSPITAL CENTER	F. C. SPENCER	202	4,003	19,446				
UNIVERSITY	F. C. SPENCER	128	3,461					
VETERANS ADMIN. (MANHATTAN)	D. A. TICE	142	2,233	19,590			12,805	
PRESBYTERIAN	F. P. HERTER	198	6,992	43,108	12	030	11,250	149584
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH MED. CTR. TRAINING PROGRAM, NEW HYDE PARK							
ROOSEVELT	W. A. WICHERN, JR.	129	6,327	20,861	10	021	9,800	149684
ST. CLARE'S HOSPITAL AND HEALTH CENTER	J. L. MADDEN	155	3,653	4,771	07	018	10,500	149784
VETERANS ADMIN. (CASTLE POINT)								
ST. JOHN'S EPISCOPAL	J. E. MULE	80	2,445	10,423	02	008	13,560	143284
ST. LUKE'S HOSPITAL CENTER	H. F. FITZPATRICK	116	3,586	13,774	06	018	11,300	149984
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	T. F. NEALON, JR.	247	6,072	13,056	12	021	9,500	150084
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	W. C. FREDERICK	105	3,157	3,302	03	008	11,300	151484
STATEN ISLAND	J. S. SNIDER	60	2,410	2,920	03	006	11,200	151584
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	C. DENNIS				23	066		142684
KINGS COUNTY HOSPITAL CENTER	C. DENNIS	309	8,151	11,626			11,000	
STATE UNIVERSITY	C. DENNIS	40	1,177	1,255			11,000	
VETERANS ADMIN. (BROOKLYN)	H. H. LE VEEN	111	1,714	4,665			12,805	
SYDENHAM	D. F. CASTEN	66	1,533	5,413	02	008	8,250	150184
UNITY	G. KOOTA	63	2,657	5,230	02	006		143484
VETERANS ADMIN. (BRONX)	P. COOPER	250	1,933	8,280	08	017	12,805	262784
WYCKOFF HEIGHTS	P. A. ZOLLER	22	1,778	2,429	05	023	10,000	143584
ROCHESTER								
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	C. ROB				32	062		151184
GENESEE	R. MENGUY	118	5,726	5,319			9,500	
HIGHLAND HOSPITAL OF ROCHESTER	H. D. KINGSLEY, R. CALDWELL	108	5,530	708			9,500	
ROCHESTER GENERAL	J. R. HINSHAW	148	6,703	1,971			9,500	
ST. MARY'S	A. J. GRAZIANI	119	4,580	2,108			9,000	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	C. ROB	82	2,560	4,485				
SCHENECTADY								
ELLIS	H. J. WRIGHT, JR.	135	5,959	479	04	010	9,600	151284
SYRACUSE								
ST. JOSEPH'S	A. A. VERCILLO	74	2,858	1,627	03	007	10,400	151884
S. U. N. Y. UPSTATE MEDICAL CENTER	W. R. WEBB				14	028	10,400	151684
CROUSE IRVING-MEMORIAL	E. DUNN	45	2,854					
STATE UNIVERSITY	W. R. WEBB	49	1,489	3,653				
VETERANS ADMIN.	L. S. ROGERS	56	684	2,544				
VALHALLA								
GRASSLANDS	M. ROHMAN	47	1,616	10,905	04	012	11,280	152184
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	C. G. THOMAS, JR.	38	1,403	13,402	12	027	9,000	190084
CHARLOTTE								
CHARLOTTE MEMORIAL	H. F. HAMIT	70	2,576	6,354	02	008	9,300	152784
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	D. C. SABISTON, JR.				16	032		152984
DUKE UNIVERSITY MEDICAL CENTER	D. C. SABISTON, JR.	68	2,194	10,129			8,750	
VETERANS ADMIN.	H. F. SEIGLER	186	1,427	2,638			9,250	
WATTS	J. E. DAVIS	96	4,437	1,438	02	006	9,250	187784
WILMINGTON								
NEW HANOVER MEMORIAL	L. B. MASON	151	6,834	2,076	02	005	7,500	153484
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	R. MYERS	60	2,466	2,835	08	017	8,000	153784
OHIO								
AKRON								
AKRON CITY	R. M. BARTLETT	158	4,631	934	05	013	9,600	154184
AKRON GENERAL	D. M. EVANS	121	4,234	636	04	012	9,600	154284
ST. THOMAS	W. P. KILWAY, JR.	136	4,446	1,416	06	012	10,530	154384
CINCINNATI								
CHRIST	R. DEAN	114	3,606		07	018	10,000	154784
GOOD SAMARITAN HOSPITAL TRAINING PROGRAM	J. J. CRANLEY				07	019		155084
GOOD SAMARITAN	J. J. CRANLEY	150	5,218	802			9,660	
LONGVIEW STATE	J. WILSON	67	856				8,160	
JEWISH	H. J. HEIMLICH	213	9,679	1,301	07	017	9,600	155184
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	W. A. ALTEMEIER				18	049		
CHILDREN'S		46	2,238	1,381				
CINCINNATI GENERAL		173	3,437	39,445			8,800	
VETERANS ADMIN.		68	939	3,302			9,893	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	W. D. HOLDEN				22	046		270684
UNIVERSITY HOSPITALS OF CLEVELAND	W. D. HOLDEN	92	3,681	10,188			10,500	
CLEVELAND METROPOLITAN GENERAL	W. J. PORIES	48	1,462	15,042			10,000	
VETERANS ADMIN.	J. W. BENSON	84	1,208	1,955			9,267	
CLEVELAND CLINIC-ST. VINCENT CHARITY	R. E. HERMANN				12	026	9,500	196884
CLEVELAND CLINIC	R. E. HERMANN	374	14,105	6,234				
ST. VINCENT CHARITY	P. H. MULLALLY	94	3,087	5,105				
FAIRVIEW GENERAL	E. S. RAMBASEK	142	5,840	25,077	05	015	11,400	155484
ROBINSON MEMORIAL PORTAGE COUNTY (RAVENNA)		91	5,569	12,958				
HURON ROAD	J. L. BILTON	147	4,897	3,309	04	010	10,800	157184
LUTHERAN MEDICAL CENTER	W. O. LEWIN	128	4,831	2,583	03	008	8,600	155684
MOUNT SINAI HOSPITAL OF CLEVELAND	C. MARKS	131	4,752	7,488	07	016	10,500	155784
ST. ALEXIS	C. R. LULENSKI	161	5,896	1,826	05	011	10,200	155884
ST. LUKE'S	F. S. CROSS				04	010	9,500	156084

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number	
					1st Yr.	All Yrs.			
OHIO - CONTINUED									
COLUMBUS									
MOUNT CARMEL	R. W. ZOLLINGER	114	3,856	1,406	C4	012	8,150	156584	
OHIO STATE UNIVERSITY HOSPITALS	R. M. ZOLLINGER	95	2,343	25,837	C4	017	7,500	156684	
RIVERSIDE METHODIST	D. K. HEYDINGER	147	5,659	704	C2	008	8,900	156784	
DAYTON									
GOOD SAMARITAN	B. A. KLEINMAN, F. MILLER	174	7,841	948	C2	005	12,650	156884	
MIAMI VALLEY	R. K. FINLEY, JR.	213	7,500	2,342	C3	009	10,600	156984	
VETERANS ADMIN. CENTER	C. L. COGBILL	131	2,082	2,834	C6	013	11,452	271584	
KETTERING									
CHARLES F. KETTERING MEMORIAL	R. A. DE WALL	140	6,519	698	C2	007	10,980	157684	
RAVENNA									
ROBINSON MEMORIAL PORTAGE COUNTY	SEE FAIRVIEW GENERAL, CLEVELAND								
TOLEDO									
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. C. ANDERSON					12	027	10,200	157984
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. C. ANDERSON	50	1,237	3,946					
MERCY	R. A. GANDY, JR.	152	6,187	464					
ST. VINCENT HOSPITAL AND MEDICAL CENTER	G. STARK	136	4,074	961					
TOLEDO MENTAL HEALTH CENTER									
YOUNGSTOWN									
ST. ELIZABETH	M. J. VUKSTA	189	6,524	110	C6	014	10,600	158484	
YOUNGSTOWN	B. KATZ	362	14,718	725	C6	014	10,600	158584	
OKLAHOMA									
NORMAN									
CENTRAL STATE GRIFFIN MEMORIAL	SEE UNIV. OF OKLAHOMA MEDICAL CENTER, OKLAHOMA CITY								
OKLAHOMA CITY									
ST. ANTHONY	H. C. DODSON	48	2,120	1,307	C2	006	8,700	158784	
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	J. A. SCHILLING				C8	024	8,000	158884	
UNIVERSITY OF OKLAHOMA HOSPITALS	J. A. SCHILLING	59	2,122	10,872					
PRESBYTERIAN	E. R. MURNELL	51	2,350						
VETERANS ADMIN.	L. J. GREENFIELD	48	1,239	3,944					
CENTRAL STATE GRIFFIN MEMORIAL (NORMAN)									
TULSA SURGICAL EDUCATION TRUST	C. T. THOMPSON				C6	015	9,600	273184	
HILLCREST MEDICAL CENTER	R. G. PERRYMAN	159	6,209	2,407					
ST. FRANCIS	C. T. THOMPSON	243	10,819	3					
ST. JOHN'S	B. STEELE, R. M. SHEPARD	198	9,648	1,757					
OREGON									
PORTLAND									
EMANUEL	G. W. GORRELL	111	5,279	989	C3	006	9,000	159484	
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	M. MC KIRDIE	143	5,934	11,054	C2	008	5,000	159584	
ST. VINCENT HOSPITAL AND MEDICAL CENTER	D. B. MILLER, JR., J. NADAL	182	8,282	129	C3	009	5,000	159884	
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. M. KRIPPAEHN				C7	024		159984	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		84	2,531	13,387			6,600		
VETERANS ADMIN.		71	975	1,281			8,160		
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL	A. S. FROESE	162	4,902	1,765	C4	010	8,900	160084	
ALLENTOWN									
ALLENTOWN	E. J. STAHLER	230	6,059	31,227	C2	008	10,000	160184	
BETHLEHEM									
ST. LUKE'S	P. V. KIEHL	183	6,752	3,750	C3	007	10,200	160584	
BRYN MAWR									
BRYN MAWR	W. C. STAINBACK	147	6,162	4,350	C6	015	9,700	160684	
VETERANS ADMIN. (WILMINGTON, DEL.)	L. C. K. YIP	76	680				12,126		
DANVILLE									
GEISINGER MEDICAL CENTER	H. M. KLINGER	90	3,204	19,273	C2	008	9,300	160884	
DARBY									
THOMAS M. FITZGERALD MERCY	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA								
EASTON									
EASTON	L. S. SERFAS	83	3,546	1,131	C2	005		161084	
ERIE									
HAMOT	M. L. BROCKMYER	131	6,422	1,086	C2	006	9,500	161184	
HARRISBURG									
HARRISBURG	R. P. DUTLINGER	187	5,848	4,449	C4	010	10,380	161484	
HARRISBURG POLYCLINIC	L. T. PATTERSON	228	7,173	3,834	C4	010	11,000	161584	
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	J. A. WALDHAUSEN				C2	008	9,648	161784	
NORRISTOWN									
SACRED HEART	R. A. BUYERS	101	4,565	5,308	C2	005	9,000	274984	
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	M. D. PAREIRA	156	4,426	2,317	C6	014	10,100	163184	
EPISCOPAL	L. STAHLGREN	71	2,114	7,323	C4	011	8,500	162384	
GERMANTOWN DISPENSARY AND HOSPITAL	J. S. C. HARRIS	107	3,034	4,575	C1	004	9,000	162584	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	W. S. BLAKEMORE	49	1,198	2,702	C6	020	10,650	162684	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	C. C. WOLFERTH, JR.				I0	028		162784	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	C. C. WOLFERTH, JR.	96	2,257	3,190			8,600		
PHILADELPHIA GENERAL	M. PERLMAN	25	434	2,212			9,500		
ST. AGNES									
CROZER-CHESTER MEDICAL CENTER (CHESTER)									
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA									
VETERANS ADMIN.	D. R. COOPER	47	1,789	14,040	C6	018	10,650	184984	
	J. BOLAND	22	730	1,300			8,878		



## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED								
LANKENAU	E. W. SHEARBURN	133	4,575	4,547	C4	01C	10,300	163284
MERCY CATHOLIC MEDICAL CENTER MISERICORDIA	W. D. O'SULLIVAN G. F. GOWEN	51	2,626	6,052	C5	02C	10,000	163684
THOMAS M. FITZGERALD MERCY (CARBY)	E. C. MEYER	117	3,595	1,968				
NAZARETH	P. R. CASEY	136	5,262	21,035	C2	008	8,500	163884
PENNSYLVANIA	P. V. MOULDER	111	3,759	7,824	C6	015	10,200	163984
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	L. W. STEVENS	92	3,771	11,521	C2	00E	10,650	164184
TEMPLE UNIVERSITY	G. P. ROSEMOND	135	2,484	8,285	C7	017	10,200	164684
VETERANS ADMIN. (WILKES-BARRE)	H. S. IRONS, JR.	98	1,126	6,534			8,756	
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	G. F. SCHWARTZ				C8	02C		163084
THOMAS JEFFERSON UNIVERSITY CHESTNUT HILL	G. F. SCHWARTZ J. W. STAYMAN, JR.	103	2,596	4,124			10,300	
METHODIST	J. J. DE TLERK	92	3,718	937				
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	J. E. RHODES	58	2,649	1,880			10,300	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		160	3,669	4,872	1C	042		277284
PHILADELPHIA GENERAL	W. ERB	26	435	2,212			10,650	
VETERANS ADMIN.		34	963	1,300			9,500	8,878
PITTSBURGH:								
ALLEGHENY GENERAL	R. C. WILDE	76	2,277	9,297	C5	012	10,500	164884
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	H. T. BAHNSON				C6	021	10,000	165284
CHILDREN'S HOSPITAL OF PITTSBURGH	W. B. KIESEWETTER	25	2,039	3,961				
MONTEFIORE	M. M. RAVITCH	185	6,466	6,718				
PRESBYTERIAN-UNIVERSITY	H. T. BAHNSON	109	2,369	2,839				
VETERANS ADMIN.	D. ELLICOTT	78	1,465	2,920				
MERCY	C. E. COPELAND	212	5,845	6,984	C7	013	10,800	164984
ST. FRANCIS GENERAL	T. MADIGAN	195	9,782	7,856	C5	015	11,500	188184
WESTERN PENNSYLVANIA	A. J. MC ADAMS	220	6,842	3,156	C6	015	10,600	165984
SAYRE								
ROBERT PACKER	J. M. THOMAS	113	4,669	20,697	C2	005	8,500	166484
WILKES-BARRE								
VETERANS ADMIN.	SEE TEMPLE UNIVERSITY, PHILADELPHIA							
YORK								
YORK	K. E. WILT, L. P. ANDREWS	211	10,638	3,567	C4	01C	10,200	167484
PUERTO RICO								
PONCE								
HOSPITAL DE CAMAS	L. F. SALA	61	2,910	1,946	C2	8	9,600	
PONCE DISTRICT GENERAL	J. COLON BONET	107	2,710	27,413	C4	016	6,600	
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	V. S. GUTIERREZ				10	032		
UNIVERSITY DISTRICT	V. S. GUTIERREZ	169	4,271	54,306			7,875	
I. GONZALEZ MARTINEZ	L. VALLECILLO	15	419	4,751			7,200	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	A. S. CASANOVA DIAZ	53	2,067	10,737			7,875	
VETERANS ADMIN. CENTER	V. S. GUTIERREZ	91	1,738	15,175			8,204	
RHODE ISLAND								
PROVIDENCE								
MIRIAM	SEE BOSTON CITY (IST SURG. SERVICE, TUFTS), BOSTON, MASS.							
RHODE ISLAND	H. T. RANDALL	133	4,935	4,333	C8	020	9,400	167784
VETERANS ADMIN.	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 2), BOSTON, MASS.							
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	C. P. ARTZ				C8	02C		168084
MEDICAL UNIVERSITY OF SOUTH CAROLINA	C. P. ARTZ	50	1,355	6,301			8,000	
CHARLESTON COUNTY		12	687					
VETERANS ADMIN.	M. G. WEIDNER, JR.	35	593	1,534			7,990	
COLUMBIA								
COLUMBIA HOSPITAL OF RICHLAND COUNTY	H. C. MC GOWN, 3D.	70	2,233	2,096	C3	009	8,400	168184
GREENVILLE								
GREENVILLE GENERAL	V. E. CORNETT	144	6,036	2,782	C4	011	9,000	168384
SPARTANBURG								
SPARTANBURG GENERAL	E. M. COLVIN	114	7,617	4,156	C4	01C	9,000	168584
SOUTH DAKOTA								
YANKTON								
SACRED HEART	C. B. MC VAY	40	1,984	2,135	C2	007	8,700	280584
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER								
BARONESS ERLANGER	Y. KATO	201	8,349	5,540	C6	016	9,300	168984
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	H. A. BLAKE	7	2,689	4,292	C2	006	7,980	183984
MEMPHIS								
BAPTIST MEMORIAL	R. M. MILES	441	16,983	2,182	C8	018	9,180	169484
METHODIST	T. V. STANLEY	195	7,854	1,989	C6	009	8,700	169684
ST. JOSEPH	M. C. PIAN	118	5,270	3,431	01	004	8,400	169784
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	H. WILSON				11	03C	6,600	281584
CITY OF MEMPHIS HOSPITALS	H. WILSON	124	3,867	14,113			6,600	
VETERANS ADMIN.	J. J. MC CAUGHAN, JR.	69	1,856	2,313			8,120	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TENNESSEE - CONTINUED								
NASHVILLE								
BAPTIST	W. L. DIVELEY	275	12,073	625	C6	014	10,200	169984
GEORGE W. HUBBARD HOSPITAL OF THE MEADY MEDICAL COLLEGE	M. WALKER	53	1,327	7,447	C3	011	9,000	282184
ST. THOMAS	R. A. DANIEL	154	6,303	664	04	013	8,800	170184
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	H. W. SCOTT, JR.				16	037	10,500	170284
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	37	1,506	9,925				
VANDERBILT UNIVERSITY	H. W. SCOTT, JR.	55	1,814	10,668			10,500	
VETERANS ADMIN.	W. G. GOBBEL, JR.	173	2,846	17,097			8,500	
TEXAS								
AUSTIN								
BRACKENRIDGE	SEE ST. JOSEPH, HOUSTON							
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	R. S. SPARKMAN	103	3,856	6,227	C6	015	8,400	170684
METHODIST HOSPITAL OF DALLAS	W. H. GOSSARD	154	4,328	1,964	04	007	9,000	170784
ST. PAUL	C. R. MORRIS, E. POULOS	239	8,151	1,395	C4	010	7,800	170984
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS								
PARKLAND MEMORIAL	G. T. SHIRES	106	3,283	21,332	18	045	7,590	283584
VETERANS ADMIN.	S. H. PHILLIPS, JR.	100	1,796	4,185			7,945	188784
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. C. THOMPSON	52	1,863	5,517	08	023	8,400	171484
HOUSTON								
BAYLOR COLLEGE AFFILIATED HOSPITALS	M. E. DE BAKEY				25	066		171684
BEN TAUB GENERAL	M. E. DE BAKEY	70	3,641	15,713			7,500	
METHODIST	J. W. OVERSTREET	66	2,826				7,500	
ST. LUKE'S EPISCOPAL	W. D. SEYBOLD	74	2,994	150			7,500	
TEXAS CHILDREN'S	F. J. HARBERG	11	1,840	324			7,500	
VETERANS ADMIN.	P. H. JORDAN, JR.	72	1,844	5,250			8,100	
HERMANN	E. B. LEWIS	82	3,600	6,260	02	009	8,400	171584
ST. JOSEPH	D. L. MOORE	271	10,821	2,505	C6	018	9,000	171884
BRACKENRIDGE	R. R. ROSS	119	4,180	6,074			10,200	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	J. B. AUST	493	1,653	7,516	C6	024	8,100	172284
TEMPLE								
SCOTT AND WHITE MEMORIAL	C. W. BRODERS	240	6,149	17,761	04	016	9,400	172584
VETERANS ADMIN. CENTER	A. S. HAISTEN	163	3,368	5,882			7,622	
UTAH								
SALT LAKE CITY								
LATTER-DAY SAINTS	W. D. GAISFORD	142	6,369	1,326	C7	014	8,900	172984
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	R. C. RICHARDS				C7	021	8,900	173284
UNIVERSITY		31	2,396	4,341				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	J. H. DAVIS				C9	018	8,100	173484
WHITE RIVER JUNCTION	SEE DARTMOUTH MEDICAL SCHOOL AFFIL. HOSPS., MANOVER, N.H.							
VETERANS ADMIN.								
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA AFFILIATED HOSPITALS	W. H. MULLER, JR.				08	020		173784
UNIVERSITY OF VIRGINIA	W. H. MULLER, JR.	48	1,945	8,686				
VETERANS ADMIN. (SALEM)	F. L. BROCHU	71	575	4,099				
CLIFTON FORGE								
CLIFTON FORGE-HUNTINGTON AFFILIATED HOSPITALS	M. C. EDMUNDS				03	010	9,240	286384
CLIFTON FORGE-HUNTINGTON HOSPITALS	M. C. EDMUNDS	45	1,848	16,242				
LEWIS-GALE (ROANOKE)								
CLIFTON FORGE-HUNTINGTON HOSPITALS (HUNTINGTON, W. VA.)	J. P. CAREY	39	1,393	9,390				
FALLS CHURCH								
FAIRFAX	SEE GEORGETOWN UNIV. AFFIL. HOSPITALS, WASHINGTON, D.C.							
NORFOLK								
DE PAUL	C. E. DAVIS, JR.	118	5,282	5,382	C3	008	9,900	174084
NORFOLK GENERAL	B. J. INNES	201	5,525	5,792	04	016	10,500	174184
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS					16	040		174384
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. M. HUME, B. HAYNES, JR.	187	5,757	18,830			7,260	
RICHMOND MEMORIAL	R. A. NATVIG	190	5,297	1,485			7,280	
VETERANS ADMIN.	J. S. WOLF	69	1,346	4,554			7,260	
ROANCKE								
COMMUNITY HOSPITAL OF ROANCKE VALLEY	P. C. KISTLER	193	7,297	17,369	03	008	7,800	174684
LEWIS-GALE	SEE CLIFTON FORGE-HUNTINGTON AFFIL. HOSPS., CLIFTON FORGE							
ROANCKE MEMORIAL HOSPITALS	R. E. BERRY	257	9,117	10,281	04	008	6,600	174884
SALEM								
VETERANS ADMIN.	SEE UNIV. OF VIRGINIA AFFILIATED HOSPITALS, CHARLOTTESVILLE							

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered				
					1972-1973	1972-1973	Annual Salary (Min.)	NIRMP Number	
					Yr.	Yrs.			
WASHINGTON									
SEATTLE									
PROVIDENCE	L. R. SALVAGE	146	7,616	604	C4	01C	9,840	175384	
SWEDISH HOSPITAL MEDICAL CENTER	R. D. PINKHAM	225	14,024	557	06	012	8,100	175584	
UNIVERSITY OF WASHINGTON									
AFFILIATED HOSPITALS	K. A. MERENDINO				C5	025		191884	
HARBORVIEW MEDICAL CENTER	J. R. CANTRELL	36	998	1,766					
U. S. PUBLIC HEALTH SERVICE	W. W. SIKKEMA	44	938	3,945			7,700		
UNIVERSITY	K. A. MERENDINO	29	910	3,654			7,704		
VETERANS ADMIN.	J. W. BELL	87	1,713	6,755			7,704		
VIRGINIA MASON	L. D. HILL, P. C. JOLLY	38	6,131	61,164	04	013	8,400	175684	
WEST VIRGINIA									
BECKLEY									
APPALACHIAN REGIONAL	W. E. KLINGENSMITH	92	4,536	30,218	D3	010	12,000	289584	
CHARLESTON									
CHARLESTON GENERAL	V. S. SKAFF	170	6,276	16,376	C4	013	7,800	289784	
MEMORIAL	J. D. HARRAH	132	5,664	1,971	C3	010	7,860	190284	
CLARKSBURG									
VETERANS ADMIN.	SEE WEST VIRGINIA UNIV. MEDICAL CENTER, MORGANTOWN								
HUNTINGTON									
CLIFTON FORGE-HUNTINGTON	SEE CLIFTON FORGE-HUNTINGTON AFFIL. HOSPS., CLIFTON FORGE, VA.								
HOSPITALS									
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	B. ZIMMERMANN	93	1,957	7,071	04	020	9,000	183784	
VETERANS ADMIN. (CLARKSBURG)									
PHILIPPI									
BROADCUS	H. C. MYERS	73	2,981	36,174	C1	004	7,500	290184	
WHEELING									
OHIO VALLEY GENERAL	C. D. HERSHEY	133	4,444	936	04	010	12,420	176984	
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN					17	033		177984	
AFFILIATED HOSPITALS	A. R. CURRERI								
MADISON GENERAL	A. D. ANDERSON	64	2,532						
UNIVERSITY HOSPITALS	A. R. CURRERI	45	1,339	6,075			9,500		
VETERANS ADMIN.	J. T. MENDENHALL	37	989	2,143					
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN					12	036		178484	
AFFILIATED HOSPITALS	J. J. DE COSSE								
MILWAUKEE COUNTY GENERAL	J. C. DARIN	134	2,105	12,397			10,000		
VETERANS ADMIN. CENTER (WOOD)	B. F. STENGEL	73	1,615	5,362			10,409		
LUTHERAN HOSPITAL OF MILWAUKEE	R. H. LILLIE	50	1,441	1,153			9,506		
COLUMBIA	P. H. SEEFELD	95	4,159	5,874					
MILWAUKEE CHILDREN'S	M. GLICKLICH	13	1,100	3,343					
MOUNT SINAI MEDICAL CENTER	E. C. SALTZSTEIN	116	4,519	14,755	C2	008	10,500	178784	
ST. JOSEPH'S	W. WEISEL	179	7,371	11,172	02	008	10,500	178884	
ST. LUKE'S	W. J. WOLOSCHEK	224	7,850	5,517	C2	008	10,000	178984	

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate.

## NONFEDERAL AND VETERANS ADMINISTRATION

ARIZONA									
PHOENIX									
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	D. H. STANNARD			4,125	C2	004	10,200	101284	
CALIFORNIA									
SAN FRANCISCO									
ST. MARY'S HOSPITAL AND MEDICAL CENTER	L. J. MILBURN	80	2,814	2,161	05	010	9,000	105784	
COLORADO									
DENVER									
MERCY	K. E. WAY, M. CHERINGTON	303	15,576	19,475	C2	005	7,400	192284	
ST. LUKE'S	C. H. MC LAUTHLIN	220	8,427				6,600	107584	
ILLINOIS									
CHICAGO									
GRANT	R. W. SEED	109	3,187	1,701	C1	004	10,320	113284	
MARYLAND									
BALTIMORE									
LUTHERAN HOSPITAL OF MARYLAND	P. M. CHECKET	106	2,404	3,114	C3	008	10,500	124384	
PROVIDENT	F. S. LEACOCK				C3	006		124684	
MASSACHUSETTS									
BEVERLY									
BEVERLY	T. S. RISLEY	77	3,375	8,690	C3	006	7,000	236384	
FALL RIVER									
TRUESDALE	P. W. SMITH	167	8,299	30,734			4,800	240284	
NEW MEXICO									
ALBUQUERQUE									
BATAAN MEMORIAL	J. D. MC CARTHY	37	1,352	8,323	04	013	7,350	254784	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
NEW YORK ALBANY MEMORIAL MOUNT VERNON MOUNT VERNON	P. GLASIER	75	3,222	1,200	C1	003	11,200	141584
	J. F. BAGG	120	4,244	4,980	C2	007	9,500	145784
OHIO CANTON AULTMAN TIMKEN MERCY	H. J. BOWMAN	153	7,025	1,405	C5	011	10,200	154484
	M. W. SCOTT, JR.	421	20,702	3,907	C3	007		268784
LAKEWOOD LAKEWOOD WARREN TRUMBULL MEMORIAL	J. MAGISAND	145	6,674	1,563	C4	012	8,100	157484
	D. A. MILLER	154	6,921	2,734	C4	010	10,600	198084
PENNSYLVANIA ALLENTOWN SACRED HEART MC KEESPORT MC KEESPORT PHILADELPHIA FRANKFORD READING READING WILKINSBURG COLUMBIA	E. K. SIPES	138	6,190	678	C1	003	7,800	160284
	J. L. ELLIOTT	166	5,642	4,205	C2	008	9,600	162084
	A. L. GELLEY	61	2,245	1,383	C1	003	9,000	162484
	N. S. GIMBEL	280	5,789	960	C3	006	9,480	166184
	E. L. WAISBROT	126	4,821		C1	003	9,000	167284
VIRGINIA RICHMOND JOHNSTON-WILLIS	W. A. JOHNS	133	5,065		C4	010	6,800	174284

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for ONE year of training as an integral part of an approved program of four or more years' duration.

## NONFEDERAL AND VETERANS ADMINISTRATION

MASSACHUSETTS BOSTON LAHEY CLINIC	B. CADY	75	3,910	11,732	C6	006	11,000	
MISSOURI COLUMBIA ELLIS FISCHER STATE CANCER	W. DONEGAN	54	1,287	8,263				8,480
NEW YORK NEW YORK CITY FRANCIS DELAFIELD MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	J. A. BUDA	56	1,223	4,346	C4	009	11,000	
	N. MARTINI	227	6,113	41,822	25	025	10,500	
OHIO COLUMBUS CHILDREN'S	E. T. BOLES, JR.	37	2,033	5,861				
WASHINGTON SEATTLE CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. H. BILL	45	4,082	6,265				

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery may give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates.

## NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA DUARTE CITY OF HOPE MEDICAL CENTER	R. L. BYRON	31	976	12,858	C0	006	9,300	
COLORADO DENVER CHILDREN'S	J. D. BURRINGTON	30	2,152	599	C2	003	8,600	
DISTRICT OF COLUMBIA WASHINGTON CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. RANDOLPH	32	1,903	7,239	C3	003	12,000	
FLORIDA MIAMI VARIETY CHILDREN'S	M. GILBERT	19	2,227	2,193		001	10,850	
ILLINOIS CHICAGO CHILDREN'S MEMORIAL	O. SWENSON	19	1,075	2,977	C1	005	11,000	

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 Yr.	1973 Yrs.		
MASSACHUSETTS								
BOSTON								
CHILDREN'S HOSPITAL MEDICAL CENTER	J. FELKMAN, R. M. FILLER	61	2,361	8,815	09	013	9,000	
NORFOLK PONDVILLE	M. YATSUHASHI	75	1,151	20,135	04	004	14,214	
WESTFIELD WESTERN MASSACHUSETTS	L. S. BIZER	40	771	4,855	02	003	13,410	
MICHIGAN								
DETROIT								
CHILDREN'S HOSPITAL OF MICHIGAN	J. H. HERTZLER	27	1,632	4,635	03	003	11,000	
MISSOURI								
COLUMBIA								
ELLIS FISCHER STATE CANCER	W. DONEGAN	54	1,287	8,263	00	004	8,480	
NEW JERSEY								
NEWARK								
UNITED HOSPITALS MEDICAL CENTER - CHILDREN'S HOSPITAL OF NEWARK	A. FALLA	33	1,850	1,604	00	002	10,500	
NEW YORK								
BUFFALO								
CHILDREN'S HOSPITAL OF BUFFALO	T. C. JEWETT, JR.	35	2,562	4,775	02	002		
ROSWELL PARK MEMORIAL INSTITUTE	O. HOLYOKE	110	10	11,611	02	004		
NEW YORK CITY								
FRANCIS DELAFIELD MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	J. A. BUDA	56	1,223	4,346	02	002	11,000	
PRESBYTERIAN	N. MARTINI T. SANTULLI	227	6,113	41,822	20	020		
01	001	13,250						
OHIO								
COLUMBUS								
CHILDREN'S	E. T. BOLES, JR.	37	2,033	5,861	02	004	9,300	
PENNSYLVANIA								
PHILADELPHIA								
CHILDREN'S HOSPITAL OF PHILADELPHIA	C. E. KOOP	20	1,723	2,348	01	002	10,000	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	S. L. CRESSON	26	1,131	2,530	02	002	9,800	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	W. B. KIESEWETTER	25	2,039	3,961	01	005	10,000	
PUERTO RICO								
SAN JUAN								
I. GONZALEZ MARTINEZ	L. VALLECILLO	15	419	4,751	01	002	7,200	
TEXAS								
HOUSTON								
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	E. C. WHITE	92	2,773	24,431	00	008	9,000	
WASHINGTON								
SEATTLE								
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. H. BILL	45	4,082	6,265		002	11,500	

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.

UNITED STATES AIR FORCE								
DISTRICT OF COLUMBIA								
MALCOLM GRW U. S. A. F. MEDICAL CENTER, WASHINGTON	F. W. PLUGGE	151	5,809	82,834	02	002		
OHIO								
U.S.A.F. MEDICAL CENTER, WRIGHT-PATTERSON A.F.B.					01	002		
UNITED STATES ARMY								
CALIFORNIA								
U. S. ARMY HOSPITAL SPECIALIZED TREATMENT FACILITY, FORT ORD	H. L. MC DONALD	260	14,844		05	005		100484
GEORGIA								
MARTIN ARMY, FORT BENNING	D. E. WALGH	357	10,092	137,497	06	006		100484
KENTUCKY								
U. S. ARMY, FORT CAMPEELL IRELAND ARMY, FORT KNOX	M. C. ROBSON, JR. W. G. SULLIVAN	286	5,271	86,324	03	003		100484
NEW JERSEY								
WALSON ARMY, FORT DIX	E. GUZMAN	543	7,973	46,454	03	003		100484
NORTH CAROLINA								
WOMACK ARMY HOSPITAL SPECIALIZED TREATMENT CENTER, FORT BRAGG	C. G. DALBEY	305	9,563	221,211	06	006		100484

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1972-1973 1st Yr.	All Yrs.	Annual Salary (Min.)	
UNITED STATES ARMY - CONTINUED								
OKLAHOMA REYNOLDS ARMY, FORT SILL	W. H. BROTT	176	1,540	12,977	C4	004		100484
TEXAS DARNALL ARMY, FORT HOOD	S. M. VALGHAN, K. LEESE	235	9,361	142,244	C5	005	11,500	100484
VIRGINIA DE WITT ARMY, FORT BELVOIR	L. S. WOLPIN	116	5,581	135,050	C5	005		100484
NCFEDERAL AND VETERANS ADMINISTRATION								
ARKANSAS								
LITTLE ROCK ARKANSAS BAPTIST MEDICAL CENTER	G. S. CAMPBELL	64	2,437				8,700	101684
CALIFORNIA								
DALY CITY MARY'S HELP HOSPITAL - ST. JOSEPH'S					C4	004		203184
MARY'S HELP	G. L. TORASSA	51	2,592	111			9,000	
ST. JOSEPH'S (SAN FRANCISCO)	R. H. BACON	58	2,290	137			6,000	
ELDRIDGE SONOMA STATE	T. W. HOLMES, JR.	20	397	1,668	C1	002	12,000	203584
GLENDALE GLENGALE ADVENTIST	R. VANNIX	99	4,413	1,050	C4	004	10,200	102384
LOS ANGELES								
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	W. P. MIKKELSEN	194	6,846	1,395	C4	004	13,656	103284
SANTA FE MEMORIAL	G. C. SOMICH	64		31,884	C3	003	13,620	103884
SAN BERNARDINO SAN BERNARDINO COUNTY GENERAL	E. A. DAINKO	82	2,087	18,320	C4	006	10,600	104784
SAN FRANCISCO FRENCH	R. E. GARDNER	88	3,743	13,242	C1	002	8,600	105284
PACIFIC MEDICAL CENTER-PRESBYTERIAN	D. W. PINTO	24	822	745	C1	002	8,600	106184
ST. JOSEPH'S	SEE MARY'S HELP HOSPITAL-ST. JOSEPH'S, DALY CITY							
SANTA MONICA ST. JOHN'S	T. G. REED	372	17,814	33,770	C1	001		213784
CONNECTICUT								
DANBURY DANBURY	H. BLANSFIELD	121	5,713	270	C2	002	9,600	108184
GREENWICH GREENWICH	J. W. GERSTER	152	5,912	2,534	C4	004	10,250	108284
NEW LONDON LAWRENCE AND MEMORIAL HOSPITALS	F. B. HARTMAN	110	3,837	46	C5	005	8,000	217784
DISTRICT OF COLUMBIA								
WASHINGTON DOCTORS	K. C. JONAS, C. A. STEIN	133	6,569	2,571	C1	004	9,000	179484
ROGERS MEMORIAL	E. H. SHORT, J. H. CHOI	106	3,955	13,731	C3	006	11,000	220584
SIBLEY MEMORIAL	M. J. CASEY				C2	002		220684
FLORIDA								
FCRT LAUCERDALE BROWARD GENERAL	F. W. FISHER	276	10,094	1,424	C3	003	8,403	220884
MIAMI BEACH ST. FRANCIS	L. R. MEDOFF	94	3,401	5,135	C3	003	8,500	110684
ST. PETERSBURG BAYFRONT MEDICAL CENTER	G. H. WELCH	207	5,520	714	C2	002	10,080	191184
ILLINOIS								
BERWYN MAC NEAL MEMORIAL	R. G. MRAZEK	154	6,249	4,669	C3	003	10,020	112184
CHICAGO								
AMERICAN HOSPITAL OF CHICAGO	P. THOREK	157	6,118	10,107	C3	004		223384
NORWEGIAN-AMERICAN	G. T. MURPHY	184	7,715	9,488	C4	004	10,200	224984
RAVENSWOOD	W. F. BOEHM	95	3,724	989	C3	003	10,600	114984
ST. ANNE'S	J. P. IGINI	90	3,568	434	C4	004	9,600	115284
ST. ANTHONY DE PADUA	E. KALLAL				C2	002		224884
OAK LAWN CHRIST COMMUNITY	W. C. HOPKINS	224	6,308	1,032	C6	006	8,500	113184
PEORIA METHODIST HOSPITAL OF CENTRAL ILLINOIS	A. J. NOVOTNY	213	7,768	2,783	C4	004	6,000	226784
INDIANA								
INDIANAPOLIS ST. VINCENT'S	J. C. FINNERAN	121	5,672	5,439	C3	003	11,280	118984
MUNCIE BALL MEMORIAL	J. V. OSBORNE	231	8,264	29,885	C2	002	10,600	119284
IOWA								
CEDAR RAPIDS ST. LUKE'S METHODIST HOSPITAL-MERCY	F. R. PETERSON	210	9,340	628	C3	003	10,800	227984
ST. LUKE'S METHODIST MERCY								
KENTUCKY								
LOUISVILLE JOHN A. NORTON MEMORIAL INFIRMARY	H. S. COLLIER	129	4,942	173	C6	006	10,100	121884
MARYLAND								
BALTIMORE BDN SECOURS	S. G. SULLIVAN	76	3,076	4,341	C1	004	9,600	123884
GREATER BALTIMORE MEDICAL CENTER	G. L. STONESIFER, JR.	97	3,453	1,458	C8	008	10,500	124184
BETHESDA SUBURBAN	R. C. MYERS	289	16,331	2,965	C2	004	10,200	125384

## 29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
MICHIGAN								
DETROIT								
EVANGELICAL DEACONESS	J. F. FENNESSEY			4,552	C2	002	9,960	129784
METROPOLITAN	J. F. WEIKSNAR				C1	002		243484
ST. JOSEPH MERCY	L. J. GREGORY	83		1,667	C4	006	9,600	130484
GROSSE POINTE								
BCN SECOURS	R. R. ROYER, G. W. SEWELL	74	3,970	3,642	C4	006	11,500	190684
KALAMAZOO								
BORGESS	A. R. RDTY	47	3,573	93			8,700	131384
LANSING								
EDWARD W. SPARROW	C. LEWIS	235	10,312	663	C2	002	11,000	131584
NEW JERSEY								
MCNTCLAIR								
MOUNTAINSICE	F. BARNARD	159	6,717	648	C3	003	8,100	139384
MORRISTOWN								
MORRISTOWN MEMORIAL	E. B. HALLETT	165	8,306	11,253	C2	002	8,400	139484
NEPTUNE								
JERSEY SHORE MEDICAL CENTER - FITKIN	E. M. LANCE	112	5,473	2,910	C1	004	8,100	139584
NEWARK								
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN	T. A. STANLEY	139	3,654	1,490	C2	002	10,500	187284
ST. MICHAEL'S MEDICAL CENTER	A. M. SARNO	88	3,302	3,401	C3	003	10,300	139984
NEW YORK								
BUFFALO								
MERCY	J. D. PERSSE	146	4,968	1,589	C3	003	10,300	143984
NEW YORK CITY								
KINGSBROOK JEWISH MEDICAL CENTER	M. REINGOLD	62	1,852	2,665		006	9,800	147684
NEW YORK INFIRMARY	L. E. LOSEKE	60	2,026	3,442	C3	010	9,050	187584
PORT CHESTER								
UNITED					C1	001	9,850	150484
WHITE PLAINS								
WHITE PLAINS	M. M. LIPMAN	223	10,670	5,565	C2	002	10,300	152384
NORTH DAKOTA								
BISMARCK								
BISMARCK	G. E. TOLSTEDT	69	1,904	1,402	C1	002	8,500	268184
FARGO								
ST. LUKE'S HOSPITALS	G. H. HALL	14	5,038	68	C3	003	9,600	153984
OHIO								
ELYRIA								
ELYRIA MEMORIAL	G. A. SABGA	103	5,366	200	C2	004	8,400	190184
TOLLEDO								
FLOWER	E. STERNFELD	95	4,541	202	C1	001	9,000	157884
OKLAHOMA								
OKLAHOMA CITY								
MERCY	I. O. POLLOCK	72	3,138	790	C2	002	8,700	272384
OREGON								
PORTLAND								
PROVIDENCE	J. P. DENNIS	174	8,199	10	C2	002	9,000	159784
PENNSYLVANIA								
GREENSBURG								
WESTMORELAND	W. B. COURTNEY	118	5,417	7,299	C2	002	8,400	161384
HAZLETON								
HAZLETON STATE	R. L. GIBBONS				C2	004		274284
ST. JOSEPH	S. E. MATSKO	71	3,133		02	004	6,000	274384
JOHNSTOWN								
CONEMAUGH VALLEY MEMORIAL	R. P. ZIMMERMAN	158	5,674	1,206	C2	002	10,200	161684
PHILADELPHIA								
JEANES	W. Y. INOLIVE	60	2,435	8,500	C2	004	10,000	275984
ST. JOSEPH'S	W. A. D'ALONZO				03	003		
PITTSBURGH								
ST. MARGARET MEMORIAL	D. N. DI SILVIO	105	2,699	4,523	C3	003	8,400	165684
UNIONTOWN								
UNIONTOWN	A. E. WRIGHT	107	4,212	92	C2	002	12,000	166884
WILKES-BARRE								
WILKES-BARRE GENERAL	H. C. SMITH	48	1,386				8,100	167184
TENNESSEE								
CHATTANOOGA								
NEWELL CLINIC	E. NEWELL	50	2,637	13,663	C3	003	9,000	280784
TEXAS								
DALLAS								
GASTON EPISCOPAL	J. V. GOODE, H. RANGE	87	4,427		C3	003	6,324	282984
FORT WORTH								
ST. JOSEPH	W. S. LORIMER, JR.	127	5,891		C1	001	10,320	171384
UTAH								
OGDEN								
MC KAY-DEE HOSPITAL CENTER		101	5,613	13,398	C1	001		172884
SALT LAKE CITY								
HOLY CROSS HOSPITAL OF SALT LAKE CITY	K. REEMTSA	123	7,355	4,500			7,600	173084
VIRGINIA								
DANVILLE								
MEMORIAL	J. D. SPRINKLE	75	3,189		C1	001	7,200	286584
NEWPORT NEWS								
RIVERSIDE	R. SALLADE				C1	001		173984

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WASHINGTON SEATTLE DOCTORS	R. H. BARNES	71	4,827	150	01	001	8,400	175184
SPOKANE SACRED HEART	C. P. SCHLICKE	180	10,909	1,104	02	002	9,000	175884
WISCONSIN LA CROSSE LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	A. E. GUNDERSEN	145	6,008	58,082	05	005	7,200	177484
MARSHFIELD ST. JOSEPH'S	B. R. LAWTON	84	1,749	9,512	01	001	9,500	178084
MILWAUKEE EVANGELICAL DEACONESS	B. G. NARDICK	113	4,386	2,728	03	006	9,500	178284

30. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the Board of Thoracic Surgery, and the American College of Surgeons, through the Residency Review Committee for Thoracic Surgery, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973		Annual Salary (Min.)
						1st Yr.	All Yrs.	
UNITED STATES AIR FORCE								
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	W. STANFORD	30	406	755	2		004	
UNITED STATES ARMY								
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	A. C. GOMEZ	22	260	1,227	2		002	
COLORADO FITZSIMONS GENERAL, DENVER	R. L. TREASURE	12	271	390	2		002	
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	J. P. GEIGER	16	357	818	2		004	
TEXAS BROCKE GENERAL, SAN ANTONIO	W. A. COX	20	342	439	2		003	
UNITED STATES NAVY								
CALIFORNIA NAVAL, SAN DIEGO	R. G. FOSBURG	35	715	2,184	2		004	
MARYLAND NAVAL, BETHESDA	M. MILLS	14	163	524	2		002	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. KIRKLIN				2		004	10,600
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		44	383	1,150				
VETERANS ADMIN.		8	129	240				
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. S. CAMPBELL	13	401	1,281	2		002	7,000
UNIVERSITY OF ARKANSAS VETERANS ADMIN. CONSOLIDATED	R. C. READ, G. S. CAMPBELL	11	222	2,402				7,153
CALIFORNIA LONG BEACH VETERANS ADMIN.	SEE UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPITALS, ORANGE							
LOS ANGELES HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	B. W. MEYER	21	626	136	2		004	17,052
CHILDREN'S HOSPITAL OF LOS ANGELES	G. G. LINDESMITH	5	135	20				18,216
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. H. KAY	20	400	1,103	2		004	18,216
U. C. L. A.	J. V. MALONEY, JR.	22	694	800	2		006	8,900
VETERANS ADMIN. CENTER-WADSWORTH	J. S. CAREY	4	303	407				11,905
VETERANS ADMIN. (SEPULVEDA)								
WHITE MEMORIAL MEDICAL CENTER	J. J. VERSKA	19	534	495	2		002	12,600
OAKLAND HIGHLAND GENERAL	K. L. HARDY	7	216	2,906	2		004	11,400
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	J. E. CONNOLLY				2		004	
ORANGE COUNTY MEDICAL CENTER	J. E. CONNOLLY	3	149	146				
VETERANS ADMIN. (LONG BEACH)	E. A. STEMMER	19	251	212				17,250



## 30. THORACIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 All Yrs.	Annual Salary (Min.)
CALIFORNIA - CONTINUED							
SAN FRANCISCO							
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS VETERANS ADMIN.	B. B. RCE B. B. RDE B. B. RDE, R. G. SANDERSON				2	004	11,500 9,030
CONNECTICUT							
NEW HAVEN							
YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN HOSPITAL OF ST. RAPHAEL VETERANS ADMIN. (WEST HAVEN)	W. W. L. GLENN W. W. L. GLENN M. G. CARTER W. W. L. GLENN				2	004	12,100 10,543
DISTRICT OF COLUMBIA							
WASHINGTON							
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS GEORGE WASHINGTON UNIVERSITY	P. C. ADKINS	13	396	1,216	2	002	11,500
FLORIDA							
GAINESVILLE							
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS WILLIAM A. SHANCS TEACHING HOSP. AND CLINICS VETERANS ADMIN.	M. W. WHEAT				2	004	10,000 10,137
FLORIDA							
LANTANA							
A. G. HOLLEY STATE MIAMI	SEE UNIVERSITY OF MIAMI AFFILIATED HOSPITALS, MIAMI						
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS JACKSON MEMORIAL VETERANS ADMIN. A. G. HOLLEY STATE (LANTANA) W. T. EDWARDS TUBERCULOSIS (TAMPA)	J. R. JUDE J. R. JUDE G. M. CALLARD J. R. JUDE				2	006	11,800 8,975 9,504
TAMPA							
W. T. EDWARDS TUBERCULOSIS	SEE UNIVERSITY OF MIAMI AFFILIATED HOSPITALS, MIAMI						
GEORGIA							
ATLANTA							
EMORY UNIVERSITY AFFILIATED HOSPITALS EMORY UNIVERSITY GRADY MEMORIAL VETERANS ADMIN.	C. R. HATCHER C. R. HATCHER, JR. C. R. HATCHER, JR. W. H. FLEMING				2	006	10,320 9,840
AUGUSTA							
MEDICAL COLLEGE OF GEORGIA HOSPITALS EUGENE TALMADGE MEMORIAL VETERANS ADMIN. BATTEY STATE (ROME)	R. G. ELLISON R. G. ELLISON G. H. PURYEAR J. LIANG				2	004	10,100 7,600 11,298
ROME							
BATTEY STATE	SEE MEDICAL COLLEGE OF GEORGIA HOSPITALS, AUGUSTA						
ILLINOIS							
CHICAGO							
CHILDREN'S MEMORIAL COOK COUNTY CITY OF CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM PRESBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS CITY OF CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS UNIVERSITY OF ILLINOIS CHICAGO STATE TUBERCULOSIS SANITARIUM VETERANS ADMIN. (WEST SIDE)	SEE VETERANS ADMIN., HINES C. J. TATTOLES W. M. LEES, R. T. FOX D. C. JULIAN C. F. KITTLE W. M. LEES, R. T. FOX D. M. LONG						
		34	1,156	1,259	2	004	12,700
		48	217	5,811			10,000
		53	1,613	178	2	006	12,342
		14	344	1,005	2	004	12,000
		48	217	5,811			10,000
					2	006	12,540
		5	136	2,444			
		15	156	1,560			
HINES							
VETERANS ADMIN. CHILDREN'S MEMORIAL (CHICAGO)	R. PIFARRE D. SWENSON	29	307	618	2	006	12,000
IOWA							
IOWA CITY							
UNIVERSITY OF IOWA HOSPITALS	J. L. EHRENHAFT	40	1,320	1,492	2	004	13,000
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	L. J. HUMPHREY				2	002	
KENTUCKY							
LEXINGTON							
UNIVERSITY OF KENTUCKY MEDICAL CENTER UNIVERSITY CENTRAL BAPTIST VETERANS ADMIN.	L. R. BRYANT	16		529	2	002	9,960
		10		1,200			
LOUISVILLE							
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS CHILDREN'S JEWISH LOUISVILLE GENERAL VETERANS ADMIN.	P. J. HARBRECHT J. S. HARTER H. T. RANSDELL, JR.	5	141	1,489	2	004	8,100
		4	129				
		7	154	502			8,100
		9	80	346			8,920

## 30. THORACIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 All Yrs.	Annual Salary (Min.)
LOUISIANA NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION	T. DRAPANAS		2	66	541 2	003	8,400
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	I. COHN, JR.				2	002	
CHARITY HOSPITAL OF LOUISIANA	L. H. STRUG	10	138	356			7,800
VETERANS ADMIN. OCHSNER FOUNDATION	S. F. SAYEGH J. L. DEHSNER	6	78	2,500	2	002	10,037
MARYLAND BALTIMORE UNIVERSITY OF MARYLAND	J. S. MC LAUGHLIN	19	461	630	2	009	11,700
MOUNT WILSON STATE (MOUNT WILSON)	J. S. MC LAUGHLIN	299	1,055				11,150
MOUNT WILSON MOUNT WILSON STATE	SEE UNIVERSITY OF MARYLAND, BALTIMORE						
MASSACHUSETTS BOSTON BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. L. BERGER				2	004	
BOSTON CITY UNIVERSITY		11	279	745			12,000
NEW ENGLAND DEACONESS	C. E. SEDGWICK	7	262				9,500
		24	677	5,886	2	006	9,500
MICHIGAN ANN ARBOR UNIVERSITY	H. SLOAN	26	492	1,789	2	008	10,400
DETROIT HENRY FORD	R. E. TABER	45	1,094	1,275	2	005	10,300
MINNESOTA MINNEAPOLIS UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	R. L. VARCO, E. HUMPHREY				2	002	
UNIVERSITY OF MINNESOTA HOSPITALS		15	450	1,500			
VETERANS ADMIN.		18	146	450			
ROCHESTER MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHODIST ST. MARY'S	D. C. MC GOWN	62	2,298	7,450	2	006	9,000
MISSISSIPPI JACKSON UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. D. HARDY				2	004	
UNIVERSITY VETERANS ADMIN. CENTER	J. D. HARDY J. H. COHN	17	581				12,630
MISSISSIPPI STATE SANATORIUM (SANATORIUM)		10	172	675			10,853
SANATORIUM MISSISSIPPI STATE SANATORIUM	H. K. STAUSS	6	83	134			7,200
	SEE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, JACKSON						
MISSOURI COLUMBIA UNIVERSITY OF MISSOURI MEDICAL CENTER	C. H. ALMOND	12	334	713	2	005	
MOUNT VERNON MISSOURI STATE SANATORIUM - ST. FRANCIS					2	004	
MISSOURI STATE SANATORIUM ST. FRANCIS (ROSLYN, N.Y.)	J. W. POLK H. GIANFRANCESCO						
ST. LOUIS BARNES HOSPITAL GROUP	C. S. WELDON	37	1,054	473	2	002	11,000
NEW JERSEY BROWNS MILLS DEBORAH	SEE HAHNEMANN MEDICAL COLLEGE AND HOSP., PHILADELPHIA, PA.						
NEW YORK ALBANY ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	A. STRANAHAN				2	003	
ALBANY MEDICAL CENTER VETERANS ADMIN.		25	1,049	360			12,000
BUFFALO S.U.N.-Y. AT BUFFALO AFFILIATED HOSPITALS	W. M. CHARDACK	13	190	625			10,940
BUFFALO GENERAL	G. SCHIMERT	9	133	225	2	003	12,500
CHILDREN'S HOSPITAL OF BUFFALO	S. SUBRAMANIAN	8	198	150			10,500
VETERANS ADMIN.	W. M. CHARDACK	21	204	260			10,900
NEW HYCE PARK LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM	W. PHILLIPS				2	002	
LONG ISLAND JEWISH MEDICAL CENTER		8	171				11,000
QUEENS HOSPITAL CENTER (NEW YORK CITY)		7	92	208			13,000
NEW YORK CITY ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. FRATER				2	002	
BROX MUNICIPAL HOSPITAL CENTER		25	1,568	1,131			
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		10	248	250			

## 30. THORACIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 All Yrs.	Annual Salary (Min.)
NEW YORK, NEW YORK CITY - CONTINUED							
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS					2	004	13,250
PRESBYTERIAN HARLEM HOSPITAL CENTER	R. H. WYLIE, J. R. MALM J. E. HUTCHINSON, 3D.	12	201	500			
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	A. A. BAKST	10	248	384	2	002	13,000
MONTEFIORE HOSPITAL AND MEDICAL CENTER	G. ROBINSON	25	559	72	2	004	13,000
MOUNT SINAI NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	A. E. KARK, R. LITWAK R. H. CLAUSS	50	739	1,400	2	002	13,500
UNIT 1 - FLEWER AND FIFTH AVENUE HOSPITALS		20	357				
UNIT 2 - METROPOLITAN		12	70	300			
NEW YORK UNIVERSITY MEDICAL CENTER	F. C. SPENCER				2	008	
BELLEVUE HOSPITAL CENTER UNIVERSITY							
VETERANS ADMIN. (MANHATTAN)		25	234				12,805
QUEENS HOSPITAL CENTER	SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK						
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	K. E. KARLSON				2	006	
KINGS COUNTY HOSPITAL CENTER STATE UNIVERSITY		28	312	690			
ROCHESTER		6	86	3			11,000
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	E. B. MAHONEY, R. WEINER				2	004	
ROCHESTER GENERAL	R. S. WEINER	12	300				
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	E. B. MAHONEY						
ROSLYN							
ST. FRANCIS	SEE MISSOURI STATE SANATORIUM-ST. FRANCIS, MOUNT VERNON, MO.						
NORTH CAROLINA							
CHAPEL HILL							
NORTH CAROLINA MEMORIAL	B. R. WILCOX	11	393	848	2	002	11,000
CHARLOTTE							
CHARLOTTE MEMORIAL	F. ROBICSEK	40	1,641	445	2	004	10,500
DURHAM							
DUKE UNIVERSITY MEDICAL CENTER	D. C. SABISTON, W. SEALY	31	878	976	2	002	
GREEN							
VETERANS ADMIN.	T. TAKARG	51	1,016	1,317	2	004	8,940
WINSTON-SALEM							
NORTH CAROLINA BAPTIST	R. MYERS	17	451	31	2	006	10,000
OHIO							
CLEVELAND							
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	H. J. MENDELSON				2	006	
UNIVERSITY HOSPITALS OF CLEVELAND		14	554	121			12,500
CLEVELAND METROPOLITAN GENERAL		7	174	361			12,000
VETERANS ADMIN.		12	140	328			10,767
CLEVELAND CLINIC	D. B. EFFLER	74	1,939	1,635	2	009	11,500
ST. VINCENT CHARITY	E. B. KAY	28	450	390	2	004	13,400
COLUMBUS							
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	K. P. KLASSEN				2	004	10,000
OHIO STATE UNIVERSITY HOSPITALS CHILDREN'S		39	1,655	1,638			
OKLAHOMA							
OKLAHOMA CITY							
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	G. R. WILLIAMS				2	004	9,000
UNIVERSITY OF OKLAHOMA HOSPITALS	G. R. WILLIAMS	8	129	357			
VETERANS ADMIN.	L. J. GREENFIELD	5	34	666			
OREGON							
PORTLAND							
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	A. STARR				2	004	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		14	469	4,337			9,500
VETERANS ADMIN.		7	69	263			9,960
PENNSYLVANIA							
PHILADELPHIA							
HANEMANN MEDICAL COLLEGE AND HOSPITAL	R. HINDAWI	40	317		2	004	10,000
DEBORAH (BROWNS MILLS, N.J.)	H. T. NICHOLS	68	1,300	2,650			7,200
TEMPLE UNIVERSITY	G. P. ROSEMOND, G. LEMOLE				2	004	12,000
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	G. P. ROSEMOND	3	62	200			
PITTSBURGH							
ALLEGHENY GENERAL	G. J. MAGGOVERN	25	626	1,250			004 10,500
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	F. T. BAHNSON	34	711	673	2	003	14,000
PRESBYTERIAN-UNIVERSITY CHILDREN'S HOSPITAL OF PITTSBURGH							
ST. FRANCIS GENERAL	J. W. GIACOBINE	34	1,214	184	2	004	13,000

## 30. THORACIC SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1972-1973 All Yrs.	Annual Salary (Min.)
SAN JUAN							
PUERTO RICO							
UNIVERSITY OF PUERTO RICO							
AFFILIATED HOSPITALS	E. A. DEFENDINI	30		2,340	2	004	13,800
UNIVERSITY DISTRICT							
MUNICIPAL HOSPITAL DR. RAFAEL							
LOPEZ NUSSA							
HOSPITAL DR. ALEJANDRO RUIZ							
SCLER (BAYAMON)	D. RODRIGUEZ PEREZ	33		825			
SOUTH CAROLINA							
CHARLESTON							
MEDICAL UNIVERSITY OF SOUTH							
CAROLINA TEACHING HOSPITALS	W. H. LEE, JR.				2	004	
MEDICAL UNIVERSITY OF SOUTH							
CAROLINA	W. H. LEE, JR.	22	542	1,420			9,100
CHARLESTON COUNTY		17	98				
VETERANS ADMIN.	P. HAIRSTON	13	159	481			9,490
TENNESSEE							
MEMPHIS							
UNIVERSITY OF TENNESSEE							
AFFILIATED HOSPITALS	J. W. PATE				2	006	
CITY OF MEMPHIS HOSPITALS	J. W. PATE	24	850	866			7,600
VETERANS ADMIN.	F. A. HUGHES, JR.	15	350	479			8,120
WEST TENNESSEE CHEST DISEASE	F. H. COLE	32	382	141			9,480
NASHVILLE							
VANDERBILT UNIVERSITY AFFILIATED							
HOSPITALS					2	004	10,500
VANDERBILT UNIVERSITY	H. A. COLLINS	10	271	960			10,500
MIDDLE TENNESSEE CHEST DISEASE	R. L. MC CRACKEN	10	42				
NASHVILLE METROPOLITAN GENERAL	J. L. SAYERS						
VETERANS ADMIN.	W. G. GOBBEL, JR.	37	245	17,097			8,500
TEXAS							
DALLAS							
ST. PAUL	H. E. WILSON	20	568	24	2	002	10,200
UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL SCHOOL AFFILIATED							
HOSPITALS	W. L. SUGG				2	006	
PARKLAND MEMORIAL	W. L. SUGG	10	414	892			9,030
BAYLOR UNIVERSITY MEDICAL CENTER	D. L. PAULSON	35	1,047	282			9,300
CHILDREN'S MEDICAL CENTER	W. L. SUGG						
VETERANS ADMIN.	W. J. REA	30	344	636			9,145
HOUSTON							
BAYLOR COLLEGE AFFILIATED							
HOSPITALS	M. E. DE BAKEY				2	006	
BEN TAUB GENERAL		11	475	432			9,900
METHODIST		187	4,541				9,900
VETERANS ADMIN.		6	192	590			10,500
TEXAS HEART INSTITUTE	D. A. COOLEY	71		1,745	2	002	9,900
ST. LUKE'S EPISCOPAL		54		1,040			
TEXAS CHILDREN'S		17		705			
SAN ANTONIO							
UNIVERSITY OF TEXAS AT SAN							
ANTONIO TEACHING HOSPITALS	J. B. AUST				2	002	
BEXAR COUNTY TEACHING	J. B. ALST	10	268	613			9,900
SAN ANTONIO STATE TUBERCULOSIS	O. CAMPBELL	14	118	190			
UTAH							
SALT LAKE CITY							
UNIVERSITY OF UTAH AFFILIATED							
HOSPITALS	R. K. HUGHES				2	006	
UNIVERSITY	R. K. HUGHES	4		110			10,900
LATTER-DAY SAINTS	R. M. NELSON	39	1,483	132			10,700
PRIMARY CHILDREN'S	R. M. NELSON	6		362			10,000
VETERANS ADMIN.							
VIRGINIA							
CHARLOTTESVILLE							
UNIVERSITY OF VIRGINIA	S. P. NOLAN	30	1,200	786	2	002	7,260
WISCONSIN							
MILWAUKEE							
MEDICAL COLLEGE OF WISCONSIN							
AFFILIATED HOSPITALS	D. LEPLY, JR.				2	006	
EVANGELICAL DEACONESS	B. G. NARODICK	11	247	100			
MILWAUKEE COUNTY GENERAL	L. W. NORMAN	13	215	670			12,000
MILWAUKEE CHILDREN'S	M. GLICKLICH	3	85	66			
ST. LUKE'S	D. LEPLY, JR.	34	608	1,344			10,000
VETERANS ADMIN. CENTER (WOOD)	B. F. STENGEL	12	122	1,277			12,409

## 31. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Urology, and the American College of Surgeons, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. R. ROBISON	30	925	9,596	C2	008		
UNITED STATES ARMY								
CALIFORNIA LETTERMAN GENERAL, SAN FRANCISCO	L. MALDONADO	23	751	13,356	C1	003		100485
COLORADO FITZSIMONS GENERAL, DENVER	E. LEWIS	15	583	7,719	C1	003		100485
DISTRICT OF COLUMBIA WALTER REED GENERAL, WASHINGTON	E. L. LEWIS	55	795	4,304	C2	008		100485
HAWAII TRIPLER GENERAL, HONOLULU	F. E. CECCARELLI	29	930	18,912	C1	003		100485
TEXAS WILLIAM BEAUMONT GENERAL, EL PASO	W. ALSTERMAN				C1	003		100485
R. E. THOMSON GENERAL (EL PASO) BRUCKE GENERAL, SAN ANTONIO	R. M. DOBBS	36	784	13,938	C2	006		100485
UNITED STATES NAVY								
CALIFORNIA NAVAL, OAKLAND	G. A. LE BLANC	12	500	7,933	C1	004		181385
NAVAL, SAN DIEGO	M. B. RUTNER	67	1,871	35,924	C2	008		181485
MARYLAND NAVAL, BETHESDA	M. EDSON	21	653	11,073	C1	004		182385
PENNSYLVANIA NAVAL, PHILADELPHIA	E. C. SACHER	34	678	7,226	C1	004		183185
VIRGINIA NAVAL, PORTSMOUTH	O. W. CHENALTY	42	1,245	8,900	C2	006		183285
UNITED STATES PUBLIC HEALTH SERVICE								
LOUISIANA U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
NEW YORK U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	M. A. JUSTICE	30	801	5,533	C1	004		184185
WASHINGTON U. S. PUBLIC HEALTH SERVICE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
OTHER FEDERAL								
CANAL ZONE GORGAS, BALBOA HEIGHTS	D. T. SCHAMBER	16	531	7,601	C1	003	12,127	180685
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA BIRMINGHAM CARRAWAY METHODIST UNIVERSITY OF ALABAMA MEDICAL CENTER	H. HUDSON	26	1,075	974	C1	003	10,800	100685
CHILDREN'S UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS VETERANS ADMIN.	S. W. SHIRLEY, A. TURMAN V. SCOTT	12	974	711	C3	005	8,800	100785
MOBILE MOBILE GENERAL	S. W. SHIRLEY, A. TURMAN S. W. SHIRLEY	19 30	622 762	3,045 3,530				
SEE OCHSNER FOUNDATION, NEW ORLEANS, LA.								
ARKANSAS LITTLE ROCK UNIVERSITY OF ARKANSAS MEDICAL CENTER	J. E. MOBLEY	23	77	190	C2	008		101885
ARKANSAS CHILDREN'S ARKANSAS STATE UNIVERSITY VETERANS ADMIN. CONSOLIDATED	J. E. MOBLEY J. E. MOBLEY W. W. CHRISTESON, J. MOBLEY	14 35	428 960	2,160 1,823			7,000 7,153	
CALIFORNIA DAVIS UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	J. M. PALMER	10	299	2,192	C1	003	10,860	104685
LOMA LINDA LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS LOMA LINDA UNIVERSITY RIVERSIDE GENERAL (RIVERSIDE)	H. L. HADLEY	17	678	6,750	C1	003	9,970 9,970 10,649	102485
LONG BEACH VETERANS ADMIN.	SEE UNIV. OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, ORANGE							

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA - CONTINUED								
LOS ANGELES KAISER FOUNDATION LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. F. COOPER	24	2,288	25,981	C2	005	10,800	205585
U. C. L. A. AFFILIATED HOSPITALS	J. W. MORROW	42	1,420	27,200	04	014	13,656	103385
U. C. L. A.	J. J. KAUFMAN, W. GOODWIN	24	1,104	4,280	03	012	9,500	198385
VETERANS ADMIN. CENTER-WADSWORTH LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	J. J. KAUFMAN M. M. MIMS	51	1,263	6,414			11,905	
WHITE MEMORIAL MEDICAL CENTER	S. BROSMAN	12	491	5,827			14,784	
MARTINEZ VETERANS ADMIN.	R. T. BERGMAN	12	527	3,294	01	004	10,800	104085
DAKLANC HIGHLAND GENERAL	D. H. SCHNEIDER	29	507	2,840	C1	003		207385
ORANGE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	C. F. HUMPHREYS	6	224	2,533	C1	003	9,852	104185
ORANGE COUNTY MEDICAL CENTER VETERANS ADMIN. (LONG BEACH)	D. C. MARTIN D. C. MARTIN A. J. BISCHOFF	6 37	465 695	1,728 4,922	03	012	14,000 11,905	208785
PALO ALTO VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
RIVERSIDE RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA							
SACRAMENTO SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN DIEGO UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	R. F. GITTES	13	553	5,344	C2	008	8,900	104985
SAN FRANCISCO UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	D. R. SMITH				C3	009		212585
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER	D. R. SMITH	12	560	3,425			8,900	
SAN FRANCISCO GENERAL VETERANS ADMIN.	C. S. HARROD F. HINMAN D. R. SMITH, F. S. HOWARD	15 15 15	599 466 320	2,184 2,883 948			9,780 9,921 9,030	
SAN JOSE SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SANTA CLARA KAISER FOUNDATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD STANFORD UNIVERSITY AFFILIATED HOSPITALS	T. A. STAMEY				03	012		189985
STANFORD UNIVERSITY VETERANS ADMIN. (PALO ALTO)	T. A. STAMEY	20	1,007	4,916			8,480	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	J. S. ELLIOT	15	319	1,938			9,260	
KAISER FOUNDATION (SANTA CLARA)	D. M. GROSS	10	347	2,388			10,524	
TORRANCE LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A. AFFILIATED HOSPITALS, LOS ANGELES							
COLORADO								
DENVER UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	O. G. STONINGTON				02	006		107685
UNIVERSITY OF COLORADO MEDICAL CENTER	D. G. STONINGTON	11	532	4,580			9,900	
DENVER GENERAL VETERANS ADMIN.	N. PETERSON T. E. STARZL	7 22	199 499	1,737 300				8,003
CONNECTICUT								
HARTFORD UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	E. M. SIGMAN				C2	006		109485
HARTFORD UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION	E. SIGMAN, R. H. HEPBURN	55	2,559	500			10,700	
ST. FRANCIS	E. M. SIGMAN	4	132	531			10,820	
NEWINGTON CHILDREN'S (NEWINGTON)	H. F. DE ROCHE	27	1,033				5,800	
VETERANS ADMIN. (NEWINGTON)	H. C. RIDLON	1	19	58			10,820	
NEW HAVEN YALE-NEW HAVEN MEDICAL CENTER	B. LYTTON				C2	006		108985
YALE-NEW HAVEN VETERANS ADMIN. (WEST HAVEN)	B. LYTTON	44	1,756	4,229			11,100	
WATERBURY (WATERBURY)	B. LYTTON J. K. SHEARER	14 14	567 542	2,361 87			10,543	
NEWINGTON NEWINGTON CHILDREN'S VETERANS ADMIN.	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
WATERBURY WATERBURY	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
WEST HAVEN VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON WILMINGTON MEDICAL CENTER VETERANS ADMINISTRATION	H. REPMAN	27	1,149	1,204	C1	003	10,400	109985
SEE THOMAS JEFFERSON UNIV. AFFIL. HOSPS., PHILADELPHIA, PA.								
DISTRICT OF COLUMBIA								
WASHINGTON FREDMEN'S GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	G. W. JONES	18	469	3,436	C1	004	11,400	219385
DISTRICT OF COLUMBIA GENERAL GEORGETOWN UNIVERSITY VETERANS ADMIN.	R. BAKER J. F. BRESSETTE R. BAKER C. W. SCHMIDT	14 14 14 24	136 986 575	1,241 510 2,045	C3	009	9,000 10,000 9,724	185985

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered			NIRMP Number
					1st Yr.	All Yrs.	Annual Salary (Min.)	
DISTRICT OF COLUMBIA - CONTINUED								
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	F. C. DERRICK, JR.				C3	009	10,002	219785
DISTRICT OF COLUMBIA GENERAL	R. C. RHAME	14	136	1,241			5,000	
GEORGE WASHINGTON UNIVERSITY VETERANS ADMIN.	F. C. DERRICK, JR.	12	796	615			10,002	
WASHINGTON HOSPITAL CENTER	W. D. JARMAN	43	2,234	1,767	C2	006	10,000	180085
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. C. KENEALY	11	1,159	1,262				
FLORIDA								
BAY PINES VETERANS ADMIN. CENTER	SEE TAMPA GENERAL, TAMPA							
GAINESVILLE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	G. H. MILLER, D. M. DRYLIE				C3	006		183485
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS	G. H. MILLER, D. DRYLIE	28	1,000	2,973			7,700	
VETERANS ADMIN.	G. H. MILLER, JR.	15	541	2,129			7,137	
JACKSONVILLE JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	W. A. VAN NORTWICK				01	003	8,900	110185
UNIVERSITY HOSPITAL OF JACKSONVILLE		11	408	4,097				
ST. VINCENT'S								
MIAMI UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	V. A. POLITANO				C4	012		110485
JACKSON MEMORIAL		44	1,438	4,400			10,300	
VETERANS ADMIN.		30	483	1,341			8,975	
MIAMI BEACH MOUNT SINAI HOSPITAL OF GREATER MIAMI	S. GOLDMAN	40	1,637	1,232	01	003	10,400	110585
ORLANDO ORANGE MEMORIAL	M. H. THOMLEY	42	1,953	1,369	C2	006	5,000	110785
TAMPA TAMPA GENERAL VETERANS ADMIN. CENTER (BAY PINES)	R. FINNEY	28	1,078	1,177	C1	003	9,450	110985
	A. GROSSMAN	34	778	780				
GEORGIA								
ATLANTA GRADY MEMORIAL VETERANS ADMIN.	K. N. WALTON	25	670	7,835	C2	006	8,880	111385
ST. JOSEPH'S INFIRMARY	E. HALTIWANGER	23	405	1,570				
AUGUSTA MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. N. TCCLE	20	1,264	916	01	003	9,297	111585
EUGENE TALMADGE MEMORIAL VETERANS ADMIN.	J. R. RINKER	18	449	2,279	C2	004	8,600	222385
	A. FRANCESCHI		520	1,300				
SAVANNAH MEMORIAL MEDICAL CENTER	P. L. SCARDINO	38	1,688	1,570	C1	003	8,400	197185
ILLINOIS								
CHICAGO CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	L. G. LOME	16	484	1,457	01	003	10,200	114485
LOUIS A. WEISS MEMORIAL	I. M. BUSH							
COOK COUNTY MICHAEL REESE HOSPITAL AND MEDICAL CENTER	I. M. BUSH	85	1,662	11,575	C3	013	10,900	112785
MERCY HOSPITAL AND MEDICAL CENTER	D. PRESMAN	34	1,253	1,877	02	006	10,850	114285
NORTHWESTERN UNIVERSITY MEDICAL CENTER	E. WILSON	26	699	600			10,200	
CHICAGO WESLEY MEMORIAL CHILDREN'S MEMORIAL	J. T. GRAYHACK				03	012		224785
PASSAVANT MEMORIAL	V. J. O' CONOR, JR.	35	591				11,000	
VETERANS ADMIN. RESEARCH	L. R. KING	11	763				11,000	
EVANSTON (EVANSTON)	J. T. GRAYHACK	19	707	1,843			11,000	
PREBYTERIAN-ST. LUKE'S UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. T. GRAYHACK	33	659	3,380			10,500	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	J. B. GRAHAM	13	620	122			11,500	
UNIVERSITY OF ILLINOIS HOSPITAL VETERANS ADMIN. (WEST SIDE)	C. F. MC KIEL, JR.	20	1,191	1,608	01	003	9,946	114785
EVANSTON EVANSTON	C. W. VERMEULEN	13	455	4,472	01	003	11,000	116085
HINES VETERANS ADMIN.	S. S. CLARK				02	006	11,220	115085
		10	439	3,358				
		36	2	2,475				
	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO							
INDIANA INDIANAPOLIS INDIANA UNIVERSITY MEDICAL CENTER	F. A. LLOYD	50	1,029	4,418	C3	009	10,200	225785
INDIANA UNIVERSITY HOSPITALS MARION COUNTY GENERAL VETERANS ADMIN.	R. A. GARRETT				C3	009		227385
METHODIST HOSPITAL OF INDIANA		18	538	2,295			10,000	
		12	398	3,838			9,500	
		19	492	1,455			10,750	
	D. NEWMAN	71	3,631	690	C1	005	10,600	118885
IOWA								
DES MOINES VETERANS HOSPITAL	SEE UNIVERSITY OF IOWA AFFILIATED HOSPITALS, IOWA CITY							
IOWA CITY UNIVERSITY OF IOWA AFFILIATED HOSPITALS					C4	020		120385
UNIVERSITY OF IOWA HOSPITALS VETERANS ADMIN. (DES MOINES)	R. H. FLOCKS	78	2,329	16,275			9,500	
	R. H. FLOCKS	24	602	3,584			10,803	

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KANSAS KANSAS CITY UNIVERSITY OF KANSAS MEDICAL CENTER	W. L. VALK	21	838	4,204	C3	009	9,000	120885
VETERANS ADMIN. (KANSAS CITY, MO.)	W. K. MEBLST	33	781	1,108			9,500	
KENTUCKY LEXINGTON UNIVERSITY OF KENTUCKY MEDICAL CENTER	A. A. HELLEBUSCH				C2	006		184885
ST. JOSEPH UNIVERSITY		21	1,147					
VETERANS ADMIN.		16	644	2,438			8,500	
LOUISVILLE UNIVERSITY OF LOUISVILLE		13	374	1,149			8,300	
AFFILIATED HOSPITALS	R. LICH, JR.				C2	006		121785
CHILDREN'S	P. J. HARBRECHT	4	278	346			8,100	
LOUISVILLE GENERAL	R. LICH, JR.	6	176	4,407			8,100	
VETERANS ADMIN.	R. LICH, JR.	14	363	1,635			7,920	
LOUISIANA ALEXANDRIA VETERANS ADMIN.	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
NEW ORLEANS CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	G. TOMSKEY	26	805	11,528	C2	008	7,800	122485
OCHSNER FOUNDATION	W. BRANNAN	15	694	14,684	C2	006	8,500	196685
MOBILE GENERAL (MOBILE, ALA.)	J. HYMAN	7	277	1,605				
TULANE UNIVERSITY AFFILIATED HOSPITALS	J. U. SCHLEGEL				C4	020		232085
CHARITY HOSPITAL OF LOUISIANA	J. U. SCHLEGEL	25	714	10,777			7,800	
TOURO INFIRMARY	J. L. FISCHMAN	28	1,013	1,406			9,260	
U. S. PUBLIC HEALTH SERVICE	F. G. RODOSTA	16	397	2,375				
VETERANS ADMIN.	J. U. SCHLEGEL	20	428	3,277			10,037	
SHREVEPORT L.S.U. (SHREVEPORT) AFFILIATED HOSPITALS	B. E. TRICHEL				C2	008		123285
CONFEDERATE MEMORIAL MEDICAL CENTER		31	1,084	5,166			7,800	
VETERANS ADMIN.			360					
MARYLAND BALTIMORE JOHNS HOPKINS	W. W. SCOTT	35	1,326	9,411	C3	012	10,500	124285
SINAI HOSPITAL OF BALTIMORE	M. A. ROBBINS	22	908	1,406	C1	003	11,400	124985
UNIVERSITY OF MARYLAND	J. D. YOUNG	26	788	4,887	C2	009	11,100	125285
FORT HOWARD VETERANS ADMIN.	H. C. KRAMER	28	749	3,980	C1	002	8,500	234585
MASSACHUSETTS BOSTON BOSTON UNIVERSITY AFFILIATED HOSPITALS	G. ALSTEN, JR.				C3	009		125585
BOSTON CITY UNIVERSITY	G. ALSTEN, JR.	21	660	7,844			11,100	
LAHEY CLINIC	G. ALSTEN, JR.	8	217	744				
NEW ENGLAND DEACONESS	L. ZINMAN	41	856	7,076	C2	006	10,000	238585
LAWRENCE F. QUIGLEY MEMORIAL (CHELSEA)	L. M. WOODRUFF	19	592				9,500	
MASSACHUSETTS GENERAL	L. M. WOODRUFF	9	203	1,176			9,500	
NEW ENGLAND MEDICAL CENTER HOSPITALS	G. R. PRODT, JR.	69	2,323	7,051	C3	007	10,500	126185
PETER BENT BRIGHAM	S. A. MAHONEY	11	558	5,484	C1	003	10,000	126385
VETERANS ADMIN. (JAMAICA PLAIN)	J. H. HARRISON	16	569	1,564	C2	006	10,000	126585
CHELSEA LAWRENCE F. QUIGLEY MEMORIAL	C. A. OLSSON	28	696	1,619	C1	003	10,000	127185
MICHIGAN ALLEN PARK VETERANS ADMIN.	SEE WAYNE STATE UNIV. AFFIL. HSPS., DETROIT							
ANN ARBOR UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	J. LAPIDES				04	012		129385
UNIVERSITY	J. LAPIDES	31	1,127	6,483			8,900	
ST. JOSEPH MERCY	S. L. FELLMAN	25	1,607	4,959			11,000	
VETERANS ADMIN.	J. LAPIDES, J. W. KONNAK	29	769	1,340			9,100	
WAYNE COUNTY GENERAL (ELOISE)	J. LAPIDES	18	562	2,026			9,691	
DETROIT HARPER	E. J. SHUMAKER	31	1,181	878	C2	004	10,200	129985
HENRY FORD	A. W. BOHNE	25	915	13,000	C2	006	10,300	130085
SINAI HOSPITAL OF DETROIT	W. H. RATTNER	19	765	479	C1	003	9,900	192685
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	J. M. PIERCE, JR.				C2	007		129585
CHILDREN'S HOSPITAL OF MICHIGAN	G. W. SEWELL	21	142	1,327				
DETROIT GENERAL	J. M. PIERCE, JR.	30	683	4,091			9,858	
VETERANS ADMIN. (ALLEN PARK)	J. M. MALIN	25	486	900			10,459	
ELOISE WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							
GRAND RAPIDS BUTTERWORTH	J. L. IRWIN	24	847	600	C1	003	9,300	131085
ROYAL OAK WILLIAM BEAUMONT	H. E. LICHTNARDT	39	2,144	220	C2	006	11,000	197885



## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	E. E. FRALEY					04 012	133485	
UNIVERSITY OF MINNESOTA HOSPITALS	E. E. FRALEY	30	442	2,000			8,000	
HENNEPIN COUNTY GENERAL VETERANS ADMIN.	A. C. MARKLAND E. E. FRALEY	7 46	270 786	2,663 7,200			8,250	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER METHOCIST ST. MARY'S	D. S. CULP	99	2,490	42,338		05 020	7,300	132885
ST. PAUL								
ST. PAUL-RAMSEY	A. CASS	21	779	3,092		01 004	9,500	133585
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CENTER	W. L. WEEMS W. L. WEEMS L. E. DEDDENS	20 23	704 479	5,130 3,034		C2 008	8,500 8,853	246785
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	I. M. THOMPSON	17	814	4,057		C2 008		199485
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	H. N. HABIB	11	302	2,681		C1 003	9,995	134385
ST. LUKE'S VETERANS ADMIN.	SEE VETERANS ADMIN. CENTER, WADSWORTH, KANSAS SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
HOMER G. PHILLIPS WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M. ABRAMS S. BCYARSKY	18 42 19	323 1,830 422	2,414 2,662 2,135		C1 003 C3 009	8,883 10,000 9,840	135785 248885
BARNES HOSPITAL GROUP VETERANS ADMIN.								
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	F. F. BARTONE					01 003		137685
UNIVERSITY OF NEBRASKA BISHOP CLARKSON MEMORIAL DOUGLAS COUNTY NEBRASKA METHODIST VETERANS ADMIN.	F. F. BARTONE F. F. BARTONE F. F. BARTONE H. KAMMANDEL F. F. BARTONE	7 21 22	292 1,115 350	1,324 421 640			9,000	
NEW HAMPSHIRE								
HANDOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	L. J. MORIN L. J. MORIN	15	641	2,005		01 003	8,500	137785
MARY HITCHCOCK MEMORIAL VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		10	149	973				
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	SEE N.J. COLL. OF MED. AFFIL. HOSPS., NEWARK							
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	SEE N.J. COLL. OF MED. AFFIL. HOSPS., NEWARK							
NEWARK								
NEW JERSEY COLLEGE OF MEDICINE AFFILIATED HOSPITALS	J. J. SEEBGDE J. J. SEEBGDE M. MALAMENT	20 37	505 668	2,647 1,150		01 010	10,500 11,300	139885
MARTLANC VETERANS ADMIN. (EAST GRANGE) JERSEY CITY MEDICAL CENTER (JERSEY CITY)	J. J. SEEBGDE							
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	H. LACKNER	7 19	300 645	1,143 1,375		C2 005	8,032 8,550	196285
BERNALILLE COUNTY MEDICAL CENTER VETERANS ADMIN.								
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	M. W. WOODRUFF	23 13	1,858 492	1,197 1,378		C2 006	10,300 10,940	141485
ALBANY MEDICAL CENTER VETERANS ADMIN.								
BUFFALO								
MILLARC FILLMORE ROSWELL PARK MEMORIAL INSTITUTE-SISTERS OF CHARITY	P. A. GRECC G. P. MURPHY G. J. HARDNER	31 32 18	1,320 3,000 648	5,081 4,200 2,400		C1 003 C1 003	10,500 8,273 9,509	144085 256785
ROSWELL PARK MEMORIAL INSTITUTE SISTERS OF CHARITY								
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	W. J. STAUBITZ W. J. STAUBITZ W. J. STAUBITZ T. F. KAISER W. J. STAUBITZ M. J. GENDER	36 33 29 25 32	831 392 575 486 574	1,914 350 676 2,153 1,385		C3 012	10,000 8,500 12,000 10,600 8,500	143685
BUFFALO GENERAL CHILDREN'S HOSPITAL OF BUFFALO DEACONESS HOSPITAL OF BUFFALO EDWARD J. MEYER MEMORIAL VETERANS ADMIN.								
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK CIV.	M. GOLDFARB	18	634	2,804		C1 003	10,706	144885
MINEOLA								
NASSAU	M. SPATZ	18	769	64		C1 003	12,500	145585

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	All Yrs.		
NEW YORK - CONTINUED								
NEW HYDE PARK								
LONG ISLAND JEWISH MEDICAL CENTER TRAINING PROGRAM	S. ROTHFELD					02 006	11,000	196385
LONG ISLAND JEWISH MEDICAL CENTER		12	454	356				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		33	470	3,960				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	H. NEWMAN					03 010	10,000	193185
BROOKLYN MUNICIPAL HOSPITAL CENTER		37	747	3,657				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		25	564	1,723				
LINCOLN				3,941			11,000	
BETH ISRAEL MEDICAL CENTER	L. A. ORKIN	56	1,377	2,941		03 009	11,500	147085
FRANCIS DELAFIELD	R. J. VEENEMA	23	264	1,710		02 006	11,500	260185
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	F. A. BENEVENTI	55	1,314	1,356		02 004	12,000	147585
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	S. R. WEINBERG	38	1,076	1,564		C1 003	11,000	142585
LENOX HILL	J. H. MC GOVERN	17	598	1,128		01 003	12,500	148385
LONG ISLAND COLLEGE	J. J. IPPOLITO	25	827	1,515		01 004	11,000	142785
METHODIST HOSPITAL OF BROOKLYN	J. J. IPPOLITO	18	420	809			12,000	
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	G. WISE					02 006		142885
MAIMONIDES MEDICAL CENTER		46					11,500	
CONEY ISLAND		18	432	2,896			9,500	
MISERICORDIA - FORCHAM TRAINING PROGRAM	R. GENTILE					C1 003	11,500	148685
MISERICORDIA		30	300	562				
FORDHAM				1,447				
MONTEFIORE HOSPITAL TRAINING PROGRAM	S. FREED					C3 009	11,500	148785
MONTEFIORE HOSPITAL AND MEDICAL CENTER		42	1,047	2,695				
MORRISANIA CITY		17	227	2,266				
MOUNT SINAI HOSPITAL TRAINING PROGRAM								
MOUNT SINAI	H. BRENDLER					C5 015		149085
MOUNT SINAI	H. BRENDLER	30	1,431	3,012			11,500	
CITY HOSPITAL CENTER AT ELMHURST	M. PINCUS	17	314	3,058			11,500	
VETERANS ADMINISTRATION (BRONX)	H. BRENDLER	37	687	3,600			13,609	
NEW YORK	V. F. MARSHALL	65	2,200	7,715		02 006	11,200	149285
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER								
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	G. R. NAGAMATSU					02 006		147385
UNIT 2 - METROPOLITAN		14	463	392				
UNIT 3 - EIRD S. CLEER MEMORIAL HOSPITAL AND HOME		45	455	2,316				
		222	20					
NEW YORK UNIVERSITY MEDICAL CENTER								
UNIVERSITY	P. A. MORALES					04 016		146485
VETERANS ADMIN. (MANHATTAN)	A. IESSLER	32	1,343					
BELLEVUE HOSPITAL CENTER	P. A. MORALES	47	785				12,805	
PRESBYTERIAN	S. AL-ASKARI	28	442	4,166				
QUEENS HOSPITAL CENTER	J. K. LATTIMER	77	2,557	11,200		C5 008	11,750	149585
ROOSEVELT	SEE L.I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK							
ST. LUKE'S HOSPITAL CENTER	P. B. SNYDER	10	737	3,058		C1 003	9,800	149685
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. W. DRAPER	35	774	4,546		01 004	11,800	149885
BROOKLYN-CUMBERLANE MEDICAL CENTER	K. WATERHOUSE					04 012		142685
KINGS COUNTY HOSPITAL CENTER	P. FINKELSTEIN	21	1,050	2,235			11,000	
STATE UNIVERSITY	K. WATERHOUSE	36	960	5,862			11,000	
VETERANS ADMIN. (BRONX)	K. WATERHOUSE	13	551	1,683			11,000	
	H. GRUBER	34	739	1,500			13,609	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. T. K. COCKETT					02 008		151185
		18	1,068	1,192				
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER	D. M. LILLEN					C2 006	10,900	151685
CROUSE IRVING-MEMORIAL	I. GOLDMAN	12	491					
STATE UNIVERSITY	D. M. LILLEN	17	615	1,374				
VETERANS ADMIN.	D. M. LILLEN	19	469	1,125				
NORTH CAROLINA								
CHAPEL HILL	F. A. FRIED					C1 003		190085
NORTH CAROLINA MEMORIAL		9	362	3,045				
CHARLOTTE	C. J. HAWES					C1 003	9,300	152785
CHARLOTTE MEMORIAL		61	2,766	2,525				
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. F. GLENN					C1 011		152985
DUKE UNIVERSITY MEDICAL CENTER	J. F. GLENN	32	1,319	4,204				
VETERANS ADMIN.	J. E. DEES		485	1,321			9,250	
VETERANS ADMINISTRATION (OTEEN)	J. D. COUGHLIN, S. KISHEV	27	482	2,453			10,940	
OTEEN								
VETERANS ADMINISTRATION	SEE DUKE UNIVERSITY AFFILIATED HOSPITALS, DURHAM							
WINSTON-SALEM								
NORTH CAROLINA BAPTIST	W. BRYCE					C2 006	8,000	153785
		30	1,260	2,355				
OHIO								
AKRON								
AKRON CITY	W. A. KEITZER					C1 005	9,600	154185
AKRON GENERAL	R. H. CHAMPION					01 003	10,100	154285
		37	1,711	365				
		28	1,084	362				

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1972-1973 1st Yr.	All Yrs.		
OHIO - CONTINUED								
CINCINNATI								
GOOD SAMARITAN	H. W. RATLEDGE	38	1,740	306	C1	003	9,660	155085
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	A. T. EVANS				C4	012		154885
CINCINNATI GENERAL		28	1,067	4,982			9,200	
CHILDREN'S		5	410	290				
CHRIST		54	2,397	130			10,300	
VETERANS ADMIN.		27	390	2,398			9,893	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS UNIVERSITY HOSPITALS OF CLEVELAND	L. PERSKY	34	1,753	2,732	G2	006		155285
CLEVELAND METROPOLITAN GENERAL		12	498	2,758			11,000	
VETERANS ADMIN.		32	720	1,205			10,500	
CLEVELAND CLINIC	R. A. STRAFFON	58	4,707	11,612	03	009	9,767	196885
ST. VINCENT CHARITY	J. A. KNIECK	15	283	891			10,000	
HURON ROAD	P. F. BOYD	22	753	506	G1	003	11,400	157185
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	C. C. WINTER				C1	007	7,300	156685
OHIO STATE UNIVERSITY HOSPITALS CHILDREN'S		30	636	5,309				
		8	506	676				
DAYTON								
VETERANS ADMIN. CENTER	B. PILLOFF	23	283	867	C1	003	11,452	271585
TOLEDO								
ST. VINCENT HOSPITAL AND MEDICAL CENTER	J. B. WESTHOVEN	31	1,105	240	C1	003	10,200	158285
HOSPITAL OF THE MEDICAL COLLEGE OF OHIO		6	171	569			10,200	
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	W. L. PARRY				C3	009	8,500	158885
UNIVERSITY OF OKLAHOMA HOSPITALS VETERANS ADMIN.		16	663	3,918				
		24	375	3,013				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	C. V. HODGES				C3	012		159985
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		27	820	4,944			6,600	
VETERANS ADMIN.		18	472	950			8,160	
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL	SEE HAHNEMANN MEDICAL COLLEGE AFFIL. HOSPS., PHILADELPHIA							
CHESTER								
CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MEDICAL COLLEGE AFFIL. HOSPS., PHILADELPHIA							
CANVILLE								
GEISINGER MEDICAL CENTER	H. E. BROWN	22	1,065	12,032	01	003	9,300	160885
ERIE								
ST. VINCENT	R. B. ROTH	47	1,963	13,065	02	006	9,100	161285
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	T. J. REHNER, JR.				C1	003		161785
HARRISBURG (HARRISEURG)	R. E. ALLYN	33	1,048					
HARRISEURG								
HARRISEURG								
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	W. WOLGIN		1,665	773	C2	004	10,100	163185
EPISCOPAL	M. BCGASH	15	500	775	C1	003	8,500	162385
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. M. BURRCS	11	288	1,095	C1	003	10,650	162685
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	P. GONICK				C2	006		162785
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	P. GONICK	15	311	1,070			8,000	
ABINGTON MEMORIAL (ABINGTON)	G. J. GISLASON	20	838	390				
CROZER-CHESTER MEDICAL CENTER (CHESTER)	W. ELLIS	28	897	147				
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. J. MURPHY	32	1,299	2,289	C2	006	11,200	162885
VETERANS ADMIN.		26	246	2,500			8,878	
PENNSYLVANIA	J. J. MURPHY	14	472	1,747		002	10,800	163985
PHILADELPHIA GENERAL	P. LEBERMAN	24	327	4,361	C2	006	9,500	164085
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	K. B. CONGER				C2	006		164685
TEMPLE UNIVERSITY	K. B. CONGER	20	481	1,571			10,200	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	L. KARAFIN	6	179	935			8,600	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	K. B. CONGER	4	213	317				
VETERANS ADMINISTRATION	J. J. MURPHY	26	246	2,500			8,778	
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	P. D. ZIMSKIND	38	1,165	2,841	C1	007		163085
THOMAS JEFFERSON UNIVERSITY VETERANS ADMIN. (WILMINGTON, DEL.)							10,300	
PITTSBURGH								
ALLEGHENY GENERAL	J. L. HAMILTON	30	1,171	919	C1	003	10,500	164885
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	F. E. SCHWENKER				C2	006		165285
PRESBYTERIAN-UNIVERSITY CHILDREN'S HOSPITAL OF PITTSBURGH	F. J. SCHWENKER	25	706	1,203			10,000	
PITTSBURGH	S. H. JOHNSON, 3D.	11	693	650				
VETERANS ADMIN.	F. J. SCHWENKER	22	323	1,920			8,750	
WESTERN PENNSYLVANIA	S. H. JOHNSON, 3D.	28	1,191	782	C1	003	11,200	165985

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO								
AFFILIATED HOSPITALS	B. GONZALEZ-FLORES							
I. GONZALEZ MARTINEZ	B. GONZALEZ-FLORES	4	99	980	C4	012	7,800	
MUNICIPAL HOSPITAL DR. RAFAEL								
LCPEZ NUSSA	R. FORTUNO	20	509	5,401			7,875	
UNIVERSITY DISTRICT	B. GONZALEZ-FLORES	12	352	8,644			7,875	
VETERANS ADMIN. CENTER	B. GONZALEZ-FLORES	20	405	8,004			9,447	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	E. K. LANDSTEINER	23	824	1,914	C1	004	9,400	167785
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH								
CAROLINA TEACHING HOSPITALS	K. M. LYNCH, JR.	32	1,121	3,552	02	006		168085
MEDICAL UNIVERSITY OF SOUTH								
CAROLINA	K. M. LYNCH, JR.	32	1,121	3,552				
CHARLESTON COUNTY	K. M. LYNCH, JR.	11	148					
VETERANS ADMIN.	W. R. TURNER	7	326	1,115			7,990	
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE								
AFFILIATED HOSPITALS	A. W. BIGGS							
CITY OF MEMPHIS HOSPITALS	A. W. BIGGS	25	639	7,212	C4	012	6,600	281585
VETERANS ADMIN.	W. P. JORDAN, JR.	37	879	2,885			8,120	
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF								
THE MENARRY MEDICAL COLLEGE	D. V. BRADLEY							282185
VANDERBILT UNIVERSITY AFFILIATED								
HOSPITALS	R. K. RHAMY							170285
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	6	245	1,484	C3	006		
VANDERBILT UNIVERSITY	R. K. RHAMY	13	558	5,879			9,000	
VETERANS ADMIN.	R. K. RHAMY	28	787	3,128			8,500	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN								
MEDICAL SCHOOL AFFILIATED								
HOSPITALS	P. C. PETERS, H. SPENCE							283585
PARKLAND MEMORIAL	H. M. SPENCE, P. PETERS	15	548	4,864	C3	015	7,590	
BAYLOR UNIVERSITY MEDICAL CENTER	F. FLUQUA	56	2,702	714			8,700	
PRESBYTERIAN HOSPITAL OF DALLAS								
VETERANS ADMIN.	P. A. DUFF	30	572	1,870			7,945	
JOHN PETER SMITH (FORT WORTH)	G. F. BEGLEY	4	149	1,470			11,160	
FORT WORTH								
JOHN PETER SMITH	SEE UNIV. OF TEXAS S. W. MED. SCHOOL AFFIL. HOSPS., DALLAS							
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL								
BRANCH HOSPITALS	D. F. MC DONALD	14	473	3,662	01	004	8,400	171485
HOUSTON								
BAYLOR COLLEGE AFFILIATED								
HOSPITALS	R. SCOTT, JR.							171685
BEN TAUB GENERAL	R. SCOTT	15	519	7,390	C4	016	7,500	
ST. LUKE'S EPISCOPAL	F. B. SCOTT	49	2,836	287			7,500	
TEXAS CHILDREN'S	R. SCOTT, JR.	15	1,434	293			7,500	
VETERANS ADMIN.	P. D. BEACH	37	792	2,795			8,100	
HERMANN	C. M. CRIGLER	35	1,882	2,608	02	006	8,400	171585
UNIVERSITY OF TEXAS M. D.								
ANDERSON HOSPITAL AND TUMOR								
INSTITUTE								
	D. E. JOHNSON	17	626	2,370			8,400	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN								
ANTONIO TEACHING HOSPITALS	H. M. RADWIN							172385
BEXAR COUNTY TEACHING								
SANTA ROSA MEDICAL CENTER	C. A. HULSE	30	1,455	2,615			8,100	
TEMPLE								
SCOTT & WHITE MEMORIAL	P. S. NUSSBAUM	28	819	10,340	C1	003	9,400	172585
VETERANS HOSPITAL	P. S. NUSSBAUM	18	372	1,779			7,622	
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED								
HOSPITALS	R. MIDDLETON							173285
UNIVERSITY	R. MIDDLETON	10		1,366	02	006	9,400	
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF								
VERMONT	G. W. LEADBETTER, JR.	18	991	1,062	C1	003	8,700	173485
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER	SEE DARTMOUTH MED. SCHOOL AFFIL. HOSPITALS, HANOVER, N.H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA								
AFFILIATED HOSPITALS	J. Y. GILLENWATER							173785
UNIVERSITY OF VIRGINIA	J. Y. GILLENWATER	28	773	4,138	02	008	7,260	
VETERANS ADMIN. (SALEM)	W. W. S. BLTLER, 3D.							
DANVILLE								
MEMORIAL	R. R. LANDES	45	2,200	5,000	C1	003	10,000	286585
NORFOLK								
NORFOLK GENERAL	P. DEVINE	36	1,428	1,552	C1	003	10,700	174185

## 31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1972-1973		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
VIRGINIA - CONTINUED								
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	W. W. KOONTZ, JR.	36	938	2,845				174385
RICHMOND MEMORIAL VETERANS ADMIN.	J. E. HILL, J. F. SMITH R. C. BLINTS	11 37	567 730	18 2,375			7,280 7,260	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS HARBORVIEW MEDICAL CENTER UNIVERSITY U. S. PUBLIC HEALTH SERVICE VETERANS ADMIN. VIRGINIA MASON	J. A. ANSELL R. SKOGLUND J. A. ANSELL G. D. MONDA J. S. ANSELL R. CORREA	8 7 12 14 7	314 333 490 296 1,141	2,093 2,664 5,533 6,074			7,704 7,700 8,208	191885
WEST VIRGINIA								
CHARLESTON								
MEMORIAL HOSPITAL-CHARLESTON GENERAL MEMORIAL CHARLESTON GENERAL	D. R. GILBERT	26 9	1,104 355	550 8			8,220	190285
MORGANTOWN WEST VIRGINIA UNIVERSITY MEDICAL CENTER	D. F. MILAM	18	519	2,263			9,000	183785
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS MADISON GENERAL ST. MARYS HOSPITAL MEDICAL CENTER UNIVERSITY HOSPITALS VETERANS ADMIN.	J. B. WEAR, JR. A. P. SCHOENENBERGER A. M. SCNNELAND J. B. WEAR, JR. P. O. MADSEN	21 11 19 31	1,015 663 622 715	3,034 1,735			10,500	177985
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS COLUMBIA LUTHERAN HOSPITAL OF MILWAUKEE MILWAUKEE CHILDREN'S MILWAUKEE COUNTY GENERAL VETERANS ADMIN. CENTER (WOOD)	N. B. HODGSON N. B. HODGSON N. B. HODGSON R. B. BOURNE N. B. HODGSON N. B. HODGSON	12 9 14 27	624 345 425 495	143 3,001 7,132			9,506 10,000 10,409	178485

# Essentials of Approved Residencies\*

## INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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| 1. Anesthesiology             | 16. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery   | 17. Plastic Surgery                      |
| 3. Dermatology                | 18. Preventive Medicine                  |
| 4. Family Practice            | General Preventive Medicine              |
| 5. General Practice           | Aerospace Medicine                       |
| 6. General Surgery            | Occupational Medicine                    |
| 7. Internal Medicine          | Public Health                            |
| 8. Neurological Surgery       | 19. Psychiatry and Neurology             |
| 9. Neurology                  | Child Psychiatry <sup>2</sup>            |
| 10. Obstetrics and Gynecology | 20. Radiology                            |
| 11. Ophthalmology             | Diagnostic Radiology                     |
| 12. Orthopedic Surgery        | Therapeutic Radiology                    |
| 13. Otolaryngology            | 21. Thoracic Surgery <sup>3</sup>        |
| 14. Pathology                 | 22. Urology                              |
| 15. Pediatrics                |  |
| Allergy <sup>1</sup>          |  |
| Cardiology <sup>1</sup>       |  |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house physicians to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

### I. GENERAL REQUIREMENTS

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

\*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.

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

*Size and Type.*—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

*Plant and Equipment.*—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

### I. STAFF

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of the teaching appointment, and motivated to assign acceptable priority to teaching duties. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental

work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section VI).

#### 2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

#### 3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no responsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section VI).

#### 4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs, recent editions of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

#### 5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the Standard Nomenclature of Diseases and Operations is recommended for all medical records, although Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records. For coding or indexing, either the Standard Nomenclature of Diseases and Operations (SNDO) or the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations (ICDA) may be used.

Clinical records must be complete and include the patient's

chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

#### 6. SELECTION OF RESIDENTS -

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital. (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he

has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

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

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.
3. In the case of United States citizens, have successfully passed the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination.

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, 2 or 3 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.]

Graduates of schools of osteopathy who hold only the D.O. degree are eligible for appointment to residencies only in those specialties for which the corresponding specialty board has established conditions under which the D.O. will be acceptable to the Board for examination for certification. (Most, but not all, specialty boards have an established policy under which they will accept former Doctors of Osteopathy who now hold an M.D. degree from the University of California College of Medicine, Irvine.)

#### 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.

*Part-Time Programs.*—While internship and residency programs have ordinarily been considered as full-time activities, there are particular circumstances under which physicians can undertake graduate medical education programs only on a part-time basis. It is highly desirable that these physicians be encouraged to proceed as far as possible with the necessary training to prepare them for licensure and medical practice.

It is incumbent upon the responsible program director to arrange a program which meets the educational needs of the trainee and at the same time includes in its total extent the sum of clinical experience and responsibilities acquired by a trainee on a normal schedule. Such a part-time plan must be fair to the other trainees and fully compatible with the



hospital's training program and responsibilities in the care of patients.

The responsible program director must be prepared to justify to the appropriate review committee, as well as to state boards of licensure and specialty boards, the manner in which the program will be arranged so as to provide the equivalent of a full-time appointment, and the manner in which the trainee's experience and responsibilities will be documented. Of great importance is documentation of the manner in which the trainee's patient-care responsibilities will be discharged during those periods off duty. If two half-time trainees were to assume responsibility for the care of the same group of patients, this would not be unlike the manner in which patient care is delivered in some private practice situations.

*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 or-

ganized accident wards which care for traumatic cases in connection with the ambulance services of larger 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.

*Preparation for Practice.*—It is essential that the house officer before completing his period of formal graduate medical education in the hospital and its ambulatory facilities be exposed to the variety of methods by which he will apply his knowledge in the practice situation. If adequate models do not exist within the hospital environment, then a formal plan must be developed to expose the house officers to meaningful experience in health and medical service under

a representative variety of patterns now developing throughout the nation. Inherent in this experience is an opportunity to become oriented to the social and economic aspects of medical practice. Preceptorial experience, seminars, or investigative projects on the relationship of medicine to the needs of society should be an essential part of the house officer's experience before he is considered to have completed his graduate medical education.

#### 8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

#### 9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

*Anatomy.*—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

**Bacteriology.**—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

**Biochemistry.**—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

**Pathology.**—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

**Pharmacology.**—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

**Physiology.**—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

#### 10. HOSPITAL-RESIDENT AGREEMENT

A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract. Contracts for one year, renewable by mutual consent, are preferable.

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

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

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

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

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

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

#### 11. EMPLOYMENT RELATIONSHIPS OF HOUSE OFFICERS

The primary purpose of intern and resident programs is professional education. Supervised service to patients is an essential part of intern and resident training, and it benefits both trainee and patient.

The accreditation process should include evidence that the employment agreements with interns and residents provide appropriate safeguards for the educational component of the program as follows:

1. There must be a mechanism for satisfactory intra-institutional communication between the governing board, the professional staff, and house officers with respect to service, research, and educational problems.
2. There must be a clearly-stated basis for annual re-appointment. This must be based on evidence of progressive scholarship and professional growth of the trainee as demonstrated by his ability to assume graded and increasing responsibility for patient care. This determination is the responsibility of the program director, with advice from members of his teaching staff, and cannot be delegated to a professional or non-professional staff member who is primarily concerned with the service needs of the institution. A primary objective of the accreditation process is determination of the excellence of the experience as an exercise in professional education. Since supervised service to patients is an essential part of intern and resident training, these aspects of the program as measured by satisfactory performance of service functions should be considered in determining continued tenure.
3. There must be an equitable and satisfactory mechanism, involving the participation of the medical staff, for the redress of grievances. Although final responsibility rests with the institution's governing body, the latter should rely upon the determinations of the medical staff in professional and educational matters.

It is inappropriate that house officers be expected to

assume increasing responsibility for patient care, while not at the same time participating effectively in communications which contribute ultimately to policy-making decisions. The intern and resident must be integrated into the medical staff as true colleagues in order that effective programs of medical education and patient care be carried out.

**NOTE:** Certain sections of this document have been renumbered, and "Special Requirements" is now Section VI.

## II. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervise 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 resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

## III. MISCELLANEOUS

*Intern-Resident Relationships.*—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

## IV. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education, the various American Boards responsible for the examination and certification of the specialists, and the American Board of Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

*Resolved,* That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

*Resolved,* That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approval of Examining Boards in Medical Specialties.")

### American Board of Anesthesiology

David M. Little, Jr., M.D., Secretary-Treasurer  
100 Constitution Plaza, Hartford, Conn., 06103

### American Board of Colon and Rectal Surgery

Patrick H. Hanley, M.D., Secretary  
1514 Jefferson Highway, New Orleans, Louisiana 70121

### American Board of Dermatology

Clarence S. Livingood, M.D., Executive Secretary  
Henry Ford Hospital, Detroit, Mich., 48202

### American Board of Family Practice

Nicholas J. Piscano, M.D., Secretary  
University of Kentucky Medical Center  
Lexington, Kentucky 40506

### American Board of Internal Medicine

Palmer H. Futcher, M.D., Executive Director  
3930 Chestnut St., Philadelphia, Pennsylvania, 19104

### American Board of Neurological Surgery

Richard L. DeSaussure, Jr., M.D., Secretary-Treasurer  
20 S. Dudley Avenue, Suite 101, Memphis, Tennessee

### American Board of Obstetrics and Gynecology

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

### American Board of Ophthalmology

Francis H. Adler, M.D., Secretary-Treasurer  
8870 Towanda St., Philadelphia, Pa., 19118

### American Board of Orthopaedic Surgery

Wood W. Lovell, M.D., Secretary  
430 N. Michigan Ave., Chicago, Ill., 60611

### American Board of Otolaryngology

Dean M. Lierle, M.D., Secretary-Treasurer  
University Hospitals, Iowa City, Iowa, 52240

### American Board of Pathology

A. James French, M.D., Secretary-Treasurer  
Office of Board, Suite 1820  
610 N. Florida Ave., Tampa, Fla., 33602

### American Board of Pediatrics

F. Howell Wright, M.D., Executive Secretary  
Museum of Science and Industry  
57th St. & South Lake Shore Dr.,  
Chicago, Illinois 60637

### American Board of Physical Medicine and Rehabilitation

Earl C. Elkins, M.D., Secretary-Treasurer  
200 First St., S.W., Rochester, Minn., 55901

### American Board of Plastic Surgery

George F. Crikelair, M.D., Secretary-Treasurer  
4647 Pershing Ave., St. Louis, Mo., 63108

### American Board of Preventive Medicine

Harold V. Ellington, M.D., Secretary-Treasurer  
410 W. 10th Ave., Columbus, Ohio, 43210

### American Board of Psychiatry and Neurology

Lester H. Rudy, M.D., Secretary-Treasurer  
1603 Orrington Avenue, Evanston, Ill. 60201

### American Board of Radiology

C. Allen Good, M.D., Secretary  
Kahler Hotel Bldg., Rochester, Minn. 55901

### American Board of Surgery

James W. Humphreys, Jr., M.D., Secretary-Treasurer  
1617 John F. Kennedy Blvd., Philadelphia, Pa. 19103

### American Board of Thoracic Surgery

Rollin A. Daniel, Jr., M.D., Secretary-Treasurer  
14624 East Seven Mile Rd., Detroit, Michigan 48205

### American Board of Urology

James H. McDonald, M.D., Secretary-Treasurer  
Apt. 1C, Glover Landing, Brackett Place  
Marblehead, Mass., 01945

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.

In addition, two conjoint Boards are now approved:

**American Board of Allergy and Immunology**

Paul M. Seebohm, M.D.

University Hospital, Iowa City, Iowa 52240

**American Board of Nuclear Medicine**

Merrill I. Bender, M.D.

Roswell Park Memorial Institute, Buffalo, N.Y. 14203

These Boards will certify physicians as specialists in the fields indicated by their names, following the requisite training obtained in the primary fields of internal medicine or pediatrics, in the case of the American Board of Allergy and Immunology; and in the primary fields of internal medicine, radiology, or pathology in the case of the American Board of Nuclear Medicine.

**Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.**

#### V. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For one specialty, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

#### VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

**Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.**

##### 1. Special Requirements for Residency Training in Anesthesiology

**Objectives.**—An approved three-year training program in anesthesiology is expected to provide instruction and experi-

ence 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 an Approved Three-Year Program.**—After July 1, 1973, the Residency Review Committee for Anesthesiology will approve only those programs adjudged to have the educational resources to provide three years of training in this specialty. Institutions presently offering two years of training and wishing to qualify for the three-year program should expand the scope of education to include a more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in two-year programs presently being offered. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

Institutions presently approved for two years which wish to qualify for three-year approval should supply a prospectus for a three-year program with the application. The educational experience permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond the usual 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.

Programs approved for three years of training may continue to offer the minimum two years of clinical training in accordance with the requirements set forth by the American Board of Anesthesiology. After July 1, 1969, no applications will be accepted for consideration of a new program, reactivation of a program or for reapproval of a disapproved program which cannot meet the standards to offer three years of training even though it intends to offer *only* two years of training. Applications for new programs should supply a prospectus for an added third year above the two-year minimum requirements set forth by the American Board of Anesthesiology.

The Residency Review Committee anticipates the transition from two-year approval to a three-year approval of programs to commence by 1970. Only programs approved according to this plan will be listed after July 1, 1973.

**General Considerations for a Program Approved for One Year of Specialized Clinical Training.**—Certain hospitals have unusual facilities and clinical material for specialized training in anesthesiology after residents have completed at least two years of approved clinical training in another program in anesthesiology: such hospitals are eligible for approval for one year of specialized clinical training. To qualify for this category of approved training, a hospital must demonstrate that it offers an educational experience which is substantially different from, and not generally available in, the first two years of clinical training. The require-



ments outlined under "General Considerations for an Approved Three-Year Program" apply also to programs offering one year of specialized training.

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

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

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

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

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

**Didactic Program.**—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

**Research.**—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident.

**Records.**—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

## 2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should

include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and super-

vision of this study should be provided by a member of the staff.

*Radiological Training* shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification

### 3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lecturers, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

*Applied Basic Science Instruction.*—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 4. Special Requirements for Residency Training in Family Practice

Residencies in family practice should be specifically designed to meet the needs of graduates intending to become family physicians. The family physician is defined as one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's health services; and 4) accepts responsibility for the patient's total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit. In short, family physicians must be prepared to fill a unique and specific functional role in the delivery of modern comprehensive health services.

*DURATION OF TRAINING.*—The duration of the program should usually be a total of three years following graduation from medical school.

Family practice residency programs should provide for

experience and responsibility for each resident in those areas of medicine which will be of importance to him in his future practice.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies adopt exactly the same program, nor that they offer a rigidly uniform sequence of experience. It is essential, however, that all programs for graduate training in family practice be able to meet the fundamental requirements for an approved program and the hospitals involved must individually or collaboratively attain comparable quality results in the training.

It is necessary that the family practice resident retain his identity as such throughout his graduate training period. He will need to learn appropriate skills, techniques and procedures of certain other specialties, as well as those of family practice. Such instruction should be under the supervision of qualified specialists in those fields. The resident's program should be planned so that he can discharge his continuing responsibilities to a selected group of patients under the supervision of experienced family physicians.

If the resident plans to practice another specialty in depth in addition to family practice, he should obtain appropriate additional training beyond that provided in the family practice residency.

The spectrum of knowledge and skills involved in the field of family practice will, as in other disciplines, usually exceed in scope those possessed by any individual physician.

**CONTENT.**—The following covers the general content of family practice, and, as such, should be available to the resident although certain portions may be optional, depending upon the knowledge and skill obtained by the resident in medical school, his interests, and the character of his anticipated practice.

**Family Medicine.**—The family practice unit should consist of a clinical service, the content of which is determined by the needs of a representative population of patients rather than the particular skills of the physician. The patient composition of the family practice service should be such that continuity of care is a reasonable probability for most patients and continuity of experience by the resident will result.

This service should include not only patients of all income levels in the acute general hospital but also ambulatory patients, patients at home, and patients in institutions such as nursing homes. This should also include emergency care of patients. Residents assigned to the family practice service may spend a period of time outside the family medicine facility as necessary to meet the needs of his patients. Furthermore, when deemed desirable by the program director the resident may be assigned to other institutions or settings to acquire additional types of experience. This approach should help to focus attention upon the ambulatory patient, the diseases of high prevalence, patients with long-term illness and those with problems of adjustment, anxiety, depression and other emotional stresses. It should also facilitate emphasis upon preventive medicine, health maintenance, rehabilitation counseling and the use of all relevant community resources.

**Internal Medicine.**—Internal Medicine by nature of its integrative functions is recognized as a major foundation for programs in family practice. The resident should receive regular instruction and gain experience that will permit him to develop judgment in assessing the condition of the patient, in the use and interpretation of laboratory procedures and in applying the principles of differential diagnosis, as well as proper therapeutic management of the patient. Emphasis should be placed upon the history and cause of disease and should provide the resident an opportunity to become familiar with the major causes of disease and the principles of rational therapy.

**Pediatrics.**—There is much overlap and reinforcement between internal medicine and pediatrics, but the special contributions of pediatrics relate to the problems of the newborn, to congenital malformation, to growth and development through adolescence, to nutrition, mental retardation and the behavioral and emotional problems of children and their management. Modern pediatrics includes a large component of preventive medicine and emphasizes care of the ambulatory patient and the patient at home. Pediatrics should offer opportunity for learning the diagnosis and care of infectious diseases. It should also provide study of the position of the child in the social systems of family, school and community.

**Psychiatry.**—This discipline is one of the necessary bases for a family practice program. The resident should learn how to diagnose and manage most psychosomatic and emotional problems. He should become competent to deal with the common tensions, anxieties and depressions that initiate or complicate a substantial proportion of the problems with which the family physician will be faced. The resident should learn to recognize the neuroses and psychoses and to provide for the aftercare which many patients require following discharge from a mental institution.

In the family practice unit, most of the pertinent knowledge and skill can best be acquired through a program in which psychiatry is integrated with medicine, pediatrics, and other disciplines. In addition, experience on a specialized psychiatry service with responsibility for the care of serious illness under supervision may be desirable. This will enable the resident to recognize major psychoses and to deal with the psychiatric emergencies which constitute a major problem for family physicians.

**Obstetrics and Gynecology.**—The resident should be provided the instruction necessary to understand the biological and psychological impact of pregnancy, delivery and care of the newborn, upon a woman and her family. He should acquire skill in the provision of antepartum and postpartum care and the normal delivery process. He should also have an understanding of the complications of pregnancy and their management. He should become adept at managing the problems of medical and office gynecology. Marriage counseling and sex education are important areas of responsibility for the family physician and the training program should afford an opportunity for the development of skills in these areas.

**Surgery.**—The resident should acquire competence in recognizing surgical emergencies and when appropriate referring them for necessary specialized care, an ability to evaluate conditions that require elective surgical management, an understanding of the kinds of surgical treatment that might be employed and the problems that may result from surgical procedures and their management. He should have sufficient knowledge of these procedures to give proper advice, explanation, and emotional support to his patients. He should be trained in basic surgical principles by recognized surgical specialists and acquire from them the technical proficiency required to manage those limited surgical procedures a first contact (family) physician may be called upon to perform. If he expects to include major surgery as a part of his regular practice, he should obtain additional training.

**Community Medicine.**—Community medicine is one of the unique components of family practice. Through proper instruction, the resident should be provided with an understanding of the principles of epidemiology and environmental health, familiarity with the health resources of a community and community organization for health. He should appreciate the roles and the interrelationships of persons in the various professional and technical disciplines which provide health services.

Community medicine should provide the resident with an approach to the evaluation of the health problems and needs



of a community and to the improvement of resources to meet community needs more adequately. The experience should assist the resident to understand the role of private enterprise, voluntary organizations and government in modern health care. The social and behavioral sciences should be used to provide the resident with an understanding of the research tools and methodologies which will be of use to the family physician in discharging his integrative functions.

*Electives.*—It is desirable that a training program in family practice provide the resident with experience in other specialties such as anesthesiology, radiology, dermatology, ENT, ophthalmology, urology, orthopedics, et cetera. This may be acquired through electives, included directly in the curriculum, or obtained through proper utilization of consultations.

*Research.*—The participation of the resident in an active research program should be encouraged. Generally this should be concurrent with other assignments, provided the responsibilities of the resident are adjusted during such assignments to permit reasonable time for research activity. Investigative work is permissible as an integral part of the three-year program, provided the research topic relates to problems involving the delivery of health care or is otherwise of special relevance to family practice. Assignments to other types of research activities, if they are desired by the resident, should be in addition to, rather than in lieu of, clinical instruction.

*CATEGORIES OF PROGRAMS.*—There is a wide variety of circumstances under which the family physician will function, both geographically and in his association with other physicians. His educational program is to be designed in conformity with the general principles set forth in the following basic program. Flexibility is necessary and the program may be adjusted according to his predicted needs and should be carried out under the guidance and control of his program director.

Though it need not be followed in a rigid or restricted manner, the suggested basic program will normally consist of two parts:

- A. The resident's base of practice will be in a model family practice unit, where he will usually spend a portion of each day. Over the three-year period a major portion of his training will be devoted to this aspect of the field.
- B. In addition, education and supervised training in the following disciplines should be available during the three-year period: medicine, pediatrics, surgery, obstetrics-gynecology, psychiatry, community medicine, and electives; examples of these programs might be:

#### PROGRAM I

Medicine .....	33%
Pediatrics .....	16%
Surgery .....	16%
Obstetrics-Gynecology .....	16%
Psychiatry .....	8%
Community Medicine & Electives.....	11%

#### PROGRAM II

Medicine .....	50%
Pediatrics .....	16%
Psychiatry .....	16%
Community Medicine & Electives.....	18%

#### PROGRAM III

Medicine .....	33%
Pediatrics .....	16%
Psychiatry .....	16%
Community Medicine & administrative services, including health service administration, & electives.....	35%

These are only examples both as to content and percentages. Many other variations are possible and will be given

consideration for approval by the Residency Review Committee, provided they comply with the intent and concept of Paragraphs A and B above. It is intended that all the disciplines mentioned in Paragraph B should be covered either in the family practice model or in the various specialty departments listed in that paragraph.

Since a residency program in family practice requires cooperation and assistance from other specialty services, the program director will need to work out in advance the assignments and responsibilities of the various services.

For those residents desirous of additional skills in one or more particular fields, the hospital is encouraged to provide advanced training beyond the third year.

The provisions of the General Requirements (Section 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American Board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 5. 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, not less than fifty per cent of the time should be devoted to general medicine: i.e., internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The remainder of the time may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, the surgery of trauma, fractures, and operative gynecology. Any service offered should be of sufficient duration to afford a significant learning experience. Short, episodic exposures are considered undesirable unless organized in close coordination with longer assignments in other disciplines.

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 total care of ambulatory patients. This experience should occupy at least 25 per cent of the resident's time and should run concurrently with the inpatient services. The following statement is taken from the "Essentials of an Approved Internship," Section X, paragraph 8, "Special Requirements for Teaching with Ambulatory Patients," "Although experience with ambulatory patients is an essential part of all graduate programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as a part of a total integrated program." Thus, paragraph 8 of the above Essentials will apply in evaluating this aspect of the residency program in general practice.

*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. General practitioners on the staff should participate in the teaching program whenever qualified.

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.

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.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

#### 6. 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 pro-

grams 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 10) must also be met for approval.**

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 7. Special Requirements for Residency Training in Internal Medicine

Residencies should be organized to provide experience in the broad field of internal medicine. This necessitates a well organized, well qualified, and diversified staff which adequately represents internal medicine and its various subspecialties. The Chief of the Service or Program Director must be a highly qualified and dedicated physician who is responsible for the work done in the department and the teaching performed. The strength of a medical service is directly related to the professional competence and leadership qualities of the Chief of the Service or Program Director. This same concept applies to the section heads. The position of Chief of Service or Program Director should therefore not be an honorary one and its duration should be such as to insure continuity of the program. The Chief or Program Director must also be willing and able to spend the many hours required to organize, supervise, and implement a good training program. He may be on a full-time or part-time basis, but an increasing number of institutions are finding a full-time Chief of Service or Program Director to be a major asset to the training program.

It is essential that the key professional personnel in the department shall (1) have adequate special training and experience, (2) actively participate in appropriate national scientific societies, (3) participate in their own continuing medical education, (4) engage in scientific presentations as appropriate, and (5) exhibit active interest in medical research related to their specialties.

A residency program in internal medicine should have access to an adequate number and variety of medical admissions. Particular emphasis should be placed on the study of the etiology, pathogenesis, symptoms, signs, and courses of various diseases so that the residents may develop skill and accuracy in diagnosis as well as mature judgment and resourcefulness in therapy. It is of the utmost importance that the residency be primarily an educational experience; service responsibilities of residents must be limited to patients for whom they bear major diagnostic and therapeutic responsibility.

It is essential that, under the supervision of properly qualified members of the staff, residents assume individual responsibility in actual case management. This applies regardless of the economic status of the patient on the

teaching service or the method of payment for his medical care. The overall training of the resident must include a minimum of 24 months of meaningful patient responsibility. This responsibility must be relevant to the attainment of clinical competence in the broad field of internal medicine. The degree of responsibility must be progressively increased during the residency.

Daily disposition or business rounds conducted by a physician are essential to patient care and can be a valuable educational experience. However, fundamental to a good teaching program are frequent, regularly scheduled bedside rounds, during which both resident and attending staff are active participants. The major emphasis in these rounds should be the patient and the clinical problem he presents. Scheduled teaching rounds should be conducted by attending physicians assigned to this responsibility for periods of time sufficient to insure a meaningful and continuous teaching relationship. These principles apply to all patients on the teaching service.

Geographical concentration of patients assigned to a resident is highly desirable, promotes effective teaching, improves patient care and fosters effective interaction with nurses and other allied health personnel.

Active resident participation in well-structured departmental seminars and clinical conferences is essential, as are reviews of the pertinent literature with respect to such conferences and particularly to current clinical problems.

Evaluation of pathological material from the resident's patients, both at the autopsy table and in the clinical pathological laboratory, is a requisite part of his training. Regularly scheduled clinical pathological conferences and death conferences are highly advisable.

Training in internal medicine should place emphasis upon the patient as a whole, and must continue to do so. This should include experience in the social, ambulatory, and preventive aspects of medicine, as well as in rehabilitation. Furthermore, it is essential that there be available expertise and facilities in such areas as allergy, cardiology, endocrinology, gastroenterology, hematology, infectious diseases, metabolism, nephrology, nuclear medicine, oncology, pulmonary diseases and rheumatology. A reasonable amount of experience is also desirable in dermatology, neurology and psychiatry, even though these may be organized as individual residencies. It is not essential or even desirable that each resident rotate through all of these subspecialty areas, but it is important that he be trained in the specialized knowledge and methods of operation of a significant number of the recognized major subspecialties. Vital to the success of such subspecialty activity are well-qualified subspecialists with leadership ability who devote sufficient time to all aspects of their service, have adequate, in-depth assistance by well-trained colleagues, and have access to appropriate clinical laboratories.

Not every hospital with an approved medical residency need have programs and special laboratories for each of the subspecialties, but there must be appropriate laboratory facilities available for those represented. Facilities may be shared, as by cardiology and pulmonary diseases, and nearby hospitals may develop and share laboratory facilities.

Programs offering training designed to qualify individuals as subspecialists must have an adequate patient population and appropriately developed staff and facilities to support such training with requisite depth and sophistication. It is desirable that the trainees obtain 24 months of meaningful patient responsibility as previously defined in the broad field of internal medicine prior to embarking on such subspecialty training.

A good residency program in internal medicine requires the support of strong services in other specialties, notably surgery, radiology, and pathology, even though approved residencies in those specialties are not necessarily required.

In addition, the number of residents should be large enough to permit intellectual exchange and sharing of experiences, both within the medical service and with other services.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board, through the office of the American Board of Internal Medicine.

#### 8. 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 surgically-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 training in surgery, either a straight surgical internship or residency training.

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 related with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 9. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

#### 10. 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.

The Residency Review Committee for Obstetrics-Gynecology does not approve residencies of less than three years' duration. While experience 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-gynecology. A minimum of 36 months of obstetrics and gynecology is required. Likewise, formal courses in the basic sciences or periods of research activity which separate a resident from clinical responsibility should not be included in the three-year minimal clinical program.

In the rotational plan for residents who have had an internship year at a hospital with an approved obstetrics-gynecology residency, and who have spent four or more months on that service, such time will be deductible from the requirement for 36 months of clinical experience in obstetrics-gynecology, and may be spent in appropriate allied fields of medicine. Such periods are to be assigned on an elective basis by arrangement with the program director. Such time will not, however, be deductible from the total duration of the residency period.

In the final year, the resident's experience must include the responsibilities of the chief or senior resident of the program for the period of time approved by the Residency Review Committee for Obstetrics-Gynecology. Each resident is expected to keep a record of the number and types of obstetrics and gynecologic procedures performed during his entire residency, so that he would be able, if requested to do so, to demonstrate the adequacy of his operative experience as a resident.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

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

**Affiliation.**—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 11. 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 demonstration on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

**Basic Medical Sciences.**—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

**Staff.**—The staff should be composed of highly qualified

teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

**Clinical Material.**—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 12. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

**Quantitative Requirements.**—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

**Applied Basic Science Instruction.**—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 13. 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 complementary clinical resources which can be combined to advantage in developing an acceptable program.

**Application of Basic Medical Sciences.**—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to

work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

**Staff.**—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

**Surgical Staff.**—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

**Clinical Material.**—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 14. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, forensic pathology, and neuropathology. Training programs or courses of study intended to qualify applicants for certification in other special fields of pathology by the American Board of Pathology are approved by the Board on an individual basis.

**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, in exfoliative cytology, in electron and other forms of microscopy, histo-chemistry, and in cytogenetics 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 medical microbiology, immunohematology-blood banking, medical chemistry, medical parasitology, hematology, endocrinology, medical 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 trainee, 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 medical technologists 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 and cytologic specimens, and for the 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 patients.

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 trainee must 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 clinicopathologic-correlative conference should be held regularly to review deaths.

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.

**Requirements for Training Programs in Neuropathology.**—It is expected that the program will be directed and adequately supervised by a qualified neuropathologist.

The neuropathology program should be associated with the Department of Pathology in which during each year at least 200 necropsies, with examination of the nervous system, are performed, and 100 neurosurgical specimens from operative procedures are examined for diagnosis. The number of residents in neuropathology should not exceed one for each fifty such annual necropsies.

Adequate facilities and competent personnel should be available and properly utilized for the conduct of the special procedures customarily employed in neuropathology.

There should be teaching material in the form of slide collections augmented by photographs or museum specimens sufficient to provide adequate study by the residents of conditions and diseases not frequently encountered in the routine necropsies and surgical specimens.

Teaching conferences in neuropathology, conferences with the general pathology service and conferences with the clinical services of neurology, psychiatry and neurology should be regularly scheduled and attended.

It is expected that residents in neuropathology will participate in research and will be provided with adequate facilities.

**Requirements for Training Programs in Forensic Pathology.**—Institutions or offices may apply for approval of training programs in the special field of forensic pathology.

It is expected that the program will be directed and adequately supervised by a qualified forensic pathologist.

The approved institution or office should conduct at least 150 medical legal necropsies per year. Of these, 50 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury. Twenty-five or more of these autopsies in which death is the immediate result of violence, the investigation by the pathologist should include an examination of the body at the scene of death before it has been disturbed.

Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriological, biochemical, toxicological, firearms, trace element, and other scientific studies as may be needed to insure complete postmortem investigation.

**Quantitative Requirements.**—In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytologic 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. (One year in anatomic pathology and one year in clinical pathology).

**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 APFP-4.** In both anatomic pathology and forensic pathology, two years in each, for a total of four years.

**Category APNP-4.** In both anatomic pathology and neuropathology, two years in each, for a total of four years.

**Category SP-1.** In special pathology, usually for only one year. Programs in this category are ordinarily approved in highly specialized hospitals of acknowledged excellence which because of the limitations of their clinical material cannot provide general training in anatomic or clinical pathology. Residents receiving part of their training in such programs should consult with the American Board of Pathology as to what other training is necessary to provide acceptable breadth of experience.

**Category FP-1.** In forensic pathology for one year.

**Category FP-2.** In forensic pathology for two years.

**Category NP-1.** In neuropathology for one year.

**Category NP-2.** In neuropathology for two years.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 15. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

**Quantitative Requirements.**—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.



*Applied Basic Science Instruction.*—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

**Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.**

*Allergy.* (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

**Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.**

*Pediatric Cardiology.*—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation

of the whole individual rather than the specific disease process or the body system involved.

*Duration of Training.*—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

*Scope of Training.*—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectorcardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective 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 pathological 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 16. Special Requirements for Residency Training in 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. In order to provide complete training, it is necessary to have beds assigned. The number of beds on the Physical Medicine and Rehabilitation Service should be adequate to make training of this type meaningful.

*Quantitative Requirements.*—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admission and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

*Applied Basic Science Instruction.*—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 17. 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 18. Special Requirements for Residency Training in 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 with-

out 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 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

#### General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study (normally of one year's duration) in which the candidate is enrolled as a graduate student, in residence; and a second phase (normally of two year's duration) in which the candidate secures field training and experience. These two phases may be carried out consecutively or concurrently. In the latter case, three years are required for the program.

*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:* 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 caliber 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 content of field training may vary greatly. However, since research methods and scientific inquiry have an important role in the practice of preventive medicine, special efforts should be directed toward providing each resident with an opportunity to participate in an organized research program or to undertake an independent research project of his own, under proper supervision. For those who elect to pursue an advanced degree (beyond the required one year of academic work), an original research project culminating in a thesis replaces the field training phase of the residency.

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

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

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

*Eligibility of Applicants:* In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

#### Aerospace Medicine

A formal training program in Aerospace medicine should include academic training in the fundamental disciplines of

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

#### *Academic Program—Public Health and Preventive Medicine.*

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

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

#### *Residency.*

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered. The residency should include an academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or aerospace activities.
3. Maintenance of aircrews: recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. Flying safety, including accident prevention and medi-

cal 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, two years of which are given to academic study of occupational medicine and 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 Academic Program.*

*A. Basic Disciplines.* The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

#### *B. Related Fields*

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

*C. Clinical Training.* Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the

rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

*D. Research.* Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication on his own study.

#### *II. In-Plant Training.*

##### *A. Personnel 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.

*B. 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.

*C. 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.

*D. Adaptation and Utilization of Personnel and Facilities for Medical Instruction.* In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions

within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

*Eligibility of Applicants.*—In addition to qualifications required for applicants in other specialties, applicants in this field should have completed one year in an approved internship, or a period of experience deemed by the Board to have been equivalent to such internship.

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 four additional years of training and experience in occupational medicine. Two of these years must have been devoted to the academic study of occupational medicine.

At least one of the remaining two 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 provide supervised training and experience in all aspects of general public health practice, including communicable and chronic disease control, community health organization (public, private, and professional), medical care administration, health protection and promotion, maternal and child health (including school health), environmental health and sanitation, mental health, epidemiology, dental health, health education, public health nursing, health care services in homes and nursing homes as well as hospitals, program planning, health legislation, and fiscal, personnel, and administrative policies and procedures.

Residency training in public health is usually organized under a state health agency using one or more local health departments, although a large and well organized local health department may have independent approval. The residency may be of one or two years' duration. In a two-year program, one year may be spent in an appropriate clinical specialty training program.

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.

*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 plans for such an academic year should be correlated with the residency training program.

*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 four additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining year must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 19. 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. The rare one-year program will be approved only on the basis of unique characteristics. 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 prime consideration of a training program

is that it will be a rich educational experience for the resident in training, and the service functions of the resident 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 sciences are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients. Only programs of demonstrated quality and excellence will be given continuing full approval.

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 between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be

strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

*Training in Psychiatry.*—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes. In all two-year training programs not offering the final year, all those clinical methods which are essential in reaching a diagnostic formulation, such as anamnesis, mental status, use of other diagnostic procedures, psychopathology, psychodynamics, and nosology, as well as theories of personality development, should be presented in the first year.

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 physiologic therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own,

such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.

- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the casual 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 deserves 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.
- K. Experience with Chronic Psychotic Patients: The resident should acquire competence in the management of patients under continuing long-term residential care in an inpatient setting. It is desired that the residents have experience with a wide variety of mental disorders, including those with schizophrenia, senility, and

cerebral arteriosclerosis so that they may appreciate the natural course of these conditions.

*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.

*Training in Child Neurology.*—Training programs in Child Neurology should be conducted only in a setting where there are approved programs in Pediatrics and must be closely related to a full three-year program in Neurology. Training directors contemplating development of programs in Child



Neurology should review carefully the "Essentials" for Pediatrics and for Neurology, especially as the latter relates to training in sciences basic to Neurology, including for these programs, psychology, the neurology of learning, genetics and embryology.

The required year of Pediatric residency should be designed to provide the candidate with a wide variety of experiences in the care of sick children, including those with mental retardation. Moreover, the program should encompass work in a newborn nursery and experience in problems dealing with growth and development of the normal child and adolescent.

The special training in Child Neurology should provide for increasing responsibility on the part of the resident in the care of children suffering from neurological disease whether primary in the central or peripheral nervous system or related to other disease states: The opportunity for responsible care of such patients is requisite. The patients should be assigned to a Child Neurology service under the supervision of a director who is suitably trained and experienced to direct the work of the residents in patient care and in consultation on patients of other services.

Facilities must be such as to provide experience in electroencephalography, electromyography and neuroradiology as they apply to children. The resident should become skilled in the neurodiagnostic procedures conducted in children.

Although it is assumed that the resident will have gained some insight into the neurosurgical aspects of neurology in his general training, it is expected that the setting for training in Child Neurology will include a neurosurgical service. Similarly, the program director should provide the resident with an opportunity for developing an understanding of the psychiatric aspects of disease in children.

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

**Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.**

#### Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatry facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

Whenever feasible, the career Child Psychiatrist should

receive a block of two years of training in Child Psychiatry following his two years in general psychiatry. However, to achieve greater flexibility in the sequence of training for the career Child Psychiatrist, and to assist in recruitment, the training experience for a career Child Psychiatrist may be initiated in any of the three years of General Psychiatric residency training provided that the training be full-time, a block of time spent at any one time is not less than six months, and that if a six-month block is chosen it be followed at another time by not less than an 18-month block of full-time training in Child Psychiatry; two separate 12-month full-time blocks in Child Psychiatry may also be chosen.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training. After July 1, 1968, training programs approved in Child Psychiatry must be an integral part of a General Psychiatric training program approved for three years or must have a formal educational affiliation with such a program. The written agreement of such affiliation must be signed by the training directors of both programs, and a copy of it filed with the Executive Secretary-Treasurer of the American Board of Psychiatry and Neurology, Incorporated.

The program in Child Psychiatry should be under the direction of a child psychiatrist in order to maintain its own identity. 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 adequately 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.

Experience with severe emotional disorders in children and adolescents: The resident should acquire competence in the management of patients under continuing long-term residential care in an inpatient setting. It is desired that the residents have experience with a wide variety of mental disorders, including those with schizophrenia, psychophysiological disorders, and mental retardation, so that they may appreciate the natural course of these conditions.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psychotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry gets some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

#### 20. 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 en-

compass all aspects of roentgen diagnosis as well as diagnostic applications of nuclear medicine.

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

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

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

**Education Requirements of the Residency:**

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

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

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

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

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

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

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

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

**Therapeutic Radiology**

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

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

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

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

malignant disease.

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

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

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

(2) **DEPARTMENTAL REQUIREMENTS:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.**

**Residents who plan to seek certification by an American**

board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 21. 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 thoracic surgical experience must encompass two years of graded responsibility in all aspects of the field. It should include twelve months of senior responsibility in thoracic and cardiovascular surgery.\*

The educational program may take advantage of complementary services, laboratories, and institutions in order to provide adequate experience.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the specialty (cardiovascular, pulmonary, tuberculosis, etc.) services should be of sufficient duration so that proper benefits will be obtained from each training period. Simultaneous service at more than one geographically separate institution is usually not acceptable because continuity of experience is sacrificed.

The two years of training in thoracic surgery preferably should be consecutive. Similarly, the twelve months of senior responsibility preferably should be consecutive. However, a continuous residency program of five or more years, designed to give the resident a year of senior responsibility in general surgery and a year of senior responsibility in thoracic surgery may be approved by the Residency Review Committee for Thoracic Surgery, provided the other requirements are met.

A program in which the resident has simultaneous responsibility for thoracic and general surgery is a "mixed" program. The Residency Review Committee for Thoracic Surgery does not approve "mixed" programs. Candidates for examination whose training has been acquired in a "mixed" program should request a review of their experience on an individual basis by the American Board of Thoracic Surgery.

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

- thorough understanding of the basic sciences as they apply to thoracic surgery;
- graded and progressive assumption of operative responsibility;
- assumption of relatively complete responsibility for the patient's care under proper supervision, and finally;
- 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.

*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 (tuberculosis), diseases of the mediastinum including the esophagus, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

No more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories, or on medical (non-surgical) services may be used to satisfy the requirements of two years of training.

Due consideration is given to the value of experience obtained in the care of private patients, particularly when combined with "ward" or service patients, but preceptorship

training alone will not be approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

### 22. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

*Quantitative Requirements.*—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

*Applied Basic Science Instruction.*—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

**SPECIAL NOTE:** Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of credit.

\*Programs which do not provide two years of training, including twelve months of senior responsibility, will not be approved after July 1, 1970. No new applications for one year of training are now being accepted.

# Requirements for Certification

## AMERICAN SPECIALTY BOARDS

The Council on Medical Education of the American Medical Association and the American Board of Medical Specialties (formerly the Advisory Board for Medical Specialties) have now approved twenty examining and certifying boards 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, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, and (4) to aid the Council on Medical Education of the American Medical Association in evaluating residencies, 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, nor a license to practice medicine or a specialty. The boards do not in any way interfere with or limit the professional activities of a licensed physician, nor do they desire to interfere in the regular or legitimate duties of any practitioners of medicine.

Three of the primary boards also certify candidates in subspecialties. Certification in the primary field is a prerequisite 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 in child psychiatry. The American Board of Thoracic

Surgery, which was originally organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Six boards confer certificates in divisions of their specialty. These are listed in Table 2 for the American Board of Pathology, the American Board of Preventive Medicine, the American Board of Psychiatry and Neurology, the American Board of Radiology, and for those issued some years ago by the American Board of Obstetrics and Gynecology and by the American Board of Otolaryngology.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, to indicate that each specialty board, under certain conditions, will accept the foreign graduate. The Table is incomplete, however, as the varying requirements of the board cannot be shown in detail.

Most of the American specialty boards publish at intervals booklets listing their officers and containing statements on the requirements for certification. This information is also included for each board in the Directory of Medical Specialists described below, and in a reprint, available upon request, covering pages 339-390 of the Directory of Approved Internships and Residencies, entitled "Requirements for Certification."

In the following pages of this Directory, information is published, with the consent of each board, on its requirements for certification, for the convenience of physicians planning to seek certification. Any specific inquiry, however, concerning certification by a specialty board should be addressed to the appropriate official whose name and address are listed in Table 4.

Table 2 provides information on the number of certificates issued during the calendar year 1970, and also the

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Schools										Foreign Medical Graduates Special or Additional Requirements			All Graduates		
	Citizenship	License to Practice	Approved Internship or Other Prerequisite	Years of Residency or Other Formal Training	Years of Practice of Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Osteopaths Eligible for Certification	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 Limitations (years) on Applicant's Eligibility
<b>AMERICAN BOARD OF:</b>																
Allergy and Immunology (Approved 1971) . . . . .		x	x	2-3	4-1					x			x	75	225	7
Anesthesiology . . . . .	x	x		4-5		x				x			x	50	200	3
Colon and Rectal Surgery . . . . .		x	x	3	1	x				x			x	25	175	3
Dermatology . . . . .		x			3					x			x	25	225	
Family Practice . . . . .		x			3					x			x	250	275	5
Internal Medicine <sup>1</sup> . . . . .				3		x				x			x	25	200	3
Neurological Surgery . . . . .		x		4	2	x				x			x	25	200	3
Nuclear Medicine (Approved 1971) . . . . .																
Obstetrics and Gynecology . . . . .	x	x		3	2					x				25	225	2
Ophthalmology . . . . .		x		3	1					x			x	150	250	3
Orthopedic Surgery . . . . .		x		4		x				x			x	25	225	3
Otolaryngology <sup>2</sup> . . . . .				4						x			x	175	350	3
Pathology . . . . .		x		3-4	1	x	x	x	x	x				200	200	3
Pediatrics <sup>3</sup> . . . . .				2	2	x	x	x	x	x			x	175	175	
Physical Medicine and Rehabilitation . . . . .		x	x	3	2	x		x	x	x			x	175	325	7
Plastic Surgery . . . . .				5		x	x	x		x			x	75	225	5
Preventive Medicine . . . . .		x	x	3	1	x				x			x	50	250	3
Psychiatry and Neurology <sup>4</sup> . . . . .		x		3-5	2-1	x		x	x	x			x	175	325	3
Radiology . . . . .	x	x	x	3	1		x			x			x	200	200	
Surgery . . . . .				3-4	2-0	x	x			x			x	75	300	3
Thoracic Surgery <sup>5</sup> . . . . .		x	x	2		x				x			x	50	250	3
Urology . . . . .		x	x	4	2	x				x			x	150	300	

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	Prior to 1970	Certificates Awarded During 1970	Total to 12/31/70	Percentage of Increase in 1970 of Certificates Issued	Active Certificates as of December 31, 1970†	Year Board Was Activated
American Board of Anesthesiology.....	4,879	284	5,163	5.8	4,671	1937
American Board of Colon and Rectal Surgery.....	412	31	443	7.5	358	1949
American Board of Dermatology.....	3,009	172	3,181	5.7	2,563	1932
American Board of Family Practice (Approved, February, 1969).....	..	1,690	1,690	..	1,690	1969
American Board of Internal Medicine.....	20,637	1,191	21,828	5.8	19,120	1936
American Board of Neurological Surgery.....	1,537	82	1,619	5.3	1,403	1940
American Board of Obstetrics and Gynecology.....	11,681	624	12,305	5.3	10,342	1930
American Board of Ophthalmology.....	7,452	382	7,834	5.1	6,053	1916
American Board of Orthopaedic Surgery.....	6,093	418	6,511	6.9	5,775	1934
American Board of Otolaryngology.....	6,730	249	6,979	3.7	4,161	1924
American Board of Pathology.....	9,499	499	9,998	5.2	6,595	1936
Anatomic Pathology.....	(4,097)**	(68)**	(4,165)**	—	—	—
Anatomic Pathology and Medical Microbiology.....	(1)	(0)	(1)	—	—	—
Anatomic Pathology and Clinical Pathology.....	(3,208)	(357)	(3,565)	—	—	—
Anatomic Pathology and Forensic Pathology.....	(0)	(2)	(2)	—	—	—
Anatomic Pathology and Neuropathology.....	(29)	(3)	(32)	—	—	—
Medical Chemistry.....	(24)	(4)	(28)	—	—	—
Medical Microbiology.....	(34)	(0)	(34)	—	—	—
Medical Microbiology and Medical Chemistry.....	(1)	(0)	(1)	—	—	—
Clinical Pathology.....	(1,808)	(39)	(1,847)	—	—	—
Forensic Pathology.....	(186)	(13)	(199)	—	—	—
Hematology.....	(27)	(2)	(29)	—	—	—
Neuropathology.....	(84)	(11)	(95)	—	—	—
American Board of Pediatrics.....	13,482	788	14,270	5.8	11,998	1933
American Board of Physical Medicine and Rehabilitation.....	771	70	841	9.0	706	1947
American Board of Plastic Surgery.....	907	82	989	9.1	872	1937
American Board of Preventive Medicine.....	2,811	124	2,935	4.4	2,086	1948
Aerospace Medicine.....	(560)	(30)	(590)	—	—	—
Occupational Medicine.....	(557)	(30)	(577)	—	—	—
Public Health.....	(1,600)	(35)	(1,635)	—	—	—
General Preventive Medicine.....	(80)	(39)	(133)	—	—	—
American Board of Psychiatry and Neurology.....	10,452	751	11,203	7.2	9,458	1934
Psychiatry.....	(8,446)	(622)	(9,068)	—	—	—
Neurology.....	(1,000)	(120)	(1,120)	—	—	—
Child Neurology.....	(9)	(8)	(17)	—	—	—
Psychiatry and Neurology.....	(997)	(1)	(998)	—	—	—
American Board of Radiology.....	10,847	584	11,431	5.4	8,684	1934
Diagnostic Roentgenology.....	(933)	(0)	(933)	—	—	—
Diagnostic Radiology.....	(201)	(127)	(328)	—	—	—
Medical Nuclear Physics.....	(7)	(1)	(8)	—	—	—
Radiology Physics.....	(110)	(6)	(116)	—	—	—
Radiology.....	(8,185)	(411)	(8,596)	—	—	—
Radium Therapy.....	(8)	(0)	(8)	—	—	—
Roentgen Ray and Gamma Ray Physics.....	(26)	(0)	(26)	—	—	—
Roentgenology.....	(1,018)	(0)	(1,018)	—	—	—
Therapeutic Radiology.....	(354)	(39)	(393)	—	—	—
Therapeutic Roentgenology.....	(5)	(0)	(5)	—	—	—
American Board of Surgery.....	17,761	777	18,538	4.4	16,000	1937
American Board of Thoracic Surgery.....	2,345	146	2,491	6.2	2,270	1949
American Board of Urology.....	3,907	182	4,089	4.7	3,371	1935
Totals.....	135,212	9,126	144,338	5.5††	118,176	

Certification in Subspecialties

American Board of Internal Medicine				Special Certification: (certificates issued prior to current reporting period):
Allergy.....	257	20	277	American Board of Obstetrics and Gynecology:
Cardiovascular Disease.....	1,056	92	1,148	Obstetrics.....
Gastroenterology.....	601	50	651	Gynecology.....
Pulmonary Diseases.....	411	38	449	Total.....
Total.....	2,325	200	2,525	39
American Board of Pediatrics				
Allergy.....	285	22	307	American Board of Otolaryngology:
Cardiology.....	281	14	295	Endoscopy.....
Total.....	566	36	602	4
American Board of Psychiatry and Neurology				
Child Psychiatry.....	595	51	646	
American Board of Surgery				
Proctology.....	81***	0	81	
Total Subspecialty Certifications.....	3,567	287	3,854	

\*Two new conjoint Boards, approved in 1971 (the American Board of Allergy and Immunology, and the American Board of Nuclear Medicine) did not award certificates in 1970. See Table 4.

\*\*Numbers in parentheses ( ) are included in totals opposite name of Board.

\*\*\*Independent Board in 1949.

†Does not include physicians permanently located outside the United States and Possessions.

††Computed excluding certificates of American Board of Family Practice.

number of active certificates as of December 30, 1970. These figures show the number of certificates now in effect but exclude those certificates issued to physicians now permanently located outside the United States and its possessions.

As of December 31, 1970, the records of the AMA Circulation and Records Department listed a total of 114,492 living physicians certified by one or more specialty boards; the total of all physicians listed was 334,028, indicating that

there were 219,536 living physicians listed as not certified by an approved specialty board.

In Table 2 the certification is indicated, for those certified by more than one board, under the specialty which the physician has designated as his primary specialty (3,684 certificates were issued to physicians already certified by one board).

Table 3 shows that during the calendar year 1970, there

## REQUIREMENTS FOR CERTIFICATION

were twenty boards in existence. The boards issued 9,126 certificates, bringing the total number issued at December 31, 1970, to 144,338 certificates. In the subspecialties, 287

TABLE 3.—Annual Specialty Board of Certification, 1951-1970.

Year Ending:	No. of Boards In Existence	Number of Certificates Issued	Cumulative Totals
1951 (June 30)	19	4,552	44,346
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,464
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442
1965 (June 30)	19	5,386	106,827
1966 (June 30)	19	5,852	112,679
1967 (June 30)	19	5,987	118,666
1968 (June 30)	19	6,555**	125,221**
1969 (June 30)	20	6,296	131,517
1969 (December)*	20	3,695*	135,212
1970 (December)	20	9,126	144,338

\*Covers 6 months, June-December, 1969.

\*\*Adjusted following previous report.

certificates were issued, for a total of 3,854 as of December 31, 1970.

The Directory of Medical Specialists, compiled by the

American Board of Medical Specialties and published by Marquis—Who's Who, Chicago, in 1968-69, contains biographical and educational information on each living specialist (including those retired from practice) who had been certified by an examining board approved by the American Medical Association. Executive Director of the American Board of Medical Specialties is John C. Nunemaker, M.D., 1603 Orrington Avenue, Evanston, Illinois, 60201.

The American Board of Medical Specialties is actively concerned with the establishment, maintenance, and elevation of standards for the education and qualification of physicians recognized as specialists through the certification procedures of its member specialty boards. As a corollary, the American Board of Medical Specialties cooperates actively with all other groups concerned in establishing standards, policies, and procedures for assuring the maintenance of continued competence of such physicians.

The American Board and the Council on Medical Education of the American Medical Association, through the Liaison Committee for Specialty Boards, jointly issue the "Essentials for Approval of Examining Boards in Medical Specialties," which document is approved by the House of Delegates of the American Medical Association. Copies of the "Essentials" may be obtained from the Executive Director of the American Board or from the Department of Graduate Medical Education, American Medical Association, Chicago, Illinois, 60610.

TABLE 4.—Names of Corresponding Officers of Approved Specialty Boards

Name of Board	Corresponding Officer	Address	Telephone No.
American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics) (Approved June, 1971)	Paul M. Seebohm, M.D.	University of Iowa College of Medicine Iowa City, Iowa 52240	(319) 353-4843
American Board of Anesthesiology	David M. Little, Jr., M.D. Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	(203) 522-9857
American Board of Colon and Rectal Surgery	Patrick H. Hanley, M.D. Secretary	1514 Jefferson Highway New Orleans, Louisiana 70121	(504) 834-7070
American Board of Dermatology	Clarence S. Livingood, M.D., Executive Secretary	Henry Ford Hospital Detroit, Mich. 48202	(313) 871-8739
American Board of Family Practice (Approved February, 1969)	Nicholas J. Pisacano, M.D., Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	(606) 255-2237
American Board of Internal Medicine	Palmer H. Fitcher, M.D., Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Richard L. DeSaussure, Jr., M.D., Secretary-Treasurer	20 South Dudley Street, Suite 101 Memphis, Tennessee 38103	(901) 525-8431
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology), (Approved, June, 1971)	Merrill A. Bender, M.D., Chairman	Proponents of the American Board of Nuclear Medicine, Suite 2402, 211 East 43rd Street, New York, N.Y. 10017	(212) 687-9169
American Board of Obstetrics and Gynecology	Clyde L. Randall, M.D., Secretary-Treasurer	100 Meadow Road Buffalo, N.Y. 14216	(716) 875-1573
American Board of Ophthalmology	Francis H. Adler, M.D., Secretary-Treasurer	8870 Towanda St., Philadelphia, Pa. 19118	(215) 242-1123
American Board of Orthopaedic Surgery	Wood W. Lovell, M.D., Secretary	430 N. Michigan Blvd. Room 800 Chicago, Ill. 60611	(312) 822-9572
American Board of Otolaryngology	Dean M. Lierle, M.D., Secretary-Treasurer	University Hospital Iowa City, Iowa 52240	(319) 356-1616
American Board of Pathology	A. James French, M.D., Secretary-Treasurer	Office of the Board, Suite 1820 610 N. Florida Ave., Tampa, Fla. 33602	(813) 223-1818
American Board of Pediatrics	F. Howell Wright, M.D., Executive Secretary	Museum of Science and Industry 57th and Lake Shore Drive, Chicago, Illinois 60637	(312) 643-6350
American Board of Physical Medicine and Rehabilitation	Earl C. Elkins, M.D., Secretary-Treasurer	200 First Street, S.W. Rochester, Minn. 55901	(507) 282-1776
American Board of Plastic Surgery	Mar W. McGregor, M.D., Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	(314) 361-8781
American Board of Preventive Medicine	Harold V. Ellingson, M.D., Secretary-Treasurer	410 W. 10th Avenue Columbus, Ohio 43210	(614) 422-5626
American Board of Psychiatry and Neurology	Lester H. Rudy, M.D., Secretary-Treasurer	1603 Orrington Avenue Evanston, Illinois 60201	(312) 864-0830
American Board of Radiology	C. Allen Good, M.D., Secretary	Kahler East, Rochester, Minn. 55901	(507) 282-7838
American Board of Surgery	James W. Humphreys, Jr., M.D., Secretary-Treasurer	1617 John F. Kennedy Blvd. Philadelphia, Pa. 19103	(215) 568-5088
American Board of Thoracic Surgery	Rollin A. Daniel, Jr., M.D., Secretary-Treasurer	14624 E. Seven Mile Road Detroit, Michigan 48205	(313) 372-2632
American Board of Urology	James H. McDonald, M.D., Secretary-Treasurer	Apt. 1C, Glover Landing, Brackett Place Marblehead, Mass. 01945	(617) 631-4083

**AMERICAN BOARD OF ALLERGY  
AND IMMUNOLOGY**

(A conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)

Paul M. Seebohm, M.D., Chairman, Allergy-Immunology Board Sponsoring Committee, University Hospitals, Iowa City, Iowa 52240

The American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics) was approved by the Liaison Committee for Specialty Boards (composed of representatives of the Council on Medical Education of the American Medical Association and of the American Board of Medical Specialties) in June, 1971.

The American Board of Allergy and Immunology is now formulating its requirements for certification. Announcement of such requirements, of its plans for certifying examinations, and of its officers will be made as soon as the information becomes available.

**THE AMERICAN BOARD OF ANESTHESIOLOGY**

ROBERT T. PATRICK, President, Casper, Wyoming  
 JAMES H. MATTHEWS, Vice President, Minneapolis  
 JOHN ADRIANI, New Orleans  
 RICHARD H. BARRETT, Hanover, New Hampshire  
 DONALD W. BENSON, Baltimore  
 ALBERT M. BETCHER, New York  
 JAMES E. ECKENHOFF, Chicago  
 WILLIAM K. HAMILTON, San Francisco  
 ARTHUR S. KEATS, Houston, Texas  
 RICHARD A. THEYE, Rochester, Minnesota  
 DAVID M. LITTLE, JR., Secretary-Treasurer, West Hartford, Connecticut, Office of the Board, 100 Constitution Plaza, Hartford, Connecticut 06103

**METHOD OF MAKING APPLICATION**

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

**REQUIREMENTS**

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG or National Board of Medical Examiners); and
2. Establish in a manner satisfactory to the Board that (a) he is a physician with an M.D. or D.O. degree duly licensed by law to practice medicine, and, (b) prior to beginning residency training in anesthesiology, he has completed one year of postdoctoral training experience, whether it be an approved internship, or approved residency training in any clinical discipline other than anesthesia, and (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**

Under this plan the Board requires a residency in anesthesiology of not less than three years. 24 of the 36 months must be spent in clinical anesthesia, of which not less than 21 months are primarily concerned with (a) the management of procedures for rendering a patient insensible to pain during

surgical, obstetrical and certain medical procedures, and (b) the support of life functions under the stress of anesthetic and surgical manipulations. The residency must be in an 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 Board will extend residency training credit toward a three-year residency training for internship experience in clinical anesthesiology which is of six months or more duration in a Department of Anesthesiology approved for residency training.

Third year training activities (which need not, and possibly should not, be in the chronological third year) will be at the discretion of the Program Director, and may be in areas of research; of training in clinical anesthesia that is more advanced and developed than the usual experience gained during the basic twenty-four months devoted to clinical training; or of study in a basic science or a clinical discipline other than anesthesiology.

In addition, there must be one year of practice acceptable to the Board following the three year period of residency training.

**PLAN 2**

Under this plan the training requirement is a residency in anesthesiology of not less than two years in clinical training, of which not less than 21 months are primarily concerned with (a) the management of procedures for rendering a patient insensible to pain during surgical, obstetrical and certain medical procedures, and (b) the support of life functions under the stress of anesthetic and surgical manipulations. The residency must be in an 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, there must be four years of practice acceptable to the Board following the period of residency training.

Practice time credit can sometimes be granted a candidate for military service if he had six months or more of approved residency training in anesthesiology prior to entrance into the Armed Forces and was then assigned as an anesthesiologist in the Service; and under certain other special circumstances. The amount of this credit will depend upon both the extent of the previous residency training and his duties in the military, and must be evaluated by the Board on an individual basis.

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

- (a) a year of scientific work, post-baccalaureate
- (b) a year of approved residency training in any medical specialty accredited by the American Board of Medical Specialties
- (c) a Ph.D. in the field of science

The Board's policy on absences from actual training is that there may be two weeks of vacation during each of the first and second years of residency training, and three weeks of vacation during the third year of residency training; and that there may be two weeks of sick leave during each year of training. Any other absences from actual training in excess of those specified will require that the applicant's total training time be lengthened to the extent of absence.

Each applicant shall be classified for the purpose 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 equivalent. Written examinations are held annually in approximately 18 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

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

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

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

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A re-examination fee of \$85.00 will be charged for each repeat in either the written or oral 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.

The Board reserves the right to limit the number of candidates to be admitted to any examination.

## FOREIGN CERTIFICATION

The Board considers that multiple certification is neither necessary nor desirable, and that the F.F.A.R.C.S. certificates of England, of South Africa, or Ireland, and of Australia, and the F.R.C.P. of Canada, are comparable to the Diploma of the American Board of Anesthesiology; and that it should not be necessary for the holders of these advanced certificates to obtain the Board's Diploma.

If those holding these advanced certificates insist on obtaining the Board's Diploma in addition, the training requirement will be waived and they will be admitted directly to the written examination, providing that all of their other credentials are in order.

## REAPPLICATION

A candidate who has left the Examination System by reason of either three failed written examinations or three failed oral examinations, may reapply by submitting a new applica-

tion; and this applies also for those who have left the Examination System for reasons of their own.

Such application shall be subject to the fees, rules and privileges that apply at that time; and if the applicant is adjudged to meet existing requirements, he will be admitted to the Examination System. This privilege shall apply retroactively without limitation, but in all instances the candidate must pass both the written and oral examinations under the new application.

## BOARD ELIGIBILITY

An individual is board eligible only after his credentials have been examined by the Board and he is notified that he has been accepted for admission to the examinations. He remains "board eligible" until he has either been certified by the Board or is notified that his application has been voided. Except in unusual circumstances it is expected that this will be accomplished within a period of 7 years. The Board decries the usage of the term either by the candidate or any organization in such a way as to imply that having received notification that he has been accepted for examination the candidate is now possessed of some special qualification which is more or less equivalent to certification.

## FEE

The fee shall be \$225.00; an initial installment of \$75.00 will be paid upon filing the application (of which sum, \$60.00 will be returned if the candidate is not accepted for examination); and the remainder (\$150.00) will be paid before taking the examination.

A re-examination fee of \$85.00 will be charged for each repeat in either the written or oral examination.

The Board is a non-profit 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 mailing application and other information may be obtained by writing to the Secretary, David M. Little, Jr., M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut, 06103.

AMERICAN BOARD OF  
COLON AND RECTAL SURGERY

ANDREW J. McADAMS, President, Pittsburgh  
DONALD M. GALLAGHER, Vice President, San Francisco  
J. EDWIN ALFORD, Buffalo, New York  
ALEJANDRO F. CASTRO, Washington, D.C.  
JAMES A. FERGUSON, Grand Rapids, Michigan  
MATTHEW A. LARKIN, Miami, Fla.  
MARVIN A. LUCAS, Louisville, Kentucky  
NORMAN D. NICRO, Detroit  
ROBERT J. ROWE, Dallas, Texas  
PATRICK H. HANLEY, Secretary-Treasurer, 1514 Jefferson Highway, New Orleans 70121

## 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 where he practices.
3. He shall limit his practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of 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.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed four years of approved general surgical training, and he shall have completed one year of approved residency in colon and rectal surgery, or:

2. He shall have completed three years of an approved general surgical residency and two years of an approved residency in colon and rectal surgery, or:

3. Applicants who have completed four years of approved general surgical training, upon special application and subsequent approval by The American Board of Colon and Rectal Surgery, may be admitted to examination after completing two years of an approved preceptorship in colon and rectal surgery.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's premedical 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 applicant must request letters of endorsement from two surgeons, one of which *must* be the Chief of Colon and Rectal Surgery, or the Preceptor. The letters should be sent directly to the Secretary of the Board. The application must be accompanied by two unmounted, recent photographs of the candidate, and the application fee. It shall be filed with the Secretary of the Board *at least* six months prior to the examinations.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in the *Journal of the American Medical Association and Diseases of the Colon and Rectum*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified by numbers and examiners do not know the identity of the examinees.

Part I:

This consists of a comprehensive written and oral examination largely in the basic sciences, including anatomy, physiology, bacteriology, and biochemistry. The examination will be held in the fall of the year.

Candidates who have passed Part I of the American Board of Surgery, and who have completed the required training in colon and rectal surgery, are exempt from taking Part I, and are eligible to take Part III of the examinations of The American Board of Colon and Rectal Surgery.

Part II:

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 evaluation of:

1. 1 colon or rectal resection and one anorectal procedure
2. Hospital rounds
3. Hospital and office records
4. Office practice

Part III:

This consists of comprehensive written and oral examination on the theory and practice of colon and rectal surgery, pathology, and roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States.

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 literature on colon and rectal surgery, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

RE-EXAMINATIONS

A candidate who has failed may be re-examined after one year has elapsed.

The act of filing an application for re-examination is the candidate's responsibility.

Candidates who have failed re-examination may petition the Board for another examination after two years have elapsed. Acceptable evidence of additional preparation shall be submitted with this petition.

ELIGIBILITY

A candidate eligible for examination by the Board, who does not take his examination within three years will no longer be considered eligible, unless re-approved by the Board.

FEEES

Fees:

*Application fee:* A fee of \$50.00 shall accompany the application.

*Examination fee:* A fee of \$200.00 is due and payable when the candidate is notified that he has been approved for examination.

*Re-examination fee:* A fee of \$75.00 is due and payable when the candidate is notified that he has been approved for re-examination.

Candidates for re-examination in Part II may be held responsible for payment of expenses incurred by the Board in conducting the re-examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

- RAY O. NOOJIN, President, Birmingham, Alabama
- REES B. REES, Vice-President, San Francisco
- HARRY L. ARNOLD, JR., Honolulu, Hawaii
- RUDOLF L. BAER, New York City
- ROBERT W. GOLTZ, Denver
- E. RICHARD HARRELL, Ann Arbor, Michigan
- JOHN R. HASERICK, Pinehurst, North Carolina
- J. FREDRIC MULLINS, Galveston, Texas
- CLAYTON E. WHEELER, JR., Chapel Hill, North Carolina
- CLARENCE S. LIVINGOOD, Executive Secretary, American Board of Dermatology, Inc., Henry Ford Hospital, Detroit, Michigan 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

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

A. General Qualifications

1. Good 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.) or the certificate of the National

Board of Medical Examiners. Also, graduates of osteopathic schools who have satisfactorily completed the A.M.A. approved internship and residency training requirements and who have satisfied the experience and other general qualifications of the Board, will be accepted for examination.

3. Satisfactory completion of an A.M.A. approved internship prior to residency training.

4. A State license to practice in the United States of America or License 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.

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 intervene.

2. Preceptee training is available only as 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.

3. On recommendation of the Director of the dermatology residency program where the candidate had his training, training credit of six months *may* be allowed for candidates who have had at least one year of training in an approved residency program of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Pediatrics. The decision in regard to possible training credit under the above circumstances is not made by the Requirements Committee of the Board until after the candidate has completed at least one year of training in dermatology.

4. After completion of training, at least an additional six months of experience in dermatology is required. This means that any candidate who completes his training on or before December 1st of the preceding year would be eligible to take the examinations in June of the following year.

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

#### REQUIREMENTS FOR SPECIAL HOMELAND CERTIFICATION

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

1. High moral and ethical standing in the medical profession.

2. Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).

3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).

4. Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of three full years of training in an institution or institutions approved by the Board and

the AMA Residency Review Committee for graduate training in Dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

#### DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his application to take the examinations has been approved by the Board. Candidates are required to make such application within three years after they become qualified to do so and to take the examinations within one year after they become Board eligible. At the end of that time (5 years after completion of residency training), if the candidate has not taken the examinations, "Board Eligible" status is lost and additional training in an institution approved for three years of training is required before a candidate again becomes eligible for examination.

#### THE BOARD EXAMINATIONS

##### A. Preliminaries

Candidates who have completed their formal three-year training in Dermatology by December 1st 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.

##### B. The Writtens

The written examination is held in various centers throughout the country each June. It is three hours in length and is of the 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, bio-chemistry, pathology, microbiology, radiologic physics, pharmacology, genetics, hematology, immunology, cutaneous allergy, photobiology, physical allergy, venereology, and electron microscopy, 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.

Candidates unfamiliar with objective, multiple choice, machine-scorable type of examinations might find helpful the book "Multiple Choice Examinations in Medicine. A Guide for Examiner and Examinee" by J. P. Hubbard and W. V. Clemans, Lea & Febiger, Philadelphia, 1961.

##### C. Orals

The oral examinations are held each fall for those candidates who successfully pass the written exam. These are taken at one of the major training centers and consist of a half day oral and practical examination 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, 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 examinations on two occasions, "Board Eligible" status is lost, and 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, "Board Eligible" status is lost and additional training and experience in an institution approved for three years of training is required before a candidate again becomes eligible for examination. The candidate must then file a new application and pay another 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 Executive 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 Executive 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 Executive 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.

A list of Diplomates of the Board appears in the current Directory of Medical Specialists published by the A. N. Marquis Company of Chicago, Illinois.

Training programs in Dermatology are approved 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 FAMILY PRACTICE

- JOHN G. WALSH, President, Sacramento, Calif.
- JULIUS MICHAELSON, Vice President, Foley, Ala.
- MALCOM E. PHELPS, Treasurer, Washington, D.C.
- LESTER D. BIBLER, Indianapolis
- ROBERT C. BROWNLEE, JR., Greenville, S.C.

- GEORGE E. BURKET, JR., Kingman, Kan.
- EDWARD W. CRIACY, Minneapolis
- NEIL R. CHISHOLM, Denver
- BEN EISEMAN, Denver
- RAYMOND FELDMAN, Boulder, Colo.
- I. PHILLIPS FROHMAN, Washington, D.C.
- LAWRENCE L. HESTER, Charleston, S.C.
- AMOS N. JOHNSON, Garland, N.C.
- HOWARD P. LEWIS, Portland, Ore.
- ARTHUR NELSON, Philadelphia
- VERNON E. WILSON, Rockville, Md.
- NICHOLAS J. PISACANO, Secretary, Executive Director, University of Kentucky Medical Center, Annex #2, Room 229, Lexington, Ky., 40506

The American Board of Family Practice was approved in February 1969 by the Liaison Committee for Specialty Boards, which is composed of representatives of the Council on Medical Education of the American Medical Association and of representatives of the American Board of Medical Specialties.

GENERAL REQUIREMENTS

EACH candidate must have the following general qualifications:

- (a) He must be of high moral and professional character.
- (b) He must have been graduated from a medical school approved by the American Medical Association, or the Canadian Medical Association, or if he is a graduate of a foreign medical school and licensed to practice in a state or territory of the United States subsequent to 1961, he must have received a permanent certificate from the Educational Council for Foreign Medical Graduates.
- (c) He must hold a valid license to practice medicine and surgery in the state or territory of the United States or province of Canada in which he engages in the practice of medicine.

REQUIREMENTS FOR CERTIFICATION

Those physicians desiring certification by the American Board of Family Practice may establish their eligibility by one of the following mechanisms:

Plan I. TRAINING ELIGIBILITY: Those physicians who have successfully completed a three (3) year Family Practice residency which is approved by the Council on Medical Education of the American Medical Association. Note: This does not include "General Practice" residencies.

Plan II. PRACTICE ELIGIBILITY: Those physicians who currently hold membership in the American Academy of General Practice who have been re-certified for membership by the Academy for the immediate past two or more (successive) three-year periods of membership. This means the Academy must have re-certified the individual at least twice.

Plan III. INTERIM ELIGIBILITY: Completion of requirements for one interim eligibility unit as described in category "A" below, plus two additional units from among those in categories B, C, D, and E, for a total of three units. (Note: one experience may not be applied toward credit for a unit in more than one category. For example, completion of an approved residency while in the medical service of the armed forces can not be credited toward a unit in both category D and category E).

One unit required from this category:

- A-1 Current membership in the American Academy of General Practice with re-certification for membership by the Academy for the immediate past three-year period. (1 unit)

OR

- A-2 Evidence of having engaged in Family Practice

during the immediate three years, including documentation of a minimum of 150 hours of attendance in continuing education courses approved by the American Academy of General Practice. (1 unit)

(NOTE: Under Plan III one MUST have *one* of the two options from category A; then at least *two* units from B, C, D, or E in addition to A-1 or A-2. Plan III is *incomplete* without one of the options from category A.)

B. During the immediate past three years, satisfactory fulfillment of the continuing education requirement of the American Medical Association with receipt of its "Physician Recognition Award" as evidence of this accomplishment. (1 unit)

C. Completion of a one-year internship (straight, rotating, or mixed) approved by the Council on Medical Education of the American Medical Association. (1 unit)

D. Completion of one or more years of a residency program approved by the Council on Medical Education of the American Medical Association in any of the presently recognized and established primary medical specialty disciplines (1 unit)

(NOTE: Physicians who have completed two or more years of residency training approved programs in *General Practice, Internal Medicine or Pediatrics* may seek approval for a maximum of *two* units for this experience.

E. Two or more years of medical service in the United States Air Force, Army, Navy, or Public Health Service (1 unit)

#### EXAMINATION PROCEDURE

Certain facts about the examination should be known to all who intend to apply:

- (a) Application fee is \$25.00 and should be submitted with *completed* application. This is Non-refundable; therefore all applicants should carefully review eligibility requirements.
- (b) Should the applicant be accepted for the examination, he will be asked to submit the examination fee of two hundred dollars (\$200.00) and will receive instructions as to the locations of the various centers where the examination will be given.
- (c) Information concerning applications, etc. may be obtained from the Secretary of the Board. All communications relative to the Board should be addressed to:  
Nicholas J. Pisacano, M.D.,  
Secretary-Executive Director  
American Board of Family Practice, Inc.  
University of Kentucky Medical Center  
Annex No. 2, Room 229  
Lexington, Kentucky 40506
- (d) Checks should be made payable to "American Board of Family Practice, Inc."

Please check *carefully* to see if you are qualified to take the examination by one of the three eligibility plans listed above. Applicants are reminded that no application fee (\$25 each) are refundable.

Each applicant shall be examined in such manner and under such rules as the Board may prescribe and must achieve a grade acceptable to the Board of Directors before receiving the certification of the Board. In all such matters the decision of the Board shall be final.

The Board does not provide bibliography, study materials, reviews, and so forth. Candidates may contact a local Academy of General Practice chapter and or other approved post-graduate programs for such materials.

Issuance of a certificate or diploma by the Board shall not of itself confer or purport to confer upon the recipient any legal qualification, privilege, or license to engage in the specialty of Family Practice or shall it purport to confer any special right to privileges on a hospital staff.

#### REVOCATION

Each certificate issued by the Board of Directors shall be subject to revocation in the event that:

- (a) The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Family Practice, Incorporated, or of the Bylaws of the American Board of Family Practice; or
- (b) The person 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 Corporation at the time of the issuance of such certificate; or
- (c) The person so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Corporation or its representatives.

The Board of Directors of this Corporation shall have the sole power and authority to determine whether or not the evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by this Corporation. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors or a body designated by the Board of Directors, upon not less than twenty (20) days written notice by registered mail, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall at the discretion of the Board of Directors constitute cause for revocation of his certificate. The decision of the Board of Directors in all such matters shall be final.

#### RE-CERTIFICATION

By action of the Board of Directors of the American Board of Family Practice, it has been decided the details of the re-certification process will be worked out in the very near future. However, it has been determined definitely that re-certification must take place any time between the end of the fifth year and the end of the seventh year of certification (or re-certification). For example, if date of certification was May 25, 1970, re-certification can be initiated not before May 25, 1975, and not after May 25, 1977.

#### RE-EXAMINATION

By action of the Board of Directors of the American Board of Family Practice, a candidate may take the Board examination for a maximum of three times within a seven-year period. Failure to pass within this period (after three examinations) requires the candidate to take at least one year of an *approved Family Practice* residency before becoming re-eligible for examination. Cost of re-examination has not yet been determined.

#### AMERICAN BOARD OF INTERNAL MEDICINE

JOHN C. BECK, Chairman, Montreal, Quebec, Canada  
JAMES V. WARREN, Vice-Chairman, Columbus, Ohio  
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 GENE H. STOLLERMAN, Memphis  
 LOUIS WEINSTEIN, Boston  
 JAMES B. WYNGAARDEN, Durham, N.C.  
 PALMER H. FUTCHER, Executive Director, 3930 Chestnut  
 Street, Philadelphia 19104

Each applicant for certification must satisfy the General and Professional Qualifications listed below:

GENERAL QUALIFICATIONS

1. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession and appreciate the importance of good interpersonal relationships in patient care.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the American Medical Association or the Canadian Medical Association at the date of graduation, or from a school of osteopathic medicine in the United States of America (see "Other Information" for Graduates of Foreign Medical Schools).

2. Satisfactory completion of training according to Plan 1, 2, or C.

3. Evidence of competence in the clinical evaluation of patients.

Certification as a Diplomate in the Specialty of Internal Medicine is offered to candidates who (1) have completed three years' postdoctoral education in internal medicine, which should include a minimum of two years' postdoctoral education in general internal medicine, or a related area (the three years must offer a minimum of twenty-four months of primary patient responsibility in internal medicine; see Definitions, page 10); (2) have demonstrated competence in the clinical evaluation of patients; and (3) have passed the Certifying Examination in Internal Medicine. Physicians awarded this Diplomate Certificate will have demonstrated that they have prepared themselves for the practice of internal medicine as general internists. The Certifying Examination will be offered annually in June as the candidate is completing the minimum of three years of postdoctoral education. The Certifying Examination will first be given June 20-21, 1972.

It is emphasized that the requirements presented below are offered as providing the minimum, and not the usual, postdoctoral educational background which will prepare a well-trained medical graduate for the examination of the Board. All candidates are urged to discuss with the directors of their educational programs the details and the duration of the course of instruction which are indicated in order to prepare them, as individuals, for the examination.

*Important note on minimum aspects of requirements:* The Board recommends that candidates receive three years of training in the broad field of internal medicine whether they plan to practice internal medicine or a subspecialty. It is recognized that some candidates can undertake the examination with a minimum of two of the three years of training in general internal medicine. These exceptional candidates must obtain authorization from the director of their second year of training in internal medicine. The Board will request from the director documentation of such authorization during the process of evaluation of the candidate's application for the examination.

*Substantiation of competence of clinical skills by appropriate authority:* Of outstanding importance in the practice of internal medicine is the ability of the internist to interview a patient, to perform a physical examination, and to transmit to another physician the information thus obtained. It is the responsibility of the Board to evaluate a candidate's competence in this regard. Evaluation of these clinical skills will be performed jointly with the residency program directors. In conjunction with the application procedure the candidate will be informed of the mechanism required for substantiation of competence in examination of the patient.

REQUIREMENT FOR CERTIFYING EXAMINATION IN INTERNAL MEDICINE AND RELATED CERTIFICATION AS DIPLOMATE IN INTERNAL MEDICINE

Plan 1

*Education:* The three years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see Definitions, below), are as follows:

Year 1—A straight medical internship; or an internship providing at least eight months of medicine in a program approved for residency in internal medicine; or a year of approved residency in general internal medicine; and

Year 2—One year of residency in general internal medicine; and

Year 3—Another year of residency in general internal medicine; or one year of clinical education in internal medicine, or a related area (see section on *Requirements for Examination in Subspecialty Areas*, page 6).

Plan 2

*Education:* The four years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see Definitions, below), are as follows:

Year 1—An approved internship providing less than eight months in internal medicine, or an approved internship in a hospital not approved for residency in internal medicine; and

Year 2—One year of residency in general internal medicine; and

Year 3—One year of residency in general internal medicine; and

Year 4—A third year of residency in general internal medicine, or one year of clinical education in internal medicine, or a related area (see section on *Requirements for Examination in Subspecialty Areas*, page 6).

Plans 1 and 2

The internship and the residency must be programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada.

*Examination:* Candidates who on or before July 1 of a given year will have completed the prescribed training are eligible to undertake the Certifying Examination given in that year. Completed application forms must be received in the office of the Board on or before November 1 of the year preceding the examination.

*Certification:* After successfully undertaking the Certifying Examination, the candidate will receive a Diplomate Certificate in Internal Medicine.

Plan C

Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of the Board. This plan is intended for accommodation of the candidate

who is in full-time academic medicine, but whose education may not have satisfied the requirements of other "Plans" of 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 the Department of Medicine of an approved medical school in the United States or Canada. This recommendation must assure that a candidate is a continuing full-time faculty member, that he has been educated for a minimum of three years after graduation from medical school, that during the period the candidate has had adequate direct responsibility for patient care in the broad field of internal medicine, and that he is qualified for admission to the examination.

The candidate's curriculum vitae, including his bibliography and reprints, should be transmitted with the proposal. Each application will be considered individually by the Executive Committee of the Board. A candidate qualifying under the foregoing provisions who is successful in the Certifying Examination in Internal Medicine may apply for an examination in a subspecialty area if appropriately trained.

#### REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS AND RELATED CERTIFICATION

A certificate will be offered designating as a Diplomate in a specific subspecialty area of internal medicine a person having special competence in such an area. Candidates must have been certified as Diplomates in Internal Medicine or have passed the Qualifying (Written) Examinations of 1969 and 1970. They must have completed a minimum of four years of postdoctoral education, including two years in the subspecialty, and must have passed a subspecialty area examination. The new examinations in subspecialty areas will be offered in 1972. Candidates desiring examination in a subspecialty area prior to 1972 will, as in the past, be required to pass the Oral Examination in General Internal Medicine before becoming eligible for examination by one of the four existing subspecialty boards which examine in Allergy and Immunology, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.

*Education and related requirements:* The minimum requirements are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examinations of 1969 and 1970),

and

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere.)

*Examination:* Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of, the second year of subspecialty training. If a candidate's field is one represented by a subspecialty board, the examination will be conducted under the auspices of that subspecialty board. If his area is one not represented by a subspecialty board, the examination will be conducted by a committee of the American Board of Internal Medicine. Examinations will be offered in the following subspecialty areas:

Allergy and Immunology (Subspecialty Board)  
Cardiovascular Disease (Subspecialty Board)  
Endocrinology and Metabolism

Gastroenterology (Subspecialty Board)  
Hematology  
Infectious Disease  
Nephrology  
Pulmonary Disease (Subspecialty Board)  
Rheumatology

*Certification:* A certificate attesting that the physician is a Diplomate in the appropriate subspecialty field will be issued to the physician who has passed an examination in a subspecialty area.

#### REGULATIONS FOR TRANSITION FROM FORMER RULES TO THOSE PRESENTED IN THIS DOCUMENT

*Certifying Examination:* All candidates entering their first year of residency training in internal medicine on July 1, 1970 or after are expected to meet the educational requirements and other regulations stipulated above in this document.

Candidates who entered their first year of residency prior to July 1, 1970 and who are establishing eligibility for the June 1972 Certifying Examination in Internal Medicine under Plans A1, A2, A3 (all of which involved a minimum of four years of postdoctoral education), Plans B1 and C, and Plans 1 and 2, will be allowed three attempts to pass the examination, including any Written or Qualifying Examinations undertaken before 1972. Any candidate failing three examinations must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure before readmission to the Certifying Examination of the Board. After reinstatement candidates are permitted three attempts at the examination.

Candidates who have passed a written examination in general internal medicine in years preceding the Certifying Examination of June 1972 and have not subsequently passed an Oral Examination will be given special consideration. They will be permitted three attempts at the Certifying Examination and will be awarded the related Diplomate Certificate if successful. The option may not be exercised after 1975.

*Oral Examination in General Internal Medicine:* Candidates who established eligibility for and successfully completed the former Qualifying Examination in Internal Medicine, or previous written examinations, under former plans listed in the section above will, as in the past, be permitted three unsuccessful attempts at the Oral Examination before becoming subject to the requirement that they pass another Certifying (Written) Examination in Internal Medicine. Thereafter the rules current at that future date regarding the eligibility for further examination will apply.

*Examination in Subspecialty Areas:* Until 1972, those desiring certification by one of the four existing subspecialty boards on Allergy and Immunology, Cardiovascular Disease, Gastroenterology, Pulmonary Disease will, as in the past, be examined only after they have passed the Oral Examination in Internal Medicine. During 1971 the eligibility regulations for admission and reexamination current on January 1, 1969 will govern. Candidates may defer examination in a subspecialty area until 1972 or after providing they have passed the Qualifying Examination in Internal Medicine offered in 1969 and 1970 and providing they have met the current educational requirements specified in this brochure, involving two years of full-time training in the subspecialty.

Physicians who initiated residency training in internal medicine before July 1, 1970 and who have passed the Oral Examination in Internal Medicine may apply in 1972 for an examination in a subspecialty area not represented by a subspecialty board. If they have undertaken less than the required two years of appropriate subspecialty training, their acceptability will be decided upon by the Executive Committee after review of their training and other credentials.

REQUIREMENTS FOR EXAMINATION BY BOTH THE  
AMERICAN BOARD OF PEDIATRICS AND THE  
AMERICAN BOARD OF INTERNAL MEDICINE

In 1967 these two Boards agreed that candidates are eligible for examination and subsequent certification by both boards if they complete one of the following programs involving a minimum of four years of approved house officer training:

1. Straight pediatric internship, one year of pediatric residency, and two years of residency in internal medicine; or
2. Straight medical internship, one year of residency in internal medicine, and two years of pediatric residency; or
3. Internship other than straight pediatric or straight medical, two years of pediatric residency, and two years of residency in internal medicine.

The times at which the candidate may take the examination of each Board will continue to be as described in the booklets of information published by respective Boards. (For American Board of Internal Medicine, see sections on requirements for examinations above.) All candidates will undertake the Certifying Examination in Internal Medicine; those successful will receive the related certificate when they have completed the related training and will be eligible for an examination in a subspecialty area after completion of the stipulated training.

EDUCATION UNDERGONE WHILE FULFILLING REQUIREMENT  
FOR OBLIGATED MILITARY SERVICE

Candidates cannot fulfill the educational requirements of the Board on the basis of training which simultaneously fulfills the candidates' requirement for obligated military service (see Definitions). An exception is made in the case of those physicians serving in an approved intern or residency training program in a hospital of the Armed Forces.

DEFINITIONS

(As applied to requirements of the Board)

- 1) *Required minimum training in the broad field of internal medicine* is defined as 24 months of general internal medicine with primary patient responsibility. Primary patient responsibility obtains when, during a period of training in internal medicine predominantly devoted to clinical experience, the applicant directs the total care of the majority of the patients (in-patients or out-patients) for whom he has responsibility, under supervision of the attending staff. Rotations through the medical subspecialties during the residency can contribute toward this requirement provided such rotations specifically involve primary patient responsibility. At the discretion of the director of a candidate's program, up to four months of the prescribed 24 month period of primary patient responsibility in internal medicine may be spent in other specialties related to medicine, provided that they involve primary patient responsibility as defined above.
- 2) *An approved internship* is defined as an internship of not less than one year approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada. (The Board has no requirement for a period of training specifically termed an "internship". Thus, acceptable alternative terms for a straight medical internship might be "first year of training in internal medicine" or "first year of residency").
- 3) *A straight medical internship* is one approved as such by the Residency Review Committee in Internal Medicine or an approved internship providing a minimum of eight months in internal medicine in a hospital approved for residency in internal medicine by that Committee.
- 4) *An approved residency in internal medicine* is defined as

postgraduate training approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education or the Royal College of Physicians and Surgeons of Canada.

- 5) *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."

METHODS OF EXAMINATION

- 1) *The Certifying Examination in Internal Medicine* is a "written" examination held simultaneously in different sections of the United States and Canada, and outside the United States and Canada, and outside the continental limits of the United States where sufficient eligible candidates are located. Only one Certifying Examination will be given each year. No Certifying or other "written" examination in general internal medicine will be offered in 1971 because of the Board's decision to defer the examination until after completion of the required training and due to the time required for devising the expanded two-day examination. The first examination begins on the morning of Tuesday, June 20, 1972 and continues throughout the next day. The questions are framed in such manner as the Board elects and are of the objective, multiple-choice type. They are designed to test the candidate's clinical acumen and to an appropriate degree his knowledge of psychiatry, neurology, preventive medicine, community health and the basic sciences fundamental for internal medicine. To the extent to which it is practicable, information on their performance will be provided to candidates and, if the candidate so desires, to the director of his major training program.
- 2) *The Examinations in Subspecialty Areas* will first be offered in 1972 and will be held at such times and places in the United States and Canada as may be designated by the American Board of Internal Medicine and its four subspecialty boards on Allergy and Immunology, Cardiovascular Disease, Gastroenterology, Pulmonary Disease.

The areas in which subspecialty examinations are offered are indicated on page 7. The examination will test in depth the ability of the candidate to serve as a consultant to other internists. Competence in general medicine as well as in the subspecialty area will be evaluated. The candidate should be prepared to interpret roentgenologic, pathologic, hematologic, electrocardiographic, cardiopulmonary and other diagnostic studies.

OTHER INFORMATION

GRADUATES OF FOREIGN MEDICAL SCHOOLS

- 1) Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the examinations of the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany the application for admission to examination.
- 2) The educational requirements other than the requirement for graduation from a medical school approved by the American Medical Association or the Canadian Medical Association, are the same as those presented for other candidates. Twelve months of an approved residency in internal medicine may be substituted for the year of straight medical internship. In any case, the candidate and the director of his residency program should assure themselves that the candidate's education in the United States or Canada will meet the required minimum of training in the broad field of internal medicine (see Definitions) at the time the candidate makes application for the Certifying Examination in Internal Medicine.



## REQUIREMENTS FOR CERTIFICATION

- 3) Graduates of foreign medical schools may be proposed under Plan C.
- 4) Candidates who are accepted for the Certifying Examination in Internal Medicine may take this examination in the United States or at designated examining centers in foreign countries. Substantiation of competence in clinical skills must take place in the United States or Canada (Professional Qualifications).
- 5) All subspecialty area examinations will be given in the United States and Canada.

## RE-EXAMINATION

- 1) The interval between two Certifying or two subspecialty area examinations will be not less than one year.
- 2) *Certifying Examination in Internal Medicine:* Any candidate failing three examinations, including the Written and Qualifying Examinations given in 1970 and before, must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure, before readmission to the Certifying Examination of the Board. It is urged that the acceptability of proposed training be determined by the Board before it is undertaken. Candidates admitted under Plan C are permitted three attempts at the examination provided they continue to hold a position in an academic institution.
- 3) *Examinations in Subspecialty Areas:* Candidates failing three examinations must undertake an additional year of approved full-time graduate education which is acceptable to the Board before readmission to examination.
- 4) The fees for examination are as follows:
 

Certifying Examination in Internal Medicine	\$250.00
Subspecialty Area Examinations	\$250.00

## CANCELLATIONS

Candidates who cancel or fail to keep appointments for any of the examinations of the Board after assignments have been completed are subject to forfeiture of their fees.

## INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination, either Certifying or subspecialty area), for five years or more, will revert to the same status as a new applicant. However, his total past examination experience will continue to govern in relation to his eligibility. He must comply with all current regulations in force for new candidates.

## RE-CERTIFICATION

Physicians holding a certificate of the Board will be offered the opportunity to undertake an examination, successful performance in which will provide the physician with a new certificate dated the year of the examination. The date on which this procedure will be initiated and related details will be announced.

## APPLICATION AND FEES

Candidates for any examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

*Certifying Examination in Internal Medicine:* During, or after completion of, the final year of related training, candidates may apply for the examination to be given in June of the year of such completion. For the reasons indicated on page 11, the next examination in general internal medicine will be held June 20-21, 1972. The closing date for receipt in the Board office of the completed application forms for both an initial and a repeat examination is November 1, 1971. Application forms will be available upon request on or after August 1, 1971. The attention of those whose commitments at the time of the June examinations are uncertain is invited to the section on Cancellations. The application must be

accompanied by a recent signed photograph of the candidate and the registration and Certifying Examination fee of:

\$250.00

Two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

*Subspecialty Area Examinations:* Candidates may apply for examination after passing the Certifying Examination, during, or after completion of, the second year of subspecialty training. Application forms for the 1972 examinations will be available upon request on or after January 1, 1972 for the examinations which will be administered on October 17, 1972. The examination fee, which is due when requested by the office of the Board, is:

\$250.00

*Certificate Fees:* There is a charge of \$25.00 for each certificate issued.

Please address all correspondence to:

Executive Director  
American Board of Internal Medicine  
3930 Chestnut Street  
Philadelphia, Pennsylvania 19104

## CERTIFICATION IN SUBSPECIALTY OF ALLERGY

EUGENE A. HILDRETH, Chairman, Reading, Pa.  
CARL E. ARBESMAN, Buffalo  
K. FRANK AUSTEN, Boston  
MURRAY DWORETZKY, New York City  
ELLIOTT MIDDLETON, JR., Upper Montclair, N.J.  
PHILIP S. NORMAN, Baltimore  
ROY PATTERSON, Chicago  
CHARLES E. REED, Madison, Wis.  
THOMAS E. VAN METRE, JR., Baltimore

## REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine before he is eligible to apply for the Subspecialty Board examination.

B. *TRAINING\**—There are three acceptable schedules for training in Allergy.

*Schedule 1:* Two years' full-time training in a hospital approved for residency training in internal medicine, under the supervision of a physician competent in allergy, preferably a certified allergist; the program must have active teaching in basic sciences related to allergy.

*Schedule 2:* One year's full-time residency or fellowship in allergy in a program as above, plus two additional years of similar training on a half-time basis. Private office practice is not an acceptable substitute for part-time training.

*Schedule 3:* Five years' part-time training and experience in an acceptable allergy program as above. Applicants intending to utilize part-time programs should obtain prior approval for their program from the Subspecialty Board. Other programs of training and experience may be accepted if, in the opinion of the members of the Board, they are equivalent to those outlined.

For admission to the certifying examination in Allergy, a candidate must have specialized knowledge and particular skills which entitle him to be consulted as an expert in this specialty. Expertness includes knowledge of all phases of science underlying the specialty, as well as proficiency in the clinical practice of allergy. The candidate must be prepared for examination in the aspects of anatomy, chemistry, microbiology, immunology, pathology, physiology and pharmacology relating to allergy and in the laboratory procedures pertinent to diagnosis and treatment of allergic disease. The candidate will at the same time be expected to have maintained his proficiency in general aspects of internal medicine,

especially in those aspects bearing most closely on diseases of allergy.

C. *REFERENCES*—A candidate should give as references names of physicians who are familiar with his training and experience in the field of allergic diseases. Such information will allow the Board to give a fair appraisal of the candidate's qualifications.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

E. The fee for registration is \$250.00.

CERTIFICATION IN SUBSPECIALTY OF  
CARDIOVASCULAR DISEASE

NOBLE O. FOWLER, Chairman, Cincinnati  
HOWARD B. BURCHELL, Minneapolis  
ERNEST CRAIGE, El Paso, Texas  
ROBERT J. HALL, Washington, D.C.  
HERBERT N. HULTGREN, Palo Alto, Calif.  
THOMAS KILLIP, New York City  
FRANCIS F. ROSENBAUM, Milwaukee  
RICHARD ROSS, Baltimore  
ROBERT C. SCHLANT, Atlanta, Ga.  
ARNOLD M. WEISSLER, Columbus, Ohio

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine. One year must have elapsed following such certification before he is eligible to be admitted to the Subspecialty Board examination.

B. *TRAINING\**—The candidate should have devoted at least one full year but preferably two years to post-graduate education in cardiovascular disease, under the guidance of a person known by the members of the Subspecialty Board to be experienced and sound in the field of cardiovascular disease. This period of training may be in several forms.

1. It may constitute one or more years spent in cardiovascular disease as a fellow or resident as part of or immediately after completion of a residency in internal medicine; the total period of such training of the individual in internal medicine including one or more years in cardiovascular disease must be at least four years after completion of internship.

2. It may include a consecutive twelve month or longer period devoted to training in cardiovascular disease under the type of auspices noted above some years after completion of the period of training required for certification in internal medicine. The Board may waive these prerequisites only in exceptional circumstances.

Before admission to the certifying examination in cardiovascular disease, the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be known as a consultant in cardiovascular disease. He must have an intimate knowledge of the normal and pathological anatomy and normal and pathological physiology of the circulatory system; be adept in history taking and in the physical examination; be proficient in the interpretation of electrocardiograms and in cardiovascular roentgen diagnosis; and be familiar with special procedures and techniques used in the study of cardiovascular problems. Above all, he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of the pharmacology and therapeutic applications of drugs used in the treatment of cardiovascular diseases and

\*Candidates initiating their residency training in internal medicine on July 1, 1970 or after will be required to undertake a minimum of two years of training in the subspecialty (see Requirements for Examination in Subspecialty Areas and Related Certification, above).

an intelligent comprehension of the place of and indications for other forms of treatment including surgery. He must demonstrate an intimate familiarity with contemporary cardiovascular literature.

C. *REFERENCES*—The candidate should give as references the names of physicians sufficiently familiar with his training and experience in the field of cardiovascular disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. In particular, it will be required that references be listed by the applicant and obtained by the Board from the physician(s) who were responsible for the specialty training of the applicant.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

E. The fee for registration is \$250.00.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

FRED KERN, JR., Chairman, Denver  
THOMAS C. CHALMERS, Bethesda  
JAMES A. CLIFTON, Iowa City  
WILLIAM T. FOULK, Rochester, Minn.  
MARTIN KALSER, Miami  
PHILIP KRAMER, Boston  
JOHN T. SESSIONS, JR., Chapel Hill, N.C.  
WADE VOLWILER, Seattle

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine.

B. *TRAINING\**—The candidate should have devoted at least one full year to post-graduate education in gastrointestinal disease, during which time his training program should preferably be under the supervision of a physician competent in the field of gastroenterology, preferably a certified gastroenterologist. Following this the candidate should participate actively for at least two years in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted under the supervision of a qualified gastroenterologist. The applicant should demonstrate an interest in teaching his subspecialty.

In the absence of the post-graduate education required in the above paragraph the candidate may, at the discretion of the Subspecialty Board of Gastroenterology, be accepted for examination after five years of active participation in gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted preferably under the supervision of a certified gastroenterologist. Details of attendance at conferences, clinics, postgraduate courses, etc., must be submitted by the applicant.

Before admission to the certifying examination in gastroenterology the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that his training has given him special ability in gastroenterology and adequate understanding of the basic sciences underlying this branch of internal medicine as well as proficiency in its clinical practice. He will be expected to demonstrate familiarity with the literature of gastroenterology and must submit proof of adequate supervised training in the recognized gastroenterological procedures and in gastrointestinal radiology (film interpretation).

The candidate must be able to assimilate information obtained from all these sources in such a way as to lead logically to the correct diagnosis and proper treatment. He must have a thorough knowledge of the pharmacologic and therapeutic application of drugs used in the treatment of gastrointestinal diseases and intelligent comprehension of the place and indications for other forms of treatment, especially surgery. He must have a working knowledge of physiology, pathology,

microbiology, and biochemistry as it has practical application to disease of the digestive tract and liver.

C. *REFERENCES*—The candidate should give as references names of physicians who are familiar with his training and experience in the field of Gastroenterology and who would be able to offer a valid appraisal of his qualification as a specialist, based on the requirements listed above.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before readmission to examination.

E. The fee for registration is \$250.00.

#### CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

ATTILIO RENZETTI, JR., Chairman, Salt Lake City

DAVID W. CUGELL, Chicago

ROBERT L. MAYOCK, Philadelphia

R. DREW MILLER, Rochester, Minn.

JOHN F. MURRAY, Los Angeles

GORDON L. SNIDER, Boston

MORTON M. ZISKIND, New Orleans

#### REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine, before he is eligible to apply for admission to the Subspecialty Board examination.

B. *TRAINING\**—There are three acceptable schedules for training in Pulmonary Disease:

1. Two years of full time training in a residency or fellowship program devoted to Pulmonary Disease under the supervision of a physician or group of physicians known to be experienced teachers and clinicians in the field of Pulmonary Disease. These years of training may be taken as part of the residency training requirements for Internal Medicine.

2. One year of full time training in a residency or fellowship program devoted to Pulmonary Disease under auspices similar to those noted above, and no less than another two years of practice in Internal Medicine with Pulmonary Disease as the principal component of such practice.

3. Five years in the practice of Internal Medicine with Pulmonary Disease as the principal component of such practice, may sometimes be accepted by the Subspecialty Board in lieu of the programs with full time formal residency or fellowship training periods. It will, however, be the responsibility of the applicant to present evidence that his practice has been predominantly in the field of Pulmonary Disease, that he has had ample opportunity for acquiring a broad experience and education in all aspects of Pulmonary Disease and that he is qualified to function as a consultant in this area.

Before admission to the certifying examination in Pulmonary Disease, a candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert. He must have a thorough knowledge of the normal as well as the pathologic anatomy and physiology of the lung. He must be adept in physical examination of the patient, proficient in interpretation of roentgenograms of thoracic conditions, and familiar with other special procedures and techniques used in the study of Pulmonary Diseases. The candidate must be able to demonstrate his ability to synthesize the information and data obtained about a patient so as to logically arrive at the correct evaluation of the patient's problem. He must also have a thorough knowledge of the therapeutic application of drugs used in the treatment of Pulmonary Diseases and an intelligent therapeutic application of drugs in the treatment of Pulmonary Diseases and an intelligent comprehension of the indications for other forms of therapy.

C. *REFERENCES*—The candidate should give as reference

names of physicians who are familiar with his training and experience in the field of Pulmonary Disease, and who would be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before readmission to examination.

E. *FEE*—The fee for registration is \$250.00.

#### AMERICAN BOARD OF NEUROLOGICAL SURGERY

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WILLIAM E. HUNT, Columbus, Ohio

THEODORE KURZE, Los Angeles

WILLIAM F. MEACHAM, Nashville, Tenn.

THEODORE B. RASMUSSEN, Montreal, Canada

HUGO V. RIZZOLI, Washington, D.C.

ARTHUR A. WARD, JR., Seattle

RICHARD L. DESAUSSEURE, JR., M.D., Secretary-Treasurer,  
20 South Dudley—Suite 101, Memphis, Tennessee 38103

#### GENERAL QUALIFICATIONS

(1) Moral, ethical, professional standing and practice satisfactory to the members of the Board.

(2) Completion of a minimum prescribed period of formal training in approved centers in the United States or Canada as described below.

(3) Under exceptional circumstances (for example, in the case of a neurosurgeon practicing in a country other than the United States or Canada), the American Board of Neurological Surgery may use the In-Training Written Examination as a guide for permission to take the oral examination for regular certification.

(4) Properly qualified candidates who are permanent resident 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 a regular certificate issued by the American Board of Neurological Surgery. All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Education Council for Foreign Medical Graduates, or be licensed by examination to practice in this country.

(5) A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for this Foreign Certificate may be taken without completion of the requirement of two (2) years in the practice of neurological surgery. All foreign applicants, as well as applicants for the regular certificate, must have one (1) year of general surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence

\*Candidates initiating their residency training in internal medicine on July 1, 1970 or after will be required to undertake a minimum of two years of training in the subspecialty (see Requirements for Examination in Subspecialty Areas and Related Certification, above).

of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States or Canada to practice, he must forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada. The fee for re-examination is one hundred fifty dollars (\$150.). It is planned to discontinue the Foreign Certificate for any individual who enters a program after July 1, 1972.

PRELIMINARY PROFESSIONAL STANDING

(I)

(1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) Completion of training in general surgery (internship or residency) of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) A period of graduate study of not less than four years, following completion of the training in general surgery in a hospital or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period at least thirty months must be devoted to clinical neurological surgery and the remaining eighteen (18) months should be devoted to some aspect of the neurological sciences. 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; if this is impossible, the Board is to arbitrate this arrangement and reach a final decision.
- 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 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.

PRIMARY EXAMINATION

A primary examination will be given each year, usually in the Spring. The candidate may elect to take the primary

examination in lieu of an oral examination in Neuropathology, Neuroanatomy, and Neurophysiology. A passing score on the entire examination is required.

This examination may be taken during the last two years of the candidates training program or anytime subsequent to this. It must have been passed successfully at least six months prior to the oral examination. The candidate may take this examination as often as he desires.

After 1973 the primary examination will be required prior to taking the oral examination.

Effective in June 1971, credit is given for a Primary Examination (written), and the individual who has successfully passed this examination is exempt from the oral examination in neuroanatomy-neurophysiology and neuropathology. However, the individual must still pass the oral examination in neurosurgery and neurology.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

- 1. Identifying hospital number and date of admission
- 2. Clinical diagnosis
- 3. Definitive diagnostic procedures, if performed
- 4. Operations, if performed
- 5. Result, including, when applicable, all complications and autopsy findings.

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readily available when requested. The candidate should bring this list with him to the examination. He should not send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of Directors, must be in the hands of the Secretary-Treasurer of the board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted, the candidate shall be scheduled for examination as soon as the schedule permits after completion of his training and practice requirements. He must take the examination within 3 years of the time he is eligible or re-apply as a new candidate. If he fails and wishes to repeat the examination he must do so within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. An applicant who fails neurology or neurological surgery or any two (2) other



subjects may apply for re-examination and, if he does so, will be required to take the entire examination. If a candidate has failed twice and wishes to re-apply, he must first withdraw from practice and take a minimum of six (6) months period of formal study which shall be consecutive and shall be carried out in an approved center for neurosurgical training. Foreign and other centers may be employed only by specific permission of the Board. He shall re-apply as soon as his study period has been completed and, if his credentials are in proper order, must take the examination within one (1) year. Failure of the total examination shall require a further six (6) months of formal training and re-application as before.

An individual who has failed the oral examination on two occasions is no longer required to withdraw from practice for six months but is required to pursue a further course of study and then take the Primary Examination (written). If he passes the written examination, he is then eligible to repeat the Oral Examination.

#### BOARD ELIGIBILITY

One becomes Board eligible after his training has been approved by the Credentials Committee. If he fails to take the examination within three (3) years, he is no longer Board eligible and must re-apply as a new candidate.

If he fails the examination and does not re-apply within three (3) years, he is no longer Board eligible.

#### 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 (2) weeks before the date of the examination.

A candidate who has failed in one (1) examination is eligible for re-examination in the subject, or subjects, in which he failed within three (3) years, on payment of a re-examination fee of one hundred fifty dollars (\$150.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgeons after two (2) years of practice in the United States of America or Canada, he shall pay a re-examination fee of one hundred fifty dollars (\$150.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars (\$25.). When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two (2) weeks before the date of the examination. If the candidate should sustain a partial failure and is eligible for re-examination in the subject or subjects in which he failed within three (3) years, he must repeat that portion of the examination that he failed by the payment of re-examination fee of one hundred fifty dollars (\$150.).

#### REVOCATION OF CERTIFICATES

Any certificate issued by the Board shall be subject to revocation at any time the Board shall determine in its sole discretion that the candidate to whom the certificate was issued either was not properly qualified to receive it, or has since become disqualified.

#### DIPLOMATES

A complete list of diplomates of the American Board of Neurological Surgery appears in the Directory of Medical

Specialists, published by Marquis' Who's Who, Inc., Chicago, Illinois. The By-Laws of the American Board of Neurological Surgery are also set forth in this Directory. A list of new diplomates is published in the Journal of Neurosurgery, shortly after each examination.

#### APPROVED RESIDENCIES

Training programs in neurological surgery are passed upon by the Residency Review Committee for Neurological Surgery, consisting of three (3) representatives of the Council on Medical Education of the American Medical Association and three (3) representatives of the American Board of Neurological Surgery. Actions of this Committee are then subject to ratification by the full membership of the American Board of Neurological Surgery. Each training program is reconsidered by the Residency Review Committee every three (3) years. When the directorship of a training program changes, the new director should inform the American Board of Neurological Surgery and the Council on Medical Education of the AMA promptly of this change. The program will then be reviewed at this time rather than waiting until the usual three (3) years interval has been completed.

A Directory of Approved Internships and Residencies, listing acceptable training programs, is available in most medical libraries or upon request from the American Medical Association Council on Medical Education, Chicago, Illinois.

Institutions offering residencies in neurological surgery must provide ample facilities for well-rounded training in this specialty. The clinical material must be sufficient to provide adequate experience for the trainee. The residency period must be chiefly clinical and not didactic, and there should be continuous concurrent instruction in the basic neurological sciences and medical neurology, particularly as they relate to neurosurgery. There must be training in the surgical performance of contrast studies and the indication for these studies, as well as the pre- and postoperative care of each patient subjected to the various procedures. The training must also include the evaluation of such contrast studies. The minimal requirement recognized for approval of a training service is two hundred (200) major surgical procedures, including at least twenty-five (25) surgically verified intracranial neoplasms, for each resident completing his training each year. Every director of an approved training program in neurological surgery is expected to provide or arrange for each of his trainees to receive the full four (4) years of training in his own or other approved programs.

#### AMERICAN BOARD OF NUCLEAR MEDICINE

(A conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology)

MERRILL A. BENDER, M.D., Chairman, Proponents of the American Board of Nuclear Medicine, Suite 2402, 211 East 43rd Street, New York, New York 10017. Telephone: 212-687-9169

The American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology) was approved in June 1971 by the Liaison Committee for Specialty Boards, which is composed of representatives of the Council on Medical Education of the American Medical Association and of the American Board of Medical Specialties.

The American Board of Nuclear Medicine is now formulating its requirements for certification. Announcement of such requirements, of its plans for certifying examinations, and of its officers will be made as soon as the information becomes available.

**AMERICAN BOARD OF  
OBSTETRICS AND GYNECOLOGY**

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Charlottesville, Va.

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HARRY PRYSTOWSKY, Gainesville, Fla.

CLYDE W. RANDALL, Secretary-Treasurer, 100 Meadow Road,  
Buffalo, N.Y. 14216

**TYPES OF BOARD APPROVAL**

*Board Eligible*

A candidate is board eligible if he:

1. Has passed the written examination.
2. Holds an unrestricted license to practice medicine and is limiting his practice to obstetrics-gynecology in one of the states or territories of the United States of America or in a Province of Canada.

A certificate may be issued to a citizen of a country other than the United States or Canada after he has completed an approved residency and has passed the written examination if (1) he does not hold an unrestricted license to practice in the United States or Canada and (2) if he provides evidence that he is actually in practice in a country other than the United States or Canada. A certificate attesting to the passing of the written examination neither confers nor purports to confer upon any individual a degree, legal qualifications or privileges.

*Diplomate*

A diplomate is an individual who has been awarded the Board's diploma after successfully passing the written and the oral examinations. The diploma is awarded only to individuals who are licensed and practicing obstetrics-gynecology in one of the states or territories of the United States of America or in a Province of Canada.

**THE WRITTEN EXAMINATION**

A three-hour comprehensive written examination in obstetrics-gynecology and related basic sciences is given at various centers in June each year. Special arrangements may be made to permit candidates who are in governmental service outside the United States or Canada to write the examination at or near their duty station.

**REQUIREMENTS**

Candidates making application to write the examination must have fulfilled the following requirements:

Graduates of United States or Canadian schools of medicine must have

1. A degree of doctor of medicine, or an equivalent degree, and/or unrestricted license to practice medicine in one of the states or territories of the United States or a Province of Canada.
2. Completed a graduate program in obstetrics-gynecology presently approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada.

Graduates of foreign medical schools must have

1. A permanent E.C.F.M.G. certificate.

2. Completed not less than four years of clinically oriented graduate medical education, including the completion of an approved graduate program in obstetrics-gynecology as required of graduates of United States and Canadian schools. A year of internship preceding a three-year residency will fulfill this requirement.

Graduates of foreign medical schools requesting consideration of in-hospital experience in another country rather than the completion of an approved residency in the United States or Canada must provide evidence of:

1. In-hospital experience comparable to that of presently approved programs in the United States or Canada.
2. Citizenship in the United States or Canada, or evidence that he has filed an official declaration of intention to become a citizen of either country.
3. Unrestricted license to practice medicine in one of the states or territories of the United States or in a Province of Canada.
4. A practice limited to obstetrics-gynecology for at least 18 months in one of the states or territories of the United States or in a Province of Canada.

*Three Year Limitation of Eligibility to Write the Examination*

An individual becomes eligible to take the written examination by successfully completing an approved residency in obstetrics-gynecology. He must write the examination which is given in June of his last year of residency or one of the next two regularly scheduled examinations following the completion of his residency.

If a candidate fails he must write one of the next three examinations to maintain his eligibility. An individual who fails to write the examination within the prescribed period of three years becomes ineligible unless he is approved for admission to the examination by special action of the Board.

**APPLICATION**

Application forms for the written examination scheduled for June 26, 1972, may be obtained after August 1, 1971, from the office of the Board.

Each applicant must meet the requirements effective in the year he requests admission to the examination. The Board will make the final decision concerning the applicant's eligibility after considering all circumstances affecting his eligibility.

A candidate's application, complete in all details, together with the application fee of \$25.00, must be received in the Board office postmarked on or before November 30, 1971. Applications postmarked after November 30, 1971, will not be accepted for the 1972 examination, and can only be considered for the examination in June, 1973.

Endorsement and verification of the resident's experience are requested of the director or administrator of the hospital, as well as the current director of the obstetric-gynecology residency program as a part of the application form. A completed application must also indicate that the candidate is making satisfactory progress as a resident and the date when the candidate is expected to have completed his residency program.

When the Credentials Committee rules that an applicant is not eligible, a new application will be considered at a later date, but the candidate must meet the requirements effective in the year of the new application.

**ADMISSION TO THE  
WRITTEN EXAMINATION**

The candidate ruled eligible to write the examination will be sent a notice of admission which he must present to the proctor at the time and place of examination. If the candidate is completing his residency program on or before August 31st in the year of examination, the administrator of the hospital must sign the notice of admission which attests to the candidate's satisfactory completion of his residency program.

## REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1972 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1971 must write the Board office on or before November 30, 1971 asking to be scheduled for the examination in 1972. All such requests must be accompanied by payment of the reapplication fee of \$25.00, but it is not necessary to submit a new application in order to repeat the examination.

## THE ORAL EXAMINATION

The oral examination is designed (1) to test the general qualification of the candidate as a specialist in obstetrics-gynecology, (2) the extent of his experience and knowledge in clinical obstetrics-gynecology and related basic sciences, as well as (3) his familiarity with recent obstetric-gynecologic literature.

The candidate's current listing of patients will be reviewed by the examiners before the examination and may be used as a basis for part of the questioning.

The report of the examining team will be reviewed by the Board of Directors and each candidate is passed or failed by vote of the Board. Numerical grades are not assigned and no records are preserved which will permit later review on the candidate's performance on the oral examination.

## REQUIREMENTS

*Candidates applying to take the oral examination shall have fulfilled the following requirements:*

*A candidate who is a citizen of the United States or Canada must have:*

1. Passed the written examination.
2. An unrestricted license to practice medicine in one of the states or territories of the United States or a Province of Canada.
3. Unrestricted privileges to practice as an obstetrician and gynecologist in at least one hospital approved by the Joint Commission on the Accreditation of Hospitals or unrestricted privileges to practice as an obstetrician and gynecologist in an institutional setting acceptable to the Board.
4. Maintained a practice limited to obstetrics-gynecology for at least 18 months, or been working in an institution or in governmental service for at least 18 months in a capacity providing significant clinical or educational responsibility in obstetrics-gynecology. The Board may require more detailed information in regard to clinical or educational responsibility in an institutional setting.
5. Documented evidence of the candidate's good ethical and professional character. Information concerning a candidate's professional standing and reputation will be obtained from administrative officers of organizations and institutions in which the candidate is known.
6. Provided a typewritten, verified list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months ending June 30, of the year in which the candidate is to be scheduled to take the oral examination.

*A candidate who is not a citizen of the United States or Canada must:*

1. Have passed the written examination.
2. Provide a notarized statement indicating that he has filed an official declaration of intention of becoming a citizen of the United States or Canada.
3. Provide evidence of unrestricted license to practice medicine in one of the states or territories of the United States or in a Province of Canada.
4. Fulfilled the same post-residency time in practice lim-

ited to obstetrics-gynecology and provide the same evidence of ethical and professional standing required of a citizen of the United States or Canada.

5. Provide a typewritten, verified list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months ending June 30, of the year in which he is to be scheduled to take the oral examination.

## TIME LIMITATION TO PASS ORAL EXAMINATION

A candidate who fails to pass the oral examination within 3 years after being notified of his eligibility to take the examination must by letter postmarked on or before February 28; (1) ask to be scheduled to write the examination the following June, (2) pay the \$25.00 reapplication fee, (3) write and again pass the written examination before he can again take the oral. There is no other way for the candidate to regain eligibility to take the oral examination.

## APPLICATION

Application to take the oral examination in November, 1972, must be made on the "application for the 1972 examination form." The application, complete in all details, and with payment of the application fee of \$50.00, must be received in the Board office during January or February, 1972. Applications which are postmarked after February 28, 1972, cannot be considered for the examination in November, 1972.

A candidate found eligible to take the oral examination in November, 1972, will be so notified on or before July 1, 1972, and he must then submit, on or before August 31, 1972:

1. Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1972. The candidate's lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate.
2. A personal check or money order for \$150.00 in payment of the examination fee.

## VERIFICATION OF CLINICAL OR EDUCATIONAL RESPONSIBILITY

A candidate in a full-time institutional setting or in governmental service may be required to submit verification of clinical or educational responsibility in lieu of or in addition to his listings of patients.

## RULING OF INELIGIBILITY

A candidate once ruled ineligible to take the oral examination, who subsequently re-applies, must submit a new application, pay the application fee, and meet the requirements applicable at the time he re-applies.

## RE-EXAMINATIONS

The application of a candidate who fails the oral examination remains valid during the three calendar years of his eligibility. He will be accepted for examination during his three years of eligibility if he submits a written request for re-examination during January or February of the year in which he is requesting re-examination, provided his request is postmarked on or before February 28th and is accompanied by check or money order in payment of the \$50.00 re-application fee.

A candidate accepted for re-examination must submit, on or before August 31, duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months prior to June 30, of the year in which he is scheduled to take the oral.

The examination fee of \$150.00 is due when the candidate receives notice that he can be scheduled to take the oral examination.

Each re-examination will be conducted by a group of examiners who have no knowledge of the candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate who fails to take the oral examination for which he has been scheduled, if his three years of eligibility includes the following year, must

1. Request by letter, during January or February of the following year, permission to take the examination the following November. As a board eligible candidate he will not be required to submit a new application but payment of the \$50.00 reapplication fee must accompany a request for re-examination.
2. Submit before August 31, a listing of all patients dismissed from his care in all hospitals during the 12 months prior to June 30, of the year he is to be scheduled to take the oral examination.

Letters requesting re-examination, which are postmarked after February 28 and lists of patients postmarked after August 31, will not be acceptable for the oral examination the following November.

FEEES

Since the fees have been computed to cover the cost of the examination and administrative expense, they will not be refunded. All fees must be paid in United States currency.

*The Written Examination*

The application fee of \$25.00 must be enclosed with each application, reapplication or request to write the examination. The candidate will be notified when his application or request has been approved, at which time the \$100.00 examination fee will be due. If payment of the examination fee has not been received in the Board office postmarked on or before May 15, the candidate will not be scheduled to write the examination in June.

*The Oral Examination*

The application fee of \$50 must be enclosed with each application, reapplication or request to take the oral examination. A candidate notified of his eligibility is required to pay the \$150.00 examination fee before he will be scheduled to take the oral examination. If the examination fee has not been received in the Board office postmarked on or before August 31, the candidate will not be scheduled to take the oral in November.

REVOCATION OF DIPLOMA

Each candidate when making application, signs an agreement regarding disqualification or revocation of his diploma for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the diploma, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma.
2. Any rule governing examination for the diploma shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his diploma.
3. The physician shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in any county or district society shall be evidence of a violation of such standards of ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such diploma shall have been contrary to or in violation of, the certificate of incorporation, the by-laws or the rules and regulations of this Board.

Upon revocation of any diploma by this Board as aforesaid, the holder shall return his diploma and all other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of diplomates.

THE RESIDENCY PROGRAM

1. The final year of a resident's experience must include the responsibilities of a chief or senior resident in accordance with the description of the program as approved by the Residency Review Committee for Obstetrics and Gynecology.

2. A resident who has spent four or more months in obstetrics-gynecology during an internship can apply this time to the 36 months required of the graduate in clinical obstetrics-gynecology, if the internship experience was gained in a hospital conducting a currently approved residency in obstetrics-gynecology. Less than 12 months in obstetrics-gynecology during an internship cannot usually be used to reduce the 36 months of residency the individual will be required to serve in order to complete the usual time in the program as a chief resident. Time on obstetrics-gynecology as an intern may, however, be used to provide time, within a 36 months residency, for appropriate electives on other services.

3. When a resident's experience is acquired in more than one residency program, his application must be accompanied by verification of the candidate's satisfactory performance in each program. Less than six months' service in a program is not acceptable as a part of an approved clinical experience.

4. A hospital conducting residency programs of varying duration must provide progressive responsibility and opportunity to serve as a chief resident for each resident completing the programs.

5. If an individual has completed his residency requirements and remains in the program in an administrative or teaching capacity, his duties must not detract from the progressive responsibilities of the other residents in that program.

6. Within a three-year program 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 another discipline which removes the candidate from daily contact with obstetrics-gynecology is not permitted within the required minimal time with clinical responsibility.

7. An exchange of residents between approved programs of obstetrics-gynecology is acceptable but an exchange into other specialties cannot be permitted within a three-year residency program designed to fulfill only the minimum of required clinical experience in obstetrics-gynecology.

8. Assignment of residents to the clinical services of institutions not approved for residency training is permitted when (1) the care of patients on the services is carefully supervised by the director of the approved residency program, (2) the arrangement has been described in the hospital information form supplied to the residency review committee and (3) the exchange or rotation was approved by this committee at the time the program was reviewed.

9. The director of an approved residency may be authorized to start an applicant at an advanced level in his residency provided:

1. Prior to his appointment the applicant has submitted documentary evidence of acceptable in-hospital (a) graduate, (b) educational, (c) clinical experience in a country other than the United States or Canada, and
2. The director has received written assurance that the



Credentials Committee of the Board has approved of the manner in which the candidate is being scheduled to complete his residency in less than the time usually required to complete that program.

10. Each resident is expected to keep a record of the number and type of obstetric and gynecologic procedures performed during his residency, so that he can demonstrate the adequacy of his operative experience.

11. A resident may not be considered to have properly fulfilled his educational opportunity if he concurrently devotes any portion of his time to his own private practice. This statement is not to be construed as preventing the resident from assuming the responsible or major role in the management of patients assigned to him in his capacity as a resident.

#### RESPONSIBILITIES OF A CANDIDATE

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an obstetrician and gynecologist. The Board does not assume responsibility for notifying a candidate of the impending loss of his eligibility to take an examination.

A physician who formally obligates himself to an approved residency program and later breaks this contract without justifiable cause may be required to provide an explanation satisfactory to this Board.

#### OTHER CONSIDERATIONS

##### *Governmental Services*

##### 1. Residency experience

An applicant, under orders in a hospital conducted by governmental authority, may be credited with an approved residency experience only if that hospital is conducting a currently approved residency program in obstetrics-gynecology.

##### 2. Time-in-practice requirement

A candidate for the oral examination may receive time in practice credit for a period of time in governmental service under the following conditions:

1. With verification of the duration of active duty.
2. When practice has involved chiefly the care of obstetric and gynecologic patients, and
3. The Board has received favorable reports of the candidate's professional activities while in service.

If a candidate for the oral examination has fulfilled a portion of the required 18 months in obstetrics-gynecologic practice as a civilian before entering governmental service, the remainder of the time needed to fulfill his 18 months' requirement may be time in governmental service provided the conditions above have been fulfilled.

##### *Location of Practice*

A candidate who has been in practice less than 18 months in one community may add time-in-practice in a second location but evidence will be required of the candidate's satisfactory practice as a specialist in both communities. Inquiry will be made by the Board in each area in which the candidate has been in practice during fulfillment of the time-in-practice requirement.

##### *Emergency Care and Limitation of Practice*

Physicians who assume responsibility for the health of male patients for operative or other care, will not be regarded as specialists in obstetrics-gynecology, except as this practice is related to governmental services or care in an emergency. Candidates may when necessary participate in general emergency care.

What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of physicians in other specialties, and to some extent, what

is customary in local practices. As a rule, the privileges granted physicians in the practice of obstetrics-gynecology in any hospital are the prerogative of that hospital, not of this Board.

#### AMERICAN BOARD OF OPHTHALMOLOGY

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#### REQUIREMENTS

All applicants must comply with current regulations of the Board.

Applicants must be of high moral, ethical and professional standing. In determining whether an applicant has such high moral and ethical standing, the Board and its committees shall apply the Principles of Medical Ethics of the American Medical Association as interpreted from time to time by the Judicial Council of the American Medical Association. An applicant's professional standing may be determined in part on the basis of the ophthalmic operations which he performed within the two years immediately preceding the filing of his application or during residency, which shall be summarized in the application.

Applicants must have graduated from a medical school in the United States of America or Canada which is acceptable to the Board. Schools approved by the American Medical Association's Council on Medical Education are acceptable. An applicant may have graduated from a medical school of some country other than the United States of America or Canada, but he will not be eligible for certification by the Board unless he is certified by the Educational Council for Foreign Medical Graduates, or, if a citizen of the United States, is licensed to practice medicine in one of the states of the United States or has passed the examination of the National Board of Medical Examiners.

Applicants must have a valid license to practice medicine in a state of the United States or a province of Canada, or, in the case of a citizen of a country other than the United States or Canada, of the nation where he intends to practice unless a license to practice is not required by the law of such jurisdiction.

Applicants must have completed a satisfactory course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of thirty-six (36) months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of twelve (12) additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of forty-eight (48) months of ophthalmology *by the date of the written qualifying test*. Applicants with less than thirty-six (36) months of formal residency may take the qualifying written test after completion of sixty (60) months in ophthalmology solely or after seventy-two (72) months of combined ophthalmology and otolaryngology. Credit for completion of basic science courses may not exceed twelve (12) months.

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 a systemic 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 Board, and full verified information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

APPLICATIONS

Applicants who wish to be examined by the Board shall complete, sign and file with the Secretary-Treasurer an application on the official form then in use by the Board, together with the supporting data required by the application. Applications may be obtained from the Secretary-Treasurer. *Applications must be postmarked no later than*

*July 1st in order for the applicant to be considered for the written qualifying test to be conducted during the following calendar year.*

Applications shall be accompanied by a check payable to the Board for \$150 to cover the application fee. No application will be considered until the fee and all required supporting data, including letters of endorsement, have been received by the Secretary-Treasurer. Scientific books and papers published by the applicant should be listed in the application.

Applicants who meet all requirements are admitted to the written qualifying test if the application is approved by the Board.

Officers of the Board and members of the Board of Directors are not authorized to estimate the eligibility of applicants, who are requested not to discuss or write for opinions regarding the status of their applications. After an applicant has been advised by the Board that he has been accepted for examination, he shall promptly submit to the Secretary-Treasurer a photograph of himself, signed by him, which shall be used to identify him when he presents himself for examination.

SPECIAL REVIEW OF SURGICAL CASES

Applicants must submit with the application a numerical summary of all ophthalmic operations performed within the previous two years or during residency. This list must be typed on 8 1/2" x 11" white bond paper and include the following information:

1. Summary giving the totals of each category of surgery indicating whether assistant or surgeon. For example, number of cataract extractions, number of glaucoma operations, number of retinal detachment procedures, etc.
2. The surgery should be confirmed by the appropriate authority within the hospital, or in the residency by the department or division Chairman.

FEEES

The current fees of the Board are as follows:

- Application fee, \$150, payable with application
- Oral examination, \$100, payable on successful completion of the written qualifying test
- To repeat the written qualifying test, \$100
- To repeat the entire oral examination, \$100
- To repeat a single portion of the oral examination, \$35
- To repeat two or more portions of the oral examination, \$50

The application fee, oral examination fee and re-examination fees charged by the Board have been determined on the basis of the costs incurred by the Board in the examination of applicants and the administration of its business and may be modified from time to time by the Board of Directors. The members of the Board serve without compensation except reimbursement of actual expenses.

TIME LIMIT

*An applicant who fails to take the written qualifying test within twenty-four (24) months after notice has been sent to him that his application has been accepted will not thereafter be accepted for examination unless he submits a new application for approval by the Board and an additional application fee.*

*An applicant must complete successfully the written test and the entire oral examination within seventy-two (72) months after notice has been sent to him that his application has been accepted. Thereafter, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.*

## 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 in the Board's brochure entitled "Written Qualifying Test."

The written qualifying test is given simultaneously in a number of designated cities in January of each year. An applicant who passes the written qualifying test shall submit to the Secretary-Treasurer a check payable to the Board for \$100.00 to cover the fee for the oral examination and shall thereafter be eligible to take the oral examination. An applicant who fails the written qualifying test may apply for re-examination and will be permitted to repeat the examination if he presents evidence of acceptable additional training and pays the reexamination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he will be required to submit a new application for approval by the Board and an additional application fee. *An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.*

## BOARD ELIGIBILITY

The Board is often asked by hospitals and other groups whether a candidate is "Board Eligible." No candidate can consider himself board eligible until after he has successfully passed the Written Qualifying Test.

## ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the 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 oral examination must be taken within twenty-four (24) months after notice has been sent to the applicant that he has passed the written qualifying test, or the applicant shall be required to submit a new application for approval by the Board and an additional application fee, and again pass the written qualifying test.*

If an applicant fails to pass all subjects within three or fewer partial or complete examinations, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.

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 and 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 microorganisms causing ocular disease and the methods used to demonstrate them.

4. REFRACTION AND VISUAL PHYSIOLOGY. 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.
- (e) The essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, color vision, electroretinography, electrooculography, electromyography and visually evoked potentials.

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

*An applicant who fails the written qualifying test may apply for re-examination and will be permitted to repeat the test if he presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after*

such failure, he will be required to submit a new application for approval by the Board and an additional application fee. An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.

An applicant who fails the entire oral examination may apply for re-examination and will be permitted to repeat the examination within twenty-four (24) months after such failure if he presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. However, re-examination will not be permitted for a period of twelve (12) months following such failure, in order to allow time for such additional training.

An applicant who fails one or more topics in the oral examination, but not the entire examination, must apply within two years for a re-examination limited to the subjects which he failed to pass. He shall present evidence of acceptable additional preparation and shall pay a re-examination fee of \$35.00 to repeat the examination on one topic or \$50.00 on two or more topics.

The Board, in its discretion, may deny candidates the privilege of re-examination with respect to either the written qualifying test or oral examinations, or with respect to parts of the latter on the ground of inadequate additional training or preparation, as the case may be.

RESULTS OF EXAMINATIONS

Within a reasonable time after completion of the written or oral examinations, the applicant shall be notified by the Secretary-Treasurer as to the results thereof. The decision of the Board as to the results of the written or oral examination shall be final and conclusive.

CERTIFICATION

An applicant who successfully passes both the written qualifying and oral examinations within the required time limitations hereinabove set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his qualifications by the Board. Physicians who have received the certificate are DIPLOMATES (not members) of the Board. The only members of the Board are the component societies, namely, the American Ophthalmological society, The American Academy of Ophthalmology and Otolaryngology, and the Section on Ophthalmology of the American Medical Association.

REVOCATION AND PROBATION

A certificate of the Board may be revoked or the certificate holder placed on probation, in accordance with the rules and regulations of the Board, on the following grounds:

- (a) If the certificate was issued contrary to or in violation of any rule or regulation of the Board.
- (b) If the certificate holder was not eligible to receive, or has since become ineligible to hold, the certificate,
- (c) If the certificate holder made any misstatement or material omission of fact to the Board in his application or otherwise,
- (d) If the certificate holder is convicted of a crime which involves moral turpitude,
- (e) If a license to practice medicine of the certificate holder is forfeited, revoked or suspended, or he is expelled from one of the societies which is a member of the Board, a county medical society, a state medical association, or the American Medical Association, or
- (f) If the certificate holder is guilty of unethical conduct or any other conduct which brings the specialty of ophthalmology into disrepute.

The American Board of Ophthalmology considers it unethical for physicians to divide fees, to pay commissions to any persons referring cases to them, and to accept commis-

sions or rebates from opticians, druggists, or makers of appliances in any way connected with the medical care of patients.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in orthopaedic surgery. In order to establish satisfactory competence in the specialty of orthopaedic surgery it has been necessary to define the minimal educational requirements, which are as follows:

- 1. A candidate must have an unrestricted license to practice medicine in the States or Territories of the United States or the provinces of Canada.
- 2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Council for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 3500 Market Street, Philadelphia, Pennsylvania 19104.)
- 3. Four years of post-doctoral orthopaedic education are required of all candidates, including foreign graduates.
  - a. During the four years some approved programs may elect to schedule two or more subject areas concurrently. It is necessary that clearly defined education and training in orthopaedic skills be emphasized in the categories of Adult Orthopaedics, including removal of protruded intervertebral discs and other surgery of the spine, Children's Orthopaedics, Fractures and Trauma, Surgery of the Hand, and Basic Science. It is emphasized that where time requirements are indicated, as in Children's Orthopaedics, these must be considered as *minimal*; additional experience is very desirable.
  - b. One year of orthopaedic education may be obtained from the following categories:
    - (1) Internship
    - (2) Assistant resident in General Surgery.
    - (3) Assistant in orthopaedic surgery in any of the subject areas described in c. below.
    - (4) Assistant resident in related medical and surgical areas.
    - (5) Research or study (one year) in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.
    - (6) Work in military service. Credit is granted only after termination of military service and presentation of a Professional Training Record, letters from Chiefs of Services and a list of operations

performed by the candidate. Credit may be granted on the basis of one month of credit for one month of training when obtained on approved programs. One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services, if approved by the Committee on Eligibility. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.

- c. It is mandatory that three of the required four years of orthopaedic surgery education conform to the following relative distribution of subject areas, determined either on the basis of specific minimal time assignments or by proportion of experience where the concurrent or integrated plan is used:

Adult Orthopaedics	12 months
Children's Orthopaedics	6 months
Fractures/Trauma	9 months
Elective	9 months

The elective period may be fulfilled by additional assignments in areas described above, by a block of basic science study, surgery of the hand, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

**Basic Science.** The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to the musculoskeletal system. This educational program should facilitate the study of what is known in these fields as they relate to orthopaedic surgery and, if possible, to provide opportunities for the resident to apply these basic sciences to all phases of orthopaedic surgery.

**Surgery of the Hand.** The required time in Adult Orthopaedics, Children's Orthopaedics, Fractures/Trauma, or the Elective must include a significant experience in Surgery of the Hand.

*Note:* The educational experience must be in programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Internships and Residencies of the American Medical Association.) The Board also accepts training in Canada taken in services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

#### REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed above.

2. License to practice medicine in the United States or Canada, or full time service in the federal government, which customarily does not require licensure. (Special provisions detailed later in this section permit foreign graduates who are returning to their homelands to practice orthopaedic surgery to qualify in lieu of licensure in the United States or Canada.)

3. Acceptable ethical and professional standards and satisfactory moral standing within the community. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters.

4. A candidate is required to be actively engaged in practice, teaching or research in orthopaedic surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

5. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital setting for one full year to fulfill practice requirements, unless the Committee on Eligibility rules otherwise.

6. A candidate must be prepared to submit as a part of his application to the Committee on Eligibility, *if requested*, a list of all patients admitted to his care in the hospital or hospitals in which he has practiced prior to the filing of his application. Such a list shall include the name of the hospital, the hospital number for each patient, the patient's age, definitive diagnosis, the treatment, the end result and the period of time covered. The authenticity of the patient list shall be certified by the hospital administrator or record librarian. A candidate engaged in practice in a partnership or assigned full time in a private or governmental hospital must, *upon request*, submit a list of patients cared for primarily by the candidate. This list must also be certified by the hospital administrator or record librarian.

7. A candidate practicing in Canada is required to pass the qualifying examination in orthopaedic surgery of the Royal College of Physicians and Surgeons of Canada before he can apply for the examination of the American Board of Orthopaedic Surgery, unless he has obtained three or more years of his approved orthopaedic surgery education in the United States.

8. A candidate originating in a country requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate orthopaedic organizations in the country in which he has had his orthopaedic surgery education.

*NOTE:* The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Procedures.

*The date and place of the examination are announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery, and in the Bulletin of the American Academy of Orthopaedic Surgeons.*

#### PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before April first of the year of the examination. *The application must be accompanied by a non-refundable fee of \$50.00 and should be sent by registered or certified mail.*

2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional fraud is subsequently discovered in the application. It shall be the obligation of the candidate to reactivate his application before April first of the year of the examination if for any reason he has not taken the preceding examination after having been declared eligible to do so. The examination must be taken within three years following the completion of the educational program unless a reason acceptable to the Committee on Eligibility is established. A new application must be completed if the candidate for any reason does not take or successfully pass the examination within a three-year period. *This and the non-refundable fee of \$50.00 should be sent by registered or certified mail.*

3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.

4. Upon notification of eligibility for the examination the candidate must submit a fee of \$300.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled.

#### SCOPE OF EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.



CERTIFICATION BY THE AMERICAN BOARD  
OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed the basis of such action and will be afforded a hearing following procedures as formulated by the American Board of Orthopaedic Surgery.

4. Should the circumstances which were considered in justification for revocation or surrender of the Diplomate's Certificate be corrected, the Board may subsequently reinstate the Certificate after appropriate review of the individual's qualifications and performance, using the same standards as for other candidates for certification.

UNSUCCESSFUL CANDIDATES

Unsuccessful candidates may be permitted to repeat the examination.

2. The Committee on Eligibility will consider candidates for re-examination upon receipt of a \$50.00 fee to reactivate the application. This fee must be received in the Board office before April first of the year of the examination. Upon receipt of notification of acceptance by the Committee on Eligibility for a repeat examination the candidate will submit to the Board a fee of \$300.00. *All applications and fees should be sent by registered or certified mail.*

3. Each candidate's application must again be sanctioned by the Committee on Eligibility and a new application may be requested.

4. The applicant should not delay more than two years after his last unsuccessful attempt before applying for the privilege of taking subsequent examinations. Candidates who delay more than two years before re-applying for the certifying examination will be required to submit a new application.

FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for examination, and if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of those pertaining to practice.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and notarized translation, which substantiate a candidate's claims and allegations.

4. A candidate who has completed the required education and is returning immediately to his country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender

his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

7. Examinations are the same as those given to candidates from the United States and Canada.

MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies, and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Approved institutions or programs have the option of using facilities of institutions not individually approved for residency education in orthopaedic surgery, provided:

- a. That the period of residency education in an unapproved facility is for a period not longer than six months.
- b. That in the category of education for which this type of training is presented for credit, at least half of the minimum required time is spent in an approved institution.

*Note:* The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving six months or more of education may be listed in the Directory of Approved Internships and Residencies.

REQUIREMENTS OF INSTITUTIONS  
OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total program are expected to confine their education primarily to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives of the minimal requirements as outlined above.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined above.

6. Candidates in residency education may not engage in private practice.

*Note:* The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all the requirements are satisfied.

**PROCEDURE FOR OBTAINING APPROVAL  
OF INSTITUTIONS FOR RESIDENCY  
EDUCATION IN ORTHOPAEDIC SURGERY**

The Residency Review Committee for Orthopaedic Surgery is composed of four representatives from each of the two sponsoring organizations, namely, The American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. The Committee is assigned the responsibility for evaluating and approving residency education programs in relation to their education value and technical content. Programs which are approved by this Committee are listed in the Directory of Approved Internships and Residencies published by the American Medical Association.

1. Necessary application forms are obtainable from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. The completed forms are returned to the Secretary of the Residency Review Committee for Orthopaedic Surgery at the above address. An inspection of the proposed program will be carried out by a representative of the Council. The report and related data will be directed to the Residency Review Committee for action. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Residency Review Committee meets twice yearly, usually in April and October.

3. Programs tentatively approved are also inspected as soon as feasible by a Diplomate of the American Board of Orthopaedic Surgery. His report is submitted to the Residency Review Committee for further evaluation of education program.

4. Hospitals seeking extension of approved education services or the reinstatement of approval of services following withdrawal of same will follow the same procedures outlined above.

5. The number of residents assigned to any education program must be approved by the Residency Review Committee.

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**GENERAL REQUIREMENTS**

The following qualifications are requirements for examination by the American Board of Otolaryngology. The applicant:

1. Shall possess high moral, ethical and professional qualifications.

2. Shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association or by the appropriate Canadian medical authority.

3. Shall have completed at least a one-year internship which has been approved by the Council on Medical Education of the American Medical Association or the appropriate Canadian medical authority.

4. Must have satisfactorily completed four years of residency training in addition to the internship in a manner acceptable to the head of that residency program. The Board recommends, but does not require, two years of surgical training; one year of surgical training may be a straight surgical internship. However, the minimum four-year training program must include one year of surgical residency approved by the Conference Committee for Surgery and three years in otolaryngology, in approved programs. The year or years of 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 of the residency in otolaryngology, but not following completion of the residency. Residencies in surgery and otolaryngology must be served in training centers approved by the American Medical Association or the appropriate Canadian medical authority.

5. Who has received some or all premedical and/or medical training in a country other than the United States or Canada and has served a year's internship and an additional approved residency in otolaryngology in the United States or Canada, including the year of surgery, is eligible for examination provided he meets all other requirements of the Board.

6. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

7. Trained by the preceptor method is not acceptable.

8. Who does not meet these stated requirements will not be accepted for Board examination unless special circumstances indicate review by the Board.

**APPLICATION FOR EXAMINATION**

There is no required time interval between completion of the residency program and making application for examination.

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary-Treasurer of the Board. The application shall include authenticated records of the following: 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 in processing this application.

2. The application must include a letter from the director of the residency program attesting to the satisfactory completion of the residency program or any part thereof.

3. Additional information may be requested by the Board from the following:

- a. Local medical society
- b. Board certified otolaryngologists from the geographical area in which the applicant practices
- c. The director of the applicant's training program
- d. Hospital chiefs of staff

4. The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two 4" x 3½" unmounted, dated photographs taken within six months of the date of application, signed by the applicant on the front; (b) letters of recommendation from two additional diplomates of the American Board of Otolaryngology and a third from a non-medical citizen of the community; (c) a list of operations assisted in and performed by the resident during the period of training in both surgery and otolaryngology; (d) official verification of the above medical education and training; (e) the application fee.

5. The completed application with the surgical list (except for residents who are completing their training) shall be mailed to the Executive Secretary-Treasurer at least nine months prior to the requested date of examination; residents completing training should send their surgical list not earlier than one month prior to completion of the residency. The applicant's examination date will be assigned after the completed application has been received by the Executive Secretary-Treasurer and acted upon by the Credentials Committee of the Board.

6. An accepted application designates the candidate as "Board Eligible" and remains active for three years from the date of the mailing of the notification of acceptance by the Secretary-Treasurer of the Board. If, at the termination of this period of time, a candidate has failed to appear for examination, the application is no longer considered valid and the application fee and "Board Eligible" status are forfeited. The application may be reactivated only upon payment of an additional renewal of application fee. If the applicant again fails to appear for examination within three years following such reactivation of the application, he will no longer be considered as "Board Eligible" and no further consideration will be given to any subsequent application submitted without substantiated evidence of additional acceptable training.

7. The Board reserves the right to reject any application.

FEEES FOR EXAMINATION

Effective January 1, 1971, the fee for examination will be \$350. Of this sum \$175 must accompany the application and is not refundable. No application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$175 must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. Once the applicant has agreed in writing to the date of the examination offered by the Board, no part of this \$175 is refundable.

The order in which candidates are accepted for examination is at the discretion of the Board.

EXAMINATION PROCEDURE

The date and location of the examinations are determined by the Board. Advance notices of the date and location of the examinations are published in the Journal of the American Medical Association and journals devoted to the specialty of otolaryngology. When possible, examinations are held at a time convenient to the date of the annual meetings of the American Academy of Ophthalmology and Otolaryngology, or meetings of other national otolaryngology societies. They are usually conducted orally, and consist of three parts: general medical knowledge and that of the basic sciences as they relate to the specialty, clinical examinations, and an evaluation of otorhinolaryngic pathology.

The examinations seek to determine the candidate's knowledge, skill and understanding in the following categories:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, immunology, allergy and neurology relevant to the head and neck; the air and food passages; the communication sciences, including a working knowledge of audiology and speech; the endocrine disorders as they relate to otolaryngology.

2. The recognition and management of congenital anomalies, abnormal function, trauma and disease in the regions and systems enumerated in paragraph 1.

3. The recognition and medical management of diseases and abnormality of function of the ears, upper and lower respiratory tract and food passages.

4. The recognition, technique and surgical management of congenital, inflammatory, neoplastic and traumatic states, including among others:

- a. Temporal bone surgery.
- b. Paranasal sinus and septum surgery.
- c. Maxillofacial plastic and reconstructive surgery of the head and neck including rhinoplasty and otoplasty.
- d. Surgery of the salivary glands.
- e. Head and neck oncologic surgery.
- f. Head and neck reconstructive surgery particularly as it relates to the restoration of function in congenital anomalies, following extensive surgery and complications of head and neck trauma.
- g. Peroral endoscopy, both diagnostic and therapeutic.
- h. Surgery of the lymphatic tissues of the pharynx.
- i. Pre- and post-operative care.

5. Diagnoses and diagnostic methods including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of radiographs of the nose, accessory sinuses, salivary glands, temporal bone, skull, neck, larynx, lungs and esophagus.

7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1.

8. Knowledge of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

RE-EXAMINATION APPLICATION

A candidate who fails the examination may be permitted to take a subsequent examination after a lapse of eleven months. Eligibility for re-examination expires forty-eight months from the date of notification of first failure. A request for re-examination must be approved by the Board. An additional fee of \$350.00, no part of which is refundable, must be paid when the candidate is notified of acceptance. A request for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for re-examination.

A candidate who fails a second examination may apply for a third. A new application must then be filed. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$350.00; \$175.00, no part of which is refundable, must accompany the application, and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The balance of the fee, \$175.00, will be due upon notification of acceptance for the examinations under the same conditions stipulated under fees for the first examination.

A candidate who has failed a fourth examination will be required to serve a year of approved training in otolaryngology before he may be considered for re-examination. The fee and the manner of payment will be the same as for the first examination.

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.



## REVOCATION OF CERTIFICATES

Certificates issued by the American Board of Otolaryngology are subject to the provisions of the articles of incorporation, the by-laws, and official action of the Board in regular or special session. Each certification is subject to revocation if: (a) the issuance of such certificate were contrary to any provision of the articles of incorporation or by-laws; (b) the physician so certified were ineligible to receive such certificate, irrespective of whether or not the facts were known to, or could have been ascertained by, the Board at the time of the issuance of such certificate; (c) the physician so certified had made any misstatement of fact contrary to Board regulations in his application for such certificate, whether intentional or not intentional, or in any other statement or representation to the Board or its authorized representative; (d) the physician, so certified, should violate the standards of the ethical practice of medicine or should be convicted by a court of competent jurisdiction of a felony or misdemeanor involving in the opinion of the Board, moral turpitude in connection with his/her practice of medicine; or (e) the physician so certified should have his/her license to practice medicine revoked or should be disciplined or censured as a physician by any court or any other body having proper jurisdiction and authority.

## APPLICANT'S AGREEMENT

Applicants are required to sign the following agreement:

I hereby apply to the American Board of Otolaryngology for examination for certification in accordance with the rules, regulations and policies, and herewith enclose the fee of \$175.00 for processing this application, none of which is refundable. I shall pay the remaining \$175.00 of the total fee of \$350.00 if and when accepted for examination and agree that this \$175.00 is not refundable. I agree that prior to or subsequent to my examination, the Board may investigate my standing as a physician including my reputation for complying with the ethical standards of the profession. Furthermore, if the Board refuses to grant a certificate, such a refusal may not and shall not be questioned by me in any court of law or equity, or any other tribunal.

## AMERICAN BOARD OF PATHOLOGY

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 ROBERT W. WISSLER, Chicago  
 OFFICE OF THE AMERICAN BOARD OF PATHOLOGY  
 Suite 1820, Exchange National Bank Building, 610 North  
 Florida Avenue, Tampa, Florida 33602

## GENERAL REQUIREMENTS

1. The candidate must possess moral and ethical standing in the profession.
2. The candidate must hold a license to practice medicine or osteopathy in the country in which he plans to reside.
3. The candidate must devote professional time principally and primarily to 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, graduation from an osteopathic college of medicine, or graduation from medical schools acceptable to the Board in other countries.

2. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools in accordance with the policy followed by the American Medical Association.

## SPECIAL TRAINING AND EXPERIENCE

In view of the diversity of activities in pathology, ranging from teaching and research to practice of a limited pathology subspecialty, the American Board of Pathology recognizes and encourages several training pathways to eligibility for examination and certification. Candidates are encouraged to acquire in depth competence in anatomic or clinical pathology as an alternative to acquiring general competence in the combined areas of anatomic and clinical pathology.

1. After June 1, 1971, the Board will admit candidates to examination who are otherwise eligible and who have had one of the three following types of training and experience:

- (a) After four years of "combined training" in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. "Combined training" is defined as two years in anatomic pathology and two years in clinical pathology; or two years in anatomic pathology and two years in forensic pathology; or two years in anatomic pathology and two years in neuropathology; or two years in clinical pathology and two years in a related clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology), or two years in anatomic pathology and two years in a clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology).
- (b) After four years, if three of the four years have been in either anatomic pathology only, or clinical pathology only, in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.
- (c) After ten years, if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after four years are as follows:

- (a) *Anatomic and Clinical Pathology:*

- (1) Four years of supervised study and training in an institution approved for residency training in anatomic and clinical pathology by the Council on Medical Education of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee, or assistant, etc.

The four years of training are divided equally as follows: two years of anatomic pathology and two years of clinical pathology.

The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

- A. Training in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. Such training must be after the second year of undergraduate study. The maximum credit which may be granted is 12 months.

- B. Appropriate training in pathology during medical school as a part of an organized specialty-oriented curriculum.

- C. A fellowship or instructorship in a preclinical department of a medical school if, in the opinion of the Board, the experience was applicable to the practice of pathology. The maximum credit which may be granted is 12 months.

- D. Candidates holding a master's degree or a doctor's degree in a special discipline of pathology may obtain credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work.

Such credits are evaluated on an individual basis. To avoid

misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of the Secretary of The American Board of Pathology early in the training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(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 pathology internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, or a year of independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board, 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 straight pathology internship, a fellowship or instructorship in a preclinical department of a medical school or a year of independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board, 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).

(d) *Medical Chemistry, Medical Microbiology, Hematology, Neuropathology, and Forensic Pathology:*

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had one of the following types of training:

(1) For qualification in medical chemistry, medical microbiology, or hematology, applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only, one or two additional years of supervised training in the special field of choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board, or one additional year of full-time experience or its equivalent, (in the special fields of medical chemistry, medical microbiology, or hematology) under circumstances satisfactory to the Board. For simultaneous qualification in clinical pathology and medical chemistry, or medical microbiology, or hematology, two years in clinical pathology and two years of training in the special field of choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board.

For qualification in neuropathology, applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only, one or 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. The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology with adequate experience in diagnostic neuropathology. The Board also admits to examination candidates

with one year of approved training in anatomic pathology, two years of approved training in neuropathology with adequate experience in diagnostic neuropathology, and a fourth year which may be spent in an approved residency or research related to neurological science, approved training in neuropathology, or practice of neuropathology. The Board will also consider for examination candidates with 11 years of practice of neuropathology under circumstances acceptable to the Board.

For qualification in forensic pathology, applicants already holding a certificate in anatomic and clinical pathology or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—four years of training in the special field of their choice, provided three of the four years have been in institutions approved for training in special fields of pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight pathology internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the three years. The fourth 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 "10 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 10 years. At the election of the candidate, a period not to exceed one year of straight pathology internship may be substituted for two of the 10 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 six years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Five years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

(4) Certification without examination.

(a) As of January 1, 1966, the Board no longer certifies without examination.

CREDIT FOR MILITARY SERVICES

Training or experience, or both, of reserve officers in the military services is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution approved for training in pathology by the Council on Medical Education of the American Medical Association as compared with an assignment to an unapproved location. For evaluation of credit for military service, write to the Secretary of the Board.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board Eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology,

b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required. Two three-year periods of "Board Eligibility" (a total of six years) are the maximum permitted.

#### APPLICATION BLANK AND FEE

Application must be made on the special form that may be obtained from the Secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is two hundred dollars (\$200). If the candidate fails in the examination, admission to a second examination is permitted after six months. The applicant must pay an additional fee of two hundred dollars (\$200) before a second examination will be given.

The application fee of two hundred dollars (\$200) 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 or withdraws an application, \$50 of the examination fee is not returnable. The application fee is not returnable after the candidate has officially been accepted for examination and notified to report for 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 a certificate only after both parts (anatomic pathology and clinical pathology) of the examination have been passed. Similarly, candidates eligible for examination in anatomic or clinical pathology, and a related special field, and claiming eligibility on the basis of two years of training in each area, will receive a certificate only after both parts of the examination have been passed. The two parts may be taken at one session or at separate sessions of the American Board of Pathology within a three-year time limit of "Board Eligibility."

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., 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 and Canada as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association* each year.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and to the associates and assistants, the supervision of work of the trainee, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of 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 expected that the individual responsible for the training program hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In most hospitals, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

##### 2. Medical Technologists:

There are no absolute criteria, but it is expected that the number of medical technologists will be proportional to the volume of laboratory work.

##### 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. net per hospital bed will be scrutinized closely.

##### 4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

##### 5. Percentage of necropsies:

A reasonable percentage of necropsies should be performed.

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 diagnosis of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research.

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Educational program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathologic-correlative conference on deaths should be held regularly.

11. Volume of laboratory work:

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

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

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

**CATEGORY APCP-4.** In both anatomic and clinical pathology, for a total of four years.

**CATEGORY APCP-2.** In both anatomic and clinical pathology, one year in each, for a total of two years.

**CATEGORY AP-3.** In anatomic pathology only, for three or more years.

**CATEGORY AP-1.** In anatomic pathology only, for one year.

**CATEGORY CP-3.** In clinical pathology only, for three or more years.

**CATEGORY CP-1.** In clinical pathology only, for one year.

**CATEGORY APFP-4.** In both anatomic pathology and forensic pathology, two years in each, for a total of four years.

**CATEGORY APNP-4.** In both anatomic pathology and neuropathology, two years in each, for a total of four years.

**CATEGORY SP.** Special pathology only, usually for one year. This designation includes forensic pathology, neuropathology, research only, and such other special programs as may be approved.

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REQUIREMENTS FOR ADMISSION TO EXAMINATION  
GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates for examination for certification must meet the following requirements:

I. Graduation from an approved medical school. (Graduates of osteopathic medical schools are accepted providing they satisfy the other requirements.)

II. Three years of hospital-based training in a program approved by the appropriate agencies of the American Medical Association for internship or residency training. See V below for optional ways in which the third year of training after the two core years of pediatrics may be taken. The Board strongly recommends that candidates have three full years of hospital-based training in pediatrics but will permit substitution of one year of rotating experience or training in another discipline in an approved program. (Graduates of foreign medical schools should study the additional information below.)

III. The Board requires two additional years of practice or further training in pediatrics after the three years of hospital-based training.

IV. Thus, the examination may not be completed until a minimum of five years after graduation from medical school.

V. **RESIDENCY TRAINING:** The Board offers the following guidelines for minimum satisfaction of the training requirements stated in II above.

A. During the three years of hospital-based training, the candidate is expected to assume an increasing measure of responsibility in the care of his patients.

B. Where the first year of post-doctoral training begins with general pediatrics, a candidate may meet the requirements for the third year of hospital-based training in one of the following ways:

1. A third year of general in-patient or out-patient residency or a chief residency. Such programs should provide experience in community pediatrics, behavioral and school problems, and the continuing care of children with chronic disease and handicapping illness.

2. Through recognized sub-specialty training programs in allergy and cardiology if at least half the time is spent in the clinical care of sick children. Two years spent in such a program will be accepted as equivalent to a year of clinical residency.

3. Some predominantly clinical programs of sub-specialty training are accepted as satisfying the required third year of hospital-based training. Program directors bear a heavy responsibility in making sure that such fellowship candidates have a thorough grounding in general pediatrics as an entering qualification. In requesting approval for an individual candidate, the program director should submit a protocol of the duties, responsibilities, educational opportunities, schedule, faculty, and anticipated patient census of the program.

The Residency Review Committee for Pediatrics will now survey training programs of three years' duration which include both the "core years" of general pediatric training and one year of specialty training. To obtain blanket approval of such a program, the director should make application to the Department of Graduate Medical Education, American Medical Association, 535 N. Dearborn Street, Chicago 60610.

4. Agreements for joint training programs have been

made with the American Board of Neurology and Psychiatry (for pediatric neurology) and with the American Board of Internal Medicine (for certification by both boards). Details may be obtained from the Board office.

## SUMMARY

- A. Year 1 Other than Pediatric hospital-based training
- Year 2 General Pediatrics at first-year level
- Year 3 General Pediatrics at second-year level
- Third year of pediatric hospital-based training recommended but not required (Section II)
- B. Year 1 General Pediatrics at first-year level
- Year 2 General Pediatrics at second-year level
- Year 3 Pediatric Residency (Section V, B-1 or B-3)
- C. Year 1 General Pediatrics at first-year level
- Year 2 General Pediatrics at second-year level
- Year 3 Sub-specialty fellowship
- Year 4 Sub-specialty fellowship (Section V, B-2 or B-4)

VIII. GRADUATE SCHOOL COURSES: It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can best be accomplished through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or 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.

IX. PRACTICE REQUIREMENTS: Graduate school courses, research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of such residencies not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships may not be accepted for credit toward the residency requirement, but are accepted toward practice requirements.

X. CREDIT FOR MILITARY SERVICE: Credit for one year of the practice requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done *prior* to completion of residency training is 18 months.

Military hospital assignment will not be accepted in lieu of approved residency training unless the candidate is definitely assigned as a resident to a military hospital approved for residency training in pediatrics.

XI. CANDIDATES NOT MEETING REQUIREMENTS: Exceptionally, a physician may have worked in a pediatric field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

XII. SPECIAL SITUATIONS: The Board recognizes that situations may arise which are not clearly covered in the foregoing statement. In such cases, the program director should present his question to the Executive Secretary who will submit any problems to the Credentials Committee of the Board for its consideration.

## GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

## GRADUATES OF FOREIGN MEDICAL SCHOOLS

*Citizens of the United States:* Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Council for Foreign Medical Graduates.

2. They 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. Ordinarily not more than one year of credit will be given for hospital-based training in other countries. This credit will be as a rotating internship regardless of number of years of training. The candidate will be expected to serve his two basic years of pediatric hospital-based training in approved residencies in either the United States or Canada.

All such candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examinations.

Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of two full years in the *practice* of pediatrics.

The certificate of this Board will be issued to candidates who have passed successfully the examinations of this Board after they have completed a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

## INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

## PART I—WRITTEN

Written examinations are objective in type and are given once each year, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Candidates may apply for admission to written examination six months before the completion of their second year of pediatric training. However, all candidates must complete their core pediatric training by July 1st in order to be eligible to take the written examination on the preceding May 15th. In cases where this regulation would impose a hardship, the Board will consider appeals. Applications must be received prior to January 31st of the year in which a candidate wishes to take the written examination which will be given in May of each year. Results in each of the five areas of examination will be reported to candidates and to the directors of their training as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in this program of training, the individual candidate will be able to discover his areas of weakness and take appropriate measures to correct any such deficiencies before appearing for the final oral examination.

The written examination is given in two three-hour ses-



sions with a luncheon break between. Questions of the morning session must be completed and turned in before the luncheon break; a second set of questions will be issued for the afternoon portion of the examination.

Candidates' examinations are graded on the full performance, but are also scored in the following subdivisions of pediatric knowledge, including diagnosis and treatment:

I. The Newborn

To include prenatal care and obstetric practices as they relate to the offspring; embryology, physiology and pathology of the fetus and newborn; infant feeding; vitamin requirements and deficiencies, infections and metabolic disorders peculiar to the new born; anomalies and other disorders which require attention in early life.

II. Metabolic Disorders

Principles of fluid and electrolyte balance and management; inborn and acquired errors of metabolism; molecular and chemical disorders; endocrinology; renal and genitourinary disease; malabsorption syndromes.

III. Growth and Development

General genetic theory; physical, mental and behavioral development; neurology, psychology and psychiatry; school problems; adolescence; family medicine, mental retardation; perceptual handicaps.

IV. Infectious Diseases

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" diseases; principles of immunity; immunization; public health measures; allergy; mechanical respiratory problems; dermatology.

V. Other Pediatric Areas

Cardiology; hematology; pathology; coagulation defects; surgery and orthopedics; anaesthesia; emergencies; burns, poisonings and drugs; nutrition of the older child; obesity.

**Closing date for receipt of applications for the 1972 written examination is January 31, 1972. Early application is desirable since subsequent assignment to sites for the oral examination depends in part upon the date of first application.**

PART II—ORAL

Oral examinations are held five or six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility, and proximity to the examination site.

American candidates must wait until the conclusion of their full five years of training and/or practice. Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of the final two years of practice or further study in pediatrics, but the certificate of the Board will not be issued to them until they (1) pass the oral examination and (2) complete the same 5-year period of training as required of American candidates.

APPLICATION

Applications must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training.

LETTERS OF RECOMMENDATION

The Board will request letters of recommendation from the directors of training programs. Candidates who have served only under one director should request another pediatrician who is a diplomate of the American Board of Pediatrics to forward a letter of recommendation to the Board.

FEES

The application fee is \$175.00. The full fee must be remitted with the application.

No additional fee is required for second and third written examinations unless an oral examination has been taken. The fee for each subsequent oral examination is \$100.00.

Fees are subject to change at any time and are non-refundable.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written re-examinations may be taken one and two years later without additional charge. 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 and must appear for re-examination within three years or they will be transferred to inactive status (see below). A third oral examination will not be permitted until the candidate has taken and passed another written examination. 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.

POSTPONEMENT OF EXAMINATIONS

*Part I (Written Examination)*—After acceptance of his application a candidate is expected to take the next written examination offered. Such examinations are given annually at a time and place to be announced by notice mailed to eligible candidates. Only under exceptional circumstances and upon written request may the candidate postpone his examination. If the candidate fails to appear for examination by the third opportunity after the acceptance of his application, the fee will be forfeited and a new application must be filed if he wishes to be admitted to the examination.

Candidates who fail Part I must appear for re-examination within three years unless such time is extended after written request to the Board and for such time as the Board, in its sole discretion, deems advisable. Candidates who do not appear within such specified time will be placed upon inactive status as described below.

*Part II (Oral Examination)*—After successful completion of Part I the candidate is expected to appear for Part II of the examination within three years of completion of all requirements unless granted an extension after written request to the Board. After the lapse of three years he will be placed upon inactive status as described below.

*Inactive Status*—In case of failure to appear for re-examination within the periods specified above, a candidate will be placed upon inactive status for an additional two years, during which time he will no longer receive notification of the dates and places of examination. At any time during his inactive status a candidate may request to be restored to active status upon written request to the Board and the payment of an activation fee of \$75.00 in addition to the re-examination fee. If he fails to take advantage of this provision, he will be dropped from the rolls at the conclusion of his period of inactive status and if he wishes re-instatement will have to file a new application and pay the full fee.

All reinstated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such period, unless excused by the Board, will result in loss of eligibility. In order to be reinstated again, a candidate must submit a new application and a new fee.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high 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 basic data.

Clinical and abstract aspects of growth and development

are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

#### CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination.

#### CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC ALLERGY

WILLIAM A. HOWARD, Chairman, Washington, D. C.  
REBECCA H. BUCKLEY, Durham  
OSCAR L. FRICK, San Francisco  
WALTER R. KESSLER, New York  
HERBERT C. MANSMANN, Philadelphia  
SHELDON C. SIEGEL, Los Angeles

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before being admitted to examination in allergy. The candidate may embark on his training in pediatric allergy after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of pediatric allergy training may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty training continues for two or more years, and that at least half the time spent is in clinical allergy experience with children.

Each application is individually considered and must be accepted by the Sub-Board of Pediatric Allergy.

#### INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the Sub-Board. Ample notice will be sent to candidates.

#### FEES

The application fee for certification in allergy is one hundred, seventy-five dollars (\$175.00).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is one hundred dollars (\$100.00) each.

#### LETTERS OF RECOMMENDATION

Letters from two competent pediatric allergists recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

#### REQUIREMENTS

1) Certification by the American Board of Pediatrics. Training in Allergy may be carried out prior to such certification.

2) Two years of full-time training in an approved allergy training program and its associated hospital. At least half of such training must be in pediatric allergy. Three types of training programs have been approved:

- (a) Pediatric
- (b) Adult
- (c) Mixed

Two years in training programs of type (a) or (c), or one

year in each, or one year in (a) and one year in (b) is acceptable. One year in (b) and the other in (c) is not acceptable.

**RESEARCH:** If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy in an approved training program or in a combination of the two.

**PRECEPTORSHIP:** Preceptorship alone is not acceptable, but part of a full-time training program (50 per cent or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of an approved training program and the preceptorship and clinic training run concomitantly.

**CREDIT FOR COURSES:** Established courses or seminars in allergy and immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy, are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 20 per cent of required part-time training hours may be so credited each year. As listed above, part-time training must be completed by January 1973.

Candidates should be prepared for written and oral examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment, and the pharmacology of drugs and physiology of respiration as they relate to allergic diseases. In controversial matters, they should be familiar with arguments on both sides of such questions.

#### FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate may be admitted to oral examination. Written re-examinations may be taken one and two years later. After a third failure, the situation will be reviewed by the Sub-Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure, candidates must take and pass another written examination. Failure of two oral examinations and a subsequent written examination would require review of the situation by the Sub-Board of Pediatric Allergy.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

#### TRAINING PROGRAMS

The candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in allergy.

#### APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Museum of Science and Industry, 57th Street and Lake Shore Drive, Chicago, Ill. 60637.

#### CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

**CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY**

ABRAHAM M. RUDOLPH, Chairman, San Francisco  
 DAN G. McNAMARA, Houston, Texas  
 ALEXANDER NADAS, Boston  
 WILLIAM J. RASHKIND, Philadelphia  
 MADISON S. SPACH, Durham, N. C.  
 NORMAN S. TALNER, New Haven, Conn.

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology. The candidate may embark on his training in pediatric cardiology after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of the pediatric cardiology fellowship may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty continues for two or more years and that at least half the work is clinical work with children.

Each cardiology application is individually considered and must be accepted by the Sub-Board.

**INFORMATION CONCERNING EXAMINATIONS**

Cardiology examinations consist of written, followed by additional examinations. The written examination will be given once a year under a local monitor. The candidate must first take the written examination and obtain a satisfactory grade before being admitted to further examination. The additional examinations will be held at times and places designated by the Sub-Board. Ample notice will be sent to candidates.

**FEEES**

The application fee for certification in cardiology is one hundred seventy-five dollars (\$175.00).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is one hundred dollars (\$100.00) each.

Fees are subject to change at any time.

**LETTERS OF RECOMMENDATION**

Letters from two competent pediatric cardiologists recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

**REQUIREMENTS**

- 1) Certification by the American Board of Pediatrics.
- 2) Complete two years full-time training in an approved training program in pediatric cardiology.
- 3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

**FAILURE IN EXAMINATIONS**

Candidates must achieve a satisfactory grade on the written examination before being admitted to further examination. After the written examination they will be notified either that they have achieved grades on the written examination which qualify them to proceed to further examination, or that they have failed to achieve a satisfactory grade.

Written examination may be taken one, and two years later without additional fee. After three failures, the situation will be reviewed by the Sub-Board to decide subsequent procedure.

Applicants who achieve satisfactory grades on the written

examination, but who fail the subsequent examinations, are eligible to be admitted for re-examination after one year. After a second failure, examination will again be permitted after one year.

Candidates will be expected to repeat the same examining procedure on any re-examinations. Since the written examination score will be utilized in rendering a final decision with regard to passing the whole examination, it will be necessary for candidates to repeat written examinations even though a satisfactory grade was accomplished on a previous written examination.

After a third failure, candidates must complete a plan of preparation for further re-examination, that is declared acceptable in advance by the Credentials Committee of the Sub-Board.

**TRAINING PROGRAMS**

Approximately 50 approved training programs in pediatric cardiology exist. Candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in pediatric cardiology.

**APPLICATIONS**

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Museum of Science and Industry, 57th Street and Lake Shore Drive, Chicago, Illinois 60637.

**CERTIFICATION BY THE BOARD**

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

**AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION**

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**REQUIREMENTS FOR CERTIFICATION**

**A**

Graduates of Education Institutions in the United States:

1. Graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from a school without such approval which, in the opinion of the Board, offers medical education equivalent to such an approved school.
2. A legal license to practice medicine in one or more of the states of the United States, its territories or the District of Columbia or one or more of the provinces of Canada.
3. Satisfactory completion of the requirements of the Board for postgraduate education and experience in physical medicine and rehabilitation as set forth below.

**B**

Graduates of Educational Institutions not in the United States:

1. Graduation from a school which, in the opinion of the Board, offers medical education equivalent to a medical school approved by the Council on Medical Education of the American Medical Association.



2. Successful completion of the examination of the Educational Council for Foreign Medical Graduates unless the candidate holds a license to practice in the United States or Canada.

3. A legal license to practice in one or more of the states of the United States, its territories or the District of Columbia or one or more of the provinces of Canada. This requirement is waived if the candidate has completed three years of approved residency training in this country and is returning to a foreign country to practice.

4. Satisfactory completion of the Board's requirements for postgraduate education and experience in physical medicine and rehabilitation as set forth below.

#### POSTGRADUATE EDUCATION AND EXPERIENCE

Admission to the examination for certification in physical medicine and rehabilitation requires a minimum of five calendar years of postgraduate education and experience, all undertaken in the United States or Canada, three years of which must be postgraduate education in a residency program approved by the Residency Review Committee for Physical Medicine and Rehabilitation, and two years of which must be full time clinical experience in physical medicine and rehabilitation.

Generally, a candidate must satisfactorily complete an internship in a hospital approved by the Council on Medical Education. However, completion of training which, in the opinion of the Board, is comparable or equivalent to such internship is satisfactory.

At the discretion of the Board, the internship requirement may be waived for a candidate who began his three-year postgraduate education in physical medicine and rehabilitation immediately upon graduating from a school acceptable to the Board provided, that during the first year of such postgraduate education, he: (1) received a minimum of six months training which in the judgment of the Board is equivalent to that provided by an internship, and (2) received training in acute medical and surgical conditions which fulfill minimum requirements of the Board. Whether such training meets the minimal requirements of the Board depends upon the candidate's electives taken in medical school and upon the discretion and judgment of the director of the residency program in physical medicine and rehabilitation.

During the said three years of postgraduate education the candidate must complete a minimum of twenty-four months of full-time clinical training in physical medicine and rehabilitation.

A candidate who has completed an internship but does not qualify for further credit under the present policies of the Board must complete three years of postgraduate training in an approved residency, which training must include a minimum of twenty-four months of full-time clinical training in physical medicine and rehabilitation. During the remaining twelve months such candidate may receive training from other clinical services or may undertake responsibility for full-time research.

Any candidate who has had an internship or equivalent to that required by the Board and at least one year's training in an approved residency in another specialty other than physical medicine and rehabilitation may meet the requirements of the Board by completing two additional years of postgraduate education in an approved program, twenty-one months of which must be spent on full-time clinical practice of physical medicine and rehabilitation.

In selected instances, to be considered on an individual basis, two years of full-time practice in physical medicine and rehabilitation may be accepted as a substitute either in whole or in part for a year of approved residency training. In such instances, six years of such practice could be substituted for the requirement of three years of postgraduate education in an approved residency program.

At the discretion of the Board, credit for one year of residency training may be given a candidate who has completed four years of general practice.

Osteopathic physicians, graduated from an osteopathic school in the United States and candidates who have received postgraduate education in a foreign country, may, at the discretion of the Board, be given credit toward satisfactory completion of postgraduate education in the specialty of Physical Medicine and Rehabilitation.

Following satisfactory completion of postgraduate education in an approved residency training, all candidates must present evidence of having had a minimum of two years of full-time practice in the specialty of Physical Medicine and Rehabilitation before they will be deemed eligible for Part II of the Board's examination. In selected instances, eight years of full-time practice in the specialty of Physical Medicine and Rehabilitation may qualify a candidate for eligibility for Part I and Part II of the examination.

Practice in the military service, performed after the residency training has been completed, is considered on the same basis as any other practice experience, provided the practice has been exclusively in the specialty of Physical Medicine and Rehabilitation.

#### APPLICATION

The form which must be submitted by all candidates applying for examination leading to certification is obtained by writing to the Secretary of the Board. The completed application shall contain a record of the candidate's pre-medical and medical training, internship, graduate study, hospital staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, and any other information he deems relevant to the determination of his eligibility for admission to the examination. In addition, there must be submitted with the application the names of three psychiatrists or other physicians to whom the Board may write for professional and character reference. The Secretary of the Board will submit to the physicians so named a form requesting them to rate the moral, ethical, and medical ability of the applicant. No applicant will be declared eligible for the examination until the physicians from whom references are requested have replied. If all of a candidate's references are unfavorable, the candidate will be notified of this fact and consideration of eligibility for the examination will be suspended until the Board obtains satisfactory references; however, any applicant may request a hearing before the Board to present evidence material to this requirement.

If the candidate plans to take only Part I or only Part II of the examination, a fee of one hundred and seventy-five dollars (\$175.00) shall accompany the application. If the candidate plans to take both Parts I and II during the same examination period, a fee of three hundred and twenty-five dollars (\$325.00) shall accompany the application. The completed application including the required fee must be received by the Secretary prior to the deadline date advertised, to be considered by the Board. In case of rejection of any application, twenty-five dollars (\$25.00) will be retained to cover the cost of evaluating the application; the remainder will be refunded to the applicant.

If the candidate will not finish his postgraduate education until September 30th following the examination date for which he has applied, he may be allowed to take the examination, but the results will be withheld until verification has been received by the Secretary that he has completed his training.

If a candidate is declared eligible for examination, the fees are not refundable. In the event that the candidate is unable to appear for the examination and is officially excused in writing by the Board, fees paid will remain on deposit up to three years, after which they will be forfeited to the Board. During this three year period, the candidate may

reapply by letter for Board eligibility to take the examination. Subsequent to the three year period, a formal application must again be initiated by the candidate accompanied by payment of the fees required. A completed reapplication must be received by the Secretary prior to the deadline date advertised to be considered.

In case of failure on the examination, the fee for reexamination of Part I alone or Part II alone is one hundred and seventy-five dollars (\$175.00); for both Parts taken at the same time, it is three hundred and twenty-five dollars (\$325.00). The Board is a non-profit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fee when necessary.

In the event a foreign graduate (or any other candidate) who has not been licensed to practice in the United States or Canada applies for Part II of the examination, he may take the examination, but the results of the examination and any certificate earned are withheld until it is verified that such person has obtained his license or has returned to his native land.

DESIGNATION OF ELIGIBILITY

An applicant shall be designated Board eligible for accreditation by the American Board of Physical Medicine and Rehabilitation upon completion of the following conditions:

1. Filing of educational credentials and application for certification with the Secretary of the Board by the applicant.
2. Payment of the fee for the examination by the applicant.
3. Transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled requirements for eligibility.

Upon establishment of such eligibility, the candidate will be notified of the date and place for the examination. A candidate who fails to pass Part I of the examination may apply for reexamination the following year. Any candidate failing Part I twice must complete a one year full-time approved program of Physical Medicine and Rehabilitation specialty training before declaration of eligibility will be considered for Part I examination the following year. Failure to pass Part I of the examination a third time permanently precludes the candidate from any further consideration or designation of eligibility by the Board for examination or certification.

An applicant who has failed Part I of the examination, or who applies for Part II of the examination after successfully completing Part I thereof, shall not be designated Board eligible by the Board until the completion of the following conditions:

1. Filing a letter of application for the examination by the applicant.
2. Payment of the examination fee by the applicant.
3. Transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled requirement for eligibility.

If the candidate fails Part II, he may reapply for eligibility for reexamination including payment of the examination fee the following year and again a third year if still unsuccessful. After three unsuccessful efforts to pass Part II of the examination, eligibility for a fourth and final Part II examination may be established only upon completion of one year of full-time postgraduate education in an approved program of Physical Medicine and Rehabilitation. Failure to pass a fourth Part II examination precludes the candidate from any further privilege to apply for examination.

*Effective July 1, 1967, the above policy will be applicable and in no case shall the interval between first attempting Part I and the successful completion of Parts I and II of the examination exceed seven years.*

Failure to appear for annual examination once eligibility is established for either Part I or Part II, without being officially excused, shall result in forfeiture of the fee deposited and shall be considered a negative result in the examination scheduled for that year resulting in the loss of one opportunity to take that part of the examination. Only under extraordinary circumstances, fully presented to the Board and showing good cause for failing to procure an official excuse prior to the examination, shall the Board vary from this policy.

A candidate may take Part I and Part II of the examination in the same year, but if he fails Part I, his score on Part II will not be considered because Part I must be passed in order to become eligible for Part II of the examination.

EXAMINATIONS

As part of the requirements for certification by the American Board of Physical Medicine and Rehabilitation, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of physical medicine and rehabilitation.

The examination for certification is given in two parts. Part I is written, Part II is oral.

Part I (written) may be taken after the satisfactory completion of the specialized training required by the Board outlined above.

Part II (oral) may be taken only after passing Part I and after two years of full-time practice in physical medicine and rehabilitation following residency training.

Part I and II may be taken in the same year by any candidate if such candidate has fulfilled all the requirements for eligibility for admission to examination outlined above.

Both the written and oral examination will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. Those basic sciences will include:

1. *Anatomy*, including kinesiology and functional anatomy.
2. *Physics*, related to the field.
3. *Physiology*, including physiology of movement and physiologic effect of the various physical agents used in physical medicine and rehabilitation.
4. *Pathology*.
5. *Other fundamental sciences*: The applicant may be examined concerning his knowledge of other subjects related to Physical medicine and rehabilitation.

The clinical aspects will include:

1. Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and various rheumatic diseases; neuromuscular diseases; cerebral and spinal cord injuries and diseases (e.g. cerebral vascular accidents, postoperative sequelae of surgery of the brain and spinal cord, cerebral palsy, and paraplegia), and musculoskeletal diseases, including the large group of traumatic and orthopedic conditions.

2. The clinical use of such physical agents as heat, water, electricity, ultraviolet radiation, massage, and exercise, and rehabilitation techniques. This includes electromyography and other diagnostic techniques.

3. A knowledge of the roles of allied personnel within or associated with the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, medical social worker, and vocational counselors; and the ability to coordinate the services of such personnel.

4. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe and supervise specific treatment to be executed by allied health personnel.

METHOD OF EXAMINATION

Part I is a written examination and will be given once each year, usually in the month of June. This examination is divided into morning and afternoon periods of approximately

three hours each. The questions are designed to test the candidates' knowledge of basic sciences and clinical management as related to physical medicine and rehabilitation, and will be in the form of objective testing.

Part II consists of oral examinations which are held once each year at such times and places as the Board may designate. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions which come within the field of physical medicine and rehabilitation. During the oral examination, questions will be asked about diagnostic and therapeutic procedures. The candidate should be prepared to demonstrate his ability to interpret roentgenologic, electrodiagnostic, and other material related to patient management. The candidate should demonstrate familiarity with the literature of basic and clinical research. Conciseness and clarity of statement is desirable. Evidence of the maturity of the candidate in a clinical procedure and of factual knowledge will be sought.

#### CERTIFICATE

Upon approval of the candidate's application and successful completion of the examination, the Board will grant a certificate to the effect that the candidate has met the qualifications required by the Board of the specialty of Physical Medicine and Rehabilitation. The recipient of a certificate shall be as a certificant or a diplomate of the American Board of Physical Medicine and Rehabilitation.

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 physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of physical medicine and rehabilitation in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

The chief aim of the Board is to standardize qualification for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements; and thereby provide assurance to the public and the medical profession that certificants possess particular competence in physical medicine and rehabilitation.

A list of the diplomates of the Board appears in the directory of Medical Specialists published by *Marquis-Who's Who, Inc.*, of Chicago, Illinois, for the American Board of Medical Specialties.

#### REVOCATION OF CERTIFICATES

Any certificate shall be subject to revocation by the Board if any one or more of the following conditions is found to exist:

1. The issuance of such a certificate or its receipt by the certificant shall have been contrary to or in violation of any provision of the Certificate of Incorporation of the Board or of its Constitution and By-Laws.
2. The certificant shall not have been eligible to receive such certificate, irrespective of whether the facts constituting ineligibility were known to or could have been ascertained by the Board at the time such certificate was issued.
3. The certificant shall have made any material misrepresentation of fact in his application for such certificate or in any other statement to the Board or to its representative.
4. The certificant has failed to maintain competency in the practice of physical medicine and rehabilitation.

5. The certificant is guilty of unethical conduct or moral turpitude which is unbecoming a certificant in physical medicine and rehabilitation or detrimental to the best interests of the public and the specialty of Physical Medicine and Rehabilitation.

No certificate shall be revoked unless the following procedures are afforded the certificant:

1. A copy of the charges preferred against the certificant and the event or events from which such charges have arisen is served upon him by registered mail.

2. The certificant is given at least ten days to prepare his defense.

3. A hearing is held on such charges at which the certificant is afforded a full opportunity to be heard in his own defense including the right to cross-examine witnesses appearing against him and to examine documents material to said charges.

The Board shall have the sole power, jurisdiction, and right to determine whether the evidence presented at said hearing or otherwise is sufficient to constitute one of the grounds for revocation stated above. The Board shall make findings of fact a basis for its decision, which shall be final.

#### AMERICAN BOARD OF PLASTIC SURGERY

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 MRS. ESTELLE M. VAPPAS, Corresponding Secretary, 4647  
 Pershing Avenue, St. Louis, Missouri 63108

#### GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the Board. Practices contrary to ethical public relations will be subject to close scrutiny and may result in ground for rejection of the application.

2. This Board will accept only those persons who have fulfilled the requirements set forth in this brochure as applicants for examination.

3. This Board will accept only those persons whose practice is limited to the field of plastic surgery as applicants for examination.

#### PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

The Board considers the requirements outlined below to be minimal in attaining its purpose, and encourages candidates to take advantage of broadening experience in other fields.

Since these requirements may be changed from time to time by Board action, the candidates must fulfill those requirements which are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the Board. The Board will accept the certificate of the Educa-

tional 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. The certificate of the ECFMG will not be required for those graduates of foreign medical schools who are licensed by examination to practice medicine in any state of the U.S. or Canada.

2. Three years of training in general surgery as a resident or an assistant resident in a hospital approved by the Conference Committee on Graduate Training in General Surgery. Of the required three years of approved training in surgery, a minimum of twenty-four months must be spent in clinical surgery, and may include the usual rotation of one or more of the following: orthopedic surgery, urological surgery, neurological surgery, thoracic surgery, gynecological surgery, and other divisions of surgery as well as general surgery. The Board may give credit up to one year toward this three-year requirement to those who have had approved training in disciplines other than general surgery, or in non-clinical fields of particular value to the discipline of plastic surgery. Each case is to be evaluated by the Board on its own merits. The training in general surgery of those candidates who have been approved for examination by the American Board of Surgery fulfills the requirements of this Board for general surgery.

3. Training in general plastic surgery for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery is required. To be accredited, training in plastic surgery must be obtained in the United States or Canada. AN APPLICATION FOR EXAMINATION AND CERTIFICATION MUST BE ACCOMPANIED BY A LETTER OF RECOMMENDATION FROM THE CHIEF OF SERVICE OF THE PROGRAM ON WHICH THE TRAINING WAS RECEIVED.

4. During these years of training, a candidate must hold positions of increasing responsibility for the care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. An important 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 the patient. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility.

5. Training in plastic surgery should cover a wide field of plastic surgery. It should include experience in both the functional and esthetic management of congenital and acquired defects of the face, neck, body and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination of the Board after the prescribed period of training. If the available material on one service is inadequate, the Chief of that Service may correct the deficiency by establishing an affiliation with one or more surgeons on another service within that hospital, or by regular rotation of his residents on another approved affiliated service in order that a broad experience is obtained. The trainee should be provided an opportunity to operate independently on suitable cases under more remote supervision.

This period of specialized training should emphasize the relationship of basic science—*anatomy, pathology, physiology, biochemistry, microbiology*—to surgical principles fundamental to all branches of surgery, and especially to plastic surgery. In addition, the training programs must provide in depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, narcotics and hypnotics, anesthetics, chemotherapy, etc.

The Board reserves the privilege of:

- (1) requesting lists of operations performed solely by the candidate for one or more years;
- (2) of requesting special and extra examinations, written

or oral and practical; and

(3) of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

The primary interest of the Board is to encourage well-rounded training in plastic surgery with the ultimate goal of producing a plastic surgeon capable of managing the wide variety of problems which may come under his care. The standards set up by the Board both for preliminary surgery, and for specialized plastic surgery training are established in an effort to further this aim. The quality of training received will be reflected in the candidate's ability to achieve good results in his practice. The examinations of the Board are an attempt to evaluate the general knowledge and ability of the candidate in his chosen specialty of plastic surgery.

TRAINING FACILITIES

Residencies.

THE AMERICAN BOARD OF PLASTIC SURGERY DOES NOT ASSUME THE RESPONSIBILITY FOR INDEPENDENT INSPECTION AND APPROVAL OF RESIDENCIES. The Residency Review Committee inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the Director of the Residency has filed an application for approval with the Secretary of the Residency Review Committee for Plastic Surgery (Tripartite Committee), 535 North Dearborn Street, Chicago, Illinois 60610. The Residency Review Committee makes its inspection at the same time as the A.M.A. inspection, if at all possible, and reports its findings to the Secretary of the Tripartite Committee. The Chief of Service, the hospital administration, and the Board are notified by the Secretary of the joint action which has been taken. All correspondence concerning the application for approval is handled through the Secretary of the Tripartite Residency Review Committee. The Committee consists of 3 representatives from the Council on Medical Education of the A.M.A., 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery.

ONLY TRAINING IN PLASTIC SURGERY RECEIVED IN THOSE RESIDENCIES APPROVED BY THE RESIDENCY REVIEW COMMITTEE FOR PLASTIC SURGERY IS ACCEPTABLE TO THE BOARD. Two years of training in plastic surgery in programs approved as two-year programs is acceptable as the minimum requirements in plastic surgery. In programs approved by the Tripartite Committee as three-year residencies, THE CANDIDATE MUST COMPLETE THE ENTIRE THREE YEARS WITH AT LEAST ONE YEAR OF SENIOR RESPONSIBILITY IN ORDER TO RECEIVE FULL CREDIT.

Candidates completing plastic surgery training in Canadian programs approved by the Royal College of Surgeons (Canada) will be eligible to take the American Board of Plastic Surgery examinations providing the general surgical requirements of the Board have been fully satisfied.

Neither the Board nor its individual members can be responsible for the placement of applicants for training. The Board does NOT maintain a list of available openings in training programs. Prospective candidates should write to the directors of those programs in which they are interested to obtain such information. For a list of approved residencies in plastic surgery, consult the Directory of Approved Internships and Residencies published annually (October or November) by the Council on Medical Education of the American Medical Association. The Directory is available from the A.M.A. upon request.

BOARD ELIGIBILITY

A candidate whose application to take the certifying examination has been approved is considered to be Board eligible. Any Board eligible candidate must take the certifying exam-

ination within five years from the time of his approved application. If the qualifying examination is not taken within this five-year period, the candidate will no longer be considered Board eligible and a new application for examination and certification will be necessary.

#### EXAMINATION

After evaluation of the candidate's training, and upon approval by the Board of his application for examination and certification, the candidate will be notified of his eligibility to take Part I of the qualifying examinations. Application for Part I examination must be received in the office of the Board no later than August 1st for the candidate to be eligible to take the Part I examination offered in September.

#### PART I

Part I of the American Board of Plastic Surgery certifying examinations will be given regionally each year on the first Saturday following Labor Day. The regional distribution of the Board examinations will be determined on a yearly basis by the Board, and each candidate will be notified regarding the time and location of this examination.

Part I of the American Board of Plastic Surgery examination will consist of three examinations: 1) A three-hour multiple choice written examination covering basic science and general clinical plastic surgery. 2) A one-hour multiple choice written examination covering pertinent gross and functional anatomy. 3) A one-hour written pathology examination covering pertinent gross and microscopic pathology. Upon successful completion of Part I of the qualifying examination the candidate will be notified of his eligibility to take the oral examinations which will be given yearly in the spring immediately preceding or following the meeting of the American Association of Plastic Surgeons, or at any other time if so decided by Board action.

#### GRADES

Successful completion of the Part I examination requires a grade of 75% or better in each of the three separate parts of the Part I examination.

#### RE-EXAMINATIONS

In case of failure, the candidate will be required to repeat that particular segment of the Part I examination that was failed. The candidate must give the Board office notice requesting re-examination and pay a fee of \$100.00 for the written re-examination.

All re-examinees must also obtain a minimum grade of 75% in each part taken in order to qualify for the oral examinations.

Candidates who have failed in any portion of the examination may be admitted to another examination at the next regular examination period, but not later than three years afterward.

A candidate who fails one re-examination will be admitted for further examination only after submitting evidence of satisfactory additional study and preparation. The Board may, however, for reasons it deems sufficient, deny a candidate the privilege of further re-examination.

#### PART II

Upon successful completion of Part I of the certifying examination the candidate will be notified of his eligibility to apply for the oral examination given each year in the spring. Each candidate will then be required to submit a one-page summary of eight major cases indicative of his independent work in the field of plastic surgery.

#### CASE SUMMARIES

Case summaries, which are indicative of independent work, must be submitted to the Board office by March 15th. All cases must be assembled following the completion of the

residency training program, and must be performed by the candidate as an independent operator. Each candidate will bring to the examination the following materials on each of his eight submitted cases.

1. Pre- and post-operative photographs.
2. Official copies of all operative notes on the eight (8) submitted cases.
3. Pertinent x-rays and drawings.
4. A one-page case summary (a copy of that submitted on the previous March 15th).

The diversified nature of the case material submitted is evidence of the candidate's training in the representative areas of general plastic surgery, and should be drawn from the following categories:

1. Cleft lip and/or cleft palate.
2. Traumatic defects requiring reconstructive surgery;
  - (a) Maxillofacial region
  - (b) Body and extremities.
3. Acute burns.
4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancy:
  - (a) The head and neck region.
  - (b) Of the body and extremities.
7. Plastic surgery of the hand.
8. Congenital anomalies:
 

Examples: Syndactylism, congenital absence (partial or total) of external ear, hypospadias, thyroglossal duct cysts, extensive nevi, congenital bands, etc.
9. Complications: i.e., iatrogenic or unexpected.

To be accepted, case summaries must be assembled according to the following instructions. The instructions should be studied closely. The summaries should be brief and include:

1. A separate listing of cases by categories, including identifying hospital case number.
2. A separate signed form, stating "I hereby certify that the planning and essential surgical procedures described herein were performed by me as an independent operator." Only one statement is necessary for the entire group.

3. Each summary is to be typed on a single letter-size paper with the candidate's name, the number of the case, the hospital case number, followed by the summary.

The Board may, at its discretion, request certification of case reports by the hospital where the operations were performed.

#### ORAL EXAMINATIONS

Oral examinations will consist of three, three-quarter hour oral examinations covering: 1) Case summaries; 2) Theory and Practice of Plastic Surgery; 3) Applied Anatomy, Applied Physiology; 4) Pathology, Microbiology, Clinical Laboratory Methods; 5) Reaction of Tissue to Injury, Wound Healing and Transplantation Biology; 6) Surgical Accidents and Complications. Anesthesiology. Pharmacology.

#### GRADES

All candidates will be evaluated by each member of his examining teams and any having difficulty will be discussed in detail by the entire Board. The final decision regarding pass or fail will be rendered at the meeting of the Board following completion of the oral examinations.

Candidates who have failed the oral examination may be admitted to another examination at the next regular examination period but not later than three years afterward. The candidate must give the Board notice requesting re-examination, and pay a fee of \$100.00 for the oral re-examination. Any candidate who fails one re-examination will be admitted to further examination only after submitting evidence of satisfactory additional study and preparation. The Board may, however, for reasons it deems sufficient deny the candidate the privilege of further re-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 by the Board, which has been signed by its officers with the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is \$225.00. Of this sum, \$75.00 must accompany the application and the remaining \$150.00 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 may be necessary to request a voluntary annual contribution from diplomates after the first year of certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

- JOHN C. HUME, Chairman, Baltimore, Maryland
- FRANKLIN B. AMOS, Vice Chairman for Public Health, Albany, New York
- EARL T. CARTER, Vice Chairman for Aerospace Medicine, Rochester, Minnesota
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- HOWARD R. UNGER, M.D., Washington, D.C.
- WARREN WINKELSTEIN, JR., Berkeley, California
- HAROLD V. ELLINGSON, Secretary-Treasurer, 410 West 10th Avenue, Columbus, Ohio 43210

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a school of osteopathic medicine which was at the time approved by the American Osteopathic 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; or has had service or training deemed by the Board to be equivalent to such internship; 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 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 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 of not less than one year, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. The candidate must have been engaged in the practice of, or training for, public health for at least two of the five years preceding application.
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 of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. \*Residency 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; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to aerospace medical practice.
3. A period of not less than one year, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.
4. The candidate must have been engaged in the practice of, or training for, aerospace medicine for two of the five years preceding application.
5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion 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

\*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

must 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 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; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to occupational medical practice.

3. A period of not less than one year, in addition to 1 and 2 above, or special training in, or teaching or practice of, occupational medicine;

4. The candidate must have been engaged in the practice of, or training for, occupational medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

#### SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion 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 of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;

3. A period of not less than one year (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. The candidate must have been engaged in the practice of, or training for, preventive medicine for two of the five years preceding application.

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 1st in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required docu-

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mentation, 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 four 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.

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.....	\$50
Must be submitted with application; is not refundable.	
Examination fee.....	\$200
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Re-examination fees:	
Each part taken.....	\$100
Examination fees for additional affiliated	
Specialties: Each specialty.....	\$100

#### 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 emphasizing the applicant's knowledge 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 who have had full residency training in Preventive Medicine in the United States or Canada but who are 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 must 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, in the United States or Canada, not less than three (3) 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 two (2) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that the requirement of 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; and that (4) it is his intention, without mental reservation, to engage in practice in a specified country other than the United States or Canada within one year after completion of training. Should he at any time thereafter engage

in teaching or practice in the United States or Canada, he will deposit his special certificate with the Boards.

The application procedures, the examinations, and the fees are the same as those required of all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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 Office of the Board, 1603 Orrington Avenue, Evanston, Illinois 60201

APPLICATION FOR CERTIFICATION

An application, in order to be considered for Part I of the examination, which is given about May 1 of each year, must be in the hands of the Secretary of the Board *no later than the preceding October 31*. A proper application form may be obtained from the Executive Secretary-Treasurer. Application may be made for certification in psychiatry or in neurology. 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 Executive Secretary-Treasurer of the Board, upon receipt of an application, will make inquiries from those whom the candidate submits as references and from such other persons as the Executive Secretary-Treasurer may deem desirable and will verify the candidate's record from the biographical records of the American Medical Association. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

FORM OF CERTIFICATION

The Board currently issues four types of certificates. The first is a certificate with respect to psychiatry, the second is a certificate with respect to neurology, the third is a certificate with respect to child psychiatry and the fourth is a certificate with respect to child neurology. If an applicant is certified with respect to both psychiatry and neurology, or with respect to both child psychiatry and child neurology, two certificates shall be issued to such applicant, one in psychiatry and the other in neurology. Each certificate shall be in such form as may be specified from time to time by the Board.

REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

1. Physician (M.D.)
  - (a) He is duly licensed to practice medicine in a state of the United States or a province of Canada.
  - (b) He is of high moral, ethical and professional standing.
  - (c) He is a graduate of a medical school in the United States or Canada.
  - (d) He has satisfactorily completed the Board's specialized training and experience requirements in psychiatry or neurology, or both, as set forth below.
2. Osteopathic Physician (D.O.)
  - (a) He is duly licensed to practice medicine in a state



- of the United States.
- (b) He is of high moral, ethical and professional standing.
  - (c) He is a graduate of an Osteopathic School in the United States.
  - (d) He has satisfactorily completed the Board's specialized training and experience requirements in psychiatry or neurology, or both, as set forth below.

#### SPECIALIZED TRAINING AND EXPERIENCE

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 in the specialty in which certification is sought satisfactorily completed in approved training programs, 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, four years of which must be specialized training satisfactorily completed in approved training programs, plus two years of experience. If an applicant seeks certification in both psychiatry and neurology, he must have satisfactorily completed four full years of graduate training in approved training programs and have had two full years of satisfactory experience, all undertaken in the United States of America or the Dominion of Canada. The graduate training must include two years in psychiatry and two years in neurology. For an applicant whose training began after June 30, 1964, at least two full years of training in each specialty must be spent in a single program. The graduate training years may occur in any sequence. The two years of experience may be in either neurology, or psychiatry, or both, but at least one year of training in psychiatry or neurology must precede the year(s) of experience. The required years of experience should be spent in clinical practice with major responsibility for the care of patients. Those seeking such dual certification will be required to take the entire Part I (written) examination in each specialty.

All applicants who began training on or after July 1, 1956, must show that at least 24 months of their training were 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. All applicants who began training on or after July 1, 1964, must show that at least 24 months of their training were secured in a single training program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological and pharmacological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the

basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuropharmacology, and neuroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in either neurology or psychiatry, after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of post-graduate training in an approved training program 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 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 issue of the Directory of Approved Internships and Residencies.

#### PROGRAM FOR SPECIAL TRAINING AND QUALIFICATIONS (PSTQ)

The purpose of this program is to admit to examination those few exceptionally qualified candidates whose training and experience has been unusual because of the individualized research and clinical training features of their careers. The standard of performance at examination is the same as for candidates with conventional training.

A candidate must be nominated by a director of a training program approved by the Residency Review Committee of the American Board of Psychiatry and Neurology. The program director must be from the institution where the candidate had a substantial portion of his training or experience, or where he has a current professional appointment. The director must justify the unique but adequate character of the candidate's training program, and must describe in detail the candidate's clinical experience and competence, as well as his professional goals and accomplishments. The candidate must have completed at least five years of training, and evidence must be submitted showing that he has had satisfactory direct responsibility for patient care in his field of specialization. In addition to the usual application form, the candidate's curriculum vitae, bibliography, and reprints, should be submitted for consideration. Each nomination for this PSTQ plan will be considered on an individual basis by

the Credentials Committee and the Board of Directors.  
The plan will go into effect July 1, 1970.

**CERTIFICATE IN NEUROLOGY**

**WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY**

The American Board of Psychiatry and Neurology believes that the proper preparation for the practice of Child Neurology requires that the practitioner be a competent neurologist who has had additional training in Pediatrics and Child Neurology. To qualify for the new certificate, a different type of preparation and certifying examination has been formulated. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it will certify competence in "Neurology with Special Competence in Child Neurology." It is expected that such a diplomate will be a general neurologist, but with special knowledge of neurological disorders of children.

The following are the requirements for eligibility for admission to examination for certification in Neurology with Special Competence in Child Neurology.

**A. GENERAL QUALIFICATIONS**

The applicant must comply with the Board's requirements as to being duly licensed to practice medicine, being of high moral, ethical and professional character, being a graduate of an acceptable medical school, and having completed one year's approved internship. Straight Pediatric internship is not an absolute requirement but is strongly urged.

**B. SPECIAL QUALIFICATIONS**

1. One year of general Pediatric residency.
2. Two years of general Neurological residency.
3. Either of the following:
  - (a) Two years of Neurological residency devoted to Child Neurology; or
  - (b) One year of Neurological residency devoted to Child Neurology plus two years of experience in Child Neurology.
4. During the period of Neurological residency, the candidate must have satisfactory training in the sciences basic to Neurology and in Psychiatry and Neurological Surgery as outlined in the "Essentials of Approved Residencies" as they apply to Neurology.

**C. EXAMINATION**

Successful completion of the Part I (written) examination is required before admission to the oral examination.

Just as the training for this certificate would differ from the regular pattern, so would the examination. In the regular neurological certifying examination, the candidate examines and discusses the neurological problems presented by two adults and one child. For the new certificate the candidate would be required to pass all other parts of the regular examination but would instead examine two children and one adult patient.

**EXAMINATIONS**

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. Part II (the practical examination) will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and

deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. The examination for certification in psychiatry will differ from the examination for certification in neurology. Written examinations (Part I) will be given.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry should include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well as 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.

**REGULATIONS REGARDING EXAMINATIONS**

After March 1, 1967, all candidates seeking eligibility for the oral examination in Psychiatry or Neurology first must successfully complete Part I (written) which will be a multiple-choice type of examination.

The written examination will be given once a year, about May 1, on a regional basis throughout the United States and Canada as well as in selected sites outside the continental limits of the United States. Every effort will be made to accommodate candidates in their locale, but the candidate may not select the site of his examination, and no transfer to another area can be made during the three-month period preceding the written examination.

Approximately six weeks after the written examination, candidates will be notified by the Executive Office of the Board, Inc. whether they passed or failed.

Candidates who have passed the written examination will be assigned to Part II (oral) and may not select either the site or the date. It is the candidate's privilege to decline the assigned examination and request consideration for a later date, but there is no guarantee that another date or location will be more satisfactory to the candidate.

The candidate who successfully completes his written examination but does not appear for his oral examination within a three-year period loses his eligibility. Should he wish to appear for the oral examination at a later date, he must reapply, pay another application fee, reestablish his eligibility, pay examination fees and successfully complete another written examination.

Applications for candidates declared eligible but who do not elect to take Part I of the examination remain valid for three years from the date they are received in the Executive Office. The candidate who does not appear for examination during this three-year period forfeits his application and written examination fees. When he reapplies, he must pay another application and written examination fee.

Candidates who pass the Part I examination shall be required to be present as scheduled for Part II within one year following notification of successful completion of Part I. Scheduling for Part II examination will be made automatically in the order of original application for examination.

Candidates who condition the Part II examination shall be required to be present for assigned repeat examination within six months of the conditioned examination, unless the availability of places in the schedule requires further deferral.

The candidate who passes Part I (written) but fails Part II (oral) has a second opportunity for another oral examination within one year after his first unsuccessful attempt and pay-

ment of another Part II examination fee. Should he fail the second time, he must wait two years and take additional training before reapplying, pay the necessary fees and repeat the written examination.

Candidates who do not appear for their assigned written examination forfeit the \$50.00 fee and are required to pay an additional written examination fee should they request scheduling for the written examination at a later date.

A candidate who fails his first written examination may on payment of \$50.00 take his second written examination the following year or the year thereafter. Two failures will necessitate reapplication with a new fee and reevaluation by the Credentials Committee.

Physicians who will achieve eligibility (three years of residency followed by two years of experience) no later than June 30 may submit their formal application before the preceding October 31 and request consideration for the May written examination.

#### PAYMENT OF FEES (Effective July 1, 1969)

The candidate upon filing his application shall accompany it with a fee of \$175.00. If the applicant is found not eligible, the written examination fee of \$50.00 will be returned to him. The application fee of \$125.00 is not refundable. When the candidate has successfully completed his written examination, the Executive Office will notify him that he has been accepted for the oral and practical examination. The candidate must then send to the Executive Office an additional examination fee of \$150.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to the supplementary examination for the other certificate must pay an additional fee of \$150.00.

A candidate who has failed the written examination may request permission to repeat the written examination. Such requests must be accompanied by a written examination fee of \$50.00 which must be received in the Executive Office no later than October 31 prior to the scheduled date of the examination.

A candidate who has failed in one oral examination is eligible for re-examination within one year upon payment of a re-examination fee of \$150.00. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and \$175.00 fee, present evidence of further training, and pay an examination fee of \$150.00, repeating both the written and oral examinations.

A candidate who fails in one or two subjects conditions the oral examination and is eligible for re-examination in those subjects within one year upon payment of a re-examination fee of \$100.00. After the year has elapsed, he must submit a new application, pay new application and examination fees and repeat both the written and the entire oral examinations. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of a fee of \$175.00. If declared eligible by the Credentials Committee, he will be required to complete successfully the written examination before being admitted to the oral examination, at which time he must pay a new examination fee of \$150.00.

Any candidate who finds himself unable to attend the examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of application shall be required to submit a new application and pay the applicable fees and re-establish his eligibility.

#### APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An applicant who wishes to be certified in Child Psychia-

try shall complete, sign and file with the Executive Secretary-Treasurer of the Board an application on the official form then in use by the Board, together with the supporting data required by the application. Applications may be obtained from the Executive Secretary-Treasurer. The application shall be accompanied by a check payable to the Board for \$125 to cover the application fee. No part of such fee is refundable. The applicant shall also submit to the Board the names of two child psychiatrists as references. No application will be considered until the fee and all required data have been received by the Executive Secretary-Treasurer. The application, supporting data and fee must be received by the Board no later than May 1 in order for the applicant to be considered for the examination to be conducted during that calendar year.

The Executive Secretary-Treasurer, upon receipt of an application, shall make inquiries from those whom the candidate designates as references and from such other persons as the Executive Secretary-Treasurer may deem desirable. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

#### GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for certification in Child Psychiatry must comply with the following requirements:

- (a) He must have been certified by the Board in the specialty of General Psychiatry prior to taking the examination in Child Psychiatry, and he must at all times, continue to meet all requirements of the Board for certification in General Psychiatry.
- (b) He must have satisfactorily completed the required training in Child Psychiatry as a specialty.

#### TRAINING REQUIREMENTS

All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in child psychiatric centers approved by the Committee in conjunction with the Residency Review Committee for Psychiatry and Neurology.

If during the candidate's training in basic psychiatry, he engages in a minimum of six months up to a maximum of 12 months of specialized training in Child Psychiatry, this training may be acceptable, at the discretion of the Committee, toward certification in Child Psychiatry.

Candidates who have had at least one year of approved pediatric training at RESIDENCY level after July 1, 1960, may be granted up to six months' credit toward Child Psychiatry training requirements if the director of the training program in Child Psychiatry recommends such credit. This recommendation should be set forth in the form of a letter from the director of the training program to the Child Psychiatry trainee and a copy should be attached to the application for examination in Child Psychiatry. This letter should specify the following:

- (1) The exact dates of the pediatric training for which Child Psychiatry training credit is being granted and the pediatric residency program in which this training was obtained;
- (2) The exact number of months of credit being granted toward Child Psychiatry training.

Thus the following patterns of specialized training in Child Psychiatry are acceptable:

- (1) Two years of training in basic psychiatry plus two years of training in Child Psychiatry;
- (2) Two years of training in basic psychiatry plus at least 18 months of training in Child Psychiatry plus up to (but not more than) six months of Child Psychiatry training credit for one year of pediatric training at RESIDENCY level, the total minimum amount of Child Psychiatry training being TWO FULL YEARS.

It is advisable that any trainee or potential trainee in Child Psychiatry who contemplates a training program at variance with one of the above training patterns submit his proposed training sequence to the Secretary of the Board before he begins his Child Psychiatry training, or as early as possible thereafter, for an advisory opinion of the Committee on Certification in Child Psychiatry as to whether his proposed training is likely to meet minimum requirements for admission to examination.

The applicant should obtain from his training director(s) a statement certifying his satisfactory completion of the training requirements during the period for which training credit was granted.

Experience in Child Psychiatry following completion of training is no longer a requirement for admission to examination in Child Psychiatry.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of \$125.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of \$150.00 is payable when such payment is requested by the Executive Secretary of the Board. If a written examination is required, an additional examination fee of \$25.00 will be required.

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 \$150.00 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 \$125.00.

A candidate who fails not more than two of the six examination hours may receive a "conditional result." His re-examination will consist of one hour of examination in each of the subjects failed in the initial attempt and must be taken within a one-year period.

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of Child Psychiatry as defined above and undertake such further preparation which will correct the deficiencies

which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee.

AMERICAN BOARD OF RADIOLOGY

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- 55901

CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of six forms:

1. A certificate to the effect that the applicant has been found qualified to practice Radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice Radiology in one of the following categories: (a) Diagnostic Radiology; (b) Therapeutic Radiology.
3. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one of the following categories: (a) Roentgen-Ray and Gamma-Ray Physics; (b) Medical Nuclear Physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, gamma rays, and radionuclides.
2. *Diagnostic Radiology* is that branch of radiology which deals with the diagnostic application of roentgen rays and radionuclides.
3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, gamma rays, and radionuclides.
4. *Radiological Physics* is that branch of physics which deals with the medical application of roentgen rays, electron beams, radionuclides, nuclear reactions and particle accelerators.
5. *Roentgen-Ray and Gamma-Ray Physics* is that branch of radiological physics which deals with roentgen rays, elec-

tron beams, and discrete radioactive sources.

6. *Medical Nuclear Physics* is that branch of radiological physics which deals with radionuclides, other than discrete sources included in (5) above, nuclear reactions and particle accelerators.

#### GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements.

##### A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.
2. A license to practice medicine in the state or country in which he resides, or of which he is a citizen. Osteopathic physicians must have a license to practice medicine that is identical with and equivalent to the full and unrestricted licenses granted graduates of approved schools of medicine in the United States.
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 to the field of Radiology.
4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country.

##### B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association or from a school of Osteopathy. If the applicant is a native born citizen 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 designated by the Executive Committee. If the applicant is a citizen of a country other than the United States or Canada and a graduate of a foreign medical school, he may be required to be screened with approval by an agency designated by the Executive Committee.

After graduation from medical school there shall be a period of special training. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

#### RADIOLOGY

1. Candidates beginning their training in Radiology after June 30, 1971 will be required to have four years of Approved post-graduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Radiology.
2. The three-year training period must include training in Pathology. This training can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology. Maximum credit for training in Pathology, however, is three months.
3. Candidates must receive training in Nuclear Medicine. Time spent in Nuclear Medicine may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director. Credit may not exceed three months, however.
4. During the three-year training period in Radiology the minimum equivalent of twelve months must be spent in Therapeutic Radiology.

#### DIAGNOSTIC RADIOLOGY

Candidates beginning their training in Diagnostic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing the American Board of Radiology and the Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Diagnostic Radiology.

The three-year training period must include training in Pathology and training in the diagnostic aspects of Nuclear Medicine. It may include a maximum of three months' training in Therapeutic Radiology.

Candidates may expect to be examined in physics and in Diagnostic Nuclear Medicine.

#### THERAPEUTIC RADIOLOGY

Candidates beginning their training in Therapeutic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing The American Board of Radiology and The Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Therapeutic Radiology.

The three-year training period must include training in Pathology and training in the therapeutic aspects of Nuclear Medicine. It may include a maximum of three months' training in Diagnostic Radiology.

Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavity and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

#### CREDIT FOR MILITARY SERVICE

Candidates beginning their training before July 1, 1971, and engaged in full-time radiological work while in service may substitute one year of their military experience for the additional year of either further training or practice if their formal training was interrupted by military service, or if it came immediately before or upon completion of the training.

#### APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. (One application will suffice for both the written and the oral examinations.) These forms shall be forwarded with the required data, three unmounted photographs autographed on the front, and the application fee of \$200.00 (U.S. Currency) by the deadline established for filing. **THE DEADLINE FOR FILING FOR EITHER THE WRITTEN OR THE ORAL EXAMINATIONS IN ANY GIVEN YEAR IS SEPTEMBER 30 OF THE PRECEDING YEAR.** The application fee (noted above) will cover both the written and the oral examinations provided the candidate is successful in the written examination. In the event of a failure, the re-examination fee of \$100.00 will be required. In the event of withdrawal of an application, \$60.00 is retained for processing. A candidate who does not accept an appointment for examination within three years after becoming eligible, except for legitimate reason, shall be required to submit



another application and an application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate previously passed written examination.) Checks should be made payable to THE AMERICAN BOARD OF RADIOLOGY, INC.

**WRITTEN EXAMINATION:**

Written examinations are given during the latter part of June.

Any candidate eligible for the oral examination in Radiology in June 1968 will not be required to take the written examination.

Any candidate for certification in Radiology not eligible for the June 1968 oral examination will be required to take the written examination. Passage of the written examination in Radiology is a prerequisite to admittance to the oral examination.

Any candidate for certification in Diagnostic Radiology or in Therapeutic Radiology not eligible for the June 1969 oral examination will be required to take the written examination in that branch. Passage of the written examination is a prerequisite to admittance to the oral examination.

If by taking the written examination at the time designated by the rules will postpone the taking of the oral examination for which he is eligible, a candidate may request permission to take the written examination at an earlier period. Thus, those who have received credit for time in the service or because of previous training or experience may take the written examination the year prior to fulfilling the training requirements.

The written examination is of the multiple-choice type and includes the subjects of anatomy, physiology, pathology, technique, radiobiology, nuclear medicine, and physics. The examination for candidates in Radiology, Diagnostic Radiology or Therapeutic Radiology differs somewhat in content according to the field.

**ORAL EXAMINATION:**

Oral examinations are usually conducted in June and December.

Candidates must have completed their training requirements no later than June 30 or December 31 to be eligible for the oral examination given in June or December, respectively. The deadline for completion of training for an examination scheduled at a time other than June or December will be determined by the Executive Committee.

Appointments are offered to candidates in the following order or priority:

1. American citizens.
2. Foreign candidates who intend to return to the country of their 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 application of roentgen rays, radium, and radionuclides, and questions in pathology, physiology, radiobiology, and radiological physics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

If a candidate, after accepting an appointment, fails to appear for examination and gives no satisfactory explanation for his absence, he shall be required to submit a new application accompanied by the application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate has already taken the written examination.)

A candidate who cancels without offering an excuse acceptable to the Executive Committee shall be required to

submit an additional \$25.00 before being given another opportunity for examination.

**AMERICAN BOARD OF SURGERY**

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**REQUIREMENTS FOR ADMISSION TO EXAMINATION  
 GENERAL QUALIFICATIONS**

(as of press deadline for Directory; for *current* statement see American Board of Surgery Booklet of Information dated September 1, 1971.)

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.  
 Engagement in the practice of surgery.

**PRELIMINARY TRAINING**

Graduation from an approved medical school in the United States or Canada or from a medical school acceptable to the Board in another country.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

**SPECIAL TRAINING**

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Education in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. Candidates are expected to have detailed knowledge of surgery of the gastrointestinal tract and other abdominal conditions, of the breast, and of the head and neck. In addition, candidates are expected to possess an understanding of the basic principles applied to the management of musculoskeletal trauma and head injuries, and of the more common problems in cardiothoracic, vascular, gynecologic, neurologic, orthopedic, pediatric, plastic, 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 in responsibility for patient care. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, *the Board requires that the candidate have had this senior year in order to become eligible for examination.*

#### TYPES OF PROGRAMS

The training requirements for examination may be fulfilled in 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. To provide opportunity for experimentation in surgical education, training programs at variance with these requirements will be considered upon request by Program Directors to the Board and to the Conference Committee on Graduate Education in Surgery (535 North Dearborn Street, Chicago, Illinois 60610).

The American Board of Surgery recognizes that the time required for the total educational experience which leads to Board certification should be that period sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. With appropriate educational content and planned program structure, a total of 4 years following medical school graduation might become acceptable for examination. The first year of such a program can be designated as both a surgical internship and as a first year surgical residency ("dual appointment"). The American Board of Surgery will not give retroactive approval to candidates requesting the privilege of examination 4 years after graduation from medical school, unless the educational experience has been in a program specifically approved for that purpose (e.g., involving "dual-appointment"), as above described for experimental programs.

The Board considers residency training to be a full-time endeavor.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board requires a candidate to submit a list of the operative procedures performed by him during his training period.

#### GROUP I PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four or more years of training by the Conference Committee on Graduate Education in Surgery is required. The Board believes that optimum surgical training usually requires that a resident remain in the same program for at least the final two years of his clinical training.

An approved residency must include at least four years of clinical surgery following graduation from medical school.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four or more years by the Conference Committee. *The senior year must have been spent in the parent institution holding the approval of the Conference Committee*, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special consideration by the Credentials Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group I or Group II, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

#### GROUP II PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Education in Surgery is the basic requirement.\* The Board believes that for optimum surgical training at least the final two of these three residency years should be spent in the same program.

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 last one of these two additional years must embrace patient responsibility and major operative work performed by the candidate under acceptable supervision.* The two years may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement, approved by the Board in advance, with a preceptor acceptable to the Board who informs the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the

\*The Conference Committee has announced that approval of three-year (Type II) residencies will be withdrawn June 30, 1972. The American Board of Surgery will grant no credit for time spent in such residencies after that date.

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 II candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery was carried out under the supervision of a surgeon acceptable to the Board. For Group II candidates any such credit will be considered preceptorship credit.

CREDENTIALS COMMITTEE

The Credentials Committee of the Board, when requested sufficiently in advance of its meetings (ordinarily held each January and June) is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the requirements specified above. It is recognized that some flexibility and well-considered experimentation are essential to progress in surgical education.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates must communicate with the Board at least three months before completing their training requirements (and in no instance later than June 1st), if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada must submit the Evaluation Form not later than February 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,

\*The Conference Committee has announced that approval of three-year (Type II) residencies will be withdrawn June 30, 1972. The American Board of Surgery will grant no credit for time spent in such residencies after that date.

and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part II examination until they have made a passing grade in Part I.

A candidate who has been notified of eligibility to take the Part I or the Part II 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 I (written) and Part II (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 I examination currently consists of two three-hour sections. Section A is of the objective, multiple-choice type. 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.

PART II

Examinations are held periodically at various centers in the United States. These examinations are conducted by members of the American Board of Surgery and selected diplomates acting as guest examiners.

The Part II 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 I or Part II are required to wait one year before they can be eligible for reexamination.

If a candidate fails Part I three times, or Part II twice, he may request consideration 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.

FEEES

The fee for examination is three hundred dollars (\$300), payable as follows: Seventy-five dollars (\$75) for registration, one hundred twenty-five dollars (\$125) for Part I, and one hundred dollars (\$100) for Part II.

The fee for re-examination in Part I is one hundred twenty-five dollars (\$125); for re-examination in Part II, one hundred dollars (\$100).

Each fee for examination or re-examination includes a processing charge which is not refunded in case of withdrawal (\$10 for Part I; \$25 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 and the Associate 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 American Board of Thoracic Surgery, Dr. Rollin A. Daniel, Jr., 14624 East Seven Mile Road, Detroit, Mich. 48205.

## AMERICAN BOARD OF THORACIC SURGERY

DAVID J. DUGAN, Chairman, Oakland, California  
DONALD L. PAULSON, Vice-Chairman, Dallas, Texas  
ROLLIN A. DANIEL, JR., Secretary-Treasurer, Nashville, Tennessee

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MYRON W. WHEAT, JR., Gainesville, Florida  
MISS LOUISE SPER, Executive Assistant, 14624 East Seven Mile Road, Detroit, Michigan 48205

## 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.*

Candidates who have satisfactorily completed two years of training in a program approved by the tripartite Residency Review Committee for Thoracic Surgery are eligible for examination by the American Board of Thoracic Surgery.

Candidates trained in thoracic and cardiovascular surgery in programs not approved by the Residency Review Committee for Thoracic Surgery must have their qualifications reviewed by the Credentials Committee of the American Board of Thoracic Surgery on an individual basis. Requests for such evaluation should be directed to the Secretary, Rollin A. Daniel, Jr., M.D., 14624 East Seven Mile Road, Detroit, Michigan 48205.

The Board does not accept training by preceptorship.

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma, 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.

## TWELVE-MONTH SENIOR RESIDENCY REQUIREMENT

The American Board of Thoracic Surgery has adopted a provision that every candidate for certification must have satisfactorily completed 12 months of senior responsibility in thoracic and cardiovascular surgery, which preferably should be continuous. The Chief of Thoracic Service will be required to sign a statement to that effect as a part of the application of the American Board of Thoracic Surgery. These policies apply to all candidates who began their senior resident responsibilities on or after January 1, 1969 and will be strictly enforced beginning January 1, 1970.

## 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. 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, 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 American 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 American 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 American 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, the Journal of Thoracic and Cardiovascular Surgery, and the Annals of Thoracic 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 for 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.

FEE

- Registration fee .....\$50.  
This fee must be submitted with the application. It is not refundable.
- Examination fee .....\$250.  
This fee is due and payable when the candidate is notified that he has been approved for examination.
- Re-examination fee .....\$100.  
This fee is due and payable when the candidate is notified that he has been approved for re-examination.

FEE

The examination fee is \$300.00. (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) One hundred fifty dollars should accompany the application. One hundred fifty 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 days' 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 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 \$50.00 for each re-examination.

Any candidate who has failed any portion of the examination three times will not be permitted to take the examination again, subject to the Board's discretion in special cases after documentation of additional education.

CERTIFICATE

After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to his qualifications in thoracic surgery will be issued by the Board.

AMERICAN BOARD OF UROLOGY

- ROBERT LICH, JR., President, Louisville, Ky.
- VICTOR F. MARSHALL, Vice President, New York City
- JAMES H. McDONALD, Secretary-Treasurer, Rochester, N. H.
- RUBIN H. FLOCKS, Iowa City
- THOMAS E. GIBSON, Walnut Creek, California
- J. HARTWELL HARRISON, Boston
- W. DABNEY JARMAN, Washington, D.C.
- RUSSELL SCOTT, JR., Houston, Texas
- WILLIAM L. VALK, Kansas City, Kansas

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 \$150.00 of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association.

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. Two years of post-M.D. training on an approved service, which must furnish adequate education in surgery.
2. An approved graduated three-year residency in Urology, leading to competence in all its phases; the last year as senior resident.

Any formally integrated service may permit some variation on the one-year basic science, general surgery and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

G. After January 1, 1969, except in unusual instances and at the discretion of the Board, applicants will be required to make application within five years of completion of the training required by the Board. After a five year period, additional training may be required. Applicants will be required to submit case reports within three years of the date of formal application.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

A. Evidence of Hospital Practice

1. 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. This index must be verified by the various hospital administrators.

2. Photostatic copies of one or more of the full hospital record of any of the above may likely be requested. The candidate is expected to furnish this within one month of the request.

3. Detailed presentations of ten representative (not necessarily consecutive) major urological cases chosen from the above list. At the conclusion of each, a discussion of interesting, unusual and instructive features is expected. The inclusion of one or more photographs of principal roentgenograms is advisable. Also, a specific formulation of the indications for operation in each case, and a final appraisal of the result is required.

4. Preparation of Case Reports

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.

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 competence of the candidate in his daily practice and to acquaint the examiner with the candidate's abilities in diagnosis and treatment of 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. 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 competence, not only in the presentation of facts, but also to 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 six (6) month posthospital 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.

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 10 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:

- a. Identification of the patient
- b. Age, sex, occupation, race and marital status
- c. Name of hospital, city, state and referring physician
- d. Date of hospital admission
- e. Preoperative diagnosis
- f. Operative procedure and date
- g. Final diagnosis
- h. Complications
- i. Final result
- j. Date of hospital discharge

The body of the record should contain the following:

- a. History
  - (1) Chief Complaint

This is to be stated as subjective symptom and not an objective or laboratory observation.

- (2) Present Illness

This is to be presented, fully dated, as a historical record of the patient's complaints and their development.

- (3) 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.

- (4) Family History

Facts relevant directly or indirectly to the present illness should be recorded.

- b. 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.

- c. 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.

- d. 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.

- e. Provisional Diagnosis

- f. 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.

- g. Operative Procedure

The operative procedure should be described in detail including the type of anesthesia, preparation of patient, gross pathological anatomy, etc.

- h. Pathology

- (1) 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.

- (2) Chemical Examination

Such findings as the composition of stones, etc.

- (3) 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.

- i. 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.

- j. Final Diagnosis

- k. 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.

- l. Postoperative Post-Hospital Follow-up

This should include a period of six (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.

- m. 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 post-operative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem. If this is merely a recapitulation the case report will be failed.

5. Prepare a resume with dates and identification of the last four consecutive cases in which death occurred while the patient was under the candidate's responsibility (whether private or service, recent or remote). If autopsy was not performed, indicate why.

6. The deadline for receipt of case reports in the Board Office is July 1st of each year.

- B. Examinations

1. Written

The written examination is designed to demonstrate the candidate's 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.

2. Pathology

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.

3. Oral-clinical

This will consist of a discussion of urological problems, 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.

C. 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.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THE FOREGOING PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provi-

sions 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

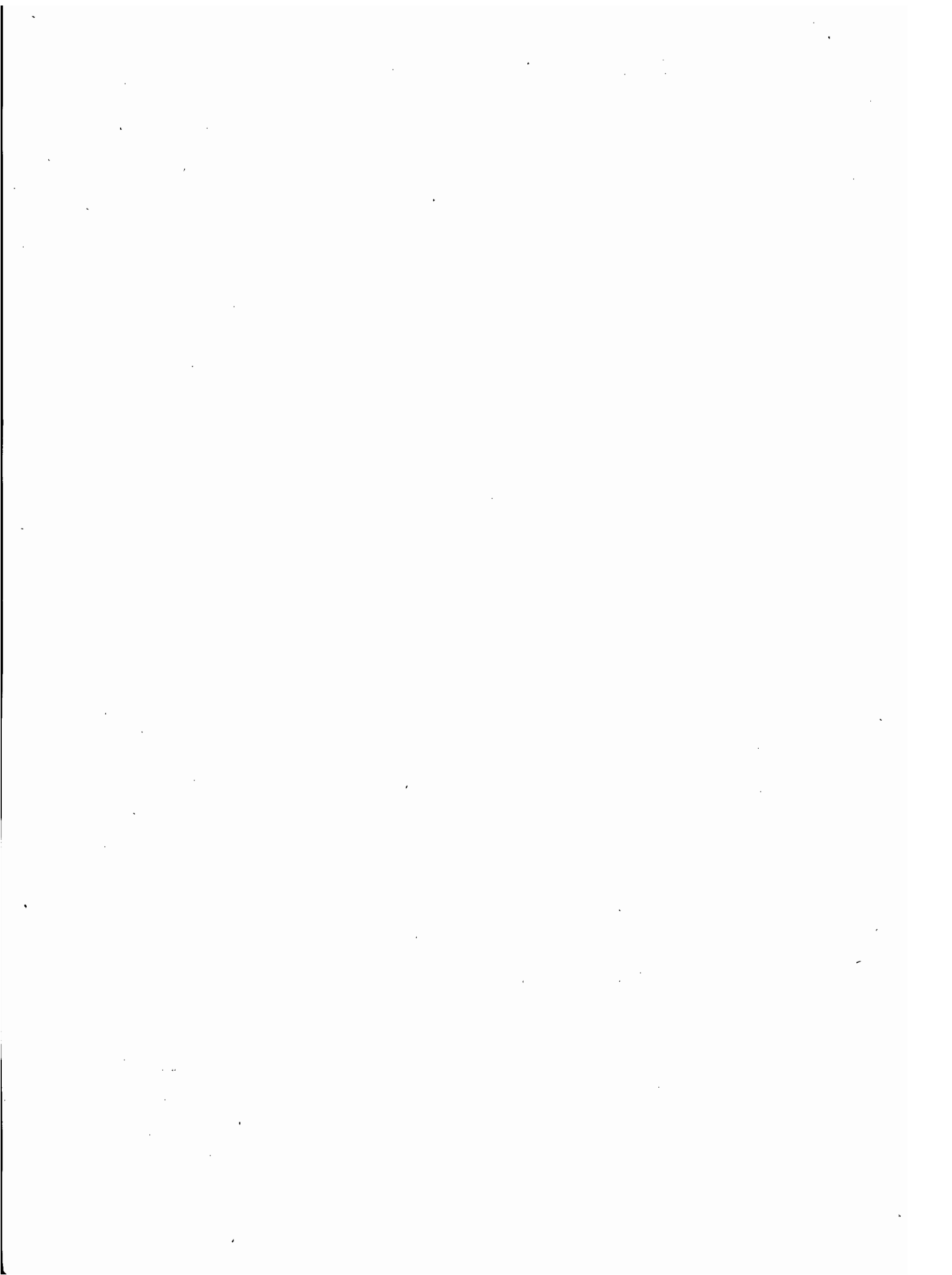
C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

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\*

## Internship as a Prerequisite for Licensure

The internship requirements of the various state medical practice acts have attracted major interest recently because of the recommendation in the Report of the Citizens Commission on Graduate Medical Education (the Millis Commission) that the intern year, as a freestanding year of graduate training, be abolished. There are currently 38 boards which specify that an internship in some form must be completed before licensure. The boards of Arkansas and Vermont may or may not require an internship in individual instances, and Missouri requires one of candidates for licensure by endorsement but not by examination. Practically all boards require foreign medical graduates to take at least one year of hospital training in the United States, preferably in the state in which licensure is sought. Many require foreign graduates to take two years of approved hospital training and some as much as five years.

Thirteen states that require a year of internship for licensure permit applicants to take the board examination immediately on graduation from medical school. While the license is not issued to these physicians until they complete their internships, five boards date the license to the time the examination was taken and passed; the remaining eight boards date the license at the time of issuance.

On the question of Canadian internships, 47 states said they give credit to US graduates and Canadian school graduates for serving the same Canadian internship; but only 31 states will give credit to foreign graduates for serving a Canadian internship.

Four boards require the one year of internship to be rotating. Oklahoma requires the rotating internship for psychiatrists and pathologists only. Illinois and New Jersey will accept a straight internship if the applicant furnishes proof that he has finished residency training in an approved program or has been accepted for such training. Florida will accept five years of private practice in the United States as a substitute for a year of internship.

Those licensing boards that require an internship as a prerequisite for licensure are listed in the adjoin-

ing table.

There are nine boards whose state laws specify that an internship must be served to be eligible for licensure. These are Colorado, Delaware, Geor-

gia, Hawaii, Idaho, New Hampshire, Puerto Rico, Virgin Islands, and Wyoming. Presumably, these boards cannot, under present law, permit substitute graduate training for a

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Certif.	Endorsement of National Boards	Citizen-ship <sup>2</sup>	Graduate Training <sup>4</sup>
Alabama	X	X	X	X	X
Alaska	X	X	X	..	X
Arizona	X	..	X	D	X
Arkansas	X	X	NO	X	X <sup>7</sup>
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X	X	X	X
Connecticut	X	X	X	D	..
Delaware	X	..	NO	D	X
District of Columbia	X	X	X	..	X
Florida	X	..	NO	D	X
Georgia	X	..	X <sup>1</sup>	X	X
Guam	X	X	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	D	X <sup>5</sup>
Indiana	X	..	NO	D	..
Iowa	X	X	X	D	X
Kansas	X	X	X	D	X
Kentucky	X	..	X	X	X
Louisiana	X	..	NO	D	..
Maine	X	..	X	I	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	D	..
Michigan	X	X	X	D	X
Minnesota	X	X	X	D	X
Mississippi	X	..	X	X	..
Missouri	X	..	X	..	..
Montana	X	..	X	X <sup>3</sup>	X
Nebraska	X	X	X	X	..
Nevada	X	X	X	D <sup>3</sup>	X
New Hampshire	X	..	X	D	X <sup>2</sup>
New Jersey	X	..	X	D	X <sup>5</sup>
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	NO	I	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	D	..
Oklahoma	X	X	X	D	X <sup>6</sup>
Oregon	X	X	X	I	X
Pennsylvania	X	..	X	D	X
Puerto Rico	X	..	X	D	X
Rhode Island	X	X	X	D	X <sup>2</sup>
South Carolina	X	..	X	I	X
South Dakota	X	X	X	D	X
Tennessee	X	X	X	..	..
Texas	X	X	NO	D	..
Utah	X	X	X	D	X
Vermont	X	..	X	D	X <sup>7</sup>
Virgin Islands	X	..	NO	..	X <sup>2</sup>
Virginia	X	..	X	D	..
Washington	X	X	X	..	X
West Virginia	X	..	X	D	..
Wisconsin	X	X	X	I	X
Wyoming	X	..	X	D	X

- X—Implies yes, or required.  
 1—Only if issued prior to Oct. 15, 1953.  
 2—D indicates a declaration of intention to become a citizen of United States. No entry (..) indicates no requirement. I—indicates Immigrant visa (blue card).  
 3—Declaration of citizenship adequate for citizens of Canada.  
 4—All states indicated by X only require one year of straight or rotating internship; those indicated by X<sup>2</sup> require rotating internship. No entry (..) indicates no requirement.  
 5—Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training.  
 6—Straight internship accepted except in pathology and psychiatry.  
 7—At the discretion of the board.



year of internship. (New Hampshire, however, states that it can permit substitution.) Oregon, Rhode Island, and West Virginia have a firm internship regulation, but allow substitutions for US and Canadian graduates, but not for foreign graduates. On July 1, 1970, the AMA's Council on Medical Education notified hospitals and state boards of licensure that the first year of an approved residency program was thereafter acceptable as an AMA-approved internship. Of the above nine boards whose laws specify internship as a prerequisite for licensure, only Georgia (the last state to add an internship requirement to its medical practice act) stated that the Council's ruling would not satisfy this requirement in the present law.

The curriculum committees of a few medical schools recommended this past year that their schools offer the equivalent of internship training during the fourth year of medical school before granting the MD degree. Therefore, in February 1971 the medical examining boards were asked whether such a year of hospital training would fulfill their requirement of an internship for licensure if such a prerequisite existed. Twenty-one boards responded that their internship requirement would not thereby be fulfilled since their board's interpretation of graduate training was that it was an experience that could only follow the receipt of the MD degree. Fifteen additional boards stated that the question could not be answered until it was brought before the board, as a specific proposal. The remaining 16 boards did not see this as a problem for them, especially since graduate hospital training was never a prerequisite for licensure in 13 of these states.

#### Temporary and Educational Permits, Limited and Temporary Licenses Issued by Licensing Boards

Forty-three boards provide for the issuance of temporary and educational permits, limited and temporary licenses, or other certificates for the practice of medicine. The terms for the issuance of such certificates vary. This limited registration may apply to hospital training, for those ineligible for licensure who seek further educational training, for supervised employment in state or private hospitals, or for regular practice until the next regular session of the licensing board. A few states, such as Michigan and Kentucky, which require full citizenship for permanent licensure, will issue limited licenses to graduates of foreign schools on passing of the board examinations.

These permits must generally be renewed once a year with a stipulated maximum number of renewals allowed (usually five years). An increasing number of states having a citizenship requirement for licensure are resorting to this procedure for permitting aliens to become licensed practitioners in their states.

Also, an increasing number of states are passing legislation permitting their long-term, tuberculosis, and mental hospitals to hire unlicensed physicians to work under the supervision of a licensed doctor. In many instances, the state departments of mental health and public health that operate these hospitals will not hire a physician who has not had a year of graduate training in an English-speaking hospital. Foreign medical graduates should not expect to be considered for these positions unless they are in the US with a permanent immigrant visa. On the other hand, they are advised not to come to the United States unless they hold an ECFMG certificate. If an unlicensed physician is employed by a state hospital, he must register with the state board of medical examiners, which generally issues him a temporary or limited permit which enables him to practice only within the confines of the institution.

#### Licensure or Registration Requirements for Interns and Residents

In general, physicians serving in internships are not required to be licensed in the state in which the hospital where they are interning is located. Puerto Rico is the only board which does require a license for interns. Hawaii, Indiana, Missouri, Rhode Island, South Carolina, Texas, and Vermont require interns to obtain a temporary permit from the licensing board; Michigan, New Mexico, and West Virginia specify that only graduates of foreign medical schools are required to have a temporary permit. Other boards have a requirement of registration with the licensing board for interns or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of registration for interns.

Thirty-seven boards require that physicians serving as residents in hospitals be licensed or registered in the state. Six boards (Minnesota, Mississippi, Nebraska, South Dakota, Vermont, and Wisconsin) state that hospital residents must hold a regular license. Other boards do not require licensure but stipulate registration with the licensing board. Connecticut, Louisiana, West Virginia, and Wisconsin spec-

ify that graduates of foreign medical schools are required to have a temporary permit. In some instances, hospitals will take the initiative to register residents with the state boards, but it is the responsibility of the individual resident to inquire into the policy of any given state in order that he may obtain a temporary permit if such is the requirement. Most of these special requirements are stated in the adjoining table.

#### Citizenship Requirements for Licensure

The regulations pertaining to US citizenship of various medical licensing boards are tabulated in Table 11. Ten boards have no citizenship requirement, five boards require candidates to hold an immigrant visa, 32 boards require the applicant for licensure to have declared his intention to become a US citizen, and 8 boards require the applicant for licensure to be a full citizen. In 1970, the latter figure was reported as 21. This change demonstrates the major alteration taking place in licensure requirements. As states continue to demand additional practitioners, it may be expected that there will continue to be a relaxation of citizenship requirements for alien physicians for some time.

Citizenship Requirements for Temporary or Permanent Licensure

No Requirement	
Alaska	Missouri
California	North Dakota
Canal Zone	Tennessee <sup>1</sup>
District of Columbia	Virgin Islands
Guam	Washington
Immigrant Visa	
Maine	South Carolina
North Carolina	Wisconsin
Oregon	
Declaration of Intention	
Arizona	Maryland
Connecticut	Massachusetts
Delaware	Michigan
Florida	Minnesota
Hawaii	New Hampshire
Idaho	New Jersey
Illinois	New Mexico
Indiana	New York
Iowa	Nevada
Kansas	Ohio
Louisiana	Oklahoma
Pennsylvania	Utah
Puerto Rico	Vermont
Rhode Island	Virginia
South Dakota	West Virginia
Texas	Wyoming
Full Citizenship	
Alabama	Kentucky
Arkansas	Mississippi <sup>1</sup>
Colorado	Montana <sup>2</sup>
Georgia	Nebraska

1—US citizenship not required of Canadian citizens.

2—Declaration of Citizenship adequate for citizens of Canada.

3—Two years US residence prior to application.

Temporary and Educational Permits, Limited and Temporary Licenses,  
or Other Certificates Issued by State Licensing Boards

<b>Alabama</b>	Limited license for full-time foreign graduate teaching staff of the University. For work in that institution only.
<b>Alaska</b>	Temporary permits issued for specified period or until next examination while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
<b>Arizona</b>	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
<b>Arkansas</b>	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
<b>Connecticut</b>	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard ECFMG certification.
<b>Delaware</b>	Temporary emergency license to noncitizens and cross-the-border physicians granted for 12 months, subject to renewal, for emergency shortage and for locum tenens practice up to 4 months provided physician is licensed in another state.
<b>Georgia</b>	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
<b>Hawaii</b>	For interns and residents. Also, for physicians to work for state or county agency or conditions of shortage or emergency or under supervision of licensed MD.
<b>Idaho</b>	Temporary license until next board meeting.
<b>Illinois</b>	Temporary certificate issued for residency training only. Issued for a period 1 year, may be extended. Permits issued for service in state hospitals to physicians eligible for licensure.
<b>Indiana</b>	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.
<b>Iowa</b>	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
<b>Kansas</b>	Temporary permit until next board meeting. Not renewable. Fellowships to work in state institutions. Provisional license for residents.
<b>Kentucky</b>	Temporary permits issued to qualified 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 on successfully passing board examination, etc. for one year, renewable for specified place, purpose, and time.
<b>Louisiana</b>	Temporary permit for qualified candidates between regular semi-annual meetings of the board. Foreign graduates granted temporary permits for approved residency training, employment in state institutions, and for teaching/research assignments.
<b>Maine</b>	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
<b>Massachusetts</b>	Limited registration covering appointment as intern, resident, or fellow in specific hospital, as an assistant in medicine while a student in medical school, as faculty member licensed in another state, or board certified specialist.
<b>Michigan</b>	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.
<b>Minnesota</b>	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
<b>Mississippi</b>	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
<b>Missouri</b>	Temporary license issued to interns, residents, fellows, or house officers.
<b>Montana</b>	Temporary license is granted to physicians to practice in specified location in the interim between license meetings or pending citizenship. Must appear at next board meeting to have temporary license made permanent.
<b>Nebraska</b>	Limited license to graduates of foreign medical schools. Temporary educational permits for residents and medical school faculties.
<b>Nevada</b>	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
<b>New Hampshire</b>	Temporary license or until full citizenship for a maximum of 5 years for foreign-trained physicians.
<b>New Jersey</b>	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of state. Temporary license for noncitizens for maximum of 6 years. Permit to work in county or state hospital.
<b>New Mexico</b>	Institutional permit issued for practice in state hospitals only. Interns and residents must register with the board of medical examiners. Temporary licenses issued until next board meeting.
<b>New York</b>	Temporary certificate for 2 years of residency training required for graduates of US and Canadian schools, except in public hospitals. ECFMG required of all foreign graduates.
<b>North Carolina</b>	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement.
<b>North Dakota</b>	Temporary permit for US, Canadian, and graduates of schools in other English-speaking countries, and for locum tenens. Limited license for physicians employed in state hospitals.
<b>Ohio</b>	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
<b>Oklahoma</b>	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
<b>Oregon</b>	Limited license, resident, or fellow. Must apply to the Board of Medical Examiners and the license is renewed annually.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
<b>South Carolina</b>	Temporary permit issued for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Temporary permits issued to foreign graduates for employment in state hospitals. Must hold ECFMG certificate.
<b>South Dakota</b>	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. Sixty-day locum tenens permit.
<b>Texas</b>	Temporary license issued to next board meeting date, after completed application for permanent license has been filed, processed, and found in order. Institutional Permits issued to interns and residents. Foreign graduates must be ECFMG certified.
<b>Utah</b>	Temporary license for 6 months, issued: (1) due to local or national emergency; (2) lack of adequate medical care in a community; and (3) when circumstances surrounding an application indicates that an applicant should first be observed in the regular and continuing clinical practice of medicine before a regular license is issued.
<b>Vermont</b>	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
<b>Virginia</b>	Temporary permit may be issued until next board meeting for reciprocity applicants.
<b>Virgin Islands</b>	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
<b>Washington</b>	Conditioned certificate or license for employment by the Department of Institutions if licensed in another state.
<b>West Virginia</b>	Temporary license issued until next board meeting to qualified applicants. Issued annually to foreign graduates for employment in state hospitals. Also issued to holders of ECFMG certificates for employment in private hospitals.
<b>Wisconsin</b>	Temporary educational certificates issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years. Temporary licenses to practice medicine and surgery until next board meeting at which qualified physicians are eligible for permanent license. Temporary license to foreign graduate physicians for 2-year periods, renewable twice and after 5 years if applicant has remained in Wisconsin practicing medicine, permanent license will be issued. Resident license for graduates of approved medical schools for residency training. May be renewed for not more than 5 years. Camp physician's license issued to physicians who wish to do locum tenens or work in a camp up to 90 days.
<b>Wyoming</b>	Temporary permit until next board meeting. Citizenship requirement may be waived and temporary license granted on an annual basis at the decision of the board provided the applicant successfully completes ECFMG examination or board's written examination; citizenship must be obtained within 8 years.



### Graduates of Schools of Osteopathy Licensed by Medical Examining Boards

In 1970, 13 of the boards reported that they issued 395 full-privilege licenses to osteopathic physicians following examination, and 20 boards said that 452 licenses were awarded osteopathic physicians in 1970 by endorsement of credentials.

In all, there are 31 medical examining boards which grant licenses to osteopathic physicians. Most of these boards have added one or more osteopaths to their membership to assist in evaluating the credentials of these candidates. Nineteen states have separate osteopathic boards or committees responsible for examining osteopathic candidates for state licensure.

Forty states now issue unlimited licenses to osteopaths for the practice of medicine and surgery. Seven additional states issue limited as well as unlimited licenses to these physicians. The limitation generally prohibits osteopaths so licensed from performing surgery and from prescribing drugs. An additional four states issued limited licenses only to osteopathic physicians.

In response to a specific question, 23 boards stated in February 1971 that osteopathic candidates for licensure received credit for having served an AMA- or AOA (American Osteopathic Association) -approved internship. Seven additional boards stated that only an AMA-approved internship was acceptable for licensure.

In previous licensure reports, regulations governing the licensure of osteopathic physicians by several medical examining boards have been summarized. These have been omitted from this report in the interest of brevity.

### Licensure Policies of US Medical Examining Boards for Canadian Graduates

The licensing boards have reported that they will accept graduates of approved medical schools of Canada for licensure by examination on the same basis as graduates of approved medical schools of the United States. Table 13 records the registration policies for citizens of Canada. Sixteen states indicate that they will endorse a Canadian license and grant their license without examination. Modifications are made, in some instances, in the citizenship requirement for candidates from Canada. This table shows for each state whether US citizenship is a requirement, whether the candidate must declare his intention of becoming a citizen of the United States, or whether there is no citizenship requirement.

It is also noted that 48 boards will

accept a Canadian internship as equivalent to an internship served in a US hospital (even though Ca-

nadian postgraduate education programs are not included in the AMA's approval program).

Policies by Licensing Boards in the United States for Citizens of Canada

	Graduates of Approved Canadian Medical Schools Considered for Licensure by Examination on Same Basis as Graduates of Approved Medical Schools in US	Graduates of Approved Canadian Medical Schools Certified by Medical Council of Canada Acceptable for Licensure or Reciprocity or Endorsement	Canadian Internship Accepted as Equivalent to Internship Served in a Hospital in US	Citizenship
Alabama	x	..	x	D
Alaska	x	x	x	..
Arizona	x	..	x	D
Arkansas	x	..	x	x
California	x	..	x	..
Colorado	x	..	x	x
Connecticut	x	x	x	D
Delaware	x	x	x	D
District of Columbia	x	x	x	..
Florida	x	..	x	D
Georgia	x	..	x	x
Guam	x	x	..	..
Hawaii	x	x <sup>1</sup>	x	D
Idaho	x	..	x	D
Illinois	x	..	x	D
Indiana	x	x	x	D
Iowa	x	x	x	D
Kansas	x	x	x	D
Kentucky	x	..	x	x
Louisiana	x	..	x	D
Maine	x	x	x	I
Maryland	x	..	x	D
Massachusetts	x	..	x	D
Michigan	x	..	x	D
Minnesota	x	..	x	D
Mississippi	x	x	x	..
Missouri	x	..	x	..
Montana	x	..	x	D
Nebraska	x	..	x	x
Nevada	x	..	..	D
New Hampshire	x	x	x	D
New Jersey	x	..	x	D
New Mexico	x	x	..	D
New York	x	2	x	D
North Carolina	x	..	x	I
North Dakota	x	x	x	..
Ohio	x	..	x	D
Oklahoma	x	..	x	D
Oregon	x	..	x	I
Pennsylvania	x	..	x	D
Puerto Rico	x	..	..	D
Rhode Island	x	.. <sup>4</sup>	x	D
South Carolina	x	..	x	I
South Dakota	x	..	x	D
Tennessee	x	..	..	.. <sup>5</sup>
Texas	x	3	..	D
Utah	x	x	x	D
Vermont	x	x	x	D
Virgin Islands	x	..	..	..
Virginia	x	..	x	D
Washington	x	..	x	..
West Virginia	x	..	x	D
Wisconsin	x	..	x	I
Wyoming	x	..	x	D

x—Implies yes. D—Declaration of intention to become a citizen of the United States.

I—Immigrant visa (blue card).

1—If certified by National Board of Medical Examiners.

2—Partial—since 1956, must pass Basic Science Group in New York State Examination. Recognized specialty board certificate may be accepted in lieu of required subjects.

3—Must be endorsed by provincial licensing board.

4—By vote of Board.

5—Must have resided in US for two years before filing for examination.

Status of Requirements for Medical Licensure for Physicians  
Trained in Foreign Countries Other Than Canada\*

	Written Examination	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Offer FLEX Examination	Internship	Certification by Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, \$
Alabama	x		x	x	x	x		100
Alaska	x	x		x	x	x		150
Arizona	x		D	x	x	x	x	75
Arkansas	x		x		x			50
California	x			x			x	50
Canal Zone	x	x			x	x	x	50
Colorado	x		x		x	x	x	75
Connecticut	x	x	D	x			x	75
Delaware	x	x	D		x	x	x	50
District of Columbia	x				x	x	x	50
Florida	x		D		x	x	x	50
Georgia	x	x	x	x	x	x	x	50
Guam		x			x	x	x	50
Hawaii	x		D	x	x	x	x	75
Idaho	x		D	x	x	x	x	100
Illinois	x	x	D	x	x		x	75
Indiana	x	x	D	x			x	85
Iowa	x	x	D		x	x	x	50
Kansas	x		D		x	x	x	50
Kentucky	x	x	x		x	x	x	50
Louisiana	x		D		x	x	x	100
Maine	x		I	x	x	x	x	100
Maryland	x	x	D		x	x	x	100
Massachusetts	x	x	D	x		x	x	125
Michigan	x	x	D	x	x	x	x	75
Minnesota	x	x	D		x	x		75
Mississippi	x		x				x	35
Missouri	x	x					x	50
Montana	x	x	x	x	x	x		100
Nebraska	x	x	x	x		x		50
Nevada	x	x	D	x	x	x		100
New Hampshire	x	x	D		x	x		100
New Jersey	x	x	D	x	x		x	50
New Mexico	x	x	D	x				100
New York	x	x	D	x	x	x	x	40
North Carolina	x		I	x		x	x	100
North Dakota	x			x	x	x	x	100
Ohio	x	x	D	x	x	x	x	100
Oklahoma	x		D		x	x		25
Oregon	x	x	I	x	x	x	x	150
Pennsylvania	x		D		x	x	x	50
Puerto Rico	x		D		x			30
Rhode Island	x	x	D		x	x	x	50
South Carolina	x		I	x	x	x	x	100
South Dakota	x	x	D		x	x	x	40
Tennessee	x				x	x	x	50
Texas	x	x	D			x	x	50
Utah	x		D	x	x	x		75
Vermont	x	x	D		x	x		100
Virgin Islands	x				x	x	x	100
Virginia	x	x	D	x	x	x	x	100
Washington	x	x			x	x		25
West Virginia	x	x	D	x	x	x	x	100
Wisconsin	x	x	I		x	x	x	100
Wyoming	x	x	D	x	x	x		75

\*See separate table applicable to Canadian citizens.

X—implies yes.

D—Declaration of intention to become citizen of United States.

I—Immigrant visa (blue card).

#### Additional Requirements

**ARIZONA.** Two years of approved internship or residency in the United States' hospitals required.

**CALIFORNIA.** Noncitizens—2-year internship in an approved hospital in the US, 1 of the said years being in California, or 5 years of graduate training in approved programs for declared citizens. Citizens—1 year approved internship in an approved hospital in the US followed by an oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.

**Canal Zone.** Acceptable at the discretion of the board.

**Colorado.** Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the US Consul in the coun-

try wherein the school of graduation is or was located. Two years of approved residency.

**Connecticut.** For graduates of unapproved medical schools, minimum of 3 years of hospital training in approved hospitals in US or Canada required, 1 year of which must be in general medicine. Maintain list of acceptable medical schools.

**Delaware.** Residency for 1 year required.

**District of Columbia.** Examinees must pass DC exam or be exempt by virtue of having passed a basic science exam elsewhere.

**Florida.** One year approved internship or 5 years of 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.** Residency for 1 year required.

**Hawaii.** Residency for 1 year required.

**Idaho.** Considered on an individual basis.

**Illinois.** Considers application on an individual basis from graduates of schools not on approved list. A graduate from an unapproved school may be accepted on basis of postgraduate training in this country, or applicant may have been admitted on basis of court order.

**Indiana.** Two years postgraduate training in approved hospital in US required and declaration of 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 3 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendations 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 required.

**Kentucky.** Applicant required to complete at least 5 years' training in the United States in an institution approved by the board.

**Louisiana.** Must have had 3 years graduate training, 1 year of which training occurred in Louisiana.

**Maine.** Maintains list of acceptable medical schools.

**Maryland.** Two years US hospital service in approved internship or residency, 1 year of which must be in Maryland or adjoining state or DC. The internship need not be rotating. This ruling applies to Cuban graduates as well.

**Massachusetts.** If a candidate is a diplomate of an approved specialty school, he may be admitted to the examination for licensure without being required to hold ECFMG certificate.

**Michigan.** Applicants with first papers who meet all requirements of this board for permanent licensure are granted a temporary license. This license is renewable annually on July 1, not to exceed 5 years.

**Mississippi.** Interview by examining board prior to examination required.

**Missouri.** Temporary license issued noncitizens awaiting citizenship.

**New Jersey.** Candidates required to have not less than 3 years training in a hospital approved by the board; or 1 year if licensed in country of medical school.

**New York.** ECFMG or equivalent plus 1 or 2 years approved hospital training required, with rare exceptions in special cases.

**North Carolina.** Considered on an individual basis.

**North Dakota.** Considered on an individual basis.

**Ohio.** Must serve at least 2 years as intern or resident in approved hospital in this country.

**Oregon.** Must show evidence of internship and/or residency of not less than 2 years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.

**Pennsylvania.** Graduates of foreign medical schools are considered on an individual basis.

**Rhode Island.** Two years of graduate training in an approved hospital in United States or Canada is required.

**South Carolina.** Residency training required as specified by board.

**South Dakota.** Applicant required to practice in a state institution for 4 years under a temporary license and reappear before the board for permanent licensure, if unable to meet ECFMG and internship requirement.

**Tennessee.** Each applicant considered on an individual basis; must have resided in US for 2 years, and must appear before Board.

**Texas.** All foreign-trained physicians must appear for personal interview and present original documents. Applicants with questionable credentials must appear before entire Board.

**Virgin Islands.** Residence of 6 months required.

**Virginia.** Two years of accredited hospital training in approved hospital in the US or Canada within the 5 years prior to application. If citizenship is not acquired with 7 years after licensure, the license automatically becomes void.

**West Virginia.** One year of internship in approved US or Canadian hospital for reciprocity. ECFMG recommended by board not required by law. Original medical school diploma and official listing of premedical and medical school courses must be submitted.

**Wisconsin.** Temporary license issued to foreign graduate physicians for 2-year periods, renewable twice and after 6 years if applicant has remained in Wisconsin practicing permanent license will be issued.

## Corresponding Officers of Boards of Medical Examiners in the United States and Its Dependencies

- Alabama:** Dr. Ira L. Myers, Secretary, Board of Medical Examiners, State Office Bldg, Montgomery 36104.
- Alaska:** Department of Commerce, Central Licensing Section, Pouch "D," Juneau 99801.
- Arizona:** Mr. Paul R. Boykin, Director, Board of Medical Examiners, 810 West Bethany Home Road, Phoenix 85013.
- Arkansas:** Dr. Joe Verser, Secretary, Board of Medical Examiners, PO Box 102, Harrisburg 72432.
- California:** Mr. Wallace W. Thompson, Secretary, Board of Medical Examiners, 1021 N Street, Room A-202, Sacramento 95814.
- Canal Zone:** Health Director, Medical Licensing Board, Box M, Balboa Heights 00101.
- Colorado:** Dr. Eugene Wiege, Secretary, Board of Medical Examiners, 715 Republic Bldg, 1612 Tremont Pl, Denver 80202.
- Connecticut:** Dr. Stanley B. Weld, Secretary, Board of Medical Examiners, 160 St. Ronan St, New Haven 06511.
- Delaware:** Dr. Andrew M. Gehret, Secretary, Board of Medical Examiners, State Health Bldg, Dover 19901.
- District of Columbia:** Mr. Gordon J. Philips, Commission on Licensure, 1145 19th St, NW, Washington 20036.
- Florida:** Dr. George S. Palmer, Board of Medical Examiners, 108 W Pensacola St, Tallahassee 32304.
- Georgia:** Mr. Cecil L. Clifton, Secretary, Board of Medical Examiners, 166 Pryor St, SW, Atlanta 30303.
- Guam:** Sr. Jean Marie Menke, Executive Secretary, Commission on Licensure, Guam Memorial Hospital, PO Box AX, Marianas Islands, Agana 96910.
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- Idaho:** Mr. Armand L. Bird, Executive Secretary, Idaho State Board of Medicine, 407 Bannock St, Boise 83702.
- Illinois:** Mr. William H. Robinson, Superintendent of Registration, 628 E Adams St, Springfield 62702.
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- Iowa:** Mr. Ronald V. Saf, Executive Secretary, Board of Medical Examiners, 503 Empire Bldg, Des Moines 50309.
- Kansas:** Dr. F. J. Nash, Secretary, Board of Medical Examiners, 292 New Brotherhood Bldg, Kansas City 66101.
- Kentucky:** Mrs. Edna Frank Caudill, Director, Division of Medical Licensure, 275 E Main St, Frankfort 40601.
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- Mississippi:** Dr. H. B. Cottrell, Board of Medical Examiners, PO Box 1700, Jackson 39205.
- Missouri:** Mr. John A. Hailey, Executive Secretary, Board of Medical Examiners, PO Box 4, Jefferson City 65101.
- Montana:** Dr. William F. Cashmore, Executive Secretary, Board of Medical Examiners, 1236 Helena Ave, Helena 59601.
- Nebraska:** Mr. Rex C. Higley, Director, Bureau of Examining Boards, Department of Health, 1009 State Capitol Bldg, Lincoln 68509.
- Nevada:** Dr. Kenneth F. Maclean, Secretary, Board of Medical Examiners, 3660 Baker Lane, Reno 89502.
- New Hampshire:** Dr. Mary M. Atchison, Secretary, Board of Medical Examiners, 61 S Spring St, Concord 03301.
- New Jersey:** Dr. John F. Kustrup, Board of Medical Examiners, 28 W State St, Trenton 08625.
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