

Directory of Approved Internships and Residencies

1973-74

THE NATIONAL INTERN MATCHING PROGRAM FOR 1974
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED
STATES

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Compiled by the Staff of the Division of Medical Education, under the editorial direction of
Rose Tracy, M.B.A., with technical assistance by Cameron Brown, M.A.

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The information published in this **DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES** as pp. 1-38 appears in the November 19, 1973 (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA dated December 24, 1973.

The other material published in this Directory does not appear in the November 19, 1973, issue of JAMA but will be indexed in the December 24 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 19 issue, along with the regular copies of JAMA that make up Volume 226.

Annual Report on Graduate Medical Education in the United States

This, the 46th Annual Report on Graduate Medical Education in the United States, analyzes the distribution and performance of approved programs for the academic year 1972-73. Data obtained from hospitals, unless otherwise specified, are as of September 1, 1972, with respect to the number of positions offered, filled and vacant, and the number of foreign graduates in such programs. The data on the number of programs, however, include programs approved by the various residency review committees through June 30, 1973. The data in the section on Special Studies, in general, were compiled as of December 30, 1972, through the AMA Circulation and Records Department and the AMA Center for Health Services Research and Development.

This Report also appears in the Education Number of *The Journal AMA* for November 20, 1973, along with the two sections that follow: Special Studies, and Special Reports, Announcements, and Notices. Only the Directory, however, contains the detailed lists of approved internships and residencies, the Essentials of an Approved Internship, the Essentials of Approved Residencies, information on the National Intern and Resident Matching Program (NIRMP), the requirements of the approved examining boards in the medical specialties. The Directory also contains an excerpt of the medical licensure requirements from *Medical Licensure Statistics* for 1972, a publication issued in September 1973 by the Council on Medical Education of the AMA.

The annual Directory is sent to the office of the deans of medical schools in the United States, for use of the senior medical students in participating in the National Intern and Resident Matching Program. The Directory shows the matching code numbers for the programs participating in the matching process. The book is also sent to all students in the preceding year class, usually the third year, to familiarize them with the approved programs and with policies related to graduate medical education.

A few copies of the Directory are provided for administrative use to hospitals with approved graduate training programs. Copies are also sent to each recognized foreign medical school listed in the World Directory of Medical Schools, published by the World Health Organization. Copies of the Directory may be purchased at a charge of \$2.00, for addresses within the United States, or \$2.50 for shipments outside the United States or Canada, payable in U.S. Funds. Orders for the book should be sent to the Order Handling unit, AMA, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service by furnishing tear sheets of the lists of approved internships and of residencies, on the request of physicians in foreign countries who are registered for its examination.

The 1973-74 Directory is being processed by a computerized type-setting method, and it is possible that some minor errors may occur in the listing of multiple-hospital programs because of the technicalities of indentation required in the preparation of the material.

The method used in gathering data is the same as used in previous editions, and some statistical tables, as has occurred in the past, may not reflect the current number of programs nor the number of persons serving in them because of the necessity to gather the information on most programs prior to January 1, 1973, but also to include the newly approved programs during the six months that follow that date.

In addition to the section on Special Studies, the third section of the report "Special Reports, Announcements, and

Notices," summarize changes in policy of the Council on Medical Education, other national bodies, the various residency review committee, and specialty boards. Any changes in "Essentials" are listed in this section, along with information on other topics of interest in graduate education.

Graduate Education in Canada

The Directory does not contain information on graduate medical education in Canada, as the approval mechanisms of the Council on Medical Education are limited to programs in the United States, Puerto Rico, and the Canal Zone. The Directory no longer lists the junior rotating internships in Canada which had been listed in previous editions, as the purpose of the list was widely misunderstood.

Internships in Canada are approved by the Canadian Medical Association, and 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.

Next Edition of the Directory

Before the end of 1973, information forms for the next edition of the Directory will have been sent to program directors and hospitals. The completed forms will need to be returned by January, 1974, for publication in the 1974-75 Directory. Program directors who are contemplating the coordination of two or more facilities should have reached an agreement on a uniform listing for the program. If the facilities of one hospital are to be integrated with one or more hospitals, the program director should refer to the Consolidated List in the Directory to determine the overall heading currently used to designate the graduate training program approved for these hospitals. In some cases, it has been necessary for the Department of Graduate Medical Education to use arbitrarily shortened titles for some programs to facilitate computerization and to make it possible to combine the statistics meaningfully in the Consolidated List in the Directory.

Review of Internship Programs

During the past academic year, the straight internships were reviewed by the residency review committee in that specialty, with the Internship Review Committee reviewing only a limited number of rotating internships. The Internship Review Committee, which is composed of representatives of the AMA Council on Medical Education, the Association of American Medical Colleges, the American Hospital Association, and the Federation of State Medical Boards, makes recommendations to the Council on Medical Education, which has retained final authority to evaluate rotating internships not yet under residency review committees.

Table 1.—Number of Internships, 1963-1972

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
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
1971-1972	797	15,422	12,066	78
1972-1973	883	13,650	11,163	81

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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, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Graduates U.S., Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage Foreign Grads. in Filled Positions	Total Internship Positions Offered 1974-1975
ROTATING— NO MAJOR EMPHASIS:	Affiliated	322	2,403	1,910	493	79	1,014	896	47	1,984
	Non-Affiliated	137	1,142	917	225	80	111	806	88	1,018
	Total	459	3,545	2,827	718	80	1,125	1,702	60	3,002
ROTATING— MAJOR EMPHASIS ON: Internal Medicine	Affiliated	250	1,046	849	197	81	570	279	33	864
	Non-Affiliated	72	261	228	33	87	50	178	78	250
	Total	322	1,307	1,077	230	82	620	457	42	1,114
Surgery	Affiliated	254	912	733	179	80	415	318	43	867
	Non-Affiliated	76	289	240	49	83	51	189	79	286
	Total	330	1,201	973	228	81	466	507	52	1,153
Obstetrics-Gynecology	Affiliated	169	379	296	83	78	179	117	40	330
	Non-Affiliated	42	77	54	23	70	9	45	83	63
	Total	211	456	350	106	77	188	162	46	393
Pediatrics	Affiliated	150	334	273	61	82	175	98	36	273
	Non-Affiliated	31	40	28	12	70	9	19	68	37
	Total	181	374	301	73	80	184	117	39	310
Pathology	Affiliated	101	117	71	46	61	56	15	21	99
	Non-Affiliated	20	21	14	7	67	4	10	71	16
	Total	121	138	85	53	62	60	25	29	115
Psychiatry	Affiliated	99	228	148	80	65	128	20	14	202
	Non-Affiliated	14	15	10	5	67	5	5	50	9
	Total	113	243	158	85	65	133	25	16	211
Radiology	Affiliated	96	107	72	35	67	57	15	21	97
	Non-Affiliated	22	24	10	14	42	2	8	80	22
	Total	118	131	82	49	63	59	23	28	119
Anesthesiology	Affiliated	100	173	113	60	65	93	20	18	156
	Non-Affiliated	18	15	10	5	67	2	8	80	12
	Total	118	188	123	65	65	95	28	23	168
All of Above Specialties	Affiliated	40	13	13	..	100	13	..	..	438
	Non-Affiliated	8	..	..	..	..	..	..	..	113
	Total	48	13	13	..	100	13	..	..	551
Total Rotating (Major Emphasis)	Affiliated	1,259	3,309	2,568	741	78	1,686	882	34	3,326
	Non-Affiliated	303	742	594	148	80	132	462	78	808
	Total	1,562	4,051	3,162	889	78	1,818	1,344	43	4,134
STRAIGHT Internal Medicine	Affiliated	278	3,121	2,810	311	90	2,423	387	14	3,233
	Non-Affiliated	33	180	132	48	73	70	62	47	181
	Total	311	3,301	2,942	359	89	2,493	449	15	3,414
Surgery	Affiliated	210	1,408	1,163	245	83	946	217	19	1,242
	Non-Affiliated	31	101	52	49	51	14	38	73	105
	Total	241	1,509	1,215	294	81	960	255	21	1,347
Pediatrics	Affiliated	114	713	659	54	92	575	84	13	..
	Non-Affiliated	5	27	21	6	78	16	5	24	..
	Total	119	740	680	60	92	591	89	13	..
Pathology	Affiliated	104	254	170	84	67	125	45	26	2
	Non-Affiliated	5	13	3	10	23	..	3	100	..
	Total	109	267	173	94	65	125	48	28	2
Obstetrics-Gynecology	Affiliated	94	211	148	63	70	120	28	19	229
	Non-Affiliated	18	26	16	10	62	7	9	56	42
	Total	112	237	164	73	69	127	37	23	271
Total Straight	Affiliated	800	5,707	4,950	757	87	4,189	761	15	4,706
	Non-Affiliated	92	347	224	123	65	107	117	52	328
	Total	892	6,054	5,174	880	85	4,296	878	17	5,034
Grand Totals	Affiliated	2,381	11,419	9,428	1,991	83	6,889	2,539	27	10,016
	Non-Affiliated	532	2,231	1,735	496	78	350	1,385	80	2,154
	Total	2,913	13,650	11,163	2,487	82	7,239	3,924	35	12,170

By June 30, 1975, all internships are to be coordinated with residency programs. At that time, the evaluation of each program will become the responsibility of an appropriate residency review committee. Such internships will then be designated as "categorical" or flexible" as approved by the AMA House of Delegates in December 1972. Information on the new designations is given in the "Special Announcements" section, and includes the redesignation of "straight" internships to "categorical internships" which may be offered in medicine, surgery, or obstetrics-gynecology. Flexible internships, which must include four months of internal medicine, must be specifically related to approved residency programs with the director of the residency program responsible for the appropriate structuring of the flexible internship program.

During the past year, straight internships in pediatrics and pathology were not offered, in accordance with changes in policy of the residency review committees for these specialties. Some hospitals, however, offered rotating internships with emphasis on these two areas. In a similar manner, straight internships in surgery were generally offered as "dual appointments," so that the candidate served simultaneously as a straight intern in surgery and as a first-year resident in surgery.

Number of Internships

Table 1, a ten-year record of internship supply and demand, shows that, for the academic year 1971-72, the number of hospitals or groups of hospitals offering internships increased, but the number of positions offered and filled decreased. The table indicates that, until this year, the number of positions had increased, as had the number of positions filled. For the current reporting period, the percentage of positions filled increased, but the number of positions offered decreased by 3,455 positions, and the number filled decreased by 903 positions.

Table 2 indicates that 7,239 U.S. and Canadian graduates and 3,924 graduates of foreign medical schools were serving as interns on September 1, 1972. For September 1, 1971, the comparable figures were 8,120 and 3,946. Thus the number of U.S. and Canadian graduates in internships decreased in 1972 by 671, and the number of foreign graduates by 22. The decrease in the number of U.S. and Canadian graduates is accounted for in the table under the Special Studies section of this report which indicates that 1,593 U.S. and Canadian graduates were appointed to a residency position directly from medical school, without having served an internship. Most of these residents enter programs in psychiatry, family practice, or general surgery. The statistics seem to indicate that practically all graduates from U.S. medical schools for the academic year 1971-72, which totalled 9,551, were serving in graduate training programs by the end of the calendar year. Although the statistics in this report are as of September 1, 1972, to show the filled positions, apparently there was a lag in reporting, as the year-end statistics compiled from the AMA Physicians Master File as of December 30, 1972, showed a total of 8,184 U.S. graduates serving in internships. From this number should be subtracted 22 who entered an internship before receiving the M.D. degree, and probably 128 graduates of osteopathic schools who are also included in the tabulation of filled positions in internships. To the resulting net amount of 8,036 should be added the 1,593 persons who entered a residency without an internship and who were presumably graduates of the 1971-72 academic year. This addition would show 9,629 persons, or actually more than the graduating class for the year ending June, 1972. Part of this number would be an overlap in the reporting for the Physicians Master File of those whose status had changed from that of an intern to probably a resident or another type of practice. In any event, it would appear that practically all graduates for the academic year ending June 1972, entered some phase of graduate training. In previous years approximately 250 were

Table 3.—Types of Internship Programs Offered 1963-1972

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.	%	
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
1971-72	499	15	1,737	53	1,018	31	..	..	3,254
1972-73	459	15	1,562	54	892	31	..	..	2,913

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

not accounted for as entering graduate medical education. The statistics would also seem to indicate that all of the women graduates entered graduate training, as analyzed in the section under the Special Studies in this report.

Table 2 identifies internships by type of service and also by medical school affiliation, and indicates the number and percentage of positions filled by U.S. and Canadian graduates and by foreign graduates. All types of internships decreased in number, with the rotating 0 internship comprising 15% of those offered, the rotating internship with emphasis on a specialty, 54%, and straight internships 31%. These were essentially the same proportions as offered a year earlier, except that the total number of positions offered, as summarized in Table 3, decreased by 10%.

The proportion of positions filled increased, primarily because of the decrease in the total number offered, so that 85% of the straight internships were filled, 80% of the rotating 0 internships were filled, and 78% of the rotating with emphasis on a specialty. As in previous years, the straight internships were filled primarily with U.S. and Canadian graduates, and only 17% of the filled positions went to foreign graduates. Of the rotating internships with emphasis on a specialty, 43% of the filled positions went to foreign graduates, and 60% of the filled rotating 0 positions went to foreign graduates.

For 1972-73 the average number of internship positions available in the 883 participating hospitals was 15, a drop from 19 the previous year, and the average number of interns on duty was 12, as contrasted to 15 the previous year. A part of this change could be attributed to the policy of now appointing candidates to the first graduate year in pediatrics, pathology, and in some cases surgery, as residents rather than as straight interns.

As indicated in Table 3, in previous years statistics had been included on pilot programs in family practice and in general practice. These programs have been discontinued, and statistics on the currently approved family practice residencies are included in the information given concerning all types of residencies.

Two-Year Internships

In accordance with the wishes of the AMA House of Delegates, the Council staff has continued to advise hospitals that two-year internships may be established in institutions already approved to offer one-year internships. These programs are listed with a "rotating 00" designation to indicate that they offer appointments of longer than twelve months' duration. Currently, only a handful of hospitals offer such appointments, and usually only to one or two of their interns. With the emphasis on the coordination of the internship and residency training programs, it is not likely that acceptable provision can be made for extended programs.

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

Control	Number of Internships						Number of Interns on Duty			Total Internship Positions Offered 1974-1975
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., U.S., Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
Combined Hospitals	105	258	1,904	1,620	284	85	1,464	156	10	1,708
Totals	105	258	1,904	1,620	284	85	1,464	156	10	1,708
Federal										
U.S. Air Force	5	38	110	105	5	95	104	1	1	28
U.S. Army	7	42	188	184	4	98	183	1	1	187
U.S. Navy	7	53	145	133	12	92	133	..	..	133
U.S. Public Health Service	7	19	98	62	36	63	53	9	15	98
Veterans Administration	44	7	97	72	25	74	47	25	35	65
Other Federal	2	6	33	19	14	58	18	1	5	21
Totals	72	165	671	575	96	86	538	37	6	532
Governmental Non-Federal										
State	51	147	972	768	204	79	731	37	5	809
County	37	126	981	862	119	88	677	185	21	854
City	36	110	685	587	98	86	257	330	56	586
City-County	13	34	216	174	42	81	148	26	15	157
Hospital District	8	18	157	133	24	85	106	27	20	142
Totals	145	435	3,011	2,524	487	84	1,919	605	24	2,548
Non-Governmental Non-Profit										
Church Related	161	653	2,124	1,627	497	77	703	924	57	2,024
Non-Profit Corporation	391	1,381	5,820	4,740	1,080	81	2,571	2,169	46	5,237
Totals	552	2,034	7,944	6,367	1,577	80	3,274	3,093	49	7,261
Miscellaneous										
Proprietary	1	3	8	8	..	100	8	..	..	8
Corporation	8	18	112	69	43	62	36	33	48	113
Totals	9	21	120	77	43	64	44	33	43	121
Grand Totals	883	2,913	13,650	11,163	2,487	82	7,239	3,924	35	12,170

Internship by Type of Hospital Control

Table 4 uses the term "combined hospitals" to record the institutions combining to offer integrated programs using the resources of two or more hospitals that would fall into more than one of the categories of type of hospital control. The number of such combinations has varied from year to year, and often the changes may be the result of different methods of processing the statistics rather than an indication of an actual trend. The number given does not indicate the total number of integrated programs, as two or more hospitals in the church-related group would be listed under that classification rather than under the combined-hospitals group. On the other hand, a county hospital and a Veterans Administration Hospital offering an integrated program would be listed in the category of combined hospitals.

Of the total of 883 hospitals, 12% were in the "combined" group, 8% in the federal group, 16% in the governmental non-federal, and 63% in the non-governmental non-profit group. The "combined" hospitals offered 14% of the total number of positions, recruited 15% of the available interns, and 20% of the available U.S. or Canadian graduates. Only 10% of the internships held in this type of program was filled by foreign graduates. The federal hospitals continue to obtain their proportionate share of interns, except for the poor performance of the United States Public Health Service Hospitals. The decline in the positions filled was probably related to the uncertainty of their continued operation. The federal hospitals offered 5% of all positions, recruited 5% of the available interns, and obtained 7% of the available U.S. and Canadian graduates. It is likely that a number of federal hospitals not included in this breakdown may be included in the "combined hospitals" statistics.

The governmental non-federal institutions offered 22% of the available positions, obtained 23% of the candidates available, and filled their positions with 27% of the available U.S. and Canadian graduates. The non-governmental non-profit

hospitals, however, which offered 58% of the total positions, recruited 57% of the available candidates, but obtained only 45% of the available U.S. and Canadian graduates. Out of the total of 3,924 foreign graduates on duty September 1, 79% were in internships in the non-governmental non-profit group of hospitals. With the expectation that internships will be coordinated with residencies, and in some cases may no longer be designated as internships, the number of positions to be offered for the academic year 1974-75 is 12,170, a decrease of more than 20% from the total projected a year ago of 15,396 positions.

Internship by Medical School Affiliation and Bed Capacity

Table 5 confirms the trend for affiliation with medical schools, with 80% of the hospitals affiliated in 1972 with medical schools as compared with 72% in 1971 and 69% in 1970. The hospitals not affiliated with medical schools were, in general, smaller in size, with 74% having less than 500 beds. The largest single group of non-affiliated hospitals, 84 hospitals with 300 to 499 beds, comprised 47% of the total number of non-affiliated hospitals. For the affiliated hospitals, 66% had less than 500 beds, but 34% had 500 beds or more.

The affiliated hospitals filled 83% of their positions, thus obtaining 84% of all candidates recruited, whereas the non-affiliated hospitals filled 78% of their positions, obtaining 16% of the available candidates. The affiliated hospitals continued to recruit the majority of U.S. and Canadian graduates available, giving appointments to 95% of the total number of candidates, and also recruiting 65% of the foreign graduates available. While foreign graduates comprised only 27% of the interns serving in affiliated hospitals, 80% of the interns serving in the non-affiliated hospitals were graduates of medical schools outside the United States and Canada. These statistics indicate that the trend toward increased

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

Classification	Number of Internships						Number of Interns on Duty			Total Internship Positions Offered 1974-1975
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., U.S., Canada Sept. 1, 1972	Foreign Graduates For. Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
Affiliated										
Combined Hospitals	101	246	1,853	1,591	262	86	1,455	136	9	1,658
Less than 200 Beds	50	87	656	528	128	80	384	144	27	590
200-299	75	163	648	491	157	76	204	287	58	610
300-499	236	1,618	3,028	2,396	632	79	1,421	975	41	2,667
500-Over	241	1,076	5,234	4,422	812	84	3,425	997	23	4,491
Totals	703	2,381	11,419	9,428	1,991	83	6,889	2,539	27	10,016
Non-Affiliated										
Combined Hospitals	4	12	51	29	22	57	9	20	69	50
Less than 200 Beds	18	28	176	117	59	66	25	92	79	175
200-299	48	101	419	371	48	89	36	335	90	413
300-499	84	492	1,088	843	245	77	152	691	82	1,015
500-Over	26	145	497	375	122	75	128	247	66	501
Totals	180	532	2,231	1,735	496	78	350	1,385	80	2,154
Grand Totals	883	2,913	13,650	11,163	2,487	82	7,239	3,924	35	12,170

activity in affiliated hospitals has continued, with the affiliated hospitals now appointing 9.5 times as many U.S. and Canadian graduates as the non-affiliated hospitals. The affiliated hospitals also have 3 times as many U.S. and Canadian graduates as they have foreign graduates. In the non-affiliated hospitals, the ratio of foreign medical graduates on duty to U.S. and Canadian graduates is 4 to 1; the ratio of foreign graduates to U.S. and Canadian graduates in the affiliated hospitals has continued to be 1 to 3.

Internships by Census Region and State

Table 6 indicates that the comparative performance of each of the census divisions improved, except for the Mountain region of the West census division. The percentage of filled positions in the Mountain region decreased from 83% the previous year to 80% as of September 1, 1972. While most of the census regions showed a higher percentage of positions filled, this improvement was not in absolute numbers, but simply a reflection of the smaller number of positions offered. In the Middle Atlantic region, with the largest number of programs, the three states of New Jersey, New York, and Pennsylvania filled 85% of their positions, which was an improvement over the 81% last year, but a net loss in the number of positions, with 3,080 filled as of September 1972, and 3,265 one year earlier.

The actual number of foreign graduates in this region, however, increased from 1,628 in 1972, a change from 49% of the positions filled by foreign graduates to 53% in 1972. Of the three states in this census region, the number of foreign graduates recruited in Pennsylvania decreased, the number in New Jersey remained about the same, the number in New York increased from 919 to 1,005. In New Jersey 84% of the interns on duty were graduates of foreign medical schools. Of the larger states, only Michigan improved its number and proportion of U.S. or Canadian graduates and 270 foreign graduates, with 52% of its interns graduates of foreign medical schools; in 1972 it recruited 252 U.S. graduates and 213 foreign graduates, with 46% of the positions thus filled by foreign graduates. The total number of interns serving, however, declined from 516 to 465. The only census division to show an increase in actual numbers of interns recruited was the East South Central, with an increase of 23 interns over the total recruited the previous year. The number of U.S. graduates increased from 387 to 400, and the number of foreign graduates from 48 to 38.

The Pacific census region, which includes California, Hawaii, Oregon, and Washington, continued to improve its recruitment record, as it recruited 14% of the available in-

terns, as compared with 13.7% the year before. The census region offered 13% of the total positions, as of September, 1972, as compared with 12% the preceding year. Nevertheless, the number of interns on duty declined by 79 positions during the year. The states with foreign graduates in 50% or more of their filled internship positions were Connecticut, Rhode Island, New Jersey, New York, Illinois, Ohio, Wisconsin, South Dakota, Maryland, and Puerto Rico. All of the census regions except the region with the Canal Zone and Puerto Rico filled at least 65% of the available positions, but several individual states fell below this number, including Nebraska, South Carolina, West Virginia, Alabama, Arkansas, Louisiana, and Puerto Rico. The states which had fallen below 65% as of 1971 but which have now increased their recruitment above that percentage of the positions offered are North Dakota and Delaware.

Table 7.—Annual Salaries Offered Interns*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
5,001— 5,500	7		7
6,001— 6,500	1		1
6,501— 7,000	56	4	60
7,001— 7,500	39	2	41
7,501— 8,000	65	25	90
8,001— 8,500	124	59	183
8,501— 9,000	272	46	318
9,001— 9,500	331	47	378
9,501—10,000	502	103	605
10,001—10,500	312	51	363
10,501—11,000	218	71	289
11,001—11,500	72	9	81
11,501—12,000	39	14	53
12,001—12,500	95	27	122
12,501—13,000	34	20	54
13,001—13,500	7		7
13,501—14,000	13	11	24
14,001—14,500	1	13	14
14,501—15,000	6		6
Over 15,000			
Total Programs Reporting	2,194	502	2,696
Data not available	187	30	217
Total Programs	2,381	532	2,913
Mean —Annual Salary	\$9,827	\$10,140	\$9,886
Median—Annual Salary	\$9,501-10,000	\$9,501-10,000	\$9,501-10,000
Mode —Annual Salary	\$9,501-10,000	\$9,501-10,000	\$9,501-10,000

*Data collected prior to July 1, 1973

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 1974-1975
			Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Per- centage Filled	Grads., US, Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
NORTHEAST										
New England										
Connecticut	21	78	287	254	33	89	101	153	60	236
Maine	1	5	16	15	1	94	15			16
Massachusetts	38	92	472	425	47	90	299	126	30	416
New Hampshire	2	2	30	30		100	30			30
Rhode Island	5	14	92	74	18	80	37	37	50	98
Vermont	2	4	25	24	1	96	24			22
Totals	69	195	922	822	100	89	506	316	38	818
Middle Atlantic										
New Jersey	41	146	470	394	76	84	63	331	84	460
New York	120	365	2,219	1,941	278	87	936	1,005	52	1,940
Pennsylvania	80	287	952	745	207	78	453	292	39	876
Totals	241	798	3,641	3,080	561	85	1,452	1,628	53	3,276
NORTH CENTRAL										
East North Central										
Illinois	47	172	922	791	131	86	280	511	65	810
Indiana	12	35	156	123	33	79	117	6	5	147
Michigan	42	174	586	465	121	79	252	213	46	605
Ohio	48	218	807	637	170	79	316	321	50	681
Wisconsin	15	43	171	115	56	67	55	60	52	175
Totals	164	642	2,642	2,131	511	81	1,020	1,111	52	2,418
West North Central										
Iowa	10	25	116	94	22	81	79	15	16	96
Kansas	5	29	71	57	14	80	56	1	2	81
Minnesota	14	34	203	175	28	86	155	20	11	246
Missouri	17	79	371	299	72	81	206	93	31	305
Nebraska	12	14	74	46	28	62	44	2	4	64
North Dakota	1	1	12	11	1	92	8	3	27	12
South Dakota	4	4	16	15	1	94	7	8	53	15
Totals	63	186	863	697	166	81	555	142	20	819
SOUTH										
South Atlantic										
Delaware	2	10	20	20		100	19	1	5	19
District of Columbia	20	43	215	178	37	83	113	65	37	211
Florida	21	31	172	138	34	80	94	44	32	182
Georgia	16	29	203	175	28	86	155	20	11	185
Maryland	24	83	439	386	53	88	180	206	53	389
North Carolina	8	30	193	139	54	72	129	10	7	152
South Carolina	5	10	83	44	39	53	41	3	7	78
Virginia	12	49	266	230	36	86	203	27	12	231
West Virginia	5	29	68	36	32	53	20	16	44	60
Totals	113	314	1,659	1,346	313	81	954	392	29	1,507
East South Central										
Alabama	15	30	173	79	94	46	74	5	6	153
Kentucky	12	17	130	103	27	79	88	15	15	118
Mississippi	3	18	70	58	12	83	57	1	2	45
Tennessee	16	64	288	198	90	69	181	17	9	239
Totals	46	129	661	438	223	66	400	38	9	555
West South Central										
Arkansas	5	19	75	39	36	52	36	3	8	68
Louisiana	15	58	245	132	113	54	122	10	8	204
Oklahoma	10	38	81	63	18	78	59	4	6	76
Texas	33	133	559	476	83	85	417	59	12	448
Totals	63	248	960	710	250	74	634	76	11	796
WEST										
Mountain										
Arizona	8	36	101	93	8	92	74	19	20	90
Colorado	12	28	138	104	34	75	80	24	23	133
New Mexico	3	6	27	27		100	27			27
Utah	6	1	13		13					13
Totals	29	71	279	224	55	80	181	43	19	263
Pacific										
California	65	241	1,466	1,293	173	88	1,242	51	4	1,186
Hawaii	4	13	76	73	3	96	53	20	27	71
Oregon	7	27	95	88	7	93	81	7	8	94
Washington	11	25	135	132	3	98	112	20	15	111
Totals	87	306	1,772	1,586	186	90	1,488	98	6	1,462
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	4	21	15	6	71	14	1	7	16
Puerto Rico	7	20	230	114	116	50	35	79	69	240
Totals	8	24	251	129	122	51	49	80	62	256
Grand Totals	883	2,913	13,650	11,163	2,487	82	7,239	3,924	35	12,170

Internship Salaries

The information published on salaries for the house staff is generally 8 months old by the time of publication of the Directory because of the deadlines necessary to process the information. Most hospitals report salaries as of September 1 of the reporting year, and subsequently take action prior to the beginning of the next academic year to increase salaries for those who will begin an appointment at that time. Table 7 indicates that 8% of the programs did not report information on the annual questionnaire that could be used in compiling data on salaries. The usable data indicate that the average annual salary offered interns prior to July 1, 1973, was \$9,886. In the affiliated hospitals the average was \$9,827 and in the non-affiliated hospitals \$10,140 per year. The median for all three groups, as well as the mode, or the most popular salary offered, was in the range from \$9,501 to \$10,000 annually. For the current reporting period, 13% of the hospitals reported a salary of \$11,000 or more a year, compared with 9% of the previous year. Because of the many types of arrangements in hospitals, no attempt is made to determine the value of room and board or other perquisites, and no information is requested as to extra-curricular activities that might produce additional income for members of the house staff. The averages listed, subject to these limitations, do provide a comparison of the change from those reported from previous periods. For the previous reporting period, the average salary for interns was \$8,838 in affiliated hospi-

tals, \$10,076 in non-affiliated hospitals, with an overall average of \$9,096 in all hospitals.

Residency Programs

Since 1962, because of interest expressed by the AMA House of Delegates, additional information is included in these annual reports on the evaluation and approval of residency programs. A detailed description of the process of evaluation was included in the 1971-72 Directory and also in the reprint, Medical Education. With the establishment of the Liaison Committee on Graduate Medical Education, these procedures will change somewhat, as detailed in the third section of this report on Graduate Medical Education, headed "Special Reports, Announcements, Notices."

During the past year the Residency Review Committee for Nuclear Medicine was organized, and should begin to review programs in this specialty within the next few months.

Table 8 shows the volume of activity carried on by the residency review committees during the academic year July 1, 1972, to June 30, 1973. The 21 residency review committees that were active during the year held 43 meetings, with each committee meeting one to three times a year, at various locations throughout the country. The actions of a review committee are communicated by the committee secretary by a letter to the program director and the hospital administrator. No public announcement is made by the com-

Table 8.—Activities of Residency Review Committees, July 1, 1972, to June 30, 1973

SPECIALTY	Number of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Given Full Approval from Qualified Approval	Programs on which Further Data Were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology	2	6	49	18	3	5	10	11	1	103
Aerospace Medicine*	2	1	1	—	1	—	—	—	—	3
Colon-Rectal Surgery	1	1	4	1	1	3	—	—	—	10
Child Psychiatry**	2	9	28	7	—	4	—	8	—	56
Dermatology	1	2	19	2	6	—	—	—	—	29
Family Practice	3	59	19	13	12	7	1	1	26	138
General Practice	1	—	8	1	—	4	12	16	—	41
General Preventive Med.*	2	1	1	3	4	—	—	—	—	9
Internal Medicine	3	17	113	12	15	43	25	16	18	259
Neurological Surgery	2	3	47	2	3	—	4	—	2	61
Neurology**	2	4	26	8	4	—	3	—	—	46
Obstetrics-Gynecology	3	3	100	8	—	16	15	1	2	147
Occup. Med. (Academic)*	2	—	—	—	—	—	—	—	—	—
Occup. Med. (In-Plant)*	2	—	1	—	1	—	—	—	—	2
Ophthalmology	2	4	50	3	4	6	4	1	—	72
Orthopedic Surgery	2	6	61	14	2	4	5	4	2	98
Otolaryngology	2	3	28	5	5	18	7	5	1	72
Pathology†	2	6	73	12	18	6	44	38	8	205
Pathology-Forensic†	2	1	1	1	1	—	—	—	1	5
Path.-Neuropathology†	2	4	—	—	—	—	—	—	—	4
Pediatric Allergy††	2	1	5	5	1	1	1	—	—	14
Pediatric Cardiology††	2	3	12	4	1	5	3	1	—	29
Pediatrics††	2	15	111	10	16	39	12	9	4	216
Physical Med. & Rehab.	2	2	15	5	7	8	6	2	—	47
Plastic Surgery	2	7	25	7	10	18	3	—	—	70
Psychiatry**	2	14	57	4	10	13	14	17	1	130
Public Health*	2	—	4	—	1	—	—	3	—	8
Radiology-General‡	2	3	47	14	1	2	12	18	5	102
Radiology-Diagnostic‡	2	80	2	13	1	1	—	—	19	117
Radiology-Therapeutic‡	2	23	3	15	1	1	12	19	1	75
Surgery##	3	5	124	24	22	45	18	14	7	259
Thoracic Surgery	2	2	13	8	5	1	8	1	8	46
Urology	2	1	40	5	1	7	6	0	1	61
Totals	43	286	1,087	225	157	257	225	188	109	2,534

*Programs evaluated by the Residency Review Committee for Preventive Medicine

**Programs evaluated by the Residency Review Committee for Psychiatry and Neurology

†Programs evaluated by the Residency Review Committee for Pathology

††Programs evaluated by the Residency Review Committee for Pediatrics

‡Programs evaluated by the Residency Review Committee for Radiology

##A subcommittee of the Council on Medical Education reviews one-to-two year residencies in General Surgery

NOTE: The Residency Review Committee for Nuclear Medicine held its first meeting January 11, 1973, but did not evaluate programs prior to June 30, 1973.

Table 9.—Survey Activities of Field Representatives

Year Ending June 30:	1967	1968	1969	1970	1971	1972	1973
Hospitals Visited	953	923	807	900	1,012	1,001	1,406
Internships Reviewed	77	252	220	203	288	187	137
Residencies Reviewed	1,829	1,822	1,702	1,961	2,182	2,160	2,565
Total Programs Reviewed	1,906	2,074	1,922	2,164	2,470	2,347	2,702

mittees of their actions, so that an adverse recommendation remains confidential to the hospital staff involved. Beginning in 1974 the actions of the residency review committees will be reviewed by the Liaison Committee on Graduate Medical Education before they are communicated to the program director and the hospital administrator.

The interest in those appointed to a training program are safeguarded by careful recording in the files of the AMA as well as in the records of the specialty boards concerned, so that the individual boards may determine whether credit may be extended in individual cases to the end of an academic year for those persons under contract at the time approval of a program is withdrawn.

During the year ending June 30, 1973, 2,534 programs were reviewed, with over 200 programs each in internal medicine, pathology, pediatrics, and general surgery. Over 100 programs each were reviewed in anesthesiology, family practice, obstetrics-gynecology, psychiatry, general radiology, and diagnostic radiology.

Table 9 summarizes the survey activities of the Field Representatives of the Department of Graduate Medical Education of the AMA for the past several years. All approved programs, regardless of the length of the training program, are reviewed about every three years so that one third of the programs should be reviewed each year either by the Field Representatives or by specialists appointed by the individual review committees.

For the year ending June 30, 1973, the number of hospitals visited increased over the preceding year, along with an increase in the number of residencies reviewed.

The number of internships reviewed decreased, as many of the internships are now reviewed as a part of a residency program, especially the currently designated internships that give emphasis to a particular specialty. The increased number of surveys may be accounted for by the fact that two of the Field Representatives during the past year have been concentrating their efforts in the large metropolitan areas of New York and New Jersey, to bring up to date a backlog of surveys that had developed in that area. More surveys can be done in metropolitan areas during a specific period of time because of the lack of time required to travel between cities. A Field Representative ordinarily devotes a half day to the survey of a program in a hospital or a portion of a program in a hospital, and is expected to survey all portions of the program carried out in various hospitals if they provide significant input to the program. This is generally understood to mean that a resident is assigned for at least one third of the program or a minimum of six months' full time to that portion of the program if it is to merit identification in the listing of the program.

The surveys by the Field Staff are augmented by surveys carried out by specialists assigned by the residency review committees, which surveys are not included in table 9. The Field Representatives, regardless of their own specialty training and background, survey all types of residency programs. They 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 bases much of the year.

Residencies by Specialty

As in previous reports, Tables 10 and 27 are the only tables that include statistics on residencies in the fields of preventive medicine. These tables include 82 programs and 543 positions in specialties of preventive medicine, which are generally not offered in hospitals and are therefore not included in other tables related to residencies.

Table 8 shows that the number of positions offered and the number filled have continued to increase, but that the number of positions vacant decreased. As of September 1, 1972, 13% of the positions offered were vacant, the preceding year 15% had been vacant. The rate of growth of the number of positions offered and filled also has changed, as the increase in the number of positions offered and filled from 1970 to 1971 was 7%; during the period from 1971 to 1972 the rate of increase in the number of positions offered was 3% but the rate of increase in the number of positions filled was 6%.

Although the number of both U.S. and foreign graduates increased, the rate of increase, as compared with the preceding year, changed. The number of U.S. graduates increased 6% in 1972 over 1971; the preceding year the increase was 8%; the number of foreign graduates increased in 1972 over 1971 by 6%, whereas the increase the preceding year had been 4%.

For the current reporting period, 15 specialties offered over 1,000 positions each, representing 90% of the positions offered, 87% of the positions filled, and 91% of the U.S. and Canadian graduates available. For the first time, positions in diagnostic radiology and in neurology reached the 1,000 mark.

During the 1971 reporting period three specialties, surgery, pathology, and psychiatry, each had more than 1,000 vacant positions. For the 1972 reporting period, the vacancies in surgery were 673 positions, in pathology 886 positions, and in psychiatry 959 positions. Twelve specialties again filled 90% or more of the residency positions they offered, as in the preceding year, with the recruitment percentages varying in the group from 91% for surgery and for pediatric allergy to 98% for ophthalmology.

The hospital residencies with the lowest percentage of filled positions were family practices with 59%, general practice with 62% and physical medicine with 69%. Forensic Pathology, which is sometimes hospital-based, had a recruitment percentage of 49. The family practice programs, by September, 1972, had not been fully activated, and many of the positions listed as offered will not be available until the current residents who began the program this year or last year reach the second or third year of the program during the next reporting period.

In the fields of preventive medicine, the percentage of positions filled averaged only 41%, a slight drop from the preceding year, with the best recruitment record at 54% for the field of general preventive medicine. All of these programs, however, had a very low percentage of foreign graduates in the filled positions.

Except for family practice, which had foreign graduates in only 12% of its filled positions, the lowest proportions of foreign graduates were in the same specialties that had the highest proportion of filled positions, namely, ophthalmology with only 8% of its filled positions covered by foreign graduates, dermatology with only 9%, diagnostic radiology with only 10%, orthopedic surgery with only 11%, and otolaryngology with only 17%. As in previous years, more than 50% of the residents serving in the fields of anesthesiology, general practice, pathology, and physical medicine and rehabilitation were graduates of foreign medical schools.

Table 11 is a refinement of Table 10, which omits the programs in preventive medicine and separates the hospital-based programs into those with and without medical school

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, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Graduates U.S., Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1974-1975
Anesthesiology	170	2,268	1,954	314	86	828	1,126	58	2,478
Child Psychiatry	130	681	510	171	75	374	136	27	748
Diagnostic Radiology	137	1,776	1,681	95	95	1,509	172	10	1,927
Dermatology	87	670	650	20	97	592	58	9	669
Family Practice	151	1,755	1,041	714	59	919	122	12	2,701
General Practice	69	437	271	166	62	56	215	79	446
Surgery	492	7,513	6,840	673	91	4,259	2,581	38	7,992
Internal Medicine	412	8,878	8,297	581	93	5,409	2,888	35	9,926
Neurological Surgery	97	648	609	39	94	488	121	20	646
Neurology	111	1,063	942	121	89	690	252	27	1,196
Obstetrics and Gynecology	337	3,368	3,006	362	89	1,837	1,169	39	3,596
Ophthalmology	164	1,496	1,472	24	98	1,352	120	8	1,532
Orthopedic Surgery	190	2,299	2,210	89	96	1,970	240	11	2,439
Otolaryngology	109	1,028	973	55	95	809	164	17	1,055
Pathology	520	3,446	2,560	886	74	1,128	1,432	56	3,677
Forensic Pathology	25	55	27	28	49	18	9	33	51
Neuropathology	22	72	56	16	78	41	15	27	84
Pediatrics	251	3,496	3,238	258	93	2,044	1,194	37	4,139
Pediatric Allergy	49	122	111	11	91	86	25	23	129
Pediatric Cardiology	60	186	147	39	79	90	57	39	188
Physical Medicine	69	502	344	158	69	133	211	61	550
Plastic Surgery	101	353	312	41	88	238	74	24	386
Colon and Rectal Surgery	15	26	20	6	77	7	13	65	30
Psychiatry	263	5,090	4,131	959	81	3,006	1,125	27	5,322
Radiology	235	2,073	1,806	267	87	1,316	490	27	2,066
Therapeutic Radiology	75	371	287	84	77	191	96	33	449
Thoracic Surgery	87	304	285	19	94	183	102	36	316
Urology	179	1,139	1,078	61	95	845	233	22	1,171
Totals	4,607	51,115	44,858	6,257	88	30,418	14,440	32	55,909
Other than Hospitals:									
Aerospace Medicine	4	102	38	64	37	33	5	13	102
General Preventive Medicine	26	259	139	120	54	122	17	12	259
Occupational Medicine (Academic)	7	44	12	32	27	9	3	25	44
Occupational Medicine (In-Plant)	19	28	4	24	14	3	1	25	28
Public Health	26	110	30	80	27	25	5	17	110
Totals	82	543	223	320	41	192	31	14	543
Grand Totals	4,689	51,658	45,081	6,577	87	30,610	14,471	32	56,452

affiliations. Over the years, the medical school affiliated hospitals have obtained an increasingly large proportion of the number of approved programs, and the number of hospitals affiliated with medical schools has increased. For the 1972 reporting period, affiliated hospitals offered 90% of the total positions, and filled 91% of the available positions. This was an increase from 88% and 90% for the 1971 reporting period. The affiliated hospitals also obtained 94% of the available U.S. and Canadian graduates and 84% of the foreign graduates. A year earlier, they also obtained 94% of the United States graduates and 80% of the available foreign graduates.

Graduates from medical schools in the United States and Canada comprised 78% of all residents on duty, with 94% of these serving in affiliated hospitals. Identical percentages were reported in the 1971 period. For 1972, 32% of all trainees, as in 1971, were graduates of foreign medical schools, and 57% of the residents serving in the non-affiliated hospitals were graduates of foreign medical schools. These numbers, however, comprised only 16% of the total number of foreign graduates serving in residencies. The non-affiliated hospitals, therefore, recruited fewer foreign physicians into their residency programs, increased slightly the number of U.S. and Canadian graduates in their programs, and reported a decrease in the number of positions offered, filled, and vacant.

The final column of Table 11, listing the total positions to be offered for the academic year beginning July 1, 1974, shows that both the affiliated and non-affiliated hospitals

expect to offer 9% more positions as of July 1, 1974, than they offered as of September 1, 1972.

As was determined last year, some residencies in non-affiliated hospitals fill a larger percentage of positions than their counterparts in the affiliated hospitals. Anesthesiology, neurological surgery, forensic pathology, neuropathology, pediatric allergy, plastic surgery, radiology, and thoracic surgery are in this group; in the case of the non-affiliated hospitals, however, some of the numbers of positions offered are rather small.

First-Year Positions

Table 11A shows the distribution of first-year positions by specialty to indicate the relative acceptability to new graduates of the various fields of specialization. In developing the table, however, first-year positions are listed in specialties even though a candidate cannot begin a residency in that field without prior residency training. An example is the listing of programs in child psychiatry; these are offered to candidates who have had two years of residency training in general psychiatry. It is necessary to list "first-year" residencies in child psychiatry to determine the number entering this field of training each year. The table provides an estimate of the number of specialists likely to seek certification in about five years.

As in previous years, the specialties that recruited candidates for more than 90% of their first-year positions, in both the affiliated and non-affiliated hospitals, were anesthesiology, diagnostic radiology, neurologic surgery, ophthalmology, pe-

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 1974-1975
		Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., US, Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
Affiliated Hospitals									
Anesthesiology	158	2,170	1,867	303	86	806	1,061	57	2,379
Child Psychiatry	99	540	419	121	78	313	106	25	602
Colon and Rectal Surgery	9	13	11	2	85	4	7	64	17
Diagnostic Radiology	131	1,720	1,631	89	95	1,469	162	10	1,853
Dermatology	84	652	635	17	97	577	58	9	652
Family Practice	115	1,442	855	587	59	774	81	9	2,147
General Practice	32	179	113	66	63	35	78	69	183
General Surgery	385	6,641	6,105	536	92	4,033	2,072	34	7,082
Internal Medicine	363	8,181	7,688	493	94	5,168	2,520	33	9,131
Neurological Surgery	95	639	600	39	94	484	116	19	636
Neurology	108	1,045	929	116	89	687	242	26	1,172
Obstetrics-Gynecology	289	3,052	2,730	322	89	1,753	977	36	3,253
Ophthalmology	146	1,363	1,342	21	98	1,242	100	7	1,413
Orthopedic Surgery	160	2,090	2,030	60	97	1,818	212	10	2,196
Otolaryngology	106	997	946	51	95	785	161	17	1,024
Pathology	423	3,073	2,329	744	76	1,081	1,248	54	3,293
Pathology—Forensic	7	14	6	8	43	5	1	17	14
Pathology—Neuropathology	21	68	52	16	76	37	15	29	80
Pediatrics	224	3,278	3,050	228	93	1,974	1,076	35	3,888
Pediatric Allergy	47	120	109	11	91	84	25	23	124
Pediatric Cardiology	60	186	147	39	79	90	57	39	188
Physical Med. & Rehabilitation	66	484	342	142	71	131	211	62	532
Plastic Surgery	92	327	288	39	88	221	67	23	356
Psychiatry	202	4,100	3,441	659	84	2,732	709	21	4,328
Radiology	213	1,954	1,704	250	87	1,258	446	26	1,932
Therapeutic Radiology	70	337	264	73	78	173	91	34	411
Thoracic Surgery	84	292	273	19	93	178	95	35	304
Urology	164	1,073	1,016	57	95	808	208	20	1,102
Totals	3,953	46,030	40,922	5,108	89	28,720	12,202	30	50,292
Non-Affiliated Hospitals									
Anesthesiology	12	98	87	11	89	22	65	75	99
Child Psychiatry	31	141	91	50	65	61	30	33	146
Colon and Rectal Surgery	6	13	9	4	69	3	6	67	13
Diagnostic Radiology	6	56	50	6	89	40	10	20	74
Dermatology	3	18	15	3	83	15			17
Family Practice	36	313	186	127	59	145	41	22	554
General Practice	37	258	158	100	61	21	137	87	263
General Surgery	107	872	735	137	84	226	509	69	910
Internal Medicine	49	697	609	88	87	241	368	60	795
Neurological Surgery	2	9	9		100	4	5	56	10
Neurology	3	18	13	5	72	3	10	77	24
Obstetrics-Gynecology	48	316	276	40	87	84	192	70	343
Ophthalmology	18	133	130	3	98	110	20	15	119
Orthopedic Surgery	30	209	180	29	86	152	28	16	243
Otolaryngology	3	31	27	4	87	24	3	11	31
Pathology	97	373	231	142	62	47	184	80	384
Pathology—Forensic	18	41	21	20	51	13	8	38	37
Pathology—Neuropathology	1	4	4		100	4			4
Pediatrics	27	218	188	30	86	70	118	63	251
Pediatric Allergy	2	2	2		100	2			5
Pediatric Cardiology									
Physical Med. & Rehabilitation	3	18	2	16	11	2			18
Plastic Surgery	9	26	24	2	92	17	7	29	30
Psychiatry	61	990	690	300	70	274	416	60	994
Radiology	22	119	102	17	86	58	44	43	134
Therapeutic Radiology	5	34	23	11	68	18	5	22	38
Thoracic Surgery	3	12	12		100	5	7	58	12
Urology	15	66	62	4	94	37	25	40	69
Totals	654	5,085	3,936	1,149	77	1,698	2,238	57	5,617
Grand Totals	4,607	51,115	44,858	6,257	88	30,418	14,440	32	55,909

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 1974-1975
	No. of Approved Programs	Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., US, Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
Affiliated									
Anesthesiology	158	838	761	77	91	321	440	58	884
Child Psychiatry	99	265	204	61	77	152	52	25	333
Colon and Rectal Surgery	9	14	13	1	93	7	6	46	15
Diagnostic Radiology	131	571	535	36	94	478	57	11	620
Dermatology	84	224	219	5	98	198	21	10	213
Family Practice	115	550	414	136	75	386	28	7	754
General Practice	32	89	59	30	66	18	41	69	96
General Surgery	385	2,601	2,356	245	91	1,548	808	34	2,751
Internal Medicine	363	3,427	3,286	141	96	2,326	960	29	3,749
Neurological Surgery	95	134	125	9	93	110	15	12	145
Neurology	108	403	372	31	92	272	100	27	396
Obstetrics-Gynecology	289	980	913	67	93	620	293	32	985
Ophthalmology	146	425	419	6	99	392	27	6	447
Orthopedic Surgery	160	503	485	18	96	441	44	9	590
Otolaryngology	106	245	221	24	90	179	42	19	292
Pathology	423	935	700	235	75	330	370	53	990
Pathology—Forensic	7	12	6	6	50	5	1	17	11
Pathology—Neuropathology	21	39	28	11	72	18	10	36	44
Pediatrics	224	1,450	1,372	78	95	935	437	32	1,602
Pediatric Allergy	47	63	55	8	87	43	12	22	69
Pediatric Cardiology	60	85	62	23	73	36	26	42	93
Physical Med. & Rehabilitation	66	175	126	49	72	46	80	63	182
Plastic Surgery	92	155	136	19	88	106	30	22	172
Psychiatry	202	1,386	1,201	185	87	932	269	22	1,423
Radiology	213	623	552	71	89	381	171	31	602
Therapeutic Radiology	70	119	89	30	75	55	34	38	129
Thoracic Surgery	84	148	140	8	95	90	50	36	156
Urology	164	311	295	16	95	232	63	21	333
Totals	3,953	16,770	15,144	1,626	90	10,657	4,487	30	18,076
Non-Affiliated Hospitals									
Anesthesiology	12	41	38	3	93	11	27	71	37
Child Psychiatry	31	67	38	29	57	27	11	29	77
Colon and Rectal Surgery	6	7	3	4	43	2	1	33	11
Diagnostic Radiology	6	20	19	1	95	14	5	26	25
Dermatology	3	6	5	1	83	5			6
Family Practice	36	116	80	36	69	56	24	30	190
General Practice	37	144	107	37	74	16	91	85	133
General Surgery	107	381	312	69	82	92	220	71	399
Internal Medicine	49	295	270	25	92	116	154	57	313
Neurological Surgery	2	2	2		100	1	1	50	3
Neurology	3	6	5	1	83	2	3	60	8
Obstetrics-Gynecology	48	113	107	6	95	28	79	74	107
Ophthalmology	18	45	45		100	37	8	18	39
Orthopedic Surgery	30	50	42	8	84	37	5	12	66
Otolaryngology	3	12	8	4	67	8			12
Pathology	97	139	88	51	63	15	73	83	137
Pathology—Forensic	18	24	11	13	46	7	4	36	33
Pathology—Neuropathology	1	2	2		100	2			1
Pediatrics	27	105	94	11	90	39	55	59	113
Pediatric Allergy	2	6	6		100	2	4	67	4
Pediatric Cardiology									
Physical Med. & Rehabilitation	3	6		6					6
Plastic Surgery	9	12	11	1	92	7	4	36	14
Psychiatry	61	351	265	86	75	100	165	62	346
Radiology	22	39	35	4	90	14	21	60	44
Therapeutic Radiology	5	12	10	2	83	6	4	40	11
Thoracic Surgery	3	6	6		100	2	4	67	6
Urology	15	20	20		100	14	6	30	22
Totals	654	2,027	1,629	398	80	660	969	59	2,163
Grand Totals	4,607	18,797	16,773	2,024	89	11,317	5,456	33	20,239

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diatrics, thoracic surgery, and urology. In addition, for the affiliated hospitals, colon and rectal surgery, dermatology, general surgery, neurology, orthopedic surgery, otolaryngology, and neuropathology also recruited candidates for more than 90% of their first-year positions. As with the statistics dealing with all years of the residency programs, the statistics for the first-year positions show a slight increase in the total number of positions offered and filled, and a decrease in the number of vacancies. The rate of increase of number of positions offered has declined, with a 6% increase during the year ending September 1, 1972, as compared with a 10% increase the previous year. There was an increase of 10% in the number of positions filled in each of the two reporting periods. The number of vacancies, however, declined by almost 20%, bringing the percentage of filled positions from 86% in 1971 to 89% in 1972. The number of U.S. and Canadian graduates entering first-year residencies increased by 10%, and the number of foreign graduates increased by 12%, but a part of this increase would be attributable to the fact that in several specialties it is now possible for a candidate to become a resident immediately upon graduation from medical school, without serving an internship. In pediatrics and in pathology the previously approved straight internships are no longer available, and a candidate may enter as a first-year resident as soon as he receives his M.D. degree. In surgery the candidate may serve a "dual" appointment as a first-year resident and as a straight intern in surgery, and his position is counted as a residency position. The numbers of persons entering residency programs without an internship and the fields in which they were serving are shown in a table in the "Special Studies" section of this report. Of the 16,773 first-year positions filled, 11,317, or 67%, were filled by U.S. and Canadian graduates. These U.S. and Canadian graduates comprised 37% of the total appointment for all years of residency from the pool of U.S. and Canadian graduates.

The 5,456 foreign graduates serving comprised 38% of all foreign graduates serving residencies. These percentages are slightly higher than those for 1971, and seem to indicate that residents are beginning to spend a slightly shorter time in graduate programs than their counterparts did during the preceding year. Although the affiliated hospitals appointed more U.S. and Canadian graduates for first-year residencies in 1972 than in 1971, they also appointed more foreign graduates to their programs, increasing the number of U.S. graduates by almost 1,000, and the number of foreign graduates by 643. The non-affiliated hospitals increased by about 33 the number of U.S. or Canadian graduates appointed, but suffered a decrease of 62 residents from the foreign graduate pool to fill first-year residency positions. Of the foreign graduates, 5,456 out of the total of 14,440, or 36%, were in first-year positions, a slight increase over the proportion for 1971. In 1972, 30% of the positions in affiliated hospitals were filled by graduates of foreign medical schools, and 59% of the positions in non-affiliated hospitals were filled in foreign graduates. The overall percentage was 33. The preceding year, 28% of the filled positions in affiliated hospitals were covered by foreign graduates; in the non-affiliated hospitals, 62% were covered by foreign graduates, and the overall percentage of foreign graduates in filled positions was 32%. Of the 11,317 U.S. and Canadian graduates in first-year positions, 94% were in affiliated hospitals; of the 5,456 foreign graduates in first-year positions, 82% are in affiliated hospitals. In 1971, 94% of the U.S. and Canadian Graduates were also in the affiliated hospitals, but only 79% of the foreign graduates were in the affiliated hospitals.

In 1970 the proportions were 91% of the U.S. and Canadian graduates and 74% of the foreign graduates in the affiliated hospitals. Thus the affiliated hospitals continued to obtain all but 6% of the U.S. and Canadian graduates who

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

Control	Number of Residencies						Number of Residents on Duty			Total Residency Positions Offered 1974-1975
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., U.S., Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
Combined Hospitals	205	1,176	18,887	17,434	1,453	92	13,428	4,006	23	20,673
Totals	205	1,176	18,837	17,434	1,453	92	13,428	4,006	23	20,673
Federal										
U.S. Air Force	8	32	283	237	46	84	237	..	..	390
U.S. Army	11	91	898	845	53	94	823	22	3	918
U.S. Navy	11	69	653	571	82	87	566	5	1	758
U.S. Public Health Service	10	25	156	118	38	76	115	3	3	173
Veterans Administration	98	103	1,315	1,176	139	89	531	645	55	1,342
Other Federal	5	14	100	62	38	62	46	16	26	113
Totals	143	334	3,405	3,009	396	88	2,318	691	23	3,694
Governmental Non-Federal										
State	208	457	5,073	4,134	939	81	2,943	1,191	29	5,631
County	71	201	2,531	2,191	340	87	1,568	623	28	2,731
City	48	97	1,242	1,114	128	90	424	690	62	1,341
City-County	17	42	372	315	57	85	220	95	30	399
Hospital District	11	21	266	231	35	87	190	41	18	357
Totals	355	818	9,484	7,985	1,499	84	5,345	2,640	33	10,459
Non-Governmental Non-Profit										
Church Related	211	502	3,648	2,847	801	78	1,399	1,448	51	4,044
Non-Profit Corporation	632	1,753	15,549	13,476	2,073	87	7,883	5,593	42	16,859
Totals	843	2,255	19,197	16,323	2,874	85	9,282	7,041	43	20,903
Proprietary										
Individual	1	1	7	7	..	100	7	..	..	7
Partnership	2	1	4	1	3	25	1	..	..	4
Corporation	13	22	131	99	32	76	37	62	63	169
Totals	16	24	142	107	35	75	45	62	58	180
Grand Totals	1,562	4,607	51,115	44,858	6,257	88	30,418	14,440	32	55,909

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

Classification	Number of Residencies						Number of Residents on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Percentage Filled	Grads., U.S. Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1974-1975
Affiliated										
Combined Hospitals	174	1,141	18,435	17,060	1,375	93	13,242	3,818	22	20,181
Less than 200 Beds	209	215	2,365	1,975	390	84	1,438	537	27	2,518
200-299	122	169	1,406	1,162	244	83	758	404	35	1,491
300-499	296	893	6,962	5,796	1,166	83	3,509	2,287	39	7,847
500-Over	307	1,534	16,858	14,927	1,931	89	9,772	5,155	35	18,251
Totals	1,109	3,953	46,030	40,922	5,108	89	28,720	12,202	30	50,292
Non-Affiliated										
Combined Hospitals	31	35	452	374	78	83	186	188	50	492
Less than 200 Beds	156	121	709	492	217	69	265	227	46	754
200-299	74	95	570	462	108	81	126	336	73	622
300-499	106	205	1,348	991	357	74	325	666	67	1,545
500-Over	86	198	2,006	1,617	389	81	796	821	51	2,204
Totals	453	654	5,085	3,936	1,149	77	1,698	2,238	57	5,617
Grand Totals	1,562	4,607	51,115	44,858	6,257	88	30,418	14,440	32	55,909

chose residencies, and have been recruiting a slowly increasing percentage of foreign graduates to their programs.

Residencies by Type of Hospital Control

Table 12 provides information on residencies by type of hospital control. As in the tabulations under internships, a category of "combined hospitals" has been used to designate residency programs supported by combinations of several hospitals under different types of control. The number of hospitals in this group fluctuates because of the variation and the composition of some of the integrated programs, and frequently in the manner in which the statistics are gathered, rather than in a change in the actual number of hospitals. The 205 hospitals counted in this group in 1972 comprised 13% of the total hospitals involved in residency programs, but offered 26% of the approved programs, with 37% of the total positions offered, 39% of the total positions filled. These groups of hospitals appointed 41% of all of the available U.S. and Canadian Graduates and 28% of the available foreign graduates. The percentage of approved programs in this group increased from 21% last year, and the number of available positions also increased from 34% last year.

The federal services, with 9% of the hospitals and 7% of the total number of programs, were able to recruit 7% of the available residents, and obtained 8% of the available U.S. and Canadian graduates and 5% of the available foreign graduates. This is almost an identical record to the statistics for 1971 for this group.

The governmental (non-federal) hospitals with 23% of the total hospitals offering residencies, offered 18% of the programs, with 19% of the total positions offered. They obtained 18% of the total pool of residents available, with 18% each of U.S. and Canadian graduates and foreign graduates. Their recruitment showed a slight improvement over that of 1971, in which they had obtained about 17% of the available residents.

The group of non-governmental, non-profit hospitals, which comprised 59% of all hospitals offering residencies, offered 49% of the total number of programs, but only 38% of the total number of positions. They obtained 36% of the total number of available residents, with 31% of the available U.S. and Canadian graduates and 49% of the available foreign graduates. This group of hospitals decreased in the number of hospitals participating in residency programs, and also in the proportion of filled positions.

Several categories of hospitals, in the various groups, had a high percentage of filled positions, but a correspondingly

high percentage of foreign graduates. The Veterans Administration Hospitals, for example, filled 89% of their positions, as compared with 84% the preceding year, but 55% of those serving were graduates of foreign medical schools. This nevertheless was an improvement over the preceding year in which 68% of the residents were graduates of foreign medical schools. City hospitals filled 90% of their residencies, but 62% of these positions were filled with foreign graduates. In the previous year, this group of hospitals filled 84% of their positions, and 68% of those serving were graduates of foreign medical schools. The church-related hospitals filled 78% of their positions, an improvement over the 74% the preceding year, but they continued to fill 51% of their positions with foreign graduates. In hospitals run by non-profit corporations, 87% of the positions were filled, as compared with 82% in 1971, but 42% of the residents were graduates of foreign medical schools.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 categorizes programs by bed capacity and medical school affiliation. Among the types of affiliated hospitals, the combined hospital category represents 11% of the total number of hospitals offering residencies, and this group offered 36% of the residency positions, but succeeded in recruiting 38% of the available candidates. They obtained 44% of the available U.S. and Canadian graduates, and 26% of the available foreign graduates. The next largest group among the affiliated hospitals was the group with 500 or more beds, which comprised 20% of the hospitals offering residencies. This group offered 32% of the total positions and obtained 33% of the available residents. Of the pool of U.S. and Canadian graduates, they obtained 32% of the residents, and of the foreign graduates 36%.

The group of hospitals with medical school affiliation with 300 to 499 beds comprised 19% of the total number of hospitals participating in residencies, offered 14% of the total number of positions, and recruited 13% of the available candidates. Their residents comprised 12% of the available U.S. and Canadian graduates and 16% of the available foreign graduates.

In the group of non-affiliated hospitals, the largest group was that of less than 200 beds, but this group filled only 69% of its residency positions, although the percentage of foreign graduates in these programs was only 46%, the lowest of the categories of non-affiliated hospitals. In the non-affiliated hospitals, the group of hospitals with 500 beds or

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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 1974-1975
			Total Positions Offered Sept. 1, 1972	Total Positions Filled Sept. 1, 1972	Positions Vacant Sept. 1, 1972	Per- centage Filled	Grads., US, Canada Sept. 1, 1972	Foreign Graduates Sept. 1, 1972	Percentage For. Grads. in Filled Positions	
NORTHEAST										
New England										
Connecticut	32	93	973	879	94	90	479	400	46	1,033
Maine	3	12	62	48	14	77	44	4	8	68
Massachusetts	87	182	2,054	1,944	110	95	1,320	624	32	2,208
New Hampshire	4	15	103	100	3	97	87	13	13	134
Rhode Island	13	22	198	178	20	90	82	96	54	267
Vermont	2	14	113	109	4	96	101	8	7	117
Totals	141	338	3,503	3,258	245	92	2,113	1,145	36	3,827
Middle Atlantic										
New Jersey	54	130	1,034	922	112	89	201	721	78	1,251
New York	202	697	8,657	8,065	592	93	3,864	4,201	52	9,308
Pennsylvania	107	365	3,366	2,895	471	86	1,982	913	32	3,720
Totals	363	1,192	13,057	11,882	1,175	91	6,047	5,835	49	14,279
NORTH CENTRAL										
East North Central										
Illinois	74	244	2,790	2,529	261	91	1,187	1,342	53	3,150
Indiana	21	54	621	476	145	77	401	75	16	680
Michigan	73	198	2,304	1,945	359	84	1,091	854	44	2,435
Ohio	82	257	2,724	2,352	372	86	1,327	1,025	44	2,987
Wisconsin	27	78	781	683	98	87	516	167	24	885
Totals	277	831	9,220	7,985	1,235	87	4,522	3,463	43	10,137
West North Central										
Iowa	14	33	465	381	84	82	309	72	19	493
Kansas	16	38	450	344	106	76	271	73	21	489
Minnesota	27	73	1,369	1,212	157	89	1,014	198	16	1,511
Missouri	46	119	1,419	1,199	220	84	789	410	34	1,482
Nebraska	16	28	324	236	88	73	206	30	13	274
North Dakota	6	3	7	1	6	14	1	4	50	5
South Dakota	6	4	27	8	19	30	4	4	50	25
Totals	131	298	4,061	3,381	680	83	2,594	787	23	4,379
SOUTH										
South Atlantic										
Delaware	4	11	94	63	31	67	24	39	62	99
District of Columbia	25	113	1,308	1,226	82	94	907	319	26	1,451
Florida	36	94	1,181	1,114	67	94	821	293	26	1,382
Georgia	22	60	782	574	208	73	495	79	14	770
Maryland	40	127	1,292	1,173	119	91	686	487	42	1,391
North Carolina	25	84	869	757	112	87	685	72	10	945
South Carolina	11	35	394	285	109	72	245	40	14	437
Virginia	33	96	975	814	161	83	648	166	20	1,052
West Virginia	12	34	248	178	70	72	89	89	50	262
Totals	208	654	7,143	6,184	959	87	4,600	1,584	25	7,789
East South Central										
Alabama	16	45	474	377	97	80	331	46	12	493
Kentucky	23	51	445	356	89	80	265	91	26	586
Mississippi	7	21	228	179	49	79	168	11	6	257
Tennessee	31	86	935	768	167	82	644	124	16	979
Totals	77	203	2,082	1,680	402	81	1,408	272	16	2,315
West South Central										
Arkansas	8	23	264	182	82	69	176	6	3	275
Louisiana	27	69	836	694	142	83	579	115	17	870
Oklahoma	20	41	371	270	101	73	228	42	16	392
Texas	64	206	2,186	1,869	317	85	1,517	352	19	2,478
Totals	119	339	3,657	3,015	642	82	2,500	515	17	4,015
WEST										
Mountain										
Arizona	18	29	278	224	54	81	149	75	33	321
Colorado	20	64	723	685	38	95	651	34	5	748
Nevada	1	1	4	1	3	25	1	1	100	4
New Mexico	9	17	183	175	8	96	162	13	7	210
Utah	12	30	266	253	13	95	237	16	6	308
Totals	60	141	1,454	1,338	116	92	1,199	139	10	1,591
Pacific										
Alaska	1									
California	131	450	5,259	4,704	555	89	4,365	339	7	5,793
Hawaii	11	21	206	196	10	95	157	39	20	219
Oregon	9	37	358	312	46	87	290	22	7	393
Washington	18	53	585	527	58	90	478	49	9	611
Totals	169	561	6,408	5,739	669	90	5,290	449	8	7,016
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	8	36	31	5	86	17	14	45	36
Puerto Rico	15	42	494	365	129	74	128	237	65	525
Totals	16	50	530	396	134	75	145	251	63	561
Grand Totals	1,562	4,607	51,115	44,858	6,257	88	30,418	14,440	32	55,909

more comprised 6% of the total number of hospitals, offered 4% of the positions, and recruited 4% of the available residents. They recruited 3% of the U.S. and Canadian graduates and 6% of the available foreign graduates. The statistics for 1972 indicated that all of these types of hospitals improved their percentage of positions filled, with the affiliated hospitals for 1972 filling 89% of their positions as compared with 86% for 1971. The non-affiliated hospitals filled 77% of their positions, as compared with 75% for 1971.

Residencies by Census Division, Region and State

Only two census regions in Table 14 showed decreases in the total number of positions offered, but even these showed slight increases in the total number of positions filled, so that the statistics may indicate simply a more realistic approach to the planning of the number of positions. The number of vacancies decreased for the 1972 reporting period as compared with the 1971 reporting period, and this change generally brought about a slightly improved percentage of filled positions in each state. The states, however, that filled a smaller percentage of their positions for 1972, as compared with 1971, were Indiana, Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Delaware, North Carolina, Virginia, Arkansas, Louisiana, Nevada, Oregon, and Washington. The only census region to show a decrease in the percentage of positions filled was the West South Central region, which included Arkansas, Louisiana, Oklahoma, and Texas. The census regions which showed an increase in the percentage of positions filled by foreign graduates were the New England region, the Middle Atlantic region, the West South Central region, and the Pacific region.

As has been true for a number of years, the Middle Atlantic division, with the three states of New Jersey, New York, and Pennsylvania, provided a high proportion of the data, as 23% of the hospitals with approved programs, 26% of the total positions offered, and 26% of the positions filled were in these three states. These states also obtained 20% of the available U.S. and Canadian graduates, and 40% of the available foreign graduates. Each state, however, filled a slightly larger percentage of its positions than in the previous year, and the state of New Jersey showed a slight decrease in the percentage of positions filled by foreign graduates. Pennsylvania, however, had foreign graduates in 32% of its filled positions, as compared with 27% the year earlier. In both years, the percentage for New York state was 52%.

In the East North Central division, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the number of hospitals comprised 18% of the total hospitals participating in residency programs, and this group offered 18% of the total positions with 18% of the filled positions. These states, however, recruited the same proportion of U.S. and Canadian graduates, 24%, as they had in 1971. In this group, Indiana, which showed a slightly smaller percentage of filled positions, offered, nevertheless, more positions than in 1971, and filled more positions than in 1971, with an increase in the number of U.S. and Canadian graduates recruited. In 1972, as in 1971, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states—not only offered 58% of the residency positions, but also obtained 50% of the available residents. They obtained 50% of the available U.S. and Canadian graduates and 75% of the foreign graduates available.

In 1972, 15 states filled 90% or more of their residency positions. New Hampshire, with 97% of its positions filled had the highest proportion, followed by Vermont and New Mexico with 96%, and by Massachusetts, Colorado, Utah, and California, each with 95%. The other states with 90% or more were Connecticut, Rhode Island, New York, Illinois, District of Columbia, Florida, Maryland, and Washington.

In 1972, only 5 states filled less than 70% of their residencies. These states were North Dakota, South Dakota, Delaware, Arkansas, and Nevada. Puerto Rico, which in 1971 had filled only 69% of its residencies, filled 74% in 1972. In Puerto Rico and in seven states—Rhode Island, New Jersey, New York, Illinois, South Dakota, Delaware, West Virginia, and Nevada—foreign graduates made up 50% or more of the residents on duty.

Residency Salaries

The information given in Table 15 indicates, in general, the salaries offered as of September 1, 1972, although some hospitals provided more recent information in increases up to a deadline date of about June 1, 1973. The information requested is the beginning salary for a resident, and, as was indicated in the information for internship salaries, the amounts listed cover only the money paid to the resident, and do not include the cash equivalent of fringe benefits such as living quarters or living allowances, food or food allowances or other non-salary items.

For the current reporting period, the beginning residency salary as reported has assumed a more natural relationship to the beginning internship salary by being about \$1,000 higher. The salary information, because of the large number of programs which do not report the information or report it in a manner in which it is not usable, should be used simply as an indication of salary trends, rather than as a statement of the average salary being paid to members of the house

Table 15.—Annual Salaries Offered Residents*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
0— 3,500	1	1	2
5,001— 5,500	2		2
5,501— 6,000	2	4	6
6,001— 6,500	1		1
6,501— 7,000	12	2	14
7,001— 7,500	10	2	12
7,501— 8,000	53	5	58
8,001— 8,500	59	15	74
8,501— 9,000	183	30	213
9,001— 9,500	207	41	248
9,501—10,000	407	57	464
10,001—10,500	466	62	528
10,501—11,000	489	81	570
11,001—11,500	279	33	312
11,501—12,000	203	49	252
12,001—12,500	70	30	100
12,501—13,000	67	31	98
13,001—13,500	140	35	175
13,501—14,000	100	24	124
14,001—14,500	64	11	75
14,501—15,000	46	12	58
15,001—15,500	10	4	14
15,501—16,000	6	1	7
16,001—16,500	4	1	5
16,501—17,000	3	1	4
17,001—17,500		2	2
17,501—18,000	2	1	3
18,501—19,000		1	1
19,001—19,500	1		1
19,501—20,000		2	2
Over —20,000		1	1
Total Programs Reporting	2,887	539	3,426
Data not available	1,066	115	1,181
Total Programs	3,953	654	4,607
Mean —Annual Salary	\$10,818	\$11,212	\$10,880
Median—Annual Salary	\$11,001-11,500	\$10,501-11,000	\$10,501-11,000
Mode —Annual Salary	\$10,501-11,000	\$10,501-11,000	\$10,501-11,000

*Data collected prior to July 1, 1973.

Table 16.—Average Salaries of Interns and Residents, Per Data Collected Prior to July 1, 1973

Academic Year	INTERNS			RESIDENTS		
	Affiliated	Non-Affiliated	Total	Affiliated	Non-Affiliated	Total
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
1971-72	8,838	10,076	9,096	7,572	9,418	7,901
1972-73	9,827	10,140	9,886	10,818	11,212	10,880

staff. As shown at the bottom of the table, only 73% of the programs reported usable information, and of these, the annual salary for first-year residents in programs in affiliated hospitals was recorded as \$10,818. In the non-affiliated programs, the average salary was \$11,212, or an average of \$10,880 in all programs. The median salary for the affiliated hospitals, surprisingly, was higher than that for programs in the non-affiliated hospitals, with the former in the range from \$11,001—\$11,500 and the latter in the range from \$10,501 to \$11,000. The median range for all programs was \$10,501—\$11,000. The mode, the most popular salary paid, for programs in both affiliated and non-affiliated hospitals was in the range from \$10,501 to \$11,000. Table 16 summarizes the data collected on salaries during the past 10 years, and indicates that the average annual salaries of both interns and residents tripled during the decade. All of the data are collected on the basis of including only the monies paid to the house staff and do not include fringe benefits or other non-salary benefits.

Foreign Medical Graduates

The preceding tables provide information and analysis on the distribution of foreign medical graduates in internships and in residencies, along with other information. Graduates of Canadian medical schools are not regarded as foreign medical graduates because these schools are accredited by the Liaison Committee on [undergraduate] Medical Education, just as are 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 from the Educational Council for Foreign Medical Graduates.

Table 17, a 10-year summary of the distribution of foreign medical graduates, shows a decrease in the number appointed to internships and those serving as graduate trainees, but an increase in the number of those appointed as residents. The net gain of 920 foreign graduates in residency programs indicated a 7% increase in these positions filled by graduates of foreign medical schools. The category "other trainees" in programs continued to show an erratic distribution over the years. Last year's total of 4,106 was the largest figure recorded, but the figure had been to almost that level a few years earlier. The number has now declined by 511 positions, or a net decrease of 14%. The "other trainees" are defined as persons serving in educational programs under

specialized circumstances, usually for shorter periods than in a residency program and with no significant patient-care responsibilities.

As of September 1, 1972, the total number of foreign graduates in these three categories had increased by 387 positions or a net increase of only 2%. Additional data on foreign medical graduates, much of it assembled as of December 31, 1972, are included in the section following the annual report titled "Special Studies in Graduate Medical Education."

Educational Council for Foreign Medical Graduates

The Educational Council for Foreign Medical Graduates, which began operation in 1957, is sponsored by the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Association for Hospital and Medical Education, and the Federation of State Medical Boards of the United States. Its headquarters are now at 3500 Market Street, Philadelphia, Pennsylvania, 19104 (telephone area code 215, 349-9000).

A summary of the activities of the ECFMG is included in a reprint on "Medical Licensure Statistics for 1972," published by the Council on Medical Education of the AMA, under date of September 1, 1973. Copies of the Licensure Statistics are available at a charge of \$2.00 each. Orders should be sent to the AMA at 535 North Dearborn Street, Chicago, Illinois, 60610. The reprint includes information on the examinations by the ECFMG in February and in July, 1972, and tabulates by medical school the number of persons who took the examination and the number who passed it at each of these two examinations. The statistics indicate that, out of 15,734 taking the examination in February, 1972, 6,786 passed. In addition to these numbers, 667 U.S. citizens who were graduates of foreign medical schools took the examination, and 276 of these passed. For the July, 1972 examination, 16,336 foreign graduates took the examination and 6,051 passed. In addition, at this examination, 631 U.S. citizens who were graduates of foreign medical schools took the examination and 196 passed. The total of the two examinations indicates that 32,070 foreign graduates took the examination, and 12,837 or 40% passed. Of the 1,298 U.S. citizens who were foreign graduates who took the examination, 472 or 36% passed.

Other Graduate Trainees by Specialties

Table 18 lists the number of physicians reported as engaged in training activities other than internships and residencies. As indicated above, these activities may include research or teaching fellowships, clinical traineeships, or other types of activities leading toward specialization and possible credit toward certification by a specialty board, but should not include patient-care responsibility.

As was stated last year, it is expected that as the Commission on Foreign Medical Graduates takes over, under contract from the State Department of the United States, the issuance of the "Certificate of Eligibility for Exchange-Visitors Status (Form DSP 66) a better record will be obtained of the programs to which these graduate trainees

Table 17.—Foreign Medical Graduates in Training Programs

Academic Year	Interns	Residents	Other Trainees	Total on Duty
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	2,270	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
1971-72	3,946	13,520	4,106	21,572
1972-73	3,924	14,440	3,595	21,959

have been appointed. It should then be possible to determine the types of programs and their appropriateness, especially in hospitals in which residency programs are being carried on at the same time.

Table 18—Other Graduate Trainees by Specialty, as of September 1, 1972

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	94	144	238	61
Child Psychiatry	218	72	290	25
Colon and Rectal Surgery	1	6	7	86
Diagnostic Radiology	229	50	279	18
Dermatology	92	17	109	16
Family Practice	..	..	..	..
General Practice	35	141	176	80
General Surgery	305	474	779	61
Internal Medicine	1,930	1,102	3,032	36
Neurological Surgery	33	23	56	41
Neurology	127	50	177	28
Obstetrics-Gynecology	172	196	368	53
Ophthalmology	135	48	183	26
Orthopedic Surgery	216	46	262	18
Otolaryngology	34	24	58	41
Pathology	314	259	573	45
Pathology-Forensic	23	6	29	21
Pathology-Neuropathology	29	18	47	38
Pediatrics	606	446	1,052	42
Pediatric Allergy	42	15	57	26
Pediatric Cardiology	59	29	88	33
Physical Medicine & Rehabilitation	13	11	24	46
Plastic Surgery	44	17	61	28
Psychiatry	381	188	569	33
Radiology	172	115	287	40
Therapeutic Radiology	52	22	74	30
Thoracic Surgery	38	46	84	55
Urology	49	30	79	38
Totals	5,443	3,595	9,038	40

Table 20—Directors of Medical Education by Specialty as of September 1, 1972

Specialty	Full Time salaried	Part Time salaried	Full Time Non-salaried	Part Time Non-salaried	Totals
Anesthesiology	2	2	1	1	6
Child Psychiatry	20	7	..	1	27
Dermatology	2	1	..	1	4
Family Practice	10	6	..	..	16
General Practice	5	1	..	1	7
General Surgery	58	32	17	107	307
Internal Medicine	207	85	2	13	307
Neurological Surgery	2	1	..	1	4
Neurology	5	1	..	1	6
Nuclear Medicine	..	1	..	..	2
Obstetrics-Gynecology	12	13	..	1	26
Ophthalmology	..	1	..	3	4
Orthopedic Surgery	11	14	1	6	32
Otolaryngology	1	..	..	1	2
Pathology	13	2	2	3	20
Forensic Pathology	3	..	..	..	3
Pediatrics	49	9	1	2	61
Pediatric Allergy	..	1	..	..	1
Pediatric Cardiology	..	..	..	..	1
Physical Medicine & Rehabilitation	7	2	..	1	10
Plastic Surgery	1	..	..	..	1
Preventive Medicine	3	..	..	..	3
Colon & Rectal Surgery	..	2	1	..	3
Psychiatry	85	17	..	..	102
Public Health	..	2	..	..	2
Radiology	2	1	1	1	5
Thoracic Surgery	8	4	..	1	13
Urology	3	3	..	..	6
Miscellaneous Specialties	78	19	5	5	107
Totals	593	227	14	58	892

Directors of Medical Education

Table 19 and 20 show the geographic and specialty distribution of directors of medical education. These physicians do not fulfill the same function as full-time directors of residency programs, for which groups statistics are given in table 21. The directors of medical education generally serve as coordinators of the several graduate training programs, including the internship offered in a hospital, and may undertake as one of their primary functions the recruitment of house staff, and the assignment to various services of interns who are serving in a rotating internship. They may also serve as liaison officer between the full-time directors of residencies and members of the house staff as a group.

As indicated in previous statistics on this subject, the number of directors of medical education is distributed through most of the states, but the total number in each of the categories showed a decrease from the numbers reported last year. The total number of directors of medical education reported for 1972 was 892 as compared with 1,040 a year ago.

Table 19—Directors of Medical Education by State as of September 1, 1972

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama	3	3	..	2	8
Alaska	..	1	..	..	1
Arizona	8	1	..	..	9
Arkansas	3	1	2	..	6
California	54	16	1	4	75
Canal Zone	..	1	..	..	1
Colorado	10	2	..	1	13
Connecticut	14	9	..	2	25
Delaware	2	1	..	..	3
Dist. of Columbia	10	1	1	..	12
Florida	17	..	..	..	17
Georgia	9	2	..	..	11
Hawaii	4	3	..	..	7
Idaho	..	..	..	..	..
Illinois	33	13	..	3	49
Indiana	6	7	..	1	14
Iowa	8	1	..	..	9
Kansas	7	2	..	..	9
Kentucky	6	3	..	2	11
Louisiana	7	6	..	..	13
Maine	1	..	..	..	1
Maryland	16	3	1	2	22
Massachusetts	25	15	..	2	42
Michigan	34	9	2	2	47
Minnesota	16	3	..	..	19
Mississippi	2	1	..	..	3
Missouri	13	6	..	..	19
Nebraska	4	3	..	2	9
Nevada	..	..	..	..	..
New Hampshire	1	..	..	..	1
New Jersey	25	10	..	2	37
New Mexico	2	2	..	1	5
New York	78	23	1	8	110
North Carolina	6	1	..	..	7
North Dakota	..	..	1	2	3
Ohio	30	15	2	6	53
Oklahoma	6	1	..	1	8
Oregon	4	2	..	..	6
Pennsylvania	45	22	..	5	72
Puerto Rico	5	3	..	..	8
Rhode Island	5	3	..	..	8
South Carolina	5	1	..	..	6
South Dakota	..	2	..	..	2
Tennessee	10	3	..	2	15
Texas	25	7	1	3	36
Utah	3	4	..	..	7
Vermont	..	..	..	..	..
Virginia	14	3	1	1	19
Washington	6	6	1	..	13
West Virginia	3	..	..	3	6
Wisconsin	8	6	..	1	15
Totals	593	227	14	58	892

Table 21—Full-Time Directors of Residency Programs as of September 1, 1972

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs
Anesthesiology	156	11	167	99
Child Psychiatry	79	22	101	78
Colon and Rectal Surgery	3	4	7	47
Diagnostic Radiology	124	6	130	95
Dermatology	69	3	72	83
Family Practice	86	29	115	76
General Practice	14	15	29	42
General Surgery	263	50	313	64
Internal Medicine	315	39	354	86
Neurological Surgery	86	1	87	90
Neurology	98	3	101	91
Obstetrics-Gynecology	193	22	215	64
Ophthalmology	91	8	99	60
Orthopedic Surgery	107	8	115	61
Otolaryngology	83	2	85	78
Pathology	398	91	489	94
Pathology-Forensic	7	15	22	88
Pathology-Neuropathology	18	1	19	86
Pediatrics	197	19	216	86
Pediatric Allergy	25	2	27	55
Pediatric Cardiology	58	..	58	97
Physical Medicine and Rehabilitation	58	3	61	88
Plastic Surgery	57	2	59	58
Psychiatry	179	47	226	86
Radiology	199	21	220	94
Therapeutic Radiology	67	5	72	96
Thoracic Surgery	67	2	69	79
Urology	115	10	125	70
Totals	3,212	441	3,653	79

For 1972, 593 were full-time salaried directors of medical education, and 227 were part-time salaried directors; in 1971 the numbers reported were 663 and 241.

As in previous years the specialty of internal medicine supplied the greatest proportion of directors of medical education, with 34% reporting this as their specialty. Almost 12% listed general surgery as their specialty, and 11% listed psychiatry.

Hospital Staffing Patterns

Table 21 shows the number and proportion of programs in each specialty in which a full-time director of the residency program has been reported. About 79% of all residency programs now have full-time directors, as compared with 77% in 1971 and 74% in 1970. For 1972, 15 specialties reported that 80% or more of their programs were supervised by full-time program directors. In 1971, only 11 specialties had full-time program directors in 80% or more of their programs. Eight of these specialties, anesthesiology, diagnostic radiology, neurological surgery, neurology, pathology,

pediatric cardiology, radiology, and therapeutic radiology, had more than 90% of their programs under the supervision of a full-time director of the residency program. The number of full-time directors has increased in the affiliated hospitals, but has decreased in the non-affiliated hospitals, with a net gain of about 100 full-time directors. Because of the shift of hospitals toward affiliation with medical schools, the change is probably a change of the status of the hospital, rather than actual change in the role of the director of the residency program.

Supply and Demand

Since 1962, information has been added to the annual report in response to interest expressed by the AMA House of Delegates, relating to supply and demand in specialty fields. Table 22 uses information supplied in the "Profile of Medical Practice" published by the AMA Center for Health Services Research and Development. The statistics, gathered as of December 30, 1972, may vary from those shown in other tables in this report which were collected as of September 1, 1972.

As in previous years, the proportion of trainees listed in each specialty, except general practice, was greater when compared with the total number of trainees than the corresponding proportion of those specialists when compared with the total of all physicians. Thus, whereas internists represented 13.5% of the total physician population, interns and residents serving in programs of internal medicine comprised 26.7% of the total physicians in this field. The interns and residents in the field of internal medicine made up 23.9% of all trainees, and 93% of the residencies offered in the field of internal medicine were filled. It would appear, therefore, that internists are more than replacing themselves, and this assumption is borne out by the fact that in the preceding reporting year, 1971, internists made up 13.4% of all physicians, and, at the end of 1970, made up 12.5% of all physicians. General surgeons made up 8.7% of the physician population, and interns and residents in that field represented 24.7% of all physicians practicing general surgery. The interns and residents made up 14.3% of all trainees on duty during 1972, and 91% of the surgery residency programs were filled. In this field, the number of general surgeons in proportion to the total physician population dropped slightly from 8.9 at the end of 1971, but the proportion of interns and residents remained about the same, and the percentage of residencies filled rose from 81% during 1971 to 91% during 1972. The proportion of psychiatrists, however, in the total physician population decreased slightly, from 6.4% of all physicians at the end of 1971 to 6.3% at the end of 1972. The proportion of house staff serving in graduate training programs decreased from 16.2% of the total psychiatrists at the

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1972

	All Physicians		All Interns, Residents, and Fellows			% of Residencies Filled in This Field
	Number	% of Total Physicians	Number on Duty	% of Total MDs. in This Field	% of Total on Duty	
General Practice	55,348	15.5	1,026	1.8	1.9	59
Internal Medicine	47,994	13.5	12,809	26.7	23.9	93
Surgery	30,989	8.7	7,642	24.7	14.3	91
Psychiatry	22,570	6.3	3,556	15.8	6.6	81
Obstetrics-Gynecology	20,202	5.7	3,056	15.1	5.7	89
Pediatrics	19,610	5.5	4,134	21.1	7.7	93
Radiology*	14,917	4.2	2,994	20.1	5.6	89
Anesthesiology	11,853	3.3	1,618	13.6	3.0	86
Pathology	11,024	3.1	2,408	21.8	4.5	74
Ophthalmology	10,443	2.9	1,426	13.6	2.7	98
Orthopedic Surgery	10,356	2.9	1,908	18.4	3.6	96
Urology	6,291	1.8	1,009	16.0	1.9	95
Otolaryngology	5,662	1.6	834	14.7	1.6	95
Totals	267,259	75.0	44,417	16.6	83.0	..
Others	89,275	25.0	9,134	10.0	17.0	..
Grand Totals	356,534	100%	53,551	15.0	100%	..

*Includes General, Diagnostic, and Therapeutic Radiology

end of 1971 to 14.3% at the end of 1972. The percentage of residencies filled in psychiatry remained at about the previous level, at 81% during 1972.

The proportion of specialists in the other fields listed in the table remained relatively constant with the statistics for the end of 1971, except that the proportion of physicians in general practice continued to decrease, with 15.5% of all physicians at the end of 1972 listed in general practice, compared with 16.3% at the end of 1971. Residencies in general practice filled a larger proportion of positions during 1972, with 59% of the positions filled, as compared with 47% during 1971.

These statistics do not show the relative growth in the number of residents in family practice, nor do they indicate the number of physicians who now designate family practice, rather than general practice, as their specialty. It is expected that the number will increase during 1973 and subsequent years. The residencies in family practice are not included in the statistics given for the residencies in general practice.

On an average, interns and residents accounted for 15% of the total number of physicians in each specialty listed, with ten of the specialty fields exceeding this number and with five of the specialty fields plus general practice accounting each for 15% or less of the total physicians in their field.

Physician Placement Service

Table 23 is a summary of the annual report of the Physician's Placement Service of the AMA Division of Medical Practice for the fiscal year ending June 30, 1973. During the year, the Placement Service processed a total of 7,708 registrations, an increase over the total of 7,223 a year earlier. Of the total registrations, 4,534 were from physicians seeking opportunities for practice, and 3,174 were offers of opportunities for practice. The Placement Service, also handles requests for overseas placements, and during the past year received requests from 152 physicians for information on positions abroad and maintained contact with 47 organizations that send physicians outside the United States. The AMA Placement Service cooperates with the state placement services of the state medical associations, and serves as a national clearing house. It refers communities to the state placement bureaus, and registers candidates only at the request of, or on the approval of, the state offices. It also suggests to applicants who have narrowed their choice of locations to one city or one state that they go directly to the state medical association placement service.

The statistics for the year ending June 1973 follow, in general, the pattern of previous years, with an undersupply

Table 23.—Annual Statistical Report, Physicians' Placement Service—July 1972 through June 1973

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
Total	4,534	100	3,174	100
Allergy	17	*	24	1
Anesthesiology	137	3	87	3
Dermatology	62	1	28	1
General Practice	303	7	762	24
Internal Medicine	926	21	608	19
Neurology	80	2	19	1
Neurosurgery	25	1	13	*
Ob-Gyn.	231	5	223	7
Ophthalmology	208	5	86	3
Orthopedics	194	4	134	4
Otolaryngology	101	2	119	4
Pathology	248	6	24	1
Pediatrics	370	8	274	8
Psychiatry	151	3	86	3
Radiology	199	4	52	2
Surgery	724	16	175	5
Urology	225	5	102	3
Miscellaneous**	333	7	358	11

*Less than 0.5%.

**Includes 4 major categories: Occupational Medicine, Institutional Medicine, Public Health, and School Health.

of physicians seeking general practice locations, and an oversupply of pathologists, surgeons, and ophthalmologists seeking opportunities in relation to the proportion of opportunities offered. An imbalance noted last year in pediatrics seems to have disappeared, and the only field other than general practice in which there seems to be an imbalance now is otolaryngology, with less specialists in this field seeking opportunities than there are places being offered.

The Physicians' Placement Service has continued its residency placement service on a pilot basis for residencies in urology only, and has also continued its listing of locum tenens, part-time, and semiretired positions. The Placement Service issues two brochures, "What do you know about your Physicians' Placement Service?" and "Finding a Place to Practice."

Table 24.—Relation of Hospital Affiliation to U.S. Hospital Beds, 1972.

	Hospitals		Hospital Beds		
	Number of Hospitals	% of Total Hospitals	Number of Beds	% of Teaching Beds	% of Total Beds
Hospitals with Approved Programs:					
Major Medical School Affiliation	694	10	255,023	39	16
Limited Medical School Affiliation	364	5	149,439	23	10
Graduate Medical School Affiliation	107	2	42,764	6	3
Total Affiliated	1,165	17	447,266	69	29
No Medical School Affiliation	546	8	200,471	31	13
Totals	1,711	25	647,697	100	42
Hospitals without Approved Programs:	5,350	..	901,968	..	58
Grand Totals (A.H.A.)	7,061	100	1,549,665	..	100

Hospitals Facilities

Tables 24, 24A, and 25 show the relationship of educational programs, medical school affiliations, and the number of beds in hospitals in the United States. The data for total hospitals, beds and for total hospitals registered were provided by the American Hospital Association (AHA), and indicate the number of institutions and beds listed in its 1973 "AHA Guide to the Health Care Field."

For 1972, AHA listed 7,061 hospitals, a slight decrease from the 7,097 listed for 1971. Beds in these hospitals, for 1972, totalled 1,549,665, a decrease of 5,895 beds from the total reported for 1971.

Table 24 indicates that 25% of the hospitals in the United States have approved graduate training programs, and that these hospitals have 42% of the total number of beds throughout the country. Thus 75% of the hospitals in the United States, with 58% of the total hospital beds, are hospitals not offering graduate training programs. Many of these hospitals, however, are very small, and about 3,200 of them have less than 100 beds.

Of the hospitals with approved training programs, 17% are affiliated with medical schools, but have 69% of the teaching beds and 29% of all hospital beds in the country. The non-affiliated hospitals comprise 8% of the total number of institutions, have 31% of the teaching beds and 13% of all hospital beds in the United States.

Table 24A indicates the trend that has continued during the past ten years toward increased affiliation with medical schools. The number of hospitals without medical school affiliation continued to decline, decreasing from 573 for the 1971 reporting period, to 546 as of September 1, 1972. The number of affiliated hospitals increased to 1,165 from the 1971 total of 888. For the current reporting period, 68% of

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Table 24A.—Hospital Affiliation with Medical Schools

Edition of Directory:	Number of Hospitals by Type of Affiliation			Total Affiliated	Unaffiliated Hospitals	Total Hospitals with Programs
	Major	Limited	Graduate			
1964-65	117	118	44	389	1,034	1,423
1965-66	187	116	66	369	1,017	1,386
1966-67	275	141	101	517	850	1,367
1967-68	339	137	121	607	905	1,512
1968-69	327	174	120	631	781	1,412
1969-70	376	182	141	699	750	1,449
1970-71	516	243	160	919	766	1,685
1971-72	567	288	141	996	696	1,692
1972-73	473	276	134	888	573	1,461
1973-74	694	364	107	1,165	546	1,711

the hospitals have medical school affiliations, with 41% of these major affiliations, 21% limited affiliations, and 6% affiliations for graduate training. These percentages compare with statistics for 1971 with 34% with major affiliations, 19% with limited affiliations and 8% with affiliation for graduate training.

Table 25, on the relationship of training programs to U.S. teaching hospitals beds, shows that, of the hospitals approved for graduate training, 4% offered internships only, 49% residencies only, and the remaining 47% both internships and residencies.

The 69 hospitals with internships only have 2% of the total beds in teaching hospitals, and represent 4% of the total number of teaching hospitals. The proportion of hospitals with residencies only has increased, basically because of the change in some specialties, such as pediatrics and pathology, to incorporate what had been straight internships into the residency program structure. In addition, some hospitals, as a possible economy move, have discontinued internships rather than curtail the number of residency positions offered. During the 1972 reporting period, 49% of the hospitals offered residencies only, and this group had 43% of all beds in teaching hospitals, and 23% of all beds in United States hospitals. The previous year hospitals with only residencies had comprised 41% of all U.S. hospitals, and had 43% of the beds in teaching hospitals and 19% of all hospital beds in the United States. The hospitals with internships only will need to become a part of a coordinated program in graduate medical education if they are to continue to offer approved programs after June 30, 1975. By that date, it is expected that internships and residencies will have been coordinated to provide a graduate training program that will integrate the experience of the internship and residency to provide a continuum of medical education.

Present Status of Graduate Training Programs

Table 26 shows the distribution of house officers by source of medical education, and also the proportion of graduates serving in affiliated and non-affiliated hospitals. As previously indicated, affiliated hospitals obtained more house staff from both the available pool of graduates of medical schools in the United States and Canada and the pool of graduates of

foreign medical schools. As of September 1, 1972, they obtained a total of 35,609 graduates of U.S. or Canadian schools as compared with 34,759 the preceding year. They obtained 14,741 graduates of foreign medical schools as members of their house staffs, compared with 13,086 in 1971. The total number of house officers in affiliated hospitals increased to 50,350 in 1972, from 47,845 in 1971, and 43,048 in 1970.

The non-affiliated hospitals, which decreased in number during the year, also recruited fewer U.S. and Canadian graduates, with a total of 2,048 in 1972 as compared with 2,134 in 1971; 3,623 graduates of foreign medical schools

Table 26.—Distribution of House Officers By Source of Medical Education, September 1, 1972

Number on Duty	Affiliated Hospitals			Non-Affiliated Hospitals			Total House Officers
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools	
Interns	6,889	2,539	9,428	350	1,385	1,735	11,163
Residents	28,720	12,202	40,922	1,698	2,238	3,936	44,858
Totals	35,609	14,741	50,350	2,048	3,623	5,671	56,021

as compared with 4,350 graduates of foreign medical schools in 1971 and 4,695 in 1970. The total number of house officers in the non-affiliated hospitals was reported in 1972 as 5,671, as compared with 6,514 in 1971 and 7,724 in 1970. In the affiliated hospitals, 73% of the interns were graduates of U.S. or Canadian schools; in the non-affiliated hospitals, only 20% were graduates of U.S. or Canadian schools. In the affiliated hospitals, 70% of the residents were graduates of U.S. or Canadian schools; in the non-affiliated 43% were U.S. or Canadian graduates.

The affiliated hospitals obtained 90% of all available house staff, of which 64% were U.S. or Canadian graduates and 26% were graduates of foreign medical schools. The non-affiliated hospitals obtained 10% of the total pool of house staff, of which 4% were U.S. and Canadian graduates, and 6% were graduates of foreign medical schools.

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 in this section that include the number of residencies offered and filled in the fields of preventive medicine. The total of positions offered in internships and residencies, as of September 1, 1972, was 65,308, a slight decrease from the record high last year of 65,615. The total number of filled positions as of September 1972 was 56,244, which was a record high, and indicated 1,666 more positions filled than in the preceding year.

Table 27 continues to show a steady increase in the number of residency positions filled by foreign graduates, and a somewhat fitful variation in the number of internship positions filled by graduates of foreign medical schools, with a slight decrease this year. A decrease was also reflected in the number of positions filled by U.S. or Canadian graduates. The decrease was probably caused, not so much by the lack of physicians available, as by the fact that it was possible

Table 25.—Relation of Training Programs to U.S. Teaching Hospital Beds, September 1, 1972

Hospitals With:	Hospitals		Hospital Beds	
	Number	% of Total in U.S.	Number	% of All Beds in U.S. Hospitals
Internships only.....	69	4	13,144	2
Residencies only.....	829	49	279,395	43
Internships and Residencies.	813	48	355,158	55
Totals	1,711	100	647,697	100

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	
1972-1973	13,650	11,163	7,239	3,924	72	503	2,487	51,658	45,081	30,610	14,471	1,176	1,881	6,577
1971-1972	15,422	12,066	8,120	3,946	43	527	3,356	50,193	42,512	28,970	13,543	1,062	1,847	7,681
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	17,293	..	..	..	..	..
1947-1948	8,683	6,902	..	..	..	..	..	1,781	15,172	..	..	..	..	..
1946-1947	8,584	..	..	..	..	..	..	..	12,003	..	..	..	..	..
1945-1946	8,429	..	..	..	..	..	..	..	8,930	..	..	..	..	..
World War II	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1941-1942	8,182	..	..	..	..	..	..	5,256	..	..	..	..	..	..

*Figures for Filled Federal Services also included in preceding columns #1961—E.C.F.M.G. Deadline imposed.
 †1946—P.L. 293, D.M.&S., V.A. (Authorizing Residency Programs in V.A.) ##1965—Amendments to Immigration and Nationality Act.
 ††1949—Smith-Mundt Act }
 †††1961—Fulbright-Hays Act } Exchange-Visitor Program.

for some who would have ordinarily entered an internship program to go directly into the first year of a residency program. In the Table, the two columns on filled federal services contain statistics included in the columns on the filled positions.

Table 28 is a summary table, adding the category "Other Trainees" to the statistics on interns and residents, and tabulating them according to the source of medical education. As of September 1, 1972, the total of all trainees was 65,059, an increase of 1,527 over the year earlier. The number of U.S. and Canadian graduates serving in training pro-

grams also increased, becoming 43,100 in 1972, an increase of 1,140. The number of foreign graduates increased to 21,959, a net increase of 337 positions.

Among U.S. and Canadian graduates, the proportion of interns, residents, and other trainees shifted slightly, to 17% serving as interns in 1972 as compared with 19% the year earlier, 70% serving as residents as compared with 69% in 1971, and 13% serving as other trainees as compared with 12%. For the foreign graduates, the proportions remained the same, with 18% serving as interns, 66% serving as residents as of September 1, 1972, as compared with 63% the year earlier and 16% serving as other trainees in 1972 as compared with 19% in 1971. The proportion of U.S. and Canadian graduates, and of foreign medical graduates therefore shifted somewhat, with 17% serving as interns during 1972 as compared with 19% the year earlier, 69% as residents, as compared with 67% in 1971, and 14% in both 1972 and 1971 as other trainees. Additional data on foreign graduates is presented in the section which follows under the heading of "Special Studies."

Table 28.—Distribution of Trainees in Graduate Programs, September 1, 1972

	U.S. and Canadian Graduates	Foreign Medical School Graduates	Totals
Interns	7,239 (17%)	3,924 (18%)	11,163 (17%)
Residents	30,418 (70%)	14,440 (66%)	44,858 (69%)
Other Trainees	5,443 (13%)	3,595 (16%)	9,038 (14%)
Totals	43,100 (100%)	21,959 (100%)	65,059 (100%)

Special Studies in Graduate Medical Education

Foreign Medical Graduates

Each year, in addition to the information received on foreign medical graduates from hospitals through the questionnaire sent to them and reported as of September 1, data have been obtained also through the AMA Circulation and Records Department and the Center for Health Services Research and Development, as of December 31, 1972. In spite of the difference in time and source, the two sets of data are usually in relatively close agreement; the number of residents reported as foreign graduates by hospitals as of September 1, 1972, was 14,440, and the number processed in the AMA records as of December 31, 1972, was 14,455; the number of interns, however, varied considerably, with 3,924 reported as interns by the hospitals as of September 1, 1972, and only 3,247 processed in the AMA records as of December 31, 1972. The total reported by the hospitals as foreign graduates as of September 1, 1972, was 18,364, whereas the total processed in the AMA records by December 30, 1972 was 17,702.

Table I-A.—Number of Foreign Graduates in U.S. Graduate Training Programs, by Origin of Medical Education, as of December 31, 1972—December 31, 1971

Origin of Medical Training	December 31, 1972			December 31, 1971		
	Interns	Residents	Totals	Interns	Residents	Totals
Africa.....	66	484	550	98	421	519
Americas.....	504	2,265	2,769	547	2,192	2,739
Asia.....	2,229	9,189	11,418	2,339	9,005	11,344
British Isles.....	82	332	394	53	348	401
Europe.....	377	2,083	2,460	494	1,971	2,465
Oceania.....	9	112	121	10	115	125
Totals.....	3,247	14,465	17,712	3,541	14,052	17,593

Table I-A shows the numbers of interns and residents for the year ending December 31, 1972, as contained in the AMA records, and compares the numbers with those serving at the end of 1971 who had obtained their medical education outside the United States or Canada. The table indicates that, as has been the general pattern for the past several years, 65% of the foreign graduates received their medical education in countries of Asia, 16% in Central and South America, 14% in countries of Europe, 3% in Africa, 2% in the British Isles, and a very few in Oceania, which is principally Australia. Although the number of foreign graduates increased by 119, this was a smaller increase over the numbers in training as of December 31, 1971, than the previous year, in which there had been an increase of 5%. In a prior year the increase had been 18%.

Table I-B.—Foreign Countries Contributing Greatest Number of Graduates to U.S. Graduate Programs as of December 31, 1972

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the U.S.	Rank as of Dec. 71	Gain or Loss in Numbers
1. India.....	3,229	18	1	+241
2. Philippines.....	2,440	14	2	-243
3. Korea.....	1,171	7	3	-25
4. Formosa.....	889	5	6	+161
5. Thailand.....	789	4	4	-102
6. Iran.....	769	4	5	-53
7. Pakistan.....	615	3	7	+4
8. Spain.....	492	3	8	+7
9. Mexico.....	458	3	9	+10
10. Italy.....	454	3	10	+52
11. Argentina.....	393	2	13	+18
12. United Arab Republic.....	386	2	11	-2
Totals.....	12,085	68		+68

Table I-B lists the 12 countries contributing the greatest number of graduates to internship and residency programs in the United States as of December 31, 1972, and compares their rank with that of the preceding year.

Although graduates came from medical schools in 101 countries, 12 countries contributed more than two-thirds of those in graduate training in the United States.

The three countries with the largest numbers of their graduates serving as interns or residents, as in previous years, were India, the Philippines, and Korea. In 1972, 18% of the graduates of foreign medical schools who were serving as interns or residents in the United States came from medical schools in India, 14% from medical schools in the Philippines, and 7% from medical schools in Korea. Formosa, which had been 6th during the preceding year rose to 4th place, with 7% of the total foreign trainees in the United States, moving ahead of Thailand and Iran, which each, during 1972, contributed 4% of the foreign house staff in the United States. Western Germany, which had been 11th in the number of foreign graduates in this country as interns or residents in 1971, dropped to 13th, and was replaced by Argentina, with 393 of its graduates in this country. The number of persons coming to the United States, however, from Western Germany totalled 321, a decrease from the 381 at the end of 1971. The United Arab Republic, which had been 11th, took 12th place, with almost the same number of graduates in this country for the past two years.

Although the number of graduates who came to the United States from medical schools in India showed an increase of 241 over the number at the end of 1971, this was a slowing down of the rate of increase, as the number in 1971 had increased 463 over 1970. The numbers coming from the Philippines had been dropping during the last two reporting periods, and the total of 2,440 indicates a decrease of 243 over 1971; there had been a decrease of 320 in 1971 over the total for 1970. The number from Korea also showed a small decrease. Formosa moved ahead with a net increase of 22% while Thailand dropped from 4th to 6th place with a 13% decrease in the number of its graduates serving as house staff in this country.

Table I-C shows the number of graduates of foreign medical schools serving as house staff from the various countries throughout the world. In Africa, the only increase was an increase in those from Nigeria, with an increase from 36 house staff members in 1971 to 52 in 1972. The numbers for the previous year had shown an increase for the United Arab Republic, but remained almost stationary at 388 at the end of 1972.

In the Americas, fewer graduates from medical schools in Colombia came during 1972, dropping to 317 at the end of 1972 as compared with 348 at the end of 1971. The number from Cuba dropped from 220 at the end of 1971 to 182 at the end of 1972, and the number from Mexico showed a slight drop from 468 at the end of 1971 to 458 at the end of 1972. The numbers from Argentina, the Dominican Republic, Haiti, and Venezuela increased. The number from Venezuela showed a 42% increase, and the number from Haiti a 21% increase.

As indicated above, the rate of increase for India has slowed down, although the country did contribute the largest number of foreign graduates to house staff positions in the United States. The Philippines showed a net decrease in numbers, as did Korea, and Iran. Among the smaller countries in Asia, Ceylon showed an increase of 24 positions, or

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Table I-C.—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of Dec. 31, 1972, and 1971

Origin of Medical Training	INTERNS		RESIDENTS		TOTALS	
	1971	1972	1971	1972	1971	1972
Totals	3,541	3,247	14,052	14,465	17,593	17,712
Africa	98	66	421	484	519	550
Algeria.....	0	0	1	1	1	1
Congo.....	1	0	0	1	1	1
Ethiopia.....	0	0	1	1	1	1
Nigeria.....	6	8	30	44	36	52
Rhodesia.....	0	0	1	0	1	0
Sudan.....	0	0	2	2	2	2
Uganda.....	5	8	10	19	15	27
Union of South Africa.....	15	8	59	72	74	80
United Arab Republic.....	71	42	317	344	388	386
Americas	547	504	2,192	2,265	2,739	2,769
Argentina.....	60	73	315	320	375	393
Bolivia.....	16	19	59	55	75	74
Brazil.....	52	34	133	150	185	184
Chile.....	22	10	74	84	96	94
Colombia.....	67	46	281	271	348	317
Costa Rica.....	5	3	8	19	13	22
Cuba.....	35	38	185	144	220	182
Dominican Republic.....	23	27	99	106	122	133
Ecuador.....	16	13	46	51	62	64
El Salvador.....	22	20	40	41	62	61
Guatemala.....	6	9	56	50	62	59
Haiti.....	15	24	83	86	98	110
Honduras.....	5	7	25	24	30	31
Jamaica.....	4	12	39	45	43	57
Mexico.....	93	55	375	403	468	458
Nicaragua.....	6	7	31	31	37	38
Panama.....	0	1	6	10	6	11
Paraguay.....	14	9	37	46	51	55
Peru.....	62	58	218	223	280	281
Uruguay.....	5	7	20	23	25	30
Venezuela.....	19	32	62	83	81	115
Asia	2,339	2,229	9,005	9,189	11,344	11,418
Afghanistan.....	3	7	9	14	12	15
Bangladesh.....	0	0	0	6	0	13
Burma.....	29	10	63	74	92	84
Cambodia.....	0	1	0	0	0	1
Ceylon.....	88	32	77	157	165	189
China (Mainland).....	26	16	61	56	87	72
Formosa.....	180	266	548	623	728	889
Hong Kong.....	8	17	48	45	56	62
India.....	691	614	2,297	2,615	2,988	3,229
Indonesia.....	21	19	74	78	95	97
Iran.....	190	128	632	641	822	769
Iraq.....	12	13	61	56	73	69
Israel.....	2	6	82	83	84	89
Japan.....	65	58	261	254	326	312
Korea.....	185	279	1,011	892	1,196	1,171
Lebanon.....	17	19	154	172	171	191
Malaysia.....	2	1	1	4	3	5
Manchuria.....	0	2	1	2	1	4
Pakistan.....	139	91	472	524	611	615
Philippines.....	414	489	2,269	1,951	2,683	2,440
Singapore.....	8	7	15	19	23	26
Syria.....	31	39	94	131	125	170
Thailand.....	205	97	686	692	891	789
Turkey.....	22	16	80	91	102	107
Vietnam (North).....	0	1	1	0	1	1
Vietnam (South).....	1	0	8	9	9	9
British Isles	53	62	348	332	401	394
England (United Kingdom).....	10	1	110	51	120	52
Ireland (Republic).....	36	41	177	173	213	214
Ireland (United Kingdom).....	0	0	1	5	1	5
Scotland (United Kingdom).....	7	9	59	56	66	65
Wales (United Kingdom).....	0	11	1	47	1	58
Europe	494	377	1,971	2,083	2,465	2,460
Austria.....	9	7	53	48	62	55
Belgium.....	5	11	124	130	129	141
Bulgaria.....	1	5	10	13	11	18
Czechoslovakia.....	22	19	85	86	107	105
Denmark.....	7	6	14	11	21	17
Estonia.....	0	0	1	0	1	0
Finland.....	1	0	4	8	5	8
France.....	8	7	53	51	61	58
Germany (E).....	10	0	283	1	293	1
Germany (W).....	61	41	27	280	88	321
Greece.....	44	29	122	143	166	172
Hungary.....	3	7	29	34	32	41
Iceland.....	4	3	16	18	20	21
Italy.....	118	85	284	369	402	454
Latvia.....	0	0	0	0	0	0
Lithuania.....	0	1	0	0	0	1
Malta.....	0	0	1	2	1	2
Netherlands.....	10	6	40	32	50	38
Norway.....	0	1	7	7	7	8
Poland.....	12	27	89	96	101	123
Portugal.....	3	1	22	17	25	18
Romania.....	17	13	54	65	71	78
Spain.....	86	66	399	426	485	492
Sweden.....	3	2	4	3	7	5
Switzerland.....	42	27	166	148	208	175
USSR.....	1	1	10	7	11	8
Yugoslavia.....	27	12	74	88	101	100
Oceania	10	9	115	112	125	121
Australia.....	10	7	103	92	113	99
New Zealand.....	0	2	12	20	12	22

15%, Lebanon an increase of 20 positions or 12%, Syria an increase of 45 positions or 36%. In the British Isles, the number coming from England decreased from 120 to 52, whereas the number from Wales increased by about 50 positions. Some of this change may have been due to a difference in recording, as the net number is approximately the same for 1972 and 1971.

Among the European countries, Belgium, West Germany, Italy, and Poland showed increases. The increase from the schools in Italy may be the result of a number of American citizens who have completed their education in Italian medical schools. The increase was from 402 at the end of 1971 to 454 at the end of 1972, a 13% increase. The number of graduates from schools in Poland increased by 22, or a 22% increase over the number at the end of 1971.

The number of persons coming from schools in Austria decreased, as did the number coming from schools in Switzerland, the Netherlands, and Portugal.

The number of graduates from medical schools in Australia coming to this country as interns and residents decreased by the end of 1972 while the number coming from New Zealand increased, so that the total number from the Oceania area remained about the same.

Table I-D lists the 12 foreign medical schools contributing the largest number of graduates to internship and residency programs in the United States, as of the end of 1972. As has been true for a number of years, the Faculty of Medicine and Surgery of the University of Santo Tomas, Manila, the Philippines, contributed the largest number, although this was a smaller number than at the end of 1972. For 1972, the Faculty of Medicine of the University of Teheran, Teheran, Iran, continued in second place, followed by the Institute of Medicine of the Far Eastern University, Manila, the Philippines, and by the Faculty of Medicine at Siriraj Hospital, University of Medical Sciences, Thornburi, Thailand. Each of these four large contributors of graduates, however, had a slightly smaller number of house officers serving in the United States at the end of 1972 than they had at the end of 1971.

The University of Bombay, moved up to fifth place, instead of seventh place which rank it held at the end of 1972, and the Faculty of Medicine and Surgery of the University of Bologna, Bologna, Italy, moved up to sixth place from eleventh place, while the College of Medicine of Seoul National University, Seoul, Korea, and the University of

Medicine of the University of the Philippines, Manila, Philippines, dropped to seventh and eighth place, respectively, from fifth and sixth place last year. These 12 foreign medical schools had 4,724 of their graduates serving in internship or residency positions in the United States at the end of 1972, and they accounted for 27% of all the foreign graduates in the country at the end of 1972. The four schools in the Philippines included in the list of 12 foreign medical schools contributing the largest number of graduates to internships and residencies contributed a total of 2,104 persons, or 12% of the total.

Table I-E lists the ten medical schools in the United States contributing the largest number of U.S. graduates to internships and residencies, as of December 31, 1972. These 10 schools provided 19% of all of the U.S. graduates serving internships by the end of 1972, and 20% of all the residents. It will be noted that the class size is from a maximum of

Table I-E.—Ten U.S. Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1972

School	Interns	Residents	Total	Rank Order Dec. 1971
1. Univ. of Michigan Med. School, Ann Arbor, Michigan	173	666	839	1
2. Univ. of Illinois Coll. of Med., Chicago, Illinois	162	659	821	3
3. Indiana Univ. School of Medicine Indianapolis, Indiana	192	601	793	5
4. State Univ. of N.Y. Downstate Med. Center, N.Y.—Brooklyn	158	613	771	2
5. Jefferson Med. College of Philadelphia, Pennsylvania	163	572	735	4
6. Univ. of Minnesota Med. School, Minneapolis, Minn.	187	493	680	9
7. Ohio State Univ. Coll. of Med., Columbus, Ohio	128	492	620	7
8. Harvard Med. School, Boston, Mass.	150	460	610	10
9. Univ. of Tennessee Coll. of Med., Memphis, Tenn.	107	501	608	6
10. Northwestern Univ. Med. School, Chicago, Illinois	130	467	597	8
Totals	1,550	5,524	7,074	

Table I-G.—Interns and Residents by School of Medical Education as of December 1972

State Location of Medical School	Interns	Residents	Totals
Alabama	75	267	342
Arizona	22	29	51
Arkansas	82	263	345
California	594	1,631	2,225
Colorado	96	257	353
Connecticut	97	277	374
District of Columbia	291	1,008	1,299
Florida	145	446	591
Georgia	130	551	681
Illinois	502	1,907	2,409
Indiana	192	601	793
Iowa	135	358	493
Kansas	102	359	461
Kentucky	138	478	616
Louisiana	215	851	1,066
Maryland	195	712	907
Massachusetts	355	1,092	1,447
Michigan	307	1,066	1,373
Minnesota	187	493	680
Mississippi	73	234	307
Missouri	277	899	1,176
Nebraska	156	461	617
New Jersey	65	222	287
New Mexico	38	47	85
New York	1,049	3,506	4,555
North Carolina	154	747	901
Ohio	310	1,107	1,417
Oklahoma	97	320	417
Oregon	90	241	331
Pennsylvania	699	2,321	3,020
Puerto Rico	68	192	260
South Carolina	62	251	313
Tennessee	225	890	1,115
Texas	365	1,102	1,467
Utah	48	196	244
Vermont	58	154	212
Virginia	185	569	754
Washington	81	283	364
West Virginia	58	184	242
Wisconsin	166	652	818
Totals:	8,184	27,224	35,408

Table I-D.—Twelve Foreign Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1972

School	Interns	Residents	Total	Rank as of Dec. 1971
1. Faculty of Med. and Surgery, Univ. of Santo Tomas, Manila, Philippines	245	883	1,128	1
2. Faculty of Med., Univ. of Teheran, Teheran, Iran	90	444	534	2
3. Institute of Med., Far Eastern Univ., Manila, Philippines	94	358	452	3
4. Faculty of Med. at Siriraj Hosp., Univ. of Med. Sciences, Thornburi, Thailand	56	317	373	4
5. University of Bombay, Grant Med. College—Seth Gorbhandas Sunderdas Med. College, Bombay, India	62	274	336	7
6. Facolta di Medicina e Chirurgia dell' Univ. di Bologna, Bologna, Italy	60	245	305	11
7. College of Med., Seoul National Univ., Seoul, Korea	59	243	302	5
8. College of Med., Univ. of the Philippines, Manila, Philippines	28	250	278	6
9. Faculty of Med. at Chulalongkorn Hosp., Univ. of Med. Sciences, Bangkok, Thailand	29	231	260	8
10. Facultad de Medicina de la Univ. Nacional Autonoma de Mexico, Mexico	32	235	267	10
11. College of Med., Univ. of the East, Quezon City, Philippines	42	204	246	9
12. King Edward Medical College, Lahore, West Pakistan	36	207	243	12
Totals	833	3,891	4,724	

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

STATE	INTERNS				RESIDENTS				INTERNS AND RESIDENTS				Total House Officers in the State	
	Interns in State with M.D. from School in State	Nonforeign Grads. with M.D. from Other States, U.S., Canada, U.S. Can.	Foreign Graduates in Internships in this State	Total Interns in States	Residents in State with M.D. from School	Nonforeign Grads. with M.D. from Other States, U.S., Canada, U.S. Can.	Foreign Graduates in Residencies in this State	Total Residents in State	Total Interns and Residents in State with M.D. from State	Other US & Can. Grads. Interns and Residents in State	Total Foreign Interns, Residents in This State			
Alabama	34	40	..	6	80	143	139	..	40	322	177	179	46	402
Alaska	..	..	..	..	..	..	2	..	..	2	..	2	..	2
Arizona	7	93	..	13	113	16	186	1	85	289	24	279	98	402
Arkansas	36	7	..	..	43	120	41	..	7	168	156	48	7	211
California	419	855	28	41	1,343	1,143	2,851	69	297	4,360	1,562	3,706	338	5,703
Canal Zone	..	14	..	1	15	..	12	..	9	21	..	26	10	36
Colorado	18	151	1	15	185	55	418	4	34	511	73	569	49	696
Connecticut	23	86	..	126	235	76	353	4	397	830	99	439	523	1,065
Delaware	..	18	..	4	22	..	27	1	38	66	..	45	42	88
D. of C.	83	100	..	60	243	177	284	5	283	749	260	384	343	992
Florida	59	174	2	37	272	206	518	10	237	971	265	692	274	1,243
Georgia	41	113	1	23	178	223	290	2	86	601	264	403	109	779
Hawaii	..	17	5	21	43	..	50	7	30	87	..	67	51	130
Idaho	..	..	..	..	..	1	..	..	..	1	..	1	..	1
Illinois	173	120	..	368	661	631	365	14	1,190	2,200	804	485	1,558	2,861
Indiana	108	48	..	4	160	268	109	..	70	447	376	157	74	607
Iowa	19	47	..	13	79	127	167	4	75	373	146	214	88	452
Kansas	45	33	..	..	78	97	119	2	62	280	142	152	62	358
Kentucky	50	36	..	12	98	139	136	2	87	364	189	172	99	462
Louisiana	85	33	..	6	124	362	137	3	93	595	447	170	99	719
Maine	..	14	..	..	14	..	38	1	7	46	..	52	7	60
Maryland	81	143	1	150	375	237	636	14	531	1,418	318	779	681	1,793
Mass.	136	238	..	105	479	455	1,071	56	740	2,322	591	1,309	845	2,801
Michigan	157	135	12	199	503	475	495	37	999	2,006	632	630	1,198	2,509
Minnesota	101	139	6	17	263	294	558	41	162	1,055	395	697	179	1,318
Mississippi	30	25	..	2	57	106	56	..	9	171	136	81	11	228
Missouri	119	87	..	87	293	282	353	6	372	1,013	401	440	459	1,306
Nebraska	63	9	..	4	76	131	30	..	26	187	194	39	30	263
Nevada	..	..	..	..	..	..	4	..	1	5	..	4	1	5
N. Hampshire	..	29	..	..	29	..	74	1	13	88	..	103	13	117
New Jersey	32	28	..	242	302	62	240	2	716	1,020	94	268	958	1,322
New Mexico	3	24	..	..	27	16	133	..	11	160	19	157	11	187
New York	545	376	7	865	1,793	1,637	1,390	55	4,031	7,113	2,182	1,766	4,896	8,906
N. Carolina	40	103	..	15	158	256	452	3	69	780	296	555	84	938
North Dakota	..	8	..	..	8	..	2	..	2	4	..	10	2	12
Ohio	115	216	..	275	606	452	669	24	1,007	2,152	567	885	1,282	2,758
Oklahoma	40	24	..	4	68	120	66	..	28	214	160	90	32	282
Oregon	6	73	1	7	87	73	216	4	26	319	79	289	33	406
Pennsylvania	337	195	..	261	793	999	651	17	1,000	2,667	1,336	846	1,261	3,460
Puerto Rico	43	2	..	17	62	111	6	..	89	206	154	8	106	268
Rhode Island	..	34	..	..	58	..	88	3	11	202	..	122	135	260
S. Carolina	26	21	..	1	48	113	109	1	31	254	139	130	32	302
South Dakota	..	14	..	..	14	..	7	..	1	8	..	21	1	22
Tennessee	75	53	..	8	136	299	205	..	106	610	374	258	114	746
Texas	201	265	..	42	508	641	842	12	351	1,846	842	1,107	393	2,354
Utah	16	48	1	..	65	80	171	5	26	282	96	219	26	347
Vermont	3	24	..	..	27	20	90	1	11	122	23	114	11	149
Virginia	83	124	..	23	230	186	440	2	172	800	269	564	195	1,030
Washington	14	129	1	10	154	78	383	15	50	526	92	512	60	680
West Virginia	15	4	..	11	30	60	28	1	98	187	75	32	109	217
Wisconsin	34	84	1	54	173	213	289	..	159	661	247	373	213	834
TOTALS	3,515	4,653	67	3,173	11,408	11,180	15,997	429	14,075	41,681	14,695	20,650	17,248	53,089

839 students from one school to a minimum of 597 from the tenth school listed. Among the foreign schools the largest school had 1,243, and the smallest 250, of the students serving as house staff officers.

State Origin of Medical Education of House Staff

Tables I-F and I-G, used together, indicate the relative success of states in retraining for graduate training those physicians who have received their medical education in the state. Studies made some time ago seemed to indicate that physicians tended to practice in the areas in which they received their graduate medical education, and therefore the numbers who remain in the state might serve as one of the predictors of the number of physicians who will be available for patient care in that state.

The relative success of the state can be illustrated, for example, in determining the location of the 75 persons now in internship programs who graduated from the medical school in Alabama; apparently 34 of these accepted internships in the state, and of those who graduated earlier, 143 accepted residencies. A few of these may also be persons who would have been serving an internship, but who went directly into a residency instead. Thus, Alabama retained 177 of its graduates, but it trained 342 who are now serving internships or residencies in the United States, or about 52%

of its graduates. The state also attracted 40 U.S. or Canadian graduates from other medical schools outside of Alabama, and 139 residents, for a total of 179. These two groups of U.S. and Canadian graduates gave the state, along with graduates of its own school, a total of 356 house officers, which put it in balance with the number having received their medical education in that state. The 46 foreign graduates serving in the state brought the total number of house officers in Alabama to 402, thus giving it more physicians serving as house officers than it had trained out of the total group available.

For California, 419 interns remained in the state after they have received their M.D. degree from a medical school in that state, and 1,143 residents remained in the state. Medical schools in the state had conferred M.D. degrees on 594 of the physicians currently serving as interns throughout the United States, and on 1,631 residents currently serving in the United States who received an M.D. degree from a medical school in California. The state attracted however, 855 graduates of medical schools in other states or in Canada, who are now serving as interns in California. Likewise, the number of residents who received an M.D. degree from other states or from Canada was a total of 2,851, so that the total number of interns and residents with an M.D. degree from a school in California was 1,562, indicating that 70% of the California graduates remained in that state and 30%

went elsewhere. The state, however, received a large influx of graduates from other states, so that it had a total of 5,703 house officers in the state, including 338 foreign graduates at the end of 1972, but its medical schools had produced only 2,225 graduates who were serving as interns and residents during 1972.

Only 5 states retained 50% or more of their own graduates as interns and residents in their state, and these were Alabama, with 50%, California with 70%, Minnesota with 58%, Puerto Rico with 59%, and Texas with 57%. New York state, which had produced the largest number of graduates, retained 47% of its own graduates to serve internships and residencies in that state. Five states retained less than one fourth of the persons to whom M.D. degrees were awarded who are now serving as interns or residents, with Colorado having 21% of its graduates serving internships and residencies within the state, the District of Columbia with 20%, New Mexico with 22%, Oregon with 24%, Vermont with 11%. On an average, 42% of the physicians who received an M.D. degree remained in the state in which their medical school was located. Of the remaining states not previously mentioned above, which had more than 1,000 graduates serving internships and residencies, Illinois retained 33% of its own graduates as interns and residents, Louisiana retained 42%, Massachusetts 41%, Michigan 46%, Missouri 34%, Ohio 40%, Pennsylvania 33%, and Tennessee 34%.

By the time interns and residents from medical schools outside that state were appointed, along with foreign graduates, the total number of house officers serving in most of the states exceeded the number that had been trained in medical schools in the state, with a few exceptions. These exceptions, which were states that had contributed more of graduates from medical schools within their state to the total pool of interns and residents serving at the end of 1972 than program directors were able to recruit for service within that state were Arkansas, District of Columbia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Nebraska, Oklahoma, South Carolina, Tennessee, Vermont, and West Virginia.

Table I-H presents statistics which had not been previously included in the annual report, and indicates the numbers of physicians certified by the approved examining boards in medical specialties, analyzed as to the number of graduates of medical schools in the United States, schools in Canada, and foreign schools. The tabulation indicates that, of the total of 135,468 currently certified, 9.2% are graduates of foreign medical schools, 2% are graduates of Canadian schools and 89% are graduates of U.S. medical

schools. Of the U.S. graduates, about 1% are from schools that are no longer operated under the name of the school at the time of the diplomate's graduation. The percentage of foreign graduates certified by each of the boards varies considerably, from a low of 3.8% in preventive medicine to a high of 25% in physical medicine and rehabilitation, followed by 21% in pathology, 17% in anesthesiology, 13% in pediatrics, 13% in thoracic surgery, 12% in psychiatry and neurology, 12% in nuclear medicine and in colon and rectal surgery, and 10% in radiology. These statistics cannot be related directly to the number of foreign graduates currently serving in each of these specialties as house officers, because the requirements of the individual certifying boards generally make it unlikely that a candidate will take the examination of a board until he has been in this country from four to six years. The AMA Center for Health Services Research and Development has produced statistics on the foreign graduate, indicating that, as of the end of 1972, 52,802 were involved in medical specialties, surgical specialties, or other specialties, in either patient care or other professional activities. From this number should be subtracted the more than 17,000 serving as interns and residents, leaving a net amount of 35,080. This number, in relationship to the number certified would indicate that 36% of the foreign graduates who are beyond residency training and are in professional practice or a related activity had been certified by an approved examining board in a medical specialty. At first glance, this proportion may seem high, but when the total number of physicians certified by the specialty boards is related to the number of specialists in practice, beyond the residency level, the proportions are well over 50% in most cases. For physical medicine and rehabilitation, as an example, in which field 25% of the certificates in effect at the end of 1972 were held by graduates of foreign medical schools, 67% of all active physiatrists were certified by the American Board of Physical Medicine and Rehabilitation, and, in a similar manner, 87% of the pathologists beyond the residency level were certified by the American Board of Pathology. About 80% of the pediatricians beyond the residency level have been certified by the American Board of Pediatrics; in surgery about 70% of the general surgeons beyond the residency level have been certified by the American Board of Surgery. For anesthesiology, and for psychiatry and neurology, the percentage of specialists certified in each of these fields, who were beyond the residency level, was about 50%. For internal medicine the percentage was 57%, and for dermatology, 63%. Perhaps it would be interesting to note whether the proportion of

Table I-H.—Physicians Certified by Specialty Boards as of December 31, 1972*

U. S. Graduates						
American Board Of:	Active Schools	Extinct Schools	Canadian Schools	Foreign Schools	Total Certified	Percent Foreign
Anesthesiology	3,960	90	165	878	5,093	17.2
Colon and Rectal Surgery	320	7	16	45	388	11.5
Dermatology	2,417	36	48	155	2,656	5.8
Family Practice	4,158	81	55	226	4,520	5.0
Internal Medicine	21,119	126	277	1,215	22,737	5.3
Neurological Surgery	1,301	10	45	131	1,487	8.8
Nuclear Medicine	750	10	20	104	884	11.7
Obstetrics-Gynecology	10,202	98	221	810	11,331	7.1
Ophthalmology	6,067	81	145	362	6,655	5.4
Orthopedic Surgery	6,317	47	164	399	6,927	5.7
Otolaryngology	4,077	81	127	305	4,590	6.6
Pathology	5,555	79	197	1,565	7,396	21.1
Pediatrics	11,009	92	221	1,779	13,101	13.5
Physical Med. & Rehab.	572	12	17	202	803	25.1
Plastic Surgery	930	6	21	75	1,032	7.2
Preventive Medicine	2,017	34	51	84	2,186	3.8
Psychiatry and Neurology	8,822	97	328	1,267	10,514	12.0
Radiology	8,530	141	181	1,001	9,853	10.1
Surgery	15,188	124	286	1,422	17,020	8.3
Thoracic Surgery	2,195	10	43	332	2,580	12.8
Urology	3,385	42	62	226	3,715	6.0
Totals	118,891	1,304	2,690	12,583	135,468	9.2

*Compiled from the Physicians Records of the American Medical Association, and prepared by the Department of Graduate Medical Education.

Table II-A.—Negro U.S. Citizens Serving in Internship and Residency Programs, as of Sept. 1, 1972

	Number of Hospitals Appointing Negro House Officers	Negro Citizens in Internships			Negro Citizens in Residencies			Total on Duty
		U.S. & Canada Grads.	Foreign Grads.	Total	U.S. & Canada Grads.	Foreign Grads.	Total	
Alabama	4	3	..	3	4	..	4	7
Arizona	2	2	..	2	4	..	4	6
California	42	41	..	41	91	10	101	142
Colorado	5	..	..	..	4	6	10	10
Connecticut	6	..	1	1	5	2	7	8
Delaware	1	1	..	1	..	..	..	1
Dist. of Columbia	11	33	3	36	111	19	130	166
Florida	5	3	..	3	4	12	16	19
Georgia	3	2	..	2	12	..	12	14
Hawaii	1	..	..	..	2	..	2	2
Illinois	18	12	..	12	40	2	42	54
Indiana	3	2	..	2	..	2	2	4
Iowa	1	..	..	..	2	..	2	2
Kansas	1	..	..	..	1	..	1	1
Kentucky	1	..	7	7	1	..	1	1
Louisiana	2	..	..	..	2	63	65	72
Maryland	10	11	14	25	12	60	72	97
Massachusetts	11	6	..	6	20	3	23	29
Michigan	15	14	1	15	29	4	33	48
Minnesota	5	1	6	7	5	8	13	20
Mississippi	1	2	..	2	..	..	..	2
Missouri	13	5	..	5	25	5	30	35
New Jersey	6	2	31	33	5	2	7	40
New York	46	25	9	34	90	36	126	160
North Carolina	6	..	..	..	8	..	8	8
Ohio	23	11	2	13	32	5	37	50
Oklahoma	2	1	..	1	..	1	1	2
Oregon	1	..	..	..	1	..	1	1
Pennsylvania	20	3	15	18	30	20	50	68
Rhode Island	1	..	..	..	1	..	1	1
South Carolina	1	..	..	..	1	..	1	1
Tennessee	5	6	..	6	1	78	79	85
Texas	14	14	..	14	25	..	25	39
Virginia	5	1	..	1	8	..	8	9
Washington	3	..	2	2	3	2	5	7
Wisconsin	2	1	..	1	2	..	2	3
Totals	296	202	91	293	580	341	921	1,214

foreign graduates certified rises during the next four or five years, as those currently in residency programs become eligible to take the examinations of the certifying boards.

Negro Physicians in Graduate Education

Since 1968, the annual questionnaire to hospitals with graduate training programs has stated that "in their present collaborative endeavors, to attract more negroes into medicine for 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 internships and residencies in hospitals in this country.*"

Tables II-A and II-B record information provided as of September 1, 1972. Table II-A indicates that 296 hospitals, or 70% of the total of 1,711 hospitals with approved graduate programs, had appointed negro house officers. Of the 1,214 on duty, 293 were serving as interns, and 921 as residents. Of these numbers, 69% of the interns and 64% of the residents were graduates of U.S. or Canadian medical schools. A year earlier, the total number of negro citizens in graduate training programs had been 1,099, with 272 serving as interns and 827 as residents. These statistics have shown a slow but steady increase in numbers for both internships and residencies since the data were published beginning with the 1968 statistics. Table II-B shows that, of the 921 negro

Table II-B.—Negro U.S. Citizens Serving in Residencies, by Specialty and Hospital Affiliation as of September 1, 1972

Specialty	U.S. and Canadian Graduates Types of Medical School Affiliation					Foreign Graduates Types of Medical School Affiliation				Total on Duty U.S., Canadian, For. Grads.	
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None		Total
Anesthesiology	10	..	..	3	13	29	..	8	..	37	50
Child Psychiatry	4	..	..	1	5	1	1	..	..	3	8
Diagnostic Radiology	..	..	..	1	1	..	..	..	..	..	1
Dermatology	10	2	..	..	12	3	..	..	..	3	15
Family Practice	9	2	..	1	12	1	1	..	2	4	16
General Practice	..	..	..	2	2	..	..	..	8	8	10
General Surgery	74	7	3	8	92	14	..	1	20	35	127
Internal Medicine	89	12	4	10	115	40	..	1	..	41	156
Neurological Surgery	10	..	..	..	10	4	..	..	..	4	14
Neurology	4	..	..	4	4	5	..	..	..	5	9
Obstetrics-Gynecology	81	7	..	13	101	18	1	..	6	25	126
Ophthalmology	12	13	..	4	29	4	..	..	..	4	33
Orthopedic Surgery	23	6	2	10	41	3	1	..	..	4	45
Otolaryngology	5	1	..	1	7	..	..	..	..	..	7
Pathology	14	1	..	3	18	6	8	..	1	18	36
Pediatrics	29	1	1	5	36	31	..	..	..	32	68
Pediatric Allergy	..	..	..	..	..	..	..	..	6	6	6
Pediatric Cardiology	6	..	..	1	7	..	..	..	..	9	7
Physical Med. & Rehab.	..	2	..	..	2	8	..	..	1	9	11
Plastic Surgery	1	..	..	..	1	1	..	..	..	1	2
Preventive Medicine	..	4	..	..	4	..	..	..	1	8	1
Psychiatry	39	4	..	9	52	7	..	..	1	10	60
Radiology	42	2	..	1	45	8	1	..	..	10	55
Therapeutic Radiology	1	..	..	1	2	..	..	..	..	..	2
Thoracic Surgery	4	1	1	1	7	5	..	..	..	4	12
Urology	13	1	..	..	14	4	..	..	..	4	18
Other Specialties	11	..	1	1	13	12	..	..	1	13	26
Totals	491	62	12	76	641	204	13	10	53	280	921

Table III-A.—Departmental Appointments of Osteopaths on Attending Staff, by State
Department Appointments, by Specialty, as of September 1, 1972

	Hospitals in Which Osteopaths May Be Appointed		Total Number Osteopaths Appointed	Anesthesiology	Child Psych.	Diag. Radiology	Dermatology	Family Prac.	Gen. Prac.	General Surg.	Internal Med.	Neurology	Ob.G.	Orthopedic Surg.	Otolaryngology	Pathology	Pediatrics	PM&R	Psychiatry	Radiology	Urology	Other Specialties
	Eligible for Appointment	Have Been Appointed																				
Alabama.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alaska.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arizona.....	7	4	9	1	..	..	1	..	2	..	..	..	..	..	..	..	..	..	2	..	..	3
Arkansas.....	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
California.....	33	12	18	3	..	..	..	1	4	..	..	..	..	..	..	..	..	2	6	1	..	1
Canal Zone.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colorado.....	17	6	21	..	..	..	..	..	15	..	4	..	..	..	..	..	..	..	1	..	..	1
Connecticut.....	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delaware.....	3	1	14	..	..	..	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dist. of Columbia.....	9	1	4	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Florida.....	14	3	6	..	..	..	..	2	3	..	..	..	..	..	..	..	..	..	..	..	..	1
Georgia.....	10	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Hawaii.....	3	2	3	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..
Illinois.....	41	9	12	..	..	..	..	..	2	6	..	1	..	..	..	..	..	2	..	..	1	..
Indiana.....	9	2	6	..	..	..	..	1	4	..	..	..	..	..	..	..	1	..	..	..	..	..
Iowa.....	3	3	11	..	..	..	..	8	1	1	1	..	..	..	..	..	..	..	2	..	1	..
Kansas.....	8	3	7	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Kentucky.....	8	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Maine.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Maryland.....	14	2	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Massachusetts.....	23	3	3	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Michigan.....	42	23	518	4	1	10	10	105	157	115	1	62	3	..	2	11	..	1	3	..	33	..
Minnesota.....	14	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mississippi.....	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Missouri.....	29	13	18	1	..	..	..	4	1	7	..	1	..	..	..	..	..	..	2	..	2	..
Nebraska.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nevada.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Hampshire.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Jersey.....	45	36	145	1	..	..	25	31	1	70	..	..	1	1	1	6	..	5	..	..	3	..
New Mexico.....	6	4	18	..	..	1	..	12	..	1	..	..	..	..	..	..	..	..	..	..	..	3
New York.....	64	17	22	..	1	1	2	2	1	5	1	2	..	..	..	1	1	3	..	2	..	..
North Carolina.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
North Dakota.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ohio.....	41	13	21	1	..	..	1	7	..	5	..	..	..	..	..	4	..	..	..	2	1	..
Oklahoma.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Oregon.....	7	1	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Pennsylvania.....	74	41	180	4	..	..	12	21	1	89	..	19	..	..	1	18	2	5	1	..	7	..
Puerto Rico.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rhode Island.....	5	3	4	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	1	..	..	..
South Carolina.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South Dakota.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee.....	3	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Texas.....	24	7	17	1	..	..	7	..	4	1	1	..	..	..	..	..	..	..	1	..	2	..
Utah.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Vermont.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Virginia.....	15	5	10	..	..	..	..	..	2	4	..	..	..	..	..	..	2	..	..	..	..	2
Washington.....	14	4	26	..	..	..	9	11	..	4	..	..	..	..	..	..	..	..	2	..	..	..
West Virginia.....	6	2	3	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wisconsin.....	20	4	4	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Totals.....	672	229	1,108	16	2	1	12	82	239	177	312	5	87	4	1	4	42	9	34	5	6	60

citizens serving in residencies, 765 out of 841 U.S. and Canadian graduates were serving in programs with medical school affiliations, and 78 were in non-affiliated. Out of the 280 graduates of foreign medical schools, 227 were serving in programs affiliated with the medical school, and 53 were in non-affiliated programs. The distribution according to medical specialties indicated that 17% were serving in residencies in internal medicine, 14% each in obstetrics-gynecology and in general surgery, 7% in pediatrics, 6% in psychiatry, and 5% each in anesthesiology and radiology. The total number of residents showed an increase of 94, or a 10% increase over the previous year. The three specialties chosen most frequently, internal medicine, general surgery, and obstetrics-gynecology, were also the most popular the previous year. Anesthesiology was the only field in which there was a disproportionate increase for 1972, with 50 negro citizens serving as residents in anesthesiology as of September 1, 1972, as compared with 22 one year earlier.

Osteopathic Physicians in Graduate Education

The questionnaire sent to hospitals with approved graduate programs has, for the past several years, requested information on the appointment of osteopathic physicians to the hospital attending staff and their appointment as mem-

bers of the house staff. Table III-A shows that 229 hospitals have appointed osteopaths to their staff, as contrasted with 190 a year ago, and 135 two years ago. The total number appointed as of September 1, 1972, was 1,108; in 1971, it was 678. The distribution of these appointments among specialties followed somewhat the same pattern as in the previous year, except for an increase in general surgery, from 29 appointed, as reported in September, 1971, to 177 appointed as of September 1, 1972. The numbers in internal medicine also increased significantly, from 172 in 1971 to 312 in 1972.

Table III-B indicates that as of September 1, 1972, 128 graduates of osteopathic schools were serving internships in 81 hospitals. The number of internships the previous year was 123, which were being served in 62 hospitals. The number of interns on duty in each state was relatively small, but the number in New Jersey did increase from 9 on duty in 1971 to 18 in 1972; in Texas the number increased from 6 in 1971 to 14 in 1972. The numbers in New York State and in Ohio, however, decreased. Table III-C indicates the distribution of osteopathic graduates in approved residencies as of September 1, 1972, and also indicates their distribution by state. The following specialty boards have indicated that they will accept for examination for certification graduates

Table III-B.—Graduates of Osteopathic Schools in AMA-Approved Internships

State	September 1, 1972		September 1, 1971	
	Number of Hospitals	Number of Interns on Duty	Number of Hospitals	Number of Interns on Duty
California.....	3	4	4	7
Colorado.....	1	1	2	3
Connecticut.....	..	..	1	1
Delaware.....	1	3	..	..
Dist. of Columbia.....	2	9	2	3
Florida.....	..	..	1	1
Hawaii.....	1	3	..	..
Illinois.....	6	8	4	5
Indiana.....	1	1	..	..
Iowa.....	2	5	2	2
Kansas.....	1	2	..	..
Louisiana.....	1	4	1	3
Maryland.....	3	3	..	..
Massachusetts.....	1	1	3	3
Michigan.....	2	2	3	4
Missouri.....	2	2	6	6
New Jersey.....	4	18	2	9
New York.....	4	16	11	29
Ohio.....	7	16	9	22
Oklahoma.....	..	..	1	2
Pennsylvania.....	4	8	5	11
Texas.....	10	14	2	6
Virginia.....	3	5	2	5
Washington.....	1	2	1	1
Wisconsin.....	1	1	..	..
Totals.....	61	128	62	123

of osteopathic schools; anesthesiology, dermatology, family practice, internal medicine, obstetrics-gynecology, orthopedic surgery, otolaryngology, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, preventive medicine, psychiatry and neurology, and radiology. Plastic surgery was a newcomer to this list during 1973.

The table indicates that appointments had been made in some cases to specialties in which osteopathic graduates are not yet permitted to serve without jeopardizing approval of the program. Some of these may have been appointed through misunderstanding of the policy that, for the protection of the osteopathic graduate, the Council on Medical Education notifies hospitals and program directors when 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 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, General

Surgery, Neurological Surgery, Ophthalmology, Thoracic Surgery, and Urology.

Women in Graduate Medical Education

Women in Internships

Table IV-A lists the states and the affiliation status of hospitals in which women were serving internships as of September 1, 1972, and provides the statistics for graduates of U.S. and Canadian schools and for foreign graduates. The total number of women serving in internships increased, but the number of U.S. and Canadian graduates decreased from 897 as of September 1, 1971, to 833 as of September 1, 1972. This decrease is probably related to a corresponding increase in the number appointed to residencies, as indicated in a following table, in specialties in which an internship is no longer required. California attracted more women graduates than any other state among the U.S. and Canadian graduates, followed by New York. Among the foreign graduates, New York attracted almost twice as many as any other

Table III-C.—Graduates of Osteopathic Schools in Approved Residencies, September 1, 1972

	Alabama	Arizona	California	Colorado	Connecticut	Dist. of Columbia	Florida	Georgia	Hawaii	Illinois	Iowa	Kansas	Kentucky	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	New Jersey	New Mexico	New York	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	Tennessee	Texas	Vermont	Virginia	Washington	Wisconsin	Totals
Anesthesiology.....	2	..	1	..	1	..	..	..	..	2	..	..	..	1	..	1	..	..	1	..	3	2	..	..	1	..	..	..	..	..	..	..	15
Child Psychiatry.....	1	..	..	..	1	..	1	..	..	..	2	..	..	..	..	..	..	..	5	
Diagnostic Radiology.....	1	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	4	
Dermatology.....	1	..	..	..	..	3	..	..	..	2	..	..	..	..	..	..	..	6	
Family Practice.....	1	1	..	1	1	1	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	9	
General Practice.....	5	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	8	
General Surgery.....	1	..	..	..	..	..	..	..	1	..	2	2	1	1	2	..	..	..	..	..	..	..	10	
Internal Medicine.....	..	1	1	..	..	4	..	..	2	..	1	..	..	1	13	..	..	5	7	..	20	14	..	1	2	1	..	5	..	1	..	93	
Neurology.....	1	..	..	..	1	..	..	..	..	1	2	..	..	4	..	3	1	3	..	..	17	..	..	..	..	..	..	1	18	
Obstetrics-Gynecology.....	1	1	..	2	1	..	1	..	..	..	6	..	..	..	3	..	9	6	..	4	..	1	..	1	..	1	..	1	36	
Ophthalmology.....	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	11	
Orthopedic Surgery.....	2	..	..	..	..	..	..	..	..	..	2	..	1	1	..	1	1	1	..	..	1	..	1	..	..	..	..	..	3	
Otolaryngology.....	1	..	1	..	..	..	..	..	1	..	1	..	..	..	..	1	..	4	1	..	2	..	..	..	..	..	..	..	15	
Pathology.....	1	..	1	1	..	1	1	..	4	1	..	2	1	1	1	1
Forensic Pathology.....	1	1
Pediatrics.....	2	..	..	1	1	..	..	..	..	..	6	..	..	5	..	..	6	6	..	..	4	..	..	..	..	..	..	..	39	
Pediatric Cardiology.....	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	..	..	..	..	14	
Physical Med. & Rehab.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	3	..	..	..	..	..	..	..	..	..	9	
Preventive Medicine.....	1	2	14	2	..	1	1	..	..	..	..	..	..	1	
Psychiatry.....	1	6	..	..	1	2	1	2	..	1	4	..	..	1	7	1	..	4	6	..	2	14	2	..	1	21	1	..	2	..	..	1	79
Radiology.....	1	1	1	..	..	1	..	..	..	..	5	1	..	..	..	4	6	3	2	..	1	29	..	2	..	..	..	..	35	
Therapeutic Radiology.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Thoracic Surgery.....	1	
Urology.....	1
Other Specialties.....	1	4	2	1	..	3	11
Totals.....	2	1	12	2	1	18	6	3	6	17	8	6	1	2	51	4	1	30	18	4	71	39	2	3	81	2	1	18	1	4	5	5	427	

Table IV-A.—Women in Internship Positions, as of September 1, 1972

	No. Hosp.	U.S. and Canadian Graduates Types of Medical School Affiliation				Total	Major	Foreign Graduates Types of Medical School Affiliation			Total	Total U.S. & For. Grads
		Limited	Grad.	None	Limited			Grad.	None			
Alabama.....	4	2	1	..	3	..	2	..	..	2	5
Arizona.....	3	8	1	..	9	..	1	..	..	1	10
Arkansas.....	4	7	2	..	9	..	..	..	..	..	9
California.....	41	103	20	2	131	12	9	1	4	26	157	
Canal Zone.....	1	..	..	2	2	..	..	..	..	..	2
Colorado.....	8	16	2	1	19	2	2	1	3	8	27	
Connecticut.....	15	8	..	..	8	6	8	6	9	29	37
Delaware.....	1	2	..	..	2	1	..	..	..	1	3
D.C.....	10	28	..	..	30	6	6	..	..	12	42
Florida.....	8	13	..	..	13	2	9	..	4	15	28
Georgia.....	5	10	2	..	14	2	..	1	1	4	18	
Hawaii.....	2	..	..	..	..	3	..	..	..	3	3
Illinois.....	27	19	..	..	20	66	43	4	9	122	142
Indiana.....	5	8	4	..	12	2	1	..	..	3	15
Iowa.....	4	4	2	..	6	..	3	..	1	4	10	
Kansas.....	3	5	..	1	6	..	..	..	..	6	6
Kentucky.....	3	6	2	..	8	1	1	..	..	2	10
Louisiana.....	5	10	3	..	13	3	..	..	..	3	16
Maine.....	1	1	..	..	1	..	..	..	..	1	1
Maryland.....	16	9	..	..	9	5	11	2	21	39	48
Massachusetts.....	23	30	7	1	38	13	9	..	4	26	64	
Michigan.....	23	21	3	1	29	24	3	8	13	48	77	
Minnesota.....	8	12	3	..	16	3	1	..	4	8	24	
Mississippi.....	2	5	1	..	6	1	..	..	1	2	8
Missouri.....	19	33	2	..	35	12	12	..	3	27	62	
Nebraska.....	2	4	..	..	4	..	1	..	..	1	5
New Hampshire.....	1	1	..	..	1	..	..	..	..	..	1
New Jersey.....	32	7	1	..	10	28	29	..	35	92	102	
New Mexico.....	2	5	..	..	5	..	..	..	..	..	5
New York.....	77	78	9	16	103	68	31	21	75	195	298	
North Carolina.....	6	11	2	..	13	3	..	..	..	3	16
North Dakota.....	1	..	..	..	..	..	..	..	..	..	1
Ohio.....	40	30	5	..	42	10	13	..	57	80	122	
Oklahoma.....	5	2	8	..	10	..	1	..	..	1	11
Oregon.....	4	6	..	1	7	..	..	..	2	2	9
Pennsylvania.....	58	65	9	..	74	27	16	6	48	97	171	
Puerto Rico.....	2	3	1	..	4	..	1	..	..	1	5
Rhode Island.....	4	3	..	..	3	7	..	..	5	12	15
South Carolina.....	4	3	1	..	4	..	2	..	..	2	6
South Dakota.....	1	..	1	..	1	..	..	..	..	..	1
Tennessee.....	6	11	..	..	11	3	..	..	2	5	16
Texas.....	18	59	3	1	65	7	2	..	..	9	74
Utah.....	1	2	..	..	2	..	..	..	..	..	2
Vermont.....	2	1	1	..	2	..	..	..	..	..	2
Virginia.....	6	12	..	..	12	4	..	..	1	5	17
Washington.....	7	10	3	..	13	..	2	..	1	3	16	
West Virginia.....	4	1	..	..	1	1	2	..	..	3	4
Wisconsin.....	7	7	..	..	7	..	9	..	..	9	16
Totals.....	531	681	99	6	47	833	322	231	50	303	906	1,739

state, followed by Pennsylvania, California, Illinois, Ohio, and New Jersey.

Table IV-B shows the proportion of male and female graduates for medical schools in the United States and in Canada as of June 30, 1972. The total number of women graduates increased slightly, but for the medical schools in the United States, the proportion of women dropped slightly. Although the total number of graduates increased to 9,551 from the United States schools in June, 1972, an increase of 577 graduates, the increased number of places to women was only 33, whereas the number of additional male graduates was 544. In Canada, the proportion of women increased from 13.3% of the total class to 17.3%, with the increase of 146 graduates being divided almost equally between men and women.

The statistics in the preceding table, Table IV-A, indicated 833 U.S. and Canadian women were serving in internships, comprising 11.5% of the total U.S. and Canadian graduates on duty in internship programs, despite the fact that women made up only 10% of the class which had graduated in June, 1972. The 906 women who were graduates of foreign medical schools and were serving in internships comprised 23% of all foreign graduates in internship programs as of September 1972. The total number of women serving as interns,

1,739, was 15.5% of the total number of interns on duty as of September 1, 1972. For 1971, the percentage was 14, and for the preceding year 12%.

Part-Time Internships for Women

Hospitals were again asked to state whether they offered part-time internships to women, and also whether they offered such part-time positions to men. Although 118 hospitals indicated that they would be willing to offer part-time internships to women, only 19 women were serving in such part-time appointments as of September 1, 1972. The internships were being served in 10 states, including Delaware, Florida, Indiana, Louisiana, Maryland, New York, Ohio, Oklahoma, Pennsylvania, and Rhode Island. When hospitals were asked a similar question about part-time internships for men, 48 hospitals indicated that they would offer such positions and 12 male physicians were reported as serving in such internships. The positions were in the 7 states of Colorado, Florida, Maryland, Massachusetts, Missouri, Pennsylvania, and Tennessee.

Women in Residency Programs

Table IV-C records that 2,319 women physicians who were graduates of U.S. and Canadian schools were serving residencies as of September 1, 1972, and 2,623 women physicians who are graduates of foreign medical schools were serving in such positions, or a total of 4,942 women serving residencies as of September 1, 1972. The previous year the numbers were 2,021 U.S. and Canadian graduates and 2,361 foreign graduates, or a total of 4,382 women residents on duty.

Table IV-B.—Male and Female Graduates as of June 30, 1972

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States.....	8,691	91.0	860	9.0	9,551
Canada.....	1,059	82.7	221	17.3	1,280
Total Graduates.....	9,750	90.0	1,081	10.0	10,831

GRADUATE MEDICAL EDUCATION

Table IV.-C.—Women Physicians Serving in Residencies By Specialty and Hospital Affiliation, as of September 1, 1972

	U. S. and Canadian Graduates					Foreign Graduates					Total on Duty
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total		U.S. & For.
Anesthesiology.....	93	5	3	6	107	237	44	4	20	305	412
Child Psychiatry.....	38	6	..	16	60	13	1	..	10	24	84
Diagnostic Radiology.....	12	2	..	1	15	2	..	..	..	2	17
Dermatology.....	32	3	..	3	38	16	1	..	..	17	55
Family Practice.....	23	9	1	3	36	3	7	2	4	16	52
General Practice.....	2	..	1	1	4	9	14	2	30	55	59
General Surgery.....	94	8	1	8	111	20	8	2	4	34	145
Internal Medicine.....	345	41	5	22	413	162	86	22	57	327	740
Neurological Surgery.....	3	1	..	..	4	..	..	..	..	..	4
Neurology.....	49	..	..	1	50	19	2	1	3	25	75
Obstetrics-Gynecology.....	78	9	..	9	96	141	52	19	58	270	366
Ophthalmology.....	42	1	..	7	50	6	1	..	1	8	58
Orthopedic Surgery.....	4	..	..	4	8	..	..	..	..	..	8
Otolaryngology.....	5	..	..	..	5	..	..	..	..	..	5
Pathology.....	145	19	5	13	182	340	124	14	92	570	752
Forensic Pathology.....	1	..	..	1	1	4	..	..	..	4	5
Neuropathology.....	1	..	..	1	1	..	..	..	..	..	1
Pediatrics.....	416	18	11	20	465	321	65	32	40	458	923
Pediatric Allergy.....	..	1	..	..	1	4	..	..	2	6	7
Pediatric Cardiology.....	5	1	..	1	7	5	..	..	..	5	12
Physical Med. & Rehab.....	17	2	..	..	19	70	13	..	15	98	117
Plastic Surgery.....	5	..	1	..	6	2	..	..	..	2	8
Psychiatry.....	350	48	..	36	434	132	36	8	99	275	709
Radiology.....	132	8	2	17	159	50	26	2	7	85	244
Therapeutic Radiology.....	2	1	..	1	4	3	1	..	..	4	8
Thoracic Surgery.....	3	..	..	3	3	..	..	..	..	..	3
Other Specialties.....	39	1	..	..	40	29	3	..	1	33	73
Totals.....	1,935	184	30	170	2,319	1,588	484	108	443	2,623	4,942

Table IV.-D.—Women Physicians on Teaching Staffs (On Full-time and Part-time Basis) as of September 1, 1972

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.....	141	..	141	31	..	31
Arizona.....	13	1	14	11	26	37
Arkansas.....	28	..	28	2	..	2
California.....	231	15	246	357	26	383
Canal Zone.....	1	2	3	1	..	1
Colorado.....	7	..	7	5	1	6
Connecticut.....	41	9	50	49	8	57
Delaware.....	1	..	1	..	..	..
Dist. of Columbia.....	69	15	84	69	7	76
Florida.....	8	7	15	16	3	19
Georgia.....	32	..	32	23	2	25
Hawaii.....	1	1	2	8	6	14
Illinois.....	101	58	159	93	27	120
Indiana.....	8	2	10	15	..	15
Iowa.....	15	..	15	18	3	21
Kansas.....	13	1	14	10	3	13
Kentucky.....	25	5	30	7	..	7
Louisiana.....	12	3	15	12	..	12
Maine.....	..	..	..	4	..	4
Maryland.....	18	12	30	49	10	59
Massachusetts.....	57	22	79	62	6	68
Michigan.....	69	9	78	98	28	126
Minnesota.....	20	7	27	22	4	26
Mississippi.....	10	..	10	1	..	1
Missouri.....	96	24	120	100	11	111
Nebraska.....	2	..	2	6	..	6
New Hampshire.....	1	1	2	1	1	2
New Jersey.....	43	18	61	70	19	89
New Mexico.....	12	..	12	4	..	4
New York.....	400	180	580	409	124	533
North Carolina.....	128	1	129	26	1	27
Ohio.....	79	31	110	145	24	169
Oklahoma.....	..	1	1	18	..	18
Oregon.....	32	..	32	5	1	6
Pennsylvania.....	161	41	202	151	15	166
Puerto Rico.....	5	4	9	7	4	11
Rhode Island.....	7	2	9	12	..	12
South Carolina.....	6	..	6	13	1	14
South Dakota.....	..	..	..	2	..	2
Tennessee.....	19	..	19	8	..	8
Texas.....	116	10	126	86	1	87
Utah.....	7	..	7	13	..	13
Vermont.....	6	7	13	18	..	18
Virginia.....	41	7	48	15	1	16
Washington.....	24	3	27	45	1	46
West Virginia.....	17	2	19	5	2	7
Wisconsin.....	29	8	37	11	6	17
Totals.....	2,152	509	2,661	2,133	372	2,505

The numbers serving their residencies in hospitals having a major affiliation with a medical school increased to 83% from 74% for the previous year for the U.S. and Canadian graduates, and for the foreign graduates, increased to 60% from 50% the preceding year.

As in previous years, the largest proportion of women residents received appointments to pediatrics, with almost equal numbers of U.S. and Canadian and of foreign graduates appointed to such positions. Pathology attracted the next largest number, principally because more foreign graduates chose this field than any other, while their counterparts who were graduates of U.S. and Canadian schools chose psychiatry as the second most popular appointment. Internal Medicine was the third highest specialty in the number of positions filled by U.S. and Canadian women graduates and by foreign women graduates in 1972 and in 1971. The U.S. and Canadian graduates chose psychiatry to a much greater extent than their foreign graduate counterparts, as was also true of radiology, and general surgery. Foreign graduates gave more preference to anesthesiology, obstetrics-gynecology, and physical medicine and rehabilitation than did the U.S. and Canadian graduates.

Women Physicians on Teaching Staff

As shown in Table IV-D, some 4,200 women physicians serve on teaching staffs, with half on the full-time teaching staff and half on the part-time teaching staff. They make up a much greater proportion of the teaching staff than their counterparts who graduated from foreign medical schools. These numbers have remained fairly constant during the past several years.

Part-Time Residencies

At the time the annual questionnaire was sent to hospitals with approved graduate training programs, they were asked to indicate whether they would offer part-time residencies to men and to women, if satisfactory programs could be organized. The replies indicated that 254 hospitals were willing to offer such part-time appointments to women, and that, in fact, 81 women were serving in such appointments as of September 1, 1972. Of the hospitals questioned, 94 also indicated that they would offer part-time residencies to

Table IV-E—Residencies in Which Women Held Part-Time Appointments as of September 1, 1972

Specialties	Number in Part-Time Residencies
Anesthesiology	1
Child Psychiatry	7
Internal Medicine	4
Obstetrics-Gynecology	3
Ophthalmology	1
Pathology	13
Forensic Pathology	1
Pediatrics	11
Psychiatry	37
Radiology	1
Thoracic Surgery	2
Total	81

Table IV-F—Residencies in Which Men Held Part-Time Appointments as of September 1, 1972

Specialties	Number in Part-Time Residencies
Child Psychiatry	3
Dermatology	1
Family Practice	1
General Practice	2
Internal Medicine	1
Otolaryngology	1
Pathology	1
Forensic Pathology	2
Pediatrics	1
Phys. Med. & Rehab.	1
Plastic Surgery	1
Psychiatry	10
Radiology	1
Urology	1
Total	27

men, and they reported that 27 such part-time appointments were being served as of September 1, 1972.

Tables IV-E and IV-F list the specialties in which women and men, respectively, held part-time appointments.

Most of the part-time residencies served by women and by men were in psychiatry, with a number also being served by women in pathology, pediatrics, and child psychiatry.

Table IV-G.—Hospitals Offering Refresher Courses to Women, as of September 1, 1972

	Number of Hospitals Offering Refresher Courses	Total Number	Courses Offered, By Specialty																
			Anesthesiology	Child Psychiatry	Dermatology	Family Practice	General Practice	General Surgery	Internal Medicine	Obstetrics-Gynecology	Orthopedic Surgery	Forensic Pathology	Pediatrics	Pediatric Allergy	Pediatric Cardiology	PW&R	Psychiatry	Radiology	Other Specialties
Alabama	2	1	1																
California	6	3						1											
Colorado	1	1																	1
Connecticut	4	4		1															
Dist. of Columbia	3	4							1										2
Florida	1	1			1														
Georgia	1	1																	
Illinois	2	1													1				
Indiana	1	1															1		
Iowa	1	1																	
Massachusetts	2	1																	
Michigan	2	3						1		1									
Minnesota	1	1																	
Missouri	4	1							1										
New Jersey	3	1																	
New York	6	3							1										
North Carolina	1	1																3	
Ohio	5	1												1					
Oregon	1	1							1										
Pennsylvania	8	6				1	1	1	2										
Puerto Rico	1	1																	
Texas	8	7																	
Washington	2	1									1								
Wisconsin	2	1																	
Totals	68	43	1	1	1	1	2	2	7	1	1	1	11	1	2	1	6	1	3

Table V-A.—U.S. Graduates Appointed to Graduate Programs Before Receiving M.D. Degree, as of September 1, 1972

States in which Appointments were made, and Medical Schools from which Candidates Graduated	No. of Interns Appointed	Family Practice	Obstetrics-Gynecology	Pathology	Psychiatry
Georgia					
Medical College of Georgia.....	2	..	..	..	..
Illinois					
University of Illinois.....	..	1	..	..	..
Maryland					
Howard University.....	..	..	..	..	2
Massachusetts					
Tufts Medical School.....	1	..	..	..	..
Michigan					
Northwestern University.....	1	..	..	..	..
Nebraska					
University of Nebraska.....	1	..	..	..	..
Creighton University.....	3	..	1	..	..
New York					
Cornell University Medical College.....	3	..	..	..	..
North Carolina					
Duke University.....	4	..	..	..	..
Pennsylvania					
University of Pennsylvania.....	4	..	..	..	..
University of Maryland.....	1	..	..	..	..
Texas					
University of Kansas.....	1	..	..	..	..
Louisiana State University.....	..	..	..	7	..
Virginia					
University of Virginia.....	1	..	2	..	1
Howard University.....	..	..	..	..	1
University of Oklahoma.....	..	..	..	..	1
Wisconsin					
University of Wisconsin.....	..	..	1	..	1
Medical College of Wisconsin.....	..	..	..	..	..
Totals.....	22	1	4	7	5

Table V-B.—U. S. Graduates Appointed Directly from Medical School to a Residency, as of Sept. 1, 1972, Department Appointments, by Specialty

	Hospitals Appointing Residents	Total Number Appointed	Anesthesiology	Child Psychiatry	Diag. Radiology	Dermatology	Family Practice	General Surgery	Internal Medicine	Neurology	Ob.G.	Ophthalmology	Orthopedic Surg.	Pathology	Pediatrics	PW & R	Psychiatry	Radiology	Therapeutic Radiology	Urology	Other Specialties
Alabama.....	3	20	..	..	..	..	..	8	..	..	..	..	..	..	8	..	..	..	..	..	..
Arizona.....	2	12	..	..	..	..	..	..	..	..	5	..	..	..	5	..	2	..	..	..	..
Arkansas.....	4	11	..	..	..	..	7	..	..	..	..	..	..	..	..	..	4	..	..	..	..
California.....	19	71	..	..	1	..	26	7	..	..	4	..	..	..	4	..	27	1	1	..	..
Colorado.....	5	96	..	..	1	..	2	25	25	..	1	..	..	11	25	..	5	1	..	..	..
Connecticut.....	9	38	..	..	..	..	1	18	9	..	..	..	..	3	1	..	6	..	..	..	..
Dist. of Columbia.....	5	62	..	..	..	..	16	1	..	1	8	..	..	2	..	1	27	4	..	..	2
Florida.....	8	34	..	..	..	..	17	1	..	..	6	..	..	..	..	..	11	..	..	..	..
Georgia.....	5	24	..	..	..	..	9	1	..	..	..	..	..	..	..	..	14	..	..	..	..
Hawaii.....	4	13	..	..	..	..	3	..	..	..	4	..	..	..	..	..	5	..	1	..	..
Illinois.....	20	88	2	..	..	..	7	28	3	2	16	2	..	3	4	3	17	1	..	..	..
Indiana.....	6	37	..	..	..	..	11	6	..	..	3	..	..	3	..	..	9	..	..	..	..
Iowa.....	5	14	..	..	..	..	6	..	..	..	2	..	..	..	..	..	5	..	..	..	..
Kansas.....	9	25	..	..	..	..	12	3	..	..	3	..	..	1	1	..	7	..	..	..	..
Kentucky.....	3	12	2	..	..	..	..	..	..	..	5	..	..	..	..	..	5	..	..	..	..
Louisiana.....	4	20	..	..	..	..	..	8	4	..	6	..	..	..	..	..	2	..	..	..	..
Maine.....	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Maryland.....	5	15	..	..	..	..	..	4	1	..	1	1	..	1	..	..	10	1	..	..	..
Massachusetts.....	12	35	..	2	..	..	..	4	..	..	1	..	..	2	..	..	26	..	..	..	..
Michigan.....	14	42	..	..	..	..	10	8	4	..	3	1	..	1	..	1	11	1	..	2	..
Minnesota.....	4	19	1	..	..	..	12	..	..	..	..	2	..	..	..	..	4	..	..	..	..
Mississippi.....	2	6	..	..	..	..	..	4	..	..	7	..	..	..	..	..	3	..	..	..	..
Missouri.....	12	67	..	..	..	..	..	4	6	..	1	..	..	2	..	..	37	4	..	..	..
Nebraska.....	6	41	..	..	..	..	7	9	18	..	3	..	..	1	..	..	3	..	..	..	..
New Jersey.....	4	16	..	..	..	..	1	11	..	..	..	..	..	..	..	..	2	..	..	..	..
New Mexico.....	2	7	..	..	..	..	..	2	1	..	..	..	..	..	..	..	1	..	..	..	..
New York.....	32	194	2	1	2	1	9	83	..	7	23	2	1	8	6	2	46	1	..	..	..
North Carolina.....	5	81	..	..	..	..	3	19	..	..	14	..	..	..	13	..	32	..	..	..	..
Ohio.....	19	73	..	..	..	..	11	12	1	..	14	..	1	4	6	4	19	..	..	..	1
Oklahoma.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Oregon.....	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..
Pennsylvania.....	20	84	2	..	..	..	22	16	16	2	8	..	1	2	..	2	12	1	..	..	..
Puerto Rico.....	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Rhode Island.....	2	3	..	..	..	..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	..
South Carolina.....	6	49	..	..	..	..	25	1	..	..	..	..	..	5	..	18	..	..	..	..	..
South Dakota.....	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee.....	6	12	..	..	..	..	3	..	..	..	2	..	..	1	1	..	5	..	..	..	..
Texas.....	19	147	..	..	..	..	2	..	66	..	2	8	..	25	..	..	39	5	..	..	..
Utah.....	3	29	..	18	..	..	..	7	..	..	..	..	..	1	..	..	3	..	..	..	..
Vermont.....	1	3	..	..	..	..	..	1	..	..	1	..	..	..	..	..	2	..	..	..	..
Virginia.....	5	39	..	..	1	..	19	1	1	..	10	..	..	1	1	..	5	..	..	..	..
Washington.....	8	33	..	..	..	..	18	2	..	..	1	..	4	..	..	1	5	..	..	2	..
West Virginia.....	2	7	..	..	..	..	..	..	..	..	1	..	..	2	1	..	3	..	..	..	..
Wisconsin.....	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..
Totals.....	310	1,593	9	21	4	2	256	281	182	13	162	16	9	83	85	14	441	26	2	4	3

When questionnaires are sent next to hospitals, program directors will be asked whether they would be willing to have their programs identified as offering part-time positions. If hospitals are willing to have programs so identified, it may be possible to list the part-time positions with a separate matching code number in the National Intern and Resident Matching Program.

Refresher Courses for Women Physicians

Hospitals were also asked on the annual questionnaire whether they provide refresher courses to women physicians who have been out of practice for some time. Of the 68 that responded affirmatively, 43 stated that they were offering courses, and these specialties are listed in Table IV-G, with hospital location by state, indicating the courses offered as of September 1, 1972. Most of the arrangements for such courses were apparently made on individual basis upon request of a woman physician to the program director.

New Trends in Graduate Education

Table V-A shows the states in which interns and residents have been appointed to a program in graduate education before they actually receive the M.D. degree. The schools from which these candidates would receive the M.D. degree are also shown. A total of 22 interns had been appointed as of September 1, 1972, before they have received their M.D. degree; 17 residents had been appointed in a similar manner. The Council on Medical Education has indicated that, when interns or residents are appointed before they receive the M.D. degree, it is the responsibility of the hospital staff to report these names to the AMA Physicians' Record Section so that these persons may be properly credited with their appointment to a program in graduate medical education. The program director must also verify with the state licensing board that these appointments will fulfill the state requirements.

Table V-B lists the U.S. graduates who had been appointed directly from medical school to a residency, without having had an internship. The information shows that 310 hospitals appointed 1,593 residents directly from medical school to a residency program. The preceding year, 698 residents had been appointed. The largest number of such

appointments in both years was made to residencies in psychiatry, and the next largest number, as of September 1, 1972, was to general surgery. In this field a candidate may receive simultaneously an appointment as a straight intern in surgery and as a first-year resident in surgery, and such positions are included in the residency statistics. Family Practice attracted the third largest number, and is a program so designed that the candidate is expected to enter the first year of the residency immediately following graduation from a medical school. The other fields in which fairly large number of physicians entered a residency without an internship were pediatrics, which now designates its first year as "Pediatric Level 1" rather than as a straight internship in pediatrics, and pathology, which now expects a candidate to enter the first year of the residency and which no longer provides a straight internship in pathology.

In some fields, such as anesthesiology and radiology, a candidate will take a year of clinical training which may precede the residency training or may occur in any other chronological order.

Fifth Pathway

Hospitals were also asked in the annual questionnaire whether they had appointed as residents persons who qualified through the "Fifth Pathway." The latter provides a period of clinical training to persons who have obtained their premedical education in the United States, have completed the didactic work of a foreign medical school, but have not complied with all of its other requirements, such as an internship in that country. If a U.S. medical school is willing to provide during the academic year, through an affiliated hospital, clinical training to such persons after they have passed a screening examination acceptable to the school, the candidates who satisfactorily complete the training will be eligible to enter an approved residency.

Information collected as of September 1, 1972, indicates that 17 hospitals were authorized to offer the training; of the 23 students who entered residencies after completing the clinical training, 6 chose internal medicine residencies, 5 family practice, 4 obstetrics-gynecology, 4 psychiatry, and 1 each surgery, ophthalmology, pathology, and pediatrics.

Special Reports, Announcements, Notices

SPECIAL REPORTS, ANNOUNCEMENTS, NOTICES

Activities of the Liaison Committee on Graduate Medical Education

The newly established Liaison Committee on Graduate Medical Education held its first meeting in December, 1972. The purpose of the Liaison Committee, as stated in its by-laws, is to accredit programs in graduate medical education. Its objective is to "develop the most effective methods to evaluate graduate medical education, to promote its quality, and to deal with such other matters relating to graduate medical education as are appropriate."

The Liaison Committee will held four meetings during 1973 in March, May, September and November.

At its May meeting, it met with chairmen and other representatives of the Residency Review Committee, to discuss the relationship of the Liaison Committee on Graduate Medical Education to the evaluation activities of the residency review committees. It is expected that the Liaison Committee, beginning with its first meeting in 1974, will begin to review the actions taken on individual residencies by the various residency review committees. Program directors will be notified of the action taken as soon as possible after the Liaison Committee meeting if the Liaison Committee confirms the recommended action of the residency review committee. If there appears to be a need to reevaluate the information, the program will be returned to the residency review committee for further consideration. Program directors should be aware that they cannot be given information concerning the status of their program immediately following the meeting of a residency review committee; with the Liaison Committee on Graduate Medical Education meeting four or five times a year, however, it is expected that information can be provided promptly, based on the evaluation by the residency review committee and subsequent review of that action by the Liaison Committee. The Liaison Committee has representation from five member organizations: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialties Societies. In addition, one public member is to be named, and there is a representative of the federal government on the Liaison Committee.

SPECIALTY BOARDS

A. Nuclear Medicine

During 1972, 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, and which is also sponsored by the Society of Nuclear Medicine, certified by examination 939 candidates; an additional 414 were certified during the first half of 1973, bringing the total certified to 1,354. Information supplied by the Board indicates that 622 had been previously certified by the American Board of Radiology, 247 by the American Board of Internal Medicine, 185 by the American Board of Pathology, 16 by other specialty boards, and 284 had not been previously certified by an approved examining board in a medical specialty.

During 1973 the Residency Review Committee for Nuclear Medicine was established, and began work on the development of information forms for program directors. The Committee expects to begin to evaluate programs during the latter quarter of 1973.

B. Allergy and Immunology

During the past year the American Board of Allergy and Immunology, a Conjoint Board of the American Board of

Internal Medicine and the American Board of Pediatrics, which conjoint board had been approved in June, 1971, has deferred the establishment of a Residency Review Committee for Allergy and Immunology pending clarification of the Board's by-laws relating to eligibility for examination.

An announcement which appeared in the *JAMA* for September 24, 1973, states that "after reconsideration the American Board of Allergy and Immunology has modified its original by-laws by revising that section of the by-laws pertinent to the issue of its admission requirements for entrance into the certifying examination."

Section A of this portion of the by-laws requires that the candidate have passed the examination of the American Board of Internal Medicine, the American Board of Pediatrics, or the Royal College of Physicians and Surgeons of Canada, and have completed at least two years of general training in internal medicine or pediatrics in approved programs, and have completed at least two years of residency, fellowship, or other acceptable training in allergy and immunology.

Section B provides that, in any application received by the executive secretary on or before July 1, 1978, a candidate may also qualify for examination by presentation of evidence acceptable to the board of directors that:

1. The candidates have at least 10 years of practice principally in allergy and immunology under circumstances acceptable to the board of directors; or
2. The candidate's period of allergy and immunology practice of the type acceptable under the preceding paragraph and period of training in allergy and immunology acceptable to the board of directors aggregate at least ten years; or
3. The candidate's period or periods of practice or training in allergy and immunology of the types acceptable under paragraphs 1 and 2 above, when combined with a period or periods of training in either approved pediatrics or internal medicine training programs, or both, aggregated at least ten years.

"And that the candidate's training and experiences are substantially equivalent to the qualifications set forth in Section A, or that he has achieved eminence in the field of allergy and immunology. In determining whether a candidate's training and experience are substantially equivalent or whether he has achieved eminence, a list of eight criteria has been stated by the board of directors, with an indication that the candidate would not be disqualified if some of the criteria were not met."

Specific policies and applications are available from the Executive Office of the American Board of Allergy and Immunology, 3930 Chestnut Street, Philadelphia, Pennsylvania, 19104. The Board plans to administer the certifying examination on March 1, 1974, and has stated that registration, which is now open, will close on November 15, 1973.

CHANGES IN DESIGNATIONS OF INTERNSHIPS

Effective July 1, 1975, the only types of internships that can be approved and listed in the annual *Directory of Approved Internships and Residencies* will be:

Categorical Programs Flexible Programs

The terms "rotating" and "straight" internships will no longer be used in designating approved programs.

Definitions of the new terms, as stated in Report A of the Council on Medical Education and as accepted by the AMA House of Delegates in November 1972, are as follows:

Categorical Programs: Designed to prepare the individual for a specific specialty, and heretofore designated as straight internships. Categorical internships can be authorized in internal medicine, surgery, obstetrics-gynecology (the initial year of pediatrics, pathology, and family practice are now designated as the first year of the residency itself and should not be designated as a

categorical program in preparation for training in these specialties).

Flexible Programs: Designed to provide diversified clinical experience in the first year following graduation from medical school, and heretofore designated as rotating internships. Flexible internships are to provide a broad, general year of graduate medical education that can serve as a base for advanced training in one or more specialty areas.

The requirements for each of these types of internships, and a time-table for conversion to them, are explained in the following paragraphs.

Requirements for Approval of Flexible Programs:

To implement these new designations, the Council on Medical Education has outlined the following requirements for approval of flexible internship programs to provide the first year of graduate medical education:

1. The first-year program can be approved provided the hospital or group of hospitals has an approved residency in each appropriate specialty;
2. The first-year program must be acceptable as a year of training to the appropriate residency review committee or committees;
Such training may be acceptable in whole or in part to the appropriate specialty board. [The determination of whether this training or a portion of it might be accredited toward fulfillment of the requirements of a specialty board is the responsibility of the appropriate board. The flexible program must include an assignment of four months in internal medicine.]
3. The residency review committee in each appropriate specialty in which the director of a residency has accepted the flexible year will be responsible for the survey and approval of the program.

Requirements for Approval of Categorical Programs:

The categorical internships are available only in the specialties of internal medicine, general surgery, and obstetrics-gynecology. These are the only specialties in which straight internships are currently available.

The straight internships previously available in pediatrics are now designated as the first year of the residency, and may be approved as "P.L.1," indicating "Pediatric Level 1."

The straight internships in pathology formerly available are now approved as the first year of the residency in pathology.

New Manner of Listing of First-Year of Graduate Medical Education:

The categorical and flexible programs will be listed along with the residencies in the specialties to which they are related, so that potential candidates will have a complete listing, in one place, of the variety of programs offering the first year of graduate education in the specialty offered by a hospital or group of hospitals.

In the *Directory of Approved Internships and Residencies* to be issued in the fall of 1974, these newly designated programs will be listed for the first time. This edition will also include an informal list of hospitals or groups of hospitals to indicate the various types of programs offered as the first year of graduate education in one or more specialties in that institution.

For the March 1974 National Intern and Resident Matching Program, however, the matching will be to rotating internship as currently approved and also to the straight internships in internal medicine, surgery, and obstetrics-gynecology that are currently approved.

Time-Table for Conversion to New Designations:

Hospitals will be sent information forms by the end of 1973, enabling them to list their offerings for the 1974-75 Directory of positions that will be available July 1, 1975, under the new designations for the first year of graduate medical education.

Program directors will be permitted to convert their current rotating internships and their straight internships to appropriate flexible and categorical internships for listing in the 1974-75 Directory, with the understanding that such programs will then be subject to evaluation by the appropriate residency review committees in the specialties to which these programs are related, and under the condition that it will be necessary for the program director of the residency to accept responsibility for the coordination of the program with his residency, for the appropriate selection of candidates, and for effective supervision of their training.

Content of the Programs:

Very little change should need to be made in the remaining types of straight internships to make them acceptable for approval as categorical internships. The straight internships in internal medicine, general surgery, and obstetrics-gynecology could previously be offered only in hospitals having approved residencies in these fields, and they should have been closely related to the residency program. These are also requirements for approved categorical internships.

Additional changes, however, may need to be made in instances in which the internship was offered in one hospital, but the residencies then offered in a group consisting of that hospital and one or more others. It would be expected that the structure of the categorical program, as a successor to the straight internship, would now follow the same program structure as the residency in order to be eligible for approval.

Directors of residency programs will need to restudy the rotating internships offered in their institutions, and, if they are able to structure an acceptable first year of graduate education that includes four months of internal medicine with the remaining eight months providing a program that is coordinated with one or more residencies in that hospital, or group of hospitals, the resulting flexible program could be listed as related to several residencies.

For example, program directors in anesthesiology, radiology, dermatology, physical medicine and rehabilitation, neurology and psychiatry could organize a flexible program that would include four months of internal medicine and additional assignments during the remaining eight months that would provide training in two or three other fields, such as pathology, pediatrics, surgery, and possibly an assignment to the emergency room.

If the program directors can certify that candidates accepted into this flexible internship will have a first-year program that provides the basic training needed for residency candidates in their programs, the resulting one-year experience will meet the requirements of the flexible internship and will be listed as an available first year of graduate training under each of the residencies to which it is an acceptable entry.

Under these circumstances, the flexible internship will be given an NIRMP code number, and the same code number and the flexible program will be listed under each of the specialties with which the flexible program is coordinated. The program, therefore, may offer, as an example, ten "slots" for the flexible year, and these may be used to select candidates who could then, the following year, enter the residency in anesthesiology, radiology, dermatology, physical medicine and rehabilitation, neurology or psychiatry. Under these conditions, the hospital would have the option of using a single NIRMP code number for this group of flexible programs, or it may choose to have a separate code number assigned to the positions that offer an entry to the residency in anesthesiology, a separate number to the positions offering an entry to the residency in radiology, etc.

Variety of First-Year Positions:

For some specialties, three types of first-year programs in graduate medical education can be approved: In surgery, and obstetrics-gynecology, a flexible program, a categorical

program, and the first year of the residency program may be offered to a person who has just received the M.D. degree. For surgery, the first year of the residency may be programmed as a "dual appointment," so that the candidate serves simultaneously as a first-year resident and in the categorical program; in these cases, the program director may decide not to list a separate categorical program or a flexible program emphasizing surgery.

The entry to specialty training in internal medicine would be through a flexible or a categorical program, but rarely directly into the first year of the residency. In pathology, the entry would generally be directly into the first year of the residency, and occasionally through a flexible program. Categorical programs are not available in pathology. In pediatrics, the usual entry is also through the first year of the residency, now designated as Pediatric Level 1, and only rarely through a flexible program emphasizing pediatrics.

Specialties Not Directly Affected by Change:

Several specialties that are not available to house officers until they have completed a year or more of residency training in a broader field may not be directly affected by the change in the designations of the first year of graduate medical education.

Examples of these specialties are the surgical specialties that require a year of general surgery, which may or may not be approved as an integral part of the residency program in that specialty, such as orthopedic surgery, otolaryngology, and urology.

Specialties such as plastic surgery, thoracic surgery, child psychiatry, and nuclear medicine require two or more years of preparatory residency-level training; residencies in these fields would not be affected by the change in designation of the first year of graduate medical education.

Regional Meetings to Explain the Conversion:

The Council on Medical Education of the AMA plans to sponsor several regional meetings in late 1973 and early 1974 to acquaint program directors with the options available for the listing of programs as the first year of graduate medical education, and to answer questions concerning the structuring of flexible and categorical programs.

The meetings, which will probably include one at the time of the Clinical Convention of the AMA at Anaheim, California, in December, will provide an opportunity to answer questions concerning the changeover from the rotating and straight internships to the flexible and categorical programs, and any other changes that have been made during the past year.

Matching Program and Appointment Mechanisms:

Despite the problems related to the transitional state of the first year of graduate medical education and the complexity of determining the program offerings of institutions, the National Intern and Resident Matching Program is expected to continue to furnish valuable service to candidates and hospitals in matching their desires for an initial appointment following graduation from medical school.

The NIRMP has received endorsement of national organizations in addition to those making up its corporate membership, and the organizations of medical students have reaffirmed the importance of the program to them and have expressed their desire that it be maintained and implemented.

The 1973-74 Directory of Approved Internships and Residencies will list the NIRMP code numbers in the Internship Section and in the Residency Section as in previous editions, but the 1974-75 Directory will list the NIRMP numbers only in the Residency lists.

Uniform Appointment Procedure for Residencies in Internal Medicine

In August, 1973, for the seventh year, the AMA Department of Graduate Medical Education assisted the Association of Professors of Medicine in notifying program directors

of the continued operation of the "Uniform Appointment Procedure for Internal Medicine Residencies."

This procedure is not a matching program, but under it program directors agree that first-year residency positions in internal medicine will not be offered to individuals currently serving internships before 12:00 noon (EST) on Monday, November 12, 1973.

Program directors were sent posters in August, to be placed in areas available to interns, for their information.

The one change in the Uniform Appointment Procedure for 1973 was the discontinuance of a restriction that candidates could not be asked to accept the offer of a first-year position in internal medicine before noon on the following Wednesday. For 1973, candidates could not be offered a first-year residency position before noon on Monday, November 12, but they could then immediately accept the appointment if they wished to do so, without the previous brief waiting period.

The uniform appointment procedure is applicable only to first-year residency positions, and does not apply to second or third-year positions. Although it is a voluntary procedure, in the past years the majority of the directors of residencies in internal medicine have abided by its residencies.

Osteopathic Graduates

During 1973 the American Board of Plastic Surgery revised its requirements for certification to permit graduates of osteopathic schools to qualify for the examination. With this addition, 14 approved examining boards in the medical specialties now permit graduates of osteopathic schools to sit for their certifying examinations. These Boards are:

- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Family Practice
- American Board of Internal Medicine
- American Board of Obstetrics-Gynecology
- American Board of Orthopedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology

In conformity with the December 1968 action of the AMA House of Delegates, AMA-approved residencies in the specialty fields certified by these Boards are now open to qualified graduates of schools of osteopathy who meet the requirements as stated by each of these Boards. Residents who plan to seek certification by one of these Boards should communicate with the secretary of the appropriate Board to be certain regarding the full requirements for certification.

Osteopaths on Teaching Staffs

The Council on Medical Education has stated that it should be left to the judgment of the faculty and the professional staff of an institution to decide whether an osteopath should be permitted to teach in a graduate education program.

The residency review committees, in evaluating the programs concerned, should make their judgment on the total program, so that the presence of a single individual such as an osteopath should not affect approval of the program.

Residency Programs

Change in "Essentials" for General Surgery

At the AMA Annual Convention in 1973, the House of Delegates approved a revision of the "Essentials of Approved Residencies" pertaining to requirements for residencies in general surgery, to bring up to date the criteria currently used in the evaluation of graduate programs in surgery. The section relating to the "Duration of Training" is now as follows:

"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 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 education caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

"The American Board of Surgery, as of July 1, 1971, requires a minimum of four years of surgical education following the awarding of the M.D. degree. The first year may consist of a "dual appointment" as indicated below. Group II programs consisting of three years of residency and two years of preceptorship or other acceptable training were discontinued on July 1, 1972, by the Conference Committee on Graduate Education in Surgery (the Residency Review Committee for General Surgery) which represents the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association."

The "Essentials" also spell out the scope of training, the application of basic medical sciences in surgical education, the qualifications of the surgical staff, and the need for a volume and variety of clinical material. The requirements for the four-year residencies in surgery are also outlined in the "Guide for Residency Programs in General Surgery," which was issued in late 1972.

One-to Two Year Residencies in General Surgery

As announced a year ago, effective June 30, 1975, approval will be withdrawn from the one- to two-year residencies in surgery. These programs, therefore, will not be listed in the 1974-75 Directory of Approved Internships and Residencies, but are listed in the 1973-1974 edition if they are currently being offered or if they are in the process of converting to four-year programs or to some other type of graduate education program.

Essentials for Residencies in Nuclear Medicine

At the annual meeting of the AMA House of Delegates in June, 1973, the "Special Requirements for Residency Training in Nuclear Medicine" were added to the "Essentials of Approved Residencies." The "Essentials" state that "Nuclear Medicine is concerned with the diagnostic, therapeutic, and investigational uses of radionuclides." The requirements also indicate that the minimum training period in nuclear medicine shall be two years following an approved preparatory post-doctoral period of at least two years' duration, and the program should insure that during the total post-doctoral training the candidate will have the equivalent of two years in which the primary emphasis is on the patient and the clinical problems.

The Essentials also contain information on the training content of the program, the qualifications of the program director and the staff of the department, and the institutional requirements.

The Residency Review Committee for Nuclear Medicine was established during 1973, and is now providing applicant institutions with copies of its residency information form. When the forms are returned to the Committee Secretary, they are distributed to members of the Residency Review Committee for evaluation. Those programs which appear to meet the minimum requirements for a residency in nuclear medicine will be surveyed by a Field Representative of the Department of Graduate Medical Education, and the report then evaluated by the Residency Review Committee for Nuclear Medicine.

Institutions that wish to apply for a residency in nuclear medicine should write to the Residency Review Committee for Nuclear Medicine, AMA Department of Graduate Medical Education, 535 North Dearborn Street, Chicago, Illinois, 60610, for an application form.

Residencies in Pathology and Fields of Pathology

During 1973 the Residency Review Committee for Pathology developed its "Guide for Residency Programs in Pathology," for the information of program directors.

The Committee evaluates the residencies in pathology, neuropathology, and forensic pathology that are eligible for approval and for listing in the annual Directory of Approved Internships and Residencies.

Guide for Residency Programs in Pediatrics

In 1973 the Residency Review Committee for Pediatrics issued a "Guide for Residency Programs in Pediatrics," to provide program directors with information on the new designations of residencies in pediatrics, and to provide detailed information on the requirements for the various "Pediatric Levels," under the terminology now used to designate years of the residency program. As indicated previously, the Committee no longer approves straight internships in pediatrics, but now designates the equivalent as a "P.L.1" to indicate Pediatric Level 1.

Internal Medicine

In March, 1973, the Residency Review Committee in Internal Medicine issued a memorandum on "Meaningful Patient Responsibility," calling attention to the need for all directors of residencies in internal medicine to assure themselves and their trainees that they offer a broadly-based education in internal medicine, with a minimum provision for 24 months of primary patient responsibility. The information form used by the Committee to evaluate programs states, in one section:

"Meaningful Patient Responsibility obtains when the intern/resident directs the total care of the majority of the inpatients and outpatients for whom he has responsibility, under the supervision of the attending staff. He may share this responsibility with an intern who is assigned to the total care of the same patients. Experience as a Chief Resident may be credited as meaningful patient responsibility on a month-for-month basis. Rotations of residents through medical subspecialties do not contribute on a month-for-month basis toward meaningful patient responsibility if the resident serves as a consultant on hospitalized patients and is not responsible for their total care."

Copies of the memorandum are available upon request to the Secretary of the Residency Review Committee in Internal Medicine, 535 North Dearborn Street, Chicago, Illinois, 60610.

Activation of Family Practice Residencies

The statistics in the 1973-74 Directory of Approved Internships and Residencies do not reflect the current level of activation of residencies in family practice because they were gathered as of September 1, 1972, and are about a year old by the time of publication. The Directory does list all family practice programs approved to July 1, 1973, but does not indicate adequately the number of residents serving in the programs. A survey made by the American Academy of Family Physicians in July, 1973, showed that, of the 164 approved programs, 146 were actively in operation with residents, 15 had no residents as yet, and 3 were administratively inactive.

The report indicates that the active programs had a total of 1,754 residents on duty in July, with 755 serving in the first year, 645 in the second year and 354 in the third year of the program. As of July 1973, 86% of the first year positions were filled.

Activation of Family Practice Residencies

Ophthalmology and Ophthalmic Fellowships

In 1971, the Residency Review Committee for Ophthalmology, representing the American Board of Ophthalmology

and the Council on Medical Education of the AMA, listed "Guidelines for Review and Approval of Ophthalmic Fellowships." During the academic year 1971-72, the list of approved fellowships was not published because it had not been possible to evaluate all that had applied for approval.

The 1973-74 *Directory of Approved Internships and Residencies*, however lists the Ophthalmic Fellowships approved to date. All of these are in institutions offering a residency in ophthalmology, one of the requirements for approval. Only fellowships of six months or longer duration are evaluated.

Fifth Pathway

When hospitals were asked to provide information concerning their currently approved programs in graduate medical education, they were asked whether they had accepted any candidates who had qualified through the "Fifth Pathway." Many program directors were unaware of the meaning of this term, which relates to special programs for qualified students who, having obtained their premedical education in the United States, receive their medical education in a foreign medical school.

On May 23, 1973, the Council on Medical Education issued an updated statement on the "Policy and Eligibility of Foreign Students and Graduates for Admission to American Medical Education." The five "Pathways" are as follows:

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. The fifth pathway provides an entrance to AMA approved internships and residency programs, in addition to those stated above, for students who have fulfilled the following conditions on or after July 1, 1971:

- a. 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;
- b. Have studied medicine at a medical school located outside the United States, Puerto Rico, or Canada, but which is recognized by the World Health Organization;
- c. 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 an 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 school supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on 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, or the American Medical Screening Examination. The Council on Medical Education will consider the acceptability of any other screening examination proposed by a sponsoring medical school.

"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 has recommended to the state boards 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 graduates who have received ECFMG certification."

Effective Date for ECFMG Certificates

Questions have arisen during the past year as to the effective date for certificates issued by the Educational Council for Foreign Medical Graduates. The Council on Medical Education reaffirmed its policy that graduates of foreign medical schools, with the exception of those who qualify under the Council's "Fifth Pathway," may not begin serving an approved internship or residency program until they have received their ECFMG certificate. It is the responsibility of the program director to determine the eligibility of candidates to begin serving in a program. A graduate of a foreign medical school who begins an appointment in an approved graduate training program before he has actually received the ECFMG certificate may jeopardize approval of that program.

Misconceptions of Criteria for Graduate Training Programs

In discussions held by the Council on Medical Education with representatives of state and county medical societies and faculty members of medical schools at the Annual and Clinical Convention of the AMA, it has become evident that a number of misconceptions persist concerning the criteria for approval of graduate programs.

The criteria for approving these are stated in the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies." At present, neither document contains a requirement that hospitals must affiliate with medical schools in order to retain approval for their programs.

The confusion on this issue stems mostly from a policy statement adopted by the Association of American Medical Colleges at its annual meeting in the fall of 1972, which included the statements that medical schools should ultimately accept the responsibility for graduate medical education and that all internship and residency programs should be in hospitals affiliated with medical schools.

There has been no action on such a statement by AMA or other national agencies concerned with the accreditation of graduate medical education. So long as institutions are able to meet the "Essentials" for such programs, they will continue to be approved.

In some instances, community hospitals have been advised that they do not, by themselves, have the breadth and depth of resources to enable them to meet the "Essentials" for various kinds of training programs. In such instances, they have been told that it will be necessary for them to effect arrangements with other institutions in order to provide the critical mass of professional talent and consulting services necessary for certain types of graduate medical education. The affiliations with other organizations do not necessarily have to be affiliations with medical schools. Some community hospitals have arranged consortia of two or more hospitals to provide the appropriate critical mass.

There have been, however, a substantial increase in the number of community hospitals affiliating with medical schools in the past few years. This has been due partially to the interest of the community hospitals in strengthening their programs through affiliation and partly due to the needs of the medical schools to expand their clinical base because of the rapid expansion of their class size.

Another misconception is that there must be a full-time program director. In some specialties, particularly in the "Guides" issued by the residency review committees, statements are made that many programs have full-time directors. It is, however, not a requirement that the director be a full-time member of the staff, although there should be clear evidence that sufficient time is spent by him and others to supervise adequately the residents in the program.

Another misconception is that there must be a specific number of residents per number of beds. The "Essentials of an Approved Internship" do contain a statement that "It is desirable to have a ratio of one intern to every 15 to 25 beds," but this is a guideline, and not a requirement.

Another misconception is that a program may not be approved, or continue to be approved, if it has all foreign graduates or "too many foreign graduates." The "Essentials" do not specify any limitation on the number or proportion of foreign medical graduates, but, instead, require that they be qualified and have the prerequisite training for their appointment. It is the prerogative of the program director

to appoint to his program any qualified physician; the program cannot be disapproved, or have approval withheld simply on the basis that the only candidates recruited are foreign medical graduates.

Institutions appointing foreign medical graduates do have the obligation to provide such house officers with special additional features essential to the effective education and training of such individuals. These features include an orientation program to familiarize the foreign graduate with patterns of American hospital and clinical practice, organizational responsibilities of hospital personnel, legal, moral, and ethical concepts of physician-patient relationships, as well as special programming to correct any deficits in the area of professional medical knowledge, and, in some cases, in the use and understanding of the English language. The "Essentials" also point out the need for planned provision for contact with a wide cross-section of American family life to enable foreign-trained physicians to appreciate the cultural backgrounds of their patients, and participate more effectively in the medical management of their problems.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to July 1, 1973

Hospitals, 1,711

Internship Programs, 2,913

Residency Programs, 4,807

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 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, 1972, 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, 1972, 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, 1974, 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 93, preceding the list of code numbers for medical schools.

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, 1972		Pos. Off. July 1, 1974	Approved Program
					For.*	Non- For.*		
ALABAMA								
BIRMINGHAM								
Baptist Medical Center—Montclair 800 Montclair Rd. 35213	L-010	CHURCH	485	35				INT: ROT., ST. MED. RES: DR, GS, IM, PTH, R
Baptist Medical Center—Princeton 701 Princeton Ave. 35211	L-010	CHURCH	427	23				INT: ROT., ST. MED. RES: DR, GS, IM, PTH, R
Baptist Medical Centers 701 Princeton Ave. 35211	L-010	CHURCH			5	14		INT: ROT., ST. MED. RES: DR, GS, IM, PTH, R
Carrsley Methodist Medical Center 15 North 25th St. 35234	L-010	CHURCH	419	31	1	18	46	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, U
Children's 1601 6th Ave. S. 35233	M-010	NP CORP	168	57		5	18	INT: ROT., ST. MED., ST. SURG. RES: NS, OPH, ORS, OTO, PD, U
Eye Foundation 1720 8th Ave. South 35233		NP CORP	44					RES: OPH
St. Vincent 2701 Ninth Court S. 35205	L-010	CHURCH	290	34		3	14	INT: ROT. RES: IM
University of Alabama Hospitals and Clinics 619 S. 19th St. 35233	M-010	STATE	702	63		1	9	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TR, TS, U
University of Alabama Medical Center	M-010	MISC.			2	48	61	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, GPM, P, R, TR, TS, U
Veterans Admin. 700 S. 19th St. 35233	M-010	VA	483	61	37	241	299	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, R, TR, TS, U
FAIRFIELD								
Lloyd Noland P. O. Box 538 35064	L-010	NP CORP	307	34	3	10	23	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, D, GS, IM, OBG, ORS, PD
					7	13	32	
HUNTSVILLE								
Huntsville 101 Sivley Rd. 35801		CITY	456	15			18	RES: FP
University of Alabama Program		MISC.						RES: FP
MOBILE								
Mobile General 2451 Fillingim St. 36617	M-114	STATE	305	46		3	15	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, PTH, PD, U
Mobile Infirmary Louiselle St. 36607		NP CORP	568	23		25	43	RES: ORS
University of South Alabama Affiliated Hospitals	M-114	MISC.				4	4	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, PTH, PD
MONTGOMERY								
Montgomery Baptist 2105 East South Blvd. 36111	L-010	CHURCH	235	25				INT: ROT.
Montgomery Regional Foundation (Includes Montgomery Baptist Hospital and St. Margaret's Hospital) 36111	L-010	MISC.	467				8	INT: ROT.
St. Margaret's 834 Adams St. 36104	L-010	CHURCH	232	22				INT: ROT.
TUSKEGEE								
Veterans Admin. 36083		VA	1106	40	1	3	4	RES: OPH
ALASKA								
ANCHORAGE								
U. S. Public Health Service Alaska Native Medical Center Third and Gambell Sts. 99501		USPHS	276	48				RES: ORS
ARIZONA								
PHOENIX								
Arizona Crippled Children's 1825 E Garfield 85006	G-016	STATE	84	75	1	3		RES: ORS, PS
Arizona State 2500 E. Van Buren St. 85008		STATE	1092	25	6	10	18	RES: P
Barrow Neurological Institute of St. Joseph's Hospital 350 W. Thomas Rd. 85013	M-100	CHURCH			1	13	16	RES: NS, N
Good Samaritan 1033 E. Mc Dowell Rd. 85006	L-100	NP CORP	709	40		22	15	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: FP, GS, IM, OBG, PTH, PD, PDC, PM, PS, P
Maricopa County General 2601 E. Roosevelt St. 85008	L-100 G-016	COUNTY	495	38	6	33	66	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, GS, IM, OBG, ORS, PTH, PD, PS
Phoenix Affiliated Hospitals (Includes Good Samaritan Hospital, Maricopa County General Hospital, St. Joseph's Hospital)		MISC.			13	37	70	RES: PD
Phoenix Integrated Surgical Residency (Includes Good Samaritan Hospital, U. S. Public Health Service Indian Hospital and Veterans Admin. Hospital) 85009	M-100	MISC.			14	11	33	RES: GS
Phoenix Orthopedic Residency Training Program (Includes Arizona Crippled Children's Hospital, Maricopa County General Hospital and U. S. Public Health Service Indian Hospital)	L-100	MISC.			2	3	9	RES: ORS
Phoenix Plastic Surgery Residency (Includes Arizona Crippled Children's Hospital, Good Samaritan Hospital and Maricopa County General Hospital)							4	RES: PS

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, 1972		Pos. Off. July 1, 1974	Approved Program
					For.*	Non-For.*		
ARIZONA, PHOENIX—Continued								
St. Joseph's Hospital and Medical Center 350 West Thomas Rd. 85013	M-100	CHURCH	560	49	3 9	16 17	17 42	INT: ROT., ST. MED., ST. OBG. RES: DR, FP, GS, IM, OBG, PTH, PD, R
U. S. Public Health Service Indian 4212 N. 16th St. 85016	L-100	USPHS	193	47				RES: GS, OBG, ORS
Veterans Admin. 7th St. and Indian School Rd. 85012	G-016	VA	219	56				RES: GS
TUCSON								
Palo Verde 801 S. Prudence Rd., Box 17509 85710	M-100	NP CORP	34					RES: P
Pima County General 2900 South Sixth Ave. 85713	M-100	COUNTY	140	49				INT: ST. OBG. RES: GS, IM, OBG, PD
Tucson Hospitals Medical Education Program (Includes Pima County General Hospital and Tucson Medical Center) P. O. Box 6067 85716	M-100	MISC.			13 20	9 6	24 30	INT: ROT., ST. MED., ST. SURG. RES: GS, IM
Tucson Medical Center Grant Rd. & Beverly Blvd. 85716	M-100	NP CORP	557	47				INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, N, OBG, PD
University 1500 N. Campbell Ave. 85721	M-100	STATE			1	3	18	INT: ST. OBG. RES: AN, DR, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, U
University of Arizona Affiliated Hospitals	M-100	MISC.			6	32 78	21 146	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, DR, GS, IM, N, OBG, ORS, PTH, PD, PS, P, U
University of Arizona College of Medicine Dept. of Community Medicine 85724	M-100	STATE			1	2	6	RES: GPM
Veterans Admin. 3601 South Sixth Ave. 85723	M-100	VA	330	78				INT: ST. MED., ST. SURG. RES: AN, OR, GS, IM, N, PTH, PS, P, U
ARKANSAS								
LITTLE ROCK								
Arkansas Baptist Medical Center 1700 West 13th 72201	L-011	NP CORP	441	23	1	1	18 5	INT: ROT. RES: FP, GS, OPH, PTH
Arkansas Children's 804 Wolfe St. 72201	M-011	NP CORP	83	39				RES: FP, ORS, OTO, PD, U
Arkansas State 4313 West Markham 72201	L-011	STATE	466	56		8	11	RES: P, U
St. Vincent Infirmary Markham & University 72201	L-011	CHURCH	500	32			10 14	INT: ROT. RES: FP
University 4301 West Markham St. 72201	M-011	STATE	292	51	2 2	17 17	28 29	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, P, R, TS, U
University of Arkansas Medical Center	M-011	MISC.			4	8 149	8 223	INT: ST. MED. RES: DR, D, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PD, P, R, TS, U
Veterans Admin. Consolidated 300 E. Roosevelt Rd. 72206	M-011	VA	451	62				INT: ST. MED. RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, R, TS, U
NORTH LITTLE ROCK								
Veterans Admin. Consolidated 72114	M-011	VA	1150	53			1 7	RES: P, P
CALIFORNIA								
BAKERSFIELD								
Kern County General 1830 Flower St. 93305	L-013	COUNTY	182	59	1 2	1 15	17 35	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GP, GS, IM, OBG, OPH, PTH
BERKELEY								
Herrick Memorial 2001 Dwight Way 94704		INDIV.	214	53		8 7	8 7	INT: ROT. RES: P
State of California Department of Public Health 2151 Berkeley Way 94704		STATE					20	RES: PH
University of California School of Public Health 94720		STATE				3	24	RES: GPM
BURBANK								
St. Joseph 501 S. Buena Vista St. 91503		CHURCH	371	36			4	RES: PTH
CAMARILLO								
Camarillo State Box A 93010	L-013	STATE	2701	64			11 22	RES: CHP, P
CAMP PENDLETON								
Naval 92055		USN	600	60		4 5	18	INT: ROT. RES: FP
COSTA MESA								
Fairview State 2501 Harbor Blvd. 92626	L-095	STATE	2015					RES: ORS
DALY CITY								
Mary's Help 1900 Sullivan Ave. 94015		CHURCH	286	23	2	6	8	INT: ROT. RES: GS, ORS
Mary's Help Hospital—St. Joseph's		CHURCH					2	RES: GS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program	
CALIFORNIA—Continued									
DAVIS									
University of California (Davis) Affiliated Hospitals (Includes Kaiser Fndn. Hosp., (Sacramento), Sutter Community Hosp. (Sacramento), Univ. of California (Davis) Sacramento Medical Ctr. (Sacramento), Veterans Admin. Hosp. (Martinez), Stockton State Hosp. (Stockton)	M-102	MISC.			12	32 148	30 231	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TR, U	
DOWNEY									
Rancho Los Amigos 7601 E. Imperial Highway 90242	L-014 G-016, 037	COUNTY	1050	28				RES: NS, ORS, ORS	
DUARTE									
City of Hope Medical Center 1500 E. Duarte Rd. 91010	G-012, 013	NP CORP	170	70		7	8	RES: GS, PTH, TR	
ELDRIDGE									
Sonoma State Arnold Dr. 95431		STATE	2331	87			1	2	RES: GS
FAIRFIELD									
David Grant U. S. A. F. Medical Center Travis A. F. B. 94535	M-102	USAF	385	90		50	69	RES: DR, GS, IM, OBG, PD, R	
FONTANA									
Kaiser Foundation 9961 Sierra Ave. 92335	L-012	NP CORP	231					RES: OBG, ORS	
Kaiser Steel Corporation P. O. Box 217 92335		CORP.					1		RES: OM
FORT ORD									
Silas B. Hayes Army 93941		USA	638	107		2	17	RES: FP, GS, PH	
FRESNO									
University of California (S. F.) Affiliated Hospital	G-015, 016	MISC.						RES: FP	
Valley Medical Center of Fresno 445 S. Cedar Ave. 93702	G-015, 016	COUNTY	583	61	1	24 36	23 61	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, OBG, OPH, OTO, PD, PS RES: OTO	
Veterans Admin. 2615 Clinton Ave. 93703	G-016	VA	253	44					
GLENDALE									
Glendale Adventist 1509 Wilson Terr. 91206	M-012	NP CORP	452		3 2	5 3	12 32	INT: ROT. RES: FP, GS, NS, OBG, PTH	
IMOLA									
Napa State Box A 94558		STATE	2839	81		32	34	RES: CHP, P	
IRVINE									
University of California (Irvine) Affiliated Hospitals (Includes Childrens Hosp. of Orange Co. (Orange), Orange Co. Med. Center (Orange), Fairview State Hosp. (Costa Mesa), Mem. Hosp. of Long Beach, Vet. Admin. Hosp. (Long Beach) and Metropolitan State Hosp. (Norwalk)	M-095	MISC.			6	121	173	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U	
LOMA LINDA									
Loma Linda University 11234 Anderson St. 92354	M-012	CHURCH	509	69	1 8	25 91	34 116	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, FP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, P, R, TR	
Loma Linda University Affiliated Hospitals (Includes Loma Linda Univ. Hosp., Rancho Los Amigos (Downey), Kaiser Foundation (Fontana), Patton State Hosp. (Patton), Riverside General Hospital (Riverside), and San Bernardino County Gen. Hosp. (San Bernardino))	M-012	MISC.			5	4 60	12 78	INT: ROT. RES: AN, GS, NS, OBG, ORS, PTH, PD, P	
LONG BEACH									
Memorial Hospital of Long Beach 2801 Atlantic Ave. 90801	M-095	NP CORP	680	32	1 1	22 18	21 37	INT: ROT. RES: FP, GS, IM, PTH, PD, PM, R RES: GS	
Naval <i>Regional Medical Center</i> 7500 Carson St. 90801		USN	610	63					
St. Mary's Long Beach 509 East Tenth St. 90813	G-013	NP CORP	341	43	1 4	6 11	15 23	INT: ROT., ST. MED. RES: DR, IM, PTH, R, TR	
Veterans Admin. 5901 E. 7th 90801	M-095	VA	1684	43	59	79	183	RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U	
LOS ANGELES									
California Hospital Medical Center 1414 South Hope St. 90015	L-014	CHURCH	325	31	4 4	1 7	10 11	INT: ROT., ST. OBG. RES: GS, OBG	
Cedars of Lebanon Hospital Division 4833 Fountain Ave. 90029	M-013	NP CORP	498	41	1	41	40	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, OBG, PTH, PD, P	
Cedars—Sinai Medical Center (Includes Cedars of Lebanon Hospital Division and Mount Sinai Hospital Division) 4833 Fountain Ave. 90029	M-013	NP CORP			3 7	27 42	24 51	INT: ROT., ST. MED., ST. SURG. RES: CHP, DR, GS, IM, OBG, PTH, PD, P	
Childrens Hospital of Los Angeles 4650 Sunset Blvd. 90027	M-014 G-012	NP CORP	331	79	5	72	56	INT: ROT. RES: AN, CHP, ORS, PTH, PD, PDC, TS	
Hollywood Presbyterian 1322 North Vermont Ave. 90027		NP CORP	344	22		6	5	RES: OPH	
Hospital of the Good Samaritan Medical Center 1212 Shatto St. 90017	L-014	NP CORP	397	45	1	14 19	12 22	INT: ROT. RES: DR, GS, IM, PTH, R, TS	

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number Beds	Nec. % †	House Staff Sept. 1, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program
CALIFORNIA, LOS ANGELES—Continued								
Kaiser Foundation 4867 Sunset Blvd. 90027		NP CORP	465	38	2	9 48	9 71	INT: ST. MED., ST. OBG. RES: FP, GS, IM, N, OBG, PTH, PD, R, U
Los Angeles County—U. S. C. Medical Center 1200 No. State St. 90033	M-014	COUNTY	2105	53	29	215 514	215 532	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PM, P, TR, TS, U
Martin Luther King, Jr. General 12021 S. Wilmington Ave. 90059		COUNTY	394	36	3 2	11 51	26 128	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, OBG, ORS, OTO, PD
Mount Sinai Hospital Division 8720 Beverly Blvd. 90048	M-013	NP CORP	238	43	3	5	11	INT: ST. MED., ST. SURG. RES: CHP, IM, PTH, P
Office of Chief Medical Examiner—Coroner County of Los Angeles Hall of Justice 90012		COUNTY					6	RES: FOP
Orthopaedic 2400 S. Flower St. 90007	L-014	NP CORP	162	54		16	16	RES: ORS
Queen of Angels 2301 Bellevue Ave. 90026		CORP.	329	25	4	2	10 11	INT: ROT. RES: GS, PTH, CRS
Reiss—Davis Child Study Center 9760 West Pico Blvd. 90035		NP CORP				6	6	RES: CHP
Santa Fe Memorial 610 So. St. Louis St. 90023		NP CORP	189	26				INT: ROT. RES: GS
Santa Fe Memorial Hospital—Children's Hospital of Los Angeles		MISC.			9		9	INT: ROT.
Shriners Hospital for Crippled Children 3160 Geneva St. 90020		NP CORP	60	100				RES: ORS
U. C. L. A. Center for the Health Sciences 90024	M-013	STATE	538	66	2 20	40 255	34 342	INT: ROT., ST. MED., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U
U. C. L. A. Affiliated Hospitals	M-013	MISC.				12 80	111	INT: ROT. RES: GS, NS, ORS, PS, U
University of California School of Medicine 405 Hilgard St. 90024	M-013	MISC.			1	8	9	RES: OM, GPM
Veterans Admin., Brentwood Wilshire & Sawtelle Blvds. 90073	M-013	VA	470	67	1	20	32	RES: P
Veterans Admin. Center—Wadsworth Wilshire & Sawtelle Blvds. 90073	M-013	VA	750	68	49	23 140	24 185	INT: ROT., ST. MED. RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, R, TS, U
Veterans Admin. (Sepulveda) 16111 Plummer St. 91343	M-013	VA	910	43	17	26	48	RES: GS, IM, P, U
White Memorial Medical Center 1720 Brooklyn Ave. 90033	M-012 L-014	CHURCH	307	43	4 19	4 59	21 86	INT: ROT., ST. MED., ST. SURG., ST. OBG. 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	336	34		14	14	RES: GP
Veterans Admin. 150 Muir Rd. 94553	G-102	VA	488	59	19	9	4 51	INT: ST. MED. RES: GS, IM, N, ORS, PTH, PM, P, U, U
MATHER A. F. B.								
U. S. A. F. 95655	L-102	USAF	90	53				RES: OBG
MODESTO								
Scenic General 830 Scenic Dr. 95350		COUNTY	176	58			8	RES: GP
NORWALK								
Metropolitan State 11400 So. Norwalk Blvd. 90650		STATE						RES: P
OAKLAND								
Children's Hospital Medical Center of Northern California 51st and Grove Sts. 94609	L-016	NP CORP	142	74		16	26	RES: ORS, PTH, PD, PDC
Highland General 2701 - 14th Ave. 94606	G-016	COUNTY	688	54	1 6	46 55	47 62	INT: ROT., ST. MED. RES: GS, IM, OBG, ORS, PTH, P, R, TS, U
Institute of Forensic Sciences 2945 Webster St. 94609		CORP.				1	1	RES: FOP
Kaiser Foundation 280 West Mac Arthur Blvd. 94611	L-016	NP CORP	262	50		16 43	13 47	INT: ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, ORS, OTO, PD
Naval 8750 Mountain Blvd. 94627		USN	775	76		27 94	24 113	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Naval Hospital—Kaiser Foundation Samuel Merritt Hawthorne Ave. and Webster St. 94609	G-016	MISC. NP CORP	326	32		1	12 4	RES: ORS RES: ORS, PTH
ORANGE								
Children's Hospital of Orange County 1109 W. La Veta 92666	M-095	NP CORP	104	86				RES: GS, ORS, PD
Orange County Medical Center 101 Manchester Ave. 92668	M-095	COUNTY	481	76	1 3	51 76	47 91	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
PALO ALTO								
Veterans Admin. 3801 Miranda Ave. 94304	M-015	VA	1462	71				INT: ROT., ST. MED. RES: AN, DR, 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	321	37	1	5	14	RES: GS, IM
PASADENA								
Huntington Memorial 100 Congress St. 91105	L-014	NP CORP	482	39	4 2	8 19	16 29	INT: ROT., ST. MED. RES: GS, IM, NS, PS
Pasadena Child Guidance Clinic 56 Waverly Dr. 91105		NP CORP				2	4	RES: CHP

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CALIFORNIA—Continued								
PATTON								
Patton State 26802 Highland Ave. 92369	M-012	STATE	1522	34				INT: ROT. RES: P
RIVERSIDE								
Riverside General 9851 Magnolia Ave. 92503	M-012	COUNTY	410	78		10 11	10 20	INT: ROT., ST. MED., ST. OBG. RES: FP, GS, IM, OBG, ORS, PD
SACRAMENTO								
Kaiser Foundation 2025 Morse Ave. 95825	L-102	NP CORP	202	34	1	3	23	RES: GS, IM, OBG, ORS, U
Sacramento Medical Center (See University of California (Davis) Sacramento Medical Center)								
Sutter Community Hospitals of Sacramento 2820 L St. 95816	G-102	NP CORP	663			4	4	RES: DR, OBG, PTH, R, TR
University of California (Davis) Sacramento Medical Center 2233 Stockton Blvd. 95817	M-102	STATE	540	54		1	9	16 INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TR, U
SALINAS								
General Hospital of Monterey County P. O. Box 167 93901 <i>1330 Nativilal sq.</i>		<i>Nativilal Med. Center</i> COUNTY	311	33			10	RES: GP
SAN BERNARDINO								
San Bernardino County General 780 East Gilbert 92404	L-012 G-013	COUNTY	306	52	1	23 34	12 55	INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH
SAN DIEGO								
Child Guidance Clinic 8001 Frost St. 92123		NP CORP						RES: CHP
Childrens 8001 Frost St. 92123	G-103	NP CORP	90	90				RES: ORS
Community Mental Health Services of San Diego County 225 W. Dickinson St., P. O. Box 3067 92103	L-103	COUNTY				4	4	RES: CHP
Donald N. Sharp Memorial Community 7901 Frost St. 92123	G-103	NP CORP	352				4	RES: ORS, PTH
Mercy Hospital and Medical Center 4077 Fifth Ave. 92103	L-103	CHURCH	512	38		21 17	21 29	INT: ROT., ST. MED., ST. OBG. RES: AN, GS, IM, OBG, ORS, PTH, U
Naval Park Blvd. 92134	L-103	USN	1700	62	1	39 154	46 197	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, OR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, TS, U
San Diego County Community Mental Health Services 345 W. Dickinson St. 92103	L-103	COUNTY	150	100		17	22	RES: P
University Hospital of San Diego County 225 W. Dickinson 92103	M-103	NP CORP	341	67	3	64 63	31 103	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, DR, D, FP, GS, IM, N, OBG, ORS, OTO, PTH, PD, PDA, PDC, P, TR, U
University of California (San Diego) Affiliated Hospitals	M-103	MISC.			3	166	211	INT: ST. MED., ST. OBG. RES: AN, DR, GS, IM, N, ORS, PTH, P, U
Veterans Admin. 3350 La Jolla Village Dr. 92161	M-103	VA	586	81		9	12	RES: AN, DR, GS, IM, N, ORS, PTH, U
SAN FRANCISCO								
Children's Hospital and Adult Medical Center 3700 California St. 94119	L-016	NP CORP	362	43		16 8	13	INT: ST. MED., ST. PED. RES: CHP, GS, IM, OBG, ORS, PTH, PD, R
Children's Hospital—St. Mary's Training Program		MISC				7	18	RES: PD
Claire Zellerbach Saroni Memorial Tumor Institute (See Mount Zion Hospital and Medical Center)								
Franklin <i>(name has been changed)</i> Castro & Duboce Sts. 94114	L-016	NP CORP	305	31				RES: NS, ORS, PS, TR
French 4131 Geary Blvd. 94118	L-016	NP CORP	197	24	2	2	10 2	INT: ROT. RES: GS
Harkness Community Hospital and Medical Center 1400 Fell St. 94117	L-016	CORP.	450	64		12 9	18 14	INT: ROT. RES: GS, IM, ORS, PTH, U
H. C. Moffitt—University of California Hospitals 3rd & Parnassus 94122	M-016	STATE	560	72		47	19	INT: ST. MED., ST. SURG., ST. PED., ST. PATH., ST. OBG.
Health Services & Mental Hlth Admin. Dept. of Hlth. Educ. and Welfare 50 Fulton St., Room 209 95102		OTHER					2	RES: GPM
Kaiser Foundation 2425 Geary Blvd. 94115	L-016	NP CORP	293	58	1	9 48	15 54	INT: ST. MED., ST. SURG., ST. PED., ST. PATH. RES: GS, IM, OBG, ORS, PTH, PD, PDA
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave. 94122	M-016	STATE	97			3	6	RES: CHP, NP, P
Letterman Army Medical Center Presidio of San Francisco 94129	L-016, 091	USA	525	86		28	26	INT: ROT., ST. MED., ST. SURG., ST. PED., ST. DBG.
Mount Zion Hospital and Medical Center 1600 Divisadero St. 94115	L-016	NP CORP	451	47		30 68	20 76	INT: ROT., ST. MED., ST. OBG. RES: CHP, DR, GS, IM, OBG, ORS, PTH, PD, P, TR
Pacific Medical Center and Affiliated Hospitals	L-016	MISC.				18 29	23 33	INT: ROT., ST. MED. RES: IM, N, TR
Pacific Medical Center—Presbyterian Clay & Webster Sts. 94115	L-016	NP CORP	257	65		14	18	INT: ROT., ST. MED. RES: D, GS, IM, N, OPH, ORS, PTH, P, TR
St. Francis Memorial 900 Hyde St. 94109		NP CORP	335	29		5	6	RES: PS, TR
St. Joseph's 355 Buena Vista Ave. East 94117	L-016	CHURCH	215	33				RES: GS, ORS

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CALIFORNIA, SAN FRANCISCO—Continued								
St. Mary's Hospital and Medical Center 2200 Hayes St. 94117	L-016	CHURCH	438	43	4	6	19	INT: ROT., ST. MED. RES: CHP, DR, GS, IM, ORS, PD, P, R, TR
San Francisco Community Mental Health Services 101 Grove St. 94102		CY-CO	65				12	RES: P
San Francisco General 1001 Potrero 94110	M-016	CY-CO	653	38			32	INT: ROT., ST. MED. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, PS, TR, U
San Francisco Orthopedic Residency Training Program (Includes Harkness Community Hosp. and Medical Center, Kaiser Foundationhosp., St. Joseph's Hosp., St. Mary's Hosp. and Medical Center, Mary S Help Hosp. (Daly City) and Veterans Admin. Hosp. (Martinez))		MISC.			1	16	20	RES: ORS
Shriners Hospital for Crippled Children 1701 19th Ave. 94122	G-016	NP CORP	70					RES: ORS
U. S. Public Health Service 15th Ave & Lake St. 94118		USPHS	321	61		19	19	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OPH, ORS
University of California Medical Center 3rd and Parnassus 94122	M-016	NP CORP					1	RES: FOP
University of California Program	M-016	MISC.			7	466	494	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
Veterans Admin. 4150 Clement St. 94121	M-016	VA	352	73				RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
SAN JOSE								
Santa Clara County Medical Examiner—Coroner's Office Santa Clara Valley Med. Ctr. 95128		COUNTY			1	1	1	RES: FOP
Santa Clara Valley Medical Center 751 South Bascom 95128	M-015 G-016	COUNTY	457	87		36	23	INT: ROT., ST. MED. RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PM, 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	M-015	CY-CO	190	50				RES: D, OPH
San Mateo Community Mental Health Services 220 W 20th Ave. 94402		COUNTY	31			14	16	RES: P
SANTA BARBARA								
Santa Barbara Cottage 320 W. Pueblo St. 93105		NP CORP	385	39			2	INT: ROT. RES: GP, GS, PTH, P, R
Santa Barbara County Mental Health Services 4440 Calle Real 93105		COUNTY					9	RES: P
Santa Barbara General San Antonio Rd. 93105		COUNTY	263	45				INT: ROT. RES: GP, GS, P, R
Santa Barbara General—Cottage Hospitals Box 689 93102		NP CORP				14	17	INT: ROT. RES: GP, GS, R
SANTA CLARA								
Kaiser Foundation 900 Kiely Blvd. 95051	L-015	NP CORP	262	55		4	5	INT: ST. MED. RES: IM, OBG, ORS, U
SANTA MONICA								
St. John's 1328 22nd St. 90404		NP CORP	464	30			4	RES: PTH
Santa Monica Hospital Medical Center 1225 15th St. 90404		NP CORP	324	23	2	1	4	INT: ROT. RES: FP
SANTA ROSA								
Community Hospital of Sonoma County 3325 Chanate Rd. 95402	M-016	COUNTY	140	36		18	18	RES: FP
Santa Rosa Radiation Therapy Center 95 Montgomery Dr. 95404		NP CORP						RES: TR
University of California (S. F.) Affiliated Hospital	M-016	MISC.						RES: FP
STANFORD								
Stanford University Affiliated Hospitals	M-015	MISC.			5	34	25	INT: ROT., ST. MED. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PDC, PM, PS, P, TR, U
Stanford University 94305	M-015	NP CORP	612	55	3	36	50	INT: ROT., ST. MED. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, U
STOCKTON								
San Joaquin General P. O. Box 1020 95201	L-102 G-016	COUNTY	462	95	1	9	14	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: FP, GS, IM, OBG, OPH, PD
Stockton State 510 E. Magnolia St. 95202	G-102	STATE	1326	48				RES: P
SYLMAR								
Olive View Medical Center 14445 Olive View Dr. 91342	G-013	COUNTY	105	47		4	3	INT: ROT. RES: P
TORRANCE								
Los Angeles County Harbor General 1000 W. Carson St. 90509	M-013	COUNTY	712	54	1	74	55	INT: ROT., ST. MED., ST. OBG. RES: CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, U

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CONNECTICUT—Continued								
HARTFORD								
Child and Family Services of Connecticut 1680 Albany Ave. 06105		NP CORP	61				2	RES: CHP
Hartford 80 Seymour St. 06115	M-104	NP CORP	925	40	2 33	27 58	29 95	INT: ROT., ST. MED. RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Institute of Living 400 Washington St. 06106	L-104	NP CORP	415	75	9	16	30	RES: P
Institute of Living—Children's Clinic 17 Essex St. 06114	L-104	NP CORP			1	1	2	RES: CHP
Mount Sinai 500 Blue Hills Ave. 06112	M-104	NP CORP	254	50	13 6	2	20 13	INT: ROT., ST. MED., ST. DBG. RES: IM, OBG
St. Francis 114 Woodland St. 06105	M-104	CHURCH	696	36	5 31	1 10	16 44	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, PTH, PD, U
University of Connecticut Affiliated Hospitals	M-104	MISC.			5 36	7 54	6 132	INT: ROT. RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, U
University of Connecticut Hospital—Mc Cook Division 2 Holcomb St. 06112	M-104	STATE	115	68				INT: ROT., ST. MED. RES: GS, IM, OPH, ORS, OTO, PTH, P
MANCHESTER								
Manchester Memorial 71 Haynes St. 06040		NP CORP	303	46	9		6	INT: ROT.
MERIDEN								
Meriden—Wallingford 181 Cook Ave. 06450		NP CORP	286	28	8		8	INT: ROT.
MIDDLETOWN								
Middlesex Memorial 28 Crescent St. 06457	L-104	NP CORP	335	32	2		7 12	INT: ROT. RES: FP
NEW BRITAIN								
New Britain General 100 Grand St. 06050	M-104	NP CORP	387	46	3 10	2 1	4 13	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, PTH, PD, U
NEW CANAAN								
Silver Hill Foundation Valley Rd. 06840		NP CORP	77		1		2	RES: P
NEW HAVEN								
Connecticut Mental Health Center	M-018	NP CORP						RES: P
Hospital of St. Raphael 1450 Chapel St. 06511	M-018	CHURCH	512	27	25 59	1 16	26 78	INT: ROT., ST. MED., ST. SURG. RES: DR, FP, GS, IM, ORS, OTO, PTH, PO, R, TS
Yale—New Haven 789 Howard Ave. 06504	M-018	NP CORP	765	52	1 16	41 65	21 111	INT: ROT., ST. MED. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale—New Haven Medical Center	M-018	NP CORP			10	228	222	INT: ROT., ST. MED. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale Psychiatric Institute	M-018	NP CORP						RES: P
Yale University Child Study Center 333 Cedar St. 06511	M-018	NP CORP			3	4	6	RES: CHP
Yale University Health Service, Div. of Mental Hygiene	M-018	NP CORP						RES: P
Yale University Department of Epidemiology and Public Health 60 College St. 06510	M-018	MISC.				2	3	RES: GPM
NEWINGTON								
Newington Children's 181 E. Cedar St. 06111	L-104	NP CORP	210	75	1		1	RES: ORS, ORS, ORS, PD, U
Veterans Admin. 555 Willard Ave. 06111	M-104	VA	190	56				INT: ROT., ST. MED., ST. SURG. RES: GS, IM, ORS, OTO, PTH, P, U
NEW LONDON								
Lawrence and Memorial Hospitals 365 Montauk Ave. 06320	G-018	NP CORP	370	34	3		5	RES: GS
NEWTOWN								
Fairfield Hills Box W 06470		STATE	1741	43	11	2	18	RES: P
NORWALK								
Norwalk 24 Stevens St. 06856		NP CORP	400	49	18 28		18 34	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH, PD
NORWICH								
Norwich Box 508 06360		STATE	1338	33	4	3	24	RES: P
STAMFORD								
Stamford Shelburne Rd. and W. Broad 06902		NP CORP	388	34	16 13		13 14	INT: ROT., ST. SURG., ST. OBG. RES: GS, OBG, PTH
WATERBURY								
St. Mary's 56 Franklin St. 06702	G-018	CHURCH	417	34	11 21		12 22	INT: ROT., ST. MED. RES: GS, IM, PTH
Waterbury 64 Robbins St. 06720	L-018, 104	NP CORP	435	40	4 14	6 4	10 32	INT: ROT., ST. MED. RES: GS, IM, PTH, PD, U
WEST HAVEN								
Veterans Admin. West Spring St. 06516	M-018	VA	711	53	3	4	7	INT: ST. MED. RES: DR, GS, IM, NS, N, ORS, PTH, PS, P, TR, TS, U
DELAWARE								
NEW CASTLE								
Delaware State 19720	M-073	STATE	1135	31	6	2	9	RES: P

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					For.*	Non-For.*		
DELAWARE—Continued								
WILMINGTON								
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., P. O. Box 269 19899	G-073	NP CORP	60					RES: ORS
E. I. Du Pont De Nemours and Company, Inc. 1007 Market St. 19898		CORP.						RES: OM
Veterans Admin. 1601 Kirkwood Highway 19805	L-073	VA	351	31				INT: ST. SURG. RES: GS, N, OPH, ORS, U
Wilmington Medical Center Box 1668 19899	M-073	NP CORP	1100	40	1 33	19 22	19 90	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, NS, N, OBG, OPH, PTH, PD, PS, R, TR, U
DISTRICT OF COLUMBIA								
WASHINGTON								
Armed Forces Institute of Pathology 20305	G-020, 073	OTHER					14 21	RES: OPH, PTH, FOP, NP
Children's Hospital of the District of Columbia 2125 13th St., N. W. 20009	M-020 L-019, 021	NP CORP	220	76	3	58	58	RES: CHP, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, TS, U, U
Columbia Hospital for Women 2425 L St. N. W. 20037	M-020	NP CORP	154					RES: OBG, PD
District of Columbia General 19th St. & Mass. Ave., S. E. 20003	M-019, 020, 021	CITY	816	38	25	6	35	INT: ST. MED., ST. SURG. RES: GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDA, R, TR, U
Program 1—Georgetown University	M-019	CITY					13	INT: ST. MED.
Program 7—Howard University	M-021	CITY			2		6	INT: ST. MED.
Program 8—Howard University	M-021	CITY			5	2	6	INT: ROT.
Program 9—Howard University	M-021	CITY			1	1	2	INT: ST. SURG.
Program 10—Howard University	M-021	CITY			1		4	INT: ROT.
Doctors 1815 Eye Street, N. W. 20006	L-019	CORP.	284	51	16 15		22 23	INT: ROT. RES: GS, IM, PTH
Doctors Hospital—Sibley Memorial Freedmen's 6th and Bryant Streets, N. W. 20001	L-019 M-021	MISC. NP CORP	416	39	2 4 19	1 23 75	4 32 149	RES: PTH INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, D, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, P, TR, U
Georgetown University 3800 Reservoir Rd. N. W. 20007	M-019	NP CORP	395	70			17 70 93	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, U
Georgetown University Affiliated Hospitals	M-019	MISC.			32	4 141	2 184	INT: ROT. RES: GS, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, U
Georgetown University—D. C. General	M-019	MISC.				10	12	INT: ST. SURG.
Georgetown University Service	M-019	CITY			8	6	15	RES: IM
George Washington University 901 23rd Street, N. W. 20037	M-020	NP CORP	509	56	37	36 60	37 155	INT: ROT., ST. MED. RES: AN, OR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PM, PS, P, R, TS, U
George Washington University Affiliated Hospitals	M-020	MISC.			8	108	119	RES: GS, NS, N, OBG, OPH, ORS, PD, TS, U
George Washington University—D. C. General	M-020	MISC.						INT: ROT., ST. SURG.
George Washington University Service Govt. of the Dist. of Columbia Dept. of Human Resources 1875 Connecticut Ave. N. W. 20009	M-020	MISC.			1	1	2	RES: IM RES: PH
Howard University Affiliated Hospitals	M-021	MISC.			11	25	54	RES: GS, ORS, PDA, TR
Howard University Service	M-021	CITY			12	1	13	RES: IM
Malcolm Grow U. S. A. F. Medical Center Andrews Air Force Base 20331	L-020	USAF	350	75		8	14 18	INT: ROT. RES: FP
Morris Cafritz Memorial 1310 Southern Ave. S. E. 20032	G-021	NP CORP	418	29				RES: ORS
National Aeronautics and Space Administration 600 Independence Ave. S. W. 20546		OTHER					1	RES: OM
Office of the Chief Medical Examiner 1901 E St. S. E. 20003		OTHER					2	RES: FOP
Providence 1150 Varnum St., N. E. 20017	L-019	CHURCH	389	40	20 23		5 35	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, PD
Rogers Memorial Massachusetts Ave. and 8th St. N. E. 20002		NP CORP	250	34	17		16	RES: GP, GS
St. Elizabeths Martin Luther King, Jr. Ave. S. E. 20032	M-020	OTHER	3842	39		4 10	5 36	INT: ROT. RES: OPH, P
Sibley Memorial 5255 Loughboro Rd., N. W. 20016	L-019	NP CORP	357	42	1		2	RES: GS, OPH, ORS, PTH, U
Veterans Admin. 50 Irving St. N. W. 20422	M-019, 020 L-021	VA	708	62	30	36	73	INT: ROT., ST. MED. RES: GS, GS, IM, NS, NS, N, OPH, ORS, ORS, OTO, PTH, PS, P, U, U
Veterans Admin. Hospital—Georgetown University	M-019	MISC.			6	6	12	INT: ROT., ST. MED.
Veterans Admin. Hospital—George Washington University	M-020	MISC.			3	5	8	INT: ST. MED.
Walter Reed Army Institute of Research Walter Reed Army Medical Center 20012		USA					6 8	RES: GPM
Walter Reed Army Medical Center 6825 16th St., N. W. 20012	M-019 L-021 G-020	USA	943	71	7	14 216	28 201	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Washington Hospital Center 110 Irving St., N. W. 20010	M-020 L-019	NP CORP	917	53	7 53	31 76	53 147	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, 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, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program
FLORIDA								
BARTOW								
Polk General P. O. Box 816 33830		COUNTY	162	40	8		8	INT: ROT. RES: GS
DAYTONA BEACH								
Halifax Hospital Medical Center Clyde Morris Blvd. 32015	L-022	DIST.	542	23	1	4	12	RES: FP
FORT LAUDERDALE								
Broward General 1600 S. Andrews Ave. 33316		DIST.	678	30	4		1	RES: PTH
GAINESVILLE								
Alachua General 32601		STATE	272	16		6	18	RES: FP
University of Florida Affiliated Hospitals (Includes William A. Shands Teaching Hosp. & Clinics, Veterans Admin. Hosp., St. Vincent's Hosp. (Jacksonville), University Hosp. of Jacksonville, Veterans Admin. Hosp. (Lake City), Anclote Manor (Tarpon Springs))	M-022	MISC.			14	12 184	211	INT: ROT. RES: AN, OR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
Veterans Admin. 32601	M-022	VA	480	53				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	92	1 3	25 53	24 69	INT: ROT., ST. MED. RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
JACKSONVILLE								
Baptist Memorial 800 Prudential Dr. 32207	L-022	NP CORP	389	33			8	INT: ST. MED. RES: GS, IM, OBG, PTH, PD, PS
Florida State Division of Health 1217 Pearl St. 32201		MISC.					12	RES: PH
Hope Haven Children's 5720 Atlantic Blvd. 32207	L-022	NP CORP	72	55				RES: ORS
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)	L-022	MISC.			1 39	10 59	17 120	INT: ST. MED. RES: GS, IM, OBG, ORS, PD, PS, U
Memorial Hospital of Jacksonville 3625 University Blvd. S. 32216		NP CORP	303	30				RES: PTH
Naval Naval Air Station 32214		USN	400	74		15	18	RES: FP
St. Luke's 1900 Boulevard 32206	L-022	NP CORP	325	27				RES: GS, ORS
St. Vincent's Barrs & St. Johns Ave. 32204	L-022	CHURCH	465	28		2	18	RES: FP, GS, OBG, PS, U
University Hospital of Jacksonville 655 8th St., P. O. Box 2751 32209	M-022	CY-CO	301	56	5	3	10	INT: ST. MED. RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R, U
LAKE CITY								
Veterans Admin. South Marion St. 32055	L-022	VA	445	42				RES: GS
LAKELAND								
Lakeland General P. O. Drawer 448 33802		CITY	561	25				RES: GS
Lakeland General—Polk General Hospitals		MISC.			7	1	8	RES: GS
MIAMI								
Jackson Memorial 1700 N. W. 10th Ave. 33136	M-023	COUNTY	1140	39	18	83	127	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, 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 and Mount Sinai Hospital of Greater Miami (Miami Beach))	M-023	MISC.			5 89	86 295	92 390	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Variety Children's 6125 S. W. 31st St. 33155	L-023	NP CORP	168	72	18		19	RES: AN, GS, ORS, PTH, PD
Veterans Admin. 1201 N. W. 16th St. 33125	M-023	VA	790	48	5	3		INT: ST. MED., ST. SURG. RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami 4300 Alton Rd. 33140	L-023	NP CORP	646	30	4 57	3 31	4 98	INT: ROT. RES: AN, DR, D, GS, IM, OBG, ORS, PTH, TS, U
St. Francis 250 West 63rd St. 33141		CHURCH	312	31	2		3	RES: GS
ORLANDO								
Florida 601 E. Rollins 32802		CHURCH	470	29		11	12	INT: ROT.
Orange Memorial 1416 South Orange Ave. 32806		NP CORP	787	26	11 23	18	25 44	INT: ROT. RES: GS, OBG, ORS, PTH, PS
PENSACOLA								
Baptist 1000 W. Moreno St. 32501	L-022	NP CORP	480	36				INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD
Naval Naval Aerospace and Regional Medical Center 32512		USN	250	79		1	12	RES: FP

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, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program
FLORIDA, PENSACOLA—Continued								
Naval Aerospace Medical Institute Naval Aerospace and Regional Medical Center 32512		USN			1	10	18	RES: AM
Pensacola Educational Program (Includes Baptist Hospital, Sacred Heart Hospital, and University Hospital) 5151 N. 9th Ave. 32504	L-022	MISC.			2 1	5 17	8 26	INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD
Sacred Heart 5151 N. Ninth Ave. 32504	L-022	CHURCH	306	39				INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD
University 1200 W. Leonard St. 32501	L-022	COUNTY	130	38				INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD
ST. PETERSBURG								
Bayfront Medical Center 701 Sixth St. South 33701	G-115	NP CORP	415		4	4	4 20	INT: ROT. RES: FP, GS, OBG
TALLAHASSEE								
Tallahassee Memorial Miccosukee Rd. and Magnolia Dr. 32303	L-124	CITY	378	40			16	RES: FP
TAMPA								
St. Joseph's 3001 W. Buffalo Ave. 33607	M-115	CHURCH	580				6	RES: CHP, DR, PTH, P, R
Tampa General Davis Islands 33606	M-115	COUNTY	583	36	2	15	27	INT: ROT., ST. MED., ST. SURG. RES: CHP, DR, GS, IM, OBG, OPH, OTO, PTH, PD, P, R, U
University of South Florida Affiliated Hospitals (Includes St. Joseph's Hospital, Tampa General Hospital and Veterans Admin. Hospital)	M-115	MISC.			4	22 37	54 132	INT: ROT., ST. MED., ST. SURG. RES: CHP, DR, GS, IM, OBG, OPH, OTO, PTH, PD, P, R, U
Veterans Admin. 13000 N 30th St 33612	M-115	VA	702					INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, OPH, OTO, PTH, P, U
TARPOON SPRINGS								
Anclote Manor P. O. Box 1224 33589	G-022	NP CORP	76					RES: P
GEORGIA								
ATLANTA								
Center of Disease Control 30333		OTHER					3	RES: GPM
Crawford W. Long Memorial 35 Linden Ave. N. E. 30308	G-025	CHURCH	412	32	12 8	1	12 12	INT: ROT. RES: GS, IM, OBG, PTH
Elks Aidmore 2040 Ridgewood Dr. N. E. 30333	G-025	NP CORP	64					RES: PM
Emory University 1364 Clifton Rd., N. E. 30322	M-025	NP CORP	383	48				INT: ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
Emory University Affiliated Hospitals (Includes Crawford W. Long Memorial Hospital, Emory University Hospital, Georgia Mental Health Institute, Grady Memorial Hospital, Henrietta Eggleston Hospital and Veterans Admin. Hospital (Decatur)	M-025	MISC.			29	304	380	INT: ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Emory University Hospital—Grady Memorial Hospital—Henrietta Eggleston	M-025	MISC.				22	20	INT: ST. SURG.
Georgia Baptist 300 Boulevard, N. E. 30312		CHURCH	444	39	3 3	3 30	14 47	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS
Georgia Mental Health Institute 1256 Briarcliff Rd. N. E. 30306	L-025	STATE	286					RES: CHP, P
Grady Memorial 80 Butler St., S. E. 30303	M-025	DIST.	870	32	1	30	37 2	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TS, U
Grady Memorial Hospital—Emory University Hospital—Veterans Admin.	M-025	MISC.				48	40	INT: ST. MED.
Henrietta Eggleston Hospital for Children 1405 Clifton Rd., N. E. 30333	L-025	NP CORP						INT: ST. SURG. RES: GS, NS, N, ORS, OTO, PD, PS, U
Piedmont 1968 Peachtree Rd., N. W. 30309		NP CORP	314	35	4	2	10	RES: GS, PTH
St. Joseph's Infirmary 265 Ivy St., N. E. 30303		NP CORP	265	33	3 7		2 10	INT: ST. SURG. RES: GS, PTH
AUGUSTA								
Eugene Talmadge Memorial 1120 Fifteenth 30902	M-024	STATE	400	61		3	23 30	INT: ROT., ST. MED., ST. SURG. RES: AN, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, P, R, TR, TS, U
Medical College of Georgia Hospitals (Includes Eugene Talmadge Memorial Hospital, University Hospital, Veterans Admin. Hospital and Memorial Medical Center (Savannah))	M-024	MISC.			1 18	24 98	32 171	INT: ROT., ST. MED., ST. SURG. RES: AN, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, P, R, TR, TS, U
University University Pl. 30902	M-024	COUNTY	600	17				INT: ROT., ST. MED., ST. SURG. RES: D, FP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, TR
Veterans Admin. Wrightsboro Rd. 30904	M-024	VA	1318	63			2 9	INT: ROT., ST. MED., ST. SURG. RES: D, GS, IM, NS, N, OPH, ORS, PTH, P, TR, TS, U
COLUMBUS								
Medical Center 710 Center Ave. 31901	L-024 G-037	CITY	496	31		10 10	10 18	INT: ROT. RES: FP, ORS
DECATUR								
Scottish Rite Hospital for Crippled Children 321 W. Hill St. 30030		NP CORP	48					RES: ORS, ORS

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 Staff		Pos. Off. July 1, 1974	Approved Program
					Sept. 1, 1972	Non-For.*		
GEORGIA, DECATUR —Continued								
Veterans Admin. 1670 Clairmont Rd. 30033	M-025	VA	496	44				INT: ST. MED. RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
FORT BENNING								
Martin Army 31905		USA	570	55		9	12	RES: FP
MACON								
Medical Center of Central Georgia 777 Hemlock St. 31201	L-024	CY-CO	484	19			18 31	INT: ROT. RES: FP, GS, OBG
MILLEDGEVILLE								
Central State P. O. Box 325 31062		STATE	7705	21	6		30	RES: P
SAVANNAH								
Memorial Medical Center Waters Ave. at 63rd St. 31405	L-024	COUNTY	433	36		18 16	18 33	INT: ROT. RES: DR, GS, IM, OBG, PTH, R, TS, U
WARM SPRINGS								
Georgia Rehabilitation Center 31830		STATE	250					RES: PM
Georgia Warm Springs Foundation 31830		NP CORP	120				12	RES: PM
HAWAII								
HONOLULU								
Diamond Head Mental Health Clinic 3675 Kilauea Ave. 96816		STATE						RES: CHP
Kapiolani Maternity and Gynecological 1319 Punahou St. 96814	M-051, 105	NP CORP	131	100				RES: OBG
Kauikeolani Children's 226 N. Kuakini St. 96817	M-105	NP CORP	80	70	8	4	13	RES: PD
Kuakini Hospital and Home 347 N. Kuakini St. 96817	L-105	NP CORP	208	39	10 2	1	12 1	INT: ROT. RES: GS, PTH
Queen's Medical Center 1301 Punchbowl St. 96813	L-105 G-016	NP CORP	480	40	2 6	14 9	16 19	INT: ROT. RES: GS, IM, OBG, ORS, PTH, P
St. Francis 2260 Liliha St. 96817	M-105	CHURCH	256	29	8 10	3 5	11 18	INT: ST. MED., ST. SURG. RES: GS, IM, PTH
Shriners Hospital for Crippled Children 1310 Punahou St. 96814	G-016	NP CORP	40					RES: ORS
Tripler Army Medical Center A. P. O. San Francisco 96438	M-105 G-016	USA	750	76		35 100	32 91	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: D, GS, IM, OBG, OPH, ORS, PTH, PD, U
University of Hawaii Affiliated Hospitals	M-105	MISC.			13	39	65	RES: CHP, GS, OBG, ORS, P
University of Hawaii, Leahi 3675 Kilauea Ave. 96816	M-105	STATE	292	28				RES: CHP, P
University of Hawaii School of Public Health 1960 East-West Rd. 96822		STATE			1	8	12	RES: GPM
KANEHOE								
Hawaii State Keahala Rd. 96744		STATE	420					RES: P
IDAHO								
IDAHO FALLS								
U. S. Atomic Energy Commission Idaho Operations Office P. O. Box 2108 84301		OTHER					1	RES: OM
ILLINOIS								
BERWYN								
Mac Neal Memorial 3249 Oak Park Ave. S. 60402	M-030	NP CORP	418	38	20 10	3	20 25	INT: ROT. RES: FP, GS, OBG, PTH
CARBONDALE								
Doctors Memorial 404 W. Main St. 62901	L-116	NP CORP	120	15			12	RES: FP
CHICAGO								
American Hospital of Chicago 850 W. Irving Park 60613		NP CORP	248	23	4		4	RES: GS
Augustana 411 West Dickens Ave. 60614		CHURCH	302	21	11 1		12 4	INT: ROT. RES: PTH
Chicago Maternity Center 1336 S. Newberry Ave. 60608	G-027	NP CORP						RES: OBG
Chicago Medical School Affiliated Hospitals (Includes Fox River Hosp., Mount Sinai Hosp. Med. Center, Schwab Rehabilitation Hosp. and Some Positions at Cook County Hosp., Louis A. Weiss Memorial Hosp. and Veterans Admin. Hosp. (Hines))	M-026	MISC.			22	13	56	RES: AN, DR, GS, IM, N, OBG, PTH, PD, PM, P, R, U
Children's Memorial 2300 Children's Plaza 60614	M-027	NP CORP	246	80	6	9	12	RES: AN, CHP, DR, GS, NS, OPH, ORS, OTO, PTH, PD, POA, PDC, PS, U
City of Chicago Municipal Tuberculosis Sanitarium 5601 N. Pulaski Rd. 60646	G-027	CITY	550	38				RES: TS
Columbus 2520 N. Lakeview Ave. 60614	L-027	NP CORP	440	31		13 1	13	INT: ROT. RES: GS, IM, OBG, PTH, R
Columbus—Cuneo Medical Center	L-027	NP CORP			28 25	1	26 28	INT: ROT. RES: GS, IM, OBG
Cook County 1825 W. Harrison St. 60612	M-026, 030 G-027	COUNTY	1464	38	107 241	5 69	99 376	INT: ROT., ST. MED., ST. SURG. RES: AN, D, FP, GS, IM, NS, N, OBG, OPH, ORS, ORS, ORS, OTO, PTH, PD, PDC, PS, CRS, R, TS, U

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1972		Pos. Off. July 1, 1974	Approved Program
					For.*	Non- For.*		
ILLINOIS, CHICAGO—Continued								
Edgewater 5700 N. Ashland Ave. 60626	L-026	NP CORP	392	31	17 3	1	24 4	INT: ROT. RES: PTH
Fox River 4700 Clarendon Ave. 60640	M-026	NP CORP	108					RES: P
Frank Cuneo 750 W. Montrose 60613	L-027	NP CORP	171	21				INT: ROT. RES: GS, IM, OBG, PTH
Grant 551 Grant Pl. 60614	L-027	NP CORP	332		18 20		20 22	INT: ROT. RES: GP, GS, PTH
Henrotin 109 W. Oak St. 60610	G-027	NP CORP	192	26	10		12	INT: ROT.
Holy Cross 2701 W. 68th St. 60629		NP CORP	428	23				RES: PM
Illinois Central 5800 Stony Island Ave. 60637	L-030	NP CORP	219	28	8 2		13 5	INT: ROT. RES: GS
Illinois Masonic Medical Center 836 W. Wellington Ave. 60657	M-030	NP CORP	504	36	28 43	3 7	33 68	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, FP, GS, IM, NS, OBG, PTH, PD, R
Illinois State Psychiatric Institute 1601 West Taylor St. 60612	L-030	STATE	220	100	15	10	33	RES: P
Institute for Juvenile Research 907 South Wolcott Ave. 60612	L-030	STATE			3	4	9	RES: CHP
Jackson Park 7531 Stony Island Ave. 60649		NP CORP	215	34	2		14	RES: GP, PTH
Louis A. Weiss Memorial 4646 N. Marine Dr. 60640	M-030	NP CORP	343	35	8 25		12 42	INT: ROT. RES: GP, GS, IM, ORS, PTH, R, U
Mc Gaw Medical Center of Northwestern University (Includes Children's Memorial Hospital, Northwestern Memorial Hospital (Wesley Pavilion and Passavant Pavilion), Veterans Admin. Research Hospital, Veterans Admin. Hospital (Downey), Evanston Hospital (Evanston) 303 E. Chicago Ave. 60611	M-027	MISC.			97	330	436	INT: ROT., ST. MED. RES: AN, CHP, OR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, FDA, PDC, PM, PS, P, TR, U
Mercy Hospital and Medical Center Stevenson Expressway at King Dr. 60616	M-030	CHURCH	517	37	21 43	2 4	56	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, NS, OBG, PTH, PD, R, U
Michael Reese Hospital and Medical Center 2929 South Ellis Ave. 60616	L-029 G-027, 030	NP CORP	901		10 102	26 79	39 193	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, R, U
Mount Sinai Hospital Medical Center of Chicago 2755 West 15th St. 60608	M-026	NP CORP	430	49	73	8	91	RES: AN, DR, GS, IM, N, OBG, PTH, PD, PM, P, R, U
Northwestern Memorial 250 E. Superior St. 60611	M-027	NP CORP	951	48			19	INT: ROT., ST. MED. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, TR, U
Norwegian—American 1044 North Francisco Ave. 60622		NP CORP	255	28	14 10		14 12	INT: ROT. RES: GP, GS
Passavant Pavilion (See Northwestern Memorial) 303 E. Superior St. 60611	M-027	NP CORP				18	20	INT: ROT., ST. MED. RES: OBG, ORS
Ravenswood 1931 W. Wilson Ave. 60640	M-030	NP CORP	403	25	16 12		20 10	INT: ROT. RES: GP, GS, ORS
Rehabilitation Institute of Chicago 401 East Ohio 60611	M-027	NP CORP	74					RES: PM
Resurrection 7435 W. Talcott Ave. 60631	M-028	CHURCH	348	34	13		22	INT: ROT.
Rush Medical College Affiliated Network Hospitals	M-123	MISC.				8	12	RES: ORS
Rush—Presbyterian—St. Luke's Medical Center 1753 W. Congress Pkwy. 60612	M-123 G-030	NP CORP	836	58	3 50	38 121	30 194	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
St. Anne's 4950 W. Thomas St. 60651		NP CORP	439	18	18 3		18 4	INT: ROT. RES: GS, ORS
St. Anthony De Padua 2875 W. 19th St. 60623		CHURCH	196	11	2		2	RES: GS
St. Elizabeth's 1431 N. Claremont Ave. 60622		CHURCH	345	26	12 4		12 4	INT: ROT. RES: GP
St. Frances Xavier Cabrini 811 South Lytle 60607	L-027	NP CORP	232	33				RES: PTH
St. Joseph 2900 North Lake Shore Dr. 60657	M-028	CHURCH	510	36	34 35	7 7	17 54	INT: ROT. RES: FP, GS, IM, OBG, PTH, PD, PS
St. Mary of Nazareth 1120 N. Leavitt St. 60622		CHURCH	298	22	20		20	INT: ROT.
Schwab Rehabilitation 1401 S. California Blvd. 60608	M-026	NP CORP						RES: PM
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave. 60635	G-027	NP CORP	60					RES: ORS
South Chicago Community 2320 E. 93rd St. 60617		NP CORP	400	25	12		12	INT: ROT.
Swedish Covenant 5145 N. California Ave. 60625	L-123	CHURCH	235	29	11 8		12 10	INT: ROT. RES: GP, PTH
University of Chicago Hospitals and Clinics 950 East 59th St. 60637	M-029	NP CORP	652	80	6 58	40 140	29 273	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
University of Illinois Affiliated Hospitals	M-030	MISC.			1 115	25 148	27 252	INT: ST. MED. RES: D, GS, IM, NS, N, ORS, PTH, PM, PS, P, R, TS, U
University of Illinois 840 S. Wood St. 60612	M-030	STATE	601	59	1 45	4 55	111	INT: ST. MED. RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TS, U

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
ILLINOIS, CHICAGO—Continued								
University of Illinois Metropolitan Hospital Group (Includes Illinois Masonic Medical Center, Louis A. Weiss Memorial Hospital, Mercy Hospital and Medical Center, Ravenswood Hospital, Mac Neal Memorial Hospital (Berwyn), and Lutheran General Hospital (Park Ridge))	M-030	MISC.			24	3	45	RES: GS
Veterans Admin. Research 333 E. Huron St. 60611	M-027	VA	531	62				RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, U
Veterans Admin. (West Side) 820 S. Damen Ave. 60612	M-030	VA	545	62				INT: ST. MED. RES: GS, IM, N, ORS, PTH, PM, PS, P, R, TS, U
Wesley Pavilion (See Northwestern Memorial) 60611	M-027	NP CORP				22	32	INT: ROT., ST. MED. RES: OBG, ORS
DOWNEY								
Veterans Admin. 60064		VA	2048	61				RES: P
EVANSTON								
Evanston 2650 Ridge Ave. 60201	M-027	NP CORP	511	62	2 1	36 6	28 9	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, PTH, PD, P, U
St. Francis 355 Ridge Ave. 60202	M-028	CHURCH	504	44	16 23	1 12	24 44	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GP, GS, IM, OBG, ORS, PTH, PD, PS, R
EVERGREEN PARK								
Little Company of Mary 2800 West 95th St. 60642		CHURCH	579	24	18	1	24 19	INT: ROT. RES: GS, PTH, R
GREAT LAKES								
Naval 60088		USN	650	84	2	5 18	26	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG
HINES								
John J. Madden Zone Center 1200 S. First Ave. 60141	L-028	STATE	222					RES: P
Veterans Admin. 5th Ave. & Roosevelt Rd. 60141	M-026, 028, 030	VA	1398	54	75	32	117	INT: ROT., ST. MED., ST. OBG. RES: AN, D, GS, IM, NS, N, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
JOLIET								
St. Joseph 333 N. Madison St. 60435		CHURCH	463	20	7		7	RES: AN
MAYWOOD								
Foster G. Mc Gaw 2160 S. First Ave. 60153	M-028	NP CORP	496	55	17	31	73	INT: ROT., ST. MED., ST. OBG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PM, PS, P, R
Loyola University Affiliated Hospitals	M-028	MISC.			38	11 63	20 130	INT: ROT., ST. MED., ST. OBG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PM, PS, P, R
MELROSE PARK								
Gottlieb Memorial 8700 W. North Ave. 60160	L-026	NP CORP	223	36	7		8	INT: ROT.
OAK LAWN								
Christ Community 4440 West 95th St. 60453	L-123	CHURCH	615	28	21 16		30 43	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH, PD
OAK PARK								
Oak Park 520 S. Maple Ave. 60304		CHURCH	375	26	2		2	RES: PTH
West Suburban 518 N. Austin Blvd. 60302	L-030, 123	NP CORP	397	40	17 6	1 4	16 26	INT: ROT. RES: FP, ORS, PTH, R
PARK RIDGE								
Lutheran General 1775 Dempster 60068	M-030 G-027	CHURCH	677		6	1 5	25 25	INT: ROT. RES: FP, GS, ORS, PTH, PD, PS, R
PEORIA								
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave. 61603	M-030	NP CORP						RES: PM
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave. 61603	M-030	CHURCH	543	37	2		4	RES: FP, PTH
St. Francis 530 N. E. Glen Oak Ave. 61603	M-030	CHURCH	769	42	16	8 16	28 56	INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH, PD, R
University of Illinois—Peoria School of Med. Affiliated Institutions (Includes Institute of Physical Medicine and Rehabilitation, Methodist Hospital of Central Illinois)	M-030	MISC.						RES: FP, PTH, PM
ROCKFORD								
Rockford Medical Education Foundation 1601 Parkview Ave. 61101	M-030	NP CORP	928				10	RES: FP
Rockford Memorial 2400 N. Rockton Ave. 61101	M-030	NP CORP	367	40	1		2	RES: PTH
Swedish American 1316 Charles St. 61101	M-030	NP CORP	350				2	RES: PTH
SCOTT A. F. B.								
U. S. A. F. Medical Center 62225		USAF	300	55		9	12 18	INT: ROT. RES: FP
SPRINGFIELD								
Andrew Mc Farland Zone Center 901 Southwind Rd. 62703	L-116	STATE	164					RES: P
Illinois State Department of Health 535 W. Jefferson St. 62706		STATE				1	5	RES: PH

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ILLINOIS, SPRINGFIELD —Continued								
Memorial Hospital of Springfield 1st and Miller Sts. 62701	M-116	NP CORP	631	35				INT: ST. MED. RES: GS, IM, OBG, PO, P RES: P
Mental Health Association 1300 S. 7th St. 62703	L-116	NP CORP						
St. Johns 701 East Mason St. 62701	M-116	NP CORP	648	36		1	16	INT: ST. MED. RES: FP, GS, IM, OBG, PTH, PO, P
Southern Illinois University Affiliated Hospitals	M-116	MISC.					10	INT: ST. MED. RES: GS, IM, OBG, PD, P
INDIANA								
ELKHART								
Elkhart General 600 East Blvd. 46514		NP CORP	284	10				RES: PTH
EVANSVILLE								
St. Mary's 3700 Washington Ave. 47715	L-031	CHURCH	421	35	1	4	4 12	INT: ROT. RES: FP, OBG
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	CHURCH				2	8 6	INT: ROT. RES: FP
Lutheran Hospital of Fort Wayne 3024 Fairfield 46807	L-031	CHURCH	480	35	1	5	8	INT: ROT. RES: ORS
Parkview Memorial 2200 Randalia Dr. 46805	L-031	CHURCH	596	30				INT: ROT.
St. Joseph's Hospital of Fort Wayne 700 Broadway 46802	L-031	CHURCH	412	29			4	INT: ROT. RES: PTH
Veterans Admin. 1600 Randalia Dr. 46805		VA	178	26				RES: ORS
GARY								
Methodist Hospital of Gary 600 Grant St. 46402	L-031	CHURCH	427	34	3		4	RES: PTH
St. Mary Mercy 540 Tyler St. 46402		CHURCH	410	23	4		4	RES: PTH
INDIANAPOLIS								
Indiana University Hospitals 1100 West Michigan 46207	M-031	STATE	564	58	2	54	45 2	INT: ROT., ST. MED. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
Indiana University Medical Center (Includes Indiana University Hospitals, Larue D. Carter Memorial Hospital, Marion County General Hospital, Veterans Admin. Hospital, and Some programs at Methodist Hospital of Indiana, St. Vincent's Hospital)	M-031	MISC.			55	263	405	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, R, TR, TS, U
Larue D. Carter Memorial 1315 West Tenth St. 46202	M-031	STATE	235	50				RES: CHP, P
Marion County General 960 Locke St. 46202	M-031	CY-CO	766	42	3 2	18 15	21 16	INT: ROT. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, R, TR, U
Methodist Hospital of Indiana 1604 N. Capitol Ave. 46202	L-031	CHURCH	1074	44	1 3	29 75	22 117	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U
St. Vincent's 120 West Fall Creek 46208	L-031	CHURCH	315	40	1	8	8 35	INT: ROT., ST. MED. RES: FP, GS, IM, OBG, ORS, PTH
Veterans Admin. 1481 West Tenth St. 46202	M-031	VA	650	71				RES: AN, OR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
LAFAYETTE								
St. Elizabeth 1501 Hartford St. 47904		CHURCH	375	17	1		1	RES: PTH
MISHAWAKA								
St. Joseph 215 W. 4th St. 46544		NP CORP	117	17				RES: PTH
MUNCIE								
Ball Memorial 2401 University Ave. 47303	L-031	NP CORP	554	38			12 28	INT: ROT. RES: FP, GS, PTH
SOUTH BEND								
Memorial Hospital of South Bend 615 N. Michigan St. 46601	L-031	NP CORP	370	22			4 18	INT: ROT. RES: FP, PTH
St. Joseph's 811 E. Madison St. 46622	L-031	CHURCH	336	18		2	4 12	INT: ROT. RES: FP, PTH
South Bend Medical Foundation Hospitals (Includes Elkhart General Hospital (Elkhart), St. Joseph Hospital (Mishawaka), Memorial Hospital of South Bend and St. Joseph's Hospital) 531 North Main St. 46601	L-031	NP CORP	1123	24	1		8	RES: PTH
IOWA								
CEDAR RAPIDS								
Cedar Rapids Medical Education Program (Includes Mercy Hospital and St. Luke's Methodist Hospital)		CHURCH			2	4	3 24	INT: ROT. RES: FP
Mercy 835 Sixth Ave. S. E. 52403		CHURCH	230	26				INT: ROT. RES: FP
St. Luke's Methodist 1026 A Ave. N. E. 52402		CHURCH	620	23	1		4	INT: ROT. RES: FP, PTH

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IOWA—Continued								
CHEROKEE Mental Health Institute 1200 W. Cedar St. 51012		STATE	399	64	3	8	12	RES: P
DES MOINES Broadlawn Polk County 18th & Hickman Rd. 50314	L-032	COUNTY	183	37		11 12	12 24	INT: ROT. RES: FP, GS
Iowa Lutheran 716 Parnell Ave. 50316	L-032	CHURCH	465	24	8		12 12	INT: ROT. RES: *FP
Iowa Methodist 1200 Pleasant 50308	L-032	CHURCH	684	41	1 5	1 11	13 24	INT: ROT., ST. SURG. RES: GS, PTH, PD, R
Mercy 6th and University 50314		CHURCH	366	28	3 3	10 1	13 6	INT: ROT. RES: PTH
Veterans Admin. 30th and Euclid Aves. 50310	L-032	VA	362	42	13	2	15	RES: GS, U
INDEPENDENCE Mental Health Institute 50644		STATE	398	60	7	2	12	RES: P
IOWA CITY State Psychopathic 500 Newton Rd. 52240	M-032	STATE	80			2 22	31	INT: ROT. RES: CHP, P
University of Iowa Affiliated Hospitals	M-032	MISC.			20	157	201	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, R, U
University of Iowa Hospitals Newton Rd. 52240	M-032	STATE	1057	63	11	95	43 143	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, R, TR, TS, U
Veterans Admin. Highway 6-West 52240	M-032	VA	425	54				RES: AN, DR, GS, IM, NS, N, OPH, OTO, PTH
KANSAS								
KANSAS CITY Bethany Medical Center 51 N. 12th St. 66102	L-033	NP CORP	298	28		2	8	INT: ROT.
University of Kansas Medical Center 39th & Rainbow Blvd. 66103	M-033	STATE	530	66	20	32 160	25 281	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TS, U
University of Kansas Medical Center—Children's Mercy	M-033	MISC.			2	1	3	RES: PDA
LEAVENWORTH Veterans Admin. Center 66048		VA	664	61	3	2	5	RES: GS, U
TOPEKA C. F. Menninger Memorial 3617 W. 6th St. Box 829 66601		NP CORP	160	100				RES: P
Children's Division, the Menninger Foundation 3617 W. 6th St. 66601		NP CORP	70		6	9	14	RES: CHP
Menninger School of Psychiatry		MISC.			25	37	64	RES: P
Topeka State 2700 West Sixth 66606		STATE	545	75				RES: P
Veterans Admin. 2200 Gage Blvd. 66622		VA	890	80				RES: P
WICHITA St. Francis Affiliated Hospitals	L-033	MISC.			3	13	16	RES: ORS
St. Francis 929 N. St. Francis 67214	L-033	CHURCH	883	30		21 6	20 11	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, ORS, PTH, R
St. Francis Hospital—Veterans Admin. Center	L-033	MISC.			1	11	16	RES: GS
St. Francis Hospital—Wesley Medical Center	L-033	MISC.			1	3		RES: IM
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave. 67218	L-033	NP CORP	442	23	1 2	1 5	10 15	INT: ROT. RES: FP, PTH
St. Joseph Hospital and Rehabilitation Center—Veterans Admin. Center	L-033	MISC.			1		4	RES: PTH
Veterans Admin. Center 5500 East Kellogg 67218	L-033	VA	200	39				RES: GS, ORS, PTH
Wesley Medical Center 550 North Hillside 67214	L-033	CHURCH	649	28	4	24	18 60	INT: ROT. RES: DR, FP, GS, IM, OBG, ORS, PTH, R
KENTUCKY								
ANCHDRAGE Children's Treatment Center 40223		STATE						RES: CHP
COVINGTON St. Elizabeth 21st St. and Eastern Ave. 41014		CHURCH	468	15		9	12 12	INT: ROT. RES: FP
FRANKFORT Department of Health State of Kentucky 275 E. Main St. 40601		STATE				1	4	RES: PH
HARLAN Harlan Appalachian Regional 40831	L-034	NP CORP	179	22			10	RES: GS
LEXINGTON Central Baptist 1740 S. Limestone St. 40503	L-034	CHURCH	277	18				RES: FP, TS
Good Samaritan 310 South Limestone St. 40508	L-034	CHURCH	251	12				RES: ORS

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KENTUCKY; LEXINGTON —Continued									
St. Joseph 1400 Harrodsburg Rd. 40504	L-034	CHURCH	325					INT: ROT. RES: ORS, PS, U	
Shriners Hospital for Crippled Children 1900 Richmond Rd. 40502	L-034	NP CORP	50					RES: ORS	
University 800 Rose St. 40506	M-034	STATE	421	38	5	44	75	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, TS, U	
Univ. of Kentucky College of Medicine, Dept. of Community Medicine 800 Rose St. 40506		STATE					1	4	RES: GPM
University of Kentucky—Lexington Residency Program	M-034	MISC.			1	5	12		RES: ORS
University of Kentucky Medical Center	M-034	STATE			9	39	42	152	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, FP, GS, IM, N, OPH, PS, P, TS, U
Veterans Admin. Leestown Pike 40507	M-034	VA	875	48					INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OPH, ORS, PS, P, TS, U
LOUISVILLE									
Birigham Child Guidance Clinic 601 S. Floyd St. 40202		PART.					1	4	RES: CHP, P
Central State 40223		STATF	704						RES: P
Children's 226 East Chestnut St. 40202	M-035	NP CORP	139	59	3		4		INT: ROT., ST. MED., ST. SURG. RES: AN, GS, NS, OPH, PTH, PD, PDA, PDC, PS, R, TR, TS, U
Jewish 217 E. Chestnut St. 40202	L-035 G-065	NP CORP	272	36					INT: ST. MED., ST. SURG. RES: GS, PS, TS
John N. Norton Memorial Infirmary 231 West Oak St. 40203	L-035	NP CORP	309	35	6		6	6	INT: ROT. RES: GS, NS, PS, P
Kosair Crippled Children 982 Eastern Pkwy. 40217		NP CORP	100			4	4		RES: ORS
Louisville General 323 E. Chestnut St. 40202	M-035	CY-CO	389	41	3	9	12		INT: ROT., ST. MED., ST. SURG. RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PS, P, R, TR, TS, U
Rehabilitation Center 220 East Madison St. 40202		NP CORP	34				2	6	RES: PM
St. Anthony 1313 St. Anthony Pl. 40204	L-035	CHURCH	346	12					RES: FP
St. Joseph Infirmary 735 Eastern Parkway 40217	L-035	CORP.	509	29	6	6	16	28	INT: ROT., ST. MED. RES: GS, IM, OBG, PD, PS, R
University of Louisville Affiliated Hospitals	M-035	MISC.			3	34	42	259	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
Veterans Admin. Millwood & Zorn Ave. 40202	M-035	VA	444	40	1	3	4		INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, NS, N, OPH, ORS, PTH, PS, P, R, TR, TS, U
MADISONVILLE									
Hopkins County Hospital and Trover Clinic 237 Waddill Ave. 42431	L-034	NP CORP	272	17				6	RES: FP
LOUISIANA									
ALEXANDRIA									
Veterans Admin. 71301	L-037	VA	435	21					RES: GS, ORS
BATON ROUGE									
Earl K. Long Memorial 5825 Airline Hwy. 70805	M-036	STATE	238	42	1	10	22		INT: ROT. RES: FP, GS, IM, PTH, PD, U
Louisiana State University Affiliated Hospitals	M-036	MISC.			1	6	9		INT: ROT. RES: FP
INDEPENDENCE									
Lallie Kemp Charity Highway 51, Box 7 70443	M-037	STATE	132	21					RES: GS
LAFAYETTE									
Lafayette Charity 311 West St. Mary Blvd. 70501	M-036	STATE	250	22					INT: ROT., ST. MED. RES: GS, IM
Louisiana State University Affiliated Hospitals 70501	M-036	MISC.				9	15		INT: ROT., ST. MED.
LAKE CHARLES									
Lake Charles Charity 1000 Walters St. 70601		STATE	46					12	RES: FP
MANDEVILLE									
Southeast Louisiana P. O. Box 3850 70448	G-037	STATE	570	100					INT: ROT. RES: CHP, P
MONROE									
E. A. Conway Memorial 4801 South Grand 71201		STATE	183	10					RES: GS, ORS, U
NEW ORLEANS									
Charity Hospital of Louisiana 1532 Tulane Ave. 70140	M-036, 037	STATE	1648	41	8	50	81		INT: ROT. RES: AN, D, OBG, PTH, PM, R
Charity Hospital of Louisiana—Louisiana State University Division 1532 Tulane Ave. 70140	M-036	MISC.			2	33	47	95	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, NP, PD, PDA, PS, P, TS, U
Charity Hospital of Louisiana—Tulane University Division 1532 Tulane Ave. 70140	M-037	MISC.			2	16	28	78	INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, TS, U
De Paul 1040 Calhoun St. 70118		NP CORP	182						RES: P
Eye, Ear, Nose and Throat 145 Elk Pl. 70112	G-037	NP CORP	108						RES: OPH, OTO

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LOUISIANA, NEW ORLEANS—Continued								
Hotel Dieu 2004 Tulane Ave. 70112	L-036	CHURCH	287	13				RES: IM
Louisiana State University Affiliated Hospitals	M-036	MISC.			10	107	152	RES: FP, GS, IM, IM, IM, NS, OPH, OTO, PTH, NP, PD, PS, P, TS, U
Louisiana State University Medical Center 1542 Tulane Ave. 70112	M-036	STATE				3	6	RES: CHP
Ochsner Foundation 1516 Jefferson Highway 70121	L-036, 037	NP CORP	359	72	10	16	86	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, NS, NS, N, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TS, U
Southern Baptist 2700 Napoleon Ave. 70115	L-036, 037	NP CORP	514	25	1		24	INT: ROT. RES: OBG, PS
Touro Infirmary 1401 Foucher St. 70115	L-036, 037	NP CORP	555	30	4	1	8	INT: ST. MED.
Tulane University Affiliated Hospitals	M-037	MISC.			5		12	RES: GS, IM, OPH, ORS, PTH, PS, P, R, U
Tulane University School of Public Health and Tropical Medicine 1430 Tulane Ave. 70112		NP CORP			8	8	175	INT: ROT. RES: CHP, GS, NS, N, OPH, ORS, OTO, PD, PS, P, U
U. S. Public Health Service 210 State St. 70118	L-037	USPHS	392			14	18	INT: ROT., ST. MED., ST. SURG.
Veterans Admin. 1601 Perdido St. 70140	L-036, 037	VA	581	57	1	14	27	RES: GS, IM, OBG, OPH, ORS, PTH, PS, R, U
					28	4	34	INT: ROT. RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
PINEVILLE								
Huey P. Long Memorial Hospital Boulevard 71360	M-037	STATE	187	15				RES: GS, ORS
SHREVEPORT								
Confederate Memorial Medical Center 1541 Kings Highway 71103	M-106	STATE	650	38	2	19	43	INT: ROT., ST. MED. RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
L. S. U. (Shreveport) Affiliated Hospitals	M-106	MISC.				36	42	RES: GS, ORS, PTH, U
Shriners Hospital for Crippled Children 3100 Samford Ave. 71103	G-037, 106	NP CORP	60	100				RES: ORS, ORS
Veterans Admin. 510 E. Stoner Ave. 71130	M-106	VA	452	35				RES: GS, ORS, PTH, U
MAINE								
BANGOR								
Eastern Maine Medical Center 489 State St. 04401		NP CORP	322	36			2	RES: PTH
PORTLAND								
Maine Medical Center 22 Bramhall St. 04102	M-042	NP CORP	508	40	4	15	16	INT: ROT. RES: AN, CHP, DR, GP, GS, IM, PTH, PD, P, R
MARYLAND								
BALTIMORE								
Baltimore City Hospitals 4940 Eastern Ave. 21224	M-038, 039	CITY	402	47	7	17	19	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, PS
Bon Secours 2025 W. Fayette St. 21223		NP CORP	217	36	14	14	14	INT: ROT., ST. OBG. RES: GS, OBG
Children's 3825 Greenspring Ave. 21211	G-038	CORP.	124	100	8		7	RES: ORS, PS
Church Home and Hospital 100 N. Broadway 21231	L-038	NP CORP	297	33	9	1	6	INT: ST. SURG., ST. OBG. RES: GS, OBG
Franklin Square 9000 Franklin Square Dr. 21237		NP CORP	303	42	29		33	INT: ROT.
Good Samaritan 5601 Loch Raven Blvd. 21212	L-038	NP CORP	217	35	18	2	33	RES: FP, GS, OBG
Greater Baltimore Medical Center 6701 N. Charles St. 21204	L-038	NP CORP	398	30	16	4	20	INT: ROT., ST. MED. RES: GS, IM, OBG, OPH, OTO, PTH
James Lawrence Kernan Windsor Mill Rd. & Forest Park Ave. 21207	G-039	NP CORP	117		23	13	41	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	1109	57	1	14	10	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, U
Johns Hopkins Affiliated Hospitals	M-038	MISC.			26	35	66	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, GS, OBG, ORS, OTO, PS
Johns Hopkins Hospital—Baltimore City Hospitals	M-038	MISC.			21	63	89	RES: N
Johns Hopkins University School of Hygiene and Public Health 615 N. Wolfe St. 21205		NP CORP			3	13	18	RES: N
Lutheran Hospital of Maryland 730 Ashburton St. 21216		NP CORP	239	29	4	19		RES: GPM
Maryland General 827 Linden Ave. 21201	M-039	NP CORP	428	33	12	10	12	INT: ROT. RES: GS, OBG
Mercy 301 St. Paul Pl. 21202	M-039	CHURCH	364	40	5	10	20	INT: ROT., ST. MED. RES: GS, IM, OBG, OPH, OTO, PTH
Montebello State 2201 Argonne Dr. 21218	G-039	STATE	348		1	5	7	INT: ST. MED.
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation 111 Penn St. 21201		STATE		67	12	11	26	RES: GS, IM, NS, OBG, PTH, PD
Provident 2600 Liberty Heights 21215	M-039	NP CORP	271	26		2	6	RES: PM
					4	2	6	INT: ROT.

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					For.*	Non- For.*			
MARYLAND, BALTIMORE—Continued									
St. Agnes 1000 Caton Ave. 21229	G-039	CHURCH	462	33	22 38	3 5	24 50	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD	
St. Joseph 7620 York Rd. 21204		NP CORP	433	28	13 15		24 24	INT: ROT., ST. SURG., ST. OBG. RES: GS, OBG, PTH	
Sinai Hospital of Baltimore Belvedere Ave. at Greenspring 21215	L-038, 039	NP CORP	492	32	2 57	10 25	15 72	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, ORS, PTH, PD, PM, R, U	
South Baltimore General 3001 South Hanover St. 21230	G-039	NP CORP	340	37	18 19	2 4	23 27	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH	
Spring Grove State Wade Ave. 21228		STATE	2267	15	4	1	12	RES: P	
State of Maryland Department of Health and Mental Hygiene 301 W. Preston St. 21201		STATE				1	2	3	RES: PH
Union Memorial 33rd & Calvert St. 21218	L-038, 039	NP CORP	414	32	22 31		25 45	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH	
U. S. Public Health Service 3100 Wyman Park Dr. 21211		USPHS	224	78		6 2	14 23	32	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OPH, PTH, R
University of Maryland 22 S. Greene St. 21201	M-039	STATE	631	47	4 60	42 113	19 213	INT: ROT., ST. MED., ST. OBG. RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TS, U	
University of Maryland Affiliated Hospitals	M-039	MISC.				48	50	112	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, OTO, PTH, PD, PM, P, R, TS, U
University of Maryland School of Medicine 22 S. Greene St. 21201	M-039	STATE			2	3	10		RES: NP, GPM
Veterans Admin. 3900 Loch Raven Blvd. 21218	M-039 G-038	VA	291	53					INT: ST. SURG. RES: GS, NS, ORS, PTH, U
BETHESDA									
National Institutes of Health—Clinical Center 9000 Rockville Pike 20014	L-019	USPHS	516				12	18	RES: O, N, PTH, P
Naval Rockville Pike 20014	M-019 L-021 G-020	USN	662	74		28 1	22 108	143	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U
Suburban 8600 Old Georgetown Rd. 20014	L-019	NP CORP	350	45	7 6		7 1	13	INT: ROT. RES: GP, GS, PTH
CHEVERLY									
Prince George's General 20785	L-039	COUNTY	517	49	21 23		25 34		INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, PTH
CROWNSVILLE									
Crownsville State 21032		STATE	1441	10	3	3	12		RES: P
EDGEWOOD ARSENAL									
U. S. Army Environmental Hygiene Agency 21010	G-064	USA					3	6	RES: OM, GPM
FORT HOWARD									
Veterans Admin. 21052	G-038	VA	237	42					RES: PM
HAGERSTOWN									
Washington County King & Antietam Sts. 21740		NP CORP	368	25	3		4		RES: R
MOUNT WILSON									
Mount Wilson State 21112	G-039	STATE	377	30					RES: TS
ROCKVILLE									
Chestnut Lodge 500 W. Montgomery Ave. 20850		CORP.	90				4	4	RES: P
SYKESVILLE									
Springfield State 21784		STATE	2863	42				10	RES: P
TAKOMA PARK									
Washington Adventist 7600 Carroll Ave. 20012		CHURCH	302	30	3	1	16 12		INT: ROT. RES: FP
TOWSON									
Sheppard and Enoch Pratt York Rd. 21204	L-039	NP CORP	265	50	10	24	27		RES: CHP, P
MASSACHUSETTS									
BELMONT									
Beaverbrook Guidance Center 115 Mill St. 02178		STATE					1	4	RES: CHP
Mc Lean 115 Mill St. 02178	M-041	NP CORP	284	8	1	32	25		RES: P
BEVERLY									
Beverly Herrick and Heather Sts. 01915		NP CORP	218	44	7		6		INT: ROT. RES: GS
BOSTON									
Beth Israel 330 Brookline Ave. 02215	M-041	NP CORP	374	59		29 20	27 102	113	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, NP, P
Beth Israel Hospital—Children's Hospital Medical Center	M-041	NP CORP			1	1	2		RES: NP
Boston City 818 Harrison Ave. 02118	M-040, 041 L-042	CITY	809			53	96	173	INT: ROT., ST. MED., ST. OBG. RES: AN, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, P, TS, U
Boston Hospital for Women 221 Longwood Ave. 02115	M-041	NP CORP	262	56		9	4 12	22	INT: ST. OBG. RES: AN, OBG, PTH

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					For.*	Non-For.*		
MASSACHUSETTS, BOSTON—Continued								
Boston State 591 Morton St. 02124	M-040, 042	STATE	1075					RES: P
Boston University Affiliated Hospitals	M-040	MISC.			9	68	83	INT: ST. MED., ST. SURG. RES: DR, GS, IM, N, OPH, ORS, P, TS, U
Boston University Medical Center, Children's Ambulatory Services 82 E. Concord St. 02118	M-040	MISC.			1	5	6	RES: CHP
Carney 2100 Dorchester Ave. 02124	L-040, 042	CHURCH	378	31	7	2	9	INT: ST. MED., ST. SURG. RES: GS, IM, NS, OBG, ORS, PTH
Children's Hospital Medical Center 300 Longwood Ave. 02115	M-041	NP CORP	331	89	25	72	106	RES: AN, CHP, DR, FP, GS, NS, N, ORS, PTH, NP, PD, PDA, PDC, PS
Children's Hospital Medical Center—Peter Bent Brigham	M-041	MISC.				4	4	RES: NS
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	M-041	NP CORP				12	12	RES: N
Commonwealth of Massachusetts Department of Public Health 600 Washington St. Room 209 02111		STATE					3	RES: PH
Douglas A. Thom Clinic for Children 315 Dartmouth St. 02116	L-040	NP CORP						RES: CHP
Faulkner 1153 Centre St. 02130	L-040, 042 G-041	NP CORP	186	42		1	1	INT: ROT., ST. MED. RES: GS, IM, PTH
1st and 3d Medical Service (Tufts)	M-042	MISC.				18	18	RES: IM
1st Surgical Service (Tufts)	M-042	MISC.			12	10	34	RES: GS
Harvard Affiliated Hospitals	M-041	MISC.			1	26	26	RES: ORS
Harvard Medical School Family Health Care Program 83 Francis St. 02115		NP CORP				7	12	RES: FP
Harvard School of Public Health 665 Huntington Ave. 02115		NP CORP			2	4	16	RES: OM, GPM
Harvard School of Public Health, Dept. of Health Services Admin. 55 Shattuck St. 02115		NP CORP			9	15	24	RES: GPM
Joint Center for Radiation Therapy 50 Binney St. 02115		NP CORP			1	8	16	RES: TR
Judge Baker Guidance Center 295 Longwood Ave. 02115		NP CORP	27		2	5	7	RES: CHP
Lahey Clinic 605 Commonwealth Ave. 02215		NP CORP	289	45	10	7	22	RES: AN, DR, D, GS, ORS, OTO, CRS, R, U
Lahey Clinic—New England Baptist		MISC.			4	3	9	RES: DR
Lemuel Shattuck—Faulkner Affiliated Hospitals	M-042 L-040 G-041	MISC.			2	2	6	INT: ROT., ST. MED. RES: IM
Lemuel Shattuck 170 Morton St. 02130	M-042	STATE	325	48				INT: ROT., ST. MED. RES: DR, IM, TR
Massachusetts Eye and Ear Infirmary 243 Charles St. 02114	M-041 L-042	NP CORP	176		1	39	40	RES: OPH, OTO
Massachusetts General Fruit St. 02114	M-041	NP CORP	1089	55	20	44	290	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, PS, P, TR, U
Massachusetts Mental Health Center 74 Fenwood Rd. 02115	M-041	STATE	228		1	80	80	RES: CHP, P
New England Baptist 91 Parker Hill Ave. 02120	G-042	NP CORP	269					RES: DR, ORS
New England Deaconess 185 Pilgrim Rd. 02215	L-041	NP CORP	427		18	12	14	INT: ROT., ST. MED. RES: DR, GS, GS, IM, PTH, TS, U
New England Deaconess Hospital—Harvard Surgical Service	M-041	MISC.					10	INT: ST. SURG. RES: GS
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	NP CORP	382	63	26	30	20	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, P, TR, U
Peter Bent Brigham 721 Huntington Ave. 02115	M-041	NP CORP	330	80	17	25	19	INT: ST. MED., ST. SURG. RES: AN, DR, FP, GS, IM, NS, N, ORS, PTH, PS, P, U
Peter Bent Brigham Hospital—Children's Hospital Medical Center	M-041	NP CORP			1	1	2	RES: PS
Program 1	M-040	MISC.					18	INT: ST. MED. RES: IM
Program 2	M-040	MISC.			3	20	26	RES: GS, IM
Program 3	M-040	MISC.			15	2	30	INT: ST. SURG. RES: GS
Putnam Children's Center 244 Townsend St., Roxbury 02121	L-040	NP CORP						RES: CHP
Robert B. Brigham 125 Parker Hill Ave. 02120	M-041	NP CORP	96	38				RES: ORS
St. Elizabeth's Hospital of Boston 736 Cambridge St., Brighton 02135	M-042	CHURCH	436	45	18	26	22	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, N, OBG, PTH, PD, P
St. Margaret's 90 Cushing Ave., Dorchester 02125	M-042	CHURCH	122					RES: OBG
2d and 4th Medical Services (Harvard)	M-041	MISC.			1	7	5	INT: ROT., ST. MED. RES: IM
3rd Surgical Service (Boston Univ.)	M-040	MISC.			1	18	19	RES: GS
Tufts—New England Medical Center—Veterans Admin.	M-042	MISC.			7	6	18	RES: P
Tufts University Affiliated Hospitals	M-042	MISC.			27	65	105	RES: DR, D, OBG, OPH, ORS, OTO, PM, TR
U. S. Public Health Service 77 Warren St. 02135		USPHS	190	75	1	7	9	INT: ROT. RES: IM

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MASSACHUSETTS, BOSTON—Continued								
University 750 Harrison Ave. 02118	M-040	NP CORP	272	56	1 12	7 28	8 50	INT: ST. SURG. RES: AN, DR, D, GS, IM, N, OPH, ORS, OTO, PTH, PM, P, TS, U
University Hospital Affiliated Program Veterans Admin. 150 S. Huntington Ave. 02130	M-040 M-040, 042	NP CORP VA	855	47	1 9 46	6 5 23	6 9 48	RES: OTO INT: ST. MED. RES: AN, DR, GS, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, P, TR, U
Veterans Admin. (West Roxbury) 1400 V. F. W. Parkway, West Roxbury 02132	L-041	VA	300	78				INT: ST. MED. RES: GS, IM, ORS
BROCKTON								
Brockton 680 Centre St. 02402	L-040	NP CORP	320	30				INT: ST. SURG. RES: GS
Cardinal Cushing General 235 N. Pearl St. 02401	L-042	NP CORP	271					RES: U
CAMBRIDGE								
Cambridge Guidance Center 5 Sacramento St. 02138		NP CORP				1	3	RES: CHP
Cambridge 1493 Cambridge St. 02139	M-041	CITY	187	52	9	13 15	13 40	INT: ROT. RES: AN, GS, GS, IM, PTH, PS, P
Harvard University Health Services, Environmental Health and Safety 75 Mount Auburn St. 02138		NP CORP					1	RES: OM
Mount Auburn 330 Mount Auburn St. 02138	M-041	NP CORP	309	57		11 6	11 7	INT: ROT. RES: DR, GS, PTH
CANTON								
Massachusetts Hospital School Randolph St. 02021		STATE	130					RES: ORS, ORS, ORS
CHELSEA								
Lawrence F. Quigley Memorial 100 Summit Ave. 02150	L-042	STATE	190	42				RES: GS, U
Naval 1 Broadway 02150	M-040	USN	375	64		1	2	RES: PS
FALL RIVER								
Union Highland Ave. at New Boston Rd. 02720		CORP.	261	19			9	INT: ROT.
FRAMINGHAM								
Framingham Union 25 Evergreen St. 01701	M-040	NP CORP	229	40	5 3	4 2	13 9	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH
HATHORNE								
Danvers State Box 50 01935		STATE	1300	25	6	1	6	RES: P
LAKEVILLE								
Lakeville Main St. 02346		STATE	240					RES: ORS
LAWRENCE								
Lawrence General One Garden St. 01842 <i>General</i>		NP CORP	310	27	10		10	INT: ROT. RES: PTH
LYNN								
Lynn 212 Boston St. 01904	L-042	NP CORP	297	27	1		4	RES: PTH
MALDEN								
Malden Hospital Rd. 02148	M-040	NP CORP	292	39	6 1		6 2	INT: ROT., ST. SURG. RES: GS, PTH
MEDFIELD								
Medfield State Hospital Rd. 02052	M-040	STATE	715	2	9	4	12	RES: P
NEWTON LOWER FALLS								
Newton—Wellesley 2014 Washington St. 02162	M-042	NP CORP	295	46	8	11 3	12 13	INT: ROT., ST. MED. RES: IM, PTH
NORFOLK								
Pondville Box 111 02081	L-042	STATE	104	68	4		6	RES: DR, GS, PTH
PITTSFIELD								
Berkshire Medical Center 725 North St. 01201	L-054	NP CORP	415	46	8 25	13 6	19 33	INT: ROT. RES: AN, GS, IM, OBG, PTH, PD
QUINCY								
Quincy City 114 Whitwell St. 02169	L-040, 042	CITY	380	14				RES: GS
South Shore Mental Health Center 77 Parkingway 02169	L-042	STATE					2	RES: CHP
SALEM								
Salem 81 Highland Ave. 01970	L-040	NP CORP	277	28	6 4		10 4	INT: ROT. RES: PTH
SPRINGFIELD								
Shriners Hospital for Crippled Children 516 Carew St. 01104		NP CORP	60					RES: ORS
Springfield Hospital Medical Center 759 Chestnut St. 01107	M-042, 104	NP CORP	480	47	4 26	16 10	16 48	INT: ROT., ST. MED. RES: AN, GS, IM, PTH, PD
Wesson Women's 735 Chestnut St. 01107	M-107	NP CORP	145		8	1	9	RES: OBG
STOCKBRIDGE								
Austen Riggs Center Main St. 01262		NP CORP	41		1	3	6	RES: P

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MASSACHUSETTS—Continued								
TAUNTON								
Taunton State Hodges Ave. Ext. 02780		STATE	1105	33	12	1	12	RES: P
TEWKSBURY								
Tewksbury East St. 01876		STATE	1480					RES: ORS
WALTHAM								
Metropolitan State 475 Trapelo Rd. 02154		STATE	985	31	4	5	12	RES: CHP, P
Walter E. Fernald State School 200 Trapelo Rd. 02154	L-042	MISC.				1	1	RES: P
Waltham Hope Ave. 02154	L-040	NP CORP	284	29	8		7	INT: ROT.
WESTFIELD								
Western Massachusetts 91 E. Mountain Rd. 01085		STATE	47	31			3	RES: GS
WEST ROXBURY								
Veterans Admin. (See Boston)								
WORCESTER								
Memorial 119 Belmont St. 01605	M-107	NP CORP	379	51	14 20	1	14 21	INT: ROT. RES: GS, IM, OBG, ORS, PTH
St. Vincent 25 Winthrop St. 01610	M-107	CORP.	600	44	5 35	11 7	18 69	INT: ROT., ST. MED. RES: DR, GS, IM, ORS, PTH, PD
University of Massachusetts Coordinated Program (Includes Memorial Hospital, St. Vincent Hospital, Massachusetts Hospital School (Canton), and Tewksbury Hospital (Tewksbury))	M-107	MISC.					10	RES: ORS
Worcester City 26 Queen St. 01610	M-107	CITY	421	40	22 29		24 36	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH, PD
Worcester State 305 Belmont St. 01604		STATE	821	24	15	1	16	RES: P
Worcester Youth Guidance Center 275 Belmont St. 01604		NP CORP			1		4	RES: CHP
MICHIGAN								
ALLEN PARK								
Veterans Admin. Southfield at Outer Dr. 48101	M-044	VA	704	43				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	558	44	6	20 30	23 42	INT: ROT., ST. SURG. RES: DR, GS, IM, NS, OBG, ORS, PTH, PS, U
University 1405 East Ann St. 48104	M-043	STATE	1027	64	8	42	50	INT: ROT., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, TS, U
University Hospital—Wayne County General (Eloise)	M-043	MISC.				7	9	INT: ROT., 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.			14	373	411	INT: ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, R, TR, U
Univ. of Mich. Institute of Environmental and Industrial Health 1506 School of Public Health 48104		STATE				3	8	RES: OM
University of Michigan School of Public Health 1420 Washington Heights 48104		STATE					10 27	RES: GPM
University—Veterans Admin.—Wayne County General (Eloise)	M-043	MISC.				62	62	INT: ST. MED., ST. SURG.
Veterans Admin. 2215 Fuller Rd. 48105	M-043	VA	401	64		9	9	INT: ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OPH, PTH, PS, P, R, TR, U
DEARBORN								
Ford Motor Company American Rd. 48121		CORP.						RES: OM
Oakwood 18101 Oakwood Blvd. 48124	L-044, 098	NP CORP	528	35	5 20	11 16	18 56	INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH, R
DETROIT								
Children's Hospital of Michigan 3901 Beaubien Blvd. 48201	M-044	NP CORP	310	75	36	16	47	RES: AN, GS, NS, ORS, OTO, PTH, PD, PS, U
Crittenton 1554 Tuxedo Ave. 48206		NP CORP	171	34	6	1	8	RES: OBG
Detroit General 1326 St. Antoine 48226	M-044	CITY	498	26				INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, U
Detroit—Macomb Hospitals (Includes Detroit Memorial Hospital, South Macomb Hospital (Warren) 690 Mullett St. 48226		NP CORP			24 20		26 28	INT: ROT., ST. SURG. RES: GS, OBG, PTH
Detroit Memorial 1420 St. Antoine St. 48226		NP CORP	309	45				INT: ROT., ST. SURG. RES: GS, OBG, PTH, R
Detroit Psychiatric Institute 1151 Taylor 48202		CITY	76		1	13	20	RES: P
Evangelical Deaconess 3245 E. Jefferson 48207		CHURCH	181	21	8 6		10 10	INT: ROT. RES: GP, GS

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					For.*	Non- For.*		
MICHIGAN, DETROIT —Continued								
General Motors Corporation 3044 W. Grand Blvd. 48202		CORP.					2	RES: OM
Grace 4160 John R St. 48201	M-044	NP CORP	377	45	21	5	32	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, NS, OBG, OPH, ORS, PTH, PS, R
Grace (Northwest Unit) 18700 Meyers Rd. 48235	M-044	MISC.	439	31	53	9	66	RES: PD, U
Harper 3825 Brush St. 48201	M-044	NP CORP	645	33	9	6	26	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, U
Henry Ford 2799 W. Grand Blvd. 48202	M-043	NP CORP	1052	51	10	15	34	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TS, U
Hutzel 432 E. Hancock 48201	M-044	NP CORP	387	33	13	4	24	INT: ROT., ST. MED., ST. OBG. RES: GS, IM, OBG, PTH, U
Lafayette Clinic 951 E. Lafayette 48207	M-044	STATE	160		11	22	58	RES: CHP, N, P
Metropolitan 1800 Tuxedo Ave. 48206		NP CORP	171	39				RES: GS
Metropolitan Northwest Detroit Hospitals Mount Carmel Mercy Hospital and Medical Center		CHURCH	557	42	17		17	RES: PD
Mount Carmel Mercy 6071 West Outer Dr. 48235	G-043	CHURCH	557	42	22	2	24	INT: ROT. RES: GS, IM, OBG, PTH, PD, PS, R
Rehabilitation Institute 261 Mack Blvd. 48201	L-044	NP CORP	189	50	22	5	49	RES: PM
St. John 22101 Moross Rd. 48236	L-044	NP CORP	500	41	21	3	24	INT: ROT. RES: GS, IM, OBG, PTH, PD
St. Joseph Mercy 2200 East Grand Blvd. 48211		CHURCH	269		35	3	50	RES: GS
Sinai Hospital of Detroit 6767 West Outer Dr. 48235	M-044	NP CORP	619	42	8	6	12	INT: ROT., ST. MED., ST. OBG. RES: AN, DR, GS, IM, OBG, OPH, PTH, PD, PS, P, R, U
Sinai Hospital of Detroit—Grace (Northwest Unit)	M-44	MISC.			4		5	RES: U
Wayne County Medical Examiner's Office 400 E. Lafayette Ave. 48226		COUNTY			1	1	3	RES: FOP
Wayne State University Affiliated Hospitals	M-044	MISC.			163	4	6	INT: ST. OBG. RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, R, U
EAST LANSING								
Michigan State University Associated Hospitals	M-098	MISC.			5	11	48	RES: IM, OBG, PD, P
Michigan State University Health Center 48823	M-098	STATE	107	100				RES: IM, OBG, PD, P
ELOISE								
Wayne County General 48132	M-043	COUNTY	1213	43	1	2	4	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, PDC, PS, P, R, TR, U
FLINT								
Genesee County Community Mental Health Services 432 N. Saginaw 48503	L-098	COUNTY	40					RES: P
Hurley 6th & Begole 48502	M-098 G-043	CITY	687	63	3	14	25	INT: ROT. RES: GP, GS, IM, OBG, PTH, PD, R
Mc Laren General 401 S. Ballenger Highway 48502	M-098 G-043	NP CORP	475	34	1	11	11	INT: ROT. RES: GS, IM, PTH
St. Joseph 302 Kensington Ave. 48502	M-098	CHURCH	426	30	17	8	22	INT: ROT. RES: FP, GP, PTH, R
GRAND RAPIDS								
Blodgett Memorial 1840 Wealthy St., S. E. 49506	M-098 L-043	NP CORP	410	71	2	14	18	INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH, PD, PS, R
Blodgett Memorial Hospital—Butterworth	M-98 L-43	NP CORP				8	8	RES: ORS
Blodgett Memorial—St. Mary's Hospitals	M-098 L-043	NP CORP				8	9	RES: OBG
Butterworth 100 Michigan N. E. 49503	M-098 L-043	NP CORP	451	61	3	22	22	INT: ROT., ST. SURG. RES: FP, GS, IM, OBG, ORS, PTH, PD, PS, R, U
Butterworth—Blodgett Memorial Hospitals	M-98 L-43	NP CORP				8	10	RES: PD, PS
Ferguson—Droste—Ferguson 72 Sheldon Ave. S. E. 49502		NP CORP	110	36	3	1	4	RES: CRS
Grand Rapids Area Medical Education Center 220 Cherry St. S. E. 49503		MISC.					18	RES: FP
St. Mary's 2000 Wealthy St., S. E. 49502	M-098 L-043	CHURCH	370	33	2	6	14	INT: ROT. RES: FP, GS, OBG, ORS, PTH
<i>203 Johnson</i> GROSSE POINTE Bon Secours 468 Cadieux Rd. 48230		NP CORP	171	29	9	4	10	INT: ROT. RES: GS
HIGHLAND PARK								
Highland Park General 369 Glendale Ave. 48203		CITY	269		14	8	11	INT: ROT. RES: GS
KALAMAZOO								
Borgess 1521 Gull Rd. 49001		CHURCH	454	44	4	10	15	INT: ROT. RES: ORS, PTH
Borgess—Bronson Hospitals Residency		NP CORP				8	12	RES: ORS, PTH
Bronson Methodist 252 E. Lovell 49006	L-043	CHURCH	421	41	15	4	15	INT: ROT. RES: GS, IM, OBG, ORS, PTH, PD

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non-For.*		
MICHIGAN—Continued								
LANSING								
Edward W. Sparrow 1215 E. Michigan Ave. 48902	M-098	NP CORP	477	48	1 2	5 11	8 29	INT: ROT. RES: FP, GS, IM, OBG, PTH, PD, R
Ingham Medical 401 W. Greenlawn Ave. 48910	M-098	COUNTY	256	40				RES: IM, PD
St. Lawrence Community Mental Health Center 1201 Oakland 48914	L-098	NP CORP						RES: P
St. Lawrence 1210 West Saginaw 48914	M-098	CHURCH	287	50	1		4	RES: IM, OBG, PTH, PD
MIDLAND								
Dow Chemical Company 2030 Dow Center 48640		CORP.					1	RES: OM
Midland 4005 Orchard Dr. 48640	G-043	NP CORP	220	36		4 12	8 18	INT: ROT. RES: FP
NORTHVILLE								
Hawthorn Center 18471 Haggerty 48167		STATE	255				4	RES: CHP
Northville State 41001 West Seven Mile 48167		STATE	1191	33	14	1	24	RES: P
PONTIAC								
Clinton Valley Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	1238	50	5	7	22	RES: CHP, P, P
Oakland Medical Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	205	46				RES: GS, GS, ORS, PD
Pontiac Affiliated Hospitals		MISC.			10		15	RES: PD
Pontiac General Seminole & W. Huron 48053	G-043	CITY	389	36	11 21	5	8 36	INT: ROT. RES: GS, IM, OBG, PTH, PD
St. Joseph Mercy 900 Woodward Ave. 48053	G-043	CHURCH	375	38	4 23	4	12 38	INT: ROT. RES: GS, IM, OBG, PTH, PD, R
ROYAL OAK								
William Beaumont 3601 W. Thirteen Mile Rd. 48072		NP CORP	700	45		8 54	30 114	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, GS, IM, OBG, ORS, PTH, PD, PS, R, U
William Beaumont Hospital—Oakland Medical Center		MISC.				2	8	RES: ORS
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	NP CORP			3 12	5	16 39	INT: ROT., ST. OBG. RES: FP, GS, OBG
Saginaw General 1447 N. Harrison 48602	M-098	NP CORP	363	48				INT: ROT., ST. OBG. RES: FP, GS, OBG
St. Luke's 705 Cooper St. 48602	M-098	NP CORP	326	31				INT: ROT., ST. OBG. RES: FP, GS
St. Mary's 830 S. Jefferson Ave. 48601	M-098	NP CORP	263	32				INT: ROT., ST. OBG. RES: FP, GS, OBG
Veteran's Admin 1500 Weiss St. 48602	L-098	VA	217	43				RES: GS
SOUTHFIELD								
Providence 160D1 Nine Mile Rd. 48075	G-043	CHURCH	401	43	24	13 19	16 58	INT: ROT. RES: AN, GS, IM, OBG, PTH, PD, PS, R
TRAVERSE CITY								
Munson Medical Center 6th and Madison Sts. 49684	G-043	NP CORP	253	39			8	INT: ROT.
Traverse City State Elmwood & 11th 49684	G-098	STATE	1574	6	9	3	18	RES: P
WARREN								
South Macomb 11800E. 12 Mile Rd. 48093		NP CORP	200	35				INT: ROT., ST. SURG. RES: GS, OBG, PTH
YPSILANTI								
York Woods Center Box A 48197		STATE	110			1	4	RES: CHP
Ypsilanti State 3501 Willis Rd. 48197	G-043	STATE	1980	57	9	8	24	RES: P
MINNESOTA								
DULUTH								
St. Luke's 915 E. 1st St. 55805	M-117	NP CORP	515	53	6		12	INT: ROT.
St. Mary's 407 East Third Street 55805	M-117	CHURCH	419	61		16 1	16 4	INT: ROT. RES: PTH
MINNEAPOLIS								
Fairview 2312 S. 6th St. 55406	L-045	CHURCH	415	35		3		RES: FP, ORS
Hennepin County General Fifth and Portland South 55415	M-045	COUNTY	387	67		49 49	56 61	INT: ROT. RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, P, U
Metropolitan Medical Center 914 South 8th St. 55404	L-045	NP CORP	739	43		1	2	RES: PTH, R
Mount Sinai 2215 Park Ave. 55404	M-045	NP CORP	273	44			5	RES: GS, IM, PTH
North Memorial 3220 Lowry Ave. N. 55422	L-045	NP CORP	549	47				RES: FP
Northwestern Hospital of Minneapolis 810 East 27th St. 55407	L-045	NP CORP	480	66	2	10	12 20	INT: ROT., ST. MED. RES: IM, PTH
St. Mary's 2414 S. Seventh St. 55406	L-045	CHURCH	500	59				RES: FP, OBG, ORS

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					For.*	Non- For.*		
MINNESOTA, MINNEAPOLIS—Continued								
Shriners Hospital for Crippled Children 2025 East River Rd. 55414		NP CORP	40			2	2	RES: ORS
Sister Kenny Institute 1800 Chicago Ave. 55404		NP CORP	48					RES: PM
State of Minnesota Department of Health 717 Delaware St. S. E. 55440		STATE				1	4	RES: PH
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.			61	397	24 642	INT: ST. MED. RES: AN, OR, D, FP, GS, IM, NS, N, OBG, OPH, OTO, PD, PM, CRS, P, TR, TS, U
University of Minnesota Hospitals 412 Union Street, S. E. 55455	M-045	STATE	796	92	9	40	24 48	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, CRS, P, TR, TS, U
Veterans Admin. 54th St. & 48th Ave., So. 55417	M-045	VA	920	74	8	24	41	INT: ST. MED. RES: AN, OR, D, GS, IM, NS, N, N, OPH, ORS, OTO, PTH, PM, CRS, P, TR, TS, U
ROCHESTER								
Mayo Graduate School of Medicine (Includes Rochester Methodist Hospital and St. Mary's Hospital) 200 First Ave S. W. 55901	M-113 L-045	NP CORP			2 109	47 443	42 612	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, CRS, P, R, TR, TS, U
Rochester Methodist 201 West Center St. 55901	M-113	CHURCH	637	58				INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, OR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, CRS, P, R, TR, TS, U
St. Mary's 1216 Second St. S. W. 55901	M-113	CHURCH	954	78				INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, POA, POC, PM, PS, CRS, P, R, TR, TS, U
ST. LOUIS PARK								
Methodist 6500 Excelsior Blvd. 55426	L-045	NP CORP	432	38				RES: FP
ST. PAUL								
Bethesda Lutheran 559 Capitol Blvd. 55101	L-045	CHURCH						RES: FP
Childrens 311 Pleasant Ave. 55102	L-045	NP CORP	107	89	1		4	RES: PD, PO
Gillette Children's 1003 East Ivy Ave. 55106	G-045	STATE	72	100				RES: ORS
Miller Division 125 W. College Ave. 55102		NP CORP	368	49	2 1	6 12	12 16	INT: ROT. RES: DR, GS, PTH, R
St. John's 403 Maria Ave. 55106	L-045	NP CORP	403	30				RES: FP
St. Joseph's 69 W. Exchange St. 55102	L-045	CHURCH	499	28	1	1	4	RES: OBG, R
St. Luke's Division 300 Pleasant Ave. 55102		NP CORP	360	29	8		12 8	INT: ROT. RES: GP, GS
St. Paul—Ramsey 640 Jackson St. 55101	M-045	CY-CO	515	64	8	27 47	36 60	INT: ROT. RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
United Hospitals (Includes Miller Division and St. Luke's Division)		NP CORP						INT: ROT. RES: DR, GP, GS, PTH, R
Wilder Department of Child Guidance and Development 919-A Lafond Ave. 55104		NP CORP					2	RES: CHP
MISSISSIPPI								
BILOXI								
U. S. A. F. Medical Center Keesler A. F. B. 39534	L-037	USAF	350	73		22 27	10 43	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PD
Veterans Admin. Center 39531		VA	910	41				RES: PM
JACKSON								
Mississippi Baptist 1190 North State St. 39201	G-046	CHURCH	454	22				INT: ROT. RES: ORS, PS
State of Mississippi Department of Health 2423 N. State St. 39205		STATE					2	RES: PH
University 2500 North State St. 39216	M-046	STATE	467	50	1 2	35 33	35 48	INT: ROT., ST. MED., ST. SURG. 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.			1 9	17 108	18 166	INT: ROT., ST. MED. 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	12				INT: ROT., ST. MED. RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
WHITFIELD								
Mississippi State 39193	L-046	STATE	4311	20				RES: P
MISSOURI								
COLUMBIA								
Ellis Fischel State Cancer Business Loop 70 and Garth 65201	G-047, 049	STATE	104	65	1	6	12	RES: GS, GS, PTH, TR
University of Missouri Medical Center 807 Stadium Rd. 65201	M-047	STATE	409	55	2 24	32 129	39 242	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, FP, 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 65201		MISC.					9	RES: GPM

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MISSOURI, COLUMBIA—Continued								
Veterans Admin. 800 Stadium Rd. 65201	M-047	VA	236	56				RES: GS, IM
KANSAS CITY								
Baptist Memorial 6601 Rockhill Rd. 64131	L-118	CHURCH	371					RES: GS
Children's Mercy 24th at Gillham Rd. 64108	M-118 L-033	NP CORP	125	73	1	13	31	RES: AN, ORS, PD, PDA, PDC
Grtr. Kansas City Mntl. Hlth. Fndn., Univ. Mo. Sch. Med., K. C. Div. 600 E. 22d St. 64108		STATE	189		3	1	6	RES: CHP
Kansas City Affiliated Hospitals		MISC.			1	11	12	RES: ORS
Kansas City General Hospital and Medical Center 24th and Cherry 64108	M-118	NP CORP	227	52	1 19	8 21	20 50	INT: ST. MED., ST. SURG., ST. OBG. RES: GS, IM, IM, OBG, OPH, ORS, PTH, PS, P, U
Menorah Medical Center 4949 Rockhill Rd. 64110	M-118	NP CORP	330	32	1 10	1 13	27	INT: ROT. RES: GS, IM, IM, OBG, PTH, R
Menorah Medical Center—Baptist Memorial	M-118	MISC.			7	5	16	RES: GS
Research Hospital and Medical Center Meyer Blvd. at Prospect Ave. 64132	L-118	NP CORP	517	39			4	RES: PTH
St. Luke's 44th and Wornall 64111	M-118	CHURCH	634	38	1 5	21 39	18 56	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, IM, OBG, OPH, ORS, PTH, R
Trinity Lutheran 31st & Wyandotte St. 64108	L-118	CHURCH	275	42	7 1	1	8 4	INT: ROT. RES: GP
University of Missouri at Kansas City	M-118	STATE						RES: GS, IM
University of Missouri at Kansas City Affiliated Hospitals	M-118	MISC.			2	4	10	RES: GS, U
University of Missouri Residency In Psychiatry		STATE			14	5	18	RES: P
Veterans Admin. 4801 Linwood Blvd. 64128	M-033	VA	510	54				RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U
Western Missouri Mental Health Center 600 E. 22nd St. 64108	M-118	STATE	189					RES: P
MOUNT VERNON								
Missouri State Chest 65712	G-047	STATE	459	36				RES: TS
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-049	NP CORP	1167	53	3 38	47 148	52 186	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, 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	190	67	3	19	33	RES: GS, NS, N, OPH, ORS, OTO, PTH, PD, PS, P, R, U
David P. Wohl Memorial Mental Health Institute 1325 S. Grand Blvd. 63104	M-048	NP CORP	49					RES: P
Deaconess 6150 Oakland Ave. 63139	L-047 G-048	NP CORP	505	43	11 20		10 27	INT: ROT., ST. OBG. RES: GS, IM, OBG, OPH, PTH
De Paul 2415 N. Kingshighway Blvd. 63113	L-048	CHURCH	375	37	4		4	RES: PTH
Firmin Desloge General 1402 S. Grand Blvd. 63104	M-048	NP CORP	270	58				RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, R, U
Homer G. Phillips 2601 North Whittier 63113	L-049	CITY	432	9	14 45	2 10	20 70	INT: ROT. RES: GS, OBG, OPH, OTO, PTH, R, U
Jewish Hospital of St. Louis 216 So. Kingshighway 63110	M-049	NP CORP	516	46	17	25 36	23 61	INT: ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, PTH, PM, P, R
Malcolm Bliss Mental Health Center 1420 Grattan St. 63104	M-049	STATE	250	60	13	43	66	RES: CHP, P
Mallinckrodt Institute of Radiology 510 S. Kingshighway 63110		NP CORP						RES: DR, R, TR
Missouri Baptist 3015 No. Ballas Rd. 63131	L-047	NP CORP	336	42	10 4		18 4	INT: ROT., ST. OBG. RES: OBG, PTH
Missouri Institute of Psychiatry—St. Louis State 5400 Arsenal St. 63139	G-047	STATE	1255	27	30	13	50	RES: P
St. John's Mercy Medical Center 615 So. New Ballas Rd. 63141	L-047, 048	CHURCH	605	44		22 6	28 53	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, OBG, PTH
St. Louis Children's 500 So. Kingshighway 63110	M-049	NP CORP	165	85		2	67	RES: N, PD, PDC
St. Louis City 1515 Lafayette Ave. 63104	M-048, 049	CITY	550	50	8 15	1 1	18	INT: ROT., ST. SURG., ST. OBG. RES: PTH, PD, U
St. Louis City (St. Louis University Service) 1515 Lafayette Ave. 63104	M-048	CITY						RES: GS, OBG, ORS, R
St. Louis City (Washington University Service) 1515 Lafayette Ave. 63104	M-049	CITY						RES: GS, N, OPH, ORS
St. Louis County 601 So. Brentwood 63105	M-048 L-049	COUNTY	220	42				RES: GS, IM, N
St. Louis—Little Rock Hospitals 1755 So. Grand Blvd. 63104	G-048	NP CORP	350	36	9	1	10	RES: GS, OPH
St. Louis University Group of Hospitals 1402 S. Grand Blvd. 63104	M-048	NP CORP	2807	66	5 71	35 98	35 198	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Luke's 5535 Delmar Blvd. 63112	L-049 G-047	NP CORP	386	38	4 10	3 9	16 19	INT: ROT., ST. MED. RES: GS, IM, NS
St. Mary's Health Center 6420 Clayton Rd. 63117		CHURCH	556	43	7 8	2 2	18 18	INT: ROT., ST. MED. RES: GS, IM, NS, OBG, ORS, PTH, R, U
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd. 63131		NP CORP	100					RES: ORS

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					For.*	Non- For.*				
MISSOURI, ST. LOUIS—Continued										
Veterans Admin. 915 No. Grand Blvd. 63125	M-048, 049	VA					8	INT: ST. SURG. RES: GS, GS, IM, N, OPH, ORS, OTO, PTH, PS, P, R, U RES: N		
Veterans Admin. (Jefferson Barracks) 63125		VA	1137	50						
Washington University Affiliated Hospitals	M-049	MISC.				18	128	152	INT: ST. SURG. RES: DR, GS, N, OPH, OTO, P, R, TR, U	
William Greenleaf Eliot Division of Child Psychiatry 369 N. Taylor Ave. 63108	M-049	NP CORP	40			5	5	6	RES: CHP	
NEBRASKA										
LINCOLN										
Bryan Memorial 4848 Sumner St. 68506	L-051	CHURCH	346	39			8	10	INT: ROT. RES: PTH	
Lincoln General 2300 South 16th St. 68502	L-051	CITY	257	29				6	INT: ROT. RES: PTH	
Physicians Pathology Laboratory Hospitals 1403 Sharp Bldg. 68508		NP CORP						2	4	RES: PTH
St. Elizabeth Community Health Center 555 S. 70th St. 68502		CHURCH	208	34				6	INT: ROT. RES: GS	
Veterans Admin. 600 South 70th St. 68510		VA	202	61	1	6		10	RES: GS	
OMAHA										
Archbishop Bergan Mercy 7500 Mercy Rd. 68124	L-050	NP CORP	455	28					RES: OBG, R	
Bishop Clarkson Memorial Dewey Ave. at 44th St. 68105	M-051	NP CORP	463	41				4	INT: ROT., ST. MED., ST. SURG. RES: D, IM, OTO, PTH, U	
Childrens Memorial 44th St. and Dewey Ave. 68105	M-050, 051	NP CORP	100	65					RES: PD, PD	
Creighton Memorial St. Joseph's 2305 South 10th St. 68108	M-050, 051	NP CORP	564	42			11	22	INT: ROT., ST. MED. RES: FP, GS, IM, OBG, PTH, PD, P, R, U	
Creighton University Affiliated Hospitals (Includes Archbishop Bergan Mercy Hospital, Creighton Memorial St. Joseph's Hospital, Veterans Admin. Hospital, Douglas County Hospital)	M-050, 051	MISC.			2	15	22	68	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD, P, R, U	
Douglas County 4102 Woolworth Ave. 68105	M-050	COUNTY	412	54					INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, P, R, U	
Immanuel Medical Center 36th and Meredith Ave. 68111	M-051	CHURCH	381						INT: ST. MED., ST. SURG.	
Nebraska Methodist 8303 Dodge St. 68114	M-051	CHURCH	354	36			5	6	RES: ORS, PTH, U	
Nebraska Psychiatric Institute 602 South 4th Ave. 68105	M-051	STATE	95					2	RES: CHP, P	
University of Nebraska 42nd and Dewey Ave. 68105	M-051	STATE	292	65		7	24	60	INT: ST. MED., ST. SURG. RES: AN, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, R, U	
University of Nebraska Affiliated Hospitals (Includes Univ. of Nebraska Hosp., Bishop Clarkson Mem. Hosp., Childrens Memorial Hosp., Douglas County Hosp., Immanuel Med. Ctr., Nebraska Methodist Hosp., Nebraska Psychiatric Inst., and Veterans Admin. Hosp.)	M-051	MISC.			16	21	131	202	INT: ST. MED., ST. SURG. RES: AN, D, GS, IM, N, OPH, ORS, OTO, PD, P, R, U	
Veterans Admin. 4101 Woolworth Ave. 68105	M-050, 051	VA	473	63					INT: ST. MED., ST. SURG. RES: AN, D, GS, GS, IM, IM, N, OPH, ORS, OTO, PTH, P, R, R, U, U	
NEVADA										
LAS VEGAS										
Southern Nevada Memorial 1800 West Charleston Blvd. 89102	L-037	COUNTY	302	36	1			4	RES: PTH	
NEW HAMPSHIRE										
HANOVER										
Dartmouth—Hitchcock Mental Health Center 03755	M-052	NP CORP	28						RES: CHP	
Dartmouth Medical School Affiliated Hospitals (Includes Mary Hitchcock Memorial Hospital and Veterans Admin. Center, White River Junction, VT.) 03755	M-052	MISC.				7	30 56	30 81	INT: ST. MED., ST. SURG. RES: CHP, GS, IM, NS, N, ORS, PTH, PD, P, U	
Mary Hitchcock Memorial 2 Maynard 03755	M-052	NP CORP	344	79		6	31	53	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, R, TR, U	
MANCHESTER										
Veterans Admin. 718 Smyth Rd. 03104	G-41	VA	1500	24					RES: GS	
NEW JERSEY										
ATLANTIC CITY										
Atlantic City 1925 Pacific Ave. 08401	M-072	NP CORP	398	31	4		3	13 16	INT: ROT., ST. SURG. RES: GS, PTH, R	
CAMDEN										
Cooper 6th & Stevens St. 08103	M-073	NP CORP	626	38	1	8		15 30	INT: ROT. RES: GS, IM, OBG, ORS, PTH, PD, U	
Our Lady of Lourdes 1600 Haddon Ave. 08103	M-073	CHURCH	335	37	6			10 2	INT: ROT. RES: PTH	

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					For. *	Non-For. *		
NEW JERSEY, CAMDEN —Continued								
West Jersey Mt. Ephraim & Atlantic Ave. 08104		NP CORP	392	37	3	1	12	INT: ROT.
EAST ORANGE								
Veterans Admin. Fremont Ave. 07019	M-53, 99	VA	11380	43			6	INT: ST. MED. RES: GS, IM, N, OPH, ORS, PTH, PM, PS, P, U
ELIZABETH								
Elizabeth General Hospital and Dispensary 925 East Jersey St. 07201		NP CORP	369	16	12		14	INT: ROT.
St. Elizabeth 225 Williamson St. 07207	L-053	CHURCH	321	21	12	1	24	RES: IM, PTH
ENGLEWOOD								
Englewood 350 Engle St. 07631		NP CORP	400	34	10 22		10 28	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH, R
FLEMINGTON								
Hunterdon Medical Center Route 31 08822	M-099 L-053	NP CORP	165	6			14 21	INT: ST. MED. RES: FP, IM, PTH, P
GREEN BROOK								
Raritan Valley 275 Greenbrook Rd. 08812	M-099	STATE	102	28				INT: ST. MED. RES: IM, PTH
HACKENSACK								
Hackensack 22 Hospital Pl. 07601	L-053	NP CORP	471	28	17 29	1 1	18 25	INT: ROT., ST. SURG. RES: AN, GS, PTH, P, R
HAMMONTON								
Ancora Psychiatric P. O. Ancora Branch 08037		STATE	1520	27	3		15	RES: P
HOBOKEN								
St. Mary 380 Willow Ave. 07030		NP CORP	330	19	15 9		15 10	INT: ROT. RES: GP, PTH
JERSEY CITY								
Christ 176 Palisade Ave. 07306	L-053	NP CORP	364	10	16 5		16 9	INT: ROT. RES: PTH, R
Jersey City Medical Center 50 Baldwin Ave. 07304	M-053	CITY	579	22	12 68		15 80	INT: ST. MED., ST. SURG. RES: GS, IM, OPH, ORS, PTH, PD, PS, U
Margaret Hague Maternity 88 Clifton Pl. 07304		COUNTY	201		11		14	RES: OBG
LIVINGSTON								
St. Barnabas Medical Center 94 Old Short Hills Rd. 07039		NP CORP	750	38	19 38	2 9	18 53	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, PTH, PD, PS, R
LONG BRANCH								
Monmouth Medical Center 3rd & Pavilion Avenues 07740	M-72, 99	NP CORP	540	49	3 36	7 18	12 79	INT: ROT., ST. MED. RES: AN, GS, IM, OBG, ORS, PTH, PD, P, R
MARLBORO								
Marlboro Psychiatric 07746	L-099	STATE	1515	21	3	1	9	RES: P
MONTCLAIR								
Mountainside Bay & Highland Avenues 07042		NP CORP	365	30	9 13		15 32	INT: ROT., ST. MED. RES: GS, IM, OTO, PTH
MORRISTOWN								
Morristown Memorial 100 Madison Ave. 07960	M-099 L-053	NP CORP	432	49	11 10		12 36	INT: ROT. RES: DR, GS, IM, PTH, R
MOUNT HOLLY								
Burlington County Memorial 175 Madison Ave. 08060		NP CORP	253	33	8		8 5	INT: ROT. RES: GS
NEPTUNE								
Jersey Shore Medical Center—Fitkin 1945 Corlies Ave. 07753		NP CORP	452	39	14 15		14 15	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD
NEWARK								
CMONJ—New Jersey Medical School Affiliated Hospitals	M-053	MISC.			6 147	22 82	28 245	INT: ST. MED. RES: DR, GS, IM, N, OPH, ORS, PS, P, U
Martland 65 Bergen St. 07107	M-053	STATE	596	27	2 47	8 20	15 74	INT: ROT., ST. OBG. RES: DR, GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, P, U
Newark Beth Israel Medical Center 201 Lyons Ave. 07112	M-053	NP CORP	481	41	10 30	2 5	40	INT: ROT. RES: AN, DR, GS, IM, OBG, OTO, PTH, PD, R
St. Michael Medical Center 306 High St. 07102	M-053	CHURCH	405	42		8	21 33	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD
United Hospitals Medical Center Affiliated Program	M-053	MISC.			6		6	RES: OTO
United Hospitals Medical Center—Children's Hospital of Newark 15 South 9th Street 07107	M-053	NP CORP	105	73	14	1	23	RES: GS, PD
United Hospitals Medical Center—Newark Eye and Ear Infirmary 15 South 9th St. 07107	M-053	NP CORP	59	33				RES: OPH, OTO
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults 89 Park Ave. 07104	M-053 G-059	NP CORP	102					RES: ORS
United Hospitals Medical Center—Presbyterian 27 South Ninth St. 07107	M-053	NP CORP	313	33	10 2		10 15	INT: ROT. RES: GS, IM, OTO
NEW BRUNSWICK								
Middlesex General 180 Somerset St. 08901	M-099	NP CORP	284	35	2 10		4 14	INT: ST. MED., ST. SURG. RES: GS, IM, PTH

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NEW JERSEY, NEW BRUNSWICK—Continued								
New Brunswick Affiliated Hospitals	L-099	MISC.			6 11	6 12	INT: ST. MED. RES: IM	
St. Peter's General 254 Easton Ave. 08903	L-099	CHURCH	377	29	3 11	3 17	INT: ROT., ST. MED. RES: GS, IM, PTH, PD	
ORANGE New Jersey Orthopaedic 289 Central Ave. 07051		NP CORP	67				RES: ORS	
PARAMUS Bergen Pines County East Ridgewood Ave. 07652		CY-CO	1128	26	9 18	1 3	12 38	INT: ROT. RES: IM, PTH, P
Bergen Pines County Hospital—Pascack Valley		MISC.			3		8	RES: PTH
PASSAIC Passaic General 350 Boulevard 07055		NP CORP	315	25	3	2	6	INT: ROT.
St. Mary's 211 Pennington Ave. 07055		CHURCH	249	23	7 1		8 2	INT: ROT. RES: PTH
PATERSON Barnert Memorial Hospital Center 680 Broadway 07514		NP CORP	256	33	2		2	RES: PTH
St. Joseph's 703 Main St. 07503	L-053	CHURCH	507	42	10 39	3 6	13 59	INT: ROT., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, ORS, PTH
PERTH AMBOY Perth Amboy General 530 New Brunswick Ave. 08861	L-099	NP CORP	483	27	24 17		24 17	INT: ROT. RES: GP, GS, PTH
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals	M-099	MISC.			2	4 3	13 45	INT: ST. MED. RES: IM, PTH, P
CMDNJ—Rutgers Medical School, Department of Psychiatry 08854	M-099	STATE					10	RES: CHP
Rutgers Psychiatric Institute Hoes Lane, University Heights 08854	M-099	STATE						RES: P
PLAINFIELD Muhlenberg Park Ave. & Randolph Rd. 07061	M-099 L-053	NP CORP	449	38	20 18		16 34	INT: ROT., ST. MED. RES: IM, IM, OBG, PTH, PD, CRS
PRINCETON Medical Center at Princeton 253 Witherspoon St. 08540	M-099	NP CORP	238	60	3			INT: ROT. RES: IM
SOMERS POINT Shore Memorial New York Ave. 08244		NP CORP	234	25	5		6	RES: GP
SOMERVILLE Somerset Rehill Ave. 08876	L-099	NP CORP	350	34	12 2		12 4	INT: ROT. RES: GP, PTH
SUMMIT Overlook 193 Morris Ave. 07901	L-099	NP CORP	548	28	12 6	3	9 35	INT: ROT. RES: FP, IM, ORS, PTH, R
TEANECK Holy Name 718 Teaneck Rd. 07666		NP CORP	370	28	1 1	2 1	6 4	INT: ROT. RES: PTH
TRENTON Helene Fuld 750 Brunswick Ave. 08608	L-099	NP CORP	289	40	5		9	INT: ROT.
Mercer 446 Bellevue Ave. 08607	L-074, 099	NP CORP	319	25	14		12	INT: ROT. RES: PTH
New Jersey State Department of Health P. O. Box 1540 08625		STATE				1	2	RES: PH
St. Francis 601 Hamilton Ave. 08629	L-099	CHURCH	483	28	12 8		16 9	INT: ROT., ST. SURG. RES: GS, PTH
Trenton Psychiatric Station A 08625		STATE	2653	56	8		10	RES: P
VINELAND Newcomb 66 S. State St. 08360		NP CORP	234		1		1	RES: PTH
WESTWOOD Pascack Valley Old Hook Rd. 07675		NP CORP	202					RES: PTH
NEW MEXICO								
ALBUQUERQUE Bataan Memorial 5400 Gibson Blvd. S. E. 87108	L-096	NP CORP	237	45				RES: DR, D, GS, ORS, PD, R
Bernalillo County Medical Center 2211 Lomas Blvd. N. E. 87106	M-096	COUNTY	220	55		1 9	24	INT: ROT., ST. MED., ST. SURG. RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, U
Presbyterian Hospital Center 1100 Central Ave. S. E. 87106	G-096	CHURCH	400	27				RES: PS
St. Joseph 400 Walter St. 87102	L-096	CHURCH	231					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)	M-096	MISC.			12	27 140	27 171	INT: ROT., ST. MED., ST. SURG. RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, TS, U

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NEW MEXICO, ALBUQUERQUE —Continued									
Veterans Admin. 2100 Ridgecrest Dr. S. E. 87108	M-096	VA	442	72		1	2	INT: ROT., ST. MED., ST. SURG. RES: DR, D, GS, IM, N, ORS, PTH, PS, P, R, TS, U	
GALLUP									
Gallup Indian Medical Center P. O. Box 1337, Nizhoni Blvd. 87301	G-096	USPHS	200	9		8	8	RES: GP	
TRUTH OR CONSEQUENCES									
Carrie Tingley Crippled Children's 1400 South Broadway 87901	G-017, 096	STATE	92				5	5	RES: ORS
NEW YORK									
ALBANY									
Albany Medical Center New Scotland Ave. 12208	M-054	NP CORP	763	52		39 2	39 3	11	INT: ROT., ST. MED. RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PO, PDC, PM, PS, P, R, TS, U
Albany Medical Center Affiliated Hospitals (Includes Albany Med. Center Hosp., Child's Hosp., St. Peter's Hospital, Vet. Admin. Hosp., Ellis Hospital (Schenectady), Sunnyview Hospital and Rehabilitation Center (Schenectady))	M-054	MISC.				44	146	239	RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Child's 25 Hackett Blvd. 12208	G-054	CHURCH	80	33					RES: OPH, OTO, PS
Memorial Northern Blvd. 12204		NP CORP	233	21		3		6	RES: GS, PS
St. Peter's 315 So. Manning Blvd. 12208	L-054	CHURCH	423	30		16 8	1 2	20 12	INT: ROT. RES: GS, OBG, PTH, PD, PS, R
State of New York Department of Health 84 Holland Ave. 12208		STATE					2	4	RES: PTH, PH
Veterans Admin. 113 Holland Ave. 12208	M-054	VA	900	61				5	RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
BAY SHORE									
Southside Montauk Highway 11706	L-109	NP CORP	372	24		5	6	20	RES: FP
BINGHAMTON									
Binghamton State 425 Robinson St. 13901		STATE	1363	25		5	2	7	RES: P
BRONX (See New York City)									
BRONXVILLE									
Lawrence 55 Palmer Ave. 10708	G-059	NP CORP	302	4		12		12	INT: ROT.
BROOKLYN (See New York City)									
BUFFALO									
Buffalo General 100 High St. 14203	M-055	NP CORP	684	33		21	6	29	INT: ROT., ST. MED. RES: AN, D, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TR, TS, U
Buffalo General—E. J. Meyer Memorial—Veterans Admin. Hospitals	M-055	MISC.					35	39	INT: ROT., ST. MED.
Buffalo State 400 Forest Ave. 14213		STATE	1500	25		8	3	20	RES: P
Children's Hospital of Buffalo 219 Bryant St. 14222	M-055	NP CORP	317			6	1	13	RES: AN, D, GS, NS, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, TS, U
Deaconess Hospital of Buffalo 1001 Humboldt Parkway 14208	L-055	NP CORP	423	36		11 19	9 23	12 71	INT: ROT., ST. SURG., ST. OBG. RES: AN, FP, GS, OBG, OPH, PTH, CRS, R, U
Edward J. Meyer Memorial 462 Grider St. 14215	M-055	COUNTY	710	41			3 21	11 44	INT: ROT., ST. SURG. RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Emergency Hospital of the City of Buffalo 108 Pine St. 14204		NP CORP	153	30					RES: GS
Mercy 565 Abbott Rd. 14220		NP CORP	383	32		15 12	1	21 17	INT: ROT. RES: GS, IM, PTH, PS
Millard Fillmore 3 Gates Circle 14209	L-055	NP CORP	549	35		4 33	5 16	17 56	INT: ROT. RES: AN, GS, IM, OBG, PTH, R, U
Roswell Park Memorial Institute 666 Elm St. 14203	L-055	STATE	315	95		24	3	37	RES: D, GS, OBG, PTH, PS, R, TR, U
Roswell Park Memorial Institute—Sisters of Charity	L-055	MISC.				2	3	6	RES: U
Sisters of Charity 2157 Main St. 14214	L-055	CHURCH	444	30		11 30		12 34	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, U
S. U. N. Y. at Buffalo Affiliated Hospitals (Includes Buffalo Gen. Hosp., Children's Hosp. of Buffalo, Deaconess Hospital of Buffalo, Edward J. Meyer Mem. Hosp., Millard Fillmore Hospital, Vet. Admin. Hosp., Roswell Park Mem. Institute)	M-055	MISC.				75	135	260	INT: ROT., ST. MED. RES: AN, D, GS, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
University Residency	M-055	MISC.				11	2	18	RES: OBG
Veterans Admin. 3495 Bailey Ave. 14215	M-055	VA	878	37			2	3	INT: ROT., ST. MED. RES: D, GS, GS, IM, OPH, ORS, OTO, PTH, PM, TS, U
CASTLE POINT									
Veterans Admin. 12511		VA	258	50					RES: GS
CENTRAL ISLIP									
Central Islip State Carleton Ave. 11722	L-109	STATE	3441	14		7	5	18	RES: P, P
COOPERSTOWN									
Mary Imogene Bassett Atwell Rd. 13326	M-057 L-063	NP CORP	147	61			15 25	15 32	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, P, P
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div. P.O. Box 11554	M-109	COUNTY	589	42		9 96	24 82	22 190	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, N, OBG, OPH, PTH, PD, PDA, PM, PS, P, R, U

2201 Hempstead Turnpike

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					For.*	Non- For.*		
NEW YORK, EAST MEADOW —Continued								
Office of the Medical Examiner, Nassau County P. O. Box 160 11554		COUNTY				1	1	RES: FOP
ELMHURST (See New York City)								
FAR ROCKAWAY (See New York City)								
FLUSHING (See New York City)								
FOREST HILLS (See New York City)								
GLEN COVE Community Hospital at Glen Cove St. Andrews Ln. 11542		NP CORP	269	39	8 7		8 6	INT: ROT. RES: GP, PTH
GLEN OAKS (See New York City)								
HARRISON St. Vincent's Hospital & Med. Ctr. of New York Westchester Branch 240 North St. 10528		NP CORP	102	17				RES: P
JAMAICA (See New York City)								
JOHNSON CITY Charles S. Wilson Memorial 33-57 Harrison St. 13790	L-063	NP CORP	429	38	6 12	1 11	13 46	INT: ROT., ST. MED., ST. OBG. RES: FP, GS, IM, OBG, PTH, PD
KENMORE Kenmore Mercy 2950 Elmwood Ave. 14217		CHURCH	266	34	10		12	INT: ROT.
KINGS PARK Kings Park State Box A 11754		STATE	4843	13	16	1	30	RES: P
LEWISTON Mount St. Mary's Hospital of Niagara Falls 5300 Military Rd. 14092		CHURCH	220	39	8 1		8 1	INT: ROT. RES: PTH
MANHASSET North Shore UNIVERSITY Community Dr. 11030	M-058	NP CORP	424	60	17	27	75	INT: ROT., ST. MED. RES: GS, IM, N, OBG, OPH, PTH, PD, P, R
MARCY Marcy State Box 100 13403		STATE	2917	41	7	1	15	RES: P
MIDDLETOWN Middletown State 141 Monhagen Ave. 10940		STATE	1876	41	9		11	RES: P
MINEOLA Nassau First St. 11501	L-109 G-059	NP CORP	425	40	18 34		18 42	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH, R, U
MOUNT KISCO Northern Westchester East Main St. 10549		NP CORP	211	33	8 6		8 2	INT: ROT. RES: PTH
MOUNT VERNON Mount Vernon 12 N. 7th Ave. 10550		NP CORP	309	34	16 19		16 19	INT: ROT. RES: GS, IM, OBG
NEWBURGH St. Luke's Hospital of Newburgh 70 Dubois St. 12550		NP CORP	251	53	10 6		10 2	INT: ROT. RES: PTH
NEW HYDE PARK Long Island Jewish—Hillside Medical Center 270-05 76th Ave. 11040	M-061, 109	NP CORP	659	46	3 18	32 9	34 28	INT: ROT., ST. MED. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PDC, PM, R, TS, U
Long Island Jewish—Hillside Medical Center Program (Includes Hillside Hospital Div. (New York City), Long Island Jewish-Hillside Medical Center and Queens Hospital Center (New York City))	M-061, 109	MISC.			98	109	206	INT: ROT., ST. MED. RES: AN, CHP, GS, IM, OBG, OPH, PTH, PD, PDC, PM, P, R, TS, U
NEW ROCHELLE New Rochelle Hospital Medical Center 16 Guion Pl. 10802	L-059	NP CORP	351	44	18 15	1	21 20	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals (Includes Bronx Municipal Hospital Center, Bronx State Hospital, Hospital of the Albert Einstein Coll. of Medicine, Lincoln Hosp., and Some Positions at Montefiore Hosp. and Medical Center)	M-056	MISC.			132	199	366	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
American Telephone and Telegraph Co. and Subsidiaries 195 Broadway 10007		CORP.					1	RES: OM
Beekman—Downtown 170 William St. 10038		NP CORP	306	44	16 30		16 30	INT: ROT., ST. MED., ST. SURG. RES: GS, IM
Bellevue Hospital Center First Ave. & 27th St. 10016	M-060	CITY	1572	33		22	22	INT: ROT., ST. MED. RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U
Bellevue Hospital Center—University	M-060	MISC.			1 7	45 51	12 58	INT: ROT., ST. SURG. RES: IM
Beth Israel Medical Center 10 Nathan D. Periman Pl. 10003	L-108	NP CORP	934	38	11 106	37 102	49 233	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, U
Bird S. Coler Memorial Hospital and Home (Unit 3) Welfare Island 10017	M-059	CITY	1564	50				RES: GS, N, OPH, PTH, PM, U
Booth Memorial 56-45 Main St., Flushing 11355	L-060	CHURCH	339	28	16 22	1 4	17 27	INT: ST. MED., ST. SURG. RES: GS, IM, OBG, PTH

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NEW YORK, NEW YORK CITY—Continued								
Bronx Eye Infirmary 321 E. Tremont Ave. 10457		NP CORP						RES: OPH
Bronx—Lebanon Hospital Center 1276 Fulton Ave. 10456	M-056	NP CORP	602	28	16 104	10	12 126	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, P, R
Bronx Municipal Hospital Center Pelham Pkwy. S. & Eastchester Rd. 10461	M-056	CITY	1073	35	4 4	59 66	43 62	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Bronx Municipal Hosp. Ctr.—Hosp. of Albert Einstein Coll. of Med.	M-056	MISC.			8	15	24	RES: OBG
Bronx State 1500 Waters Pl., Bronx 10461	L-056	STATE	1000		7	12	30	RES: P
Brookdale Hospital Center Linden Blvd. & Rockaway Pkwy., Brooklyn 11212	M-060	NP CORP	618	28	30 83	9 21	61 148	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, GS, IM, OBG, ORS, PTH, PD, PM, P
Brooklyn—Cumberland Medical Center 121 De Kalb Ave, Brooklyn 11201	M-061	NP CORP	805	28	36 118	1 7	30 135	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, PTH, PD, R, U
Brooklyn Eye and Ear 29 Greene Ave., Brooklyn 11238		NP CORP	142	17	7	5	12	RES: OPH
Brooklyn State 681 Clarkson Ave., Brooklyn 11203	M-061	STATE	2202	14	18	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 11432		CHURCH	1007	26	56 66		52 98	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, OPH, ORS, PTH, PD, P
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst 11373	L-108	CITY	965	19	41 92	18	37 124	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Columbia University Affiliated Hospitals (Includes Presbyterian Hospital, New York State Psychiatric Institute)	M-057	MISC.			10	43	53	RES: CHP, PM, P, TS
Columbia University College of Physicians and Surgeons 227 East 19th St. 10003		NP CORP CHURCH				4 4	4 4	RES: NP DIVISION
Coney Island Ocean & Shore Parkways, Brooklyn 11235		CITY	600	30	26 39	2 6	29 46	INT: ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
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.			27	118	152	INT: ROT., ST. MED. RES: AN, DR, GS, IM, NS, N, N, PD, PM, R
Creedmoor State 80-45 Winchester Blvd., Queens Village 11427		STATE	3427	50	15		36	RES: P
Dunlap—Manhattan Psychiatric Ward's Island 10035		STATE	939	29	14	5	18	RES: P
Flower and Fifth Avenue Hospitals (Unit 1) Fifth Ave. at 106th St. 10029	M-059	NP CORP	405	37				INT: ROT., ST. MED. RES: AN, CHP, OR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Flushing Hospital and Medical Center Parsons Blvd. & 45th Ave., Flushing 11355		NP CORP	325	33	12 29		20 32	INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD
Fordham Southern Blvd. & Crotona Ave. 10458		CITY	406	40	5		5	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OBG, PTH, PD, R, U
Francis Delafield 99 Fort Washington Ave. 10032	M-057	CITY	250	27	4	5	26	RES: GS, GS, PTH, U
Francis Delafield Hospital—Harlem Hospital Center	M-057	CITY			4	2	6	RES: U
French and Polyclinic Medical School and Health Center 345 W. 50th St. 10019		NP CORP	574	26	28 53	6	32 67	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
French and Polyclinic Medical School—St. Clare's		MISC.			8		9	RES: PD
French Division 330 W 30th St. 10001		MISC.			4		4	RES: OBG
Goldwater Memorial Welfare Island 10017		CITY	940	47				RES: PM
Greenpoint Kingsland & Skillman Aves, Brooklyn 11211		CITY	174	34				INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, PD, R
Harlem Hospital Center 532 Lenox Ave. 10037	M-057	CITY	1032	35	17 106	34 68	59 226	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, GS, IM, NS, OBG, ORS, PTH, PD, PM, PS, P, R, TS, U
Hillside Hospital Division 75-59 263rd St., Glen Oaks 11004		NP CORP						RES: CHP, P
Hospital for Joint Diseases and Medical Center 1919 Madison Ave. 10035	L-108	NP CORP	330	23	10 19	20	8 43	INT: ST. MED., ST. SURG. RES: AN, GS, IM, ORS, PTH
Hospital for Special Surgery 535 E. 70th St. 10021	L-058	NP CORP	200	50	5	23	32	RES: AN, DR, ORS, PM, R
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., Bronx 10461	M-056	NP CORP	420	30				RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Hospital of the Holy Family Division 155 Dean St., Brooklyn 11217		CHURCH	93	14	3	1	3	RES: OPH
House of St. Giles the Cripple 1346 President St., Brooklyn 11213		NP CORP	30					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, 1972		Pos. Off. July 1, 1974	Approved Program	
					For.*	Non- For.*			
NEW YORK, NEW YORK CITY—Continued									
Institute of Rehabilitation Medicine 400 E. 34th St. 10016		NP CORP	152	62				RES: PM	
Jamaica 89th Ave. & Van Wyck Expr., Jamaica 11418		NP CORP	286	70	9 36	4	14 43	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, PD	
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn 11238	M-061	NP CORP	638	26	34 108	8 15	26 143	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PDA, R, TS, U	
Jewish Memorial Broadway and 196th St. 10040		NP CORP	200	29	10 24	1	10 27	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD	
Kingsbrook Jewish Medical Center 86 East 49th St., Brooklyn 11203	L-061	NP CORP	822	42	14 20	2	14 22	INT: ROT. RES: GS, IM, N, ORS, PTH, PM	
Kingsbrook Jewish Medical Center—Unity	L-061	NP CORP			30		30	RES: IM	
Kings County Hospital Center 451 Clarkson Ave., Brooklyn 11203	M-061	CITY	1984	42		5	1	29	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Kirby—Manhattan Psychiatric Ward's Island 10035		STATE	855			14	2	22	RES: P
Kirby—Manhattan Psychiatric Ward's Island 10035 <i>Arthur C. Logan Memorial</i> 70 Convent Ave. 10027		NP CORP	228	31	14 28			12 21	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH
La Guardia 102-01 66th Rd. 11375		NP CORP	225	38					RES: IM
Lenox Hill 100 E. 77th St. 10021		NP CORP	629	50	6 23	23 54	19 85		INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R, U
Lincoln 320 Concord Ave., Bronx 10454	M-056	CITY	355	42	12 37	7 48	10 49		INT: ST. MED. RES: AN, GS, IM, OBG, ORS, OTO, PTH, PD, PDC, PM, PS, P, U
Long Island College 340 Henry St., Brooklyn 11201	M-061	NP CORP	567	27	20 49	4 13	29 66		INT: ROT., ST. MED. RES: GS, IM, NS, OBG, OPH, OTO, PTH, PD, PDA, R, U
Lutheran Medical Center 4520 Fourth Ave., Brooklyn 11220	G-061	NP CORP	288	33	11 40		14 43		INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: FP, GS, IM, OBG, PTH, PD
Madeleine Borg Child Guidance Institute 120 West 57th St. 10019		NP CORP			2	1	4		RES: CHP
Maimonides Medical Center 4802 Tenth Ave., Brooklyn 11219	M-061	NP CORP	613	21				38 44	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, GS, IM, OBG, OPH, ORS, PTH, PD, P, U
Maimonides Medical Center Training Program (Includes Coney Island Hospital and Maimonides Medical Center)	M-061	MISC.						52 33 92	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, ORS, PD, U
Manhattan Eye, Ear and Throat 210 East 64th St. 10021	G-059	NP CORP	182	33	3	27	30		RES: OPH, OTO, PS
Martin Luther King Jr. Neighborhood Health Center 3674 3d Ave., Bronx 10456		OTHER				11	24		RES: IM
Mary Immaculate Division 152-11 89th Ave., Jamaica 11432		CHURCH	260	22		3	1	4	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH, PD
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-058	NP CORP	449	45		19	7	29	INT: ROT., ST. MED. RES: AN, OR, GS, GS, GS, IM, NS, N, N, PTH, PD, R, TR
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn 11215	L-061	NP CORP	557	32	5 103	4	12 129		INT: ROT., ST. MED., ST. SURG. RES: AN, OR, GS, IM, OBG, PTH, PD, PS, R, U
Metropolitan Hospital Center (Unit 2) 1901 First Ave. 10029	M-059	CITY	925	42					INT: ROT., ST. MED. RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Meyer Manhattan Psychiatric Ward's Island 10035	L-059	STATE	660		7	1	12		RES: P
Misericordia 600 E. 233rd St., Bronx 10466	L-059	CHURCH	379	28					INT: ST. MED., ST. SURG. RES: AN, GS, IM, OBG, PTH, PD, R, U
Misericordia—Fordham Training Program	L-059	CITY			12 114	1	12 115		INT: ST. MED., ST. SURG. RES: AN, GS, IM, OBG, PTH, PD, R, U
Montefiore Hospital and Medical Center 111 E. 210th St., Bronx 10467	M-056	NP CORP	719	35		10	37	57	INT: ST. MED., ST. OBG. RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Montefiore Hospital Training Program	M-056	MISC.			2 64	80 147	67 230		INT: ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, IM, OBG, ORS, PTH, PD, PDC, PM, PS, U
Morrisania City 168th St. and Gerard Ave., Bronx 10452		CITY	313	41					INT: ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PDC, PM, PS, U
Mount Sinai 11 East 100th St. 10029	M-108	NP CORP	1155	32		10	56 81	44 89	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TS, U
Mount Sinai Affiliated Hospitals	M-108	MISC.						6	RES: IM
Mount Sinai Hospital Training Program (Includes Integrated Residencies of City Hospital Center at Elmhurst and Mount Sinai Hospital)	M-108	MISC.			71	145	254		INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Mount Sinai School of Medicine Department of Community Medicine 5th Ave. and 100th St. 10029		NP CORP			1	5	8		RES: GPM
New York 525 East 68th St. 10021	M-058	NP CORP	1098	54	2 27	16 118	16 175		INT: ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, U
New York City Department of Health 125 Worth St. 10013		CITY			4	5	10		RES: PH
New York Eye and Ear Infirmary 310 East 14th St. 10003		NP CORP	207		4	32	33		RES: OPH, OTO
New York Hospital—Memorial Hospital for Cancer and Allied Diseases	M-058	NP CORP				28	32		INT: ST. MED.
New York Infirmary Stuyvesant Sq. E. and 15th St. 10003	G-060	NP CORP	272	27	13 20	1	14 23		INT: ROT., ST. SURG. RES: GS, OBG, PD

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non-For.*		
NEW YORK, NEW YORK CITY—Continued								
New York Medical College—Metropolitan Hospital Center (Includes Unit 1-Flower and Fifth Avenue Hospitals, Unit 2-Metropolitan Hospital Center, and Unit 3-Bird S. Coler Memorial Hospital and Home) 1 East 105th St. 10029	M-059	MISC.			21 136	45 161	73 318	INT: ROT., ST. MED. RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
New York State Psychiatric Institute 722 W. 168th St. 10032	M-057	STATE	182					RES: CHP, P
New York University Medical Center (Includes Bellevue Hosp. Ctr., Booth Mem. Hosp., Goldwater Mem. Hospital, Inst. of Rehab. Med., St. Vincent's Hosp. & Med. Ctr. of N. Y., Univ. Hosp., Vet. Admin. Hosp. (Manhattan) & Grasslands Hosp. (Valhalla) 550 First Ave. 10016	M-060	MISC.			125	292	446	INT: ROT., ST. MED. RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, TR, TS, U
North Shore Hospital—Memorial Hospital for Cancer and Allied Diseases	M-058	NP CORP			1	19	22	INT: ROT., ST. MED., ST. SURG.
Office of the Chief Medical Examiner, City of New York 520 First Ave. 10016		CITY		33	2	2	6	RES: FOP
Polyclinic Division 345 W. 50th St. 10019		NP CORP			4		4	RES: OBG, OPH, ORS, PTH
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents 124 E. 28th St. 10016		NP CORP			2		2	RES: CHP
Presbyterian 622 West 168th St. 10032	M-057	NP CORP	1494	40	50	29 224	29 306	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Queens Hospital Center 82-68 164th St., Jamaica 11432	M-109	CITY	1177	37	30 21	7	11 30	INT: ROT. RES: AN, CHP, GS, IM, IM, OBG, OPH, ORS, PTH, PD, PDC, PM, P, R, TS, U
Queens Hospital Center (Catholic Medical Center Affiliation) 82-68 164th St., Jamaica 11432	M-109	CITY	92	37				RES: IM
Roosevelt 428 W. 59th St. 10019	M-057	NP CORP	595	32	3 46	25 67	28 125	INT: ROT., ST. MED., ST. SURG. RES: CHP, DR, GS, IM, OBG, OTO, PTH, PD, PDA, P, R, U
St. Barnabas Hospital for Chronic Diseases 183d St. and 3d Ave., Bronx 10457		NP CORP	415	27				RES: PM
St. Clare's Hospital and Health Center 415 West 51st St. 10019		CHURCH	411	38	15 59	2	64	INT: ROT., ST. MED. RES: GS, IM, OBG, OPH, PTH, PD
St. John's Episcopal 480 Herkimer St., Brooklyn 11213	G-061	CHURCH	288	41	17 34		14 35	INT: ROT. RES: GS, IM, OBG, PTH, PD
St. John's Queens Division 90-02 Queens Blvd., Elmhurst 11373		CHURCH	308	24				INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PD
St. Luke's Hospital Center Amsterdam Ave. & 114th St. 10025	M-057	NP CORP	769	40	2 71	19 76	24 147	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Mary's Division 1298 St. Marks Ave., Brooklyn 11213		CHURCH	235	34	2		2	INT: RDT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH, PD
St. Vincent's Hospital and Medical Center—Columbus		MISC.			1	3	4	RES: OPH
St. Vincent's Hospital and Medical Center of New York 153 West 11 St. 10011		CHURCH	802	41	43	12 78	35 142	INT: ROT., ST. MED. RES: AN, DR, GS, IM, NS, N, OBG, OPH, PTH, PD, PDA, PM, P, R, TR
St. Vincent's Medical Center of Richmond 355 Bard Ave., Staten Island 10310	G-059	CHURCH	310	33	10 36	1 3	16 41	INT: ROT., ST. MED., ST. SURG. RES: CHP, GS, IM, OBG, ORS, PTH, PD, P, R
South Shore—Rockaway Mental Health Center 1600 Central Ave., Far Rockaway 11691		MISC.			1		6	RES: P
State University 445 Lenox Road, Brooklyn 11213	M-061	STATE	350	30		24	27	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
State University, Kings County Hospital Center (Includes Kings County Hosp. Center, State Univ. Hosp., and Some Positions at Brooklyn-Cumberland Med. Ctr., Long Island Coll. Hosp. and Veterans Admin. Hospital (Brooklyn))	M-061	MISC.			13 231	13 222	35 516	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Staten Island 101 Castleton Ave., Staten Island 10301		NP CORP	279	38	10 12	4 9	14 22	INT: ROT. RES: GS, IM, OBG, PTH, PD RES: CHP, P
Staten Island Mental Health Society 657 Castleton Ave., Staten Island 10301		NP CORP						
Staten Island Mental Hlth. Society—St. Vincent's Med. Ctr. of Richmond		MISC.			5	5	14	RES: CHP, P
Sydenham 565 Manhattan Ave. 10027		CITY	173	14	10 11		10 11	INT: ROT., ST. OBG. RES: GS, OBG
U. S. Public Health Service Bay and Vanderbilt St., Staten Island 10304		USPHS	500	42	8	5 45	30 58	INT: ROT., ST. MED. RES: AN, D, IM, OPH, ORS, PTH, R, U
Unity 1545 St. Johns Place, Brooklyn 11213		NP CORP	207	30	10 11	1	10 12	INT: ROT. RES: GS, IM, OBG
University 550 First Ave. 10016	M-060	NP CORP	630	40				INT: ROT., ST. MED. RES: CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
University Hospital—Veterans Admin. (Manhattan)	M-060	MISC.			15 16		13 32	INT: ST. MED. RES: IM
Veterans Admin. (Bronx) 130 W. Kingsbridge Rd., Bronx 10468	L-108	VA	1018	40	86	27	64	RES: DR, D, GS, IM, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, U
Veterans Admin. (Brooklyn) 800 Poly Pl., Brooklyn 11209	M-061	VA	1000	43	8 50	4	8 56	INT: ST. MED., ST. SURG. RES: D, GS, IM, N, OPH, ORS, PTH, PM, PS, U

~~State University, Kings County Hospital Center~~ **5. KING'S DOWNSTATE MEDICAL CENTER**

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Rec. % †	House Staff Sept. 1, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program
NEW YORK, NEW YORK CITY—Continued								
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	M-061	MISC.			8		11	RES: N
Veterans Admin. (Manhattan) First Ave. at E. 24th St. 10010	L-060	VA	1052	33	29	3	38	INT: ST. MED. RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
Wyckoff Heights 374 Stockholm St., Brooklyn 11237		NP CORP	375		15 53	1	16 56	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD
NIAGARA FALLS								
Niagara Falls Memorial Medical Center 621 Tenth St. 14302		NP CORP	448	30	13		13 4	INT: ROT. RES: PTH
NORTHPORT								
Veterans Admin. Middleville Rd. 11768	M-109	VA	961	38	2		12 30	INT: ST. MED. RES: IM, P
ORANGEBURG								
Rockland State 10962		STATE	2969		4	3	18	RES: P
POMONA								
Rockland County Community Mental Health Center 10970		COUNTY	98	10			12	RES: P
PORT CHESTER								
United 406 Boston Post Rd. 10573		NP CORP	334	6	6 1		8 2	INT: ROT. RES: GS
PORT JEFFERSON								
St. Charles 200 Belle Terre Rd. 11777		NP CORP	183	19				RES: ORS
POUGHKEEPSIE								
Hudson River State Branch B 12601		STATE	3167	19	8		12	RES: P
QUEENS VILLAGE (See New York City)								
ROCHESTER								
Eastman Kodak Company 343 State St. 14650		CORP.					2	RES: OM
Genesee 224 Alexander St. 14607	M-062	NP CORP	367	55	1 12	9	3 27	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, ORS, OTO, PTH, PD
Highland Hospital of Rochester South Ave. at Bellevue Dr. 14620	M-062	NP CORP	262	44	2 10	1 3	12 15	INT: ROT., ST. MED. RES: FP, GS, IM, OBG, ORS
Monroe Community 435 E. Henrietta Rd. 14620	L-062	COUNTY						RES: PM
Office of the Monroe County Medical Examiner 435 E. Henrietta Rd. 14620		COUNTY	34			1	1	RES: FOP
Rochester General 1425 Portland Ave. 14621	M-062	NP CORP	526	54	3 16	17 26	24 44	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, OBG, ORS, OTO, PTH, PD, P, TS
Rochester State 1600 South Ave. 14620	G-062	STATE	2544	41	5		12	RES: P
St. Mary's 89 Genesee St. 14611	L-062	NP CORP	324	34	9 15	7 3	19 23	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, OPH
Strong Memorial Hospital of the University of Rochester 26D Crittenden Blvd. 14642	M-062	NP CORP	665	59	1 39	58 136	44 205	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
University of Rochester Affiliated Hospitals	M-062	MISC.			38	46	88	RES: GS, ORS, OTO, TS
University of Rochester Associated Hospitals (Includes Genesee Hospital, Highland Hospital of Rochester, Rochester General Hospital, and Strong Memorial Hospital)	M-62	MISC.						RES: IM
University of Rochester Community Pediatrics Program	M-062	MISC.			3	16	35	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		MISC.					2	RES: OM
University of Rochester School of Medicine—Highland 335 Mount Vernon St. 14620	M-062	NP CORP	262	44		22	30	RES: FP
ROCKVILLE CENTRE								
Mercy 1000 N. Village Ave. 11570		CHURCH	386	33				RES: OBG
SCHENECTADY								
Ellis 1101 Nott St. 12308	L-054	NP CORP	466	42	19 12	1 2	20 16	INT: ROT. RES: GS, OBG, ORS, PTH
St. Clare's 600 Mc Clellan St. 12304		CHURCH	241		11		12	INT: ROT. RES: OBG
Schenectady Affiliated Program	L-054	MISC.			5		5	RES: OBG
Sunnyview Hospital and Rehabilitation Center 1270 Belmont Ave. 12308	G-054	NP CORP	78					RES: ORS, PM
STATEN ISLAND (See New York City)								
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals 11790	M-109	MISC.					12	INT: ST. MED. RES: IM, P

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
NEW YORK—Continued								
SYRACUSE								
Community General Hospital of Greater Syracuse Broad Rd. 13215	L-063	NP CORP	300	36				RES: GS
Crouse-<u>Irving</u> Memorial <i>CROUSE-IRVING MEMORIAL, 736 IRVING AVE.</i> 8000-Crouse Ave. 13210	M-063	NP CORP	466	28				RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, TS, U
St. Joseph's Hospital Health Center 301 Prospect Ave. 13203	M-063	CHURCH	386	36		5 6	6 13	INT: ROT. RES: AN, FP, GS, OBG, ORS, PTH
State University 750 E. Adams St. 13210	M-063	STATE	339	48		5	23	34 RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center 766 Irving Ave. 13210	M-063	MISC.				4 58	43 142	40 230 INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center—St. Joseph's	M-063	MISC.					30	36 RES: FP
Syracuse Psychiatric 708 Irving Ave. 13210	M-063	STATE						RES: P
* Veterans Admin. Irving Ave. and Univ. Pl. 13210	M-063	VA	422	49				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
THIELLS								
Letchworth Village 10984		STATE	3649	53		2	3	RES: P
UTICA								
Children's Hospital and Rehabilitation Center of Utica 1675 Bennett St. 13502	G-063	NP CORP	57	14				RES: ORS
Utica State 1213 Court St. 13502		STATE	1641				16	RES: P
VALHALLA								
Blythedale Children's Bradhurst Ave. 10595		NP CORP	92					RES: PM
Grasslands 10595	L-059	COUNTY	406	57		16 49	3 18 59	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OPH, PTH, PD, PM, P
Office of the Medical Examiner 10595		COUNTY					1 2	RES: FOP
WEST BRENTWOOD								
Pilgrim State Box A 11717		STATE	8196	16		8	30	RES: P
WEST HAVERSTRAW								
New York State Rehabilitation Route 9 W 10993		STATE	162					RES: ORS, ORS, PM
WHITE PLAINS								
Burke Rehabilitation Center 785 Mamaroneck Ave. 10605	L-058	CORP.	150					RES: PM
New York Hospital—Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd. 10605	M-058	NP CORP	287	21		6	14	22 RES: P
White Plains 41 East Post Rd. 10601		NP CORP	273	33			1	RES: GS
YONKERS								
St. John's Riverside 967 North Broadway 10701	G-059	NP CORP	285	27		16	16	INT: ROT.
St. Joseph's 127 South Broadway 10701		NP CORP	165	20		8	12	INT: ROT.
Yonkers General 127 Ashburton Ave. 10701		NP CORP	182	28		9 5	9 5	INT: ROT. RES: GP
NORTH CAROLINA								
ASHEVILLE								
Blue Ridge Community Mental Health Center 356 Biltmore Ave. 28801		STATE	9			1	3	RES: P
Highland 49 Zillicoa St. 28801	L-065	NP CORP	131				12	RES: P
BUTNER								
John Umstead 12th St. 27509	L-064	STATE	1771	25		5	8	10 RES: P
Murdoch Center, Children's Psychiatric Institute 27509		COUNTY	46			1	3	4 RES: CHP
CHAPEL HILL								
North Carolina Memorial Pittsboro Rd. 27514	M-064	STATE	452	57		1 8	51 149	39 211 INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
North Carolina Memorial Hospital—Mc Pherson	M-064	MISC.					3 4	RES: OPH
Office of the Chief Medical Examiner P. O. Box 2488 27514		STATE					1 2	RES: FOP
University of North Carolina Affiliated Hospitals	M-064	MISC.				3 1	9 27	33 INT: ROT., ST. MED. RES: IM
University of North Carolina School of Medicine	M-064	MISC.					3	6 RES: PDC
University of North Carolina Schools of Medicine and Public Health 27514		MISC.					3	6 RES: GPM
CHARLOTTE								
Charlotte Memorial 1000 Blythe Blvd. 28203	M-064	NP CORP	815	40		3	7 43	16 56 INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH, PD, TS, U

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NORTH CAROLINA—Continued								
DURHAM								
Duke University Affiliated Hospitals (Includes Duke University Medical Center, Veterans Admin. Hospital, Watts Hospital, North Carolina Orthopedic Hospital (Gastonia), Veterans Admin. Hospital (Oteen), and Shriners Hospital (Greenville, S.C.))	M-065	MISC.			11	276	320	RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Duke University Medical Center 27710	M-065	NP CORP	803	57	3	55 66	34 74	INT: ST. MED. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, R, TR, TS, U
Durham Child Guidance Clinic, Duke University Medical Center 402 Trent St. 27705		MISC.					4	RES: CHP
Mc Pherson 1110 West Main St. 27701	L-064 G-065	PART.	28					RES: OPH, OPH
Mc Pherson Hospital—North Carolina Memorial	L-064	MISC.				4	4	RES: OPH
Veterans Admin. 508 Fulton St. 27705	M-065	VA	501	60				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Watts Club Blvd. at Broad St. 27705	L-064, 065	COUNTY	318	32	6 5		6	INT: ROT., ST. SURG. RES: FP, GS, ORS
FORT BRAGG								
Womack Army Hospital Specialized Treatment Center 28307		MISC.						RES: PH
GASTONIA								
North Carolina Orthopedic New Hope Rd. 28052	G-064, 065	STATE	100					RES: ORS
GREENSBORO								
Moses H. Cone Memorial 1200 N. Elm St. 27401	M-064	NP CORP	426	35		8	35	RES: FP, IM, PTH, PD
MORGANTON								
Broughton 28655		STATE	2318					RES: P
OTEEN								
Veterans Admin. 28805	G-065	VA	577	46	2	2	4	RES: ORS, TS, U
RALEIGH								
Dorothea Dix Station B 27611	L-064	STATE	1922	38	10	2	19	RES: CHP, P
Memorial Hospital of Wake County 3000 New Bern Ave. 27610	M-064	COUNTY	386	22				RES: OBG, ORS
North Carolina State Board of Health 225 N. Mc Dowell St. 27602		STATE					3	RES: PH
WILMINGTON								
New Hanover Memorial 2431 S. 17th St. 28401	M-064	NP CORP	400	29	2 8		7 11	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	M-066	MISC.						INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Forsyth Memorial 3333 Silas Creek Parkway 27103	M-066	NP CORP	650	21			6	INT: ROT.
North Carolina Baptist 300 S. Hawthorne Rd. 27103	M-066	CHURCH	463	56	1 14	16 91	44 167	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
NORTH DAKOTA								
BISMARCK								
Bismarck 323 6th St. 58501	L-097	NP CORP	187	22				RES: GS, R
Bismarck Affiliated Hospitals St. Alexius 311 N. 9th St. 58501	L-097 L-097	MISC. CHURCH	259	35			1 3	RES: R RES: R
FARGO								
Neuropsychiatric Institute 500 Mills Ave. 58102		NP CORP	93	48			2	RES: NS
St. Luke's Hospitals 5th St. & Mills Ave. 58102	L-097	NP CORP	364	39	3	8	12	INT: ROT.
GRAND FORKS								
United 212 S. 4th St. 58201	G-097	NP CORP	314					RES: PTH
University of North Dakota Affiliated Hospitals	L-097	MISC.						RES: PTH
OHIO								
AKRON								
Akron City 525 E. Market St. 44309	M-069	NP CORP	599	43	1 9	12 56	17 72	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, OBG, OPH, ORS, PTH, PS, R, U
Akron General 400 Wabash Ave. 44307		NP CORP	547	52		3 8	16 34	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, OBG, ORS, PS, U
Children's Hospital of Akron Buchtel Ave. at Bowery St. 44308		NP CORP	243	69	4	14	30	RES: AN, ORS, PTH, PD, PS
St. Thomas 444 North Main St. 44310		CHURCH	366	40	18 24		18 26	INT: ROT. RES: GP, GS, OBG, PTH

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OHIO—Continued								
BARBERTON Barberton Citizens Tuscora Park 44203		NP CORP	429	29	18 6		18 12	INT: ROT. RES: GP, GS, PTH
CANTON Aultman 2600 Sixth St. S. W. 44710		NP CORP	701	39	11 10	1 4	12 18	INT: ROT. RES: DR, OBG, PTH, R
CINCINNATI Bethesda 619 Oak St. 45206		CHURCH	477	28	5		9	RES: OBG
Central Psychiatric Clinic Cincinnati General Hospital 45229	M-067	NP CORP						RES: CHP
Children's Elland Ave. and Bethesda 45229	M-067	NP CORP	215	72		2	2	RES: AN, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, PM, R, TR, 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	685	35	6 5	4 9	28 19	INT: ROT., ST. SURG. RES: GS, NS, PS, U
Christian R. Holmes Eden and Bethesda Aves. 45219	L-067	CITY	87	50				RES: TR
Cincinnati General 3239 Burnet Ave. 45229	M-067	CY-CO	668	44		3	36	INT: ST. MED., ST. SURG. RES: AN, DR, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, R, TR, U
<i>234 Goodman St.</i> Convalescent Hospital for Children Auburn Ave. and Wellington Pl. 45219	G-067	NP CORP	70	60				RES: POA
Daniel Drake Memorial Galbraith Rd. at Vine St. 45216	G-067	COUNTY	884	49	13		12	RES: IM, PM
Good Samaritan 3217 Clifton Ave. 45220	L-067	CHURCH	728	44	3 15	14 17	16 43	INT: ROT., ST. MED. RES: GS, IM, NS, OBG, ORS, PTH, PD, U
Good Samaritan Hospital Training Program Jewish Burnet Ave. 45229	L-067	MISC. NP CORP			25 10 29	1 14 5	24 14 32	RES: GS INT: ROT., ST. MED., ST. SURG. RES: GS, IM, PTH, R
Navy Industrial Environmental Health Center 3333 Vine St. 45220		USN				1	4	RES: OM
Providence 2366 Kipling Ave. 45239		CHURCH	357	34				RES: GS
Rollman Psychiatric Institute 3009 Burnet Ave. 45219		STATE	124		23	7	30	RES: P
U. S. P. H. S. Environmntl. Control Admin. Bur. of Occup. Safety and Hlth. 1014 Broadway 45202		USPHS					4	RES: OM
University of Cincinnati Hospital Group (Includes Children's Hosp., Christ Hosp., Children's Psychiatric Center of the Jewish Hosp., Cincinnati General Hosp., Daniel Drake Mem. Hosp., Good Samaritan Hosp., Jewish Hosp., and Veterans Admin. Hosp.)	M-067	MISC.			53	64 255	26 358	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, P, R, TR, U
University of Cincinnati Institute of Environmental Health College of Medicine, Eden Ave. 45219	G-067	NP CORP			1	1	16	RES: OM
Veterans Admin. 3200 Vine St. 45220	M-067	VA	460	49				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U
CLEVELAND								
Case Western Reserve University 2085 Adelbert Rd. 44106	M-068	MISC.					2	RES: NP
Case Western Reserve University Affiliated Hospitals (Includes University Hospitals of Cleveland, Cleveland Guidance Ctr., Cleveland Metropolitan General Hospital, Highland View Hospital, Mt. Sinai Hospital, St. Luke's Hospital and Veterans Admin. Hospital)	M-068	MISC.			38	138	244	INT: ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, NS, OPH, ORS, OTO, PTH, PD, PM, PS, TS, U
Cleveland Clinic 9500 Euclid Ave. 44106		NP CORP	691	50	1 35	20 144	29 221	INT: ROT., ST. MED. RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, PTH, PD, PS, CRS, P, R, TS, U
Cleveland Clinic—St. Vincent Charity Cleveland Guidance Center 2525 E. 22nd St. 44115		MISC. NP CORP			14	14	28	RES: GS RES: CHP
Cleveland Metropolitan General 3395 Scranton Rd. 44109	M-068	COUNTY	573	69	2 42	32 49	26 94	INT: ROT., ST. MED., ST. SURG. RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, R, TS, U
Cleveland Metropolitan General Hospital—Lutheran Medical Center	M-068	MISC.			24		27	RES: IM
Cleveland Psychiatric Institute 1708 Aiken Ave. 44109		STATE	251	75	16	3	20	RES: P
Cuyahoga County Coroner's Office 2121 Adelbert Rd. 44106		COUNTY			3		3	RES: FOP
Fairhill Mental Health Center 12200 Fairhill Rd. 44120		STATE	144	17	25	3	22	RES: P
Fairview General 18101 Lorain 44111		NP CORP	457	36	15 26		21 30	INT: ROT., ST. SURG. RES: GP, GS, OBG, PTH
Highland View 3901 Ireland Dr. 44122	L-068	COUNTY	340	32				RES: N, PM
Huron Road 13951 Terrace Rd. 44112		NP CORP	389	38	13 16	1	13 31	INT: ROT. RES: AN, GS, IM, PTH, U
Huron Road Hospital—Cleveland Clinic		MISC.			23	3	27	RES: AN
Lutheran Medical Center 2609 Franklin Blvd. 44113		CHURCH	332	38	12 8		12 10	INT: ROT. RES: GS, IM, PTH
Marymount 12300 Mc Cracken Rd. 44125		CHURCH	279	27	12 8	1	12 10	INT: ROT. RES: AN, PTH

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OHIO, CLEVELAND—Continued								
Mount Sinai Hospital of Cleveland University Circle 44106	L-068	NP CORP	543	40	11 50	5 19	12 77	INT: ROT., ST. MED., ST. SURG. RES: AN, O, GS, IM, OBG, OPH, ORS, PTH, PO, R
Polyclinic 6606 Carnegie Ave. 44103		NP CORP	125	27	8		8	RES: GP
St. Alexis 5163 Broadway Ave. 44127		CHURCH	360	36	6 14		12 15	INT: ROT. RES: GS, PTH
St. John's 7911 Detroit Ave. 44102		CHURCH	323	29	15 16		15 18	INT: ROT. RES: GP, GS
St. Luke's 11311 Shaker Blvd. 44104	L-068	NP CORP	460	47	11 39	4 11	18 60	INT: ROT., ST. MED., ST. SURG. RES: AN, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS
St. Luke's Hospital—St. Vincent Charity	L-068	MISC.			1	1	2	RES: PS
St. Vincent Charity 2351 E. 22nd St. 44115		CHURCH	442	35	12 7		12 8	INT: ROT. RES: GS, NS, OPH, ORS, PTH, PS, TS, U
Straight Internship in Medicine	M-068	MISC.					14	INT: ST. MED.
Straight Internship In Surgery	M-068	MISC.				18	18	INT: ST. SURG.
University Hospitals of Cleveland 2065 Adelbert Rd. 44106	M-068	NP CORP	963	7	2 14	45 91	31 174	INT: ROT., ST. MED. RES: AN, CHP, DR, O, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POC, PS, P, R, TS, U
Veterans Admin. 10701 East Blvd. 44106	M-068	VA	786	41		15	15 43	INT: ST. MED. RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
COLUMBUS								
Children's 561 South 17th St. 43205	M-069	NP CORP	301	58	1	43	42	RES: GS, GS, NS, ORS, ORS, OTO, PTH, PD, PS, TS, U
Columbus State 1960 W. Broad St. 43223		STATE	1537	50	16		24	RES: P
Grant 309 East State St. 43215	L-069	NP CORP	453	27	2 2	1	10 21	INT: ROT. RES: FP, PTH
Mount Carmel Medical Center 793 West State St. 43222	M-069	NP CORP	502	44	1 8	5 21	18 42	INT: ROT. RES: GS, IM, OBG, ORS, PM
Ohio State University Affiliated Hospitals (Includes Ohio State University Hospitals, Children's Hospital and Somepositions at Mount Carmel Hospital and Riverside Methodist Hospital)	M-069	MISC.			2	55	64	RES: NS, ORS, OTO, PM, PS, TS, U
Ohio State University College of Medicine	M-069	STATE				22	22	INT: ST. MED. RES: PD
Ohio State Univ. College of Medicine, Dept. of Preventive Medicine 410 W. 10th Ave. 43210	M-69	STATE			2	3	13	RES: AM, OM, GPM
Ohio State University Hospitals 410 W. 10th Ave. 43210	M-069	STATE	955	44	20	148	206	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Riverside Methodist 3535 Olentangy River Rd. 43214	M-069	CHURCH	844	41	4	15 20	24 38	INT: ROT. RES: GP, GS, IM, NS, OBG, ORS, PM, PS, R
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	M-069	MISC.			1	8	16	RES: OBG
St. Ann's Hospital of Columbus 1555 Bryden Rd. 43205	M-069	CHURCH	147					RES: OBG
CUYAHOGA FALLS								
Fallsview Mental Health Center 330 Broadway East 44222		STATE	120	100	14		20	RES: P
DAYTON								
Children's Medical Center 1735 Chapel St. 45404		NP CORP	128	73				RES: ORS
Good Samaritan 1425 W. Fairview Ave. 45406		CHURCH	494	40	5 14	3 2	13 36	INT: ROT. RES: FP, GS, IM, OBG
Miami Valley 1 Wyoming St. 45409		NP CORP	741	41	4 20	3 21	12 56	INT: ROT. RES: FP, GS, IM, OBG, ORS, PTH, R
St. Elizabeth Medical Center 601 Miami Blvd. West 45408		CHURCH	493	43	1 2	7 8	7 24	INT: ROT. RES: FP
Veterans Admin. Center 4100 West Third St. 45428	G-069	VA	718	41	38	2	47	RES: GS, IM, PTH, R, U
ELYRIA								
Elyria Memorial 630 E. River St. 44035		NP CORP	335	41	11 12		15 18	INT: ROT. RES: GP, GS, ORS, PTH, R
EUCLID								
Euclid General East 185th St. & Lake Erie 44119		NP CORP	346	25	14 3		14 12	INT: ROT. RES: GP
KETTERING								
Charles F. Kettering Memorial 3535 Southern Blvd. 45429		CHURCH	407	45	4	8 10	12 27	INT: ROT., ST. MED. RES: GS, IM, PTH, PS
LAKEWOOD								
Lakewood 14519 Detroit Ave. 44107		CITY	352	35	10			INT: ROT.
LORAIN								
St. Joseph 205 West 20th St. 44052		CHURCH	341	30	22		24 2	INT: ROT. RES: PTH, R
St. Joseph—Elyria Memorial Hospitals		MISC.			5		10	RES: R
RAVENNA								
Robinson Memorial Portage County 449 S. Meridian St. 44266		COUNTY	243	20	13		15	RES: GP, GS
TOLEDO								
Flower 3350 Collingwood Blvd. 43610		NP CORP	209	30	3		3 16	INT: ROT. RES: FP, GS
Hospital of Medical College of Ohio at Toledo Arlington at Detroit 43614	M-112	STATE	159	58	7	1	16 16	INT: ROT., ST. MED. RES: AN, GS, IM, OBG, OPH, PTH, PO, PS, P, U

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					Sept. 1, 1972	Non-For.*		
OHIO, TOLEDO —Continued								
Medical College of Ohio at Toledo P. O. Box 6190 43614	M-112	STATE					4	RES: CHP
Medical College of Ohio at Toledo Affiliated 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.			79	23	8 122	INT: ST. SURG. RES: AN, GS, IM, OBG, OPH, PTH, PD, PS, P, U
Mercy 2221 Madison Ave. 43624	L-112	CHURCH	350	31	12	7	18 26	INT: ROT., ST. SURG. RES: FP, GP, GS, IM, OBG, PTH, PD
Riverside 1609 Summit St. 43604		NP CORP	186	20	7		9	INT: ROT.
St. Charles 2600 Navarre Ave. 43616		NP CORP	260	25	4	4	3 16	INT: ROT. RES: GP
St. Vincent Hospital and Medical Center 2213 Cherry St. 43608	L-112	NP CORP	618	42	3			INT: ROT. RES: GS, IM, OBG, OPH, PD, PS, P, U
Toledo 2142 N. Cove Blvd. 43606	L-112	NP CORP	522	48	17	1	18 17	INT: ROT. RES: AN, GP, IM, OBG, PTH, PD
Toledo Mental Health Center 930 S. Detroit Ave. 43603	L-112	STATE	1750		3	2		RES: GS, P
WARREN								
Trumbull Memorial 1350 E. Market St. 44482		NP CORP	462	23			6	RES: R
WORTHINGTON								
Harding 445 E. Granville Rd. 43085	L-069	NP CORP	120		1	3	9	RES: P
WRIGHT-PATERSON A. F. B.								
U. S. Air Force Headquarters Air Force Logistics Command 45431		USAF					1	RES: OM
U. S. A. F. Medical Center Wright-Patterson A. F. B. 45433		USAF	425	63	1	10	6 24	INT: ROT. RES: FP
YOUNGSTOWN								
St. Elizabeth 1044 Belmont Ave. 44505		CHURCH	654	30	17	4	21 49	INT: ROT. RES: GP, GS, IM, OBG, PTH, R
Youngstown S. Unit Oak Hill and Francis Sts.; N. Unit, Gypsy Lane-Goleta Ave. 44501		MISC.	853	39	11	9	29 56	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, PTH, R
OKLAHOMA								
NORMAN								
Central State Griffin Memorial Box 151 73069	L-070	STATE	1592	16	9	4	15	RES: GS, P
OKLAHOMA CITY								
<i>3300</i> Baptist Memorial <i>Medical Center of Oklahoma</i> 6009 Northwest Expressway 73112	L-070	CHURCH	376	24	1	5	7 7	INT: ROT. RES: PTH, R
Bone and Joint 605 N. W. 10th St. 73102		CORP.	74					RES: ORS
Children's Memorial 940 N. E. 13th St. 73104	M-070	NP CORP						RES: PS, TS
Mercy <i>Health Center</i> 4300 W. Memorial Rd. 73120	L-070	CHURCH	181	36		1	2	RES: GS
Office of Chief Medical Examiner 824 N. E. 15th St. 73104		STATE		26			2	RES: FOP
Presbyterian 300 N. W. 12th St. 73103	L-070	CHURCH	195	25				INT: ROT. RES: FP, GS, PS, R
St. Anthony 601 Northwest Ninth 73102	L-070	CHURCH	568	33		7	14 26	INT: ROT. RES: GS, IM, NS, OBG, OPH, ORS, PTH, R
State of Oklahoma Dept. of Health 3400 North Eastern 73106		STATE					6	RES: PH
University Family Practice Program	M-070	MISC.						RES: FP
University of Oklahoma Health Sciences Center (Includes University of Oklahoma Hospitals, Children's Memorial Hospital, Presbyterian Hospital, St. Anthony Hospital, Veterans Admin. Hospital and Central State Griffin Memorial Hospital (Norman) P. O. Box 26901, 800 N. E. 13th St. 73190	M-070	MISC.			22	167	275	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, AM, CHP, D, FP, GP, GS, IM, NS, N, OBG, OM, OPH, ORS, OTO, PTH, PS, GPM, P, R, TS, U
University of Oklahoma Hospitals 800 Northeast 13th 73190	M-070	STATE	400	51	7	27	30	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, D, FP, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U
University of Oklahoma Hospitals—Presbyterian	M-070	MISC.			2	8	9	INT: ROT.
University of Oklahoma Hospitals—Veterans Admin.	M-070	MISC.			1	21	20	INT: ST. MED., ST. SURG.
Veterans Admin. 921 N. E. 13th St. 73104	M-070	VA	481	53				INT: ST. MED., ST. SURG. RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
TINKER A. F. B.								
U. S. A. F. . 73145		USAF					1	RES: OM
TULSA								
Hillcrest Medical Center Utica On the Park 74104	L-070	NP CORP	511	29		4	12 2	INT: ROT. RES: GS, IM, OBG, PTH, PD
Hillcrest Medical Center—St. John's	L-070	NP CORP				8	9	RES: OBG
St. Francis 6161 South Yale 74135	L-070	NP CORP	587	25				RES: GS, IM, PTH, PD

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non-For.*		
OKLAHOMA, TULSA—Continued								
St. John's 1923 South Utica 74104	L-070	NP CORP	552	36		14	14	INT: ROT. RES: GS, IM, OBG, PTH, PD
Tulsa Combined Residency		MISC.					3	RES: IM
Tulsa Pediatric Educational Program		MISC.			3		1	RES: PD
Tulsa Surgical Education Trust		MISC.					5	RES: GS
OREGON								
PORTLAND								
Emanuel 2801 N. Gantenbein Ave. 97227	L-071	CHURCH	554	53		16	18	INT: ROT., ST. MED. RES: GS, IM, OBG, ORS, PTH, R
Good Samaritan Hospital and Medical Center 1015 N. W. 22nd 97210	G-071	CHURCH	520	47	1	13	23	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, NS, N, OPH, PTH, PS
Providence 700 N. E. 47th Ave. 97213		CHURCH	408	38	3	6	12	INT: ROT. RES: GS, IM, PTH
St. Vincent Hospital and Medical Center 9205 S. W. Barnes Rd. 97225	G-071	CHURCH	415	47	3	1	6	INT: ST. SURG. RES: GP, GS, PTH
Shriners Hospital for Crippled Children 8200 N. E. Sandy Blvd. 97220	G-071	NP CORP	60					RES: ORS
State of Oregon Dept. of Health 1400 S. W. 5th Ave. 97201		STATE					6	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.			10	174	204	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
University of Oregon Medical School Hospitals and Clinics 3181 S. W. Sam Jackson Park 97201	M-071	STATE	538	69		37	28	INT: ROT., ST. MED. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
University of Oregon Medical School Hospitals—Veterans Admin.	M-071	MISC.				8	14	INT: ST. MED.
Veterans Admin. Sam Jackson Park 97207	M-071	VA	517	69			2	INT: ST. MED. RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, TS, U
SALEM								
Oregon State 2600 Center St. N. E. 97310		STATE	846	33		6	9	RES: P
PENNSYLVANIA								
ABINGTON								
Abington Memorial 1200 York Rd. 19001	M-074	NP CORP	463	36		16	15	INT: ROT., ST. MED., ST. SURG. RES: GP, GS, IM, OBG, ORS, PTH, R, U
ALLENTOWN								
Allentown 17th & Chew Sts. 18102		NP CORP	524	25	16		16	INT: ROT. RES: GS, IM, OBG, PTH, PS, CRS
Sacred Heart Fourth & Chew 18102		CHURCH	289	26	2		10	INT: ROT. RES: FP, R
ALTOONA								
Altoona 701 Howard Ave. 16603		NP CORP	447	29	10		16	INT: ROT. RES: GP, GS, PTH
BETHLEHEM								
St. Luke's 801 Ostrum St. 18015	L-076	NP CORP	400	30	2	1	14	INT: ROT. RES: GS, IM, OBG, PTH
BRISTOL								
Lower Bucks Bath Rd. & Orchard Ave. 19007		NP CORP	319	54	2		8	INT: ROT. RES: GP
BRYN MAWR								
Bryn Mawr Bryn Mawr Ave. 19010	M-073 L-075	NP CORP	391	31	5	7	12	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, ORS, PTH, PS, R
CHESTER								
Crozer—Chester Medical Center 15th St. & Upland Ave. 19013	M-072	NP CORP	385	36	3	3	8	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, U
COATESVILLE								
Veterans Admin. 19320	M-073	VA	1555	67	2		14	RES: N, P
DANVILLE								
Geisinger Medical Center 17821	L-074	NP CORP	384	55		19	20	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, U
DARBY								
Fitzgerald Mercy Division Lansdowne Ave. and Baily Rd. 19023		CHURCH	393	40	14		9	INT: ROT. RES: GS, IM, OBG, PTH, PD, R
Mercy Catholic Medical Center	M-073	CHURCH						INT: ROT.
DREXEL HILL								
Delaware County Memorial 501 N. Lansdowne Ave. 19026		NP CORP	301	27	7		12	INT: ROT. RES: GP
EASTON								
Easton 21st and Lehigh Sts. 18042	M-072	NP CORP	305	29			8	INT: ROT. RES: GS, IM
ELIZABETHTOWN								
State Hospital for Crippled Children 17022	L-110 G-073	STATE						RES: ORS, ORS
ERIE								
Hamot Medical Center 4 E. Second St. 16512		NP CORP	517	38	6		9	INT: ROT. RES: GS, OBG, ORS, PTH, PS, U

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					For.*	Non-For.*		
PENNSYLVANIA, ERIE —Continued								
Hamot Medical Center—St. Vincent St. Vincent 232 W. 25th St. 16512		NP CORP			2	2	4	RES: OBG
		NP CORP	470	28	5	1	12	INT: ROT. RES: OBG, PTH, CRS, U
Shriners Hospital for Crippled Children 1645 W. 8th St. 16505	G-065	NP CORP	30					RES: ORS
GREENSBURG								
Westmoreland 532 W. Pittsburgh St. 15601		NP CORP	323	17			6	INT: ROT.
HARRISBURG								
Harrisburg S Front St. 17101	M-110	NP CORP	527	40	2	8	6	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, U
					9	15	50	
Harrisburg Polyclinic Third and Radnor Sts. 17105	M-072 L-110	NP CORP	727	34			13	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, ORS, PD, PS, R
Pennsylvania Dept. of Environmental Resources, Bureau of Occup. Health P. O. Box 2063 17120		STATE					1	RES: OM
Pennsylvania Dept. of Health P. O. Box 90 17120		STATE					8	RES: PH
HAZLETON								
St. Joseph 687 N. Church St. 18201		CHURCH	235	13			4	RES: GS
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University 500 University Dr. 17033	M-110	MISC.	350	68	8	11	11	INT: ROT., ST. MED. RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, PS, P, R, U
						41	107	
Pennsylvania State University Affiliated Hospitals	M-110	MISC.			1	6	13	RES: ORS, PS
JOHNSTOWN								
Conemaugh Valley Memorial 1086 Franklin St. 15905	G-073	NP CORP	514	37			12	INT: ROT. RES: AN, FP, GS, IM, PTH
					9	12	45	
LANCASTER								
Lancaster General 555 N. Duke St. 17604	M-074	NP CORP	547	33			6	INT: ROT. RES: FP
							24	
MC KEESPORT								
Mc Keesport 1500 Fifth Ave. 15132	L-077	NP CORP	517	26	12		12	INT: ROT. RES: FP, GS
					6	1	14	
NORRISTOWN								
Central Montgomery Mental Health/Mental Retardation Center 1100 Powell St. 19401		NP CORP			2	1	4	RES: CHP
Montgomery 1301 Powell St. 19401		NP CORP	289	29	6		6	INT: ROT. RES: GP, PTH
					4		2	
Norristown State Stanbridge & Sterigere Sts. 19401		STATE	2263	41	8	4	30	RES: P
Sacred Heart 1430 De Kalb St. 19401		CHURCH	224	25	9	1	13	RES: GP, GS
PHILADELPHIA								
Albert Einstein Medical Center (Includes Northern Division and Southern Division) York & Tabor Rds. 19141	M-073, 074	NP CORP	624	29	21	8	26	INT: ROT., ST. MED. RES: AN, CHP, GS, IM, NS, N, OBG, ORS, PTH, PD, PM, P, R, TR, U
					58	48	126	
American Oncologic Central & Shelmire Aves. 19111		NP CORP	60	31	1	3	10	RES: GS, TR
Chestnut Hill 8835 Germantown Ave. 19118	L-073	NP CORP	225	40	1	9	8	INT: ROT. RES: GS, PTH
					1		4	
Children's Hospital of Philadelphia 1740 Bainbridge St. 19146	M-075 G-073	NP CORP	153	63			54	RES: AN, GS, NS, N, OPH, OPH, ORS, OTO, PTH, PD, PDA, PDC, TS
Eastern Pennsylvania Psychiatric Institute Henry Ave. & Abbotsford Rd. 19129	M-074, 076	STATE	122		5	10	15	RES: P
Episcopal Front St. & Lehigh Ave. 19125	M-074	NP CORP	326	5	1	1	12	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: DR, GS, IM, NS, OBG, PTH, TS, U
					15	14	46	
Frankford Frankford Ave. & Waking 19124	G-076	NP CORP	213	26	10		10	INT: ROT. RES: PTH
							2	
Germantown Dispensary and Hospital E. Penn & E. Wister Sts. 19144	M-074	NP CORP	315	42	8	1	11	INT: ROT. RES: GS, IM, OBG, PTH, R
					6	5	7	
Graduate Hospital of the University of Pennsylvania 19th & Lombard Sts. 19146	M-075	NP CORP	314	47	3	4	7	INT: ST. MED. RES: AN, DR, D, GS, IM, N, OPH, OPH, ORS, OTO, PTH, PS, R, U
					23	14	54	
Hahnemann Medical College Affiliated Hospitals	M-072	MISC.			1	32		INT: ST. MED., ST. SURG. RES: GS, IM, N, OBG, ORS, U
					40	57	136	
Hahnemann Medical College and Hospital 230 N. Broad St. 19102	M-072	NP CORP	511	37			17	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, ORS, PTH, PD, P, R, TR, TS, U
					33	70	120	
Hospital of the Medical College of Pennsylvania 3300 Henry Ave. 19129	M-076 G-074	NP CORP	328	52			73	INT: ST. MED. RES: GS, IM, N, OBG, PTH, PD, P, R, U
					28	23		
Hospital of the University of Pennsylvania 3400 Spruce St. 19104	M-075	NP CORP	738	48			51	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
					15	85	97	
Institute of the Pennsylvania Hospital 111 N. 49th St. 19139	L-075	NP CORP	209		1	16	18	RES: P
Irving Schwartz Inst. for Children & Youth of the Phila. Psych. Ctr. Ford Rd. and Monument Ave. 19131		NP CORP			1	2	6	RES: CHP
Jeanes Hartel & Hasbrook Ave. 19111		CHURCH	176	39	1	2	3	RES: GS
Lankenau Lancaster & City Line Aves. 19151	M-073 L-074	NP CORP	425	37			10	INT: ROT., ST. OBG. RES: GS, IM, OBG, OPH, ORS, PTH, PS
					11	26	46	

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PENNSYLVANIA, PHILADELPHIA—Continued										
Medical College of Pennsylvania Affiliated Hospitals	M-076	MISC.				9	17 22	15 49	INT: ST. MED. RES: IM, N, PTH	
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbotsford Rd. 19129	M-076	MISC.					7	12	RES: CHP	
Memorial 5800 Ridge Ave. 19128		NP CORP	208	22		7		9	INT: ROT.	
Mercy Catholic Medical Center (Includes Misericordia Division and Fitzgerald Mercy Division (Darby)) 54th St. and Cedar Ave. 19143	M-073	CHURCH				31	21	77	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD, R	
Mercy—Douglass 5000 Woodland Ave. 19143	M-072	NP CORP	159	16		4		5	INT: ROT.	
Methodist 2301 S. Broad St. 19148	M-073	CHURCH	249	19		3	1	8	INT: ROT., ST. SURG. RES: GS, OBG, ORS	
Misericordia Division 54th St. & Cedar Ave. 19143		CHURCH	372	44		13		9	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD, R	
Moss Rehabilitation 12th St. & Tabor Rd. 19141	M-074	NP CORP	145	20					RES: PM	
Naval 17th & Pattison Ave. 19145	M-073 L-072	USN	1000	41			6 95	15 110	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, D, GS, IM, OBG, OPH, ORS, OTO, PD, P, R, U	
Nazareth 2601 Holme Ave. 19152	L-074	CHURCH	359	27		14 9		18 15	INT: ROT. RES: GS, PTH, R	
Northeastern Hospital of Philadelphia 2301 E. Allegheny Ave. 19134		NP CORP	220	28		8		8	INT: ROT.	
Office of the Medical Examiner, City of Philadelphia Dept of Health 321 University Ave. 19104		CITY						2	RES: FOP	
Pennsylvania Eighth & Spruce Sts. 19107	M-075	NP CORP	475	39		4	20 46	20 67	INT: ROT., ST. MED., ST. SURG. RES: D, FP, GS, IM, N, OBG, ORS, PTH, PS, R, U	
Philadelphia Child Guidance Clinic 1700 Bainbridge St. 19146		NP CORP				1	10	8	RES: CHP	
Philadelphia General Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	CY-CO	984	33		7 31	27	72	INT: ROT., ST. MED. RES: DR, IM, OTO, PTH, NP, PD, PM, R, U	
Philadelphia General Hospital, Hahnemann Medical College Service Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	MISC.					2	8	INT: ROT. RES: GS, IM, N, ORS	
Philadelphia General Hospital, University of Pennsylvania Service Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	CITY				7	16	27	INT: ROT. RES: D, GS, NS, N, OBG, OPH, OPH, ORS, PS, P	
Philadelphia Psychiatric Center Ford Rd. & Monument Ave. 19131	L-075	NP CORP	152			2	18	14	RES: P	
Philadelphia State Roosevelt Blvd. & Southampton Rd. 19114	L-073 G-076	STATE	2362	13		11	16	30	RES: P	
Presbyterian—University of Pennsylvania Medical Center 51 N. 39th St. 19104	M-075	CHURCH	328	47		5 23	15 15	21 42	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, OBG, OPH, OPH, ORS, OTO, PTH	
St. Agnes 1900 S. Broad St. 19145	M-072	NP CORP	257	16		2		10	INT: ROT., ST. MED., ST. SURG. RES: GS, IM	
St. Christopher's Hospital for Children 2600 N. Lawrence St. 19133	M-073, 074	NP CORP				91	9	4	20	RES: AN, CHP, DR, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, TS, U
St. Joseph's 16th St. and Girard Ave. 19130		NP CORP	200	17		6		6 3	INT: ROT. RES: GS	
St. Luke's and Children's Medical Center Girard Ave. & 8th 19122		NP CORP	257	40				12	INT: ROT.	
Scheie Eye Institute 51 N. 39th St. 19104		NP CORP							RES: OPH	
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd. 19152	M-074	NP CORP	80						RES: ORS, ORS	
Temple University Affiliated Hospitals (Incl. Temple Univ. Hosp., Moss Rehab. Hosp., St. Christopher's Hosp., Some Positions at Albert Einstein Med. Ctr., Episcopal Hosp., Germantown Disp. and Hosp., Shriner's Hosp., & Abington Mem. Hosp. (Abington))	M-074	MISC.				28	113	149	RES: IM, NS, N, ORS, PO, PM, TS, U	
Temple University 3401 N. Broad St. 19140	M-074	NP CORP	631	45			30 75	35 129	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, CRS, P, R, TS, U	
Thomas Jefferson University Affiliated Hospitals (Includes Thomas Jefferson University Hospital and Some Positions at Chestnut Hill Hosp., Lankenau Hosp., Methodist Hosp., Veterans Admin. Hosp. (Wilmington, Del.), Wilmington Med. Ctr. (Wilmington, Del.))	M-073	MISC.				10	66	75	INT: ST. SURG. RES: GS, OBG, OPH, ORS, U	
Thomas Jefferson University 11th & Walnut Sts. 19107	M-073	NP CORP	670	41			9 105	12 187	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, GPM, P, R, TR, 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.				19	261	286	RES: DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PM, PS, P, R, TR, TS	
Veterans Admin. University & Woodland Aves. 19104	M-075, 076	VA	492	46		3		4	INT: ST. MED. RES: AN, DR, D, GS, GS, IM, IM, N, OPH, OPH, ORS, OTO, PTH, PM, P, R, TR, TS, U	
Wills Eye Hospital and Research Institute 1601 Spring Garden St. 19130		NP CORP	165						RES: OPH	

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PENNSYLVANIA, PHILADELPHIA —Continued									
Wills Eye Hospital and Research Institute—Temple University 19130		MISC.				1	33	24	RES: OPH
PITTSBURGH									
Allegheny General 320 E. North Ave. 15212	L-077	NP CORP	572	44	10	40	10	16	INT: ROT. RES: AN, GS, IM, OBG, OPH, PTH, R, TR, TS
Children's Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 125 De Soto St. 15213	M-077	NP CORP	225	75			5	5	INT: ROT. RES: AN, D, GS, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, PS, R, TS, U
Eye and Ear Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	172	38					INT: ROT. RES: AN, OPH, OTO
Hospitals of the University Health Center of Pittsburgh (Includes Children's Hospital, Eye and Ear Hospital, Magee-Womens Hospital, Montefiore Hospital, Presbyterian-University Hospital, Veterans Admin. Hospital, Western Psychiatric Institute and Clinic) 3550 Terrace St. 15213	M-077	MISC.			78	186		4	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, D, GS, GS, IM, IM, NS, N, OBG, OPH, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U
Jones and Laughlin Corporation (Pittsburgh Works Division) 2812 E. Carson St. 15230		CORP.							RES: OM
Magee—Womens (See Also Hospitals of the University Health Center of Pittsburgh) Forbes Ave. and Halket St. 15213	M-077	NP CORP	345	10			20	24	INT: ROT. RES: AN, OBG, PTH, PD, R, TR
Mercy 1400 Locust St. 15219	L-077	NP CORP	603	54			29	23	INT: ROT., ST. MED. RES: AN, OR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, U
Montefiore 3459 Fifth Ave. 15213	M-077	NP CORP	448	37	9		11	22	INT: ROT. RES: AN, GS, IM, NS, OPH, PTH, R
Office of the Medical Examiner 542 4th Ave. 15219		CY-CO		42				2	RES: FOP
Pittsburgh 6655 Frankstown Ave. 15206		CY-CO	245	91	6	3		6	INT: ROT. RES: OBG
Presbyterian—University (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	563	41	1		34	39	INT: ST. MED., ST. SURG. RES: AN, D, GS, IM, NS, N, ORS, PTH, PS, R, TR, TS, U
St. Francis General 45th St. and Penn Ave. 15201	L-077	NP CORP	824	29	10	36	8	22	INT: ROT., ST. MED. RES: GS, IM, OBG, OPH, ORS, PM, R, TS
St. Francis General—Western Pennsylvania Hospitals	L-077	MISC.						3	RES: OPH
St. Margaret Memorial 265 - 46th St. 15201	G-77	NP CORP	250	4	12	5	12	12	INT: ROT. RES: FP, GS, PTH
Shadyside 5230 Centre Ave. 15232		NP CORP	406	34	11	10	2	14	INT: ROT. RES: FP, GS, OBG, PTH, TS
South Side S. 20th and Jane Sts. 15203		NP CORP	340	18	7	3		10	INT: ROT. RES: PTH
University of Pittsburgh Graduate School of Public Health 130 De Soto St. 15213		NP CORP						2	RES: OM
Veterans Admin. (See Also Hospitals of the University Health Center of Pittsburgh) University Dr. C 15240	M-077	VA	737	33					INT: ROT. RES: AN, D, GS, IM, NS, OPH, ORS, OTO, PTH, PS, R, TS, U
Western Pennsylvania 4800 Friendship Ave. 15224	L-077	NP CORP	610	46	3	32	7	27	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, D, GS, IM, OBG, OPH, PTH, PS, R, TS, U
Western Psychiatric Institute and Clinic (See Also Hospitals of the University Health Center of Pittsburgh) 3811 O' Hara St. 15213	M-077	NP CORP	120	50	2	8	9	11	INT: ROT. RES: CHP, P
POTTSVILLE									
Good Samaritan E. Norwegian and Tremont Sts. 17901		CHURCH	222	10	6			6	RES: GP
Pottsville Hospital and Warne Clinic Mauch Chunk & Jackson Sts. 17901		NP CORP	320	18	6	2		6	INT: ROT. RES: GP
READING									
Reading 6th & Spruce St. 19602	L-074, 075	NP CORP	599	46			4	13	INT: ROT., ST. MED., ST. SURG. RES: DR, FP, GS, IM, OBG, ORS, PTH, R
St. Joseph's 215 N. 12th St. 19603		NP CORP						11	RES: GP, PTH
ROCHESTER									
Rochester General 15074		NP CORP	272	40				1	RES: PTH
SAYRE									
Robert Packer 200 S. Wilbur Ave. 18840	M-072	NP CORP	322	52	4	12	10	24	INT: ROT. RES: AN, GS, IM, OPH, PTH, R
WARREN									
Warren State Jamestown Rd. 16365		STATE	2130	32	12	2		27	RES: P
WASHINGTON									
Washington 155 Wilson Ave. 15301		NP CORP	490	33			7	12	INT: ROT. RES: FP
WEST CHESTER									
Chester County 701 E. Marshall St. 19380		NP CORP	230	31	8			9	INT: ROT.

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
PENNSYLVANIA—Continued								
WILKES-BARRE								
Childrens Service Center of Wyoming Valley 335 S. Franklin St. 18702		NP CORP	22			1	2	RES: CHP
Veterans Admin. 1111 East End Blvd. 18711	G-074	VA	500	36				RES: GS
Wilkes—Barre General N. River & Auburn Sts. 18702		NP CORP	360	24			10 4	INT: ROT. RES: GS, PTH
WILKINSBURG								
Columbia Penn Ave. and West St. 15221		CORP.	282	23	6		6	INT: ROT. RES: OBG
WILLIAMSPORT								
Williamsport 777 Rural Ave. 17701		NP CORP	382	25			15	RES: FP
YORK								
York 1001 South George St. 17405	M-039	NP CORP	536	49	2 3	9 37	19 53	INT: ROT., ST. MED., ST. SURG. RES: FP, GS, IM, OBG, PTH
PUERTO RICO								
CAGUAS								
Caguas Sub—Regional 172 Puerto Rico Rd. 00625	L-078	STATE	294	17	6	1	24	RES: OBG, PD
HATO REY								
Auxilio Mutuo Ponce De Leon Ave. Stop 37 00918		NP CORP	150	19			10	INT: ROT.
MAYAGUEZ								
Mayaguez Medical Center Highway 1 00708	L-078	STATE	400	2	29	2	20 36	INT: ROT. RES: GS, IM, OBG, PD
PONCE								
Hospital De Damas Concordia St. 00731		NP CORP	157	29			12 12	INT: ROT. RES: AN, GS
Ponce District General Bo. Machuelo 00731	L-078	STATE	615	34	5 20	1	20 54	INT: ROT., ST. MED. RES: GS, IM, OBG, PD
SAN JUAN								
I. Gonzalez Martinez P. O. Box 1811 00935	L-078	NP CORP	139	43	2	1	3	RES: GS, GS, NS, ORS, OTO, PTH, U
Industrial Puerto Rico Medical Center 00935		STATE	276					RES: AN, DR
Institute of Legal Medicine, University of Puerto Rico Puerto Rico Medical Center 00935		STATE					1	RES: FOP
Municipal Hospital Dr. Rafael Lopez Nussa Puerto Rico Medical Center 00935	L-078	CITY		67	68 48	30 16	136 72	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, U
Puerto Rico Institute of Psychiatry P. O. Box 789 00919		NP CORP	375		9		3	RES: P
Puerto Rico Nuclear Center Puerto Rico Medical Center 00935		STATE				3	4	RES: TR
Puerto Rico Rehabilitation Center Puerto Rico Medical Center 00935		STATE						RES: PM
University District Puerto Rico Medical Center 00935	M-078	STATE	380	76	29	61	117	INT: ROT., ST. MED. RES: AN, DR, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, U
University of Puerto Rico Affiliated Hospitals Puerto Rico Medical Center 00935	M-078	MISC.			62	63	180	RES: AN, DR, GS, NS, N, OPH, ORS, OTO, PM, TR, U
University of Puerto Rico School of Medicine Department of Psychiatry Puerto Rico Medical Center 00935	M-078	STATE	1029	67	7	1	13	RES: CHP, P
Veterans Admin. Center G. P. O. Box 4867 00936	M-078	VA	698	54	6 33	4 5	12 56	INT: ST. MED. RES: DR, GS, IM, NS, OPH, ORS, PTH, PM, P, U
RHODE ISLAND								
HOWARD								
Rhode Island Medical Center—Institute of Mental Health Box 8281 02920		STATE	1980	35	4	3	15	RES: P
PAWTUCKET								
Memorial Prospect St. 02860	M-101	NP CORP	302				12 9	INT: ROT., ST. MED. RES: D, GS, IM, PTH
PROVIDENCE								
Brown University Div. of Biological and Medical Sciences 02912	M-101	NP CORP	11790	37		1	2	RES: NP
Brown University Affiliated Hospitals	M-101	MISC.					49	INT: ROT., ST. MED. RES: D, PTH, P
Butler 333 Grotto Ave. 02906	M-101	NP CORP	84	33				RES: P
Miriam 164 Summit Ave. 02906	M-101	NP CORP	247	36	15 9	1	16 9	INT: ROT., ST. MED. RES: D, GS, IM, PTH, P
Providence Lying—In 50 Maude St. 02908	M-42, 101	NP CORP	190	25				RES: OBG, PD
Providence Lying—In Hospital—Rhode Island	M-42, 101	NP CORP			4	5	11	RES: OBG
Rhode Island 593 Eddy St. 02902	M-101	NP CORP	713	34		31 33	30 125	INT: ROT., ST. MED., ST. SURG. RES: D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, U
Roger Williams General 825 Chalkstone Ave. 02908	M-101	NP CORP	254	39	9 8	5 2	24 10	INT: ROT., ST. MED. RES: D, IM, PTH

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RHODE ISLAND, PROVIDENCE—Continued								
St. Joseph's 21 Peace St. 02907		CHURCH	544	28	4		5	RES: PTH
Veterans Admin. Davis Park 02908	M-101 L-40	VA	353	43	11	2	30	RES: GS, IM
RIVERSIDE								
Emma Pendleton Bradley 1011 Veterans Meml. Pkwy. 02915		NP CORP	60		1		2	RES: CHP, P
SOUTH CAROLINA								
CHARLESTON								
Charleston County 326 Calhoun 29401	M-079	COUNTY	151	29				RES: GS, IM, OPH, ORS, OTO, PTH, PS, R, 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.			13	122	172	INT: ST. MED., ST. SURG. RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Medical University of South Carolina 80 Barre St. 29401	M-079	STATE	459	61	1 2	30 55	33 94	INT: ST. MED., ST. SURG. RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, NP, PD, PDC, PM, PS, P, R, TS, U
Naval Naval Base 29408		USN	504	83			18	RES: FP, ORS
St. Francis Xavier Calhoun St. and Ashley Ave. 29402		NP CORP	156					RES: PS
Veterans Admin. 109 Bee St. 29403	M-079	VA	388	62				RES: AN, GS, IM, OPH, ORS, OTO, PTH, PS, P, R, TS, U
COLUMBIA								
Richland Memorial 3301 Harden St. 29203	L-079	COUNTY	603	15	1 16	6	12 27	INT: ROT. RES: GS, OBG, ORS, PD
William S. Hall Psychiatric Institute 2100 Bull St. 29202		STATE	130	75	7	13	30	RES: CHP, P
GREENVILLE								
Greenville General 100 Mallard St. 29601	L-079	NP CORP	631	37	1 2	7 32	18 62	INT: ROT. RES: FP, GS, OBG, ORS, PD
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr. 29609	G-065	NP CORP	60					RES: ORS, ORS, ORS
SPARTANBURG								
Spartanburg General 101 E. Wood St. 29303	L-079	COUNTY	476	25		4 17	15 34	INT: ROT., ST. SURG. RES: FP, GS
SOUTH DAKOTA								
SIoux FALLS								
Family Practice Center 1800 S. Summit 57105	L-080	NP CORP						RES: FP
Mc Kennan 800 E. 21st St. 57101	L-080	NP CORP	301	34	7		6	INT: ROT. RES: FP
Mc Kennan—Sioux Valley Hospitals	L-080	NP CORP					12	RES: FP
Sioux Valley 1123 So. Euclid 57105	L-080	NP CORP	287	48		6	6	INT: ROT. RES: FP, PTH
University of South Dakota Affiliated Hospitals	M-080	MISC.					4	INT: ROT. RES: PTH
YANKTON								
Sacred Heart West 4th St. 57078	L-080	CHURCH	200	33	1 2	1 4	3 9	INT: ST. SURG., ST. OBG. RES: GS, OBG
TENNESSEE								
CHATTANOOGA								
Baroness Erlanger 261 Wiehl St. 37403		CY-CO	652	24	8 16	6 29	22 61	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, ORS, PTH, PS, R
Newell Clinic 707 Walnut St. 37402		CORP.	54	33	2		2	RES: GS
S. E. Tennessee Medical Education Center		MISC.				4	4	INT: ROT., ST. MED., ST. SURG. RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
T. C. Thompson Children's 1001 Glenwood Dr. 37406		CY-CO	100	68	4	2	8	RES: OPH, PD
Tennessee Valley Authority, Division of Medical Services 320 Edney Bldg. 37401		OTHER			1		1	RES: OM
KNOXVILLE								
East Tennessee Affiliated Hospitals		MISC.			2	4	9	RES: ORS
East Tennessee Baptist 137 Blount Ave. 37901		CHURCH	377					RES: ORS
St. Mary's Memorial Oak Hill Ave. 37917		CHURCH	450	16				RES: ORS
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway 37920	M-081	STATE	473	34	1 1	8 32	22 45	INT: ROT. RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, R
MEMPHIS								
Baptist Memorial 899 Madison Ave. 38103	M-081	CHURCH	1615	29		32 54	46 72	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, NS, OBG, ORS, PTH, PS, R
Campbell Clinic 869 Madison Ave. 38104		CHURCH						RES: ORS

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TENNESSEE, MEMPHIS—Continued									
Campbell Foundation and University of Tennessee (Includes Baptist Memorial Hospital, Campbell Clinic, City of Memphis Hospitals, Le Bonheur Children's Hospital, Methodist Hospital, Crippledchildren's Hospital School and Veterans Admin. Hospital)	M-081	MISC.				24	24	RES: ORS	
City of Memphis Hospitals 860 Madison Ave. 38103	M-081	CY-CO	763	41		6	33 26	24 57	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TS, U
Crippled Children's Hospital School 2009 Lamar Ave. 38114	L-081	MISC.						RES: ORS	
Le Bonheur Children's 848 Adams Ave. 38103	L-081	NP CORP	89	50				RES: ORS, PD, R	
Methodist 1265 Union Ave. 38104	G-081	NP CORP	915	25			6 30	18 43	INT: ROT., ST. SURG., ST. OBG. RES: GS, IM, NS, OBG, OPH, DR, S, OTO, PTH, R
St. Joseph 220 Overton Ave. 38101		CHURCH	434	27	3	2	19	19	INT: ROT., ST. SURG. RES: GS, PD
St. Jude Children's Research 332 North Lauderdale St. 38101	L-081	NP CORP	25	85	2	4	18	18	RES: PD
Tennessee Psychiatric Hospital and Institute 865 Poplar Ave. 38105	L-081	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, West Tennessee Chest Disease Hospital)	M-081	MISC.				30	29 170	30 235	INT: ROT., ST. MED. RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, OTO, PD, PDC, PS, P, R, TS, U
University of Tennessee—Institute of Pathology 858 Madison Ave. 38103	M-081	CITY					1	2	RES: FOP
University of Tennessee Mental Health Center 42 N. Dunlap St. 38103	M-081	STATE							RES: CHP
Veterans Admin. 1030 Jefferson Ave. 38104	M-081	VA	923	55				8	INT: ROT., ST. MED. RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PTH, PS, P, R, TS, U
West Tennessee Chest Disease 842 Jefferson Ave. 38103	L-081	STATE	230	36					INT: ROT., ST. MED. RES: IM, TS
NASHVILLE									
Baptist 2000 Church St. 37203	L-083	CHURCH		25	11			14	RES: GS, OBG, U
Central State Psychiatric 1501 Murfreesboro Rd. 37217	L-83 G-82	STATE	1917						RES: P
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave. N. 37208	M-082	NP CORP	208	42	1	5	19	58	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, OPH, PTH, PD, P, R, U
Middle Tennessee Chest Disease Ben Allen Rd. 37216		STATE	162						RES: TS
Nashville Metropolitan General 72 Hermitage Ave. 37210	M-083	CY-CO	189	24					INT: ST. MED., ST. OBG. RES: DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, R, TS, U
St. Thomas 2000 Hayes St. 37203	M-083	CHURCH	333	39	2	7	5	28	INT: ST. MED., ST. SURG. RES: GS, IM, OBG
State of Tennessee Department of Health Cordell Hull Bldg. 37219		STATE						6	RES: PH
Vanderbilt University 1161 21st Ave. South 37203	M-083 G-082	NP CORP	505	48	4	8	22	22	INT: ST. MED., ST. OBG. RES: AN, CHP, OR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
Vanderbilt University Affiliated Hospitals	M-083 G-082	MISC.			2	60	34	275	INT: ST. MED., ST. OBG. RES: DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U
Veterans Admin. 1310 24th Ave., South 37203	M-083	VA	503	38					INT: ST. MED., ST. OBG. RES: DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, R, TS, U
TEXAS									
AMARILLO									
Regional Academic Health Center 10th and Parker 79105		MISC.	980	38				6	RES: FP
AUSTIN									
Austin State 4110 Guadalupe 78751		STATE	1600	67	4	16	29	29	RES: CHP, P
Brackenridge 15th & East Ave. 78701	M-085	CITY	320	36			14	2	INT: ROT. RES: GS, PTH
State of Texas Dept. of Health 1100 W. 49th St. 78756		STATE							RES: PH
BROOKS AIR FORCE BASE									
U. S. Air Force School of Aerospace Medicine 78235		USAF			2	23	78	78	RES: AM, GPM
CORPUS CHRISTI									
Driscoll Foundation Children's 3533 S. Alameda, P. O. Drawer 6530 78411	M-085	NP CORP	105	63	11			10	RES: PD
Memorial Medical Center 2606 Hospital Blvd. 78405	G-086	DIST.	461	29	5	7	10	15	INT: ROT. RES: FP, OBG

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TEXAS—Continued									
DALLAS									
Baylor University Medical Center 3500 Gaston Ave. 75246	L-084	CHURCH	972	33		30 62	18 75	INT: ROT., ST. MED., ST. SURG. RES: DR, GS, IM, OBG, ORS, PTH, PM, PS, CRS, R, TS, U	
Children's Medical Center 1935 Amelia 75235	M-084	NP CORP	122	63	1	25	32	RES: DR, NS, N, OTO, PD, PDC, R, TR, TS	
Dallas Child Guidance Clinic 2101 Welborn 75219		NP CORP					2	RES: CHP	
Gaston Episcopal 3505 Gaston Ave. 75246		NP CORP	107	31		1	3	RES: GS	
Methodist Hospital of Dallas 301 W. Colorado 75208	L-084	CHURCH	469	30		16 20	16 29	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, R	
Office of the County Medical Examiner 5201 Harry Hines Blvd. 75235		COUNTY					1 3	RES: FOP	
Parkland Memorial 5201 Harry Hines Blvd. 75235	M-084	DIST.	773	48		42 94	43 98	INT: ROT., ST. MED., ST. SURG. RES: AN, OR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U	
Presbyterian Hospital of Dallas 8200 Walnut Hill Ln. 75231	L-084	CHURCH	485	29			11 1	INT: ROT. RES: PS, CRS, P, U	
St. Paul 5909 Harry Hines Blvd. 75235	L-084	CHURCH	490	28		5 12	2 18	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, NS, OBG, PTH, R, TR, TS	
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn 75219	L-084	NP CORP	78					RES: ORS	
Timberlawn Psychiatric 4600 Samuell Blvd. 75223	L-084	CORP.	152				1 15	RES: P	
University of Texas Southwestern Medical School 5323 Harry Hines Blvd. 75235	M-084	MISC.						RES: CHP	
University of Texas Southwestern Medical School Affiliated Hospitals (Includes Children's Med. Ctr., Parkland Memorial Hosp., Presbyterian Hosp. of Dallas, Texas Scottish Rite Hosp., Veterans Admin. Hosp., John Peter Smith Hosp. (Fort Worth), and Terrell State Hosp. (Terrell))	M-084	MISC.				12	146	66 182	INT: ST. MED., ST. SURG. RES: DR, GS, NS, N, OPH, ORS, OTO, PS, P, R, TR, TS, U
Veterans Admin. 4500 S. Lancaster 75216	M-084	VA	680	39		15 25	13	INT: ST. MED., ST. SURG. RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U	
EL PASO									
R. E. Thomason General 4815 Alameda Ave. 79905		DIST.	335	46		21 4	1 3	28 13	INT: ROT., ST. OBG. RES: OBG, ORS, PTH, PD, U
William Beaumont Army Medical Center Alabama and Mc Kelligon Dr. 79920	L-085, 096, 121	USA	559	86		6	25 61	25 75	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, ORS, PTH, PD, U
FORT HOOD									
Darnall Army Bldg. 36000 76544		USA	285	19			3 3	RES: GS	
FORT WORTH									
Fort Worth Affiliated Hospitals		MISC.					6	14	RES: OBG, ORS
Fort Worth Children's Hospital—Fort Worth Medical Center 1400 Cooper 76104		NP CORP	102	47					RES: ORS
Harris Hospital—Fort Worth Medical Center 1300 W. Cannon 76104		CHURCH	611	30	1	1	7	RES: OBG, ORS, PTH	
John Peter Smith 1500 S. Main St. 76104	M-085 L-084	DIST.	214	45		24 11	24 12	24 24	INT: ROT. RES: FP, OBG, ORS, OTO, U
GALVESTON									
University of Texas Medical Branch Hospitals 8th & Mechanic Sts. 77550	M-085	STATE	1071	49		2 22	47 201	33 255	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	M-086	MISC.				95	254	484	INT: ROT., ST. MED., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
Ben Taub General 1502 Taub Loop 77025	M-086	DIST.	478	37			2		INT: ROT., ST. MED., ST. OBG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
Ben Taub General—Jefferson Davis—Methodist—St. Luke's	M-086	MISC.						9	INT: ST. OBG.
Ben Taub General—Veterans Admin.—Methodist	M-086	MISC.				2	37	38	INT: ST. MED.
Children's Mental Health Services 3214 Austin 77004		NP CORP							RES: CHP
Hermann 1203 Ross Sterling Ave. 77025	M-120 L-085	NP CORP	623	36		2 7	10 19	10 43	INT: ROT., ST. MED. RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, CRS, P, R, U
Jefferson Davis 1801 Allen Parkway 77019	M-086	DIST.	266	55					INT: ST. OBG. RES: AN, DR, IM, OBG, PTH, PD, PM
Memorial Baptist 1100 Louisiana 77002	L-120	NP CORP	985	22		12 6	1 12	12 12	INT: ROT. RES: FP
Methodist 6516 Bertner 77025	M-086	NP CORP	1029	53					INT: ST. MED., ST. OBG. RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS
St. Joseph 1919 La Branch 77002	M-120 L-085	CHURCH	768	47		13 11	12 26	12 26	INT: ROT., ST. MED. RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PS, R
St. Luke's Episcopal 6720 Bertner 77025	M-086	CHURCH	674	54		5 2	6 4	6 8	INT: ST. MED., ST. OBG. RES: AN, DR, FP, GS, IM, OBG, PTH, PM, TS, U
St. Luke's Episcopal—Texas Children's Hospitals 77025	M-086	MISC.						15	RES: FP

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TEXAS, HOUSTON —Continued								
Shriners Hospital for Crippled Children 1402 Outer Belt Dr. 77025	L-86 G-120	NP CORP	40					RES: ORS, ORS
Texas Children's 6621 Fannin 77025	M-086	NP CORP	182	83	2	5	6	RES: AN, CHP, DR, FP, GS, NS, OPH, ORS, PTH, PD, PDC, PM, PS, R, TS, U
Texas Heart Institute P. O. Box 20345 77025		NP CORP		75		2	2	RES: TS
Texas Institute for Rehabilitation and Research 1333 Moursund Ave. 77025	M-086	NP CORP	81	29				RES: PM
Texas Research Institute of Mental Sciences 1300 Moursund Ave. 77025	M-086	STATE	100					RES: CHP, P
University of Texas Affiliated Systems	M-120	MISC.			4	2	9	RES: OBG
University of Texas at Houston Affiliated Hospitals	M-120	MISC.			20	56	21 94	INT: ST. MED. RES: AN, DR, IM, OPH, ORS, PD, P, R
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave. 77025	M-120	STATE	294	63				INT: ST. MED. RES: AN, DR, GS, IM, NS, OPH, PTH, PD, R, TR, U
Veterans Admin. 2002 Holcombe Blvd. 77031	M-086	VA	1242	49	14	21	41	INT: ST. MED. RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
LUBBOCK								
Methodist 3615-19th St. 79410	M-121	CHURCH	409				4	RES: PTH
South Plains Area Health Education Center P. O. Box 4569 79409		DIST.	852	30			6	RES: FP
Texas Tech University Affiliated Hospitals	M-121	MISC.						RES: FP
SAN ANTONIO								
Baptist Memorial 111 Dallas St. 78205	G-111	CHURCH	1052	27	6	2	9	RES: OPH, PTH, R
Bexar County Teaching 4502 Medical Dr. 78229	M-111	DIST.	486	49			192	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, U
Brooke Army Medical Center Fort Sam Houston 78234	G-111	USA	860	78	7	33 134	31 167	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, OTO, PTH, PD, PM, PS, TS, U
Community Guidance Center of Bexar County 2135 Babcock Rd. 78229		NP CORP	32			2	6	RES: CHP
Lutheran General 701 S. Zarzamora St. 78297		CHURCH	200	16			18	RES: FP
Robert B. Green Memorial 527 N. Leona St. 78207	M-111	MISC.						RES: FP
Santa Rosa Medical Center 745 W. Houston St. 78207	M-111	CHURCH	1015	28			12 12	INT: ROT. RES: FP, ORS, OTO, PTH, PD, PDC, PM, PS, R, U
University of Texas at San Antonio Teaching Hospitals	M-111	MISC.			1 21	34 62	40 103	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, CHP, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, U
Wilford Hall U. S. A. F. Medical Center Lackland A. F. B. 78236	M-111	USAF	1000	93		148	218	RES: AN, OR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TS, U
TEMPLE								
Scott and White Memorial 2401 S. 31st St. 76501	L-085	NP CORP	1178	46	3 24	10 24	18 74	INT: ROT., ST. MED., ST. SURG. RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, R, U
Veterans Admin. Center South First St. 76501		VA	740	51				RES: GS, U
TERRELL								
Terrell State Box 70 75160	G-084	STATE	2607	29				RES: P
WACO								
Hillcrest Baptist 3000 Herring Ave. 76708		CHURCH	248	10				RES: FP
Mc Lennan County Family Practice Program 1725 Colcord Ave. 76703		COUNTY			3	5	19	RES: FP
Providence 1700 Providence Dr., P. O. Box 2089 76703		CHURCH	188	17				RES: FP
UTAH								
OGDEN								
Mc Kay—Dee Hospital Center 3939 Harrison Blvd. 84402	L-087	CHURCH	335	35				INT: ST. SURG. RES: FP, GS
St. Benedict's 3000 Polk Ave. 84403		NP CORP	188	32				RES: FP
PROVO								
Utah State 1500 East Center 84601	M-087	STATE	351	25				RES: P
SALT LAKE CITY								
Holy Cross Hospital of Salt Lake City 1045 East First South 84102	L-087	CHURCH	325	40		1	1	INT: ST. SURG. RES: AN, GS, NS, ORS, PTH
Latter—Day Saints 325-8th Ave. 84103	L-087	CHURCH	570	37			19 27	INT: ROT., ST. MED., ST. SURG. RES: AN, GP, GS, IM, OBG, ORS, PTH, PD, PS, R, TR, TS
Office of State Medical Examiner—University of Utah Medical Center 44 Medical Dr. 84112		STATE					1	RES: FOP

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, 1972		Pos. Off. July 1, 1974	Approved Program
					For.*	Non- For.*		
UTAH, SALT LAKE CITY —Continued								
Primary Children's 320 Twelfth Ave. 84103	L-087	CHURCH	135					RES: AN, DR, ORS, PD, PDC, PS, R, TS
St. Mark's <i>1200 East 3900</i> 803 North Second West 84100 <i>84117</i>	G-087	CHURCH	258	42				RES: AN, ORS, R
Shriners Hospital for Crippled Children Fairfax at Virginia Sts., Box 1865 84103	L-087	NP CORP	45					RES: AN, ORS, PD
University 50 North Medical Dr. 84112	M-087	STATE	284	64		3	11	INT: ST. SURG. RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, TR, 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.			16	214	13 268	INT: ST. SURG. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, TS, U
University of Utah Department of Community and Family Medicine 50 N. Medical Dr. 84112	M-87	STATE					6	RES: GPM
Utah State Division of Health 44 Medical Dr. 84113		STATE				2	3	RES: PH
Veterans Admin. 500 Foothill Dr. 84113	M-087	VA	573	61				INT: ST. SURG. RES: AN, DR, GS, IM, NS, N, OPH, ORS, PTH, NP, PS, P, R, TS, U
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont Colchester Ave. 05401	M-088	NP CORP	537	61	8	24 101	22 117	INT: ROT., ST. SURG. RES: AN, CHP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, P, R, U
WHITE RIVER JUNCTION								
Veterans Admin. Center North Hartland Rd. 05001	L-052	VA	200	86				INT: ST. MED., ST. SURG. RES: GS, IM, NS, N, ORS, PTH, U
VIRGINIA								
ALEXANDRIA								
Alexandria 4320 Seminary Rd. 22314		NP CORP	337	32	1		1	RES: PTH
ARLINGTON								
Arlington <i>1701 No. George Mason Dr.</i> 5129 North St. 22205	M-019	NP CORP	266					RES: ORS, PD
National Orthopaedic and Rehabilitation 2455 Army Navy Dr. 22206		NP CORP	140		2	3	8	RES: ORS
CHARLOTTESVILLE								
University of Virginia Jefferson Park Ave. 22903	M-089	STATE	550	69	1 17	43 150	41 198	INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
University of Virginia Affiliated Hospitals	M-089	MISC.			2	42	45	RES: GS, ORS, U
University of Virginia School of Medicine 22901	M-089	STATE					2	RES: NP
DANVILLE								
Memorial 142 South Main St. 24541		NP CORP	425		1	3	8	RES: GS, PTH, U
FALLS CHURCH								
Fairfax 3300 Gallows Rd. 22046	M-020 L-019	NP CORP	584	32	1	1	2	RES: GS, OBG, PTH, PD
Fairfax—Falls Church Mental Health Center 2949 Sleepy Hollow Rd. 22044		STATE				3	2	RES: CHP
Northern Virginia Mental Health Institute 3302 Gallows Rd. 22046		STATE	120		3	3	9	RES: P
FORT BELVOIR								
De Witt Army Bldg. 808 22060		USA	300	32		6	6	RES: GS
HAMPTON								
Veterans Admin. Center 23367	M-122	VA	538	59				RES: PS
NEWPORT NEWS								
Riverside J. Clyde Morris Blvd. 23606	L-090	NP CORP	563	34		11 33	12 51	INT: ROT. RES: FP, OBG, PTH, R
NORFOLK								
Children's Hospital of the King's Daughters 609 Colley Ave. 23507	M-122	NP CORP	88	84	5	3	12	RES: ORS, PD, U
DePaul Kingsley Lane and Granby St. 23505	M-122 L-090	NP CORP	364	31	10 16		12 14	INT: ROT. RES: GS, PTH, R
Norfolk General 600 Gresham Dr. 23507	M-122	NP CORP	719	37	5 13	9 23	20 51	INT: ROT. RES: GP, GS, IM, OBG, ORS, PTH, PS, R, U
Norfolk General—Children's Hospital of the King's Daughters		NP CORP			1	2	12	RES: ORS, U
U. S. Public Health Service 6500 Hampton Blvd. 23508	M-122	USPHS	210	49		2	8	INT: ROT.
PETERSBURG								
Central State Box 271 23803		STATE	2685	16	9	2	12	RES: P
PORTSMOUTH								
Maryview 3636 High St. 23707	L-122	CHURCH	287	20	9		4	RES: GP

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, 1972		Pos. Off, July 1, 1974	Approved Program
					For.*	Non- For.*		
VIRGINIA, PORTSMOUTH —Continued								
Naval 23708	M-122	USN	1102	79		24 76	26 105	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: AN, GS, IM, OBG, ORS, PTH, PD, U
Portsmouth General 900 Leckie St. 23704	M-122	NP CORP	308	21	7	1	10	RES: GP
RICHMOND								
Crippled Children's 2924 Brook Rd. 23220	G-090	NP CORP	100					RES: ORS
Johnston—Willis 2908 Kensington Ave. 23221	G-090	CORP.	360			7	14	INT: ROT.
Medical College of Virginia Box 41 23219	M-090	NP CORP			1		4	RES: FOP, NP
Medical College of Virginia Hospitals 1200 E. Broad St. 23219	M-090	STATE	990	36	31	81	158	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, U
Richmond Memorial 1300 Westwood Ave. 23227	L-090	NP CORP	502	25				RES: GS, U
State of Virginia Dept. of Public Health 109 Governor St. 23219		STATE					1	RES: PH
Veterans Admin. 1201 Broad Rock Rd. 23219	M-090	VA	875	49	2	5	11	INT: ROT., ST. MED., ST. SURG. RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, 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))	G-090	MISC.			5 19	85 191	72 246	INT: ROT., ST. MED., ST. SURG. RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, U
Virginia Treatment Center for Children 515 North 10th St. 23219		STATE	40			2	3	RES: CHP
ROANOKE								
Community Hospital of Roanoke Valley 101 Elm Ave., P. O. Box 2201 24009		NP CORP	400	33	6 6		12 9	INT: ROT. RES: GS
Roanoke Memorial Hospitals Bellevue at Jefferson St. 24014	M-089	NP CORP	725	31	4	22 16	14 46	INT: ROT. RES: DR, FP, GS, ORS, PTH, R
SALEM								
Veterans Admin. 1970 Boulevard, Roanoke 24153	L-089	VA	1272	38				RES: GS, ORS, U
SUFFOLK								
Louise Obici Memorial Windsor Rd. 23434	L-122	NP CORP	209	24	5		7	RES: GP
WILLIAMSBURG								
Eastern State Drawer A 23185		STATE	2400	16	11	2	14	RES: P
WASHINGTON								
FORT STEILACDOM								
Western State 98494	L-091	STATE	1604	35	1	3	9	RES: P
OLYMPIA								
St. of Wash. Dept. of Social & Hlth. Services, Hlth. Service Division Mail Stop 1-1, P. O. Box 1788 98504		STATE				1	2	RES: PH
RICHLAND								
Hanford Environmental Health Foundation P. O. Box 100 99352		MISC.					1	RES: OM
SEATTLE								
Boeing Company P. O. Box 3707, M. S. 10-27 98124		CORP.					2	RES: OM
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N. E. 98105	M-091	NP CORP	165	76		1	1	RES: AN, DR, GS, GS, N, OPH, ORS, OTO, PTH, PD, PDA, PM, TR
Doctors 909 University St. 98101	L-091	NP CORP	183	47	6	6	14	RES: FP
Group Health Medical Center 200 15th Ave. E. 98112	L-091	NP CORP	246	33		5		RES: FP
Harborview Medical Center 325 Ninth Ave. 98104	M-091	COUNTY	250	82				INT: ST. MED. RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Providence 17th & E. Jefferson 98122	L-091	CHURCH	327	45	3 4	9 2	12 9	INT: ROT., ST. SURG. RES: GS, PTH
Swedish Hospital Medical Center 1212 Columbia 98104	L-091	NP CORP	444	47	1 1	11 16	12 21	INT: ROT. RES: GS, OBG, ORS, OTO, PTH, R, TR
U. S. Public Health Service 6131 14th Ave. S. 98114	M-091	USPHS	257	74				INT: ST. MED. RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PM, U
University 1959 N. E. Pacific St. 98105	M-091	STATE	317	79		5 24	28	INT: ST. MED. RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, 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.			31	33 318	25 381	INT: ST. MED. RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, U
University of Washington School of Public Health & Community Medicine Rd 96 98195		STATE				15	15	RES: GPM
Veterans Admin. 4435 Beacon Ave. S. 98108	M-091	VA	346	80				INT: ST. MED. RES: AN, DR, GS, IM, NS, N, OPH, ORS, PTH, PM, P, 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, 1972		Pos. Off. July 1, 1974	Approved Program	
					For.*	Non- For.*			
WASHINGTON, SEATTLE —Continued									
Virginia Mason 1111 Terry Ave. 98101	L-091	NP CORP	286	59	5	17 32	13 47	INT: ROT., ST. MED. RES: AN, DR, GS, IM, OBG, PTH, R, TR, U	
SPOKANE									
Deaconess 800 W. Fifth Ave. 99210	L-091	CHURCH	296	50	14	2	12	INT: ROT. RES: PTH	
Sacred Heart W. 101 Eighth Ave. 99204	L-091	CHURCH	518	44	1	14 8	13 12	INT: ROT. RES: GS, OBG, PTH, R	
Shriners Hospital for Crippled Children North 820 Summit Blvd. 99201	G-091	NP CORP	40					RES: ORS	
Spokane Hospitals Shared Services Corporation South 511 Pine St. 99202		NP CORP	1201	35		7	12	RES: FP	
TACOMA									
Madigan Army Medical Center 98431	L-091	USA	1024	74	1	23 57	24 75	INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: FP, GS, IM, OBG, OTO, PTH, PD, U	
Tacoma General 315 South K St. 98405	G-091	NP CORP	261	32			4	RES: AN, PTH	
WEST VIRGINIA									
BECKLEY									
Appalachian Regional Box 1149 25801	L-092	NP CORP	221	47	8		12	RES: GS, PTH	
CHARLESTON									
Charleston Area Medical Center	L-092	NP CORP				20	3	4 29	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD, U
Charleston General Division Brooks St. & Elmwood Ave. 25325	L-092	NP CORP	369	36				4	INT: ST. MED. RES: GS, IM, PTH, U
Memorial Division 3200 Noyes Ave. S. E. 25304	L-092	NP CORP	391	36	3 6	3 3	17 24	17 24	INT: ROT., ST. MED. RES: GS, IM, OBG, PTH, PD, U
CLARKSBURG									
Veterans Admin. 26301	M-092	VA	200						RES: GS
HUNTINGTON									
Cabell Huntington 1340 16th St. 25701	L-092	NP CORP	280	20		1	4		RES: PTH
MARTINSBURG									
Veterans Admin. Center 25401	G-020	VA	691	43			4		RES: PTH
MORGANTOWN									
Monongalia General Van Voorhis Rd. 26505	G-92	COUNTY	116	17					RES: ORS
West Virginia University Medical Center Medical Center 26506	M-092	STATE	440	58	2 40	15 80	16 150		INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PO, P, R, U
SOUTH CHARLESTON									
Herbert J. Thomas Memorial 4605 Mac Corkle Ave S. W. 25309	L-092	NP CORP	229	15			4		RES: GP
WHEELING									
Ohio Valley General 2000 Eoff St. 26003	L-092	NP CORP	438	33	1 15	2 2	17 30		INT: ROT., ST. MED., ST. SURG., ST. OBG. RES: GS, IM, OBG, PTH, R
Wheeling 109 Main St. 26003	L-092	NP CORP	229	26	10		10 4		INT: ROT. RES: GP
WISCONSIN									
LA CROSSE									
La Crosse Lutheran Hospital and Gundersen Clinic 1836 South Ave. 54601	M-093	NP CORP	350	60	1	11 10	12 13		INT: ROT., ST. MED. RES: GS, IM, PD
MADISON									
Childrens Treatment Center 3814 Harper Rd. 53704	M-093	STATE	27						RES: CHP
Madison General 202 S. Park St. 53715	M-093	NP CORP	513	40	3	3	6		RES: GS, IM, NS, OBG, ORS, OTO, PTH, PD, U
Mendota State 301 Troy Dr. 53704	M-093	STATE	665						RES: P
St. Marys Hospital Medical Center 720 S. Brooks St. 53715	M-093	CHURCH	360	43					RES: OBG, ORS, PD, U
State of Wisconsin Dept. of Health and Social Services, Div. of Health 1 W. Wilson St. 53701		STATE				2	2		RES: PH
University Family Health Service 1552 University Ave. 53706	M-93	NP CORP				14	33		RES: FP
University Hospitals 1300 University Ave. 53706	M-093	STATE	618	74	8	22 33	40 303		INT: ROT., ST. MED., ST. SURG. RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, POA, PS, P, TR, TS, U
University of Wisconsin Affiliated Hospitals (Includes University Hospitals, Childrens Treatment Ctr., Madison General Hospital, St. Marys Hosp. Medical Center, Veterans Admin. Hospital, Mendota State Hospital, and Marshfield Clinic (Marshfield))	M-093	MISC.			35	221	303		RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, P, TS, U
University of Wisconsin Center for Health Sciences 777 S. Mills St. 53715	M-093	STATE							RES: FP
Veterans Admin. 2500 Overlook Terr. 53705	M-093	VA	420	75					RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, TS, 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, 1972 For.*	Non- For.*	Pos. Off. July 1, 1974	Approved Program
WISCONSIN—Continued								
MARSHFIELD								
Marshfield Clinic 650 S. Central Ave. 54449	G-093	CHURCH	416	40				RES: D
St. Joseph's 611 St. Joseph Ave. 54449	M-093	CHURCH	416	40		1	8 2	INT: ROT. RES: GS
MILWAUKEE								
Allis—Chalmers Mfg. Co. 1126 S 70th St. 53201		CORP.					1	RES: OM
Columbia 3321 N. Maryland Ave. 53211	L-094	NP CORP	382	61		5 2	11 5	INT: ROT., ST. SURG. RES: GS, ORS, PTH, R, U
Evangelical Deaconess 620 North 19th St. 53233	L-094	CHURCH	290	31	18 10		18 19	INT: ROT. RES: FP, GS, PTH, R, TS
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave. 53233	L-094	NP CORP	404	31		2	3	INT: ST. SURG. RES: DR, GS, 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.			56	197	15 280	INT: ROT., ST. MED., ST. SURG. RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TS, U
Medical College of Wisconsin Division of Preventive Medicine 1725 W Wisconsin Ave 53233		STATE					6	RES: GPM
Milwaukee Children's 1700 W. Wisconsin Ave. 53233	M-94	NP CORP	200	81		8	9	INT: ST. SURG. 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	565	53		15	29	INT: ST. SURG. RES: AN, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, R, TS, U
Milwaukee County Mental Health Center 9191 Watertown Plank Rd. 53226	M-94	COUNTY	509	80				INT: ST. PED. RES: P
Mount Sinai Medical Center 948 N. 12th St. 53233	L-094	NP CORP	362	43	13 14	2	17 24	INT: ROT. RES: GS, IM, OBG, PTH
St. Francis 3237 S. 16th St. 53215		NP CORP	255	18			4	RES: PTH
St. Joseph's 5000 W. Chambers 53210	L-094	CHURCH	580	39	2 4	3 14	15 56	INT: ROT. RES: DR, GS, OBG, PTH, R, TS
St. Luke's 2900 W. Oklahoma Ave. 53215	L-094	NP CORP	503	40	1 14	5	17 23	INT: ROT., ST. SURG. RES: DR, GS, PTH, R, TS
St. Mary's 2320 N. Lake Dr. 53211	L-094	CHURCH	298	29	6 2	1	10 18	INT: ROT. RES: FP, OBG, PTH
St. Michael 2400 West Villard Ave. 53209		NP CORP	297	37	12 20		12 24	INT: ROT. RES: FP
Veterans Admin. Center (Wood) 5000 W. National Ave. 53193	M-094	VA	1018	65		7	12 18	INT: ST. SURG. RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
WAUWATOSA								
Milwaukee Psychiatric 1220 Dewey Ave. 53213	M-094	NP CORP	120					RES: P
WINNEBAGO								
Winnebago State 54985		STATE	794	43		5	9	RES: P

ABBREVIATIONS AND NOTES

Symbols in Column for Medical School Affiliations:

10 through 124—see list on Page 94-95 for names of medical schools, under heading of "Medical School Affiliations."

M	Major Affiliation
L	Limited Affiliation
G	Affiliation for Graduate Programs

Abbreviations Used in Column for Control:

AEC	Atomic Energy Commission
CHURCH	Church Related
CY-CO	City and County
CORP	Corporation
DIST	District
FED	Federal
HEW	Department of Health, Education, and Welfare
NP CORP	Nonprofit corporation
PART	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USA	U.S. Army
USN	U.S. Navy
USPHS	U.S. Public Health Service
MISC	Miscellaneous

Abbreviations Used for Approved Internships:

ROT	Rotating
ST	Straight
INT	Internship
MED	Internal Medicine
SURG	Surgery
PED	Pediatrics
OBG	Obstetrics-Gynecology
PATH	Pathology

See page 149 for explanation of straight and rotating internship.

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:

INT	Internship
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
NP	Neuropathology
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

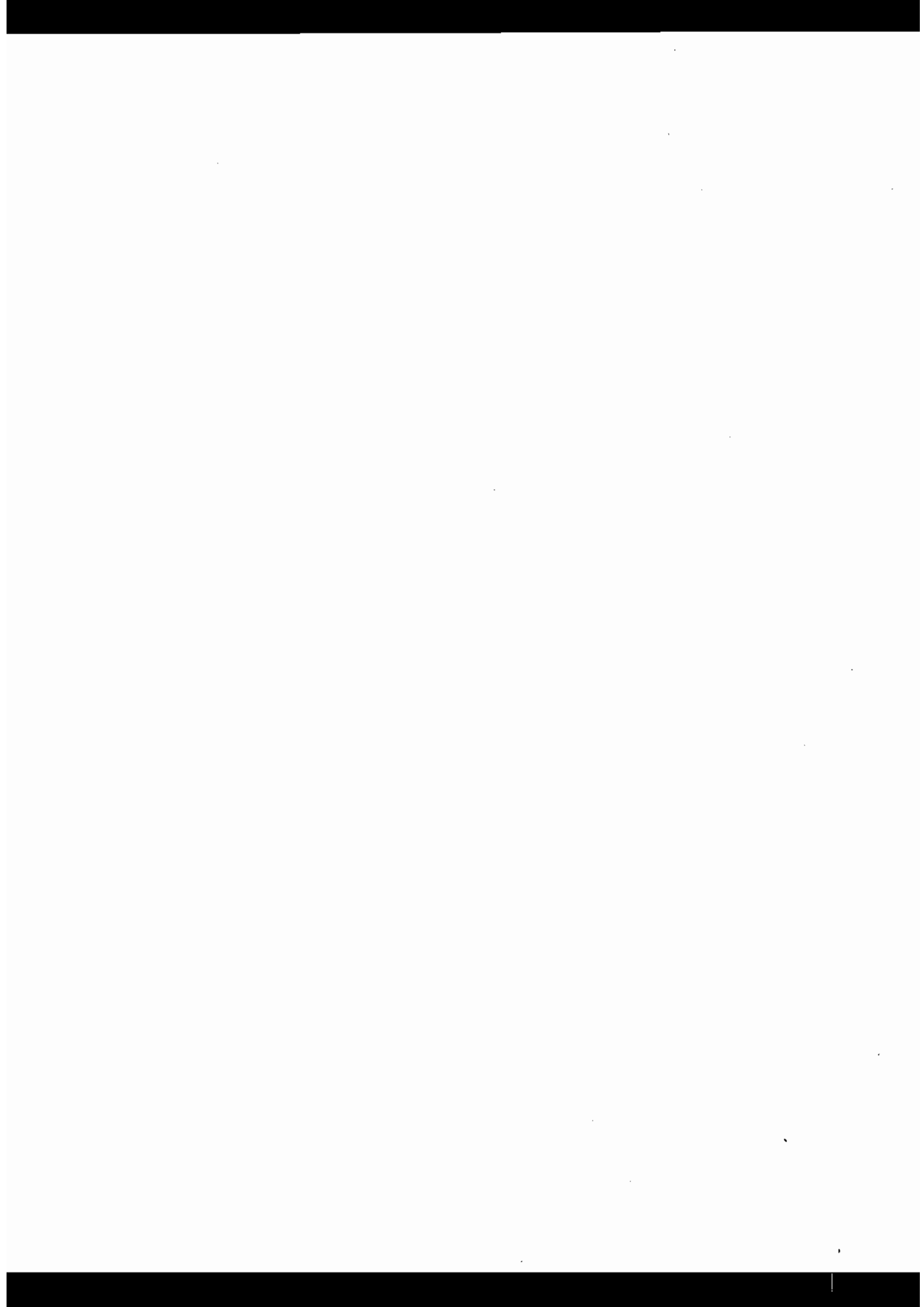
Numbers 10 to 124 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships and graduate education.

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. University of Alabama School of Medicine, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. Loma Linda University School of Medicine, Loma Linda, California
13. The UCLA School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, Stanford, Calif.
16. University of California School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
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 School of Medicine, Augusta, Georgia
25. Emory University School of Medicine, Atlanta, Ga.
26. University of Health Sciences, The Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University of Chicago Stritch School of Medicine, Maywood, Illinois
29. University of Chicago Division of Biological Sciences and The Pritzker School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. 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 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. CMDNJ-New Jersey Medical School, Newark, New Jersey
54. Albany Medical College of Union University, Albany, N. Y.
55. State University of New York at Buffalo School of Medicine, Buffalo, N. Y.
56. Albert Einstein College of Medicine of Yeshiva University, New York City
57. Columbia University College of Physicians and Surgeons, New York City
58. Cornell University Medical College, New York City
59. New York Medical College Flower and Fifth Avenue Hospitals, New York City
60. New York University School of Medicine, New York City
61. State University of New York Downstate Medical Center, Brooklyn
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 and Hospital, 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. 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 at Dallas, Dallas
85. University of Texas Medical Branch at Galveston, Galveston
86. Baylor College of Medicine, Houston, Tex.
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 Health Sciences Division of 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. CMDNJ-Rutgers Medical School, Piscataway, New Jersey

Medical School Affiliations (continued)

- 100. University of Arizona College of Medicine, Tucson
- 101. Brown University Division of Biological and Medical Sciences, Providence, R. I.
- 102. University of California, Davis, School of Medicine, Davis
- 103. University of California, San Diego, School of Medicine, San Diego
- 104. University of Connecticut School of Medicine, Farmington
- 105. University of Hawaii School of Medicine, Honolulu, Hawaii
- 106. Louisiana State University School of Medicine in Shreveport, 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 Health Sciences Center at San Antonio Medical School, San Antonio
- 112. Medical College of Ohio at Toledo, Toledo, Ohio
- 113. Mayo Medical School, Rochester, Minnesota
- 114. University of South Alabama College of Medicine, Mobile, Alabama
- 115. University of South Florida College of Medicine, Tampa, Florida
- 116. Southern Illinois University School of Medicine, Springfield, Illinois
- 117. University of Minnesota, Duluth, School of Medicine, Duluth, Minnesota
- 118. University of Missouri, Kansas City, School of Medicine, Kansas City, Missouri
- 119. University of Nevada, Reno School of Medical Sciences, Reno, Nevada
- 120. University of Texas Medical School at Houston, Houston, Texas
- 121. Texas Tech University School of Medicine, Lubbock, Texas
- 122. East Virginia Medical School, Norfolk Area Medical Center Authority, Norfolk, Virginia
- 123. Rush Medical College, Chicago, Illinois
- 124. Florida State University, Tallahassee, Florida



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 22 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. Medical students as well as the organizations sponsoring the NIRMP are of the opinion that the first year of graduate medical education should continue to be included in the matching program.

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, and is available only if a program director elects to offer a first-year residency to medical students.

In this Directory the federal services, except for the Veterans Administration, are listed first. Please note that the Air Force will not be participating in the matching program covering 1974 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.

The Army has recently announced that it will not be participating in the 1974 Matching Program. The Army now has a sufficient number of scholarship recipients who will be required to stay on active duty while attending medical school and who will subsequently be required to serve their graduate medical education in service-based hospitals.

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 students on the confidential preference blank they fill out to indicate their choice among the programs for which they have applied. The code is a device to increase the accuracy of identification.

If students are applying to a hospital which offers several different types of programs, they must indicate on their confidential preference blank their preference for the specific type of program in that hospital for which they have applied. For example, if students apply for a residency in surgery and also a general rotating internship at the same hospital, they must rank these just as if they were in separate hospitals.

In a few of the larger hospitals the situation is complex. A large city hospital may be a major, integrated part of the surgical program of each of the medical schools in its area. Students must indicate in their order of choice the program or programs for which they have 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 students and hospital. Moreover, in the matching plan only the confidential rating blanks of hospital and of the students are official and what is given there and confirmed is final.

The matching plan does not penalize either group from taking "flyers." Should students apply to a hospital in which they think their chances of acceptance are poor, their chances at their second choice hospital are just as good as if they had rated it first. Similarly, if a hospital

rates as its first choice an applicant 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 applicants as if it had rated them 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 physician candidates 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 1974.

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 1974. A matching program for first-year radiology residencies beginning in 1970, 1971, 1972, and 1973 was sponsored by The American College of Radiology.

The College will not sponsor a program for residencies beginning in 1974.

WHAT THE PARTICIPATING STUDENT DOES

The students participating in the matching program for appointment in 1974 should complete in turn each of the following steps:

1. They register with the plan by signing an agreement to abide by the regulations and paying a basic fee of \$4.00. The dean of each medical school has full information and the agreement forms. The students retain a copy of the agreement on the reverse side of which is a schedule of dates.

2. They correspond with, visit, and learn about the hospitals in which they are 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 April 1, 1974, to anyone not in the plan.

There are 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 students so that they can identify those hospitals or programs which are not in the NIRMP.

3. They apply 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 their relations with the hospital participating students have agreed that they will not request or demand that the hospital state how it will rank them and they have indicated that they understand that both they and the hospital have the right to change their minds at any time prior to the submission of the official confidential rating blank.

4. They request their dean to supply credentials and letters of recommendation to the hospital where they have applied. This material will be sent by the dean between October 1 and January 4, 1974 (see schedule of dates).

5. The students submit, on a form sent to them, the confidential rank order list of their preference among the positions for which they have applied. This list is to be mailed so as to arrive at the NIRMP office in Evanston before January 9, 1974. The confidential lists should be submitted as early as students have definitely decided about the rank order of their hospitals.

6. The student will receive before February 1, 1974, a confirmation of their rank order list. Any errors in this list should be reported immediately to the NIRMP. Corrections cannot be made after February 15, 1974, when the matching process takes place.

7. The students will receive on March 8, the name of the hospital with which they have been matched. This information will be given to the students by their dean.

8. The students will receive from the hospital confirmation of the fact that they are to serve there and will complete arrangements with the hospital.

Fundamental to the plan is the freedom of both the students and the hospitals to establish contact with each other and independently to arrive at a judgment of relative merit. Neither students nor hospitals are handicapped by listing as first choice an individual or hospital which does not reciprocate that feeling. The program matches the student with their highest choice hospital which is available to them and gives the hospitals 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 lists 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 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 lists remain 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 a 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 9.

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 applicants it wanted most. But if enough of the applicants 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.

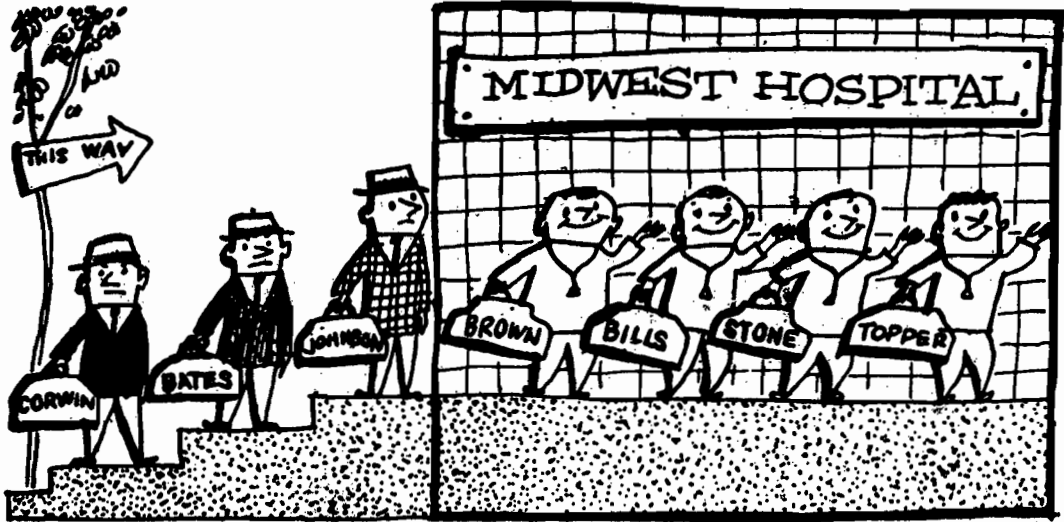
What may stop you from moving up step by step until you get your first choice is this: A hospital may fill its jobs with applicants who want to go to that hospital and who were higher in the hospital's rank list than you were. If this happens to your first choice hospital and you are holding a tentative 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 applicants 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 applicants 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 applicant on its list is that the applicant rates it as a first choice or is unable to receive any other preferred program.

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 applicants 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 applicants it preferred.

Suppose, however, that Stone has ranked Midwest "second." Stone cannot be by-passed on the ladder, but if Stone can get a first choice hospital which is on another "ladder," Stone is removed from this ladder. If Stone is within, or moves within the quota of a first choice hospital, Stone jumps off the Midwest ladder, since Stone can definitely get into a hospital Stone prefers to Midwest. Bills and Brown move up a notch and make room for another applicant (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 you get within a quota of a program at a hospital of your choice, your lower choices are removed from the ladders on which they are holding rungs, permitting movement upwards of lower applicants on those ladders. No choice is removed unless the applicant is definitely "in quota" at a preferred choice, or unless the hospital program is filled by applicants 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 positions, and which has ranked Green third. Unless either Jones or Smith get matched elsewhere, Green cannot get in. Green 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, who ranked Mt. Sinai first, and was ranked second. Since Mt. Sinai offers two positions, Smith can be permanently "matched." Since Smith is now matched at a first choice hospital, Smith's name is removed from Internia, a second choice, and Jones and Green slide up.

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

Student Lists

Green

1. Mt. Sinai
2. Internia

Smith

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

Jones

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

Hospital Lists

Mt. Sinai (2)

1. Jones
- *2. Smith
3. Green

Internia (1)

1. Smith (*Not Chosen*)
2. Jones
3. Green

St. Joseph (1)

1. Jones

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

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

Student Lists

Green

1. Mt. Sinai
2. Internia

Smith

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

Jones

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

Hospital Lists

Mt. Sinai (2)

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

***Internia (1)*

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

St. Joseph (1)

1. *Jones (Not Chosen)*

The removal of Jones' name from Mt. Sinai allows Green to slide up into second place. Since two 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 applicants "slide up" on hospital lists, as applicants above them are matched to hospitals more desired by those applicants. You will note that you hold your positions on the lists of the various hospitals until you become a permanent match. No one can "by-pass" a student on a hospital list. You are removed from a hospital list only when you are matched with a hospital you prefer 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 obligated 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 (18,700 vs. 11,000). 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 applicants from certain schools, or, again for example, only take applicants in the top 1/20th of their class. Such hospitals tell the Matching Program to offer jobs only to the applicants whom the hospital has interviewed and has decided to fill its requirements. If applicants are few, and if they want to 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 an applicant 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 you to want to change your instructions about which hospitals you prefer because of the way a hospital ranked you. 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 February 15. 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 be not 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 1973 this happened to less than 6% of the students in the program. They were very quickly taken by the some 750 hospital units which sought, but failed to get, some 8,000 candidates 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 and got positions 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 students are matched with a hospital unless all the hospitals they 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 candidate 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 July 31, 1973

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

PLEASE RESTRICT LISTING OF NAME TO 18 LETTERS

I, , a student at
LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE INITIAL

..... Medical School, plan to apply for a first-year appointment in graduate medical education to start between April 1 and December 31, 1974. 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, 1973.

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 10, 1974.

4. To send herewith a non-refundable basic fee of \$4.00 (check or money order) to help cover costs of participation in the Matching Plan. THE BASIC FEE ENTITLES EACH PARTICIPANT TO LIST A MAXIMUM OF 10 CHOICES OR LESS ON THE RANK ORDER LIST. EACH CHOICE ABOVE 10 WILL BE SUBJECT TO AN ADDITIONAL \$4.00 CHARGE (i.e., IF YOU LIST A TOTAL OF 20 CHOICES, YOU WILL INCUR AN ADDITIONAL CHARGE OF \$40.00.) A CHECK COVERING THE CHARGE FOR THE ADDITIONAL CHOICES MUST ACCOMPANY THE RANK ORDER LIST. IF THIS FEE IS NOT COVERED AT THE TIME THE RANK ORDER LIST IS SUBMITTED, THE REQUESTED ADDITIONAL CHOICES WILL NOT BE PROCESSED. (A RECENT STUDY SHOWS THAT LESS THAN 1% OF THE CANDIDATES ARE MATCHED WITH A CHOICE ABOVE 10.)

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 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 20, 1973.

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 July 31, 1973.

OCTOBER 31, 1973 DEADLINE FOR CANADIAN, OSTEOPATHIC, FOREIGN STUDENTS AND PHYSICIAN CANDIDATES TO REGISTER IN N.I.R.M.P.

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

POLICY REVISIONS 1974-75 MATCHING PROGRAM

MARRIED AND ENGAGED COUPLES

Married and engaged couples may be matched together (at the highest choice hospitals that both can get into) if they so desire. It must be emphasized that the four options specified in the application form will be observed strictly and no additional variations can be permitted at this time. If students wish such arrangements, they should fill out the Married and Engaged Student Form appearing in this Directory, or secure a copy of the form from the dean.

As an alternate choice, and with appropriate confirmation from the dean's office, such couples may remain outside the plan and negotiate directly with program directors. Institutions will be free to appoint such individuals without jeopardizing their participation in the Matching Program. Any such appointments which reduce the quota for matching purposes should be reported promptly to the NIRMP office.

CANADIAN INTERN MATCHING SERVICE (Canadian Matching Program)

U. S. and Canadian students will be permitted to participate in both matching programs. As the CIMS results will be known at least 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 if they match under the CIMS.

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 policy will permit American medical students to compete for internship positions in Canadian hospitals without jeopardizing their status with NIRMP and vice versa.

The CIMS will be requested to furnish a listing to NIRMP of all dual participants who match under the CIMS so that NIRMP can make the necessary withdrawals prior to the NIRMP match.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
1603 Orrington Avenue — Suite 1155
Evanston, Illinois 60201

SPECIAL ARRANGEMENT FOR MARRIED OR ENGAGED
COUPLES WISHING APPOINTMENTS IN THE
SAME COMMUNITY

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

- _____ 1. We wish to be matched to the same program at the same hospital (e.g., straight medicine at the same hospital)
- _____ 2. We wish to be matched to the same hospital but not necessarily to the same program (e.g., one might wish rotating and other, Ob-Gyn residency at the same hospital).
- _____ 3. We wish to be matched to hospitals in the same community, even if we both cannot get the same hospital.
- _____ 4. If both are unable to match to the same community, match one partner to the highest choice available and leave the other unmatched—Specify which partner is to be matched _____ or _____

HUSBAND
WIFE

(MEDICAL SCHOOL)

(SIGNATURE OF ONE)

(DATE)

(SIGNATURE OF OTHER)

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

PLEASE BE ADVISED THAT NO EXCEPTIONS OF THE ABOVE WILL BE PERMITTED.
THIS FORM IS TO BE RECEIVED AT THIS OFFICE NO LATER THAN JANUARY 1, 1974.

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

HOSPITAL AGREEMENT

For First-Year Appointments in Graduate Medical Education 1974-75
 (Starting between April 1 and December 31, 1974)

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 1974-75 (starting service from April 1 through December 31, 1974).

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 November 15, 1973 of any programs which are being offered to students that have not been assigned an NIRMP code number in the AMA DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES 1973-74 and also of any discrepancies in the listing of programs or quotas.
7. Abide by the official schedule including accepting no applications from participants in the matching plan after January 5, 1974; rating applicants and returning rating form by January 10, 1974; offering formal appointments promptly to individuals matched by the plan with this hospital, and not later than April 25, 1974.
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, and the American Board of Medical Specialties. The program is also endorsed by the Association for Hospital Medical Education, and the medical services of the federal agencies offering training programs.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR FIRST-YEAR APPOINTMENTS
IN GRADUATE MEDICAL EDUCATION FOR 1974-75

1. OCTOBER, 1973. Hospital directory published, containing the number of internships/residencies authorized and the description, at each participating hospital.
2. OCTOBER 1, 1973—JANUARY 4, 1974*. Standard period for students to make applications for internship/residency to hospitals. The student should file a copy of his application with the dean's office, as well as 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, 1973. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1973.
3. OCTOBER 1, 1973—JANUARY 4, 1974*. The deans may send letters of recommendation to the hospitals at any time after October 1, 1973, but in so far as possible letters should be sent by December 20, 1973, so that the hospitals may have this information when the students are interviewed.
4. DECEMBER, 1973. Coordinated mailing of student rank order lists and Supplements to Directory via the Dean's office.
5. DECEMBER, 1973. Student directory published containing name and medical school of each participating student.
6. JANUARY 9, 1974. 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.
7. FEBRUARY 1, 1974. Confidential student list as programmed in the computer is received by the student, via the Dean's office, and the confidential hospital list as programmed in the computer is received by the hospital. This confirmation "print out" must be reviewed for accuracy. Correction of errors, but no revision of ranking will be accepted.
8. FEBRUARY 15, 1974. Closing date for accepting (in Evanston) corrections of errors in computer programs to student or hospital confidential rank order lists.
9. FEBRUARY 18, 1974. Matching operation begins.
10. MARCH 1, 1974. Results of the matching plan are mailed from Evanston to students, via the Dean's office, and to hospitals.
11. MARCH 8, 1974. Results are given to students by Deans. Hospitals receive results.
12. MARCH 9—MARCH 27, 1974. Hospitals send contracts to matched students and students sign and return the contracts.

*Where individual programs require early application, students may apply and deans may send letters of recommendation earlier than these dates.

August, 1973

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

Directory of Approved Internships

Council on Medical Education of the American Medical Association
535 North Dearborn Street, Chicago 60610

Revised to July 1, 1973

Hospitals 882*

Internship Positions, 13,650*

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 1974-1975, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1972.

*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, 1972.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
UNITED STATES ARMY									
CALIFORNIA									
SAN FRANCISCO									
Letterman Army Medical Center	E. P. Flannery J. J. Deller, Jr. H. B. Conklin D. L. Vaughn	429	10,787	226	542,471	14 08 03 01	ROT. 2 ST. MED. ST. SURG. ST. OBG.		
COLORADO									
DENVER									
Fitzsimons Army Medical Center	W. R. Dwyre J. J. Bergin J. H. Baugh K. F. Deubler	605	13,987	202	647,302	09 08 03 01	ROT. 2 ST. MED. ST. SURG. ST. OBG.		
DISTRICT OF COLUMBIA									
WASHINGTON									
Walter Reed Army Medical Center	R. W. Muir R. R. Ritter O. Barrett, Jr. T. G. Nelson W. E. Patow	1,148	15,335	407	621,934	10 02 10 04 01	ROT. 2 ROT. 8 ST. MED. ST. SURG. ST. OBG.		
HAWAII									
HONOLULU									
Tripler Army Medical Center	R. A. Wiebe E. J. Kamin, 3d. A. H. Kent J. A. Austin	493	19,192	174	734,230	14,796 20 08 04 02	ROT. 2 ST. MED. ST. SURG. ST. OBG.		
TEXAS									
EL PASO									
William Beaumont Army Medical Center	G. S. Lavenson, Jr. J. L. Pitcher G. S. Lavenson, Jr. J. W. Pearson	402	14,243	210	734,974	12 08 03 02	ROT. 2 ST. MED. ST. SURG. ST. OBG.		
SAN ANTONIO									
Brooke Army Medical Center		951	13,553	417	814,907	15 02 10 03 01	ROT. 2 ROT. 8 ST. MED. ST. SURG. ST. OBG.		
WASHINGTON									
TACOMA									
Madigan Army Medical Center	D. P. Horan E. B. Cooper D. P. Horan R. E. Rogers	717	19,090	144	858,582	11 08 03 02	ROT. 2 ST. MED. ST. SURG. ST. OBG.		
UNITED STATES AIR FORCE									
DISTRICT OF COLUMBIA									
WASHINGTON									
Malcolm Grow U. S. A. F. Medical Center, Andrews A. F. B.						14	ROT. 0, 1, 2, 3, 4		
ILLINOIS									
SCOTT A. F. B.									
U. S. A. F. Medical Center	S. A. Ockner	204	6,215	65	229,220	14,347	12	ROT. 0, 1, 2, 3, 4	
MISSISSIPPI									
BILOXI									
U.S.A.F. Medical Center, Keesler A.F.B.		321	12,017	112	412,221		04 04 02	ST. MED. ST. SURG. ST. OBG.	
OHIO									
DAYTON									
U. S. A. F. Medical Center, Wright-Patterson A. F. B.	M. F. Wildemann	288	8,762	96	363,157	14,216	06	ROT. 0, 1, 2, 3, 4	
UNITED STATES NAVY									
CALIFORNIA									
OAKLAND									
Naval	V. L. Goller V. L. Goller V. L. Goller V. L. Goller V. L. Goller G. E. Gorsuch V. H. Fitchett J. F. Wurzel	563	13,979	159	297,461		08 02 02 02 03 03 02 02	ROT. 0 ROT. 1 ROT. 2 ROT. 7 ROT. 8 ST. MED. ST. SURG. ST. OBG.	181311 181312 181313 181342 181377 181332 181333 181333 181335

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
CALIFORNIA—Continued										
SAN DIEGO Naval	R. G. Fosburg	1,388	27,759	514	902,462			17	ROT. 0	181411
	E. D. Kaufmann							02	ROT. 1	181412
	R. F. Milnes							08	ROT. 2	181413
	Q. E. Crews, Jr.							01	ROT. 7	181442
	P. R. Knox							04	ROT. 8	181477
	E. D. Kaufmann							04	ST. MED.	181432
	R. F. Milnes							06	ST. SURG.	181433
	B. O. Viele							04	ST. OBG.	181435
MARYLAND										
BETHESDA Naval	R. J. Van Houten	490	13,281	295	478,792			06	ROT. 0	182311
	D. A. Lee							02	ROT. 1	182312
	B. C. Cole							02	ROT. 2	182313
	J. E. Turner							02	ROT. 7	182342
	R. J. Van Houten							02	ROT. 8	182377
	D. A. Lee							04	ST. MED.	182332
	B. C. Cole							02	ST. SURG.	182333
	D. R. Knab							02	ST. OBG.	182335
	PENNSYLVANIA									
PHILADELPHIA Naval	R. E. Strange	721	11,991	257	229,008			02	ROT. 0	183111
								02	ROT. 1	183112
								03	ROT. 2	183113
								03	ROT. 7	183142
	L. M. Fox							02	ST. MED.	183132
	S. J. Mucha							02	ST. SURG.	183133
	R. F. Kirk							01	ST. OBG.	183135
	VIRGINIA									
PORTSMOUTH Naval	P. M. Crum	961	21,455	284	334,518			06	ROT. 0	183211
								04	ROT. 1	183212
								04	ROT. 2	183213
								02	ROT. 8	183277
	J. W. Lea							04	ST. MED.	183232
	J. T. Mullen							02	ST. SURG.	183233
	R. T. Upton							04	ST. OBG.	183235
	UNITED STATES PUBLIC HEALTH SERVICE									
CALIFORNIA										
SAN FRANCISCO U. S. Public Health Service	F. Dykstra	213	4,462	95	114,166			11	ROT. 2	100113
	K. H. Hyatt							05	ST. MED.	100132
	J. D. Tovey							03	ST. SURG.	100133
LOUISIANA										
NEW ORLEANS U. S. Public Health Service	D. L. Wright	239	7,554		136,677			14	ROT. 0, 2	183520
	A. S. Hild							02	ST. MED.	183532
	R. G. Clay, Jr.							02	ST. SURG.	183533
MARYLAND										
BALTIMORE U. S. Public Health Service	K. K. Wong	151	3,743	164	137,757			08	ROT. 0, 1, 2	183620
	S. Foreman							04	ST. MED.	183632
	H. V. Belcher							02	ST. SURG.	183633
MASSACHUSETTS										
BOSTON U. S. Public Health Service	H. E. Finkel	91	1,944	44	54,189	14,500	09	ROT. 0, 1, 2	184020	
NEW YORK										
NEW YORK CITY (STATEN ISLAND) U. S. Public Health Service	E. Stein A. B. Barr	375	5,813	190	142,846		26 08	ROT. 0 ST. MED.	184111 184132	
VIRGINIA										
NORFOLK U. S. Public Health Service	F. W. Nelson	122	3,375	63	102,345	14,348	08	ROT. 0	184511	
WASHINGTON										
SEATTLE U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)										
DEPT. OF HEALTH, EDUCATION, AND WELFARE										
DISTRICT OF COLUMBIA										
WASHINGTON St. Elizabeths	D. D. Cowell	5,917	3,767	299	66,010	10,848	02 03	ROT. 0 ROT. 6	180411 180476	
OTHER FEDERAL										
CANAL ZONE										
BALBOA HEIGHTS Gorgas	R. W. Irvin, Jr. J. E. Hastings R. J. Rhorer J. K. Newton	200	8,787	218	218,692	11,786	11 02 02 01	ROT. 2 ST. MED. ST. SURG. ST. OBG.	180613 180632 180633 180635	

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
Baptist Medical Centers	R. F. Roddam J. M. Akin, Jr. R. F. Roddam				9,000	04 06 04	ROT. 1 ROT. 2 ST. MED.	190312 190313 190332	
Baptist Medical Center—Montclair		451	18,405	414	730				
Baptist Medical Center—Princeton		391	16,124	389	19,835				
Carroway Methodist Medical Center #	E. D. Haigler, Jr.	376	15,577	334	187,850	9,600	12 06	ROT. 0, 1, 2 ST. MED.	100620 100632
St. Vincent	K. W. Berry, Jr. K. W. Berry, Jr. W. B. Evans K. W. Berry, Jr.	191	9,988	236	9,240	10,200	03 06 04 01	ROT. 0 ROT. 1 ROT. 2 ROT. 3	185111 185112 185113 185115
University of Alabama Medical Center	J. W. Benton, Jr. C. H. Lupton, Jr. P. H. Linton D. M. Witten G. Corssen T. J. Reeves J. W. Kirklin					9,000	06 02 04 03 06 28 12	ROT. 4 ROT. 5 ROT. 6 ROT. 7 ROT. 8 ST. MED. ST. SURG.	100714 100786 100776 100742 100777 100732 100733
University of Alabama Hospitals and Clinics		625	26,060	809	71,794				
Veterans Admin.		411	8,310	427	57,509				
Children's		5	8,512	105	76,075				
FAIRFIELD									
Lloyd Noland	M. Putnoi C. E. Porter J. M. Slaughter J. P. Hardy	223	10,385	419	192,216	10,740	14 04 04 01	ROT. 9 ST. MED. ST. SURG. ST. OBG.	100820 100832 100833 100835
MOBILE									
University of South Alabama Affiliated Hospitals									
Mobile General	H. J. Wiseman R. Kreisberg A. J. Oonovan	249	11,237	497	75,664	9,840	08 04 03	ROT. 0 ST. MED. ST. SURG.	185211 185232 185233
MONTGOMERY									
Montgomery Regional Foundation	J. J. Kirschenfeld					7,200	08	ROT. 1	100912
Montgomery Baptist		183	9,555	215	12,434				
St. Margaret's		176	9,499	293	6,838				
ARIZONA									
PHOENIX									
Good Samaritan	F. T. Flood D. J. Crosby W. B. Cherny	561	25,485	657	17,808	9,000	07 04 03	ROT. 0, 1, 2, 3, 4 ST. MED. ST. OBG.	101120 101132 101135
Maricopa County General	H. F. Lenhardt J. W. Heaton, Jr. H. W. Hale, Jr. W. E. Crisp	364	16,434	713	184,201	9,526	17 08 06 03	ROT. 0, 2, 3, 4 ST. MED. ST. SURG. ST. OBG.	189820 189832 189833 189835
St. Joseph's Hospital and Medical Center	J. C. Flannery J. W. Smith R. J. Jennett	491	25,631	595	32,022	9,600	08 06 03	ROT. 0, 1, 2, 3, 4, 5, 6, 7 ST. MED. ST. OBG.	101220 101232 101235
TUCSON									
Tucson Hospitals Medical Education Program	E. G. Ramsay M. Fuchs E. G. Ramsay					9,500	14 06 04	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG.	101420 101432 101433
Pima County General		511	27,037	621	36,718				
Tucson Medical Center									
University of Arizona Affiliated Hospitals	W. F. Denny E. E. Peacock					8,925	12 06	ST. MED. ST. SURG.	101532 101533
University Hospital		89	4,693	110	37,224				
Veterans Admin.		230	4,906	222	45,939				
University of Arizona Affiliated Hospitals	C. D. Christian					8,925	03	ST. OBG.	101535
Pima County General		95	4,272	159	94,077				
Tucson Medical Center		511	27,037	621	36,718				
University		89	4,693	110	37,224				
ARKANSAS									
LITTLE ROCK									
Arkansas Baptist Medical Center	W. G. Cooper, Jr.	399	21,439	519	24,537	9,000	13 01 02 02	ROT. 0 ROT. 5 ROT. 7 ROT. 8	101611 101686 101642 101677
St. Vincent Infirmary	G. M. Thorn	434	24,191	483	31,745	9,000	14	ROT. 0, 1, 2	101720
University #	W. K. Shorey R. E. Merrill G. S. Campbell D. L. Barclay	247	14,760	439	92,838	8,000	15 02 06 05	ROT. 9 ROT. 4 ST. SURG. ST. OBG.	101820 101814 101833 101835
University of Arkansas Medical Center #	R. S. Abernathy					8,000	08	ST. MED.	101832
University		247	14,760	439	92,838				
Veterans Admin. Consolidated		373	9,422	389	55,536				
CALIFORNIA									
BAKERSFIELD									
Kern County General	W. R. Schmalhorst T. A. Don Michael W. R. Schmalhorst L. E. Smale	156	7,982	265	57,122	10,896	01 03 05 02	ROT. 2 ST. MED. ST. SURG. ST. OBG.	192113 192132 192133 192135

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
CALIFORNIA—Continued								
BERKELEY Herrick Memorial	E. B. Mc Lean	169	6,925	209	21,932	9,204	07 01 ROT. 1, 2 ROT. 6	102020 102076
DALY CITY Mary's Help	S. D. Mc Fadden G. L. Torassa S. Gross S. D. Mc Fadden	205	9,989	228	2,037	8,400	01 02 01 04 ROT. 1 ROT. 2 ROT. 4 ROT. 6	105312 105313 105314 105376
DAVIS University of California (Davis) Affiliated Hospitals#	G. G. Snively R. Bolt E. F. Wolfman, Jr.					9,800	18 06 06 ROT. 0 ST. MED. ST. SURG.	104611 104632 104633
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		314	14,078	734	99,108			
FRESNO Valley Medical Center of Fresno#	J. S. Harris R. K. Larson P. A. Carlson	228	12,319	431	133,084	11,050	15 04 04 ROT. 9 ST. MED. ST. SURG.	102220 102232 102233
GLENDALE Glendale Adventist	S. W. Kime, Jr.	330	12,630	395	18,533	9,000	12 ROT. 0	102311
IRVINE University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	J. S. Tobis L. A. Gottschalk B. J. O' Loughlin J. A. Udall J. A. Connolly J. H. Mc Clure	355	13,615	411	141,705	11,254	02 08 01 18 12 06 ROT. 0 ROT. 6 ROT. 7 ST. MED. ST. SURG. ST. OBG.	104311 104376 104342 104332 104333 104335
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. S. Evans H. F. Ziprick M. P. Judkins S. W. Shankel D. B. Hinshaw	390 1,464 233 236 390	16,152 2,939 12,017 11,419 16,152	504 72 283 355 504	636 92,143 122,672	9,667 9,667	12 03 04 21 06 ROT. 6 ROT. 3 ROT. 7 ST. MED. ST. SURG.	102476 102415 102442 102432 102433
LONG BEACH Memorial Hospital of Long Beach St. Mary's Long Beach# Veterans Admin.	S. Ede C. C. Calescibetta Y. B. Bickel	516 272 1,493	23,287 16,183 17,076	745 408 1,127	101,565 64,105 203,769	9,000 11,000	21 11 04 ROT. 0, 1, 2, 3, 4 ROT. 0, 1, 2, 7 ST. MED. ROT. 6 ST. SURG.	102720 102520 102532 204976 204933
LOS ANGELES California Hospital Medical Center Cedars—Sinai Medical Center# Cedars of Lebanon Hospital Division Mount Sinai Hospital Division Children's Hospital of Los Angeles (See Santa Fe Memorial Hospital—Children's Hospital of Los Angeles) Hospital of the Good Samaritan Medical Center Kaiser Foundation Los Angeles County—U. S. C. Medical Center# Martin Luther King, Jr. General Hospital Queen of Angels Santa Fe Memorial Hospital—Children's Hospital of Los Angeles Santa Fe Memorial Children's Hospital of Los Angeles U. C. L. A. # Veterans Admin. (Sepulveda) Veterans Admin. Center—Wadsworth# White Memorial Medical Center	K. L. Senter R. J. Futoran J. R. Klinenberg L. Morgenstern P. H. L. Sargent M. Yettra A. Saltz W. E. Nerlich H. I. Meyers J. S. Denson J. E. Bethune L. Rosoff E. J. Quilligan J. A. Campbell D. D. Ulmer J. L. Alexander K. J. Schmutzer G. Somich A. D. Schwabe J. G. Moore M. C. Geokas G. M. Kalmanson D. A. Mitchell, Jr. V. L. De Quattro S. H. Fritz M. Nakamoto	250 378 221 320 369 1,713 196 226 102 216 401 737 400 239	13,058 19,139 9,729 13,443 22,421 101,910 4,884 12,669 4,186 14,006 17,364 6,864 8,169 11,673	509 494 271 465 534 2,891 111 445 145 195 551 375 450 407	188,402 59,677 58,406 266,373 141,128 81,452 7,997 47,511 78,716 128,266 129,307 110,740 10,500	11,000 11,025 10,800 10,634 11,952 11,496 10,500 10,800 9,800 13,272 12,744 10,500	08 02 20 04 ROT. 0 ST. OBG. ST. MED. ST. SURG. 12 04 05 ROT. 0, 1, 2, 5 ST. MED. ST. OBG. 65 02 02 87 39 20 ROT. 0 ROT. 7 ROT. 8 ST. MED. ST. SURG. ST. OBG. 04 14 08 ROT. 7 ST. MED. ST. SURG. 10 09 ROT. 0, 1, 2, 3 ROT. 0 30 04 ST. MED. ST. OBG. 14 24 ST. MED. ST. MED. 12 03 03 ROT. 9 ST. MED. ST. SURG. ST. OBG.	103032 103033 103220 205532 205535 103311 103342 103377 103332 103333 103335 205742 205732 205733 103620 103811 195632 195635 291732 103932 295332
MARTINEZ Veterans Admin.		409	6,811	359	41,578		04 ST. MED.	295332
OAKLAND Highland General#	Dir. Med. Educ. H. Harper, Jr. E. B. Mitchell	538	13,870	445	94,838	9,432	40 03 04 ROT. 0 ROT. 6 ST. MED.	104111 104176 104132

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
CALIFORNIA, OAKLAND —Continued									
Kaiser Foundation#	M. A. Shearn H. D. Grant	191	12,939	356	534,802	9,420	09 05	ST. MED. ST. SURG.	104232 104233
ORANGE									
Orange County Medical Center (See University of California (Irvine) Affiliated Hospitals, Irvine)									
PALO ALTO									
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)									
PASADENA									
Huntington Memorial#	R. J. Bing	345	16,379	647	179,408	10,000	12 04	ROT. 0, 1, 2, 3, 4, 5 ST. MED.	104420 104432
PATTON									
Patton State (See Loma Linda University Affiliated Hospitals, Loma Linda)									
RIVERSIDE									
Riverside General#	E. Douville D. John D. John W. Brown	233	12,017	283	92,143	11,564	04 02 02 02	ROT. 0 ROT. 1 ST. MED. ST. OBG.	185011 185012 185032 185035
Riverside General (See Also Loma Linda University Affiliated Hospitals, Loma Linda)									
SACRAMENTO									
Sacramento Medical Center (See University of California (Davis) Affiliated Hospitals, Davis)									
San Bernardino General (See Also Loma Linda University Affiliated Hospitals, Loma Linda)									
SAN BERNARDINO									
San Bernardino General	J. P. Loge J. P. Drinkard	236	11,419	355	122,672	9,600	08 04	ROT. 0 ROT. 1	104711 104712
SAN DIEGO									
Mercy Hospital and Medical Center#	W. Perkins	386	21,981	526	100,239	9,500	16 04 01	ROT. 0, 1, 2, 4 ST. MED. ST. OBG.	104820 104832 104835
University of California (San Diego) Affiliated Hospitals University Hospital of San Diego County#	N. J. Zvaifler S. S. C. Yen	279	12,978	533	125,638	9,800	28 03	ST. MED. ST. OBG.	104932 104935
SAN FRANCISCO									
French	V. Di Raimondo	152	8,139	235	32,934	9,200	10	ROT. 0, 1, 2	105220
Harkness Community Hospital and Medical Center (See Pacific Medical Center and Affiliated Hospitals)									
H. C. Moffitt—University of California Hospitals#	L. H. Smith	444	18,083	415	145,888	9,800	19	ST. MED.	106232
Kaiser Foundation#	A. H. Lieberman	237	13,647	358	956,997	9,420	11 04	ST. MED. ST. SURG.	195932 195933
Mount Zion Hospital and Medical Center#	E. M. Weinschel H. Weinstein H. Weinstein S. M. Levin J. A. Kerner	330	15,036	495	149,546	9,360	03 01 08 07 01	ROT. 6 ROT. 8 ROT. 9 ST. MED. ST. OBG.	105476 105477 105420 105432 105435
Pacific Medical Center and Affiliated Hospitals	B. E. Spivey J. J. Kelly, Jr.	157	7,199	236	27,098	9,200	18 05	ROT. 0, 1 ST. MED.	106120 106132
Pacific Medical Center—Presbyterian Harkness Community Hospital and Medical Center		173	6,402	157	42,532	9,000			
St. Mary's Hospital and Medical Center	C. H. Lithgow J. J. Forlong	317	12,558	350	34,793	9,360	12 07	ROT. 9 ST. MED.	105720 105732
San Francisco General#	House Staff Comm.	410	18,484	550	219,567	8,772	16 04 12	ROT. 0 ROT. 4 ST. MED.	105811 105814 105832
SAN JOSE									
Santa Clara Valley Medical Center#	R. M. Manson	329	12,666	376	174,621	9,907	15 02 02 04	ROT. 0 ROT. 1 ROT. 4 ST. MED.	106311 106312 106314 106332
SANTA BARBARA									
Santa Barbara General—Cottage Hospitals#	S. B. Chirman					9,600	09 04 03 01	ROT. 0 ROT. 1 ROT. 2 ROT. 7	106411 106412 106413 106442
Santa Barbara Cottage#		300	13,113	399	20,075				
Santa Barbara General#		130	3,080	94	12,594				
SANTA CLARA									
Kaiser Foundation	E. S. Wolfe		17,298	220	606,178	9,420	05	ST. MED.	213532
SANTA MONICA									
Santa Monica Hospital Medical Center	T. L. Stern	255	13,211	466	80,131	10,800	04	ROT. 0	106611

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
CALIFORNIA—Continued									
STANFORD									
Stanford University Affiliated Hospitals#	G. D. Gulevich M. A. Bagshaw M. Perloth					9,500	04 04 17	ROT. 6 ROT. 7 ST. MED.	182076 182042 182032
Stanford University Veteran's Admin. (Palo Alto)		503 1,132	22,773 8,887	788 233	148,313 130,623				
STOCKTON									
San Joaquin General#	J. D. Bernard L. Armanino W. Brock P. Harrington	255	11,119	278	159,879	11,893	08 02 02 02	ROT. 9 ST. MED. ST. SURG. ST. OBG.	102120 102132 102133 102135
SYLMAR									
Olive View Medical Center							05	ROT. 6	295076
TORRANCE									
Los Angeles County Harbor General#	J. A. Turner J. A. Turner W. D. Odell J. R. Marshall	525	22,595	771	205,931	11,496	41 02 12 01	ROT. 0, 1, 2, 3 ROT. 6 ST. MED. ST. OBG.	106720 106776 106732 106735
Los Angeles County Harbor General (See Also UCLA Affiliated Hospitals, Los Angeles)									
COLORADO									
DENVER									
Denver General	J. F. Yost	255		383	165,362	8,808	04	ROT. 6	107776
Denver General (See Also University of Colorado Affiliated Hospitals)									
General Rose Memorial	E. Blair S. Papper	299	15,090	339	37,177	8,770	10 04	ROT. 0 ROT. 1	106911 106912
General Rose Memorial (See Also University of Colorado Affiliated Hospitals)									
Mercy	R. Ratcliff	253	13,155	225	21,512	8,770	11	ROT. 2	192213
Presbyterian Medical Center#	M. A. Lubchenko A. E. Lubchenko	300	13,563	401	50,789	8,770	10 01	ROT. 1, 2 ROT. 5	107220 107286
St. Anthony	N. Goodman	430	27,145	461	80,818	9,100	10	ROT. 0	107311
St. Joseph#	M. E. Mc Dowell M. E. Mc Dowell M. E. Johnson C. H. Alexander	456	22,273	413	72,982	8,770	14 03 03 02	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG. ST. OBG.	107420 107432 107433 107435
St. Luke's#	R. S. Liggett	345	16,398	428		9,200	10	ROT. 0, 1, 2	107520
University of Colorado Affiliated Hospitals#	E. S. Taylor	255 328 335	15,232 6,978	383 452 313	165,362 217,903 31,758	8,770	06	ROT. 3	107615
Denver General University of Colorado Medical Center Veterans Admin.									
University of Colorado Affiliated Hospitals	G. Meiklejohn	255 299 328 335	15,090 6,978	383 339 452 313	165,362 37,177 217,903 31,758		22	ST. MED.	107632
Denver General General Rose Memorial University of Colorado Medical Center Veterans Admin.									
GREELEY									
Weid County General	W. K. Mangum	250	14,859	272	16,307	8,700	06	ROT. 0	185311
CONNECTICUT									
BRIDGEPORT									
Bridgeport	N. P. R. Spinelli P. E. Perillie A. J. Panettieri	438	22,573	646	22,364	9,865	06 04 04	ROT. 0, 1, 2, 3, 4, 6, 7 ST. MED. ST. SURG.	107920 107932 107933
St. Vincent's	W. H. Curley M. Garrell	297	15,947	511	6,402	10,500	02 06	ROT. 0 ST. MED.	108011 108032
DANBURY									
Danbury	J. L. Belsky J. T. Orr	234	12,784	389	69,396	10,000	10 02	ROT. 0 ROT. 2	108111 108113
DERBY									
Griffin	V. A. De Luca, Jr.	204	8,321	326	68,140	10,000	02 02 02	ROT. 0 ROT. 1 ROT. 2	197711 197712 197713
HARTFORD									
Hartford	C. B. Hickcox J. G. Freymann R. F. Reinfrank	855	39,284	1,048	44,595	10,300	02 12 16	ROT. 8 ROT. 9 ST. MED.	108377 108320 108332
Mount Sinai	S. Bernstein S. Bernstein J. Rosensweig M. Baggish S. Bernstein S. Bernstein M. Baggish	205	10,050	161	7,427	10,000	04 03 03 03 03 01 03	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ST. MED. ST. OBG.	185411 185412 185413 185415 185414 185432 185435 108520
St. Francis	W. J. Lahey S. B. Sulavik H. Mannix, Jr.	578	26,440	716	34,704	7,200	08 06 02	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG.	108532 108532 108533
University of Connecticut Affiliated Hospitals#	G. Owens					10,300	06 06	ROT. 2 ST. SURG.	109413 109433
University of Connecticut Hospital—Mc Cook Division Veterans Admin. (Newington) New Britain General (New Britain)		72 155 346	2,535 2,842 16,533	51 173 410	26,771 41,124 98,503				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
CONNECTICUT, HARTFORD—Continued									
University of Connecticut Affiliated Hospitals#	M. Markowitz L. W. Hoyer				10,300	04 10	ROT. 4 ST. MED.	109414 109432	
University of Connecticut Hospital—Mc Cook Division# Veterans Admin. (Newington)		72 155	2,535 2,842	51 173	26,771 41,124	10,300			
MANCHESTER Manchester Memorial	M. Duke	249	13,429	259	34,022	8,200	06 ROT. 0	185511	
MERIDEN Meriden—Wallingford	M. J. Seide	228	11,202	277	40,393	8,000	08 ROT. 0	108611	
MIDDLETOWN Middlesex Memorial	J. A. Donadio	254	13,229	397	5,208		07 ROT. 0	108711	
NEW BRITAIN New Britain General New Britain General (See Also University of Connecticut Affiliated Hospitals, Hartford)	H. Levine	346	16,533	410	98,503	11,000	04 ST. MED.	108832	
NEW HAVEN Hospital of St. Raphael	R. P. Zanes, Jr. N. Marieb D. A. Farmer	450	16,210	684	20,839	10,358	12 ROT. 0, 1, 2, 3, 4 08 ST. MED. 06 ST. SURG.	109020 109032 109033	
Yale—New Haven Medical Center Yale—New Haven	L. Welt, C. D. Cook L. Welt	705	28,176	912	154,319	9,865	02 ROT. 4 19 ST. MED.	108914 108932	
NEWINGTON Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)									
NORWALK Norwalk	T. Safford	358	17,140	535	5,097	9,000	12 ROT. 0 02 ROT. 2 02 ROT. 3 02 ROT. 4 01 ST. MED. 02 ST. SURG.	109332 109333	
STAMFORD Stamford	L. M. Smith R. B. Erichson A. Bellwin S. Goldfarb F. Rogers A. Bellwin	297	12,725	363	15,693	10,500	03 ROT. 0 05 ROT. 1 02 ROT. 3 02 ROT. 4 04 ROT. 6 02 ST. SURG. 02 ST. OBG.	109511 109512 109515 109514 109576 109533 109535	
WATERBURY St. Mary's	R. L. Piscatelli	365	15,459	496	19,513	8,920	06 ROT. 0 02 ROT. 1 02 ROT. 2 04 ST. MED.	109611 109612 109613 109632	
Waterbury#	T. T. Amatruda, Jr.	329	17,048	454	48,007	9,436	05 ROT. 0, 1, 2, 4, 5 05 ST. MED.	109720 109732	
DELAWARE									
WILMINGTON Veterans Admin. (See Bryn Mawr Hospital, Bryn Mawr, Pa.) Wilmington Medical Center	E. W. Martz L. Lang L. Whitney	905	39,238	1,527	189,637	10,000	08 ROT. 0, 1, 2, 3, 4, 5, 7 06 ST. MED. 05 ST. SURG.	109920 109932 109933	
DISTRICT OF COLUMBIA									
WASHINGTON District of Columbia General Program 1—Georgetown University Program 7—Howard University Program 8—Howard University Program 9—Howard University Program 10—Howard University Doctors Freedmen's# Georgetown University# Georgetown University Affiliated Hospitals Veterans Admin. Georgetown University Georgetown University—D. C. General Georgetown University District of Columbia General George Washington University George Washington University—D. C. General George Washington University District of Columbia General Providence	R. F. Donohoe J. N. Sheagren J. N. Sheagren L. H. Kurtz L. H. Kurtz J. M. Blumberg H. W. Williams, Jr. H. W. Williams, Jr. H. W. Williams, Jr. H. W. Williams, Jr. W. L. Henry, Jr. L. D. Le Falle J. F. Clark D. P. Jackson R. A. Steinbach C. A. Hufnagel C. S. Coakley W. M. Jensen L. J. Goffredi	631 237 32,925 317 606 317 317 631 423 423 631 317	20,792 9,510 10,735 14,634 8,316 14,634 14,634 20,792 18,957 18,957 20,792 16,236	953 281 370 414 483 414 414 953 600 600 953 396	181,388 2,163 80,830 40,349 120,332 40,349 40,349 181,388 130,566 130,566 181,388 62,098	10,836 10,896 10,896 10,320 10,320 9,000 11,144 10,017 10,017 10,017 10,017 10,023 9,400	14 06 06 02 04 22 03 03 03 03 07 05 05 14 02 12 04 33 05	ST. MED. ST. MED. ROT. 1 ST. SURG. ROT. 2 ROT. 2 ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ST. MED. ST. SURG. ST. OBG. ST. MED. ROT. 6 ST. SURG. ROT. 8 ST. MED. ST. SURG.	179932 179925 179912 179927 179913 179413 180132 185976 181733 180277 180232 180333

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
GEORGIA—Continued									
AUGUSTA									
Medical College of Georgia Hospitals	W. A. Scoggin J. C. Johnson A. J. Bollet C. H. Wray				9,000	04 12 12 04	ROT. 3 ROT. 9 ST. MED. ST. SURG.	198515 198520 198532 198533	
Eugene Talmadge Memorial University Veterans Admin.		315 478 1,101	10,832 21,711 7,231	324 584 273	76,160 33,675 35,406				
COLUMBUS									
Medical Center	C. D. Cabaniss	400	18,860	618	36,259	9,600	10 ROT. 0	111811	
MACON									
Medical Center of Central Georgia	J. L. Achord	391	22,128	563	35,937	9,600	18 ROT. 0	112011	
SAVANNAH									
Memorial Medical Center	C. L. Rosengart J. T. Waller T. J. Yeh L. T. Bodziner	360	15,402	519	30,316	8,000	12 02 03 01	ROT. 0 ROT. 1 ROT. 2 ROT. 3	197111 197112 197113 197115
HAWAII									
HONOLULU									
Kuakini Hospital and Home	E. Y. Yamada	184	7,468	331	8,577	9,600	06 06	ROT. 1 ROT. 2	180712 180713
Queen's Medical Center#	J. A. Orbison J. J. Mc Namara	375	19,535	500	33,803	10,080	08 08	ROT. 1 ROT. 2	180812 180813
St. Francis#	C. K. Tashima	192	8,767	311	66,571	10,080	07	ST. MED.	180932
ILLINOIS									
BERWYN									
Mac Neal Memorial	R. G. Mrazek	359	15,540	659	11,493	10,500	20	ROT. 0, 1, 2, 3, 6	112120
CHICAGO									
Augustaha	R. W. Roesel	248	8,805	322	7,930	10,000	12	ROT. 0, 1, 2, 3, 4, 7, 8	112420
Chicago Medical School Affiliated Hospitals									
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	367	13,475	492	83,056		06	ST. MED.	114432
Columbus—Cuneo Medical Center	C. T. Mc Hugh					10,000	26	ROT. 2	112613
Columbus		375	14,772	406	38,825				
Frank Cuneo		135	4,463	179	23,450				
Cook County#	J. L. Berman	1,177	51,554	1,720	273,235	11,000	20 05 05 10 02 04 03 25 25	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ROT. 6 ROT. 8 ST. MED. ST. SURG.	112711 112712 112713 112715 112714 112776 112777 112732 112733
Edgewater	P. Kaplan	332	11,329	387	26,109	6,600	20 05 05 02	ROT. 0 ROT. 1 ROT. 2 ROT. 4	112811 112812 112813 112814
Grant	L. C. Johnston	290	14,970	368	51,857	10,920	06 07 07	ROT. 0 ROT. 1 ROT. 2	113211 113212 113213
Henrotin	Dir. Med. Education	173	6,552	131	31,647	9,600	06 06	ROT. 1 ROT. 2	113312 113313
Illinois Central	P. L. Campagna	155	5,317	232	19,562	9,600	13	ROT. 2	113613
Illinois Masonic Medical Center	T. H. Clarke	412	15,824	476	46,448	10,600	18 06 06 03	ROT. 0, 1, 2, 6 ST. MED. ST. SURG. ST. ORG.	113720 113732 113733 113735
Louis A. Weiss Memorial	H. E. Bessinger	321	11,443	522		10,700	03 03 02 01 01 01 01	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 5 ROT. 7 ROT. 8	184611 184612 184613 184615 184686 184642 184677
J. Silver									
C. Jarolim									
W. Drwiega									
L. Bobrow									
W. Liu									
Mc Gaw Medical Center of Northwestern University Evanston (Evanston)#	C. L. Etheridge	435	18,735	450	140,000		05 10 10	ROT. 0 ROT. 1 ST. MED.	116711 116712 116732
Northwestern Memorial	J. F. Marquardt E. A. Brunner	760	28,800	580	63,646		08 05	ROT. 1 ROT. 8	294612 294677
Northwestern Memorial Hospital—Veterans Admin. Research	J. F. Marquardt	760	28,800	580	63,646		39	ST. MED.	294532
Northwestern Memorial Veterans Admin. Research		447	7,587	531	74,595				
Northwestern Memorial Hosp.—Veterans Admin. Research Hosp.—Evanston	P. D. Barglow						08	ROT. 6	224776
Northwestern Memorial Veterans Admin. Research Evanston (Evanston)		750 447 435	28,800 7,587 18,735	580 531 450	63,646 74,595 140,000				
Michael Reese Hospital and Medical Center	J. T. Sheridan L. D. Elegant L. M. Sherwood J. T. Sheridan	771	27,298	816	113,063	10,500	02 01 28 08	ROT. 2 ROT. 4 ST. MED. ST. SURG.	114213 114214 114232 114233
Norwegian—American	G. T. Murphy	200	11,789	223	2,790	9,600	14	ROT. 0	
Ravenswood	W. F. Boehm	325	12,118	466	5,646	10,300	20	ROT. 0, 1, 2, 3	114920
Resurrection	J. L. Daddino	289	12,294	470	85,986	10,080	22	ROT. 0, 1, 2	193720

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
ILLINOIS, CHICAGO—Continued								
Rush—Presbyterian—St. Luke's Medical Center	T. B. Schwartz H. W. Southwick G. D. Wilbanks	768	27,397	964	26,100	9,906	22 ST. MED. 04 ST. SURG. 04 ST. OBG.	114732 114733 114735
St. Anne's	F. E. Banich	338	13,117	444	51,875	9,000	18 ROT. 2	115213
St. Elizabeth's	M. S. Bhorade	245	10,692	389	6,800	9,000	12 ROT. 0, 1, 2, 3, 4, 5, 7	115320
St. Joseph	R. A. Nosal	462	16,782	461	41,809	10,000	07 ROT. 1 05 ROT. 2 03 ROT. 3 02 ROT. 4	115512 115513 115515 115514
St. Mary of Nazareth	A. R. Sapienza	252	9,499	428	35,897	10,200	20 ROT. 0, 1, 2	115420
South Chicago Community	L. H. Davis	328	13,547	409	61,200	9,600	12 ROT. 0	115811
Swedish Covenant	P. D. Anderson	204	7,900	336	17,640	7,800	12 ROT. 0, 1, 2	115920
University of Chicago Hospitals and Clinics#	H. J. Lowe A. R. Tarlov F. P. Zuspan	477	21,506	566	187,566	10,100	04 ROT. 8 20 ST. MED. 05 ST. OBG.	116077 116032 116035
University of Illinois Affiliated Hospitals#	M. D. Bogdonoff	426	16,124	472	304,109	9,900	27 ST. MED.	115032
University of Illinois Veterans Admin. (West Side)		517	8,257	470	199,516			
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern University, Chicago)								
St. Francis	O. J. Murphy D. J. Murphy B. T. Heffernan J. H. Mason J. H. Isaacs	386	14,430	523	139,851	10,500	05 ROT. 0 01 ROT. 7 10 ST. MED. 06 ST. SURG. 02 ST. OBG.	116811 116842 116832 116833 116835
EVERGREEN PARK								
Little Company of Mary	P. J. Talso	501	19,700	673	181,766	8,500	24 ROT. 0	225511
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals#	R. J. Freeark J. A. O' Leary G. Brynjolfsson A. A. El-Etr J. R. Tobin J. A. O' Leary					10,000	06 ROT. 2 02 ROT. 3 02 ROT. 5 02 ROT. 8 06 ST. MED. 02 ST. OBG.	117013 117015 117086 117077 117032 117035
Foster G. Mc Gaw Veterans Admin. (Hines)		293 1,254	10,124 14,339	316 918	56,639 87,972			
MELROSE PARK								
Gottlieb Memorial	C. Portes	201	9,720	157	11,067	9,600	12 ROT. 0	118011
OAKLAWN								
Christ Community	M. M. Wasick M. M. Wasick D. Scheiner M. M. Wasick G. Vlasis	576	21,862	877	55,848	10,000	22 ROT. 2 02 ROT. 00 06 ST. MED. 06 ST. SURG. 02 ST. OBG.	113113 113120 113132 113133 113135
OAK PARK								
West Suburban	R. C. Muehrcke	314	14,074	515	10,167	9,000	12 ROT. 0, 1, 2 01 ROT. 3 01 ROT. 4 01 ROT. 7 01 ROT. 8	117320 117315 117314 117342 117377
PARK RIDGE								
Lutheran General	A. N. Ruggie	583	21,458	578	13,041	10,320	09 ROT. 0 03 ROT. 1 03 ROT. 2 03 ROT. 3 02 ROT. 4 03 ROT. 6 02 ROT. 8	117611 117612 117613 117615 117614 117676 117677
PEORIA								
St. Francis	C. D. Branch	684	27,033	750	72,389	10,250	24 ROT. 0, 1, 2, 3, 4 04 ROT. 5, 6, 7	117520 117510
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals Memorial Hospital of Springfield St. John's	R. O. Conn						10 ST. MED.	292232
INDIANA								
EVANSVILLE								
St. Mary's#	W. T. Spain	364	15,085	401	18,135	9,600	04 ROT. 0	194111
FORT WAYNE								
Fort Wayne Medical Education Program Lutheran Hospital of Fort Wayne Parkview Memorial St. Joseph's Hospital of Fort Wayne	F. A. Bryan	409 340	17,356 14,145	505 367	63,106 63,622	10,000	08 ROT. 00, 9	117820
INDIANAPOLIS								
Indiana University Hospitals	V. K. Stoelting W. Daly	465	17,511	599	100,680	9,500	08 ROT. 8 37 ST. MED.	118777 118732

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
INDIANA, INDIANAPOLIS—Continued									
Marion County General	H. W. Gillen J. L. Glover J. E. Heubi G. E. Dryden	531	18,618	588	330,818	9,500	12	ROT. 0 04 ROT. 2 02 ROT. 4 03 ROT. 8	118611 118613 118614 118677
Methodist Hospital of Indiana#	J. H. Hall R. W. Campbell D. M. Schlegel	990	39,620	1,189	36,164	10,680	14	ROT. 0 04 ST. MED. 04 ST. SURG.	118811 118832 118833
St. Vincent's	S. R. Stouder	272	12,457	274	26,781	11,028	04	ROT. 9 04 ST. MED.	118920 118932
MUNCIE									
Bail Memorial	J. L. Cullison	494	22,496	648	145,784	10,000	12	ROT. 0	119211
SOUTH BEND									
Memorial Hospital of South Bend	D. T. Olson	335	18,323	526	36,311	9,600	04	ROT. 0	119311
St. Joseph's	T. P. Dunfee	281	11,208	427	65,271	9,600	04	ROT. 9	119420
IOWA									
CEDAR RAPIDS									
Cedar Rapids Medical Education Program#	L. R. Martin					10,200	03	ROT. 0	119611
Mercy		239	11,105	325	48,680				
St. Luke's Methodist		447	19,675	474	87,659				
DES MOINES									
Broadlawn Polk County	S. L. Sands	113	5,316	167	70,995	9,300	12	ROT. 0	119911
Iowa Lutheran	J. F. Veverka	321	11,990	287	15,287	8,400	12	ROT. 0	120011
Iowa Methodist	C. A. Ross L. Wintermeyer J. W. Green R. E. Paul	497	19,682	503	35,129	9,300	08	ROT. 0, 1, 2 02 ROT. 4 01 ROT. 5 02 ST. SURG.	120120 120114 120186 120133
Mercy		320	14,510	342	16,213	8,400	13	ROT. 0, 1, 2, 3, 8	120220
IOWA CITY									
University of Iowa Affiliated Hospitals	G. Winokur J. Moyers J. A. Clifton S. E. Ziffren					9,300	02	ROT. 6 02 ROT. 8 23 ST. MED. 16 ST. SURG.	120376 120377 120332 120333
University of Iowa Hospitals State Psychopathic		786 58	31,313 673	804	239,318 10,877	9,300 9,500			
KANSAS									
KANSAS CITY									
Bethany Medical Center	R. L. Potter	229	10,884	279	24,217	8,400	08	ROT. 0	120511
University of Kansas Medical Center	N. J. Greenberger L. J. Humphrey	413	20,079	476	245,156	9,000	20 05	ST. MED. ST. SURG.	120832 120833
WICHITA									
St. Francis	H. E. Hynes H. E. Hynes G. J. Farha	646	29,941	614	11,099	9,450	14	ROT. 9 04 ST. MED. 02 ST. SURG.	120920 120932 120933
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	346	16,969	277	43,901	12,300	10	ROT. 0	121111
Wesley Medical Center	R. D. Linhardt	581	28,599	462	182,450	9,450	11	ROT. 9	121020
KENTUCKY									
COVINGTON									
St. Elizabeth#	W. J. Temple	381	17,038	511	3,097	9,600	12	ROT. 0	121311
LEXINGTON									
University of Kentucky Medical Center#	J. L. Durhing J. W. Hollingsworth W. O. Griffen					8,600	14	ROT. 0 14 ST. MED. 14 ST. SURG.	184811 184832 184833
University St. Joseph Veterans Admin.		350 701	14,903 6,020	561 221	114,903 44,459				
LOUISVILLE									
John N. Norton Memorial Infirmary	H. S. Collier	289	11,232	221		10,000	06	ROT. 2	121813
St. Joseph Infirmary	R. D. Wolfe R. D. Wolfe C. O. Knutson O. J. Hayes R. D. Wolfe	418	21,951	624	51,711	10,450	11 01 01 01 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ST. MED.	122011 122012 122013 122015 122032
University of Louisville Affiliated Hospitals	J. A. Aldrete C. H. Ouncan H. C. Polk					8,100	04 12 12	ROT. 8 ST. MED. ST. SURG.	121777 121732 121733
Children's		120	7,263	162	29,402				
Jewish		262	12,459	358	33,440				
Louisville General		258	12,321	693	93,527				
St. Joseph's Infirmary									
Veterans Admin.		346	5,684	359	54,226				
LOUISIANA									
BATON ROUGE									
Louisiana State University Affiliated Hospitals	N. C. Nelson	198	11,202	342	134,100	5,400	09	ROT. 0	122111
Earl K. Long Memorial									
LOUISIANA									
LAFAYETTE									
Louisiana State University Affiliated Hospitals	L. J. Hebert A. E. Pitchenik D. G. James A. E. Pitchenik					5,400	10 02 01 02	ROT. 0 ROT. 1 ROT. 4 ST. MED.	122511 122512 122514 122532
Lafayette Charity		185	9,369	293	101,974				

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
LOUISIANA—Continued									
MANDEVILLE									
Southeast Louisiana (See Tulane University Affiliated Hospitals, New Orleans)									
NEW ORLEANS									
Charity Hospital of Louisiana Louisiana State University Division	J. T. Crapanzano				6,600	19 08 02 02 08 08	ROT. 0 ROT. 1 ROT. 3 ROT. 5 ST. MED. ST. SURG.	122441 122452 122451 122456 122462 122445	
Charity Hospital of Louisiana Tulane University Division	F. Chirino F. Chirino F. Chirino G. E. Burch T. Drapanas	1,466	45,236	2,005	880,401	6,600	.08 12 04 08 16	ROT. 0 ROT. 1 ROT. 3 ST. MED. ST. SURG.	122411 122412 122415 122432 122433
Ochsner Foundation	C. T. Ray	316	13,225	343	391,355	7,997	08 05 03	ROT. 0, 1, 2, 4, 5, 7, 8 ST. MED. ST. SURG.	196620 196632 196633
Southern Baptist	J. H. Collins M. A. Pearl R. E. Rogers H. D. Webster, Jr. J. P. Casey	426	18,691	613	25,268	6,600	08 04 04 04 04	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4	122811 122812 122813 122815 122814
Touro Infirmary	S. Jacobs	439	16,968	592	30,001	9,260	08	ST. MED.	122932
Tulane University Affiliated Hospitals Charity Hospital of Louisiana (Tulane Division)	R. G. Heath				6,600	04	ROT. 6	122476	
Veterans Admin. Southeast Louisiana (Mandeville)		499 473	8,202 2,509	550 6	108,854				
SHREVEPORT									
Confederate Memorial Medical Center	J. W. Johnson M. G. Hargrove, Jr.	456	22,234		148,886	6,600	32 12	ROT. 0, 1, 2, 3, 4, 5, 6, 7 ST. MED.	123220 123232
MAINE									
PORTLAND									
Maine Medical Center#	A. Aranson	424	20,413	632	130,126	8,307	16	ROT. 0, 1, 2, 4, 8	123620
MARYLAND									
BALTIMORE									
Baltimore City Hospitals	H. E. Harrison C. C. J. Carpenter	286	11,938	598	169,243	9,812	02 17	ROT. 1 ST. MED.	123712 123732
Bon Secours	J. A. Engers	191	7,885	291	52,730	9,000	12 02	ROT. 0, 1, 2, 3 ST. OBG.	123820 123835
Church Home and Hospital	J. M. Zimmerman N. J. Kohlerman	258	9,771	322	20,617	10,500	04 02	ST. SURG. ST. OBG.	
Franklin Square	D. T. Crawford	242	11,069	312	78,918	9,200	33	ROT. 0, 1, 2, 3, 4	124020
Greater Baltimore Medical Center	T. E. Prout	343	19,081	409	85,199	10,500	04 06 06 04	ROT. 1 ROT. 2 ROT. 3 ST. MED.	124112 124113 124115 124132
Johns Hopkins	T. M. King	846	30,658	836	478,579	9,500	10	ST. OBG.	124235
Johns Hopkins Affiliated Hospitals	G. D. Zuidema						21	ST. SURG.	124233
Johns Hopkins		846	30,658	836	478,579				
Baltimore City Hospitals		286	11,938	598	169,243				
Veterans Administration		221	5,113	221	82,411				
Johns Hopkins Affiliated Hospitals	A. M. Harvey	846	30,658	836	478,579	9,500	35	ST. MED.	124232
Johns Hopkins		128	3,677	167	5,771				
Good Samaritan									
Lutheran Hospital of Maryland	R. Weber	74	7,170	348	39,742	9,000	12 06	ROT. 1 ROT. 2	124312 124313
Maryland General	N. Tarr N. Tarr N. Tarr T. Lewers	322	14,763	492	98,895	10,000	04 09 02 05	ROT. 0 ROT. 1 ROT. 2 ST. MED.	124411 124412 124413 124432
Mercy	J. A. Mead, Jr.	271	11,269	261	104,225	10,500	07	ST. MED.	124532
Provident	B. Vanasin	206	10,506	295	14,860	10,000	06	ROT. 0	124611
St. Agnes	E. A. Bianco E. R. Mohler A. S. Garrison J. E. Toher	410	17,496	612	86,574	10,000	12 04 05 03	ROT. 0 ST. MED. ST. SURG. ST. OBG.	124711 124732 124733 124735
St. Joseph	S. C. Kravitz A. A. Alecce C. E. Rybczynski	367	14,801	498	57,372	9,000	15 06 03	ROT. 0, 2, 3 ST. SURG. ST. OBG.	124820 124833 124835
Sinai Hospital of Baltimore	J. B. Imboden A. I. Mendeloff M. E. Gann A. I. Mendeloff M. E. Gann	413	17,314	570	89,706	10,500	04 05 01 04 01	ROT. 0 ROT. 1 ROT. 2 ST. MED. ST. SURG.	124911 124912 124913 124932 124933
South Baltimore General	E. Maher R. T. Parker N. Novin	312	12,659	385	34,062	11,000	16 04 03	ROT. 0, 2, 4 ST. MED. ST. SURG.	125020 125032 125033
Union Memorial	C. P. Chilimindris J. H. Mulholland T. H. Wilson, Jr. J. M. Haws	347	12,815	587	31,491	10,250	06 11 07 01	ROT. 0, 1, 2, 3 ST. MED. ST. SURG. ST. OBG.	125120 125132 125133 125135
University of Maryland#	W. Weintraub J. Wiswell E. Middleton	455	16,060	585	172,408		02 15 02	ROT. 6 ST. MED. ST. OBG.	125276 125232 125235
BETHESDA									
Suburban	E. P. Libre	297	18,277	436	994,833	9,450	07	ROT. 0	125311

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
MARYLAND—Continued									
CHEVERLY Prince George's General	P. Hookman	470	24,000	580	22,803	9,450	18 03	ROT. 0 ST. MED.	190511 190532
TAKOMA PARK Washington Adventist	M. E. Leibowitz	260	11,233	354	8,500	8,400	16	ROT. 0	125411
MASSACHUSETTS									
BEVERLY Beverly	T. S. Risley A. Mac Donald, Jr.	168	8,169	229	36,397	7,000	04 02	ROT. 2 ROT. 4	236313 236314
BOSTON Beth Israel	A. S. Freedberg W. Silen	320	14,673	438	122,947	10,200	17 12	ST. MED. ST. SURG.	125632 125633
Boston City 2d and 4th Medical Services (Harvard)							05	ROT. 0	125711
Boston University Affiliated Hospitals Program 1 Boston City Program 3	N. G. Levinsky L. Williams, Jr.						18 12	ST. MED. ST. SURG.	125732 125733
Carney Brockton (Brockton)		300 265	10,425 11,215	470 386	103,064 68,541	10,160			
Malden (Malden)		254	10,831	310	47,575				
Boston Hospital for Women Carney	K. J. Ryan F. L. Colpoys	171 300	14,489 10,425	25 470	40,381 103,064		04 09	ST. OBG. ST. MED.	236535 125832
Lemuel Shattuck—Faulkner Affiliated Hospitals Lemuel Shattuck Faulkner	J. Cohen	215 90	3,055 2,616	216 267	13,935		06	ROT. 1	237712
Massachusetts General	A. Leaf A. Leaf L. Ottinger	929	29,682	1,383	190,888	10,300	18 02 14	ST. MED. ST. MED.—PRIMARY ST. SURG.	126132 126195 126133
New England Deaconess	J. L. Tullis	415	13,743	443	16,135	10,200	02 12	ROT. 1 ST. MED.	126412 126432
New England Deaconess Hospital—Harvard Surgical Service New England Deaconess Cambridge (Cambridge) Mount Auburn (Cambridge) Veterans Admin. (Manchester, N.H.)	W. Mc Dermott, Jr.						08	ST. SURG.	126433
New England Medical Center Hospitals	W. Schwartz R. A. Deterling	309	11,608	372	131,360	10,159	12 08	ST. MED. ST. SURG.	126332 126333
Peter Bent Brigham#	E. Braunwald	310	13,033	459	116,003	10,200	19	ST. MED.	126532
St. Elizabeth's Hospital of Boston	W. H. Garvin, Jr.	307	13,320	346	19,132	10,190	06 16	ROT. 0 ST. MED.	126611 126632
University Veterans Admin.	R. H. Egdahl J. G. Caslowitz	220 708	6,759 10,547	274 528	28,175 64,434	10,128 10,718	08 09	ST. SURG. ST. MED.	126233 127132
BROCKTON									
Brockton (See Boston University Affiliated Hospitals, Program 3, Boston)									
CAMBRIDGE									
Cambridge Cambridge (See Also New England Deaconess Hospital—Harvard Surgical Service)	A. N. Weinberg	160	7,272	226	34,870	9,800	13	ROT. 0	126811
Mount Auburn# Mount Auburn (See Also New England Deaconess Hospital—Harvard Surgical Service)	R. A. Arky	246	8,828	319	3,887	10,000	11	ROT. 1	126912
FALL RIVER									
Union	A. Resnick						09	ROT. 0	186411
FRAMINGHAM									
Framingham Union	C. G. Tedeschi I. N. Rosenberg	184	11,792	315	76,667	10,062	08 03	ROT. 0, 1, 2 ST. MED.	181220 181232
LAWRENCE									
Lawrence General	H. D. Kaloustian	269	11,131	445	69,708		10	ROT. 0	127411
MALDEN									
Malden Malden (See Also Boston University Affiliated Hospitals, Program 3, Boston)	J. L. Cafarella	254	10,831	310	47,575	9,831	06	ROT. 2	240713
NEWTON									
Newton—Wellesley	P. F. Gryska L. B. Page	228	9,609	344	6,049	10,159	09 03	ROT. 0, 1, 2 ST. MED.	128020 128032
PITTSFIELD									
Berkshire Medical Center	G. L. Haidak	340	14,305	435	54,910	10,500	15 04	ROT. 0, 1, 2, 3, 4, 5 ROT. 6	128120 128176
SALEM									
Salem	H. L. Cooper	238	8,747	343	46,463	8,000	10	ROT. 9	128420
SPRINGFIELD									
Springfield Hospital Medical Center#	C. E. Cassidy P. Friedmann C. E. Cassidy	436	14,270	647	25,889	10,565	04 06 06	ROT. 1 ROT. 2 ST. MED.	128612 128613 128632

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
MASSACHUSETTS—Continued								
WALTHAM Waltham	D. J. Blacklow	210	9,583	288	63,862	10,000	07 ROT. 0, 1, 2	128820
WORCESTER Memorial#	G. L. Spanknebel	300	16,946	387	13,770	10,000	14 ROT. 0	128911
St. Vincent	S. Ayres, H. Wheeler	482	17,257	449	6,011	10,100	04 ROT. 2	129013
	S. Ayres, J. Ouggan						04 ROT. 4	129014
	S. M. Ayres						10 ST. MED.	129032
Worcester City#	V. P. Di Domenico	309	11,798	503	32,108	10,576	06 ROT. 0	129111
	J. Calabro						04 ROT. 1	129112
	J. Herrmann						02 ROT. 2	129113
	J. Brem						02 ROT. 4	129114
	W. F. Mac Gillivray						02 ROT. 5	129186
	J. Calabro						04 ST. MED.	129132
	J. Herrmann						04 ST. SURG.	129133
MICHIGAN								
ANN ARBOR St. Joseph Mercy#	S. F. Markel	470	19,978	545	108,679	10,000	09 ROT. 0, 3, 5, 7	129220
	R. B. Carbeck						07 ROT. 1	129212
	R. O. Kraft						04 ROT. 2	129213
University of Michigan Affiliated Hospitals University—Veterans Admin.—Wayne County General (Eloise)	W. D. Robinson W. J. Fry					10,000	38 ST. MED. 24 ST. SURG.	129332 129333
University Veterans Admin. Wayne County General (Eloise)		750 301	23,592 5,888	657 251	319,258 27,770			
University Hospital—Wayne county General (Eloise)	R. B. Sweet J. R. Willson	1,451	14,521	734	131,099	10,000	03 ROT. 8 06 ST. OBG.	129377 129335
University Wayne County General (Eloise)		750	23,592	657	319,258			
Wayne County General (Eloise)		1,451	14,521	734	131,099			
Wayne County General (Eloise)	R. H. Strang	1,451	14,521	734	131,099	10,270	04 ROT. 0	130611
DEARBORN Oakwood	E. W. Durham	455	20,031	617	88,755	10,500	18 ROT. 0, 1, 2, 3, 4	194620
DETROIT Detroit General	Y. L. Silva Y. L. Silva L. Power L. P. Le Blanc	417	12,386	807	121,212	10,800	16 ROT. 0, 1, 2 01 ROT. 6 12 ST. MED. 09 ST. SURG.	129520 129576 129532 129533
Detroit—Macomb Hospitals#	H. M. Mahoney P. T. Lee					10,100	24 ROT. 0 02 ST. SURG.	129611 129633
Detroit Memorial South Macomb (Warren)		221 170	8,532 9,624	183 153	25,751 55,717			
Evangelical Deaconess	R. Lake T. W. Baumgarten	146	5,491	280	934	11,711	05 ROT. 1 05 ROT. 2	129712 129713
Grace	D. W. Myers D. W. Myers Y. S. Kim	330	11,279	636	27,467	10,500	12 ROT. 0, 1, 2, 3, 5, 7 12 ST. MED. 08 ST. SURG.	129820 129832 129833
Harper#	E. M. Barbour A. M. Weissler A. J. Walt	563	16,809	667	38,361	10,815	06 ROT. 0 12 ST. MED. 08 ST. SURG.	129911 129932 129933
Henry Ford#	R. D. Parks	883	26,970	1,502	746,587	10,000	06 ROT. 9 22 ST. MED. 06 ST. SURG.	130020 130032 130033
Hutzel	R. E. Mack A. M. Lerner A. M. Lerner	359	17,144	268	23,136	10,500	08 ROT. 0 04 ROT. 1 12 ST. MED.	130511 130512 130532
Mount Carmel Mercy St. John#	J. W. Moses W. E. Rush	483 504	19,123 23,958	725 779	65,072 14,241	10,200 11,200	24 ROT. 9 24 ROT. 0, 1, 2, 3, 4, 5, 7, 8	130220 191520
Sinai Hospital of Detroit	R. E. Trunsky H. A. Ravin A. I. Sherman	559	20,029	600	27,012	10,075	05 ROT. 0, 2, 3, 5, 6, 7, 8 10 ST. MED. 03 ST. OBG.	192620 192632 192635
Wayne State University Affiliated Hospitals Detroit General Harper Hutzel Bronson Methodist (Kalamazoo)	T. N. Evans	417 563 359 338	12,386 16,809 17,144 17,824	807 667 268 389	121,212 38,361 23,136 93,922	10,700	06 ST. OBG.	130535
ELOISE Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
FLINT Hurley#	E. M. Goldberg	573	22,246	629	9,094	8,600	25 ROT. 0, 1, 2, 3, 4, 7	130720
McLaren General	N. E. Furstenberg	416	16,773	402	5,030	9,000	11 ROT. 0, 1, 3, 5, 7, 8	186620
St. Joseph	L. S. Simoni	354	15,546	457	21,330	9,000	22 ROT. 0	130811
GRAND RAPIDS Blodgett Memorial	C. E. Booher A. W. Scrimgeour L. J. Robson	341	17,420	419	34,135	7,392	10 ROT. 0, 3, 4 06 ROT. 1 02 ROT. 2	130920 130912 130913
Butterworth	E. L. Moorhead, 2d.	379	18,521	624	144,253	7,392	11 ROT. 0, 2, 3, 4 07 ROT. 1 04 ST. SURG.	131020 131012 131033
St. Mary's	J. C. Peirce	272	14,685	405	47,058	7,392	14 ROT. 0	131111
GROSSE POINTE Bon Secours	R. C. Connelly	140	7,270	228	4,280	11,000	10 ROT. 0	190611
HIGHLAND PARK Highland Park General	H. Harris	210	8,421		10,000	10,800	11 ROT. 0 04 ST. SURG.	131211 131233

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
MICHIGAN—Continued									
KALAMAZOO									
Borgess	L. Zerkowitz	331	16,206	476	15,863	8,400	15	ROT. 9	131320
Bronson Methodist	R. M. Nicholson	338	17,824	389	93,922	9,600	15	ROT. 0, 1, 2, 3, 4, 5, 7, 8	131420
Bronson Methodist (See Also Wayne State University Affiliated Hospitals, Ann Arbor)									
LANSING									
Edward W. Sparrow#	R. W. Pomeroy	392	20,225	435	119,854	10,600	08	ROT. 0, 1, 2, 3, 4, 5, 7	131520
MIDLAND									
Midland	C. A. Schoff	174	9,383	189	62,052	10,000	04	ROT. 0, 00, 1, 2, 3, 4, 5, 8	196120
PONTIAC									
Pontiac General		358	19,231	369	53,437	10,200	04	ROT. 0, 00, 1, 2, 3, 4, 5, 8	131820
St. Joseph Mercy	J. P. Rosenthal	310	14,531	334	10,930	10,200	12	ROT. 9	131920
ROYAL OAK									
William Beaumont	G. J. Welsh Y. Morita F. A. Arcari R. R. Margulis	636	30,432	909	123,298	11,000	18 04 06 02	ROT. 0, 1, 2, 3, 4, 5, 7 ST. MED. ST. SURG. ST. OBG.	197820 197832 197833 197835
SAGINAW									
Saginaw Cooperative Hospitals	G. R. Halter D. B. Heilbronn					10,508	14 02	ROT. 0, 1, 2, 3, 4, 5 ST. OBG.	132020 132035
Saginaw General		332	16,729	280					
St. Luke's		255	11,493	231	55,286				
St. Mary's		225	9,510	293	23,992				
SOUTHFIELD									
Providence	J. A. Rinaldo, Jr.	357	16,322	423	8,534	11,400	16	ROT. 0, 1, 2, 3, 5, 7, 8	130320
TRAVERSE CITY									
Munson Medical Center	T. C. Hall	203	9,465	291	30,113	9,000	08	ROT. 0	132311
WARREN									
South Macomb (See Detroit-Macomb Hospitals, Detroit)									
MINNESOTA									
DULUTH									
St. Luke's#	G. W. Knabe, Jr.	367	14,697	464	37,071	9,600	12	ROT. 0	132411
St. Mary's	R. C. Flaa	337	15,501	379	26,429	9,600	16	ROT. 0	132511
MINNEAPOLIS									
Hennepin County General#	R. B. Raile	327	13,828	514	133,564	9,500	30 12 08 04	ROT. 0 ROT. 1 ROT. 2 ROT. 4	132911 132912 132913 132914
Northwestern Hospital of Minneapolis	R. B. Howard	395	14,377	290	16,323	9,000	06 06	ROT. 1 ST. MED.	133012 133032
University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	M. J. Murray						24	ST. MED.	133432
University of Minnesota Hospitals#	W. Hausman J. S. Najarian	704 583	12,567 19,000	561 626	123,319 154,000	9,500	04 20	ROT. 6 ST. SURG.	133476 133433
ROCHESTER									
Mayo Graduate School of Medicine	G. R. Moore J. R. Mc Pherson D. C. Mc Ilrath D. G. Decker				244,490	10,500	04 24 12 02	ROT. 6 ST. MED. ST. SURG. ST. OBG.	132876 132832 132833 132835
Rochester Methodist St. Mary's		536 759	20,295 25,548	374 622	19,586 20,541				
ST. PAUL									
St. Paul—Ramsey#	R. Gruninger J. Frost J. Perry E. Hakanson H. Venters E. Haus V. Tuason	315	11,929	450	75,170	9,500	12 12 04 02 02 02 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ROT. 5 ROT. 6	133511 133512 133513 133515 133514 133586 133576
United Hospitals Miller Division St. Luke's Division	M. E. Janssen R. E. Lindell	290 229	12,453 8,557	332 173	11,513	10,400 9,000	12 12	ROT. 0, 1, 2, 3, 4, 7 ROT. 0	133720 133911
MISSISSIPPI									
JACKSON									
University	C. T. Hull B. B. Johnson J. D. Hardy	371	17,022	519	84,283	8,400	03 18 11	ROT. 0, 3 ST. MED. ST. SURG.	195720 195732 195733
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	W. T. Griffin G. S. Lodwick G. W. N. Eggers, Jr. C. E. Mengel M. S. Oe Weese	278	11,022	308	87,486	9,000	03 02 04 22 08	ROT. 3 ROT. 7 ROT. 8 ST. MED. ST. SURG.	199415 199442 199477 199432 199433
KANSAS CITY									
Kansas City General Hospital and Medical Center	W. L. Martz A. Mc Canse G. L. Miller	163	6,855	316	72,949	8,700	16 01 03	ST. MED. ST. SURG. ST. OBG.	134332 134333 134335
St. Luke's	R. R. Hall J. M. Cattlett P. G. Koontz, Jr.	517	17,024	428	11,818	8,856	18 05 02	ROT. 0, 1, 2 ST. MED. ST. SURG.	134820 134832 134833

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
MISSOURI, KANSAS CITY—Continued									
Trinity Lutheran#	J. H. Hill	203	7,775	233	24,727	7,200	08	ROT. 1, 2	135020
ST. LOUIS									
Barnes Hospital Group	C. R. Stephen D. M. Kipnis	920	36,808	855	107,633	9,500	03 28	ROT. 8 ST. MED.	135377 135332
Deaconess	R. C. Kingsland	453	15,491	610	113,782	8,700	16	ROT. 0, 1, 2, 5	135620
Deaconess Missouri Baptist	W. D. Hawker	453 296	15,491 10,477	610 222	113,782 14,935		01	ST. OBG.	135635
Homer G. Phillips	E. N. Mitchell	385	13,941	716	78,577	9,471	20	ROT. 0	135711
Jewish Hospital of St. Louis	S. Wessler A. E. Baue	446	16,001	490	85,200	10,450	16 07	ST. MED. ST. SURG.	135832 135833
Missouri Baptist	F. J. Catanzaro	296	10,477	222	14,935	9,000	09	ROT. 2	136013
St. John's Mercy Medical Center	P. C. Higgins R. A. Reider W. W. Monafu, Jr.	561	23,460	562	130,680	7,800	18 06 04	ROT. 0, 1, 2 ST. MED. ST. SURG.	136220 136232 136233
St. Louis University Group of Hospitals	R. J. Dames T. F. Frawley A. E. Mc Elfresh T. F. Frawley D. Cavanagh	1,375	44,055	1,317	210,950	9,450	10 04 02 16 03	ROT. 0 ROT. 1 ROT. 4 ST. MED. ST. OBG.	136511 136512 136514 136532 136535
St. Luke's	R. Paine	320	11,855	410	17,477	9,000	12 04	ROT. 0, 1, 2, 3 ST. MED.	136420 136432
St. Mary's Health Center	J. A. Nuetzel	466	16,743	449	21,221	9,390	10 08	ROT. 9 ST. MED.	199920 199932
Washington University Affiliated Hospitals	W. F. Ballinger						15	ST. SURG.	135333
Barnes Hospital Group		920	36,808	855	107,633				
St. Louis City		337	13,015	507	78,882				
St. Louis County		125	4,748	202					
Veterans Admin.		875	10,357	718	115,992				
NEBRASKA									
LINCOLN									
Bryan Memorial#	L. R. Lee	272	13,935	354	17,100	6,600	10	ROT. 0, 1, 2	136820
Lincoln General	R. G. Osborne	200	9,732	291	15,639	6,600	06	ROT. 0	136911
St. Elizabeth Community Health Center	R. F. Mueller	140	7,640	172	23,403	7,200	06	ROT. 0	137011
OMAHA									
Creighton University Affiliated Hospitals	G. O. Clifford R. J. Luby F. M. Shepard J. A. Sisson G. O. Clifford						08 02 04 01 07	ROT. 1 ROT. 3 ROT. 4 ROT. 5 ST. MED.	137212 137215 137214 137286 137232
Creighton Memorial—St. Joseph		456	14,781	393	30,912				
Veterans Admin.		371	6,206	331	21,435				
Douglas County		281	3,961	157	8,531				
University of Nebraska Affiliated Hospitals	J. Shipp P. Hodgson					9,900	14 06	ST. MED. ST. SURG.	137632 137633
University of Nebraska		189	8,643	282	139,246				
Bishop Clarkson Memorial		321	18,002	396	16,709				
Douglas County		281	3,961	157	8,531				
Immanuel Medical Center									
Veterans Admin.		371	6,206	331	21,435				
NEW HAMPSHIRE									
HANOVER									
Dartmouth Medical School Affiliated Hospitals	T. P. Almay R. C. Karl					8,500	18 12	ST. MED. ST. SURG.	137732 137733
Mary Hitchcock Memorial#		280	11,004	315	111,355				
Veterans Admin. Center (White River Junction, Vt.)		151	3,159	109	16,390				
MANCHESTER									
Veterans Admin. (See New England Deaconess Hospital—Harvard Surgical Service)									
NEW JERSEY									
ATLANTIC CITY									
Atlantic City	M. J. Elovitz J. A. Linsk M. J. Elovitz M. J. Elovitz M. J. Elovitz M. J. Elovitz	329	13,645	624	52,819	8,900	03 04 02 01 01 02	ROT. 0 ROT. 1 ROT. 2 ROT. 5 ROT. 7 ST. SURG.	137811 137812 137813 137886 137842 137833
CAMDEN									
Cooper#	S. Levine	520	19,761	745	48,927	9,500	15	ROT. 9	138020
Our Lady of Lourdes	E. Fine	305	12,651	350	69,005	11,600	10	ROT. 0	193311
West Jersey	E. R. Curran, Jr.	349	14,864	466	35,854	10,000	12	ROT. 0	138111
EAST ORANGE									
Veterans Admin. (See CMDNJ—New Jersey Medical School Affiliated Hospitals, Newark)									
ELIZABETH									
Elizabeth General Hospital and Dispensary	B. Ehrenberg	294	13,005	392	7,422	9,000	14	ROT. 0	138411
ENGLEWOOD									
Englewood	A. Silver A. Silver A. Silver P. A. Mele	349	16,891	509	12,640	8,640	03 02 03 02	ROT. 0 ROT. 2 ST. MED. ST. SURG.	138611 138613 138632 138633

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
NEW JERSEY—Continued									
FLEMINGTON									
Hunterdon Medical Center (See CMDNJ-Rutgers Medical School Affiliated Hospitals, Piscataway)									
GREEN BROOK									
Raritan Valley (See CMDNJ-Rutgers Medical School Affiliated Hospitals, Piscataway)									
HACKENSACK Hackensack	W. C. Black R. B. Grant	387	18,898	536	11,780	10,000	16 02	ROT. 0, 1, 2, 3, 4 ST. SURG.	138720 138733
HOBOKEN St. Mary	J. Scerbo	248	8,892	393	26,455	9,500	15	ROT. 0	138811
JERSEY CITY Christ# Jersey City Medical Center	C. Tan Sy H. Mark J. Timmes	323 404	13,351 11,565	590 746	18,365 68,328	9,000 10,500	16 08 07	ROT. 0 ST. MED. ST. SURG.	138911 139032 139033
LIVINGSTON St. Barnabas Medical Center	A. H. Islami	631	29,049	699	98,330	10,209	12 02 02 03	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG. ST. OBG.	139620 139632 139633 139635
LONG BRANCH Monmouth Medical Center	W. S. Vaun J. C. Kirby	447	17,459	557	29,853	11,000	04 08	ROT. 9 ST. MED.	139220 139232
MONTCLAIR Mountainside	A. P. Remenchik	300	11,037	522	13,033	11,103	09 06	ROT. 0, 1, 2 ST. MED.	139320 139332
MORRISTOWN Morristown Memorial	J. S. Thompson	380	17,462	495	44,093	10,500	12	ROT. 0, 1, 2, 3, 4	139420
MOUNT HOLLY Burlington County Memorial#	C. J. Moloney	219	9,806	425	53,513	6,600	08	ROT. 0	138311
NEPTUNE Jersey Shore Medical Center—Fitkin	A. F. Verga A. F. Verga A. F. Verga E. Abraham	396	18,640	735	47,904	7,912	10 01 01 02	ROT. 0 ROT. 1 ROT. 3 ST. MED.	139511 139512 139515 139532
NEWARK									
CMDNJ—New Jersey Medical School Affiliated Hospitals Martland Newark Beth Israel Medical Center Veterans Admin. (East Orange)	F. P. Chinard	523 396 782	18,052 16,866 7,499	689 610 562	149,921 110,248 127,893	11,000	28	ST. MED.	139832
Martland St. Michael's Medical Center	G. M. Lordi H. A. Kaminetzky L. G. Smith	523 339	18,052 12,029	689 385	149,921 25,552	11,000	12 03 15 06	ROT. 0, 1, 2, 3, 4, 6 ST. OBG. ROT. 9 ST. MED.	139820 139835 139920 139932
United Hospitals Medical Center—Presbyterian	J. J. Mc Guire	261	8,196	405	3,473	10,500	10	ROT. 0	187211
NEW BRUNSWICK									
Middlesex General New Brunswick Affiliated Hospitals Middlesex General St. Peter's General	S. F. Konigsberg G. N. French	231 341	11,859 14,689	358 502	53,158 12,650	11,000	04 06	ST. SURG. ST. MED.	197933 252332
St. Peter's General	F. M. Clarke, Jr.	341	14,689	502	12,650	11,000	03	ROT. 2	140013
PARAMUS Bergen Pines County#	L. A. Lyon	952	6,238	704	145,839	8,860	12	ROT. 1	190812
PASSAIC Passaic General St. Mary's#	J. Ferrante, Jr. J. V. Iraggi	247 182	11,008 9,140	447 388	52,758 18,997	8,000 8,100	06 08	ROT. 0 ROT. 0	140311
PATERSON St. Joseph's	K. P. Lance K. P. Lance M. Ramundo J. A. Dolan	434	19,594	630	21,572	10,785	07 06 01 02	ROT. 9 ST. MED. ST. SURG. ST. OBG.	140620 140632 140633 140635
PERTH AMBOY Perth Amboy General	R. Lev	419	17,285	559	13,258	9,000	24	ROT. 0	187311
PISCATAWAY									
CMDNJ—Rutgers Medical School Affiliated Hospitals Raritan Valley (Green Brook) Hunterdon Medical Center (Flemington) Muhlenberg (Plainfield) Medical Center at Princeton (Princeton)	H. L. Conn, Jr.	57 127 391 194	3,297 6,611 18,087 10,813	146 638 638 259	11,524 106,964 12,278 2,066		13	ST. MED.	291832
PLAINFIELD Muhlenberg Muhlenberg (See Also CMDNJ-Rutgers Medical School Affiliated Hospitals, Piscataway)	P. K. Johnson	391	18,087	638	12,278		12 04	ROT. 0, 1, 2, 3, 4 ST. MED.	140720 140732

APPROVED INTERNSHIPS

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Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
NEW JERSEY—Continued									
PRINCETON Medical Center at Princeton (See CMDNJ-Rutgers Medical School Affiliated Hospitals, Piscataway)									
SOMERVILLE Somerset	B. S. Miller	283	15,688	399	25,616	10,996	12	ROT. 0, 1, 2, 3, 4, 5, 7, 8	193420
SUMMIT Overlook	W. F. Minogue	510	21,528	538	37,104	11,500	09	ROT. 0, 1, 2, 4, 5, 7	140820
TEANECK Holy Name#	R. S. Rigolosi						06	ROT. 9	140920
TRENTON									
Helene Fuld	S. Gould	264	10,175	286	6,739	8,200	09	ROT. 0	141211
Mercer	J. A. Hammond	286	12,305	435	54,086	8,211	12	ROT. 0	254111
St. Francis	J. J. Fitzpatrick	385	16,815	714	51,359	8,500	08	ROT. 0	141111
	J. J. Fitzpatrick						04	ROT. 1	141112
	L. G. Fares						04	ST. SURG.	141133
NEW MEXICO									
ALBUQUERQUE University of New Mexico Affiliated Hospitals#									
	W. Heffron					8,250	06	ROT. 0	196211
	R. Munsick						03	ROT. 3	196215
	E. Mortimer, Jr.						05	ROT. 4	196214
	R. Senescu						02	ROT. 6	196276
	R. C. Williams, Jr.						06	ST. MED.	196232
	E. T. Peter						05	ST. SURG.	196233
Bernalillo County Medical Center Veterans Admin.		167 346	11,671 6,747	301 276	95,623 54,898				
NEW YORK									
ALBANY Albany Medical Center									
	S. Bondurant	670	32,267	811	100,128	10,550	12	ROT. 1	141412
	A. M. Kraft						06	ROT. 6	141476
	K. F. Schmidt						02	ROT. 8	141477
	S. Bondurant						19	ST. MED.	141432
St. Peter's	R. R. Del Giacco	3,692	15,481	598	16,667	12,900	20	ROT. 0	141611
BRONXVILLE Lawrence									
	R. C. Swingle	232	8,910	332	42,052	10,500	12	ROT. 1	191612
BUFFALO Deaconess Hospital of Buffalo#									
	M. K. O' Mara	403	15,013	505	89,516	10,500	06	ROT. 0, 1, 2, 3	143720
	D. R. Becker						04	ST. SURG.	143733
	N. G. Courey						02	ST. OBG.	143735
Mercy	J. J. O' Brien	377	14,228	520	26,838	10,000	15	ROT. 0, 1, 2, 3, 4	143920
Millard Fillmore#	H. J. Alvis	499	18,614	635	18,608	10,500	17	ROT. 0, 1, 2, 5, 7, 8	144020
Sisters of Charity	C. P. Voltz	408	16,818	522	140,987	10,000	06	ROT. 0	144111
	C. P. Voltz						01	ROT. 1	144112
	C. P. Voltz						01	ROT. 2	144113
	C. P. Voltz						01	ROT. 3	144115
	C. J. O' Connell						01	ST. MED.	144132
	F. M. Zaepfel						01	ST. SURG.	144133
	D. H. Nichols						01	ST. OBG.	144135
S. U. N. Y. at Buffalo Affiliated Hospitals									
Buffalo General—E. J. Meyer Memorial—Veteran Admin. Hospitals	E. Calkins					10,000	04 15 20	ROT. 0 ROT. 1 ST. MED.	143611 143612 143632
Buffalo General		596	21,229	1,011	38,368				
Edward J. Meyer Memorial		572	12,975	607	129,009				
Veterans Admin.		728	7,335	498	85,599				
Children's Hospital of Buffalo	W. L. Johnson	232	19,532		72,342	10,000	04	ROT. 3	196515
Edward J. Meyer Memorial	W. G. Schenk, Jr.	572	12,975	607	129,009		05 02	ROT. 2 ROT. 6	143813 143876
S. U. N. Y. at Buffalo Affiliated Hospitals									
Millard Fillmore	M. J. Pleskow	499	18,614	635	18,608	10,500	03	ROT. 3	144015
COOPERSTOWN Mary Imogene Bassett#									
	J. S. Lunn	134	5,209	202	91,741	11,300	08	ROT. 0	144211
	H. Gurian						01	ROT. 6	144276
	J. S. Lunn						06	ST. MED.	144232
EAST MEADOW Nassau County Medical Center—Meadowbrook Div.									
	A. Lambrew		15,210	990		9,993	06 16	ROT. 1, 8 ST. MED.	144820 144832
GLEN COVE Community Hospital at Glen Cove#									
	F. X. Moore	205	8,310	286	14,892	8,500	08	ROT. 0, 1, 2, 3, 4	144620
JOHNSON CITY Charles S. Wilson Memorial									
	E. M. Wyso	392	15,725	401	68,946	9,300	08	ROT. 0, 1, 2, 3	145220
	E. Zinner						03	ST. MED.	145232
	T. W. Nowicki						02	ST. OBG.	145235
KENMORE Kenmore Mercy#									
	G. R. Baeumler	232	9,162	384	87,978	8,500	12	ROT. 0	182911
LEWISTON Mount St. Mary's Hospital of Niagara Falls									
	J. V. Cordaro	199	8,771	204	37,529	8,500	08	ROT. 0	150311
MANHASSET North Shore (See Cornell Cooperating Hospitals, New York City)									

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
NEW YORK—Continued									
MINEOLA Nassau	W. C. Hollis W. C. Hollis D. Janelli J. Malfetano	384	16,501	702	11,891	12,582	12 02 02 02	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG. ST. OBG.	145520 145532 145533 145535
MOUNT KISCO Northern Westchester	F. J. Briccetti	163	9,921	287	95,118	8,630	08	ROT. 1, 2	145620
MOUNT VERNON Mount Vernon	A. R. Walsh	277	9,835	364	15,439	10,500	16	ROT. 0	145711
NEWBURGH St. Luke's Hospital of Newburgh	G. Flaum	221	8,714	399	7,194	9,400	10	ROT. 0	145811
NEW HYDE PARK Long Island Jewish—Hillside Medical Center Program Long Island Jewish—Hillside Medical Center	E. Meilman	624	19,349	587	124,402	12,300	22 12	ROT. 1, 2, 3, 4 ST. MED.	196320 196332
Queens Hospital Center (New York City)	H. Kolodny	656	15,876	1,183	220,905	12,300	21	ROT. 1, 2, 3, 4	145120
NEW ROCHELLE New Rochelle Hospital Medical Center#	A. J. Mannix, Jr.	308	13,130	471	57,519	8,440	15 03 03	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG.	145920 145932 145933
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Lincoln	N. Bricker J. F. Mc Cahan	808 245	24,050 9,007	1,285 327	359,864 239,795	10,800	28 10	ST. MED. ST. MED.	193132 148432
Beekman—Downtown	J. T. Flynn R. B. Nolan J. T. Flynn R. B. Nolan	270	5,900	373	21,814	10,900	04 04 04 04	ROT. 1 ROT. 2 ST. MED. ST. SURG.	189012 189013 189032 189033
Bellevue Hospital Center (See New York University Medical Center)									
Beth Israel Medical Center	B. Straus B. Straus W. I. Wolff	866	26,688	604	593,822	13,375	06 30 12	ROT. 0 ST. MED. ST. SURG.	147011 147032 147033
Booth Memorial	J. H. Dwek J. L. Chassin	306	12,201	508	43,002	11,077	09 08	ST. MED. ST. SURG.	182232 182233
Bronx—Lebanon Hospital Center	E. E. Fischel P. H. Gerst H. K. Amin	545	20,100	658	192,000	12,300	07 04 01	ST. MED. ST. SURG. ST. OBG.	147132 147133 147135
Brookdale Hospital Center	A. Kahn A. Kahn A. Kahn J. Frosch A. Lyon W. Mackler	494	21,216	532	228,735	12,300	15 15 04 02 15 10	ROT. 0 ROT. 1 ROT. 3 ROT. 6 ST. MED. ST. SURG.	141911 141912 141915 141976 141932 141933
Brooklyn—Cumberland Medical Center	V. Tricomi J. F. Mueller K. Mc Gregor	700	25,857	1,051	339,349	12,300	06 17 07	ROT. 0 ST. MED. ST. SURG.	142011 142032 142033
Catholic Medical Center of Brooklyn and Queens	A. Gotta P. Lo Presti A. Mlaum L. H. Tisdall	932	30,596	1,462	262,855	12,300	33 05 05 09	ROT. 0, 1, 2, 3, 4 ST. MED. ST. SURG. ST. OBG.	145020 145032 145033 145035
Mary Immaculate Division St. John's Queens Division St. Mary's Division		249 278 200	9,725 9,481 7,073	455 438 263	39,500 42,622 107,001				
Columbus#	M. R. Bazzini	285	7,023	346	36,767	10,750	18	ROT. 1, 2	147220
Cornell Cooperating Hospitals New York Hospital—Memorial Hospital for Cancer and Allied Diseases New York Memorial Hospital for Cancer and Allied Diseases	A. G. Bearn	891	38,149	963	228,150	12,500	32	ST. MED.	146632
North Shore Hospital—Memorial Hospital for Cancer and Allied Diseases	L. Scherr, W. Myers	376	19,519	488	94,713	12,100	20	ST. MED.	146732
North Shore (Manhasset) Memorial Hospital for Cancer and Allied Diseases	L. Scherr, F. Fuchs	413	9,621	856	96,184	12,100	02	ROT. 3	146715
North Shore Hospital—New York North Shore (Manhasset) New York		376 891	19,519 38,149	488 963	94,713 228,150				
Flushing Hospital and Medical Center	L. J. Delli - Pizzi	284	11,055	479	38,787	10,800	06 03 03 02 02 02 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ST. SURG. ST. OBG.	144511 144512 144513 144515 144514 144533 144535
Fordham Hospital (Misericordia Hospital Training Program)	Chrm., Grad. Med	361	12,220	537	183,912	13,000	05	ROT. 0, 1, 2, 3, 4, 5, 7, 8	147420
French and Polyclinic Medical School and Health Center	R. M. Dodd A. M. Gelb J. E. Mc Manus R. A. Ruskin E. M. Ditolla A. M. Gelb J. E. Mc Manus R. A. Ruskin	493	15,246	478	59,921	12,750	12 03 03 03 01 02 06 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ST. MED. ST. SURG. ST. OBG.	147511 147512 147513 147515 147514 147532 147533 147535

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
NEW YORK, NEW YORK CITY—Continued									
Roosevelt	F. E. Jaquinta T. F. Dillon N. P. Christy W. A. Wichern	535	18,423	657	206,576	10,800	04 02 12 10	ROT. 1 ROT. 3 ST. MED. ST. SURG.	149612 149615 149632 149633
St. John's Episcopal	J. E. Mule	264	12,284	203	92,421	13,000	14	ROT. 0	143211
St. Luke's Hospital Center	T. B. Van Itallie H. F. Fitzpatrick	662	25,985	692	190,421	12,300	16 08	ST. MED. ST. SURG.	149932 149933
St. Vincent's Hospital and Medical Center of New York	R. J. Boller	699	16,851	910	88,449	10,800	23 12	ROT. 9 ST. MED.	150020 150032
St. Vincent's Medical Center of Richmond	W. Leen W. Leen W. Leen W. Leen L. Weiner W. Frederick	308	12,680	440	23,623	12,500	06 02 02 02 02 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ST. MED. ST. SURG.	151411 151412 151413 151415 151432 151433
Staten Island	T. G. Mc Ginn	237	11,925	441	50,937	12,300	11 03	ROT. 0 ROT. 1	151511 151512
State University—Kings County Hospital Center	M. Metz L. W. Eichna S. L. Kuntz J. H. Nelson					12,300	10 30 20 05	ROT. 0, 1, 2, 3, 5, 6 ST. MED. ST. SURG. ST. OBG.	142620 142632 142633 142635
Kings County Hospital Center State University		1,597 279	55,251 10,330	1,822 281	50,580 64,504				
Sydenham	C. Alston M. R. Cehelsky	134	4,774	128	45,758	10,800	09 01	ROT. 1 ST. OBG.	150112 150135
Unity	V. Ginsberg	166	7,351	211	43,306	10,800	10	ROT. 2	143413
University Hospital (See New York University Medical Center)									
Veterans Admin. (Brooklyn)	A. A. Polachek H. H. Le Veen	799	9,573	597	53,939	13,771	08 06	ST. MED. ST. SURG.	150232 150233
Veterans Admin. (Manhattan) (See New York University Medical Center)									
Wyckoff Heights	A. N. Eden M. Friedman A. N. Eden V. Adams	352	12,127		31,235	9,500	06 02 02 06	ROT. 0 ROT. 3 ROT. 5 ST. MED.	143511 143515 143586 143532
NIAGARA FALLS									
Niagara Falls Memorial Medical Center#	L. B. Kramer	330	11,476	423	74,910	8,000	13	ROT. 0	193511
NORTHPORT									
Veterans Admin. (See S. U. N. Y. at Stony Brook Affiliated Hospitals, Stony Brook)									
PORT CHESTER									
United	E. K. Howard	287	9,969	368	5,036	9,100	08	ROT. 0	150411
ROCHESTER									
Genesee	H. L. Segal	287	15,723	483	32,349		04 06 02	ROT. 1, 2 ST. MED. ST. SURG.	150720 150732 150733
Highland Hospital of Rochester	J. W. Holler	231	11,384	408	8,403	10,500	08 04	ROT. 0, 1, 2 ST. MED.	150820 150832
Rochester General	T. H. Casey	493	23,433	701	24,962	9,900	08 08 05	ROT. 0, 1, 2, 4 ST. MED. ST. SURG.	150920 150932 150939
St. Mary's	R. J. Napodano R. J. Napodano R. J. Napodano R. J. Napodano K. Hobler J. B. Iuppa	257	10,711	430	13,032	9,900	03 03 03 04 04 02	ROT. 0 ROT. 1 ROT. 2 ST. MED. ST. SURG. ST. OBG.	151011 151012 151013 151032 151033 151035
Strong Memorial Hospital of the University of Rochester	J. C. Donovan L. Young L. E. Young C. Rob J. C. Donovan	582	22,406	837	111,520	9,900	02 02 18 14 06	ROT. 3 ROT. 4 ST. MED. ST. SURG. ST. OBG.	151115 151114 151132 151133 151135
University of Rochester Community Pediatrics Program Genesee Rochester General	J. W. Sayre J. W. Sayre	287 493	15,723 23,433	483 701	32,349 24,962	9,900 9,900	03 03	ROT. 4 ROT. 4	150714 150914
ROCKVILLE CENTER									
Mercy	A. W. Marks	300	15,634	373	47,139	9,400	12	ROT. 0	151911
SCHENECTADY									
Ellis	G. D. Vlahides	422	16,155	567	53,062	9,159	20	ROT. 0, 1, 2, 3, 4, 5, 6	151220
St. Clare's	P. Parillo		9,432	312	66,518	8,400	12	ROT. 0, 1, 2	151320
STONY BROOK									
S. U. N. Y. at Stony Brook Affiliated Hospitals Veterans Admin. (Northport)	L. E. Meiselas	756	2,936	95	135,191	13,190	12	ST. MED.	291932
SYRACUSE									
St. Joseph's Hospital Health Center S. U. N. Y. Upstate Medical Center	B. A. Bernstein D. Oken W. J. Williams W. R. Webb	329	17,868	519	33,095	10,555 10,555	06 06 22 12	ROT. 0, 1, 2 ROT. 6 ST. MED. ST. SURG.	151820 151676 151632 151633
VALHALLA									
Grasslands	B. Marbach F. Graig M. Rohman	281	8,467	265	77,240	10,030	14 02 02	ROT. 0 ST. MED. ST. SURG.	152111 152132 152133

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
OHIO, CLEVELAND—Continued									
Marymount	N. G. De Piero	240	9,239	238	29,608	10,800	12	ROT. 0, 1, 2, 3, 5, 6, 8	157220
Mount Sinai Hospital of Cleveland#	B. Friedman V. Vertes J. Geller	455	20,292	548	51,320	10,000	06 04 02	ROT. 9 ST. MED. ST. SURG.	155720 155732 155733
St. Alexis#	J. R. Paradise	306	11,262	480	6,725	9,600	12	ROT. 0, 2	155820
St. John's	R. J. McCaffery	287	10,084	347	7,200	10,800	15	ROT. 0, 1, 2, 3	155920
St. Luke's	T. W. Wykoff R. G. Wieland F. S. Cross	394	16,897	507	51,891	10,000	10 06 02	ROT. 9 ST. MED. ST. SURG.	156020 156032 156033
St. Vincent Charity	A. M. Zippert	383	11,552	385	32,723	10,000	12	ROT. 0, 1, 2, 3, 5, 6, 7, 8	
University Hospitals of Cleveland (See Case-Western University Affiliated Hospitals)									
COLUMBUS									
Grant	J. P. Stevens	422	16,946	579	50,234	9,600	10	ROT. 9	156420
Mount Carmel Medical Center	M. A. Anthony	457	17,406	519	92,513	9,000	18	ROT. 0, 1, 2	156520
Ohio State University College of Medicine	J. V. Warren						22	ST. MED.	156632
Riverside Methodist	D. J. Vincent	757	30,277	816	14,867	9,000	24	ROT. 0, 1, 2, 3	156720
DAYTON									
Good Samaritan	A. Kleinman	478	19,188	289	59,910	12,000	13	ROT. 0	156811
Miami Valley	A. Hicks	605	23,268	781	98,163	10,550	12	ROT. 9	156920
ELYRIA									
Elyria Memorial	W. H. Sigalove	275	16,448	329	79,305	8,100	15	ROT. 2	190113
EUCLID									
Euclid General	M. Pazirandeh	325	12,627	466	74,095	10,000	06 02 06	ROT. 0 ROT. 1 ROT. 2	155511 155512 155513
KETTERING									
Charles F. Kettering Memorial	E. C. Hedrick A. A. Brust, Jr.	385	18,310	424	47,223	8,100	09 03	ROT. 0, 2, 3, 4, 5, 7, 8 ROT. 1	157620 157612
LORAIN									
St. Joseph#	C. Chesner	288	12,979	688	26,874	8,800	12	ROT. 0, 1, 2, 3, 4, 7	197320
TOLEDO									
Flower	H. W. Reas	181	8,582	256	40,610	7,800	03	ROT. 0	157811
Hospital of the Medical College of Ohio at Toledo	K. A. Kropp	145	5,829	236	33,479		12	ROT. 0, 4, 8	157920
Medical College of Ohio at Toledo Affiliated Hospitals	G. O. Ludwig						01 04	ROT. 1 ST. MED.	157912 157932
Hospital of the Medical College of Ohio at Toledo		145	5,839	236	33,479				
Mercy		321	14,996	455	86,975	9,600			
St. Vincent Hospital and Medical Center		569	22,524	688	122,593				
Toledo		472	20,866	523	13,805				
Mercy#	J. F. Brunner	321	14,996	455	86,975	9,600	18	ROT. 0, 1, 2, 3, 4, 5, 7, 8	158020
Riverside	H. Shapiro	160	8,805	166	30,071	9,600	09	ROT. 0	158111
St. Charles of Oregon	M. Yuce	239	9,581	261	4,538		12	ROT. 0, 1, 2, 3	195120
Toledo	F. F. Snyder C. O. Cobau J. R. Sadd R. W. Muenzer J. C. Roberts W. A. Nordin P. J. Oitmyer	472	20,866	523	13,805	9,600	09 03 02 01 01 01 01	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 4 ROT. 5 ROT. 8	158311 158312 158313 158315 158314 158386 158377
YOUNGSTOWN									
St. Elizabeth	L. Caccamo	549	24,092	767	80,425	10,000	21	ROT. 9	158420
Youngstown	R. A. Wiltsie	761	30,739	1,053	13,376	10,000	23 05 01	ROT. 0, 1, 2, 3, 4, 5, 7, 8 ST. MED. ST. SURG.	158520 158532 158533
OKLAHOMA									
OKLAHOMA CITY									
Baptist Memorial	F. H. Mc Gregor	334	15,372	410	3,208	8,400	07	ROT. 0, 1, 2, 5, 6, 7, 8	183020
St. Anthony	J. M. Parker	451	21,779	514	9,940	8,500	14	ROT. 0	158711
University of Oklahoma Health Sciences Center	J. A. Merrill	289	14,398	433	108,225		04	ST. OBG.	158835
University of Oklahoma Hospitals# University of Oklahoma Hospitals—Presbyterian Hospitals#	R. T. Coussons J. F. Hammarsten J. A. Schilling H. D. Riley, Jr.					8,900	03 02 02 02	ROT. 0, 5, 6, 7, 8 ROT. 1 ROT. 2 ROT. 4	159020 159012 159013 159014
University of Oklahoma Hospitals Presbyterian		289	14,398	433	108,225				
University of Oklahoma Hospitals—Veterans Admin. #	J. F. Hammarsten J. A. Schilling	144	9,296	186	6,484	8,900	12 08	ST. MED. ST. SURG.	158932 158933
University of Oklahoma Hospitals Veterans Admin.		289	14,398	433	108,225				
		374	7,578	355	80,502				
TULSA									
Hillcrest Medical Center	J. B. Nettles	318	14,558	410	28,543	9,708	12	ROT. 0, 1, 2, 3, 4, 5, 6, 7, 8	159120
St. John's	B. O. Bliss	491	23,410	592	18,886	9,708	14	ROT. 0, 1, 2, 3, 4	159220
OREGON									
PORTLAND									
Emanuel	R. J. Smith	416	20,952	418	30,090	9,300	16 02	ROT. 0, 1, 2, 3, 4, 5, 7, 8 ST. MED.	159420 159432

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number	
OREGON, PORTLAND—Continued										
Good Samaritan Hospital and Medical Center	S. S. Meighan	412	19,494	454	58,969	9,300	03	ROT. 0	159511	
	S. F. Rabiner						02	ROT. 1		159512
	M. Mc Kirdie						02	ROT. 2		159513
	D. Johnson						02	ROT. 5		159586
	S. F. Rabiner						06	ST. MED.		159532
	M. Mc Kirdie						03	ST. SURG.		159533
Providence	D. N. Gilbert	322	15,257	471	6,053	9,812	12	ROT. 0, 1, 2, 4, 5, 7, 8	159720	
St. Vincent Hospital and Medical Center	D. B. Miller, Jr.	303	16,838	400	28,206	9,300	06	ST. SURG.	159833	
University of Oregon Medical School Hospitals and Clinics #	W. Krippaehne R. Benson	373	14,398	455	165,602	8,000	24 04	ROT. 2 ROT. 3	159913 159915	
University of Oregon Medical Schools Hospitals—Veterans Admin. #	J. D. Bristow					8,000	14	ST. MED.	159932	
University of Oregon Medical School Hospitals and Clinics Veterans Admin		373	14,398	455	165,602					
		445	7,856	393	43,196					
PENNSYLVANIA										
ABINGTON										
Abington Memorial #	P. M. Roediger P. M. Roediger H. J. Kenworthy	412	20,245	526	638,020	9,560	01 01 09	ROT. 3 ROT. 7 ST. MED.	160015 160042 160032	
ALLENTOWN										
Allentown	F. D. Fister	460	20,696	730	123,394	10,000	16	ROT. 9	160120	
Sacred Heart	G. E. Moerkirk	216	10,102	316	35,500	8,000	10	ROT. 9	160220	
ALTOONA										
Altoona	P. W. Hoovler	342	13,579	513	77,312	12,300	10 02 01 02 01	ROT. 1 ROT. 2 ROT. 4 ROT. 7 ROT. 8	160312 160313 160314 160342 160377	
BETHLEHEM										
St. Luke's	W. R. Thompson	351	14,908	539	9,568	10,290	14	ROT. 9	160520	
BRISTOL										
Lower Bucks	R. J. Mullin	246	14,545	219	5,964	9,406	08	ROT. 0	197411	
BRYN MAWR										
Bryn Mawr	T. J. Berry J. T. Magee	316	12,876	388	17,954	9,000	08 03	ROT. 0, 1, 2, 3, 4, 5, 8 ST. MED.	160620 160632	
Bryn Mawr Veterans Admin. (Wilmington, Del.)	W. Stainback	316 251	12,876 4,291	388 290	17,954 37,148	9,000	03	ST. SURG.	160632	
CHESTER										
Crozer—Chester Medical Center	J. H. Loucks	357	15,864	472	254,426	9,500	08	ROT. 0, 1, 2, 3, 4	160720	
DANVILLE										
Geisinger Medical Center #	R. C. Eyerly	321	15,374	517	232,856	8,100	06 09 04 01	ROT. 0, 1, 2 ST. MED. ST. SURG. ST. OBG.	160820 160832 160833 160835	
DARBY										
Mercy Catholic Medical Center Fitzgerald Mercy Division #	D. L. Kettering	312	13,240	400	15,837	9,400	09	ROT. 0	160920	
DREXEL HILL										
Delaware County Memorial	J. H. A. Bomberger	260	10,160	464	4,200	8,400	12	ROT. 0	185811	
EASTON										
Easton	H. Y. Seidel H. Y. Seidel L. S. Serfas	236	10,143	437	35,600	10,000	02 03 03	ROT. 0 ROT. 1 ROT. 2	161011 161012 161013	
ERIE										
Hamot Medical Center	J. A. Fust	424	16,071	549	175,957	9,500	12	ROT. 0, 1, 2, 3, 4, 5	161120	
St. Vincent	A. L. Lamp, Jr.	385	18,136	527	133,316	9,500	10	ROT. 0, 1, 2, 3, 4, 5, 7	161220	
GREENSBURG										
Westmoreland	F. D. Edgar, Jr.	281	11,775	353	139,840	7,800	06	ROT. 0	161311	
HARRISBURG										
Harrisburg #	T. F. Fletcher C. K. Feterhoff	487	17,250	734	67,248	10,080	08 02	ROT. 9 ST. OBG.	161420 161435	
Harrisburg Polyclinic	D. A. Smith J. S. Bray L. T. Patterson	524	18,479	664	19,284	10,000	08 03 04	ROT. 0 ST. MED. ST. SURG.	161511 161532 161533	
HERSHEY										
Milton S. Hershey Medical Center of the Pennsylvania State University	A. E. Yeakel G. H. Jeffries	151	5,406	244	57,600	10,152	01 10	ROT. 8 ST. MED.	161777 161732	
JOHNSTOWN										
Conemaugh Valley Memorial #	T. M. Dugan	16,263	152,040	570		9,000	12	ROT. 9	161620	
LANCASTER										
Lancaster General	J. Ebsenshade, Jr.	403	18,675	563	104,343	10,450	06	ROT. 0	161811	
MC KEESPORT										
Mc Keesport	D. I. Zubritzky	479	17,182	831	117,041	9,600	12	ROT. 0	162011	
NORRISTOWN										
Montgomery #	R. Loughlin	222	11,259	207	114,252	9,600	06	ROT. 0	162111	
PHILADELPHIA										
Albert Einstein Medical Center #	I. Woldrow	557	20,087	1,061	44,824	9,500	02 04 20	ROT. 3 ROT. 6 ST. MED.	163115 163176 163132	

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
PENNSYLVANIA, PHILADELPHIA—Continued								
Chestnut Hill#	H. P. Close	170	7,185	287	7,129	10,000	08 ROT. 0, 1, 2, 3, 5, 8	191020
Episcopal	F. E. Glauser W. I. Gelfer L. H. Stahlgren R. W. Hyatt	296	12,247	487	56,783	9,850	06 ROT. 0, 1, 2, 3, 5, 7 02 ST. MED. 02 ST. SURG. 02 ST. OBG.	162320 162332 162333 162335
Frankford#	R. E. Cohn	196	9,368	357	29,187	9,600	10 ROT. 0	162411
Graduate Hospital of the University of Pennsylvania#	H. F. Zinsser	275	7,106	422	45,230	9,991	07 ST. MED.	162632
Hahnemann Medical College and Hospital#	J. Lee R. Newman M. Haskin	38	13,703	548	52,226	9,500	02 ROT. 3 11 ROT. 6 04 ROT. 7	162715 162776 162742
Hospital of the Medical College of Pennsylvania#	E. R. Carrington L. Madow G. L. Popky	239	10,341	282	86,055		03 ROT. 3 01 ROT. 6 01 ROT. 7	184915 184976 184942
Hospital of the University of Pennsylvania#	L. Mastroianni, Jr. S. S. Hamilton A. S. Reiman W. T. Fitts, Jr.	661	26,205	523	206,654	10,500	05 ROT. 3 04 ROT. 6 22 ST. MED. 20 ST. SURG.	162815 162876 162832 162833
Lankenau#	M. A. Manko	347	13,768	495	50,701	9,500	06 ROT. 0, 1, 2, 3, 4, 5, 7, 8 02 ST. OBG.	163220 163235
Medical College of Pennsylvania Affiliated Hospitals Hospital of the Medical College of Pennsylvania Veterans Admin.	D. Kaye					9,960	15 ST. MED.	184932
		239 429	10,341 7,333	282 440	86,055 52,253			
Memorial	H. Di Silvestro	167	5,885	293	2,254	8,220	09 ROT. 0	163311
Mercy Catholic Medical Center Misericordia Division#	N. N. Cohen	260	9,054	522	25,517	9,400	04 ROT. 0 05 ST. MED.	163611 163632
Mercy—Douglass	T. F. Hawkins E. E. Holloway J. W. Thomas T. F. Hawkins	134	4,389	192	24,503	9,500	02 ROT. 0 01 ROT. 1 01 ROT. 2 01 ROT. 3	163411 163412 163413 163415
Methodist	J. N. Giacobbo	213	8,724	278	18,351	9,500	08 ROT. 0, 1, 2, 3	163520
Nazareth	R. J. Winkle	318	13,022	467	91,242	9,500	18 ROT. 0, 1, 2, 3, 4, 6	163820
Northeastern Hospital of Philadelphia Pennsylvania#	M. S. Mandell E. E. Wallach J. M. Myers J. E. Wood J. E. Rhoads	204 356	7,330 13,134	319 459	45,637 61,278	10,000 9,900	08 ROT. 0 03 ROT. 3 03 ROT. 6 10 ST. MED. 04 ST. SURG.	197511 163915 163976 163932 163933
Philadelphia General Hahnemann Medical College Service#	A. Goldman E. Coodley S. Hamilton E. Cooper E. Cooper	712	13,767	690	181,336	9,971	04 ROT. 6 04 ROT. 9 08 ROT. 6 11 ROT. 9 08 ST. MED.	164010 164020 164076 164060 164032
University of Pennsylvania Service#								
Presbyterian—University of Pennsylvania Medical Center#	R. G. Trout	232	8,392	417	92,484	9,700	09 ROT. 0, 2, 3, 4, 5, 7, 8 10 ST. MED. 02 ST. SURG.	164120 164132 164133
St. Agnes	J. P. Cossa	424	16,071	549	175,957	9,500	10 ROT. 0	164211
St. Joseph's	T. J. Maye	153	4,408	252	42,170	8,400	06 ROT. 0	164311
St. Luke's and Children's Medical Center	J. H. Davidson	180	9,446	208	53,651	10,200	12 ROT. 0, 1, 2, 4	164420
Temple University	M. J. Daly J. B. Houston W. P. Maier	484	16,144	730	102,905		05 ROT. 3 02 ROT. 8 08 ST. SURG.	164615 164677 164633
Temple University Affiliated Hospitals	S. Sherry						03 ROT. 1 20 ST. MED.	164612 164632
Temple University Germantown Dispensary and Hospital		484 259	16,144 8,522	730 491	102,905 76,521			
Thomas Jefferson University#	J. M. Hunter	539	19,257	656	73,505	10,000	06 ROT. 0 12 ST. MED.	163011 163032
Thomas Jefferson University Affiliated Hospitals Thomas Jefferson University Chestnut Hill Methodist	G. F. Schwartz	539 170 213	19,257 7,185 8,724	656 287 278	73,505		06 ST. SURG.	163033
PITTSBURGH								
Allegheny General	C. R. Joyner G. J. Magovern	512	18,626	645	183,477	11,650	10 ROT. 1 06 ROT. 2	164812 164813
Hospitals of the University Health Center of Pittsburgh Montefiore	H. Mendelow P. Troen	400	13,321	564	34,717		09 ROT. 0, 1, 2, 5, 7, 8 12 ST. MED.	165020 165032
Presbyterian—University	J. J. Leonard H. T. Bahnson	527	16,294	676	67,064		27 ST. MED. 12 ST. SURG.	165232 165233
Western Psychiatric Institute and Clinic	T. P. Detre	98	1,262	2	30,793	9,495	11 ROT. 6	166076
Hospitals of the University Health Center of Pittsburgh Presbyterian—University Children's Hospital of Pittsburgh Eye and Ear Hospital of Pittsburgh Magee—Womens Montefiore Veterans Admin.	P. Safar	583 183 278 126 183 583	6,736 9,032 16,543 10,625 9,032 6,736	539 221 123 16 221 539	82,206 71,193 99,259 20,925 71,193 82,206	9,495	04 ROT. 8	165277
Mercy	J. P. Zaccardi	524	17,724	587	43,000	10,900	14 ROT. 1, 2, 3, 4, 5, 6, 7, 8 09 ST. MED.	164920 164932
Pittsburgh#	R. G. Recio	181	7,904	263	79,651	11,200	06 ROT. 0	165111
St. Francis General	J. A. Marasco, Jr. E. J. Holzinger	706	19,896	650	207,995	11,000	15 ROT. 9 07 ST. MED.	188120 188132
St. Margaret Memorial#	P. W. Dishart	227	7,221	201	56,364	10,500	12 ROT. 2	165613

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
PENNSYLVANIA, PITTSBURGH—Continued									
Shadyside	K. H. Franz	327	11,539	447	29,329	9,780	14	ROT. 2	165713
South Side	F. Hertzog	275	9,460	501	77,343	10,200	10	ROT. 0	165811
Western Pennsylvania	J. N. Stanton, Jr.	490	20,032	592	44,362	10,250	12	ROT. 0	165911
							02	ROT. 7	165942
							05	ST. MED.	165932
							05	ST. SURG.	165933
							03	ST. OBG.	165935
POTTSVILLE									
Pottsville Hospital and Warne Clinic	E. W. Cubler	272	9,474	225	19,061	8,400	06	ROT. D	184711
READING									
Reading	J. R. Mc Shane	563	22,462	402	145,221	10,932	03	ROT. 0	166111
	J. R. Mc Shane						03	ROT. 1	166112
	E. A. Hudreth						04	ST. MED.	166132
	L. L. Cramp						02	ST. SURG.	166133
WASHINGTON									
Washington	G. C. Schmieler	390	17,084	608	127,171	9,600	06	ROT. 0	166911
WEST CHESTER									
Chester County	P. N. Hillyer	201	9,911	237	107,797	8,400	09	ROT. 0	188211
WILKES-BARRE									
Wilkes—Barre General	L. Saidman	298	13,429	597	86,353	8,000	10	ROT. 0	167111
WILKINSBURG									
Columbia	J. G. Liggett	252	8,970	377	53,407	8,700	06	ROT. 0	167211
YORK									
York#	M. S. Bacastow	456	22,523	752	37,317	10,000	09	ROT. 0	167411
	M. S. Bacastow						06	ROT. 9	167420
	J. L. Atkins						02	ST. MED.	167432
	K. E. Wilt						02	ST. SURG.	167433
PUERTO RICO									
HATO REY									
Auxilio Mutuo	E. Rivera	116	6,131	182	33,844	8,220	05	ROT. 1	
	I. Iglesias						05	ROT. 2	
MAYAGUEZ									
Mayaguez Medical Center	J. Ramirez Rivera	247	12,581	484	79,620	11,160	20	ROT. 0	
PONCE									
Hospital De Damas#	J. J. De Lara	139	7,241	72	3,825	7,200	12	ROT. 0	
Ponce District General	U. Clavell	444	17,216	803	63,787	7,260	10	ROT. 0	
	H. Rodriguez						02	ROT. 1	
	J. Colon - Bonet						02	ROT. 2	
	A. Tamm						02	ROT. 3	
	M. Lopez						02	ROT. 4	
	H. Rodriguez						02	ST. MED.	
SAN JUAN									
Municipal Hospital Dr. Rafael Lopez Nussa	L. Diaz Bonnet	421	20,223	606	87,972		36	ROT. 0	
	E. Marchand						08	ST. MED.	
	A. S. Casanova						04	ST. SURG.	
University District	P. Santiago Borrero	351	16,273	501	133,031		24	ROT. 0	
	M. Garcia - Palmieri						06	ST. MED.	
Veterans Admin. Center	E. A. Ramirez	640	8,194	220	148,686	9,032	12	ST. MED.	
RHODE ISLAND									
PAWTUCKET									
Memorial	H. H. Magendantz					9,500	06	ROT. 0	167611
							01	ROT. 1	167612
	H. H. Magendantz						01	ROT. 2	167613
	M. Stein						04	ST. MED.	167632
PROVIDENCE									
Miriam#	R. P. Davis	226	7,502	230	5,595		08	ROT. 0	195311
							08	ST. MED.	195332
Rhode Island	H. T. Randall	608	24,377	902	52,590	10,575	05	ROT. 2	167713
	M. W. Hamolsky						20	ST. MED.	167732
Roger Williams General	P. Calabresi	219	8,090	327	7,760	10,022	14	ROT. 1, 2	167820
							10	ST. MED.	167832
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina Teaching Hospitals	C. P. Artz	344	14,600	377	110,904	8,335	12	ST. SURG.	168033
Medical University of South Carolina Teaching Hospitals	J. C. Ross	344	14,600	377	110,904		21	ST. MED.	168032
Medical University of South Carolina Teaching Hospitals		96	3,608	171	58,433				
Charleston County Veterans Admin.		270	5,313	235	38,165				
COLUMBIA									
Richland Memorial	O. C. Mitchell	387	141,352	733	185,087	8,400	12	ROT. 0	168111
GREENVILLE									
Greenville General	R. C. Ramage	574	26,694	811	35,222	10,000	18	ROT. 0	168311
SPARTANBURG									
Spartanburg General	D. J. Waldowski	416	19,372	636	90,335	10,000	13	ROT. 0, 1, 2	168520
	E. M. Colvin						02	ST. SURG.	168533
SOUTH DAKOTA									
SIOUX FALLS									
Mc Kennan	R. R. Donahoe	241	10,877	274	22,936	7,560	06	ROT. 0	168611

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
SOUTH DAKOTA, SIOUX FALLS—Continued								
University of South Dakota Affiliated Hospitals Sioux Valley	R. W. Friess	248	12,209	323	10,903	7,560	06 ROT. 0	168711
YANKTON								
Sacred Heart	C. B. Mc Vay B. Ranney	165	5,345	178	4,987	8,700	02 ST. SURG. 01 ST. OBG.	280533 280535
TENNESSEE								
CHATTANOOGA								
S. E. Tennessee Medical Education Center Baroness Erlanger	H. B. Heywood C. A. Richardson Y. Kato P. Howard H. Massoud J. Abramson C. A. Richardson Y. Kato	561	26,701	823	34,370	9,180	06 ROT. 0 02 ROT. 1 02 ROT. 2 02 ROT. 3 01 ROT. 4 01 ROT. 5 04 ST. MED. 04 ST. SURG.	168911 168912 168913 168915 168914 168986 168932 168933
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley H. A. Blake G. W. Bates H. S. Christian F. S. Jones	351	16,356	568	40,865	8,300	10 ROT. 1 05 ROT. 2 02 ROT. 3 04 ROT. 4 01 ROT. 5	183912 183913 183915 183914 183986
MEMPHIS								
Baptist Memorial	J. P. Upshaw, Jr. J. P. Milnor, Jr. R. M. Miles	1,401	60,699	1,410	281,382	9,420	28 ROT. 9 10 ST. MED. 08 ST. SURG.	169420 169432 169433
City of Memphis Hospitals Methodist	P. George T. V. Stanley, Jr.	559 841	25,363 39,764	978 941	148,325 15,044	7,569 9,360	24 ROT. 0 16 ROT. 0, 1, 2 03 ST. MED.	184411 169620 169632
St. Joseph#	E. J. Spiotta M. C. Pian	368	16,167	542	8,363	8,034	16 ROT. 0, 1, 2, 3, 4, 5 02 ST. SURG.	169720 169733
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Veterans Admin.	H. Wilson	559 774	25,363 11,971	978 615	148,325 76,974		12 ST. SURG.	184433
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Veterans Admin. West Tennessee Chest Disease	G. H. Stollerman	559 774 134	25,363 11,971 939	978 615 140	148,325 76,974 803	7,569	13 ROT. 1 17 ST. MED.	184411 184432
NASHVILLE								
George W. Hubbard Hospital of Meharry Medical College	L. O. P. Perry	168	6,869	246	62,018	8,956	08 ROT. 0, 1, 2, 3, 4, 5, 6, 7 04 ST. MED. 04 ST. SURG. 03 ST. OBG.	
St. Thomas	J. E. Anderson, Jr. R. A. Oaniel, Jr.	289	12,654	351	6,761	8,082	03 ST. MED. 02 ST. SURG.	170132 170133
Vanderbilt University Affiliated Hospitals Vanderbilt University Nashville Metropolitan General Veterans Admin.	G. W. Liddle D. A. Goss	436 130 410	16,448 6,459 8,289	491 244 423	99,633 99,837 66,382	8,400	32 ST. MED. 02 ST. OBG.	170232 170235
TEXAS								
AUSTIN								
Brackenridge	R. W. Pape	260	12,064	399	72,693	10,560	14 ROT. 9	170420
CORPUS CHRISTI								
Memorial Medical Center	V. C. Calma	349	16,600	488	19,035	10,000	10 ROT. 0	170511
DALLAS								
Baylor University Medical Center	R. Tompsett	770	39,242	873	16,775	8,760	10 ROT. 1, 2, 5 08 ST. MED.	170620 170632
Methodist Hospital of Dallas	I. E. Danhof R. P. Morgiaard W. H. Gossard O. T. Hotchkiss	351	19,517	540	48,832	9,000	10 ROT. 9 02 ST. MED. 02 ST. SURG. 02 ST. OBG.	170720 170732 170733 170735
Parkland Memorial	P. C. Mac Donald M. T. Jenkins	619	24,801	881	252,452	7,900	08 ROT. 3 08 ROT. 8	170815 170877
Presbyterian Hospital of Dallas St. Paul	R. L. North W. C. Brooks K. L. Walgren E. Poulos	381 436	25,175 24,377	361 590	37,907 15,841	7,488 9,000	11 ROT. 0, 1, 2, 3, 5, 6, 8 13 ROT. 0, 1, 2, 3, 7, 8 02 ST. MED. 02 ST. SURG.	171920 170920 170932 170933
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Veterans Admin.	D. W. Seldin G. T. Shires	619 605	24,801 11,087	881 644	252,452 99,729	8,470	39 ST. MED. 27 ST. SURG.	170832 170833
EL PASO								
R. E. Thomason General	M. O. Kepler H. Jesurun H. Jesurun	233	11,385	314	103,486	10,500	24 ROT. 0 02 ROT. 3 02 ST. OBG.	171011 171015 171035
FORT WORTH								
John Peter Smith	W. W. Goldman, Jr.	176	11,640	379	105,354	10,000	24 ROT. 2	171113

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
TEXAS—Continued									
GALVESTON									
University of Texas Medical Branch Hospitals#	C. R. Allen W. P. Deiss, Jr. J. C. Thompson	818	21,965	528	168,059	9,600	03 17 13	ROT. 8 ST. MED. ST. SURG.	171477 171432 171433
HOUSTON									
Baylor College of Medicine Affiliated Hospitals									
Ben Taub General	G. L. Jordan, Jr.	371	16,481	910	252,018	8,400	18	ROT. 9	171620
Ben Taub—Jefferson									
Davis—Methodist—St. Luke's									
Episcopal	R. H. Kaufman	371	16,481	910	252,018	8,400	09	ST. OBG.	171635
Ben Taub General		194	12,342	269	64,614				
Jefferson Davis		870	35,397	762	110,322				
Methodist		430	19,648	451	20,341				
St. Luke's Episcopal									
Ben Taub General—Veterans									
Admin.—Methodist#	H. D. McIntosh	371	16,481	910	252,018	8,400	38	ST. MED.	171632
Ben Taub General		1,123	14,722	787	103,204				
Veterans Admin.		870	35,397	762	110,322				
Methodist		430	19,648	451	20,341	9,000	08	ST. MED.	172032
St. Luke's Episcopal	R. J. Hall	402	20,553	423	48,863	8,880	10	ROT. 9	171520
Hermann	C. M. Smythe	775	46,364	838	172,819	10,080	12	ROT. 0	198211
Memorial Baptist	A. T. Talley, Jr.	637	30,557	538	87,926		12	ROT. 0, 1, 2, 3, 4, 5	171820
St. Joseph	H. L. Fred								
University of Texas at Houston Affiliated Hospitals									
Hermann	W. M. Kirkendall	402	20,553	423	48,863	8,800	21	ST. MED.	292332
St. Joseph		637	30,557	538	87,926				
University of Texas M. D. Anderson Hospital and Tumor Institute		264	6,959	562	223,464				
SAN ANTONIO									
Santa Rosa Medical Center	J. P. Perrine	763	33,947	821	86,422	9,495	12	ROT. 0	172311
University of Texas at San Antonio Teaching Hospitals#						9,495	06 16 14 04	ROT. 8 ST. MED. ST. SURG. ST. OBG.	172277 172232 172233 172235
H. L. Zauder									
L. Earley									
J. B. Aust									
J. Seitchik									
Bexar County Teaching		379	19,046	556	119,862				
TEMPLE									
Scott and White Memorial	K. B. Knudsen K. B. Knudsen C. W. Broders	920	21,769	727	253,256	9,500	08 07 03	ROT. 0, 1, 2, 5, 6, 7, 8 ST. MED. ST. SURG.	172520 172532 172533
UTAH									
OGDEN									
Mc Kay Dee Hospital Center (See University of Utah Affiliated Hospitals, Salt Lake City)									
SALT LAKE CITY									
Latter—Day Saints#	D. H. Nelson P. R. Frederick D. H. Nelson	439	24,556	603	15,191	9,100	08 01 08	ROT. 0, 1, 2 ROT. 7 ST. MED.	172920 172942 172932
University of Utah Affiliated Hospitals#						9,100	05 03 20	ROT. 2 ROT. 4 ST. MED.	173213 173214 173232
F. H. Tyler									
F. H. Tyler									
G. E. Cartwright									
University		229	10,760	377	104,379				
Holy Cross Hospital of Salt Lake City		263	18,053	306	1,888				
Veterans Admin.		426	5,362	235	46,957				
University of Utah Affiliated Hospitals						9,100	17	ST. SURG.	173233
University	F. G. Moody	229	10,760	377	104,379				
Latter—Day Saints		439	24,556	603	15,191				
Veterans Admin.		426	5,362	235	46,957				
Holy Cross Hospital of Salt Lake City		263	18,053	306	1,888				
McKay—Dee Hospital Center (Ogden)		279	18,160	290	81,121				
VERMONT									
BURLINGTON									
Medical Center Hospital of Vermont#	W. A. Tisdale R. J. Mc Kay, Jr. J. H. Davis	401	19,322	443	107,800	8,000	12 02 08	ROT. 1 ROT. 4 ST. SURG.	173412 173414 173433
WHITE RIVER JUNCTION									
Veterans Admin. Center (See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.)									
VIRGINIA									
CHARLOTTESVILLE									
University of Virginia	E. Hook, W. Muller E. Hook, W. Thurman E. Hook, D. Hawkins E. Hook, R. Epstein E. Hook W. Muller, Jr.	441	17,618	575	12,403	8,900	04 04 04 04 14 11	ROT. 2 ROT. 4 ROT. 6 ROT. 8 ST. MED. ST. SURG.	173713 173714 173776 173777 173777 173732 173733
NEWPORT NEWS									
Riverside	E. L. Alexander, Jr.	469	23,505	533	92,439	9,600	12	ROT. 0, 1, 2, 3, 4, 5, 6, 7	173920
NORFOLK									
DePaul	J. D. Price	265	14,400	325	19,300	10,000	12	ROT. 0	174011
Norfolk General	R. E. Easton	664	25,297	806	51,081	10,000	20	ROT. 0	174111
RICHMOND									
Johnston—Willis	T. D. Davis, Jr.	85		366	18,256	6,500	14	ROT. 1	174212

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Comp	Type	NIRMP Number
VIRGINIA, RICHMOND—Continued									
Virginia Commonwealth University M. C. V. Affiliated Hospitals	W. T. Thompson B. W. Haynes L. Dunn W. E. Laupus F. Goodale J. D. Mathis C. P. Boyan W. T. Thompson B. W. Haynes					8,900	06 06 05 04 02 03 04 30 12	ROT. 1 ROT. 2 ROT. 3 ROT. 4 ROT. 5 ROT. 6 ROT. 8 ST. MED. ST. SURG.	174312 174313 174315 174314 174386 174376 174377 174332 174333
Medical College of Virginia Hospitals Veterans Admin.		720 724	28,595 8,864	1,010 508	269,011 62,823				
ROANOKE									
Community Hospital of Roanoke Valley	M. J. Moore	359	18,409	424	38,246	8,100	06 06	ROT. 0 ROT. 2	174611 174613
Roanoke Memorial Hospitals	C. L. Crockett, Jr.	571	20,271	493	66,722	6,600	14	ROT. 0, 1, 2, 3, 4, 5, 7	174820
WASHINGTON									
SEATTLE									
Providence#	J. E. Z. Caner A. J. Thompson L. R. Sauvage F. F. Busted P. S. Paulson L. R. Sauvage	258	13,039	405	31,995	8,460	05 02 01 01 01 02	ROT. 0 ROT. 1 ROT. 2 ROT. 5 ROT. 7 ST. SURG.	175311 175312 175313 175386 175342 175333
Swedish Hospital Medical Center# University of Washington Affiliated Hospitals# University Harborview Medical Center Veterans Admin. U. S. Public Health Service	R. G. Petersdorf	363	20,568	698	68,456	8,100	12	ROT. 0	175511
Virginia Mason#	R. M. Hegstrom	237 187 287 154	10,116 8,367 7,800 4,837	297 326 232 116	101,505 82,245 65,000 101,914	8,460	25	ST. MED.	191832
		223	11,691	328	169,675	8,380	04 03 06	ROT. 0 ROT. 2 ST. MED.	175611 175613 175632
SPOKANE									
Deaconess	J. Collins	211	15,660	376	22,890	8,400	12	ROT. 0	175711
Sacred Heart#	R. G. Rowberg	347	21,386	530	40,910	8,400	13	ROT. 0, 1, 2, 3, 5, 7	175820
WEST VIRGINIA									
CHARLESTON									
Charleston Area Medical Center Memorial Division	W. Mc Millan, Jr. M. L. Lewis	350	17,680	406	91,572	8,500	13 04	ROT. 0, 00, 1, 2, 3, 4, 5 ST. MED.	190220 190232
MORGANTOWN									
West Virginia University Medical Center#	W. G. Klingberg H. Turndorf E. B. Flink B. Zimmerman	342	125,246	513	120,327	9,000	02 01 08 05	ROT. 4 ROT. 8 ST. MED. ST. SURG.	183714 183777 183732 183733
WHEELING									
Ohio Valley General	R. O. Strauch A. M. Valentine F. G. Giustine	372	13,107	516	90,481	11,820	06 04 02	ROT. 0, 1, 2, 3, 4, 6, 7 ST. MED. ST. ORG.	176920 176932 176935
Wheeling	G. M. Kellas	213	8,832	301	3,279	7,200	10	ROT. 0, 2, 3, 4	177020
WISCONSIN									
LA CROSSE									
La Crosse Lutheran Hospital and Gundersen Clinic#	E. L. Overholt	299	13,731	326	225,525	6,600	08 04	ROT. 0, 1, 2, 3, 4 ST. MED.	177420 177432
MADISON									
University Hospitals#	C. C. Lobeck W. F. Fey D. T. Graham W. W. Wolberg	452	14,770	412	157,946	9,500	03 05 27 05	ROT. 4 ROT. 6 ST. MED. ST. SURG.	177914 177976 177932 177933
MARSHFIELD									
St Joseph's	G. E. Magnin	318	13,399	450	13,021	9,000	08	ROT. 0	178011
MILWAUKEE									
Evangelical Deaconess	J. T. Botticelli B. G. Narodick	223	8,336	314	15,914	9,000	09 09	ROT. 1 ROT. 2	178212 178213
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General	J. M. Cerletty	420	15,284	835	157,044		24 12	ROT. 0, 1, 2, 3, 4, 5, 7, 8 ST. MED.	178420 178432
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Veterans Admin. Center (Wood) Lutheran Hospital of Milwaukee Columbia Milwaukee Children's	J. De Cosse	420 608 265 294 144	15,284 8,620 9,288 10,941 9,798	835 526 192 301 97	157,044 92,684 36,473 15,545 113,107	9,600	15	ST. SURG.	178433
Mount Sinai Medical Center	J. Chase	295	15,575	349	16,465	10,000	17	ROT. 0, 00, 1, 2, 3	178720
St. Joseph's	K. E. Sauter	450	20,201	494	28,049	10,000	15	ROT. 0, 1, 2, 3	178820
St. Luke's	J. A. Palese	430	16,436	643	47,281	9,500	15 02	ROT. 9 ST. SURG.	178920 178933
St. Mary's	Dir. Of Med. Educ.	233	9,966	415	12,369	10,000	02 02 02 02 02	ROT. 0 ROT. 1 ROT. 2 ROT. 3 ROT. 5	179011 179012 179013 179015 179086
St. Michael	N. G. Bauch	252	10,813	302	20,055	10,000	12	ROT. 0	179111

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.

SPECIAL NOTICE

Concerning

INTERNSHIPS AND RESIDENCIES IN CANADA

For a number of years, a list of internships offered in Canadian hospitals and approved by the Canadian Medical Association has been included in each edition of the *Directory of Approved Internships and Residencies*.

The list was published simply as a courtesy, to provide information to those who might wish to obtain graduate training in Canada; however, the purpose of its publication was misunderstood, and many persons assumed that these programs had been evaluated and approved by the Council on Medical Education of the American Medical Association.

To avoid misunderstanding, publication of the list is being discontinued with this issue of the Directory. Information on approved internships offered in Canadian hospitals can be obtained from the Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, Ontario, Canada.

Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa, Ontario, Canada.

A table in the section in this Directory containing information on Medical Licensure indicates the policies of each State in the United States on licensure for citizens of Canada. This is a summary table, for quick reference only, and anyone who wishes to determine the policy of a specific State of the United States is urged to write to the corresponding officer of that state licensing board. These names of officers are also listed in the section on Medical Licensure at the back of this issue of the Directory.

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 intern's 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 physicians must teach them, by precept and example, the human as well as the scientific aspects of the lofty discipline of medicine.

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

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

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

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

4. The internship should be so organized and administered that it emphasizes the beginning and the progressive increase of the assumption of personal responsibility for the care of the sick, the recognition and the cultivation of the personal aspects of the treatment of patients, including family, social, financial, and moral 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 the 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 internships, 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 dead-

lines 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 can 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 facilities 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.

3. Policy Effective July 1, 1975:

To implement the first two points of the Continuum as stated above, the Council on Medical Education, consulting with its Advisory Committee on Graduate Medical Education and with program directors in the field, determine that changes should be made in the designation of internships to place emphasis on the principle that the internship and related residency years must be organized and conducted as a unified and coordinated whole by June 30, 1975.

At present there is confusion in terminology, and one or two specialties have sought to discontinue entirely the use of the word "internship." To provide a smooth transition, however, to coordination of the graduate training experience of candidates as will be required after June 30, 1975, two new terms will be used to replace the current terminology of "rotating internship" and of "straight internship." As detailed below, the terms to be used in the future are (1) categorical programs and (2) flexible programs.

Need for Two Types of Programs:—For the medical graduate who has made a career choice in one of the broad specialty fields, the first year of training is generally clearly identified and prescribed in that specialty field. There is still a need, however, for a flexible first year of graduate medical education for certain other groups of graduates:

1. Those graduates who have not yet made career decisions and who wish to have a broad, general year that can serve as an acceptable first year of graduate education for more than one specialty field.
2. Those graduates who change career plans and wish to switch from one specialty to another.
3. Those graduates who are entering relatively narrow specialty fields in which a broad, general year of training is regarded as a desirable first year of graduate education.
4. Those graduates whose medical school curricula have been too circumscribed and who are judged by specialty program directors to need a broad, general year that will be acceptable as a part of their graduate training.

Definition of New Terms:—To meet all of these needs, two separate types of programs for the first year of graduate training should be available, for which the following terminology is to be used:

1. *Categorical Programs:*—These programs are designed to prepare the individual for a specific specialty. Heretofore they have been designated as straight internships. The program must be acceptable to the respective specialty boards as part of the training segment, and will be reviewed for accreditation by the Residency Review Committees in those specialty areas. Categorical first-year programs are currently authorized in internal medicine, surgery, pediatrics, obstetrics-gynecology, pathology, and family practice.
2. *Flexible Programs:*—These programs are designed to provide diversified clinical experience in the first year following graduation from medical school. Heretofore they have been designated as rotating internships. Their purpose is to provide a broad, general year of graduate medical education that can serve as a base for advanced training in many specialty areas. This type of program is not intended by itself as definitive or complete preparation for practice.

Requirements for Flexible Programs:—The only specific requirement for flexible programs is a minimum of four months of internal medicine. The remaining eight months are to be planned in concert with the graduate and with the program director in the specialty field in which the graduate desires to obtain additional competence. The graduate must be informed which specialty boards will accept this flexible year of training as credit toward certification. To this end, the year

will be included in surveys that will be evaluated by the appropriate residency review committees. When a residency program is surveyed and acted upon, any flexible year of training acceptable to the program director will be reviewed and considered in connection with that residency program.

Note that the flexible year, if properly designed, may serve as an acceptable first year of graduate training in many specialty areas. A given hospital, for example, may have adequate resources and facilities to offer a variety of flexible programs that may serve as the base for several specialty residencies. Or a single flexible program may be designed to be an acceptable first year of graduate training for more than one specialty. In each case, the flexible program should be designed in cooperation with the director of the residency program or programs for which the flexible year will be an acceptable year of training.

Listing of These Programs:—For the purpose of listing the programs in the annual Directory of Approved Internships and Residencies and for the matching process of the National Intern and Resident Matching Program, no change will be made at this time in the designation of the straight internships, which are those categorical programs related to a specific specialty. Such categorical programs will come to be known simply as the first year of graduate education or of residency training in those specialties.

The flexible programs will be individualized in relation to the needs and desires of the graduates and the ability of the hospital to offer the necessary educational choices. In an institution or group of hospitals, all of these programs with varying rotational plans may be listed as a single program, with the appropriate number of positions designated, and may be matched in the National Intern and Resident Matching program under a single code number.

This will eliminate the various numbers for rotating internships from 0 through 8 and the rotating 9 designation used during the past several years. Although these programs may be listed under a single number and will be designated as flexible programs, it will be expected that each of the programs will be individualized after the candidate has been matched to the program.

The use of these new terms will be initiated with the publication of the 1974-75 Directory of Approved Internships and Residencies, to be issued in the fall of 1974, which edition will list positions being offered for appointments beginning July 1, 1975.

III. SELECTION OF INTERNS

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

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, 3500 Market 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:

- (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.

(4) in the case of students who 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, or 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, may 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) on or after July 1, 1971, 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, also known as the "Fifth Pathway," students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination acceptable to the Council on Medical Education.

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, 3, or 4 above].

IV. HOSPITALS ELIGIBLE FOR APPROVAL*

In order to provide the intern with a well-rounded experience during the course of his internship, an adequate number of patients in each of the several major clinical divisions is a primary requisite. The experience of the Council indicates that an acceptable rotating internship can be

offered only in general hospitals having a capacity of at least 150 beds, exclusive of bassinets, and having a minimum of 5,000 annual admissions, excluding the newborn. Further, three of the four major clinical divisions must be represented in such a hospital. Modern trends in practice emphasize the importance of experience with ambulatory patients. Hospitals not having formally organized outpatient departments may be able to provide this experience by making appropriate provisions as indicated below. Affiliations with other hospitals may provide useful experience with ambulatory patients, but unless continuity of patient care can be provided between the affiliated and parent hospitals, such affiliation will not satisfy completely the objectives for this experience.

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

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

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

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

*See also "2. Policy Effective July 1, 1971," under "II. The 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 still-births 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 physicians frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

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

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

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

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

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

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

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

(b) *Conferences:* Clinical conferences are second in importance only to bedside teaching in the formal educational program. To be effective, they require planning and preparation on the part of both staff and interns and active participation by the latter group. The organization and conduct of clinical conferences of good caliber is a measure of the effectiveness of the teaching 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 arrangement in which the management of a pool of patients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

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

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

provide the required experience with ambulatory patients described above.

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

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

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

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

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

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

(c) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should 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 instructions, 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 physicians' 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 program 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-board, the professional staff, and house officers, with institutional communication between the governing 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 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.

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

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

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include

all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, may frequently suffice for this purpose, particularly if supplemented by copies of records from the physician's office. Except for emergency admissions, the hospital could require that each referring physician supply a copy or summary of the patient's office examination and diagnosis to serve as an admission note.

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago, 60610

Revised to July 1, 1973

Hospitals 1,642

Residencies, Positions, 51,658

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 programs and for their listing in this Directory.

This issue follows the format adopted in 1960 for the listing of residencies. General features relating to the hospitals will be found in the Consolidated List which begins on page 39.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1972.

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 93 and pp. 240-242.

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2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
SAN DIEGO								
Mercy Hospital and Medical Center	G. E. Kinyon	14,462	54	3	02	003	10,155	
University of California (San Diego) Affiliated Hospitals	H. H. Bendixen			3	09	027		
University Hospital of San Diego County	H. H. Bendixen	5,860	1,632				11,100	
Veterans Admin.	N. T. Smith	1,057	55				11,292	
SAN FRANCISCO								
University of California Program	W. K. Hamilton			3	16	033	11,100	106265
H. C. Moffitt—University of California Hospitals	W. K. Hamilton	11,260	100					
San Francisco General	R. E. Barber	5,200	692					
Veterans Admin.	R. F. Hickey	2,039	800					
SAN JOSE								
Santa Clara Valley Medical Center	P. A. Olsen	4,510	1,200	3	04	007	11,487	
STANFORD								
Stanford University Affiliated Hospitals	C. P. Larson, Jr.			3	08	020		
Stanford University	C. P. Larson, Jr.	4,204	255				10,225	
Veterans Admin. (Palo Alto)	R. I. Mazze	1,316	223					
COLORADO								
DENVER								
Children's	J. P. Hayes	2,700	300	1	03	003	8,100	
University of Colorado Affiliated Hospitals	P. J. Cohen			3	08	036		107665
University of Colorado Medical Center	P. J. Cohen	6,598	169				9,750	
Denver General	F. M. Galloway	5,120	375					
Veterans Admin.	C. J. Kopriva	1,710	70				9,007	
CONNECTICUT								
HARTFORD								
Hartford	C. Hickcox, D. Little, Jr.	25,130	140	3	04	010	10,500	
NEW HAVEN								
Yale—New Haven Medical Center								
Yale—New Haven	N. M. Greene	17,420	1,850	3	06	017	11,025	
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	E. G. Briscoe	6,000	400	3	03	008	11,966	
Georgetown University	T. E. Macnamara	7,281	60	3	04	012	10,017	180165
George Washington University	H. D. Weintraub	12,395	668	3	08	022	10,573	
Washington Hospital Center	C. A. Albert	19,568	300	3	08	020	10,600	
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	J. H. Modell			3	09	022		
William A. Shands Teaching Hosp. and Clinics		6,003	6,321				8,900	
Veterans Admin.		4,211	309				9,125	
MIAMI								
University of Miami Affiliated Hospitals	F. Moya			3	20	044		
Jackson Memorial	F. Moya	12,000	650				11,128	
Mount Sinai Hospital of Greater Miami (Miami Beach)	F. Moya							
Variety Children's	A. Freeman	2,845	145				11,350	
Veterans Admin.	F. Moya	3,822	255				10,800	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami (See University of Miami Affiliated Hospitals)								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	J. E. Steinhaus			3	08	020	9,600	
Emory University								
Grady Memorial		8,487	284				9,600	
AUGUSTA								
Medical College of Georgia Hospitals								
Eugene Talmadge Memorial	Z. W. Gramling	3,773	3	3	03	008	9,500	
ILLINOIS								
CHICAGO								
Chicago Medical School Affiliated Hospitals								
Mount Sinai Hospital Medical Center of Chicago	H. S. Havdala	5,219	634	3	03	008	9,700	114465
Cook County	V. J. Collins	9,469	1,344	3	10	030	11,600	
Illinois Masonic Medical Center	F. N. Heller	7,574	312	3	06	012	11,200	113765
McGaw Medical Center of Northwestern University	E. A. Brunner			3	10	035	11,072	224765
Children's Memorial	D. Allan	5,800	4,000				11,072	
Northwestern Memorial	E. A. Brunner	15,761	9,968					
Veterans Admin. Research	E. A. Brunner	1,911	232					
Evanston (Evanston)	H. M. Epstein	7,954	374					
Michael Reese Hospital and Medical Center	R. F. Albrecht	11,702	726	3	09	021	11,100	114265
Rush—Presbyterian—St. Luke's Medical Center	M. S. Sadove	12,400	500	3	04	012	10,001	114765
University of Chicago Hospitals and Clinics	H. J. Lowe	8,000	475	3	05	018	10,800	
University of Illinois	A. P. Winnie	13,411	600	3	09	028	10,560	
EVANSTON								
Evanston (See McGaw Medical Center of Northwestern Univ., Chicago)								
HINES								
Veterans Admin.	R. C. Balagot	1,486	11	3	03	009	10,600	225765
JOLIET								
St. Joseph	L. D. Ruttle	10,108	350	3	03	007	12,000	
MAYWOOD								
Loyola University Affiliated Hospitals								
Foster G. McGaw	A. A. El - Etr	5,085	86	3	04	012	10,600	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	V. K. Stoelting			3	07	035		
Indiana University Hospitals	V. K. Stoelting	13,841	1,103				10,000	
Marion County General	G. E. Dryden	8,058	100				9,500	
Veterans Admin.	V. K. Stoelting	2,418	40				10,750	
Methodist Hospital of Indiana	W. L. Edwards	24,486	620	3	02	006	11,360	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	J. Moyers			3	10	024	9,300	120365
University of Iowa Hospitals	J. Moyers	16,835	1,050					
Veterans Admin.	L. D. Bensten	3,129	40					
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	R. T. Parmley	11,549	2	3	07	017	12,000	120865
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	L. F. Redick			3	06	014		184865
University		5,775	416				9,100	
Veterans Admin.		1,190	144				9,460	
LOUISVILLE								
University of Louisville Affiliated Hospitals	J. A. Aldrete			3	07	017		
Children's		1,124	20				8,600	
Louisville General		2,918	450				8,600	
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana	J. Adriani	13,408	500	3	07	015	7,800	
Ochsner Foundation	J. T. Martin	10,500	795	3	03	009	8,997	196665
MAINE								
PORTLAND								
Maine Medical Center	J. R. Lincoln	9,523	1,870	3	02	006	11,500	
MARYLAND								
BALTIMORE								
Johns Hopkins Affiliated Hospitals	D. W. Benson			3	07	021		
Baltimore City Hospitals		4,140	650				10,312	
Johns Hopkins		18,714	109				10,500	
University of Maryland Affiliated Hospitals								
University of Maryland	M. Helrich	10,000	1,250	3	07	021	10,700	125265
MASSACHUSETTS								
BOSTON								
Beth Israel	J. Hedley - Whyte	8,480	1,056	3	03	010	10,700	
Boston City	P. S. Marcus	9,454	104	3	06	014	11,515	
Boston Hospital for Women	M. H. Alper	13,335	300	1	02	002	11,315	
Children's Hospital and Medical Center	R. M. Smith	7,800	67	1	04	010	11,500	
Lahey Clinic	F. Mc Alpine	7,586	447	3	02	006	10,761	
Massachusetts General	R. J. Kitz	16,374	977	3	15	044	10,300	126165
New England Medical Center Hospitals	B. E. Etsten	5,126	896	3	05	015	10,724	
Peter Bent Brigham	L. D. Vandam	6,252	440	3	06	014	10,700	
St. Elizabeth's Hospital of Boston	E. Fruggiero	10,466	695	3	03	007	10,710	
University	B. J. Kripke	3,968	45	3	03	008	10,655	126265
Veterans Admin.	D. L. Mahler	3,048	150	3	02	006	11,245	
CAMBRIDGE								
Cambridge	F. L. Comunate	3,499	300	3	03	009	11,124	
PITTSFIELD								
Berkshire Medical Center	R. G. Jacobs	7,209	660	3	01	003	11,130	
SPRINGFIELD								
Springfield Hospital Medical Center	F. D. Dinale	14,257	523	3	02	006	11,606	
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	R. B. Sweet			3	10	025		
University	R. B. Sweet	10,243	203				10,500	
Veterans Admin.	R. B. Sweet, M. K. Yoon	2,260	96				10,500	
DETROIT								
Children's Hospital of Michigan	S. Austin	6,654	200	1	00	009	13,300	
Henry Ford	P. R. Dumke	15,493	456	3	07	021	10,300	
Sinai Hospital of Detroit	E. M. Brown	14,433	1,603	3	03	009	10,600	
SOUTHFIELD								
Providence	A. Kane	12,571	200	3	02	005	11,700	130365
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	F. H. Van Bergen			3	09	030		
University of Minnesota Hospitals		9,675	1,234					
Veterans Admin.		8,097	144				9,878	
ROCHESTER								
Mayo Graduate School of Medicine	R. A. Theye			3	08	022	11,000	132865
Rochester Methodist		18,089	714					
St. Mary's		20,676	1,284					
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. F. Arens			3	04	014		
University	J. F. Arens	8,803	1,376				8,925	
Veterans Admin. Center	H. L. Gee	3,810	36				8,500	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	G. W. N. Eggers, Jr.	5,302	50	3	04	012	9,500	
KANSAS CITY								
Children's Mercy	E. S. Brown	2,075	26	1	02	002	10,500	
ST. LOUIS								
Barnes Hospital Group	C. R. Stephen	21,121		3	06	018	10,000	
NEBRASKA								
OMAHA								
University of Nebraska Affiliated Hospitals	D. W. Wingard			3	03	012		137665
University of Nebraska	D. W. Wingard	4,076	651				9,900	
Douglas County	J. R. Jones	853						
Veterans Admin.	D. W. Wingard	2,727	96				10,344	
NEW HAMPSHIRE								
HANDOVER								
Mary Hitchcock Memorial	H. H. Bird	6,813	2,508	3	02	006	9,600	
NEW JERSEY								
HACKENSACK								
Häckensack	A. R. Wollack	10,698	250	3	02	006	10,600	
LIVINGSTON								
St. Barnabas Medical Center	R. K. Egge	16,391	106	3	01	003	10,842	
LONG BRANCH								
Monmouth Medical Center	B. C. Kaye	7,348	23	3	02	006	11,000	139265
NEWARK								
Newark Beth Israel Medical Center	C. E. Beverly	9,514	111	3	02	006	11,800	
PATERSON								
St. Joseph's	E. T. Lawless	8,579	270	3	03	008	11,485	
NEW YORK								
ALBANY								
Albany Medical Center	K. F. Schmidt	13,035	25	3	02	006	11,180	
BUFFALO								
Buffalo General	R. N. Terry	13,850	86	3	05	012	10,500	
Children's Hospital of Buffalo	M. J. Downey, Jr.	12,550	354					
Children's Hospital of Buffalo	M. J. Downey, Jr.	12,550	354	1		004	11,500	
Millard Fillmore	K. A. Kelly	12,282	652	3	03	009	11,000	
S. U. N. Y. at Buffalo Affiliated Hospitals	R. Markello			3	03	007		
Deaconess Hospital of Buffalo	N. P. Mac Allister	8,980	12				11,000	143765
Edward J. Meyer Memorial	R. Markello	3,999	122				10,500	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	I. Weinberg	5,006	514	3	05	010	10,618	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program								
Long Island Jewish—Hillside Medical Center	S. N. Surks	11,347	920	3	04	008	13,300	
Queens Hospital Center (New York City)	S. N. Surks	5,684	951	3	03	009	13,300	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	L. R. Orkin			3	12	036		193165
Bronx Municipal Hospital Center	L. R. Orkin	6,714	3,758					
Hospital of the Albert Einstein College of Medicine	I. C. Andrews	7,245	183					
Lincoln	J. Mehta	3,460	350					
Beth Israel Medical Center	S. Joffe	9,453	1,250	3	07	017	13,750	
Brookdale Hospital Center	M. Bluth	10,708	496	3	06	018	13,300	
Cornell Cooperating Hospitals	J. F. Artusio, Jr.			3	07	021		
New York	J. F. Artusio, Jr.	16,950	250				13,800	
Memorial Hospital for Cancer and Allied Diseases	W. Howland	7,050	500					
Hospital for Special Surgery	J. L. Fox, A. H. Goulet	2,498	22					
French and Polyclinic Medical School and Health Center	J. Milowsky	5,557	378	3	03	009	13,750	147565
Harlem Hospital Center	K. Tsueda	8,392	780	3	05	014	13,300	
Jewish Hospital and Medical Center of Brooklyn	A. E. Chiron	10,602	126	3	05	012	14,300	
Maimonides Medical Center Training Program	P. Sechzer	13,750	13,945	3	07	011		
Maimonides Medical Center	P. Sechzer	4,304	405				14,000	
Coney Island	C. Lomanto	8,800	50	3	03	009	13,700	142965
Methodist Hospital of Brooklyn	R. Tempesta			3	05	012	13,949	
Misericordia—Fordham Training Program	A. L. Mauro	9,286	4,242					
Misericordia		2,910	620					
Fordham								
Montefiore Hospital Training Program	D. Duncaff	7,819	346	3	07	023	13,300	
Montefiore Hospital and Medical Center		4,735	21					
Morrisania City								
Mount Sinai Hospital Training Program	L. Rendell - Baker			3	12	030	13,300	
Mount Sinai	L. Rendell - Baker	16,176	796					
City Hospital Center at Elmhurst	A. Rosenthal	8,013	649					
Hospital for Joint Diseases and Medical Center	A. M. Betcher	4,172	181					
New York Medical College—Metropolitan Hospital Center								
Unit 1—Flower and Fifth Avenue Hospitals	D. Bizzarri, J. Giuffrida	7,826	81	3	07	019	13,300	
Unit 2—Metropolitan Hospital Center	D. Bizzarri, L. Fierro	7,610	5,687					
Grasslands (Valhalla)	D. Bizzarri, J. Giuffrida	1,721	1,846				11,850	
Presbyterian	K. Shibutani	20,304	1,101	3	18	046	13,715	
Queens Hospital Center	S. H. Ngai							
(See Long Island Jewish Med. Ctr. Trng. Prog., New Hyde Park)								
St. Luke's Hospital Center	L. S. Blancato	11,600	304	3	06	014	13,300	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY—Continued								
St. Vincent's Hospital and Medical Center of New York	R. G. Hicks	8,939	1,466	3	03	008	11,800	
State University—Kings County Hospital Center	B. D. King	7,569	710	3	09	027		
Kings County Hospital Center State University	B. D. King B. King	7,569	710	3	09	027	13,870	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	10,988	450	3	05	012	10,400	
SYRACUSE								
St. Joseph's Hospital Health Center	H. K. Morrell, Jr.	10,582	304	3	03	006	11,323	
S. U. N. Y. Upstate Medical Center	E. T. Thomas	7,400	200	3	10	020	10,555	151665
State University	E. T. Thomas	8,500	300					
Crouse Irving—Memorial Veterans Admin.	J. W. Bertrand L. Eisenberg	1,506	150					
VALHALLA								
Grasslands (See N. Y. Med. Coll. -Metropolitan Hosp. Cntr., New York City)								
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	K. Sugioka	7,488	155	3	06	014	9,975	190065
OURHAM								
Duke University Affiliated Hospitals	M. H. Harmel	15,000	75	3	05	015	9,850	152965
Duke University Medical Center	M. H. Harmel	9,850					9,850	
Veterans Admin.	L. C. Hollandsworth	3,067					10,350	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	T. H. Irving	9,836	150	3	03	009	10,000	
OHIO								
AKRON								
Children's Hospital of Akron	D. S. Nelson	8,314	95	1	03	003	11,100	
CINCINNATI								
University of Cincinnati Hospital Group	N. W. B. Craythorne	5,900	350	3	10	025		154865
Children's	C. N. Melampy	8,247	125					
Cincinnati General	N. W. B. Craythorne	2,639	82				10,708	
Veterans Admin.	N. W. B. Craythorne							
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	J. S. Gravenstein	19,101	503	3	13	029	10,500	
University Hospitals of Cleveland		4,315	24				10,955	
Veterans Admin.		12,747	170				10,500	
Cleveland Metropolitan General	H. E. Kretchmer			3	02	005	10,500	
Huron Road Hospital—Cleveland Clinic	E. R. Malia	21,500	181	3	07	027	10,800	157165
Huron Road Cleveland Clinic	E. R. Malia	21,500	960				10,800	
Marymount	N. G. De Piero	6,187	720	3	02	006	11,400	
Mount Sinai Hospital of Cleveland	S. Katz	11,765	276	3	05	009	10,500	155765
St. Luke's	B. B. Sankey	11,424		3	02	006	10,500	156065
COLUMBUS								
Ohio State University Hospitals	W. Hamelberg	13,315	400	3	05	010	7,200	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	L. E. Morris	1,989	162	3	04	012	10,200	157965
Hospital of Medical College of Ohio at Toledo	P. J. Oitmyer	12,485	23	3	02	005	10,200	158365
YOUNGSTOWN								
Youngstown	D. W. Metcalf	16,848	947	3	04	010	10,600	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	S. Deutsch	5,762	1,012	3	05	014	11,000	
University of Oklahoma Hospitals	S. Deutsch	2,151	161					
Veterans Admin.	C. A. Carmack							
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	N. A. Bergman	8,550	450	3	09	019	8,600	
University of Oregon Medical School Hospitals and Clinics	N. A. Bergman	2,777	16				10,645	
Veterans Admin.	M. L. Darsie							
PENNSYLVANIA								
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	A. E. Yeakel	2,633	300	3	03	009	10,728	
JOHNSTOWN								
Conemaugh Valley Memorial	P. C. Lund	10,105	1,692	3	03	009	10,200	
PHILADELPHIA								
Albert Einstein Medical Center	B. Goldstein	12,845	404	3	04	012	10,100	163165
Graduate Hospital of the University of Pennsylvania	H. H. Stone	4,167	300	3	03	006	10,969	
Hahnemann Medical College and Hospital	H. L. Price	5,804	350	3	04	012	10,200	
Hospital of the University of Pennsylvania	H. Wollman	16,000	250	3	18	046	11,500	162865
Children's Hospital of Philadelphia	J. Downes	3,821	1,772					
Veterans Admin.	H. Wollman	2,813	96				11,425	
Presbyterian—University of Pennsylvania Medical Center	S. Schotz	4,081	109	3	02	005	10,650	
Temple University	J. B. Houston	8,348	170	3	08	018	10,761	
St. Christopher's Hosp. for Children	B. W. Mayer	4,789	162				11,000	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA, PHILADELPHIA—Continued								
Thomas Jefferson University	J. Jacoby	10,820	208	3	05	012	10,000	163065
PITTSBURGH								
Allegheny General	R. L. Patterson	10,584	1,625	3	03	008	12,285	
Hospitals of the University Health Center of Pittsburgh	P. Safar, R. B. Smith	46,522	3,477	3	08	030		165265
Presbyterian—University	M. Albin	7,466	3,477				10,550	
Children's Hospital of Pittsburgh	J. Marcy						10,550	
Eye and Ear Hospital of Pittsburgh	R. B. Smith	9,930	8				15,000	
Magee—Womens	R. A. Hingson	14,559	63					
Montefiore	S. Finestone	6,801	185					
Veterans Admin.	B. Kirimil	2,580	334					
Mercy	E. S. Siker	10,794	369	3	04	011	11,800	
Western Pennsylvania	O. C. Phillips	11,503	325	3	03	008	10,865	165965
SAYRE								
Robert Packer	E. A. Talmage	5,268	391	3	01	003	8,500	166465
PUERTO RICO								
PDNCE								
Hospital De Damas	J. L. Jimenez	3,312	104	3	02	004	9,600	
SAN JUAN								
University of Puerto Rico Affiliated Hospitals Industrial Municipal Hospital Dr. Rafael Lopez Nussa University District	N. R. De Jesus	18,688	100	3	08	024		
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	J. E. Mahaffey			3	03	012		168065
Medical University of South Carolina Veterans Admin.		7,329 2,070	201 50				8,862 9,271	
TENNESSEE								
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	W. F. Powell	7,985	64	3	01	003	8,800	
MEMPHIS								
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	W. C. North	13,711	541	3	06	015	10,152	
NASHVILLE								
Vanderbilt University	B. E. Smith	8,200	300	3	04	012	8,925	170265
TEXAS								
DALLAS								
Parkland Memorial	M. T. Jenkins	18,745	982	3	10	023	8,327	
GALVESTON								
University of Texas Medical Branch Hospitals	C. R. Allen	10,682	677	3	09	021	10,800	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	A. S. Keats			3	08	024		
Ben Taub General	A. S. Keats	6,774	31				9,000	
Jefferson Davis	A. S. Keats	9,588	10				8,100	
Methodist	P. H. Chalmers	24,389	12				9,000	
St. Luke's Episcopal	C. J. Turner	13,074					9,000	
Texas Children's	C. J. Turner	4,079					9,000	
Veterans Admin.	W. H. Mannheimer	5,843	25				9,000	
University of Texas at Houston Affiliated Hospitals	A. E. Giesecke			3	02	006		
Hermann	A. E. Giesecke	14,697	3				9,480	
St. Joseph	L. T. Johnson, Jr.	13,025	513				8,400	
University of Texas M. D. Anderson Hospital and Tumor Institute	W. S. Derrick	4,635	278				9,000	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals								
Bexar County Teaching	H. L. Zauder	8,466	305	3	08	020	9,495	
TEMPLE								
Scott and White Memorial	M. K. Mendenhall	6,372		3	01	003		172565
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	C. Ballinger			3	08	020	9,600	
University	C. Ballinger	6,524	12					
Holy Cross Hospital of Salt Lake City	C. Ballinger, L. Cornelius	7,974	10					
Latter—Day Saints	E. S. Maier	14,025	134					
Primary Children's								
St. Mark's	J. H. Allen	5,305	154					
Shriners Hospital for Crippled Children	C. Ballinger	314						
Veterans Admin.	A. S. Paterson	2,565						
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	J. Abajian, Jr.	10,592	2,538	3	04	008	8,600	173465
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	R. M. Epstein	9,689	1,164	3	04	012	9,400	
RICHMOND								
Virginia Commonwealth Univ. M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	C. P. Boyan	10,304	305	3	04	008	9,400	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. J. Bonica			3	14	029	9,444	
Children's Orthopedic Hospital and Medical Center	K. F. Eather	4,547	90					
Harborview Medical Center	F. Freund	3,928	1,001					
University	J. J. Bonica	4,974	1,946					
Veterans Admin.	G. M. Asheim	1,767	99				8,700	
Tacoma General (Tacoma)	P. H. Backup	8,830	151				9,260	
Virginia Mason	P. O. Bridenbaugh	8,151	266	3	04	012		
TACOMA								
Tacoma General (See University of Washington Affiliated Hospitals, Seattle)								
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	H. Turndorf	6,590	415	3	04	012	9,500	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	S. C. Alexander			3	10	018	10,000	177965
University Hospitals	S. C. Alexander	4,934	520					
Veterans Admin.	O. C. Bohlman	2,319	30					
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	E. O. Henschel			3	10	030		178465
Milwaukee County General		5,554	439				10,100	
Veterans Admin. Center (Wood)		3,397	1,298				10,625	

3. CHILDO 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, as List 27D.

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 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LOS ANGELES								
Queen of Angels	B. R. Jackson	11	543	58	01	001	15,000	
ILLINOIS								
CHICAGO								
Cook County	H. Abcarian	16	555	3,646	02	002	13,400	
LOUISIANA								
NEW ORLEANS								
Ochsner Foundation	J. E. Ray	16	472	12,457	02	002	10,997	
MASSACHUSETTS								
BOSTON								
Lahey Clinic	M. C. Veidenheimer	34	421	10,500	02	002	12,449	
MICHIGAN								
GRAND RAPIDS								
Ferguson—Droste—Ferguson	W. P. Mazier	92	4,120	15,537	04	004	9,000	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	S. Goldberg				03	003		
University of Minnesota Hospitals	S. Goldberg	10	325	1,200			11,000	
Veterans Admin.	W. C. Bernstein	46	222	1,760			11,215	
ROCHESTER								
Mayo Graduate School of Medicine	J. R. Hill			26,509	02	004	12,000	
Rochester Methodist		17	987					
St. Mary's		16	450					
NEW JERSEY								
PLAINFIELD								
Muhlenberg	E. P. Salvati	17	515	80	02	002	13,800	
NEW YORK								
BUFFALO								
Buffalo General	J. E. Alford	8	282	284	01	001	11,500	
Deaconess Hospital of Buffalo	W. Bernhoft	13	500	416	01	001	12,500	
OHIO								
CLEVELAND								
Cleveland Clinic	R. B. Turnbull, Jr.	35	954	5,555	01	003	12,500	

APPROVED RESIDENCIES

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 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
CALIFORNIA—Continued									
SAN DIEGO									
University Hospital of San Diego County	W. R. Nickel	1	36	2,871	3	01	003	11,100	
SAN FRANCISCO									
Pacific Medical Center—Presbyterian (See Stanford University Affiliated Hospitals, Stanford)									
University of California Program H. C. Moffitt—University of California Hospitals	W. L. Epstein				3	02	005	11,100	182066
San Francisco General Veterans Admin.	W. L. Epstein G. Gellin P. L. Scholnick	10 4	308 288	12,513 2,973 4,550					
SAN MATEO									
Harold O. Chope Community (See Stanford University Affiliated Hospitals, Stanford)									
STANFORD									
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto)	E. M. Farber E. M. Farber O. R. Harris	11 9	273 173	9,621 4,800	3	04	012	10,225	
Pacific Medical Center—Presbyterian (San Francisco)	H. Schneidman	1	17	1,844				9,800	
Harold D. Chope Community (San Mateo)	O. E. L. Schmidt		7	1,670				10,225	
COLORADO									
DENVER									
University of Colorado Affiliated Hospitals University of Colorado Medical Center Denver General Veterans Admin.	W. M. Sams, Jr. W. M. Sams, Jr. E. G. Thorne K. Neldner	4 2	450 350	6,052 5,000	3	03	009	9,570	9,007
CONNECTICUT									
NEW HAVEN									
Yale—New Haven Medical Center Yale—New Haven	A. B. Lerner	6	165	10,000	3	02	006	11,025	
DISTRICT OF COLUMBIA									
WASHINGTON									
Freedmen's George Washington University	J. A. Kenney, Jr. R. S. Higdon	1 1	11 15	5,485 10,000	3 3	01 01	003 002	11,342 9,500	
FLORIDA									
MIAMI									
University of Miami Affiliated Hospitals Jackson Memorial Veterans Admin.	H. Blank	25 11	403 463	8,732 4,630	3	05	018	11,128 10,800	
MIAMI BEACH									
Mount Sinai Hospital of Greater Miami	P. Frost, N. Zaia	1	63	3,893	3	02	006	10,700	
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals Emory University Grady Memorial Veterans Admin. (Decatur)	A. C. Brown	3	195	5,721 804	3	01	003	9,600 9,600	
AUGUSTA									
Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	J. G. Smith	2	57	3,934 490 880	3	03	009	9,500	
DECATUR									
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)									
ILLINOIS									
CHICAGO									
Cook County McGaw Medical Center of Northwestern University Veterans Admin. Research	S. Barsky S. M. Bluefarb S. M. Bluefarb	13 18	1,189 580	18,434 5,642	3 3	02 02	006 006	11,600 11,587	
Rush—Presbyterian—St. Luke's Medical Center	F. D. Malkinson	2	17	5,500	3	01	003	10,861	
University of Chicago Hospitals and Clinics	A. L. Lorincz	10	211	7,164	3	03	009	10,800	
University of Illinois Affiliated Hospitals University of Illinois Veterans Admin. (Hines)	A. Rostenberg	7 4	168 125	17,900 2,930	3	02	008	10,560 10,600	
HINES									
Veterans Admin. (See Univ. of Ill. Affiliated Hosps., Chicago)									
INDIANA									
INDIANAPOLIS									
Indiana University Medical Center Indiana University Hospitals Marion County General	V. C. Hackney			2,228 11,847	3	01	005	10,000 9,500	
IOWA									
IDWA CITY									
University of Iowa Hospitals	R. G. Carney	11	427	15,603	3	04	011	9,800	
KENTUCKY									
LOUISVILLE									
University of Louisville Affiliated Hospitals Louisville General Veterans Admin.	L. G. Owen	2	50	5,500 1,307	3	02	006	8,600 8,915	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
LOUISIANA									
NEW ORLEANS									
Charity Hospital of Louisiana	S. O' Quinn, V. J. Oerbes	6	185	24,893	3	04	014	7,800	
MARYLAND									
BALTIMORE									
Johns Hopkins	G. W. Hambrick, Jr.			7,096	3	02	003		
University of Maryland Affiliated Hospitals	H. M. Robinson, Jr.	1	11	10,232	3	02	010	10,700	
University of Maryland									
MASSACHUSETTS									
BOSTON									
Lahey Clinic	S. L. Moschella	5	275	17,120	2	01	002	11,288	
Massachusetts General	T. B. Fitzpatrick	11	280	10,770	3	02	010	10,800	
Tufts University Affiliated Hospitals	W. E. Lever				3	01	007		
Boston City		1	17	10,047				10,733	
New England Medical Center Hospitals		1	10	9,165				10,724	
University	H. Mescon	25	1,000	10,753	3	04	010	10,000	126266
MICHIGAN									
ALLEN PARK									
Veterans Administration (See Wayne State University Affiliated Hospitals, Detroit)									
ANN ARBOR									
University of Michigan Affiliated Hospitals	E. R. Harrell				3	05	015		
University	E. R. Harrell	13	348	10,110				10,500	
Veterans Admin.	E. Harrell, R. C. Bishop			1,190				11,500	
DETROIT									
Henry Ford	C. S. Livingood	21	586	43,914	3	05	015	10,300	
Wayne State University Affiliated Hospitals	H. Pinkus					04	014		
Veterans Admin. (Allen Park)	H. K. B. Pinkus	22	494	4,628				10,980	
Detroit General	H. Pinkus	1	15	6,026				11,200	
Harper	H. Plotnick	7	128	1,152				10,800	
MINNESOTA									
MINNEAPOLIS									
University of Minnesota Affiliated Hospitals	R. Goltz				3	04	012		
Hennepin County General	B. J. Bart	1	24	4,328				9,500	
University of Minnesota Hospitals	R. Goltz	5	93	1,661				9,200	
Veterans Admin.	R. Goltz	12	135	4,550				9,878	
St. Paul—Ramsey (St. Paul)	H. G. Ravits	1	31	3,050				10,300	
ROCHESTER									
Mayo Graduate School of Medicine	R. K. Winkelmann				3	05	015	11,000	
Rochester Methodist		140	720	36,000					
St. Mary's									
ST. PAUL									
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)									
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	P. C. Anderson		120	10,060	3	03	007	9,500	
ST. LOUIS									
Barnes Hospital Group	A. Z. Eisen	65	270	15,500	3	03	009	10,000	
NEBRASKA									
OMAHA									
University of Nebraska Affiliated Hospitals	R. M. Fusaro				3	03	007		137666
Bishop Clarkson Memorial		8	313					9,900	
University of Nebraska				1,854				10,344	
Veterans Admin.				482					
NEW HAMPSHIRE									
HANOVER									
Mary Hitchcock Memorial	W. E. Clendenning	14	356	11,037	3	02	006	9,600	
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals	E. B. Smith				3	01	003		
Bataan Memorial	C. F. Merwin		24	8,000					
Bernalillo County Medical Center	E. B. Smith		10	1,080					
Veterans Admin.	E. B. Smith		24	2,112					
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	L. Lumpkin				3	02	006		
Albany Medical Center	L. Lumpkin	3	96	4,211				11,180	
Veterans Admin.	S. Bondurant, L. Lumpkin	5	208	1,100				12,213	
BUFFALO									
Roswell Park Memorial Institute	H. L. Stoll	6	55	4,626	1	01	001	10,000	
S. U. N. Y. at Buffalo Affiliated Hospitals	R. L. Dobson				3	05	015	10,500	
Buffalo General									
Children's Hospital of Buffalo			8	1,146					
Edward J. Meyer Memorial		1	28	4,820				10,500	
Veterans Admin.									
NEW YORK CITY									
Albert Einstein College of Medicine Affiliated Hospitals	F. Pass				3	03	009		
Bronx Municipal Hospital Center	F. Pass	4	120	7,500					
Hospital of the Albert Einstein College of Medicine	F. Pass	2	20	3,000					
Mount Sinai Hospital Training Program	A. Glick				3	01	003	13,300	
Mount Sinai	A. Glick	3	91	13,400					
City Hospital Center at Elmhurst	I. Kantor	1	24	5,453					

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued									
New York	F. Daniels, Jr.			12,140	3	03	008	13,800	
New York Medical College—Metropolitan Hospital Center	E. H. Mandel				3	05	009	13,300	
Unit 1—Flower and Fifth Avenue Hospitals		5	33	9,422					
Unit 2—Metropolitan Hospital Center									
New York University Medical Center	R. L. Baer				3	04	019		
Bellevue Hospital Center		20	214	13,796					
University		17	353	23,408					
Veterans Admin. (Manhattan)		30	461	2,670					
Presbyterian	C. T. Nelson	5	115	22,235	3	01	004	13,715	
St. Luke's Hospital Center	A. W. Young, Jr.	3	57	10,054	2	01	002	13,300	
State University—Kings County Hospital Center	L. Frank				3	02	008		
Kings County Hospital Center	L. Frank	11	212	10,573				13,300	
State University	L. Frank	6	124	1,160				13,870	
Veterans Admin. (Brooklyn)	Y. L. Lynfield	15	591	1,880					
Veterans Admin. (Bronx)	H. Shatin	29	409	2,260	2	02	004	14,641	
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial	C. E. Wheeler, Jr.	6	513	10,109	3	03	009	9,975	
DURHAM									
Duke University Medical Center	J. L. Callaway	3	152	10,392	3	02	006	9,850	
OHIO									
CINCINNATI									
University of Cincinnati Hospital Group	L. Goldman	15	157	11,737	3	03	010		154866
Cincinnati General									
CLEVELAND									
Case Western Reserve University Affiliated Hospitals	B. Michel	3	115	4,584	3	03	009	10,500	
University Hospitals of Cleveland	B. Michel	7	140	588				10,955	
Veterans Admin.									
St. Luke's									
Mount Sinai Hospital of Cleveland									
Cleveland Clinic	H. H. Roenigk, Jr.	20	425	15,109	3	03	009	10,500	
Cleveland Metropolitan General	J. R. Pomeranz	1	62	8,745	3	01	006	10,500	
COLUMBUS									
Ohio State University Hospitals	E. D. Lowhey	3	100	23,000	3	01	004	8,500	
OKLAHOMA									
OKLAHOMA CITY									
University of Oklahoma Health Sciences Center	M. A. Everett				3	02	006		
University of Oklahoma Hospitals	M. A. Everett	2	72	7,450				9,000	
Veterans Admin.	T. Coussons	2	47	1,600					
OREGON									
PORTLAND									
University of Oregon Affiliated Hospitals	W. C. Lobitz, Jr.				3	04	012		
University of Oregon Medical School		17	64	8,200				8,600	
Hospitals and Clinics		2	38	831				10,645	
Veterans Admin.									
PENNSYLVANIA									
DANVILLE									
Geisinger Medical Center	R. F. Dickey	2	24	25,000	3	02	006	10,400	160866
PHILADELPHIA									
Hahnemann Medical College and Hospital	R. Fleischmajer	26	160	7,000	3	01	003	9,000	
Temple University	F. Urbach	12	220	14,009	3	03	009	10,761	
Thomas Jefferson University	H. A. Luscombe	1	22	3,101	3	01	003	10,900	
University of Pennsylvania Affiliated Hospitals	W. B. Shelley				3	03	013		
Graduate Hospital of the University of Pennsylvania	M. H. Samitz	1	41	1,660					
Hospital of the University of Pennsylvania	W. B. Shelley	6	145	9,142				11,500	
Pennsylvania	P. R. Gross	1	43	2,867				10,500	
Philadelphia General	C. Heaton	6	128	5,068				10,492	
Veterans Admin.	W. B. Shelley	6	261	1,886				11,425	
PITTSBURGH									
Hospitals of the University Health Center of Pittsburgh	P. S. Porter				3	02	006		165266
Children's Hospital of Pittsburgh		3	9	330				10,550	
Presbyterian—University		2	65	3,794				10,550	
Veterans Admin.			75	765					
Western Pennsylvania									
PUERTO RICO									
SAN JUAN									
University District	V. M. Torres	20	180	23,145	3	03	009	9,000	
RHODE ISLAND									
PAWTUCKET									
Memorial (See Brown University Affiliated Hospitals, Providence)									
PROVIDENCE									
Brown University Affiliated Hospitals	C. J. Mc Donald				3	03	009	10,664	
Roger Williams General	C. J. Mc Donald	6	138	6,427					
Miriam	R. P. Davis, A. Kern			423					
Rhode Island General	C. S. Sawyer	1	38	2,715					
Memorial (Pawtucket)									
TENNESSEE									
MEMPHIS									
University of Tennessee Affiliated Hospitals	E. W. Rosenberg				3	02	006		
City of Memphis Hospitals		3	69	4,693				8,184	
Veterans Admin.		4	89	2,265				9,494	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
TEXAS									
DALLAS Parkland Memorial	J. H. Herndon			3,893	3	02	004	8,327	
GALVESTON University of Texas Medical Branch Hospitals	J. F. Mullins	10	255	12,946	3	02	006	10,200	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	J. M. Knox				3	04	012	9,000	
Ben Taub General	J. M. Knox	2	28	8,736					
Veterans Admin.	A. H. Rudolph	10	252	3,954					
VIRGINIA									
CHARLOTTESVILLE									
University of Virginia	E. P. Cawley	6	125	10,789	3	02	006	9,400	
RICHMOND									
Virginia Commonwealth University M. C. V. Affiliated Hospitals	W. K. Blaylock				3	03	009		
Medical College of Virginia Hospitals		8	250	14,000				9,400	
Veterans Admin.		5	208	3,032				9,548	
WASHINGTON									
SEATTLE									
University	G. F. Odland, W. B. Baker				3	02	004		
WEST VIRGINIA									
MORGANTOWN									
West Virginia University Medical Center	W. A. Welton	2	56	5,598	3	01	003	9,500	
WISCONSIN									
MADISON									
University of Wisconsin Affiliated Hospitals	D. J. Cripps				3	02	006	10,000	
University Hospitals	D. J. Cripps	8	155	5,944					
Veterans Admin.	D. J. Cripps	2	88	1,332					
Marshfield Clinic (Marshfield)	W. F. Schorr	3	102	13,021				9,500	
MARSHFIELD									
Marshfield Clinic (See University of Wisconsin Affiliated Hospitals, Madison)									
MILWAUKEE									
Medical College of Wisconsin Affiliated Hospitals	G. B. Theil				3	03	007		
Milwaukee County General	T. J. Russell								
Veterans Admin. Center (Wood)	S. W. Tonkens	4	65	6,601				10,625	

6. DIAGNOSTIC RADIOLOGY

Residency programs in Diagnostic Radiology that have been approved by the Residency Review Committee for Radiology, are listed following programs in Radiology, and are indicated as List 29B.

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	Annual Outpatient Visits	Positions Offered 1974-1975		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	J. Tilles	4,654	06	018		
ILLINOIS						
U. S. A. F. Medical Center, Scott A. F. B.	S. A. Ockner		06	018		
OHIO						
U. S. A. F. Medical Center, Wright—Patterson A. F. B.	M. F. Wildemann		08	024		
UNITED STATES ARMY						
CALIFORNIA						
Silas B. Hayes Army, Fort Ord	D. I. Swanson		04	012		
GEORGIA						
Martin Army, Fort Benning	K. E. Holtzapple	1,462	04	012		
WASHINGTON						
Madigan Army Medical Center, Tacoma	A. M. Vazquez		04	012		
UNITED STATES NAVY						
CALIFORNIA						
Naval, Camp Pendleton	P. A. Bagnulo	261,302	06	018		100218
FLORIDA						
Naval, Jacksonville	J. P. De Simone	277,023	06	018		181918
Naval, Pensacola	G. C. Bingham	2,150	04	012		292718

7. FAMILY PRACTICE—Continued

Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
		1st Yr.	All Yrs.		
SOUTH CAROLINA					
Naval, Charleston	R. W. Higgins		06 018		280118
NONFEDERAL AND VETERANS ADMINISTRATION					
ALABAMA					
HUNTSVILLE					
University of Alabama Program Huntsville	R. I. Lienke		06 018	10,000	294718
ARIZONA					
PHOENIX					
Good Samaritan	R. A. Price	6,180	04 012	9,000	101118
St. Joseph's Hospital and Medical Center	S. A. Blubaugh		04 012	9,600	101218
TUCSON					
University	J. W. Tapp	24,000	06 014	8,925	101518
ARKANSAS					
LITTLE ROCK					
University of Arkansas Medical Center	J. M. Tudor, Jr.	62,535	20 060		101818
Arkansas Baptist Medical Center		45,167			
Arkansas Children's				9,000	
St. Vincent Infirmary				8,000	
University					
CALIFORNIA					
DAVIS					
University of California (Davis) Affiliated Hospitals	J. P. Geyman		06 019	9,800	104618
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		6,365			
FRESNO					
University of California (S.F.) Affiliated Hospital	R. D. Smith	2,122	05 015	13,754	102218
Valley Medical Center of Fresno			06 018		102318
GLENDALE					
Glendale Adventist					
LOMA LINDA					
Loma Linda University					
LONG BEACH					
Memorial Hospital of Long Beach	E. Beebe	30,262	03 009		
LOS ANGELES					
Kaiser Foundation	I. M. Rasgon	122,342	01 003		205518
RIVERSIDE					
Riverside General	D. A. Lawrence	329	04 012	9,818	185018
SACRAMENTO					
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)					
SAN BERNARDINO					
San Bernardino County General	W. L. Ogden	77,285	12 036	9,600	104718
SAN DIEGO					
University Hospital of San Diego County	L. J. Schneiderman		02 006		104918
SAN FRANCISCO					
San Francisco General (University of California Program)	R. Massad	15,000	08 020	8,772	105818
University of California Program Valley Medical Center (Fresno) (See Univ. of Calif. (S.F.) Affiliated Hospital (Fresno))					
San Francisco General (See San Francisco Gen. Hosp. (Univ. of Calif. Program))					
Community Hospital of Sonoma County (Santa Rosa) (See Univ. of Calif. (S.F.) Affiliated Hospital, Santa Rosa)					
SANTA MONICA					
Santa Monica Hospital Medical Center	T. L. Stern	19,892	06 016	10,800	106618
SANTA ROSA					
University of California (S.F.) Affiliated Hospital	R. C. Anderson	38,883	06 018	9,600	106518
Community Hospital of Sonoma County					
STOCKTON					
San Joaquin General	S. P. Viss		06 018	11,893	102118
TORRANCE					
Los Angeles County Harbor General	P. L. Bower	1,855	03 012	11,496	106718
VENTURA					
General Hospital Ventura County	D. Fainer	42,035	05 021		106818
COLORADO					
DENVER					
Mercy	C. Flaxer	850	05 015	9,200	192218
University of Colorado Medical Center	H. R. Brettell	83,090	06 018	8,770	107618
CONNECTICUT					
BRIDGEPORT					
Bridgeport	A. Berger	22,364	04 012	12,720	107918
MIDDLETOWN					
Middlesex Memorial	J. C. Wright	5,045	04 012	10,500	108718
NEW HAVEN					
Hospital of St. Raphael	J. Mignone	200	03 009	10,358	109018

7. FAMILY PRACTICE—Continued

Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
		1st Yr.	All Yrs.		
DELAWARE					
WILMINGTON Wilmington Medical Center	D. T. Walters	4,000	04 012	10,000	109918
DISTRICT OF COLUMBIA					
WASHINGTON Freedmen's	W. E. Matory	6,000	10 030	11,342	
FLORIDA					
DAYTONA BEACH Halifax Hospital Medical Center	W. H. Hubbard	10,531	04 012	9,000	162918
GAINESVILLE University of Florida Affiliated Hospitals					
Alachua General	D. R. Howard	7,800	06 018	8,700	
St. Vincent's (Jacksonville)	L. E. Masters	14,828	06 018	8,925	110118
Tallahassee Memorial (Tallahassee)	H. W. Griffith	17,219	06 016	9,000	292618
JACKSONVILLE St. Vincent's (See Univ. of Florida Affiliated Hospitals, Gainesville)					
MIAMI University of Miami Affiliated Hospitals Jackson Memorial	L. P. Carmichael	44,000	12 036	11,128	110418
ST. PETERSBURG Bayfront Medical Center	C. E. Aucremann	15,598	04 012	10,080	191118
TALLAHASSEE Tallahassee Memorial (See Univ. of Florida Affiliated Hospitals, Gainesville)					
GEORGIA					
AUGUSTA Medical College of Georgia Hospitals Eugene Talmadge Memorial University	W. E. Lotterhos	120,300	04 012	9,000	
COLUMBUS Medical Center	H. G. Vigrass	36,259	06 018	9,600	111818
MACON Medical Center of Central Georgia			04 012	9,600	112018
ILLINOIS					
BERWYN Mac Neal Memorial	K. F. Kessel	12,000	05 015	10,500	112118
CARBONDALE Doctors Memorial	W. H. Stover		04 012		294818
CHICAGO Cook County	G. E. Tomlinson	3,120	10 030	11,000	112718
Illinois Masonic Medical Center	L. L. Hirsch	45,030	04 012	10,600	113718
St. Joseph	S. Diamond	751	04 008	10,000	115518
OAK PARK West Suburban	A. L. Burdick, Jr.	5,274	06 018	10,000	117318
PARK RIDGE Lutheran General	P. H. Heller	15,578	04 012	11,820	117618
PEORIA University of Illinois—Peoria School of Med. Affiliated Institutions					
Methodist Hospital of Central Illinois	F. Z. White	9,544		11,200	226718
St. Francis	C. F. Neuhoff	13,787	05 015	10,250	
ROCKFORD Rockford Medical Education Foundation	L. P. Johnson	6,000	09 027	10,000	226818
SPRINGFIELD St. Johns	W. Stewart	58,614	06 012	10,000	292218
INDIANA					
EVANSVILLE St. Mary's	R. W. Nicholson	2,818	03 009	9,600	194118
FORT WAYNE Fort Wayne Medical Education Program	A. J. Haley		03 006	10,000	117818
INDIANAPOLIS Methodist Hospital of Indiana	R. G. Blankenbaker	7,620	08 024	10,680	118818
St. Vincent's	A. A. Fischer	5,700	04 012	11,028	118918
MUNCIE Ball Memorial	R. L. Egger, H. E. Ware	6,905	06 018	10,000	119218
SOUTH BEND Memorial Hospital of South Bend	L. L. Frank, Jr.	6,175	06 018	9,600	119318
St. Joseph's	T. Dunfee, G. Mitchell	65,271	04 012	9,600	119418
IOWA					
CEDAR RAPIDS Cedar Rapids Medical Education Program Mercy St. Luke's Methodist	L. R. Martin	12,248	08 024	10,200	119618
DES MOINES Broadlawns Polk County Iowa Lutheran	L. F. Parker J. F. Veverka	28,084 29,534	08 024 04 012	9,300 9,500	120018
IOWA CITY University of Iowa Hospitals	R. E. Rakef	4,000	10 030	9,300	120318
KANSAS					
KANSAS CITY University of Kansas Medical Center	J. D. Walker	1,554	06 018	9,600	120818

7. FAMILY PRACTICE—Continued

Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number	
		1st Yr.	All Yrs.			
KANSAS—Continued						
WICHITA						
St. Joseph Hospital and Rehabilitation Center	J. M. Donnell	27,000	05	015	12,300	121118
Wesley Medical Center	S. Mosier, V. Vorhees	1,500	08	024	9,450	121018
KENTUCKY						
COVINGTON						
St. Elizabeth	R. A. Allnutt	3,199	04	012	12,000	
LEXINGTON						
University of Kentucky Medical Center	J. A. Burdette		04	012	9,500	
University Central Baptist	J. A. Burdette					
LOUISVILLE						
University of Louisville Affiliated Hospitals	W. P. Vonder Haar		06	018		121718
Louisville General	W. P. Vonder Haar				8,600	
St. Anthony						
MADISONVILLE						
Hopkins County Hospital and Trover Clinic	D. A. Martin	148,780	02	006	9,000	291218
LOUISIANA						
BATON ROUGE						
Louisiana State University Affiliated Hospitals	R. C. Sanchez	2,454	06	018	5,400	122118
Earl K. Long Memorial						
LAKE CHARLES						
Lake Charles Charity						
(See Louisiana State Univ. Affiliated Hosp.						
New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	E. Sorkow	52,363	04	012		
Lake Charles Charity (Lake Charles)						
MARYLAND						
BALTIMORE						
Franklin Square	W. Reichel	78,918	04	012	9,300	124018
University of Maryland Affiliated Hospitals	E. J. Kowalewski	2,960	09	024	10,700	125218
University of Maryland						
TAKOMA PARK						
Washington Adventist	M. E. Leibowitz	8,500	04	012	8,400	125418
MASSACHUSETTS						
BOSTON						
Harvard Medical School Family Health Care	R. I. Feinbloom	4,800	04	012	9,800	
Program	R. I. Feinbloom				10,700	
Children's Hospital Medical Center	E. Braunwald					
Peter Bent Brigham						
MICHIGAN						
DEARBORN						
Oakwood	E. M. Wakeman	1,135	06	015	10,500	194618
FLINT						
St. Joseph	L. E. Simoni	21,330	06	018	9,000	
GRAND RAPIDS						
Grand Rapids Area Medical Education Center	J. P. Newton		06	018	7,392	292118
Blodgett Memorial						
Butterworth		14,813				
St. Mary's						
LANSING						
Edward W. Sparrow	H. E. Crow	12,372	06	018	10,600	131518
MIDLAND						
Midland	C. A. Schoff	12,696	06	018	10,000	196118
SAGINAW						
Saginaw Cooperative Hospitals	R. J. Gerard	8,377	08	019	11,141	132018
Saginaw General						
St. Luke's						
St. Mary's						
MINNESOTA						
MINNEAPOLIS						
Hennepin County General	E. B. Berglund	7,218	12	028	9,500	132918
University of Minnesota Affiliated Hospitals	E. W. Ciriacy		43	129		133418
University of Minnesota Hospitals	E. W. Ciriacy				9,000	
Fairview	D. L. Spencer	7,560			8,400	
North Memorial	E. N. Nelson	10,000			8,200	
St. Mary's	D. L. Spencer	13,472			8,400	
Methodist (St. Louis Park)	H. J. Racer	30,381				
Bethesda Lutheran (St. Paul)						
St. John's (St. Paul)	L. J. Nesvacil	16,661			8,400	
ST. LOUIS PARK						
Methodist						
(See Univ. of Minnesota Affiliated Hospitals,						
Minneapolis)						
ST. PAUL						
Bethesda Lutheran						
(See University of Minnesota Affil. Hospitals,						
Minneapolis)						
St. John's						
(See University of Minnesota Affil. Hospitals,						
Minneapolis)						
St. Paul—Ramsey	V. Hunt		08	024	10,300	133518
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	H. S. Baker	4,800	06	018	9,000	199418
ST. LOUIS						
St. John's Mercy Medical Center	J. J. Lauber		04	012	8,400	

7. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
NEBRASKA							
OMAHA							
	Creighton Memorial St. Joseph's	M. J. Haller	6,000	10	022	9,600	137218
	University of Nebraska	F. L. Land	6,630	15	040	9,900	137618
NEW JERSEY							
FLEMINGTON	Hunterdon Medical Center	F. Snope	106,964	07	021	7,000	183818
SUMMIT	Overlook	O. F. Kent		06	013	11,500	140818
NEW MEXICO							
ALBUQUERQUE	University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	W. A. Heffron		04	012	8,250	196218
NEW YORK							
BAY SHORE	Southside	M. G. Rosen	42,365	08	020	12,600	141718
BUFFALO	Deaconess Hospital of Buffalo	E. R. Haynes	15,514	12	036	10,500	143718
JOHNSON CITY	Charles S. Wilson Memorial	S. L. Erney	13,206	06	016	9,300	145218
NEW YORK CITY	Lutheran Medical Center	E. Fanta	4,882	02	006	12,300	143018
	Montefiore Hospital and Medical Center	H. B. Wise	160,000	04	012	13,500	
	State University—Kings County Hospital Center	C. M. Plotz		06	018	13,500	
	Kings County Hospital Center State University		1,276				
ROCHESTER	Univ. of Rochester Sch. of Medicine—Highland Hosp. of Rochester	E. Farley, Jr., O. F. Treat	25,000	10	030	11,000	150818
SYRACUSE	S. U. N. Y. Upstate Medical Center—St. Joseph's St. Joseph's Hospital Health Center State University	L. T. Wolff	11,169	12	036	10,555	151818
NORTH CAROLINA							
CHAPEL HILL	North Carolina Memorial	R. Smith		06	015	9,975	190018
CHARLOTTE	Charlotte Memorial	D. S. Citron		03	009	9,600	152718
OURHAM	Duke University Affiliated Hospitals Duke University Medical Center Watts	L. K. Jordan		08	020	9,850	152918
			29,705				
GREENSBORO	Moses H. Cone Memorial	W. B. Herring	3,800	08	021	9,000	194318
OHIO							
AKRON	Akron City Akron General	E. J. Shahady J. P. Schlemmer	12,297 5,742	05 03	015 009	10,000 10,000	154118 154218
COLUMBUS	Grant	G. W. Burrier	50	06	018	10,200	156418
DAYTON	Good Samaritan Miami Valley St. Elizabeth Medical Center	B. Kleinman, D. Longenecker R. K. Bartholomew R. C. Ashcom		06 04 08	018 012 024	12,600 10,550	156918 157018
TOLEDD	Flower Mercy	H. W. Reas A. M. Yetis	6,247 1,620	05 04	015 012	7,800 9,600	157818 158018
OKLAHOMA							
OKLAHOMA CITY	University of Oklahoma Health Sciences Center University Family Practice Program University of Oklahoma Hospitals Presbyterian	N. L. Haug A. H. Start	44,107	12	036	8,500	158818
OREGON							
PORTLAND	University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	L. G. Case	411	08	024	8,600	159918
PENNSYLVANIA							
ALLENTOWN	Sacred Heart	P. L. Hermany		02	006	11,000	160218
HARRISBURG	Harrisburg	B. K. Strock		02	006	10,080	
HERSHEY	Milton S. Hershey Medical Center of the Pennsylvania State University	T. L. Leaman	23,799	06	017	10,152	161718
JOHNSTOWN	Conemaugh Valley Memorial	T. M. Dugan	12,250	06	018	9,000	161618
LANCASTER	Lancaster General	N. J. Zervanos	29,866	06	018	10,450	161818
MC KEESPORT	Mc Keesport	R. L. Buck	63,809	02	006	11,000	

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
PENNSYLVANIA—Continued						
PHILADELPHIA						
Hahnemann Medical College and Hospital Pennsylvania	R. H. Sellar D. J. Hartzell	40,000	04 03	012 009	9,500 10,500	162718
PITTSBURGH						
St. Margaret Memorial Shadyside	P. Oishart, J. Ferrante W. J. Garner	23,100 1,197	08 03	024 009	10,500 11,400	165618 165718
READING						
Reading	J. B. Wagner		03	009	10,932	166118
WASHINGTON						
Washington	G. C. Schmieler	127,171	10	018	9,600	166918
WILLIAMSPORT						
Williamsport	A. R. Taylor	6,771	05	015	12,000	167318
YORK						
York	E. T. Lis	18,000	06	018	10,600	167418
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina	H. B. Curry	43,000	12	036	8,335	168018
GREENVILLE						
Greenville General	E. F. Gaynor	2,061	09	027	10,000	168318
SPARTANBURG						
Spartanburg General	O. K. Stokes	9,955	08	024	10,000	168518
SOUTH DAKOTA						
SIOUX FALLS						
Mc Kennan—Sioux Valley Hospitals Mc Kennan Sioux Valley Family Practice Center	L. J. Sweeney	25,000	04	012	10,260	168618
TENNESSEE						
KNOXVILLE						
University of Tennessee Memorial Research Center and Hospital	R. F. Lash	14,184	06	010	8,300	183918
TEXAS						
AMARILLO						
Regional Academic Health Center (See Texas Tech. Univ. Affil. Hosps., Lubbock)						
CORPUS CHRISTI						
Memorial Medical Center	E. L. Holt	19,035	04	012	11,000	170518
FORT WORTH						
John Peter Smith	W. W. Goldman, Jr.	105,354	12	024	10,000	
GALVESTON						
University of Texas Medical Branch Hospitals	M. L. Ross	450	04	012	10,200	171418
HOUSTON						
Memorial Baptist	A. T. Talley, Jr.	172,819	04	012	10,080	198218
St. Luke's Episcopal—Texas Children's Hospitals	M. Cowart		06	015	8,400 8,400	172018
St. Luke's Episcopal Texas Children's		26,989				
LUBBOCK						
Texas Tech University Affiliated Hospitals Regional Academic Health Center (Amarillo) South Plains Area Health Education Center	L. E. Wolcott L. E. Wolcott	9,740	02 02	006 006	10,000 10,000	293918
SAN ANTONIO						
Lutheran General	J. P. Graves	6,000	04	012	12,000	294918
Santa Rosa Medical Center	T. B. Burns	86,422	04	012	9,000	172318
University of Texas at San Antonio Teaching Hospitals						
Bexar County Teaching Robert B. Green Memorial	H. L. Oouglas	24,000	03	009	9,495	172218
WACO						
Mc Lennan County Family Practice Program Providence Hillcrest Baptist	C. N. Ramsey	28,519 8,446 18,563	06	019	8,000	173518
UTAH						
OGDEN						
McKay—Dee Hospital Center (See University of Utah Affiliated Hospitals, Salt Lake City)						
St. Benedict's (See Univ. of Utah Affiliated Hospitals, Salt Lake City)						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	C. H. Castle	12,000	13	034	9,100	173218
Mc Kay—Dee Hospital Center (Ogden) St. Benedict's (Ogden)	R. E. Potts	51,398				
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	R. W. Lindsay	800	06	018	9,400	173718
NEWPORT NEWS						
Riverside (See Va. Commonwealth Univ. M.C.V. Affil. Hosps., Richmond)						
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Riverside (Newport News)	F. Mayo A. E. Harris, Jr. G. S. Mitchell, Jr.	28,000 19,241	06 12	018 036	8,400 9,600	174318 173918

7. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
VIRGINIA—Continued							
ROANOKE							
	Roanoke Memorial Hospitals	C. L. Crockett, Jr.	16,812	08	020	6,600	174818
WASHINGTON							
SEATTLE							
	Doctors	J. N. Scardapane	10,748	06	014	8,400	175118
	Group Health Medical Center	R. Stapleton, J. Gilson				8,652	181118
	University of Washington Affiliated Hospitals	J. A. Lincoln	7,000	06	018	8,940	191818
	University Harborview Medical Center						
SPOKANE							
	Spokane Hospitals Shared Services Corporation	K. E. Gudge!.	2,213	04	012	8,400	294318
WISCONSIN							
MADISON							
	University of Wisconsin Center for Health Sciences						
	University Family Health Service	J. H. Renner	5,156	12	033	10,200	177918
MILWAUKEE							
	Evangelical Deaconess	J. T. Botticelli		06	006	9,500	178218
	Milwaukee County General	G. B. Theil		04	012	9,600	178418
	St. Mary's	J. B. Devitt	48,120	04	012	10,000	179018
	St. Michael	N. G. Bauch	20,055	12	024	10,000	179118

8. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology through the Residency Review Committee for Pathology, are listed following the programs in Pathology.

9. 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.

1973-74

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE										
NEW MEXICO										
	Gallup Indian Medical Center, Gallup	J. Schulman, Jr.	155	5,687	81,200	2	04	008	15,420	
NONFEDERAL AND VETERANS ADMINISTRATION										
CALIFORNIA										
BAKERSFIELD										
	Kern County General	W. R. Schmalhorst	156	7,930	50,824	2	02	004	12,600	
MARTINEZ										
	Contra Costa County Medical Services	J. Aiken	233	12,701	229,374	2	10	014	18,720	
MODESTO										
	Scenic General		93	3,043	33,984	2	04	008	14,400	
SALINAS										
	General Hospital of Monterey County	R. H. Whitworth	159	5,044	22,102	2	05	010	14,544	
SANTA BARBARA										
	Santa Barbara General—Cottage Hospitals	S. B. Chirman				2	03	006	10,600	
	Santa Barbara Cottage		10	582						
	Santa Barbara General		130	3,080						
COLORADO										
COLORADO SPRINGS										
	St. Francis	R. W. Urich	119	7,251	107,529	2	01	002	9,000	214767
DENVER										
	St. Anthony	N. Goodman	430	27,145	123,103	2	03	006	9,900	
	St. Joseph	A. P. Miller	35	2,124	7,277	2	02	004	9,570	
CONNECTICUT										
DANBURY										
	Danbury	J. L. Belsky	90	3,398	5,117	2	02	004	10,650	
DISTRICT OF COLUMBIA										
WASHINGTON										
	Rogers Memorial	J. H. Choi	98	4,047	7,417	2	05	009	11,000	
ILLINOIS										
CHICAGO										
	Grant	L. C. Johnston	140	3,410	5,610	2	05	012	11,640	
	Jackson Park	M. I. Shapiro	174	6,568	28,071	2	06	012	12,000	
	Louis A. Weiss Memorial	H. E. Bessinger	319	11,363	9,135	2	04	008	11,300	
	Norwegian—American	G. T. Murphy	200	11,789	2,790	2	06	008	10,200	
	Ravenswood	W. F. Boehm	150	4,825	1,779	2	06	010	10,900	
	St. Elizabeth's	M. Marchi	245	10,692	6,800	2	02	004	10,200	115367
	Swedish Covenant	P. D. Anderson	204	7,900	17,640	2	03	006	8,100	
EVANSTON										
	St. Francis	B. Berne	168	5,860	9,747	2	01	003	11,100	

APPROVED RESIDENCIES

9. 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 1974-1975 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
MAINE									
PORTLAND Maine Medical Center	R. H. Pawle				2	02	006	8,972	
MARYLAND									
BETHESDA Suburban	J. Ball	297	18,277	994,833	2	02	004	10,710	
MICHIGAN									
DETROIT Evangelical Deaconess	R. C. Lake	146	5,491	934	2	04	008	12,144	129767
FLINT Hurley	P. S. Thoms	573	22,246	9,094	2	02	004	9,300	
MINNESOTA									
ST. PAUL United Hospitals St. Luke's Division	R. E. Lindell	230	8,557		2	04	008	9,600	133967
MISSOURI									
KANSAS CITY Trinity Lutheran	J. H. Hill	203	7,775	24,727	2	02	004	7,800	135967
NEW JERSEY									
HOBOKEN St. Mary	F. Cacace	248	8,892	26,455	2	04	008	9,500	
PERTH AMBOY Perth Amboy General	R. Lev	420	17,285	13,258	2	05	009	9,500	
SOMERS POINT Shore Memorial	A. J. Deitch	202	9,775	2,277	2	04	006	11,500	
SOMERVILLE Somerset	B. S. Miller	283	15,708	25,616	2	02	004	11,787	
NEW YORK									
GLEN COVE Community Hospital at Glen Cove	F. X. Moore	205	8,310	3,033	2	02	002	9,100	144667
YONKERS Yonkers General	A. A. Migliaccio	149	5,463	57,586	2	03	005	10,200	
OHIO									
AKRON St. Thomas	G. E. East	56	1,970	8,368	2	02	004	10,429	
BARBERTON Barberton Citizens	D. Zelling	339	14,878	6,938	2	04	008	8,232	196467
CINCINNATI University of Cincinnati Hospital Group Cincinnati General	J. W. Agna	320	540	68,975	2	06	012		
CLEVELAND Fairview General	J. Frockelton	414	17,753	12,915	2	02	004	11,400	
	R. V. Bachman	93	3,035	16,385	2	03	008	9,600	
	R. J. McCaffery	287	10,084	7,200	3	06	018	11,400	
COLUMBUS Riverside Methodist	J. M. Coulter	40	1,419	177	2	01	003	9,000	
ELYRIA Elyria Memorial	W. H. Sigalove	164	9,191	4,595	2	03	006	9,300	
EUCLID Euclid General	M. Pazirandeh	325	12,627	74,095	3	04	012	10,800	155567
RAVENNA Robinson Memorial Portage County	D. S. Palmstrom	218	12,629	5,692	3	06	015	10,200	
TOLEDO Mercy	T. G. Klever	322	14,996	2,335	2	04	008	10,200	
	M. Yuce	239	9,605	4,538	2	08	016	9,600	
	J. B. Gibbs	519	24,009	6,902	2	04	008	10,200	
YOUNGSTOWN St. Elizabeth	A. Randell	588	26,875	11,818	2	01	002	10,600	
OKLAHOMA									
OKLAHOMA CITY University of Oklahoma Health Sciences Center University of Oklahoma Hospitals	I. H. Brown	295	12,344	128,378	2				
OREGON									
PORTLAND St. Vincent Hospital and Medical Center	O. B. Miller, Jr.	292	15,630	28,206	2	02	005		159867
PENNSYLVANIA									
ABINGTON Abington Memorial	R. B. Lutz, Jr.	19	625	1,387		03	003	10,160	
ALTOONA Altoona	P. W. Hoovler	339	13,294	17,562	2	03	006	13,500	160367
BRISTOL Lower Bucks	R. J. Mullin	246	14,545	5,964	2	00	006	10,200	
DREXEL HILL Delaware County Memorial	J. H. A. Bomberger	260	10,160	4,200	2	02	004	9,000	185867
NORRISTOWN Montgomery	R. R. Loughlin	222	11,259	114,252	2			10,500	162167
	B. R. Marger	135	5,921	3,586	2	04	008	10,000	
POTTSVILLE Good Samaritan	N. M. Wall	222	10,196	45,164	2	04	006	10,800	
	E. W. Cubler	272	9,474	19,061	2	02	002	9,600	184767

9. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
PUERTO RICO								
SAN JUAN University District	A. Marin				2	01 002		
UTAH								
SALT LAKE CITY Latter—Day Saints	J. H. Cook	439	24,556	8,411	2	02 004	9,600	
VIRGINIA								
NORFOLK Norfolk General	A. J. Ciccone	696	28,152	4,078	2	03 006	10,500	1
PORTSMOUTH Maryview	C. N. Psimas	238	9,123	4,000	2	06 004	9,600	
PORTSMOUTH Portsmouth General	J. G. Setter	222	8,886	11,619	2	05 010	11,400	
SUFFOLK Louise Obici Memorial	B. L. Critzer	163	7,190	2,163	2	03 007	10,000	
WEST VIRGINIA								
SOUTH CHARLESTON Herbert J. Thomas Memorial	J. J. Schaefer	200	10,436	34,814	2	02 004	13,000	
WHEELING Wheeling	G. M. Kellas	197	8,670	14,902	2	02 004	9,600	

10. 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 Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
CALIFORNIA								
David Grant U.S.A.F. Medical Center, Fairfield	M. B. Miller	74	2,472	90,932		04 016		
MISSISSIPPI								
U.S.A.F. Medical Center, Biloxi	R. O. Amdall	96	3,931	141,171		06 012		
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	G. W. Parker	252	6,852	148,616		22 045		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. J. Deller, Jr.	108	2,551	73,378		05 016		
COLORADO								
Fitzsimons Army Medical Center, Denver	J. J. Bergin	168	4,458	167,385		06 018		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	O. Barrett	790	15,335	621,934		09 027		
HAWAII								
Tripler Army Medical Center	E. J. Kamin, 3d.	159	4,845	125,715		05 015		
TEXAS								
William Beaumont Army Medical Center, El Paso	J. L. Pitcher, R. Mc Carty	115	3,991	319,310		05 019		
Brooke Army Medical Center, San Antonio	A. J. Ognibene	168	4,796	175,037		07 042		
WASHINGTON								
Madigan Army Medical Center, Tacoma	E. B. Cooper	125	4,828	78,727		05 015		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	G. E. Gorsuch	124	2,200	46,980		04 016		181368
Naval, San Diego	E. D. Kaufmann	250	5,931	31,659		12 036		
ILLINOIS								
Naval, Great Lakes	R. H. Easterday	119	2,243	38,383		04 012		
MARYLAND								
Naval, Bethesda	D. A. Lee	116	2,519	110,073		06 018		182368
PENNSYLVANIA								
Naval, Philadelphia	L. M. Fox	142	3,003	16,005		06 028		183168
VIRGINIA								
Naval, Portsmouth	J. W. Lea, Jr.	232	3,829	33,703		06 018		
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. Public Health Service, San Francisco	K. H. Hyatt	103	2,107			06 018		
LOUISIANA								
U. S. Public Health Service, New Orleans	A. S. Hild	104	2,553	12,263		03 009		

APPROVED RESIDENCIES

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
CALIFORNIA, LOS ANGELES—Continued								
White Memorial Medical Center	V. L. De Quattro	58	2,114	17,836	03	008	10,800	
MARTINEZ								
Veterans Admin.	E. R. Movitt	178	3,281	3,830	15	030	12,684	
DAKLAND								
Highland General	E. B. Mitchell	143	5,161	31,863	07	016	10,140	
Kaiser Foundation	M. A. Shearn	49	1,953	190,367	07	011	10,020	
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosps., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PANORAMA CITY								
Kaiser Foundation	J. Ruderman	99	3,603	77,824	03	008	12,600	
PASADENA								
Huntington Memorial	R. J. Bing	130	5,009	8,640	06	015	11,500	
RIVERSIDE								
Riverside General	D. John	78	3,475	17,512	03	008	11,564	
SACRAMENTO								
Kaiser Foundation	R. H. Swerdlow	51	1,710	98,670	03	009	10,020	209768
University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN BERNARDINO								
San Bernardino County General	J. P. Drinkard	70	2,111	46,124	03	008	10,600	
SAN DIEGO								
Mercy Hospital and Medical Center	J. Geller	145	5,905	15,914	04	010	10,155	
University of California (San Diego) Affiliated Hospitals	H. M. Ranney	110	4,593	19,320	22	050	11,100	
University Hospital of San Diego County	H. M. Ranney	110	2,506	15,824			11,292	
Veterans Admin.	R. A. Carleton							
SAN FRANCISCO								
Children's Hospital and Adult Medical Center	H. I. Griffeath	61	2,556	8,315	05	007	10,412	
Kaiser Foundation	M. Janin	72	2,697	170,258	06	013		
Mount Zion Hospital and Medical Center	S. M. Levin		5,708	14,802	06	012	10,500	
Pacific Medical Center and Affiliated Hospitals	J. J. Kelly				08	018	9,800	
Harkness Community Hospital and Medical Center		105	3,346	26,158				
Pacific Medical Center—Presbyterian		60	3,937	13,186				
St. Mary's Hospital and Medical Center	J. Furlong	113	4,105		03	009	9,990	
University of California Program	L. H. Smith, Jr.				24	079	11,100	
H. C. Moffitt—University of California Hospitals	L. H. Smith, Jr.	111	3,867	34,450				
San Francisco General	H. Williams	162	5,211	40,684				
Veterans Admin.	M. H. Sleisenger	105	2,488	29,365				
SAN JOSE								
Santa Clara Valley Medical Center	R. A. O'Reilly	92	2,905	42,246	05	016	11,487	
SANTA CLARA								
Kaiser Foundation	E. S. Wolfe	51	2,042	173,628	03	007	10,020	
STANFORD								
Stanford University Affiliated Hospitals	M. G. Perloth	72	2,880	16,040	13	026	10,225	
Stanford University	M. G. Perloth	62	1,317	4,231				
Veterans Admin. (Palo Alto)	K. B. Taylor							
STOCKTON								
San Joaquin General	L. Armanino, J. Zener	38	2,326	14,124	04	009	13,450	
TORRANCE								
Los Angeles County Harbor General	W. D. Odell	143	8,431	27,125	14	030	14,340	
COLORADO								
DENVER								
Presbyterian Medical Center	B. Korbitz, D. Roberts	131	5,763	322	06	014	9,570	
St. Joseph	M. E. Mc Dowell	169	6,680	1,414	03	008	9,570	
University of Colorado Affiliated Hospitals	G. Meiklejohn				18	044		
Denver General	A. B. Organick	56	2,536	22,060				
General Rose Memorial	S. Papper	167	6,570	5,102				
University of Colorado Medical Center	J. V. Weil	75	3,111	44,857				
Veterans Admin.	K. E. Sussman	86	2,519	20,000			9,007	
CONNECTICUT								
BRIDGEPORT								
Bridgeport	P. E. Perillie	144	5,013	6,878	06	015	12,720	
St. Vincent's	M. Garrell	139	5,020	2,966	03	018	11,000	
HARTFORD								
Hartford	R. F. Reinfrank	267	8,454	11,275	10	027	10,500	
Mount Sinai	S. H. Bernstein	80	1,765	1,291	04	008	10,800	185468
St. Francis	S. B. Sutavik	159	4,556	5,705	06	014	7,800	
University of Connecticut Affiliated Hospitals	L. W. Hoyer				10	030	11,100	
University of Connecticut Hospital—Mc Cook Division	L. W. Hoyer	19	663	6,523				
Veterans Admin. (Newington)		67	1,492	18,066				
NEW BRITAIN								
New Britain General	H. Levine	139	4,363	8,858	04	009		
NEW HAVEN								
Hospital of St. Raphael	N. J. Marieb	165	4,828	5,481	09	017	11,576	
Yale—New Haven Medical Center	L. Welt				18	033		
Yale—New Haven		162	5,727	22,799			11,025	
Veterans Admin. (West Haven)		81	2,251	5,232			11,415	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS, CHICAGO —Continued								
Cook County	Q. Young	331	13,716	273,235	30	100	11,600	
Illinois Masonic Medical Center	S. M. Kahn	200	5,658	5,157	10	020	11,200	113768
Louis A. Weiss Memorial	H. E. Bessinger	200	6,246	4,862	08	024	11,300	
Mc Gaw Medical Center of Northwestern University	D. P. Earle	284	7,324	27,000	34	069	11,587	
Northwestern Memorial	D. P. Earle	203	2,561	49,776				
Veterans Admin. Research Evanston (Evanston)	C. W. Borden L. F. Jourdonais	202 202	7,653	6,339				
Mercy Hospital and Medical Center	H. Dizadji, W. F. Cernock	207	4,634	22,148	10	017	10,128	
Michael Reese Hospital and Medical Center	L. M. Sherwood	283	6,899	13,867	20	033	11,100	114268
Rush—Presbyterian—St. Luke's Medical Center	T. B. Schwartz	279	7,985	28,000	20	033	10,861	
St. Joseph	J. P. Duffy	244	6,517	11,067	06	018	10,600	
University of Chicago Hospitals and Clinics	A. R. Tarlov	189	4,810	41,156	20	052	10,800	
University of Illinois Affiliated Hospitals	M. D. Bogdonoff				27	090		
University of Illinois	M. D. Bogdonoff	84	1,900	39,850			10,560	
Veterans Admin. (West Side)	M. D. Bogdonoff, C. Pilz	227	3,667	76,113				
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)								
St. Francis	B. T. Heffernan	168	5,860	9,852	06	017	11,100	116868
HINES								
Veterans Admin.	A. Littman	416	7,468	19,765	12	060	10,600	225768
MAYWOOD								
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. R. Tobin	94	2,755	15,882	06	018	10,600	
OAK LAWN								
Christ Community	D. Scheiner	236	7,316	3,443	06	018	11,000	113168
PEORIA								
St. Francis	D. E. Rager	282	7,988	44,971	03	009	10,750	
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals	R. D. Conn				10	018	10,000	
Memorial Hospital of Springfield		180	6,411	30,000				
St. Johns		208	7,950					
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	W. Daly				20	048		
Indiana University Hospitals	W. Daly	85	2,753	5,247			10,000	
Marion County General	J. Mamlin	81	3,765	37,785			9,500	
Veterans Admin.	W. Daly	278	4,346	17,858			10,750	
Methodist Hospital of Indiana	R. W. Campbell	306	10,056	4,868	04	015	11,360	
St. Vincent's	S. R. Stouder	110	2,947	1,201	04	012	11,760	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	J. A. Clifton				18	036	9,800	
University of Iowa Hospitals	J. A. Clifton	151	4,740	29,366				
Veterans Admin.	J. S. Thompson	111	2,398	11,091				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	N. J. Greenberger	116	5,052	31,824	20	055	10,000	
Veterans Admin. (Kansas City, Mo.)	R. N. Schimke	145	4,245	2,737			9,500	
WICHITA								
St. Francis Hospital—Wesley Medical Center	W. C. Goodpasture							
St. Francis	H. E. Hynes	349	13,903	2,747			9,750	
Wesley Medical Center	W. C. Goodpasture	220	8,291	4,375			9,750	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	W. H. Nickell				13	036	9,460	
University	J. W. Hollingsworth	90	3,431	17,707				
Veterans Admin.	J. W. Hollingsworth	118	1,425	5,860				
LOUISVILLE								
St. Joseph Infirmary	R. D. Wolfe	152	5,808	4,438	02	006	11,050	
University of Louisville Affiliated Hospitals	W. H. Anderson				14	042		
Louisville General	W. H. Anderson	72	2,448	21,396			8,600	
Veterans Admin.	E. Lane	110	2,083	21,644			8,915	
LOUISIANA								
BATON ROUGE								
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hospitals, New Orleans)								
LAFAYETTE								
La Fayette Charity (See Louisiana State Univ. Affil. Hospitals, New Orleans)								
NEW ORLEANS								
Charity Hospital of Louisiana—Tulane University Division	G. E. Burch	93	2,828	52,968	10	030	7,800	
Louisiana State University Affiliated Hospitals	F. Allison, Jr.				02	006		
Charity Hospital of Louisiana		68	2,088	56,240			6,600	
Earl K. Long Memorial (Baton Rouge)		40	1,391	12,977			5,400	
Louisiana State University Affiliated Hospitals	F. Allison, Jr.				10	030		
Charity Hospital of Louisiana	F. Allison, Jr.	68	2,088	56,240			7,800	
Lafayette Charity (Lafayette)	A. E. Pitchenik	34	1,004	17,412			9,000	
Louisiana State University Affiliated Hospitals	F. Allison, Jr.				02	006		
Charity Hospital of Louisiana		68	2,088	56,240			7,800	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
LOUISIANA, NEW ORLEANS —Continued								
Ochsner Foundation	W. D. Davis, Jr.	115	4,774	66,945	05	022	8,997	122968
Touro Infirmary	S. Jacobs	175	5,482	13,441	03	009	9,522	
Veterans Admn.	H. A. Buechner	269	4,588	18,122		034	9,437	
SHREVEPORT								
Confederate Memorial Medical Center	M. D. Hargrove			8,462	04	012	7,800	
MAINE								
PORTLAND								
Maine Medical Center	A. Aranson	155	5,306	10,450	03	009	8,972	
MARYLAND								
BALTIMORE								
Baltimore City Hospitals	C. C. J. Carpenter	111	4,637	34,027	16	025	10,312	
Greater Baltimore Medical Center	T. E. Prout	90	2,340	4,171	04	010	11,000	
Johns Hopkins	A. M. Harvey	211	6,300	51,187	28	042	10,500	
Good Samaritan	R. P. Russell	76	3,203	5,440			10,500	
Maryland General	D. T. Lewers	144	3,520	19,929	08	014	10,750	
Mercy	J. A. Mead, Jr.	100	2,880	9,919	07	015	10,500	
St. Agnes	E. R. Mohler, Jr.	158	3,921	4,703	04	012	10,500	
Sinai Hospital of Baltimore	A. I. Mendeloff	144	3,536	9,824	08	015	11,250	
South Baltimore General	R. T. Parker	123	3,052	5,937	04	008	11,550	
Union Memorial	J. H. Mulholland	150	3,912	4,724	07	013	10,750	
University of Maryland Affiliated Hospitals University of Maryland	J. G. Wiswell	93	2,415	37,990	20	036	10,700	
CHEVERLY								
Prince George's General	J. W. Harding	170	5,340	8,485	06	012	10,500	190568
MASSACHUSETTS								
BOSTON								
Beth Israel	A. S. Freedberg	120	3,712	15,568	15	024	10,700	
Boston City								
1st and 3d Medical Service (Tufts)	N. S. Stearns	69	2,332	10,540	11	018		
2d and 4th Medical Service (Harvard)	F. Epstein	65	2,313	11,678	12	019		
Boston University Affiliated Hospitals Program 1								
Boston City	A. S. Cohen	64	2,315	12,697	28	052	10,733	
Program 2								
University	N. G. Levinsky	92	2,752	13,025	13	021	10,655	
Carney	F. L. Colpoys	139	4,200	9,676	07	014	10,724	
Lemuel Shattuck—Faulkner Affiliated Hospitals	J. Cohen				10	030	9,500	
Lemuel Shattuck	J. Cohen	215	3,055	13,935				
Faulkner	J. R. Graham	90	2,616					
Massachusetts General	A. Leaf	225	3,430	46,066	20	030	10,800	
New England Deaconess	J. L. Tullis	415	13,743	8,943	14	036	10,200	126468
New England Medical Center Hospitals	W. Schwartz, J. Kassirer	80	3,238	25,030	12	013	10,724	
Peter Bent Brigham	E. Braunwald	144	7,526	40,093	18	027	10,700	
Veterans Admn. (West Roxbury)	T. A. Warthin	56	1,336	4,925				
St. Elizabeth's Hospital of Boston	F. Stohlman	122	5,922	2,708	14	024	10,710	
Veterans Admn.	J. G. Caslowitz	220	4,495	45,007	06	017	11,245	
CAMBRIDGE								
Cambridge	A. N. Weinberg	42	1,612	3,144	04	007	10,733	126868
FRAMINGHAM								
Framingham Union	I. N. Rosenberg	64	2,630	274	02	003	10,062	
NEWTON LOWER FALLS								
Newton—Wellesley	L. B. Page	228	9,609	6,049	06	009	10,724	
PITTSFIELD								
Berkshire Medical Center	E. Fribush	148	4,464	15,653	06	010	11,130	
SPRINGFIELD								
Springfield Hospital Medical Center	C. E. Cassidy	176	4,979	4,615	10	014	11,616	
WORCESTER								
Memorial	R. B. Hickler	117	4,067	5,447	05	005	10,600	
St. Vincent	S. M. Ayres	163	5,223	2,676	10	022	10,700	
Worcester City	J. Calabro	140	4,157	14,072	08	015	11,242	
MICHIGAN								
ALLEN PARK								
Veterans Admn. (See Wayne State University Affiliated Hospitals, Detroit)								
ANN ARBOR								
St. Joseph Mercy	R. B. Carbeck	182	5,557	12,372	07	015	10,800	
University of Michigan Affiliated Hospitals	W. D. Robinson				32	074		
University	W. D. Robinson	160	4,875	56,729			10,500	
Veterans Admn.	W. Robinson, R. C. Bishop	103	2,445	3,804	02	006	10,500	
Wayne County General (Eloise)	B. A. Bercu	140	4,623	27,901			11,361	
DEARBORN								
Oakwood	J. Moynihan	167	5,073	2,737	04	012	11,100	
DETROIT								
Grace	V. K. Vaitkevicius	355	10,819	13,409		020	10,800	
Henry Ford	R. W. Smith, Jr.	397	9,557	185,338	24	060	10,300	
Mount Carmel Mercy	I. D. Fagin	171	6,946	4,224	06	018	10,800	130268
St. John	C. E. Rupe	187	5,275	4,513	04	015	12,000	191568
Sinai Hospital of Detroit	H. A. Ravin	228	4,825	9,009	06	019	10,600	
Wayne State University Affiliated Hospitals	A. M. Weissler				49	091		
Veterans Admn. (Allen Park)	G. W. Bissell	238	2,932	29,620			10,980	
Detroit General	L. Power	131		38,759			11,200	
Harper	A. M. Weissler	269	5,801	16,700			10,800	
Hutzel	A. M. Lerner	152	3,569	3,034			11,200	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
EAST LANSING								
Michigan State University Associated Hospitals	W. Baird				02	006		
Michigan State University Health Center	S. Swisher		1,044	3,340			10,600	
Edward W. Sparrow (Lansing)	W. Baird	107	3,990	1,540			11,600	
Ingham Medical (Lansing)	W. M. Baird	141	6,604	40,015				
St. Lawrence (Lansing)	R. K. Ferguson	70	2,728				10,600	
ELOISE								
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)								
FLINT								
Hurley	E. M. Goldberg	200	8,162	1,892	08	014	9,300	
McLaren General	N. E. Furstenberg	147	3,967	1,762	03	009	10,800	
GRAND RAPIDS								
Blodgett Memorial	R. H. Puite	110	3,978	2,984	04	012	10,008	
Butterworth	J. Lukens	144	4,174	3,524	05	010	10,008	
KALAMAZOO								
Bronson Methodist	H. E. De Pree	76	2,624	4,501	03	009	9,900	
LANSING								
Edward W. Sparrow (See Michigan State Univ. Associated Hospitals, East Lansing)								
Ingham Medical (See Michigan State Univ. Associated Hospitals, East Lansing)								
St. Lawrence (See Michigan State Univ. Associated Hospitals, East Lansing)								
PONTIAC								
Pontiac General	D. B. Youel	111	3,749	3,579	03	009	10,800	
St. Joseph Mercy	B. Bercu	108	3,477	2,165	03	010	10,800	131968
ROYAL OAK								
William Beaumont	Y. Morita	194	7,533	4,001	12	027	11,000	199868
SOUTHFIELD								
Providence	E. Zobl	122	3,412	3,441	04	014	11,700	130368
MINNESOTA								
MINNEAPOLIS								
Northwestern Hospital of Minneapolis	R. B. Howard	395	14,098	16,323	08	016	9,650	
University of Minnesota Affiliated Hospitals	R. V. Ebert				48	132		
University of Minnesota Hospitals	M. E. Jacobson	75	2,812	14,484			9,200	
Hennepin County General	A. L. Schultz	119	4,254	21,691			9,500	
Mount Sinai	F. B. Lewis	208	10,016	22,702			9,500	
Veterans Admin.	R. Ebert	196	5,059	40,805			9,878	
St. Paul—Ramsey (St. Paul)	J. W. Frost	86	2,487	17,017			10,300	
ROCHESTER								
Mayo Graduate School of Medicine	R. E. Weeks			447,654	45	200	11,000	
Rochester Methodist		143	4,762					
St. Mary's		206	8,212					
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	H. K. Hellems				16	040		
University	B. B. Johnson	86	4,433	12,370			8,925	
Veterans Admin. Center	J. L. Glasgow	198	3,043	245,400			8,500	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	C. E. Mengel	110	3,700	20,000	18	036	9,500	
Veterans Admin.	K. D. Nolph	48	941	3,517			10,000	
KANSAS CITY								
Kansas City General Hospital and Medical Center	W. L. Martz	67	1,884	24,987	16	018	9,285	
Menorah Medical Center	N. Winer	143	4,984	6,725	05	014	11,600	
St. Luke's	J. M. Catlett		6,624	2,307	05	017	8,856	
University of Missouri at Kansas City Kansas City General Hospital and Medical Center	M. G. Berry							
Menorah Medical Center	N. Winer	143	4,984	6,725				
St. Luke's	J. M. Catlett		6,624	2,307				
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Barnes Hospital Group	D. M. Kipnis	258	7,725	19,212	26	015		
Deaconess	R. C. Kingsland	212	6,984	13,428	02	006	9,000	135668
Jewish Hospital of St. Louis	S. Wessler	168	6,079	19,804	10	022	10,950	
St. John's Mercy Medical Center	R. A. Reider			2,884	07	013	8,400	
St. Louis University Group of Hospitals	T. F. Frawley				14	024	10,000	
Firmin Desloge General		73	2,742	15,147				
St. Louis County		46	1,516	28,291				
Veterans Admin.								
St. Luke's	R. Paine	147	4,109	4,807	03	009	9,600	
St. Mary's Health Center	W. A. Knight, Jr.	167	5,278	18,243	08	018	10,020	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals	G. O. Clifford				09	015		137268
Creighton Memorial St. Joseph's	G. O. Clifford	186	5,076	30,912			10,200	
Douglas County	A. L. Hahn	23	457	2,689			10,200	
Veterans Admin.	J. F. Sullivan	68	3,585	10,716			10,468	
University of Nebraska Affiliated Hospitals	J. C. Shipp				15	046		
University of Nebraska	J. C. Shipp	123	2,899	1,906			9,900	
Bishop Clarkson Memorial		77	3,560					
Douglas County	J. C. Shipp	15	365					
Veterans Admin.	R. E. Ecklund	136	3,585	10,716			10,468	
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	T. P. Almy, J. L. Grant				14	027		9,600
Mary Hitchcock Memorial	T. P. Almy	87	3,684	55,775				
Veterans Admin. Center (White River Junction, Vt.)	J. L. Grant	81	1,764	8,834				
NEW JERSEY								
CAMDEN								
Cooper	W. Hingston, S. Levine	257	5,842	6,168	03	009	10,000	138068
EAST ORANGE								
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)								
ELIZABETH								
St. Elizabeth	R. G. Oriscello	149	4,165	2,374	12	020	11,288	138568
ENGLEWOOD								
Englewood	C. D. Roberts, A. Silver	133	3,741	2,927	03	007	9,264	
FLEMINGTON								
Hunterdon Medical Center (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)								
GREEN BROOK								
Raritan Valley (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)								
JERSEY CITY								
Jersey City Medical Center	H. Mark	200	4,729	68,328	16	044	11,300	
LIVINGSTON								
St. Barnabas Medical Center	J. A. Hogan	248	9,606	1,780	04	010	10,842	
LONG BRANCH								
Monmouth Medical Center	J. C. Kirby	180	5,235	6,531	06	014	11,500	
MONTCLAIR								
Mountainside	A. P. Remenchik	103	3,083	6,137	08	019	11,776	139368
MORRISTOWN								
Morristown Memorial	E. D. Palmer	145		5,191	06	016		
NEPTUNE								
Jersey Shore Medical Center—Fitkin	E. Abraham	126	4,198	13,877	02	006	8,545	
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals	F. P. Chinard				20	089		
Veterans Admin. (East Orange)	N. H. Ertel, F. P. Chinard	177	3,191	75,800			11,797	
Martland	F. P. Chinard	136	3,692	23,629				
Newark Beth Israel Medical Center	M. A. Kirschner	150		23,000			11,800	
St. Michael Medical Center	L. G. Smith	170	4,128	7,892	06	014	11,800	139968
United-Hospitals Medical Center—Presbyterian	T. M. Gocke	127	3,300	5,813	04	012	12,446	
NEW BRUNSWICK								
New Brunswick Affiliated Hospitals	G. N. French				05	012	12,000	252368
Middlesex General		76	2,553	9,154				
St. Peter's General		108	2,721	4,132				
PARAMUS								
Bergen Pines County	S. F. Alexander	669	3,335	16,932	08	020	9,500	190868
PATERSON								
St. Joseph's	K. P. Lance	138	5,621	8,429	10	026	11,485	
PISCATAWAY								
CMDNJ—Rutgers Medical School Affiliated Hospitals	H. L. Conn, Jr.				13	022		291868
Hunterdon Medical Center (Flemington)	D. Hotchkiss	50	1,820	4,536				
Raritan Valley (Green Brook)	H. L. Conn, Jr.	58	3,297				10,994	
Muhlenberg (Plainfield)	P. K. Johnson	165	5,219	5,500			11,800	
Medical Center at Princeton (Princeton)	C. R. Ream	65	4,758	2,066			11,797	
PLAINFIELD								
Muhlenberg	P. K. Johnson	165	5,219	5,500	04	010	11,800	
Muhlenberg (See CMDNJ-Rutgers Med. School Affil. Hosps., Piscataway)								
PRINCETON								
Medical Center at Princeton (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)								
SUMMIT								
Overlook	W. F. Minogue	200	4,480	10,795	04	012	11,500	140868
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	R. C. Williams, Jr.				13	043		
Bernalillo County Medical Center	R. C. Williams, Jr.	32	2,005	52,933			8,850	
Veterans Admin.	D. H. Law	163	3,205	54,899			9,378	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	S. Bondurant				19	044		
Albany Medical Center		168	60,203	6,948			11,180	
Veterans Admin.		359	3,747	6,955			12,213	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK—Continued								
BUFFALO								
Mercy	M. C. Maloney	123	3,390	4,106	03	009	10,300	
Millard Fillmore	L. H. Golden	218	5,492	6,624	04	012	11,000	
Sisters of Charity	C. J. O Connell	160	4,625	6,065	04	010	10,500	
S. U. N. Y. at Buffalo Affiliated Hospitals	E. Catkins	650	1,300	16,000	24	068	10,500	143868
Buffalo General	J. P. Nolan	172	3,145	32,585				
Edward J. Meyer Memorial	E. Catkins	413	2,994	4,198				
Veterans Admin.	J. T. Aquilina							
COOPERSTOWN								
Mary Imogene Bassett	J. S. Lunn	59	1,703	16,648	06	010	12,300	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	C. T. Lambrew	134	4,185	22,523	15	039	10,618	
JOHNSDN CITY								
Charles S. Wilson Memorial	E. Zinner	186	5,747	45,168	04	010	10,200	
MANHASSET								
North Shore (See Cornell Cooperating Hospitals, New York)								
MINEOLA								
Nassau	W. C. Hollis	183	5,672	2,805	03	010	13,110	145568
MOUNT VERNON								
Mount Vernon	M. A. Goldiner	141	3,977	6,920	03	008	11,000	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program 1	E. Meilman				24	053	13,300	
Long Island Jewish—Hillside Medical Center	E. Meilman	136	3,207	9,234				
Queens Hospital Center (New York City)	H. Kolodny	99	3,469	39,986				
Long Island Jewish—Hillside Medical Center Program 2	E. Meilman				10	017		
La Guardia (Forest Hills)	M. L. Jampol	100	2,001				11,000	
Queens Hospital Center (New York City)	H. Kolodny	99	4,541	9,986			14,000	
NEW ROCHELLE								
New Rochelle Hospital Medical Center	J. J. Mc Lean	144	3,793	2,932	04	008	9,231	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	N. S. Bricker				20	070		
Bronx Municipal Hospital Center	M. Fulop	364	9,880	45,870				
Hospital of the Albert Einstein College of Medicine	S. V. Moroff	104	3,399	19,859				
Beekman—Downtown	J. T. Flynn	166	3,363	14,788	09	018	11,800	
Beth Israel Medical Center	B. Straus	194	3,411	104,080	36	081	12,750	
Booth Memorial	J. H. Dwek	176	1,982	4,917	07	016	11,577	
Bronx—Lebanon Hospital Center	E. E. Fischel	200	4,777	31,468	17	033	13,300	
Brookdale Hospital Center	A. Lyon	168	4,918	32,824	09	027	13,300	
Brooklyn—Cumberland Medical Center	J. F. Mueller	267	5,218	32,052	12	036	13,300	
Catholic Medical Center of Brooklyn and Queens	P. Lo Presti				20	048	13,300	
Mary Immaculate Division	P. Lo Presti	97	2,190	10,119				
Queens Hospital Center (Catholic Medical Center Affiliation)	W. D. Angelo	59	1,122	11,885				
St. John's Queens Division	N. De Francis	126	2,887	2,363				
St. Mary's Division	J. Seaman	65	1,548	16,911				
Coney Island	S. M. Glick	142	3,347	75,269	15	036	14,000	
Cornell Cooperating Hospitals New York	A. G. Bearn				20	034		
Memorial Hospital for Cancer and Allied Diseases	A. G. Bearn	203	4,797	63,547			13,800	
North Shore (Manhasset)	W. P. L. Myers	144	2,307	34,088				
Flushing Hospital and Medical Center	L. Scherr	150	5,156	20,518			12,800	
French and Polyclinic Medical School and Health Center	C. Cramer	114	2,769	6,777	04	010	11,800	144568
Harlem Hospital Center	A. M. Gelb	208	3,826	18,241	08	015	13,750	147568
Hospital for Joint Diseases and Medical Center	G. E. Thomson	244	4,195	60,049	20	044	13,300	
Jamaica	J. Grossman	96	1,692	20,061	03	009	13,300	
Jewish Hospital and Medical Center of Brooklyn Greenpoint	B. D. Gussoff	108	2,037	9,362	05	016	13,050	
Jewish Memorial	S. L. Lee	207	5,000	17,000	12	034	14,300	
Kingsbrook Jewish Medical Center—Unity	S. L. Lee	49	1,149	107,190			14,300	
Kingsbrook Jewish Medical Center Unity	R. P. Lasser	60	1,427	6,685	03	008	9,500	148068
Knickerbocker	E. E. Mandel	546	2,940	5,573	10	030	13,750	
Lenox Hill	E. E. Mandel	72	2,081	5,468			11,800	
Lincoln	V. Ginsberg	125	1,952	11,785	03	009	12,600	148168
Long Island College	B. E. Krentz	288	5,610	32,611	09	017	12,976	
Lutheran Medical Center	M. S. Bruno	69	1,355	24,215	07	016	11,800	
Maimonides Medical Center Training Program	J. F. Mc Cahan	250	5,542	11,140	04	010	14,025	
Maimonides Medical Center	A. Accese	111	2,110	25,532	03	009	13,300	143068
Methodist Hospital of Brooklyn	D. Grob	96	5,526	17,830	15	021		
Misericordia—Fordham Training Program	D. C. Kent	166	3,288	21,426	18	044	13,715	142968
Misericordia Fordham	R. F. Gomprecht	112	2,471	11,185	16	036	13,949	
Montefiore Hospital Training Program		110	1,937	24,137			14,000	
Martin Luther King Jr. Neighborhood Health Center	D. Hamerman, H. Wise			67,000	08	024	13,300	
Montefiore Hospital Training Program	D. Hamerman	235	6,071	21,440	33	054	13,300	
Montefiore Hospital and Medical Center Morrisania City		84	3,077	18,492				
Mount Sinai Affiliated Hospitals	F. Schaffner				02	006		
Mount Sinai	F. Schaffner	303		27,413			13,300	
City Hospital Center at Elmhurst	S. G. Seckler	277	6,737	40,185			14,641	
Veterans Admin. (Bronx)	F. Schaffner, J. Wolf	369	5,992	32,320				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Mount Sinai Hospital Training Program	F. Schaffner				24	040	13,300	
Mount Sinai	F. Schaffner	303		27,413				
City Hospital Center at Elmhurst	S. G. Seckler	277	6,737	40,185	18	048	13,300	
Veterans Admin. (Bronx)	F. Schaffner, J. Wolf	369	5,992	32,320			14,641	
New York Medical College—Metropolitan Hospital Center	R. Goldstein				20	044	13,300	
Unit 1—Flower and Fifth Avenue Hospitals		115	3,900	4,000				
Unit 2—Metropolitan Hospital Center		252	5,101	65,000				
New York University Medical Center	S. J. Farber				22	058		
Bellevue Hospital Center—University	S. J. Farber, H. Lawrence	220	3,117	47,651				
Bellevue Hospital Center	S. J. Farber, H. Lawrence	139	3,670					
New York University Medical Center								
University Hospital—Veterans	N. Spritz, S. J. Farber				08	032		
Administration (Manhattan)	N. Spritz, S. J. Farber	894	4,638	3,337				
Veterans Admin. (Manhattan)	S. J. Farber, H. Lawrence	139	3,670					
University	S. J. Farber, H. Lawrence	139	3,670					
Presbyterian	C. Ragan	227	8,224	102,346	17	034	13,715	
Queens Hospital Center								
(See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)								
Roosevelt	N. P. Christy	165	3,565	15,597	10	018	10,800	149668
St. Clare's Hospital and Health Center	C. A. Connor	118	2,318	12,949	12	022	12,400	149768
St. John's Episcopal	F. Taubman	90	4,369	17,551	04	012	14,000	143268
St. Luke's Hospital Center	T. B. Van Itallie	227	5,078	40,492	12	021	13,300	
St. Vincent's Hospital and Medical Center of New York	W. J. Grace	236	4,971	27,766	12	022	11,800	
St. Vincent's Medical Center of Richmond	L. Weiner	112	3,026	9,007	07	015	13,500	
Staten Island	T. G. Mc Ginn	115	4,827	10,002	03	006	13,300	
State University—Kings County Hospital Center	L. Eichna				22	057		
Kings County Hospital Center		426	14,773	131,132			13,300	
State University		60	1,415	10,433			13,870	
Veterans Admin. (Bronx)	J. Wolf	369	5,992	32,320	12	041	14,641	
Veterans Admin. (Brooklyn)	A. A. Polachek	360	5,311	9,890	16	046	14,641	
Wyckoff Heights	V. J. Adams	155	4,073	12,207	07	017	10,000	143568
NORTHPORT								
Veterans Admin.								
(See S.U.N.Y. at Stony Brook Affil. Hospitals, Stony Brook)								
ROCHESTER								
Genesee	A. L. Ureles	129	3,803	8,874	07	019	10,400	
Highland Hospital of Rochester	W. W. Faloon	82	2,429	1,668	03	009	11,000	
Rochester General	S. B. Troup	157	4,050	5,225	08	016	10,400	
St. Mary's	G. Eckert, R. Napodano	110	3,151	1,823	08	017	10,400	
Strong Memorial Hospital of the University of Rochester	L. Young, W. Morgan Jr.	143	5,387	20,000	18	032	10,400	
University of Rochester Associated Hospitals					07	007		
Genesee	A. L. Ureles	129	3,803	8,874			10,400	
Highland Hospital of Rochester	W. W. Faloon	82	2,429	1,668			11,000	
Rochester General	S. B. Troup	157	4,050	5,225			10,400	
Strong Memorial Hospital of the University of Rochester	L. Young, W. Morgan Jr.	143	5,385	20,000			10,400	
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals								
Veterans Admin. (Northport)	L. E. Meiselas	257	1,387	45,312	08	018	14,190	291968
SYRACUSE								
S.U.N.Y. Upstate Medical Center	W. J. Williams				16	028	11,323	
Crouse Irving—Memorial	W. Schiess	114	3,278					
State University	W. J. Williams	72	2,720	22,400				
Veterans Admin.	M. Miller	85	1,626	2,512				
VALHALLA								
Grasslands	F. A. Graig	111	4,751	19,079	06	015	11,850	
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	R. L. Ney	92	3,023	24,064	20	033	9,975	
University of North Carolina Affiliated Hospitals	E. E. Werk, Jr.				03	007		
North Carolina Memorial	R. L. Ney	92	3,023	24,064			9,975	
New Hanover Memorial (Wilmington)	E. E. Werk, Jr.	90	4,100	5,600			9,500	
CHARLOTTE								
Charlotte Memorial	M. M. Mc Call, 3d.	159	5,784	16,777	04	009	9,600	
DURHAM								
Duke University Affiliated Hospitals	J. B. Wyngaarden				28	040		
Duke University Medical Center	J. B. Wyngaarden	222	7,282	24,204			9,850	
Veterans Admin.	J. Laszlo	122	2,642	8,052			10,350	
GREENSBORO								
Moses H. Cone Memorial Hospital								
WILMINGTON								
New Hanover Memorial Hospital								
(See Univ. of N. C. Affiliated Hospitals, Chapel Hill)								
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	J. Johnson	134	5,200	8,617	08	022	10,000	
OHIO								
AKRON								
Akron City	A. Kerr, Jr.	121	3,590	7,316	03	009	10,500	
Akron General	H. M. Friedman	126	3,019	8,600	06	016	10,500	154268

10. INTERNAL MEDICINE—Continued

	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.		
OHIO—Continued								
CINCINNATI								
Daniel Drake Memorial	S. Goodman	488	561	6,776	06	012	8,000	
Good Samaritan	T. A. Saladin	222	6,284	2,980	04	016	9,850	155068
Jewish	E. G. Margolin	205	5,339	6,697	08	013	10,500	
University of Cincinnati Hospital Group	R. W. Vilter	114	4,015		17	058		
Cincinnati General		108	1,935	4,950			10,708	
Veterans Admin.								
CLEVELAND								
Cleveland Clinic	R. Van Ommen, D. G. Vidt	135	8,534	126,562	22	080	10,500	
Cleveland Metropolitan General	C. H. Rammelkamp	148	3,345	45,063	14	026	10,500	
Cleveland Metropolitan General Hospital—Lutheran Medical Center	C. Rammelkamp, W. Wilder	261	7,454	45,063	08	027	8,600	
Cleveland Metropolitan General	C. H. Rammelkamp	148	3,345	45,063				
Lutheran Medical Center	C. Rammelkamp	113	4,109					
Huron Road	M. A. Hanna	125	4,399	4,923	06	012	10,800	157168
Mount Sinai Hospital of Cleveland	V. Vertes	195	6,489	16,691	04	017	10,500	
St. Luke's	R. G. Wieland	112	3,532	16,995	07	015	10,500	156068
University Hospitals of Cleveland	C. C. J. Carpenter	158	6,080	57,120	16	047	10,500	
Veterans Admin.	P. E. Wisenbaugh	344	4,333	2,720	15	043	10,955	
COLUMBUS								
Mount Carmel Medical Center	M. H. Zangmeister	122	3,557	6,112	08	016	9,300	
Ohio State University Hospitals	J. V. Warren	252	9,313	48,811	16	026		
Riverside Methodist	D. J. Vincent	210	7,146	4,173	06	018	9,000	156768
DAYTON								
Good Samaritan	B. A. Kleinman, R. Serbin	194	6,466	4,165	02	006	12,600	
Miami Valley	B. H. Bolton	259	7,965	4,673	03	008	11,183	
Veterans Admin. Center	J. T. Taguchi	397	3,048	5,820	08	022	11,971	
KETTERING								
Charles F. Kettering Memorial	A. A. Brust, Jr.	184	6,265	2,002	03	008		
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	G. O. Ludwig				15	042	10,200	158368
Hospital of Medical College of Ohio at Toledo	G. D. Ludwig	59	2,452	7,629				
Mercy	J. F. Brunner	134	5,564	2,288				
St. Vincent Hospital and Medical Center	T. Geracioli	183	6,153	4,593				
Toledo	C. D. Cobau	196	7,063	3,517				
YOUNGSTOWN								
St. Elizabeth	E. Kessler	262	7,815	21,556	06	014	10,600	
Youngstown	W. H. Bunn, Jr.	289	10,572	8,717	05	015	10,600	
OKLAHOMA								
OKLAHOMA CITY								
St. Anthony	B. B. Burtis	82	3,819	1,436	02	006	9,000	158768
University of Oklahoma Health Sciences Center	J. F. Hammarsten				22	040		
University of Oklahoma Hospitals	J. F. Hammarsten	55	1,850	16,320			9,000	
Veterans Admin.	T. Coussons	133	3,068	26,665				
TULSA								
Tulsa Combined Residency	R. A. Marshall				10	025	9,708	272768
Hillcrest Medical Center	S. Landgarten	84	3,446	5,217				
St. Francis	R. Marshall	132	5,848				9,708	
St. John's	J. Alexander	130	5,714	2,568				
OREGON								
PORTLAND								
Emanuel	R. A. Mc Mahon	97	3,729	1,990	02	006	9,996	
Good Samaritan Hospital and Medical Center	S. F. Rabiner	144	5,480	9,246	04	008	9,996	
Providence	O. N. Gilbert	116	5,519	4,540	04	009		
University of Oregon Affiliated Hospitals	J. D. Bristow				20	045		
University of Oregon Medical School		82	3,459	28,163			8,600	
Hospitals and Clinics		216	4,455	7,181			10,645	
Veterans Admin.								
PENNSYLVANIA								
ABINGTON								
Abington Memorial	H. J. Kenworthy	164	4,454	1,387	05	011	10,160	
ALLENTOWN								
Allentown	D. F. Dimick	225	5,586	3,308	04	008	11,000	
BETHLEHEM								
St. Luke's	W. R. Thompson	160	4,044	5,034	02	006	11,550	160568
BRYN MAWR								
Bryn Mawr	J. T. Magee	127	3,396	6,129	05	009	9,700	160668
CHESTER								
Crozer—Chester Medical Center (See Hahnemann Medical Coll. Affil. Hosps., Philadelphia)								
DANVILLE								
Geisinger Medical Center	J. A. Collins, Jr.	87	3,203	38,168	10	021	10,400	160868
DARBY								
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
EASTON								
Easton	H. Y. Seidel	122	3,489	1,676	02	006	11,400	
HARRISBURG								
Harrisburg	K. E. Quickel	205	4,989	4,601	06	018	10,680	
Harrisburg Polyclinic	J. S. Bray	339	6,058	10,676	04	010	10,000	161568
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Jeffries	58	1,928	12,000	10	025	10,152	
JOHNSTOWN								
Conemaugh Valley Memorial	A. Toigo	128	4,412	2,459	02	006		

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
PHILADELPHIA								
Albert Einstein Medical Center	I. Woldow	256	6,261	8,846	12	022	10,100	
Episcopal	W. I. Geffer	120	3,146	19,331	04	013	10,400	
Graduate Hospital of the University of Pennsylvania	H. F. Zinsser	122	3,490	10,705	06	018	10,969	
Hahnemann Medical College Affiliated Hospitals	P. Sigmann	182	5,022	38,670	18	054	10,200	162768
Hahnemann Medical College and Hospital	P. Sigmann	95	1,608	10,379			10,200	
Philadelphia General	E. Coodley	182	5,646	3,067			10,492	
Crozer—Chester Medical Center (Chester)	J. E. Clark	106	3,738	2,166			10,200	
St. Agnes	J. Gambescia, J. Cossa	153	3,616	7,099	07	020	9,500	163268
Lankenau	F. D. Gray, Jr.							
Medical College of Pennsylvania Affiliated Hospitals	O. Kaye				14	033		
Hospital of the Medical College of Pennsylvania	D. Kaye	93	2,225	12,500				
Veterans Admin.	P. Kovnat	106	1,563	11,170			11,425	
Mercy Catholic Medical Center	N. N. Cohen	146	3,972	5,142	12	030	10,000	163668
Misericordia Division	N. N. Cohen	128	3,377	12,864				
Fitzgerald Mercy Division (Darby)	O. F. Muller	115	2,756	20,501	08	014	10,500	
Pennsylvania	J. E. Wood							
Philadelphia General (University of Pennsylvania Service)	E. Cooper	95	1,608	10,456	08	019	10,492	
Presbyterian—University of Pennsylvania Medical Center	F. H. Gardner	125	3,749	17,027	08	015	10,650	
Temple University Affiliated Hospitals					15	033		
Germantown Dispensary and Hospital	W. G. Mc Cune	124	3,273	8,804			10,017	
Temple University	S. Sherry	156	4,769	24,690			10,761	
Thomas Jefferson University	R. I. Wise	159	4,640	16,884	22	042	10,900	
University of Pennsylvania Affiliated Hospitals	A. S. Reiman	143	4,710	32,714	24	039	11,500	
Hospital of the University of Pennsylvania	A. S. Reiman	110	1,812	11,170			11,425	
Veterans Admin.	T. Schnabel, Jr.							
PITTSBURGH								
Allegheny General	C. R. Joyner	158	4,908	21,205	06	012	12,285	
Hospitals of the University Health Center of Pittsburgh	J. J. Leonard	127	7,331	6,487	18	030	11,125	165268
Presbyterian—University	J. J. Leonard	134	2,466	24,645				
Veterans Admin.	A. Eichenholz							
Hospitals of the University Health Center of Pittsburgh								
Montefiore	P. Troen	257	6,402	14,610	09	018	10,550	
Mercy	F. J. Luparello	194	4,734	16,900	06	013	11,800	
St. Francis General	E. J. Holzinger	236	5,341	10,247	06	012	11,500	188168
Western Pennsylvania	C. R. Wilson, Jr.	240	5,321	12,782	02	006	10,865	165968
READING								
Reading	E. A. Hildreth	157	5,140	32,560	04	011	11,532	
SAYRE								
Robert Packer	B. D. Boselli	87	4,335	8,909	02	006	8,500	166468
YORK								
York	J. L. Atkins	137	4,015	10,146	05	015	10,600	167468
PUERTO RICO								
MAYAGUEZ								
Mayaguez Medical Center	J. Ramirez Rivera	65		26,478	04	012		
PONCE								
Ponce District General	H. F. Rodriguez	119	3,057	23,981	04	018	7,800	
SAN JUAN								
Municipal Hospital Dr. Rafael Lopez Nussa	E. J. Marchand	95	2,488	23,159	08	024		
University District	M. R. Garcia - Palmieri	82	2,402	55,560	12	048	9,000	
Veterans Admin. Center	E. A. Ramirez	232	3,157	112,820	12	036	9,782	
RHODE ISLAND								
PAWTUCKET								
Memorial	M. Stein	97	2,995	1,565	04	009	1,010	
PROVIDENCE								
Miriam	R. P. Davis	101	2,907	2,048	04	009	10,664	195368
Rhode Island	M. W. Hamolsky	211	6,168	19,767	14	027	10,655	
Roger Williams General	P. Calabresi	102	2,697	7,760	06	010	10,664	
Veterans Admin.	S. W. Daum	182	1,397	25,009	10	030	10,506	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	J. C. Ross				15	040		
Medical University of South Carolina Charleston County		21	2,688	21,364			8,862	
Veterans Admin. Center		114	788	22,900			9,271	
TENNESSEE								
CHATTANOOGA								
S. E. Tennessee Medical Education Center								
Baroness Erlanger	C. E. Richardson	146	6,400	9,072	04	010	9,780	168968
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	103	4,583	5,622	02	006	8,800	
MEMPHIS								
Baptist Memorial	P. Milnor, Jr.	175	6,065	2,590	06	012	10,020	169468
Methodist	R. F. Adams	278	11,428	3,012	03	009		
University of Tennessee Affiliated Hospitals	G. H. Stollerman	102	4,086	37,361	21	056	8,184	
City of Memphis Hospitals	G. H. Stollerman	310	7,610	40,845			9,494	
Veterans Admin.	B. R. Gendel	108	581	683				
West Tennessee Chest Disease	T. G. Morris							

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TENNESSEE—Continued								
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	K. Brown	48	1,114	10,450	03	009	9,554	
St. Thomas	J. E. Anderson, Jr.	97	3,567	1,642	03	008	8,650	170168
Vanderbilt University Affiliated Hospitals	G. W. Liddle				23	050	8,925	
Nashville Metropolitan General	T. F. Paine	23	996	21,660				
Vanderbilt University	G. W. Liddle	115	4,469	19,874			8,925	
Veterans Admin.	R. M. Des Prez	204	3,521	40,527			9,088	
TEXAS								
DALLAS								
Baylor University Medical Center	R. Tompsett	194	8,115	5,890	04	010	9,360	
Methodist Hospital of Dallas	R. P. Norgaard	156	4,959	4,400	02	006	9,420	
Parkland Memorial	D. W. Seldin	186	5,163	84,445	11	035	8,327	
St. Paul	K. L. Waigren	143	5,811	3,653	02	006	9,600	170968
Veterans Admin.	S. Eisenberg	244	5,089	5,296			9,070	
GALVESTON								
University of Texas Medical Branch Hospitals	W. P. Deiss, Jr.	214	5,212	25,873	12	034	10,200	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	H. D. Mc Intosh				30	075		
Ben Taub General	H. D. Mc Intosh	104	4,186	67,784			9,000	
Jefferson Davis	H. D. Mc Intosh	67	1,232	25,855			9,000	
Methodist	H. D. Mc Intosh	208	7,740				8,100	
St. Luke's Episcopal	R. J. Hall	128	6,358	357			9,000	
Veterans Admin.	R. J. Luchi	294	4,952	48,824			9,000	
University of Texas at Houston Affiliated Hospitals	W. M. Kirkendall				12	033		
Hermann	W. M. Kirkendall	118	4,238	16,342			9,480	
St. Joseph	H. L. Fred	179	7,695	1,073			8,400	
University of Texas M. D. Anderson Hospital and Tumor Institute	E. Freireich	145	2,786	45,370			9,000	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals					20	082	9,495	
Bexar County Teaching	L. Earley	66	1,357	10,580			9,495	
TEMPLE								
Scott and White Memorial	K. B. Knudsen	263	5,943	77,401	07	016	9,500	172568
UTAH								
SALT LAKE CITY								
Latter—Day Saints	D. H. Nelson	152	6,577	5,181	04	012	9,600	
University of Utah Affiliated Hospitals	G. E. Cartwright				11	022	9,600	
University	G. E. Cartwright	58	2,157	25,778				
Veterans Admin.	G. Tikoff	91	1,666	2,552				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	W. A. Tisdale	115	5,666	5,721	09	018	8,600	
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Med. Sch. Affiliated Hospitals, Hanover, N.H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	E. W. Hook	105	3,634	8,548	12	043	9,400	
NORFOLK								
Norfolk General	D. W. Drew	324	9,777	14,002	04	009	10,500	174168
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	W. T. Thompson, Jr.				30	090		
Medical College of Virginia Hospitals	W. T. Thompson, Jr.	180	6,570	51,043			9,400	
Veterans Admin.	J. J. Kelly, 3d.	162	5,098	7,160			9,548	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	R. G. Petersdorf				25	057		
Harborview Medical Center	M. Turck		2,034	19,247				
University	R. G. Petersdorf	30	1,476	19,433			9,444	
U. S. Public Health Service	R. J. Griep	51	1,751	3,289			9,444	
Veterans Admin.	R. S. Evans	97	4,360	4,250				
Virginia Mason	R. M. Hegstrom	116	4,830	101,385	05	011	9,260	
WEST VIRGINIA								
CHARLESTON								
Charleston Area Medical Center	M. L. Lewis				04	008	8,860	
Charleston General Division		101	3,508	904				
Memorial Division		103	3,780	4,085				
MORGANTOWN								
West Virginia University Medical Center	E. B. Flink	80	3,601	14,044	08	018	9,500	
WHEELING								
Ohio Valley General	A. M. Valentine	87	2,157	1,981	02	006	12,420	
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	91	3,902	63,536	04	012	7,500	
MADISON								
University of Wisconsin Affiliated Hospitals	D. T. Graham				18	034	10,000	
Madison General		75	2,958					
University Hospitals	D. T. Graham	119	3,785	5,293				
Veterans Admin.	C. M. Kunin	152	3,571	16,142				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	W. Engstrom, G. Theil				20	051		
Milwaukee County General	W. W. Engstrom	128	5,421	55,265			10,100	
Veterans Admin. Center (Wood)	G. B. Theil	163	3,473	37,920			10,625	
Mount Sinai Medical Center	N. Grossman	124	4,639	4,327	02	006	10,500	178768

11. 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 FDUR years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	L. H. Dart, Jr.	55	1,034	1,989	01	004		
UNITED STATES ARMY								
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	A. N. Martins	65	936	1,595	01	005		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. G. Galbraith				01	005	9,600	
Children's	S. E. Graham							
University of Alabama Hospitals and Clinics	J. G. Galbraith	45	1,506	946				
Veterans Admin.	J. G. Galbraith	11	207	940				
ARIZONA								
PHOENIX								
Barrow Neurological Institute of St. Joseph's	J. R. Green	51	1,339	284	02	010	10,800	
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	S. Flanigan				01	004		101869
University		18	444	1,000			8,600	
Veterans Admin. Consolidated		12	281	975			10,308	
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	J. R. Youmans				01	005	12,200	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		33	996	1,516				
DOWNEY								
Rancho Los Amigos (See White Memorial Medical Center, Los Angeles)								
GLENDALE								
Glendale Adventist (See White Memorial Medical Center, Los Angeles)								
IRVINE								
University of California (Irvine) Affiliated Hospitals	E. Foltz				02	008		
Orange County Medical Center (Orange)	E. Foltz	14	584	1,830			14,588	
Veterans Admin. (Long Beach)	R. W. Porter	31	864	1,350			14,641	
LOMA LINDA								
Loma Linda University Affiliated Hospitals	G. Austin				01	005		
Loma Linda University		25	815	2,500				
LONG BEACH								
Veterans Admin. (See Univ. of Calif. (Irvine) Affiliated Hospitals, Irvine)								
LOS ANGELES								
Los Angeles County—U.S.C. Medical Center	T. Kurze	40	1,126	2,519	03	014	14,340	
U. C. L. A. Affiliated Hospitals	W. E. Stern				02	010		
U. C. L. A.	W. E. Stern	20	652	944			12,200	
Veterans Admin. Center—Wadsworth	W. E. Stern	16	216	915			16,776	
Los Angeles County Harbor General (Torrance)	S. J. Goodman	5	301	810			14,340	
White Memorial Medical Center	P. J. Vogel	16	470	3,955	01	005	10,800	
Glendale Adventist (Glendale)	P. J. Vogel	8	224	143			10,800	
Rancho Los Amigos (Downey)	T. Kurze	88	611	1,067				
ORANGE								
Orange County Medical Center (See Univ. of Calif. (Irvine) Affiliated Hosps., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PASADENA								
Huntington Memorial	C. H. Shelden	22	636	54	01	004	11,500	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN FRANCISCO								
University of California Program Franklin	C. B. Wilson B. A. Brown	18	752		02	010	11,100	106269
H. C. Moffitt—University of California Hospitals	C. B. Wilson	38	1,202	1,523				
San Francisco General	J. Hoff	17	540	558				
Veterans Admin.	J. Renaudin	20	322	1,350				
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD								
Stanford University Affiliated Hospitals	J. W. Hanbery				01	006		
Stanford University	J. W. Hanbery	20	642	2,283			10,225	
Veterans Admin. (Palo Alto)	G. H. Koenig	12	242	597				
Santa Clara Valley Medical Center (San Jose)	R. D. Hamilton	13	721	1,002			11,487	
TORRANCE								
Los Angeles County Harbor General (See U. C. L. A. Affiliated Hospitals, Los Angeles)								
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	W. M. Kirsch				01	004		
Denver General	G. Van Der Ark	12	440	649				
University of Colorado Medical Center	W. M. Kirsch	26	623	1,173			9,570	
Veterans Admin.	W. M. Kirsch	15	135	350			9,007	
CONNECTICUT								
HARTFORD								
Hartford (See Yale-New Haven Medical Center, New Haven)								
NEW HAVEN								
Yale—New Haven Medical Center	W. F. Collins, Jr.				02	009		
Yale—New Haven	W. F. Collins, Jr.	42	1,149	2,111	02	009	11,025	
Hartford (Hartford)	B. B. Whitcomb	47	1,372	165			10,500	
Veterans Admin. (West Haven)	W. F. Collins, Jr.	7	76	410			11,415	
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		
District of Columbia General		20	304	1,888				
Georgetown University		30	453	118			11,130	
Veterans Admin.		14	165	848			10,780	
George Washington University Affiliated Hospitals	H. V. Rizzoli				02	008		
Children's Hospital of the District of Columbia	T. H. Milhorat	6	211	545			11,500	
George Washington University	H. V. Rizzoli	49	1,135	3,155			10,537	
Veterans Admin.	H. V. Rizzoli, J. L. Fox						10,780	
Washington Hospital Center	H. V. Rizzoli	49	1,248	452			10,537	
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	A. L. Rhoton, Jr.				02	008		
William A. Shands Teaching Hosp. and Clinics		15	503	1,319			8,900	
Veterans Admin.		24	407	1,607			9,125	
MIAMI								
University of Miami Affiliated Hospitals	H. D. Rosomoff				02	012		
Jackson Memorial		41	689	786			11,128	
Veterans Admin.		15	300	1,225			10,800	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	G. T. Tindall				01	005	10,080	
Emory University		25	683					
Grady Memorial		14	436	1,414				
Henrietta Egleston Hospital for Children		17	345	710				
Veterans Admin. (Decatur)								
AUGUSTA								
Medical College of Georgia Hospitals	M. B. Allen, Jr.				01	005	9,500	
Eugene Talmadge Memorial	M. B. Allen, Jr.	24	522	1,131				
University	M. B. Allen, Jr.	66	2,653	670				
Veterans Admin.	R. A. Gindin	14	292	745				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								

11. 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.		
ILLINOIS								
CHICAGO								
Cook County	R. C. Selby	39	1,274	2,635	02	007	12,200	
Mc Gaw Medical Center of Northwestern University	A. J. Raimondi				03	015	11,587	
Children's Memorial	A. J. Raimondi	25	900	2,101				
Northwestern Memorial	A. J. Raimondi	36	821	137				
Veterans Admin. Research	A. J. Raimondi	20	260	1,440				
Evanston (Evanston)	J. A. Tarkington	12	405	145				
Rush—Presbyterian—St. Luke's Medical Center	W. W. Whisler	20	308	211	01	005	10,001	
University of Chicago Hospitals and Clinics	J. F. Mullan	16	527	1,966	01	005	10,800	
University of Illinois Affiliated Hospitals	O. Sugar				02	008	10,560	
University of Illinois		25	488	6,651				
Illinois Masonic Medical Center		30	224	780			11,200	
Mercy Hospital and Medical Center		41	1,024	350			10,128	
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)								
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	B. Bloor				01	004		
Foster G. Mc Gaw	B. Bloor	13	369	309			10,600	
Veterans Admin. (Hines)	R. Manfredi, H. C. Voris	36	757	1,195			11,200	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	R. Campbell				02	010		
Indiana University Hospitals	R. Campbell	53	998	1,448			10,000	
Marion County General	J. L. Glover	11	309	634			9,500	
Methodist Hospital of Indiana	J. R. Russell	78	2,127	87			11,360	
Veterans Admin.	R. Campbell	17	341	583			10,750	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	G. E. Perret				02	008	9,800	
University of Iowa Hospitals		35	698	1,794				
Veterans Admin.		12	197	320				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	C. E. Brackett, Jr.	21	730	1,850	01	006	9,000	
Veterans Admin. (Kansas City, Mo.)	S. Rengachary	28	532	561			9,500	
KENTUCKY								
LEXINGTON								
University	H. A. Norrell	32	1,073	3,264	02	005	9,100	
LOUISVILLE								
University of Louisville Affiliated Hospitals	H. D. Garretson				01	004		
Children's		9	250	233			8,600	
John N. Norton Memorial Infirmary		11	418	554			8,600	
Louisville General		12	169	673			8,915	
Veterans Admin.								
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	D. G. Kline				01	005	9,600	
Charity Hospital of Louisiana	D. G. Kline	9	282	1,435				
Ochsner Foundation	E. S. Connolly	23	692	3,105			8,997	
Tulane University Affiliated Hospitals	R. C. Llewellyn				03	006		196669
Charity Hospital of Louisiana	R. C. Llewellyn	8	247	1,052			7,800	
Ochsner Foundation	E. S. Connolly	23	692	3,105				
Veterans Admin.	R. C. Llewellyn	19	298	832			9,695	
MARYLAND								
BALTIMORE								
Johns Hopkins	G. B. Udvarhelyi	38	1,022	1,012	02	010	10,500	
Baltimore City Hospitals	A. E. Walker	8	131	1,022			10,815	
Veterans Admin.	J. D. Mc Queen	7	242	1,248				
University of Maryland Affiliated Hospitals	J. G. Arnold				02	010	10,700	
University of Maryland		28	619	666				
Mercy	J. G. Arnold	18	538	98				
MASSACHUSETTS								
BOSTON								
Children's Hospital Medical Center—Peter Bent Brigham	W. K. Welch				01	004		
Children's Hospital Medical Center		14	473	883			10,200	
Peter Bent Brigham		9	211	317			10,800	
Massachusetts General	W. H. Sweet	60	1,436	1,209	02	009	10,800	
Beth Israel	W. Stien, N. T. Zervas	13	240	126			10,700	
Boston City	V. H. Mark	14	290	668				
New England Medical Center Hospitals	B. M. Stein	20	316	665	01	005	10,724	
Carney	M. Brougham	21	635				10,160	
Veterans Admin.	B. M. Stein	28	362	1,005			11,245	
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	R. C. Schneider				02	010		
St. Joseph Mercy	S. M. Farhat	19	503	1,675			10,800	
University	R. C. Schneider	35	928	3,571			10,500	
Veterans Admin.	R. Schneider, J. A. Taren	6	111	627			12,000	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
DETROIT								
Henry Ford	R. S. Knighton	33	707	4,622	02	007	10,600	
Wayne State University Affiliated Hospitals	L. M. Thomas							
Children's Hospital of Michigan	P. J. Huber	6	139	110			10,815	
Detroit General	L. M. Thomas	30		65			11,560	
Grace	L. M. Thomas	16	424				11,100	
Harper	D. C. Austin	27	410				11,100	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	S. N. Chou	45	1,469	3,857	02	010	9,200	
University of Minnesota Hospitals	S. N. Chou		301	1,280			10,674	
Veterans Admin.	L. A. French	30						
ROCHESTER								
Mayo Graduate School of Medicine	C. S. Mac Carty			6,774	05	020	11,000	
Rochester Methodist		23	447					
St. Mary's		56	2,096					
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	O. J. Andy				01	006		
University		28	908	1,115			8,925	
Veterans Admin. Center		12	215	1,078			9,000	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	S. P. W. Black	15	315	1,170	01	004	9,500	
St. Luke's (St. Louis)	G. Roulhac	29	976				10,800	
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Barnes Hospital Group	H. G. Schwartz	31	521	904	02	008		
St. Louis University Group of Hospitals	K. R. Smith, Jr.				01	004		
Cardinal Glennon Memorial Hospital for Children			328	363			10,000	
Firmin Desloge General		19	626	56			10,000	
St. Mary's Health Center		18	478				10,020	
St. Luke's (See University of Missouri Medical Center, Columbia)								
NEW HAMPSHIRE								
HANDOVER								
Dartmouth Medical School Affiliated Hospitals	E. Sachs, Jr.				01	004	10,200	
Mary Hitchcock Memorial		28	921	2,213				
Veterans Admin. Center (White River Junction, Vt.)		5	73	389				
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. A. Lende				01	005		
Albany Medical Center		36	1,166	71			11,920	
Veterans Admin.		6	182	535			12,953	
BUFFALO								
S.U.N.Y. at Buffalo Affiliated Hospitals	L. Bakay	4	437	168	01	004	11,000	
Buffalo General	L. Bakay	7	214	222				
Children's Hospital of Buffalo	D. M. Klein			276				
Edward J. Meyer Memorial	L. Bakay	6	195					
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	K. Shulman				02	012		
Bronx Municipal Hospital Center		27	531	489				
Hospital of the Albert Einstein College of Medicine		18	221	934				
Montefiore Hospital and Medical Center		25	479	300				
Cornell Cooperating Hospitals	R. H. Patterson, Jr.				01	004		
New York	R. H. Patterson, Jr.	30	623	3,837			13,800	
Memorial Hospital for Cancer and Allied Diseases	J. Galicich	3	37	151				
Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)								
Mount Sinai Hospital Training Program	L. I. Malis	44	880	426	02	010	13,300	
Mount Sinai	L. I. Malis	17	369	627			13,300	
City Hospital Center at Elmhurst	S. Hollin	28	312	1,060			14,641	
Veterans Admin. (Bronx)	L. I. Malis							
New York University Medical Center	J. Ransohoff				03	011		
Bellevue Hospital Center		35	371	261				
St. Vincent's Hospital and Medical Center of New York	R. L. Rovit	18	339	350			11,800	
University		38	647					
Veterans Admin. (Manhattan)		12	49					
Presbyterian	L. A. Mount	57	1,572	834	02	009	14,455	
Harlem Hospital Center	J. L. Pool							
State University—Kings County Hospital Center	A. W. Cook				02	009		
Kings County Hospital Center		52	573	1,655			14,000	
Long Island College		28	408	103			14,025	
State University		11	172	106			14,600	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	F. P. Smith	25	922	465	01	004	10,400	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
SYRACUSE								
S. U. N. Y. Upstate Medical Center	R. B. King				02	010	11,323	
Crouse Irving—Memorial		26	832					
State University		19	581	292				
Veterans Admin.		18	252	896				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	G. S. Dugger	21	628	1,522	01	005	9,975	
OURHAM								
Duke University Affiliated Hospitals	G. L. Odum				02	010		
Duke University Medical Center	G. L. Odum	42	1,267	1,458	02	010	9,850	
Veterans Admin.	W. A. Cook, Jr.	28	448	1,560			10,350	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	E. Alexander, Jr.	35	1,074	1,630	01	005	10,500	
NORTH DAKOTA								
FARGO								
Neuropsychiatric Institute	L. A. Christoferson	44	937	2,111	01	002	8,700	
OHIO								
CINCINNATI								
Good Samaritan	F. H. Mayfield	24	433	409	01	004	10,400	
Christ	F. H. Mayfield	35	891	100			11,025	
University of Cincinnati Hospital Group	R. L. Mc Laurin				01	004		
Children's			386	147				
Cincinnati General		22	521	1,021				
Veterans Admin.		19	333	545			10,708	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	F. E. Nulsen				01	007		
Cleveland Metropolitan General	R. J. White	16	325	1,001			11,000	
University Hospitals of Cleveland	F. E. Nulsen	19	542	600			11,000	
Veterans Admin.	J. S. Brodkey	17	220	312			11,455	
Cleveland Clinic	D. Dohn	42	1,029	4,333	02	008	11,500	
St. Vincent Charity	E. J. Bishop	35	460	325				
COLUMBUS								
Ohio State University Affiliated Hospitals	W. E. Hunt				02	008		
Ohio State University Hospitals	W. E. Hunt	28	768	2,500				
Children's	M. P. Sayers	18	636	520				
Riverside Methodist	J. N. Meagher	45	1,406				9,500	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	R. G. Fisher				02	005		
St. Anthony	A. C. Lisle	30	1,211	26				
University of Oklahoma Hospitals	R. G. Fisher	9	260	434			9,500	
Veterans Admin.	R. G. Fisher	5	116	335				
OREGON								
PORTLAND								
Good Samaritan Hospital and Medical Center	J. Raaf	41	1,451	797	01	005 ¹	9,996	
University of Oregon Affiliated Hospitals	H. D. Paxton				01	004		
University of Oregon Medical School		14	490	1,172			8,600	
Hospitals and Clinics		13	153	237			10,645	
Veterans Admin.								
PENNSYLVANIA								
PHILADELPHIA								
Episcopal	H. A. Shenkin	26	807	602	01	004	10,400	
Hahnemann Medical College and Hospital	J. L. Osterholm	28	537	1,346	01	005	10,200	
Hospital of the University of Pennsylvania	T. W. Langfitt	28	554	266	03	009	11,500	
Children's Hospital of Philadelphia	L. Schut	18	300	200			12,000	
Philadelphia General	T. W. Langfitt	10	87	454			10,492	
Temple University Affiliated Hospitals	F. Murtagh				01	006		
Temple University	F. Murtagh	21	752	457			10,761	
Albert Einstein Medical Center (Northern Division)	M. R. Katz	20	165	89			10,761	
St. Christopher's Hospital for Children	F. Murtagh	20	275	531			10,500	
Thomas Jefferson University	P. D. Gordy	17	362	230	02	006	11,500	
Wilmington Medical Center (Wilmington, Del.)	L. Olmedo	53	1,200	900			11,050	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	P. J. Jannetta				02	010		165269
Children's Hospital of Pittsburgh	R. G. Selker	26	587	1,038			10,550	
Montefiore	R. G. Selker	18	267	41			10,500	
Presbyterian—University	P. J. Jannetta	42	1,003	112			10,550	
Veterans Admin.	A. J. Krieger	14	371	1,155			10,550	
Mercy	G. H. Gray	37	1,070	1,443	01	005	11,800	
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	N. Rifkinson				01	004		
University District		20	4	20			7,875	
I. Gonzalez Martinez								
Municipal Hospital Dr. Rafael Lopez Nussa		18	321	1,034				
Veterans Admin. Center		9	154	1,565			10,982	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals								
Medical University of South Carolina	P. L. Perot, Jr.	25	579	1,124	01	005	8,862	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
TENNESSEE							
MEMPHIS							
Methodist Veterans Admin.	C. D. Hawkes	81	1,923	701	01 004	10,020	
	E. L. Cashion	17	424	1,417		9,494	
University of Tennessee Affiliated Hospitals	J. T. Robertson				03 006		
Baptist Memorial	R. L. De Saussure	154	5,608	627		9,900	
City of Memphis Hospitals	J. T. Robertson	19	622	922		9,732	
NASHVILLE							
Vanderbilt University Affiliated Hospitals	W. F. Meacham				02 008	8,925	
Nashville Metropolitan General	J. L. Sawyers	9	220	356			
Vanderbilt University	W. F. Meacham	53	1,579	1,060		8,925	
Veterans Admin.	W. F. Meacham	13	330	863		11,188	
TEXAS							
DALLAS							
University of Texas Southwestern Medical School Affiliated Hospitals	W. K. Clark				01 005		
Children's Medical Center		15	557	1,651		8,327	
Parkland Memorial		38	1,048	78		9,600	
St. Paul		16	304	339		9,070	
Veterans Admin.							
GALVESTON							
University of Texas Medical Branch Hospitals	R. G. Grossman	35	826	1,781	01 005	10,200	
HOUSTON							
Baylor College of Medicine Affiliated Hospitals	G. J. Ehni				03 012		
Ben Taub General	G. J. Ehni	14	644	1,245		9,000	
Methodist	J. Greenwood	77	2,346			8,100	
Texas Children's	W. R. Cheek	3	86	71		9,600	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. J. Ehni	15	250	1,250			
Veterans Admin.	G. J. Ehni	21	300	1,011		9,000	
SAN ANTONIO							
University of Texas at San Antonio Teaching Hospitals					01 003		
Bexar County Teaching	J. L. Story	21	6,610,000	1,423		9,495	
UTAH							
SALT LAKE CITY							
University of Utah Affiliated Hospitals	T. S. Roberts				01 004	9,600	
University	T. S. Roberts	7	211	1,084			
Holy Cross Hospital of Salt Lake City	T. S. Roberts, C. Powell	4	126	210			
Veterans Admin.	M. P. Heilbrun			247			
VERMONT							
BURLINGTON							
Medical Center Hospital of Vermont	R. M. P. Donaghy	23	735	246	01 004	9,300	
WHITE RIVER JUNCTION							
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N. H.)							
VIRGINIA							
CHARLOTTESVILLE							
University of Virginia	J. A. Jane	28	986	629	01 007	9,400	
RICHMOND							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	D. P. Becker				02 008		
Medical College of Virginia Hospitals	D. P. Becker	26	739	2,340		8,900	
Veterans Admin.	J. L. Ulmer	14	197	273		9,548	
WASHINGTON							
SEATTLE							
University of Washington Affiliated Hospitals	A. A. Ward, Jr.				02 010		
Harborview Medical Center			288	372			
University		13	409	1,006		9,444	
Veterans Admin.			220	700			
WEST VIRGINIA							
MORGANTOWN							
West Virginia University Medical Center	G. R. Nugent	35	1,277	3,140	01 005	9,500	
WISCONSIN							
MADISON							
University of Wisconsin Affiliated Hospitals	M. J. Javid				01 006	10,500	
University Hospitals	M. J. Javid	22	541	1,421			
Madison General	F. R. Pitts	13	210				
Veterans Admin.	C. C. Kao	16	291	915			
MILWAUKEE							
Medical College of Wisconsin Affiliated Hospitals	S. J. Larson				01 005		
Milwaukee County General		46	729	1,752		10,100	
Veterans Admin. Center (Wood)		34	368	1,827			

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 Yr.	All Yrs.		
CALIFORNIA—Continued								
SAN DIEGO								
University of California (San Diego) Affiliated Hospitals	J. S. O'Brien				06	017		293070
University Hospital of San Diego County Veterans Admin.	J. S. O'Brien W. C. Wiederholt	41 31	666 472	2,636 360			11,100 11,292	
SAN FRANCISCO								
Pacific Medical Center and Affiliated Hospitals	K. Finley				01	003		9,800 12,684
Pacific Medical Center—Presbyterian Veterans Admin. (Martinez)	K. Finley E. C. Anderson	5 29	330 557	460 2,220				
University of California Program H. C. Moffitt—University of California Hospitals	R. A. Fishman				06	018		11,100
San Francisco General Veterans Admin.	R. A. Fishman F. Yatsu A. K. Asbury	16 9 17	730 333 256	4,356 1,509 1,405				
STANFORD								
Stanford University Affiliated Hospitals	D. A. Prince				04	012		10,225
Stanford University Veterans Admin. (Palo Alto)	D. A. Prince R. W. Angel	6 26	243 230	1,050 1,138				
TORRANCE								
Los Angeles County Harbor General	M. A. Goldberg	10	303	1,267	02	004	14,340	
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	J. H. Austin				06	013		9,570
University of Colorado Medical Center Denver General Veterans Admin.	J. H. Austin P. R. Yarnell E. Lewin	10 11 35	409 422 191	4,644 1,080 500			9,007	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	G. H. Glaser				03	009		11,025 11,415
Yale—New Haven Veterans Admin. (West Haven)	G. H. Glaser L. L. Levy	14 38	460 510	4,330 908				
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington General (See Thomas Jefferson Univ. Hosp. Philadelphia, Pa.) Veterans Admin. (See Thomas Jefferson Univ. Hosp., Philadelphia, Pa.)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	D. H. Wood	12		1,530	02	003		10,780
Georgetown University Affiliated Hospitals	D. S. O'Doherty				06	014		
Georgetown University Veterans Admin.	D. S. O'Doherty J. F. Kurtzke	12 55	320 897	1,269 3,040				
George Washington University Affiliated Hospitals	S. O'Reilly				02	005		10,573
George Washington University Children's Hospital of the District of Columbia	S. O'Reilly M. J. Malone	10 5	433 192	508 2,882				11,000
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	M. Greer				02	010		8,500 9,125
William A. Shands Teaching Hosp. and Clinics Veterans Admin.		12 32	494 877	2,681 1,309				
MIAMI								
University of Miami Affiliated Hospitals	P. Scheinberg				07	019		11,128 10,800
Jackson Memorial Veterans Admin.		42 19	1,258 415	2,863 1,725				
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	H. R. Karp				02	006		9,600
Emory University Grady Memorial	H. R. Karp H. R. Karp	8 22	294 772	3,768				
Henrietta Eggleston Hospital for Children Veterans Admin. (Decatur)	J. C. Ammons	10	246	2,023				
AUGUSTA								
Medical College of Georgia Hospitals Eugene Talmadge Memorial Veterans Admin.	J. B. Green	7	180	1,205	02	006	9,500	
DECATUR								
Veterans Admin. (See Emory University Aff. Hosps., Atlanta)								
ILLINOIS								
CHICAGO								
Chicago Medical School Affiliated Hospitals	M. E. Bruetman				07	023		9,700 12,200
Cook County Mount Sinai Hospital Medical Center of Chicago	H. L. Meyers M. E. Bruetman	17 23	173 627	7,280 795				
Veterans Admin. (Hines)	F. A. Rubino	74	1,342	2,175				10,600
McGaw Medical Center of Northwestern University	B. Boshes				06	018		11,587 224770
Northwestern Memorial Veterans Admin. Research	B. Boshes H. Koenig	37 30	1,020 236	3,700 2,750				
Rush—Presbyterian—St. Luke's Medical Center	M. M. Cohen	13	290	590	03	009	10,861	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued								
University of Chicago Hospitals and Clinics	S. Schulman	12	318	4,322	01	006	10,800	115070
University of Illinois Affiliated Hospitals	J. S. Garvin				01	002		
University of Illinois	J. S. Garvin	25	488	8,588				
Veterans Admin. (West Side)	V. Ramani, J. S. Garvin	18	75	4,235				
HINES								
Veterans Admin. (See Chicago Medical School Affil. Hosps., Chicago)								
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	J. Brumlik	21	643	563	02	006	10,000	
Foster G. Mc Gaw	J. Brumlik						10,600	
Veterans Admin. (Hines)	F. A. Rubino	74	1,342	2,175				
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	M. Dyken	21	616	2,847	05	015	10,000	
Indiana University Hospitals		18	499	3,596			9,500	
Marion County General		27	467	77			10,750	
Veterans Admin.								
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	A. L. Sahs				04	012	9,800	
University of Iowa Hospitals	A. L. Sahs	39	1,447	7,686				
Veterans Admin.	E. W. Sybil, Jr.	16	309	338				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	D. K. Ziegler	10	437	1,898	02	009	9,500	
Veterans Admin. (Kansas City, Mo.)	V. B. Matovich	22	365	1,065			9,500	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center University	D. B. Clark	16	560	3,289	03	009	8,600	
LOUISVILLE								
University of Louisville Affiliated Hospitals	E. Roseman	38	842	2,550	02	006	8,600	
Louisville General	E. Roseman	40	293	294			8,600	
Veterans Admin.	I. O. Dein						8,915	
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana—Louisiana State University Division	R. M. Paddison	11	331	5,455	02	008	7,800	
Tulane University Affiliated Hospitals	R. G. Heath, R. Paterson				03	006	7,800	
Charity Hospital of Louisiana	R. G. Heath	8	255	4,040				
Ochsner Foundation	R. E. Barron	2	121	2,431				
Veterans Admin.	R. G. Heath, J. F. Pierce	17	355	2,600			9,437	
MARYLAND								
BALTIMORE								
Johns Hopkins Hospital—Baltimore City Hospitals	G. M. Mc Khann				06	018	11,000	
Baltimore City Hospitals	O. Marin						10,312	
Johns Hopkins	G. M. Mc Khann	40	847	5,702				
University of Maryland Affiliated Hospitals	E. Nelson	16	369	1,394	04	014	10,700	125270
University of Maryland								
MASSACHUSETTS								
BOSTON								
Boston City	N. Geschwind	16	363	2,322	03	009	10,733	
Boston University Affiliated Hospitals	R. G. Feldman				06	020	11,245	126270
University		20	230	875				
Veterans Admin.		128	820	1,205				
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	C. F. Barlow				04	012	10,700	
Beth Israel	C. I. Mayman	8	234	787				
Children's Hospital Medical Center	C. F. Barlow	8	385	4,656				
Peter Bent Brigham	H. R. Tyler	13	412	1,446				
Massachusetts General	R. D. Adams, G. F. Winkler	47	1,594	3,229	06	018	10,300	
New England Medical Center Hospitals	J. F. Sullivan	11	462	2,643	03	007	10,724	
St. Elizabeth's Hospital of Boston	R. E. Flynn	5	212	403				
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	R. N. De Jong				05	013	10,500	
University	R. N. De Jong	22	663	6,947			10,500	
Veterans Admin.	R. De Jong, E. R. Fer nga	17	381	902				
ALLEN PARK								
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)								
DETROIT								
Henry Ford	F. K. Redding	10	346	6,540	02	006	10,300	
Wayne State University Affiliated Hospitals	J. Gilroy				05	017	11,580	
Veterans Admin. (Allen Park)	J. Gilroy	50	515	620			11,200	
Detroit General	J. Gilroy	17	301	5,278			10,800	
Harper	J. Gilroy	22	488	1,325			10,800	
Lafayette Clinic	E. A. Rodin	13	137	1,386			13,307	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Mount Sinai Hospital Training Program	M. B. Bender				08	024	13,300	
Mount Sinai	M. B. Bender	45	805	3,533				
City Hospital Center at Elmhurst	N. Christoff	27	508	2,403				
New York Medical College—Metropolitan Hospital Center								
Unit 1—Flower and Fifth Avenue Hospitals	R. J. Strobos	4	77	889	05	014	13,300	147370
Unit 2—Metropolitan Hospital Center		48	497	2,493				
Unit 3—Bird S. Coler Memorial Hospital and Home		32	9					
New York University Medical Center								
University	C. T. Randt	31	751		05	020		
Bellevue Hospital Center		42	434	4,268				
Veterans Admin. (Manhattan)		90	602	1,456				
Presbyterian								
St. Vincent's Hospital and Medical Center of New York	R. L. Masland	121	2,504	14,185	07	021	13,715	
State University—Kings County Hospital Center								
State University	E. Vastola			762	04	008		
Kings County Hospital Center		20	309	5,480			13,870	
Veterans Admin. (Bronx)		50	303	1,340	03	007	14,641	
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center								
Veterans Admin. (Brooklyn)	I. F. Norstrand	60	1,013	2,675	05	011	14,641	
Kingsbrook Jewish Medical Center	L. Schneck	28	393	1,369			13,750	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	19	878	2,260	03	009	10,400	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	G. S. Ross				03	006	11,323	151670
Crouse Irving—Memorial	G. S. Ross	7	209					
State University	G. S. Ross	10	362	1,567				
Veterans Admin.	M. Chipman	16	248	1,358				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	T. W. Farmer	12	427	3,697	02	006	9,975	
DURHAM								
Duke University Affiliated Hospitals	S. H. Appel				04	012		
Duke University Medical Center	S. H. Appel	26	758	1,866	04	012	9,850	
Veterans Admin.	J. G. Burch	17	358	1,385			10,350	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	J. F. Toole	19	902	1,440	03	008	10,000	
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	C. O. Aring				03	009		154870
Cincinnati General	C. O. Aring	41	844	4,019				
Children's	S. A. Shelburne, Jr			467				
Veterans Admin.	C. O. Aring	18	323	790				
CLEVELAND								
Cleveland Clinic	A. Greenhouse	11	297	10,090	04	012	10,500	
Cleveland Metropolitan General	M. Victor	59	850	3,372	03	009	10,500	
University Hospitals of Cleveland	J. M. Foley	18	441	1,812	06	018	10,500	
Highland View								
Veterans Admin.	J. M. Foley	36	498	536			10,955	
COLUMBUS								
Ohio State University Hospitals	J. N. Allen	28	684	1,357	03	008	10,000	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	R. E. Carpenter				02	006		
University of Oklahoma Hospitals	R. E. Carpenter						9,000	
Veterans Admin.	T. Coussons	13	341	1,715				
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	R. L. Swank				03	009		
Good Samaritan Hospital and Medical Center	R. S. Oow	25	1,130	1,268			9,996	
University of Oregon Medical School								
Hospitals and Clinics	R. L. Swank	10	268	2,912			8,600	
Veterans Admin.	R. L. Swank	29	527	496			10,645	
PENNSYLVANIA								
COATESVILLE								
Veterans Admin.	R. A. Farmer	45	105	151	03	006	10,300	
PHILADELPHIA								
Hahnemann Medical College Affiliated Hospitals	E. L. Mancall				03	007		
Hahnemann Medical College and Hospital		35	433	2,500				
Philadelphia General		30	255	1,895			10,492	
Medical College of Pennsylvania Affiliated Hospitals								
Hospital of the Medical College of Pennsylvania	R. A. Burns				02	006		
Veterans Admin.	R. A. Burns	8	210	650			10,650	
Pennsylvania	O. G. Dorencamp						11,425	
Pennsylvania	F. A. Elliott	11	356	1,008	02	006	10,500	
Temple University Affiliated Hospitals								
Albert Einstein Medical Center	G. R. Haase				03	010		
St. Christopher's Hospital for Children	A. A. Bank	20	235	575			10,700	
Temple University	W. D. Grover	9	400	700				
	G. R. Haase		276	4,106			10,761	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA, PHILADELPHIA—Continued								
Thomas Jefferson University Wilmington Medical Center (Wilmington, Del.)	R. A. Chambers	19	483	1,974	03	009	10,900	
Veterans Admin. (Wilmington, Del.)	O. Marin	24	420	1,043			10,500	
	L. R. Katz	5	42	270			10,974	
University of Pennsylvania Affiliated Hospitals	L. P. Rowland		847	3,807	05	015	11,500	
Hospital of the University of Pennsylvania	L. P. Rowland	33	235	2,200			11,200	
Children's Hospital of Philadelphia	P. H. Berman	9						
Graduate Hospital of the University of Pennsylvania	R. N. Harner	30	350	1,000				
Philadelphia General	L. Prockop	30	255	1,786			10,492	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	H. B. Higman				03	009	11,125	165270
Presbyterian—University	H. B. Higman	10	318	1,590				
Children's Hospital of Pittsburgh	F. J. Samaha	2	489	497				
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals University District	L. P. Sanchez Longo	10	212	1,252	02	008	2,600	
Municipal Hospital Dr. Rafael Lopez Nussa								
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals								
Medical University of South Carolina	G. F. Young	14	435	3,192	03	009		
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	R. A. Utterback				03	006		
City of Memphis Hospitals		15	427	3,007			8,184	
Veterans Admin.		8	82	80			9,494	
NASHVILLE								
Vanderbilt University Affiliated Hospitals	G. M. Fenichel				03	008	8,925	
Vanderbilt University	G. M. Fenichel	6	369	2,659			8,925	
Nashville Metropolitan General	T. F. Paine							
Veterans Admin.	L. W. Mc Lain, Jr.	11	319	1,040			9,613	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	R. Greenlee				03	007		
Parkland Memorial	R. Greenlee	2	81	2,951			8,327	
Children's Medical Center	D. Daly	9	280	336				
Veterans Admin.	L. M. Pence	12	190	1,527			9,070	
GALVESTON								
University of Texas Medical Branch Hospitals	J. R. Calverley	20	508	5,198	02	006	10,200	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	J. S. Meyer				05	018		
Ben Taub General	J. S. Meyer	11	370	4,095			9,000	
Methodist	J. S. Meyer	35	1,365	3,111			8,100	
Veterans Admin.	G. Isaacs	35	418	1,954			9,000	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	L. W. Jarcho				03	010	9,600	
University	L. W. Jarcho	12	628	2,823				
Veterans Admin.	E. T. Ajax	40	332	755				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	C. M. Poser	21	818	1,200	03	007	8,600	
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Medical School Aff. Hosps., Hanover, N. H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	T. R. Johns, 2d.	22	785	3,977	04	013	9,400	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	C. Suter				04	013		
Medical College of Virginia Hospitals	C. Suter		987	5,253				
Veterans Admin.	H. R. Howell	39	284	499			9,548	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	P. D. Swanson				04	012		
Children's Orthopedic Hospital and Medical Center	C. B. Carlson		163	1,476				
Harborview Medical Center	M. Sumi		563	1,173				
University	P. D. Swanson	6	333	2,470			9,444	
Veterans Admin.	H. Leffman	15	275	675				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	L. Gutmann	15	640	4,107	02	006	9,500	183770
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	F. M. Forster				05	017	10,000	
University Hospitals	F. M. Forster	25	752	4,029				
Veterans Admin.	B. Messert	25	389	713				

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	E. J. Lennon				03	009		
Milwaukee County General	E. J. Lennon	20	335	1,779			10,100	
Milwaukee Children's	J. C. Peterson	1	365	2,395			10,000	
Veterans Admin. Center (Wood)	E. Bravo - Fernandez	53	532	1,556			10,625	

12B. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health—Clinical Center, Bethesda					01	001		

13. NEUROPATHOLOGY

Residency programs in Neuropathology are approved by the Council on Medical Education and the American Board of Pathology, and are listed following programs in Pathology, as List C.

14. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
CALIFORNIA									
David Grant U.S.A.F. Medical Center, Fairfield U.S.A.F., Mather A.F.B.	J. G. Daley	38	3,705	58,356	4	03	012		
MISSISSIPPI									
U.S.A.F. Medical Center, Biloxi	D. R. Dunning	27	2,207	41,473	4	02	008		
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. J. Halki	58	3,330	58,093	4	03	012		
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco	D. L. Vaughn	23	1,631	28,663	3	02	007		
COLORADO									
Fitzsimons Army Medical Center, Denver	K. F. Deubler	36	2,569	38,696	3	03	009		
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	W. E. Patow	37	1,843	32,685	3	03	009		
HAWAII									
Tripler Army Medical Center, Honolulu	J. A. Austin	68	6,081	70,791	3	04	012		
TEXAS									
William Beaumont Army Medical Center, El Paso	J. W. Pearson	436	3,242	57,510	3	04	012		
Brooke Army Medical Center, San Antonio	G. D. Plunkett	41	2,428	45,737	3	03	009		
WASHINGTON									
Madigan Army Medical Center, Tacoma	R. E. Rogers	39	3,946	62,554	3	04	012		
UNITED STATES NAVY									
CALIFORNIA									
Naval, Oakland	J. F. Wurzel	28	2,422	26,939	3	02	008		181371
Naval, San Diego	B. D. Viele	65	6,132	82,602	3	04	016		
ILLINOIS									
Naval, Great Lakes	J. D. Millerick	22	1,951	44,251	3	02	006		
MARYLAND									
Naval, Bethesda	D. R. Knab	40	2,610	50,113	3	03	012		182371

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
PENNSYLVANIA									
Naval, Philadelphia	R. A. Baker	21	1,388	17,439	3	02	006		183171
VIRGINIA									
Naval, Portsmouth	R. T. Upton	78	6,535	60,322	3	06	018		
UNITED STATES PUBLIC HEALTH SERVICE									
ARIZONA									
U. S. Public Health Service Indian, Phoenix (See St. Joseph's Hospital and Medical Center, Phoenix, Ariz.)									
LOUISIANA									
U. S. Public Health Service, New Orleans	A. D. Landry	18	1,074	11,608	3	01	003		
WASHINGTON									
U. S. Public Health Service, Seattle (See Univ. of Washington Affil. Hospitals, Seattle, Wash.)									
OTHER FEDERAL									
CANAL ZONE									
Gorgas, Balboa Heights	J. K. Newton	25	3,277	20,111	3	01	003	12,628	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
Carraway Methodist Medical Center	C. M. Tyndal	38	2,362	21,127	3	02	006	10,200	
University of Alabama Medical Center	C. E. Flowers, Jr.	53	5,421	11,676	3	05	020	9,000	
University of Alabama Hospitals and Clinics									
FAIRFIELD									
Lloyd Noland	J. P. Hardy	15	1,102	15,240	3	01	003	12,000	100871
MOBILE									
University of South Alabama Affiliated Hospitals									
Mobile General	O. M. Otts, Jr.	38	3,354	5,381	3	02	006	10,440	
ARIZONA									
PHOENIX									
Good Samaritan	W. B. Cherny	81	5,537	6,792	3	04	014	9,000	
Maricopa County General	W. E. Crisp	45	4,848	7,289	3	04	012	10,795	
St. Joseph's Hospital and Medical Center	R. J. Jennett	53	5,128	5,781	3	03	009	10,800	
U. S. Public Health Service Indian	D. L. Child	17	1,023	6,150					
TUCSON									
University of Arizona Affiliated Hospitals									
Prima County General	C. D. Christian	4	270	7,560	3	03	012	8,925	101571
Tucson Medical Center		56	5,282						
University		15	1,001	11,334					
ARKANSAS									
LITTLE ROCK									
University	D. L. Barclay	44	4,121	16,659	3	04	012	8,300	101871
CALIFORNIA									
BAKERSFIELD									
Kern County General	L. E. Smale	21	2,291	13,162	3	02	006	12,600	
DAVIS									
University of California (Davis) Affiliated Hospitals									
Sutter Community Hospitals of Sacramento (Sacramento)	K. R. Niswander				3	03	008	11,100	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	J. N. Miller, Jr.	32							
		10	2,093	10,265					
FONTANA									
Kaiser Foundation (See Loma Linda University Affiliated Hospitals, Loma Linda)									
FRESNO									
Valley Medical Center of Fresno	H. L. Tieche	28	3,440	15,776	3	02	006	13,754	
GLENDALE									
Glendale Adventist	S. Engblom	24	2,116	13,513	3	02	006	10,800	
IRVINE									
University of California (Irvine) Affiliated Hospitals									
Orange County Medical Center (Orange)	J. H. Mc Clure	34	3,509	18,381	3	03	009	13,546	
LOMALINDA									
Loma Linda University Affiliated Hospitals									
Loma Linda University	H. Ziprick, R. Nelson	26	1,935		3	04	012	10,568	
Kaiser Foundation (Fontana)	H. Ziprick, R. Nelson								
Riverside General (Riverside)	W. W. Brown	27	2,634	16,478				11,564	
LDS ANGELES									
California Hospital Medical Center									
Cedars—Sinai Medical Center	R. J. Futoran	47	4,417	8,210	3	02	006	12,000	
Cedars of Lebanon Hospital Division	M. E. Wade	16	11,858	10,503	4	04	012	13,230	
Kaiser Foundation	A. Saltz	59	7,978	98,013	3	04	012		
Los Angeles County—U.S.C. Medical Center	E. J. Quilligan	203	21,620	70,420	4	12	040	14,340	
Martin Luther King, Jr. General	E. C. Davidson, Jr.	30	800	7,514	4	06	024	13,656	205771
U. C. L. A.	J. G. Moore	40	3,298	15,612	4	06	020	11,100	
White Memorial Medical Center	M. Nakamoto	30	2,869	10,929	3	03	009	10,800	
OAKLAND									
Kaiser Foundation	S. S. Sallomi	30	3,556	62,471	3	04	012	10,020	

APPROVED RESIDENCIES

14. 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 1974-1975 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA—Continued									
ORANGE									
Orange County Medical Center (See Univ. of Calif. (Irvine) Affiliated Hosps., Irvine)									
RIVERSIDE									
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)									
SACRAMENTO									
Kaiser Foundation									
	B. R. Marshall	42	3,891	64,956	3	02	006	10,020	209771
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)									
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)									
SAN BERNARDINO									
San Bernardino County General									
	W. J. Spanos	22	1,816	11,492	3	01	003	10,600	
SAN DIEGO									
Mercy Hospital and Medical Center									
	J. F. Wanless	45	4,970	14,631	3	02	006	10,155	
University Hospital of San Diego County									
	S. S. C. Yen	20	2,428	7,798	3	03	011	11,100	
SAN FRANCISCO									
Kaiser Foundation									
	G. C. Calderwood	45	4,989	48,122	3	03	009	10,020	
Mount Zion Hospital and Medical Center									
	J. A. Kerner	24	2,096	5,663	3	01	003	10,500	
University of California Program									
	R. B. Jaffe	45	4,986	6,546	4	06	024	10,412	106271
Children's Hospital and Adult Medical Center									
	G. A. Webb	21	2,615	23,743				9,800	
H. C. Moffitt—University of California Hospitals									
	R. B. Jaffe	22	2,086	16,840				11,100	
San Francisco General									
	P. Goldstein								
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									
	C. E. Mc Lennan	36	3,453	10,862	3	06	018	10,225	
Stanford University									
	C. E. Mc Lennan	21	1,955	12,107				11,487	
Santa Clara Valley Medical Center (San Jose)									
	E. W. Lowe	55	5,772	52,672					
Kaiser Foundation (Santa Clara)									
	J. Portnuff								
STOCKTON									
San Joaquin General									
	D. Harrington, H. John	21	2,687	16,657	3	02	006	13,450	
TORRANCE									
Los Angeles County Harbor General									
	J. R. Marshall	51	4,840	18,656	4	05	018	14,340	
COLORADO									
DENVER									
St. Joseph									
	C. H. Alexander	69	5,718	4,339	3	02	006	9,570	
University of Colorado Affiliated Hospitals									
	E. S. Taylor	42	4,124	20,858	3	06	018	9,570	
University of Colorado Medical Center									
	E. S. Taylor	34	3,465	19,444					
Denver General									
	H. E. Thompson	34	3,465	19,444	3	03	009	9,570	
University of Colorado Community Program									
	E. S. Taylor	52	4,656	4,389					
Denver General									
	H. E. Thompson	51	3,898	1,373					
General Rose Memorial									
	F. R. Abrams	42	4,124	20,858					
St. Luke's									
	W. F. Manly								
University of Colorado Medical Center									
	E. S. Taylor								
CONNECTICUT									
BRIDGEPORT									
Bridgeport									
	J. R. Lyddy	40	3,841	3,986	3	02	006	12,720	
St. Vincent's									
	W. S. Bousa	28	2,469	1,616	3	01	003	11,000	
FARMINGTON									
University (See University of Connecticut Affil. Hosps., Hartford)									
HARTFORD									
Hartford									
	R. C. Burchell	108	8,142	12,751	3	03	009	10,500	
Mount Sinai									
	M. S. Baggish	40	3,874	709	3	02	005	10,800	185471
St. Francis									
	J. M. Gibbons, Jr.	79	6,761	7,446	3	03	009	7,800	
University of Connecticut Affiliated Hospitals									
	J. N. Blechner	47	4,311	3,217	3	03	009	11,100	109471
University (Farmington)									
New Britain General (New Britain)									
NEW BRITAIN									
New Britain General (See Univ. of Connecticut Affiliated Hospitals, Hartford)									
NEW HAVEN									
Yale—New Haven Medical Center									
	N. Kase	85	7,815	21,686	4	06	020	11,025	
Yale—New Haven									
STAMFORD									
Stamford									
	A. Bellwin	31	2,256	3,203	3	01	003	11,100	
DELAWARE									
WILMINGTON									
Wilmington Medical Center									
	W. G. Slate	110	11,100	9,200	3	04	012	10,000	109971

14. 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 1974-1975 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
DISTRICT OF COLUMBIA									
WASHINGTON									
Freedmen's	J. F. J. Clark	211	14,767	14,150	4	06	024	11,342	
District of Columbia General (Howard University Service)	A. O. Godette	98	6,350	13,690				11,300	
Georgetown University Affiliated Hospitals	P. D. Bruns				3	05	015	11,130	180171
Georgetown University	P. D. Bruns	52	4,001	4,639				11,300	
District of Columbia General	F. J. Bepko, Jr.	98	6,350	13,690					
George Washington University Affiliated Hospitals	B. Waxman				3	09	017		180271
George Washington University	B. Waxman	14	5,090	5,024				10,573	
Columbia Hospital for Women	J. L. Marlow	112	12,573	13,853					
Fairfax (Falls Church, Va.)	N. J. Price	77	7,755	4,643					
Providence	J. S. Harrington	38	3,664	4,352	3	02	006	10,000	180371
Washington Hospital Center	W. F. Peterson	101	9,280	12,144	3	05	015	10,573	180071
FLORIDA									
GAINESVILLE									
William A. Shands Teaching Hosp. and Clinics	H. Prystowsky	48	3,491	25,716	4	04	016	8,900	182471
JACKSONVILLE									
Jacksonville Hospitals Educational Program	R. J. Thompson				3	07	021	8,925	110171
Baptist Memorial		45	3,780	2,993					
St. Vincent's		47	3,769	5,169					
University Hospital of Jacksonville		38	4,103	30,923					
MIAMI									
University of Miami Affiliated Hospitals									
Jackson Memorial	W. Little	129	8,669	19,205	3	08	034		
MIAMI BEACH									
Mount Sinai Hospital of Greater Miami	H. Kraff	33	2,965	6,162	3	02	006	10,700	
ORLANDO									
Orange Memorial	J. R. Jones, Jr.	102	7,488	13,602	3	03	009	9,000	110771
PENSACOLA									
Pensacola Educational Program	W. H. Mc Caw, G. T. Couch				3	02	006	10,200	
Baptist		47	3,450	700					
Sacred Heart		29	2,461	570					
University		23	1,265	5,848					
ST. PETERSBURG									
Bayfront Medical Center	W. S. Mc Keithen, Jr.	29	2,950	11,587	3	02	006	10,080	191171
TAMPA									
University of South Florida Affiliated Hospitals									
Tampa General	J. M. Ingram	50	5,815	5,465	3	03	009	9,416	
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals	J. O. Thompson				3	10	026	9,600	
Crawford W. Long Memorial	J. R. Mc Cain	44	3,698	4,986				9,000	
Emory University	J. O. Thompson	28	1,646						
Grady Memorial	J. O. Thompson	140	9,107	10,479				9,600	
Georgia Baptist	P. M. Payne	72	7,486	2,069	3	02	006	9,300	
AUGUSTA									
Medical College of Georgia Hospitals	W. A. Scoggin				4	04	016	9,500	
Eugene Talmadge Memorial		40	2,538	13,641					
University		48	3,958	7,056					
MACON									
Medical Center of Central Georgia	G. W. Jackson	63	5,480	9,283	3	03	009	10,200	
SAVANNAH									
Memorial Medical Center	L. S. Bodziner	28	2,275	5,392	3	01	003	8,649	
HAWAII									
HONOLULU									
University of Hawaii Affiliated Hospitals	J. A. Krieger				3	03	009	10,980	
Kapiolani Maternity and Gynecological	J. A. Krieger	98	11,740	6,534					
Queen's Medical Center	G. Goto	22	2,830	5,885					
ILLINOIS									
BERWYN									
Mac Neal Memorial	D. M. Santilli	47	3,931	4,436	3	02	006	11,100	112171
CHICAGO									
Chicago Medical School Affiliated Hospitals									
Mount Sinai Hospital Medical Center of Chicago	R. C. Stepto	41	4,422	8,319	4	04	010	9,700	114471
Columbus—Cuneo Medical Center	H. A. Gollin				3	01	003	10,600	
Columbus		25	2,754	686					
Frank Cuneo				175				2,936	
Cook County	R. C. Stepto	147	13,107	40,806	3	08	030	11,600	112771
Illinois Masonic Medical Center	J. J. Barton, R. R. Greene	22	4,055	5,554	3	03	006	11,200	113771
Mc Gaw Medical Center of Northwestern University									
Northwestern Memorial	J. Brewer, M. Bayly	85	5,879	6,992		05	019	11,072	224771
Passavant Pavilion					3				
Wesley Pavilion					4				
Chicago Maternity Center	A. H. Gatlin			9,390					
Evanston (Evanston)	T. W. Mc Elin	43	1,905	1,887	3	02	006	11,072	
Mercy Hospital and Medical Center	C. J. Smith	52	3,969	6,954	3	02	006	10,128	
Michael Reese Hospital and Medical Center	A. Scommegna	90	6,580	17,904	4	05	019	11,100	114271
Rush—Presbyterian—St. Luke's Medical Center	G. D. Wilbanks, Jr.	71	5,044	17,952	3	04	012	10,001	114771
St. Joseph	D. M. Fahrenbach	48	3,293	5,034	3	02	006	10,600	
University of Chicago Hospitals and Clinics	F. P. Zuspan	67	5,038	28,753	3	05	015	10,800	
University of Illinois	R. M. Wynn	49	3,184	23,476	3	04	012	9,900	115071
EVANSTON									
Evanston									
(See Mc Gaw Med. Cent. of Northwestern Univ., Chicago)									
St. Francis	J. H. Isaacs	32	2,201	3,719	3	01	003	11,100	116871

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
ILLINOIS—Continued									
MAYWOOD									
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. A. O'Leary	35	2,041	10,241	4	02	008	10,600	
DAK LAWN									
Christ Community	E. Wilhelm, G. Vlasis	44	4,165	1,297	3	02	006	11,000	113171
PEORIA									
St. Francis	P. R. Blough	53	4,404	5,642	3	02	006	10,750	
SPRINGFIELD									
Southern Illinois University Affiliated Hospitals Memorial Hospital of Springfield St. Johns	J. W. Roddick	20 38	1,897 3,188		3	02	006	10,000	292271
INDIANA									
EVANSVILLE									
St. Mary's	C. C. Young, Jr.	41	3,127	4,378	3	01	003	10,800	194171
INDIANAPOLIS									
Indiana University Medical Center Indiana University Hospitals Marion County General	C. A. Hunter	44 35	2,883 4,412	7,661 27,429	3	05	020	10,000 9,500	118771
Methodist Hospital of Indiana St. Vincent's	J. T. Benson W. E. Graham	92 31	6,312 2,981	6,412 5,256	3 3	03 02	009 006	11,360 11,760	
IOWA									
IOWA CITY									
University of Iowa Hospitals	W. C. Keettel	106	4,972	23,219	3	06	018	9,300	120371
KANSAS									
KANSAS CITY									
University of Kansas Medical Center	K. E. Krantz	47	3,584	32,426	3	04	012	9,000	
WICHITA									
Wesley Medical Center	D. K. Roberts	72	8,308	5,648	3	02	006	9,450	
KENTUCKY									
LEXINGTON									
University	J. W. Greene, Jr.	39	3,209	19,268	3	05	015	8,600	184871
LOUISVILLE									
St. Joseph Infirmary University of Louisville Affiliated Hospitals Louisville General	O. J. Hayes J. T. Queenan	58 36	4,007 3,615	5,937 16,915	3 3	02 04	004 012	11,050 8,100	
LOUISIANA									
NEW ORLEANS									
Charity Hospital of Louisiana Louisiana State University Division Tulane University Division	A. Mickal J. H. Collins J. B. Holland	81 68 7	6,039 5,541 668	17,709 14,132 23,263	3 3 3	10 06 02	032 018 006	7,800 7,800 8,997	122471 232071 196671
Ochsner Foundation Southern Baptist	H. D. Webster, Jr.	75	4,442	171	3	02	006	7,800	
SHREVEPORT									
Confederate Memorial Medical Center	E. E. Dilworth	55	5,258	17,101	3	05	015	7,800	123271
MARYLAND									
BALTIMORE									
Bon Secours Church Home and Hospital Franklin Square Greater Baltimore Medical Center Johns Hopkins Affiliated Hospitals Baltimore City Hospitals Johns Hopkins Lutheran Hospital of Maryland Maryland General St. Agnes St. Joseph Sinai Hospital of Baltimore Union Memorial University of Maryland Affiliated Hospitals University of Maryland Mercy	J. A. Engers, Jr. N. J. Kohlerman G. A. Glowacki E. S. Diggs T. M. King D. F. Kallreider T. M. King N. Levin G. Wells J. E. Toher C. E. Rybczynski J. S. Harris J. M. Haws A. L. Haskins A. L. Haskins J. P. Durkan	30 42 27 84 47 95 13 39 57 57 78 37 42 40	2,549 3,058 2,566 6,438 3,854 6,134 4,455 2,639 4,788 4,323 6,269 2,661 3,400 2,890	5,886 6,765 4,622 5,280 19,199 30,090 7,327 6,057 5,055 3,785 11,650 9,495 23,513 7,093	3 3 3 4 4 3 3 3 3 3 3 4 3 4	02 02 02 03 07 02 02 03 02 03 03 02 06 06	006 006 006 011 028 006 006 009 006 010 008 018 018	9,500 11,250 9,300 11,000 10,312 10,500 9,800 10,750 10,500 9,500 11,250 10,750 10,700 10,500	124071 124371 124871 124971 125271
CHEVERLY									
Prince George's General	J. A. Abell	31	5,224	7,547	3	02	006	10,500	190571
MASSACHUSETTS									
BOSTON									
Beth Israel Boston City Boston Hospital for Women St. Elizabeth's Hospital of Boston Tufts University Affiliated Hospitals Carney New England Medical Center Hospitals St. Margaret's	E. A. Friedman D. Charles K. J. Ryan J. A. Whelton G. W. Mitchell, Jr.	63 57 171 30 113	5,531 3,680 14,489 2,420 8,112	16,378 23,199 40,381 4,197 18,145	4 3 3 3 3	04 07 06 02 04	016 018 016 006 012	10,700 10,800 11,315 10,710 10,723	125771 239471
PITTSFIELD									
Berkshire Medical Center	J. A. Reder	51	2,795	1,904	4	01	004	11,130	
SPRINGFIELD									
Wesson Women's	S. J. Zwirek	100	8,545	6,472	3	03	009	11,606	241371
WORCESTER									
Memorial	R. E. Hunter	37	3,000	4,978	3	02	006	10,600	
MICHIGAN									
ANN ARBOR									
St. Joseph Mercy	F. W. Jeffries	46	3,806	4,462	3	02	006	10,800	

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MICHIGAN, ANN ARBOR—Continued									
University of Michigan Affiliated Hospitals	J. R. Willson				3	06	024		
University	J. R. Willson	55	3,479	18,145				10,500	
Wayne County General (Eloise)	J. R. Gosling	36	2,925	10,887				11,361	
DEARBORN									
Oakwood	W. J. Yetzer	82	6,247	4,814	4	03	012	11,100	
DETROIT									
Crittenton	F. G. Mariona	45	3,298	21,655	3	02	008		
Detroit—Macomb Hospitals	A. Hodari				4	03	012	10,700	
Detroit Memorial	A. Hodari	21	2,122	12,979					
South Macomb (Warren)	A. Hodari	27	2,717						
Grace	L. B. Stevenson	84	5,628	2,037	4	03	012	10,800	130071
Henry Ford	C. P. Hodgkinson	59	3,086	35,448	4	03	012	10,300	
Mount Carmel Mercy (See Providence, Southfield)									
St. John	P. C. Di Loreto	58	4,491	4,522	4	02	008	12,000	191571
Sinai Hospital of Detroit	A. I. Sherman	97	6,427	5,058	3	03	009	10,600	
Wayne State University Affiliated Hospitals	T. N. Evans				4	03	036		
Detroit General	T. N. Evans	21		4,782				11,200	
Harper	T. N. Evans	25	1,196	1,280				10,800	
Hutzel	T. N. Evans	163	11,167	19,585				11,200	
Bronson Methodist (Kalamazoo)	R. O. Swann	53	4,007	5,152				9,900	
EAST LANSING									
Michigan State University Associated Hospitals	T. Kirschbaum				3	02	006		131571
Michigan State University Health Center	T. Kirschbaum	119	8,670	1,965				10,600	
Edward W. Sparrow (Lansing)	J. Hazen	76	6,223					11,600	
St. Lawrence (Lansing)									
ELOISE									
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)									
FLINT									
Hurley	D. E. Wilson	28	4,411	1,482	3	02	006	9,300	
GRAND RAPIDS									
Blodgett Memorial—St. Mary's Hospitals	H. C. Visscher				3	03	009	10,008	131171
Blodgett Memorial	R. D. Visscher	49	4,074	11,594					
St. Mary's	M. J. Murphy	26	2,320	2,137					
Butterworth	K. Vander Kolk	77	5,696	3,486	3	03	009	10,008	
KALAMAZOO									
Bronson Methodist (See Wayne State University Affil. Hosps., Detroit)									
LANSING									
Edward W. Sparrow (See Michigan State Univ. Assoc. Hospitals, East Lansing)									
St. Lawrence (See Michigan State Univ. Assoc. Hospitals, East Lansing)									
PONTIAC									
Pontiac General	J. W. Gell	64	5,250	2,818	3	03	009	10,800	
St. Joseph Mercy	M. Krane	45	3,501	1,577	3	03	006	10,800	131971
ROYAL OAK									
William Beaumont	R. R. Margulis	96	8,393	3,326	3	04	012	11,000	197871
SAGINAW									
Saginaw Cooperative Hospitals	D. B. Heilbronn			2,937	3	04	008	11,141	132071
Saginaw General		57	4,119						
St. Mary's		15	1,217						
SOUTHFIELD									
Providence	E. Cashman	57	4,149	4,292	3	04	012	11,700	130371
Mount Carmel Mercy (Detroit)									
WARREN									
South Macomb (See Detroit-Macomb Hospitals, Detroit)									
MINNESOTA									
MINNEAPOLIS									
University of Minnesota Affiliated Hospitals	J. J. Sciarra				4	08	032		
Hennepin County General	D. W. Freeman	28	2,292	14,988	4			9,500	
University of Minnesota Hospitals	J. J. Sciarra	39	1,554	15,077				10,500	
St. Mary's	L. L. Adcock	52	4,199	5,837				8,500	
St. Joseph's (St. Paul)	P. Williams	355	18,822	29,351					
ROCHESTER									
Mayo Graduate School of Medicine	D. G. Decker			40,237	4	04	016	11,000	132871
Rochester Methodist		26	1,165						
St. Mary's		41	2,759						
ST. PAUL									
St. Joseph's (See University of Minnesota Affiliated Hosps., Minneapolis)									
St. Paul—Ramsey	E. Y. Hakanson	24	1,672	12,327	4	02	008	10,300	133571
MISSISSIPPI									
JACKSON									
University of Mississippi Medical Center	H. A. Thiede	65	4,782	12,581	4	05	015	8,400	195771
University									
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	W. T. Griffin	55	1,935	14,476	4	03	012	9,000	
KANSAS CITY									
Kansas City General Hospital and Medical Center	G. L. Miller	30	2,710	17,429	3	03	006	9,285	

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MISSOURI, KANSAS CITY—Continued									
Menorah Medical Center	H. J. Winer	39	2,959	2,735	3	02	006	11,600	
St. Luke's	R. L. Newman		3,112	5,378	3	03	009	8,856	
ST. LOUIS									
Barnes Hospital Group—Washington University	J. C. Warren	105	6,560	17,335	3	07	019	9,500	135371
Deaconess	W. D. Hawker	28	1,704	7,994	3	01	003	9,000	
Missouri Baptist	W. D. Hawker	69	4,828	9,392				9,000	
Homer G. Phillips	S. Monat	55	3,570	5,496	3	03	009	9,894	
Jewish Hospital of St. Louis	S. O. Soule, R. Burstein	56	3,971	6,442	3	03	009	10,450	135871
St. John's Mercy Medical Center	D. J. Martin	64	5,415	6,169	3	03	009	8,400	
St. Louis University Group of Hospitals	D. Cavanagh				3	06	018		136571
Firmin Desloge General	D. Cavanagh	21	1,460	5,490				10,000	
St. Louis City		39	3,293	13,340					
St. Mary's Health Center	D. Cavanagh, H. Ott, Jr.	60	4,159	2,773				10,020	
NEBRASKA									
OMAHA									
Creighton University Affiliated Hospitals	R. J. Luby				3	03	009	10,200	137271
Archbishop Bergan Mercy	W. J. Holden	76	4,454						
Creighton Memorial St. Joseph's	R. J. Luby	48	2,034	16,000					
University of Nebraska	R. H. Messer	18	2,683	16,497	3	04	009	9,900	137671
NEW JERSEY									
CAMDEN									
Cooper	J. Gaines, L. Rose	36	2,808	3,152	3	02	006	10,000	138071
JERSEY CITY									
Margaret Hague Maternity	H. P. Wager	118	10,416	32,704	3	03	014	9,500	
LIVINGSTON									
St. Barnabas Medical Center	J. L. Breen	96	6,548	22,520	3	04	012	10,842	
LONG BRANCH									
Monmouth Medical Center	A. J. Halpern	35	2,773	7,181	3	02	006	11,000	139271
NEPTUNE									
Jersey Shore Medical Center—Fitkin	H. Hutchinson	41	3,359	4,411	3	01	003	8,545	
NEWARK									
Martland	H. Caterini	73	4,622	44,241	3	05	015	11,000	139871
Newark Beth Israel Medical Center	P. Pedowitz	70	4,686	7,894	3	02	006	11,800	
St. Michael's Medical Center	J. F. Flanagan	44	2,598	5,491	3	03	006	11,800	139971
PATERSON									
St. Joseph's	J. A. Oolan	34	3,239	4,905	3	02	006	11,485	
PLAINFIELD									
Muhlenberg	R. L. Malatesta	44	3,081	2,622	3	02	006	11,800	140771
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals									
Bernalillo County Medical Center	R. A. Munsick	32	3,480	24,652	3	04	012	8,850	
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	O. P. Swartz				3	07	021		141471
Albany Medical Center	D. P. Swartz	65	5,752	4,654				10,550	
St. Peter's	J. J. Cassidy, Jr.	33	1,758	2,086				13,700	
BUFFALO									
S.U.N.Y. at Buffalo Affiliated Hospitals									
Deaconess Hospital of Buffalo	N. G. Courey	70	5,227	12,148	4	02	008	10,500	
Millard Fillmore	M. J. Pleskow	87	5,799	3,621	4	03	009	11,000	
Sisters of Charity	D. H. Nichols	80	5,805	4,615	4	02	008	10,500	
University Residency	W. L. Johnson				3	06	018		
Buffalo General	P. K. Birtch	66	4,672	8,033				10,500	
Children's Hospital of Buffalo	W. L. Johnson	43	5,296	420					
Edward J. Meyer Memorial	W. L. Johnson	24	1,234	10,603					
Roswell Park Memorial Institute	J. Barlow	31	587	4,589				10,000	
COOPERSTOWN									
Mary Imogene Bassett	D. H. Barns	11	749	9,289	3	01	003	12,300	
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div.	L. I. Mann	32	2,322	8,780	4	04	013	10,706	
Mercy (Rockville Centre)	E. N. Cartnick	57	4,050	1,558					
JOHNSON CITY									
Charles S. Wilson Memorial	T. W. Nowicki	35	2,820	2,972	3	01	003	10,200	145271
MANHASSET									
North Shore	A. N. Fenton	62	5,446	4,625	4	02	008	12,800	
MINEOLA									
Nassau	J. Malfetano	47	3,768	1,891	3	01	003	13,110	145571
MOUNT VERNON									
Mount Vernon	N. M. Weinrod	24	1,876	3,430	3	01	003	11,000	
NEW HYDE PARK									
Long Island Jewish—Hillside Medical Center									
Program	F. Lane				3	05	014	13,300	
Long Island Jewish—Hillside Medical Center	F. Lane	55	3,733	1,871					
Queens Hospital Center (New York City)	F. Benjamin	53	5,244	26,943					
NEW YORK CITY									
Albert Einstein College of Medicine Affiliated Hospitals									
Bronx Municipal Hosp. Ctr.—Hosp. of Albert Einstein Coll. of Med.	H. Schulman				4	06	024		193171
Bronx Municipal Hospital Center		75	4,400	20,916					
Hospital of the Albert Einstein College of Medicine		40	3,464	9,589					
Albert Einstein College of Medicine Affiliated Hospitals									
Lincoln	A. Poliak	40	3,323	19,312	3	04	012	13,300	148471

14. CBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NORTH CAROLINA—Continued									
CHARLOTTE									
Charlotte Memorial	B. A. Rimer	79	6,333	17,523	3	03	009	9,600	
DURHAM									
Duke University Medical Center	R. T. Parker	61	4,206	17,984	4	05	020	9,850	
RALEIGH									
Memorial Hospital of Wake County (See North Carolina Memorial, Chapel Hill)									
WILMINGTON									
New Hanover Memorial	G. F. Rieman	56	4,196	3,209	3	02	006	9,500	
WINSTON-SALEM									
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	F. C. Greiss	33	2,514	16,094	4	03	012	9,500	153771
OHIO									
AKRON									
Akron City	L. M. Walker	66	4,386	4,739	3	03	009	10,000	154171
Akron General	W. A. Cook	60	3,922	3,915	3	02	006	10,000	154271
St. Thomas	M. V. Mac Innis	55	4,165	1,779	3	02	006	10,429	
CANTON									
Aultman	K. W. Kennedy	73	4,932	5,698	3	02	006	10,200	154471
CINCINNATI									
Bethesda	W. R. Graf	102	6,880	7,728	3	03	009	10,350	268971
Good Samaritan	R. T. F. Schmidt	103	7,535	3,902	3	02	006	9,850	155071
University of Cincinnati Hospital Group Cincinnati General	A. R. Shade	62	4,448	15,484	3	05	015		154871
CLEVELAND									
Cleveland Metropolitan General	B. Little	63	4,268	36,400	4	04	016	10,500	155371
Fairview General	G. P. Leicht	91	6,238	4,358	3	03	009	11,400	
Mount Sinai Hospital of Cleveland	M. Linden	58	4,904	8,295	3	03	009	10,500	
St. Luke's	R. P. Glove	53	3,805	10,409	3	02	006	10,500	156071
University Hospitals of Cleveland	A. B. Little	76	5,300	28,679	4	04	016	10,500	156271
COLUMBUS									
Mount Carmel Medical Center	H. E. Ezell	53	4,665	10,174	4	02	008	9,300	
Ohio State University Hospitals	W. E. Copeland	61	8,720	17,749	4	04	016	8,000	156671
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	L. W. Barnes				4	04	016		
Riverside Methodist	K. De Voe, Jr.	72	5,960	4,399				9,000	
St. Ann's Hospital of Columbus	B. Jacoby	84	6,374	4,109					
DAYTON									
Good Samaritan	B. A. Kleinman, Z. A. Katz	63	4,553	4,737	3	01	003	12,600	
Miami Valley	N. J. Thompson	74	5,842	7,964	3	04	012	10,550	156971
TOLEDO									
Medical College of Ohio at Toledo Affiliated Hospitals	J. A. Walters				3	04	012	10,200	157971
Hospital of Medical College of Ohio at Toledo	J. A. Walters	12	709	2,596					
Mercy	H. F. Schroeder	46	3,289	1,920					
St. Vincent Hospital and Medical Center	E. C. Rost	58	4,025	4,031					
Toledo		74	5,146	3,157					
YOUNGSTOWN									
St. Elizabeth	J. Dentscheff	36	3,054	3,824	3	03	009	10,600	
OKLAHOMA									
OKLAHOMA CITY									
St. Anthony	P. J. Maguire	52	3,774	1,566	3	02	006	9,000	158771
University of Oklahoma Health Sciences Center University of Oklahoma Hospitals	J. A. Merrill	44	3,109	19,897	3	03	012	9,000	
TULSA									
Hillcrest Medical Center—St. John's Hillcrest Medical Center	J. B. Nettles	39	3,421	8,060	3	03	009	9,708	292871
St. John's	C. Barton	61	4,460	9,666					
OREGON									
PORTLAND									
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	R. C. Benson				4	06	022		
Emanuel	R. C. Benson	27	3,065	19,454				8,600	
	I. I. Langley	65	6,208	3,158				9,996	
PENNSYLVANIA									
ABINGTON									
Abington Memorial	A. L. Brenner	66	5,310	2,882	3	02	006	10,160	
ALLENTOWN									
Allentown	J. A. Miller	90	4,470	5,391	3	02	006	11,000	
BETHLEHEM									
St. Luke's	F. S. Flor	36	2,532	2,316	3	01	003	11,550	160571
CHESTER									
Crozer—Chester Medical Center (See Hahnemann Med. Coll. Affiliated Hospitals, Philadelphia)									
DANVILLE									
Geisinger Medical Center	J. S. Bates	27	1,818	20,569	3	02	006	10,400	160871
DARBY									
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)									
ERIE									
Hamot Medical Center—St. Vincent Hamot Medical Center	D. B. McNeill	36	2,664	2,282	4	01	004	10,000	161171
St. Vincent	C. Peterson	41	3,248	1,699					
HARRISBURG									
Harrisburg	W. C. Everhart	59	3,712	7,130	3	02	006	10,680	

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
PENNSYLVANIA—Continued									
HERSHEY									
Milton S. Hershey Medical Center of the Pennsylvania State University	V. G. Stenger	16	928	2,165	3	02	008	10,152	161771
PHILADELPHIA									
Albert Einstein Medical Center	P. M. Wapner	68	4,887	9,211	3	04	012	10,100	163171
Episcopal	R. W. Hyatt	34	2,855	9,088	3	02	006	10,400	
Germantown Dispensary and Hospital	J. G. Logue	22	1,639	5,763	3	01	003	10,017	162571
Hahnemann Medical College Affiliated Hospitals	J. H. Lee, Jr.	110	5,609	19,817	3	05	015	10,200	
Hahnemann Medical College and Hospital	J. H. Lee, Jr.	43	3,437	5,160					
Crozer—Chester Medical Center (Chester)	M. Klavan	50	3,341	11,157	3	03	009	10,650	
Hospital of the Medical College of Pennsylvania	E. R. Carrington	47	3,360	4,409	3	02	006	10,300	
Lankenau	J. D. Corbit, Jr.	71	4,946		3	03	009	10,000	163671
Mercy Catholic Medical Center	J. E. Lynch	71	4,946	4,598					
Misericordia Division		47	3,651	4,619					
Fitzgerald Mercy Division (Darby)		75	5,249	19,191	3	04	012	10,500	
Presbyterian—University of Pennsylvania Medical Center	E. E. Wallach	19	1,502	6,953	3	01	003	10,650	
Temple University	W. D. Chamblin	58	4,084	22,830	3	05	015	10,761	
Thomas Jefferson University Affiliated Hospitals	R. G. Holly	87	5,286	14,452	3	04	012	10,900	
Thomas Jefferson University	R. G. Holly	42	3,133	4,052				10,300	
Methodist	W. W. Bare								
University of Pennsylvania Affiliated Hospitals	L. Mastroianni, Jr.	97	6,827	33,409	4	07	026	11,500	
Hospital of the University of Pennsylvania	L. Mastroianni, Jr.	45	2,728	19,097				10,492	
Philadelphia General	J. Emich, Jr.								
PITTSBURGH									
Allegheny General	J. Gilmore	51	3,050	8,942	3	02	006	12,285	
Hospitals of the University Health Center of Pittsburgh									
Magee—Womens	D. L. Hutchinson	278	16,543	99,259	3	08	024	10,000	165271
Mercy	J. Rivkind	40	2,196	5,736	3	02	006	11,800	
Pittsburgh	W. N. Wilson	181	7,080	79,651	3	01	003	11,400	165171
Columbia (Wilkinsburg)	R. Recio	19	1,339	1,141				9,000	
St. Francis General	A. W. Corcoran	47	2,356	5,183	3	02	006	11,500	188171
Shadyside	L. J. Frymire	24	1,352	454					
Western Pennsylvania	L. E. Laufe	66	4,367	10,631	3	03	009	10,865	165971
READING									
Reading	J. G. Meharg	59	3,924	3,204	3	02	006	11,532	166171
WILKINSBURG									
Columbia (See Pittsburgh Hospital, Pittsburgh)									
YORK									
York	S. W. Deisher	51	4,431	5,422	3	02	006	10,000	167471
PUERTO RICO									
CAGUAS									
Caguas Sub—Regional	J. J. Vargas - Cordero	65	5,594	8,400	3	04	012	7,800	
MAYAGUEZ									
Mayaguez Medical Center	V. Luzon Ceballos	49		6,240	3	03	009		
PONCE									
Ponce District General	A. Tamm	72	6,999	6,315	4	04	012	7,800	
SAN JUAN									
Municipal Hospital Dr. Rafael Lopez Nussa	R. W. Axtmayer	113	9,621	12,505	3	06	018		
University District	I. Pelegrina	90	7,890	40,617	3	06	026		
RHODE ISLAND									
PROVIDENCE									
Providence Lying—In Hospital—Rhode Island	B. Buxton, Jr.	130	10,415	14,834	3	02	011	10,655	279371
Providence Lying—In Rhode Island	R. Douglas, B. Buxton, Jr. H. C. Mc Duff, Jr.	14	629	1,827					
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina Teaching Hospitals	L. L. Hester, Jr.	46	4,240	42,765	4	04	016		
Medical University of South Carolina									
COLUMBIA									
Richland Memorial	E. J. Dennis	21	1,832	2,829	3	02	006	9,000	168171
GREENVILLE									
Greenville General	F. E. Ellison, Jr.	73	5,373	10,476	3	03	009	10,000	168371
SOUTH DAKOTA									
YANKTON									
Sacred Heart	B. Ranney	16	1,028	6,782	3	01	003	8,700	280571
TENNESSEE									
CHATTANOOGA									
S. E. Tennessee Medical Education Center	P. Howard	80	5,611	22,682	3	03	009	9,780	168971
Baroness Erlanger									
KNOXVILLE									
University of Tennessee Memorial Research Center and Hospital	G. W. Bates	34	2,768	7,813	3	02	006	8,800	
MEMPHIS									
Baptist Memorial	P. C. Schreier	110	8,743	1,807	3	02	006	10,020	
Methodist	H. P. James	89	6,226	1,924	3	01	003	9,684	
University of Tennessee Affiliated Hospitals	S. A. Fish	103	9,472	17,674	3	07	021	8,184	184471
City of Memphis Hospitals									
NASHVILLE									
Baptist	J. M. Brakefield	63	5,143		3	00	000	10,200	
George W. Hubbard Hospital of the Meharry Medical College	W. F. B. James	24	1,592	4,026	3	02	006	9,554	

14. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
TENNESSEE, NASHVILLE —Continued									
St. Thomas	E. M. Clayton, Jr.	53	3,216	4,427	3	02	006	9,650	170171
Vanderbilt University Affiliated Hospitals	O. A. Goss				3	05	015	8,925	
Nashville Metropolitan General	J. S. Zelenik	22	2,066	12,130					
Vanderbilt University	D. A. Goss	26	1,837	12,038				8,925	
TEXAS									
CORPUS CHRISTI									
Memorial Medical Center	L. S. Archer	29	2,417	2,536	3	01	003		
DALLAS									
Baylor University Medical Center	R. H. Adams	102	9,007	5,257	3	04	011	9,360	
Methodist Hospital of Dallas	O. T. Hotchkiss	51	4,604	4,600	3	02	006	9,420	
Parkland Memorial	P. C. Mac Donald	130	9,973	65,835	3	07	019	8,327	
St. Paul	L. Leib	56	5,208	8,777	3	02	006	9,600	
EL PASO									
R. E. Thomason General		35	2,741	2,114	3	02	006	12,500	171071
FORT WORTH									
Fort Worth Affiliated Hospitals	P. P. Staples				3	02	006		
Harris Hospital—Fort Worth Medical Center	R. W. Dowling	112	8,237					10,680	
John Peter Smith	P. P. Staples	42	4,125	23,157				10,320	
GALVESTON									
University of Texas Medical Branch Hospitals	W. Mc Garity, A. Le Blanc	60	3,643	19,042	3	04	012	10,200	
University of Texas Medical Branch Hospitals (See University of Texas Affiliated Systems, Houston)									
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	R. H. Kaufman				3	09	027		
Ben Taub General	R. H. Kaufman	30	1,665	15,688				9,000	
Jefferson Davis	R. H. Kaufman	101	10,817	31,621				9,000	
Methodist	H. P. Arnold	83	6,274	440				8,100	
St. Luke's Episcopal	H. L. Gardner	77	3,643	702				9,000	
Hermann	B. J. Held	56	4,387	9,975	3	02	006	9,480	
University of Texas Affiliated Systems	J. Lucci, Jr., W. Mc Garity				3	03	009		292371
St. Joseph	J. Lucci, Jr.	73	5,696	12,020				8,400	
University of Texas Medical Branch Hospitals (Galveston)	J. A. Lucci, W. Mc Garity	60	3,643	19,042				10,200	
SAN ANTONIO									
University of Texas at San Antonio Teaching Hospitals									
Bexar County Teaching	J. Seitchik	73	7,099	21,660	3	04	016	9,495	
TEMPLE									
Scott and White Memorial	D. P. Baker	21	1,582	15,544	3	02	006	9,500	172571
UTAH									
SALT LAKE CITY									
University of Utah Affiliated Hospitals	M. A. Stenchever				3	04	012	9,600	
University	M. A. Stenchever	20	1,762	13,033					
Latter—Day Saints	R. M. Hebertson	73	6,643	1,056					
VERMONT									
BURLINGTON									
Medical Center Hospital of Vermont	J. V. S. Maeck	356	3,269	4,311	4	02	008	8,000	173471
VIRGINIA									
CHARLOTTESVILLE									
University of Virginia	W. N. Thornton, Jr.	35	2,846	13,104	4	03	012	9,400	173771
FALLS CHURCH									
Fairfax (See Geo. Washington Univ. Affil. Hosps., Washington, D. C.)									
NEWPORT NEWS									
Riverside	C. Nickerson	58	4,050	8,500	3	02	006	10,800	
NORFOLK									
Norfolk General	W. L. Le Hew	18	6,112	16,253	3	03	009	10,500	174171
RICHMOND									
Virginia Commonwealth University M. C. V. Affiliated Hospitals									
Medical College of Virginia Hospitals	L. J. Ounn	103	8,100	55,000	3	08	029	8,900	
WASHINGTON									
SEATTLE									
Swedish Hospital Medical Center	C. G. Stipp	32	3,358	2,044	3	02	006	8,910	175571
University of Washington Affiliated Hospitals	L. R. Spadoni				4	04	016		
Harborview Medical Center	L. Donohue		224	7,555					
U. S. Public Health Service	R. M. Briggs	6	371	3,538					
University	L. R. Spadoni	18	1,822	15,272				9,444	
Virginia Mason	R. Soderstrom, M. Smith	28	3,038	15,678					
SPOKANE									
Sacred Heart	W. H. Frazier	17	2,395	793	3	01	003	9,000	
WEST VIRGINIA									
CHARLESTON									
Charleston Area Medical Center Memorial Division	T. R. Poole	49	5,047	12,685	3	03	009	8,500	190271
MORGANTOWN									
West Virginia University Medical Center	W. A. Bonney	27	1,695	7,037	3	02	006	9,500	183771
WHEELING									
Ohio Valley General	F. G. Giustini	44	4,493	3,835	3	02	006	12,420	

14. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
WISCONSIN									
MADISON									
University of Wisconsin Affiliated Hospitals	B. M. Peckham				4	05	020	10,000	177971
Madison General	C. W. Horswill	42	3,150						
St. Marys Hospital Medical Center		43	3,217						
University Hospitals	B. M. Peckham	28	1,179	12,898					
MILWAUKEE									
Medical College of Wisconsin Affiliated Hospitals									
Milwaukee County General	R. F. Mattingly	39	2,914	20,700	4	03	012	10,100	178471
Mount Sinai Medical Center	C. J. Levinson	58	4,410	4,823	3	02	006	10,500	178771
St. Joseph's	D. V. Foley	101	7,093	3,275	3	02	006	10,500	178871
St. Mary's	W. C. Fetherston	39	2,831	2,272	3	01	003	10,500	179071

15. 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.

16. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are approved by the Council on Medical Education and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology, and are listed following the programs in Ophthalmology as List 17B.

17A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	L. C. Kiplin	18	572	28,667	02	006		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	F. L. Wergeland, Jr.	10	357	42,498	02	007		
COLORADO								
Fitzsimons Army Medical Center, Denver	R. A. Manson	27	828	22,902	01	003		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	B. Appleton	12	263	54,218	04	012		
HAWAII								
Tripler Army Medical Center, Honolulu	S. M. Galas	7	344	9,212	01	003		
TEXAS								
Brooke Army Medical Center, San Antonio	J. R. Simmons	12	420	49,169	03	009		
UNITED STATES ARMY, NAVY, AND AIR FORCE								
DISTRICT OF COLUMBIA								
Armed Forces Institute of Pathology, Washington (See George Washington Univ. Affil. Hosps., Washington, D. C.)								
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	F. J. Schmetz	6	195	22,515	02	006		181372
Naval, San Diego	D. G. Boyden	26	668	48,428	03	009		
MARYLAND								
Naval, Bethesda	L. M. King, Jr.	12	456	43,192	03	009		182372
PENNSYLVANIA								
Naval, Philadelphia	B. R. Blais	6	173	11,616	02	006		183172
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. Public Health Service, San Francisco	W. W. Richards	5	148	8,703	01	003		
LOUISIANA								
U. S. Public Health Service, New Orleans	C. D. Sanders	4	194	7,579	01	003		
MARYLAND								
U. S. Public Health Service, Baltimore	H. G. Randall	7	199	9,265	02	006		
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	M. Damast	13	240	7,645	02	007		

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Out patient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
STOCKTON								
San Joaquin General (See Stanford University Affiliated Hospitals, Stanford)								
TORRANCE								
Los Angeles County Harbor General	I. S. Pilger	4	304	12,613	01	005	14,340	
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	P. P. Ellis				05	015		
University of Colorado Medical Center	P. P. Ellis	5	299	15,033			9,570	
Denver General	J. R. Cerasoli	4	151	6,815				
Veterans Admin.	S. V. Guzak	7	202	2,600			9,007	
CONNECTICUT								
HARTFORD								
University of Connecticut Affiliated Hospitals	J. O'Rourke				01	002		
University of Connecticut Hospital—Mc Cook Division	J. O'Rourke	3	141	1,474			11,900	
Hartford	W. B. Brewster	16	939	1,976			10,500	
NEW HAVEN								
Yale—New Haven Medical Center								
Yale—New Haven	M. L. Sears	13	656	14,110	03	012	11,025	
DELAWARE								
WILMINGTON								
Veterans Admin. (See Jefferson Med. College Affil. Hosps., Philadelphia, Pa.)								
Wilmington Medical Center (See Jefferson Med. College Affil. Hosps., Philadelphia, Pa.)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	C. L. Cowan	4	229	5,357	02	007	11,342	
Georgetown University Affiliated Hospitals	P. Y. Evans				05	015		
Georgetown University	M. A. Lemp	4	167	4,980			11,130	
District of Columbia General	S. R. Limaye	12	301	10,254			11,300	
Sibley Memorial	A. M. Reynolds, Jr.	10	541	2,973				
Veterans Admin.	A. R. Pilkerton	8	196	1,600			10,780	
George Washington University Affiliated Hospitals	M. F. Armaly				03	009		
George Washington University	M. F. Armaly	6	491	11,800			10,573	
Armed Forces Institute of Pathology								
Children's Hospital of the District of Columbia	D. Friendly, M. Parks	6	1,402	6,329				
St. Elizabeths	H. S. Wicker	5	98	4,500			11,500	
Washington Hospital Center	W. B. Glew	32	1,815	25,000	04	012	10,022	
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	H. E. Kaufman				05	015		
William A. Shands Teaching Hosp. and Clinics	H. E. Kaufman	12	799	16,604			8,900	
University Hospital of Jacksonville (Jacksonville)	C. A. Wind	5	282	8,478				
Veterans Admin.	O. M. Worthen	15	528	4,500			9,125	
JACKSONVILLE								
University Hospital of Jacksonville (See University of Florida Affiliated Hospitals, Gainesville)								
MIAMI								
University of Miami Affiliated Hospitals	E. Norton, G. O'Grady				06	031		
Jackson Memorial	E. Norton	53	1,934	31,112			10,700	
Veterans Admin.	E. Norton	6	352	7,155			10,800	
TAMPA								
University of South Florida Affiliated Hospitals	W. C. Edwards				02	006		
Tampa General		5	107	1,000			9,934	
Veterans Admin.							10,203	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	F. P. Calhoun, Jr.				04	012		
Emory University		3	195					
Grady Memorial		9	596	24,743				
Veterans Admin. (Decatur)		9	216	1,584				
AUGUSTA								
Medical College of Georgia Hospitals	M. N. Luxenberg				03	009		
Eugene Talmadge Memorial		8	374	5,538			9,500	
University		8	907	783				
Veterans Admin.		2	77	1,145				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
ILLINOIS								
CHICAGO								
Cook County	A. A. Constantaras	11	459	16,988	03	009	11,600	
McGaw Medical Center of Northwestern University	D. E. Shoch				04	012		
Children's Memorial	P. E. Romano	3	275	5,420			11,587	
Northwestern Memorial	D. E. Shoch	26	1,147	5,143				
Veterans Admin. Research	D. E. Shoch	8	310	3,800				
Michael Reese Hospital and Medical Center	M. L. Stillerman	2	852	10,711	03	009	11,100	
Rush—Presbyterian—St. Luke's Medical Center	W. F. Hughes	16	604	5,000	01	005	10,001	

17.A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued								
University of Chicago Hospitals and Clinics	F. W. Newell	11	637	9,500	02	006	10,800	
University of Illinois	M. F. Goldberg	35	1,898	60,633	09	026	10,560	
EVANSTON								
Evanston	C. V. Barrett	9	556	6,084	01	003		
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	J. E. Mc Donald				03	009		225772
Foster G. Mc Gaw		4	221	2,411			10,000	
Veterans Admin. (Hines)		18	485	4,040			10,600	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	F. M. Wilson				07	021	10,000	
Indiana University Hospitals		13	919	11,704			9,500	
Marion County General			253	9,315			10,750	
Veterans Admin.		5	179	2,859				
Methodist Hospital of Indiana	B. J. Shapiro	9	547		01	001	14,025	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	F. C. Blodi				08	028	9,800	120372
University of Iowa Hospitals	F. C. Blodi	25	1,700	28,050				
Veterans Admin.	T. Burton, J. Mensher	10	254	3,519				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	A. N. Lemoine, Jr.	10	574	9,627	02	007	9,000	
St. Luke's (Kansas City, Mo.)								
Veterans Admin. (Kansas City, Mo.)	W. A. Pilchard	8	270	1,236			9,500	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. D. Wirtschafter				03	009		184872
University		6	434	9,600			9,100	
Veterans Admin.		6	161	1,775			9,460	
LOUISVILLE								
University of Louisville Affiliated Hospitals	R. Macdonald, Jr.				03	010		
Louisville General		4	198	6,584			6,500	
Children's		4	203	3,278			6,500	
Veterans Admin.		5	132	1,409			8,915	
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	G. M. Haik	13	394	16,128	02	008	7,800	
Charity Hospital of Louisiana	R. A. Schimek	8	463	15,532	03	009	8,997	196672
Ochsner Foundation	M. G. Holland				06	019		
Tulane University Affiliated Hospitals	M. G. Holland	13	408	14,271			7,800	
Charity Hospital of Louisiana	M. G. Holland						8,200	
Eye, Ear, Nose and Throat	M. G. Holland	6	1,889	11,003			9,522	
Touro Infirmary	W. Diaz	4	279	2,369			9,522	
Veterans Admin.	M. G. Holland	10	257	4,731			9,695	
SHREVEPORT								
Confederate Memorial Medical Center	L. A. Breffeith	10	539	7,896	02	006	7,800	
MARYLAND								
BALTIMORE								
Greater Baltimore Medical Center	R. E. Hoover	27	1,550	18,064	03	009	11,000	124172
Johns Hopkins	A. E. Maumenee	51	2,431	26,746	05	016	10,500	
Maryland General	A. Filar	18	998	16,079	02	006	10,750	
Sinai Hospital of Baltimore	H. K. Goldberg	5	298	2,263	01	002	11,250	
University of Maryland Affiliated Hospitals								
University of Maryland	R. D. Richards	10	523	7,358	03	009	10,700	
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals	H. Leibowitz, S. Lessell				04	016		
Boston City	S. Lessell	12	555	10,000			11,515	
University	H. Leibowitz	5	270	5,380			10,100	
Massachusetts Eye and Ear Infirmary	C. D. J. Regan	101	6,231	62,868	08	022	10,525	
Tufts University Affiliated Hospitals	J. Price				03	012		
New England Medical Center Hospitals	B. Schwartz	3	146	9,907			10,724	
Veterans Admin.	J. Price	15	251	2,711			11,245	
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)								
ANN ARBOR								
University of Michigan Affiliated Hospitals	J. W. Henderson				07	021		
University	J. W. Henderson	29	1,773	17,548			10,500	
Veterans Admin.	J. Henderson, J. Wolter	4	157	1,645			11,000	
Wayne County General (Eloise)	J. Henderson	4	222	4,562			11,361	
DETROIT								
Grace	M. Croll	15	664	5,165			10,800	
Harper	R. S. Jampel	33	1,274	5,352			10,800	
Henry Ford	J. S. Guyton	30	905	27,581	04	016	10,300	
Sinai Hospital of Detroit	H. S. Sugar	12	949	5,920	02	006	10,600	
Wayne State University Affiliated Hospitals	R. S. Jampel				01	001		129572
Veterans Admin. (Allen Park)		8	202	3,702			11,580	
Detroit General		10		16,399			11,200	

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Out patient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
MICHIGAN—Continued								
ELOISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	J. E. Harris				06	019		
Hennepin County General	H. A. Shaw	3	162	8,396			9,500	
University of Minnesota Hospitals	J. E. Harris	20	975	23,057			9,179	
Veterans Admin.	J. E. Harris	12	372	8,135			9,874	
St. Paul—Ramsey (St. Paul)	R. H. Monahan	2	114	6,901			10,300	
ROCHESTER								
Mayo Graduate School of Medicine	J. W. Henderson							
Rochester Methodist		14	1,003	78,148	08	024	11,000	
St. Mary's								
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	S. B. Johnson				02	006		
University		4	371	3,005			8,925	
Veterans Admin. Center		6	174	2,534			8,500	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	W. M. Hart	42	355	6,520	03	007	9,500	
KANSAS CITY								
Kansas City General Hospital and Medical Center	F. N. Sabates	2	121	4,425	02	006	9,285	
St. Luke's (See University of Kansas Medical Center, Kansas City, Kansas)								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)								
ST. LOUIS								
Homer G. Phillips	H. P. Venable	7	235	7,732	04	012	9,894	
St. Louis University Group of Hospitals	R. D. Mattis				04	012	10,000	
Cardinal Glennon Memorial Hospital for Children	R. D. Mattis	3	622	3,639			10,000	
Deaconess	W. H. Lewin	9	501	696			11,400	
Firmin Desloge General	R. D. Mattis	3	560	3,651			10,000	
St. Louis—Little Rock City Hospitals								
Washington University Affiliated Hospitals	B. Becker				07	022		
Barnes Hospital Group	B. Becker	55	3,128	19,519			10,000	
Jewish Hospital of St. Louis	E. Berg	7	440	2,687			10,950	
St. Louis City		4	92	5,230				
Veterans Admin.	B. Becker	7	276	4,510				
NEBRASKA								
OMAHA								
University of Nebraska Affiliated Hospitals	R. E. Records				03	009		137672
University of Nebraska	R. E. Records	3	126	6,437			9,900	
Veterans Admin.	R. E. Records	7	171	3,468			10,468	
NEW JERSEY								
EAST ORANGE								
Veterans Admin. (See CMDNJ-New Jersey Medical School Aff. Hosp., Newark)								
JERSEY CITY								
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Aff. Hosp., Newark)								
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals								
Jersey City Medical Center (Jersey City)	A. A. Cinotti, M. L. Mund				05	016		139872
Martland	A. A. Cinotti	5	540	5,856				
United Hospitals Medical Center—Newark	A. A. Cinotti	4	238	5,571			10,500	
Eye and Ear Infirmary	M. L. Mund	10	2,800	8,739			11,800	
Veterans Admin. (East Orange)	J. L. Harris	10	212	2,115			11,797	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. D. Reinecke				04	012		
Albany Medical Center	R. D. Reinecke	11	748	8,935			10,550	
Child's	J. A. Cetner	15	864	61				
Veterans Admin.	R. D. Reinecke	10	209	1,495				
BUFFALO								
Deaconess Hospital of Buffalo	E. P. Olmsted	11	699	15,932	02	006	11,000	
Edward J. Meyer Memorial	J. V. Armenia	1	238	10,895	02	006	10,500	
S. U. N. Y. at Buffalo Affiliated Hospitals	C. H. Addington				03	006		
Buffalo General		10	511	3,468			10,500	
Children's Hospital of Buffalo		2	334	2,613			10,500	
Veterans Admin.								
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	E. K. Rahn	8	324	10,877	03	009	10,618	
MANHASSET								
North Shore	I. H. Kaufman		324	1,822	01	003	12,800	

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Out patient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	P. Ballen	5	376	1,443	03	009	13,300	
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)		7	256	12,821				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	P. Henkind	9	424	17,794	06	018		
Bronx Municipal Hospital Center		1	94	3,561				
Hospital of the Albert Einstein College of Medicine		16	800	15,000			13,300	
Montefiore Hospital and Medical Center Morrisania City		6	258	13,170	03	009	13,750	
Beth Israel Medical Center	T. Farkas	22	1,331	24,190	03	009	13,300	
Bronx—Lebanon Hospital Center	S. Epstein						13,300	
Bronx Eye Infirmary	S. Epstein						13,300	
Brooklyn Eye and Ear	M. A. Lasky	2,482		40,772	04	012	14,000	
Catholic Medical Center of Brooklyn and Queens								
Hospital of the Holy Family	D. Willard	10	487	3,336	01	003	13,300	
Coney Island (See State University-Kings County Hospital Center)								
French and Polyclinic Medical School and Health Center	S. Schutz	8	415	5,069	01	003	13,750	147572
Polyclinic Division								
Jewish Hospital and Medical Center of Brooklyn Lenox Hill	M. Lasky	8	315	4,025	01	004	14,300	
	J. Sauer	15	485	5,613	01	003	14,031	
Manhattan Eye, Ear and Throat	S. Schutz	853	5,537	51,220	06	018	13,300	
Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)								
Mount Sinai Hospital Training Program	I. H. Leopold	25	500	10,000	06	017	13,300	
Mount Sinai	I. H. Leopold	11	241	14,393			13,300	
City Hospital Center at Elmhurst	A. Safir	9	371	4,200			14,641	
Veterans Admin. (Bronx)	I. H. Leopold	83	5,517	61,135	06	018	12,132	
New York Eye and Ear Infirmary	J. G. Cole	20	1,140	10,971	02	006	13,800	
New York	O. M. Shafer							
New York Medical College—Metropolitan Hospital Center	M. A. Galin	34	1,907	6,241	05	020	13,300	147372
Unit 1—Flower and Fifth Avenue Hospitals	L. Harris	4	129	15,150				
Unit 2—Metropolitan Hospital Center	R. Cavero							
Unit 3—Bird S. Coler Memorial Hospital and Home	M. Best	1	17	3,472				
New York University Medical Center	G. M. Breinin	21	330	15,600	05	020		
Bellevue Hospital Center		15	875	1,241				
University		18	352	6,200				
Veterans Admin. (Manhattan)								
Presbyterian (Edward S. Harkness Eye Institute)	A. G. De Voe	65	3,850	28,053	03	009	13,715	
Queen's Hospital Center (See L. I. Jewish-Hillside Med. Cent. Prog. (New Hyde Park))								
St. Clare's Hospital and Health Center	W. J. Maher	13	602	6,019	01	004	12,400	149772
St. Luke's Hospital Center	J. C. Newton	10	404	14,301	01	003	13,300	
St. Vincent's Hospital and Medical Center—Columbus	R. O' Amico				02	004		
St. Vincent's Hospital and Medical Center of New York		14	437	5,962			11,800	
Columbus		3	70	530			13,800	
State University—Kings County Hospital Center	R. C. Troutman	20	265	5,131	07	025		
Brooklyn—Cumberland Medical Center	G. M. Gombos	4	96	8,616				
Coney Island	I. Gerberg	11	392	14,008			13,300	
Kings County Hospital Center	R. C. Troutman	1	282	1,511			14,025	
Long Island College	A. I. Fink			3,008				
Maimonides Medical Center	J. Goldstein	3	176	5,034			13,870	
State University	O. Willard	9	307	595				
Veterans Admin. (Brooklyn)	A. M. Levine							
Veterans Admin. (Bronx) (See Mount Sinai Hospital Training Program)								
ROCHESTER								
St. Mary's	C. E. De Santis	8	681	3,048	01	003	10,400	
Strong Memorial Hospital of the University of Rochester	A. C. Snell	4	304	4,702	02	006	10,400	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	J. L. Mc Graw	12	853	4,829	02	006	11,323	
Crouse Irving—Memorial		4	93	3,357				
State University								
Veterans Admin.								
VALHALLA								
Grasslands	J. A. Ouncan	3	114	5,103	01	003	11,850	
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial Hospital—Mc Pherson	S. D. Mc Pherson, Jr.	5	300	8,000	02	004	9,975	
North Carolina Memorial Mc Pherson (Durham)								
DURHAM								
Duke University Affiliated Hospitals	J. A. C. Wadsworth	15	875	7,943	04	012	9,850	
Duke University Medical Center	J. A. C. Wadsworth	9	396	4,800			10,350	
Veterans Admin.	A. C. Chandler, Jr.							
Mc Pherson Hospital—North Carolina Memorial	S. D. Mc Pherson, Jr.				01	004		

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NORTH CAROLINA, DURHAM —Continued								
McPherson North Carolina Memorial (Chapel Hill)		16	1,051	33,903			9,975	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	W. Roberts	9	562	15,254	01	004	10,000	
OHIO								
AKRON								
Akron City	D. W. Mathias	11	3,938	1,560	01	003	10,500	154172
CINCINNATI								
University of Cincinnati Hospital Group Children's Cincinnati General Veterans Admin.	T. Asbury	2 6 8	242 265 205	1,134 10,492 1,445	03	009	10,708	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals Cleveland Metropolitan General University Hospitals of Cleveland Veterans Admin.	C. I. Thomas	7 16 11	334 876 311	10,673 10,037 1,428	05	015	10,500 10,500 10,955	
Cleveland Clinic St. Vincent Charity	F. A. Gutman H. S. Siegel	8 10	702 548	18,072 4,454	03	010	10,500	
Mount Sinai Hospital of Cleveland St. Luke's	J. A. Gans R. J. Nicholl	13 11	987 608	5,043 2,548	01 01	004 003	10,500 10,500	156072
COLUMBUS								
Ohio State University Hospitals	W. H. Havener	70	1,708	17,100	07	019	8,000	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo St. Vincent Hospital and Medical Center	R. T. Torchia R. T. Torchia R. L. Willard	1 6	61 333	745 618	01	003		157972
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center University of Oklahoma Hospitals Veterans Admin. St. Anthony	T. O. Acers T. O. Acers R. G. Small W. S. Muenzler	6 9 18	285 209 1,178	6,068 3,995 244	03	009	9,000	
OREGON								
PORTLAND								
Good Samaritan Hospital and Medical Center University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics Veterans Admin.	R. G. Chenoweth K. C. Swan	26 21 11	1,653 928 393	6,972 12,070 1,457	01 03	003 010	9,996 8,600 10,645	
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	J. L. Curtis	10	774	21,847	02	006	10,400	
PHILADELPHIA								
Thomas Jefferson University Affiliated Hospitals Thomas Jefferson University Lankenau Wilmington Medical Center (Wilmington, Del.) Veterans Admin. (Wilmington, Del.) University of Pennsylvania Affiliated Hospitals Scheie Eye Institute Children's Hospital of Philadelphia Graduate Hospital of the University of Pennsylvania Hospital of the University of Pennsylvania Philadelphia General Presbyterian—University of Pennsylvania Medical Center Veterans Admin. Willis Eye Hospital—Temple University Willis Eye Hospital and Research Institute St. Christopher's Hospital for Children Temple University	T. O. Duane T. D. Duane P. R. Mc Donald S. Franklin T. D. Duane H. G. Scheie H. G. Scheie H. G. Scheie, D. Schaffer R. H. Trueman H. G. Scheie H. G. Scheie H. G. Scheie H. G. Scheie H. G. Scheie A. H. Keeney A. H. Keeney R. D. Harley A. H. Keeney	6 10 10 3 60 2 3 35 3 7 8 106 2	414 633 575 79 2,400 250 74 1,481 76 357 188 6,034 300	5,687 294 4,500 2,110 5,000 5,846 1,937 8,054 5,624 1,635 5,200 57,118 56	04 06	012 024	10,900 10,500 11,547 11,500 10,492 11,425 9,500 10,000 9,500	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh Allegheny General Children's Hospital of Pittsburgh Eye and Ear Hospital of Pittsburgh Mercy Veterans Admin.	O. Katzin P. F. Holl D. A. Hiles D. Katzin D. Katzin D. Katzin	3 1 60 21	142 215 3,814 323 604	1,698 190 15,742 2,016 2,980	05	015	10,550 10,550 11,800 10,550	
Hospitals of the University Health Center of Pittsburgh Montefiore St. Francis General—Western Pennsylvania Hospitals St. Francis General Western Pennsylvania	S. Goldberg C. W. Weisser	18 22 8	869 598 492	4,218 3,840 1,468	01 01	004 004	10,550 11,500	
SAYRE								
Robert Packer	E. Kulczycki	21	572	14,780	01	003	8,500	166472
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals Municipal Hospital Dr. Rafael Lopez Nussa University District Veterans Admin. Center	G. Pico	18 8 12	588 362 364	13,319 20,595 22,955	05	015	9,000 9,782	

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
RHODE ISLAND								
PROVIDENCE								
Rhode Island	H. F. Stephens	10	1,146	4,928	01	003	10,655	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	W. W. Vallotton				03	009		
Medical University of South Carolina		11	671	13,057			8,335	
Charleston County		1	52					
Veterans Admin.		4	195	2,356			9,271	
TENNESSEE								
CHATTANOOGA								
S. E. Tennessee Medical Education Center	I. L. Arnold				02	004		168972
Baroness Erlanger	I. L. Arnold	17	1,199	3,688			9,780	
T. C. Thompson Children's								
MEMPHIS								
University of Tennessee Affiliated Hospitals	R. L. Hiatt	8	461	11,420	04	012	8,184	
City of Memphis Hospitals	R. L. Hiatt			6,188			9,684	
Methodist	J. M. Freeman	26	1,596	11,008			9,494	
Veterans Admin.	G. W. Woodbury	7	446					
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	A. C. Hansen	3	107	4,097	01	003	9,554	
Vanderbilt University Affiliated Hospitals	J. H. Elliott				03	009	8,925	
Vanderbilt University	J. H. Elliott	26	970	7,620			8,925	
Nashville Metropolitan General	J. L. Sawyers	2	129	2,595				
Veterans Admin.	J. H. Elliott	9	236	4,047			9,613	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	J. R. Lynn				05	011		
Parkland Memorial	J. R. Lynn	5	333	10,780			8,327	
Veterans Admin.	S. B. Gostin	18	448	10,084			9,070	
GALVESTON								
University of Texas Medical Branch Hospitals	E. C. Ferguson, 3d.	11	624	12,262	03	009	10,200	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	D. Paton				06	020		
Ben Taub General	D. Paton	7	411	13,182			9,000	
Methodist	D. Paton	35	1,992	292			8,100	
Texas Children's	G. Von Noorden	1	97	772			9,000	
Veterans Admin.	D. Paton	18	576	8,262			9,000	
University of Texas at Houston Affiliated Hospitals	R. S. Ruiz				04	012		292372
Hermann	R. S. Ruiz	23	1,752	5,097			9,480	
University of Texas M. D. Anderson Hospital and Tumor Institute	R. S. Ruiz	2	31	1,252				
St. Joseph	R. S. Ruiz	9	1,000	3,500			8,400	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	G. W. Weinstein				03	007		
Baptist Memorial	G. W. Weinstein	15	938				9,495	
Bexar County Teaching		6	300	10,000				
TEMPLE								
Scott and White Memorial	R. O. Cunningham	17	794	19,964	02	006	9,500	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	H. J. L. Van Dyk				02	006		9,600
University	H. J. L. Van Dyk	5	265	4,579				
Veterans Admin.	R. J. Cannon			893				
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	M. K. Humphries, Jr.	7	418	6,336	02	006	9,400	
RICHMOND								
Veterans Admin.	E. W. Perkins	10	322	2,566	01	003	9,548	
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	W. J. Geeraets	17	496	14,586	04	010	9,400	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	R. E. Kalina				03	009		
University	R. E. Kalina	2	130	5,200			9,444	
Harborview Medical Center	D. F. Milam		115	4,785				
Children's Orthopedic Hospital and Medical Center	R. H. Johnson	1	238	2,415				
U. S. Public Health Service	P. O. Kramar	2	78	7,629			9,444	
Veterans Admin.	R. E. Kalina		121	1,600				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	R. R. Trotter	5	254	9,282	02	006	9,500	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	M. D. Davis, J. C. J. Ilen				04	013		10,000
University Hospitals	M. D. Davis, J. C. J. Ilen	20	1,311	13,532				
Veterans Admin.	J. C. Allen	7	162	2,163				

17A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Out patient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	R. O. Schultz				06	020		
Milwaukee County General		8	465	15,460			10,100	
Milwaukee Children's		2	369	3,872			10,000	
Veterans Admin. Center (Wood)		11	654	7,941				

173. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are approved by the Council on Medical Education and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology, in institutions having approval to offer residencies in Ophthalmology. The following have been approved to offer fellowships as described.

Name of Program	Chief of Service or Program Director	Description
CALIFORNIA		
LOS ANGELES Los Angeles County-U.S.C. Medical Center	P. C. Diorio	Pediatric Ophthalmology
SAN FRANCISCO Pacific Medical Center-Presbyterian	A. B. Scott	Retinal Diseases Visual Physiology
University of California Program H. C. Moffitt-University of California Hospitals Veterans Admin.	T. E. Moore, Jr. S. J. Kimura R. Shaffer M. J. Hogan W. F. Hoyt J. B. Crawford C. Beard E. L. Stern L. I. Lonn G. F. Hilton	Corneal Diseases External Eye Disease Glaucoma Medical Ophthalmology Neuro-ophthalmology Ophthalmic Pathology Ophthalmic Plastic Surgery Pediatric Ophthalmology Retinal Diseases Retinal Surgery
STANFORD Stanford University Veterans Admin. (Palo Alto) Valley Medical Center (San Jose) San Joaquin County General (Stockton)	M. Allansmith S. R. Roberts A. Dallaporta M. Allansmith	Bacteriology and Immunology Veterinary Ophthalmology Retinal Diseases Ocular Immunology
CONNECTICUT		
HARTFORD University of Connecticut Affiliated Hospitals University of Connecticut Hospital-McCook Division Hartford	J. O'Rourke	Clinical Ophthalmology
GEORGIA		
AUGUSTA Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	T. S. Chiang	Aqueous Dynamics
ILLINOIS		
CHICAGO McGaw Medical Center of Northwestern University Children's Memorial Passavant Pavilion Veterans Admin. Research Wesley Pavilion	P. E. Romano	Pediatric Ophthalmology
MARYLAND		
BALTIMORE Johns Hopkins	A. E. Maumenee D. Knox	Fluorescein Angiography Neuro-ophthalmology
MASSACHUSETTS		
BOSTON Tufts University Affiliated Hospitals New England Medical Center Hospitals Veterans Admin.	B. Schwartz	Ophthalmic Glaucoma Corneal and Retinal Diseases Visual electrophysiology Retinal vascular diseases
NEW YORK		
ALBANY Albany Medical College Affiliated Hospitals Albany Medical Center Child's Veterans Admin.	W. J. J. van Heuven O. Stasior R. S. Smith R. D. Reinecke	Retinal Diseases Ophthalmic Plastic Surgery Ocular Pathology Ocular Motility
NEW YORK CITY Lenox Hill	P. Wandler	Laser Photocoagulation Fluorescein Angiography
Manhattan Eye, Ear and Throat	D. M. Shafer R. Troutman B. Curtin	Retinal Diseases Corneal Diseases Myopia
New York Eye & Ear Infirmary	M. Rosenthal	Retinal Diseases
NORTH CAROLINA		
CHAPEL HILL North Carolina Memorial Hospital-McPherson	S. D. McPherson	Experimental Ophthalmology Corneal Immune Reactions Corneal Histology

17B. OPHTHALMIC FELLOWSHIPS—Continued

Name of Program	Chief of Service or Program Director	Description
NORTH CAROLINA—Continued		
DURHAM McPherson Hospital-North Carolina Memorial	S. D. McPherson	Experimental Ophthalmology Corneal Immune Reactions Corneal Histology
Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	M. B. Landers	Macular Degeneration
PENNSYLVANIA		
PHILADELPHIA Wills Eye Hospital and Research Institute	P. R. Laibson G. L. Spaeth W. H. Annesley, Jr. R. D. Harley G. M. Shannon M. Rodrigues	Corneal & External Diseases Glaucoma Retinal Diseases Pediatric Ophthalmology Oculo-plastics Ophthalmic Pathology
PITTSBURGH Hospitals of the University Health Center of Pittsburgh Allegheny General Children's Hospital of Pittsburgh Eye and Ear Hospital of Pittsburgh Veterans Admin.	D. A. Hiles	Pediatric Ophthalmology
TENNESSEE		
NASHVILLE Vanderbilt University Affiliated Hospitals Vanderbilt University Nashville Metropolitan General Veterans Admin.	M. Stahlman	Retrolental Fibroplasia
TEXAS		
HOUSTON Baylor College of Medicine Affiliated Hospitals Ben Taub General Methodist Texas Children's Veterans Admin. University of Texas at Houston Affiliated Hospitals Hermann University of Texas M. D. Anderson Hospital and Tumor Institute St. Joseph	M. Boniuk A. McPherson	Ophthalmic Pathology Retinal Diseases
R. S. Ruiz	Malignant Melanoma Research	
WISCONSIN		
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Lutheran Hospital of Milwaukee Milwaukee Children's Veterans Admin. Center (Wood)	T. M. Aaberg	Retinal Diseases

18. 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 is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which 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 Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
UNITED STATES AIR FORCE										
TEXAS										
Wilford Hall U. S. A. F. Medical Center, San Antonio	H. J. De Witt	126	2,799	47,649	ACF	120	04	016		
UNITED STATES ARMY										
CALIFORNIA										
Letterman Army Medical Center, San Francisco	S. B. Mutz	77	980	30,636	ACF	040	03	009		
COLORADO										
Fitzsimons Army Medical Center, Denver	W. E. Burkhalter	141	1,603	28,983	ACF	091	03	009		
Children's, Denver	J. C. Drennan	14	655	3,496		004 091				
DISTRICT OF COLUMBIA										
Walter Reed Army Medical Center, Washington	G. I. Baker	891	36,242	660	ACF	075	02	009		
HAWAII										
Tripler Army Medical Center, Honolulu	Q. H. Becker	103	1,855	53,162	ACF	068 086	03	012		
Tripler Army Medical Center (See Univ. of Hawaii Affiliated Hospitals, Honolulu)										
TEXAS										
William Beaumont Army Medical Center, El Paso	C. A. Luekens, Jr.	85	1,741	19,000	ACF	096	03	012		
R. E. Thomason General, El Paso	E. Dehne	37	1,240	3,313		096				
Brooke Army Medical Center, San Antonio	W. C. Bouzard	165	1,510	51,531	ACF	117	03	009		
UNITED STATES NAVY										
CALIFORNIA										
Naval Hospital—Kaiser Foundation Naval, Oakland	I. J. Woodstein	110	1,483	21,334	ACF	020	03	012		181373
Kaiser Foundation, Oakland	J. O. Johnston	29	1,191	32,989		020 002 020				
Naval, San Diego	G. W. Cady	286	2,803	35,309	ACF	079	04	016		
MARYLAND										
Naval, Bethesda	D. Q. Wilson	78	1,331	19,068	ACF	020	02	008		182373
PENNSYLVANIA										
Naval, Philadelphia	F. J. Cremona	139	1,064	15,990	AF	020	02	006		183173
SOUTH CAROLINA										
Naval, Charleston (See Med. Univ. of S. C. Teaching Hospitals, Charleston)										
VIRGINIA										
Naval, Portsmouth	C. S. Lambdin	262	2,469	44,825	ACF	130	03	012		
UNITED STATES PUBLIC HEALTH SERVICE										
ALASKA										
U. S. Public Health Service Alaska Native Medical Center, Anchorage	W. J. Mills, Jr.	36	596	2,319	C	110				
ARIZONA										
U. S. Public Health Service Indian Hospital, Phoenix (See Phoenix Orthopedic Residency Training Pgm. Phoenix)										
CALIFORNIA										
U. S. Public Health Service, San Francisco	J. W. Phipps	30	529	7,678	AF	110				
LOUISIANA										
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hosps., New Orleans)										
NEW YORK										
U. S. Public Health Service (Staten Island), New York City	V. L. Purilia	60	789	15,156	AF	127	02	008		

18. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CALIFORNIA—Continued										
LOS ANGELES										
Los Angeles County—U. S. C. Medical Center	J. P. Harvey, Jr.	146	4,998	39,282	ACF	071 111	08	032	14,340	
Childrens Hospital of Los Angeles	J. C. Wilson, Jr.	20	855	7,287		071			15,528	
Martin Luther King, Jr. General Orthopaedic	M. E. Ashby W. S. Stryker	13 122	65 5,174	1,282 75,353	ACF ACF	069 020 119 078	02 04	008 016	13,598 11,800	
Shriners Hospital for Crippled Children	G. W. Westin	51	328	2,155	C	003 040 078				
U. C. L. A. Affiliated Hospitals	H. C. Amstutz	53	1,789	14,000	ACF	078	06	024		
U. C. L. A. Orthopaedic	H. C. Amstutz W. S. Stryker	53 122	1,789 5,174	14,000 75,353		078 020 078 191			11,100 11,800	
Shriners Hospital for Crippled Children	G. W. Westin	51	328	2,155		003 040 078				
Veterans Admin. Center—Wadsworth Los Angeles County Harbor General (Torrance)	R. E. Richter D. M. Street	52 31	578 1,001	7,980 22,593		078 119 111	00	014	14,641 14,340	
White Memorial Medical Center	A. J. Neufeld	18	711	6,504	ACF	111	02	008	10,800	
MARTINEZ										
Veterans Admin. (See San Fran. Orthopedic Res. Training Program, San Fran.)										
OAKLAND										
Children's Hospital Medical Center of Northern California (See University of California Program, San Francisco)										
Highland General	W. S. T. Jackson	31	1,251	10,717	AF	002 003			10,140	
Highland General (See University of California Program, San Francisco)										
Kaiser Foundation (See Naval Hosp.-Kaiser Found., Oakland, Calif., U. S. Navy)										
Kaiser Foundation (See University of California Program, San Francisco)										
Samuel Merritt (See University of California Program, San Francisco)										
ORANGE										
Children's Hospital of Orange County (See Univ. of California (Irvine) Affil. Hospitals, Irvine)										
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hospitals, Irvine)										
PALO ALTO										
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)										
RIVERSIDE										
Riverside General (See Loma Linda Univ. Affil. Hospitals, Loma Linda)										
SACRAMENTO										
Kaiser Foundation (See Univ. of California (Davis) Affiliated Hosp., Davis)										
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosp., Davis)										
SAN BERNARDINO										
San Bernardino County General (See Loma Linda University Affiliated Hospitals, Loma Linda)										
SAN DIEGO										
University of California (San Diego) Affiliated Hospitals	W. H. Akeson	27	891	6,821	AF	109	04	016	11,100	
University Hospital of San Diego County Childrens	W. H. Akeson D. H. Sutherland	10	640	2,961	C	109			11,100	
Donald N. Sharp Memorial Community Mercy Hospital and Medical Center	H. E. Wiggins	20 49	954 2,450		AF AF	109 109				
Veterans Admin.	D. M. Daniel	37	405	1,576	AF	109			10,155 11,292	

APPROVED RESIDENCIES

18. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CONNECTICUT—Continued										
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	44	848	16,604	C	021 077			12,000	
Veterans Administration (See Thomas Jefferson Univ. Affil. Hospitals, Philadelphia)										
DISTRICT OF COLUMBIA										
WASHINGTON										
Georgetown University Affiliated Hospitals	G. W. Hyatt					014	04	016		
Georgetown University	G. W. Hyatt	30	602	8,506	AF	014			11,130	
District of Columbia General (Crippled Children's Unit)	C. Keck	20	213	4,072	C	014 083 115			12,135	
Sibley Memorial	G. W. Hyatt				ACF	014			10,000	
Veterans Admin.	G. W. Hyatt, P. Kenmore	39	564	7,100	A	014 083 115			10,780	
Arlington (Arlington, Va.)					AF	014				
George Washington University Affiliated Hospitals	J. P. Adams				ACF	083	06	024		
George Washington University	J. P. Adams	12	1,297			083			10,573	
Children's Hospital of the District of Columbia	D. W. Mc Kay	13	411	6,696		083				
District of Columbia General (Crippled Children's Unit)	C. Keck	20	213	4,072		014 083 115			12,135	
Veterans Admin.	J. P. Adams, P. Kenmore	39	564	7,100		014 083 115			10,780	
Washington Hospital Center					ACF	083			11,124	
Howard University Affiliated Hospitals	C. Epps, Jr.	14	271	3,111		115	04	016	11,342	
Freedmen's	C. Epps, Jr.	42	554	5,785		115			11,300	
District of Columbia General	M. P. Gladden					115				
District of Columbia General Hospital (Crippled Children's Unit)	C. Epps, Jr.	20	213	4,072		014 083 115			12,135	
Morris Cafritz Memorial	J. T. Lynn	24	885			115			10,800	
Providence	C. Epps, Jr.	20	955	2,203		115			10,800	
Veterans Admin.	C. Epps, Jr., P. Kenmore	39	564	7,100		014 083 115	00	001	10,780	
FLORIDA										
GAINESVILLE										
University of Florida Affiliated Hospitals	W. F. Enneking					123	03	012		
William A. Shands Teaching Hosp. and Clinics	W. F. Enneking	24	787	6,934	ACF	123			8,900	
Veterans Admin.	H. A. Paschall	33	664	3,659	AF	123			9,125	
JACKSONVILLE										
Jacksonville Hospitals Educational Program	R. G. Dedo				ACF	062	03	011		9,660
Hope Haven Children's	E. O. Todd, Jr.	7	277	18		062				
St. Luke's	R. G. Dedo	28	1,149			062				
University Hospital of Jacksonville	R. G. Dedo	17	503	8,778		062				
MIAMI										
University of Miami Affiliated Hospitals	A. Sarmiento				ACF	076	05	020		
Jackson Memorial	A. Sarmiento	103	2,177	10,850		076			11,128	
Variety Children's	C. D. Holmes	12	470	2,825	C	076			11,350	
Veterans Admin.	A. Sarmiento	33	607	4,900	A	118 076			10,800	
MIAMI BEACH										
Mount Sinai Hospital of Greater Miami	L. A. Russin	45	1,156	1,120	AF	118	01	004	10,700	
ORLANDO										
Orange Memorial	J. G. Matthews	100	4,085	5,129	ACF	020	01	010	9,000	110773
GEORGIA										
ATLANTA										
Emory University Affiliated Hospitals	R. P. Kelly					039	04	012	10,080	
Emory University	R. P. Kelly	25	708		AF	039				
Grady Memorial	R. P. Kelly	62	1,608	18,927	ACF	039				
Henrietta Eggleston Hospital for Children					C	039				
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	26	880	6,390	C	039 113			9,000	
Veterans Admin. (Decatur)	E. A. Ackerman	33	450	1,778	A	039				
Georgia Baptist	R. E. King	72	7	71	AF	113	06	024	9,300	
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	26	880	6,390	C	039 113			9,000	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
GEORGIA—Continued										
AUGUSTA										
Medical College of Georgia Hospitals	F. E. Bliven, Jr.					114	03	012	9,500	
Eugene Talmadge Memorial	F. E. Bliven, Jr.	22	694	5,891	ACF	114				
University	F. E. Bliven	66	2,255	1,732	AF	114				
Veterans Admin.	P. E. Sabatelle	29	462	3,521	A	114				
COLUMBUS										
Medical Center (See Tulane University Affiliated Hospitals, New Orleans)										
DECATUR										
Scottish Rite Hospital for Crippled Children	W. W. Lovell	26	880	6,390	C	039 113 145			9,000	
Scottish Rite Hospital for Crippled Children (See Emory University Affiliated Hospitals, Atlanta)										
Scottish Rite Hospital for Crippled Children (See Georgia Baptist, Atlanta)										
Veterans Admin (See Emory University Affiliated Hosp., Atlanta)										
HAWAII										
HONOLULU										
University of Hawaii Affiliated Hospitals	I. J. Larsen				ACF	068	02	006	10,980	180873
Queen's Medical Center	R. Nemechek	44	1,928	1,592		068				
Shriners Hospital for Crippled Children	I. J. Larsen	37	177	3,522		068				
						086				
Tripler Army Medical Center	Q. H. Becker	103	1,855	53,162		068 086				
ILLINOIS										
CHICAGO										
Cook County	A. M. Pankovich	111	4,188	28,800	ACF	007 047 090	02	008	12,200	
Louis A. Weiss Memorial	L. K. Topouzian	28	796	440		090 007			11,300	
Mc Gaw Medical Center of Northwestern University	W. J. Kane					007	10	040		
Children's Memorial	M. O. Tachdjian	32	1,275	11,175	C	007 121 007			13,132	
Northwestern Memorial Passavant Pavilion	J. K. Stack	34	770		A	007			11,587	
Wesley Pavilion	W. J. Kane	57	1,588	2,057	ACF	007			11,587	
Cook County	A. M. Pankovich	111	4,188	28,800	ACF	007 047 090			12,200	
St. Anne's	J. J. Callahan	27	1,043	5,747	AF	007			9,600	
Veterans Admin. Research	W. J. Kane	28	255	4,800	AF	007			11,587	
Evanston (Evanston)	N. C. Mead	54	1,937	952	AF	007			11,587	
St. Francis (Evanston)	J. J. Fahey	66	1,410	8,311	AF	007				
Michael Reese Hospital and Medical Center	M. Post	51	1,106	24,333	ACF	135	02	008	11,100	114273
Rush Medical College Affiliated Network Hospitals	J. Galante				ACF	174	02	012		
Rush—Presbyterian—St. Luke's Medical Center	J. Galante	50	853	1,700		174			10,861	
Christ Community (Oak Lawn)	D. V. Girzadas	75	2,600	6,899		174			9,800	
Shriners Hospital for Crippled Children (See Loyola University Affiliated Hospitals, Maywood)										
University of Chicago Hospitals and Clinics	D. B. Skinner	22	1,010	8,960	ACF	136	02	008	10,800	
University of Illinois Affiliated Hospitals	R. D. Ray				ACF	047	05	020		
Cook County	A. M. Pankovich	111	4,188	28,800		007 047 090			12,200	
Ravenswood	J. Giannola	30	1,127			047				
University of Illinois	R. D. Ray	57	845	12,263		047				
Veterans Admin. (West Side)	T. Mc Neil	40	621	11,225		047				
EVANSTON										
Evanston (See Mc Gaw Med. Center of Northwestern University, Chicago)										
St. Francis (See Mc Gaw Med. Center of Northwestern University, Chicago)										
HINES										
Veterans Admin. (See Loyola University Affiliated Hospitals (Maywood))										
MAYWOOD										
Loyola University Affiliated Hospitals	R. L. De Waid	15	428	3,169	ACF	050	06	019	10,600	117073
Foster G. Mc Gaw	R. L. De Waid	54	824	4,690		050			10,600	
Veterans Admin. (Hines)	R. L. De Waid					050				
Shriners Hospital for Crippled Children (Chicago)	E. A. Millar	45	541	6,280		050				
West Suburban (Oak Park)	H. A. Sofield	52	1,760	6,553		050			10,100	
Lutheran General (Park Ridge)	R. T. Lidge	37	1,899	1,710		050			11,820	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
ILLINOIS—Continued										
OAK LAWN										
Christ Community Hospital (See Rush Med. Coll. Affiliated Network Hospitals, Chicago)										
OAK PARK										
West Suburban (See Loyola University Affiliated Hospitals, Maywood)										
PARK RIDGE										
Lutheran General (See Loyola University Affiliated Hospitals, Maywood)										
PEORIA										
St. Francis	J. J. Flaherty	74	2,234	7,319	ACF	137	01	004	10,750	
INDIANA										
FORT WAYNE										
Lutheran Hospital of Fort Wayne	J. G. Buchholz	93	2,989	4,357	ACF	138	02	008	10,300	
Veterans Admin.	J. G. Buchholz				A	138				
INDIANAPOLIS										
Indiana University Medical Center	R. Lindseth				ACF	008	03	018		
Indiana University Hospitals	R. Lindseth	33	959	7,839	ACF	008			10,000	
Marion County General	R. Pierce	28	781	11,719	ACF	008			9,500	
Methodist Hospital of Indiana	F. R. Brueckmann	77	1,890	1,697	AF	008			11,360	
St. Vincent's	G. F. Rapp	35	1,221	226	AF	008			11,760	
Veterans Admin.	R. Lindseth	36	697	3,257	AF	008			10,750	
IOWA										
IOWA CITY										
University of Iowa Affiliated Hospitals						139				
University of Iowa Hospitals	R. R. Cooper	73	2,525	17,506	ACF	139	05	020	9,800	
KANSAS										
KANSAS CITY										
University of Kansas Medical Center	F. W. Reckling	25	761	9,297	ACF	140	02	008	9,000	
WICHITA										
St. Francis Affiliated Hospitals	H. O. Marsh				ACF	106	04	016		
St. Francis	H. O. Marsh	74	2,717	9,576		106			9,750	
Veterans Admin. Center	H. O. Marsh	19	404	706		106			9,300	
Wesley Medical Center	R. A. Rawcliffe	92	2,941	1,627		106			9,750	
St. Joseph (Denver, Colo.)	M. L. Clayton	42	1,628	5,817		106			9,570	
KENTUCKY										
LEXINGTON										
University of Kentucky—Lexington Residency Program	T. O. Brower					059	03	012		
University	T. D. Brower	20	800	5,500	AF	059			9,600	
Veterans Admin.	T. Brower	11	359	1,236	AF	059			9,460	
Shriners Hospital for Crippled Children					C	059				
Good Samaritan	K. R. Thompson	20	952		ACF	059	00	000		
St. Joseph					ACF	059				
LOUISVILLE										
University of Louisville Affiliated Hospitals	J. W. Harkess					009	04	016		
Kosair Crippled Children	J. W. Harkess	40	1,479	12,848	C	009	04	004	9,100	
Louisville General	J. W. Harkess	32	688	7,763	AF	009			8,600	
Veterans Admin.	O. J. Hurt	28	413	3,091	AF	009			8,915	
LOUISIANA										
ALEXANDRIA										
Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)										
MONROE										
E. A. Conway Memorial	A. W. Dunn	14	369	3,076	A	056			12,000	
NEW ORLEANS										
Charity Hospital of Louisiana—Louisiana State University Division	I. Cahen	34	1,020	16,576	ACF	141	04	014	7,800	
Ochsner Foundation	A. W. Dunn	35	1,058	15,552	ACF	056			8,997	196673
Tulane University Affiliated Hospitals	J. K. Wickstrom				ACF	010	08	032		
Charity Hospital of Louisiana	J. K. Wickstrom	38	1,167	16,904		010			7,800	
Veterans Admin. (Alexandria)	J. K. Wickstrom	16	324	2,228		010				
Toussaint Infirmary	I. Redler	63	2,183	1,604		010			9,782	
U. S. Public Health Service (New Orleans)	T. S. Whitecloud, 3d.	54	989	5,703		010				
Veterans Admin.	R. H. Allredge	49	636	7,229		010			9,695	
Medical Center (Columbus, Ga.)	J. C. Hughston	52	1,697	4,037		010			9,600	
Huey P. Long Memorial (Pineville)		14	536	3,718		010				
Shriners Hospital for Crippled Children (Shreveport)	B. I. Rambach	49	446	274,000		010				
						043				
Rancho Los Amigos (Downey, Calif.)	V. L. Nickel	314	2,104	12,474		010			14,340	
						063				
						064				
						071				
PINEVILLE										
Huey P. Long Memorial (See Tulane University Affiliated Hospitals, New Orleans)										

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
LOUISIANA—Continued										
SHREVEPORT										
L. S. U. (Shreveport) Affiliated Hospitals	C. G. Goodman				ACF	043	03	012		
Confederate Memorial Medical Center	C. G. Goodman			6,607		043			7,800	
Shriners Hospital for Crippled Children (See Tulane University Affiliated Hospitals, New Orleans)	B. I. Rambach	49	446	2,740		010				
Veterans Admin.	C. G. Goodman	22	735	5,200		043				
MARYLAND										
BALTIMORE										
James Lawrence Kernan	R. C. Abrams	60	1,762	6,390	C	020 070 088			11,900	
Johns Hopkins Affiliated Hospitals	R. A. Robinson					057	04	012		
Johns Hopkins	R. A. Robinson	59	1,461	9,765	ACF	057 070 087			11,000	
Baltimore City Hospitals	R. A. Robinson	19	415	9,712	AF	057 070 087			11,000	
Children's	R. A. Robinson	74	2,167	6,721	C	057 087			11,000	
Good Samaritan	R. A. Robinson	6	140	193	A	057			11,000	
Veterans Admin.	L. H. Riley, Jr.	12	344	1,082	A	057			11,500	
Sinai Hospital of Baltimore	R. E. Zadek	34	987	1,918	AF	070	01	003	12,000	
Union Memorial	J. T. H. Johnson	37	1,054	3,943	ACF	087	02	006	10,750	
University of Maryland	T. H. Morgan	22	806	5,871	AF	088	03	012	10,700	
MASSACHUSETTS										
BOSTON										
Boston University Affiliated Hospitals	R. E. Leach				ACF	066	05	015		126273
Boston City	H. H. Banks	52	1,254	52,082		013 045 066			10,500	
University	R. E. Leach	27	850	1,020		066			11,288	
Lahey Clinic	W. R. Torgerson	38	627	7,500		066				
Massachusetts Hospital School (Canton)	R. M. Kilfoyle	106	177			045 066 170				
Shriners Hospital for Crippled Children (Springfield)	J. D. Fisher	60	382	4,147		066				
Carney	R. M. Kilfoyle	30	885	8,125	AF	045	02	006	11,288	
Harvard Affiliated Hospitals	H. J. Mankin				ACF	011	08	026		
Beth Israel	H. S. Yett	22	598	4,134		011			10,300	
Children's Hospital Medical Center	J. E. Hall	66	2,135	11,268		011				
Massachusetts General	H. J. Mankin	119	2,650	13,554		011			11,300	
New England Baptist	O. E. Aufranc	75	1,251	877		011			11,300	
Peter Bent Brigham	C. B. Sledge	38	877	4,625		011			11,300	
Robert B. Brigham	C. B. Sledge	36	763	984		011			10,888	
Veterans Admin. (West Roxbury)	E. Barsamian, J. Mc Ginty	12	198	1,490		011				
Tufts University Affiliated Hospitals	H. H. Banks				ACF	013	08	028		
Boston City	H. H. Banks	52	1,254	52,082		013 045 066			11,515	
New England Medical Center Hospitals	H. H. Banks	40	869	3,471		013			11,288	
Veterans Admin.	A. A. Thibodeau	44	843	3,088		013			11,245	
CANTON										
Massachusetts Hospital School	R. M. Kilfoyle	106	177		C	045 066 170				
Massachusetts Hospital School (See Univ. of Mass. Coordinated Program, Worcester)										
Massachusetts Hospital School (See Boston University Affiliated Hospitals, Boston)										
LAKEVILLE										
Lakeville					C	045 066				
SPRINGFIELD										
Shriners Hospital for Crippled Children (See Boston University Affiliated Hospitals, Boston)										
TEWKSBURY										
Tewksbury Hospital (See Univ. of Mass. Coordinated Program, Worcester)										
WORCESTER										
University of Massachusetts Coordinated Program	A. M. Pappas				ACF	170	04	012		
Memorial	V. S. Johnson	36	1,251	4,212		170			11,000	
St. Vincent	N. E. Beisaw	41	965	7,784		170			10,700	
Massachusetts Hospital School (Canton)	R. M. Kilfoyle	106	177			045 066 170				
Tewksbury (Tewksbury)	R. B. Keller	40		3,500		170				

18. 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
							1974-1975 1st Yr.	All Yrs.		
MICHIGAN										
ALLEN PARK										
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)										
ANN ARBOR										
University of Michigan Affiliated Hospitals	W. S. Smith	43	1,286	11,614	ACF	074	06	018	10,500	
University	W. S. Smith	54	1,713	14,345	ACF	074			11,300	
St. Joseph Mercy	L. P. Kivi	31	908	7,261	AF	074			11,361	
Wayne County General (Eloise)	H. Kaufer									
DEARBORN										
Oakwood (See Wayne State University Affiliated Hospitals, Detroit)										
DETROIT										
Henry Ford	E. R. Guise, Jr.	110	2,600	35,000	ACF	142	07	028	10,000	130073
Wayne State University Affiliated Hospitals	H. E. Pedersen					012	05	020		
Veterans Admin. (Allen Park)	H. E. Pedersen	36	688	8,331	A	012			11,880	
Oakwood (Dearborn)	H. E. Pedersen	35	1,290		ACF	012				
Children's Hospital of Michigan	A. J. Day	15	792	4,236	C	012			10,815	
Detroit General	H. E. Pedersen	51		10,392	AF	012			11,200	
Grace	W. H. Blodgett	26	723	567	A	012			11,100	
Harper	A. J. Day	32	875	1,410	A	012			11,100	
ELOISE										
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)										
GRAND RAPIDS										
Blodgett Memorial Hospital—Butterworth	A. B. Swanson	51	1,725	3,481	ACF	159	02	008	10,008	
Blodgett Memorial						020				
Butterworth		23	1,168	1,384		159				
St. Mary's	G. T. Aitken	53	1,532	7,230	ACF	143	01	005	10,008	131173
KALAMAZOD										
Borgess—Bronson Hospitals Orthopedic Residency										
Borgess	C. M. Hanson	30	1,402	670	ACF	126	02	008		
Bronson Methodist		44	1,498	1,064		126	02	008	9,900	
PONTIAC										
Oakland Medical Center (See Wm. Beaumont Hosp. -Oakland Medical Ctr., Royal Oak)										
ROYAL OAK										
William Beaumont Hospital—Oakland Medical Center	S. Stanisavjevic	50	1,695	1,330	ACF	173	02	008	11,000	
William Beaumont		8	187	926		173				
Oakland Medical Center (Pontiac)						173				
MINNESOTA										
MINNEAPOLIS										
Fairview	R. B. Winter	11	1,351	2,967	AF	089			10,000	
Hennepin County General	R. Gustilo	33	1,262	9,861	AF	016			9,500	
						089				
St. Mary's	R. B. Winter	40	1,309	1,609	AF	089			10,000	132573
Shriners Hospital for Crippled Children	D. R. Lannin	31	289	2,341	C	016	00	002		
University of Minnesota Hospitals	J. H. Moe, J. H. House	24	1,033	4,500	ACF	080	04	020	9,512	
						089				
Veterans Admin.	R. F. Premer	58	970	7,210	AF	016	03	010	9,690	
						080				
ROCHESTER										
Mayo Graduate School of Medicine										
Rochester Methodist	P. J. Kelly	89	3,030	99,430	ACF	121	16	064	11,000	132873
St. Mary's		159	4,895		ACF	121				
ST. PAUL										
Gillette Children's		52	984	20,753	C	016			12,000	
						089				
St. Paul—Ramsey	T. H. Comfort	32	1,003	7,747	F	016	00	003	10,300	
						080				
MISSISSIPPI										
JACKSON										
University of Mississippi Medical Center										
Mississippi Baptist	P. S. Derian	45	1,691	1,425	ACF	006	03	011		
University	W. B. Thompson	34	1,020	7,982		006			8,925	
Veterans Admin. Center	P. S. Derian	26	479	3,329		006			9,000	
	E. F. Ward, 3d.									
MISSOURI										
COLUMBIA										
University of Missouri Medical Center										
	L. O. Litton	41	792	6,136	ACF	148	02	006	10,500	
KANSAS CITY										
Kansas City Affiliated Hospitals										
Children's Mercy	J. L. Barnard, Jr.	5	230	5,157	C	018	03	012	10,000	
Kansas City General Hospital and Medical Center		19	365	4,151	AF	018			9,285	
St. Luke's			1,621	288	ACF	018			8,856	
Veterans Admin.		21	645	1,168	AF	018			9,500	
ST. LOUIS										
Barnes Hospital Group										
	A. H. Stein, Jr.	69	2,027	3,897	ACF	060	06	024		

18. 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
							1974-1975 1st Yr.	All Yrs.		
MISSOURI, ST. LOUIS—Continued										
St. Louis City (Washington University Service)		17	344	2,551	F	060				
St. Louis University Group of Hospitals	D. E. O' Reilly				ACF	046	03	012		
Cardinal Glennon Memorial Hospital for Children	D. E. O' Reilly	11	422	5,130		046			10,000	
Firmin Desloge General	O. E. O' Reilly	17	352	1,309		046			10,000	
St. Louis City		17	344	2,551		046				
St. Mary's Health Center	D. E. O' Reilly, R. Funsch	33	1,062	23		046			10,020	
Shriners Hospital for Crippled Children	G. E. Scheer	72	1,007	7,821	C	060				
Veterans Admin.	A. Stein	26	605	5,015	A	060				
NEBRASKA										
OMAHA										
University of Nebraska Affiliated Hospitals	L. T. Hood				ACF	001	03	012		137673
University of Nebraska		17	382	2,843		001			10,000	
Nebraska Methodist	L. T. Hood	33	1,561	18,810		001				
Veterans Admin.		12	371	975		001			10,468	
NEW HAMPSHIRE										
HANOVER										
Dartmouth Medical School Affiliated Hospitals	L. W. Hall				ACF	082	02	006	10,200	
Mary Hitchcock Memorial		38	964	8,768		082				
Newington Children's (Newington, Conn.)	J. M. Cary					005			12,000	
						082				
						172				
Veterans Admin. Center (White River Junction, Vt.)		18	220	1,394		082				
NEW JERSEY										
CAMDEN										
Cooper Hospital (See T. Jefferson Univ. Affiliated Hosp. Philadelphia, Pa.)										
EAST ORANGE										
Veterans Admin. (See CMDNJ-New Jersey Med. School Affil. Hosp., Newark)										
JERSEY CITY										
Jersey City Medical Center (See CMDNJ-New Jersey Med. School Affil. Hosp., Newark)										
LONG BRANCH										
Monmouth Medical Center	J. R. Merendino	54	1,472	1,650	ACF	146	01	004	11,000	139273
NEWARK										
CMDNJ—New Jersey Medical School Affiliated Hospitals	A. F. De Palma				ACF	102	07	033		
Veterans Admin. (East Orange)	K. C. Lee	33	33	2,025		102			11,797	
Jersey City Medical Center (Jersey City)	A. M. Francis	46	613	4,534		102			11,300	
Martland	A. F. De Palma	54	730	6,193		102			11,800	
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults	A. Stefanelli	75	2,121	3,486		102				
New Jersey Orthopaedic (Orange)	R. V. Finnesey	43	1,176	10,707		102			11,800	
Overlook (Summit)						102				
ORANGE										
New Jersey Orthopaedic Hospital (See CMDNJ-New Jersey Med. Sch. Affil. Hospitals, Newark)										
PATERSON										
St. Joseph's	R. V. Holman	54	1,421	1,811	ACF	147	01	005	11,485	
SUMMIT										
Overlook (See CMDNJ-New Jersey Med. School Affiliated Hosps., Newark)										
NEW MEXICO										
ALBUQUERQUE										
University of New Mexico Affiliated Hospitals	G. E. Omer, Jr.					093	04	016		
Bataan Memorial	R. S. Turner	25	1,034	19,443	AF	093			8,850	
Bernalillo County Medical Center	G. E. Omer, Jr.	22	949	6,977	AF	093			8,850	
Veterans Admin.	L. M. Overton	43	838	2,709	AF	093			9,378	
TRUTH OR CONSEQUENCES										
Carrie Tingley Crippled Children's	D. H. Munger	50	510	6,890	C	004 093 096	05	005	8,999	
NEW YORK										
ALBANY										
Albany Medical Center Affiliated Hospitals	C. J. Campbell				ACF	055	04	016		
Albany Medical Center	C. J. Campbell	73	1,639	2,191		055			11,180	
Veterans Admin.	C. J. Campbell	32	506	1,435		055			13,798	
Ellis (Schenectady)	J. A. Dolan	46	1,341	454		055			10,600	
Sunnyview Hospital and Rehabilitation Center (Schenectady)	J. A. Dolan	70	812	14,239		055				
BUFFALO										
S. U. N. Y. at Buffalo Affiliated Hospitals	E. R. Mindell					024	03	017		
Buffalo General	J. Cole	49	1,342	1,148	AF	024			10,500	
Children's Hospital of Buffalo	J. D. Godfrey	16	682	2,740	C	024			12,000	
Edward J. Meyer Memorial	E. R. Mindell	31	480	3,050	AF	024			10,000	
Veterans Admin.	R. B. Erickson	42	694	965	AF	024			10,500	
MINEOLA										
Nassau	S. Greiner	44	1,542	520	ACF	038	02	006	13,637	145573

APPROVED RESIDENCIES

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK—Continued										
NEW HYDE PARK										
Long Island Jewish—Hillside Medical Center (See State Univ.-Kings County Hosp. Ctr., New York City)										
NEW YORK CITY										
Albert Einstein College of Medicine Affiliated Hospitals										
Bronx—Lebanon Hospital Center	E. D. Sedlin	37	524	5,303	ACF	112 112 134	05	020	13,300	
Bronx Municipal Hospital Center	E. D. Sedlin	52	966	19,452		112 107				
Hospital of the Albert Einstein College of Medicine										
Lincoln	R. Schultz	22	482	5,323		112				
	E. D. Sedlin			7,145		112				
Bronx—Lebanon Hospital Center	A. Schildhaus	37	524	5,303	ACF	112 134	02	006	13,300	
Brookdale Hospital Center										
Catholic Medical Center of Brooklyn and Queens	A. Kenin	32	919	7,378	ACF	158	02	008	13,300	
Mary Immaculate Division										
	J. S. Mulle	33	588	1,478	ACF	124	03	009	14,000	
Mary Immaculate Division (St. Charles Unit)	J. S. Mulle	14	311	3,884		124 20,				
	F. P. Vaccarino				124					
St. John's Queens Division	J. S. Mulle	28	708	582		124				
St. Mary's Division	J. S. Mulle	19	412	2,167		124				
French and Polyclinic Medical School and Health Center										
Polyclinic Division	J. W. Fielding	34	516	2,116	AF	026 26	01	002	14,450	147573
Harlem Hospital Center										
New York State Rehabilitation (West Haverstraw)	M. A. Shelton	62	799	7,950	ACF	150	03	009	13,300	
	A. L. Garrett	103	620	5,182		128 150			13,000	
Hospital for Joint Diseases and Medical Center										
Beth Israel Medical Center	H. Robbins	130	3,285	22,628	ACF	125	06	024	13,300	
	J. J. Graham	39	682	2,492		125				
Hospital for Special Surgery										
New York	P. D. Wilson, Jr.	174	3,571	32,076	ACF	022	08	032	13,300	
Veterans Admin. (Bronx)	W. D. Arnold	25	410	4,208		022				
House of St. Giles the Cripple	P. D. Wilson, Jr.	38	967	5,510		022			16,834	
	J. W. Fielding	18	182	10,170	C	026 041 175			10,500	
Jewish Hospital and Medical Center of Brooklyn										
Kingsbrook Jewish Medical Center	L. J. Koven	42	737	5,575	AF	084	02	008	14,300	
Lenox Hill	M. Schneider	39	656	3,642	AC	084	00	004	13,750	
	J. A. Nicholas	54	1,205	9,477	AF	175	02	006	14,770	
Maimonides Medical Center Training Program										
Maimonides Medical Center	H. Pearlman			3,516	ACF	107	02	007		
Coney Island	H. Pearlman			8,027		107			14,000	
	D. W. Wilson	31	564			107				
Montefiore Hospital Training Program										
Montefiore Hospital and Medical Center	E. T. Habermann	63	846	6,986	ACF	125	04	012	14,000	
Morrisania City		57	659	10,348		125				
Mount Sinai Hospital Training Program										
Mount Sinai	R. S. Siffert	52	803	8,425	ACF	065	03	009	14,000	
City Hospital Center at Elmhurst	R. S. Siffert	69	933	10,348		065			13,300	
	A. Schein					065				
New York Medical College—Metropolitan Hospital Center										
Unit 1—Flower and Fifth Avenue Hospitals	A. A. Michele	30	534	520	ACF	067	04	012	13,300	
Unit 2—Metropolitan Hospital Center		67	673	9,172		067				
New York University Medical Center										
Bellevue Hospital Center	W. A. L. Thompson	20	177	4,113	ACF	051	06	018		
University	H. Sprague	38	797			051				
Veterans Admin. (Manhattan)	H. Sprague	31	396	4,940		051				
	K. P. Tam					051				
Presbyterian	F. E. Stinchfield	140	3,689	34,117	ACF	128	08	027	14,455	
Queens Hospital Center	J. Manly	57	852	8,773	ACF	152	02	006	14,000	
St. Luke's Hospital Center	J. W. Fielding	87	1,215	9,437	ACF	041	03	007	13,800	
St. Vincent's Medical Center of Richmond	J. Fielding, E. Lucey	26	692	1,638	AF	026	01	002	13,200	
State University—Kings County Hospital Center										
Kings County Hospital Center	L. S. Lavine	40	634	11,307	ACF	144	04	012	13,300	
State University	L. S. Lavine	6	144	1,271		144			14,600	
Veterans Admin. (Brooklyn)	L. S. Lavine	37	788	1,950		144				
Long Island Jewish—Hillside Medical Center (New Hyde Park)	A. G. Smith					144				
	L. S. Lavine	30	840	1,082		144			14,000	
PORT JEFFERSON										
St. Charles	J. S. Consoli	23	331	2,795	C	038 127			7,000	
ROCHESTER										
University of Rochester Affiliated Hospitals										
Genesee	L. A. Goldstein	34	1,297	1,323	ACF	031	04	012	10,400	
Highland Hospital of Rochester	R. C. Dickerson					031				
Rochester General	J. O. States	43	1,300	970		031				
Strong Memorial Hospital of the University of Rochester	L. A. Goldstein	53	1,214	3,082		031				
SCHENECTADY										
Ellis (See Albany Medical Center Affiliated Hosps., Albany)										
Sunnyview Hospital and Rehabilitation Center (See Albany Medical Center Affiliated Hosps., Albany)										

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975 1st Yr. All Yrs.		Annual Salary (Min.)	NIRMP Number
NEW YORK—Continued										
SYRACUSE										
S. U. N. Y. Upstate Medical Center	D. G. Murray	53	1,505		ACF	048	04	016	11,323	
Crouse Irving—Memorial		27	1,014	798	AF	048				
St. Joseph's Hospital Health Center		29	936	3,400	AF	048				
State University		26	542	1,697	A	048				
Veterans Admin.										
Children's Hospital and Rehabilitation Center of Utica (Utica)	D. Murray, E. Friedman	45	1,358	2,321	C	048				
UTICA										
Children's Hospital and Rehabilitation Center of Utica (See S. U. N. Y. Upstate Medical Ctr., Syracuse)										
WEST HAVERSTRAW										
New York State Rehabilitation	A. L. Garrett	103	620	5,182	C	128 150			13,000	
New York State Rehabilitation (See Harlem Hospital Center, New York City)										
NORTH CAROLINA										
CHAPEL HILL										
North Carolina Memorial	F. C. Wilson	30	787	12,444	ACF	081	04	013	9,500	
Memorial Hospital of Wake County (Raleigh)	F. C. Wilson				AF	081				
CHARLOTTE										
Charlotte Memorial	J. S. Gaul, Jr.	133	4,408	4,539	ACF	104	02	010	9,600	
DURHAM										
Duke University Affiliated Hospitals	J. L. Goldner	69	2,290	9,124	ACF	019	08	036	9,850	
Duke University Medical Center	J. L. Goldner	31	711	4,800		019			10,350	
Veterans Admin.	J. R. Urbaniak	27	1,128	381		019			12,177	
Watts	E. I. Bugg, Jr.	27	335	5,709		019			10,000	
North Carolina Orthopedic (Gastonia)	G. R. Miller					081				
						019				
Veterans Admin. (Oteen)										
Shriners Hospital for Crippled Children (Erie, Pa.)	J. J. Monahan	20	307	1,674		019				
Shriners Hospital for Crippled Children (Greenville, S. C.)	F. H. Stelling	56	634	5,189		019 023				
GASTONIA										
North Carolina Orthopedic (See Duke University Affiliated Hospitals, Durham)										
OTEEN										
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)										
RALEIGH										
Memorial Hospital of Wake County (See North Carolina Memorial, Chapel Hill)										
WINSTON-SALEM										
Bowman Gray School of Medicine Affiliated Hospitals					ACF	077				
North Carolina Baptist	A. G. Gristina	31	683	2,952		077	03	012	10,500	
OHIO										
AKRON										
Akron City	W. A. Hoyt, Jr.	78	2,306	1,054	AF	015	02	010	10,500	154173
Akron General	H. W. O' Dell	73	2,041	1,171	AF	058	02	008	10,500	
Children's Hospital of Akron	W. A. Hoyt, Jr.	36	1,755	3,031	C	015 058			11,000	
CINCINNATI										
University of Cincinnati Hospital Group	E. H. Miller			994	ACF	017	07	021		
Children's	E. H. Miller	10	412	14,000		017				
Cincinnati General	E. H. Miller	62	731	749		017				
Good Samaritan	N. J. Giannestras	108	2,934	2,275		017				
Veterans Admin.	E. H. Miller	21	343			017			10,708	
CLEVELAND										
Case Western Reserve University Affiliated Hospitals	C. H. Herndon			8,401	ACF	027	06	018	11,000	
Cleveland Metropolitan General	R. P. Mack	30	774	9,036	ACF	027			11,000	
University Hospitals of Cleveland	C. H. Herndon	75	1,776	2,464	ACF	027			10,955	
Veterans Admin.	V. H. Frankel	59	759	19,219	A	027			11,090	
Cleveland Clinic	C. M. Evarts	63	1,696	2,651	ACF	042	04	016		
St. Vincent Charity	K. S. Alfred	35	994	3,521	ACF	042				
Mount Sinai Hospital of Cleveland	B. Friedman	59	1,664	3,516	ACF	101	02	006	11,000	155773
St. Luke's	G. E. Spencer, Jr.	48	1,466		ACF	153	02	006	10,500	156073
COLUMBUS										
Mount Carmel Medical Center	T. L. Meyer, Jr.	52	2,040	1,159	ACF	025	02	008	9,300	
Children's	P. H. Curtiss, Jr.	19	1,152	4,525	C	025				
						099				
Ohio State University Affiliated Hospitals	P. H. Curtiss, Jr.			4,525	ACF	099	03	012		
Children's	P. H. Curtiss, Jr.	19	1,152			025				
						099				
Ohio State University Hospitals	P. H. Curtiss, Jr.	32	809	5,259		099			8,300	
Riverside Methodist	C. R. Coleman	69	2,526	760		099			9,500	
DAYTON										
Miami Valley	H. E. Klaaren	55	1,389	1,515	ACF	105	02	006	10,550	
Children's Medical Center		12	345	27,321		105				
ELYRIA										
Elyria Memorial	W. L. Hassler	33	1,344	18,390	ACF	154	01	004	9,300	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
OKLAHOMA										
OKLAHOMA CITY										
University of Oklahoma Health Sciences Center Bone and Joint	D. H. O' Donoghue					053	10	024		
St. Anthony	J. P. Evans	60	2,500		AF	053			7,500	
University of Oklahoma Hospitals	D. H. O' Donoghue	59	3,154	1,451	AF	053				
Veterans Admin.	O. H. O' Donoghue	24	863	8,694	ACF	053			9,000	
	G. R. Frank	23	536	5,260	AF	053				
OREGON										
PORTLAND										
University of Oregon Affiliated Hospitals Emanuel	W. Snell			731		028	03	012		
Shriners Hospital for Crippled Children	L. R. Langston	90	2,604		AF	028			9,666	
University of Oregon Medical School Hospitals and Clinics	P. Campbell	39	434	3,195	C	028				
Veterans Admin.	W. Snell	20	579	5,956	AF	028			8,600	
	P. J. Fagan	30	2,577	959	AF	028			10,645	
PENNSYLVANIA										
ABINGTON										
Abington Memorial Hospital (See Temple Univ. Affiliated Hosps., Philadelphia)										
BRYN MAWR										
Bryn Mawr (See Thomas Jefferson Univ. Affiliated Hospitals, Phila.)										
DANVILLE										
Geisinger Medical Center		30	1,070	20,923	ACF	155	02	008	10,400	160873
ELIZABETHTOWN										
State Hospital for Crippled Children		176	2,340	8,500	C	021 092 151 155				
State Hospital for Crippled Children (See Penn. State Univ. Affil. Hosps., Hershey)										
ERIE										
Hamot Medical Center	J. J. Monahan	122	3,540	18,000	ACF	156	01	004	10,000	161173
Shriners Hospital for Crippled Children (See Duke University Affiliated Hospitals, Durham, N. C.)										
HARRISBURG										
Harrisburg (See Penn. State Univ. Affil. Hosps., Hershey)										
Harrisburg Polyclinic (See Penn. State Univ. Affil. Hosps., Hershey)										
HERSHEY										
Pennsylvania State University Affiliated Hospitals	R. B. Greer, 3d.				ACF	151	03	009	11,376	
Milton S. Hershey Medical Center of the Pennsylvania State University	R. B. Greer, 3d.	10	220	2,688		151			11,376	
State Hospital for Crippled Children (Elizabethtown)						021 092 151 155				
Harrisburg (Harrisburg)	R. J. Patterson	49	1,253	1,493		151 151				
Harrisburg Polyclinic (Harrisburg)						151				
PHILADELPHIA										
Albert Einstein Medical Center	S. Albert	51	1,227	2,311	ACF	157	02	008	10,100	
Shriners Hospital for Crippled Children	H. H. Steel	66	527	4,259		029 157				
Hahnemann Medical College Affiliated Hospitals	A. T. Berman					092	03	012		
Hahnemann Medical College and Hospital Philadelphia General	A. T. Berman	45	550	7,500	AF	092			10,200	
	A. T. Berman, E. J. Powell	20	212	3,974	ACF	092			10,492	
Temple University Affiliated Hospitals	J. W. Lachman					029	04	016		
Temple University	J. W. Lachman	38	952	5,740	AF	029			10,761	
St. Christopher's Hospital for Children	J. W. Lachman	12	386	3,727	C	029			11,290	
Shriners Hospital for Crippled Children	H. H. Steel	66	527	4,259	C	029 157				
Abington Memorial (Abington)	P. R. Sweterlitsch	32	1,100	912	AF	029			10,160	
Thomas Jefferson University Affiliated Hospitals	J. J. Gartland				ACF	021	06	024		
Thomas Jefferson University	J. J. Gartland	50	1,338	3,185		021			10,900	
Lankenau	J. J. Oowling	34	1,095	2,327		021				
Methodist	P. J. Marone	14	533	2,158		021			10,300	
Bryn Mawr (Bryn Mawr)	H. E. Snedden	40	1,214	800		021				
Veterans Admin. (Wilmington, Del.)	P. R. Ramsey	28	467	3,153		021				
Cooper (Camden, N. J.)	H. Sherk	48	21,000	12,416		021				
University of Pennsylvania Affiliated Hospitals	E. L. Ralston					023	08	032		
Children's Hospital of Philadelphia	S. M. K. Chung	12	251	2,947	C	023			10,000	
Graduate Hospital of the University of Pennsylvania	J. E. Nixon	22	633	1,900	AF	023			12,103	
Hospital of the University of Pennsylvania	E. L. Ralston	72	1,760	6,170	ACF	023			11,500	
Philadelphia General	E. L. Ralston	20	212	10,008	AF	023			10,492	
Pennsylvania	R. H. Rothman	36	800	2,127	F	023			11,100	
Presbyterian—University of Pennsylvania										
Medical Center	E. L. Ralston	11	278	1,690	AF	023			12,300	
Veterans Admin.	J. E. Nixon	30	460	5,800	A	023			11,425	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
TEXAS, HOUSTON—Continued										
Shriners Hospital for Crippled Children	M. M. Donovan	33	538	4,287	C	049 166				
University of Texas at Houston Affiliated Hospitals	F. F. Parrish	58	2,136	2,291	ACF	166	03	012	9,480	
Hermann	F. F. Parrish	59	1,955	738		166			8,400	
St. Joseph	M. M. Donovan	33	538	4,287		049				
Shriners Hospital for Crippled Children	M. M. Donovan					166				
SAN ANTONIO										
University of Texas at San Antonio Teaching Hospitals	C. A. Rockwood, Jr.	62	1,820	17,436	AF	095 095	06	024	9,495	
Bexar County Teaching	C. A. Rockwood, Jr.	66	2,811	7,340	AC	095				
Santa Rosa Medical Center	S. A. Rowland					117 120				
TEMPLE										
Scott and White Memorial	R. A. Murray	107	3,271	17,877	ACF	171	02	008	9,500	172573
UTAH										
SALT LAKE CITY										
University of Utah Affiliated Hospitals	S. S. Coleman	20	823	13,276	AF	034 034	05	020	9,600	
Holy Cross Hospital of Salt Lake City	S. S. Coleman, J. Henrie	36	1,615	3,800	AF	034			10,150	
Latter—Day Saints	W. E. Hess	54	1,977	815	AF	034			9,600	
Primary Children's					C	034				
St. Mark's	A. F. Martin	58	2,111	150	AF	034			9,600	
Shriners Hospital for Crippled Children	S. S. Coleman	45	306	1,875	C	034				
Veterans Admin.	A. C. Ruoff, 3d.		492	3,043	AF	034			9,600	
VERMONT										
BURLINGTON										
Medical Center Hospital of Vermont	F. T. Hoaglund	54	2,010	2,384	ACF	167	02	007	8,600	
WHITE RIVER JUNCTION										
Veterans Administration Center (See Dartmouth Med. School Affiliated Hosps., Hanover, N. H.)										
VIRGINIA										
ARLINGTON										
Arlington (See Georgetown Univ. Affil. Hosps., Washington, D. C.)										
National Orthopaedic and Rehabilitation	J. W. Leabhart	106	3,196	21,932	ACF	168	01	008	10,500	
CHARLOTTESVILLE										
University of Virginia Affiliated Hospitals	R. C. Thompson, Jr.	60	2,000	35,000	ACF	129	04	016	9,400	
University of Virginia	R. C. Thompson, Jr.				AC	129				
Roanoke Memorial Hospitals (Roanoke)	P. C. Trout				A	129				
Veterans Admin. (Salem)	W. G. Stamp		224	1,568		129			12,520	
NORFOLK										
Norfolk General—Children's Hospital of the King's Daughters	D. B. Young	61	1,441	3,137	ACF	103	02	006	10,500	
Norfolk General		3	1,161	1,342		103				
Children's Hospital of the King's Daughters						103				
RICHMOND										
Virginia Commonwealth University M.C.V. Affiliated Hospitals	W. M. Deyerle	44	848	7,132	C	035	04	012	10,400	
Crippled Children's	B. B. Clary	29	740	5,343	AF	035			9,900	
Medical College of Virginia Hospitals	W. M. Deyerle	28	668	2,855	A	035			9,548	
Veterans Admin.	W. M. Deyerle									
ROANOKE										
Roanoke Memorial Hospitals (See Univ. of Va. Affiliated Hosps., Charlottesville)										
SALEM										
Veterans Admin. (See Univ. of Virginia Affiliated Hosps., Charlottesville)										
WASHINGTON										
SEATTLE										
University of Washington Affiliated Hospitals	D. K. Clawson					036	06	027		
Children's Orthopedic Hospital and Medical Center	L. T. Staheli	5	908	5,982	C	036				
Harborview Medical Center	S. T. Hansen		1,015	9,606	AF	036				
Swedish Hospital Medical Center	E. H. Mills	87	3,628		AF	036				
U. S. Public Health Service	D. K. Clawson	27	677	5,318	AF	036				
University	D. K. Clawson	24	1,030	7,183	AF	036			9,444	
Veterans Admin.	L. R. Fry		485	3,380	A	036				
Shriners Hospital for Crippled Children (Spokane)	R. W. Maris	36	241	2,825	C	036			9,480	
SPOKANE										
Shriners Hospital for Crippled Children (See University of Washington Affiliated Hospitals, Seattle)										
WEST VIRGINIA										
MORGANTOWN										
West Virginia University Medical Center	R. N. Clark	35	949	6,531	ACF	169	02	008	9,500	
Monongalia General		25	897	4,041		169				

18. ORTHOPEDIC SURGERY—Continued

Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
WISCONSIN									
MADISON									
University of Wisconsin Affiliated Hospitals									
Madison General									
St. Marys Hospital Medical Center									
University Hospitals									
Veterans Admin.									
A. A. Mc Beath	51	2,014		ACF	097	04	016	10,000	177973
E. J. Nordby	35	1,456			097				
A. A. Mc Beath	35	985	8,673		097				
S. C. Rogers	34	488	2,984		097				
MILWAUKEE									
Medical College of Wisconsin Affiliated Hospitals									
Columbia									
Milwaukee Children's									
Milwaukee County General									
Veterans Admin. Center (Wood)									
B. J. Brewer	47	1,086	1,680	AF	037	05	020	10,000	
A. C. Schmidt	18	595	3,268	C	037			10,000	
C. H. Hickey	29	986	10,628	ACF	037			10,000	
B. J. Brewer				AF	037				
M. C. Collopy	28	572	8,386	AF	037				

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Nebraska Methodist Hospital	Omaha, Neb.			
	University of Nebraska Hospital	Omaha, Neb.			
	Veterans Admin. Hospital	Omaha, Neb.	20.	Shriners Hospital for Crippled Children	Greenville, S.C.
2.	H. C. Moffitt-University of California Hospital	San Francisco		Orthopaedic Hospital	Los Angeles
	Children's Hospital and Adult Medical Center	San Francisco		Kaiser Foundation Hospital	Oakland, Calif.
	Franklin Hospital	San Francisco		Naval Hospital	Oakland, Calif.
	Mount Zion Hospital and Medical Center	San Francisco		Orange Memorial Hospital	Orlando, Fla.
	Pacific Medical Center-Presbyterian Hospital	San Francisco		James Lawrence Kernan Hospital	Baltimore
	San Francisco General Hospital	San Francisco		Naval Hospital	Bethesda, Md.
	Shriners Hospital for Crippled Children	San Francisco		Blodgett Memorial Hospital	Grand Rapids, Mich.
	Veterans Admin. Hospital	San Francisco		Mary Immaculate Division (St. Charles Unit)	New York City
	Children's Hospital Medical Center of Northern California	Oakland, Calif.	21.	Naval Hospital	Philadelphia
	Highland General Hospital	Oakland, Calif.		Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.
	Kaiser Foundation Hospital	Oakland, Calif.		Veterans Admin. Hospital	Wilmington, Del.
	Samuel Merritt Hospital	Oakland, Calif.		Cooper Hospital	Camden, N.J.
3.	Shriners Hospital for Crippled Children	Los Angeles		Bryn Mawr Hospital	Bryn Mawr, Pa.
	Highland General Hospital	Oakland, Calif.		State Hospital for Crippled Children	Elizabethtown, Pa.
	Veterans Admin. Hospital	San Francisco		Lankenau Hospital	Philadelphia
4.	Children's Hospital	Denver		Methodist Hospital	Philadelphia
	Denver General Hospital	Denver	22.	Thomas Jefferson University Hospital	Philadelphia
	University of Colorado Medical Center	Denver		Hospital for Special Surgery	New York City
	Veterans Admin. Hospital	Denver		New York Hospital	New York City
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.		Veterans Admin. Hospital (Bronx)	New York City
5.	Hartford Hospital	Hartford, Conn.	23.	Children's Hospital of Philadelphia	Philadelphia
	Hospital of St. Raphael	New Haven, Conn.		Graduate Hospital of the University of Pennsylvania	Philadelphia
	Yale-New Haven Hospital	New Haven, Conn.		Hospital of the University of Pennsylvania	Philadelphia
	Newington Children's Hospital	Newington, Conn.		Pennsylvania Hospital	Philadelphia
	Veterans Admin. Hospital	West Haven, Conn.		Philadelphia General Hospital	Philadelphia
6.	Mississippi Baptist Hospital	Jackson, Miss.		Presbyterian-University of Pennsylvania Medical Center	Philadelphia
	University Hospital	Jackson, Miss.	24.	Veterans Admin. Hospital	Philadelphia
	Veterans Admin. Center	Jackson, Miss.		Buffalo General Hospital	Buffalo
7.	Children's Memorial Hospital	Chicago		Children's Hospital of Buffalo	Buffalo
	Cook County Hospital	Chicago		Edward J. Meyer Memorial Hospital	Buffalo
	Northwestern Memorial Hospital	Chicago		Veterans Admin. Hospital	Buffalo
	Passavant Pavilion and Wesley Pavilion	Chicago	25.	Children's Hospital	Columbus, Ohio
	St. Anne's Hospital	Chicago		Mount Carmel Medical Center	Columbus, Ohio
	Veterans Admin. Research Hospital	Chicago	26.	French and Polyclinic Medical School and Health Center	New York City
	Evanston Hospital	Evanston, Ill.		House of St. Giles the Cripple (Brooklyn)	New York City
	St. Francis Hospital	Evanston, Ill.		St. Vincent's Medical Center of Richmond (Staten Island)	New York City
8.	Indiana University Hospitals	Indianapolis	27.	Cleveland Metropolitan General Hospital	Cleveland
	Marion County General Hospital	Indianapolis		University Hospitals of Cleveland	Cleveland
	Methodist Hospital of Indiana	Indianapolis		Veterans Admin. Hospital	Cleveland
	St. Vincent's Hospital	Indianapolis	28.	Emanuel Hospital	Portland, Ore.
	Veterans Admin. Hospital	Indianapolis		Shriners Hospital for Crippled Children	Portland, Ore.
9.	Kosair Crippled Children Hospital	Louisville, Ky.		University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
	Louisville General Hospital	Louisville, Ky.	29.	Veterans Admin. Hospital	Portland, Ore.
	Veterans Admin. Hospital	Louisville, Ky.		St. Christopher's Hospital for Children	Philadelphia
10.	Rancho Los Amigos Hospital	Downey, Calif.		Shriners Hospital for Crippled Children	Philadelphia
	Charity Hospital of Louisiana (Tulane University Division)	New Orleans		Temple University Hospital	Philadelphia
	Touro Infirmary	New Orleans		Abington Memorial Hospital	Abington, Pa.
	U.S. Public Health Service Hospital	New Orleans	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Veterans Admin. Hospital	New Orleans		Mercy Hospital	Pittsburgh
	Veterans Admin. Hospital	Alexandria, La.		Presbyterian-University Hospital	Pittsburgh
	Huey P. Long Memorial Hospital	Pineville, La.		St. Francis General Hospital	Pittsburgh
	Shriners Hospital for Crippled Children	Shreveport, La.		Veterans Admin. Hospital	Pittsburgh
	Medical Center	Columbus, Ga.	31.	Genesee Hospital	Rochester, N.Y.
11.	Beth Israel Hospital	Boston		Highland Hospital of Rochester	Rochester, N.Y.
	Children's Hospital Medical Center	Boston		Rochester General Hospital	Rochester, N.Y.
	Massachusetts General Hospital	Boston		Strong Memorial Hospital of the University of Rochester	Rochester, N.Y.
	New England Baptist Hospital	Boston	32.	Baylor University Medical Center	Dallas, Texas
	Peter Bent Brigham Hospital	Boston		Parkland Memorial Hospital	Dallas, Texas
	Robert B. Brigham Hospital	Boston		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Veterans Admin. Hospital (West Roxbury)	Boston		Veterans Admin. Hospital	Dallas, Texas
12.	Veterans Admin. Hospital	Allen Park, Mich.	33.	Greenville General Hospital	Greenville, S.C.
	Oakwood Hospital	Dearborn, Mich.		Shriners Hospital for Crippled Children	Greenville, S.C.
	Children's Hospital of Michigan	Detroit	34.	Holy Cross Hospital of Salt Lake City	Salt Lake City
	Detroit General Hospital	Detroit		Latter-Day Saints Hospital	Salt Lake City
	Grace Hospital	Detroit		Primary Children's Hospital	Salt Lake City
	Harper Hospital	Detroit		St. Mark's Hospital	Salt Lake City
13.	Boston City Hospital	Boston		Shriners Hospital for Crippled Children	Salt Lake City
	New England Medical Center Hospitals	Boston		University Hospital	Salt Lake City
	Veterans Admin. Hospital	Boston		Veterans Admin. Hospital	Salt Lake City
14.	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.	35.	Crippled Children's Hospital	Richmond, Va.
	Georgetown University Hospital	Washington, D.C.		Medical College of Virginia Hospitals	Richmond, Va.
	Sibley Memorial Hospital	Washington, D.C.		Veterans Admin. Hospital	Richmond, Va.
	Veterans Admin. Hospital	Washington, D.C.	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Arlington Hospital	Arlington, Va.		Harborview Medical Center	Seattle
15.	Akron City Hospital	Akron, Ohio		Swedish Hospital Medical Center	Seattle
	Children's Hospital of Akron	Akron, Ohio		U.S. Public Health Service Hospital	Seattle
16.	Hennepin County General Hospital	Minneapolis		University Hospital	Seattle
	Shriners Hospital for Crippled Children	Minneapolis		Veterans Admin. Hospital	Seattle
	Veterans Admin. Hospital	Minneapolis		Shriners Hospital for Crippled Children	Spokane, Wash.
	Gillette Children's Hospital	St. Paul, Minn.	37.	Columbia Hospital	Milwaukee
	St. Paul-Ramsey Hospital	St. Paul, Minn.		Milwaukee Children's Hospital	Milwaukee
17.	Children's Hospital	Cincinnati		Milwaukee County General Hospital	Milwaukee
	Cincinnati General Hospital	Cincinnati		Veterans Admin. Center (Wood)	Milwaukee
	Good Samaritan Hospital	Cincinnati	38.	Nassau Hospital	Mineola, N.Y.
	Veterans Admin. Hospital	Cincinnati		St. Charles Hospital	Port Jefferson, N.Y.
18.	Children's Mercy Hospital	Kansas City, Mo.	39.	Emory University Hospital	Atlanta, Ga.
	Kansas City General Hospital and Medical Center	Kansas City, Mo.		Grady Memorial Hospital	Atlanta, Ga.
	St. Luke's Hospital	Kansas City, Mo.		Henrietta Eggleston Hospital for Children	Atlanta, Ga.
	Veterans Admin. Hospital	Kansas City, Mo.		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
19.	Duke University Medical Center	Durham, N.C.		Veterans Admin. Hospital	Decatur, Ga.
	Veterans Admin. Hospital	Durham, N.C.	40.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	Watts Hospital	Durham, N.C.		Shriners Hospital for Crippled Children	Los Angeles
	North Carolina Orthopedic Hospital	Gastonia, N.C.		Letterman Army Medical Center	San Francisco
	Veterans Admin. Hospital	Oteen, N.C.		Shriners Hospital for Crippled Children	San Francisco

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
41.	House of St. Giles the Cripple (Brooklyn)	New York City		University Hospital	Boston
	St. Luke's Hospital Center	New York City		Massachusetts Hospital School	Canton, Mass.
42.	Cleveland Clinic Hospital	Cleveland		Lakeville Hospital	Lakeville, Mass.
	St. Vincent Charity Hospital	Cleveland		Shriners Hospital for Crippled Children	Springfield, Mass.
43.	Confederate Memorial Medical Center	Shreveport, La.	67.	Flower and Fifth Avenue Hospitals (Unit 1)	New York City
	Shriners Hospital for Crippled Children	Shreveport, La.		Metropolitan Hospital Center (Unit 2)	New York City
	Veterans Admin. Hospital	Shreveport, La.	68.	Queens Medical Center	Honolulu
44.	Children's Hospital	Birmingham, Ala.		Shriners Hospital for Crippled Children	Honolulu
	University of Alabama Hospitals and Clinics	Birmingham, Ala.		Tripler Army Medical Center	Honolulu
	Veterans Admin. Hospital	Birmingham, Ala.	69.	Martin Luther King, Jr., General Hospital	Los Angeles
	Lloyd Noland Hospital	Fairfield, Ala.	70.	Baltimore City Hospitals	Baltimore
45.	Boston City Hospital	Boston		James Lawrence Kernan Hospital	Baltimore
	Carney Hospital	Boston		Johns Hopkins Hospital	Baltimore
	Massachusetts Hospital School	Canton, Mass.		Sinai Hospital of Baltimore	Baltimore
	Lakeville Hospital	Lakeview, Mass.	71.	Rancho Los Amigos Hospital	Downey, Calif.
46.	Cardinal Glennon Memorial Hospital for Children	St. Louis		Childrens Hospital of Los Angeles	Los Angeles
	Firmin Desloge General Hospital	St. Louis		Los Angeles County-U.S.C. Medical Center	Los Angeles
	St. Louis City Hospital	St. Louis	72.	Reading Hospital	Reading, Pa.
	St. Louis University Group of Hospitals	St. Louis	73.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	St. Mary's Health Center	St. Louis		Maricopa County General Hospital	Phoenix, Ariz.
47.	Cook County Hospital	Chicago		U. S. Public Health Service Indian Hospital	Phoenix, Ariz.
	Ravenswood Hospital	Chicago	74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.
	University of Illinois Hospital	Chicago		University Hospital	Ann Arbor, Mich.
	Veterans Admin. Hospital (West Side)	Chicago	75.	Walter Reed Army Medical Center	Washington, D.C.
48.	Crouse Irving-Memorial Hospital	Syracuse, N.Y.	76.	Jackson Memorial Hospital	Miami, Fla.
	St. Joseph's Hospital Health Center	Syracuse, N.Y.		Variety Children's Hospital	Miami, Fla.
	State University Hospital	Syracuse, N.Y.		Veterans Admin. Hospital	Miami, Fla.
	Veterans Admin. Hospital	Syracuse, N.Y.	77.	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.
	Children's Hospital and Rehabilitation Center of Utica	Utica, N.Y.		North Carolina Baptist Hospitals	Winston-Salem, N.C.
49.	Ben Taub General Hospital	Houston, Texas	78.	Orthopaedic Hospital	Los Angeles
	Methodist Hospital	Houston, Texas		Shriners Hospital for Crippled Children	Los Angeles
	Shriners Hospital for Crippled Children	Houston, Texas		U.C.L.A. Hospital	Los Angeles
	Texas Children's Hospital	Houston, Texas		Veterans Admin. Center—Wadsworth Hospital	Los Angeles
	Veterans Admin. Hospital	Houston, Texas		Los Angeles County Harbor General Hospital	Torrance, Calif.
50.	Veterans Admin. Hospital	Hines, Ill.	79.	Naval Hospital	San Diego, Calif.
	Shriners Hospital for Crippled Children	Chicago	80.	University of Minnesota Hospitals	Minneapolis, Minn.
	Loyola University Hospital	Maywood, Ill.		Veterans Admin. Hospital	Minneapolis, Minn.
	West Suburban Hospital	Oak Park, Ill.		St. Paul-Ramsey Hospital	St. Paul, Minn.
	Lutheran General Hospital	Park Ridge, Ill.	81.	North Carolina Memorial Hospital	Chapel Hill, N.C.
51.	Bellevue Hospital Center	New York City		North Carolina Orthopedic Hospital	Gastonia, N.C.
	University Hospital	New York City		Memorial Hospital of Wake County	Raleigh, N.C.
	Veterans Admin. Hospital (Manhattan)	New York City	82.	Newington Children's Hospital	Newington, Conn.
52.	Charleston County Hospital	Charleston, S.C.		Mary Hitchcock Memorial Hospital	Hanover, N.H.
	Medical University of South Carolina Hospital	Charleston, S.C.		Veterans Admin. Center	White River Jct., Vt.
	Naval Hospital	Charleston, S.C.	83.	Children's Hospital of the District of Columbia	Washington, D.C.
	Veterans Admin. Hospital	Charleston, S.C.		District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.
53.	Bone and Joint Hospital	Oklahoma City		George Washington University Hospital	Washington, D.C.
	St. Anthony Hospital	Oklahoma City		Veterans Admin. Hospital	Washington, D.C.
	University of Oklahoma Hospitals	Oklahoma City		Washington Hospital Center	Washington, D.C.
	Veterans Admin. Hospital	Oklahoma City	84.	Jewish Hospital and Medical Center of Brooklyn	New York City
54.	Arizona Crippled Children's Hospital	Phoenix, Ariz.		Kingsbrook Jewish Medical Center	New York City
	University Hospital	Tucson, Ariz.	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
55.	Albany Medical Center Hospital	Albany, N.Y.		St. Mary's Memorial Hospital	Knoxville, Tenn.
	Veterans Admin. Hospital	Albany, N.Y.		University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
	Ellis Hospital	Schenectady, N.Y.	86.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	Sunnyview Hospital and Rehabilitation Center	Schenectady, N.Y.		Shriners Hospital for Crippled Children	Honolulu
56.	E. A. Conway Memorial Hospital	Monroe, La.		Tripler Army Medical Center	Honolulu
	Ochsner Foundation Hospital	New Orleans	87.	Baltimore City Hospitals	Baltimore
57.	Baltimore City Hospitals	Baltimore		Children's Hospital	Baltimore
	Children's Hospital	Baltimore		Johns Hopkins Hospital	Baltimore
	Good Samaritan Hospital	Baltimore		Union Memorial Hospital	Baltimore
	Johns Hopkins Hospital	Baltimore	88.	James Lawrence Kernan Hospital	Baltimore
	Veterans Admin. Hospital	Baltimore		University of Maryland Hospital	Baltimore
58.	Akron General Hospital	Akron, Ohio	89.	Fairview Hospital	Minneapolis
	Children's Hospital of Akron	Akron, Ohio		Hennepin County General Hospital	Minneapolis
59.	Good Samaritan Hospital	Lexington, Ky.		St. Mary's Hospital	Minneapolis
	St. Joseph Hospital	Lexington, Ky.		University of Minnesota Hospitals	Minneapolis
	Shriners Hospital for Crippled Children	Lexington, Ky.		Gillette Children's Hospital	St. Paul, Minn.
	University Hospital	Lexington, Ky.	90.	Cook County Hospital	Chicago
	Veterans Admin. Hospital	Lexington, Ky.		Louis A. Weiss Memorial Hospital	Chicago
60.	Barnes Hospital Group	St. Louis	91.	Children's Hospital	Denver
	St. Louis City Hospital	St. Louis		Denver General Hospital	Denver
	Shriners Hospital for Crippled Children	St. Louis		Fitzsimons Army Medical Center	Denver
	Veterans Admin. Hospital	St. Louis	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
61.	Baptist Memorial Hospital	Memphis, Tenn.		Hahnemann Medical College and Hospital	Philadelphia
	Campbell Clinic	Memphis, Tenn.		Philadelphia General Hospital	Philadelphia
	City of Memphis Hospitals	Memphis, Tenn.	93.	Bataan Memorial Hospital	Albuquerque, N.M.
	Crippled Children's Hospital	Memphis, Tenn.		Bernalillo County Medical Center	Albuquerque, N.M.
	Le Bonheur Children's Hospital	Memphis, Tenn.		Veterans Admin. Hospital	Albuquerque, N.M.
	Methodist Hospital	Memphis, Tenn.		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.
	Veterans Admin. Hospital	Memphis, Tenn.	94.	Arkansas Children's Hospital	Little Rock, Ark.
62.	Hope Haven Children's Hospital	Jacksonville, Fla.		University Hospital	Little Rock, Ark.
	St. Luke's Hospital	Jacksonville, Fla.		Veterans Admin. Consolidated Hospital	Little Rock, Ark.
	University Hospital of Jacksonville	Jacksonville, Fla.	95.	Bexar County Teaching Hospital	San Antonio, Tex.
63.	Rancho Los Amigos Hospital	Downey, Calif.		Santa Rosa Medical Center	San Antonio, Tex.
	Kaiser Foundation Hospital	Fontana, Calif.	96.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	Loma Linda University Hospital	Loma Linda, Calif.		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.
	Riverside General Hospital	Riverside, Calif.		R. E. Thomason General Hospital	El Paso, Texas
	San Bernardino County General Hospital	San Bernardino, Calif.		William Beaumont Army Medical Center	El Paso, Texas
64.	Fairview State Hospital	Costa Mesa, Calif.	97.	Madison General Hospital	Madison, Wis.
	Rancho Los Amigos Hospital	Downey, Calif.		St. Marys Hospital Medical Center	Madison, Wis.
	Veterans Admin. Hospital	Long Beach, Calif.		University Hospitals	Madison, Wis.
	Childrens Hospital of Orange County	Orange, Calif.		Veterans Admin. Hospital	Madison, Wis.
	Orange County Medical Center	Orange, Calif.			
65.	City Hospital Center at Elmhurst	New York City			
	Mount Sinai Hospital	New York City			
66.	Boston City Hospital	Boston			
	Lahey Clinic	Boston			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
98.	Stanford University Hospital	Stanford, Calif.	126.	Borgess Hospital	Kalamazoo, Mich.
	Veterans Admin. Hospital	Palo Alto, Calif.		Bronson Methodist Hospital	Kalamazoo, Mich.
	Santa Clara Valley Medical Center	San Jose, Calif.	127.	St. Charles Hospital	Port Jefferson, N. Y.
	Kaiser Foundation Hospital	Santa Clara, Calif.		U. S. Public Health Service Hospital	New York City
99.	Children's Hospital	Columbus, Ohio	128.	Presbyterian Hospital	New York City
	Ohio State University Hospitals	Columbus, Ohio		New York State Rehabilitation Hospital	West Haverstraw, N. Y.
	Riverside Methodist Hospital	Columbus, Ohio	129.	University of Virginia Hospital	Charlottesville, Va.
100.	Fort Worth Children's Hospital	Fort Worth, Tex.		Roanoke Memorial Hospitals	Roanoke, Va.
	Fort Worth Medical Center	Fort Worth, Tex.		Veterans Admin. Hospital	Salem, Va.
	Harris Hospital-Fort Worth Medical Center	Fort Worth, Tex.	130.	Naval Hospital	Portsmouth, Va.
	John Peter Smith Hospital	Fort Worth, Tex.	131.	Gorgas Hospital	Balboa Heights, C. Z.
101.	Mount Sinai Hospital of Cleveland	Cleveland	132.	Mobile General Hospital	Mobile, Ala.
102.	Veterans Admin. Hospital	East Orange, N.J.		Mobile Infirmary	Mobile, Ala.
	Jersey Medical Center	Jersey City, N.J.	133.	Kaiser Foundation Hospital	Sacramento, Calif.
	Martland Hospital	Newark, N.J.		University of California (Davis) Sacramento Medical Center	Sacramento, Calif.
	United Hospitals Orthopedic Center	Newark, N.J.	134.	Bronx-Lebanon Medical Center	New York City
	Hospital for Crippled Children-Adults	Orange, N.J.	135.	Michael Reese Hospital and Medical Center	Chicago
	New Jersey Orthopaedic Hospital	Summit, N.J.	136.	University of Chicago Hospitals and Clinics	Chicago
103.	Children's Hospital of the King's Daughters	Norfolk, Va.	137.	St. Francis Hospital	Peoria, Ill.
	Norfolk General Hospital	Norfolk, Va.	138.	Lutheran Hospital of Fort Wayne	Fort Wayne, Ind.
104.	Charlotte Memorial Hospital	Charlotte, N.C.		Veterans Admin. Hospital	Fort Wayne, Ind.
105.	Children's Medical Center	Dayton, Ohio	139.	University of Iowa Hospitals	Iowa City, Ia.
	Miami Valley Hospital	Dayton, Ohio	140.	University of Kansas Medical Center	Kansas City, Kan.
106.	St. Joseph Hospital	Denver, Colo.	141.	Charity Hospital of Louisiana (Louisiana State University Division)	New Orleans
	St. Francis Hospital	Wichita, Kan.	142.	Henry Ford Hospital	Detroit
	Veterans Admin. Center	Wichita, Kan.	143.	St. Mary's Hospital	Grand Rapids, Mich.
	Wesley Medical Center	Wichita, Kan.	144.	Kings County Hospital Center	New York City
107.	Bronx Municipal Hospital Center	New York City		State University Hospital	New York City
	Coney Island Hospital	New York City		Veterans Admin. Hospital (Brooklyn)	New York City
	Maimonides Medical Center	New York City		Long Island Jewish-Hillside Medical Center	New Hyde Park, N. Y.
108.	Mary's Help Hospital	Daly City, Calif.	145.	Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Veterans Admin. Hospital	Martinez, Calif.	146.	Monmouth Medical Center	Long Branch, N. J.
	Harkness Community Hospital and Medical Center	San Francisco	147.	St. Joseph's Hospital	Paterson, N.J.
	Kaiser Foundation Hospital	San Francisco	148.	University of Missouri Medical Center	Columbia, Mo.
	St. Joseph's Hospital	San Francisco	150.	Harlem Hospital Center	New York City
	St. Mary's Hospital and Medical Center	San Francisco		New York State Rehabilitation Hospital	West Haverstraw, N.Y.
109.	Childrens Hospital	San Diego, Calif.	151.	Milton S. Hershey Medical Center of the Pennsylvania State University	New York City
	Donald N. Sharp Memorial Community Hospital	San Diego, Calif.		State Hospital for Crippled Children	Elizabethtown, Pa.
	Mercy Hospital and Medical Center	San Diego, Calif.		Harrisburg Hospital	Harrisburg, Pa.
	University Hospital of San Diego County	San Diego, Calif.		Harrisburg Polyclinic Hospital	Harrisburg, Pa.
	Veterans Admin. Hospital	San Diego, Calif.	152.	Queens Hospital Center	New York City
110.	U. S. Public Health Service Alaska Native Medical Center	Anchorage, Alaska	153.	St. Luke's Hospital	Cleveland
	U. S. Public Health Service Hospital	San Francisco	154.	Elyria Memorial Hospital	Elyria, Ohio
	Charity Hospital of Louisiana (Tulane University Division)	New Orleans	155.	Geisinger Medical Center	Danville, Pa.
111.	Rancho Los Amigos Hospital	Downey, Calif.		State Hospital for Crippled Children	Elizabethtown, Pa.
	Los Angeles County-U.S.C. Medical Center	Los Angeles	156.	Hamot Medical Center	Erie, Pa.
	White Memorial Medical Center	Los Angeles	157.	Albert Einstein Medical Center	Philadelphia
112.	Bronx-Lebanon Hospital Center	New York City		Shriners Hospital for Crippled Children	Philadelphia
	Bronx Municipal Hospital Center	New York City	164.	Baroness Erlanger Hospital	Chattanooga, Tenn.
	Hospital of the Albert Einstein College of Medicine	New York City	158.	Brookdale Hospital Center	New York City
	Lincoln Hospital	New York City	159.	Blodgett Memorial Hospital	Grand Rapids, Mich.
113.	Georgia Baptist Hospital	Atlanta, Ga.		Butterworth Hospital	Grand Rapids, Mich.
	Scottish Rite Hospital for Crippled Children	Decatur, Ga.	160.	Allegheny General Hospital	Pittsburgh
114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.	161.	I. Gonzalez Martinez Hospital	San Juan, P. R.
	University Hospital	Augusta, Ga.		Municipal Hospital Dr. Rafael Lopez Nussa	San Juan, P. R.
	Veterans Admin. Hospital	Augusta, Ga.		University District Hospital	San Juan, P. R.
115.	District of Columbia General Hospital	Washington, D. C.		Veterans Admin. Center	San Juan, P. R.
	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D. C.	162.	Rhode Island Hospital	Providence, R.I.
	Freedmen's Hospital	Washington, D.C.	163.	Richland Memorial Hospital	Columbia, S. C.
	Morris Cafritz Memorial Hospital	Washington, D.C.	165.	University of Texas Medical Branch Hospitals	Galveston, Texas
	Providence Hospital	Washington, D. C.	166.	Hermann Hospital	Houston, Tex.
	Veterans Admin. Hospital	Washington, D. C.		St. Joseph Hospital	Houston, Texas
116.	Nashville Metropolitan General Hospital	Nashville, Tenn.		Shriners Hospital for Crippled Children	Houston, Tex.
	Vanderbilt University Hospital	Nashville, Tenn.	167.	Medical Center Hospital of Vermont	Burlington, Vt.
	Veterans Admin. Hospital	Nashville, Tenn.	168.	National Orthopaedic and Rehabilitation Hospital	Arlington, Va.
117.	Brooke Army Medical Center	San Antonio, Tex.	169.	West Virginia University Medical Center	Morgantown, W. Va.
	Santa Rosa Medical Center	San Antonio, Tex.		Monongalia General Hospital	Morgantown, W. Va.
118.	Variety Children's Hospital	Miami, Fla.		West Virginia University Medical Center	Morgantown, W.Va.
	Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.	170.	Massachusetts Hospital School	Canton, Mass.
119.	Orthopaedic Hospital	Los Angeles		Tewksbury Hospital	Tewksbury, Mass.
	Los Angeles County Harbor General Hospital	Torrance, Calif.		Memorial Hospital	Worcester, Mass.
120.	Santa Rosa Medical Center	San Antonio, Tex.		St. Vincent Hospital	Worcester, Mass.
	Wilford Hall U.S.A.F. Medical Center	San Antonio, Tex.	171.	Scott and White Memorial Hospital	Temple, Tex.
121.	Children's Memorial Hospital	Chicago	172.	Hartford Hospital	Hartford, Conn.
	Mayo Graduate School of Medicine	Rochester, Minn.		St. Francis Hospital	Hartford, Conn.
	Rochester Methodist Hospital	Rochester, Minn.		University of Connecticut Hospital-McCook Division	Hartford, Conn.
	St. Mary's Hospital	Rochester, Minn.		Newington Children's Hospital	Newington, Conn.
123.	William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.		Veterans Admin. Hospital	Newington, Conn.
	Veterans Admin. Hospital	Gainesville, Fla.	173.	Oakland Medical Center	Pontiac, Mich.
124.	Mary Immaculate Division	New York City		William Beaumont Hospital	Royal Oak, Mich.
	Mary Immaculate Division (St. Charles Unit)	New York City	174.	Rush-Presbyterian-St. Luke's Medical Center	Chicago
	St. John's Queens Division	New York City		Christ Community Hospital	Oak Lawn, Ill.
	St. Mary's Division	New York City	175.	House of St. Giles the Cripple	New York City
125.	Beth Israel Medical Center	New York City		Lenox Hill Hospital	New York City
	Hospital for Joint Diseases and Medical Center	New York City			
	Montefiore Hospital and Medical Center	New York City			
	Morrisania City Hospital	New York City			

19. 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 1974-1975		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. W. Fite	33	1,433	23,843	02	008		
UNITED STATES ARMY								
COLORADO								
Fitzsimons Army Medical Center, Denver	E. A. Krekorian	27	828	29,725	02	008		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	H. W. Mc Curdy	45	1,384	13,623	03	012		
TEXAS								
Brooke Army Medical Center, San Antonio	S. R. Le May, Jr.	13	918	29,027	02	006		
WASHINGTON								
Madigan Army Medical Center, Tacoma	L. L. Hays	19	923	15,975	01	004		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	T. F. Miller	41	1,356	23,100	03	012		181374
Naval, San Diego	R. W. Cantrell	60	1,983	36,065	04	016		
MARYLAND								
Naval, Bethesda	H. O. Defries	31	917	19,953	02	008		182374
MASSACHUSETTS								
Naval, Chelsea (See University Hosp. Affil. Program, Boston)								
PENNSYLVANIA								
Naval, Philadelphia	F. J. Stucker	37	1,028	11,082	02	007		183174
UNITED STATES PUBLIC HEALTH SERVICE								
WASHINGTON								
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)								
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. J. Hicks, J. N. Hicks	16	879	3,526	04	012	9,600	
University of Alabama Hospitals and Clinics Children's	J. J. Hicks, J. N. Hicks	8	1,375	2,457				
Veterans Admin.	J. J. Hicks	17	317	4,100				
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	R. N. Mc Grew	4	193	2,428	01	012	8,300	101874
University of Arkansas Children's		3	361	925				
Veterans Admin. Consolidated		14	404	2,586			10,308	
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	L. Bernstein				02	008	12,200	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)				1,686				
FRESNO								
Valley Medical Center of Fresno (See Univ. of California Program, San Francisco)								
Veterans Admin. (See Univ. of California Program, San Francisco)								
IRVINE								
University of California (Irvine) Affiliated Hospitals	R. I. Kohut	4	683	3,500	03	009	14,588	
Orange County Medical Center (Orange)	R. I. Kohut	36	1,131	6,985			14,641	
Veterans Admin. (Long Beach)	A. Swirsky							
LONG BEACH								
Veterans Administration (See Univ. of California (Irvine) Affiliated Hosps., Irvine)								
LOS ANGELES								
Los Angeles County—U. S. C. Medical Center	C. W. Whitaker	26	2,190	23,356	05	020	15,528	103374
Martin Luther King, Jr. General	M. P. Bowers	5		2,680	04	004	13,656	
U. C. L. A.	P. H. Ward	12	1,003	11,222	04	013	12,200	
Los Angeles County Harbor General (Torrance)	H. R. Konrad	7	612	8,678			15,528	
Veterans Admin. Center—Wadsworth	M. J. Acquarelli	19	394	5,090	02	009	16,776	
White Memorial Medical Center	L. R. House	11	1,223	7,193	02	008	10,800	

19. OTOLARYNGOLOGY—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.		
MINNESOTA—Continued								
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	G. E. Arnold				03	012		
University		10	615	4,140			8,925	
Veterans Admin. Center		10	318	3,030			9,000	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	D. J. Joseph	16	749	6,200	02	008	10,000	
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)								
ST. LOUIS								
Homer G. Phillips	J. W. West	15	443	4,156	02	008	10,337	
St. Louis University Group of Hospitals	W. Leach				02	005	10,000	136574
Cardinal Glennon Memorial Hospital for Children		9	1,386	2,494				
Firmin Desloge General		10	510	1,566				
Washington University Affiliated Hospitals	J. H. Ogura				06	030	10,000	135374
Barnes Hospital Group		50	3,316	8,030				
Veterans Admin.		16	340	4,025				
NEBRASKA								
OMAHA								
University of Nebraska Affiliated Hospitals	C. T. Yarrington, Jr.				03	012		137674
University of Nebraska		14	660	3,423			9,900	
Bishop Clarkson Memorial		11	1,267					
Veterans Admin.		10	275	2,710			10,468	
NEW JERSEY								
MONTCLAIR								
Mountainside (See United Hospitals Medical Center Affil. Program, Newark)								
NEWARK								
United Hospitals Medical Center Affiliated Program	D. A. Hilding				02	006		187274
Newark Beth Israel Medical Center	M. J. Shapiro	7	1,264	687			12,300	
United Hospitals Medical Center—Newark								
Eye and Ear Infirmary	K. Han	8	1,290	4,078			12,300	
United Hospitals Medical Center—Presbyterian	K. Han							
Mountainside (Montclair)	W. A. Petryshyn	4	1,650	12,854			12,448	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	E. Brandow, Jr.				02	006		
Albany Medical Center	E. Brandow, Jr.	16	742	3,051			11,180	
Child's	E. Brandow, Jr.	6	946	53				
Veterans Admin.	E. Brandow, Jr.	10	285	1,195			12,953	
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals	J. M. Lore, Jr.				03	011	10,500	
Buffalo General		23	1,803	2,372				
Children's Hospital of Buffalo		12	3,469	2,243				
Edward J. Meyer Memorial		6	358	3,133				
Veterans Admin.		10	237	690				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	R. J. Ruben				04	012		
Bronx Municipal Hospital Center		45	1,255	10,688				
Hospital of the Albert Einstein College of Medicine		25	798	5,274				
Lincoln				2,343				
Montefiore Hospital and Medical Center	B. Borowiecki			3,187	01	003	14,025	
Long Island College	I. A. Polisar			44,147	04	012	14,000	
Manhattan Eye, Ear and Throat	R. J. Bellucci	25	3,190		04	012		
Mount Sinai Hospital Training Program	H. F. Biller			6,000				
Mount Sinai	H. F. Biller	25	1,050	12,776			13,300	
City Hospital Center at Elmhurst	W. Friedman	14	578	4,300			13,300	
Veterans Admin. (Bronx)	H. F. Biller	17	387				14,641	
New York Eye and Ear Infirmary	F. De Pinies	54	3,586	32,198	05	015	12,132	
New York	J. A. Moore	25	1,168	11,334	02	006	13,800	
New York Medical College—Metropolitan Hospital Center	R. J. Bellucci	10	400	15,000	01	003	13,300	
Unit 1—Flower and Fifth Avenue Hospitals								
Unit 2—Metropolitan Hospital Center								
New York University Medical Center	J. F. Daly				04	012		
Bellevue Hospital Center		16	566	7,292				
University		14	800	3,028				
Veterans Admin. (Manhattan)		19	448	3,840				
Presbyterian	D. C. Baker, Jr.	28	1,978	16,952	03	008	14,455	
Roosevelt	W. A. Wichern, Jr.			3,242	01	003	11,800	
St. Luke's Hospital Center	S. Whitfield	13	855	8,563	01	003	13,800	
State University—Kings County Hospital Center	A. Lapidot				03	009		
Kings County Hospital Center		16	800	11,755			13,300	
State University		2	137	1,363			13,870	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
ROCHESTER								
University of Rochester Affiliated Hospitals	J. P. Frazer				02	005		
Genesee	R. P. Gulick	5	685					
Rochester General	D. S. Raines	9	1,609	747				
Strong Memorial Hospital of the University of Rochester	J. P. Frazer	5	558	3,349			10,400	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	G. F. Reed				03	009	11,871	
Crouse Irving—Memorial		13	1,933					
State University		6	496	4,722				
Veterans Admin.		8	237	1,195				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	N. D. Fischer	11	836	8,084	02	010	9,500	
DURHAM								
Duke University Affiliated Hospitals	W. R. Hudson	11	900	4,040	03	003	9,850	
Duke University Medical Center	W. R. Hudson	9	345	4,452			10,350	
Veterans Admin.	T. B. Cole							
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	J. A. Harrill	8	815	4,729	01	003	10,500	
North Carolina Baptist								
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	D. A. Shumrick				05	015		
Cincinnati General		17	992	7,071				
Veterans Admin.		13	331	1,945			10,708	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	W. H. Maloney				03	009		
University Hospitals of Cleveland		9	762	4,786			11,000	
Cleveland Metropolitan General		11	527	5,144				
Veterans Admin.		14	451	1,800			12,455	
St. Luke's	R. L. Ruggles	13	1,512	2,844	01	004	10,500	156074
COLUMBUS								
Ohio State University Affiliated Hospitals	W. H. Saunders				04	015	8,500	
Ohio State University Hospitals	W. H. Saunders	25	1,055	11,300				
Children's	H. G. Birck	22	4,173	3,799				
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	W. B. Moran, Jr.				03	009		
University of Oklahoma Hospitals		10	731	8,367			9,500	
Veterans Admin.		17	397	4,240				
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	D. D. De Weese				03	012		
University of Oregon Medical School								
Hospitals and Clinics	D. D. De Weese	13	960	7,598			8,600	
Veterans Admin.	T. G. Ten Eyck	10	181	1,114			10,645	
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	J. M. Cole	14	1,643	25,295	02	008	10,400	160874
PHILADELPHIA								
Temple University	M. L. Ronis	12	646	3,645	03	009	11,288	
Thomas Jefferson University	J. J. O'Keefe	22	1,368	3,846	04	013	10,900	
Philadelphia General	J. J. O'Keefe	7	291	3,954			10,492	
University of Pennsylvania Affiliated Hospitals	J. B. Snow, Jr.				04	012		
Children's Hospital of Philadelphia	S. E. Stool	6	970	4,900			10,000	
Graduate Hospital of the University of Pennsylvania	J. A. Tucker	9	246	778			11,500	
Hospital of the University of Pennsylvania	J. B. Snow, Jr.	19	1,025	5,266			11,500	
Presbyterian—University of Pennsylvania Medical Center	W. D. Schlosser	8	765	1,350			11,750	
Veterans Admin.	J. B. Snow, Jr.	12	372	2,000			11,425	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	E. N. Myers				04	016	10,550	
Eye and Ear Hospital of Pittsburgh		63	6,057	5,183				
Veterans Admin.		23	541	2,330				
Mercy	J. T. Dickinson	33	2,285	5,936	02	006	11,800	
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	J. Pico, A. Rullan				02	006	10,200	
I. Gonzalez Martinez	J. Pico	2	70	1,339				
Municipal Hospital Dr. Rafael Lopez Nussa	J. Pico	12	830	6,402				
University District	J. Pico, A. Rullan	5	256	4,259				
RHODE ISLAND								
PROVIDENCE								
Rhode Island	F. L. Mc Nelis	26	3,293	2,884	02	006	11,394	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	R. W. Hanckel, Jr.				02	006		
Medical University of South Carolina		8	420	6,100			8,900	
Charleston County		1	200					
Veterans Admin.		8	259	1,547			9,271	
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	C. W. Gross				05	015		
City of Memphis Hospitals	C. W. Gross	10	695	7,665			8,688	
Methodist	C. W. Gross	13	1,437	1,925			10,020	
Veterans Admin.	T. A. Maguda	18	661	13,998			9,494	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	Alt Yrs.		
TENNESSEE—Continued								
NASHVILLE								
Vanderbilt University Affiliated Hospitals	H. W. Scott, Jr.	4	242	12,583	03	007	8,925	
Vanderbilt University	H. W. Scott, Jr.	4	222	2,202			8,925	
Nashville Metropolitan General Veterans Admin.	J. L. Sawyers W. L. Downey	10	278	3,346			10,138	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	J. P. Gunter Ft	5	377	6,716	05	020	8,327	
Parkland Memorial	J. P. Gunter	2	563	2,508				
Children's Medical Center	M. C. Culbertson	31	591	7,371			9,070	
Veterans Admin.	J. F. Sudderth	6	400	3,980				
John Peter Smith (Fort Worth)	J. R. Harris							
FORT WORTH								
John Peter Smith (See Univ. Tex. Southwestern Med. Sch. Affil. Hosp., Dallas)								
GALVESTON								
University of Texas Medical Branch Hospitals	B. J. Bailey	14	812	5,404	03	012	10,250	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	B. R. Afford	9	650	11,338	05	015	9,000	
Ben Taub General		11	1,501	306			8,700	
Methodist		29	648	7,578			9,000	
Veterans Admin.								
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	G. A. Gates	8	525	4,139	02	006	9,495	
Bexar County Teaching	G. A. Gates							
Santa Rosa Medical Center	J. F. Marlowe	13	918	29,027				
Brooke Army Medical Center	S. R. Le May, Jr.							
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	G. K. Thomas	5	403	3,059	02	006	10,150	
University	G. K. Thomas			1,268			9,600	
Veterans Admin.	J. L. Parkin							
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	C. F. Tschopp	7	1,077	3,500	01	003	9,200	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	G. S. Fitz - Hugh	20	1,001	9,462	02	006	9,400	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	G. H. Williams	7	1,023	17,410	03	009		
Medical College of Virginia Hospitals	G. H. Williams	7	269	1,961			9,548	
Veterans Admin.	P. N. Pastore							
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. A. Donaldson	3	309	4,308	03	010	9,700	
University	J. A. Donaldson							
Children's Orthopedic Hospital and Medical Center	A. J. Novack	3	1,141	2,291				
Harborview Medical Center	G. Strothers		203	2,510				
Swedish Hospital Medical Center		6	414	5,899			9,444	
U. S. Public Health Service	W. V. Morrison							
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	P. M. Sprinkle	17	1,093	10,748	02	008	9,500	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	J. H. Brandenburg	25	451	5,867	02	008	10,000	
University Hospitals		16	2,076				10,000	
Madison General		8	286	17,520				
Veterans Admin.								
MILWAUKEE								
Veterans Admin. Center (Wood)	R. H. Lehman	16	164	7,037	03	012	10,625	

20A. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Pathology through the Residency Review Committee for 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. See also List 20B, Forensic Pathology, and List 20C, Neuropathology.

	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 1974-1975		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. Snoga	368	2,165,596	16,324	15,004	4P	02	008		
UNITED STATES ARMY										
CALIFORNIA										
Letterman Army Medical Center, San Francisco	C. T. Harding, Jr.	150	1,690,840	5,936	5,699	4P	02	008		
COLORADO										
Fitzsimons Army Medical Center, Denver	G. C. Glenn	209	2,068,293	7,996	7,496	4P	02	008		
DISTRICT OF COLUMBIA										
Walter Reed Army Medical Center, Washington	D. M. Robinson	345	2,961,264	10,071	10,071	4P	03	016		
HAWAII										
Tripler Army Medical Center, Honolulu	J. M. Hardman	177	2,079,337	12,722	11,705	4P	02	008		
TEXAS										
William Beaumont Army Medical Center, El Paso	R. H. Stienmier	245	1,265,024	7,451	7,438	4P	01	006		
Brooke Army Medical Center, San Antonio	L. R. Hieger	317	2,003,628	9,559	9,525	4P	02	010		
WASHINGTON										
Madigan Army Medical Center, Tacoma	W. A. Meriwether	200	1,616,000	8,100	8,050	4P	02	008		
UNITED STATES ARMY, NAVY, AND AIR FORCE										
DISTRICT OF COLUMBIA										
Armed Forces Institute of Pathology, Washington	E. B. Helwig	8,707		28,537	28,537	1A	05	005		
UNITED STATES NAVY										
CALIFORNIA										
Naval, Oakland	M. Borowsky	140	1,788,665	10,246	10,201	4P	02	008		181375
Naval, San Diego	C. F. Bishop	351	4,106,898	19,574	16,736	4P	03	012		181475
MARYLAND										
Naval, Bethesda	M. J. Valaske	275	20	14,000	14,000	4P	03	012		182375
VIRGINIA										
Naval, Portsmouth	N. A. D'Amato	283	2,425,812	15,712	14,140	4P	02	008		183275
UNITED STATES PUBLIC HEALTH SERVICE										
LOUISIANA										
U. S. Public Health Service, New Orleans	E. W. Pittman	86	515,074	3,832	3,802	4P	01	004		
MARYLAND										
U. S. Public Health Service, Baltimore	S. M. Glusman	128	599,008	3,521	3,339	4P	01	004		
National Institutes of Health—Clinical Center, Bethesda	L. Thomas, J. Mac Lowry	237	1,100,000	3,447	3,447	4P	10	014		
NEW YORK										
U. S. Public Health Service (Staten Island), New York City	P. F. Caracta	85	615,967	3,518	3,349	4P	01	004		
WASHINGTON										
U. S. Public Health Service, Seattle (See Univ. of Washington Affiliated Hospitals, Seattle, Wash.)										
OTHER FEDERAL										
CANAL ZONE										
Gorgas, Balboa Heights	J. L. Harris	248	1,061,404	5,327	5,250	4P	01	004	12,628	
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
BIRMINGHAM										
Baptist Medical Centers	H. J. Lohmann					4P	01	005	9,600	190375
Baptist Medical Center—Montclair	C. B. Elliott	163	812,472	11,689	11,689					
Baptist Medical Center—Princeton	H. J. Lohmann	115	528,729	9,312	9,312					
Carraway Methodist Medical Center	J. B. Beaird, Jr.	111	154,381	7,105	7,105	4P	01	004	10,200	
University of Alabama Medical Center	C. Lupton, Jr., J. Foft					4P	06	017	9,600	100775
University of Alabama Hospitals and Clinics		508	2,401,476	9,338	9,338					
Veterans Admin.		252	1,191,358	2,765	2,765					
MOBILE										
University of South Alabama Affiliated Hospitals										
Mobile General	A. E. Lewis	247	484,328	3,618	3,256	1A	02	002	10,440	
ARIZONA										
PHOENIX										
Good Samaritan	W. Bennett	307	802,252	13,116	12,815	4P	04	004	10,200	

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
ARIZONA, PHOENIX—Continued										
Maricopa County General	R. L. Camponovo	347	1,587,446	4,844	4,645	4P	02	008	10,795	
St. Joseph's Hospital and Medical Center	R. A. Brooks	375	1,680,000	9,559	8,336	4P	01	006	10,800	
TUCSON										
University of Arizona Affiliated Hospitals	J. M. Layton	101	105,695	1,794	1,761	4P	03	006	8,925	101575
University Veterans Admin.	J. M. Layton J. E. Brinker	209	834,969	1,486	1,480					
ARKANSAS										
LITTLE ROCK										
Arkansas Baptist Medical Center	R. A. Burger	220	520,000	11,000	8,500	4P	01	004	9,300	
University of Arkansas Medical Center	W. E. Jaques	293	368,534	5,762	5,742	4P	02	012	8,300	101875
University Veterans Admin. Consolidated		323	1,097,088	6,763	6,763				10,308	
CALIFORNIA										
BAKERSFIELD										
Kern County General	W. R. Schmalhorst	231	249,487	8,511	7,010	4P	01	004	12,600	192175
BURBANK										
St. Joseph	R. E. Horowitz	200	550,000	10,000	9,500	4P	01	004		
DAVIS										
University of California (Davis) Affiliated Hospitals	W. E. Toreson					4P	03	007	11,100	104675
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		365	123,800	4,980	4,980					
QUARTE										
City of Hope Medical Center	H. Gordon, A. Schneider	235	230,000	4,528	4,528	2P	02	002	14,588	
GLENDALE										
Glendale Adventist	H. I. Harder	122	161,764	5,912	5,020	4P	01	004	10,800	
IRVINE										
University of California (Irvine) Affiliated Hospitals	E. R. Arquilla	199	1,575,464	9,067	7,036	4P	03	008	13,546	104375
Orange County Medical Center (Orange)										
LOMA LINDA										
Loma Linda University Affiliated Hospitals	B. S. Bull	362	1,620,182	8,056	7,611	4P	02	006	10,568	102475
Loma Linda University										
LONG BEACH										
Memorial Hospital of Long Beach	E. R. Jennings	287	1,084,931	12,938	9,668	4P	03	006	11,200	102775
St. Mary's Long Beach	T. Kiddie	174	382,613	6,252	4,689	4P	01	004	13,000	102575
Veterans Admin.	I. M. Reingold	488	2,489,610	5,635	5,510	4P	03	010	14,641	
LOS ANGELES										
Cedars—Sinai Medical Center	L. Kaplan, H. J. Sacks					4P	02	007	13,230	103075
Cedars of Lebanon Hospital Division		236	567,389	10,036	10,000					
Mount Sinai Hospital Division		81	242,821	4,052	4,000					
Childrens Hospital of Los Angeles	B. H. Landing	187	292,449	3,909	1,990	1A	02	004	10,181	
Hospital of the Good Samaritan Medical Center	W. H. Kern	223	536,212	7,499	6,220	4P	01	002	13,656	
Kaiser Foundation	J. Gordon	205	724,518	6,784	6,445	4P	01	004		
Los Angeles County—U.S.C. Medical Center	N. E. Warner	1,078	6,563,219	24,326	23,910	4P	07	028	14,340	103375
Queen of Angels	J. H. Cremin	104	338,662	4,586	3,849	4P	01	002	12,000	
U. C. L. A.	J. Waisman	447	10,000	9,500	9,500	4P	04	016	9,400	195675
Veterans Admin. Center—Wadsworth	B. G. Fishkin	368	1,519,484	5,723	5,723	4P	03	012	14,641	
White Memorial Medical Center	G. Kyridakis	221	970,020	7,981	5,824	4P	01	004	10,800	
MARTINEZ										
Veterans Admin.	W. B. Dublin	193	443,505	2,980	2,807	4P	02	006	12,684	
OAKLAND										
Children's Hospital Medical Center of Northern California	B. Von Schmidt	109	208,805	2,244	569	1A	01	001		
Highland General	R. J. Parsons	178	339,398	5,203	4,902	4P	01	002	10,140	
Samuel Merritt	R. S. Davis	134	527,553	7,021	5,608	4P	01	004	12,000	
ORANGE										
Orange County Medical Center (See Univ. of California (Irvine) Aff. Hosps., Irvine)										
PALO ALTO										
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)										
SACRAMENTO										
Sutter Community Hospitals of Sacramento	P. A. Rooney	8	356,802	17,034	12,975	4P	01	004		
University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)										
SAN BERNARDINO										
San Bernardino County General	H. Braunstein	177	3,588,063	3,448	2,898	4P	01	004	10,600	
SAN DIEGO										
Donald N. Sharp Memorial Community	H. I. Irwin	274	476,815	17,371	13,696	4P	01	004		
Mercy Hospital and Medical Center	D. De Santo, J. Heard	227	802,790	10,972	9,516	4P	01	005	10,155	104875
University of California (San Diego) Affiliated Hospitals	A. A. Liebow					4P	07	021		104975
University Hospital of San Diego County		357	715,225	4,826	4,727				9,800	
Veterans Admin.		180	414,209	1,044	930				11,292	
SAN FRANCISCO										
Children's Hospital and Adult Medical Center	J. L. Bennington	127	240,687	8,162	6,533	4P			9,494	
Harkness Community Hospital and Medical Center	A. G. Scottolini	100	492,905	3,819	8,959	4P	01	004	9,000	
Kaiser Foundation	M. L. Bassis	288	1,099,393	15,046	14,237	4P	02	006	10,020	195975
Mount Zion Hospital and Medical Center	F. R. Elevitch	265	780,000	6,361	5,686	4P	01	004	10,500	105475
Pacific Medical Center—Presbyterian	R. Kleinhenz	185	325,000	3,607	3,500	4P	01	003	9,800	

20A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number	
		Number Necropsies	Laboratory Exams.			Total Surgical Specimens	1st Yr.			All Yrs.
CALIFORNIA, SAN FRANCISCO—Continued										
University of California Program	G. Brecher, H. D. Moon				4P	12	030		106275	
H. C. Moffitt—University of California Hospitals	G. Brecher, O. N. Rambo	331	707,246	7,946				9,800		
San Francisco General	M. Pollycove, D. Mc Kay	232	1,061,944	4,444						
Veterans Admin.	S. H. Choy, A. C. Parekh	161	1,211,455	2,959				11,100		
SAN JOSE										
Santa Clara Valley Medical Center	R. S. Cox, Jr.	314	8,890,690	4,255	4,141	4P	02 008	11,487	106375	
SANTA BARBARA										
Santa Barbara Cottage	D. R. Dickson	177	178,000	9,414	6,450	4P	01 002	10,600		
SANTA MONICA										
St. John's	R. A. Cullen	175	1,219,778	8,397	6,945	4P	04 004			
STANFORD										
Stanford University Affiliated Hospitals	D. Korn					3A	10 020		182075	
Stanford University	D. Korn	508	1,653,437	14,028	11,394			10,225		
Veterans Admin. (Palo Alto)	J. C. Kosek	161	1,133,364	2,859	2,809					
TORRANCE										
Los Angeles County Harbor General	F. M. Hirose	417	2,816,824	8,083		4P	03 012	14,340	106775	
COLORADO										
COLORADO SPRINGS										
Penrose	M. Berthrong	246	649,673	6,795	6,115	4P	01 004	9,279		
DENVER										
Children's	B. E. Favara	158	391,233	2,268	2,198	2P	02 002	9,900		
General Rose Memorial	W. R. Adams	165	615,659	9,037	7,563	4P	01 004			
Mercy	T. N. Vincent	137	314,069	9,372	8,300	4P	01 004	9,200	192275	
Presbyterian Medical Center	A. E. Lubchenko	185	382,544	8,552	7,286	4P	02 008	9,570		
St. Anthony	S. K. Kurland	206	580,918	8,891	8,891	4P	01 004	9,100	107375	
St. Joseph	J. B. Holyoke	239	1,064,885	23,960	22,008	4P	01 003	9,570		
St. Luke's	E. P. Elzi	237	657,137	9,294	8,460	4P	02 006	9,570		
University of Colorado Affiliated Hospitals	G. B. Pierce				47,840		09 036		107675	
University of Colorado Medical Center	G. B. Pierce	269	612,464	4,977				9,570		
Denver General	J. Preston	260	1,539,299	5,336						
Veterans Admin.	W. S. Hammond	235	842,000	3,999	3,924			9,007		
CONNECTICUT										
BRIDGEPORT										
Bridgeport	R. H. Pope	285	680,000	9,900	8,450	4P	01 004	12,720	107975	
St. Vincent's	D. H. Lobdell	232	562,021	6,073	5,271	4P	01 004	11,000		
DANBURY										
Danbury	N. E. Herrera	142	550,529	5,143	5,996	4P	02 006	10,650		
HARTFORD										
Hartford	G. B. Mc Adams	545	1,214,900	20,899	16,461	4P	03 010	9,800	108375	
St. Francis	J. E. Thayer	259	859,321	12,418	9,924	4P	01 004	7,800		
University of Connecticut Affiliated Hospitals	F. Sunderman, Jr., P Hukill					4P	03 011	10,300	109475	
University of Connecticut Hospital—Mc Cook Division		34	135,000	1,665	1,096					
Veterans Admin. (Newington)		101	185,174	1,757	1,710					
NEW BRITAIN										
New Britain General	T. J. Madden	233	333,000	8,887	7,631	4P	01 004	11,750		
NEW HAVEN										
Hospital of St. Raphael	G. B. Solitare	220	615,000	7,700	7,550	4P	02 008	11,576		
Yale—New Haven Medical Center										
Yale—New Haven	C. Carrington, D. Seligson	706	1,231,821	23,340	21,070	4P	08 014	9,865	108975	
Veterans Admin. (West Haven)	R. Yesner	202	1,379,894	3,634	3,525	4P	02 007	11,415		
NEWINGTON										
Veterans Admin. (See Univ. of Connecticut Affiliated Hospitals, Hartford)										
NORWALK										
Norwalk	R. N. Barnett	302	350,000	8,007	1,266	4P	01 004	9,600		
STAMFORD										
Stamford	E. Breakell	156	6,813	5,142	4,152	4P	01 004	11,100		
WATERBURY										
St. Mary's	M. E. Cox	185	354,332	5,722	4,625	4P	01 004	9,020	109675	
Waterbury	R. K. Gilbert	221	439,629	7,018	5,826	4P	01 004	10,596		
WEST HAVEN										
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)										
DELAWARE										
WILMINGTON										
Wilmington Medical Center	P. F. Ashley	510	1,537,869	27,643	24,444	4P	01 004	10,000	109975	
DISTRICT OF COLUMBIA										
WASHINGTON										
Children's Hospital of the District of Columbia	R. D. Chandra	138	362,875	3,991	1,311	1A	01 001	11,000		
District of Columbia General	S. L. Perry	424	2,118,817	5,569	5,569	4P	02 003	11,300		
Doctors Hospital—Sibley Memorial	O. Hunter, Jr., J. Blumberg					4P	01 004			
Doctors	O. Hunter, Jr., J. Blumberg	146	146,835	5,011	3,839			9,500		
Sibley Memorial	O. Hunter, Jr.	166	389,123	7,616	6,428			9,000		
Freedmen's	M. A. Jackson	157	920,151	4,999	4,997	4P	02 008	11,342		
Georgetown University	A. Golden	287	576,201	7,035	6,905	4P	04 012	10,017	180175	
George Washington University	T. M. Peery	332	1,000,762	11,967	11,467	4P	06 020	10,022	180275	
Veterans Admin.	B. H. Smith, Jr.	321	1,664,479	3,610		4P	02 008	10,780		
Washington Hospital Center	V. E. Martens	444	1,127,600	21,193	19,024	4P	02 010	10,573	180075	
FLORIDA										
FORT LAUDERDALE										
Broward General	R. J. Poppiti	270	1,186,460	10,065	8,243	4P	01 001	8,403		

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
FLORIDA—Continued										
GAINESVILLE										
University of Florida Affiliated Hospitals	K. K. Pierson					4P	04	015		182475
William A. Shands Teaching Hosp. and Clinics	K. K. Pierson	302	1,500,000	6,452	6,352				8,900	
Veterans Admin.	R. L. Hackett	181	845,958	3,552	3,299				9,125	
JACKSONVILLE										
Baptist Memorial	R. V. Joel	268	527,600	18,927	16,840	4P	04	008	9,200	197075
Memorial Hospital of Jacksonville	R. V. Joel								9,200	
University Hospital of Jacksonville	R. M. Rhatigan	285	1,052,230	5,414	5,414	4P	01	004	8,925	295475
MIAMI										
University of Miami Affiliated Hospitals	J. B. Miale					4P	08	028		110475
Jackson Memorial		630	2,221,792	14,561	13,338				11,100	
Veterans Admin.		339	1,738,233	4,936	4,790				10,800	
Variety Children's	M. Bevilacqua, E. B. Blum	43	133,521	2,120	624	2P	01	001	13,450	
MIAMI BEACH										
Mount Sinai Hospital of Greater Miami	A. Rywlin	371	1,762,309	14,465	13,593	4P	02	010	10,700	
ORLANDO										
Orange Memorial		275	1,070,263	7,021	6,605	4P		008	9,000	110775
PENSACOLA										
Pensacola Educational Program	G. H. Hilbert, A. Drlicka					4P	01	004	10,200	
Baptist	A. Drlicka	147	218,201	7,096	4,091					
Sacred Heart	G. H. Hilbert	206	280,162	16,172	8,788					
University	A. Drlicka	69	88,274	1,920	1,920					
TAMPA										
University of South Florida Affiliated Hospitals	H. Sidransky					4P	06	024		
St. Joseph's	J. E. Szakacs									
Tampa General	J. B. Hutcheson	465	918,946	11,955	9,862				9,416	
Veterans Admin.	H. Azar								9,671	
GEORGIA										
ATLANTA										
Crawford W. Long Memorial	J. F. Nickerson	145	375,358	7,963	7,796	4P	03	006	9,000	
Emory University Affiliated Hospitals	W. G. Campbell, Jr.					4P	05	020	9,600	111975
Emory University	W. G. Campbell, Jr.	238	711,636	8,627	8,627					
Grady Memorial	M. B. Gravanis	365	1,450,253	12,751	12,751					
Veterans Admin. (Decatur)	J. Mendeloff	184	1,340,244	2,945	2,821					
Piedmont	M. D. Vohman	110	408,012	11,448	11,210	4P	01	004	9,000	
St. Joseph's Infirmary	J. T. Godwin	119	305,407	5,861	5,633	4P	01	004	10,024	111575
AUGUSTA										
Medical College of Georgia Hospitals	A. B. Chandler					4P	06	013	9,500	198575
Eugene Talmadge Memorial	A. B. Chandler	211	4,908,390	4,697	4,127					
University	L. D. Stoddard	124	771,378	7,993	6,890					
Veterans Admin.	M. L. Hobbs	165	400,804	3,475	2,877					
DECATUR										
Veterans Admin. (See Emory Univ. Aff. Hosps., Atlanta)										
SAVANNAH										
Memorial Medical Center	J. Jennings	289	417,104	4,907	4,803	4P	01	002	8,649	
HAWAII										
HONOLULU										
Kuaikini Hospital and Home	G. N. Stemmermann	130	212,056	4,539	3,718	4P	01	001	10,500	
Queen's Medical Center	D. Will	227	670,647	12,837	12,340	4P	02	004	10,980	180875
St. Francis	E. T. Nishimura	121	351,349	4,601	4,477	4P	02	005	10,980	180975
ILLINOIS										
BERWYN										
Mac Neal Memorial	B. H. Neiman	240	578,926	7,177	5,872	4P	01	004	11,100	112175
CHICAGO										
Augustana	D. D. O'Sullivan	68	451,489	3,662	3,225	4P	01	004	11,500	112475
Chicago Medical School Affiliated Hospitals										
Mount Sinai Hospital Medical Center of Chicago	A. I. Rubenstone	241	859,906	5,656	5,170	4P	01	008	9,700	
Columbus	C. Maso, H. Mohiuddin	144	363,314	5,437	5,384	4P	02	006	10,600	112675
Frank Cuneo	C. Maso, D. Graziani	38	140,845	1,414	1,347					
St. Frances Xavier Cabrini	C. Maso, M. Fuwa	47	146,822	1,919	1,806				10,600	
Cook County	P. B. Szanto	714	1,710,569	15,411	15,050	4P	04	016	11,600	112775
Edgewater	D. D. Mark	123	677,754	4,437	4,306	4P	01	004	7,800	112875
Grant	S. Barron, J. Passmann	155	16,553	3,643	3,142	4P	01	004	11,640	
Illinois Masonic Medical Center	G. Gyori	143	790,213	6,073	5,330	4P	01	004	11,200	113775
Jackson Park	A. Sion	59	307,220	2,889	2,484	2P	02	002		
Louis A. Weiss Memorial	W. Drwiega	186	596,818	5,921	5,611	4P	01	004	11,300	
McGaw Medical Center of Northwestern University	J. C. Sherrick					4P	09	021	11,587	224775
Children's Memorial	J. D. Boggs	168	294,683	2,166	2,166					
Northwestern Memorial	J. C. Sherrick, G. Kent	449	875,961	25,204	25,204					
Veterans Admin. Research	H. Yokoo	320	1,351,741	2,633	2,501					
Evanston (Evanston)	H. H. R. Friederici	278	893,669	7,302	5,929					
Mercy Hospital and Medical Center	G. W. Changus	213	1,056,958	5,451	5,451	4P	04	010	10,128	
Michael Reese Hospital and Medical Center	D. Eshbaugh	431	1,798,006	11,198	9,551	4P	03	012	10,500	114275
Rush—Presbyterian—St. Luke's Medical Center										
St. Joseph	G. M. Hass	580	1,714,783	12,395	11,331	4P	02	010	10,001	114775
Swedish Covenant	J. R. Kraft	172	582,693	7,227	6,891	4P	02	007	10,000	115575
University of Chicago Hospitals and Clinics	J. B. Mc Cormick	101	214,632	3,452	2,589	4P	01	004	8,100	115975
University of Illinois Affiliated Hospitals	W. H. Kirsten	508	1,478,003	12,471	12,435	4P	04	019	10,100	116075
University of Illinois	C. A. Krakower					4P	06	022	10,560	
Veterans Admin. (West Side)	C. A. Krakower	312	637,620	15,328	15,328					
	B. Chomet	265	1,766,000	2,450	2,450					
EVANSTON										
Evanston (See Mc Gaw Medical Cntr. of Northwestern University, Chicago)										
St. Francis	R. W. Wilhoite	232	554,091	6,443	6,027	4P	01	004	11,100	116875
EVERGREEN PARK										
Little Company of Mary	L. J. Knoff	183,835,781	835,781	7,859	7,459	4P	04	004	9,811	

APPROVED RESIDENCIES

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
LOUISIANA										
BATON ROUGE										
Earl K. Long Memorial Hospital (See Louisiana State Univ. Affiliated Hospitals, New Orleans)										
NEW ORLEANS										
Charity Hospital of Louisiana	C. E. Duntlap, J. Strong	926	2,934	14,421	14,421	4P	06	022	7,800	122475
Louisiana State University Affiliated Hospitals Veterans Admin.	J. P. Strong B. W. Jarvis	314 131	780,056 441,033	3,661 3,295	3,551 2,807	4P	02	008	9,437 7,800	
Earl K. Long Memorial (Baton Rouge)	J. P. Strong	269	1,073,134	10,009	9,308	4P	02	008	8,997	196675
Ochsner Foundation	W. T. Mitchell	210	716,637	7,430	6,818	4P	01	003	9,522	
Touro Infirmary	D. Bradburn									
SHREVEPORT										
L. S. U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center Veterans Admin.	A. G. Smith	110	935,512 460,459	6,236 1,677	6,236 1,627	4P	01	004	7,800 9,909	
MAINE										
BANGOR										
Eastern Maine Medical Center	T. O' Callaghan	299	236,630	6,385	5,709	2P	02	002	8,000	
PORTLAND										
Maine Medical Center	J. F. Stocks	270	883,588	9,922	7,358	4P	01	004	8,972	
MARYLAND										
BALTIMORE										
Baltimore City Hospitals	R. Garcia - Bunuel	321	1,104,018	6,204	6,154	4P	04	011	10,312	
Greater Baltimore Medical Center	C. C. Brown	121	500,000	14,000	10,000	4P	01	004	11,000	124175
Johns Hopkins	R. Heptinstall, R. Conn	612	1,185,927	19,151	19,151	4P	06	020	10,500	124275
Maryland General	W. B. King, Jr.	163	1,337,683	15,222	12,955	4P	01	004	10,750	
Mercy	R. G. Lancaster	110	1,054,800	6,034	5,730	4P	01	004	10,500	124575
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation	R. Fisher, R. Kornblum	2,436	3,600	750	750	1A	03	003	7,000	
St. Agnes	W. J. Hicken	227	715,282	10,073	9,889	4P	02	006	10,500	124775
St. Joseph	L. F. Misanik	165	709,537	9,518	8,691	4P	01	004	9,500	
Sinai Hospital of Baltimore	L. G. Koss	222	936,444	26,725	26,322	4P	02	006	11,250	124975
South Baltimore General	W. Kime	144	624,616	7,369	7,369	4P	01	004	11,550	
Union Memorial	D. K. Merenyi	201	832,526	8,628	8,317	4P	02	004	10,750	
University of Maryland Affiliated Hospitals University of Maryland Veterans Admin.	B. F. Trump W. D. Tigertt A. J. Saladino	248 115	2,200,000 627,064	8,049 1,799	7,950 1,799	4P	05	020	10,700 12,500	125275
BETHESDA										
Suburban	J. D. Wilkes					4P	01	004		
CHEVERLY										
Prince George's General	I. R. Mattei	324	942,160	12,340	12,199	4P	01	004	10,500	190575
MASSACHUSETTS										
BOSTON										
Beth Israel	D. G. Freiman	260	895,191	8,717	8,717	4P	03	007	10,700	125675
Boston City	L. S. Gottlieb	508	14,471	9,347	8,727	4P	05	017	10,733	125775
Boston Hospital for Women	J. M. Craig	128	298,866	12,293	12,293	1A	04	004	10,500	
Carney	H. J. Christian, Jr.	146	555,766	5,678	5,238	4P	01	004	10,724	
Children's Hospital Medical Center	R. T. Mc Cluskey	231	445,058	4,871	4,136	2P	06	006	10,200	125975
Faulkner	P. M. Le Compte	114	210,573	3,140	2,940	1A	01	001	10,000	
Massachusetts General	B. Castleman, E. B. Taft	940	2,427,688	17,151	17,151	4P	04	014	10,800	126175
New England Deaconess	B. E. Copeland	294	567,529	12,435	11,813	4P	02	012	10,200	126475
New England Medical Center Hospitals	M. H. Flax, H. J. Wolfe	219	1,043,477	5,378	5,144	3A	02	008	10,159	126375
Peter Bent Brigham	G. J. Dammin	358	815,000	7,461	7,350	4P	07	013	10,700	126575
St. Elizabeth's Hospital of Boston	J. H. Graham	157	388,064	5,341	4,665	4P	02	004	10,710	
University	K. Balogh	178	5,162	3,776	3,776	4P	02	006	10,655	126275
Veterans Admin.	G. K. Mallory	200	1,777,000	2,359	2,359	4P	02	008	11,245	
CAMBRIDGE										
Cambridge	C. G. Hori	118	385,996	2,591	2,425	4P	01	004	12,000	
Mount Auburn	H. A. Bird	191	540,000	4,169	4,127	4P	01	004	10,062	126975
FRAMINGHAM										
Framingham Union	L. G. Tedeschi	270	222,667	10,171	7,826	4P	01	006	10,733	181275
LAWRENCE										
Lawrence General	L. S. Jolliffe					4P				
LYNN										
Lynn	H. G. Olken	125	606,000	4,650	4,650	4P	02	004	12,000	127875
MALDEN										
Malden	M. V. Mac Kenzie	121	186,696	4,950	4,700	2P	01	002	10,416	
NEWTON LOWER FALLS										
Newton—Wellesley	A. E. O' Dea	158	649,704	6,584	5,359	4P	01	004	10,165	
NORFOLK										
Pondville	L. Gandbhir	144	252,801	1,729	1,729	2P	02	002	14,825	
PITTSFIELD										
Berkshire Medical Center	W. Beautyman	201	1,145,000	9,122	7,000	4P	01	004	11,130	
SALEM										
Salem	D. Nickerson, G. Keane	97	486,791	5,141	4,480	4P	04	004	8,500	128475
SPRINGFIELD										
Springfield Hospital Medical Center	J. P. Sullivan	354	1,244,570	11,731	10,484	4P	01	004	11,616	
WORCESTER										
Memorial	R. S. Harper	224	375,622	9,255	7,608	4P	01	004	10,600	
St. Vincent	G. H. Friedell	233	553,415	6,556	5,959	4P	02	008	10,700	129075
Worcester City	W. F. Mac Gillivray	204	469,370	4,117	4,117	4P	02	004	11,242	

APPROVED RESIDENCIES

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MICHIGAN										
ALLEN PARK										
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)										
ANN ARBOR										
St. Joseph Mercy	F. Holtz	328	1,384,565	9,577	9,577	4P	01	004	10,800	
University of Michigan Affiliated Hospitals	A. J. French	423	1,357,057	12,471	12,471	4P	06	024	10,500	129375
Veterans Admin.	A. French, L. Weatherbee	160	719,556	2,052	2,038				10,500	
Wayne County General (Eloise)	R. W. Schmidt	296	819,091	4,273	4,150				11,361	
DEARBORN										
Oakwood (See Wayne State University Affiliated Hospitals, Detroit)										
DETROIT										
Detroit—Macomb Hospitals	J. O. Langston					4P	02	008	10,700	
Detroit Memorial	J. L. Langston	122	526,155	3,363	3,065					
South Macomb (Warren)	J. D. Langston	81	408,006	4,958	4,790					
Grace	G. D. Stobbe	439	2,084,829	14,972	14,434	4P	01	004	10,500	
Henry Ford	S. M. Saeed	565	2,230,649	14,129	14,086	4P	04	015	10,300	130075
Mount Carmel Mercy	E. Booth	329	888,988	7,976	7,298	4P	02	006	10,800	130275
St. John	J. J. Humes	319	1,178,049	9,375	7,875	4P	02	008	12,000	
Sinai Hospital of Detroit	S. D. Kobernick	335	1,218,257	14,252	12,257	4P	01	004	10,600	192675
Wayne State University Affiliated Hospitals	A. R. W. Clime						06	024	11,000	
Veterans Admin. (Allen Park)	T. C. Knechtges	193	941,229	3,188	3,165	4P				
Oakwood (Dearborn)	R. L. Mainwaring	217	700,875	9,435	9,435	4P				
Children's Hospital of Michigan	A. J. Brough	210	570,816	4,267	1,699	1A			11,400	
Detroit General	J. L. Chason	197	660,077	4,516	4,350	4P				
Harper	J. R. McDonald	242	1,053,794	8,513	7,680	4P			10,800	
Hutzel	B. Silberberg	157	1,452,204	7,621	7,401	4P			11,200	
ELOISE										
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor.)										
FLINT										
Hurley	F. V. Hodges	401	438,000	6,897	6,722	4P	02	004	9,300	
McLaren General	E. Murphy, J. Wheeler	149	520,132	7,384	6,837	4P	01	004	10,800	
St. Joseph	W. L. Eaton	156	569,476	5,986	5,332	4P	01	004	9,600	
GRAND RAPIDS										
Blodgett Memorial	C. A. Payne	426	563,033	11,714	10,797	4P	03	006	10,008	130975
Butterworth	J. D. Mann	418	792,457	9,678	8,092	4P	01	002	10,008	
St. Mary's	H. E. Bowman	180	523,615	10,184	9,746	4P	01	004	10,008	
KALAMAZOO										
Borgess—Bronson Hospitals Residency										
Borgess	F. H. Cox	229	439,840	8,911	7,214	4P	01	004		
Bronson Methodist	F. H. Cox, P. M. Keep	198	420,467	9,498	8,410				9,900	
LANSING										
Edward W. Sparrow	W. E. Maldonado	260	205,658	10,245	9,822	4P	01	004	11,600	131575
St. Lawrence	L. W. Walker	116	327,946	5,253	5,037	4P	01	004	11,200	293475
PONTIAC										
Pontiac General	W. R. Dito	158	1,002,316	11,616	11,516	4P	01	004	10,800	
St. Joseph Mercy	R. P. Eisenstein	139	264,335	7,330	5,636	4P	01	004	10,800	131975
ROYAL OAK										
William Beaumont	J. Bernstein, J. Rutzky	433	797,321	14,363	14,149	4P	03	008	11,000	197875
SOUTHFIELD										
Providence	E. Knights	224	577,229	8,842	8,002	4P	01	002	11,700	
WARREN										
South Macomb (See Detroit-Macomb Hospitals, Detroit)										
MINNESOTA										
DULUTH										
St. Mary's	A. C. Aufferheide	262	350,492	7,549	5,780	4P	01	004	10,800	
MINNEAPOLIS										
Hennepin County General	J. I. Coe	354	1,154,000	7,941	7,458	4P	02	008	9,500	132975
Metropolitan Medical Center	W. A. Chadbourn	238	379,227	8,512	6,545	4P			10,380	
Mount Sinai	P. C. J. Ward, M. D. Burke	61	567,711	4,497	4,137	4P	05	005		
Northwestern Hospital of Minneapolis	F. H. Lott	192	497,527	6,959	4,822	4P	01	004	9,650	
University of Minnesota Hospitals	E. S. Benson	623	1,555,844	5,964	5,525	4P	09	017	9,200	133475
Veterans Admin.	E. S. Benson	385	1,671,223	5,260	4,962	4P	04	010	10,165	
ROCHESTER										
Mayo Graduate School of Medicine	K. E. Holley		2,555,884			4P	05	020	11,000	132875
Rochester Methodist		216		18,497	18,497					
St. Mary's		484		18,187	18,187					
ST. PAUL										
St. Paul—Ramsey	E. Haus	397	450,000	4,360	4,200	4P	02	008	10,300	133575
United Hospitals										
Miller Division	J. E. Edwards	164	188,786	7,135	5,716	4P	01	004	11,000	133775
MISSISSIPPI										
JACKSON										
University of Mississippi Medical Center	J. G. Brunson, W. N. Bell	324	1,366,948	6,645	6,645	4P	05	015	8,400	195775
University	J. G. Brunson, W. N. Bell									
Veterans Admin. Center	R. R. Gatling	166	854,383	2,523	246,300					
MISSOURI										
COLUMBIA										
Ellis Fischel State Cancer	C. M. Perez - Mesa	62	216,540	3,060	3,060	1A	01	002	10,120	
University of Missouri Medical Center	F. V. Lucas	214	454,335	5,223	5,101	4P	04	014	9,000	199475

20A. 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 1974-1975			Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.			
MISSOURI—Continued											
KANSAS CITY											
Kansas City General Hospital and Medical Center	M. A. Swerdlow	186	653,549	3,500	3,385	4P	01	004	9,285	134375	
Menorah Medical Center	H. Marshall	193	348,454	6,464	6,368	4P	01	004	11,600		
Research Hospital and Medical Center	J. M. Flynn	216	808,888	9,951	9,828	4P	01	004	12,000		
St. Luke's Veterans Admin. (See Univ. of Kansas Medical Center, Kansas City, Kansas)	R. T. O'Kell	163	19,864	7,028	5,459	4P	02	008	8,856		
ST. LOUIS											
Barnes Hospital Group	P. E. Lacy	647	879,211	19,772	19,772	4P	13	035	9,500	135375	
Veterans Admin.	F. N. Florendo	402	1,634,521	3,324	3,324						
Deaconess	R. W. Brangle	260	534,396	7,981	5,774	4P	01	004	9,000	135675	
De Paul	J. D. Bauer	134	710,758	5,509	5,364	4P	00	004	10,620		
Homer G. Phillips	M. Menendez	75	637,806	2,697	2,633	3A	02	006	9,894		
Jewish Hospital of St. Louis	E. R. Rabin	264	597,103	7,992	7,500	4P	01	004	10,950	135875	
Missouri Baptist	W. R. Platt, V. Dumadag	104	434,860	8,060	8,060	4P	00	004	9,600		
St. John's Mercy Medical Center	F. G. Germuth, Jr.	321	815,498	10,935	8,814	4P	01	004	8,400		
St. Louis City	L. L. Alvarez	244	981,662	2,973	2,973	4P	04	004	10,803	136375	
St. Louis University Group of Hospitals	H. B. Taylor					4P	04	016		136575	
Cardinal Glennon Memorial Hospital for Children	H. B. Taylor	122	356,206	7,196	6,162				10,000		
Firmen Beslogé General	H. B. Taylor	174	299,213	3,007	2,776				10,000		
St. Mary's Health Center	H. B. Taylor, E. F. Tucker	198	1,419,773	11,799	10,067				10,020		
NEBRASKA											
LINCOLN											
Physicians Pathology Laboratory Hospitals	D. L. Kutsch, F. H. Tanner					4P	01	004	8,400	249575	
Bryan Memorial	H. Papenfuss, F. H. Tanner	162	405,542	9,576	8,958						
Lincoln General	D. L. Kutsch	185	321,605	7,610	6,552						
OMAHA											
Bishop Clarkson Memorial	E. G. Greene, Jr.	197	758,550	8,743	6,159	4P	01	004		249975	
Creighton University Affiliated Hospitals	F. B. Farrales					4P	02	008		137275	
Creighton Memorial St. Joseph's	F. B. Farrales	129	137,727	3,528	3,393				10,200		
Veterans Admin.	H. J. Quigley	211	667,264	3,114	2,800				10,468		
Nebraska Methodist	J. R. Schenken	162	601,570	11,894	10,666	4P	01	006	9,300	295175	
University of Nebraska	C. A. Mc Whorter	537	536,204	14,247	570	4P	02	008	9,900	137675	
NEVADA											
LAS VEGAS											
Southern Nevada Memorial	R. R. Belliveau	175	682,430	3,904	6,613	2P	02	004		250375	
NEW HAMPSHIRE											
HANOVER											
Dartmouth Medical School Affiliated Hospitals	G. D. Sorenson					4P	03	010	8,500	137775	
Mary Hitchcock Memorial	G. D. Sorenson	352	492,777	5,903	5,490						
Veterans Admin. Center (White River Junction, Vt.)	J. E. Gilbert	94	233,801	824	797						
NEW JERSEY											
ATLANTIC CITY											
Atlantic City	M. Ackerman	447	1,134,810	8,216	6,096	4P	01	004	9,500		
CAMDEN											
Cooper	S. Burrows, R. Schiffman	296	1,192,123	10,700	8,874	4P	01	004	10,000	138075	
Our Lady of Lourdes	W. V. Harrer	175	296,500	5,521	5,521	4P	01	002	11,600	193375	
EAST ORANGE											
Veterans Admin.	D. Boehme	259	1,379,464	3,403	3,403	4P	02	003	11,797		
ELIZABETH											
St. Elizabeth	D. H. Dreizin	85	435,459	4,914	4,729	4P	01	004	11,288	138575	
ENGLEWOOD											
Englewood	S. Czepiel	175	874,149	8,900	6,886	4P	01	004	9,264		
FLEMINGTON											
Hunterdon Medical Center (See CMDNJ-Rutgers Medical Sch. Affiliated Hosps., Piscataway)											
GREEN BROOK											
Raritan Valley (See CMDNJ-Rutgers Medical Sch. Affiliated Hosps., Piscataway)											
HACKENSACK											
Hackensack	D. Brown, R. Robinson	154	379,941	9,784	6,413	3A	01	003	10,600		
HOBOKEN											
St. Mary	T. Liddy	78	584,983	4,358	4,009	1A	02	002	9,500		
JERSEY CITY											
Christ	A. J. Gittitz	75	653,840	10,296	8,827	2P	01	002	12,000		
Jersey City Medical Center	G. M. Mulcahy	101	498,289	3,805	3,738	4P	01	004	11,300		
LIVINGSTON											
St. Barnabas Medical Center	P. T. Wertlake	267	456,721	12,044	10,237	4P	01	004	10,842		
LONG BRANCH											
Monmouth Medical Center	M. J. Salwen	272	5,742,933	7,767	6,693	4P	04	010	11,000	139275	
MONTCLAIR											
Mountainside	F. Y. Watson	158	869,849	22,628	7,705	4P	02	005	11,776		
MORRISTOWN											
Morristown Memorial	H. F. Luddecke	252	1,115,249	11,034	11,034	4P	02	006	11,000	139475	
NEPTUNE											
Jersey Shore Medical Center—Fitkin	J. V. Price	273	404,407	6,997	5,855	4P	02	002	8,545		
NEWARK											
Martland	R. U. P. Hutter, N. Ende	200	1,076,657	6,150	6,050	4P	03	009	11,000		
Newark Beth Israel Medical Center	K. Gal	224	1,125,291	7,399	7,399	4P	01	003	11,800		
St. Michael's Medical Center	R. E. Carnes	164	674,929	4,019	4,002	4P	01	004	11,800	139975	

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW JERSEY—Continued										
NEW BRUNSWICK										
Middlesex General	P. C. Smitow, D. W. Smith	150	357,768	6,116	5,097	4P	01	004	12,000	197975
St. Peter's General	V. A. Galdi	148	748,738	7,944	6,806	4P	02	004	12,000	
PARAMUS										
Bergen Pines County Hospital—Pascack Valley	V. H. Gillson					4P	02	008		190875
Bergen Pines County	E. Wagman	183	895,483	1,314	1,185					
Pascack Valley (Westwood)	V. H. Gillson	74	160,000	6,610	5,949					
PASSAIC										
St. Mary's	R. Brill	96	331,047	3,484	3,300	2P	01	002	8,700	140375
PATERSON										
Barnert Memorial Hospital Center	J. Churg	126	469,875	6,459	6,459	2P	01	002	15,000	
St. Joseph's	P. Steinlauf	241	300,133	9,790	8,976	4P	02	004	11,485	
PERTH AMBOY										
Perth Amboy General	L. Kiefer	125	932,013	5,253	5,000	4P	02	004		
PISCATAWAY										
CMDNJ—Rutgers Medical School Affiliated Hospitals	A. B. Morrison					4P	02	008		291875
Hunterdon Medical Center (Flemington)	E. Olmstead	150	159,422	3,965	3,699				8,000	
Raritan Valley (Green Brook)	A. B. Morrison	39	111,262	1,913	1,804				10,994	
Somerset (Somerville)	A. S. Conston	137	529,859	6,669	5,335				11,787	
PLAINFIELD										
Muhlenberg	B. H. Hyun	264	944,375	7,409	6,563	4P	02	007	11,000	140775
SOMERSET										
Somerset (See CMDNJ-Rutgers Medical Sch. Affiliated Hosps., Piscataway)										
SUMMIT										
Overlook	H. H. Stumpf	166	836,878	10,685	9,014	4P	02	006	12,000	
TEANECK										
Holy Name	M. E. Tracht	148	1,264,140	5,980	5,498	4P	02	004	10,600	140975
TRENTON										
Mercer	J. Mora	108	199,539	5,707	3,564	2P			8,211	
St. Francis	F. Campo	217	522,156	8,154	6,249	4P	01	004	9,000	141175
VINELAND										
Newcomb	M. N. Solomon	49	435,028	5,943	5,482	1A	01	001	9,600	
WESTWOOD										
Pascack Valley (See Bergen Pines County Hospital-Pascack Valley, Paramus)										
NEW MEXICO										
ALBUQUERQUE										
University of New Mexico Affiliated Hospitals	R. E. Anderson	165	459,932	3,765	3,723	4P	04	017	8,250	196275
Bernalillo County Medical Center	T. S. Mc Connell	208	788,533	5,848	5,836				9,378	
Veterans Admin.	R. L. Sopher									
NEW YORK										
ALBANY										
Albany Medical Center Affiliated Hospitals	W. A. Thomas					4P	04	009		
Albany Medical Center	W. A. Thomas	443	2,227,290	10,363	10,363				11,680	
Veterans Admin.	W. A. Thomas, A. S. Daoud	271	1,245,000	2,269	2,250				12,213	
St. Peter's	T. S. Beecher	202	376,332	7,368	7,071	4P	02	004	13,700	
State of New York Department of Health	W. W. Kaufmann		536,718	2,590	14,799	1C	01	002	15,827	
BUFFALO										
Deaconess Hospital of Buffalo	J. B. Sheffer	238	415,550	8,287	8,203	4P	02	004	11,000	143775
Mercy	A. B. Constantine	174	505,000	6,700	6,093	1A	02	002	10,300	
Millard Fillmore	A. V. Postoloff	225	1,367,882	11,014	10,786	4P	01	004	11,000	
Roswell Park Memorial Institute	J. W. Pickren	472	926,727	10,494	10,490	4P	02	008	10,000	
Sisters of Charity	C. F. Becker	178	424,994	8,633	9,358	4P	01	004	10,500	
S.U.N.Y. at Buffalo Affiliated Hospitals	A. P. Prezyna					4P	05	018		
Buffalo General	A. P. Prezyna	372	1,543,871	17,741	17,521				10,000	
Children's Hospital of Buffalo	H. Jockin	184	162	5,369	4,710				10,500	
Edward J. Meyer Memorial	E. F. Schueller	271	1,235,461	4,571	4,441					
Veterans Admin.	G. Fazekas	185	1,373,945	2,781	2,480				10,500	
COOPERSTOWN										
Mary Imogene Bassett	C. V. Z. Hawn	155	410,341	3,231	3,079	1A	01	001	11,300	144275
EAST MEADOW										
Nassau County Medical Center—Meadowbrook Div.	V. S. Palladino	380	1,348,017	5,292	5,087	4P	03	010	10,618	
GLEN COVE										
Community Hospital at Glen Cove	T. Robertson	118	416,393	6,185	5,349	4P	01	004	9,100	144675
JOHNSON CITY										
Charles S. Wilson Memorial	G. Reynoso	189	616,913	6,286	5,604	4P	01	004	10,200	145275
LEWISTON										
Mount St. Mary's Hospital of Niagara Falls	T. T. Bronk	80	178,000	4,128	3,936	4P	01	001	9,000	
MANHASSET										
North Shore	S. Gross	291	2,107,060	9,679	8,179	4P	02	008	12,800	
MINEOLA										
Nassau	L. Ferraro	329	689,576	8,784	34,141	4P	01	004	13,110	
MOUNT KISCO										
Northern Westchester	R. A. Fox	99	353,757	5,502	5,096	4P	02	002	10,380	
NEWBURGH										
St. Luke's Hospital of Newburgh	T. P. B. Payne	182	281,417	5,082	4,502	1A	02	002	10,400	145875
NEW HYDE PARK										
Long Island Jewish—Hillside Medical Center Program	J. Berkman	317	1,617,119	12,499	11,250	4P	02	014	13,300	
Long Island Jewish—Hillside Medical Center	J. V. Klavins	441	1,958,921	7,358	7,358	4P				
Queens Hospital Center (New York City)										
NEW ROCHELLE										
New Rochelle Hospital Medical Center	W. C. Schraft, Jr.	264	706,564	6,960	5,311	4P	01	004	9,231	

APPROVED RESIDENCIES

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK—Continued										
NEW YORK CITY										
Albert Einstein College of Medicine Affiliated Hospitals	R. D. Terry					4P	06	024		193175
Bronx Municipal Hospital Center		326	3,266,275	8,175	8,175					
Hospital of the Albert Einstein College of Medicine		136	1,010,606	6,377	6,357					
Beth Israel Medical Center	R. Stenger	239	1,644,066	12,762	12,762	4P	03	012	12,750	
Booth Memorial	A. L. Blaustein	161	551,720	5,509	5,509	4P	02	004	11,577	
Bronx—Lebanon Hospital Center	L. Reiner	203	531,622	8,147	7,330	4P	01	008	13,300	
Brookdale Hospital Center	D. Spain	147	1,848,819	11,268	11,218	4P	01	004	13,300	
Brooklyn—Cumberland Medical Center	G. C. Finkel	339	2,108,040	7,809	7,409	4P	05	012	13,300	142075
Catholic Medical Center of Brooklyn and Queens										
Mary Immaculate Division	P. A. Remigio	110	506,629	6,727	6,526	4P	00	004	13,300	
St. Mary's Division	Y. T. Cho	90	432,050	4,625	4,625	2P	02	002	13,300	
Coney Island	K. Gerstmann	254	1,232,824	6,385	6,307	4P	04	010	14,000	
Flushing Hospital and Medical Center	I. Garrow	158	585,679	4,291	3,409	4P	01	004	11,800	144575
French and Polyclinic Medical School and Health Center	W. E. Finkelstein	126	528,222	4,719	4,131	4P	01	004	13,750	147575
Polyclinic Division										
Harlem Hospital Center	T. Roberts, J. Hagstrom	285	1,511,759	6,990	6,990	4P	05	012	13,300	
Hospital for Joint Diseases and Medical Center	H. D. Dorfman	47	598,502	5,200	4,963	1A	02	002	13,300	
Jamaica	E. Khayat	340	1,824,341	6,952	5,952	4P	02	008	13,050	
Jewish Hospital and Medical Center of Brooklyn	A. C. Allen	207	13,540	7,966	7,863	3A	02	004	14,300	
Jewish Memorial	A. Schwarz	95	412,213	2,947	2,947	4P	01	004	10,250	148075
Kingsbrook Jewish Medical Center	B. W. Volk	393	731,027	3,597	3,210	4P	02	006	13,750	
Knickerbocker	A. B. Oe Chabon	104	295,870	1,740	1,740	1A	02	002	12,600	
Lenox Hill	S. C. Sommers	371	1,296,155	8,269	7,962	4P	02	008	14,031	
Lincoln	H. Lepow	142	1,192,808	4,220		3A	02	003		148475
Long Island College	J. Korzis	259	898,652	6,419	5,875	4P	02	006	14,025	
Lutheran Medical Center	T. Ehrenreich	179	539,880	4,341	4,153	2P	01	002	13,300	143075
Maimonides Medical Center	S. Minkowitz	249	1,730,691	8,501	8,501	4P	02	006		
Memorial Hospital for Cancer and Allied Diseases	P. Fitzgerald	550		14,324	14,324	3A		014		
Methodist Hospital of Brooklyn	S. Werthamer	220	568,306	6,750	6,450	4P	02	008	13,715	142975
Misericordia—Fordham Training Program	P. E. Kalish					4P	01	004		
Fordham		155	945,369	4,039	3,150				14,000	
Misericordia		146	801,205	3,869	3,000				13,949	
Montefiore Hospital Training Program	H. M. Zimmerman					4P	03	013	13,300	
Montefiore Hospital and Medical Center		442	2,252,596	7,521	7,370					
Morrisania City		168	1,907,147	4,489	4,380					
Mount Sinai Hospital Training Program						4P			13,300	149075
Mount Sinai	E. Rubin	440	3,078,002	15,478	15,478		03	011		
City Hospital Center at Elmhurst	W. Mautner	286	1,582,089	4,241	4,184		04	016		
New York	J. T. Ellis	522	1,417,533	11,155	10,456	4P	06	014	13,800	149275
New York Medical College—Metropolitan Hospital Center	D. Spiro					4P	05	023	13,300	147375
Unit 1—Flower and Fifth Avenue Hospitals	D. Spiro	123	864,586	7,272	7,211					
Unit 2—Metropolitan Hospital Center	V. Tcherkoff	224	7,932,555	8,067	7,867					
Unit 3—Bird S. Coler Memorial Hospital and Home	S. Levine	111	243,070	346	250					
New York University Medical Center	F. F. Becker, F. Gorstein					4P	06	021		146475
Bellevue Hospital Center		261	3,169,165	24,212	24,212					
University		179	1,288,409	11,645	11,645					
Veterans Admin. (Manhattan)	N. S. Cooper	208	2,000,000	3,664	3,664	4P	03	010	14,641	
Presbyterian	D. W. King	506	1,732,794	12,815	12,815	4P	02	020	13,715	149575
Francis Delafield	A. W. Branwood	79	328,093	1,744	1,744				13,300	
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)										
Roosevelt	R. Garret	222	1,039,377	7,722	7,660	4P	01	006	11,800	
St. Clare's Hospital and Health Center	J. R. Haddad	121	651,764	3,860	3,497	4P	01	004	12,400	149775
St. John's Episcopal	L. M. Fox, M. C. Oguzhan	77	348,537	6,829	6,829	2P	01	002	14,000	143275
St. Luke's Hospital Center	C. F. Begg	283	101,744	9,836	9,836	4P	02	007	13,300	
St. Vincent's Hospital and Medical Center of New York	W. E. Delaney	316	1,640,112	6,934	6,934	4P	02	006	11,800	
St. Vincent's Medical Center of Richmond	V. Kogan	146		6,446	5,825	1A	02	002	13,500	
State University—Kings County Hospital Center	A. Nicastrì					4P	11	038		142675
Kings County Hospital Center	V. Yermakov	627	2,741,527	21,730	21,267				13,300	
State University	A. Nicastrì	87	162,512	4,427	4,377				13,870	
Staten Island	V. Altman	158	381,000	4,978	4,505	2P	02	002	13,286	
Veterans Admin. (Bronx)	A. F. Liber	220	1,453,432	3,467	3,317	4P	02	009	14,641	
Veterans Admin. (Brooklyn)	F. A. Jimenez	237	6,105	4,692	4,692	4P	01	004	14,641	
Wyckoff Heights	A. Statsinger, N. Lapi	201	775,306	4,045	4,004	4P	01	004		143575
NIAGARA FALLS										
Niagara Falls Memorial Medical Center	K. K. Lee	151	255,308	4,394	3,868	4P	01	004	8,600	193575
ROCHESTER										
Genesee	J. N. Abbott	298	9,424	8,659	7,216	3A	01	002	10,400	
Rochester General	Z. M. Tomkiewicz	450	1,160,000	13,645	10,524	4P		008	10,400	
Strong Memorial Hospital of the University of Rochester	S. F. Patten, Jr.	602	1,596,800	10,515	10,321	4P	08	018	9,900	151175
SCHECTADY										
Eliis	G. F. Parkhurst	367	708,470	9,861	8,973	4P	02	006	10,600	151275
SYRACUSE										
S. U. N. Y. Upstate Medical Center	R. B. Hill					4P	04	016	10,555	151675
Crouse Irving—Memorial	T. R. Simon	243	665,058	10,232	8,248					
State University	R. B. Hill	184	1,183,911	5,955	4,895					
St. Joseph's Hospital Health Center	N. A. Cohen	185	660,550	7,993	5,274					
Veterans Admin.	M. K. Schauble	153	511,888	3,166	3,166					

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK—Continued										
VALHALLA Grasslands	M. Lefkowitz	150	476,071	2,155	2,103	4P	01	004	11,850	
NORTH CAROLINA										
CHAPEL HILL North Carolina Memorial	K. M. Brinkhous	337	842,173	11,820	11,820	4P	04	016	9,500	190075
CHARLOTTE Charlotte Memorial	W. M. Shelley	392	482,680	10,374	9,922	4P	01	004	10,080	
DURHAM Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	T. D. Kinney T. D. Kinney P. C. Pratt	800 256	15,003 1,693,070	13,446 3,091	13,446 3,085	4P	08	026	9,850 10,350	152975
GREENSBORO Moses H. Cone Memorial	W. W. Mc Lendon	285	720,000	19,350	18,000	4P	00	004	9,000	
WINSTON-SALEM Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	R. W. Prichard	441	1,529,456	27,173	27,173	4P	04	017	10,000	153775
NORTH DAKOTA										
GRAND FORKS University of North Dakota Affiliated Hospitals United	W. A. Wasdahl	300	140,000	10,000	9,000	4P	01	004	8,400	
OHIO										
AKRON Akron City Children's Hospital of Akron St. Thomas	J. G. Lim H. J. Igel E. G. Witt	348 82 149	650,107 568,109 481,141	11,809 2,914 6,241	11,809 2,262 6,001	4P 2P 4P	01 01 00	004 001 004	10,500 11,000 10,429	
BARBERTON Barberton Citizens	R. C. Metzger	135	509,915	6,938	4,490	1A	01	002	8,232	196475
CANTON Aultman	W. S. Morgan	289	965,773	10,788	10,175	4P	02	006	10,200	154475
CINCINNATI Good Samaritan Jewish University of Cincinnati Hospital Group Cincinnati General Children's Veterans Admin.	L. Z. Gordon P. Wasserman R. D. Smith R. D. Smith A. J. Mc Adams R. D. Smith	344 214 358 144 194	1,074,744 776,581 532,497 5,882 909,532	9,876 10,861 6,977 5,882 2,115	9,870 9,150 6,258 3,996 2,115	4P 4P 4P	01 02 06	004 004 016	9,850 10,500 9,696 10,708	155075 154875
CLEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin. Cleveland Clinic Cleveland Metropolitan General Fairview General Huron Road Lutheran Medical Center Marymount Mount Sinai Hospital of Cleveland St. Alexis St. Luke's St. Vincent Charity	J. R. Carter J. R. Carter J. R. Kahn L. J. McCormack J. D. Reid H. F. McCorkle E. E. Siegler W. Sinclair G. S. Garewal H. Gold F. A. Naji A. J. Segal J. S. Mackrell, Jr.	540 210 273 387 173 235 111 65 219 172 274 156	2,113,389 1,743,618 3,112,744 1,877,581 514,146 561,826 430,637 246,337 1,134,445 269,975 252,844 895,044	12,215 5,047 13,799 5,764 7,593 6,821 3,440 6,082 11,882 4,011 8,100 5,234	12,215 4,542 13,171 5,764 6,451 6,281 3,090 5,705 11,414 4,011 6,895 4,030	4P 4P 4P 4P 2P 4P 2P 4P 4P 4P 4P	06 03 04 01 01 02 02 01 01 02 01	024 014 016 002 006 003 004 004 004 004 008 004	10,500 10,955 10,500 11,400 10,800 8,600 11,400 10,500 10,200 10,500 10,500	156275
COLUMBUS Children's Grant Ohio State University Hospitals	W. A. Newton, Jr. B. H. Hurd C. R. Macpherson	174 163 397	328,710 554,423 2,510,000	6,595 9,130 7,798	6,373 9,033 7,528	2P 4P 4P	01 01 04	002 003 012	8,519 10,200 8,500	155875 156075 156675
DAYTON Miami Valley Veterans Admin. Center	J. W. Funkhouser L. G. Patileo	351 224	494,569 689,865	11,616 2,237	11,616 2,035	4P 4P	02 01	007 002	10,500 11,971	
ELYRIA Elyria Memorial	R. G. Thomas	297	510,252	11,451	9,247	4P	01	004	9,300	190175
KETTERING Charles F. Kettering Memorial	E. Roth	217	713,733	14,595	14,062	4P	02	008	8,100	157675
LORAIN St. Joseph	C. Chesner	211	364,598	5,937	4,659	4P	02	002	9,300	
TOLEDO Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo Mercy Toledo	J. R. Patrick O. J. Hanson W. A. Nordin	158 191 422	547,464 493,531 564,187	2,768 7,224 10,605	2,664 5,909 9,450	4P 4P 4P	01 02 01	004 006 004	10,200 9,600 10,200	157975 158075 158375
YOUNGSTOWN St. Elizabeth Youngstown	B. Taylor A. E. Rappoport	233 492	10,217 2,041,766	8,931 11,968	7,581 10,771	4P 4P	01 02	004 008	10,600	
OKLAHOMA										
OKLAHOMA CITY Baptist Memorial St. Anthony University of Oklahoma Health Sciences Center University of Oklahoma Hospitals Veterans Admin.	J. Hensley T. W. Violett R. M. O' Neal	140 188 229 185	451,441 760,114 412,227 845,581	6,637 9,504 8,923 3,395	5,646 4,998 8,412 2,839	4P 4P 4P	01 01 02	004 004 008	9,000 9,000 9,000	158775
TULSA Hillcrest Medical Center St. Francis St. John's	D. E. Van Wormer R. S. White B. O. Bliss	239 154 216	509,849 295,891 357,746	8,834 11,779 15,773	8,037 10,323	4P 4P 4P	01 01 01	004 004 004	10,308 10,308 10,308	159175 159275

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
OREGON										
PORTLAND										
Emanuel	H. Harris, N. Pickering	246	1,043,150	10,011	8,864	4P	01	004	9,996	
Good Samaritan Hospital and Medical Center	O. S. Johnson	258	704,000	9,243	8,049	4P	01	004	9,996	159575
Providence	Reuben Straus	183	182,044	7,954	7,403	4P	02	004	10,548	
St. Vincent Hospital and Medical Center	J. E. Nohlgren	220	623,249	10,142	8,871	4P	02	005	9,996	159875
University of Oregon Affiliated Hospitals	R. Moore, T. T. Hutchens					4P	06	018		159975
University of Oregon Medical School Hospitals and Clinics		326	993,281	6,918	6,918				8,600	
Veterans Admin.										
PENNSYLVANIA										
ABINGTON										
Abington Memorial	J. W. Eiman	267	1,360,658	11,598	9,729	4P	02	006	10,160	
ALLENTOWN										
Allentown	P. G. Panas	334	737,848	10,408	9,672	4P	01	004	11,000	
ALTOONA										
Altoona	H. R. Cottle	200	500,000	6,500	6,100	4P	01	004	13,500	
BETHLEHEM										
St. Luke's	E. J. Benz	197	510,000	9,854	8,174	4P	01	004	11,550	160575
BRYN MAWR										
Bryn Mawr	J. J. Mc Graw, Jr.	165	1,158,529	8,348	7,316	4P	01	004	9,700	160675
DANVILLE										
Geisinger Medical Center	J. J. Moran	282	685,631	11,149	9,376	4P	01	004	10,400	160875
DARBY										
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)										
ERIE										
Hamot Medical Center	R. G. Pellizzari	255	440	9,914	7,414	4P	01	004	10,000	161175
St. Vincent	R. Eisenberg	192	431,584	9,621	7,201	4P	01	004	10,000	
HARRISBURG										
Harrisburg	F. W. Brason	333	1,167,484	13,734	12,759	4P	01	001	10,680	161475
HERSHEY										
Milton S. Hershey Medical Center of the Pennsylvania State University	R. L. Naeye	191	421,512	3,130	2,800	4P	02	008	10,152	161775
JOHNSTOWN										
Conebaugh Valley Memorial	S. A. Goldblatt	348	578,069	9,921	6,642	4P	01	004	10,500	
NORRISTOWN										
Montgomery	H. T. Tamaki	110	262,000	4,735	3,857	2P	01	002		
PHILADELPHIA										
Albert Einstein Medical Center	I. Young, R. Rachman	400	1,122,846	13,840	13,227	4P	03	009	10,100	163175
Chestnut Hill	Z. P. Woo	123	4,072,787	4,100	4,100	4P	01	004	10,500	191075
Children's Hospital of Philadelphia		145		1,079	947	1A		002	10,000	
Episcopal	H. F. Watts	210	531,824	4,761	4,750	4P	02	004	10,400	
Frankford	S. H. Arden	100	211,052	3,597	2,948	2P	01	002	10,650	
Graduate Hospital of the University of Pennsylvania	A. Valdes - Oapena, O. Ross	200	498,318	4,153	3,862	4P	01	002	11,536	
Hahnemann Medical College and Hospital	J. M. Dolphin	252	1,017,005	5,391	5,340	4P	02	008	10,200	162775
Hospital of the University of Pennsylvania	J. E. Wheeler	261	1,497,400	10,923	10,539	4P	04	012	11,500	162875
Lankenau	I. K. Kline	247	442,531	7,900	7,500	4P	02	008	9,500	163275
Medical College of Pennsylvania Affiliated Hospitals	J. Leighton					4P	02	010		184975
Hospital of the Medical College of Pennsylvania	J. Leighton	153	1,100,000	4,270	4,235				10,650	
Germantown Dispensary and Hospital	F. K. Fite	235	316,073	4,002	2,800					
Mercy Catholic Medical Center	W. H. Miller					4P	02	008	10,000	
Misericordia Division	W. H. Miller, H. E. Marx	242	296,230	1,753	1,753					
Fitzgerald Mercy Division (Darby)	W. H. Miller	213	369,897	6,037	5,917					
Nazareth	E. M. Tassoni	472	583,570	5,282	5,110	4P	02	004	10,000	163875
Pennsylvania	A. R. Crane	181	616,861	9,038	9,038	4P	01	004	10,500	
Philadelphia General	L. B. Rorke, H. P. Schwarz	294	2,806	6,145	6,100	4P	06	014	9,971	164075
Presbyterian—University of Pennsylvania Medical Center	H. T. Sugiura	199	820,225	3,269	3,219	4P	02	005	10,650	
St. Christopher's Hospital for Children	J. B. Arey	156	204,669	1,901	1,162	1A	03	003	9,700	
Temple University	W. H. Clark, Jr.	319	34,434	7,669	7,669	4P	05	013	10,761	
Thomas Jefferson University	G. E. Aponte	291	659,305	9,221	9,221	4P	02	011	10,000	163075
Veterans Admin.	P. V. Skerrett	217	1,001,420	4,488	4,488	4P	01	004	11,425	
PITTSBURGH										
Allegheny General	R. J. Hartsock	283	1,157,067	8,684	8,139	4P	02	006	12,285	
Hospitals of the University Health Center of Pittsburgh	A. W. B. Cunningham					4P		048		165275
Children's Hospital of Pittsburgh	G. H. Fetterman	185	203,740	2,999	2,999	2P			10,550	
Magee—Womens	B. Klionsky	450	358,266	18,584	11,744				10,550	
Montefiore	T. J. Gill, 3d, S. Siew	208	1,516,236	6,042	6,042				10,500	
Presbyterian—University	A. W. B. Cunningham	285	158,114	9,586	48,768				10,550	
Veterans Admin.	H. R. Hellstrom	220	1,244,703	2,865	2,765	4P			10,550	
Mercy	M. M. Bracken	327	567,623	8,846	6,165	4P	02	008	11,800	
St. Margaret Memorial	J. E. Kurtz, R. C. Block	92	151,221	3,719	3,500	1A	01	001	11,100	
Shadyside	E. R. Fisher	151	764,362	6,912	6,119	4P	03	008	11,400	
South Side	L. Goodman	94	265,686	3,539	3,362	4P	02	004	10,200	165875
Western Pennsylvania	E. R. Erickson	333	725,795	11,892	10,137	4P	03	008	10,865	165975
READING										
Reading	M. S. Reed	401	1,843,611	13,420	12,681	4P	02	008	11,952	166175
St. Joseph's	J. G. Chen See	138	305,789	7,594	7,266	4P	01	002	12,000	
ROCHESTER										
Rochester General	J. L. Moyer, 3d.	130	485,073	5,438	4,238	4P	01	001	7,200	
SAYRE										
Robert Packer	D. R. Weaver	209	468,743	5,236	4,716	4P	01	004	8,500	166475

20A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
TEXAS—Continued										
TEMPLE										
Scott and White Memorial	R. F. Peterson	205	1,075,267	6,440	6,290	4P	01	004	9,500	172575
UTAH										
SALT LAKE CITY										
Holy Cross Hospital of Salt Lake City	C. D. Fuller, B. A. Lloyd	145	632,366	8,428	5,547	4P	01	001	9,600	
Latter—Day Saints	J. H. Carlquist	251	1,319,136	12,874	10,483	4P	01	004	9,600	
University of Utah Affiliated Hospitals	J. T. Weston	261	721,214	4,538	4,311	4P	03	009	9,100	173275
University	J. T. Weston	163	1,105,736	2,117	1,762				9,600	
Veterans Admin.	L. Peric - Golia									
VERMONT										
BURLINGTON										
Medical Center Hospital of Vermont	R. W. Coon	336	509,817	10,057	8,452	4P	03	012	8,600	173475
WHITE RIVER JUNCTION										
Veterans Admin. Center (See Dartmouth Medical School Aff. Hosps., Hanover, N.H.)										
VIRGINIA										
ALEXANDRIA										
Alexandria	P. J. Doyle	121	431,167	9,062		4P	00	001	11,000	
CHARLOTTESVILLE										
University of Virginia	D. E. Smith	399	1,500,000	13,811	13,811	4P	02	008	9,400	173775
DANVILLE										
Memorial	T. J. Moran	181	812,821	7,577	7,065	4P	01	004	8,400	
FALLS CHURCH										
Fairfax	C. B. Cook	174	456,637	10,597	9,715	4P	01	002	11,130	173375
NEWPORT NEWS										
Riverside	F. Q. Wingfield	254	735,286	14,277	13,797	4P	01	004	10,800	
NORFOLK										
De Paul	R. J. Faulconer	147	635,000	10,487	9,472	4P	01	004	10,500	174075
Norfolk General	R. R. Stephens	400	1,400,000	12,000	9,000	4P	01	004	10,500	174175
RICHMOND										
Veterans Admin. Virginia Commonwealth University M.C.V. Affiliated Hospitals	G. J. Cunningham	253	1,917,872	3,046	3,046	4P	01	004	9,548	
Medical College of Virginia Hospitals	F. Goodale	450	270,000	62,329	59,009	4P	06	034	9,400	174375
ROANOKE										
Roanoke Memorial Hospitals	J. C. Gale	151	779,983	9,720	7,533	4P	01	004	6,600	
WASHINGTON										
SEATTLE										
Providence	F. F. Busted	200	145,449	5,787	4,501	3A	01	003	8,964	175375
University of Washington Affiliated Hospitals	N. K. Mottet					4P	13	037		191875
Children's Orthopedic Hospital and Medical Center	J. B. Beckwith	159	192,258	2,309	827					
Harborview Medical Center	G. La Zerte	214		2,794	2,399					
Swedish Hospital Medical Center	W. B. Hamlin	367	931,416	14,774	12,310					
U. S. Public Health Service	H. E. Hall	94	612,165	3,968	3,472				9,444	
University	N. K. Mottet	280	274,629	3,735	3,168				9,444	
Veterans Admin.	R. Vracko	187	540,500	2,204	2,170					
Virginia Mason	D. Bauermeister	208	759,298	8,503	7,757	4P	01	004	9,260	175675
SPOKANE										
Deaconess	T. E. Ludden	189	534,398	6,632	5,173	4P	02	002	9,800	
Sacred Heart	J. E. Hill, J. Watanabe	293	750,000	8,374	8,291	4P	01	004	9,000	
TACOMA										
Tacoma General	C. P. Larson, M. J. Wicks	404	1,412,269	24,000	17,000	4P	01	004	8,400	
WEST VIRGINIA										
BECKLEY										
Appalachian Regional	W. A. Laqueur	277	162,537	5,022	4,651	4P	00	002	12,000	
CHARLESTON										
Charleston Area Medical Center	P. Ladewig, W. Garrard	166	714,176	8,426	8,308	4P	01	004	8,860	190295
Charleston General Division Memorial	G. B. Swoyer	243	529,462	10,027	9,500	3A	01	003	8,860	190275
HUNTINGTON										
Cabell Huntington	S. Werthammer	229	874,631	9,383	8,771	4P	01	004	12,000	197675
MARTINSBURG										
Veterans Admin. Center	C. Hoch - Ligeti	132	285,969	1,477	1,410	2P	02	004	11,285	
MORGANTOWN										
West Virginia University Medical Center	M. R. Hales	333	821,490	5,746	5,058	4P	03	012	9,500	183775
WHEELING										
Ohio Valley General	R. O. Bell, Jr.	199	508,233	8,346	6,561	4P	02	004	12,420	176975
WISCONSIN										
MADISON										
Madison General	P. G. Piper	104	650,000	8,594	6,221	4P	01	006	10,000	
University of Wisconsin Affiliated Hospitals	A. W. Dudley, Jr.					4P	07	028	9,500	177975
University Hospitals	A. W. Dudley, Jr.	301	2,346,185	20,736	20,498					
Veterans Admin.	J. M. B. Bloodworth, Jr.	196	805,154	2,134	2,074					
MILWAUKEE										
Evangelical Deaconess Medical College of Wisconsin Affiliated Hospitals	Y. Taira	83	369,710	3,882	3,372	4P	01	004	9,500	178275
Milwaukee County General	J. V. Straumfjord, Jr.	459	481,601	6,111	5,321	4P	01	005	10,100	178475
Veterans Admin. Center (Wood)	K. Pintar	356	1,250,248	3,219	2,913	4P	02	006	10,625	
Milwaukee Children's	S. Mc Creadie	88	310,517	3,478	1,679	2P	01	002	10,000	
Mount Sinai Medical Center	J. N. Shanberge	152	767,558	6,809	6,199	4P	01	004	10,500	178775
St. Francis	E. R. Tucker	53	267,045	3,967	3,379	4P	01	004		
St. Joseph's	C. H. Altshuler	246	979,361	10,685	8,319	4P	01	004	10,500	178875
St. Luke's	G. E. Batayias	266	1,471,180	7,361	6,845	4P	02	006	10,000	178975

20A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
		Number of Necropsies	Laboratory Exams.			1st Yr.	All Yrs.		
WISCONSIN, MILWAUKEE—Continued St. Mary's	D. J. Carlson	121	184,912	5,100	3,976	4P	01 003	10,500	179075

20B. 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, through the Residency Review Committee for Pathology, as offering acceptable training in the specialty.

Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES ARMY, NAVY AND AIR FORCE									
DISTRICT OF COLUMBIA									
	Armed Forces Institute of Pathology, Washington						04 004		
NONFEDERAL AND VETERANS ADMINISTRATION									
CALIFORNIA									
LOS ANGELES									
	Office of Chief Medical Examiner—Coroner County of Los Angeles	T. T. Noguchi	7,521	777	20,419	250	06 006	26,700	
OAKLAND									
	Institute of Forensic Sciences	G. S. Loquvam	1,561	116	13,500		01 001	15,500	
SAN FRANCISCO									
	University of California Medical Center	J. O. Trowbridge	2,500	110	12,235		01 001		
SAN JOSE									
	Santa Clara County Medical Examiner—Coroner's Office	J. E. Hauser	1,364	66	2,241	75	01 001		
COLORADO									
DENVER									
	Denver General	G. I. Ogura	457	76	1,524		01 002	12,036	
DISTRICT OF COLUMBIA									
WASHINGTON									
	Office of the Chief Medical Examiner	J. L. Luke	1,142	264	7,306	650	01 002	12,000	
FLORIDA									
MIAMI									
	Office of the Medical Examiner of Dade County	J. H. Davis	1,817	222	95,560	150	01 001	12,000	
INDIANA									
INDIANAPOLIS									
	Marion County General	J. A. Benz	805	96	706			9,500	
MARYLAND									
BALTIMORE									
	Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation	R. Fisher, R. Kornblum	2,436	368	7,500		03 003	7,000	
MICHIGAN									
DETROIT									
	Wayne County Medical Examiners Office	W. U. Spitz	2,480	744	21,195		03 003	14,488	
MINNESOTA									
MINNEAPOLIS									
	Hennepin County General	J. I. Coe	676	51	1,432		01 001	9,500	
NEW YORK									
EAST MEADOW									
	Office of the Medical Examiner, Nassau County	L. I. Lukash	1,048	39	20,821		01 001		
NEW YORK CITY									
	Office of the Chief Medical Examiner, City of New York	M. Helpern	8,000	1,800	6,000		06 006	15,000	
ROCHESTER									
	Office of the Monroe County Medical Examiner	J. F. Edland	557	53	3,502		01 001	20,046	
VALHALLA									
	Office of the Medical Examiner	H. Siegel	700	25	3,500		01 002	19,860	
NORTH CAROLINA									
CHAPEL HILL									
	Office of the Chief Medical Examiner	P. Hudson	454	140	5,200	380	02 002	20,000	
OHIO									
CLEVELAND									
	Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,638	365	3,354	125	03 003		
OKLAHOMA									
OKLAHOMA CITY									
	Office of Chief Med. Examiner	A. J. Chapman	626		1,200		01 002	15,000	
PENNSYLVANIA									
PHILADELPHIA									
	Office of the Medical Examiner	M. E. Aronson	1,700	460	1,700	175	02 002	6,000	
PITTSBURGH									
	Office of the Medical Examiner	C. H. Wecht	800	81	6,964	250	02 002	10,000	

20B. PATHOLOGY, FORENSIC—Continued

Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxico- logical Tests Made	Necropsies on Bodies Exam.	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
PUERTO RICO									
RIO PIEORAS Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial - Rojas	2,220	235	10,899		01	001		
SOUTH CAROLINA									
CHARLESTON Medical University of South Carolina	G. R. Hennigar	235	70	1,155	20	01	002	10,135	
TENNESSEE									
MEMPHIS University of Tennessee—Institute of Pathology	J. T. Francisco	605	105	2,973		01	002	12,500	
TEXAS									
DALLAS Office of the County Medical Examiner	C. S. Petty	1,180	257	5,781	1,180	02	003	9,000	
UTAH									
SALT LAKE CITY University of Utah Medical Center	J. T. Weston	209	51	2,459		01	001	11,000	
VIRGINIA									
RICHMOND Medical College of Virginia	D. K. Wiecking	2,130	381	3,173	1,321	02	002	13,500	

20C. PATHOLOGY, NEUROPATHOLOGY

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

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1974-1975 1st Yr. All Yrs.		Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY, NAVY, AND AIR FORCE								
DISTRICT OF COLUMBIA								
Armed Forces Institute of Pathology, Washington	K. M. Earle	950	829	2	6	6		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LOS ANGELES								
Los Angeles County-U.S.C. Medical Center				2	5	5		
SAN FRANCISCO								
Langley Porter Neuropsychiatric Institute	N. Malamud			2	3	3		
STANFORD								
Stanford University	L. J. Rubinstein	643	91	2	3	6		
FLORIDA								
MIAMI								
Jackson Memorial	N. Popoff	750	500	2	2	2		
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	W. Zeman	635	88	2	1	2		
IOWA								
IOWA CITY								
University of Iowa Hospitals	G. D. Penick	345	300	2	2	4		
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana Veterans Admin.	P. Mc Garry	481 292	135 55	2	2	2		
MARYLAND								
BALTIMORE								
University of Maryland School of Medicine	J. H. Garcia	600	257	2	1	2		
MASSACHUSETTS								
BOSTON								
Beth Israel Hospital-Children's Hospital Medical Center				2	2	2		
Beth Israel Children's Hospital Medical Center	E. T. Hedley-Whyte F. H. Gilles	388	198				10,800	
MINNESOTA								
ROCHESTER								
Mayo Graduate School of Medicine	K. E. Holley	840	601	2	1	2		
NEW YORK								
NEW YORK CITY								
Columbia University College of Physicians and Surgeons	D. Cowen	401	703	2	1	4	13,715	
New York	R. S. Porro	484	11,800	2	6	14	13,800	
New York University Medical Center	F. F. Becker, I. Feigin	340	349	2	1	4		
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	L. W. Lapham	350	100	2	2	2		
NORTH CAROLINA								
DURHAM								
Duke University Medical Center	F. S. Vogel			2	3	3		
OHIO								
CLEVELAND								
Case Western Reserve University	R. L. Friede	325	290	2	2	2		
Cleveland Metropolitan General	B. Q. Banker	337	78	2	1	2		
PENNSYLVANIA								
PHILADELPHIA								
Philadelphia General	L. B. Rorke	259	55	2	1	1	11,743	

APPROVED RESIDENCIES

20C. PATHOLOGY, NEUROPATHOLOGY—Continued

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION—Continued								
RHODE ISLAND								
PROVIDENCE								
Brown University	S. M. Aronson	285	110	2	1	2	10,100	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina	G. R. Hennigar	724	188	2	1	2	10,135	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	M. L. Grunnet	180	120	2	1	2	10,675	
University	M. L. Grunnet	147	8				9,600	
Veterans Admin.	L. Peric-Golia							
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia School of Medicine	M. G. Netsky	300	374	2	1	2	9,400	
RICHMOND								
Medical College of Virginia	W. I. Rosenblum	400	250	2	2	2	10,500	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	E. C. Alvord, Jr.	941	102	2	6	13	10,000	
University								
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	A. W. Dudley, Jr.	212	100	2	1	6	10,500	
University Hospitals	A. W. Dudley, Jr.	184	50					
Veterans Admin.	J. M. B. Bloodworth, Jr.							

21. 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, as List 23C.

22. PEDIATRIC CARDIOLOGY

The programs in Pediatric Cardiology, which 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, are listed following the programs in Pediatric Allergy, as List 230.

23A. 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. See also List 23B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-maturity	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
CALIFORNIA									
David Grant U.S.A.F. Medical Center, Fairfield	C. J. Beauchamp	31	1,260	42,640	1,2	021	05 012		
MISSISSIPPI									
U.S.A.F. Medical Center, Biloxi	W. J. Lawson	30	1,400	48,000	1,2,3	016	03 009		
TEXAS									
Wiford Hall U. S. A. F. Medical Center, San Antonio	H. H. Johnson	38	1,480	55,889	1,2,3	028	04 012		
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco	J. L. Stewart, Jr.	9	552	21,056	1,2,3	011	03 006		
COLORADO									
Fitzsimons Army Medical Center, Denver	D. C. Plunket	28	2,530	75,162	1,2,3		04 008		
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	A. L. Strickland	18	712	32,596	1,2,3	017	04 008		
HAWAII									
Tripler Army Medical Center, Honolulu	J. W. Bass	18	1,477	34,894	ALL	043	04 010		
TEXAS									
William Beaumont Army Medical Center, El Paso	R. G. Fearnow	16	1,049	86,468	1,2,3	021	03 011		
Brooke Army Medical Center, San Antonio	L. Canales	46	2,500	48,000	1,2,3	022	03 011		
WASHINGTON									
Madigan Army Medical Center, Tacoma	R. G. Scherz	22	1,580	98,114	1,2,3	022	07 011		
UNITED STATES NAVY									
CALIFORNIA									
Naval, Oakland	J. W. Hayes	21	1,278	27,549	1,2,3	117	03 009		181380
Naval, San Diego	J. E. Schanberger	18	2,380	82,768	1,2,3	048	05 015		181480
MARYLAND									
Naval, Bethesda	D. W. Bailey	21	1,045	31,126	1,2,3	018	03 012		182380
PENNSYLVANIA									
Naval, Philadelphia	W. M. Bason	13	751	16,647	1,2	010	02 006		183180
VIRGINIA									
Naval, Portsmouth	J. L. Hughes	14	846	40,880	1,2,3	050	04 012		183280
OTHER FEDERAL									
CANAL ZONE									
Gorgas, Balboa Heights	D. Hirschl	19	933	11,009	1,2	011	01 002		
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
University of Alabama Medical Center	J. W. Benton	49	3,056	63,145	1,2,3		09 025	9,600	100780
Children's		12	4,179	2,758		054			
University of Alabama Hospitals and Clinics									
FAIRFIELD									
Lloyd Noland	H. L. Crandall	22	1,367	24,968	1,2,3	006	02 006	12,000	100880
MOBILE									
University of South Alabama Affiliated Hospitals									
Mobile General	H. P. Bentley, Jr.	18	809	5,606	1,2,3	027	02 006	10,440	185280
ARIZONA									
PHOENIX									
Phoenix Affiliated Hospitals					ALL		15 033		295280
Good Samaritan	H. W. Lipow	37	2,512	4,849		036		9,000	
Mariocopa County General	J. K. Charlton	39	1,622	18,166		044		10,795	
St. Joseph's Hospital and Medical Center	M. L. Cohen	39	3,230	5,208		040		10,800	

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
ARIZONA—Continued										
TUCSON										
University of Arizona Affiliated Hospitals	G. Morrow Iii				1, 2, 3		16	033		101580
Pima County General				18,333		0				
Tucson Medical Center		44	3,083	1,336		042				
University		14	915	8,653		010			10,400	
ARKANSAS										
LITTLE ROCK										
University of Arkansas Medical Center	R. E. Merrill				1, 2, 3		06	012	8,300	101880
University		21	985	6,410		041				
Arkansas Children's			991	35,262						
CALIFORNIA										
DAVIS										
University of California (Davis) Affiliated Hospitals	R. S. Stempfel, Jr.				ALL		04	008	11,100	104680
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		22	1,407	22,274		016				
FRESNO										
Valley Medical Center of Fresno	J. F. Mc Kenna	21	2,827	9,331	1, 2	018	06	010	13,754	102280
IRVINE										
University of California (Irvine) Affiliated Hospitals	T. L. Nelson				ALL		09	032		104380
Childrens Hospital of Orange County (Orange)	M. J. Carson	74	5,381	8,204		002				
Orange County Medical Center (Orange)	T. L. Nelson	42	1,574	17,076		039			13,546	
Memorial Hospital of Long Beach (Long Beach)	H. W. Orme	47	3,215	6,927		021				
LOMALINDA										
Loma Linda University Affiliated Hospitals	R. F. Chinnock				1, 2, 3		06	014		102480
Loma Linda University	J. W. Mace	14	839	17,000					10,568	
Riverside General (Riverside)	T. Shafai	20	1,224	17,324		014			11,564	
LONG BEACH										
Memorial Hospital of Long Beach (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)										
LOS ANGELES										
Cedars—Sinai Medical Center	B. M. Kagan	18	1,814	7,742	1, 2, 3	014	05	007	13,230	103080
Cedars of Lebanon Hospital Division	J. S. Apthorp	113	6,497	36,633	1, 2, 3		24	037	10,685	103180
Childrens Hospital of Los Angeles	E. Goldenberg	35	2,814	94,045	1, 2, 3	036	03	009	20,558	205580
Kaiser Foundation	P. F. Wehrle	203	21,619	65,229	ALL	132	20	038	14,340	103380
Los Angeles County—U. S. C. Medical Center	R. E. Greenberg	14	824	19,840	1, 2, 3	017	08	018	13,656	205780
Martin Luther King, Jr. General	A. J. Moss	44	2,542	21,533	1, 2, 3	021	12	032	11,100	195680
U. C. L. A.	N. S. Nation	22	1,203	6,104	1, 2	020	02	004	10,800	
White Memorial Medical Center										
OAKLAND										
Children's Hospital Medical Center of Northern California	R. Gerdson, E. Duffie, Jr.	90	6,954	71,355	1, 2, 3	020	08	023	11,550	193980
Kaiser Foundation	E. Schoen	27	2,670	88,325	1, 2, 3	018	04	009	10,020	104280
ORANGE										
Childrens Hospital of Orange County (See University of California (Irvine) Affil. Hosps., Irvine)										
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)										
RIVERSIDE										
Riverside General (See Loma Linda University Affiliated Hosps., Loma Linda)										
SACRAMENTO										
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)										
SAN DIEGO										
University Hospital of San Diego County	W. L. Nyhan	32	2,508	11,182	1, 2, 3	023	08	024	9,800	104980
SAN FRANCISCO										
Childrens Hospital—St. Mary's Training Program	S. T. Giammona				1, 2, 3		07	018		105080
Children's Hospital and Adult Medical Center	S. T. Giammona	26	2,132	13,671		024			10,412	
St. Mary's Hospital and Medical Center	B. Cohn	38	1,686	6,418		013			9,990	
Kaiser Foundation	H. R. Shinefield	18	1,424	79,668	1, 2, 3	025	04	009	10,020	195980
Mount Zion Hospital and Medical Center	R. Ballard	12	933	11,521	1, 2, 3	013	02	008	10,500	105480
University of California Program	M. M. Grumbach				ALL		10	032	9,800	106280
H. C. Moffitt—University of California Hospitals	M. M. Grumbach	59	2,796	17,083		016				
San Francisco General	M. Grossman	10	674	26,977		009				
SAN JOSE										
Santa Clara Valley Medical Center	J. R. Maloney	27	1,583	14,848	1, 2	013				
STANFORD										
Stanford University	I. Schulman	55	2,640	10,066	1, 2, 3	004	10	031	9,500	182080
STOCKTON										
San Joaquin General	W. X. West, J. Kortzeborn	10	739	5,813	1, 2	017	01	002	13,450	
TORRANCE										
Los Angeles County Harbor General	J. W. St. Geme, Jr.	48	2,713	14,528	ALL	060	13	020	14,340	106780
CDLORADO										
DENVER										
University of Colorado Affiliated Hospitals	C. H. Kempe				ALL		24	062	9,570	107680
University of Colorado Medical Center	C. H. Kempe	29	1,795	41,981		018			9,570	
Children's	A. Silverman	59	4,156	120,103		029				
Denver General	J. R. Connell	25	1,506	18,462		030				

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre- mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CONNECTICUT										
BRIDGEPORT										
Bridgeport	J. Landwirth	33	2,968	16,750	1,2,3	032	04	012	12,720	107980
HARTFORD										
Hartford	L. Chameides	43	3,363	14,674	1,2,3	044	31	003	10,500	
Newington Children's (Newington)	F. J. Flynn, Jr.	25	250	3,140		0			10,500	
St. Francis	W. E. Hart	31	2,276	9,498	1,2	044	03	006	7,800	108580
University of Connecticut Affiliated Hospitals New Britain General (New Britain)	M. Markowitz J. R. Jurkoic	18	1,865	78	1,2,3	021	07	018	11,100	109480
NEW BRITAIN										
New Britain General (See Univ. of Connecticut Affil. Hosps., Hartford)										
NEW HAVEN										
Hospital of St. Raphael	W. E. Lattanzi	24	1,854	4,778	1,2,3	012	03	010	10,358	109080
Yale—New Haven Medical Center										
Yale—New Haven	C. O. Cook	59	3,753	14,058	1,2,3	059	12	028	11,025	108980
NEWINGTON										
Newington Children's Hospital (See Hartford Hospital, Hartford)										
DELAWARE										
WILMINGTON										
Wilmington Medical Center	H. Rosenblum	65	5,300	11,500	1,2,3	075	06	014	10,000	109980
DISTRICT OF COLUMBIA										
WASHINGTON										
District of Columbia General Freedmen's	J. R. Fraga M. E. Jenkins	65 22	1,660 1,115	45,000 3,936	1,2 1,2,3	070 028	08 04	021 012	11,300 11,342	179980
Georgetown University Affiliated Hospitals Georgetown University Columbia Hospital for Women Providence	C. E. Hollerman C. E. Hollerman C. E. Hollerman P. Calcagno	43	1,360	6,850	1,2,3	033 052	10	030	10,017 10,017	180180
Arlington (Arlington, Va.) Fairfax (Falls Church, Va.)	C. E. Hollerman C. E. Hollerman	12 45	1,360 1,317	600 148		014 049				
George Washington University Affiliated Hospitals Children's Hosp. of the District of Columbia	D. W. Delaney	72	3,672	83,011	1,2,3	030	18	041	10,500	107080
FLORIDA										
GAINESVILLE										
William A. Shands Teaching Hosp. and Clinics	G. L. Schiebler	78	2,598	13,018	ALL	018	10	026	8,200	182480
JACKSONVILLE										
Jacksonville Hospitals Educational Program Baptist Memorial University Hospital of Jacksonville	S. Levin	45 31	3,495 1,509	695 40,077	1,2	018 042	14	021	8,925	110180
MIAMI										
University of Miami Affiliated Hospitals Jackson Memorial Variety Children's	W. W. Cleveland R. B. Lawson	80 86	2,386 4,205	13,537 25,371	1,2,3 1,2,3	152	07 06	025 015	11,128 9,950	110480 111080
PENSACOLA										
Pensacola Educational Program Baptist Sacred Heart University	W. R. Bell, J. C. Pickens	11 78 7	1,018 3,513 36	220 11,715 4,581	1,2,3	014 018 006	02	006	10,200	182680
TAMPA										
University of South Florida Affiliated Hospitals Tampa General	L. A. Barnes	58	3,049	1,793	1,2	040	08	012	9,416	
GEORGIA										
ATLANTA										
Emory University Affiliated Hospitals Grady Memorial Henrietta Egleston Hospital for Children	R. W. Blumberg	41	1,607	9,567	1,2,3	111	12	022	9,600	111380
AUGUSTA										
Medical College of Georgia Hospitals Eugene Talmadge Memorial University	A. F. Robertson, 3d.	22 20	819 2,510	18,836 3,086	1,2,3	021 024	11	019	9,500	198580
HAWAII										
HONOLULU										
Kauaikealani Children's	S. L. Hammar	40	3,409	9,304	1,2,3	054	02	013	11,400	172480
ILLINOIS										
CHICAGO										
Chicago Medical School Affiliated Hospitals Mount Sinai Hospital Medical Center of Chicago	A. Grossman		2,017	12,000	1,2	023	03	007	9,700	114480
Cook County		233	10,185	113,038	ALL	127	17	060	11,000	112780
Illinois Masonic Medical Center	J. L. Braudo	28	1,893	7,177	1,2,3	023	04	008	11,200	113780
McGaw Medical Center of Northwestern University Children's Memorial Evanston (Evanston)	H. L. Nadler H. L. Nadler D. Ingall	80 17	3,609 1,536	8,428 13,069		076 0	20	050	11,072	184280
Mercy Hospital and Medical Center	V. M. Lo Priore	47	2,696	13,234	1,2	023	05	013	10,128	
Michael Reese Hospital and Medical Center Rush—Presbyterian—St. Luke's Medical Center	L. Elegant	61	6,989	79,205	1,2,3	068	08	022	11,100	114280
St. Joseph	J. R. Christian	62	3,223	54,399	1,2,3	032	04	016	10,001	114780
University of Chicago Hospitals and Clinics	H. M. Jacobs	31	2,053	6,320	1,2	019	02	004	10,600	
University of Illinois	S. S. Spector	77	3,690	19,257	1,2,3		10	025	10,100	116080
	S. P. Gotoff	32	2,043	21,077	ALL	035	06	024	9,900	115080

APPROVED RESIDENCIES

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
ILLINOIS—Continued										
EVANSTON										
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)										
St. Francis	J. P. Bicoff	25	1,671	2,087	1,2,3	011	01	003	11,100	
MAYWOOD										
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. P. Connelly	39	2,128	8,019	1,2,3	013	03	009	10,600	117080
OAK LAWN										
Christ Community	C. A. Kallick	37	2,857	550	1,2,3	039	03	008	11,000	113180
PARK RIDGE										
Lutheran General	S. Metrick, H. Mangurten	43	3,600	1,530	1,2	036	03	006	11,820	117680
PEORIA										
St. Francis	W. H. Albers	71	4,692	16,658	1,2	051	02	004	10,750	
SPRINGFIELD										
Southern Illinois University Affiliated Hospitals Memorial Hospital of Springfield St. Johns	J. M. Garfunkel	18 46	1,457 3,624		1,2,3	017 037	04	008	10,000	292280
INDIANA										
INDIANAPOLIS										
Indiana University Medical Center Indiana University Hospitals Marion County General Methodist Hospital of Indiana	M. Green G. J. Rosenberg	60 25 82	2,014 732 5,869	8,591 12,476 6,743	ALL 1,2,3	 039 049	13 04	031 011	10,000 9,500 11,360	118780 118880
IOWA										
DES MOINES										
Iowa Methodist (Raymond Blank Memorial Hospital for Children)	L. Wintermeyer	43	3,590	17,181	1,2	019	05	008	9,800	120180
IDWA CITY										
University of Iowa Hospitals	A. Healy	48	2,118	16,855	1,2,3	027	07	021	9,800	120380
KANSAS										
KANSAS CITY										
University of Kansas Medical Center	B. A. Dudding	30	1,552	16,310	1,2,3	018	08	016	10,500	120880
KENTUCKY										
LEXINGTON										
University	W. E. Wheeler	64	2,867	21,484	1,2	017	06	018	8,600	184880
LOUISVILLE										
St. Joseph Infirmary University of Louisville Affiliated Hospitals Children's Louisville General	S. S. Dhanjal D. R. Mac Millan	54 65 7	4,456 3,820 417	31,062 13,327 7,294	1,2,3 1,2,3	027 033	03 12	009 034	11,050 8,100 8,100	122080
LOUISIANA										
NEW ORLEANS										
Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana Tulane University Affiliated Hospitals Charity Hospital of Louisiana	R. L. Fowler H. C. Shirkey	92 88	3,192 3,378	9,296 10,909	ALL 1,2,3	067 063	15 16	029 028	7,800 7,800	122443 122480
SHREVEPORT										
Confederate Memorial Medical Center	J. A. Little	55	2,087	7,105	1,2,3	045	03	006	7,800	123280
MAINE										
PORTLAND										
Maine Medical Center	G. Hallett	33	605	3,453	1,2	025	02	004	8,972	
MARYLAND										
BALTIMORE										
Baltimore City Hospitals Johns Hopkins John F. Kennedy Institute Mercy St. Agnes Sinai Hospital of Baltimore University of Maryland Affiliated Hospitals University of Maryland	H. E. Harrison R. M. Blizzard R. H. A. Haslam S. H. Walker F. J. Heldrich E. Kaplan M. Cornblath	41 93 21 23 38 24 62	1,693 3,432 214 1,417 3,092 1,659 3,348	31,949 107,702 5,548 6,084 5,576 7,899 17,834	ALL ALL 1,2,3 1,2,3 1,2,3 1,2,3	026 031 0 015 027 038 030	06 19 0 03 03 02 10	013 054 007 009 008 030	10,312 9,500 10,500 10,500 11,250 10,700	125780 124280 124580 124980 124980 125280
MASSACHUSETTS										
BOSTON										
Boston City Children's Hospital Medical Center Massachusetts General New England Medical Center Hospitals St. Elizabeth's Hospital of Boston	J. J. Alpert C. A. Janeway N. B. Talbot S. S. Gellis J. T. Bowers	57 96 62 75 19	3,162 3,797 2,867 3,575 1,708	60,858 30,348 46,633 25,063 5,528	ALL 1,2,3 ALL 1,2,3 1,2	038 013 016	12 20 09 09 03	033 059 017 027 006	10,062 10,200 10,800 10,159 10,710	125780 125980 126180 126380
PITTSFIELD										
Berkshire Medical Center	A. N. Drescher	21	2,001	2,865	1,2	025	01	002	11,130	
SPRINGFIELD										
Springfield Hospital Medical Center	M. Medalie	27	1,810	5,156	1,2,3		03	009	11,606	128680
WORCESTER										
St. Vincent Worcester City	J. A. Duggan J. Brem	42 31	1,574 1,847	1,792 8,568	1,2,3 1,2	014 010	04 04	015 008	10,700 11,242	129180
MICHIGAN										
ANN ARBOR										
University of Michigan Affiliated Hospitals University Wayne County General (Eloise)	W. J. Oliver W. J. Oliver R. H. Strang	76 14	2,590 664	28,698 14,722	1,2,3	016 026	16	044	10,500 11,361	129380
DETROIT										
Children's Hospital of Michigan Henry Ford	P. V. Woolley, Jr. R. H. High	158 24	7,142 1,076	35,516 23,785	1,2,3 1,2,3	023 022	12 04	036 009	10,815 10,300	184380 130080

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MICHIGAN, DETROIT—Continued										
Metropolitan Northwest Detroit Hospitals Grace (Northwest Unit)	W. C. Montgomery	13			1,2,3	162 031	07	017	12,000	130280
Mount Carmel Mercy		41	3,004	20,826					12,000	
Sinai Hospital of Detroit Providence (Southfield)		559	20,029	511		047 040				
St. John	A. Rabbani	9	1,023							
		46	3,507	3,031	1,2	070	03	007	12,000	191580
EAST LANSING										
Michigan State University Associated Hospitals	F. Matthies				ALL		02	006		293480
Michigan State University Health Center	W. Weil	1	44	1,110					10,600	
Edward W. Sparrow (Lansing)	F. Matthies	36	2,952	1,692		044			11,600	
Ingham Medical (Lansing)	F. Matthies	15	1,387						11,000	
St. Lawrence (Lansing)	F. Matthies	24	2,033			021			10,600	
ELOISE										
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)										
FLINT										
Hurley	G. Baker	68	3,378	11,369	1,2	032	05	009	9,300	
GRAND RAPIDS										
Butterworth—Blodgett Memorial Hospitals	V. Vaandrager				1,2		04	008		
Butterworth	V. Vaandrager	49	3,038	4,737		045			10,008	
Blodgett Memorial	J. L. Wiese	31	2,642	1,257		033				
LANSING										
Edward W. Sparrow (See Michigan State Univ. Assoc. Hosps., East Lansing)										
Ingham Medical (See Michigan State Univ. Assoc. Hosps., East Lansing)										
St. Lawrence (See Michigan State Univ. Assoc. Hosps., East Lansing)										
PONTIAC										
Pontiac Affiliated Hospitals	N. Haque				1,2,4		08	015	10,800	131980
Oakland Medical Center		12	205			0				
Pontiac General		46	3,810	2,295		039				
St. Joseph Mercy		32	2,838	2,080		020				
ROYAL OAK										
William Beaumont	R. Kurnetz	56	4,766	3,204	ALL	045	04	008	11,000	197880
SOUTHFIELD										
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)										
MINNESOTA										
MINNEAPOLIS										
University of Minnesota Affiliated Hospitals	H. Venters, K. M. Saxena				1,2,3	010 014	18	036	9,500	133480
Hennepin County General	R. B. Raitle	27	1,569	16,475		010			10,000	
University of Minnesota Hospitals	J. A. Anderson	108	3,913	16,135		010				
Childrens (St. Paul)	K. M. Saxena	59	3,737	18,798		016				
St. Paul—Ramsey (St. Paul)	H. D. Venters	16	582	9,942		007			10,300	
ROCHESTER										
Mayo Graduate School of Medicine	G. B. Stickler	74	3,584	38,509	ALL	017	05	010	11,000	132880
ST. PAUL										
Childrens	K. M. Saxena	59	3,737	18,798	1,2	016	02	004		
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)										
MISSISSIPPI										
JACKSON										
University of Mississippi Medical Center University	B. E. Batson	40	1,411	10,882	1,2,3	050	07	021	8,400	195780
MISSOURI										
COLUMBIA										
University of Missouri Medical Center	G. Barbero	40	1,758	8,080	1,2,3	020	07	014	9,500	199480
KANSAS CITY										
Children's Mercy	N. W. Smull	99	4,837	112,412	ALL	025	09	027	9,750	198880
ST. LOUIS										
St. Louis Children's	P. R. Dodge	142	6,863		ALL	023	19	065	10,000	186980
St. Louis City	A. E. Bannon	25	822	7,277	1,2,3	028	04	014	9,894	136380
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	A. E. Mc Elfresh	150	9,069	142,000	1,2,3	031	10	033	10,000	136580
NEBRASKA										
OMAHA										
Creighton University Affiliated Hospitals	F. M. Shepard				1,2		03	006	10,200	137280
Creighton Memorial St. Joseph's Childrens Memorial		17	1,596	21,500		016 002				
		58	4,530	12,124						
University of Nebraska Affiliated Hospitals	G. Van Leeuwen				1,2,3		08	026	9,900	137680
University of Nebraska Childrens Memorial		44	1,754	39,487		021				
		58	3,309	13,752						
NEW HAMPSHIRE										
HANOVER										
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	S. Blatman	17	6,181	7,328	1,2,3	005	03	007	8,500	137780
NEW JERSEY										
CAMDEN										
Cooper	R. M. Bernardin, C. Tyler	60	1,148	2,706	1,2	029	01	002	10,000	138080

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre-mature	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1974-1975 1st Yr.	All Yrs.		
NEW JERSEY—Continued										
JERSEY CITY Jersey City Medical Center	J. P. Curran	160	2,500	16,000	1,2,3	100	08	015	11,300	139080
LIVINGSTON St. Barnabas Medical Center	W. R. Stankewick	30	2,193	8,472	1,2,3	042	03	007	10,842	139680
LONG BRANCH Monmouth Medical Center	W. C. Ellis	25	2,599	3,692	1,2,3	018	04	011	11,000	139280
NEPTUNE Jersey Shore Medical Center—Fitkin	A. De Spirito	41	3,289	3,191	1,2	013	02	004	8,545	
NEWARK										
Martland	F. C. Behrle	42	2,141	29,772	1,2,3	068	14	032	11,500	139880
Newark Beth Israel Medical Center	J. A. Titelbaum	29	2,024	17,037	1,2,3	029	05	013	11,800	
St. Michael's Medical Center	F. Desposito	47	2,363	6,935	1,2,3	018	04	009	11,800	139980
United Hospitals Medical Center—Children's Hospital of Newark	R. H. Rapkin	70	2,900	8,000	1,2,3	020	10	022	12,300	
NEW BRUNSWICK										
St. Peter's General	J. J. Kangos	62	4,827	9,926	1,2	031	02	004	12,000	
PLAINFIELD										
Muhlenberg	P. A. Winokur	33	2,243	3,245	1,2,3	025	03	009	11,000	140780
NEW MEXICO										
ALBUQUERQUE										
University of New Mexico Affiliated Hospitals	E. A. Mortimer, Jr.				ALL		05	011		
Bataan Memorial	P. M. Eicher	10	701	20,505		005				
Bernalillo County Medical Center	E. A. Mortimer, Jr.	25	1,787	27,017		020			8,850	
NEW YORK										
ALBANY										
Albany Medical Center Affiliated Hospitals	I. H. Porter				1,2,3		05	018		141480
Albany Medical Center	I. H. Porter	27	1,329	6,064		023			11,180	
St. Peter's	A. Mac Coilam	267	1,940	3,863		026			13,700	
BUFFALO										
S. U. N. Y. at Buffalo Affiliated Hospitals	J. A. Cortner				1,2,3		15	040	10,000	196580
Children's Hospital of Buffalo	J. A. Cortner	148	11,946	77,255		042				
Edward J. Meyer Memorial		25	1,192	24,431		008				
EAST MEADOW										
Nassau County Medical Center—Meadowbrook Div.	P. J. Collipp	80	5	56,000	1,2,3	034	09	023	10,618	144880
JOHNSON CITY										
Charles S. Wilson Memorial	V. Prasarn	36	2,370	5,188	1,2,3	017	01	003	9,300	
MANHASSET										
North Shore (See Cornell Cooperating Hospitals, New York City)										
NEW HYDE PARK										
Long Island Jewish—Hillside Medical Center Program	P. Lankowsky	51	3,238	9,724	ALL	052	09	028	13,300	196380
Long Island Jewish—Hillside Medical Center	P. Lankowsky	52	3,133	21,820		004				
Queens Hospital Center (New York City)	A. Aballi									
NEW YORK CITY										
Albert Einstein College of Medicine Affiliated Hospitals	L. M. Fraad				1,2,3		16	031		193180
Bronx Municipal Hospital Center	L. M. Fraad	70	2,821	102,256		075				
Hospital of the Albert Einstein College of Medicine	I. Greifer	31	1,944	6,802		040				
Lincoln	H. Rodriguez - Trias	47	1,589	15,424	1,2,3	041				
Beth Israel Medical Center	A. R. Raussen	37	1,736	37,410	1,2,3	046	09	027	12,750	147080
Bronx—Lebanon Hospital Center	M. Davidson	40	1,687	32,000	1,2,3	040	10	023	13,300	147180
Brookdale Hospital Center	R. Golinko	53	2,284	21,505	1,2,3	048	08	017	13,300	141980
Brooklyn—Cumberland Medical Center	P. R. Scaglione	68	2,440	23,160	ALL	083	14	028	12,300	142080
Catholic Medical Center of Brooklyn and Queens	H. Gordon				1,2		05	009	14,000	
Mary Immaculate Division		45	2,641	17,870		016				
St. John's Queens Division		37	2,258	735		019				
St. Mary's Division		45	2,629	14,202		021				
Cornell Cooperating Hospitals										
New York	W. W. Mc Crory	80	2,137	27,500	ALL	063	12	030	12,500	149280
Memorial Hospital for Cancer & Allied Diseases	M. L. Murphy	21	595	12,062		0			13,300	146680
North Shore (Manhasset)	M. Silverberg	26	1,861	14,372		030	05	013	12,800	146780
French and Polyclinic Medical School—St. Clare's	E. M. Di Tolla				1,2		05	009	13,750	147580
French and Polyclinic Medical School and Health Center		8	589	3,224		016				
St. Clare's Hospital and Health Center		19	772	4,640		006				
Harlem Hospital Center	E. J. Kahn	69	3,219	49,187	1,2,3	056	11	026	13,300	
Jewish Hospital and Medical Center of Brooklyn	H. Ratner	56	2,063	30,358	1,2,3	064	10	024	14,300	142580
Greenpoint		19	714	56,023		021			14,300	
Lenox Hill	E. A. Davies	23	1,325	10,336	1,2,3	022	05	008	12,976	148380
Long Island College	J. R. Bongiorno	42	2,135	23,930	1,2,3	033	05	017	14,025	142780
Lutheran Medical Center	N. J. Chiara	23	1,230		1,2	018	03	006	13,300	143080
Maimonides Medical Center Training Program	N. Rudolph				1,2,3		10	023	12,300	142880
Maimonides Medical Center	N. Rudolph	96	1,979	8,582		065				
Coney Island	F. Feldman	31	1,121	23,968		014				
Methodist Hospital of Brooklyn	H. Ghadimi	30	1,724	9,945	1,2,3	033	06	014	13,715	142980
Misericordia—Fordham Training Program	M. Hollander				1,2,3		09	022		
Misericordia		33	1,448	4,522		034			13,949	148680
Fordham		59	2,141	84,322		029			14,000	
Montefiore Hospital Training Program	L. Finberg				1,2,3		18	047	13,300	148780
Montefiore Hospital and Medical Center		57	2,424	34,996		0				
Morrisania City		44	2,068	81,761		034				
Mount Sinai Hospital Training Program										
Mount Sinai	H. L. Hodes	127	6,434	50,196	1,2	052	07	020	12,750	149080
City Hospital Center at Elmhurst	A. J. Steigman	76	3,081	51,659	1,2,3	033	09	016	13,300	

23A. PEDIATRICS—Continued

Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number	
						1st Yr.	All Yrs.			
NEW YORK, NEW YORK CITY—Continued										
New York Medical College—Metropolitan Hospital Center	E. Wasserman			ALL		12	023	13,300	147380	
Unit 1—Flower and Fifth Avenue Hospitals		20	3,186		035					
Unit 2—Metropolitan Hospital Center		66	3,348		034					
New York University Medical Center	S. Krugman			1,2,3		13	037		146480	
Bellevue Hospital Center	S. Krugman, S. N. Cohen	54	1,817		028					
University	S. Krugman, S. Q. Cohan	48	2,127		016					
Presbyterian (Babies)	M. I. Lorin	180	5,753	1,2,3	063	12	028	13,715	149580	
Queens Hospital Center (See L. I. Jewish-Hillside Medical Center Program)										
Roosevelt	A. A. Anastasiades	40	9	26,000	1,2,3	035	01	010	11,800	149680
St. Luke's Hospital Center	S. S. Stevenson	42	1,324	46,445	1,2,3	055	05	014	12,300	149980
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	30	1,092	7,662	1,2,3	027	04	007	11,800	150080
St. Vincent's Medical Center of Richmond State University—Kings County Hospital Center	A. A. Claps	34	2,253	5,675	1,2,3	022	02	004	13,500	151480
Kings County Hospital Center	R. Rodriguez - Torres				1,2,3		29	062		142680
State University		207	5,421	179,140		085			13,300	
Staten Island	E. C. Roldan	16	625	14,215		022			13,870	
		20	1,298	4,747	1,2	020	02	004	13,300	
ROCHESTER										
University of Rochester Community Pediatrics Program	R. J. Haggerty				1,2,3		15	035	9,900	151180
Genesee	J. B. Hanshaw	20	749	10,259		026				
Rochester General	G. Miller	24	1,532	3,986		032				
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	75	3,761	16,907		033				
SYRACUSE										
S. U. N. Y. Upstate Medical Center	F. Oski, H. Weinberger				1,2,3		11	030	10,555	151680
Crouse-Hinds Memorial	M. L. Voorhess	45	3,309	3,500		057				
State University	F. Oski, H. Weinberger	26	1,358	11,049		0				
VALHALLA										
Grasslands	P. B. Farnsworth	29	816	4,924	1,2	003	03	006	11,850	
NORTH CAROLINA										
CHAPEL HILL										
North Carolina Memorial	F. W. Denny	23	1,007	18,200	1,2,3	020	08	015	9,975	190080
CHARLOTTE										
Charlotte Memorial	J. C. Parke, Jr.	18	719	14,418	1,2	057	02	005	9,600	
DURHAM										
Duke University Medical Center	S. L. Katz	44	1,703	17,352	ALL	027	09	016	9,850	152980
GREENSBORO										
Moses H. Cone Memorial	M. K. Sharpless	36	1,216	12,726	1,2	024	02	004	9,000	
WINSTON-SALEM										
Bowman Gray School of Medicine Affiliated Hospitals										
North Carolina Baptist	W. Kelsey	17	846	4,093	1,2,3	014	09	016	9,500	153780
OHIO										
AKRON										
Children's Hospital of Akron	J. D. Kramer	99	5,357	13,214	1,2,3	030	10	026	10,000	189580
CINCINNATI										
University of Cincinnati Hospital Group	E. L. Pratt				ALL		20	032		154880
Children's		103	5,401	4,111		031				
Cincinnati General		25	952	18,194		057				
Good Samaritan Hospital—Community Pediatric Program	D. J. Frank	34	2,324	6,437	1,2,3	076	02	010	9,850	155080
CLEVELAND										
Case Western Reserve University Affiliated Hospitals	L. W. Matthews				1,2,3		17	037		155280
Cleveland Metropolitan General	R. Schwartz	65	2,580	66,548		031				
University Hospitals of Cleveland	L. W. Matthews	68	3,244	28,627		053	17	037	10,500	
Cleveland Clinic	R. D. Mercer	30	2,010	8,323	1,2,3		03	007	10,500	
Mount Sinai Hospital of Cleveland	E. Smith	22	1,647	6,795	1,2	027	03	006	10,500	
St. Luke's	T. W. Wykoff	22	1,576	6,155	1,2,3	028	02	004	10,500	156080
COLUMBUS										
Ohio State University College of Medicine Children's	B. D. Graham	231	15,275	87,188	1,2,3	040	16	038	8,519	156680
TOLEDO										
Medical College of Ohio at Toledo Affiliated Hospitals										
Hospital of Medical College of Ohio at Toledo	M. Rejent	11	670	7,853	1,2,3	118	06	016	9,600	157980
Mercy	M. Rejent	31	2,465	3,935		005				
St. Vincent Hospital and Medical Center	E. G. Brookfield	55	3,682	13,130		023				
Toledo	E. J. Pike	36	2,994	2,876		048			10,200	
	J. C. Roberts									
OKLAHOMA										
OKLAHOMA CITY										
University of Oklahoma Hospitals	H. D. Riley, Jr.	904,610		46,441	ALL	041	09	016	9,000	158880
TULSA										
Tulsa Pediatric Educational Program	G. A. Lugo				1,2,3		04	012	9,708	272980
Hillcrest Medical Center	M. D. French	22	1,698	5,451		022			9,708	
St. Francis	G. A. Lugo	29	835							
St. John's	I. Braverman	36	2,843	2,084		026				
OREGON										
PORTLAND										
University of Oregon Affiliated Hospitals										
University of Oregon Medical School Hospitals and Clinics	R. W. Olmsted	67	2,766	22,311	1,2,3	013	07	021	8,600	159980

23A. PEDIATRICS—Continued

Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number	
						1st Yr.	All Yrs.			
PENNSYLVANIA										
DANVILLE Geisinger Medical Center	S. S. Morrison	27	1,851	16,424	1,2	007	02	004	10,400	
DARBY Fitzgerald Mercy Division (See Mercy Catholic Med. Ctr., Philadelphia)										
HARRISBURG Harrisburg	R. D. Baltz	25	759	3,648	1,2,3	026	02	006	10,660	161480
Harrisburg Polyclinic	C. N. Shumway	33	2,372	11,744	1,2,3	023	02	006	10,000	161580
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	N. M. Nelson	11	238	3,912	1,2	005	03	008	10,152	161780
PHILADELPHIA Albert Einstein Medical Center	A. W. Root	25	1,306	6,077	1,2,3	034	04	007	10,100	163180
Children's Hospital of Philadelphia	D. Cornfeld	61	3,442	52,540	ALL	20	045	009	9,200	186380
Hahnemann Medical College and Hospital	R. Kaye	20	606	13,085	1,2,3	004	04	009	9,500	162780
Hospital of the Medical College of Pennsylvania	O. A. Howell	25	1,500	15,692	1,2,3	023	06	015	10,650	184980
Hospital of the University of Pennsylvania	R. E. Weibel			11,112	1,2	035			11,500	
Mercy Catholic Medical Center	A. R. Hervada				1,2	033	02	004	10,000	163680
Misericordia Division		17	1,568	3,919		009				
Fitzgerald Mercy Division (Darby)		24	2,334	1,258		025				
Philadelphia General	W. S. Warren	35	1,104	15,609	1,2,3	021	14	018	9,971	164080
Temple University Affiliated Hospitals	V. C. Vaughan, 3d.	111	7,162	99,185	ALL		16	060	9,700	164680
St. Christopher's Hospital for Children						006			9,700	
Temple University						029				
Thomas Jefferson University	I. J. Olshin	20	723	11,795	1,2,3	032	04	014	10,000	163080
PITTSBURGH Hospitals of the University Health Center of Pittsburgh	T. K. Oliver, Jr.				1,2,3		16	049	10,550	165280
Children's Hospital of Pittsburgh	T. K. Oliver, Jr.	72	3,382	16,822						
Magee—Womens	P. M. Taylor	108	6,985							
PUERTO RICO										
CAGUAS Caguas Sub—Regional	C. F. De Melecio	43	1,400	9,300	1,2,3	040	04	012	7,800	
MAYAGUEZ Mayaguez Medical Center	M. E. Soto-Viera	54	2,607	7,442	1,2,3	013	03	003		
PONCE Ponce District General	F. G. Torres Aybar	94	3,083	6,602	1,2,3	041	04	008	7,800	
SAN JUAN Municipal Hospital Dr. Rafael Lopez Nussa	J. F. Jimenez	67	3,075	8,332	1,2,3	082	12	026		
University District	A. Leon-Valiente	75	1,254	13,479	1,2,3	067	10	024	9,000	
RHODE ISLAND										
PROVIDENCE Rhode Island	L. Stern	35	1,913	7,920	ALL	0	08	033	10,655	167780
Providence Lying—In	J. T. Barrett	63	4,145			085				
SOUTH CAROLINA										
CHARLESTON Medical University of South Carolina Teaching Hospitals	M. Westphal	28	1,252	12,000	1,2,3	030	06	016	9,000	168080
Medical University of South Carolina										
COLUMBIA Richland Memorial	T. L. Austin	19	1,316	3,515	1,2	019	02	004	9,000	168180
GREENVILLE Greenville General	R. C. Brownlee, Jr.	15	999	6,220	1,2,3	044	03	009	10,000	168380
TENNESSEE										
CHATTANOOGA S. E. Tennessee Medical Education Center T. C. Thompson Children's	H. Maissoud	53	4,524	18,843	1,2,3	023	03	008	9,780	168980
KNOXVILLE University of Tennessee Memorial Research Center and Hospital	H. S. Christian	39	2,545	2,359	1,2	060	02	006	8,800	183980
MEMPHIS St. Jude Children's Research St. Joseph	H. A. Giese, Jr.	20	856	21,398	1,2,3	017	06	018	8,000	169880
University of Tennessee Affiliated Hospitals	J. G. Hughes	13	1,206	1,455		017				
City of Memphis Hospitals	J. G. Hughes	65	2,417	33,314	1,2,3	058	10	029	8,184	184480
Le Bonheur Children's	J. G. Hughes	73	6,900	7,408						
NASHVILLE George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	20	925	10,930	1,2	014	02	006	9,554	
Vanderbilt University Affiliated Hospitals	D. T. Karzon				1,2,3		09	014	8,925	170280
Nashville Metropolitan General	W. A. Altmeier, 3d.	6	429	5,605						
Vanderbilt University	D. T. Karzon	50	2,214	9,961		011				
TEXAS										
CORPUS CHRISTI Driscoll Foundation Children's	B. Suchoff	55	3,155	15,961	1,2,3		06	010	9,600	170380
DALLAS Children's Medical Center	H. F. Eichenwald	27	1,740	40,484	1,2,3		13	031	8,348	195580
GALVESTON University of Texas Medical Branch Hospitals	C. W. Daeschner	82	2,870	21,571	1,2,3	033	08	024	9,600	171480
HOUSTON Baylor College of Medicine Affiliated Hospitals	R. J. Blattner				ALL		20	055		171680
Ben Taub General	R. J. Blattner	42	2,002	62,678					9,000	
Jefferson Davis	R. J. Blattner	20	293	12,036		136			9,000	
Methodist	E. B. Brandes		10			035			8,100	
Texas Children's	R. J. Blattner	124	9,190	26,989					8,400	

23A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
TEXAS, HOUSTON—Continued										
University of Texas at Houston Affiliated Hospitals Hermann	R. R. Howell R. R. Howell	6	309	5,397	1,2,3	0 033	04	010	8,880 9,480	292380
University of Texas M. D. Anderson Hospital and Tumor Institute	W. W. Sutow	25	601	4,800		0			9,000	
SAN ANTONIO										
University of Texas at San Antonio Teaching Hospitals	S. E. Crawford S. E. Crawford	51 151	2,368 8,402	10,501 38,135	ALL	066 040	10	026	9,495	172280
Bexar County Teaching Santa Rosa Medical Center	H. A. Britton									
TEMPLE										
Scott and White Memorial	N. G. Lawyer	11	1,195	20,251	1,2	010	02	004	9,500	172580
UTAH										
SALT LAKE CITY										
University of Utah Affiliated Hospitals	L. A. Glasgow L. A. Glasgow	28	1,493	12,286	ALL	028 044	06	019	9,100	173280
University Latter—Day Saints Primary Children's Shriners Hospital for Crippled Children	F. A. Ziter	45	306	1,875		0				
VERMONT										
BURLINGTON										
Medical Center Hospital of Vermont	R. J. Mc Kay, Jr.	33	2,852	10,031	1,2,3	030	02	007	8,600	
VIRGINIA										
ARLINGTON										
Arlington (See Georgetown Univ. Affil. Hospitals, Washington, D. C.)										
CHARLOTTESVILLE										
University of Virginia	W. G. Thurman	41	4,864	17,937	1,2,3	019	08	015	9,400	173780
FALLS CHURCH										
Fairfax (See Georgetown University Affiliated Hospitals, Wash., D. C.)										
NORFOLK										
Children's Hospital of the King's Daughters	M. A. Warfield	63	4,311	25,533	1,2,3	030	05	012	10,000	173880
RICHMOND										
Virginia Commonwealth University M. C. V. Affiliated Hospitals Medical College of Virginia Hospitals	W. E. Laupus	77	2,834	51,763	1,2,3	070	09	028	9,400	174380
WASHINGTON										
SEATTLE										
University of Washington Affiliated Hospitals Children's Orthopedic Hospital and Medical Center Harborview Medical Center University	W. O. Robertson J. M. Docter J. Mc Cann W. O. Robertson	105 16	8,112 353 1,206	32,940 8,383 19,219	ALL	007 024	12	043	8,460 9,444	199080
WEST VIRGINIA										
CHARLESTON										
Charleston Area Medical Center Memorial Division	H. H. Pomerance	25	1,236	4,398	1,2,3	032	03	009	8,500	190280
MORGANTOWN										
West Virginia University Medical Center	W. G. Klingberg	36	1,938	12,571	1,2,3	014	04	014	9,500	183780
WISCONSIN										
MADISON										
University of Wisconsin Affiliated Hospitals University Hospitals Madison General St. Marys Hospital Medical Center	C. C. Lobeck C. C. Lobeck H. Moffet	28 19 38	925 2,155 2,273	12,293	ALL	019	15	024	10,000	177980
MILWAUKEE										
Medical College of Wisconsin Affiliated Hospitals Milwaukee Children's Milwaukee County General	J. C. Peterson	82 7	5,380 345	57,873 5,728	ALL	040	12	033	10,000 10,100	178380

23B. 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 through affiliation with a fully approved program. See also List 23A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION										
CONNECTICUT										
NORWALK										
Norwalk	J. P. Rossi	28	2,947	1,851	1,2	017	02	005	9,600	
Waterbury	B. Berliner	23	2,067	3,000	1,2	019	03	006	10,596	
LOUISIANA										
BATON ROUGE										
Earl K. Long Memorial	L. J. Hebert	19	543	10,634	1,2	028	02	004	5,400	

APPROVED RESIDENCIES

23B. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MICHIGAN										
KALAMAZOD Bronson Methodist	W. P. Bristol	56	2,926	6,294	1,2	037	02	002	9,900	
NEW YORK										
NEW YORK CITY										
Flushing Hospital and Medical Center	J. N. De Hoff	24	2,801	2,930	1,2	022	02	005	11,800	
Jamaica	M. L. Blumberg	20	825	2,276	1,2	024	02	005	13,050	
Jewish Memorial	A. T. Goalwin	12	696	2,028	1,2	013	02	004	9,500	
New York Infirmary	M. W. Weber	18	1,018	2,750	1,2	026	04	008	13,602	
St. John's Episcopal	B. H. Shulman, R. Garcia	33	1,341	6,830	1,2	024	02	005	14,000	
Wyckoff Heights	A. N. Eden	28	960	9,125	1,2	022	03	006		
TEXAS										
EL PASO R. E. Thomason General	J. D. Alva	54	3,435	34,230	1,2	026	02	004	12,500	
LACROSSE La Crosse Lutheran Hospital and Gundersen Clinic	R. K. Slungaard	19	1,537	23,289	1,2	008	01	001	7,500	

23C. 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, through the Residency Review Committee for Pediatrics.

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
UNITED STATES AIR FORCE							
TEXAS							
Wilford Hall U. S. A. F. Medical Center, San Antonio	M. J. Michels	60	49,500	01	002		
UNITED STATES ARMY							
COLORADO							
Fitzsimons Army Medical Center, Denver	J. E. Shira	92	3,712	03	006		
NONFEDERAL AND VETERANS ADMINISTRATION							
ARKANSAS							
LITTLE ROCK University	V. H. Gordon	161	2,340	01	002	8,900	
CALIFORNIA							
IRVINE							
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	T. L. Nelson		1,682	01	002	15,630	
LOS ANGELES							
Los Angeles County—U.S.C. Medical Center U. C. L. A.	Z. H. Haddad E. R. Stiehm, S. C. Siegel	4,712 160	6,225 1,470	01 02	002 004	16,728 13,200	
ORANGE							
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
SAN DIEGO							
University Hospital of San Diego County	R. N. Hamburger		1,800	01	002	11,100	
SAN FRANCISCO							
Kaiser Foundation University of California Program H. C. Moffitt—University of California Hospitals	D. F. German O. L. Frick		125,225	01	002	11,220 6,000	
STANFORD							
Stanford University Affiliated Hospitals Stanford University	V. Marinkovich	151	3,912	02	002	10,950	
TORRANCE							
Los Angeles County Harbor General	D. C. Heiner	360	3,484	02	004	14,340	
COLORADO							
DENVER							
Children's Asthma Research Institute and Hospital University of Colorado Affiliated Hospitals University of Colorado Medical Center National Jewish Hospital at Denver	E. Middleton D. Pearlman D. Pearlman, E. Ellis E. Ellis	75 257	1,527 555	02 06	003 012	10,000 10,000	
DISTRICT OF COLUMBIA							
WASHINGTON							
Children's Hospital of the District of Columbia Georgetown University Howard University Affiliated Hospitals Freedmen's District of Columbia General	W. A. Howard R. T. Scanlon R. B. Scott	392 420	5,197 1,832	01 02 02	002 002 002	11,500 10,017 10,600	
FLORIDA							
GAINESVILLE William A. Shands Teaching Hosp. and Clinics	H. J. Wittig	27	2,066	02	003	10,000	

23C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
ILLINOIS							
CHICAGO							
McGaw Medical Center of Northwestern University Children's Memorial	G. Lanoff	126	2,666	02	002	12,102	
Michael Reese Hospital and Medical Center	A. Rosenblum		1,995	01	002	12,300	
Rush—Presbyterian—St. Luke's Medical Center	J. S. Hyde	478	1,440	02	003	12,228	
KANSAS							
KANSAS CITY							
University of Kansas Medical Center—Children's Mercy	F. Speer	54	8,500	01	003	7,400	
University of Kansas Medical Center Children's Mercy (Kansas City, Mo.)		70	8,000	01	003	7,400 10,000	
KENTUCKY							
LOUISVILLE							
University of Louisville Affiliated Hospitals Louisville General Children's	R. J. Zwemer	20 12	8,775	01	002	9,100	
LOUISIANA							
NEW ORLEANS							
Charity Hospital of Louisiana—Louisiana State University Division	R. L. Fowler	65	4,917	01	002	8,400	
MASSACHUSETTS							
BOSTON							
Children's Hospital Medical Center	H. L. Mueller		3,128	01	001	10,800	
MICHIGAN							
ANN ARBOR							
University	K. P. Mathews			01	002	12,000	
DETROIT							
Henry Ford	J. A. Anderson	170	10,000	01	002	10,900	
MINNESOTA							
ROCHESTER							
Mayo Graduate School of Medicine St. Mary's	G. B. Stickler			01	002	11,500	
MISSOURI							
KANSAS CITY							
Children's Mercy (See U. Kans. Med. Cntr.—Children's Mercy, Kans. City, Kans.)							
NEW YORK							
BUFFALO							
Children's Hospital of Buffalo	C. E. Arbesman		3,850	01	003	8,900	
EAST MEADOW							
Nassau County Medical Center—Meadowbrook Div.	N. S. Weiss	85	3,600	01	002	10,618	
NEW YORK CITY							
Jewish Hospital and Medical Center of Brooklyn Long Island College	D. Merksamer			01	001		
New York Medical College—Metropolitan Hospital Center	L. T. Chiaramonte	230	5,519	02	003	14,775	
Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center	A. Ribon	145	3,401	01	002	14,700	
Presbyterian (Babies) Roosevelt	W. J. Davis		4,352	01	002	14,455	
St. Vincent's Hospital and Medical Center of New York	S. R. Fine, H. I. Cohen	207	4,500	03	006	14,000	
	V. J. Fontana	125	3,000	02	002	12,800	
ROCHESTER							
Strong Memorial Hospital of the University of Rochester	R. Schwartz, D. Johnstone	125	3,747	01	002		
NORTH CAROLINA							
DURHAM							
Duke University Medical Center	S. C. Dees		1,058	01	003	9,850	
OHIO							
CINCINNATI							
University of Cincinnati Hospital Group Children's Cincinnati General Convalescent Hospital for Children	J. E. Ghory		1,846	01	002		
		88	697			9,696	
PENNSYLVANIA							
PHILADELPHIA							
Children's Hospital of Philadelphia	H. I. Lecks	421	3,966	01	001	12,000	
St. Christopher's Hospital for Children	L. S. Girsh	9		02	003	11,600	
Thomas Jefferson University	H. C. Mansmann, Jr.	196	3,118	02	004	11,500	
PITTSBURGH							
Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	P. Fireman	307	9,446				
RHODE ISLAND							
PROVIDENCE							
Rhode Island	H. B. Freye		2,308	01	002	11,394	

23C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
TENNESSEE							
MEMPHIS City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. V. Crawford						
TEXAS							
GALVESTON University of Texas Medical Branch Hospitals	A. S. Goldman		776		02 004	9,600	
VIRGINIA							
RICHMOND Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	F. S. Massie	296	8,321		01 002	10,400	
WASHINGTON							
SEATTLE University of Washington Affiliated Hospitals University Children's Orthopedic Hospital and Medical Center Harborview Medical Center	C. W. Bierman		1,537		01 002	7,500	
WISCONSIN							
MAISON University Hospitals	C. E. Reed		899		02 004	10,000	
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals Milwaukee Children's Milwaukee County General	R. R. Weller, J. N. Fink R. R. Weller R. R. Weller, J. N. Fink	370 50	1,691 1,602		02 003	10,000 10,100	

23D. PEDIATRIC CARDIOLOGY

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

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
ARIZONA								
PHOENIX Good Samaritan	M. E. Molthan	4	206	821		01 002	11,900	
CALIFORNIA								
LOS ANGELES Childrens Hospital of Los Angeles U. C. L. A.	P. R. Lurie F. H. Adams	10 10	512 250	1,723 21,533		01 002 02 005	10,000 13,200	
OAKLAND Children's Hospital Medical Center of Northern California	S. M. Higashino	14	616	2,150		01 002	10,500	
SAN DIEGO University Hospital of San Diego County	W. F. Friedman	11	350	2,500		01 003	11,100	
SAN FRANCISCO University of California Program H. C. Moffitt—University of California Hospitals	A. M. Rudolph					03 006	8,000	
STANFORD Stanford University Affiliated Hospitals Stanford University	D. Baum	3	297	550		02 002	10,950	
COLORADO								
DENVER University of Colorado Affiliated Hospitals University of Colorado Medical Center Children's	J. J. Nora J. J. Nora C. R. Hawes	15 3	276 192	1,573 612		02 004	7,000	
CONNECTICUT								
NEW HAVEN Yale—New Haven Medical Center Yale—New Haven	N. S. Talner	11	507	2,847		02 005	8,500	
DISTRICT OF COLUMBIA								
WASHINGTON Children's Hospital of the District of Columbia	L. P. Scott	9	461	3,548		01 002	11,500	
FLORIDA								
GAINESVILLE William A. Shands Teaching Hospital and Clinics	I. H. Gessner	12	800	1,139		02 004	9,000	
GEORGIA								
ATLANTA Grady Memorial	D. Brinsfield			958		00 002	6,000	
AUGUSTA Eugene Talmadge Memorial	W. B. Strong					02 004	10,500	

230. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS								
CHICAGO								
Cook County	R. A. Miller	14	347	4,524	02	005	12,800	
McGaw Medical Center of Northwestern University								
Children's Memorial	M. H. Paul	17	497	2,777	02	003	12,102	
Rush—Presbyterian—St. Luke's Medical Center	H. G. Bucheleres	9	322	1,264	01	001	12,228	
University of Chicago Hospitals and Clinics	R. A. Arcilla	23	399	1,388	02	004	11,500	
University of Illinois	A. R. Hastreiter	5	416	1,457	01	003	10,560	
INDIANA								
INDIANAPOLIS								
Indiana University Hospitals	D. Girod	10	672	1,505	01	002	11,000	
IOWA								
IOWA CITY								
University of Iowa Hospitals	R. M. Lauer	8	353	3,572	01	002	10,800	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	A. M. Diehl		379	1,470	02	003	11,000	
KENTUCKY								
LOUISVILLE								
Children's	K. Minhas	10	434	2,402	02	004	9,100	
MARYLAND								
BALTIMORE								
Johns Hopkins	R. D. Rowe			2,476	02	002	10,000	
MASSACHUSETTS								
BOSTON								
Children's Hospital Medical Center	A. S. Nadas	25	1,002	3,542	04	012	8,500	
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals University	A. M. Stern	12	424	1,775	02	004	11,500	
Wayne County General (Eloise)	R. H. Strang	1	53	276			11,361	
ELOISE								
Wayne County General (See University of Michigan Affiliated Hosp., Ann Arbor)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Hospitals	R. V. Lucas, Jr.	12	572	1,685	03	007	9,200	
ROCHESTER								
Mayo Graduate School of Medicine St. Mary's	R. H. Feldt	5	311	2,984	02	004	11,500	
MISSOURI								
KANSAS CITY								
Children's Mercy	R. V. Canent, Jr.	8	136	1,837	01	002	10,000	
ST. LOUIS								
St. Louis Children's	D. Goldring	11	373	2,255	02	002		
NEBRASKA								
OMAHA								
University of Nebraska	P. K. Mooring	6	226	758	00	003	10,000	
NEW YORK								
ALBANY								
Albany Medical Center	R. Shafer	2	422	856	01	001	12,765	
BUFFALO								
Children's Hospital of Buffalo	E. C. Lambert	10	606	1,229	02	004	8,900	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	N. Gootman	15	550	500	01	002	13,300	
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)		1	25	363			13,300	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	G. Hait				03	005		
Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine								
Lincoln								
Montefiore Hospital Training Program Montefiore Hospital and Medical Center	D. Young	8	338	2,003	01	001	14,000	
Morrisania City		1	32	680				
Mount Sinai	L. Steinfeld	15	580	2,400	01	002	15,000	
New York	M. A. Engle	20	523	1,420	02	004	14,700	
New York University Medical Center Bellevue Hospital Center	E. F. Doyle	15	350	3,160	02	004	12,000	
University								
Presbyterian (Babies) Queens Hospital Center	W. M. Gersony	17		2,500	01	003	11,000	
(See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)								
ROCHESTER								
University of Rochester School of Medicine Strong Memorial Hospital of the University of Rochester	J. A. Manning	10	369	2,275	01	002		

230. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
SYRACUSE S. U. N. Y. Upstate Medical Center Crouse-Haring Memorial State University	G. S. Husson	8	350	3,500	02	002	11,871	
NORTH CAROLINA								
CHAPEL HILL University of North Carolina School of Medicine North Carolina Memorial	H. S. Harned, Jr.	8	244	1,223	02	002	11,000	
OURHAM Duke University Medical Center	M. S. Spach			1,245	02	005	9,850	
OHIO								
CINCINNATI University of Cincinnati Hospital Group Children's	S. Kaplan			1,340	01	002		
CLEVELAND University Hospitals of Cleveland	J. Liebman			694	02	004	11,500	
OKLAHOMA								
OKLAHOMA CITY University of Oklahoma Hospitals	W. M. Thompson, Jr.	5	350	758	01	002	9,000	
OREGON								
PORTLAND University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	M. H. Lees	8	300	1,750	00	002	9,000	
PENNSYLVANIA								
PHILADELPHIA Children's Hospital of Philadelphia St. Christopher's Hospital for Children	S. Friedman C. R. E. Wells	18 14	3 429	1,400 2,000	02 03	004 006	8,000 11,600	
PITTSBURGH Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	J. R. Zuberbuhler	6	409	2,897	01	003	12,660	
SOUTH CAROLINA								
CHARLESTON Medical University of South Carolina	A. Hohn	10	500	2,000	01	002	9,000	
TENNESSEE								
MEMPHIS University of Tennessee Affiliated Hospitals City of Memphis Hospitals	R. C. Tierney	8	360	1,600	01	003		
NASHVILLE Vanderbilt University Affiliated Hospitals Vanderbilt University	T. P. Graham, Jr.	10	377	992	01	003	8,000	
TEXAS								
DALLAS Children's Medical Center	W. W. Miller	11	640	716	01	001		
GALVESTON University of Texas Medical Branch Hospitals	L. C. Harris			769	01	002	9,600	
HOUSTON Texas Children's	D. G. Mc Namara	33	1,290	2,751	02	006	9,000	
SAN ANTONIO University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center	C. M. Kohler, J. B. Norton C. M. Kohler, J. B. Norton C. M. Kohler	4 7	200 354	751 1,300	02	002	10,761	
UTAH								
SALT LAKE CITY University of Utah Affiliated Hospitals University Primary Children's	H. D. Ruttenberg		125	394	01	002	9,500	
VIRGINIA								
CHARLOTTESVILLE University of Virginia	M. A. Carpenter	12	360	1,615	01	002	10,400	
RICHMOND Virginia Commonwealth University M. C. V. Affiliated Hospitals Medical College of Virginia Hospitals	C. M. Mc Cue	18	541	2,235	01	002	10,400	
WASHINGTON								
SEATTLE University of Washington Affiliated Hospitals University	W. G. Guntheroth	2	267	745	02	003	7,000	
WISCONSIN								
MILWAUKEE Milwaukee Children's	W. J. Gallen	10	500	1,629	01	002	10,000	

24. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. L. Roth	3,950	70,307	14,222	02	006		
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	H. B. Liebgold	377	44,615	1,588			11,220	
TEXAS								
Brooke General, San Antonio (See Univ. of Texas at San Antonio Teach. Hosps., San Antonio)								
UNITED STATES PUBLIC HEALTH SERVICE								
WASHINGTON								
U. S. Public Health Service, Seattle (See Univ of Wash Affiliated Hosp, Seattle)								
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. M. Miller, 3d.	4,316	72,274	3,672	02	002	9,600	
University of Alabama Hospitals and Clinics Veterans Admin.	J. M. Miller, 3d. W. C. Fleming	3,279		643				
ARIZONA								
PHOENIX								
Good Samaritan	J. B. Fenger	5,929	136,231	13,680	02	006	10,200	
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	W. M. Fowler, Jr.				02	006	11,100	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		1,704	14,147	2,308				
Veterans Admin. (Martinez)	J. Mennell	25,961	43,820	4,502				
IRVINE								
University of California (Irvine) Affiliated Hospitals	J. S. Tobis				03	009	13,546	
Orange County Medical Center (Orange)	J. S. Tobis	213	5,735	385			13,546	
Memorial Hospital of Long Beach (Long Beach)	B. J. Michela	7,797	49,573	17,224				
LONG BEACH								
Memorial Hospital of Long Beach (See Univ of California (Irvine) Affiliated Hosp, Orange)								
Veterans Admin.	P. E. Page	5,471	209,883	34,255	04	012	14,641	
LOS ANGELES								
Los Angeles County—U.S.C. Medical Center	R. Cailliet	90,872	252,967	22,066	01	003	14,340	
Veterans Admin. Center, Wadsworth	K. H. Haase, R. D. Fustfeld	2,980	93,702	6,542	03	009	14,641	
MARTINEZ								
Veterans Administration (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)								
ORANGE								
Orange County Medical Center (See University of California (Irvine) Aff. Hosps. Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)								
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
SAN MATEO								
Crystal Springs Rehabilitation Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD								
Stanford University Affiliated Hospitals	J. C. Montero				02	004		
Veterans Admin. (Palo Alto)	K. E. Carlson	3,716	96,676	30,060				
Santa Clara Valley Medical Center (San Jose)	G. G. Reynolds	3,254	44,796	1,206			11,487	
Crystal Springs Rehabilitation Center (San Mateo)	J. C. Monten	329	38,741					

24. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
VALLEJO								
Kaiser Foundation Hospital and Rehabilitation Center (See Letterman Army Medical Center, San Francisco, U. S. Army)								
COLORADO								
DENVER								
University of Colorado Medical Center								
	J. Gersten, F. Cenkovich	4,337	35,747	35,747	02	006	9,570	
DISTRICT OF COLUMBIA								
WASHINGTON								
George Washington University								
	M. Mourad	3,599	62,442	20,814	03	008	10,022	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals								
	M. Peszczynski				04	012	9,600	
	Grady Memorial	M. Peszczynski	4,384	35,070	12,992			
	Elks Aidmore	R. D. Carr	348		2,701		10,300	
	Emory University	S. B. Chyatte	7,648	10,269	3,515			
	Veterans Admin. (Decatur)	G. O. Bern	1,262	19,678	745			
WARM SPRINGS								
Georgia Warm Springs Foundation								
	R. L. Bennett, E. D. Haak	1,180	61,098	3,619	04	012	6,000	222981
	Georgia Rehabilitation Center			2,649				
ILLINOIS								
CHICAGO								
Chicago Medical School Affiliated Hospitals								
	E. J. Rogers	5,630	7,776	1,600	02	006	9,300	
Mount Sinai Hospital Medical Center of Chicago								
Schwab Rehabilitation Holy Cross (See Loyola University Affiliated Hospitals, Maywood)								
McGaw Medical Center of Northwestern University								
	H. B. Betts				02	006		
	Rehabilitation Institute of Chicago	526	46,717	7,734				
	Veterans Admin. Research	H. B. Betts	4,238	85,230	81,723		11,072	
	University of Illinois Affiliated Hospitals	J. S. Stratigos						
	Michael Reese Hospital and Medical Center	R. R. Wasserman	3,185	39,231	6,208	03	008	10,560
	University of Illinois	K. H. Kohn	2,297	28,363	24,575			
	Veterans Admin. (West Side)	R. R. Wasserman	3,056	96,680	6,771			
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals								
	A. A. Rodriguez	3,493	43,185		06	018	10,000	225781
	Foster G. Mc Gaw	4,250	51,000	6,150			10,100	
	Holy Cross (Chicago)	4,377	304,959	2,285			10,600	
	Veterans Admin (Hines)							
PEORIA								
University of Illinois—Peoria School of Med. Affiliated Institutions								
	R. O. Mc Morris	5,820	90,559	15,624	03	003	10,500	
Institute of Physical Medicine and Rehabilitation								
KANSAS								
KANSAS CITY								
University of Kansas Medical Center								
	O. L. Rose	14,460	28,531	3,239	02	006	9,000	120881
	Veterans Admin. (Kansas City, Mo.)	3,130	67,242	2,501			9,500	
KENTUCKY								
LOUISVILLE								
University of Louisville Affiliated Hospitals								
	T. A. Kelley, Jr.	520	57,485	9,164	02	006	6,000	
Rehabilitation Center								
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana								
	N. S. Gilbert	11,299	35,669	13,202	02	006	7,800	
	Veterans Admin. Center (Biloxi, Miss.)	J. C. Tanner	3,383	111,816	1,570		10,000	
MARYLAND								
BALTIMORE								
University of Maryland Affiliated Hospitals								
	P. Richardson	1,139	25,367	7,244	03	007	10,700	125281
	University of Maryland	P. Richardson						
	Montebello State							
	Sinai Hospital of Baltimore	B. S. Cohen	2,868	148,720	46,475		11,250	
	Veterans Admin. (Fort Howard)		212	44,806	738			
FORT HOWARD								
Veterans Admin. (See University of Maryland Affiliated Hospitals, Baltimore)								
MASSACHUSETTS								
BOSTON								
Tufts University Affiliated Hospitals								
	C. V. Granger				02	006		
	New England Medical Center Hospitals (Rehabilitation Institute)	C. V. Granger	2,873	58,205	13,896		10,724	
	Veterans Admin.	F. Friedland	3,100	90,000	1,950		11,245	
	University	M. M. Freed	3,976	61,469	4,414	02	005	10,635
MICHIGAN								
ANN ARBOR								
University								
	J. W. Rae	16,812	73,451	14,221	03	009	10,500	129381
DETROIT								
Wayne State Univ Affiliated Hospitals								
	F. S. Blumenthal	4,850	106,385	57,139	04	012	10,800	243581
Rehabilitation Institute								

24. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	F. J. Kottke				06	024		
University of Minnesota Hospitals		3,817	194,171	11,269			9,200	
Sister Kenny Institute								
Veterans Admin.		4,271	138,483	1,615			9,874	
ROCHESTER								
Mayo Graduate School of Medicine	G. M. Martin	14,242	47,203		04	012	11,000	132881
Rochester Methodist		3,148	38,681					
St. Mary's		5,633	80,031					
MISSISSIPPI								
BILOXI								
Veterans Admin. Center (See Charity Hospital of Louisiana, New Orleans)								
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	C. R. Peterson	1,584	38,078	1,435	02	006	9,500	
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Jewish Hospital of St. Louis	F. U. Steinberg	4,596	37,794	4,985	01	003	10,950	
NEW JERSEY								
EAST ORANGE								
Veterans Admin.	L. Stefaniwsky	3,039	111,006	11,100	01	003	11,797	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	B. J. Paul				02	006		
Albany Medical Center	B. J. Paul	4,084	33,395	3,965			11,180	
Veterans Admin.	B. J. Paul	7,609	69,919	8,740			12,964	
Sunnyview Hospital and Rehabilitation Center (Schenectady)	R. S. Hoffman			14,239				
BUFFALO								
Veterans Admin.	K. H. Lee	2,612	136,718	15,871	01	003	10,500	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Division	R. F. Cane	1,400	36,586	15,958	02	006	11,148	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	A. Weiss				01	003		13,300
Long Island Jewish—Hillside Medical Center		1,232	12,546	5,115				
Queens Hospital Center (New York City)		7,782	179,220	10,224				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	A. S. Abramson				04	012		
Bronx Municipal Hospital Center	A. S. Abramson	13,778	111,669	6,795				
Hospital of the Albert Einstein College of Medicine	A. S. Abramson	9,534	60,435	8,707				
Lincoln	A. O. Perotto	6,788	15,180	9,357				
Columbia University Affiliated Hospitals	R. C. Darling			12,367	04	010		13,715
Presbyterian	R. C. Darling			12,367				
Harlem Hospital Center								
Blythedale Children's (Valhalla)	R. C. Darling	266	27,572	3,023				
New York State Rehabilitation (West Haverstraw)	R. Reyes	620	85,973	5,182				13,000
Cornell Cooperating Hospitals	W. Nagler				01	003		
New York	W. Nagler	6,503	30,701	2,912				14,500
Hospital for Special Surgery	L. Root	25,844	39,882	11,374				
Burke Rehabilitation Center (White Plains)	E. J. Lorenze	1,100						15,000
Kingsbrook Jewish Medical Center	A. P. Ruskin	1,327	112,721	7,569	03	006	13,750	
Montefiore Hospital Training Program	S. Bluestone				01	004		13,300
Montefiore Hospital and Medical Center		2,592	48,623	13,454				
Morrisania City		289	19,660	5,174				
Mount Sinai Hospital Training Program	L. H. Wisham				04	014		14,918
Mount Sinai	L. H. Wisham	19,405	31,503	7,013				
City Hospital Center at Elmhurst	L. Kaplan	1,572	120,591	7,476				
New York Medical College—Metropolitan Hospital Center								
Unit 1—Flower and Fifth Avenue Hospitals	C. Hinterbuchner	1,191	12,095	2,680	04	012		14,300
Unit 2—Metropolitan Hospital Center		4,472	71,206	7,234				
Unit 3—Bird S. Coler Memorial Hospital and Home		1,228	154,110					
New York University Medical Center								
Institute of Rehabilitation Medicine	H. A. Rusk	877	47,741	45,365	19	045	14,080	
Bellevue Hospital Center	H. A. Rusk	3,755	97,865	5,680				
Brookdale Hospital Center								
Goldwater Memorial	M. Lee	2,147	77,292					
St. Barnabas Hospital for Chronic Diseases	V. A. Ribera	1,117	23,520	273				
St. Vincent's Hospital and Medical Center of New York	S. S. Sverdluk, Jr.	24,327	31,393	8,429				
Veterans Admin. (Manhattan)	E. L. Kristeller	3,940	326,838	48,847			14,641	
Grasslands (Valhalla)	E. Moskowitz	3,958	74,408	4,479				
Queens Hospital Center								
(See L. I. Jewish Med. Center Training Program, New Hyde Park)								
State University—Kings County Hospital Center								
Kings County Hospital Center	J. G. Benton	7,976	91,055	14,462	04	018	13,300	
State University		575	19,748	5,317			13,870	

24. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	J. R. Swenson	1,590	25,430	1,196	01	002	9,600	
University								
VIRGINIA								
RICHMOND								
Veterans Admin.	C. W. La Fratta	2,407	198,592	3,444	01	004	9,548	
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	A. Busza	6,737	75,683	3,155	02	003	8,900	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. F. Lehmann				08	026		191881
Children's Orthopedic Hosp and Medical Center	N. Taylor	2,274	11,483	1,651				
Harborview Medical Center	B. De Lateur	1,829	17,323	677				
U. S. Public Health Service	T. Hongladarom	1,087	11,413	1,053			9,444	
University	J. F. Lehmann	1,973	25,431	3,943			9,444	
Veterans Admin.	E. Halar	2,526	41,700	10,000				
WISCONSIN								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	R. W. Boyle, D. Mattarella				02	006		
Milwaukee County General	R. W. Boyle	5,121	37,459	9,798			10,100	
Veterans Admin. Center (Wood)	D. Mattarella	4,070	194,170	16,810			10,625	

25A. 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. See also List 25B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	D. G. Bowers	23	640	6,331	2	02	004		
UNITED STATES ARMY									
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	R. W. Parsons	20	554	3,321	2	02	004		
TEXAS									
Brooke Army Medical Center (See Univ. of Tex. -San Antonio Teaching Hosps., San Antonio)									
UNITED STATES NAVY									
MARYLAND									
Naval, Bethesda	W. D. Latham	25	602	5,806	2	01	002		
MASSACHUSETTS									
Naval, Chelsea	G. W. Anastasi	18	450	1,353	2	01	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									
Phoenix Plastic Surgery Residency	R. A. Peterson				2	02	004		
Arizona Crippled Children's	R. A. Peterson	5	365	1,718				11,500	
Good Samaritan	D. Carroll	4	244	328					
Maricopa County General	R. A. Peterson								
TUCSON									
University of Arizona Affiliated Hospitals	W. C. Trier				2	02	004		
University		8	355	1,399				12,150	
Veterans Admin.		8	300						
CALIFORNIA									
FRESNO									
Valley Medical Center of Fresno (See Stanford University Affil. Hospitals, Stanford)									
IRVINE									
University of California (Irvine) Affiliated Hospitals	D. W. Furnas				2	02	002		
Orange County Medical Center (Orange)	D. W. Furnas	2	160	1,087				17,714	
Veterans Admin. (Long Beach)	D. Wood	22	369	605				14,641	

APPROVED RESIDENCIES

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
LONG BEACH									
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)									
LOS ANGELES									
U. C. L. A. Affiliated Hospitals	H. A. Zarem	7	452	5,697	2	03	009	14,600	
U. C. L. A.	H. A. Zarem	8	120	795				20,376	
Veterans Admin. Center—Wadsworth	H. A. Zarem	6	284	3,678				15,100	
Huntington Memorial (Pasadena)	G. V. Webster								
Los Angeles County Harbor General (Torrance)	O. State	3	97	1,232				19,128	
ORANGE									
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)									
PALO ALTO									
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)									
PASADENA									
Huntington Memorial (See U. C. L. A. Affiliated Hospitals, Los Angeles)									
SAN FRANCISCO									
St. Francis Memorial	V. Pennisi	19	1,602	383	3	02	006	11,400	
University of California Program	S. H. Miller				2	02	004		
H. C. Moffitt—University of California Hospitals	S. H. Miller	4	253	1,672				14,100	
Franklin	J. Q. Owsley, Jr.	3	350					14,100	
San Francisco General	W. Morris	3	165	536				14,100	
Veterans Admin.	J. Q. Owsley	7	260	532				11,100	
STANFORD									
Stanford University Affiliated Hospitals	D. R. Laub				2	04	008		
Stanford University	D. R. Laub	5	332	4,211				10,225	
Valley Medical Center of Fresno (Fresno)									
Veterans Admin. (Palo Alto)	L. M. Vistnes	9	271	695					
TORRANCE									
Los Angeles County Harbor General (See U. C. L. A. Affil. Hospitals, Los Angeles)									
COLORADO									
DENVER									
University of Colorado Affiliated Hospitals	R. J. Hoehn				2	01	002		
University of Colorado Medical Center		10	300	950				11,970	
Children's									
Denver General									
Veterans Admin.		17	195	300				9,007	
CONNECTICUT									
HAVEN									
Yale—New Haven Medical Center	T. J. Krizek				2	02	004		
Yale—New Haven		21	734	3,565					
Veterans Admin. (West Haven)		8	211	498				11,415	
WEST HAVEN									
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)									
DELAWARE									
WILMINGTON									
Wilmington Medical Center	D. E. Saunders	12	450	560	2	01	002	12,300	
DISTRICT OF COLUMBIA									
WASHINGTON									
Georgetown University Affiliated Hospitals	A. F. Fleury				2	01	002		
Georgetown University		5	344	312				12,799	
Veterans Admin.								10,780	
George Washington University	L. W. Thompson	13	506	7,612	2	01	002	12,798	
FLORIDA									
GAINESVILLE									
University of Florida Affiliated Hospitals	H. G. Bingham				2	02	004		
William A. Shands Teaching Hosp. and Clinics		16	593	4,880				12,000	
Veterans Admin.		18	533	1,980				12,225	
JACKSONVILLE									
Jacksonville Hospitals Educational Program	B. L. Morgan				2	02	004		
Baptist Memorial		11	420	8				10,710	
St. Vincent's		2	96	651					
University Hospital of Jacksonville		6	203	2,986					
MIAMI									
University of Miami Affiliated Hospitals	D. R. Millard, Jr.				2	03	006		
Jackson Memorial		22	1,270	3,323				13,500	
Veterans Admin.		4	127	950				11,378	
ORLANDO									
Orange Memorial	J. E. O' Malley	35	1,293	10,745	2	02	004	10,800	
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals	M. J. Jurkiewicz				2	02	004		
Emory University		2	114					11,520	
Grady Memorial		14	151	2,620					
Henrietta Eggleston Hospital for Children									
Veterans Admin. (Decatur)		11	85	148					

25A. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MICHIGAN									
ALLEN PARK									
Veterans Admin. (See Wayne State Univ. Affil. Hosps., Detroit)									
ANN ARBOR									
University of Michigan Affiliated Hospitals	R. O. Dingman				2	03	006		
St. Joseph Mercy University		7	686	38				12,800	
Veterans Admin. Wayne County General (Eloise)		12	542	2,197				12,500	
		1	86	116				12,500	
				469				11,361	
DETROIT									
Henry Ford	A. P. Kelly, Jr.	14	687	13,950	2	02	004	11,200	
Mount Carmel Mercy (See Providence, Southfield)									
Sinai Hospital of Detroit (See Providence, Southfield)									
Wayne State University Affiliated Hospitals	P. Zamick				2	02	004	12,280	
Veterans Admin. (Allen Park)	P. Zamick	8	162	693				11,880	
Children's Hospital of Michigan	W. G. Mc Evitt	3	349					10,815	
Detroit General	P. Zamick	12	135	562				12,280	
Grace	W. A. Lange	3	240	1				11,700	
Harper	H. W. Jaffe	8	584					11,100	
ELOISE									
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)									
GRAND RAPIDS									
Butterworth—Blodgett Memorial Hospitals	R. Blocksma				2	01	002		
Butterworth	R. Blocksma	6	364	743				10,680	
Blodgett Memorial	W. D. Simpson	5	290	93					
ROYAL OAK									
William Beaumont	R. Pool	8	369	349	2	01	002		
SOUTHFIELD									
Providence	B. Newby	90	520	1,039	2	01	002	13,500	
Mount Carmel Mercy (Detroit)		4	274					13,500	
Sinai Hospital of Detroit (Detroit)		2	162					12,500	
MINNESOTA									
ROCHESTER									
Mayo Graduate School of Medicine	J. K. Masson			8,384	2	02	004	12,500	
Rochester Methodist		16	474						
St. Mary's		14	417						
MISSISSIPPI									
JACKSON									
University of Mississippi Medical Center	M. E. Jabaley				2	02	004		
Mississippi Baptist University	H. C. Ethridge	9	669	900				10,500	
Veterans Admin. Center		7	449	2,485				12,630	
		5	127	565					
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	R. R. Robinson, Jr.	12	581	2,738	2	01	002		
KANSAS CITY									
Kansas City General Hospital and Medical Center	F. J. Mc Coy	6	248	1,515	2	02	004	9,285	
ST. LOUIS									
Barnes Hospital Group	P. M. Weeks	20	1,045	1,419	2	02	004	12,000	
St. Louis University Group of Hospitals	F. X. Paletta				2	03	006	11,600	
Cardinal Glennon Memorial Hospital for Children	F. X. Paletta		593	1,617					
Firmen Desloge General	F. X. Paletta	8	346	472					
Veterans Admin.	R. C. Donaldson	23	415	1,850					
NEW JERSEY									
EAST ORANGE									
Veterans Admin. (See CMDNJ New Jersey Med. Sch. Affil. Hospitals, Newark)									
JERSEY CITY									
Jersey City Medical Center (See CMDNJ New Jersey Med. Sch. Affil. Hospitals, Newark)									
LIVINGSTON									
St. Barnabas Medical Center	J. C. Walker, Jr.	14	872	1,603	2	02	004	12,108	
NEWARK									
CMDNJ—New Jersey Medical School Affiliated Hospitals	S. R. Lo Verme				2	03	006		
Martland		11	260	1,290				13,700	
Veterans Admin. (East Orange)		24	153	720				11,797	
Jersey City Medical Center (Jersey City)		17	380	1,094					
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals	R. A. Gooding				2	01	002		
Bernalillo County Medical Center		7	127	593				10,600	
Presbyterian Hospital Center		1	470					11,778	
Veterans Admin.		5	118	480				10,650	
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	W. B. Macomber				2	03	005		
Albany Medical Center		19	505	7,337				15,600	
Child's		6	483	115					
Memorial		4	251						
St. Peter's									
Veterans Admin.		6	140	545				15,803	

25A. 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 1974-1975 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK—Continued								
BUFFALO								
Mercy	J. R. Connelly	11	536	6,070	2	01 002	10,300	
S. U. N. Y. at Buffalo Affiliated Hospitals Buffalo General	C. A. De Felice	5,541	459		2	01 001	12,000	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	L. R. Rubin	15	256	1,800	2	02 004	11,400	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	D. L. Weiner				3	02 005		
Bronx Municipal Hospital Center		45	934	4,200				
Hospital of the Albert Einstein College of Medicine		18	576	3,100 520				
Lincoln					2	03 006		
Cornell Cooperating Hospitals New York Memorial Hospital for Cancer and Allied Diseases	D. Goulian, Jr.	23	627	1,700			15,900	
Harlem Hospital Center	A. T. Garnes	12	400	4,440	2	01 002	13,300	
Lenox Hill	E. P. Berry	16	725		2	02 004	16,247	
Methodist Hospital of Brooklyn	H. B. Rasi				2	01 002		
Montefiore Hospital Training Program Montefiore Hospital and Medical Center Morrisania City	M. Lewin	28	519	2,414	2	02 004	15,400	
Mount Sinai Hospital Training Program Mount Sinai	A. E. Kark, B. E. Simon	13	192	4,107	3	02 005		
Beth Israel Medical Center	A. E. Kark, B. E. Simon	15	560	1,350			15,400	
City Hospital Center at Elmhurst	S. Kahn	15	560	880			16,550	
Veterans Admin. (Bronx)	D. Wesser	9	389	1,839			16,100	
New York University Medical Center Bellevue Hospital Center Manhattan Eye, Ear and Throat University Veterans Admin. (Manhattan)	B. E. Simon	16	275	1,180	2	04 008	17,572	
J. M. Converse		17	368	4,007			14,000	
Presbyterian		11	1,195	863				
St. Luke's Hospital Center		20	993	1,843				
State University—Kings County Hospital Center	G. F. Crikelair	14	214	4,549	2	02 004	15,930	
Kings County Hospital Center	R. B. Stark	7	236	1,040	2	01 002	14,800	
State University Veterans Admin. (Brooklyn)	B. E. Bromberg	15	455	4,826	2	03 006	15,400	
	B. E. Bromberg	2	90	46			13,870	
	I. C. Song	6	50	200				
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	R. M. Mc Cormack	13	629	835	2	02 004	11,900	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	O. B. Stark				2	01 002	12,969	
Crouse-Hinds Memorial State University Veterans Admin.		3	223					
		11	411	1,092				
		7	100	640				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	A. G. Bevin	17	727	5,002	2	02 004	13,000	
DURHAM								
Duke University Affiliated Hospitals	K. L. Pickrell				3	03 009	9,850	
Duke University Medical Center	K. L. Pickrell	33	1,529	1,215			10,350	
Veterans Admin.	L. K. Thompson, 3d.	19	523	3,057				
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	J. A. Howell				2	01 002		
OHIO								
Akron City Akron General Children's Hospital of Akron	J. A. Lehman, Jr.	8	477	127	2	01 002	12,000	
CINCINNATI								
Christ	J. J. Longacre	16	526	64	2	01 002	12,017	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	C. L. Kiehn				2	02 004		
University Hospitals of Cleveland	C. L. Kiehn	15	749	565			12,000	
Cleveland Metropolitan General	A. S. Earle	4	105	260			12,955	
Veterans Admin.	C. L. Kiehn	8	138	176			12,500	
Cleveland Clinic	R. Anderson	16	853	7,402	2	01 002	12,500	
St. Luke's Hospital—St. Vincent Charity	D. T. Shaw				2	01 002		
St. Luke's	D. G. Richey	6	262	397				
St. Vincent Charity	D. T. Shaw	6	329	503				
COLUMBUS								
Ohio State University Affiliated Hospitals	R. B. Berggren				2	02 003		
Ohio State University Hospitals Children's		13	548	2,971				
Riverside Methodist		3	248	415				
	J. C. Trabue	11	860	39	2	01 002	10,500	
KETTERING								
Charles F. Kettering Memorial	T. C. Graul	2	145	523	2	01 002	10,800	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	J. C. Kelleher				2	03 006	10,200	
Hospital of Medical College of Ohio at Toledo St. Vincent Hospital and Medical Center	J. C. Kelleher	15	765	250				

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
OKLAHOMA									
OKLAHOMA CITY									
University of Oklahoma Health Sciences Center	E. A. Shadid				2	02	004		
University of Oklahoma Hospitals	E. A. Shadid	9	354	1,208				10,500	
Children's Memorial Presbyterian	E. A. Shadid	4	317						
Veterans Admin.	L. J. Greenfield								
OREGON									
PORTLAND									
Good Samaritan Hospital and Medical Center	W. D. Rowland	7	707	247	2	01	002	10,200	
PENNSYLVANIA									
ALLENTOWN									
Allentown	A. E. Trevaskis	15		4,603	2	01	002	12,800	
BRYN MAWR									
Bryn Mawr (See Univ. of Pennsylvania Affil. Hospitals, Philadelphia)									
ERIE									
Hamot Medical Center (See Pennsylvania State Univ. Affil. Hops., Hershey)									
HARRISBURG									
Harrisburg (See Pennsylvania State Univ. Affil. Hops., Hershey)									
Harrisburg Polyclinic (See Pennsylvania State Univ. Affil. Hops., Hershey)									
HERSHEY									
Pennsylvania State University Affiliated Hospitals	W. P. Graham, 3d.				2	02	004		
Milton S. Hershey Medical Center of the Pennsylvania State University	W. P. Graham, 3d.	5	286	2,000				12,741	
Hamot Medical Center (Erie)	R. J. Demuth	7	292	79				11,500	
Harrisburg (Harrisburg)	R. L. Harding	5	311	33					
Harrisburg Polyclinic (Harrisburg)	R. L. Harding								
PHILADELPHIA									
University of Pennsylvania Affiliated Hospitals	H. B. Lehr				2	03	005		
Hospital of the University of Pennsylvania	H. B. Lehr	10	585	872				11,500	
Graduate Hospital of the University of Pennsylvania	H. B. Lehr	2	121	1,147					
Lankenau	P. Randall	5	381	835					
Philadelphia General	H. B. Lehr								
Bryn Mawr (Bryn Mawr)	J. C. Lamp, H. P. Royster	6	197	460					
Pennsylvania	H. A. Lipshutz	6	269	505	2	01	002	12,300	
Temple University	L. Cramer			1,541	2	03	005	12,000	
PITTSBURGH									
Hospitals of the University Health Center of Pittsburgh	W. L. White				2	03	006		
Children's Hospital of Pittsburgh		8	401	897				10,550	
Presbyterian—University		20	1,012	819				10,550	
Veterans Admin.		26	359	1,930				13,715	
Western Pennsylvania	D. C. Hanna	21	773	435	2	02	004	13,325	
RHODE ISLAND									
PROVIDENCE									
Rhode Island	A. D. Versaci	10	837	1,400	2	02	004	13,082	
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina Teaching Hospitals	J. S. Harvin				2	02	004		
Medical University of South Carolina		8	255	1,139				8,400	
Charleston County		1	33						
St. Francis Xavier									
Veterans Admin.		9	181	1,120				10,854	
TENNESSEE									
CHATTANOOGA									
S. E. Tennessee Medical Education Center Baroness Erlanger	J. W. Davis	32	2,027	5,098	2	02	004	12,180	
MEMPHIS									
University of Tennessee Affiliated Hospitals	J. H. Hendrix, Jr.				2	02	004		
Baptist Memorial	R. C. Reeder	44	2,177	251				10,920	
City of Memphis Hospitals	J. H. Hendrix, Jr.	5	175					9,732	
Veterans Admin.									
NASHVILLE									
Vanderbilt University Affiliated Hospitals	J. B. Lynch				2	02	004	8,925	
Vanderbilt University	J. B. Lynch	4	113	123				8,925	
Nashville Metropolitan General	J. L. Sawyers								
Veterans Admin.	J. B. Lynch	4	104	156				10,663	
TEXAS									
DALLAS									
University of Texas Southwestern Medical School Affiliated Hospitals	K. E. Salyer				2	03	006		
Parkland Memorial	K. E. Salyer	5	217	2,118				9,908	
Baylor University Medical Center	D. C. Kipp	5	535					10,260	
Presbyterian Hospital of Dallas		4	419						
Veterans Admin.	K. E. Salyer	10	255	212				9,070	
GALVESTON									
University of Texas Medical Branch Hospitals	S. R. Lewis	62	1,387	8,947	3	03	009	12,800	

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS—Continued								
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	S. B. Hardy				3	03 009		
Ben Taub General	S. B. Hardy	13	379	3,836			10,800	
Methodist	S. B. Hardy	12	823				9,900	
Texas Children's	T. D. Cronin	1	54	30			10,800	
Veterans Admin.	S. B. Hardy	29	286	1,420			10,800	
Hermann	R. J. Wise	13	726	699	2	01 002	11,280	
St. Joseph	T. D. Cronin	21	1,505	9,239	2	02 004	10,200	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	T. S. Wilkinson				2	02 003		
Bexar County Teaching	T. S. Wilkinson	4	192	1,165			12,000	
Santa Rosa Medical Center	W. Schlattner							
Brooke Army Medical Center	H. D. Peterson	14	380	3,705				
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	C. C. Snyder				2	03 006		
Latter—Day Saints	R. Woolf, T. R. Broadbent	8	570	165			11,725	
Primary Children's								
University	C. C. Snyder	5	199	1,559			11,725	
Veterans Admin.	E. Z. Browne, Jr.		277	949			9,600	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	M. T. Edgerton	30	1,493	4,639	2	02 004	10,900	
HAMPTON								
Veterans Admin. (See Norfolk General, Norfolk)								
NORFOLK								
Norfolk General	C. E. Horton	50	3,870	6,643	2	01 006	12,000	
Veterans Admin. Center (Hampton)								
RICHMOND								
Virginia Commonwealth University M. C. V Affiliated Hospitals								
Medical College of Virginia Hospitals	I. K. Cohen	20	300	1,924	2	01 002	11,400	
WISCONSIN								
MADISON								
University Hospitals	F. D. Bernard	13	418	3,131	2	02 004	11,500	
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	R. P. Gingrass				2	02 004		
Milwaukee County General	R. P. Gingrass	10	469	4,214			12,000	
Milwaukee Children's	J. L. Teasley	4	292	307			10,000	
Veterans Admin. Center (Wood)								

25B. 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. See also List 25A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NON-FEDERAL AND VETERANS ADMINISTRATION							
NEW YORK							
BUFFALO							
Roswell Park Memorial Institute	D. Shedd, V. Bakamjiam	20	316	2,819	00 003	12,500	

APPROVED RESIDENCIES

26. PREVENTIVE MEDICINE
AEROSPACE MEDICINE

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

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (Year)
UNITED STATES AIR FORCE				
U.S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	E.R. Goltra, Col., USAF, M.C.	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.				
UNITED STATES NAVY				
U.S. Naval Aerospace Medical Institute, U.S. Naval Aerospace and Regional Medical Center	Pensacola, Florida	W. W. Simmons, Cdr., M. C., U.S.N.	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; Naval Aerospace Medical Research Laboratory, Michoud Detachment New Orleans, La.				
NONFEDERAL				
Ohio State University Department of Preventive Medicine	Columbus, Ohio	C. E. Billings	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., Mayo Clinic, Rochester, Minn.; Northwest Airlines, Minneapolis, Minn.				
University of Oklahoma Health Sciences Center	Oklahoma City, Okla.	C. A. Lynn		
For information regarding program write to: C. A. Lynn, M.D., P.O. Box 26901, Oklahoma City, Okla. 73190				

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
UNITED STATES AIR FORCE		
TEXAS		
Brooks Air Force Base		
U.S. Air Force School of Aerospace Medicine	A. K. Cheng	Military Preventive Medicine, Epidemiology
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington		
Walter Reed Army Institute of Research	T. H. Lamson	Military Preventive Medicine, Epidemiology
MARYLAND		
Edgewood Arsenal		
U.S. Army Environmental Hygiene Agency	M. V. Ranadive	Environmental Health
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
CALIFORNIA		
San Francisco		
Health Services and Mental Health Administration	J. R. Brown	Health Services Administration
GEORGIA		
Atlanta		
Center for Disease Control, Health Services and Mental Health Administration	D. J. Sencer	Epidemiology
NONFEDERAL		
ALABAMA		
Birmingham		
University of Alabama Medical Center	P. B. Peacock	General Preventive Medicine, Epidemiology
ARIZONA		
Tucson		
University of Arizona College of Medicine, Department of Family and Community Medicine	A. R. Leonard	Health Services Administration, Epidemiology
CALIFORNIA		
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	P. R. Torrens	Epidemiology, Health Services Administration

26. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
CONNECTICUT		
New Haven Yale University Department of Epidemiology and Public Health.....	J. W. Meigs.....	Epidemiology, Clinical Preventive Medicine
HAWAII		
Honolulu University of Hawaii School of Public Health.....	J. E. Banta.....	Epidemiology, International Health, Population Dynamics, Family Planning
KENTUCKY		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	T. F. Wayne.....	Community Medicine
LOUISIANA		
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
MARYLAND		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	D. M. Paige.....	Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health, Health Services Administration, Population Dynamics
University of Maryland School of Medicine.....	N. D. List.....	Epidemiology, Health Services Administration
MASSACHUSETTS		
Boston Harvard University, School of Public Health.....	B. MacMahon..... R. H. Daggy..... A. S. Yerby.....	Epidemiology International Health Health Services Administration
MICHIGAN		
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
MISSOURI		
Columbia University of Missouri School of Medicine, Department of Community Health and Medical Practice.....	W. C. Allen.....	Community Medicine
NEW YORK		
New York City Mount Sinai School of Medicine of the City University of New York, Dept. of Community Medicine.....	K. W. Deuschle.....	Epidemiology, Environmental Health, Community Medicine
NORTH CAROLINA		
Chapel Hill University of North Carolina School of Medicine and School of Public Health.....	W. P. Richardson.....	Epidemiology, Community Medicine
OHIO		
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	M. D. Keller..... C. E. Billings.....	Epidemiology, Community Health; Environmental Health
OKLAHOMA		
Oklahoma City University of Oklahoma Health Sciences Center, Department of Community Health.....	T. N. Lynn.....	Clinical Preventive Medicine, Medical Care Administration, Epidemiology and Environmental Health
PENNSYLVANIA		
Philadelphia Jefferson Medical College of Thomas Jefferson University, Dept. of Community Health and Preventive Medicine.....	E. B. Byrne.....	Clinical Preventive Medicine
UTAH		
Salt Lake City University of Utah Department of Community and Family Medicine.....	R. Kane.....	Community Health
WASHINGTON		
Seattle University of Washington School of Public Health and Community Medicine, Department of Preventive Medicine.....	R. W. Day.....	Epidemiology, Community Medicine, International Health, Environmental Health, Health Services Administration
WISCONSIN		
Milwaukee Medical College of Wisconsin Department of Preventive Medicine.....	S. Shindell.....	Epidemiology, Community Medicine, Health Services Administration

APPROVED RESIDENCIES

26. PREVENTIVE MEDICINE—Continued

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		
		1st Year	2nd Year	Total All Years 1974-1975
CALIFORNIA				
Los Angeles University of California School of Public Health	L. Breslow	4	4	8
MASSACHUSETTS				
Boston Harvard University, School of Public Health	J. L. Whittenberger	4	4	8
MICHIGAN				
Ann Arbor University of Michigan Institute of Environmental and Industrial Health	B. D. Dinman	4	4	8
NEW YORK				
Rochester University of Rochester School of Medicine and Dentistry	T. S. Ely	2	0	2
OHIO				
Cincinnati University of Cincinnati Department of Environmental Health	R. R. Suskind	8	8	16
Columbus Ohio State University College of Medicine, Department of Preventive Medicine	C. E. Billings	2	2	4
OKLAHOMA				
Oklahoma City University of Oklahoma Health Sciences Center, Department of Environmental Health	C. A. Nau	2	2	4
PENNSYLVANIA				
Pittsburgh University of Pittsburgh, Graduate School of Public Health	D. Minard	4	4	8

OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for ONE year of training to cover the requirement for in-plant training as the third year of a residency in Occupational Medicine. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

Institution or Agency	Physician In Charge	Residencies Offered	
		1974-1975	Total All Years
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION			
DISTRICT OF COLUMBIA			
National Aeronautics and Space Administration Division of Occupational Medicine	L. B. Arnoldi		1
UNITED STATES AIR FORCE			
OHIO			
Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base	H. W. Dietz		1
OKLAHOMA			
U.S.A.F. Hospital, Tinker Air Force Base	G. C. Harrison		1
UNITED STATES ARMY			
MARYLAND			
U.S. Army Environmental Hygiene Agency, Edgewood Arsenal	M. V. Ranadive		4
UNITED STATES ATOMIC ENERGY COMMISSION			
IDAHO			
U.S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls	J. H. Spickard		1
UNITED STATES NAVY			
OHIO			
Cincinnati Navy Industrial Environmental Health Center	W. L. Smith		4
UNITED STATES PUBLIC HEALTH SERVICE			
OHIO			
Cincinnati U.S. Public Health Service, Health Services and Mental Health Administration, National Institute for Occupational Safety and Health	A. W. Hoover		1
UNITED STATES TENNESSEE VALLEY AUTHORITY			
TENNESSEE			
Tennessee Valley Authority Division of Medical Services, Chattanooga	J. L. Craig		1
NONFEDERAL			
CALIFORNIA			
Fontana Kaiser Steel Corporation	H. A. Lewis		1
DELAWARE			
Wilmington E. I. duPont de Nemours & Company	J. R. Zahn		1
MASSACHUSETTS			
Cambridge Harvard University Health Services, Division of Environmental Health and Safety	B. G. Ferris, Jr.		1
MICHIGAN			
Dearborn Ford Motor Company	D. L. Block		0
Detroit			
General Motors Corporation	S. D. Steiner		2
Midland			
Dow Chemical Company	H. L. Gordon		1
NEW YORK			
New York City American Telephone & Telegraph Company and Subsidiaries	E. J. Schowalter		1
Rochester Eastman Kodak Company	N. J. Ashenburg		2
PENNSYLVANIA			
Harrisburg Commonwealth of Pennsylvania Department of Environmental Resources, Bureau of Occupational Health	S. Tanaka		1
Pittsburgh Jones & Laughlin Steel Corporation, Pittsburgh Works Division	R. J. Halen		0

APPROVED RESIDENCIES

26. PREVENTIVE MEDICINE—Continued OCCUPATIONAL MEDICINE (In-Plant)—Continued

WASHINGTON			
Richland	Hanford Environmental Health Foundation.....	P. A. Fuqua.....	1
Seattle	Boeing Company.....	S. M. Williamson.....	2
WISCONSIN			
Milwaukee	Allis-Chalmers Corporation.....	C. Zenz.....	1

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
U.S. Army.....	U.S. Army, Silas B. Hays Army Hospital, Ford Ord, California.....	L. J. Legters.....	Military Post—Fort Ord.....	110,000*	2	.....
			U.S. Army Womack Army Hospital, Specialized Treatment Center, Fort Bragg, N.C.....	A. L. Gore.....	Fort Bragg and environs.....	1
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	11,300
State of Florida.....	Jacksonville, Florida.....	M. J. Ford.....	Dade-Miami.....	1,267,792	2	20,462
			Hillsborough-Tampa.....	490,265	.....	.....
			Palm Beach-West Palm Beach.....	348,753	.....	.....
			Pinellas-St. Petersburg.....	522,329	.....	.....
			Florida State Division of Health.....	.....	.....	.....
State of Illinois.....	Springfield, Illinois.....	F. D. Yoder.....	Cook County (Suburban).....	1,842,128*	2	15,960
			DuPage County.....	491,882*	.....	.....
			Peoria City and County.....	195,318*	.....	.....
State of Kentucky.....	Frankfort, Kentucky.....	W. P. McElwain.....	Lexington-Fayette County.....	176,400	2	17,700
			Louisville-Jefferson County.....	707,300	.....	.....
State of Maryland.....	Baltimore, Maryland.....	J. R. Stifer.....	Anne Arundel County.....	312,400	.....	16,100
			Baltimore County.....	638,900	.....	.....
			Baltimore City.....	897,700	.....	.....
			Montgomery County.....	559,700	.....	.....
			Prince George's County.....	697,300	.....	.....
			Washington County.....	105,100	.....	.....
State of Massachusetts.....	Boston, Massachusetts.....		Boston City.....	626,326	2	12,706
			Brookline Town.....	53,608	.....	.....
			Cambridge City.....	94,667	.....	.....
			Central District.....	743,530	.....	.....
			Newton City.....	88,514	.....	.....
			Northeastern District.....	1,554,983	.....	.....
			Southeastern District.....	1,406,948	.....	.....
			Western District.....	735,988	.....	.....
State of Minnesota.....	Minneapolis, Minnesota.....	W. R. Lawson.....	St. Louis County.....	220,184	2	13,608
State of Mississippi.....	Jackson, Mississippi.....	S. W. Mitchell.....	Mississippi State Board of Health.....	.....	2	14,820
State of New Jersey.....	Trenton, New Jersey.....	M. S. Gottlieb.....	Northern District.....	4,244,113	2	17,909
			Southern District.....	2,924,250	.....	.....
State of New York.....	Albany, New York.....	J. L. Freitag.....	Selected local health departments.....	.....	2	10,777
New York City.....	New York City.....	L. Bergner.....	New York City.....	7,896,000*	2	15,000
State of North Carolina.....	Raleigh, North Carolina.....	I. C. Grant.....	Charlotte-Mecklenburg County.....	500,000	2	6,500
			Guilford County (Greensboro).....	350,000	.....	.....
			Orange-Person-Chatham-Lee-Caswell District Health Dept.....	185,000	.....	.....
			Gaston County (Gastonia).....	175,000	.....	.....
			North Carolina State Board of Health.....	.....	.....	.....
State of Oklahoma.....	Oklahoma City, Oklahoma.....	T. N. Lynn.....	University of Oklahoma Health Sciences Center.....	.....	2	6,500
			Tulsa City-County Health Department.....	400,000*	.....	.....
			Cleveland County Health Department.....	50,000*	.....	.....

APPROVED RESIDENCIES

26. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of Oregon	Portland, Oregon	C. A. Jenike	Clackamas County	178,400	2	6,000
			Lane County	227,200		
			Jackson County	100,100		
			Marion County	157,200		
			Multnomah County	560,000		
			State of Oregon	2,183,270		
Commonwealth of Pennsylvania	Harrisburg, Pennsylvania	C. L. Leedham	Allegheny County	1,603,100*	2	13,979
			Elizabethtown	8,072*		
			Harrisburg State Health Department	66,800*		
			Philadelphia City	1,944,200*		
State of Tennessee	Nashville, Tennessee	E. W. Fowinkle	Chattanooga-Hamilton County	242,782	2	91,000
			Memphis-Shelby County	718,777		
			Nashville-Davidson County	444,469		
State of Texas	Austin, Texas	J. E. Peavy			2	18,500
State of Utah	Salt Lake City	E. A. Isaacson	Salt Lake City-County Health Department	500,000*	2	15,972
			Utah State Division of Health			
			Bear River District			
			Weber River District			
			Great Salt Lake District			
			Provo River District			
			Central Utah District			
			Southwestern District			
			Uintah Basin District			
			Southeastern District			
			State of Virginia	Richmond, Virginia			M. I. Shanholts	Richmond and selected rural areas		2	13,128
State of Washington	Olympia, Washington	J. A. Beare	Benton-Franklin	89,200	2	13,656
			Seattle-King	1,134,000		
			Tacoma-Pierce	405,000		
			Washington State			
State of Wisconsin	Madison, Wisconsin	R. W. Biek			2	23,736

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.

27A. 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. See also List 27B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		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	75	955	31,507	04	012		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	B. L. Livingstone	65	1,084	31,660	07	022		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	F. D. Jones, A. W. Johnson	116	780	20,464	08	024		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	R. W. Steyn	112	1,193	11,902	03	009		181382
MARYLAND								
Naval, Bethesda	V. M. Holm	65	528	7,846	04	012		182382
PENNSYLVANIA								
Naval, Philadelphia	H. J. T. Sears	180	1,200	7,444	04	012		183182
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
DISTRICT OF COLUMBIA								
St. Elizabeths, Washington	D. D. Cowell	5,917	3,767	66,010	12	036	10,848	180482
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	P. H. Linton				06	018	9,600	
University of Alabama Hospitals and Clinics		51	1,078	7,890				
Veterans Admin.		36	619	3,520				
ARIZONA								
PHOENIX								
Arizona State	H. E. Wulsin	884	1,589	20,155	06	018	11,628	
Good Samaritan	L. S. Cohn	23	628	9,477	04	012	9,000	101182
TUCSON								
University of Arizona Affiliated Hospitals	A. I. Levenson				08	024		101582
University	A. I. Levenson	10	230	2,317			10,400	
Palo Verde	A. I. Levenson	26	413	1,595				
Veterans Admin.	R. D. Martin	27	399	1,101				
ARKANSAS								
LITTLE ROCK								
Arkansas State	R. R. Nolen	370	2,693	10,846	04	011	13,700	
University of Arkansas Medical Center	R. F. Shannon				04	012		101882
University	R. F. Shannon	14	255	9,490			11,000	
Veterans Admin. Consolidated (North Little Rock Division)	R. H. Harrison	715	3,390	46,008			14,614	
Veterans Admin. Consolidated (North Little Rock Division)	R. H. Harrison	715	3,390	46,008		007	14,641	
CALIFORNIA								
BERKELEY								
Herrick Memorial	P. B. Hume	18	1,527	19,253	01	007	10,500	
CAMARILLO								
Camarillo State	R. E. Moebius	2,210	6,468		06	016	8,736	
DAVIS								
University of California (Davis) Affiliated Hospitals	D. G. Langsley				10	030	11,100	104682
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	D. G. Langsley	36	1,300	42,000				
Stockton State (Stockton)	H. H. Brewster	1,013	2,519	8,183			8,736	
IMOLA								
Napa State	M. J. Ortega	2,156	7,491		10	030	10,592	204182
IRVINE								
University of California (Irvine) Affiliated Hospitals	L. A. Gottschalk				17	051		
Orange County Medical Center (Orange)	L. A. Gottschalk	56	841	21,970			13,546	
Metropolitan State (Norwalk)								
LOMA LINDA								
Loma Linda University Affiliated Hospitals	H. S. Evans				07	018		
Loma Linda University	H. S. Evans		256	8,000			9,700	
Patton State (Patton)	B. Kovitz	1,464	2,687	636			8,518	
LONG BEACH								
Veterans Admin.	A. M. Warner	137	1,696	21,300	05	015	14,641	
LOS ANGELES								
Cedars—Sinai Medical Center	D. Sanders				06	018	13,230	
Cedars of Lebanon Hospital Division				4,704				
Mount Sinai Hospital Division		22	274	22,053				

APPROVED RESIDENCIES

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA, LOS ANGELES—Continued								
Los Angeles County—U. S. C. Medical Center U. C. L. A.	S. M. Woods	179	5,887	90,816	20	060	14,340	
Veterans Admin., Brentwood	R. O. Pasnau	51	539	28,597	15	044	11,100	
Veterans Admin. (Sepulveda)	R. O. Pasnau	387	3,523	112,164	12	032	14,641	
	E. Harris	356	1,757	17,177	03	012	14,641	
MARTINEZ								
Veterans Admin. (See Highland General, Oakland)								
NORWALK								
Metropolitan State (See University of California (Irvine) Aff. Hosp., Irvine)								
OAKLAND								
Highland General	H. Harper, Jr.	38	1,601	18,056	04	007	10,908	
Veterans Admin. (Martinez)	P. E. Morentz	61	800	3,000			12,684	
ORANGE								
Orange County Medical Center (See University of California (Irvine) Aff. Hosp., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PATTON								
Patton State (See Loma Linda University Aff. Hosp., Loma Linda)								
SACRAMENTO								
University of Calif. (Davis) Sacramento Medical Center (See University of Calif. (Davis) Affiliated Hosp., Davis)								
SAN DIEGO								
San Diego County Community Mental Health Services	D. G. Zappella		5,213	77,231	05	022	13,228	
University of California (San Diego) Affiliated Hospitals								
University Hospital of San Diego County	A. J. Mandell	39	773	10,985	14	040	9,800	104982
SAN FRANCISCO								
Mount Zion Hospital and Medical Center	E. M. Weinschel	12	428	21,800	03	016	9,660	
Pacific Medical Center—Presbyterian	A. J. Enelow	11	199	4,498	02	007	9,800	
St. Mary's Hospital and Medical Center	M. T. Khlentzos	21	536	12,565	08	024	9,990	
San Francisco Community Mental Health Services	J. J. Katsuranis	39	2,010	80,240	04	012	10,426	
University of California Program	A. Simon				15	042	11,100	
Langley Porter Neuropsychiatric Institute	A. Simon	52	532	22,667				
Veterans Admin.	I. Feinberg			18,300				
SAN MATEO								
San Mateo Community Mental Health Services	P. I. Wachter	28	1,376	84,335	06	016	9,924	
SANTA BARBARA								
Santa Barbara County Mental Health Services	C. H. Hardin Branch				03	009		
Santa Barbara General								
Santa Barbara Cottage								
STANFORD								
Stanford University Affiliated Hospitals	G. D. Gulevich				07	025		
Stanford University	G. D. Gulevich	15	276	14,208			10,225	
Veterans Admin. (Palo Alto)	B. S. Kopell	710	4,642	27,637				
STOCKTON								
Stockton State (See Univ. of Calif. (Davis) Affiliated Hosp., Davis)								
SYLMAR								
Olive View Medical Center	J. C. Shipper	19	133	15,768	05	015	14,340	
TORRANCE								
Los Angeles County Harbor General	P. Castelnovo-Tedesco	22	301	18,277	06	018	14,340	
COLORADO								
DENVER								
Denver General	J. F. Yost	25	953	2,194	02	009	10,068	107782
Fort Logan Mental Health Center	W. F. Rehg		2,668	14,419	03	009	9,000	
University of Colorado Affiliated Hospitals	D. B. Carter				15	045		107682
University of Colorado Medical Center	D. B. Carter	54	1,000	36,682			10,970	
Veterans Admin.	D. E. Starrett	19	315				11,770	
PUEBLO								
Colorado State	C. Meredith, D. Carter	15	180	3,216	02	002		
CONNECTICUT								
HARTFORD								
Institute of Living	W. W. Zeller	378	633	14,009	10	030	13,000	216382
University of Connecticut Affiliated Hospitals	R. Cancro				06	018		109482
University of Connecticut Hospital—Mc Cook Division	R. Cancro	18	292	2,257				
Hartford	D. L. Brown	36	900	9,000			10,500	
Veterans Admin. (Newington)		17	272	4,670				
NEW HAVEN								
Yale—New Haven Medical Center	M. F. Reiser				18	060		108982
Yale—New Haven	M. F. Reiser	28	166	12,562			11,025	
Connecticut Mental Health Center		38	821	39,711				
Yale Psychiatric Institute	M. F. Reiser	45	46				11,025	
Yale University Health Service, Div. of Mental Hygiene	M. F. Reiser			9,985			11,025	
Veterans Admin. (West Haven)	P. Errera	82	884	8,453			11,415	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CONNECTICUT —Continued								
NEWINGTON								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
NEWTOWN								
Fairfield Hills	D. W. Thomas	1,496	4,668	2,029	06	018	11,636	
NORWICH								
Norwich	M. Martin	1,148	4,336	8,418	08	024	11,636	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
NEW CASTLE								
Delaware State	R. Winkelmayr	1,052	1,703	8,704	03	009	12,726	
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's Georgetown University Affiliated Hospitals	W. H. Bradshaw R. A. Steinbach	25	350	5,000	02	006		180182
Georgetown University Veterans Admin.		165	1,266	19,741 30,712	08	028	10,017 10,780	
George Washington University	T. G. Webster	29	418	2,088	07	018	10,000	180282
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	W. C. Ruffin, Jr.	24	350	5,771	09	030		183482
William A. Shands Teaching Hosp. and Clinics	W. C. Ruffin, Jr.	75	51	6,447			8,200	
Anclote Manor (Tarpon Springs)	W. H. Wellborn, Jr.	73	447	3,211			13,200	
Veterans Admin.	H. R. Lyons						9,125	
MIAMI								
University of Miami Affiliated Hospitals	J. N. Sussex				13	039		110482
Jackson Memorial		138	1,851	6,000				
Veterans Admin.		153	1,859	10,417			13,490	
TAMPA								
University of South Florida Affiliated Hospitals	W. E. Afield				04	012	11,000	
Tampa General		49	1,277	1,900				
St. Joseph's Veterans Admin.		21	497	1,127				
TARPON SPRINGS								
Anclote Manor (See University of Florida Aff. Hosps., Gainesville)								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	B. C. Holland				20	060	9,600	111782
Emory University	B. C. Holland	13	203					
Grady Memorial	B. C. Holland	30	1,508	19,771				
Georgia Mental Health Institute	B. C. Holland	160	3,530	47,760				
Veterans Admin. (Decatur)	T. E. Fulmer	50	404	23,864				
AUGUSTA								
Medical College of Georgia Hospitals					03	009	9,500	
Eugene Talmadge Memorial	E. J. Mc Cranie	16	240	2,843				
Veterans Admin.	L. W. Marshall	859	3,151	9,278	03	009	10,417	
MILLEDGEVILLE								
Central State	L. J. Jacobs	7,417	8,014	49,809	10	030	11,838	
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	J. F. Mc Dermott				06	018	10,980	223182
Hawaii State (Kaneohe)	J. F. Mc Dermott	371	1,109					
Queen's Medical Center	G. Bolian	18	686	5,478				
University of Hawaii, Leahi	J. F. Mc Dermott	203	369	160				
KANEHOE								
Hawaii State (See Univ. of Hawaii Affiliated Hospitals, Honolulu)								
ILLINOIS								
CHICAGO								
Chicago Medical School Affiliated Hospitals	H. H. Garner	20	369	2,760	08	024	9,700	114482
Mount Sinai Hospital Medical Center of Chicago	H. H. Garner	20	369	2,760				
Fox River	H. H. Garner, M. Waldman	70	1,248	1,833				
Illinois State Psychiatric Institute	C. Rhead	123	783	15,700	10	033	12,228	
Mc Gaw Medical Center of Northwestern University	P. D. Barglow				08	028	11,072	
Northwestern Memorial	H. Visotsky	75	1,200	8,000				
Veterans Admin. Research	G. Bogen	26	258					
Veterans Admin. (Downey)	J. Masserman, W. Kenfield	1,845	3,832	24,385				
Evanston (Evanston)	L. Diamond	33	434	9,574				
Michael Reese Hospital and Medical Center	L. Kayton	76	560	20,600	07	022	11,100	114282
Rush—Presbyterian—St. Luke's Medical Center	P. E. Ebenhoeh	52	605	6,081	06	018	10,861	114782
University of Chicago Hospitals and Clinics	D. X. Freedman	22	530	12,642	04	024	10,100	116082
University of Illinois Affiliated Hospitals	G. H. Borowitz				07	022		115082
University of Illinois	G. H. Borowitz	18	195	21,443				
Veterans Admin. (West Side)	B. Rappaport	83	1,232	57,995				

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS—Continued								
ODWNEY								
Veterans Admin. (See Mc Gaw Medical Center of Northwestern Univ. Chicago)					06	018		117082
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ. Chicago)								
HINES								
John J. Madden Zone Center (See Loyola University Aff. Hosps., Maywood)								
Veterans Admin. (See Loyola University Aff. Hosps. Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	J. A. Smith		479	5,223	06	018	10,000	
Foster G. Mc Gaw	J. A. Smith	26						
John J. Madden Zone Center (Hines)	R. A. De Vito	168	1,689	25,123				
Veterans Admin. (Hines)	E. K. Mc Donald	101	1,640	7,901			10,600	
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals	T. A. Travis				04	012		292282
Andrew Mc Farland Zone Center	T. A. Travis	130	862	12,500			10,000	
Memorial Hospital of Springfield	A. S. Norris	49	1,229					
Mental Health Association	T. A. Travis	28	1,300	11,700			10,000	
St. Johns	T. A. Travis	31	948	12			12,000	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	J. I. Nurnberger				20	044		118782
Indiana University Hospitals	J. I. Nurnberger			5,418			10,800	
Larue D. Carter Memorial	D. F. Moore	98	308	4,012			10,816	
Marion County General	J. J. Wright	58	1,354	27,313			9,500	
Veterans Admin.	J. I. Nurnberger	72	747	3,165			10,816	
IOWA								
CHEROKEE								
Mental Health Institute	E. A. Kjenaas	284	1,231	7,887	04	012	13,812	
INDEPENDENCE								
Mental Health Institute	S. M. Korson	275	1,652	2,937	04	012	13,812	
IOWA CITY								
State Psychopathic	R. Noyes, Jr.	58	673	10,877	09	027	11,000	228682
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	D. C. Greaves	43	609	21,433	09	028	10,000	120882
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	58	775	2,677			11,500	
TOPEKA								
Menninger School of Psychiatry	P. Woolcott, Jr.				20	064		
C. F. Menninger Memorial	D. R. Aleksandrowicz	147	283	47,180			11,000	
Topeka State	W. W. Menninger	494	1,139	11,491			11,000	
Veterans Admin.	M. B. Ardis	743	4,133	69,676			11,605	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	G. M. Henry				09	027		
University	G. M. Henry	25	309	10,626			9,600	
Veterans Admin.	F. Surawicz	456	3,267	2,522			9,460	
LOUISVILLE								
University of Louisville Affiliated Hospitals	W. K. Keller				07	024		
Bingham Child Guidance Clinic	J. F. Ice	32	397	8,403				
Central State	W. K. Keller	560	1,620				11,000	
John N. Norton Memorial Infirmary	E. E. Landis	28	205	2,162			11,000	
Louisville General	N. Kateryniuk	22	2,043	2,059			11,000	
Veterans Admin.	N. S. Russinovich	42	673	2,253			8,915	
LOUISIANA								
MANDEVILLE								
Southeast Louisiana (See Tulane University Affiliated Hospitals, New Orleans)								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	W. Van Veen				06	018		
Charity Hospital of Louisiana	W. Van Veen	47	881				7,800	
Touro Infirmary	E. Svenson	12	406	6,000			9,522	
Tulane University Affiliated Hospitals	R. G. Heath				10	030		7,800
Charity Hospital of Louisiana	R. G. Heath	45	887	5,339			7,800	
De Paul	F. J. Kane, Jr.	22	133					
Veterans Admin.	W. W. Wallace	52	801	6,506			11,895	
Southeast Louisiana (Mandeville)		404	2,421					
SHREVEPORT								
Confederate Memorial Medical Center	K. Shannon, Jr.	20	1,217		03	009	7,800	
MAINE								
PORTLAND								
Maine Medical Center	A. Elkins	25	911	23,681	03	009	8,972	123682
MARYLAND								
BALTIMORE								
Johns Hopkins	J. H. Stephens	68	575	22,820	11	035	9,500	124282
Spring Grove State	R. A. Boza	2,065	5,826	9,460	02	012	8,950	
University of Maryland Affiliated Hospitals								
University of Maryland	W. Weintraub	52	515	12,937	10	030	10,700	
CROWNSVILLE								
Crownsville State	R. T. Kraus	950	4,549	5,000	12	012		

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
MARYLAND—Continued								
SYKESVILLE Springfield State	O. G. Prado	2,469	4,672		02	010	8,950	
TOWSON Sheppard and Enoch Pratt	I. H. Cohen	237	470	5,578	07	021	9,900	
MASSACHUSETTS								
BELMONT								
Mc Lean	H. M. Shein	338	1,298	17,780	06	025	10,800	
BOSTON								
Beth Israel	A. Kravitz, J. Nemiah	12	193	7,077	05	017	10,200	
Boston City	J. Mendelson	27	473	10,735	04	012	10,733	
Boston University Affiliated Hospitals	S. I. Cohen				06	024		
Boston State University	F. J. Ouhl	825	1,398	3,900			8,400	
Massachusetts General	S. I. Cohen	16	148	10,080			10,655	
Massachusetts Mental Health Center	M. Brode	21	202	24,980	13	040	10,800	126182
New England Medical Center Hospitals	E. V. Semrad	204	1,007	4,643	20	073	8,400	
St. Elizabeth's	P. G. Myerson	89	800	1,515	05	015	10,724	126382
Tufts—New England Medical Center—Veterans Admin.	J. H. Brennan	44	533	211	02	006	10,710	
New England Medical Center Hospitals Veterans Admin.	P. G. Myerson	194	1,500	11,258	02	006	11,245	
Veterans Admin.	D. M. Holmes	105	700	9,743	04	013	11,245	127182
CAMBRIDGE								
Cambridge	L. Macht	20	260	11,875	06	018	10,733	
HATHORNE								
Danvers State	E. Conboy	1,200	1,200	8,400	02	006	13,800	240582
MEDFIELD								
Medfield State	N. S. Mittel	517	914	21,713	04	012	14,825	
TAUNTON								
Taunton State	T. Iida	858	1,023	8,582	04	012	14,825	
WALTHAM								
Metropolitan State	W. M. Hanna	790	1,797	2,691	03	008	12,000	
WORCESTER								
Worcester State	J. E. L. Prunier	708	1,386	28,067	04	016		242582
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	E. Oraper				12	033		129382
University	E. Oraper	54	426	17,097			11,000	
Veterans Admin.	A. Silverman, R. Ging	62	700	2,378	02	003	10,500	
DETROIT								
Detroit Psychiatric Institute	M. Margolis	69	1,589	23,731	06	020	12,500	
Henry Ford	H. Von Brauchitsch	25	600	9,000	03	008	13,000	
Lafayette Clinic	J. S. Gottlieb	41	401	16,588	15	048	13,307	243382
Sinai Hospital of Detroit	N. Rosenzweig	33	527	13,624	06	018	13,000	192682
EAST LANSING								
Michigan State University Associated Hospitals	L. Rosen				10	030	12,000	
Michigan State University Health Center		1	101	1,980				
Genesee County Community Mental Health Services (Flint)		6	257	26,890				
St. Lawrence Community Mental Health Center (Lansing)								
Clinton Valley Center (Pontiac)		1,224	4,512	21,238				
ELOISE								
Wayne County General	M. Minui	1,131	2,308	28,484	05	013	13,031	
FLINT								
Genesee County Community Mental Health Services (See Michigan State Univ. Associated Hosps., East Lansing)								
LANSING								
St. Lawrence Community Mental Health Center (See Michigan State Univ. Associated Hosps., East Lansing)								
NORTHVILLE								
Northville State	K. C. R. Nair	703	3,094	80,000	07	024	13,307	
PONTIAC								
Clinton Valley Center	I. S. Finkelstein	1,224	4,512	21,238	06	018	14,040	
Clinton Valley Center (See Michigan State Univ. Assoc. Hosps., East Lansing)								
TRAVERSE CITY								
Traverse City State	P. E. Kauffman	1,437	1,250	8,722	06	018	12,820	
YPSILANTI								
Ypsilanti State	W. J. Bogard	1,735	1,544	27,238	08	024	12,820	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	F. K. Garetz				10	030		
University of Minnesota Hospitals	F. K. Garetz		489	5,979			9,200	
Hennepin County General	W. W. Jepsen	22	572	27,453			9,500	
St. Paul—Ramsey (St. Paul)	V. B. Tuason	47	1,585	25,755			10,300	
Veterans Admin.	W. Hausman	93	1,180	9,050	04	012	11,674	
ROCHESTER								
Mayo Graduate School of Medicine	R. M. Steinhilber			5,427	08	024	11,000	
Rochester Methodist		14	125					
St. Mary's		41	1,018					

APPROVED RESIDENCIES

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA—Continued								
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minn. Affiliated Hosps., Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. F. Suess				04	012		195782
University	J. F. Suess	19	350	252			12,000	
Veterans Admin. Center	S. C. Russell	67	790	5,178			13,800	
Mississippi State (Whitfield)	A. G. Anderson	272	4,037	240			14,000	
WHITFIELD								
Mississippi State (See Univ. of Mississippi Medical Center, Jackson)								
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	J. M. A. Weiss	95	1,208	17,155	08	030	12,000	199482
KANSAS CITY								
University of Missouri Residency In Psychiatry Kansas City General Hospital and Medical Center	R. Hornstra				06	018		
Western Missouri Mental Health Center Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)		136	4,983	30,236				
ST. LOUIS								
Jewish Hospital of St. Louis	N. M. Simon	32	440	4,733	02	006	11,000	135882
Malcolm Bliss Mental Health Center	M. Strahilevitz	164	2,193	35,959	18	058	12,000	
Missouri Institute of Psychiatry—St. Louis State	A. D. Kitchen	957	3,905	54,272	12	050	13,000	248382
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	C. K. Hofling				08	024	13,000	136582
David P. Wohl Memorial Mental Health Institute	C. K. Hofling							
Firmin Desloge General Veterans Admin.	C. K. Hofling E. T. Auer	30	611	5,269				
296	1,885	26,240						
Washington University Affiliated Hospitals Barnes Hospital Group	E. Robins	95	1,500	10,000	18	050		135382
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Douglas County	B. T. Mead J. W. Kelley M. G. Suguitan	75 62	1,335 1,835	1,905	03	009	10,200	
University of Nebraska Affiliated Hospitals Nebraska Psychiatric Institute Veterans Admin.	M. T. Eaton, Jr. M. T. Eaton, Jr. G. W. Bartholow	62 78	864 854	8,482 1,795	10	030	9,400 10,188	137682
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	G. J. Tucker	23	795	12,000	06	018	9,100	137782
NEW JERSEY								
EAST ORANGE								
Veterans Admin. (See CMDNJ—New Jersey Med. Sch. Affil. Hosps., Newark, N.J.)								
FLEMINGTON								
Hunterdon Medical Center (See CMDNJ—Rutgers Medical School Aff. Hosps., Piscataway)								
HACKENSACK								
Hackensack	D. L. Goldstein	19	606	17,394	01	003	10,600	
HAMMONTON								
Ancora Psychiatric	L. L. Sell	1,246	3,446	8,086	05	015	12,200	
LONG BRANCH								
Monmouth Medical Center	J. J. Verdon	31	781	7,186	02	006	11,000	139282
MARLBORO								
Marlboro Psychiatric	N. Kiremitci	984	3,435	23,415	03	009	12,200	
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals Martland Veterans Admin. (East Orange)								
	M. S. Denholtz M. S. Denholtz B. M. Patel	70 90	2,000 1,320	6,540 354	14	029	11,800	
PARAMUS								
Bergen Pines County	N. S. Kline	252	3,454	28,225	06	018	9,500	190882
PISCATAWAY								
CMDNJ—Rutgers Medical School Affiliated Hospitals Rutgers Psychiatric Institute Hunterdon Medical Center (Flemington)								
	W. E. Mc Cough W. E. Mc Cough R. Adams	30 9	10 238	20,000 9,722	05	015	12,000	
TRENTON								
Trenton Psychiatric	M. Rotov	1,767	2,578	2,850	04	010	12,200	
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Veterans Admin.								
	R. A. Senescu R. A. Senescu I. G. Mc Nickle	34 60	1,279 860	28,818 3,214	05 01	015 002	8,850 9,378	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. Mastrodonato				08	024		141482
Albany Medical Center	R. Mastrodonato	57	1,242	5,082			10,550	
Veterans Admin.	A. Kraft, B. Berkowitz	105	795	13,614	03	005	12,213	
BINGHAMTON								
Binghamton State	G. Y. Faruki	1,285	1,252	10,643	03	007	12,445	
BUFFALO								
Buffalo State	H. H. Haines, B. Salaban	1,282	1,153	18,611	06	020	12,445	
S. U. N. Y. at Buffalo Affiliated Hospitals								
Edward J. Meyer Memorial	Z. C. Taintor	73	2,288	37,177	06	021	11,634	143882
CENTRAL ISLIP								
Central Islip State	J. N. Crovello	3,822	5,291	30,320	06	018	12,600	
University Psychiatric Services, Central Islip State (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)								
COOPERSTOWN								
Mary Imogene Bassett	H. Gurian	15	145	1,920	02	003	12,300	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	M. W. Long	58	2,825	4,365	08	019	10,618	
HARRISON								
St. Vincent's Hospital and Med. Center of New York, Westchester Branch (See St. Vincent's Hsp. & Med. Ctr. of New York, N. Y. C.)								
KINGS PARK								
Kings Park State	G. V. Laury	4,333	831	3,240	10	030	12,645	
MANHASSET								
North Shore	J. R. Mc Cartney	17	381	9,310	02	006	12,800	
MARCY								
Marcy State	H. Buermann	2,208	1,489		05	015		
MIDDLETOWN								
Middletown State	A. Del Giudice	1,797	902	9,182	04	011	12,445	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	R. M. Chalfin	190	1,008	29,388	12	036	14,000	196382
Hillside Hospital Division (New York City)	R. M. Chalfin	23	189	28,634				
Queens Hospital Center (New York City)	M. Drucker							
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	J. Wilder							
Bronx Municipal Hospital Center	J. Wilder	107	1,093	70,056	16	048		193182
Bronx State	I. Zwerling	700	2,523	3,004	10	030		
Lincoln	G. Koz	7	236	72,897	06	018		
Hospital of the Albert Einstein College of Medicine	I. Zwerling							
Beth Israel Medical Center	H. Pinsker	337	8,482	218,423	07	021	12,750	147082
Bronx—Lebanon Hospital Center	H. Bluestone	25	475	21,400	02	003	14,000	
Brookdale Hospital Center	J. Frosch	18	332	16,960	08	024	14,000	
Brooklyn State	M. B. Wallach	1,990	1,562	37,719	10	030	12,445	
Catholic Medical Center of Brooklyn and Queens								
South Shore—Rockaway Mental Health Center	J. A. Alfano	37	104	39,189	02	006	13,300	
Columbia University Affiliated Hospitals	L. C. Kolb				10	031		
New York State Psychiatric Institute		135	337	20,409			13,700	
Presbyterian		10	246	109,890			13,715	
Creedmoor State	W. L. Werner, G. Seaman	2,787	982	4,001	12	036	13,467	
Dunlap—Manhattan Psychiatric	A. Tershakovec	754	1,271	20,832	06	018	13,469	
Harlem Hospital Center	E. B. Davis	35	466	12,184	06	015	12,500	
Hillside Hospital Division (See Long Island Jewish-Hillside Medical Cntr., New Hyde Park)								
Kirby—Manhattan Psychiatric	I. Kesselbrenner				12	022	12,645	
Maimonides Medical Center	M. Ullman	198	450	30,000	06	015		
Meyer Manhattan Psychiatric	J. A. Talbott	635	777	15,510	04	012	12,445	
Montefiore Hospital and Medical Center	H. Weiner	20	351	11,735	06	018	13,300	148782
Mount Sinai Hospital Training Program								
Mount Sinai	M. Stein	82	854	14,629	12	029	14,000	149082
City Hospital Center at Elmhurst	H. Weinstock	122	3,837	12,329	12	034	14,000	
New York (Payne Whitney Psychiatric Clinic)	P. G. Wilson	87	537	19,274	09	028	13,800	
New York Medical College—Metropolitan Hospital Center	S. H. Nagler	97	4,329	69,034	12	042	14,000	
Unit 1—Flower and Fifth Avenue Hospitals								
Unit 2—Metropolitan Hospital Center								
New York University Medical Center	M. Herman, W. Frosch	20	297		14	038		146482
University		412	9,710	37,959				
Bellevue Hospital Center								
Queens Hospital Center (See Long Island Jewish-Hillside Medical Cntr., New Hyde Park)								
Roosevelt	H. C. Shands	43	595	23,123	07	020	11,800	149682
St. Luke's Hospital Center	J. M. Colton	32	607	12,081	04	012	13,300	149882
St. Vincent's Hospital and Medical Center of New York	H. J. Tompkins	70	966	18,767	09	026	11,800	150082
St. Vincent's Hsp. & M. C. of N. Y., Westchester Br. (Harrison)	E. Hannin	89	892	2,858				

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond Staten Island Mental Health Society St. Vincent's Medical Center of Richmond	R. M. Silberstein	1,205	2,436	23,292	03	007	13,500	
State University—Kings County Hospital Center Kings County Hospital Center State University	H. Pardes	223	7,503 26 255	54,980	18	054	14,000 13,870	142682
Veterans Admin. (Bronx)	J. E. Pisetsky	95	1,211	29,620	02	005	14,097	
Veterans Admin. (Manhattan)	N. Nesis	173	2,078	10,428	04	014	14,097	
NORTHPORT								
Veterans Admin. (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)								
ORANGEBURG								
Rockland State	J. L. Kroll	3,769	1,234	5,457	06	018	12,445	263382
POMONA								
Rockland County Community Mental Health Center	S. Zimberg	18	243	54,133	04	012		
POUGHKEEPSIE								
Hudson River State	H. B. Snow	3,001	1,354	5,761	04	012	12,445	
ROCHESTER								
Rochester General	W. T. Hart	29	830	55,212	02	006	10,400	
Rochester State	R. Barton	2,188	1,355	7,142	04	012	12,445	
Strong Memorial Hospital of the University of Rochester	L. C. Wynne	102	1,799	31,273	20	056	10,400	
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals University Psychiatric Services, Central Islip State (Central Islip) Veterans Admin. (Northport)	S. N. Kieffer	462	1,252	18,000	04	012		151682
SYRACUSE								
S. U. N. Y. Upstate Medical Center	D. Oken				09	027	10,555	
State University	E. A. Kaplan	15	109	10,176				
Syracuse Psychiatric	J. A. Prevost	25	476	35,137				
Veterans Admin.	J. J. Danehy	70	480	5,230				
UTICA								
Utica State	G. Volow				04	016		
VALHALLA								
Grasslands	S. Gaylin	95	2,859	26,145	05	019	11,850	152182
WEST BRENTWOOD								
Pilgrim State	C. Stamatovich	7,639	2,413	2,548	10	030	12,445	
WHITE PLAINS								
New York Hospital—Cornell Medical Center (Westchester Division)	F. J. Hamilton	243	752	5,617	07	022	9,540	149282
NORTH CAROLINA								
ASHEVILLE								
Highland	H. G. Gillespie	115	363	1,477	04	012	11,000	
Blue Ridge Community Mental Health Center Broughton (Morganton)	H. R. Gollberg	5	185	3,000			10,000	
BUTNER								
John Umstead	A. Verwoerd	1,131	2,953		05	010	13,716	
CHAPEL HILL								
North Carolina Memorial	S. L. Halleck	48	867	11,363	10	036	10,500	190082
DURHAM								
Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	E. W. Busse E. W. Busse R. L. Green, Jr.	52 58	722 522	3,314 1,543	12	044	9,850 10,350	152982
MORGANTON								
Broughton (See Highland Hospital, Asheville)								
RALEIGH								
Dorothea Dix	P. A. Walker	1,808	5,262	20,000	05	015	13,716	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	R. Proctor	37	1,562	2,418	04	010	9,500	153782
OHIO								
CINCINNATI								
Rollman Psychiatric Institute	K. F. Finnen	85	1,105	16,007	10	030	10,130	
University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	R. S. Daniels	41 61	630 793	31,167 2,060	15	054	10,708	154882
CLEVELAND								
Cleveland Clinic	A. D. Weatherhead	26	297	5,994	03	009	10,500	
Cleveland Psychiatric Institute	M. D. Zannoni	142	1,547	20,916	08	020	10,130	
Fairhill Mental Health Center	P. Luczek	17,405	105	17,405	08	022	10,130	
University Hospitals of Cleveland	L. D. Lenkoski	65	732	9,961	10	028	10,500	156282
Veterans Admin.	H. S. Sudak	33	397				10,955	
COLUMBUS								
Columbus State	L. Szabo	1,280	1,793	33,975	08	024		
Ohio State University Hospitals	I. Gregory	100	1,319	8,691	08	022	9,600	156682
CUYAHOGA FALLS								
Fallsview Mental Health Center	R. K. Grewal	88	1,555	19,256	07	020	10,130	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo St. Vincent Hospital and Medical Center Toledo Mental Health Center	M. Gottlieb M. Gottlieb W. J. King	75 45	420 818	3,986 60	06	014	12,500	157982

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
OHIO—Continued								
WORTHINGTON Harding	G. T. Harding, Jr.	90	585	2,588	03	009	9,000	271982
OKLAHOMA								
NORMAN Central State Griffin Memorial	H. H. Donahue	780	3,790	9,750	05	015	14,380	
OKLAHOMA CITY University of Oklahoma Health Sciences Center University of Oklahoma Hospitals Veterans Admin.	G. H. Deckert G. H. Deckert R. E. Bullard	11 85	30 917	2,199 7,844	04	011	9,000 9,000	
OREGON								
PORTLAND University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	P. Mc Hugh	21	828	5,584	05	018	8,600	159982
SALEM Oregon State	N. B. Jetmalani	758	2,705		03	009	14,124	273382
PENNSYLVANIA								
COATESVILLE Veterans Admin.	J. C. Scott	1,118	2,286	5,020	05	008	12,000	
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	A. Kales	16	140	1,558	03	007	10,152	161782
NORRISTOWN Norristown State	R. M. Catton	1,763	611	26,032	10	030	12,675	
PHILADELPHIA Albert Einstein Medical Center Eastern Pennsylvania Psychiatric Institute Hahnemann Medical College and Hospital Hospital of the Medical College of Pennsylvania Institute of the Pennsylvania Hospital Philadelphia Psychiatric Center Philadelphia State Temple University Thomas Jefferson University University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Philadelphia General Veterans Admin.	N. Wong A. Lubizka, P. Mc Donough R. A. Newman, E. Lager L. Madow J. M. Myers E. R. Smarr B. Cahn M. C. Pepernik F. S. Cornelison, Jr. S. S. Hamilton S. S. Hamilton S. S. Hamilton J. N. Di Giacomo	42 95 1,600 50 170 113 1,950 20 19 10 50 38	744 366 2,419 190 1,180 1,412 790 404 386 514 634 961	2,769 5,757 28,656 4,200 6,583 4,894 2,852 4,190 1,863 13,709 4,108 1,084	04 05 12 06 06 06 10 06 08 12	010 015 036 018 018 014 030 024 024 034	10,100 12,675 10,200 10,650 10,600 11,000 13,979 10,761 14,000 11,500 10,492 11,425	163182 184982 163082 162882
PITTSBURGH Hospitals of the University Health Center of Pittsburgh Western Psychiatric Institute and Clinic	T. P. Detre	98	1,262	13,798	03	029	10,550	
WARREN Warren State	A. Y. Hoshino	1,489	773		10	027	12,675	
PUERTO RICO								
SAN JUAN Puerto Rico Institute of Psychiatry Univ. of Puerto Rico School of Medicine (Department of Psychiatry) Veterans Admin. Center	V. J. Bernal J. A. Rossello P. J. Durand	252 968 237	1,771 4,487 1,978	58,851 23,351	03 03 04	003 009 012	9,032	
RHODE ISLAND								
CRANSTON Rhode Island Medical Center—Institute of Mental Health	M. Ross	1,758	1,923	1,221	05	015	9,840	278782
PROVIDENCE Brown University Affiliated Hospitals Butler Miriam Rhode Island Emma Pendleton Bradley (Riverside)	D. R. Fowler D. R. Fowler R. P. Davis, D. R. Fowler D. J. Fish S. Alfie	73 230 15 57	850 7,500 358 22	4,137 5,512 170	06	018	11,000 10,655 11,000	
RIVERSIDE Emma Pendleton Bradley Hospital (See Brown University Affiliated Hospitals, Providence)								
SOUTH CAROLINA								
CHARLESTON Medical University of South Carolina Teaching Hospitals Medical University of South Carolina Veterans Admin.	R. L. Mc Curdy	34 39	389 449	3,600 2,130	08	022	9,450 9,409	168082
COLUMBIA William S. Hall Psychiatric Institute	J. E. Freed	75	389	8,627	08	022	11,768	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	19 181 145	621 2,015 1,315	2,787 12,849 6,852	08	024	8,184 10,100 9,494	
NASHVILLE George W. Hubbard Hospital of the Meharry Medical College Vanderbilt University Affiliated Hospitals Central State Psychiatric Vanderbilt University	J. Spurlock M. H. Hollender M. H. Hollender	14 16	302 258	5,514 4,338	02 06	006 016	9,554 8,925 8,925	170282
TEXAS								
AUSTIN Austin State	A. P. Rousos	1,459	3,631	3,478	07	021	13,000	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS—Continued								
DALLAS								
Timberlawn Psychiatric	J. M. Lewis	150	291	15,000	05	015	10,800	
University of Texas Southwestern Medical School Affiliated Hospitals	A. W. De Loach				08	040		283582
Parkland Memorial	A. W. De Loach	42	879	5,651			8,327	
Presbyterian Hospital of Dallas	A. W. De Loach	22	354	4,276				
Veterans Admin.	I. Kimbell, Jr.	82	832	2,415			9,070	
Terrell State (Terrell)	L. M. Cowley	2,108	4,274	3,908			13,000	
CALVESTON								
University of Texas Medical Branch Hospitals	E. I. Bruce, Jr.	219	2,124	7,178	10	029	9,600	171482
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	R. L. Williams				10	030		171682
Ben Taub General	R. L. Williams	20	601	5,639				
Methodist	R. L. Williams	42	832				8,100	
Texas Research Institute of Mental Sciences	R. L. Williams		1,158	30,984			8,000	
Veterans Admin.	A. D. Pokorny	362	3,215	11,485			8,400	
University of Texas at Houston Affiliated Hospitals								
Hermann	L. A. Faillace	1	74	221	03	005	9,480	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals								
Bexar County Teaching	M. B. Giffen	24	858	14,544	12	032	9,495	172282
TERRELL								
Terrell State (See Univ. of Tex. Southwestern Med. Sch. Aff. Hosps., Dallas)								
UTAH								
PROVO								
Utah State (See University of Utah Affiliated Hospitals, Salt Lake City)								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	E. L. Bliss				06	017		173282
University	E. L. Bliss	23	653	3,370			9,600	
Veterans Admin.	T. A. Williams	180	1,132				9,600	
Utah State (Provo)	R. S. Kiger	297	820				16,000	
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	L. R. Willmuth	29	460	5,000	05	014	8,600	173482
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	J. Buckman	33	523	16,280	07	019	11,400	173782
FALLS CHURCH								
Northern Virginia Mental Health Institute	M. A. Jacobson	71	685	3,579	03	009		
PETERSBURG								
Central State	H. Sormus	2,149	2,430		04	012	15,000	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	O. S. Zalis	39	2,479	6,369	05	014	9,400	
WILLIAMSBURG								
Eastern State	L. A. Garcia	2,050			04	014		
WASHINGTON								
FORT STEILACDOM								
Western State	J. W. Boudwin	1,249	3,783	15,564	03	009	10,800	
SEATTLE								
University of Washington Affiliated Hospitals	C. Eisdorfer				10	033		191882
Harborview Medical Center	L. Sata		1,837	14,153				
University	C. Eisdorfer	33	226	7,104			9,444	
Veterans Admin.	M. H. Johnson	61	800	14,200				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	W. W. Spradlin	279	1,138	6,828	04	012	10,000	183782
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	W. F. Fey				10	035	10,000	177982
University Hospitals	W. F. Fey	17	451	11,513				
Mendota State	L. I. Stein	355	2,086	6,476				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	E. H. Olsen				08	024		
Milwaukee Psychiatric (Wauwatosa)	E. H. Olson	83		3,303			10,000	
Milwaukee Children's	H. D. Sackin	5	233	16,516			10,000	
Milwaukee County Mental Health Center	E. H. Olsen	238	3,302	79,693			10,475	
Veterans Admin. Center (Wood)	T. H. Leitschuh	58	1,080	22,091			10,625	
WAUWATOSA								
Milwaukee Psychiatric (See Med. Coll. of Wis. Affiliated Hosps., Milwaukee)								
WINNEBAGO								
Winnebago State	G. H. Gammell	540	2,202	623	03	009	12,500	291182

27B. 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. See also List 27A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health, Clinical Center, Bethesda								
NONFEDERAL AND VETERANS ADMINISTRATION								
CONNECTICUT								
NEW CANAAN								
Silver Hill Foundation	J. G. Katis	55	301	965	02	002	18,000	
MARYLAND								
ROCKVILLE								
Chestnut Lodge	J. L. Cameron	78	52	3,820	02	004	17,000	
MASSACHUSETTS								
BOSTON								
Peter Bent Brigham	P. Reich			2,094	02	002	11,000	
STOCKBRIDGE								
Austen Riggs Center	E. A. White, Jr.	40	35	2,463	02	006	11,000	
WALTHAM								
Walter E. Fernald State School	N. Bernstein, J. O. Rice				01	001	8,000	
NEW YORK								
THIELLS								
Letchworth Village	E. A. Maurer	3,360	30	15,360	03	003	15,132	

27C. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco								
	C. K. Cordes			5,083	02	004		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington								
	J. A. Granger			3,973	3	006		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Hospitals and Clinics								
	R. Estock	19	211	3,253	01	002	11,400	
CALIFORNIA								
CAMARILLO								
Camarillo State	N. I. Rieger	165	147	300	04	006	9,612	
DAVIS								
University of California (Davis) Affiliated Hospitals								
	D. G. Langsley	36	1,300		04	008	13,200	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)								
		36	1,300	42,000				
IMOLA								
Napa State								
	S. W. Grinnell	79	108		02	004	17,247	
IRVINE								
University of California (Irvine) Affiliated Hospitals								
	J. D. Call	8	20	5,550	03	006	15,630	
LDS ANGELES								
Cedars—Sinai Medical Center								
	S. L. Brown			10,477	03	004	15,435	
Mount Sinai Hospital Division								
	H. E. Hansen			1,738	02	004	12,685	
Childrens Hospital of Los Angeles								
	J. D. Teicher	65	615	25,184	06	012	17,904	
Los Angeles County—U. S. C. Medical Center								
	R. L. Molto	48	183		02	006	9,000	
Reiss—Davis Child Study Center								
	R. O. Pasnau	60	223	13,190	01	007	14,100	
U. C. L. A.								

27C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
ORANGE								
Orange County Medical Center (See University of California (Irvine) Aff. Hosp., Irvine)								
PASADENA								
Pasadena Child Guidance Clinic								
	J. M. Mead	45	350	12,500	02	004	10,000	
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See University of California (Davis) Aff. Hosp., Davis)								
SAN DIEGO								
Community Mental Health Services of San Diego County								
	P. B. Bach	15	47	3,668	02	004	16,070	
	T. L. Trunnell			14,464			8,857	
SAN FRANCISCO								
Children's Hospital and Adult Medical Center								
	R. A. Kimmich			8,869	03	003	10,412	
Mount Zion Hospital and Medical Center								
	C. F. Settlage			7,200	03	006	11,100	
St. Mary's Hospital and Medical Center								
	M. T. Khlentzos	23	392	7,278	04	008	9,990	
University of California Program								
	S. A. Szurek	8	1	7,395	06	006	7,000	
Langley Porter Neuropsychiatric Institute								
STANFORD								
Stanford University Affiliated Hospitals								
	A. J. Rosenthal			2,446	03	003	10,225	
Stanford University								
TORRANCE								
Los Angeles County Harbor General								
	P. Castelnuovo - Tedesco			7,089	01	004		
VAN NUYS								
San Fernando Valley Child Guidance Clinic								
	L. M. Goldfine	544	1,664	19,209	02	004	11,500	
COLORADO								
DENVER								
University of Colorado Medical Center								
	G. E. Blom	12	123	12,857	03	006	12,570	
CONNECTICUT								
HARTFORD								
Child and Family Services of Connecticut								
	M. B. Rosenthal	61	306	4,476	01	002	2,000	
Institute of Living—Children's Clinic								
	F. G. Bucknam	20	70	4,702	01	002	13,500	
NEW HAVEN								
Yale University Child Study Center								
	A. J. Solnit			5,723	04	006	10,000	
DISTRICT OF COLUMBIA								
WASHINGTON								
Children's Hospital of the District of Columbia								
	R. S. Lourie, L. A. Cove	13	22	8,102	05	010	11,000	
Georgetown University								
	E. S. Kessler			5,477	02	004	11,686	
FLORIDA								
GAINESVILLE								
William A. Shands Teaching Hosp. and Clinics								
	F. Carrera, 3d.	20	8	4,270	04	010	9,200	
MIAMI								
University of Miami Affiliated Hospitals								
	J. N. Sussex	8	21	1,010	03	006	12,590	
Jackson Memorial								
TAMPA								
University of South Florida Affiliated Hospitals								
	W. E. Afield				04	008	13,500	
		2	21	291				
		6	59	871				
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals								
	B. C. Holland	27	403	6,360	03	006	9,600	
Georgia Mental Health Institute								
Grady Memorial								
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals								
	J. F. Mc Dermott			2,800	03	006	11,700	
University of Hawaii, Leahi								
			52					
Diamond Head Mental Health Clinic								
			350					
ILLINOIS								
CHICAGO								
Institute for Juvenile Research								
	E. H. Futterman			5,200	04	009	13,752	
Mc Gaw Medical Center of Northwestern University								
	J. L. Schulman	6	20	7,788	02	004	12,102	
Children's Memorial								
	S. Feinstein	20	43	5,240	03	006	11,100	
Michael Reese Hospital and Medical Center								
	R. C. Koenig	20	200	3,000	02	004	12,228	
Rush—Presbyterian—St. Luke's Medical Center								
	R. V. Kaufman		119	3,211	05	005	12,200	
University of Chicago Hospitals and Clinics								
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center								
	J. Simmons				08	016		
Indiana University Hospitals								
	J. E. Simmons	47	72	3,452			10,000	
Larue D. Carter Memorial								
				1,785			12,844	
IOWA								
IOWA CITY								
State Psychopathic								
	H. H. Comly	23	70	1,097	02	004	14,000	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center								
	P. C. Laybourne, Jr.	10	120		04	008	12,000	
TOPEKA								
Children's Division, the Menninger Foundation								
	J. T. Morrow, Jr.	67	26	8,608	07	014	13,000	

27C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KENTUCKY								
LEXINGTON University of Kentucky Medical Center University Children's Treatment Center (Anchorage)	R. G. Aug, H. M. Gray R. G. Aug	20	88	862	03	006		
LOUISVILLE Bingham Child Guidance Clinic	J. F. Ice	32	397	8,403	02	004	13,000	
LOUISIANA								
NEW ORLEANS Louisiana State University Medical Center Tulane University Affiliated Hospitals Southeast Louisiana (Mandeville)	S. E. Rubin	69	88	3,500	03	006	12,000	
MAINE								
PORTLAND Maine Medical Center	C. G. Heath			2,520	01	002	10,634	
MARYLAND								
BALTIMORE Johns Hopkins University of Maryland Affiliated Hospitals University of Maryland	A. Rodriguez T. M. Modarressi	9 10	144 6	3,972 1,033	03 00	006 005	11,000 10,700	
TOWSON Shepard and Enoch Pratt	J. J. Gibbs	35	45	3,075	03	006	10,900	
MASSACHUSETTS								
BELMONT Beaverbrook Guidance Center	C. Hudson	30		6,816	02	004		
BOSTON Beth Israel Boston University Medical Center, Children's Ambulatory Services Douglas A. Thom Clinic for Children Putnam Children's Center Children's Hospital Medical Center Judge Baker Guidance Center Massachusetts General Massachusetts Mental Health Center New England Medical Center Hospitals	J. H. Backman S. T. Van Amerongen H. Weintraub V. B. Tisza V. B. Tisza J. H. Lamont G. Rochlin J. J. Jankowski	8 15 15	562 140	6,258 2,570 3,051	02 03	006 006	7,000 7,500	
CAMBRIDGE Cambridge Guidance Center	C. K. Tagiuri	37	202	9,289	02	003	11,000	
QUINCY South Shore Mental Health Center	J. B. Nelson, 3d.	44	800	11,000	01	002	11,000	
WALTHAM Metropolitan State	D. S. Gair	90	120	11,000	03	004	9,000	
WORCESTER Worcester Youth Guidance Center	H. L. Wylie		568	11,676	02	004	15,000	
MICHIGAN								
ANN ARBOR University	S. I. Harrison	24	88	9,592	08	015	11,800	
DETROIT Lafayette Clinic	C. B. Simson	50	235	5,927	04	010	13,307	
NORTHVILLE Hawthorn Center	H. L. Wright	255	269	10,549	04	004		
PONTIAC Clinton Valley Center	I. B. Sendi	113	116	1,876	02	004	16,031	
YPSILANTI York Woods Center	E. P. Benedek	90	78		02	004	13,467	
MINNESOTA								
MINNEAPOLIS University of Minnesota Hospitals	W. Easson	12	65	455	01	004	10,200	
ROCHESTER Mayo Graduate School of Medicine	A. R. Lucas	15	53	3,348	03	005	12,000	
ST PAUL Wilder Department of Child Guidance and Development	R. C. Knowles	71	1,820	18,177	02	002	12,500	
MISSOURI								
COLUMBIA University of Missouri Medical Center	J. L. Chapel	24	79	2,155	03	009	14,000	
KANSAS CITY Grtr. Kansas Cty. Mntl. Hlth. Fndn., U. Mo. Sch. Med., Kans. City Div.	J. R. Harte	43	972	6,472	03	006	14,000	
ST LOUIS Malcolm Bliss Mental Health Center William Greenleaf Eliot Div. of Child Psych.—Wash. U. Sch. of Med.	J. E. Edwards E. J. Anthony	22 33	221	10,559 10,828	04 03	008 006	14,000 11,000	
NEBRASKA								
OMAHA Nebraska Psychiatric Institute	J. R. Donaldson	13	56	1,046	01	002	10,600	
NEW HAMPSHIRE								
HANOVER Dartmouth Medical School Affiliated Hospitals Dartmouth—Hitchcock Mental Health Center Mary Hitchcock Memorial	R. Sobel	1	18	2,970	02	004	8,000	

27C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW JERSEY								
PISCATAWAY								
CMDNJ—Rutgers Medical School, Department of Psychiatry	L. B. Silver	24	50	8,000	05	010	12,804	
NEW YORK								
ALBANY								
Albany Medical Center	R. K. Filippi				02	004	14,520	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	J. M. Roheim	30	139	7,612 9,034	04	006	15,150	
Hillside Hospital Division (New York City)	J. M. Roheim							
Queens Hospital Center (New York City)	J. Fass							
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals								
Bronx Municipal Hospital Center	J. B. Cramer	29	423	13,895	07	014		
Brookdale Hospital Center	C. Sarnoff			2,550	03	006	15,400	
City Hospital Center at Elmhurst	D. S. Schulman	36	452	4,035	05	010	16,100	
Columbia University Affiliated Hospitals	H. D. Dunton			6,994	04	008		
New York State Psychiatric Institute Presbyterian		11	10	2,589			13,700 11,500	
Harlem Hospital Center	V. N. Wilking			8,009	02	004	12,500	
Hillside Hospital (See Long Island Jewish-Hillside Med. Cntr.-New Hyde Pk.)								
Madeleine Borg Child Guidance Institute	A. H. Esman			4,106	01	004	15,500	
Maimonides Medical Center	N. Sher	3	35	3,700	01	002	15,850	
Mount Sinai	M. Stein	10	74	2,874	04	007	15,400	
New York (Payne Whitney Psychiatric Clinic)	E. G. Dabbs			4,594	03	006	15,200	
Queens Hospital Center (See Long Island-Hillside Med. Cntr., New Hyde Park)								
New York Medical College—Metropolitan Hospital Center	R. La Vietes				03	006	14,000	
Unit 1—Flower and Fifth Avenue Hospitals		1	9	318				
Unit 2—Metropolitan Hospital Center		21	315	5,277				
New York University Medical Center Bellevue Hospital Center University	B. Fish	42	238		04	008		
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents	B. B. Pfeffer	40		40	01	002	12,500	
Roosevelt	B. L. Pacella			2,525	02	002	14,500	
St. Luke's Hospital Center	J. M. Cotton			10,908	04	007	14,300	
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	B. L. New	154	732	40,608	03	007	13,500	
Staten Island Mental Health Society St. Vincent's Medical Center of Richmond								
State University—Kings County Hospital Center	A. E. Christ				08	016		
Kings County Hospital Center State University	A. E. Christ	43	525	13,462			15,400	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	D. W. Goodrich	2	25	3,732	03	006	10,400	
NORTH CAROLINA								
BUTNER								
Murdoch Center, Children's Psychiatric Institute	M. Amaya	46	42	13,014	02	004	15,096	
CHAPEL HILL								
North Carolina Memorial	J. I. Boswell, Jr.	5	46	1,102	02	004	11,500	
DURHAM								
Durham Child Guidance Clinic, Duke University Medical Center	H. J. Harris	150	450		02	004	10,250	
RALEIGH								
Dorothea Dix	T. M. Haizlip			2,000	02	004	15,095	
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	O. Krug				08	016		
Central Psychiatric Clinic	I. M. Dizenhuz			3,413				
Children's Psychiatric Center of the Jewish Hospital	O. Krug	32		6,987			8,862	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	W. D. Boaz				02	006		
University Hospitals of Cleveland	W. D. Boaz	7	38	6,138			11,500	
Cleveland Guidance Center	G. R. Loomis			8,053				
COLUMBUS								
Ohio State University Hospitals	R. D. Coddington	15	55	2,187	02	004	10,800	
TOLEDO								
Medical College of Ohio at Toledo	J. P. Kempf	20	50	110	02	004	13,500	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	M. D. Schechter			4,742	02	004	11,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	H. Boverman	4		720	02	004	10,000	

27C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
PENNSYLVANIA								
NORRISTOWN								
Central Montgomery Mental Health/Mental Retardation Center	S. I. Altman			14,149	02	004	10,000	
PHILADELPHIA								
Albert Einstein Medical Center	W. L. Allan		7	1,826	02	003	10,100	
Hahnemann Medical College and Hospital	W. C. Adamson	400	699	11,646	04	008	10,200	
Irving Schwartz Inst. for Children & Youth of the Phila. Psych. Ctr.	H. H. Herskovitz			25,201	03	006	10,600	
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute	R. C. Prall	51	11	42,269	06	012	16,170	
Philadelphia Child Guidance Clinic	C. A. Malone		1,269	30,723	04	008	11,750	
St. Christopher's Hospital for Children	P. R. Mc Ilhenny			7,791	03	006	11,500	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh								
Western Psychiatric Institute and Clinic	P. B. Henderson	105	2,400	24,500	07	012	10,550	
WILKES-BARRE								
Childrens Service Center of Wyoming Valley	M. E. Barnes	13	10	10,419	01	002		
PUERTO RICO								
SAN JUAN								
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	G. Santiago			21,999	02	004		
RHODE ISLAND								
RIVERSIDE								
Emma Pendleton Bradley	S. Alfie	57	22		01	002		
SOUTH CAROLINA								
COLUMBIA								
William S. Hall Psychiatric Institute	R. C. Schnackenberg	8	23	6,433	04	008	14,108	
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	W. C. Hiatt			2,340	02	003	8,184	
City of Memphis Hospitals								
Tennessee Psychiatric Hospital and Institute								
University of Tennessee Mental Health Center								
NASHVILLE								
Vanderbilt University	H. P. Coppolino	18	16	1,685	02	004	11,000	
TEXAS								
AUSTIN								
Austin State Hospital—Children's Psychiatric Unit	B. J. Sutton	55	160	2,836	04	008	13,000	
DALLAS								
University of Texas Southwestern Medical School								
Dallas Child Guidance Clinic	L. Claman			6,738	02	002		
GALVESTON								
University of Texas Medical Branch Hospitals	L. G. Hornsby	26	30	2,389	03	006	10,600	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	D. B. Hansen				05	010	10,800	
Ben Taub General								
Children's Mental Health Services	D. B. Hansen			4,200				
Texas Children's								
Texas Research Institute of Mental Sciences	M. F. Mc Millan	80	2,054	6,710				
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals								
Community Guidance Center of Bexar County	A. C. Serrano	100	1,300	13,000	03	006	10,000	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals								
University	M. H. Egan			2,588	03	005	11,800	
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	H. R. Huesy		89	400	01	002	10,000	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	A. Mattsson	30		5,021	02	004	12,400	
FALLS CHURCH								
Fairfax—Falls Church Mental Health Center	S. L. Auster			16,163	01	002		
RICHMOND								
Virginia Treatment Center for Children	W. Draper	39	99	3,999	02	003	17,150	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	C. Eisdorfer							
University	C. Eisdorfer		1,630	5,795	04	008	10,008	
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	J. F. Kelley	5		550	02	004	12,000	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	J. C. Westman				03	006	11,000	
University Hospitals	J. C. Westman			637				
Childrens Treatment Center		21	47	17,522				

APPROVED RESIDENCIES

27C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Milwaukee Children's	H. O. Sackin	5	233	16,516	02	004	10,000	

28. * 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, as List 26E.

29A. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and American Board of Radiology through the Residency Review Committee for Radiology. All programs listed offer THREE years of training in all phases of Radiology, intramurally, or on an integrated basis, or through affiliation with another approved institution. See also Lists 29B and 29C.

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
CALIFORNIA									
David Grant U. S. A. F. Medical Center, Fairfield	R. P. Hill	63,320	79	250	1,249	03	012		
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	O. D. Skinner	175,583	68	18	508	03	009		
UNITED STATES NAVY									
U. S. Navy Coordinated Program									
Naval, Oakland, Calif.	M. Nieves	67,695	66	12	78	03	009		
Naval, San Diego, Calif.	Q. E. Crews, Jr.	146,800	7	11	285	02	007		
Naval, Bethesda, Md.	J. E. Turner	95,000	25	130	525	04	012	182383	
Naval, Philadelphia, Pa.	S. B. Diznoff	62,290	7		211	03	009	183183	
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA									
U. S. Public Health Service, New Orleans (See Charity Hospital of Louisiana, New Orleans, La.)									
MARYLAND									
U. S. Public Health Service, Baltimore	W. L. Murphy	35,544	212	7	209	02	006		
NEW YORK									
U. S. Public Health Service (Staten Island), New York City	O. L. Manfredi	40,000				03	009		
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
Baptist Medical Centers									
Baptist Medical Center—Montclair	F. Henley	42,953		575	8,238	02	006	9,600	190383
Baptist Medical Center—Princeton		38,484	91	17					
University of Alabama Medical Center	D. M. Witten, R. E. Roth	110,000	44	29	735	09	032	9,600	
University of Alabama Hospitals and Clinics		55,000							
Veterans Admin.									
ARIZONA									
PHOENIX									
St. Joseph's Hospital and Medical Center	R. Stejskal, A. Kahn	52,337	64	306	850	01	004	10,800	
ARKANSAS									
LITTLE ROCK									
University of Arkansas Medical Center	H. J. Barnhard	56,734	59	12	382	06	017	8,300	101883
University		48,502	191						
Veterans Admin. Consolidated									
CALIFORNIA									
DAVIS									
University of California (Davis) Affiliated Hospitals									
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	A. Raventos					04	016		
Sutter Community Hospitals of Sacramento (Sacramento)	A. Raventos	75,139	16	4		04	016		
		28,573							
IRVINE									
University of California (Irvine) Affiliated Hospitals									
Orange County Medical Center (Orange)	B. J. O' Loughlin	85,153	22	9	224	04	012	13,546	
LOMA LINDA									
Loma Linda University	M. P. Judkins	68,185	65	23	545	08	024	10,568	
LONG BEACH									
Memorial Hospital of Long Beach									
St. Mary's Long Beach	J. R. Anderson	50,710	495	197	298	02	005	11,200	102783
Veterans Admin.	J. F. Mack	52,098	272	71		01	003	13,000	102583
	H. W. Pribram	105,764	246	8		05	021	14,641	204983

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	1974-1975 1st Yr.	All Yrs.		
CALIFORNIA—Continued									
LDS ANGELES									
Hospital of the Good Samaritan Medical Center	R. E. Lewis	46,381	30	58	278	01	003	13,656	
Kaiser Foundation	D. Rosenfeld	226,412	12,927	2,167	5,202	01	004		
U. C. L. A.	G. H. Wilson	119,704	25	72	630	10	026	11,100	
Veterans Admin. Center—Wadsworth	J. Jorgens	123,889	247	30		08	032	14,641	
White Memorial Medical Center	I. Sanders	56,669	373	67	41	02	006	10,800	
OAKLAND									
Highland General	D. Mack	76,954	12	6	218	01	004	10,140	
ORANGE									
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hospitals, Irvine)									
SACRAMENTO									
University of California (Davis) 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 FRANCISCO									
Children's Hospital and Adult Medical Center	H. J. Burhenne	29,262				01	003	10,412	
St. Mary's Hospital and Medical Center	J. C. Bennett	36,900	1	9		02	006	9,990	
SANTA BARBARA									
Santa Barbara General—Cottage Hospitals	P. A. Riemenschneider					02	004	10,600	
Santa Barbara General		16,407							
Santa Barbara Cottage		35,320	35	213	270				
COLORADO									
DENVER									
Presbyterian Medical Center	W. F. Manke	41,430	76	137	727	01	004	9,570	
St. Joseph	R. P. Spurck	54,558	30	33	770	02	004	9,570	107483
St. Luke's	D. W. Fink	33,230	12	53	191	02	006	9,570	
University of Colorado Affiliated Hospitals	M. L. Daves					03	009		107683
Denver General	M. O' Connor								
General Rose Memorial	M. L. Daves, S. Reich	38,234							
University of Colorado Medical Center	M. L. Daves	64,852	26	29	447				
Veterans Admin.	M. L. Daves	44,899						9,007	
CONNECTICUT									
BRIDGEPORT									
Bridgeport	J. J. Esposito	61,860	39	33	196	02	004	12,720	107983
St. Vincent's	R. D. Russo	43,526	20	6	160	01	004	11,000	
DANBURY									
Danbury	A. E. Zimmer	40,460	11	19	151	03	007	10,650	
HARTFORD									
Hartford	A. H. Janzen	99,367	952	622	500	01	003	10,500	
NEW HAVEN									
Hospital of St. Raphael	R. Shapiro	59,238		3,334	10,756	03	009	11,576	
DELAWARE									
WILMINGTON									
Wilmington Medical Center	E. M. Renzi	102,926	1,144	361	783	02	006	10,000	109983
DISTRICT OF COLUMBIA									
WASHINGTON									
District of Columbia General	B. Gondos					08	008	11,880	
Georgetown University	H. L. Twigg, Jr.	73,313	20	44	598	00	000	11,130	
George Washington University	S. D. Rockoff	67,049	411	17	394	07	019	10,573	180283
Washington Hospital Center	G. J. Augustin	86,003	46	113	556	02	009	10,573	
FLORIDA									
JACKSONVILLE									
University Hospital of Jacksonville	W. D. Walklett	62,186	29		280	02	006	8,925	110183
TAMPA									
University of South Florida Affiliated Hospitals									
St. Joseph's	R. Isbell	67,562				02	006	9,500	
Tampa General	M. L. Silbiger	63,060	47	83	290	02	006	9,416	110983
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals	T. F. Leigh					02	006	9,600	
Emory University	J. Mc Laren	50,322	104	64	580				
Grady Memorial	H. S. Weens	150,740	63	29	255				
Veterans Admin. (Decatur)	S. Krantz	48,440		7	218				
AUGUSTA									
Medical College of Georgia Hospitals									
Eugene Talmadge Memorial	M. D. Brown	46,891	30	25	725	03	009	9,500	
DECATUR									
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)									
SAVANNAH									
Memorial Medical Center	W. A. Miller	54,000	40	65	372	02	006	8,649	
ILLINOIS									
CHICAGO									
Chicago Medical School Affiliated Hospitals									
Mount Sinai Hospital Medical Center of Chicago	G. B. Greenfield	60,000	100	50	348	02	008	9,700	114483
Columbus	H. P. Girard	33,000	72	199	463	02	007	10,600	112683
Cook County	G. D. Dobben	309,433	32	40	364	05	015	11,000	112783
Illinois Masonic Medical Center	W. T. Meszaros	61,056	5	41	63	01	006	11,200	113783

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With			Positions Offered		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- Voltage Equipment	Mega- voltage Treatment Equipment	1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued									
Louis A. Weiss Memorial	L. Bobrow	68,162	313	46	296	02	006	11,300	
Mercy Hospital and Medical Center	B. J. Hill	91,292	42	12	238	03	010	10,128	
Michael Reese Hospital and Medical Center	B. Levin	94,500	24		376	04	012	11,100	114283
University of Illinois Affiliated Hospitals	V. Capek					04	013	10,560	
University of Illinois	V. Capek	71,878	351	87	264				
Veterans Admin. (West Side)	M. Liberson	34,201							
EVANSTON									
St. Francis	R. L. Del Fava	60,725	6	42	210	02	006	11,100	116883
EVERGREEN PARK									
Little Company of Mary	J. H. Uhrich	100,193	11	80	587	01	003		
HINES									
Veterans Admin.	A. J. Pizarro, S. Stefani	82,240	36	241	672	07	021	10,600	
MAYWOOD									
Loyola University Affiliated Hospitals									
Foster G. Mc Gaw	L. Love	44,694	150	54	150	03	009	10,600	
OAK PARK									
West Suburban	H. A. Lerner	51,882	10	70	280	01	004	9,500	
PARK RIDGE									
Lutheran General		85,437	707	80	627	01	003	13,020	
PEORIA									
St. Francis	P. R. Dirkse	78,050	78	185	1,221	01	004	10,750	
INDIANA									
INDIANAPOLIS									
Indiana University Medical Center	E. C. Klatte					10	030		118783
Indiana University Hospitals	E. C. Klatte	89,023	137	52	696			10,000	
Marion County General	C. Helmen	94,799						9,500	
Veterans Admin.	E. C. Klatte	48,707						10,750	
Methodist Hospital of Indiana	E. D. Van Hove	164,843	77	56	720	01	004	11,360	
IOWA									
DES MOINES									
Iowa Methodist	L. Maher	54,705	31	33	384	01	003	9,800	
IOWA CITY									
University of Iowa Affiliated Hospitals									
University of Iowa Hospitals	J. H. Christie	110,662	167	2,153	27,310	03	009	9,800	
KANSAS									
WICHITA									
St. Francis	M. M. Somers	74,395	44	99	402	02	006	9,750	
Wesley Medical Center	S. Hershorn, T. Wolfe	70,896	351	100		02	006	9,750	
KENTUCKY									
LOUISVILLE									
St. Joseph Infirmary	E. N. Maxwell	56,981	73	76	240	01	003	11,050	
University of Louisville Affiliated Hospitals	J. T. Ling					05	015		
Children's	L. A. Davis	21,070						8,600	
Louisville General	J. T. Ling	62,585	110	55	67			8,600	
Veterans Admin.	N. S. Wolfson	24,369						8,915	
LOUISIANA									
NEW ORLEANS									
Charity Hospital of Louisiana	C. Nice, Jr., J. Schlosser	258,682	109	73	580	07	024	7,800	122483
U. S. Public Health Service	R. F. Read	35,613	56		62				
Dchsner Foundation	S. F. Ochsner	120,936	83	119	490	02	006	8,997	196683
Touro Infirmary	A. Payzant	40,868	10	106	1,243			9,552	
SHREVEPORT									
Confederate Memorial Medical Center	E. K. Lang					03	009	7,800	
MAINE									
PORTLAND									
Maine Medical Center	J. F. Gibbons	73,000	54	174	678	02	006	8,972	
MARYLAND									
BALTIMORE									
Johns Hopkins	M. W. Donner	152,018	71	72	770	06	024	10,500	
Sinai Hospital of Baltimore	J. O. Salik	61,211	32	58	356	02	006	11,250	124983
University of Maryland Affiliated Hospitals									
University of Maryland	J. M. Dennis	93,714	858	176	682	04	016	10,700	125283
HAGERSTOWN									
Washington County	S. H. Macht	48,065	30	182		01	004	8,000	234783
MASSACHUSETTS									
BOSTON									
Lahey Clinic	R. E. Wise, F. A. Salzman	96,654	12	63	492				
MICHIGAN									
ALLEN PARK									
Veterans Admin.									
(See Wayne State Univ. Affiliated Hospitals, Detroit)									
ANN ARBOR									
University of Michigan Affiliated Hospitals	W. M. Whitehouse					01	003		129383
University	W. M. Whitehouse	120,957	86	63	605			10,500	
Veterans Admin.	W. M. Whitehouse, R. Rapp	26,383	61	30				10,500	
Wayne County General (Eloise)	S. Reuter	71,740	116	5	116			11,361	
DEARBORN									
Oakwood	I. D. Harris	84,189	30	107	522	03	009	10,500	
DETROIT									
Grace	F. K. Wietersen	51,718	31	143	179	03	010	10,800	
Harper	J. C. Cook	74,821	123	200	650	05	013	10,800	124983
Henry Ford	W. R. Eyster	186,123	54	37	807	06	021	10,300	
Mount Carmel Mercy	K. D. Mc Ginnis	79,017	13	48	274	02	008	10,800	130283

APPROVED RESIDENCIES

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-voltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
MICHIGAN, DETROIT—Continued									
Sinai Hospital of Detroit	M. Tatelman	63,686	41	83	396	02	007	10,600	
Wayne State University Affiliated Hospitals	K. L. Krabbenhoft					05	017		129583
Veterans Admin. (Allen Park)	J. E. Thornhill	56,581	94	3				10,980	
Detroit General	K. L. Krabbenhoft	127,632	41	20	248			10,800	
Detroit Memorial	R. Kurtzman	22,929	268	20	248				
ELOISE									
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)									
FLINT									
Hurley	R. S. Ormond	64,866	64	212	558	03	009	9,300	130783
St. Joseph	E. P. Griffin, Jr.	44,011	14	385	196	01	004	9,600	
GRAND RAPIDS									
Blodgett Memorial	J. P. Champion	60,205	13	164	419	01	003	10,008	
Butterworth	E. Wahby	61,132	30	67	430	01	004	10,008	
LANSING									
Edward W. Sparrow	R. E. Bethards	45,549	48	83	331	02	006	11,600	131583
PONTIAC									
St. Joseph Mercy	E. J. Keeffe	48,897	20	119		03	006	10,800	131983
ROYAL OAK									
William Beaumont	J. Farah	137,028	35	105	485	05	015	11,000	197883
SOUTHFIELD									
Providence	T. James	62,513	19	122	278	02	006	11,700	
MINNESOTA									
MINNEAPOLIS									
Metropolitan Medical Center	S. Laxdal	64,346	373	70	52	01	002	10,380	
ROCHESTER									
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	J. R. Hodgson	340,302				02	006	11,000	
ST. PAUL									
St. Joseph's	A. Veinbergs	28,344	32	72	595	01	004	9,380	133883
United Hospitals Miller Division	T. E. Johnson	30,460	104	112	595	01	004	11,000	133783
MISSISSIPPI									
JACKSON									
University	R. D. Sloan	82,730	117	21	438	04	012	8,400	195783
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	G. S. Lodwick	50,154	57	5	127	06	018	9,500	199483
KANSAS CITY									
Menorah Medical Center	S. Rubin	55,641	504	37	497	01	003	11,600	
St. Luke's	O. R. Germann	72,586	35	28	389	02	006	8,856	
ST. LOUIS									
Homer G. Phillips	W. E. Allen, Jr.	96,408	24	8	114	04	010	9,894	
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	O. C. Weir					06	018	9,600	136583
Firmin Desloge General	D. C. Weir	30,269		56					
St. Louis City	O. C. Weir	41,856	20					9,894	
St. Mary's Health Center	O. C. Weir	65,775	18						
Veterans Admin.	D. C. Weir	57,324	24	84	430				
Washington University Affiliated Hospitals Barnes Hospital Group	J. B. Shields	55,094		77	103	02	008		
Jewish Hospital of St. Louis	N. Susman, R. G. Evens	160,716	350	42	830	01	004	9,500	
Mallinckrodt Institute of Radiology	R. G. Evens	50,666	30	29	227			10,950	
NEBRASKA									
OMAHA									
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Archbishop Bergan Mercy Douglas County Veterans Admin.	N. P. Kenney	40,078 40,884 15,346 38,349	10 9	20 25	296 390			10,200	
University of Nebraska Affiliated Hospitals University of Nebraska Veterans Admin.	W. J. Wilson W. J. Wilson H. B. Saichek	44,351 38,603	308	34	276	04	014	9,900 10,468	137683
NEW HAMPSHIRE									
HANOVER									
Mary Hitchcock Memorial	R. F. Jeffery	60,000	38	103	487	02	007	9,600	137783
NEW JERSEY									
ATLANTIC CITY									
Atlantic City	C. S. Walkoff	59,112	40	72	436	02	006	9,500	
ENGLEWOOD									
Englewood	J. Gallagher	61,839	3	7	295	02	006	9,264	
HACKENSACK									
Hackensack	Y. S. Chang	47,711	5	40	302	01	003	10,600	
JERSEY CITY									
Christ	B. Garfinkel	38,109	19	254	247	02	007	12,000	
LIVINGSTON									
St. Barnabas Medical Center	W. E. Matthey	76,415	210	300	484	01	003	10,842	
LONG BRANCH									
Monmouth Medical Center	M. Brodie, S. Schultz	47,481	24	60	285	02	006	11,000	139283
MORRISTOWN									
Morristown Memorial	D. L. Bloom	60,544	25	124	212	01	004		
NEWARK									
Newark Beth Israel Medical Center	L. N. Spindell	58,570	314	50	314	02	006	11,800	139783

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1974-1975 1st Yr.	All Yrs.		
NEW JERSEY—Continued									
SUMMIT									
Overlook	A. D. Crosett	73,593	60	28	370	01	004	11,500	140883
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals	B. G. Brogdon					05	015		
Bataan Memorial	C. G. Coin	41,748	300	62	300				
Bernalillo County Medical Center	B. G. Brogdon	53,000							
St. Joseph	D. L. Simmons	2,800	50	20	275				
Veterans Admin.	C. F. Mueller	40,447	120	27				9,400	
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	J. F. Roach					02	008		
Albany Medical Center		103,959	17	116	509			11,180	
Veterans Admin.		45,710		6				12,300	
St. Peter's	V. F. Cross	66,099	13	107	238	02	008	13,700	
BUFFALO									
Buffalo General	G. J. Culver	68,151				02	006	10,500	143683
Deaconess Hospital of Buffalo	R. E. Seibel	67,833	270	135	279	01	003	11,000	143783
Edward J. Meyer Memorial	E. V. Leslie	59,622	12	23	92	03	009	10,000	
Millard Fillmore	F. R. Sheehan	57,404				01	003	11,000	
Roswell Park Memorial Institute	J. H. Webster	55,000	265	150	1,000	00	002	10,000	
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	81,894	289	20	198	04	012	10,618	144883
MANHASSET									
North Shore	H. L. Stein	55,800	382	78	291	02	007	12,800	
MINEOLA									
Nassau	H. Chiat	49,164	506	54	442	01	003	13,050	145583
NEW HYDE PARK									
Long Island Jewish—Hillside Medical Center Program									
Long Island Jewish—Hillside Medical Center	B. S. Epstein	90,248	427	18	427	02	006	13,300	
Queens Hospital Center (New York City)	J. J. Smulewicz	132,008	125	38	125	05	015	13,300	
NEW YORK CITY									
Bronx—Lebanon Hospital Center	H. Miller	76,630	30	19	203	02	004	13,300	
Brooklyn—Cumberland Medical Center	J. P. Sackler	98,277	121	12		04	012	13,300	142083
Cornell Cooperating Hospitals New York	J. A. Evans					07	021		
Memorial Hospital for Cancer and Allied Diseases	C. Watson	70,000							
Hospital for Special Surgery	R. H. Freiburger	45,550							
Harlem Hospital Center	T. R. Stent	107,081	36	19	238	03	009	13,300	
Jewish Hospital and Medical Center of Brooklyn	D. Bryk	56,075	23	22	212	03	009	14,300	
Greenpoint	D. Bryk	47,729						14,300	
Lenox Hill	E. E. Brant	101,492	15	242	371	02	006	14,031	
Long Island College	R. L. Pinck	100,012	306	102		04	007	14,025	
Methodist Hospital of Brooklyn	N. F. Bartone	70,561	41	38	310	03	009	13,715	
Misericordia—Fordham Training Program	D. B. Hayt					03	003	13,949	148683
Misericordia Fordham		110,128	305	21	284				
New York University Medical Center	A. F. Keegan					08	030		
Bellevue Hospital Center		156,157							
University		76,861							
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)									
Roosevelt	A. A. Dunn	108,220	192	10		04	012	11,800	
St. Luke's Hospital Center	N. Finby	91,730	41	84	266	03	009	13,300	
St. Vincent's Hospital and Medical Center of New York	F. F. Ruzicka, Jr.	85,380	15	38	248	01	003	11,800	
St. Vincent's Medical Center of Richmond	O. L. Manfredi	52,251	405	36	406	01	004	13,500	
Veterans Admin. (Bronx)	K. F. Chan, B. Roswit	52,669	26	48	440	01	004	14,641	262783
Veterans Admin. (Manhattan)	D. J. Principato	64,249	22	28	138	04	014	14,641	
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial	J. H. Scatliff	83,367	1,045	212				9,975	
DURHAM									
Duke University Affiliated Hospitals	R. G. Lester								
Duke University Medical Center	R. G. Lester	153,177						9,850	
Veterans Admin.	T. T. Thompson	55,982	312	14				10,350	
NORTH DAKOTA									
BISMARCK									
Bismarck Affiliated Hospitals	S. K. Imes					01	003		268383
Bismarck		11,144	38	244	125			8,400	
St. Alexius		17,197		63				8,700	
OHIO									
AKRON									
Akron City	R. H. Hamor	87,924	502	91	676	01	003	10,500	
CANTON									
Aultman	W. J. Howland	85,016	41	101	337	00	002	10,200	
CINCINNATI									
Jewish	L. S. Rosenberg	62,701	51	26	193	02	003	10,500	
University of Cincinnati Hospital Group	B. Felson					00	004		
Cincinnati General	B. Felson	107,195	420	55	420				
Children's	F. N. Silverman, B. Aron	30,452		12					
CLEVELAND									
Cleveland Clinic	T. F. Meaney	160,880	25	70	533	07	018	10,500	
Cleveland Metropolitan General	H. L. Friedell	94,584	21	28	171	04	012	10,500	155383

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
OHIO, CLEVELAND—Continued									
Mount Sinai Hospital of Cleveland	M. Lubert, G. Krause	73,899	13	104	340	02	006	10,500	
University Hospitals of Cleveland	H. L. Friedell	131,321	62	66	691	08	024	10,500	
Veterans Admin.	H. L. Friedell	103,375	2,776	94	2,682			11,455	
COLUMBUS									
Ohio State University Hospitals	S. W. Nelson	102,099	85	90	650	02	012	7,000	
Riverside Methodist	J. V. Blazek	103,741	17	16	369	01	003	9,000	
DAYTON									
Miami Valley	D. E. Meininger	72,250	84	103	673	01	002	10,550	
Veterans Admin. Center	E. Gutman	34,798		54		02	008	11,971	271583
ELYRIA									
Elyria Memorial (See St. Joseph-Elyria Memorial Hospitals, Lorain)									
LORAIN									
St. Joseph—Elyria Memorial Hospitals	D. A. Russell					02	010	9,300	197383
St. Joseph	D. A. Russell	45,195	9						
Elyria Memorial (Elyria)	L. G. Thorley	44,315	42		159				
WARREN									
Trumbull Memorial	J. S. Schlecht	54,015	11	406		02	006		
YOUNGSTOWN									
St. Elizabeth	W. Torok	90,257	4,375	1,383	5,389	02	006	10,600	
Youngstown	B. C. Bonarigo	135,890	36	73	270	03	009	10,600	
OKLAHOMA									
OKLAHOMA CITY									
Baptist Memorial	G. B. Carter	37,261	26	16	322	01	003	9,000	
St. Anthony	G. D. Hallum	40,494	10	22	304	00	004	9,000	158783
University of Oklahoma Health Sciences Center	S. P. Traub					10	040		
University of Oklahoma Hospitals	S. P. Traub	81,001	99	66	595			9,000	
Presbyterian	E. H. Kalmon	15,789		5	150			9,000	
Veterans Admin.	S. P. Traub	48,953	393	66	197				
OREGON									
PORTLAND									
Emanuel	O. D. Haugen	43,536	323	61	308	01	003	9,996	
PENNSYLVANIA									
ABINGTON									
Abington Memorial	C. H. Sillars	77,109	322	28	294	02	006	10,160	
ALLENTOWN									
Sacred Heart	M. Stamatakos, S. Harris	36,360	29	77	479	01	003	8,300	160283
BRYN MAWR									
Bryn Mawr	R. P. Cancelmo	50,600	36	35	212	02	006	9,700	
DANVILLE									
Geisinger Medical Center	J. L. Williams	81,856	71	101	634	02	006	10,400	160883
DARBY									
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)									
HARRISBURG									
Harrisburg Polyclinic	T. A. Tristan	56,444	221	18	432	01	003	10,000	
HERSHEY									
Milton S. Hershey Medical Center of the Pennsylvania State University	W. A. Weidner	36,018	46	19	655	04	006	10,152	
PHILADELPHIA									
Albert Einstein Medical Center	H. J. Isard, J. H. Shapiro	96,072	64	318	592	04	012	10,100	163183
Germantown Dispensary and Hospital	R. B. Funch	35,104	23	127	210	01	004	10,017	162583
Hahnemann Medical College and Hospital	M. E. Kricun	69,642				05	015	10,200	
Hospital of the Medical College of Pennsylvania	G. L. Popky	37,000	33	53	189	03	009	10,600	
Mercy Catholic Medical Center	C. J. Rominger					04	012	10,000	163683
Misericordia Division		36,415	60	50	534				
Fitzgerald Mercy Division (Darby)		45,059							
Nazareth	J. C. Beres	58,047	279	46	233	01	003	10,000	163883
Pennsylvania	W. J. Tuddenham	48,991	1	25	3,774	02	006	10,500	
Philadelphia General	H. Goldberg	64,000	13	15	130	03	008	10,492	
Temple University	R. Robbins	67,387	82	245	166	01	002	10,761	
Thomas Jefferson University	S. Kramer		54	88	531	03	009	10,900	
University of Pennsylvania Affiliated Hospitals	R. H. Chamberlain					03	012		
Hospital of the University of Pennsylvania	R. H. Chamberlain	92,719	6	11	647			11,500	
Graduate Hospital of the University of Pennsylvania		32,000		20				11,500	
Veterans Admin.	M. M. Mishkin R. H. Chamberlain	48,161	156	1	155			11,425	
PITTSBURGH									
Allegheny General	J. H. Feist	68,070	465			03	009	12,285	
Hospitals of the University Health Center of Pittsburgh	E. R. Heinz					10	032		
Children's Hospital of Pittsburgh	B. R. Girdany	69,086						10,550	
Magee—Womens	J. Mazer	20,928							
Montefiore		55,040	388	65					
Presbyterian—University	E. R. Heinz	74,201	1	65	479			11,125	
Veterans Admin.	E. R. Heinz	39,595		56				12,600	
St. Francis General	J. A. Marasco, Jr.	81,591	81	127	522	03	009	11,500	188183
Western Pennsylvania	W. S. Mellon, Jr.	82,700	23	150	300	03	006	10,865	165983
READING									
Reading	G. R. Matthews	59,471	314	88	48	02	006	11,592	166183
SAYRE									
Robert Packer	J. T. Littleton, 3d.	46,217	104	15	15	01	003	8,500	166483
RHODE ISLAND									
PROVIDENCE									
Rhode Island	J. J. Lambiase	108,151	74	250	744	03	009	10,655	

APPROVED RESIDENCIES

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With			Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- Voltage Equipment	Mega- voltage Treatment Equipment	1st Yr.	All Yrs.		
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina Teaching Hospitals	H. S. Pettit					05	015		
Medical University of South Carolina Charleston County Veterans Admin.	H. S. Pettit S. E. Puckette H. S. Pettit	65,997 29,080 28,515	131	24	567			8,400	
TENNESSEE									
CHATTANOOGA									
S. E. Tennessee Medical Education Center Baroness Erlanger	C. W. Reavis	57,278	18	33	303	02	004	9,780	168983
KNOXVILLE									
University of Tennessee Memorial Research Center and Hospital	E. Buonocore	45,208	85	3	162	01	004	8,800	
MEMPHIS									
Baptist Memorial	D. R. Ramey, 3d.	139,498	91	74	862	04	012	10,020	169483
Methodist	E. H. Mabry	77,173	61	735	441	03	010	7,500	
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	B. I. Friedman B. I. Friedman	119,286	150	1	145	08	024	8,184	184483
Le Bonheur Children's Veterans Admin.	B. E. Greenberg	74,731	8	50	324			9,494	
NASHVILLE									
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton, Jr.	18,091	21	6	3	03	008	9,554	
TEXAS									
DALLAS									
Baylor University Medical Center	A. D. Sears	97,001	762	147	951	04	012	9,360	
Methodist Hospital of Dallas	R. B. Connor	48,109	42	25	145	02	006	9,420	
St. Paul	R. Mc Connell, J. Miller	59,162	60	51	593	02	008	9,600	170983
University of Texas Southwestern Medical School Affiliated Hospitals	F. J. Bonte					01	003		
Parkland Memorial	F. J. Bonte	197,400	39	22	186			8,327	
Children's Medical Center	G. Currarino	21,061							
Veterans Admin.	G. E. Williams	78,783	1	10	334	02	009	9,070	188783
GALVESTON									
University of Texas Medical Branch Hospitals	R. N. Cooley	110,972	21	51	424	01	003	10,200	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	R. S. Mac Intyre					02	006		171683
Ben Taub General	R. S. Mac Intyre		254	2	254			9,000	
Veterans Admin.	B. L. North	108,933	15	8	304			9,000	
Texas Children's	E. B. Singleton	25,970						8,400	
University of Texas at Houston Affiliated Hospitals	A. M. Goldman					01	003		
Hermann	L. F. Rogers	49,055	81	10	439			9,480	
St. Joseph	J. M. Keegan	83,267	31	45	355			8,700	
University of Texas M. D. Anderson Hospital and Tumor Institute	A. M. Goldman	57,668	285	169	1,730			8,600	
SAN ANTONIO									
Baptist Memorial	H. F. Elmendorf	96,660	347	83		01	003	7,800	
University of Texas at San Antonio Teaching Hospitals	P. Zanca					06	018		172283
Bexar County Teaching	P. Zanca	127,818	36	6	70			9,495	
Santa Rosa Medical Center	P. W. Volts, Jr.								
TEMPLE									
Scott and White Memorial	J. L. Montgomery	107,149	5	288	1,171	02	006	9,500	
UTAH									
SALT LAKE CITY									
Letter—Day Saints	P. R. Frederick	44,390	681	494	10,858	01	003	9,600	
University of Utah Affiliated Hospitals	D. G. Bragg					05	018	9,600	
University		52,174	63	43	587				
Primary Children's									
Veterans Admin.		28,368		1,310					
VERMONT									
BURLINGTON									
Medical Center Hospital of Vermont	J. P. Tampas	81,611	38	12	272	04	012	8,600	
VIRGINIA									
NEWPORT NEWS									
Riverside	J. T. Myles	88,145	19	49	301	02	005	10,800	
NORFOLK									
De Paul	J. Foster	51,744	126	38	126	01	002	10,500	174083
Norfolk General	C. P. Wisoff	87,203	17	57	401	02	005	10,500	174183
RICHMOND									
Virginia Commonwealth University M. C. V. Affiliated Hospitals	K. Ranniger					09	032		
Medical College of Virginia Hospitals		122,877						8,900	
Veterans Admin.		51,040						9,548	
ROANOKE									
Roanoke Memorial Hospitals	J. A. Martin	47,600	36	53	604	02	006	6,600	
WASHINGTON									
SEATTLE									
Swedish Hospital Medical Center	R. R. Greening, R. Roedel	38,285				01	003	8,910	
Virginia Mason	L. L. Burnett	84,769	12	110	390	01	003	9,260	
SPOKANE									
Sacred Heart	C. A. Stevenson	31,470	132	12	341	01	003	9,000	
WEST VIRGINIA									
MORGANTOWN									
West Virginia University Medical Center	O. F. Gabriele	66,164	70	96	525	04	012	9,500	

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
WEST VIRGINIA—Continued									
WHEELING									
Ohio Valley General	A. K. Butler	45,314	63	31	281	01	004	12,420	
WISCONSIN									
MILWAUKEE									
Columbia	R. R. Byrne	52,727	2	65	107	01	003	11,900	
Evangelical Deaconess	A. F. Rymut, Jr.	31,737	5	2	170	01	003	9,500	178283
Medical College of Wisconsin Affiliated Hospitals	J. E. Youker					07	025		
Milwaukee County General	J. E. Youker	135,000	78	30	281			10,100	
Milwaukee Children's	D. P. Babbitt	37,788			37			10,000	
Veterans Admin. Center (Wood)	G. F. Unger	86,478	18	55	203			10,625	
St. Joseph's	J. F. Wepfer		37	58	295	01	030	10,500	178883
St. Luke's	C. E. Schmidt, A. Fueredi	93,460	23	31	285	01	003	10,000	

29B. 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. See also Lists 29A and 29C.

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
UNITED STATES AIR FORCE						
CALIFORNIA						
David Grant U. S. A. F. Medical Center, Fairfield	R. P. Hill	64,000	03	009		
TEXAS						
Wilford Hall U. S. A. F. Medical Center, San Antonio	O. D. Skinner	175,583	03	009		
UNITED STATES ARMY						
U. S. Army Coordinated Program						
Letterman Army Medical Center, San Francisco, Calif.	J. J. Du Bois	106,442	04	012		
Walter Reed Army Medical Center, Washington, D. C.	M. M. Reeder	116,237	05	016		
Tripler Army Medical Center, Honolulu, Hawaii	H. T. Uhrig	92,559	04	012		
Brooke Army Medical Center, San Antonio, Tex.	R. O. Hagen	154,625	06	017		
UNITED STATES NAVY						
CALIFORNIA						
Naval, San Diego	Q. E. Crews, Jr.	146,800	04	011		
NON FEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
Baptist Medical Centers	F. J. Henley		02	009	9,600	
Baptist Medical Center—Montclair		100,000				
Baptist Medical Center—Princeton		38,484				
University of Alabama Medical Center	D. M. Witten	103,185	07	027	9,600	100787
University of Alabama Hospitals and Clinics		55,000				
Veterans Admin.						
ARIZONA						
PHOENIX						
Maricopa County General	M. L. Sussman	69,177	02	008	10,795	
St. Joseph's Hospital and Medical Center	R. Stejskal, A. Kahn	52,337	01	002	10,800	
TUCSON						
University of Arizona Affiliated Hospitals	I. M. Freundlich		03	011		101587
University		19,138			10,400	
Veterans Admin.		24,183				
ARKANSAS						
LITTLE ROCK						
University of Arkansas Medical Center	H. J. Barnhard		00	001		
University		56,734			8,600	
Veterans Admin. Consolidated		48,502				
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	P. Palmer		04	016	11,100	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	P. Palmer	75,139				
Sutter Community Hospitals of Sacramento (Sacramento)	J. A. Pollock	28,573				
IRVINE						
University of California (Irvine) Affiliated Hospitals						
Orange County Medical Center (Orange)	B. J. O' Loughlin	85,153	05	012	13,546	
LOMA LINDA						
Loma Linda University	M. P. Judkins	68,185	07	024	9,667	
LONG BEACH						
St. Mary's Long Beach	J. F. Mack	51,748	01	003	13,000	

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
CALIFORNIA, LONG BEACH —Continued						
Veterans Admin.	H. W. Pribram	105,764	08	021	14,641	
LOS ANGELES						
Cedars—Sinai Medical Center	N. Zheutlin	50,000	02	008	13,230	
Cedars of Lebanon Hospital Division	R. E. Levis	44,100	01	003	13,656	
Hospital of the Good Samaritan Medical Center	H. I. Meyers	388,658	12	036	14,340	
Los Angeles County—U.S.C. Medical Center	J. A. Campbell	20,858	04	016	14,340	205787
Martin Luther King, Jr. General	G. H. Wilson	119,704	10	026	11,100	
U.C.L.A.	J. Jorgens	123,889	04	032	14,641	
Veterans Admin. Center—Wadsworth						
ORANGE						
Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosp., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	E. C. Lasser		06	024		293087
University Hospital of San Diego County	E. C. Lasser	75,000			11,100	
Veterans Admin.	F. J. Brahme	12,772	04	012	11,292	
SAN FRANCISCO						
Mount Zion Hospital and Medical Center	A. J. Davidson	39,504	04	010	10,500	105487
St. Mary's Hospital and Medical Center	J. C. Bennett	90,070	02	006	9,990	
University of California Program H. C. Moffitt—University of California Hospitals	A. R. Margulis	82,316	16	045	11,100	
San Francisco General	W. Coulson	107,707				
Veterans Admin.	C. O. Ovenfors	73,883				
SAN JOSE						
Santa Clara Valley Medical Center	J. J. Mc Cort	69,600	03	009	11,487	
STANFORD						
Stanford University Affiliated Hospitals	F. F. Zboralske		07	027	10,225	
Stanford University	F. F. Zboralske	58,973			10,225	
Veterans Admin. (Palo Alto)	L. M. Zatz	38,370				
TORRANCE						
Los Angeles County Harbor General	J. Tabrisky	122,197	05	018	14,340	
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	M. L. Daves		07	021		
University of Colorado Medical Center	M. L. Daves	64,852				
Denver General	M. O' Connor				9,033	
General Rose Memorial	M. L. Daves, S. Reich	38,234				
Veterans Admin.	M. L. Daves	44,899			9,007	
CONNECTICUT						
HARTFORD						
Hartford	A. H. Janzen	99,367	03	008	10,500	
NEW HAVEN						
Hospital of St. Raphael	R. Shapiro	59,238	03	009	11,576	
Yale—New Haven Medical Center	R. H. Greenspan		08	018		
Yale—New Haven	R. H. Greenspan	89,256			11,025	
Veterans Admin. (West Haven)	M. F. Keohane	33,708			11,415	
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Freedmen's	H. C. Press, Jr.	48,393	01	006	11,342	
Georgetown University	H. L. Twigg, Jr.	73,313	04	012	11,130	
George Washington University	S. D. Rockoff	72,805	05	015	10,023	
Washington Hospital Center	G. J. Augustin	86,003	02	008	10,573	180087
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	F. C. Clore		06	019		183487
William A. Shands Teaching Hosp. and Clinics	O. F. Agee	59,500			8,900	
Veterans Admin.	F. C. Clore	53,179			9,125	
MIAMI						
Jackson Memorial	J. E. Crymes	126,358	06	018	11,128	
MIAMI BEACH						
Mount Sinai Hospital of Greater Miami	M. Viamonte, Jr.	85,000	05	015	10,700	110587
TAMPA						
University of South Florida Affiliated Hospitals	M. L. Siibiger		09	012		
Tampa General	M. L. Siibiger	63,060			9,416	
St. Joseph's	R. Isbell	67,562			9,500	
Veterans Admin.	A. D. Graham					
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	T. F. Leigh		10	030	9,600	
Emory University	J. V. Rogers	50,322				
Grady Memorial	W. H. Shuford	150,740			9,600	

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
GEORGIA—Continued						
SAVANNAH						
Memorial Medical Center	W. A. Miller	54,000	02	006	8,649	
ILLINOIS						
CHICAGO						
Chicago Medical School Affiliated Hospitals	G. B. Greenfield	60,000	02	008	9,700	114487
Mount Sinai Hospital Medical Center						
Mc Graw Medical Center of Northwestern University	H. White		08	024	11,587	224787
Children's Memorial	H. White	36,420				
Northwestern Memorial	B. Zanon, L. Calenoff	119,452				
Veterans Admin. Research	B. Kafka, W. Moss	40,244				
Evanston (Evanston)	H. C. Burkhead, R. Garces	61,414				
Rush—Presbyterian—St. Luke's Medical Center	R. E. Buenger	100,000	06	018	10,861	
University of Chicago Hospitals and Clinics	J. R. Williams	120,000	04	022	10,100	116087
EVANSTON						
Evanston (See Mc Graw Medical Center of Northwestern Univ., Chicago)						
MAYWOOD						
Loyola University Affiliated Hospitals	L. Love		03	009		
Foster G. Mc Graw						
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	E. C. Klatte		10	030		
Indiana University Hospitals	E. C. Klatte	224,340			10,000	
Marion County General	C. Helmen	94,000			9,500	
Veterans Admin.	E. C. Klatte	48,328			10,750	
Methodist Hospital of Indiana	E. D. Van Hove	164,843	04	013	11,360	
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	J. H. Christie		04	016	9,800	
University of Iowa Hospitals	J. H. Christie	110,662				
Veterans Admin.	R. L. Shapiro	35,965				
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	A. W. Templeton	79,605	04	016	9,500	120887
WICHITA						
Wesley Medical Center	S. Hershorn, T. Wolfe	70,896	02	006	9,750	
KENTUCKY						
LEXINGTON						
University	H. D. Rosenbaum	64,558	05	015	8,600	
MAINE						
PORTLAND						
Maine Medical Center	J. F. Gibbons	72,700	02	006	8,972	
MASSACHUSETTS						
BOSTON						
Beth Israel	M. Simon, S. Paulin	53,000	04	012	10,700	
Boston University Affiliated Hospitals	J. H. Shapiro		06	018		
Boston City		129,459			10,733	
University		39,105				
Pondville (Norfolk)		8,490				
Lahey Clinic—New England Baptist	R. E. Wise	96,654	03	009	10,761	
Lahey Clinic	R. E. Wise, F. A. Salzman					
New England Baptist						
Massachusetts General	J. M. Taveras	184,890	10	032	10,800	126187
New England Deaconess	M. A. Kellett	38,703	01	002	10,200	126487
Peter Bent Brigham	H. L. Abrams	67,278	06	018	10,700	
Children's Hospital Medical Center	E. B. D. Neuhauser	66,821			11,500	
Tufts University Affiliated Hospitals	R. E. Paul, Jr.		06	019		
New England Medical Center Hospitals	R. E. Paul, Jr.	140,721			10,724	
Lemuel Shattuck	J. B. Dealy, Jr.	14,573				
Veterans Admin.	A. H. Robbins	49,390			11,245	
CAMBRIDGE						
Mount Auburn	S. C. Schatzki	48,451	01	003		
NORFOLK						
Pondville (See Boston University Affiliated Hospitals, Boston)						
WORCESTER						
St. Vincent	M. L. Janower	64,900	02	006	10,700	
MICHIGAN						
ANN ARBOR						
St. Joseph Mercy	F. Lee	100,000	00	001	11,300	
University of Michigan Affiliated Hospitals	W. M. Whitehouse		12	036		129387
University	W. M. Whitehouse	120,957			10,500	
Veterans Admin.	W. M. Whitehouse, R. Rapp	26,383			10,500	
Wayne County General (Eloise)	S. Reuter	71,740			11,361	
Henry Ford	W. R. Eyer	127,967	06	019	10,800	
Sinai Hospital of Detroit	M. Tatelman	63,686	02	006	10,600	192687
ELOISE						
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)						

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
MICHIGAN—Continued						
ROYAL OAK William Beaumont	J. Farah	137,028	04	012	11,500	
MINNESOTA						
MINNEAPOLIS University of Minnesota Affiliated Hospitals	E. Gedgaudas		12	038		
University of Minnesota Hospitals	E. Gedgaudas	92,000			9,200	
Veterans Admin.	E. Gedgaudas	86,212			9,878	
Hennepin County General	S. H. Tsai	93,053			9,500	
St. Paul—Ramsey (St. Paul)	R. Bjornson	78,686			10,300	
ROCHESTER Mayo Graduate School of Medicine	J. R. Hodgson	340,302	07	021	11,000	
Rochester Methodist		47,486				
St. Mary's		96,959				
ST. PAUL St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)						
United Hospitals Miller Division	T. E. Johnson	30,460	01	001	11,000	
MISSOURI						
COLUMBIA University of Missouri Medical Center	G. S. Lodwick	50,154	01	003		199487
KANSAS CITY St. Luke's	D. R. Germann	86,457	02	006	9,168	
ST. LOUIS Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. G. Evens	160,716	08	024	9,500	135387
NEW HAMPSHIRE						
HANOVER Mary Hitchcock Memorial	P. K. Spiegel	61,000	02	006	9,600	
NEW JERSEY						
MORRISTOWN Morristown Memorial	D. L. Bloom	60,544	01	006	11,000	139487
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals Martland	G. T. Curtis	79,250	06	018	12,450	
Newark Beth Israel Medical Center	L. N. Spindell	58,000	02	006	11,800	
NEW MEXICO						
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Bataan Memorial Veterans Admin.	R. D. Moseley, Jr.	53,393	04	014	8,850	
40,447						
NEW YORK						
EAST MEADOW Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	81,894	04	012	10,618	144887
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	M. Elkin	134,062	07	021		
41,918						
Bronx—Lebanon Hospital Center	H. L. Miller	76,630	02	004	13,300	
Cornell Cooperating Hospitals New York	J. A. Evans J. A. Evans	136,470	07	021	13,800	
Memorial Hospital for Cancer and Allied Diseases	R. C. Watson	70,000				
Hospital for Special Surgery	R. H. Freiberg	45,550				
Methodist Hospital of Brooklyn	N. F. Bartone	70,561	03	009	14,2987	
Montefiore Hospital and Medical Center	H. G. Jacobson	207,256	10	019	13,300	148787
Mount Sinai Hospital Training Program Mount Sinai	B. S. Wolf	133,258	06	018	14,000	
New York Medical College—Metropolitan Hospital Center	R. M. Friedenberg	201,685	02	022	12,300	147387
Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center						
New York University Medical Center Bellevue Hospital Center University	A. F. Keegan	156,157 77,011	08	028		
Presbyterian	W. B. Seaman	245,000	07	021	11,000	
Roosevelt	A. A. Dunn	108,220	04	012	11,800	
St. Luke's Hospital Center	N. Finby	91,730	03	009	13,300	
St. Vincent's Hospital and Medical Center of New York	F. F. Ruzicka, Jr.	85,380	05	015	11,800	
State University—Kings County Hospital Center	J. A. Becker	232,265 44,135	08 08	023 023	13,300 13,870	143687
Kings County Hospital Center State University		52,669				
Veterans Admin. (Bronx)	K. F. Chan		03	008	14,641	262787
ROCHESTER Rochester General	T. F. Van Zandt	58,600	03	008	10,400	
Strong Memorial Hospital of the University of Rochester	H. W. Fischer, S. Rogoff	89,609	07	018	10,400	
SYRACUSE S. U. N. Y. Upstate Medical Center State University	J. G. Mc Afee	59,663	08	025	11,323	151687

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered		Annual Salary (Min.)	NIRMP Number
			1974-1975 1st Yr.	All Yrs.		
NORTH CAROLINA						
CHAPEL HILL North Carolina Memorial	J. H. Scatliff	83,367	04	011	9,975	190087
DURHAM Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	R. G. Lester R. G. Lester T. T. Thompson	153,177 55,982	12	035	9,850 10,350	152987
WINSTON-SALEM Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	I. Meschan	80,756	05	015	10,000	
OHIO						
CANTON Aultman	W. J. Howland	85,016	02	004	10,200	154487
CINCINNATI University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	B. Felson	107,195 43,579	08	023	10,708	154887
CLEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin. Cleveland Clinic	H. L. Friedell H. L. Friedell D. S. Linton, Jr. T. F. Meaney	131,321 56,957 160,880	08	024	11,455 10,500	
COLUMBUS Ohio State University Hospitals	S. W. Nelson	102,099	02	006	7,000	
OREGON						
PORTLAND University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	77,113	05	015	8,600	
PENNSYLVANIA						
BRYN MAWR Bryn Mawr St. Christopher's Hospital for Children (Philadelphia)	R. P. Cancelmo J. A. Kirkpatrick	50,600 18,864	02	006	9,700	160687
DANVILLE Geisinger Medical Center	J. L. Williams	81,856	02	006	10,400	160887
HARRISBURG Harrisburg	J. R. Croteau	53,408	01	003	10,680	161487
PHILADELPHIA Episcopal Philadelphia General Presbyterian—University of Pennsylvania Medical Center St. Christopher's Hospital for Children (See Bryn Mawr Hospital, Bryn Mawr) Temple University Thomas Jefferson University University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Graduate Hospital of the University of Pennsylvania Veterans Admin.	H. Pollack M. Fisher G. N. Stein M. S. Lapayowker M. K. Dalinka R. H. Chamberlain R. H. Chamberlain R. H. Chamberlain	53,000 64,000 32,896 67,387 72,000 92,719 37,864 56,157	02 02 02 05 06 04 04	006 004 006 015 020 012	10,400 10,492 10,650 10,761 10,900 11,500 11,867	165287
PITTSBURGH Mercy	J. R. Lewin, J. M. Behun	89,000	03	009	11,800	
READING Reading	G. R. Matthews	73,000	01	002	11,500	166187
PUERTO RICO						
SAN JUAN University of Puerto Rico Affiliated Hospitals Industrial Municipal Hospital Dr. Rafael Lopez Nussa University District Veterans Admin. Center	H. Pagan - Saez H. Pagan - Saez H. Pagan - Saez J. M. Gonzalez	67,606 82,491 48,092	20	020	9,782	
TENNESSEE						
MEMPHIS Baptist Memorial	D. R. Ramey	136,250	02	006	10,020	
NASHVILLE Vanderbilt University Affiliated Hospitals Nashville Metropolitan General Vanderbilt University Veterans Admin.	H. Burko J. R. Amberg H. Burko V. A. Vix	42,537 181,007 50,850	07	021	9,400 9,088	
TEXAS						
DALLAS Baylor University Medical Center University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Children's Medical Center	A. D. Sears F. J. Bonte F. J. Bonte G. Currarino	97,001 197,400 21,061	01 06	003 018	8,327	
GALVESTON University of Texas Medical Branch Hospitals	M. H. Schreiber	110,972	04	012	10,200	
HOUSTON Baylor College of Medicine Affiliated Hospitals Ben Taub General Jefferson Davis Methodist St. Luke's Episcopal Texas Children's Veterans Admin.	R. S. Mac Intyre R. S. Mac Intyre R. S. Mac Intyre R. S. Mac Intyre E. B. Singleton E. B. Singleton R. S. Mac Intyre	156,912 34,486 125,053 56,982 25,970 108,933	05	018	9,000 9,000 8,100 8,400 8,400 9,000	

29C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
LOS ANGELES								
Los Angeles County—U.S.C. Medical Center	F. W. George, 3d.	713	7,643	152	03	009	14,340	
U. C. L. A.	G. H. Wilson	609	7,312	29	03	008	11,100	
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosps., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford Univ. Affil. Hospitals, Stanford)								
SACRAMENTO								
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
University of California (Davis) Sacramento Medical Center								
SAN DIEGO								
University Hospital of San Diego County	C. F. Von Essen	673	11,212	230	02	006	11,100	
SAN FRANCISCO								
Mount Zion Hospital and Medical Center	J. R. Castro	591	12,022	35	02	008	10,500	
Pacific Medical Center and Affiliated Hospitals	J. M. Vaeth	1,200	25,000	35	03	012		
Pacific Medical Center—Presbyterian	J. M. Vaeth						10,000	
St. Francis Memorial		1,200	25,000	35			10,000	
St. Mary's Hospital and Medical Center	J. M. Vaeth						9,990	
Santa Rosa Radiation Therapy Center (Santa Rosa)								
University of California Program H. C. Moffitt—University of California Hospitals	T. L. Phillips				03	010		106288
San Francisco General	T. L. Phillips	1,000	18,000	80	03	009	11,100	
Franklin	W. Coulson						11,100	
	L. W. Margolis	211	218	24			12,200	
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford Univ. Affil. Hospitals, Stanford)								
SANTA ROSA								
Santa Rosa Radiation Therapy Center (See Pacific Med. Ctr. and Affil. Hospitals, San Francisco)								
STANFORD								
Stanford University Affiliated Hospitals	M. A. Bagshaw				05	019		
Stanford University	M. A. Bagshaw	1,266	21,317	36			10,225	
Veterans Admin. (Palo Alto)								
Santa Clara Valley Medical Center (San Jose)	J. W. Kraut	225	6,051	21			11,487	
TORRANCE								
Los Angeles County Harbor General	J. E. Byfield	500	323	36	01	003	14,340	
City of Hope Medical Center (Duarte)	M. L. Jacobs	376	6,019	66			16,728	
St. Mary's Long Beach (Long Beach)	A. G. Litman	377	5,901	36			15,000	
COLORADO								
COLORADO SPRINGS								
Penrose	C. M. Chahbazian	365	16,272	6	03	012	10,500	
DENVER								
Presbyterian Medical Center	R. W. Lackey	864	30,103	76	01	003	9,570	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	J. J. Fischer				02	006		
Yale—New Haven		850	11,902	102			11,025	
Veterans Admin. (West Haven)		406	1,637	2			11,415	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	C. Cuccia	1,144	22,365	196	01	003	10,000	
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University	J. D. Cox	360	7,000	30	01	003	11,130	
Howard University Affiliated Hospitals	U. K. Henschke				03	012		
Freedmen's	U. K. Henschke	378	5,226	106			11,342	
District of Columbia General	B. Gondos	110	1,770				11,880	
FLORIDA								
GAINESVILLE								
William A. Shands Teaching Hosp. and Clinics	R. R. Million	902	15,844	126	03	010	9,500	
GEORGIA								
AUGUSTA								
Medical College of Georgia Hospitals	H. E. Brizel	750	10,343	100	01	002	9,700	
Eugene Talmadge Memorial	H. E. Brizel							
University	H. E. Brizel						10,000	
Veterans Admin.	C. J. Romeo							
ILLINOIS								
CHICAGO								
Mc Gaw Medical Center of Northwestern University	W. T. Moss	604	20,659	27	03	008	11,587	
Northwestern Memorial		643	20,659	20				
Veterans Admin. Research		479	3,414	1				
Rush—Presbyterian—St. Luke's Medical Center	F. R. Hendrickson	1,050	12,056	33	02	008	10,001	114788

29C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS, CHICAGO —Continued								
University of Chicago Hospitals and Clinics	M. L. Griem	898	601	95	02	008	10,800	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	N. B. Hornback	345	13,272	156	02	006	10,000	
Indiana University Hospitals	N. B. Hornback							
Marion County General	C. Helmen							
Veterans Admin.	E. C. Klatte							
IOWA								
IOWA CITY								
University of Iowa Hospitals	H. B. Latourette	575	13,020	122	02	004	9,800	
KENTUCKY								
LEXINGTON								
University	Y. Maruyama	525	8,359	107	02	005	9,100	
LOUISVILLE								
University of Louisville Affiliated Hospitals	R. M. Scott	935	20,935	187	01	003	8,600	
Children's								
Louisville General								
Veterans Admin.								
MASSACHUSETTS								
BOSTON								
Joint Center for Radiation Therapy	S. Hellman	1,739	25,865	177	04	016	10,700	
Massachusetts General	H. D. Suit	1,256	33,530	102	02	007	10,800	
Tufts University Affiliated Hospitals	F. G. Bloedorn	564	13,290	90	04	012	10,724	
New England Medical Center Hospitals								
Lemuel Shattuck								
Veterans Admin.								
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	I. Lampe	639	21,309	72	01	003	10,500	129388
University	I. Lampe							
Veterans Admin.	W. M. Whitehouse, R. Rapp							
Wayne County General (Eloise)	S. Reuter							
ELOISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)				15			11,361	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	S. H. Levitt	800	12,450	89	01	004	9,200	
University of Minnesota Hospitals								
Veterans Admin.		230	5,721	4			9,878	
ROCHESTER								
Mayo Graduate School of Medicine	P. W. Scanlon	1,465	30,556	184	02	006	11,000	
Rochester Methodist		311	3,238					
St. Mary's								
MISSOURI								
COLUMBIA								
Ellis Fischel State Cancer	J. M. Thomson, Jr.	368	13,404	104	01	001	10,000	
ST. LOUIS								
Washington University Affiliated Hospitals	W. E. Powers	1,245	26,500	192	02	008	10,500	135388
Barnes Hospital Group								
Mallinckrodt Institute of Radiology								
NEW HAMPSHIRE								
HANOVER								
Mary Hitchcock Memorial	F. W. Lane, Jr.	598	9,215	58	01	003	9,600	
NEW YORK								
BUFFALO								
Buffalo General	Y. G. Laor	970	742	96	01	003	10,500	
Roswell Park Memorial Institute	J. H. Webster	1,150	31,176	185	02	012	10,000	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	N. A. Ghossein	120	6,054	83	02	006		
Bronx Municipal Hospital Center								
Hospital of the Albert Einstein College of Medicine		314	11,969	60				
Memorial Hospital for Cancer and Allied Diseases	G. D'Angio	382			07	015	13,300	
Montefiore Hospital and Medical Center	H. Jacobson, C. Botstein	612	13,822	38	01	004	13,300	
New York University Medical Center	J. Newall	263	4,865	11	02	006		
Bellevue Hospital Center								
University								
Presbyterian	C. H. Chang	499	8,134	23				
St. Vincent's Hospital and Medical Center of New York		1,200	25,000	62	02	006	13,000	
State University—Kings County Hospital Center	G. Schwarz	301	5,051	41	01	003	11,800	
Kings County Hospital Center	J. A. Becker	358	5,320	133	02	006	13,300	
State University	D. Benninghoff							
Veterans Admin. (Bronx)	J. A. Becker	287	5,531	46			13,870	
	B. Roswit	440	6,929	52	01	003	14,641	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	H. W. Fischer, P. Rubin	708	13,705	31	03	008	10,400	
SYRACUSE								
S. U. N. Y. Upstate Medical Center State University	R. H. Sagerman	901	11,743	137	03	009	11,323	

29C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	G. S. Montana	809	11,671	220	01	003	10,475	
DURHAM								
Duke University Affiliated Hospitals	R. G. Lester	4,590 326	15,952				9,850	
Duke University Medical Center	R. G. Lester							
Veterans Admin.	T. T. Thompson							
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	M. Raben	580	12,000	60	01	003	10,000	
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group Children's	B. Felson				01	003		
Christian R. Holmes Cincinnati General		420	3,634	44				
COLUMBUS								
Ohio State University Hospitals	S. W. Nelson	952	14,368	101	01	003	12,500	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	K. R. Stevens, Jr.	361	9,507	69	01	003	8,600	
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	D. D. Beiler	861	14,394	63	01	003	10,400	
PHILADELPHIA								
Albert Einstein Medical Center	D. M. Sklaroff	905	19,595	64	01	003	10,100	275188
American Oncologic	H. G. Seydel	706	14,146	55	01	003	10,000	
Hahnemann Medical College and Hospital	L. W. Brady	1,129	20,208	304	02	008	10,200	
Thomas Jefferson University	S. Kramer	1,120	20,881	55	03	009	10,900	
University of Pennsylvania Affiliated Hospitals	R. H. Chamberlain	156	4,083		01	003		
Hospital of the University of Pennsylvania Veterans Admin.		644 236	15,950 3,833	97			11,500 11,867	
PITTSBURGH								
Allegheny General	J. P. Concannon				01	003	12,285	
Hospitals of the University Health Center of Pittsburgh	J. A. Parsons				01	003	11,125	165288
Magee—Womens		380	7,501	78				
Presbyterian—University		544	11,729	1				
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals Puerto Rico Nuclear Center	V. A. Marcial	605	21,102	107	02	004	7,200	
TENNESSEE								
NASHVILLE								
Vanderbilt University	D. R. Harris	650	599	51	01	003	8,925	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	F. J. Bonte				01	003		
Children's Medical Center								
Parkland Memorial	F. J. Bonte	852	30,602	168			8,327	
St. Paul	D. Fuller	644	22,596	129			9,600	
GALVESTON								
University of Texas Medical Branch Hospitals	M. H. Olson	388	11,534	41	02	004	10,200	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	R. S. Mac Intyre				02	006		
Ben Taub General	P. T. Hudgins	341	3,932	33			9,000	
Methodist	P. T. Hudgins	1,059	26,487	641			8,100	
Veterans Admin.	P. T. Hudgins	327	5,097	8			9,000	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. H. Fletcher	2,975	77,434	597	06	024	9,000	
UTAH								
SALT LAKE CITY								
Latter—Day Saints	H. P. Plenk	681	11,414	62	01	004	9,600	
University	J. R. Stewart	630	13,402	63	01	004	9,600	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	W. C. Constable	801	14,851	107	02	006	9,400	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	E. R. King	831	14,867	135	02	008	8,400	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals University	R. G. Parker				02	006		191888
Children's Orthopedic Hospital and Medical Center	R. G. Parker	432	11,294	34			9,444	
Swedish Hospital Medical Center	J. T. Griffin	56	1,377					
Virginia Mason	O. Wildermuth, G. G. Hibbs	847	19,145	71				
	W. J. Taylor	484	10,606	16				
WISCONSIN								
MADISON								
University Hospitals	W. L. Caldwell	777	17,935	172	02	007	10,000	

30A. 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. See also Lists 30B, 30C, 30D.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
ARIZONA								
U. S. A. F. Regional, Tucson (See University of Arizona Affiliated Hospitals, Tucson)								
CALIFORNIA								
David Grant U. S. A. F. Medical Center, Fairfield	H. R. Zick	98	3,294	38,441	02	008		
MISSISSIPPI								
U. S. A. F. Medical Center, Biloxi	M. J. Williams	127	3,857	127,704	06	014		
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	R. Oawson, W. Capps, Jr.	82	2,242	19,612	15	031		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	H. B. Conklin	88	2,336	33,877	03	012		
COLORADO								
Fitzsimons Army Medical Center, Denver	J. H. Baugh, R. L. Heymann	86	3,014	25,702	03	012		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	R. W. Muir	75	1,260	10,429	03	012		
HAWAII								
Tripler Army Medical Center, Honolulu	A. H. Kent	126	4,081	68,707	03	015		
TEXAS								
William Beaumont Army Medical Center, El Paso	A. Rodriguez, G. Lavenson	57	2,137	11,413	03	012		
Brooke Army Medical Center, San Antonio	T. L. Hudson	56	1,637	9,962	05	014		
WASHINGTON								
Madigan Army Medical Center, Tacoma	R. G. Stanek, D. P. Horan	248	6,516	173,275	04	009		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Long Beach (See Memorial Hosp. of Long Beach, Long Beach, Calif.)								
Naval, Oakland	V. H. Fitchett	100	2,356	12,608	02	008		181384
Naval, San Diego	R. F. Milnes	165	4,325	24,403	04	016		
ILLINOIS								
Naval, Great Lakes	G. H. Cross	249	3,949	33,230	02	008		
MARYLAND								
Naval, Bethesda	B. C. Cole	64	1,830	12,400	02	008		182384
PENNSYLVANIA								
Naval, Philadelphia	S. J. Mucha	101	1,685	6,437	02	008		183184
VIRGINIA								
Naval, Portsmouth	J. T. Mullen	209	4,213	15,808	04	017		
UNITED STATES PUBLIC HEALTH SERVICE								
ARIZONA								
U. S. Public Health Service Indian, Phoenix (See Phoenix Integrated Sur. Res., Phoenix Ariz.)								
CALIFORNIA								
U. S. Public Health Service, San Francisco	J. D. Tovey	58	1,200	7,634	03	009		
LOUISIANA								
U. S. Public Health Service, New Orleans	R. L. Clay, Jr.	71	1,421	5,664	02	008		
MARYLAND								
U. S. Public Health Service, Baltimore	H. V. Belcher	43	900	11,742	02	006		
WASHINGTON								
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)								
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	F. Montegut, Jr.	32	1,301	8,124	02	008	12,628	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
Baptist Medical Centers	J. M. Akin, Jr.				04	012	9,600	190384
Baptist Medical Center—Montclair	J. M. Akin, Jr.	451	18,369	314				
Baptist Medical Center—Princeton	D. E. Merck	129	5,682	430				

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ALABAMA, BIRMINGHAM—Continued								
Carroway Methodist Medical Center	R. B. Kent	137	5,630	20,856	06	012	9,600	100684
University of Alabama Medical Center	J. Kirklin			16,903	08	030	9,600	
University of Alabama Hospitals and Clinics	J. Kirklin	210	5,980	16,903				
Veterans Admin.	J. Kirklin, J. Aldrete	198	4,378	8,620				
FAIRFIELD								
Lloyd Noland	J. M. Slaughter	50	1,880	21,477	04	008	12,000	100884
MOBILE								
University of South Alabama Affiliated Hospitals Mobile General	A. J. Donovan	73	2,694	7,368	04	013	10,440	
ARIZONA								
PHOENIX								
Maricopa County General	H. W. Hale, Jr.	114	4,623	25,469	08	020	10,795	
St. Joseph's Hospital and Medical Center		111	3,439	1,588				
Phoenix Integrated Surgical Residency	W. P. Kleitsch				06	015		101184
Good Samaritan	R. Feldhaus	234	9,215	1,518			10,200	
U. S. Public Health Service Indian Veterans Admin.	F. L. Zwemer	64	1,588	7,800			12,116	
	W. P. Kleitsch			3,596				
TUCSON								
Tucson Hospitals Medical Education Program	E. G. Ramsay				06	015	10,500	
Pima County General		36	1,264	22,235				
Tucson Medical Center		171	8,361	623				
University of Arizona Affiliated Hospitals University Veterans Admin.	E. E. Peacock, Jr.	28	868	8,531	06	018	8,925	101584
		81	1,833	8,788				
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center University Veterans Admin. Consolidated	G. S. Campbell	47	1,429	6,196	08	020	8,300	101884
		82	2,139	3,666			10,308	
CALIFORNIA								
BAKERSFIELD								
Kern County General	N. R. Arbegast	47	2,061	18,414	05	012	12,600	
DAVIS								
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	E. F. Wolfman, Jr.	125	5,691	18,526	10	018	11,100	
FRESNO								
Valley Medical Center of Fresno	P. A. Carlson	69	3,325	20,656	04	012	13,754	
IRVINE								
University of California (Irvine) Affiliated Hospitals Childrens Hospital of Orange County (Orange) Orange County Medical Center (Orange) Veterans Admin. (Long Beach)	J. E. Connolly	74	5,381	8,204	12	024		
	J. E. Connolly	45	1,889	6,347			13,546	
	E. A. Stemmer	72	1,805	4,990			14,641	
LOMA LINDA								
Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	D. B. Hinshaw	106	4,229	17,121	04	016	10,568	
	B. Branson	59	2,826	18,242			11,564	
	J. K. Lingerbeam							
LONG BEACH								
Memorial Hospital of Long Beach Naval Veterans Admin. (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)	S. Ede	171	6,394	159	02	008	11,200	
	G. B. Hart	65	1,939	20,234				
LOS ANGELES								
California Hospital Medical Center	K. L. Senter	76	4,192	6,594	02	005	12,000	
Cedars—Sinai Medical Center		69	7,801	7,791	07	013	13,230	
Cedars of Lebanon Hospital Division	L. Morgenstern	111	6,781	93,697	05	014		205584
Kaiser Foundation	J. H. Winkley	172	7,440	21,412	06	023	14,340	
Los Angeles County—U. S. C. Medical Center	L. Rosoff	18	600	3,759	08	020	11,496	205784
Martin Luther King, Jr. General	J. L. Alexander	86	3,813	500	02	008	12,000	
Queen of Angels	T. Del Junco, K. Schmutzer				20	060		195684
U. C. L. A. Affiliated Hospitals	W. P. Longmire, Jr.	63	2,048	8,462			9,800	
U. C. L. A.	W. P. Longmire, Jr.	106	1,947	8,657			14,641	
Veterans Admin. (Sepulveda)	D. L. Morton	104	2,380	8,460	12	021	14,641	
Veterans Admin. Center—Wadsworth	H. E. Gordon	38	1,382	3,085	05	011	10,800	
White Memorial Medical Center	S. H. Fritz							
MARTINEZ								
Veterans Admin.	J. Yee	161	2,533	14,920	04	012	12,684	
DAKLAND								
Highland General	J. M. Goodman	53	2,195	8,927	12	022	10,140	
Kaiser Foundation	H. D. Grant	46	2,541	25,441	03	009	10,020	
ORANGE								
Childrens Hospital of Orange County (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)								
Orange County Medical Center (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PANORAMA CITY								
Kaiser Foundation	R. S. Wilcox	84	5,854	42,843	03	006	12,600	208984

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
PASADENA								
Huntington Memorial	E. N. Snyder	132	5,361	3,686	02	010	11,500	
RIVERSIDE								
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)								
SACRAMENTO								
Kaiser Foundation University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)	A. B. Eaker	35	2,217	39,959	02	008	10,020	209784
SAN DIEGO								
Mercy Hospital and Medical Center University of California (San Diego) Affiliated Hospitals	M. J. Trummer	120	6,834	3,108	02	005	10,155	
University Hospital of San Diego County Veterans Admin.	M. J. Orloff M. J. Orloff G. W. Peskin	103 50	4,162 1,026	27,003 1,827	18	048	9,800 11,292	104984
SAN FRANCISCO								
Harkness Community Hospital and Medical Center	W. L. Newberg	68	3,056	16,374	04	010	9,780	
Kaiser Foundation	P. D. Smith, Jr.	102	4,742	101,474	06	015	10,020	
Mount Zion Hospital and Medical Center	M. J. Pearl		7,314	1,307	05	009	10,500	105484
St. Mary's Hospital and Medical Center University of California Program H. C. Moffitt—University of California Hospitals	A. Cohen J. E. Dunphy	108	3,974	1,490	04 24	010 074	9,990	106284
Children's Hospital and Adult Medical Center San Francisco General Veterans Admin.	J. E. Dunphy V. Richards W. Blaisdell L. W. Way	79 73 90 62	2,566 4,737 4,974 1,203	6,431 3,446 61,690 3,820			9,800 10,412 11,100	
SAN JOSE								
Santa Clara Valley Medical Center (Stanford University Affiliated Hospitals)								
SANTA BARBARA								
Santa Barbara General—Cottage Hospitals Santa Barbara General Santa Barbara Cottage	W. H. Gerwig, Jr.	12 165	619 6,995	3,348	04	011	10,600	
STANFORD								
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) Santa Clara Valley Medical Center (San Jose)	H. A. Oberhelman, Jr. H. A. Oberhelman, Jr. S. Kohatsu J. M. Guernsey	95 32 42	3,778 1,211 1,523	8,374 2,035 4,972	14	040	10,225	182084
STOCKTON								
San Joaquin General	W. Brock, R. Fisher	50	2,268	18,957	03	009	13,450	
TORRANCE								
Los Angeles County Harbor General	D. State	65	3,970	11,470	10	034	14,340	106784
COLORADO								
DENVER								
St. Joseph Hospital—Colorado State St. Joseph Colorado State (Pueblo)	M. E. Johnson M. E. Johnson W. E. Looby	187 33	7,686 718	6,111 7,246	11	021	9,570	
University of Colorado Affiliated Hospitals Denver General General Rose Memorial Presbyterian Medical Center University of Colorado Medical Center Veterans Admin.	C. G. Halgrimson G. Eiseman E. Blair J. R. Spencer C. G. Halgrimson I. Penn	86 80 167 155 55	3,864 7,775 2,126 1,210	9,550 16 56,492 2,300	20	070	9,900 9,570 8,770 9,007	107684
PUEBLO								
Colorado State (See St. Joseph Hospital—Colorado State, Denver)								
CONNECTICUT								
BRIDGEPORT								
Bridgeport St. Vincent's	A. J. Panettieri W. H. Curley	197 124	9,378 6,839	6,207 747	06 06	015 012	12,720 11,000	107984 108084
HARTFORD								
Hartford St. Francis University of Connecticut Affiliated Hospitals University of Connecticut Hospital—Mc Cook Division New Britain General (New Britain) Veterans Admin. (Newington)	J. H. Foster H. Mannix, Jr. G. Owens	353 267	16,672 10,428	12,814 4,550	12 05 08	025 011 020	9,800 7,800 11,100	108384
		10 346 71	322 18,442 1,285	2,009 15,376 8,710			10,800	
NEW BRITAIN								
New Britain General (See University of Connecticut Affiliated Hosps., Hartford)								
NEW HAVEN								
Hospital of St. Raphael Yale—New Haven Medical Center Yale—New Haven Veterans Admin. (West Haven)	D. A. Farmer H. K. Wright H. K. Wright E. H. Storer	81 118 40	7,428 3,927 1,070	8,523 17,455 2,725	07 18	016 046	11,576 9,865 11,415	108984
NEWINGTON								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
NORWALK								
Norwalk	J. L. Pool	95	5,573	625	02	007	9,600	
STAMFORD								
Stamford	F. Rogers	86	3,413	5,743	03	007	11,100	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CONNECTICUT—Continued								
WATERBURY								
St. Mary's	R. A. Bonner, Jr.	212	8,743	6,593	03	008	10,020	109684
Waterbury	S. B. Luria	131	6,267	664	04	008	10,596	109784
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Veterans Admin. (See Bryn Mawr, Bryn Mawr, Pa.)								
Wilmington Medical Center	L. W. Whitney	150	6,100	6,300	06	018	10,500	
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University Affiliated Hospitals	C. A. Hufnagel				12	038	10,017	180184
District of Columbia General	H. H. Balch	24	664	547				
Georgetown University	C. A. Hufnagel	383	10,658	16,961			10,017	
Veterans Admin.	G. A. Higgins, Jr.	90	1,235	3,260			10,780	
Fairfax (Falls Church, Va.)	A. Hall	149	12,174	374				
George Washington University Affiliated Hospitals	P. E. Shorb, Jr.				12	044		180284
District of Columbia General	W. Joseph	26	615	1,643				
George Washington University	P. E. Shorb, Jr.	61	2,508	9,486			10,022	
Veterans Admin.	P. Adkins, G. Higgins, Jr.	90	1,235	3,260			10,780	
Howard University Affiliated Hospitals	L. D. Leffall, Jr.				08	024		
District of Columbia General	L. H. Kurtz	25	500	3,003			11,300	
Freedmen's	L. D. Leffall, Jr.	90	2,019	9,434			11,342	
Providence	L. J. Goffredi	112	4,985	11,489	04	008	10,000	
Washington Hospital Center	K. B. Absolon	127	4,635	6,509	12	024	10,022	
FLORIDA								
BARTOW								
Polk General (See Lakeland Gen.-Polk Gen. Hosps., Lakeland)								
GAINESVILLE								
University of Florida Affiliated Hospitals	E. Woodward, W. Pfaff	76	1,956	7,451	14	039	9,000	183484
William A. Shands Teaching Hosp. and Clinics	E. Woodward, W. W. Pfaff	30	820	2,915			9,125	
Veterans Admin.	E. I. Weinschelbaum	30	820	2,915			9,125	
Veterans Admin. (Lake City)	W. R. Moore	71	1,620	4,520				
JACKSONVILLE								
Jacksonville Hospitals Educational Program	S. E. Stephenson, Jr.				12	030	8,925	110184
Baptist Memorial		68	3,533	1,094				
St. Luke's		58	2,540					
St. Vincent's		120	4,719	2,667				
University Hospital of Jacksonville		53	2,119	37,143				
LAKE CITY								
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)								
LAKELAND								
Lakeland General—Polk General Hospitals	W. H. Proctor				02	008	8,690	
Lakeland General	W. H. Proctor	476	22,320					
Polk General (Bartow)		156	6,793	53,414				
MIAMI								
University of Miami Affiliated Hospitals	R. Zeppa				14	036		
Jackson Memorial		157	2,587	10,532			11,128	
Veterans Admin.		77	1,377	4,075			10,800	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami	A. Hurwitz	75	2,601	2,933	13	020	10,700	110584
ORLANDO								
Orange Memorial	D. J. Davis	118	5,438	3,812	05	013	9,000	110784
PENSACOLA								
Pensacola Educational Program	G. L. Carr, S. H. Shippey				01	004	10,200	
Baptist		141	7,252	325				
Sacred Heart		98	7,826	13,291				
University		26	1,402	8,684				
TAMPA								
University of South Florida Affiliated Hospitals	R. T. Sherman				12	031		
Tampa General		168	3,099	4,825			9,416	
Veterans Admin.								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	W. D. Warren				24	048	9,600	
Crawford W. Long Memorial	J. D. Martin, Jr.	146	6,783	7,390			9,000	
Emory University	W. Mc Garity	66	2,726					
Grady Memorial	M. J. Jurkiewicz	122	4,553	14,991			9,600	
Henrietta Eggleston Hospital for Children								
Veterans Admin. (Decatur)	R. B. Smith, 3d.	67	1,089	3,180				
Georgia Baptist	J. P. Wilson	174	6,872	438	02	008	9,300	
Piedmont	J. E. Skandalakis	172	8,202	2,794	03	006	9,000	
St. Joseph's Infirmary	D. Shepard	134	6,445	2,762	02	006	10,024	111584
AUGUSTA								
Medical College of Georgia Hospitals	C. H. Wray				13	029	9,500	
Eugene Talmadge Memorial	C. H. Wray	49	1,418	6,122				
University	C. H. Wray	69	3,237	4,443				
Veterans Admin.	W. D. Jennings, Jr.	48	880	2,295				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
GEORGIA—Continued								
MACON								
Medical Center of Central Georgia	R. O. Schoffstall	169	8,245	7,284	04	010		
SAVANNAH								
Memorial Medical Center	T. J. Yeh	101	3,441	6,636	03	007	8,649	
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	R. Mamiya				17	026	10,980	180884
Queen's Medical Center	J. J. Mc Namara	177	9,327	2,198				
St. Francis	G. Kokame	84	4,553	5,674				
Kuakini Hospital and Home	R. T. Tanoue	91	2,787					
ILLINOIS								
BERWYN								
Mac Neal Memorial (See University of Illinois Metropolitan Hospital Group)								
CHICAGO								
Chicago Medical School Affiliated Hospitals								
Mount Sinai Hospital Medical Center of Chicago	T. G. Baffes	100	3,900	10,000	07	021	9,700	114484
Columbus—Cuneo Medical Center	P. F. Nora				04	009	10,600	
Columbus		144	3,978	5,551				
Frank Cuneo		53	1,659	1,627				
Cook County	J. D. Saletta	211	7,821	32,211	16	045	11,600	
Grant	R. W. Seed	93	2,678	1,851	03	006	11,640	
Illinois Central	J. M. Johnston	80	5,317	4,680	02	005	11,400	113684
Mc Gaw Medical Center of Northwestern University	J. M. Beal			8,251	33	065	11,072	224784
Northwestern Memorial	J. M. Beal	139	5,116	9,000			11,072	
Veterans Admin. Research	T. W. Shields	86	1,050	3,456				
Evanston (Evanston)	J. M. Dorsey	154	2,081	969				
Michael Reese Hospital and Medical Center	J. T. Sheridan	100	2,473	6,000	08	021	11,100	114284
Rush—Presbyterian—St. Luke's Medical Center	H. W. Southwick	88	2,740	2,215	05	020	10,861	114784
St. Joseph	E. Del Beccaro	151	5,380	8,225	04	011	10,600	
University of Chicago Hospitals and Clinics	D. B. Skinner	78	1,769	15,985	14	032	10,100	116084
University of Illinois Affiliated Hospitals	L. M. Nyhus				15	045	9,900	115084
University of Illinois	L. M. Nyhus	103	4,210	32,769				
Veterans Admin. (West Side)	W. Schumer	82	1,269	14,110				
University of Illinois Metropolitan Hospital Group	R. L. Schmitz				17	045		292084
Illinois Masonic Medical Center	C. T. Drake	135	4,058	3,202			11,200	
Louis A. Weiss Memorial	J. M. Silver	98	3,543	696				
Mercy Hospital and Medical Center	R. L. Schmitz	158	4,623	5,553				
Ravenswood	J. Giannola	108	3,954	243			10,300	
Mac Neal Memorial (Berwyn)	R. G. Mrazek	144	6,045	183			11,100	
Lutheran General (Park Ridge)	C. J. Staley	110	2,880	3,400			11,820	
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern University)								
St. Francis	J. H. Mason	156	7,757	5,523	02	008	11,100	116884
EVERGREEN PARK								
Little Company of Mary	E. J. Rooney	196	6,754	10,659	04	012	10,843	225584
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	R. J. Freeark				16	052		
Foster G. Mc Gaw	R. J. Freeark	33	1,320	3,486				
Veterans Admin. (Hines)	H. B. Greenlee	208	5,615	4,400			10,600	
OAK LAWN								
Christ Community	J. A. Lemens, E. Tsai	230	7,264	1,674	06	007	11,000	113184
PARK RIDGE								
Lutheran General (See University of Illinois Metropolitan Hospital Group)								
PEDRIA								
St. Francis	R. A. De Bord	176	7,048	16,929	02	008	10,750	
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals	R. Folse				06	018	10,000	292284
Memorial Hospital of Springfield		191	7,594					
St. Johns		212	7,445					
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	J. E. Jesseph				15	027		118784
Indiana University Hospitals		60	1,633	1,412			10,000	
Marion County General	J. L. Glover	59	1,405	9,305				
Veterans Admin.		42	680	2,277			10,750	
Methodist Hospital of Indiana	D. M. Schlegel			1,743	06	015	11,360	
IOWA								
DES MOINES								
Iowa Methodist	R. E. Paul	192	8,721	6,221	04	010	9,800	120184
Broadlawns Polk County		30	1,402	8,511				
Veterans Admin.	L. T. Palumbo	117	3,008	8,865	05	015	12,981	
IOWA CITY								
University of Iowa Affiliated Hospitals	S. E. Ziffren				13	037	9,800	
University of Iowa Hospitals	S. E. Ziffren	178	4,557	30,865				
Veterans Admin.	L. Den Bensten	126	2,695	10,368				

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	L. J. Humphrey	152	5,744	28,816	05	026	9,000	
Veterans Admin. (Kansas City, Mo.)	A. Heilbrunn	67	2,657	1,982			9,500	
LEAVENWORTH								
Veterans Admin. Center	W. Brauer	90	1,568	3,886	02	005	9,500	
WICHITA								
St. Francis Hospital—Veterans Admin. Center	G. J. Farha				07	016	9,750	
St. Francis	G. J. Farha	162	8,632	444				
Veterans Admin. Center	F. W. Robinson	73	1,710	2,382			9,300	
Wesley Medical Center	G. J. Mastio	288	12,637	728	03	010	9,750	121084
KENTUCKY								
HARLAN								
Harlan Appalachian Regional	P. M. Walstad	56	3,130	29,875	03	010	12,000	230184
LEXINGTON								
University of Kentucky Medical Center	W. O. Griffen, Jr.				14	034		
University	W. O. Griffen, Jr.	51	1,939	4,956			9,100	
Veterans Admin.	W. G. Malette	23	941	4,769			9,460	
LOUISVILLE								
University of Louisville Affiliated Hospitals	H. C. Polk, Jr.				16	038		
Children's	H. C. Polk, Jr.	20	1,564	3,620			8,600	
Jewish	B. L. Huntwork	138	7,685				8,600	
Louisville General	H. C. Polk, Jr.	51	1,861	12,885			11,050	
St. Joseph Infirmary	C. O. Knutson	156	7,722	1,432			8,915	
Veterans Admin.	P. J. Harbrecht	72	1,301	5,137				
LOUISIANA								
ALEXANDRIA								
Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)								
BATON ROUGE								
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)								
INDEPENDENCE								
Lallie Kemp Charity (See Tulane Univ. Affiliated Hospitals, New Orleans)								
LAFAYETTE								
Lafayette Charity (See Louisiana State Univ. Affil. Hosps., New Orleans)								
MONROE								
E. A. Conway Memorial (See Ochsner Foundation, New Orleans)								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	I. Cohn, Jr.				21	051		
Charity Hospital of Louisiana	I. Cohn, Jr.	69	2,105	26,275			7,800	
Touro Infirmary	C. C. Craighead	117	3,534	2,776			9,522	
Veterans Admin.	B. G. Taylor	58	1,260	3,328			9,695	
Earl K. Long Memorial (Baton Rouge)	I. Cohn, Jr.	46	1,705	8,031			9,600	
Lafayette Charity (Lafayette)	T. P. Walton, 3d.	52	1,763	13,112			8,997	
Ochsner Foundation	J. L. Ochsner	71	2,886	26,170	09	016	12,000	196684
E. A. Conway Memorial (Monroe)	J. W. Ochsner	31	1,319	6,604				
Tulane University Affiliated Hospitals	T. Drapanas				12	040		
Charity Hospital of Louisiana		78	2,389	28,368			7,800	
Veterans Admin. (Alexandria)		64	1,213	5,120			9,000	
Lallie Kemp Charity (Independence)		25	1,048	6,452				
Huey P. Long Memorial (Pineville)		43	1,665	5,176				
PINEVILLE								
Huey P. Long Memorial (See Tulane Univ. Affiliated Hospitals, New Orleans)								
SHREVEPORT								
L.S.U. (Shreveport) Affiliated Hospitals	F. T. Kurzweg				06	018		
Confederate Memorial Medical Center		93	3,435	5,600			7,800	
Veterans Admin.				5,200			9,909	
MAINE								
PORTLAND								
Maine Medical Center	R. Britton	160	3,418	6,450	04	013	8,972	
MARYLAND								
BALTIMORE								
Church Home and Hospital	J. M. Zimmerman	93	3,562	7,891	04	007	11,250	
Franklin Square	P. J. Ferris	93	3,892	11,766	06	015	9,300	124084
Johns Hopkins Affiliated Hospitals	G. D. Zuidema				21	040		
Johns Hopkins	G. D. Zuidema	133	4,846	49,631			10,500	
Baltimore City Hospitals	G. D. Zuidema	39	1,180	9,597			10,312	
Veterans Admin.	R. F. Kieffer, Jr.	63	1,753	1,340			10,000	
Lutheran Hospital of Maryland	M. Fraiman	78	1,500	1,627	03	007	9,500	124384
St. Agnes	A. S. Garrison	174	6,159	5,181	05	014	10,500	
St. Joseph	A. A. Alecce	150	5,747	4,171	06	014	9,500	124884
Sinai Hospital of Baltimore	M. E. Gann	129	5,324	5,052	10	019	11,250	124984
South Baltimore General	N. Novin	110	4,195	12,101	06	015	11,550	
Union Memorial	T. H. Wilson, Jr.	113	4,555	9,026	06	014	10,750	
University of Maryland Affiliated Hospitals	G. R. Mason				16	036		125284
Maryland General	F. A. Clark	108	3,644	18,596			10,750	
Mercy	T. B. Hubbard	98	4,229	9,149			10,500	
University of Maryland	G. R. Mason	56	1,605	11,558			10,100	
CHEVERLY								
Prince George's General	W. B. Hagan	159	5,222	5,090	06	012	10,500	190584

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MASSACHUSETTS								
BEVERLY								
Beverly (See Boston City (1st Surgical Service, Tufts), Boston)								
BOSTON								
Beth Israel	W. Silen	114	4,225	3,855	10	021	10,700	
Boston City								
1st Surgical Service (Tufts)	H. S. Soroff	37	1,263	1,396	16	034	10,300	
Beverly (Beverly)	T. S. Risley	71	3,273					
Memorial (Pawtucket)								
Miriam (Providence)	F. A. Simeone	105	3,751	2,155				
3rd Surgical Service (Boston Univ.)	J. J. Byrne	36	1,261	1,332	06	018		
Framingham Union (Framingham)								
Quincy City (Quincy)	J. J. Byrne	297	13,244	316				
Boston University Affiliated Hospitals								
Program 2	R. H. Egdaht				11	026		126284
University	R. H. Egdaht, J. Mannick	64	2,391	2,009			10,635	
Veterans Admin.	D. C. Nabseth	34	1,163	3,088			11,245	
Veterans Admin. (Providence, R. I.)	H. Harrower, R. H. Egdaht	69	1,477	9,306			11,245	
Program 3	L. Williams, Jr.				12	030	10,417	
Brockton (Brockton)	F. D. Cogliano	265	11,215	68,541				
Carney	C. J. Shea	88	2,701	2,628				
Malden (Malden)	W. J. Taylor, J. Cafarella	129	5,200	203				
Massachusetts General	L. W. Ottinger	350	8,900	20,931	14	059	10,800	
New England Deaconess Hospital—Harvard								
Surgical Service	W. V. Mc Dermott, Jr.	90	2,660		10	030		126484
Faulkner	M. P. Osborne			828			10,200	
New England Deaconess	W. V. Mc Dermott, Jr.	102	3,723	864			10,733	
Cambridge (Cambridge)	M. A. Aliapoulos	52	2,155	216			9,600	
Mount Auburn (Cambridge)	F. Ackroyd	120		5,021				
Veterans Admin. (Manchester, N. H.)	J. A. Lynch	44	1,136	5,021				
New England Medical Center Hospitals	R. A. Deterling, Jr.	54	1,908	6,123	12	024	10,724	
Veterans Admin.	D. C. Nabseth	35	907	3,088			11,245	
Peter Bent Brigham	F. D. Moore	166	5,507	31,334	10	041	10,700	126584
Veterans Admin. (West Roxbury)	E. M. Barsamian	22	451	2,395			11,888	
St. Elizabeth's Hospital of Boston	R. H. Stanton	113	4,907	5,979	08	017	10,710	126684
Lawrence F. Quigley Memorial (Chelsea)	G. F. Miller	28	723	3,228			10,710	
BROCKTON								
Brockton (See Boston Univ. Affil. Hosps. (Program 3), Boston)								
CAMBRIDGE								
Cambridge (See New England Deaconess Hosp.-Harvard Surg. Serv., Boston)								
Mount Auburn (See New England Deaconess Hosp.-Harvard Surg. Serv., Boston)								
CHELSEA								
Lawrence F. Quigley Memorial (See St. Elizabeth's Hospital of Boston, Boston)								
FRAMINGHAM								
Framingham Union (See Boston City (3rd Surgical Service, Boston Univ.), Boston)								
MALDEN								
Malden (See Boston Univ. Affil. Hosps. (Program 3), Boston)								
PITTSFIELD								
Berkshire Medical Center	R. Zupanec	154	5,665	4,070	04	010	11,130	
QUINCY								
Quincy City (See Boston City (3rd Surgical Service, Boston Univ.), Boston)								
SPRINGFIELD								
Springfield Hospital Medical Center	P. Friedmann	160	7,130	1,728	06	015	11,606	128684
WORCESTER								
Memorial	J. P. Chandler	137	7,418	5,566	05	006	10,600	
St. Vincent	H. B. Wheeler	209	7,524	7,990	06	018	10,700	
Worcester City	J. B. Herrmann	137	4,757	4,967	03	009	11,242	
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State U. Affil. Hosps., Detroit)								
ANN ARBOR								
St. Joseph Mercy	R. O. Kraft	95	3,472	13,184	07	016	10,800	
University of Michigan Affiliated Hospitals	W. J. Fry				24	046		
University	W. J. Fry	104	2,352	9,641			10,500	
Veterans Admin.	S. M. Lindenauer	52	916	2,549			10,500	
Wayne County General (Eloise)	C. F. Frey	63	1,621	3,721			11,361	
DEARBORN								
Oakwood	G. S. Bates	146	6,843	544	05	008	11,100	
DETROIT								
Detroit—Macomb Hospitals								
Detroit Memorial	P. T. Lee	85	3,115	509	02	008	10,700	
South Macomb (Warren)	P. T. Lee	84	4,568					
Grace	Y. S. Kim	201	8,975	2,472	08	020	10,800	
Henry Ford	D. E. Szilagyi	126	3,609	51,251	18	048	10,300	130D84
Mount Carmel Mercy	W. S. Carpenter				08	017	10,800	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN, DETROIT—Continued								
St. John	J. A. Grady	156	6,975	2,175	03	012	12,000	191584
St. Joseph Mercy (See Providence, Southfield, Mich.)								
Sinai Hospital of Detroit	S. Sakwa, S. W. Hamburger	155	5,913	1,572	05	014	10,600	192684
Wayne State University Affiliated Hospitals	A. J. Wait	86	2,144	9,256	21	046	10,980	
Veterans Admin. (Alien Park)	A. J. Wait	126	3,401	11,472			10,800	
Detroit General	A. J. Wait	128	2,583	2,606			10,800	
Harper	A. J. Wait	44	2,408	517			11,200	
Hutzel	A. Restosoto							
ELOISE								
Wayne County General (See U. of Mich. Affil. Hosps., Ann Arbor)								
FLINT								
Hurley	M. E. Dodds	193	6,296	3,337	03	012	9,300	
Mc Laren General	L. H. Hudson	3	8,566	2,999	03	009	10,800	
GRAND RAPIDS								
Blodgett Memorial	D. S. Mac Intyre	108	3,030	312	02	008	10,008	
Butterworth	H. Bratt	129	7,423	886	04	010	10,008	
St. Mary's	F. S. Gillett	96	5,255	2,863	02	005	10,008	131184
HIGHLAND PARK								
Highland Park General	C. G. Barone	5	1,637		02	008	11,300	
KALAMAZOO								
Bronson Methodist	J. B. Kilway	107	5,807	500	02	008	9,900	
PONTIAC								
Oakland Medical Center (See William Beaumont, Royal Oak)								
Pontiac General	M. O. Plagge	116	5,251	2,036	05	014	10,800	
Oakland Medical Center	D. Dawson, M. Plagge	28	264	830				
St. Joseph Mercy	A. Silbergleit	110	39,456	2,098	03	012	10,800	131984
ROYAL OAK								
William Beaumont	F. A. Arcari, J. A. Ingold	294	9,606	4,537	08	024	11,000	197884
Oakland Medical Center (Pontiac)	D. Dawson, F. Arcari	30	276	899				
SAGINAW								
Saginaw Cooperative Hospitals	R. F. Powers			3,743	04	012	11,141	132084
Saginaw General		74	3,854					
St. Luke's		99	2,038					
St. Mary's		54	3,227					
Veterans Admin.		75	1,238					
SOUTHFIELD								
Providence	J. Pfeifer	151	7,254	661	07	017	11,700	130384
St. Joseph Mercy (Detroit)								
WARREN								
South Macomb (See Detroit-Macomb Hospitals, Detroit)								
MINNESOTA								
MINNEAPOLIS								
Hennepin County General	C. R. Hitchcock	62	2,305	10,121	07	024	9,500	
University of Minnesota Affiliated Hospitals	J. Najarian				20	070		
Mount Sinai	M. M. Eisenberg	208	10,016	22,702			9,100	
University of Minnesota Hospitals	J. Najarian	99	3,500	9,423			9,200	
Veterans Admin.	J. Najarian	290	5,423	10,365			10,165	
ROCHESTER								
Mayo Graduate School of Medicine	R. B. Wallace			72,019	18	056	11,000	
Rochester Methodist		158	6,402					
St. Mary's		129	5,038					
ST. PAUL								
St. Paul—Ramsey	J. F. Perry, Jr.	68	2,485	7,469	05	013	10,300	133584
United Hospitals					03	007		133784
Miller Division	F. M. Miller	137	6,460	833			11,000	
St. Luke's Division								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. D. Hardy				08	030		
University	J. D. Hardy	58	1,986	7,824			8,925	
Veterans Admin. Center	J. H. Conn	70	1,515	4,550			8,500	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	M. S. De Weese	41	1,276	4,282	11	024	9,500	
Veterans Admin.	W. F. Keitzer	48	925	3,098			9,642	
KANSAS CITY								
University of Missouri at Kansas City								
Kansas City General Hospital and Medical Center	A. Mc Canse	32	1,141	10,770	04	012	9,285	
St. Luke's	P. G. Koontz, Jr.		5,162	410	04	010	8,856	
University of Missouri at Kansas City Affiliated Hospitals								
Menorah Medical Center—Baptist Memorial	N. B. Ackerman	100	5,144	3,468	04	016	11,600	
Menorah Medical Center		284	15,009	7,570				
Baptist Memorial								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Deaconess	R. O. Frederick	169	6,483	2,625	06	014	9,000	
Homer G. Phillips	A. D. Spencer	118	3,531	8,926	10	022	9,894	
Jewish Hospital of St. Louis	A. E. Baue	129	4,846	11,927	07	017	10,950	135884
St. John's Mercy Medical Center	W. W. Monafu, Jr.			735	06	015		
St. Louis—Little Rock Hospitals	R. A. Weir, B. Passanante	90	2,700	39,000	04	010	9,480	
St. Louis University Group of Hospitals	V. L. Willman				14	035		136584

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MISSOURI, ST. LOUIS—Continued								
Cardinal Glennon Memorial Hospital for Children	V. L. Willman		1,252	1,075			10,000	
Firmen Oesloge General	V. L. Willman	60	2,500	2,888			10,000	
St. Louis City		29	901	3,727				
St. Mary's Health Center	V. L. Willman, T. Dubuque	79	2,625	91			10,020	
Veterans Admin.	J. E. Codd	42	739					
St. Luke's	C. A. McAfee	104	3,796	1,151	06	010	9,600	
Washington University Affiliated Hospitals	W. F. Ballinger				15	030		
Barnes Hospital Group	W. F. Ballinger	115	3,349	5,164				
St. Louis City		29	901	3,727				
St. Louis County	W. F. Ballinger	51	1,645	32,375				
Veterans Admin.	W. T. Newton	50	976	5,755				
NEBRASKA								
LINDOLN								
Veterans Admin.	C. R. Mota	66	1,203	4,767	04	010	10,468	249784
St. Elizabeth Community Health Center	C. R. Mota, R. Gillespie	141	7,640	23,403			11,000	
OMAHA								
Creighton University Affiliated Hospitals	C. H. Organ, Jr.				10	018	10,200	137284
Creighton Memorial St. Joseph's		93	3,054	30,912				
Douglas County		24	8,139	54				
Veterans Admin.		61	1,589	3,589				
University of Nebraska Affiliated Hospitals	P. E. Hodgson				06	018		137684
University of Nebraska	P. E. Hodgson	36	1,123	8,185			9,900	
Veterans Admin.	W. C. Davis	61	1,589	3,589			10,468	
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	R. C. Karl, W. B. Crandell				12	021	9,600	
Mary Hitchcock Memorial	R. C. Karl	85	3,295	25,444				
Veterans Admin. Center (White River Junction, Vt.)	W. B. Crandell	34	758	7,408				
MANCHESTER								
Veterans Admin. (See N. Engl. Deaconess Hosp.—Harvard Surg. Svc., Boston, Ma.)								
NEW JERSEY								
ATLANTIC CITY								
Atlantic City	M. J. Elovitz	131	6,033	5,403	02	006	9,500	
CAMDEN								
Cooper	E. Kain, P. Aronow	231	6,022	4,871	03	009	10,000	138084
EAST ORANGE								
Veterans Admin. (See CMONJ-New Jersey Med. School Affil. Hosps., Newark)								
ENGLEWOOD								
Englewood	G. O. Halsted, P. A. Mele	159	8,420	2,891	04	011	9,264	
HACKENSACK								
Hackensack	R. B. Grant	111	5,346	1,526	04	010	10,600	138784
JERSEY CITY								
Jersey City Medical Center	J. J. Timmes	72	2,780	5,290	07	017	11,300	
LIVINGSTON								
St. Barnabas Medical Center	L. R. M. Del Guercio	211	7,262	17,990	04	010	10,842	
LONG BRANCH								
Monmouth Medical Center	C. A. Arvanitis	108	4,643	2,908	06	016	11,000	139284
Jersey Shore Medical Center—Fitkin (Neptune)	E. M. Lance	144	4,705	3,193				
MOUNT HOLLY								
Burlington County Memorial	W. R. Muir	109	4,841	2,322	02	005	10,500	138384
NEPTUNE								
Jersey Shore Medical Center—Fitkin (See Monmouth Medical Center, Long Branch)								
NEWARK								
CMONJ—New Jersey Medical School Affiliated Hospitals	B. F. Rush, Jr.				20	045		139884
Martland	B. F. Rush, Jr.	106	2,441	6,118			11,300	
Newark Beth Israel Medical Center	H. Eslami	140		1,238			11,000	
St. Michael Medical Center	A. Wychulis	81	2,940	4,251			11,800	
Veterans Admin. (East Orange)	O. Serlin	102	1,210	5,670			11,797	
NEW BRUNSWICK								
Middlesex General	N. Rosenberg	116	6,676	2,900	04	010	12,000	197984
St. Peter's General	F. Clarke, Jr., G. Hardy	130	5,735	1,897	03	009	12,000	
PATERSON								
St. Joseph's	M. Ramundo, J. A. Schultz	60	3,930	571	04	010	11,485	
PERTH AMBOY								
Perth Amboy General	H. Slobodien, R. Lev	420	17,285	13,258	01	004	9,500	
TRENTON								
St. Francis	L. G. Fares	159	7,074	4,589	02	005	9,000	
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	E. T. Peter				10	020	8,250	196284
Bernalillo County Medical Center	E. T. Peter	28	1,180	3,500				
Bataan Memorial	J. D. Mc Carthy	44	1,809	15,006				
Veterans Admin.	D. E. Smith	30	720	948				
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	C. Eckert				12	037		141484
Albany Medical Center	C. Eckert	89	2,857	1,413			10,550	
St. Peter's	J. J. Pheilan, Jr.	128	4,381	2,626			13,700	
Veterans Admin.	C. Eckert, M. J. Tsapogas	85	1,103	1,715			12,213	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, ALBANY—Continued								
Memorial	P. Glasier	57	2,931	1,464	02	006		141584
BUFFALO								
Deaconess Hospital of Buffalo	O. R. Becker	159	5,023	24,825	04	013	10,500	
Millard Fillmore	P. B. Wels	191	7,324	2,707	06	016	10,500	144084
Sisters of Charity	F. M. Zaepfel	151	5,744	1,878	03	012	10,500	
Emergency Hospital of the Diocese of Buffalo		84	1,788	4,967			10,500	
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 1	J. H. Siegel				16	039		143684
Buffalo General	J. H. Siegel	120	3,848				10,000	
Veterans Admin.	A. A. Gage	35	1,035	999			10,500	
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 2	W. G. Schenk, Jr.				07	024		143884
Edward J. Meyer Memorial	W. G. Schenk, Jr.	101	2,131	2,956				
Veterans Admin.	A. A. Gage	36	690	666			10,500	
CASTLE POINT								
Veterans Admin.								
(See St. Clare's Hospital and Health Center, New York City)								
COOPERSTOWN								
Mary Imogene Bassett	D. A. Blumenstock	46	1,595	17,775	04	015	11,300	144284
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	A. Di Benedetto	73	1,760	9,529	12	021	10,618	144884
JOHNSON CITY								
Charles S. Wilson Memorial	C. C. Fries	146	5,602	12,427	03	010	10,200	145284
MANHASSET								
North Shore								
(See Cornell Cooperating Hospitals, New York City)								
MINEOLA								
Nassau	D. E. Janelli	90	4,686	230	04	013	13,110	145584
MOUNT VERNON								
Mount Vernon	S. Kaplan	122	4,278	5,089	03	008	11,000	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	A. H. Aufses, Jr.				21	030	12,300	196384
Long Island Jewish—Hillside Medical Center	A. H. Aufses, Jr.	93	3,753	1,489				
Queens Hospital Center (New York City)	I. Teicher	55	1,935	3,912				
NEW ROCHELLE								
New Rochelle Hospital Medical Center	W. J. Mc Cann	157	6,705	2,718	04	008	9,231	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	R. W. M. Frater				16	042		193184
Bronx Municipal Hospital Center	P. Weil	120	3,642	19,500				
Hospital of the Albert Einstein College of Medicine	R. Ger	101	2,933	11,500				
Lincoln	E. Dargan	69	2,201	12,161				
Beekman—Downtown	R. B. Nolan	105	2,541	7,026	05	012	11,800	
Beth Israel Medical Center	W. I. Wolff	175	4,576	35,826	17	042	12,750	
Booth Memorial	J. L. Chassin	96	4,022	7,786	04	007	11,577	
Bronx—Lebanon Hospital Center	P. H. Gerst	200	6,000	20,000	09	024	13,300	
Brookdale Hospital Center	W. Mackler	114	3,525	7,507	18	028	13,300	141984
Brooklyn—Cumberland Medical Center	K. Mac Gregor	202	5,319	34,459	12	024	13,300	
Catholic Medical Center of Brooklyn and Queens	A. Klaum				08	020	13,300	
Mary Immaculate Division	N. D. Triscione	85	3,852	5,316				
St. John's Queens Division	J. J. Morrissey	115	3,386	479				
St. Mary's Division	B. Savits	53	1,754	3,245				
Columbus	L. M. Rosati	178	4,220	6,920	06	012	11,800	
Cornell Cooperating Hospitals								
New York	P. A. Ebert	219	6,847	15,937	12	043	13,800	149284
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794				
North Shore (Manhasset)	A. R. Beil, Jr.	120	5,295	8,180	11	030	12,800	146784
Flushing Hospital and Medical Center	J. J. Creedon	120	3,761	3,533	04	009	11,800	144584
French and Polyclinic Medical School and Health Center	J. E. Mc Manus	160	4,790	9,720	11	022	13,750	147584
Harlem Hospital Center	J. M. Ferrer	211	4,122	48,827	20	067	13,300	
Hospital for Joint Diseases and Medical Center	J. R. Wilder	76	2,208	14,719	02	008	13,300	
Jamaica	H. Barber	101	3,185	7,852	02	008	13,050	
Jewish Hospital and Medical Center of Brooklyn	B. S. Levowitz	132	3,213	4,921	10	022	14,300	
Greenpoint		48	1,285	30,171			14,300	
Jewish Memorial	L. Venet	76	2,010	8,222	04	008	9,500	148084
Knickerbocker	E. P. Fleischman	80	2,260	4,642	04	010	12,600	148184
Lenox Hill	J. O. Vieta	164	4,609	20,912	12	022	12,976	148384
Long Island College	R. A. Mainzer	85	2,504	6,378	05	009	14,025	
Lutheran Medical Center	G. F. Cucolo	98	2,634	9,133	05	014	13,300	143084
Maimonides Medical Center Training Program	G. Degenshein				14	029		142884
Maimonides Medical Center	G. Degenshein	98	5,792	16,072				
Coney Island	H. Krieger	72	1,948	9,784				
Methodist Hospital of Brooklyn	I. F. Enquist	140	4,392	11,446	10	022	13,715	142984
Misericordia—Fordham Training Program	B. M. Reynolds				08	020	13,949	
Misericordia		111	2,989	6,435				
Fordham		122	3,104	24,654				
Montefiore Hospital Training Program	M. L. Gliedman				23	051	12,300	148784
Montefiore Hospital and Medical Center		151	2,993	6,130				
Morrisania City		60	1,142	8,231				
Mount Sinai Hospital Training Program								
Mount Sinai	A. E. Kark	260	770	4,800	26	056	13,300	149084
City Hospital Center at Elmhurst	A. E. Kark	92	2,514	14,015				
New York Infirmary	D. Dreiling							
	L. E. Loseke	63	2,223	2,730	04	009	13,602	187584

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
New York Medical College—Metropolitan Hospital Center	W. L. Mersheimer				14	034	13,300	147384
Unit 1—Flower and Fifth Avenue Hospitals		71	2,950	1,200				
Unit 2—Metropolitan Hospital Center		124	3,177	27,500				
Unit 3—Bird S. Coler Memorial Hospital and Home		5	49	713				
New York University Medical Center	F. C. Spencer				20	065		146484
Bellevue Hospital Center	F. C. Spencer	161	2,844	21,068				
University	F. C. Spencer	131	3,240	2,911				
Veterans Admin. (Manhattan)	D. A. Tice	112	1,937	19,324				
Presbyterian	K. Reemtsma	196	7,036	60,253	12	029	13,715	
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Roosevelt	W. A. Wichern, Jr.		4,653	23,513	10	021	11,800	
St. Clare's Hospital and Health Center	J. L. Madden	154	3,659	4,977	12	025	12,400	149784
Veterans Admin. (Castle Point)	B. Y. Lee	44	506	3,000			12,196	
St. John's Episcopal	J. E. Mule	74	2,301	11,729	02	008	14,000	143284
St. Luke's Hospital Center	H. F. Fitzpatrick	124	2,722	14,506	06	018	13,300	
St. Vincent's Hospital and Medical Center of New York	T. F. Nealon, Jr.	246	6,512	14,815	12	032	11,800	150084
St. Vincent's Medical Center of Richmond Staten Island	W. C. Frederick	93	3,605	3,438	02	008	13,500	
	J. S. Snider	69	2,586	3,613	03	006	13,300	
State University—Kings County Hospital Center	S. L. Kountz				22	068		
Kings County Hospital Center	S. L. Kountz	218	5,334	48,142			13,300	
State University	S. L. Kountz	39	1,463	1,150			13,870	
Veterans Admin. (Brooklyn)	H. H. Le Veen	117	4,387	3,665				
Sydenham	O. F. Casten	55	1,433	7,604	02	008	11,800	150184
Unity	G. Koota	50	2,378	4,938	02	006	11,800	
Veterans Admin. (Bronx)	A. Kark, E. Peirce, 2d.	1,192,995	2,995	7,600	08	021	14,641	
Wyckoff Heights	P. A. Zoller	129	3,318	4,897	05	023	10,000	143584
ROCHESTER								
University of Rochester Affiliated Hospitals	C. Rob				32	067		
Genesee	R. Menguy	121	6,070	5,137				
Highland Hospital of Rochester	H. Kingsley, T. Dass	97	4,894	2,913			11,000	
Rochester General	J. R. Hinshaw	157	8,118	2,298			10,400	
St. Mary's	A. J. Graziani	105	4,753	2,531			10,400	
Strong Memorial Hospital of the University of Rochester	C. Rob	85	2,685	5,680			10,400	
SCHENECTADY								
Ellis	R. A. Breault	126	5,660	278	04	010	10,600	151284
SYRACUSE								
St. Joseph's Hospital Health Center	A. Vercillo	118	7,290	1,963	03	007	11,323	
S. U. N. Y. Upstate Medical Center	W. R. Webb				15	030		151684
Community General Hospital of Greater Syracuse	B. E. Chamberlain	115	5,415					
Crouse-Ingersoll Memorial	E. Ounn	56	2,509				11,323	
State University	W. R. Webb	49	1,711	3,590			11,323	
Veterans Admin.	L. S. Rogers	61	999	4,258			11,766	
VALHALLA								
Grasslands	M. Rohman	48	1,936	9,684	04	012	11,850	
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	C. G. Thomas, Jr.	43	1,529	12,576	08	021	10,000	
CHARLOTTE								
Charlotte Memorial	H. F. Hamit	62	2,484	6,950	02	002	9,600	
DURHAM								
Duke University Affiliated Hospitals	D. C. Sabiston, Jr.				18	048		152984
Duke University Medical Center	D. C. Sabiston, Jr.	87	2,950	9,796			9,850	
Veterans Admin.	R. W. Postlethwait	66	1,361	3,665			10,350	
Watts	J. E. Davis	94	4,370	1,042			9,850	
WILMINGTON								
New Hanover Memorial	L. B. Mason	160	7,511	3,209	02	005	9,500	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	R. T. Myers	63	2,504	3,072	08	019	10,000	
OHIO								
AKRON								
Akron City	C. W. Loughry	127	4,137	1,225	04	013	10,000	
Akron General	D. M. Evans	105	6,775	743	04	012	10,000	154284
St. Thomas	C. R. Fox	142	4,686	1,587	06	012	10,429	
CINCINNATI								
Christ	R. Dean	83	2,849	357	07	017	11,025	154784
Good Samaritan Hospital Training Program	J. J. Cranley				08	024	9,850	155084
Good Samaritan	J. J. Cranley	127	4,756	701			9,850	
Providence		287	8,951	4,801				
Jewish	H. J. Heimlich	195	9,351	1,402	03	012	10,500	155184
University of Cincinnati Hospital Group	W. A. Altemeier				18	049		
Children's		45	2,580	2,420				
Cincinnati General		216	3,592	17,980				
Veterans Admin.		66	1,042	3,775			10,708	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	W. D. Holden				22	046		
University Hospitals of Cleveland	W. D. Holden	93	3,885	8,233			10,500	
Cleveland Metropolitan General	W. J. Pories	62	1,856	18,843			10,500	
Veterans Admin.	J. W. Benson	82	1,976	2,236			10,555	
Cleveland Clinic—St. Vincent Charity	R. E. Hermann				12	028	10,500	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
OHIO, CLEVELAND—Continued								
Cleveland Clinic	R. E. Hermann	72	2,594	16,951				
St. Vincent Charity	P. H. Mullally	83	2,731	6,094				
Fairview General	B. A. Ceraldi	134	5,432	25,757	06	015	11,400	
Robinson Memorial Portage County (Ravenna)								
St. John's	B. A. Ceraldi	96	5,302	955				
Huron Road	B. A. Ceraldi	113	4,043	7,200			11,400	
Lutheran Medical Center	M. D. Ram	150	4,801	4,641	04	010	10,800	157184
Mount Sinai Hospital of Cleveland	W. O. Lewin	102	3,702	3,206	03	007	8,600	
St. Alexis	J. Geller	117	5,492	7,482	07	016	10,500	
St. Luke's	C. R. Lulenski	155	5,375	2,355	05	011	10,200	155884
	F. S. Cross	108	3,946	9,808	04	010	10,500	156084
COLUMBUS								
Mount Carmel Medical Center	R. W. Zollinger	143	5,210	1,637	03	010	9,300	
Ohio State University Hospitals	R. M. Zollinger	322	7,294	10,500	12	064	8,000	156684
Riverside Methodist	D. K. Heydinger	185	7,092	2,669	06	012	9,000	156784
DAYTON								
Good Samaritan	B. Kleinman	185	11,881	1,811	03	009	12,600	
Miami Valley	R. K. Finley, Jr.	184	7,597	2,593	03	009	10,550	156984
Veterans Admin. Center	C. L. Cogbill	141	1,943	5,226	06	012	11,971	
KETTERING								
Charles F. Kettering Memorial	R. A. De Wall	144	6,377	321	03	009	8,100	157684
RAVENNA								
Robinson Memorial Portage County (See Fairview General, Cleveland)								
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals								
Hospital of Medical College of Ohio at Toledo	W. S. Blakemore	42	1,187	4,058	08	026	9,600	157984
Mercy	W. S. Blakemore	129	4,885	1,075			10,200	
St. Vincent Hospital and Medical Center	R. A. Gandy, Jr.	133	3,944	1,116				
Toledo Mental Health Center	G. Stark							
YOUNGSTOWN								
St. Elizabeth	F. A. Pesa	217	6,087	11,385	06	014	10,600	
Youngstown	B. Katz	340	14,496	3,881	06	014	10,600	158584
OKLAHOMA								
NORMAN								
Central State Griffin Memorial (See Univ. of Oklahoma Health Sciences Center, Oklahoma City)								
OKLAHOMA CITY								
St. Anthony	H. C. Dodson, Jr.	50	2,132	1,556	02	006	9,000	158784
University of Oklahoma Health Sciences Center	J. A. Schilling				10	024		
University of Oklahoma Hospitals	J. A. Schilling	49	1,949	10,757			9,000	
Presbyterian	E. R. Munnell	44	2,696				9,000	
Veterans Admin.	L. J. Greenfield	142	3,310	4,305				
Central State Griffin Memorial (Norman)								
TULSA								
Tulsa Surgical Education Trust								
Hillcrest Medical Center	F. A. Clingan	82	1,597	1,601	06	015	9,708	273184
St. Francis	E. R. Dunlap	197	10,975					
St. John's	L. J. Nienhuis	155	8,309	1,117				
	R. Imler							
OREGON								
PORTLAND								
Emanuel	P. F. Parshley	108	5,124	1,176	04	010	9,996	159484
Good Samaritan Hospital and Medical Center	M. Mc Kirdie	171	7,814	9,774	02	008	9,996	159584
St. Vincent Hospital and Medical Center	J. W. Nadal	195	9,820	28,206	03	009	9,996	159884
University of Oregon Affiliated Hospitals	W. W. Krippaehne				06	025		
University of Oregon Medical School							8,600	
Hospitals and Clinics	W. W. Krippaehne	64	2,258	11,066			10,645	
Veterans Admin.	R. M. Vetto	173	3,006	6,556				
PENNSYLVANIA								
ABINGTON								
Abington Memorial	A. S. Froese	98	5,024	1,357	05	011	10,160	
ALLENTOWN								
Allentown	D. H. Gaylor	230	7,536	21,856	04	012	11,000	
ALTOONA								
Altoona	R. B. Magee	103	4,090	9,453	02	003	13,500	160384
BETHLEHEM								
St. Luke's	P. V. Kiehl	146	6,609	3,019	03	007	11,550	160584
BRYN MAWR								
Bryn Mawr	W. C. Stainback	150	6,563	6,057	06	015	9,700	160684
Veterans Admin. (Wilmington, Del.)	D. V. Pecora	63	1,053	1,815			11,547	
CHESTER								
Crozer—Chester Medical Center (See Hahnemann Medical College Affiliated Hospitals, Phila.)								
DANVILLE								
Geisinger Medical Center	H. M. Klinger	90	3,273	23,757	02	008	10,400	160884
DARBY								
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
EASTON								
Easton	L. S. Serfas	87	3,897	957	04	010	11,400	161084
ERIE								
Hamot Medical Center	M. L. Brockmyer	150	6,687	1,432	02	006	10,000	161184
HARRISBURG								
Harrisburg	R. P. Dutlinger	110	3,771	2,416	00	010	10,680	161484

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA, HARRISBURG—Continued								
Harrisburg Polyclinic	L. T. Patterson	179	6,609	4,415	04	012	10,000	
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	J. A. Waldhausen	32	821	4,440	04	016	10,152	161784
JOHNSTOWN								
Conemaugh Valley Memorial	J. B. Lovette	161	6,536	856	02	008		
MC KEESPORT								
Mc Keesport	F. R. Bondi	177	6,912	2,235	02	008	11,000	
NORRISTOWN								
Sacred Heart	H. M. Nelson	110	4,891	6,322	02	005	9,000	
PHILADELPHIA								
Albert Einstein Medical Center	A. Bannett	125	4,329	2,526	12	024	10,100	163184
Episcopal	L. H. Stahlgren	62	7	32	04	010	10,400	
Germantown Dispensary and Hospital	J. S. C. Harris	103	2,949	6,058	01	004	10,017	162584
Graduate Hospital of the University of Pennsylvania	W. S. Blakemore	252	1,923	2,723	06	025	10,969	162684
Hahnemann Medical College Affiliated Hospitals	C. C. Wolfert, Jr.				12	042		162784
Hahnemann Medical College and Hospital	C. C. Wolfert, Jr.	180	1,900	2,924			10,200	
Philadelphia General	M. Perلمان	27	557	2,525			9,971	
St. Agnes	F. De Clement, J. Cossa	64	3,163	2,632			10,200	
Crozer—Chester Medical Center (Chester)	J. M. Howard	118	4,662	1,102			10,200	
Hospital of the Medical College of Pennsylvania	D. R. Cooper	55	2,223		10	022	9,700	184984
Veterans Admin.	J. P. Boland	29	548	2,100			11,425	
Lankenau	E. W. Shearburn	134	2,953	6,179	04	012	9,500	163284
Mercy Catholic Medical Center	W. O' Sullivan	62	2,482	10,219	05	014	10,000	163684
Misericordia Division	W. O' Sullivan	113	5,378	2,761				
Fitzgerald Mercy Division (Darby)	W. O' Sullivan, E. Meyer	131	5,000	15,461	02	008	10,000	163884
Nazareth	P. R. Casey	55	1,944	11,314	03	012	10,500	
Presbyterian—University of Pennsylvania Medical Center	L. W. Stevens	93	3,591	13,419	02	008	10,650	
Temple University	G. P. Rosemond	127	3,131	8,599	09	017	10,761	
Veterans Admin. (Wilkes—Barre)	H. S. Irons, Jr.	99	1,267	9,439			11,121	
Thomas Jefferson University Affiliated Hospitals	G. F. Schwartz				08	020		
Thomas Jefferson University	G. F. Schwartz	109	3,126	3,300			10,900	
Chestnut Hill	J. W. Stayman, Jr.	90	3,661	1,555				
Methodist	J. J. De Tuerk	44	1,674	1,840			10,300	
University of Pennsylvania Affiliated Hospitals	W. T. Fitts, Jr.				16	043		
Hospital of the University of Pennsylvania	W. T. Fitts, Jr.	197	5,551	9,465			11,500	
Philadelphia General	W. Inouye	27	557	3,657			10,492	
Veterans Admin.	E. F. Rosato	36	655	2,100			11,425	
PITTSBURGH								
Allegheny General	R. C. Wilde	90	3,051	9,951	05	012	12,285	
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson				08	030	11,125	165284
Children's Hospital of Pittsburgh	W. B. Kiesewetter	25	1,815	2,705				
Montefiore	M. M. Ravitch	138	5,713	4,381				
Presbyterian—University	H. T. Bahnson	81	2,342	4,099				
Veterans Admin.	D. Elliott	54	1,594	3,610				
Mercy	C. E. Copeland	139	3,788	15,937	06	012	11,800	
St. Francis General	T. J. Madigan	210	10,100	2,910	04	014	11,500	188184
Shadyside	W. E. Novogradac	171	1,548	3,174	03	008	9,600	
Western Pennsylvania	J. C. Gaisford	224	9,036	9,101	06	015	10,865	165984
READING								
Reading	L. L. Cramp	271	9,846	1,143	02	005	10,932	
SAYRE								
Robert Packer	J. M. Thomas	117	5,072	26,151	02	005	8,500	166484
WILKES-BARRE								
Veterans Admin. (See Temple University, Philadelphia)								
YORK								
York	K. E. Wilt	193	10,335	5,933	04	010	10,600	167484
PUERTO RICO								
MAYAGUEZ								
Mayaguez Medical Center	J. E. Ibanez	79	2,961	35,261	03	012		
PONCE								
Hospital De Damas	L. F. Sala	63	3,347	2,791	02	008	9,600	
Ponce District General	J. Colon - Bonet	159	4,077	26,889	04	016	7,800	
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	V. Gutierrez				20	070	9,032	
University District	V. Gutierrez	120	4,050	10,287				
I. Gonzalez Martinez	L. A. Vallecillo	12	440	5,553			12,000	
Municipal Hospital Dr. Rafael Lopez Nussa	A. S. Casanova	47	2,030	7,857				
Veterans Admin. Center	V. Gutierrez	153	1,236	7,030				
RHODE ISLAND								
PAWTUCKET								
Memorial (See Boston City (1st Surgical Service, Tufts), Boston, Mass.)								
PROVIDENCE								
Miriam (See Boston City (1st Surgical Service, Tufts), Boston, Mass.)								
Rhode Island Veterans Admin. (See Boston Univ. Affil. Hosps. (Program 2), Boston, Mass.)	H. T. Randall	117	5,227	4,463	14	032	10,655	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	C. P. Artz	46	3,797	10,338	10	024	8,335	
Medical University of South Carolina Charleston County Veterans Admin.		25	897					
		40	1,170	3,195			9,271	
COLUMBIA								
Richland Memorial	F. Marshall	108	4,342	1,846	03	009	9,000	168184
GREENVILLE								
Greenville General	C. D. Bessinger, Jr.	124	5,768	4,744	04	009	10,000	168384
SPARTANBURG								
Spartanburg General	E. M. Colvin	186	8,144	4,714	04	010	10,000	168584
SOUTH DAKOTA								
YANKTON								
Sacred Heart	C. B. Mc Vay	40	2,576	4,987	02	006	8,700	280584
TENNESSEE								
CHATTANOOGA								
S. E. Tennessee Medical Education Center Baroness Erlanger	Y. Kato	291	12,119	5,657	06	016	9,780	168984
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	H. A. Blake	103	5,232	7,730	01	006	8,800	
MEMPHIS								
Baptist Memorial	R. M. Miles	476	18,041	2,365	10	020	10,020	
Methodist	T. V. Stanley, Jr.	197	8,386	1,913	06	009	9,684	
St. Joseph	M. C. Pian	98	4,722	3,036	01	004	8,652	169784
University of Tennessee Affiliated Hospitals	H. Wilson	113	3,691	14,113	12	032	8,184	
City of Memphis Hospitals	H. Wilson	59	2,263	2,663			9,494	
Veterans Admin.	J. J. Mc Caughan, Jr.							
NASHVILLE								
Baptist	D. R. Pickens, Jr.	260	11,847	650	06	014	10,200	169984
George W. Hubbard Hospital of the Meharry Medical College	M. Walker	60	1,832	10,041	04	013	9,650	
St. Thomas	R. A. Daniel, Jr.	130	5,871	692	04	014	9,525	170184
Vanderbilt University Affiliated Hospitals	H. W. Scott, Jr.				20	057		170284
Nashville Metropolitan General	J. L. Sawyers	42	1,488	12,611				
Vanderbilt University	H. W. Scott, Jr.	59	1,874	14,830			8,925	
Veterans Admin.	R. E. Richie	75	1,261	5,456			9,088	
TEXAS								
AUSTIN								
Brackenridge (See St. Joseph, Houston)								
DALLAS								
Baylor University Medical Center	R. S. Sparkman	117	4,316	2,918	07	018	9,360	170684
Methodist Hospital of Dallas	W. H. Gossard	153	7,783	2,420	04	007	9,420	
St. Paul	C. R. Morris, E. Poulos	190	8,570	1,779	04	010	9,600	
University of Texas Southwestern Medical School Affiliated Hospitals	G. T. Chiles R. C. Jones	111	3,385	18,702	07	026	8,327	
Parkland Memorial	G. T. Chiles R. C. Jones			6,069			9,070	
Veterans Admin.	S. H. Phillips, Jr.	267	4,953					
GALVESTON								
University of Texas Medical Branch Hospitals	J. C. Thompson	71	2,299	7,835	08	018	10,200	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				30	075		171684
Ben Taub General	M. E. De Bakey	75	3,589	18,711			9,000	
Methodist	J. W. Overstreet	66	2,841				8,100	
St. Luke's Episcopal	W. D. Seybold	117	4,817	169			8,400	
Texas Children's	F. J. Harberg, L. W. Able	25	9,218	354			8,400	
Veterans Admin.	P. H. Jordan, Jr.	64	2,280	6,917			9,480	
Hermann	S. J. Dudrick	68	2,858	4,669	06	015	8,400	
St. Joseph	D. L. Moore	208	7,152	1,195	06	018	8,400	
Brackenridge (Austin)	R. R. Ross	77	274	2,851			11,880	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals								
Bexar County Teaching	J. B. Aust	52	1,914	9,671	12	030	9,495	
TEMPLE								
Scott and White Memorial	C. W. Broders	304	9,013	50,734	04	016	9,500	172384
Veterans Admin. Center	A. S. Haisten	172	3,360	9,810			10,200	
UTAH								
OGDEN								
Mc Kay—Dee Hospital Center (See University of Utah Affiliated Hosps., Salt Lake City)								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	F. G. Moody				17	034	9,600	
University	F. G. Moody	26	2,877	17,205				
Latter—Day Saints	W. D. Gaistford	161	8,222	1,102				
Holy Cross Hospital of Salt Lake City	F. G. Moody, D. Albo, Jr.	137	7,014	5,000				
Veterans Admin.	H. M. Lazarus		701	1,323				
Mc Kay—Dee Hospital Center (Ogden)		101	6,117	1,786				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	J. H. Davis	96	3,116	9,644	03	012	8,600	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
VERMONT—Continued								
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia Affiliated Hospitals								
University of Virginia								
Veterans Admin. (Salem)								
W. H. Muller, Jr.								
52								
1,931								
7,193								
09								
021								
9,400								
12,520								
FALLS CHURCH								
Fairfax								
(See Georgetown University Affil. Hosps., Washington, D. C.)								
NORFOLK								
De Paul								
Norfolk General								
J. S. Berger								
216								
6,050								
4,913								
03								
008								
10,500								
174084								
B. J. Innes								
216								
6,694								
14,924								
03								
012								
10,500								
174184								
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals								
Richmond Memorial								
Veterans Admin.								
D. M. Hume								
588								
15,412								
41,457								
15								
037								
9,400								
9,400								
2,184								
1,368								
4,520								
9,548								
ROANOKE								
Community Hospital of Roanoke Valley								
Roanoke Memorial Hospitals								
P. C. Kistler								
360								
18,409								
38,246								
05								
009								
8,400								
174684								
R. E. Berry								
308								
10,946								
8,438								
04								
010								
6,600								
SALEM								
Veterans Admin. (See University of Virginia Affil. Hosps., Charlottesville)								
WASHINGTON								
SEATTLE								
Providence								
Swedish Hospital Medical Center								
University of Washington Affiliated Hospitals								
Harborview Medical Center								
U. S. Public Health Service								
University								
Veterans Admin.								
Virginia Mason								
L. R. Sauvage								
153								
8,024								
31,995								
03								
006								
8,964								
175584								
R. D. Pinkham								
221								
11,331								
594								
06								
012								
8,910								
191884								
J. R. Cantrell								
3,311								
6,768								
08								
024								
9,444								
9,444								
35								
863								
4,703								
237								
10,116								
8,518								
98								
2,200								
1,500								
9,260								
P. C. Jolly								
99								
6,811								
68,290								
05								
014								
9,260								
WEST VIRGINIA								
BECKLEY								
Appalachian Regional								
W. E. Klingensmith								
88								
4,307								
16,040								
03								
010								
12,000								
CHARLESTON								
Charleston Area Medical Center								
Charleston General Division								
Memorial Division								
J. D. Harrah								
197								
7,413								
3,063								
06								
018								
8,500								
190284								
147								
6,332								
6,680								
CLARKSBURG								
Veterans Admin. (See West Virginia Univ. Medical Center, Morgantown)								
MORGANTOWN								
West Virginia University Medical Center								
Veterans Admin. (Clarksburg)								
B. Zimmermann								
84								
2,821								
8,483								
05								
018								
9,500								
WHEELING								
Ohio Valley General								
C. D. Hershey								
130								
4,187								
624								
04								
010								
12,420								
176984								
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals								
Madison General								
University Hospitals								
Veterans Admin.								
W. W. Wolberg								
53								
2,375								
17								
053								
9,500								
177984								
E. I. Bolden								
42								
1,160								
4,038								
30								
1,133								
2,429								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals								
Milwaukee County General								
Veterans Admin. Center (Wood)								
Lutheran Hospital of Milwaukee								
Columbia								
Milwaukee Childrens								
Mount Sinai Medical Center								
St. Joseph's								
St. Luke's								
J. J. De Cosse								
158								
2,204								
11,590								
12								
038								
10,000								
49								
1,466								
5,177								
34								
1,034								
1,262								
87								
4,367								
5,567								
24								
2,356								
7,539								
122								
4,559								
4,089								
02								
008								
10,500								
178784								
239								
10,370								
18,211								
02								
008								
10,500								
178884								
207								
7,500								
6,628								
02								
008								
10,000								
178984								

G.T. SHIRES

30B. 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 ONE year of training as an integral part of an approved program of four or more years' duration.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
MASSACHUSETTS								
BOSTON Lahey Clinic	B. Cady	76	3,900	11,200	06	006	11,288	
MISSOURI								
COLUMBIA Ellis Fischel State Cancer	J. S. Spratt, Jr.	88	1,191	9,395	02	004	10,120	
NEW YORK								
NEW YORK CITY Francis Delafield	J. A. Buda	85	2,775	4,762	04	013	13,300	
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794				
OHIO								
COLUMBUS Children's	E. T. Boles, Jr.	33	1,670	5,017				
WASHINGTON								
SEATTLE Children's Orthopedic Hospital and Medical Center	A. H. Bill	30	2,106	4,837			11,028	

30C. 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 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
DUARTE City of Hope Medical Center	R. L. Byron	35	1,025	22,000	02	006	13,200	
COLORADO								
DENVER Children's	J. D. Burrington	45	3,124	586	01	003		
DISTRICT OF COLUMBIA								
WASHINGTON Children's Hospital of the District of Columbia	J. G. Randolph	40	2,411	7,676	01	002	12,000	
FLORIDA								
MIAMI Variety Children's	W. T. Brown	24	2,452	954	00	003	13,450	
ILLINOIS								
CHICAGO Children's Memorial	O. Swenson	20	1,272	2,713	01	005	13,250	
MASSACHUSETTS								
BOSTON Children's Hospital Medical Center	R. M. Filler	55	2,855	9,028	09	013	10,200	
NORFOLK Pondville	M. Yatsushashi	73	1,088	17,731	04	004	14,825	
WESTFIELD Western Massachusetts	E. J. Manwell	24	494	3,726	02	003		
MICHIGAN								
DETROIT Children's Hospital of Michigan	J. H. Hertzler	27	1,808	7,212	01	002	12,006	
MISSOURI								
COLUMBIA Ellis Fischel State Cancer	J. S. Spratt, Jr.	88	1,191	9,395	02	005	10,120	
NEW JERSEY								
NEWARK United Hospitals Medical Center—Children's Hospital Newark	A. Falla	35	2,235	2,405	01	001	13,000	

30C. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
BUFFALO								
Children's Hospital of Buffalo	C. Jewett, Jr.	40	2,628	9,630	01	002		
Roswell Park Memorial Institute	E. D. Holyoke	130	590	11,611	05	011	10,000	
NEW YORK CITY								
Francis Delafield	J. A. Buda	85	2,775	4,762	04	013	13,300	
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794				
Presbyterian	T. V. Santulli				01	002	15,000	
OHIO								
COLUMBUS								
Children's	E. T. Boles	33	1,670	5,017	01	002	10,500	
PENNSYLVANIA								
PHILADELPHIA								
American Oncologic	P. J. Grotzinger	31	987	5,988	02	002	14,000	
Children's Hospital of Philadelphia	C. E. Koop	35	1,708	2,076	01	002	11,000	
St. Christopher's Hospital for Children	S. L. Cresson	11	1,657	2,840	01	002	12,000	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh								
Children's Hospital of Pittsburgh	W. B. Kiesewetter	25	1,815	2,705	01	002	10,000	
PUERTO RICO								
SAN JUAN								
I. Gonzalez Martinez	L. A. Vallecillo	12	440	5,553	01	002	12,000	
TEXAS								
HOUSTON								
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	92	2,590	30,200	06	009	12,000	
WASHINGTON								
SEATTLE								
Children's Orthopedic Hospital and Medical Center	A. H. Bill	30	2,106	4,837	01	001	11,028	

30D. SURGERY

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 three lists of approved services immediately preceding this list.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
CALIFORNIA								
Silas B. Hayes Army, Fort Ord	B. L. Shideler	181	5,252	10,108	01	001		
TEXAS								
Darnall Army, Fort Hood	L. Bravo, O. T. Baur	368	11,658	633,513	03	003	12,000	
VIRGINIA								
De Witt Army, Fort Belvoir	C. S. Bollman	142	2,878	405,836	06	006		
NONFEDERAL AND VETERANS ADMINISTRATION								
ARKANSAS								
LITTLE ROCK								
Arkansas Baptist Medical Center	W. G. Cooper, Jr.	45	11,745	1,825	01	001	9,300	
CALIFORNIA								
DALY CITY								
Mary's Help Hospital—St. Joseph's	G. L. Torassa, R. H. Bacon				02	002	9,000	
Mary's Help	G. L. Torassa	34	1,760	258				
St. Joseph's (San Francisco)	R. H. Bacon	51	2,064	91				
ELDRIDGE								
Sonoma State	T. W. Holmes, Jr.	20	382	2,349	02	002	12,000	
GLENDALE								
Glendale Adventist	R. S. Vannix	39	1,268	411	04	004	10,800	
LOS ANGELES								
Hospital of the Good Samaritan Medical Center	W. P. Mikkelsen	148	6,073	2,120	04	004	13,656	
Santa Fe Memorial	G. Somich	102	4,186	47,511	03	003	13,656	
SAN BERNARDINO								
San Bernardino County General	E. A. Dainko	48	1,809	22,530	01	004	10,600	
SAN FRANCISCO								
French	R. E. Gardner	152	8,139	12,917	01	002	9,800	
Pacific Medical Center—Presbyterian	D. Pinto	39	1,998	1,714	01	002	9,800	
St. Joseph's (See Mary's Help Hospital—St. Joseph's, Daly City)								
CONNECTICUT								
DANBURY								
Danbury	J. T. Orr	128	5,989	1,052	02	004	10,650	

300. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CONNECTICUT—Continued								
NEW LONDON								
Lawrence and Memorial Hospitals	F. B. Hartman	92	3,987	53	05	005	8,500	
DISTRICT OF COLUMBIA								
WASHINGTON								
Doctors	K. C. Jonas	120	6,067	2,604	05	005	9,500	
Rogers Memorial	E. H. Short	90	3,729	10,587	04	007	11,000	
Sibley Memorial	M. J. Casey	289	2,044	1,020	02	002	10,000	
FLORIDA								
MIAMI BEACH								
St. Francis	L. R. Medoff	202	7,453	13,497	03	003	9,500	
ST. PETERSBURG								
Bayfront Medical Center	W. C. Heibner	154	4,599	495	02	002	10,080	
ILLINOIS								
CHICAGO								
American Hospital of Chicago	P. Thorek	218	8,618	8,800	03	004	14,000	
Norwegian—American	G. T. Murphy	200	11,789	2,790	04	004	10,200	
St. Anne's	J. P. Igini	64	3,838	480	04	004	9,600	
St. Anthony De Padua	E. W. Kallal	8	2,477		02	002	14,400	
INDIANA								
INDIANAPOLIS								
St. Vincent's	J. C. Finneran	86	3,566	200			11,760	
MUNCIE								
Ball Memorial	L. J. Lawson	495	22,505	2,076	02	002	10,600	
KENTUCKY								
LOUISVILLE								
John N. Norton Memorial Infirmary								
M. W. Wheat, Jr.								
165 6,739 1,010 06 006 12,000								
MARYLAND								
BALTIMORE								
Bon Secours	S. G. Sullivan	60	2,788	7,100	01	001	9,500	
Greater Baltimore Medical Center	G. L. Stonesifer, Jr.	97	3,941	1,939	06	007	11,500	
BETHESDA								
Suburban	J. I. Cahan	297	18,277	994,833	03	005	10,710	
MICHIGAN								
DETROIT								
Evangelical Deaconess	T. W. Baumgarten	69	2,501	355	02	002	12,144	
Metropolitan	J. Weiksnar	74	5,591	221,144	00	000		
GROSSE POINTE								
Bon Secours	R. R. Royer, G. W. Sewell	76	4,030	2,326	04	006	11,500	
LANSING								
Edward W. Sparrow	C. Lewis	183	7,291	774	01	001	11,600	
NEW JERSEY								
MONTCLAIR								
Mountainside	J. E. Masterson	141	4,358	971	02	008	11,776	
MORRISTOWN								
Morristown Memorial	E. B. Hallett	148	7,867	770	04	004	11,000	
NEWARK								
United Hospitals Medical Center—Presbyterian	T. A. Stanley	134	5,162	1,937	03	003	11,300	
NEW YORK								
BUFFALO								
Mercy	C. J. Shaver	141	4,980	6,466	03	004	10,300	
NEW YORK CITY								
Kingsbrook Jewish Medical Center	M. Reingold	65	1,681	3,716	06	006	13,750	
PORT CHESTER								
United	D. A. W. Wilson	50	5,495	215	02	002	9,850	
WHITE PLAINS								
White Plains	B. Altman				01	001	11,000	
NORTH DAKOTA								
BISMARCK								
Bismarck	G. E. Tolstedt	54	2,779	1,774				
OHIO								
BARBERTON								
Barberton Citizens	G. Kuzmishin	139	7,141	1,425	02	002	8,232	
ELYRIA								
Elyria Memorial	W. F. Nichols	78	5,913	195	02	004	9,300	
TOLEDO								
Flower	E. Sternfeld	97	4,644	260	01	001		
OKLAHOMA								
OKLAHOMA CITY								
Mercy	J. W. Richardson, Jr.	75	3,931	85	02	002	9,000	
OREGON								
PORTLAND								
Providence	G. Guffee	206	9,738	1,513	02	002		
PENNSYLVANIA								
HAZLETON								
St. Joseph	J. Schade	62	2,980		02	004	8,000	
PHILADELPHIA								
Jeanes	W. Y. Inouye	72	3,100	10,018	03	003	12,000	
St. Joseph's	E. A. Barbieri	153	4,408	21,848	03	003	8,400	

300. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
PITTSBURGH								
St. Margaret Memorial	D. N. Di Silvio	76	2,656	4,987	04	004	11,100	
WILKES-BARRE								
Wilkes—Barre General	P. J. Corey	75	2,537	756	01	000	8,400	
TENNESSEE								
CHATTANOOGA								
Newell Clinic	E. T. Newell, Jr.			5,712	02	002	14,000	
TEXAS								
DALLAS								
Gaston Episcopal	J. V. Goode	83	3,903		03	003	9,390	
VIRGINIA								
DANVILLE								
Memorial	J. E. Nevin, 3d.	192	8,692	25,430	01	001	10,000	
WASHINGTON								
SPDKANE								
Sacred Heart	C. P. Schlicke	191	6,676	1,275	02	002	9,000	
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic	A. E. Gundersen	53	2,130	18,041			7,500	
MARSHFIELD								
St. Joseph's	B. R. Lawton	54	1,855	13,021	02	002	9,500	
MILWAUKEE								
Evangelical Deaconess	B. G. Narodick	116	4,523	1,671	03	006	9,500	

31. THERAPEUTIC RADIOLOGY

Residency programs that have been approved by the Council on Medical Education and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed under Radiology, List 29C.

32. THORACIC SURGERY

Residency programs in the following hospitals have been approved for TWO years of training 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 Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	W. Stanford	18	253	1,640	01	002		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	A. C. Gomez	13	229	916	01	002		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	D. C. Green	35	755	819	01	003		
TEXAS								
Brooke Army Medical Center, San Antonio	W. A. Cox	22	270	442	01	003		
UNITED STATES NAVY								
CALIFORNIA								
Naval, San Diego	R. G. Fosburg	30	774	2,378	01	002		
MARYLAND								
Naval, Bethesda	M. Mills	20	274	494	01	002		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. W. Kirklin				02	004		
University of Alabama Hospitals and Clinics		60	460	1,706			12,000	
Veterans Admin.		9	79	600			9,600	
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	G. S. Campbell				01	002		
University		15	480	1,253			10,000	
Veterans Admin. Consolidated		11	211	305			10,308	
CALIFORNIA								
IRVINE								
University of California (Irvine) Affiliated Hospitals	J. E. Connolly				02	004		
Orange County Medical Center (Orange)	J. E. Connolly	6	213	316			17,714	
Veterans Admin. (Long Beach)	E. A. Stemmer	19	695	280			14,641	

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
LONG BEACH								
Veterans Admin. (See Univ. of Calif. (Irvine) Aff. Hosps., Irvine)								
LOS ANGELES								
Hospital of the Good Samaritan Medical Center	B. W. Meyer	22	631	112	03	004		
Childrens Hospital of Los Angeles	G. C. Lindesmith	3	106	38			18,000	
Los Angeles County—U.S.C. Medical Center	J. H. Kay	23	380	1,100	02	003	19,128	
U. C. L. A.	J. Maloney, Jr., J. Carey	23	694	800	02	004	8,900	
Veterans Admin. Center—Wadsworth	J. S. Carey	9	157	290			17,976	
White Memorial Medical Center	J. J. Verska	18	531	1,275	02	004	12,600	
OAKLAND								
Highland General	K. L. Hardy	5	160	368	02	004	12,636	
ORANGE								
Orange County Medical Center (See Univ. of Calif. (Irvine) Aff. Hosps., Irvine)								
SAN FRANCISCO								
University of California Program	B. B. Roe				01	003		
H. C. Moffitt—University of California Hospitals	B. B. Roe	11	297	158			15,200	
Veterans Admin.	D. J. Ulyot	9	157	1,535			11,100	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	W. W. L. Glenn				02	004		
Yale—New Haven	W. W. L. Glenn	31	648	3,018			13,345	
Hospital of St. Raphael	M. G. Carter	18	579	68			12,765	
Veterans Admin. (West Haven)	W. W. L. Glenn	8	208	167			11,415	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DISTRICT OF COLUMBIA								
WASHINGTON								
George Washington University Affiliated Hospitals	P. C. Adkins				02	003	13,922	
George Washington University Children's Hospital of the District of Columbia	P. C. Adkins	12	476	914				
	J. G. Randolph	4	132	394				
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	G. R. Daicoff				02	004		
William A. Shands Teaching Hosp. and Clinics		17	593	862			12,000	
Veterans Admin.		24	376	1,091			12,225	
MIAMI								
University of Miami Affiliated Hospitals	G. A. Kaiser				02	004		
Jackson Memorial		22	563	568			13,500	
Mount Sinai Hospital of Greater Miami (Miami Beach)	J. J. Greenberg	25	661	406				
Veterans Admin.		14	297	460			10,800	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami (See University of Miami Affiliated Hospitals, Miami)								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	C. R. Hatcher, Jr.				03	006	11,520	
Emory University	C. R. Hatcher, Jr.	15	488					
Grady Memorial	C. R. Hatcher, Jr.	16	578	1,642				
Veterans Admin. (Decatur)	W. H. Fleming	15	141	642				
AUGUSTA								
Medical College of Georgia Hospitals	R. G. Ellison				02	004	11,500	
Eugene Talmadge Memorial	R. G. Ellison	15	339	1,251				
Memorial Medical Center (Savannah)	T. J. Yeh		146					
Veterans Admin.	G. H. Puryear	6	131	225				
DECATUR								
Veteran Admin. (See Emory Univ. Aff. Hosps. Atlanta)								
SAVANNAH								
Memorial Medical Center (See Medical College of Georgia Hosps., Augusta)								
ILLINOIS								
CHICAGO								
Cook County	C. J. Tatoes	37	1,009	8,562	02	004	14,000	
Rush—Presbyterian—St. Luke's Medical Center	H. Najafi	80	2,100	5,500	03	008	13,478	
University of Chicago Hospitals and Clinics	D. B. Skinner	16	383	914	01	002	13,600	
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	45	493	3,843			7,908	
University of Illinois Affiliated Hospitals	C. J. Tatoes				02	004		
University of Illinois	C. J. Tatoes	16	454	1,702				
Veterans Admin. (West Side)	S. Burman	15	156	936				
HINES								
Veterans Admin.	R. Pifarre	20	387	910	02	004	12,400	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	H. King				02	004		
Indiana University Hospitals		7	142	179			12,000	
Veterans Admin.		15	366					
Methodist Hospital of Indiana	H. Siderys	6	113		D1	001	14,025	

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
IOWA								
IOWA CITY University of Iowa Hospitals	J. L. Ehrenhaft	50	1,345	2,105	02	004	15,000	
KANSAS								
KANSAS CITY University of Kansas Medical Center	R. L. Reis	14	279	350	01	002	11,000	
KENTUCKY								
LEXINGTON University of Kentucky Medical Center	L. R. Bryant	16	447	697	02	004	11,100	
University	L. R. Bryant	208	12,223	14,913				
Central Baptist	R. B. Mc Elvein	17	201	603			9,460	
Veterans Admin.	M. Dillon							
LOUISVILLE University of Louisville Affiliated Hospitals	M. W. Wheat	11	131	1,723	02	004	10,600	
Children's	M. W. Wheat	6	193					
Jewish	M. W. Wheat	7	138	602			8,600	
Louisville General	H. T. Ransdell, Jr.	10	107	416			8,915	
Veterans Admin.								
LOUISIANA								
NEW ORLEANS Charity Hospital of Louisiana—Tulane	T. Drapanas	3	86	805	00	002	8,400	
University Division					01	002		
Louisiana State University Affiliated Hospitals	C. C. Craighead	5	162	560	01	002	8,400	
Charity Hospital of Louisiana	C. C. Craighead	9	113	624			10,295	
Veterans Admin.	S. F. Sayegh						10,997	
Ochsner Foundation	J. L. Ochsner							
MARYLAND								
BALTIMORE University of Maryland Affiliated Hospitals	J. S. Mc Laughlin	31	974	720	03	006	13,050	
University of Maryland	J. S. Mc Laughlin	321	1,027					
Mount Wilson State (Mount Wilson)								
MOUNT WILSON								
Mount Wilson State (See University of Maryland Affiliated Hospitals, Baltimore)								
MASSACHUSETTS								
BOSTON Boston University Affiliated Hospitals	R. L. Berger	12	341	913	00	004		
Boston City		10	242					
University		40	858	5,987	01	002	14,800	
New England Deaconess	F. H. Ellis, Jr.							
MICHIGAN								
ANN ARBOR University	H. E. Sloan	24	440	1,741	04	008	12,500	
DETROIT								
Henry Ford	C. J. Davila	41	1,039	1,384	03	003	12,000	
MINNESOTA								
MINNEAPOLIS University of Minnesota Affiliated Hospitals	E. Humphrey	20	569	768	02	004	10,000	
University of Minnesota Hospitals	R. L. Varco	18	189	385			12,265	
Veterans Admin.	R. Varco							
ROCHESTER								
Mayo Graduate School of Medicine	D. C. Mc Goon	25	951	7,273	03	006	13,000	
Rochester Methodist		54	1,583					
St. Mary's								
MISSISSIPPI								
JACKSON University of Mississippi Medical Center	J. D. Hardy	9	274		01	002	13,630	
University	J. D. Hardy	8	172	706			12,630	
Veterans Admin. Center	J. H. Conn							
MISSOURI								
COLUMBIA University of Missouri Medical Center	C. H. Almond	8	380	776	02	004	11,000	
Missouri State Chest (Mount Vernon)	P. E. Sauer	342	1,525				12,000	
MOUNT VERNON								
Missouri State Chest (See University of Missouri Medical Center, Columbia)								
ST. LOUIS								
Barnes Hospital Group	C. S. Weldon	40	1,033	245	02	004	11,500	
Deborah Heart and Lung Center (See Hahnemann Medical College and Hosp., Philadelphia, Pa.)								
NEW MEXICO								
ALBUQUERQUE University of New Mexico Affiliated Hospitals	W. S. Edwards	6	168	720	01	002	11,250	
Bernalillo County Medical Center		9	112	156				
Veterans Admin.								
NEW YORK								
ALBANY Albany Medical Center Affiliated Hospitals	R. D. Alley	50	1,700	2,800	02	004	13,715	
Albany Medical Center	R. D. Alley	11	143	495			15,803	
Veterans Admin.	A. Stranahan, J. O Hern							
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals	W. M. Chardack	15	279		01	002	12,000	
Buffalo General	G. Schimert	10	193	250			13,000	
Children's Hospital of Buffalo	S. Subramanian	12	164	305			13,000	
Veterans Admin.	W. M. Chardack							

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	W. L. Phillips				01	002	13,300	
Long Island Jewish—Hillside Medical Center		11	592	124				
Queens Hospital Center (New York City)		9	161	164				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	W. A. Cook				01	002		
Bronx Municipal Hospital Center		15	471	1,039				
Hospital of the Albert Einstein College of Medicine		9	241	456				
Columbia University Affiliated Hospitals	J. R. Malm				02	004	16,880	
Presbyterian	J. R. Malm							
Harlem Hospital Center	J. E. Hutchinson	11	196	545				
Jewish Hospital and Medical Center of Brooklyn	A. A. Bakst	12	306	372	01	002	14,300	
Montefiore Hospital and Medical Center	G. Robinson	29	590	62	02	004	15,400	
Mount Sinai	A. E. Kark, R. S. Litwak	38	1,422	3,240	01	002	17,800	
New York University Medical Center	F. C. Spencer				04	008		
Bellevue Hospital Center				186				
University		43	800	2,450				
Veterans Admin. (Manhattan)		31	425	3,385				
Queens Hospital Center (See Long Island Jewish-Hillside Med. Ctr. Prog., New Hyde Pk.)								
State University—Kings County Hospital Center	J. Stuckey				02	004		
Kings County Hospital Center		20	174	557			15,400	
State University		7	143	2			13,870	
ROCHESTER								
University of Rochester Affiliated Hospitals	E. B. Mahoney				02	004	12,400	
Rochester General	R. S. Weiner	16	544					
Strong Memorial Hospital of the University of Rochester	E. B. Mahoney	17	225					
SYRACUSE								
S. U. N. Y. Upstate Medical Center	W. R. Webb				03	006		
Crouse Irving—Memorial	P. Ikins	16	612				13,517	
State University	W. R. Webb	13	346	185			13,517	
Veterans Admin.	W. R. Webb	6	146	416			13,960	
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	B. R. Wilcox	13	437	1,376	02	003	15,000	
CHARLOTTE								
Charlotte Memorial	F. Robicsek	46	1,905	304	02	004	11,100	
DURHAM								
Duke University Medical Center	D. Sabiston, Jr., W. Sealy	26	807	833	01	002	9,850	
OTEE								
Veterans Admin.	T. Takaro	25	408	1,360	04	004	12,747	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	R. T. Myers	19	472	91	02	004	12,000	
OHIO								
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	H. J. Mendelsohn				02	004		
Hospitals		20	775	264			12,500	
University Hospitals of Cleveland		7	186	382			12,000	
Cleveland Metropolitan General		9	258	332			12,955	
Veterans Admin.								
Cleveland Clinic	D. B. Effler	87	2,348	1,433	03	006	13,000	
St. Vincent Charity	E. B. Kay	26	500	430	02	004	13,000	
COLUMBUS								
Dnio State University Affiliated Hospitals	K. P. Klassen				02	004	14,000	
Ohio State University Hospitals		47	1,163	4,000				
Children's		2	48					
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	G. R. Williams				02	004		
University of Oklahoma Hospitals	G. R. Williams	6	159	336			10,000	
Children's Memorial								
Veterans Admin.	L. J. Greenfield	6	139	655				
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	A. Starr				02	004		
University of Oregon Medical School								
Hospitals and Clinics	A. Starr	10	373	607			10,000	
Veterans Admin.	R. P. Anderson	8	59	1,871			13,045	
PENNSYLVANIA								
PHILADELPHIA								
Hahnemann Medical College and Hospital	O. M. Billig	40	100	150	02	004	10,200	
Temple University Affiliated Hospitals	G. Lemole				03	006		
Temple University	G. Lemole						12,660	
Episcopal								
St. Christopher's Hospital for Children	F. N. Niguidula	8	184	320			11,000	
University of Pennsylvania Affiliated Hospitals	J. Johnson				02	004		
Hospital of the University of Pennsylvania	J. Johnson	35	450	1,000			11,500	
Children's Hospital of Philadelphia	E. Aberdeen	9	200	500				
Veterans Admin.	J. Johnson						11,425	

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
PITTSBURGH								
Allegheny General	G. J. Magovern	40	904	1,306	03	006	15,225	
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson				02	004	14,450	
Presbyterian—University		7	187					
Children's Hospital of Pittsburgh		9	221	221				
Veterans Admin.		8	186	320				
St. Francis General	J. W. Giacobine	35	1,463	232	01	002	13,000	
Shadyside	W. B. Ford	45	1,305	396	01	002		
Western Pennsylvania	W. B. Ford							
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	W. H. Lee, Jr.				02	004		
Medical University of South Carolina		23	642	1,619			10,972	
Charleston County		1	75					
Veterans Admin.		11	203	717			10,854	
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	J. W. Pate				03	006		
City of Memphis Hospitals	J. W. Pate	24	421	260			10,152	
Veterans Admin.	C. E. Eastridge	15	274	411			9,494	
West Tennessee Chest Disease	F. H. Cole	27	358	120				
NASHVILLE								
Vanderbilt University Affiliated Hospitals	H. W. Bender, Jr.				02	002	8,925	
Vanderbilt University	H. W. Bender, Jr.	12	294	1,320			8,925	
Middle Tennessee Chest Disease								
Nashville Metropolitan General	J. L. Sawyers							
Veterans Admin.	R. E. Richie	19	354	932			11,188	
TEXAS								
DALLAS								
St. Paul	H. E. Wilson	23	634	52	01	002	11,980	
University of Texas Southwestern Medical School Affiliated Hospitals	W. L. Sugg				04	008		
Parkland Memorial	W. L. Sugg	9	382	1,569			9,908	
Baylor University Medical Center	D. L. Paulson	49	1,554	200			10,260	
Children's Medical Center	W. L. Sugg			23				
Veterans Admin.	S. P. Londe	22	363	1,059			9,070	
GALVESTON								
University of Texas Medical Branch Hospitals	R. T. Padula	21	615	1,010	01	002	12,800	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				04	008		
Ben Taub General		12	497	280			10,800	
Methodist		207	5,960				10,500	
Veterans Admin.		5	118	538			11,400	
Texas Heart Institute	D. A. Cooley	102	2,597	3,190	01	002	11,400	
St. Luke's Episcopal	W. D. Seybold	89	2,190				11,400	
Texas Children's	L. W. Able	14	430	160			11,400	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	R. K. Hughes				04	007		
University	R. K. Hughes	4	135	468			11,725	
Latter—Day Saints	L. S. Richards	30	1,044	92			11,725	
Primary Children's								
Veterans Admin.	E. C. Mc Gough		41	165			9,600	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	S. P. Nolan	30	1,235	1,470	01	002	11,400	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	D. R. Kahn				02	004	11,500	
University Hospitals	D. R. Kahn	21	441	1,053				
Veterans Admin.	J. T. Mendenhall	3	29	267				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	D. Lepley				03	003		
Evangelical Deaconess	B. G. Narodick	11	259	213				
Milwaukee County General	L. W. Worman	14	342	899			12,000	
Milwaukee Children's	S. B. Litwin	5	185	82			12,000	
St. Luke's	D. Lepley, Jr.	57	801	661			12,000	
Veterans Admin. Center (Wood)	B. F. Stengel	11	336	1,584			12,000	
St. Joseph's	R. R. Watson	19	629	676	01	002	12,500	

33. 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 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. H. Weber, Jr.	33	908	10,262	02	008		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	R. E. Stutzman	19	721	23,462	01	004		
COLORADO								
Fitzsimons Army Medical Center, Denver	E. L. Lewis	17	641	7,123	01	003		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	A. A. Borski	341	10,351	16,039	02	008		
HAWAII								
Tripler Army Medical Center	M. P. Gangai	18	853	17,970	01	004		
TEXAS								
William Beaumont Army Medical Center, El Paso	L. Maldonado	18	650	16,181	01	003		
R. E. Thomason General (El Paso)	W. Austerman							
Brooke Army Medical Center, San Antonio	F. E. Ceccarelli	35	842	16,278	01	007		
WASHINGTON								
Madigan Army Medical Center, Tacoma	J. N. Wettlaufer	24	890	27,282	01	004		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	G. A. Leblanc	11	562	8,449	01	004		181385
Naval, San Diego	M. B. Rotner	60	1,653	42,537	02	008		
MARYLAND								
Naval, Bethesda	M. Edson	31	728	16,913	02	008		182385
PENNSYLVANIA								
Naval, Philadelphia	E. C. Sacher	32	893	11,062	01	004		183185
VIRGINIA								
Naval, Portsmouth	O. W. Chenault, Jr.	35	1,198	16,230	02	008		
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. W. Justice	39	555	5,981	01	004		
WASHINGTON								
U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)								
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	D. T. Schamber	12	510	8,598	01	003	13,451	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
Carraway Methodist Medical Center	H. C. Hudson	22	1,015	8,715	01	004	10,200	
University of Alabama Medical Center	G. Myers, Jr., S. Shirley				03	009	9,600	
Children's	E. V. Scott	9	886	654				
University of Alabama Hospitals and Clinics	G. Myers, Jr., S. Shirley	21	733	3,149				
Veterans Admin.	G. Myers, Jr.	29	837	4,480				
MOBILE								
Mobile General (See Ochsner Foundation, New Orleans, La.)								
ARIZONA								
TUCSON								
University of Arizona Affiliated Hospitals	G. W. Drach				01	003		
University		6	223	1,240			12,150	
Veterans Admin.		31	1,068					
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	J. F. Redman				02	008		
Arkansas Children's		5	150	576				
Arkansas State		2	52	264				
University		12	537	2,602			8,300	
Veterans Admin. Consolidated		35	1,000	2,163			10,308	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	O. G. Stonington				02	006		
University of Colorado Medical Center	O. G. Stonington	10	545	3,767			9,900	
Denver General	N. E. Peterson	4	219	1,817			10,006	
Veterans Admin.	O. G. Stonington	19	561	1,000			9,007	
CONNECTICUT								
HARTFORD								
University of Connecticut Affiliated Hospitals	E. M. Sigman				02	006		
Hartford	R. H. Hepburn	45	2,258	400			11,100	
New Britain General (New Britain)	E. M. Sigman	18	912	40				
St. Francis	B. M. Fox	31	1,361	461			11,900	
Newington Children's (Newington)	H. C. Ridlon	1	57	92			11,900	
Veterans Admin. (Newington)		10	255	1,650				
NEW HAVEN								
Yale—New Haven Medical Center	B. Lytton				02	008		
Yale—New Haven	B. Lytton	40	1,623	14,636			11,025	
Veterans Admin. (West Haven)	B. Lytton	13	506	1,130			11,415	
Waterbury (Waterbury)	J. K. Shearer	15	929	118				
NEWINGTON								
Newington Children's (See University of Connecticut Affiliated Hospitals, Hartford)								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
WATERBURY								
Waterbury (See Yale-New Haven Medical Center, New Haven)								
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	J. Furlong	28	1,300	1,080	01	003	10,500	
Veterans Admin. (See Thos. Jefferson Univ. Affil. Hosps., Philadelphia)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	G. W. Jones	22	720	3,989	02	006	11,342	
Georgetown University Affiliated Hospitals	R. Baker				02	008		
District of Columbia General	J. Bresette	14	311	2,473			11,300	
Georgetown University	R. Baker	65	1,988	5,112			11,130	
Sibley Memorial								
Veterans Admin.	R. Baker, J. Bresette	25	400	1,950			10,780	
George Washington University Affiliated Hospitals	F. C. Derrick, Jr.				03	009		
Children's Hospital of the District of Columbia	J. C. Kenealy	6	600	563				
District of Columbia General	R. C. Rhame	14	311	2,473			11,300	
George Washington University	F. C. Derrick, Jr.	25	1,184	2,483				
Veterans Admin.	F. Derrick, H. Semerdjian				00	004	10,780	
Washington Hospital Center	W. Dabney Jarman	42	2,122	1,989	02	006	11,124	
Children's Hospital of the District of Columbia	J. C. Kenealy	6	600	563				
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	D. M. Drylie				02	006		
William A. Shands Teaching Hospital and Clinics	D. M. Drylie	19	689	2,983			8,625	
Veterans Admin.	G. H. Miller, Jr.	19	689	2,983			9,125	
JACKSONVILLE								
Jacksonville Hospitals Educational Program	W. A. Van Nortwick				01	003	10,185	
University Hospital of Jacksonville		10	353	6,216				
St. Vincent's		15	1,118	590				
MIAMI								
University of Miami Affiliated Hospitals	V. A. Politano				04	012		
Jackson Memorial		46	1,582	4,099			11,828	
Veterans Admin.		30	610	3,420			10,800	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami	S. B. Goldman	43	2,426	1,279	01	003	10,700	
ORLANDO								
Orange Memorial								
TAMPA								
University of South Florida Affiliated Hospitals	R. P. Finney				02	006		
Tampa General		22	1,070	922			9,970	
Veterans Admin.							9,671	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	K. N. Walton				03	009	10,080	
Emory University	K. N. Walton	17	750					
Grady Memorial	K. N. Walton	22	678	8,136				
Henrietta Egleston Hospital for Children								
Veterans Admin. (Decatur)	E. Haltiwanger	18	297	1,986				
AUGUSTA								
Medical College of Georgia Hospitals	R. Witherington				02	006		
Eugene Talmadge Memorial	R. Witherington	12	354	2,489			10,000	
Veterans Admin.	A. G. Franceschi	13	322	2,425			9,500	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
GEORGIA—Continued								
DECATUR								
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)								
SAVANNAH								
Memorial Medical Center	P. L. Scardino	37	1,994	1,723	01	003	9,314	
ILLINOIS								
CHICAGO								
Chicago Medical School Affiliated Hospitals	N. Sadoughi				01	003		
Mount Sinai Hospital Medical Center of Chicago	N. Sadoughi	25	1,650	1,552			10,300	
Louis A. Weiss Memorial	H. Sohn	18	748	240			11,300	
Cook County	I. M. Bush	76	3,420	9,506	03	009	12,200	
McGaw Medical Center of Northwestern University	J. T. Grayhack				03	011	12,102	
Children's Memorial	L. R. King	13	851	4,000				
Northwestern Memorial	J. T. Grayhack	31	1,223	1,328				
Veterans Admin., Research	J. T. Grayhack	28	809	3,840				
Evanston (Evanston)	J. B. Graham	10	510	402				
Michael Reese Hospital and Medical Center	O. Presman	45	1,152	2,549	02	006	11,100	
Mercy Hospital and Medical Center	E. T. Wilson	21	692	1,148			12,660	
Rush—Presbyterian—St. Luke's Medical Center	J. E. Mobley	30	1,241	1,335	01	004	10,001	
University of Chicago Hospitals and Clinics	C. W. Vermeulen	11	481	3,905	01	003	12,200	
University of Illinois Affiliated Hospitals	S. S. Clark				02	006	11,220	
University of Illinois		14	410	5,327				
Veterans Admin. (West Side)		40	936	4,775				
EVANSTON								
Evanston (See McGaw Med. Center of Northwestern Univ. Chicago)								
HINES								
Veterans Admin.	F. A. Lloyd	54	1,071	5,545	03	009	10,600	225785
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	J. P. Donohue				03	009		
Indiana University Hospitals		17	636	1,697			10,500	
Marion County General		27	355	4,266			9,500	
Veterans Admin.		16	430	2,538			11,250	
Methodist Hospital of Indiana	D. M. Newman	70	3,849	816	02	008	11,360	
IOWA								
DES MOINES								
Veterans Admin. (See University of Iowa Affiliated Hospitals, Iowa City)								
IOWA CITY								
University of Iowa Affiliated Hospitals	R. H. Flocks				04	020		
University of Iowa Hospitals	R. H. Flocks	73	2,262	17,024			9,800	
Veterans Admin. (Des Moines)	R. E. H. Puntenney	24	758	3,161			14,181	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	W. L. Valk	20	872	4,173	03	009	9,000	
Veterans Admin. (Kansas City, Mo.)	W. K. Mebust	30	892	1,404			9,500	
LEAVENWORTH								
Veterans Admin. Center (See Univ. of Mo. at Kansas City Affil. Hosps., Ks. City, Mo.)								
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. W. Mc Roberts				02	006	9,460	
St. Joseph		18	682	3,128				
University		11	407	854				
Veterans Admin.							9,460	
LOUISVILLE								
University of Louisville Affiliated Hospitals	M. Amin				02	006		
Children's		6	255	385			8,600	
Louisville General		6	249	4,833			8,600	
Veterans Admin.		13	322	1,838			8,915	
LOUISIANA								
BATON ROUGE								
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)								
MONROE								
E. A. Conway Memorial Hospital (See Ochsner Foundation Hosp., New Orleans)								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	G. C. Tomskey				02	008	7,800	
Charity Hospital of Louisiana		21	630	11,629			7,800	
Earl K. Long Memorial (Baton Rouge)			121	1,506				
Ochsner Foundation	W. Brannan	18	882	15,744	02	008	10,997	196685
E. A. Conway Memorial (Monroe)	W. E. Kittredge	3	180	2,173			13,200	
Mobile General (Mobile, Ala.)	J. Hyman	9	376	1,110			12,240	
Tulane University Affiliated Hospitals	J. U. Schlegel				04	020		
Charity Hospital of Louisiana	J. U. Schlegel	22	661	11,188			7,800	
Touro Infirmary	J. L. Fischman	17	889	1,405			9,782	
U. S. Public Health Service	H. P. Gutierrez	13	488	2,036				
Veterans Admin.	J. U. Schlegel	16	334	5,106			10,295	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
LOUISIANA—Continued								
SHREVEPORT								
L. S. U. (Shreveport) Affiliated Hospitals	B. E. Trichel				02	008		
Confederate Memorial Medical Center		27	1,085	4,754			7,800	
Veterans Admin.		22	570	2,640			9,909	
MARYLAND								
BALTIMORE								
Johns Hopkins	W. W. Scott, Jr.	35	1,096	10,060	04	013	11,000	
Sinai Hospital of Baltimore	M. A. Robbins	22	848	1,061	01	003	12,000	
University of Maryland Affiliated Hospitals	J. D. Young	24	910	4,934	03	009	10,700	
University of Maryland Veterans Admin.	H. C. Kramer	14	449	3,298			11,900	
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals	G. Austen	19	578	7,013	00	004		
Boston City University								
Lahey Clinic	L. Zinman	53	7,909	9,500	02	006	11,288	126485
New England Deaconess	L. M. Woodruff	38	937				10,200	
Lawrence F. Quigley Memorial (Chelsea)	L. M. Woodruff	9	203	1,390			12,449	
Massachusetts General	G. R. Prout, Jr.	54	2,220	7,701	02	007	11,300	
New England Medical Center Hospitals	S. A. Mahoney	13	575	2,782	01	003	10,724	
Peter Bent Brigham	J. H. Harrison	21	729	2,011	02	007	11,300	
Veterans Admin.	C. A. Olsson		802	1,797	02	004	11,245	
Cardinal Cushing General (Brockton)								
BROCKTON								
Cardinal Cushing General (See Veterans Admin., Boston)								
CHELSEA								
Lawrence F. Quigley Memorial (See Lahey Clinic, Boston)								
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State Univ. Affil. Hsps., Detroit)								
ANN ARBOR								
University of Michigan Affiliated Hospitals	J. Lapidés				04	012		129385
University	J. Lapidés	31	1,202	5,979			10,500	
St. Joseph Mercy	S. L. Fellman	23	1,531	4,417			10,800	
Veterans Admin.	J. Lapidés, J. W. Konnak	21	567	1,894			11,500	
Wayne County General (Eloise)	J. Lapidés	13	465	1,860			11,361	
DETROIT								
Harper	E. J. Shumaker	32	1,078	1,042	01	003	11,100	
Henry Ford	J. C. Cerny	25	1,242	12,048	02	006	10,300	
Sinai Hospital of Detroit—Grace (Northwest Unit)	W. H. Rattner			656	02	005	11,175	
Sinai Hospital of Detroit	W. H. Rattner	31	1,224				11,100	
Grace (Northwest Unit)	S. J. Lutz	24	1,084					
Wayne State University Affiliated Hospitals	J. M. Pierce, Jr.				03	009		
Children's Hospital of Michigan	A. D. Perlmutter	10	560	2,656			10,815	
Detroit General	J. M. Pierce, Jr.	25	482	5,238			11,560	
Hutzel	J. M. Pierce, Jr.	23	677	311			12,280	
Veterans Admin. (Allen Park)	J. M. Pierce, Jr.	31	728	2,777			11,280	
ELOISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
GRAND RAPIDS								
Butterworth	J. L. Irwin	19	817	547	01	003	10,356	
ROYAL OAK								
William Beaumont	H. E. Lichtwardt	43	2,070	1,273	02	006	12,000	197885
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	C. Blackard			15	04	014	9,200	
University of Minnesota Hospitals	E. E. Fraley	30	700					
Hennepin County General	A. C. Markland	10	409	3,345			10,165	
Veterans Admin.	E. Fraley	46	795	5,710				
ROCHESTER								
Mayo Graduate School of Medicine	D. C. Utz			44,084	06	024	11,000	
Rochester Methodist		27	1,346					
St. Mary's		26	1,376					
ST. PAUL								
St. Paul—Ramsey	A. Cass	16	818	2,991	01	004	10,300	133585
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	W. L. Weems				02	008	8,925	
University	W. L. Weems	14	554	2,940			9,000	
Veterans Admin. Center	L. E. Deddens	27	554	2,950				
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	I. M. Thompson	34	638	3,945	02	008	10,000	
KANSAS CITY								
University of Missouri at Kansas City Affiliated Hospitals	A. L. Stockwell				02	010		
Kansas City General Hospital and Medical Center	A. L. Stockwell	6	217	2,781			9,285	
Veterans Admin. Center (Leavenworth, Kan.)	J. Desai						10,000	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MISSOURI, KANSAS CITY—Continued								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Homer G. Phillips	M. Abrams	14	340	2,319	01	003	10,337	
St. Louis City		12	292	2,593				
St. Louis University Group of Hospitals	H. Schoenberg				03	009		
Cardinal Glennon Memorial Hospital for Children	H. Schoenberg	3	351	622			10,000	
Firmin Desloge General	H. Schoenberg	5	169	883			10,000	
St. Mary's Health Center	H. Schoenberg, W. Melick	21	861	14			10,020	
Washington University Affiliated Hospitals	R. Royce				03	009	10,000	
Barnes Hospital Group		37	1,443	2,030				
Veterans Admin.		25	603	2,355				
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals	M. P. Walzak, Jr.				01	003		
Creighton Memorial St. Joseph's		16	599	1,019			10,800	
Douglas County		6	96				10,800	
Veterans Admin.		17	376	1,000			10,468	
University of Nebraska Affiliated Hospitals	F. F. Bartone				01	004	9,900	137685
University of Nebraska	F. F. Bartone	21	808					
Bishop Clark Memorial	F. F. Bartone							
Douglas County	H. Kammandel	21	1,062	624				
Nebraska Methodist	F. F. Bartone	17	376	1,000			10,468	
Veterans Admin.								
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	L. J. Morin				01	003	10,200	
Mary Hitchcock Memorial		14	831	2,906				
Veterans Admin. Center (White River Junction, Vt.)		10	344	1,080				
NEW JERSEY								
CAMDEN								
Cooper (See Thomas Jefferson Univ. Affiliated Hospitals, Phila.)								
EAST ORANGE								
Veterans Administration (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)								
JERSEY CITY								
Jersey City Medical Center (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)								
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals	J. J. Seebode				04	012		
Marland	J. J. Seebode	20	385	1,993			11,800	
Veterans Admin. (East Orange)	A. Sporer	32	539	4,185			11,797	
Jersey City Medical Center (Jersey City)	J. J. Seebode	25	625	1,200				
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	T. A. Borden				02	006		
Bernalillo County Medical Center		7	337	1,682			8,850	
Veterans Admin.		22	678	1,140			9,978	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	M. Woodruff				02	006		
Albany Medical Center	M. Woodruff	27	1,863	2,657			11,180	
Veterans Admin.	M. Woodruff, C. P. Dahlen	20	511	1,190			12,953	
BUFFALO								
Millard Fillmore	P. A. Greco	55	2,025	484	01	003	11,500	
Roswell Park Memorial Institute—Sisters of Charity	D. J. Albert				02	006		
Roswell Park Memorial Institute	G. P. Murphy	20	3,000	4,200			10,000	
Sisters of Charity	G. J. Hardner	17	644	1,940			10,500	
S.U.N.Y. at Buffalo Affiliated Hospitals	W. J. Staubitz				03	009		
Buffalo General	W. J. Staubitz	21	734	2,902			10,500	
Children's Hospital of Buffalo	W. J. Staubitz	10	716	655			11,000	
Deaconess Hospital of Buffalo	W. J. Staubitz	31	1,069	941			11,000	
Edward J. Meyer Memorial	W. J. Staubitz	22	438	2,223			11,000	
Veterans Admin.	M. J. Gonder	34	681	1,465			11,000	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	M. Goldfarb	15	480	2,851	01	003	10,618	
MINEOLA								
Nassau	S. Rudansky	20	833	101	01	003	13,637	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	S. H. Rothfeld				02	006	14,000	
Long Island Jewish—Hillside Medical Center		15	683	453				
Queens Hospital Center (New York City)		19	388	3,667				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	H. R. Newman				04	011		
Bronx Municipal Hospital Center	H. R. Newman	35	849	3,949				
Hospital of the Albert Einstein College of Medicine	H. R. Newman	27	705	1,420				
Lincoln	H. Schutte			3,133				

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1974-1975		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Beth Israel Medical Center	L. Orkin	59	1,468	2,659	02	008	13,750	
Francis Delafield Hospital—Harlem Hospital Center	R. J. Veenema, H. Garnes				02	006		
Francis Delafield	R. J. Veenema	55	610	3,684				
Harlem Hospital Center	H. Garnes	28	242	490				
French and Polyclinic Medical School and Health Center	R. D. Amelar	40	1,388	974	01	004	14,450	147585
Jewish Hospital and Medical Center of Brooklyn	S. R. Weinberg	37	1,201	2,119	01	003	14,300	
Lenox Hill	J. H. Mc Govern	19	676		01	003	14,770	
Long Island College	J. J. Ippolito	18		1,590	01	003		
Methodist Hospital of Brooklyn	J. J. Ippolito				02	006		
Maimonides Medical Center Training Program	G. Wise	46	1,059	1,497				
Maimonides Medical Center		19	431	3,081			14,000	
Coney Island					01	003		
Misericordia—Fordham Training Program	R. Gentile	12	413	647			13,949	
Misericordia		25	373	2,009			14,000	
Fordham					03	009	14,000	
Montefiore Hospital Training Program	S. Freed	48	936	2,064				
Montefiore Hospital and Medical Center		4	209	2,478				
Morrisania City					06	014		
Mount Sinai Hospital Training Program	H. Brendler	21	550	3,411			14,000	
Mount Sinai	H. Brendler	16	358	4,269			13,300	
City Hospital Center at Elmhurst	M. Pincus	30	830	3,780			14,641	
Veterans Admin. (Bronx)	H. Brendler	74	2,292	6,372	02	006	14,000	
New York	V. F. Marshall							
New York Medical College—Metropolitan Hospital Center	J. E. Davis	18	681	722	03	009	13,300	
Unit 1—Flower and Fifth Avenue Hospitals		28	986	4,172				
Unit 2—Metropolitan Hospital Center		25	623	702				
Unit 3—Bird S. Coler Memorial Hospital and Home					04	016		
New York University Medical Center	P. A. Morales	34	1,457					
University	P. A. Morales	43	736					
Veterans Admin. (Manhattan)	J. S. Brown	24	431	3,995				
Bellevue Hospital Center	S. Al-Askari	76	2,708	11,142	05	011	14,455	
Presbyterian	J. K. Lattimer							
Queens Hospital Center		25	929	3,207	01	003	12,500	
(See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)		33	879	4,711	01	004	13,800	
Roosevelt	P. B. Snyder				04	013		
St. Luke's Hospital Center	R. W. Lavengood, Jr.	20	987	3,127			14,000	
State University—Kings County Hospital Center	P. Finkelstein	22	686	6,328			13,870	
Brooklyn—Cumberland Medical Center	R. K. Waterhouse	14	596	2,230				
Kings County Hospital Center	R. K. Waterhouse	34	1,009	2,170				
State University	H. Gruber							
Veterans Admin. (Brooklyn)								
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	A. T. K. Cockett	16	801	1,611	02	008	10,900	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	O. M. Lilien	11	471		02	006	11,871	
Crouse Irving—Memorial	I. Goldman	16	716	1,486				
State University	O. M. Lilien	20	408	1,837				
Veterans Admin.	O. M. Lilien							
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	F. A. Fried	10	430	4,397	02	004	10,000	
CHARLOTTE								
Charlotte Memorial	C. J. Hawes	55	2,526	1,484	01	004	9,600	
DURHAM								
Duke University Affiliated Hospitals	J. F. Glenn	29	1,342	4,623	05	013	9,850	
Duke University Medical Center	J. F. Glenn	21	511	3,120			10,350	
Veterans Admin.	J. E. Dees	28	548	1,505			12,747	
Veterans Admin. (Oteen)	S. V. Kishev							
DURHAM								
Veterans Administration								
(See Duke University Affiliated Hospitals, Durham)								
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	W. H. Boyce	27	1,084	2,477	02	006	10,500	
OHIO								
AKRON								
Akron City	M. L. Ford	48	2,108	584	01	004	10,500	
Akron General	R. C. Ackles	28	1,168	1,276	01	003	11,000	
CINCINNATI								
Good Samaritan	H. W. Rattledge	44	2,020	303	01	003	10,400	
University of Cincinnati Hospital Group	A. T. Evans	26	1,298	4,740	04	012		
Cincinnati General		6	503	292				
Children's		44	2,464	129			11,356	
Christ		30	501	1,890			10,708	
Veterans Admin.								
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	L. Persky	33	1,822	2,496	02	006	11,000	
University Hospitals of Cleveland		11	453	3,113			11,000	
Cleveland Metropolitan General		31	797	1,568			11,455	
Veterans Admin.		64	5,477	9,937	03	009	11,000	
Cleveland Clinic	R. A. Straffon	16	343	976				
St. Vincent Charity	J. A. Kmieck							

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974-1975 1st Yr.	All Yrs.		
OHIO, CLEVELAND—Continued								
Huron Road	P. Boyd	21	724	447	01	003	11,400	157185
COLUMBUS								
Ohio State University Affiliated Hospitals	C. C. Winter	25	956	5,337	02	007	8,300	
Ohio State University Hospitals	C. C. Winter	11	627	847				
Children's	J. P. Smith							
DAYTON								
Veterans Admin. Center	B. Pilloff	22	358	1,821	01	003	11,971	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	K. A. Kropp	8	225	687	02	005	11,400	
Hospital of Medical College of Ohio at Toledo	K. A. Kropp	33	1,334	465				
St. Vincent Hospital and Medical Center	J. B. Westhoven							
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	W. L. Parry	17	815	2,124	03	009	9,500	
University of Oklahoma Hospitals		24	559	3,040				
Veterans Admin.								
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	C. V. Hodges	22	750	5,171	03	012	8,600	
University of Oregon Medical School		21	489	918			10,645	
Hospitals and Clinics								
Veterans Admin.								
PENNSYLVANIA								
ABINGTON								
Abington Memorial (See Hahnemann Medical Coll. Affili. Hospitals, Philadelphia)								
CHESTER								
Crozer—Chester Medical Center (See Hahnemann Medical Coll. Affili. Hospitals, Philadelphia)								
DANVILLE								
Geisinger Medical Center	H. E. Brown	23	1,131	13,173	01	004	10,400	160885
ERIE								
Hamot Medical Center	J. H. Petre	29	1,411	5,066	01	003	10,000	161185
St. Vincent	H. J. Mc Laren, Jr.	32	1,604	11,799	02	006	10,000	
HARRISBURG								
Harrisburg (See M. S. Hershey Med. Ctr. of the Penn. State Univ. Hershey)								
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg (Harrisburg)	T. J. Rohner, Jr. L. V. Kost, Jr.	8 23	390 838	1,712 308	01	003	11,376	
PHILADELPHIA								
Albert Einstein Medical Center	W. Wolgin	30	1,137	956	02	004	10,700	
Episcopal	M. Bogash	15	502	1,314	01	003	10,400	
Graduate Hospital of the University of Pennsylvania	H. M. Burros	15	293	1,054	01	003	11,536	
Hahnemann Medical College Affiliated Hospitals	P. Gonick	14	489	2,286	02	006	10,800	
Hahnemann Medical College and Hospital	P. Gonick	9	871	242			10,160	
Abington Memorial (Abington)	G. J. Gislason	23	1,000	461			10,200	
Crozer—Chester Medical Center (Chester)	L. Iozzi	21	1,009	2,109	02	006	11,500	
Hospital of the University of Pennsylvania	J. J. Murphy	25	522	3,000			11,425	
Veterans Admin.	J. J. Murphy	17	605	1,229	01	002	10,500	
Pennsylvania	T. R. Malloy	19	227	3,785	02	005	10,909	
Philadelphia General	S. G. Mulholland	19	227	3,785	02	006	11,288	
Temple University Affiliated Hospitals	K. B. Conger	19	517	1,531			11,288	
Temple University	K. B. Conger	8	188	899			11,750	
Hospital of the Medical College of Pennsylvania	L. Karafin	4	552	650			11,000	
St. Christopher's Hospital for Children	K. B. Conger							
Thomas Jefferson University Affiliated Hospitals	P. D. Zimskind	31	1,105	2,592	01	007	10,900	
Thomas Jefferson University	P. D. Zimskind	15	255	1,050			12,647	
Veterans Admin. (Wilmington, Del.)	A. M. Raney							
Cooper (Camden, N.J.)								
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	F. N. Schwentker	16	753	1,299	02	006	10,550	165285
Presbyterian—University		8	531	508				
Children's Hospital of Pittsburgh		20	525	2,440				
Veterans Admin.		31	868	791	01	003	11,800	
Mercy	C. C. Altman	26	1,152	1,051	01	003	11,480	165985
Western Pennsylvania	S. H. Johnson, 3d.							
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	B. Gonzalez - Flores	11	136	1,079	05	015	10,200	
I. Gonzalez Martinez	B. Gonzalez - Flores	15	497	5,920				
Municipal Hospital Dr. Rafael Lopez Nussa	R. Fortuno	12	422	6,947			10,200	
University District	B. Gonzalez - Flores	30	553	13,375			10,982	
Veterans Admin. Center	B. Gonzalez - Flores							
RHODE ISLAND								
PROVIDENCE								
Rhode Island	E. K. Landsteiner	23	1,000	1,188	01	003	11,394	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1974- 1st Yr.	1975- All Yrs.		
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. S. Ansell				02	009		191885
Harborview Medical Center	M. Kiviat		268	2,928				
University	J. S. Ansell	7	394	2,643			9,444	
U. S. Public Health Service	G. D. Monda		431	2,583			9,444	
Veterans Admin.	J. A. Tremann	13	352	1,416				
Virginia Mason	R. J. Correa	12	1,113	7,260				
WEST VIRGINIA								
CHARLESTON								
Charleston Area Medical Center	J. W. Lane				01	003	8,860	
Memorial Division		28	1,285	610	01	003		
Charleston General Division		11	439					
MORGANTOWN								
West Virginia University Medical Center	D. F. Milam	16	785	2,940	02	006	9,500	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.				03	009	10,000	
Madison General	A. P. Schoenenberger	17	876					
St. Mary's Hospital Medical Center		13	655					
University Hospitals	J. B. Wear, Jr.	16	592	4,603				
Veterans Admin.	P. O. Madsen	27	770	2,086				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	N. B. Hodgson				02	002		
Columbia	J. W. Kearns	12	592				10,000	
Lutheran Hospital of Milwaukee	N. B. Hodgson	8	285	97				
Milwaukee Children's	R. B. Bourne	3	372	281			10,000	
Milwaukee County General	N. B. Hodgson	15	643	3,024			10,100	
Veterans Admin. Center (Wood)	R. B. Bourne	20	502	7,499				

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.

- | | |
|-------------------------------|--|
| 1. Anesthesiology | 17. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 18. Plastic Surgery |
| 3. Dermatology | 19. 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 | 20. Psychiatry and Neurology |
| 9. Neurology | Child Psychiatry |
| 10. Nuclear Medicine | 21. Radiology |
| 11. Obstetrics and Gynecology | Diagnostic Radiology |
| 12. Ophthalmology | Therapeutic Radiology |
| 13. Orthopedic Surgery | 22. Thoracic Surgery ³ |
| 14. Otolaryngology | 23. Urology |
| 15. Pathology | |
| 16. Pediatrics | |
| Allergy ^{1,2} | |
| Cardiology ¹ | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house physicians to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

I. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educa-

tional program is supplementary to the primary purpose of the hospital, *i.e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. STAFF

The teaching staff should be composed of 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

*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. Beginning in 1974, the American Board of Allergy and Immunology (a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics) will certify candidates in Allergy and Immunology.

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.

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 I-7, I-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 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 completed 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. (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, 3500 Market 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 residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council.

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

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.
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.
4. In the case of students who have completed, in an accredited American College or university, undergraduate pre-medical 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, or 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, may 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) on or after July 1, 1971, 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, also known as the "Fifth Pathway," students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination acceptable to the Council on Medical Education.

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 the critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments, Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of 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 hospital 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.

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 ethi-

cal 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.

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 of 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 RELATIONS 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 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 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 Hos-

pitals 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 Allergy and Immunology
(a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

Herbert C. Mansmann, Jr., M.D., Executive Secretary
3930 Chestnut Street, Philadelphia, Pa. 19104

American Board of Anesthesiology
Robert T. Patrick, 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. Pisacano, M.D., Secretary
University of Kentucky Medical Center
Lexington, Kentucky, 40506

American Board of Internal Medicine
Palmer H. Fitcher, M.D., Executive Director
3930 Chestnut St., Philadelphia, Pennsylvania 19104

American Board of Neurological Surgery
Kemp Clark, M.D., Secretary-Treasurer
5323 Harry Hines Blvd., Dallas, Texas 75235

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)

Tyra T. Hutchens, M.D., Secretary
305 East 45th Street, New York, N.Y. 10017

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
Walter Work, M.D., Executive Secretary-Treasurer
1301 E. Ann St., HR-5032, Ann Arbor, Michigan 38103

American Board of Pathology
Frank C. Coleman, 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, Ill. 60637

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
1903 S. Broadway, Rochester, Minn. 55901

American Board of Plastic Surgery
Mar W. McGregor, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine
Harold V. Ellingson, M.D., Secretary-Treasurer
410 W. 10th Ave., Columbus, Ohio 43210

American Board of Psychiatry and Neurology

Lester H. Rudy, M.D., Executive Secretary-Treasurer
1603 Orrington Avenue, Evanston, Ill. 60201

American Board of Radiology

C. Allen Good, M.D., Secretary

Kahler East, 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

Herbert Sloan, M.D., Secretary-Treasurer

14624 East Seven Mile Rd., Detroit, Michigan 48205

American Board of Urology

William L. Valk, M.D., Secretary-Treasurer

4121 W. 83d Street, Suite 124

Prairie Village, Kansas 66208

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary disease; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields should communicate with the secretary of the American Board concerned, concerning the prerequisites.

The two conjoint Boards now approved (The American Board of Allergy and Immunology and the American Board of Nuclear Medicine) will certify physicians as specialists in the field 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 all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience

of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for 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 requirements 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. How-

ever, 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 supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of

current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving 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 special-

ties 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 (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.

5. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduate intending to enter general practice. General practice residency programs should provide for 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 I 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 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 education caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery, as of July 1971, requires a minimum of four years of surgical education following the awarding of the M.D. degree. The first year may consist of a "dual appointment" as indicated below. Group II programs, consisting of three years residency and two years of preceptorship or other acceptable training were discontinued on July 1, 1972, by the Conference Committee on Graduate Education in Surgery (the Residency Review Committee for General Surgery), which represents the American Board of Surgery, The American College of Surgeons, and the Council on Medical Education of the American Medical Association.

For a resident who, on or after July 1, 1971, has a dual appointment as surgical intern and first year surgical resident, the residency program must include at least four years of clinical experience after graduation from medical school. Of these four years, at least three and one-half years must be in Clinical Surgery. Up to six months of these four clinical years may be in allied disciplines such as anesthesiology, surgical pathology, internal medicine, or pediatrics. Any additional full time assignments to clinical areas other than surgery or to non-clinical pursuits such as research must be in addition to the "four years of clinical experience."

Training in General Surgery is recommended as a preliminary to graduate education in most special fields of surgery. For some surgical specialists, a definite amount of preliminary training in general surgery is required. This type of preliminary surgical education may be obtained in regular four year general surgical programs, the duration and content being determined by the program director in accordance with the requirements of the specialty Board concerned.

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 education 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 broad surgical education which will provide the residents with detailed knowledge of surgery; of the gastro-intestinal tract and other abdominal conditions; of the breast; and of the head and neck. In addition, the resident should be provided the opportunity to acquire a firm understanding, of the fundamental principles applying to the management of: musculo-skeletal trauma; head injuries; and the more common problems encountered in cardiothoracic, vascular, gynecologic, neurologic, orthopedic, pediatric, plastic and urologic surgical specialties. Large hospitals which have narrowly departmentalized services can usually provide appropriate experience for the

residents by agreements between chiefs of services to exchange residents, or by planning resident rotations to selected specialty services. At least two years, including the senior year, should be spent specifically in general surgery. Assignments for experience in special fields of surgery should be selected in each program according to local conditions, in such a manner as to provide the most effective training for general surgeons.

C. Application of Basic Medical Sciences in Surgical Education:—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 detail discussion of problem cases on the surgical service are important for this, as are also the clinico-pathology conferences. The residents should study all tissues removed at operation and all autopsy material from patients on their respective services and discuss them with the pathologist. It is desirable, but not essential, to have the resident 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 it is feasible in the performing of autopsies. Opportunity for the residents to work out special anatomical problems by performing regional dissections should be provided if possible.

Research offers an important opportunity for stressing 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. Full time assignment to the research laboratory is not acceptable in the minimum program of four years following graduation from medical school.

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 the work done by the service, and the supervision of the resident training program. Continuity of this responsibility and supervision of residents is highly desirable. Therefore, the appointment or election of the Chief of Service should be considered more than 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 a minimum of 300-500 admissions annually to the surgical division. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients. For a surgical residency, the hospital should be able to provide an adequate number and variety of surgical problems to give the progressive operative experience necessary for residents in their third and fourth years. This is to insure surgical skill and judgment through the performance of operations with a high degree of responsibility, but under circumstances providing adequate supervision.

Valuable experience may be obtained from efficient outpatient services and by well developed follow-up services.

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 I to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Surgery 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 department 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 neuro-ophthalmology. 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 Nuclear Medicine

Nuclear Medicine is concerned with the diagnostic, therapeutic, and investigational uses of radionuclides.

Training Goal.—Residencies should provide training and experience in all divisions of the specialty of nuclear medicine, including diagnostic and therapeutic applications of radionuclides, and those fields of basic science relevant to the attainment of competence in the broad field of nuclear medicine.

Training Duration.—The minimum training period in nuclear medicine shall be two years following an approved preparatory post-doctoral period of at least two years duration, as outlined in the American Board of Nuclear Medicine requirements for certification as stated in the current *Directory of Approved Internships and Residencies*. The program will ensure that during the total post-doctoral training the candidate will have the equivalent of two years in which the primary emphasis is on the patient and his clinical problems.

Training Content.—At the completion of the total training program the trainee should have a broad knowledge of medicine, with the ability to obtain a pertinent history, perform an appropriate physical examination, and arrive at a differential diagnosis. The trainee should be able to plan and perform appropriate nuclear medicine, procedures, to interpret the results, and to arrive at a logical diagnosis. He should be qualified to recommend therapy or further studies. If radionuclide therapy is indicated, he should be capable of assuming responsibility for patient care.

The trainee should have received adequate instruction in the theoretical and practical aspects of diagnostic and therapeutic nuclear medicine, including education in the relevant basic sciences. The trainee must have participated in a suitably organized and conducted institutional program which must have included medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, and statistics.

The program should be structured so that the trainee's responsibilities in nuclear medicine increase progressively during the residency. The program should be sufficiently

adaptable so that at completion of the residency the trainee will be knowledgeable in the relevant aspects of clinical medicine, including patient care.

The trainee should become familiar with the methods of investigation, with special emphasis on the use of radionuclides, and should be encouraged to participate in research of his own under adequate supervision.

Program Director and Staff.—The Program Director must be a highly qualified physician, full-time in the specialty of nuclear medicine or otherwise acceptable to the Residency Review Committee for Nuclear Medicine. The Director must be responsible for all aspects of the training program.

The teaching staff assisting the Program Director should have a breadth of experience which is sufficient to assure adequate education in all areas of the broad field of nuclear medicine.

The ratio of teaching staff to trainees should be sufficient to ensure adequate supervision and training.

Institutional Requirements.—The medical facilities within which a residency in nuclear medicine is offered should be of such size and composition as to provide ample clinical material. The program should provide adequate opportunity for trainees to participate and study personally patients with scanning procedures, *in vitro* and *in vivo* laboratory studies, and nuclear medicine therapy. The program should be of sufficient magnitude and diversity to provide a broad experience in the diagnosis, treatment, and follow-up of various types of clinical applications of radionuclides. There must be an adequate mechanism for recording case records and results and to facilitate follow-up and teaching. The number of nuclear medicine technologists must be adequate for the workload of the facility.

Space must be adequate for both educational and clinical functions of the nuclear medicine service. This may be accomplished by sharing of facilities. An active medical library should be available within easy commuting distance of the nuclear medicine facility used for residency training.

The provisions of the General Requirements, I (Sections 1 to 11), and the other provisions of the *Essentials of Approved Residencies* 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 Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute and 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.

12. 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 es-

sential 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.

13. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures, or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 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 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 ap-

proved 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 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 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 I 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 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 train-

ing 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 special 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 function 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 cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

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

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

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years. (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 clarification 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 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 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.

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. Resi-

dents 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, vectocardiography, 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.

17. 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 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation, including electromyography and other electrodiagnostic procedures, 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.

18. 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 at least three years of training in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery.

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.

19. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine, and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Sections 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 institu-

tion 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 years' 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, 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 medical support of accident investigation (aviation pathology).
5. Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.
6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.

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

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

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General

Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aerospace medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in aerospace medicine and/or a related clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

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

Occupational Medicine

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

The training period comprises a period of specialized training of three years' duration, 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, hygiene 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.

20. 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 residents 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 socio-cultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience 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, pediatrics, 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 hospital.

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.

21. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

RADIOLOGY

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

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

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

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

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

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

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

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

DIAGNOSTIC RADIOLOGY

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

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

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

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

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.

PEDIATRIC RADIOLOGY

The residency in pediatric radiology should provide advanced and continuous training in the application of diagnostic radiology to the newborn, infant, and child for the purpose of producing a highly trained clinical specialist. Pediatric radiation therapy is not an essential component. A well-balanced educational program requires a diversity of clinical material, continuous clinical training, and an active investigative and research effort.

Definition: Pediatric radiology is understood to be a segment of diagnostic radiology encompassing the same fundamentals of radiation physics and radiation protection, and the same deductive and inductive reasoning processes, but directed at the special problems of disordered physiology, pathology, and matters of health maintenance as they occur in the growing child.

Duration of Training Period: The minimal training period is three years comprising twenty-four months in diagnostic radiology, and twelve continuous months in pediatric radiology. The training in diagnostic radiology must precede the pediatric experience and include all facets of roentgen diagnosis, the clinical applications of diagnostic nuclear medicine, radiobiology, physics, and protection. It may include up to six months of pediatric radiology.

Institutional Requirements: The institution offering training in pediatric radiology may or may not be the same in which the resident obtains his initial diagnostic radiology training. It may be an entirely separate institution. In any case, the clinical material in pediatrics must be of such volume and composition as to provide ample clinical experience with the broad diversity of pediatrics. To qualify, the institution should have a full-time staff in general pediatrics, pediatric surgery, pediatric cardiology and pathology as a minimum. There should also be an AMA approved residency training program in pediatrics.

Departmental Requirements: Staff: The attending staff should comprise at least two full-time radiologists devoting themselves to pediatric radiology. The staff shall have control of adequate technical facilities devoted primarily to children's radiology. One radiologist should be designated as director of the training program in pediatric radiology. Whenever possible, more than one resident should be in training in addition to other residents who may rotate through the department for shorter time periods.

Educational Requirements for the Residency:

(1) The same basic instruction is required in pediatric radiology as in diagnostic radiology. The only difference is that the program allows concentration on pediatric rather than adult medical problems. If the program integrates experience at two separate institutions, careful planning so as to include formal instruction in radiation physics, protection, radiobiology and experience in diagnostic nuclear medicine must be assured.

(2) Increasing resident responsibility in respect to patient care should be an important feature of the training period in pediatric as well as diagnostic radiology.

(3) It is important that appropriate emphasis be placed on the value of teaching rounds and conferences, which should include at least one weekly conference with each of the major pediatric specialties in the institution. In addition, there should be frequent intra-departmental teaching conferences.

(4) A departmental library is essential and must contain sufficient variety of texts and journals to cover both general pediatrics and pediatric radiology.

(5) A film museum indexed, coded, and currently maintained should be available for resident use.

(6) Suitable areas for independent work and study should be available for the use of the residents.

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.

22. 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:

- (a) thorough understanding of the basic sciences as they apply to thoracic surgery;
- (b) graded and progressive assumption of operative responsibility;
- (c) assumption of relatively complete responsibility for the patient's care under proper supervision, and finally;
- (d) 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

*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.

board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

23. 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 sur-

gery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of Credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

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 20 primary and 2 conjoint examining and certifying boards on the basis of minimal standards listed in the "Essentials for Approval of Examining Boards in Medical Specialties."

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, (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.

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 these pages 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.

As indicated at the bottom of Table 1, several of the boards certify candidates in subspecialties and/or areas of special competence, in addition to certifying them in the primary field of a specialty.

In Table 2, on the following page, the total number of certificates issued by each of the approved examining boards in a medical specialty has been listed in bold-face type. Below that line of type, for a number of boards, are listed the subspecialties and/or areas of special competence in which the board also examines candidates.

For some boards, the listings in italics cover the fields in which the board grants primary certification, for example the various fields listed under the American Board of Pathology and the American Board of Preventive Medicine; for other boards, the listings in italics are of certification in subspecialties or areas of special competence and are in addition to the number of primary certificates listed in bold-face type. The italic listings under the American Board of Internal Medicine and the American Board of Pediatrics are of this type.

The listings of the American Board of Psychiatry and Neurology are a combination—the certificates in Psychiatry, Neurology, Child Neurology, and Psychiatry and Neurology make the total number of certificates issued by the Board; the certificates in Child Psychiatry are issued to persons already certified in Psychiatry, and in that sense represent a subcertification. In a few cases, the listings in italics indicate special certificates issued some years ago to persons whose primary certification is included in the total certificates issued by the Board.

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							
	License to Practice	Approved Internship or Other Prerequisite	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	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	Initial Application or Registration Fee	Total Fees	Stated Limitations (years) on Applicant's Eligibility ⁵	
AMERICAN BOARD OF:																
Allergy and Immunology.....	x	x	2						x	x	x	x	300	350	5	
Anesthesiology.....	x	x	3-4	2-0				x	x	x	x	x	75	225	7	
Colon and Rectal Surgery.....	x	x	1-2		x				x	x	x	x	50	250	3	
Dermatology.....	x	x	3	1	x			x	x	x	x	x	25	250	3	
Family Practice.....	x		3	1		x							50	250	5	
Internal Medicine ¹			3		x			x	x	x	x	x	250	250	3	
Neurological Surgery.....	x		4	2	x				x	x	x		25	300	3	
Nuclear Medicine.....	x	x	2-3		x			x	x	x	x	x	250	250		
Obstetrics and Gynecology.....	x		3	2				x	x	x	x		25	325	2	
Ophthalmology.....	x		3	1		x			x	x	x	x	150	250	2	
Orthopedic Surgery.....	x	x	4		x	x			x	x	x	x	50	350	3	
Otolaryngology.....	x		4						x			x	175	350	3	
Pathology.....	x		3-4	1	x	x		x	x	x	x		250	250	3	
Pediatrics ²		x	2	2	x	x		x	x	x	x	x	250	250		
Physical Medicine and Rehabilitation.....		x	3	2	x			x	x	x	x		175	250	6	
Plastic Surgery.....			5		x	x			x	x	x		75	225	5	
Preventive Medicine.....	x	x	3	1	x			x	x	x	x		50	250	3	
Psychiatry and Neurology ³	x		3-5	2-1	x			x	x	x	x		125	325	3	
Radiology.....		x	3	1		x		x	x	x	x		300	300		
Surgery.....			4		x	x			x	x	x		75	325	5	
Thoracic Surgery ⁴			2		x				x				50	400	3	
Urology.....	x	x	4	2	x				x	x		x	250	500		

1. Also certifies in the subspecialties of Cardiovascular Disease, Endocrinology and Metabolism, Gastroenterology, Hematology, Infectious Disease, Nephrology, Medical Oncology, Pulmonary Disease, Rheumatology.
2. Also certifies in subspecialties or special areas of Pediatric Allergy, Pediatric Cardiology, Pediatric Hematology-Oncology, and Pediatric Nephrology.
3. Also certifies in Child Neurology and subspecialty of Child Psychiatry.
4. Certification by American Board of Surgery prerequisite.
5. Applicant is 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.

REQUIREMENTS FOR CERTIFICATION

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Prior to 1972	Certificates Awarded During 1972	Total to 12/31/72	Active Certificates as of December 31, 1972†	Year Board Was Activated
American Board of Allergy and Immunology*	—	—	—	—	1971
American Board of Anesthesiology	5,490	421	5,911	5,093	1937
American Board of Colon and Rectal Surgery	467	27	494	368	1949
American Board of Dermatology	3,346	161	3,497	2,656	1932
American Board of Family Practice	3,285	1,284	4,569	4,520	1969
American Board of Internal Medicine	23,023	4,378	27,401	22,737	1938
<i>Allergy and Immunology</i>	301	0	301	—	
<i>Cardiovascular Disease</i>	1,232	119	1,351	—	
<i>Endocrinology and Metabolism</i>	0	248	248	—	
<i>Gastroenterology</i>	676	253	929	—	
<i>Hematology</i>	0	374	374	—	
<i>Infectious Disease</i>	0	88	88	—	
<i>Nephrology</i>	0	212	212	—	
<i>Pulmonary Disease</i>	458	163	621	—	
<i>Rheumatology</i>	0	154	154	—	
American Board of Neurological Surgery	1,711	107	1,818	1,487	1940
American Board of Nuclear Medicine**	0	940	940	884	1972
American Board of Obstetrics-Gynecology	12,925	627	13,552	11,331	1930
<i>Gynecology</i>	15	0	15	—	
<i>Obstetrics</i>	24	0	24	—	
American Board of Ophthalmology	8,217	384	8,601	6,655	1916
American Board of Orthopedic Surgery	7,015	803	7,818	6,927	1934
American Board of Otolaryngology	7,311	311	7,622	4,590	1924
<i>Endoscopy</i>	4	0	4	—	
American Board of Pathology	10,215	811	10,828	7,398	1936
<i>Anatomic Pathology</i>	4,285	153	4,438	—	
<i>Anatomic Pathology and Medical Microbiology</i>	1	0	1	—	
<i>Anatomic Pathology and Clinical Pathology</i>	3,565	372	3,937	—	
<i>Anatomic Pathology and Forensic Pathology</i>	4	2	6	—	
<i>Anatomic Pathology and Neuropathology</i>	40	2	42	—	
<i>Medical Chemistry (now Chemical Pathology)</i>	28	3	31	—	
<i>Medical Microbiology</i>	34	1	35	—	
<i>Medical Microbiology and Medical Chemistry</i>	1	0	1	—	
<i>Clinical Pathology</i>	1,900	41	1,941	—	
<i>Forensic Pathology</i>	220	16	236	—	
<i>Hematology</i>	36	9	45	—	
<i>Clinical Pathology/Hematology</i>	0	1	1	—	
<i>Neuropathology</i>	99	10	109	—	
<i>Anatomical, Clinical and Forensic Pathology</i>	2	1	3	—	
American Board of Pediatrics	15,048	773	15,821	13,101	1933
<i>Pediatric Allergy</i>	340	22	362	—	
<i>Pediatric Cardiology</i>	317	13	330	—	
American Board of Physical Medicine and Rehabilitation	908	54	962	803	1947
American Board of Plastic Surgery	1,078	92	1,170	1,032	1937
American Board of Preventive Medicine	3,063	107	3,170	2,188	1948
<i>Aerospace Medicine</i>	626	27	653	—	
<i>Occupational Medicine</i>	608	17	625	—	
<i>Public Health</i>	1,671	28	1,699	—	
<i>General Preventive Medicine</i>	163	35	198	—	
American Board of Psychiatry and Neurology	11,718	670	12,388	10,514	1934
<i>Psychiatry</i>	9,485	587	10,072	—	
<i>Neurology</i>	1,211	115	1,326	—	
<i>Child Neurology</i>	24	18	42	—	
<i>Psychiatry and Neurology</i>	998	0	998	—	
<i>Child Psychiatry</i>	705	0	705	—	
American Board of Radiology	12,155	822	12,977	9,853	1934
<i>Diagnostic Roentgenology</i>	933	0	933	—	
<i>Diagnostic Radiology</i>	349	307	656	—	
<i>Medical Nuclear Physics</i>	10	1	11	—	
<i>Radiological Physics</i>	121	7	128	—	
<i>Radiology</i>	9,041	440	9,481	—	
<i>Radium Therapy</i>	8	0	8	—	
<i>Roentgen Ray and Gamma Ray Physics</i>	26	2	28	—	
<i>Roentgenology</i>	1,018	0	1,018	—	
<i>Therapeutic Radiology</i>	444	65	509	—	
<i>Therapeutic Roentgenology</i>	5	0	5	—	
American Board of Surgery	19,411	826	20,237	17,020	1937
<i>Proctology</i>	81	0	81	—	
American Board of Thoracic Surgery	2,651	200	2,851	2,580	1949
American Board of Urology	4,294	244	4,538	3,715	1935
Totals	153,331	13,832	167,163	135,468	

*A conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics. The ABA&I will give its first certifying examination in 1974.

**A conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology.

NOTE: In the above table, the total number of primary certificates issued by each Board is shown in bold-face type along with the name of the Board. Under the names of certain Boards are listed in *italics* the number of certificates issued for areas of training under the jurisdiction of that Board. In some instances, the number of certificates issued indicates areas of specialization, and the numbers listed for these areas make up the total certificates issued; in other instances, the areas are those of subspecialization, and diplomates in these disciplines will have received certificates in the subspecialty area in addition to their primary certification by these Boards.

†Totals do not include physicians permanently located outside the United States and Possessions; also excludes certificates issued to physicians currently listed with APO or FPO addresses or whose addresses were unknown.

Table 3 shows that, during the calendar year 1972, there were 20 approved primary boards and 2 conjoint boards. The boards issued 13,832 certificates, bringing the total number issued at December 31, 1972, to 167,163 certificates. In the subspecialties and areas of special competence, 1,599 certificates were issued.

The Directory of Medical Specialists, compiled by the American Board of Medical Specialties and published by Marquis-Who's Who, Chicago, 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

TABLE 3.—Annual Specialty Board of Certification, 1953-1972

Year Ending:	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
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
1971 (December)	22	9,093**	153,331**
1972 (December)	22	13,832	167,163

*Covers 6 months, June-December, 1969.

**Adjusted following final report.

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)	Herbert C. Mansmann, Jr., M.D. Executive Secretary	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 349-9466
American Board of Anesthesiology	Robert T. Patrick, 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	Nicholas J. Pisacano, M.D. Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	(606) 255-2237
American Board of Internal Medicine	Palmer H. Fletcher, M.D. Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Kemp Clark, M.D., Secretary-Treasurer	5323 Harry Hines Blvd. Dallas, Texas 75235	(214) 631-3220
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology)	Tyra T. Hutchens, M.D. Secretary	305 East 45th St., New York, N.Y. 10017	(212) 889-0717
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	Walter Work, M.D. Exec. Secretary-Treas.	1301 E. Ann St., HR5032 Ann Arbor, Mich. 38103	(313) 761-7185
American Board of Pathology	Frank C. Coleman, 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	1903 South Broadway 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. Executive 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	Herbert Sloan, M.D. Secretary-Treasurer	14624 E. Seven Mile Road Detroit, Michigan 48205	(313) 372-2632
American Board of Urology	William L. Valk, M.D. Secretary-Treasurer	4121 West 83rd St., Suite 124, Prairie Village, Kansas 66208	(913) 341-6321

AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

(A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

CHARLES E. REED, Co-Chairman, Madison, Wisconsin
 SHELDON C. SIEGEL, Co-Chairman, Los Angeles
 HERBERT C. MANSMANN, JR., Secretary, Philadelphia
 ROY PATTERSON, Treasurer, Chicago
 K. FRANK AUSTEN, Boston
 C. WARREN BIERMAN, Seattle
 REBECCA H. BUCKLEY, Durham, N.C.
 MURRAY DWORETZKY, M.D., New York City
 ELLIOT F. ELLIS, Denver
 SIDNEY FRIEDLAENDER, Southfield, Mich.
 DOUGLAS E. JOHNSTON, Rochester, N.Y.
 ELLIOTT MIDDLETON, JR., Denver
 PHILIP S. NORMAN, Baltimore
 DAVID S. PEARLMAN, Denver
 HERBERT C. MANSMANN, JR., Executive Secretary,
 3930 Chestnut Street, Philadelphia, 19104
 FREDRIC D. BURG, Consultant, Philadelphia
 EUGENE A. HILDRETH, Consultant, Reading, Pa.
 WILLIAM A. HOWARD, Consultant, Washington
 PALMER H. FUTCHER, Consultant, Philadelphia

SPECIAL NOTICE

At the time this publication went to press, the American Board of Allergy and Immunology was in the process of reviewing its qualifications for certification. The latest information may be obtained by writing the Executive Secretary at the address given above.

ORGANIZATION

The American Board of Allergy and Immunology (ABAI) was established in 1972 as a non-profit organization. It was sponsored jointly by the American Board of Internal Medicine, the American Board of Pediatrics, the American Academy of Allergy, the American College of Allergists, the American Association of Clinical Immunology and Allergy, the American Academy of Pediatrics-Section on Allergy, and the American Medical Association-Section on Allergy. The ABAI is a conjoint Board of the American Board of Pediatrics and the American Board of Internal Medicine.

GENERAL EXPLANATION OF REQUIREMENTS AND EXAMINATION

The American Board of Allergy and Immunology is interested in candidates who have embarked voluntarily on a graduate program of study, with the express purpose of excelling in the practice of the specialty of allergy and immunology. In outlining its requirements, the ABAI hopes to help the candidate select superior educational programs which will develop his competency in allergy and immunology. The ABAI believes that all allergists and immunologists should have a sound fundamental knowledge of biological sciences basic to this discipline. Such knowledge is essential to the continued progress of any qualified allergist and immunologist. The ABAI anticipates that adequate knowledge in the basic sciences, as applied to this discipline, will be acquired by the candidate during a post-medical school training program. The ABAI wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of allergy and immunology.

However, the candidate must demonstrate his competency to the ABAI in order to justify certification to practice this discipline as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification must satisfy the general and professional qualifications listed below.

ELIGIBILITY FOR EXAMINATION—Section 6.2

A. Except as provided in Paragraph B below, a candidate

must qualify for examination by *having passed* the examination of The American Board of Internal Medicine, The American Board of Pediatrics or the Royal College of Physicians and Surgeons of Canada *and* by presentation of evidence acceptable to the Board of Directors, of the following graduate medical education:

1. at least two years of general training in Internal Medicine (with approval of the director of the second year of training and with twenty-four months of primary patient responsibility) or Pediatrics, in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada or such other programs acceptable to the Board of Directors; *and*
 2. at least two years of residency, fellowship, or other acceptable training in Allergy and Immunology.
- B. A candidate, in any application received by the Executive Secretary on or before July 1, 1978, may also qualify for examination by presentation of evidence, acceptable to the Board of Directors, that:

1. the candidate has had at least ten years of practice principally in Allergy and Immunology under circumstances acceptable to the Board of Directors; *or*
2. the candidate's period of Allergy and Immunology practice of the type acceptable under paragraph 1, and period of training in Allergy and Immunology acceptable to the Board of Directors aggregate at least ten years; *or*
3. the candidate's period or periods of practice or training in Allergy and Immunology of the types acceptable under Paragraphs 1 and 2, when combined with a period or periods of training in either approved Pediatrics or Internal Medicine training programs, or both, aggregate at least ten years.

and that the candidate's training and experience are substantially equivalent to the qualifications set forth in A *or* that he has achieved eminence in the field of Allergy and Immunology. *In determining whether a candidate's training and experience are substantially equivalent or whether he has achieved eminence, the Board of Directors shall consider the following criteria:*

1. the nature, quality and duration of any formal training in Allergy and Immunology, Internal Medicine or Pediatrics completed by the candidate;
2. the scope, nature and duration of the candidate's practice in the fields of Allergy and Immunology, Internal Medicine or Pediatrics;
3. the candidate's appointments to faculties of schools of medicine and positions of responsibility in hospital teaching programs;
4. the candidate's contributions to the field as evidenced by the quality of his publications;
5. the candidate's fellowships, awards, and other evidence of special recognition;
6. the candidate's competence in the area of a primary specialty;
7. the candidate's reputation in the field as evidenced by written references; and
8. such other evidence as the candidate may present in writing.

Failure to meet any one or more of the above criteria shall not disqualify a candidate if the Board of Directors, on the basis of the evidence considered in its entirety, is of the opinion that his training and experience are equivalent or that he has achieved eminence in the field of Allergy and Immunology.

METHODS OF EXAMINATION

1. *The Certifying Examination.* The Certifying Written Examination will be administered approximately every other year. At present, it is a six-hour, multiple-choice question examination which will be given simultaneously in at least three different sections of the United States and Canada. The candidate should be prepared for examination in the anatomy, pathology, physiology and bio-chemistry of hypersensitivity, as well as atopic disease. He should be proficient in clinical diagnosis, including laboratory procedures, and in the treatment of allergic and immunologic diseases in children and adults. In addition to a familiarity with atopic diseases, such as hay fever, asthma, eczema, and urticaria, he will be expected to have a good understanding of other clinical states in which hypersensitivity or immune deficiencies play a major or contributory role, such as auto-immune diseases, transplanted immunity, connective tissue or rheumatic diseases, and those infective and parasitic diseases characterized by hypersensitivity reactions.

He should be familiar with the physiology of organ systems involved in allergic diseases, most particularly the lungs, especially as modified by asthma, emphysema, chronic bronchitis and other pathological states related to or confused with immunologic reactions in this organ. He should be thoroughly familiar with the benefits and dangers of drugs used in the management of allergic diseases in general, and asthma in particular.

He should be competent in recognition of many non-allergic states that resemble allergy, including such clinical entities as physical allergies, autonomic dysfunction, and psychogenic factors in allergic diseases.

Evidence of knowledge of current research in the field of hypersensitivity will be tested by questions concerning the beta-adrenergic receptors, chemical mediators, prostaglandins, cholinergic and adrenergic receptors, complement, immunoglobulins, lymphokines, etc.

A knowledge of controversial subjects such as gastrointestinal allergy, allergy to foods and allergy to bacteria will be required. Also the candidate will be expected to be familiar with the difficulties inherent in clinical investigation, as well as the reliability and limitations of data obtained by various methodologies.

2. *Program Directors' Assessment of Competency.* All candidates will be required to have written documentation from program directors of the quality of health care that they deliver. The program director will also be asked to support each candidate on the basis of his having excelled in the clinical areas of allergy and immunology.

REEXAMINATION

1. The interval between two examinations will be not less than one year.

2. Candidates failing three examinations must undertake an additional year of approved full-time graduate education, which is acceptable to the ABAI before readmission to examination.

APPLICATIONS

Applications are available from the Executive Office as of September 1, 1972 and must be completed and returned by November 15, 1973.

FEEES

The Registration and Examination fee is \$300.00 and must accompany the application. Candidates whose applications are rejected will receive a refund of \$250.00; the Board will retain \$50.00 of the fee to cover the application evaluation costs.

The Certification fee is \$50.00, payable after successful passage of examination.

Those physicians previously certified by the Subspecialty Board on Allergy of the American Board of Internal Medicine or the American Board of Pediatrics may obtain a diploma

from the American Board of Allergy and Immunology by transmitting a fee of \$50.00 to the office of the Executive Secretary on or after July 1, 1972.

CANCELLATIONS

Candidates who are accepted for examinations but fail to appear or who cancel after assignment to an examination center is completed will forfeit their Registration and Examination fee. For each subsequent application for examination they will be required to pay an additional Registration and Examination fee.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination) for five or more years will revert to the same status as a new application and will be required to pay the Registration and Examination fee. However, total past examination experience will continue to govern the candidate's eligibility. The candidate must comply with all current regulations enforced for new candidates.

THE AMERICAN BOARD OF ANESTHESIOLOGY

- JAMES E. ECKENHOFF, President, Chicago
- WILLIAM K. HAMILTON, Vice President, San Francisco
- DONALD W. BENSON, Baltimore
- ALBERT M. BETCHER, New York
- O. B. CRAWFORD, Springfield, Missouri
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- RICHARD A. THEYE, Rochester, Minnesota
- ROBERT T. PATRICK, Secretary-Treasurer, Casper, Wyoming,
Office of the Board, 100 Constitution Plaza, Hartford, Connecticut 06103

Each applicant before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been sanctioned by an organization acceptable to the Board (ECFMG, FLEX, National Board of Medical Examiners, or any recognized medical licensing body); 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) he is of high ethical and professional standing; and

3. Submit proof to the Board that he has satisfactorily completed the Continuum of Education in Anesthesiology consisting of three years of training after receiving the M.D. or D.O. degree. Twelve months of the Continuum must be devoted to clinical training in a program other than clinical anesthesia (hereinafter referred to as Clinical Base), and 24 months must be devoted to approved residency training in clinical anesthesia (hereinafter referred to as Clinical Anesthesia). Not less than 21 of the 24 months of Clinical Anesthesia must be 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 anesthesia and surgical manipulations.

The 24 months of Clinical Anesthesia must be spent 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., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

Acceptable training for the 12 months of Clinical Base shall include training in a rotating internship, internal medicine,

pediatrics, surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, or any combination of these, as approved for the individual candidate by the Director of his or her training program in anesthesiology.

The time during the Continuum at which the candidate receives training in either Clinical Anesthesia or Clinical Base will be decided by the Director of the training program in anesthesiology following consultation with the individual candidate; but the Board urges that at least a portion of the Clinical Base occur early in the Continuum.

Following completion of the Continuum or two years of the Continuum plus one Optional Year as described in Plan 1 below, the candidate will be eligible for the written (Part I) examination. Having passed the written examination he will become eligible for the oral (Part II) examination by fulfilling the requirements of Plan 1 or 2 outlined as follows:

PLAN 1

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus one year of training (hereinafter referred to as the Optional Year) in an area of research, in clinical anesthesia that is more advanced and specialized than the usual experience gained during the 24 months of Clinical Anesthesia, or in a basic science or a clinical discipline other than anesthesiology but not including the Clinical Base year of the Continuum.

The Optional Year (which may occur in any chronologic sequence) will be at the discretion of the Program Director and must be spent 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., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

PLAN 2

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus two years of practice acceptable to the Board following the period of training.

Up to one year of 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 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 the applicant's duties in the military service.

Up to one year of practice credit can sometimes be granted to physicians who have received foreign based formal training in anesthesiology and who have been in continuous full time training or practice for a minimum of five years before entering approved training in this country or Canada.

Two 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 the five years preceding 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, but not including the Clinical Base year.
- (c) a PhD in the field of science

Grants of practice time credit under the circumstances described in the three paragraphs above are at the discretion of the Board and must be sought on an individual basis from the Credentials Committee of the Board.

The Board's policy on absences from actual training is that there may be two weeks of vacation during each of the two years of Clinical Anesthesia and that there may be two weeks of sick leave during each of these years of training. Vacations

and sick leaves during the Clinical Base year and the Optional Year should conform to the policy of the institutions and departments in which that portion of the training was served. 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 purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

Method of Making Application: Application for admission to the examination may be made only after a physician has completed any two years of the Continuum of Education in Anesthesiology or one year of the Continuum plus the Optional Year described in Plan 1. Admission to the written examination will be contingent on completion at the time of that examination of the three year Continuum or any two years of the Continuum plus an Optional Year.

Application must be made to the Secretary upon a form prescribed by the Board, procured only on written request of the applicant, and must be received in the Board office by January 10th prior to the date of examination. Eligibility rulings are made by the Board on recommendation of the appropriate committees.

1. Written Examination—eligible applicants may take this examination upon completion of the Continuum or upon completion of any two years of the Continuum plus an Optional Year. Written examinations are held annually in approximately twenty 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.

In the event a candidate fails the written examination, three opportunities will be provided at yearly intervals to take the examination. This three year period begins on the date an applicant is first declared eligible for the written examination.

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 completion of the Continuum plus (1) two years of practice (or its equivalent) or plus (2) one Optional Year, 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. Oral examinations are conducted at six month intervals in the spring and fall. Examiners consist of Directors of the Board and others who assist as associate examiners. Oral examinations cover all phases of anesthesiology, including the basic sciences and clinical applications.

In the event a candidate fails an oral examination, at least twelve months must elapse before he may reappear for oral examination. An applicant is entitled to repeat the oral examination each year for a three year period, which 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, of Ireland, and of Australasia, 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 application; 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 making application and other information may be obtained by writing to the Secretary, Robert T. Patrick, M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut, 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

- DONALD M. GALLAGHER, President, San Francisco
- JAMES A. FERGUSON, Vice-President, Grand Rapids, Mich.
- ALEJANDRO F. CASTRO, Washington
- H. WHITNEY BOGGS, Shreveport, La.
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- MARVIN A. LUCAS, Louisville, Kentucky
- EUGENE P. SALVATI, Plainfield, N.J.
- STANLEY M. GOLDBERG, Minneapolis, Minn.
- EUGENE S. SULLIVAN, Portland, Oregon
- NORMAN D. NIGRO, Secretary-Treasurer, 320 West Lafayette, Detroit, Michigan 48226

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. He shall limit his practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.
2. He may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
3. Upon request, 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. Foreign medical graduates should hold ECFMG Certificate.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed four years of graded general surgical training approved by the American Medical Association and by the American College of Surgeons, 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 graded general surgical residency and two years of an approved residency in colon and rectal surgery, or:
3. Credit for general surgical training in foreign institutions or hospitals approved by the American Board of Surgery will be accepted by the American Board of Colon and Rectal Surgery.
4. Applicants who have completed four years of approved graded general surgical training, upon special applications 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.
5. Diplomates of the American Board of Surgery who limit their practice to colon and rectal surgery and have demonstrated special expertise in this area, may be considered for examination at the discretion of the American Board of 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*.

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 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 may be required at the discretion of the Board. It is a practical examination which is held in the community in which the candidate conducts his professional activities. The candidate will be notified by the Secretary if Part II is required. 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 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 \$100.00 is due and payable

when the candidate is notified that he has been approved for re-examination.

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

HARRY L. ARNOLD, JR., President, Honolulu, Hawaii
 JOHN R. HASERICK, Vice-President, Pinehurst, N.C.
 ROBERT W. GOLTZ, Denver
 E. RICHARD HARRELL, Ann Arbor, Michigan
 ALFRED W. KOPF, New York City
 J. FREDERICK MULLINS, Galveston, Texas
 RAY O. NOOJIN, Birmingham, Alabama
 REES B. REES, San Francisco
 CLAYTON E. WHEELER, JR., Chapel Hill, N.C.
 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 residency training requirements and experience qualifications as outlined below in Section B, part (1), will be accepted for examination.

(3) A license to practice in one of 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 from the Flex examination, or by a commission in the medical corps of the Armed Forces of the United States or Canada.

B. Residency Training Requirements and Experience Qualifications

(1) Candidates for certification by the American Board of Dermatology are required to have three years of training 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. Details in regard to the approved programs are listed in the Directory of Approved Internships and Residencies published annually by the American Medical Association.

Candidates may take up to 24 months of their training at an institution approved for less than three years, but must spend at least twelve months of the thirty-six month training period full-time in a program approved for three years of training. Up to one month of each year during the thirty-six months may be taken as a vacation, without cumulative privileges.

(2) In addition, a fourth year is required. This may be spent in an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requirements Committee of the Board. This fourth year may precede, follow or be interspersed with the approved three years of training in Dermatology.

(3) Preceptor training is available only as a part of the program in some three-year training centers. A preceptorship

in the private office of a staff member at a three-year training center is the direct responsibility of the Director of the Training Program. The maximum period of such training is one year.

(4) On recommendation of the director of the dermatology residency program where the candidate had his training, credit for six months of the required three years of training as a resident, fellow, or graduate student in a dermatology residency training program may be allowed for candidates who have had at least one additional year of training in a residency program approved by the American Board of Internal Medicine, the American Board of Pathology, or the American Board of Pediatrics, providing the one year of training is not used in fulfilling the requirements of a fourth year as outlined in paragraph (2) of this section (B). 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.

(5) After completion of training, at least six months of additional experience in dermatology is required. Candidates who have completed the training requirements as outlined in paragraphs (1) and (2) of this section (B) by December 31st of any given year are eligible to take the examinations during the following year.

(6) All training must be completed in a manner satisfactory to the Board. Training must be completed within five years except where military service or other compelling circumstances intervene.

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) One year of an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requirements Committee of the Board.

(6) Satisfactory completion of three 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 examination 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 the training requirements as outlined in paragraphs (1) and (2) of the section entitled "Residency Training Requirements and Experience Qualifications" by December 31st of any given year are eligible to take the examinations the *following* year. Those candidates who are applying for the Special Homeland Certificate are not required to have 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 completion 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 candidate plans to take the examination. 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, radiation therapy, physical therapy, pharmacology, genetics, hematology, immunology, photobiology, venereology, dermatologic surgery, 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 and immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$125.00.

If a candidate fails to complete successfully all or part of the examination 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 \$250.00. 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 \$250.00 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.

Training programs in Dermatology are approved by the American Medical Association Dermatology Residency Review Committee. Information concerning acceptable training programs may be found in the Directory of Approved Internships and Residencies, which is published annually by the American Medical Association.

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.

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

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 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 an approved medical school in the United States or Canada; 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

A physician otherwise qualified desiring to take the certification examination of the American Board of Family Practice may apply by one of the following mechanisms:

PLAN I Completion of a three (3) year *Family Practice* residency which is approved by the Council on Medical Education of the American Medical Association and verification of this completion by letter from the director of the program.

NOTE: This does not include "General Practice" residencies.

PLAN II Completion of *either A or B* in this plan.

(A) Evidence of having engaged in the practice of medicine for not less than the immediate past six (6) years with documentation of a minimum of 300 hours of continuing education which are acceptable to the Board of Directors and were accumulated during this period. Continuing education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

or

(B) Current *active* membership in the American Academy of Family Physicians with *re-certification* at least twice within the past six years since the original active membership date.

PLAN III Completion of *both* Part 1 and 2 of this plan, with the options noted.

Part 1 *Either A or B* must be checked in this category.

(A) Evidence of having engaged in Family Practice during the immediate past three years with documentation of a minimum of 150 hours of continuing education courses which are acceptable to the Board of Directors and which were accumulated during this period. Continuing Education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of

Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

or

(B) Current *active* membership in the American Academy of Family Physicians with *re*-certification for at least the immediate past three (3) year period since the original active membership date.

Part 2 *In addition to* checking either A or B above, you must check TWO ADDITIONAL UNITS from C, D, E, or F below.

NOTE: One experience from C, D, E, or F may *not* be applied toward credit 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* E and F.

(C) During the immediate past three years, satisfactory fulfillment of the continuing education requirement of the American Medical Association with receipt of its "Physician's Recognition Award" as evidence of this accomplishment. A photocopy of this award must accompany application.

(D) Completion of a one (1) year internship (straight, rotating, or mixed) approved by the Council on Medical Education of the American Medical Association.

(E) Completion of one or more years of a residency program approved by the Council on Medical Education of the American Medical Association in a presently recognized and established primary medical specialty discipline. NOTE: Physicians who have completed two or more years of residency training in approved programs in *General Practice, Internal Medicine or Pediatrics* may seek approval for a maximum of two units for this experience.

(F) Two or more years of medical service in the U.S. Armed Forces or Public Health Service. A photocopy of discharge papers must accompany application.

A candidate who meets the requirements of one of the aforementioned three plans is qualified to sit for examination; however, this does not constitute "Board eligibility." This will be determined *only* after satisfactory performance on the written examination.

EXAMINATION PROCEDURE

Certain facts about the examination should be known by each physician who intends to apply:

(a) Application fee is fifty dollars (\$50.00) and should be submitted with *completed* application. This is *NON*-refundable; therefore each applicant should carefully review requirements before submitting his application.

(b) Should the applicant be accepted for the examination, he will be notified by the Secretary of the Board. Upon notification, he will be asked to submit the examination fee of two hundred dollars (\$200.00) and will receive instructions as to the locations of various centers where the examination will be given.

(c) The certifying examinations usually cover a period of two (2) days. Information concerning application, examination, 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
American Board of Family Practice
University of Kentucky Medical Center
Lexington, Kentucky 40506

(d) Checks should be made payable to:
American Board of Family Practice, Inc.

NOTE: All fees are subject to change at the discretion of the Board of Directors.

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. One may contact a local Academy of Family Physicians 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 nor 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 this, 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; or

(d) The person so certified shall at any time have neglected to maintain the degree of competency in the field of Family Practice as established by the Board.

The Board of Directors of the Corporation shall have the sole power and authority to determine whether or not the evidence of 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, a committee is working on detailing a process for re-certification. However, it has been determined 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 recertification). For example, if date of certification was July 1972, re-certification can be initiated not before July 1977 and not after July 1979.

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 (1) year of an *approved Family Practice* residency before becoming eligible for examination.

AMERICAN BOARD OF INTERNAL MEDICINE

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GENERAL QUALIFICATIONS

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 an approved college of osteopathic medicine approved by the American Osteopathic Association. (Graduates of Foreign Medical Schools are referred to below.)

2. Satisfactory completion of training according to Plans 1, 2, or C.

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 general internal medicine or a subspecialty. Although all candidates must have undertaken at least three years of postdoctoral training before admission to examination, it is recognized that some candidates will have developed sufficient competence in the broad field of internal medicine that they can approximately undertake the examination after devoting to general internal medicine the acceptable minimum period of two of the three required years of training detailed below. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year of education to a field other than general 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.

It is emphasized that the requirements presented below are offered as providing the *minimum 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.

3. Evidence of competence in the clinical evaluation of patients.

Substantiation of competence in 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. In June, 1971, the Board designated the directors of residency training programs in internal medicine as the authorities who can most appropriately provide to the Board the necessary documentation of clinical competence. It is requested that the directors establish committees to assist them in the evaluation. The Board urges that the evaluation be a continuing one, extending throughout the duration of a trainee's tenure in a hospital's program. The Board, after receipt of an application for examination, requests from the director(s) of the applicant's training programs substantiation of his competence in clinical skills. The Board reviews the director's report before accepting the candidate for examination. For further information on this procedure for evaluating clinical skills, the reader is referred to the *Annals of Internal Medicine*, 76:491-496 (March) 1972.

MINIMUM REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE AND ITS SUBSPECIALTY AREAS, APPLICABLE TO CANDIDATES BEGINNING TRAINING IN INTERNAL MEDICINE ON OR ABOUT JULY 1, 1975

In anticipation of the date on which the free-standing internship will no longer be acceptable to the Council on Medical Education of the American Medical Association, the following requirements have been evolved.

A. *Minimum Training for Certification in Internal Medicine:*

Thirty-six months of training in internal medicine under the supervision of the director of an approved residency program in internal medicine, constituted of:

A minimum of twenty-four months of general internal medicine with primary patient responsibility (see definition at end of Paragraph A).

No more than six months (of the 36) devoted to rotation through activities, other than in internal medicine and its subspecialties, deemed appropriate for the training of internists in comprehensive medical care. These rotations may be dispersed throughout the required thirty-six months of training and internal medicine.

(Definition of general internal medicine with primary patient responsibility. This term refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one subspecialty area and on which the trainee is involved in their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and dermatologic services, during which the trainee is involved in the comprehensive care of the patient).

B. *Minimum Training for Certification in Subspecialty Areas:*

Thirty-six months of general training described in Section A are recommended as a preliminary to subspecialty training. In addition, the candidate is required to undertake two years of training in the subspecialty.

It is recognized that some candidates have developed sufficient competence in the broad field of internal medicine that they can appropriately undertake the examination of the Board after devoting to general internal medicine the acceptable minimum period of twenty-four months of the required thirty-six months of training detailed in Section A.

Such candidates should be restricted to those whose training has included twenty-four months of general internal medicine with primary patient responsibility. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year to training in a subspecialty of internal medicine. The Board will request from the director substantiation of such authorization during the process of evaluation of the candidate's application for the examination. No candidate will be admitted to examination until he has completed a minimum of three years of postdoctoral training in internal medicine.

C. Allocation against these requirements of training undertaken in programs other than internal medicine:

Physicians transferring from such programs may allocate against the required thirty-six months of training only that period served under the supervision of the director of an approved program in internal medicine.

It is emphasized that these requirements in Sections A, B, and C as stated above are offered as providing the minimum 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 their careers.

AREAS OF CERTIFICATION OFFERED

Certification as a Diplomate of the Specialty of Internal Medicine is offered to candidates who (1) have completed three years' postdoctoral education in general internal medicine, and a third year of clinical education in internal medicine, or a related area (the three years must offer a minimum of twenty-four months of primary patient responsibility—see Definitions); (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 general internal medicine. The Certifying Examination is an objective written examination offered annually in June after completion of, or when the candidate is in the last month of, the minimum postdoctoral education specified. The Certifying Examination will be given June 18-19, 1974.

The Board also offers certification of competence in certain subspecialty areas of internal medicine.

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*.

This requirement relates to the policy of the Board that the training of all candidates for examination include education in the primary care of patients. Primary patient responsibility refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one subspecialty area and on which the trainee is involved in their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and dermatologic services, during which the trainee is involved in the comprehensive care of the patient.

Training in internal medicine undertaken during internship is applicable, as well as appropriate residency training. 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.

In the determination of the number of months of primary patient responsibility accrued by a candidate, the following allocations apply when the requirements defined above are met:

During an approved straight medical internship, *12 months*
During another type of internship, the exact number of months spent *in internal medicine*

During medical residency, *the exact number of months during which the trainee assumed primary patient responsibility*

During fellowship, *the exact number of months during which the trainee assumed primary patient responsibility*

The sum of the total number of months of primary patient responsibility *in internal medicine* accrued during the categories of training tabulated above must equal at least 20 months. The other four months may be devoted to internal medicine, or may be accrued during rotations on other services where primary patient responsibility is assumed, such as pediatrics, surgery, neurology, psychiatry, etc.

Under no circumstances will a physician be examined until he is in the final stages of completion of three years (Plan 1) or four years (Plan 2) of approved postdoctoral education. These periods of training are to include the 24 months of primary patient responsibility described 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 a Canadian internship approved by 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, undertaken in a hospital approved for a residency in internal medicine by that Committee, which provides at least six months of general internal medicine and either another two months of general medicine or two months of pediatrics, or two months in the emergency room, or one month of pediatrics and one month in the emergency room.

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 a Canadian residency approved by the Royal College of Physicians and Surgeons of Canada.

REQUIREMENTS FOR CERTIFYING EXAMINATION IN INTERNAL MEDICINE AND RELATED CERTIFICATION AS DIPLOMATE IN INTERNAL MEDICINE

Plan 1

Education: Under no circumstances will a physician be examined until he is in the final stages of completion of three years of approved postdoctoral education. The three years of postdoctoral education, *which must also provide the required minimum training in the broad field of internal medicine* (see Definitions) are as follows:

Alternative 1 A:

Year 1—Approved straight medical internship; and
Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine

Alternative 1 B:

Year 1—An approved internship providing *at least 8 months of internal medicine in a program approved for residency in general internal medicine*; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine

Alternative 1 C:

Year 1—Approved straight medical internship; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 D:

Year 1—An approved internship providing at least 8 months of internal medicine in a program approved for residency in general internal medicine; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 E:

Year 1—One year of approved residency in general internal medicine; and

Year 2—A second year of approved residency in general internal medicine; and

Year 3—A third year of approved residency in general internal medicine

Alternative 1 F:

Year 1—One year of approved residency in general internal medicine; and

Year 2—A second year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 2

Education: Under no circumstances will a physician be examined until he is in the final stages of completion of four years of approved postdoctoral education. The four years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see *Definitions*) are as follows:

Alternative 2 A:

Year 1—Any approved internship other than an approved straight medical internship; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine; and

Year 4—A third year of approved residency in general internal medicine

Alternative 2 B:

Year 1—An approved internship providing at least 8 months of internal medicine in a program that is not approved for medical residency; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine; and

Year 4—A third year of approved residency in general internal medicine

Alternative 2 C:

Year 1—Any approved internship other than an approved straight medical internship; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine; and

Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 2 D:

Year 1—An approved internship providing at least 8 months of internal medicine in a program that is not approved for medical residency; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine; and

Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 1 and 2

Internship and residency: This training must be conducted in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada.

Acceptable programs meeting the requirements for one year of clinical education in related areas (Year 3 of Plan 1 or Year 4 of Plan 2): The Board will accept as fulfilling the requirement for the third year of internal medicine the following training if conducted under acceptable auspices such as approved residency programs, providing that the director of a candidate's second year of training in internal medicine authorizes the candidate to undertake examination after completing the minimum requirement of two years in general internal medicine (see *Important Note*):

A fellowship or residency in one of the subspecialty areas in which the Board or its related Conjoint Boards examine; and

Training in other fields than internal medicine, in exceptional instances, with the approval of the Board.

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 June of 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 (see section on *Methods of Examination* for further details). Candidates will be informed of the results of the examination on or after October 15 of the year of administration.

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 opportunities in graduate education for meeting the requirements of the Board. The Plan is intended for candidates who have had unusual educational programs in the field of Internal Medicine, which do not fit with the usual requirements of other "Plans" of the Board.

Specific recommendation that candidates 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. *Candidates may not initiate an application for examination involving Plan C.* The candidate must have been trained in the field of Internal Medicine for a minimum of three years after graduation from medical school, and during this period must have had adequate direct responsibility for patient care in the broad field of internal medicine. He

should have the abilities and stature to qualify him for admission to the examination even though his training program may have been unusual. Plan C was originally proposed as a plan for full-time faculty members of medical schools, but can also include other individuals who have had unusual training backgrounds in the field of Internal Medicine.

The candidate's curriculum vitae and bibliography should be transmitted with the proposal. Each proposal will be considered individually by the Executive Committee of the Board as to the acceptability of the candidate's training. Appropriate candidates will then be sent an application form. Subsequently, in accordance with the practice applying to all candidates for examination, the proposer will be transmitted a form upon which the report of the Committee on Evaluation of Clinical Competence of the proposer's hospital is to be recorded.

A candidate admitted under the foregoing provisions who is successful in the Certifying Examination in Internal Medicine may then apply for an examination in a subspecialty area if he has the appropriate additional training.

REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS AND RELATED CERTIFICATION

A second certificate is offered designating as a Diplomate in a specific subspecialty area of internal medicine a person having special competence in such an area. Candidates initiating their residency training in internal medicine on July 1, 1970 or after must have completed a minimum of four years of postdoctoral education, including two years in the subspecialty, before undertaking and passing a Subspecialty Area Examination.

Educational and related requirements: The minimum requirements are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying (Written) Examination of 1969 or 1970); or

Certification as a Fellow in internal medicine by the Royal College of Physicians and Surgeons of Canada, 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. 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. Training in a subspecialty area undergone while the candidate holds a junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two year requirements.)

Examination: Candidates who on or before October 1 of a given year will have completed the prescribed training are eligible to undertake an Examination in a Subspecialty Area given in October of that year. Completed application forms must be received in the office of the Board on or before March 15 of the year of the examination (see section on *Methods of Examination*, for further details). Candidates will be informed of the results of the examination on or after January 15 following the date of administration.

Schedule of examinations: When relatively small numbers of candidates are involved, the expense of preparing objective examinations increases and psychometric problems arise in evaluating a candidate's performance. Hence, examinations in any given subspecialty area will be offered on alternate years. Following the administration of the examinations in four areas on October 16, 1973, the schedule for the two subsequent years is as follows:

- Cardiovascular Disease—October 21, 1975
- Endocrinology and Metabolism—October 21, 1975
- Gastroenterology—October 21, 1975

- Hematology—October 15, 1974
- Infectious Disease—October 15, 1974
- Nephrology—October 15, 1974
- Medical Oncology—October 21, 1975
- Pulmonary Disease—October 15, 1974
- Rheumatology—October 15, 1974

For further details on the examination in Cardiovascular Disease, see *Methods of Examination*.

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.

PLAN S

This mechanism for admission to examination relates to candidates who have undertaken less than the required two full years of approved formal training in a subspecialty area. If such a candidate has had training in a subspecialty area which is the equivalent of two full years of approved formal training, and has been previously certified in internal medicine by the American Board of Internal Medicine or has passed the Board's Qualifying Examination of 1969 or 1970, he may be proposed under Plan S by the Chairman of the Department of Medicine of an approved medical school in the United States or Canada.

The candidate may not elect this plan independently; rather the proposal must be presented in writing to the Board by the Departmental Chairman. This Chairman must be able to verify the clinical competence of his nominee. The proposal should include a description of the candidate's training and experience in the subspecialty area, a complete curriculum vitae, and a bibliography. Each proposal will be reviewed by the Executive Committee of the Board. Appropriate candidates will then be sent an application form.

CERTIFICATION IN AREAS RELATED TO INTERNAL MEDICINE OFFERED BY CONJOINT EXAMINING BOARDS

The American Board of Internal Medicine has joined with other specialty Boards in sponsoring the examining bodies listed below. Physicians certified in internal medicine who are interested in certification in the indicated areas should make inquiry to:

The American Board of Allergy and Immunology
(A Conjoint Board of the American Board of Internal Medicine and Pediatrics)

3930 Chestnut Street, Philadelphia, Pennsylvania 19104

The American Board of Nuclear Medicine
(A Conjoint Board of the American Boards of Internal Medicine, Pathology, and Radiology)

305 East 45th Street, New York, New York 10017

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 establish eligibility for the Certifying Examination in Internal Medicine under Plans A1, A2, A3 (all of which involve 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. (Candidates in this category who are classified as "inactive" by the regulation under "Inactive Candidates," stated below, will nonetheless be permitted to undertake three Certifying Examinations provided they observe the inactivity rule during the series.)

Examination in Subspecialty Areas: 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 in this document, involving two years of full-time training in the subspecialty. The same two year training requirement holds for those physicians who passed the Qualifying Examinations in Internal Medicine offered in 1969 and 1970, have not passed the Oral Examination in Internal Medicine, and desire Examination in a Subspecialty Area.

Physicians who initiated residency training in Internal Medicine before July 1, 1970 and who have passed the Oral Examination, or the Certifying Examination, in Internal Medicine may apply for Examination in a Subspecialty Area. 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.

Physicians who passed the Qualifying Examination offered in 1969 and 1970, have had two years of formal training in a subspecialty area, and are successful in a Subspecialty Area Examination (success in both the written and the oral examination in Cardiovascular Disease is required), or the examination offered by a Conjoint Board related to the American Board of Internal Medicine (Allergy and Immunology, Nuclear Medicine), will be certified as Diplomates in Internal Medicine as well as in the subspecialty area. A candidate in this category is permitted three attempts at the Subspecialty Examinations regardless of the number of Oral Examinations in Internal Medicine he may have undertaken. If unsuccessful the candidate is subject to the requirements that he undertake and pass a Certifying Examination in order to achieve certification in general internal medicine. Alternatively he may, after undertaking an additional year of training in his subspecialty, achieve certification in general internal medicine by undertaking and passing a Subspecialty Area Examination.

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 the 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 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 may fulfill the educational requirements of the Board for both the Certifying and the Subspecialty Area Examinations on the basis of training which is acceptable to the Board as specified above and which simultaneously fulfills the candidates' requirement for obligated military service.

METHODS OF EXAMINATION

1. *The Certifying Examination in Internal Medicine* is an examination administered simultaneously in June in different sections of the United States, in Canada, and elsewhere outside the continental limits of the United States where sufficient eligible candidates are located. Only one Certifying Examination will be given each year. The next examination begins on the morning of Tuesday, June 18, 1974, and continues throughout the next day. The questions are framed in such manner as the Board elects and are of the objective type. They are designed to test the candidate's clinical acumen and, to an appropriate degree, his knowledge of the sciences fundamental for internal medicine.

2. *The Examinations in Subspecialty Areas* are held at such times and places in the United States and Canada as may be designated by the Board. An outline of the subjects covered in each examination is available upon request.

With the exception of the examination in cardiovascular disease, the examination procedure will be limited to an objective multiple-choice examination occupying one day. In addition to this written examination, candidates for certification by the Subspecialty Board on Cardiovascular Disease will undertake an oral examination which will be administered after successful completion of the written examination. The oral examination will test the clinical skills of candidates and will involve patients with cardiovascular disease.

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.

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.

5. All subspecialty area examinations will be given in the United States and Canada.

GRADUATES OF OSTEOPATHIC SCHOOLS OF MEDICINE

Graduates of approved osteopathic schools of medicine in

the United States of America are eligible for admission to examination when they have satisfactorily completed the post-doctoral training requirements specified above under Plans 1, 2, and C. Training in osteopathic hospitals is not acceptable as fulfillment of these requirements.

REEXAMINATION

1. *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.

2. *Examinations in Subspecialty Areas:* Candidates failing three written examinations must undertake an additional year of approved full-time graduate education which is acceptable to the Board before readmission to examination. Candidates are permitted three oral examinations by the Subspecialty Board on Cardiovascular Disease.

3. The fees for reexamination are as follows:

Certifying Examination in Internal Medicine	\$250.00
Subspecialty Area Written Examinations	\$250.00
Cardiovascular Disease Oral Examination (additional)	\$150.00

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.

RECERTIFICATION

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.

Candidates contemplating eligibility under Plan C must arrange a proposal to the Board from a medical school departmental chairman before submitting an application form.

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. The next examination in general internal medicine will be held June 18-19, 1974. *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, 1973.* Application forms will be available upon request on or after August 1, 1973. 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 two recent signed photo-

graphs of the candidate and the registration and Certifying 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 Examination: Candidates may apply for examination after passing the Certifying Examination, during, or after completion of the second year of subspecialty training. Examinations are offered on alternate years according to the schedule presented above. Application forms for a written examination to be given in October will be available on or after January 1 of the same year. *The closing date for receipt in the Board office of the completed application forms for both an initial and a repeat examination is March 15.* The application must be accompanied by two recent signed photographs of the candidate. The fees for examination are as follows:

Subspecialty Area Written Examinations	\$250.00
Cardiovascular Disease Oral Examination (additional)	\$150.00

Of the Written Examination fee, two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

Sequence of procedures relating to admission to examination: Following review of an applicant's training as presented on this application form, the Board itself solicits reports from those who trained him and/or are familiar with his performance. Subsequently, the applicant is informed of his admission and the place of examination identified.

Certificate fees: There is a charge of \$25.00 for each certificate issued to Diplomates in Internal Medicine or in a Subspecialty Area.

Journals publishing information on application and examination schedules: The journals include *The Annals of Internal Medicine* (Medical News Section), *The Bulletin of the American College of Physicians* (Certifying Board Examinations Section), and *The Journal of the American Medical Association* (Examinations and Licensure Monthly Section).

SUMMARY OF REGISTRATION DATA

Certifying Examination

Registration Period:	August 1-November 1 Annually
Examination Date:	Annually in June
Fee:	\$250.00
Deadline for Cancellation:	May 1st
Refund:	\$225.00
Certificate Fee:	\$25.00

Subspecialty Examinations

Registration Period:	January 1-March 15 Annually
Examination Dates:	October, alternate years as shown below:
1973	1974
Cardiovascular	Hematology
Endocrinology	Infectious Disease
Gastroenterology	Nephrology
Med. Oncology	Pulmonary Disease
	Rheumatology
Fee:	\$250.00
Deadline for Cancellation:	September 1st
Refund:	\$225.00
Certificate Fee:	\$25.00

Please address all correspondence to:
Executive Director, American Board of Internal Medicine
3930 Chestnut Street, Philadelphia, Pennsylvania 19104

CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

HERBERT N. HULTGEN, Chairman, Palo Alto, California
 LAWRENCE S. COHEN, New Haven, Connecticut
 ERNEST CRAIGE, Chapel Hill, North Carolina
 ROBERT J. HALL, Houston, Texas
 THOMAS N. JAMES, Birmingham, Alabama
 J. O'NEAL HUMPHRIES, Baltimore, Maryland
 THOMAS KILLIP, New York City
 DEAN T. MASON, Davis, California
 ROBERT C. SCHLANT, Atlanta, Georgia
 ARNOLD M. WEISSLER, Detroit, Michigan

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada,
 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, 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. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement).

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.

Examinations in subspecialty areas will be offered on alternate years (see section above on REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the written segment of the examination is \$250.00, plus an additional charge of \$150.00 for the oral examination.

FURTHER INFORMATION ON CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

A. PREREQUISITE:

The candidate must be certified as a Diplomate in Internal Medicine or must have passed the Qualifying Written Examinations of 1969 or 1970 before applying for examination. The candidate may apply for the examination after completing six months of his second year of training in cardiovascular disease before taking his Subspecialty Board Examinations. No additional applications are being accepted for the current oral examination.

The written component of the examination will be held October 21, 1973, at various centers in conjunction with written examinations in other subspecialty fields. In addition to this written examination, candidates for the Subspecialty Board on Cardiovascular Disease must pass an oral examination. The oral examinations will be given at smaller, regional examinations in addition to larger, national examinations.

Applicants for the examination to be offered on October 21, 1975 should request an application form in January, 1975.

B. TRAINING:

Requisite for general internal medicine: The candidate must be certified as a Diplomate in Internal Medicine (or have passed the Qualifying Examinations of 1969 or 1970).

In regard to the training in the broad field of internal medicine, the *Policies and Procedures* of the American Board of Internal Medicine, December, 1970, read as follows in their relationship to the requirements for the Certifying Examination in general internal medicine:

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."

Requisite cardiovascular training: The current requirements of the American Board of Internal Medicine for subspecialty certification, adopted in 1970 are:

"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)."

Except in the most unusual circumstances, the candidate for certification by the Subspecialty Board on Cardiovascular Disease should have devoted the equivalent of one of the two years in training to the broad area of cardiovascular disease, including experience in the intensive care of patients with acute cardiovascular disorders.

The earlier policy, involving *diplomates* initiating residency training in internal medicine before July 1, 1970, stipulated four years of training in internal medicine and cardiovascular disease, after completion of an internship. Although only one year of specific cardiovascular training was required, most candidates had completed two years of training in cardiovascular disease. It is the policy of the American Board of Internal Medicine that if candidates "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." As already indicated, these requirements specified in this paragraph apply to candidates initiating residency training in internal medicine before July 1, 1970.

C. EXAMINATION:

The subspecialty examinations in Cardiovascular Disease are designed to demonstrate that the candidate possesses certain specialized knowledge and has acquired particular skills that entitle him to be known as a consultant to other internists. Candidates will be required to pass both a written and an oral examination. The written examination will test the following areas:

(1) Normal and pathologic anatomy and physiology of the circulatory system.

(2) Interpretation of electrocardiograms, cardiovascular roentgenograms, and special procedures and techniques used in the study of cardiovascular problems. The candidate should be able to integrate the information from these sources in such a way as to lead logically to the proper diagnosis and treatment.

(3) Knowledge of the pharmacology, including side effects and therapeutic applications, of drugs used in the treatment of cardiovascular diseases.

(4) Knowledge of the indications, contraindications, and complications of other forms of treatment, including surgery.

(5) Familiarity with the several aspects of cardioversion and cardiac pacing, as well as other specialized techniques useful in non-operative therapy and/or diagnosis.

(6) Interpretation of hemodynamic data obtained from the catheterization laboratory.

(7) Familiarity with the medical aspects of cardiovascular surgery.

(8) Knowledge of contemporary cardiovascular literature.

(9) Competence in the general field of internal medicine.

The oral examination will consist of the evaluation of two patients with cardiovascular problems.

(1) The candidate must be proficient in taking an accurate history and in performing a detailed physical examination.

(2) The candidate must convincingly demonstrate to his Board examiners his ability to integrate and synthesize cardiovascular data and to serve as a consultant in cardiovascular disease to a well-trained internist.

D. REFERENCES:

The applicant must supply the name(s) of the director(s) of his training program, and the Chief of the Department of Medicine and the Director of the Division of Cardiology in which the applicant holds appointments. One or more of these individuals will be requested to complete evaluation forms which will permit the reporting of the details of the candidate's training program and an evaluation of overall clinical competence.

E. REEXAMINATION:

(1) The interval between examinations will be not less than one year.

(2) A candidate who has failed three written or two oral examinations of the Board of Cardiovascular Disease must present satisfactory evidence of the completion of additional formal training (at least one year of full-time training) before readmission to examination.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

- JAMES A. CLIFTON, Chairman, Iowa City
- HENRY W. BOYCE, JR., Washington, D.C.
- THOMAS C. CHALMERS, Bethesda, Maryland
- WILLIAM T. FOULK, Rochester, Minnesota
- MARTIN KALSER, Miami, Florida
- PHILIP KRAMER, Boston
- TELFER B. REYNOLDS, Los Angeles
- JOHN T. SESSIONS, JR., Chapel Hill, North Carolina
- MALCOLM P. TYOR, Durham, North Carolina
- WADE VOLWILER, Seattle

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

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 subspe-

cialty 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. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

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.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

- MORTON M. ZISKING, Chairman, New Orleans
- GERALD L. BAUM, Cleveland
- R. DREW MILLER, Rochester, Minnesota
- JOHN F. MURRAY, San Francisco
- JOSEPH C. ROSS, Charleston, S.C.
- GORDON L. SNIDER, Boston

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

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. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

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.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

J. GARBER CALBRAITH, Chairman, Birmingham, Alabama
 ROBERT G. FISHER, Vice-Chairman, Oklahoma City
 DONALD F. DOHN, Cleveland
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 SIDNEY GOLDRING, St. Louis
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 COLLIN S. MACCARTY, Rochester, Minnesota
 ERNEST W. MACK, Reno, Nevada
 THEODORE B. RASMUSSEN, Montreal, Canada
 HUGO V. RIZZOLI, Washington
 JOHN SHILLITO, JR., Boston
 KEMP CLARK, Secretary-Treasurer, 5323 Harry Hines
 Boulevard, Dallas, Texas 75235

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 residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for 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 Educational 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.

The Foreign Certificate is being discontinued. However, those individuals who began their training in neurological surgery prior to July 1, 1972, may still obtain the Foreign Certificate.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States 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 two hundred fifty dollars (\$250). 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) Satisfactory completion of a minimum period of graduate study of not less than four (4) years following completion of the training acceptable to the American Board of Neurological Surgery. Of this training period at least thirty (30) 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 (2) years of this training in clinical neurological surgery be obtained in one (1) 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 (6) months. Prior to acceptance for examination, the Board requires a statement from the candidate's program director to the effect that he has met with the minimum time requirements and that his performance has been satisfactory.

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 in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRIMARY EXAMINATION

A primary examination will be given each year, usually in the Spring. Subsequent to 1973, the candidate must have received a passing score on the primary examination.

This examination may be taken during the last two years of the candidate's training program or any time subsequent to

*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).

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.

Those individuals who have applied to take the oral examination prior to December 31, 1973, may elect to take an oral examination in neuroanatomy-neurophysiology, neuropathology, neuroradiology, general surgery, neurosurgery and neurology in lieu of the primary examination.

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 special 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 American Board of Neurological Surgery. 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 reapply within three (3) years, he is no longer Board eligible.

PAYMENT OF FEES

The fee for Certification shall be three hundred dollars (\$300). 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 two hundred seventy-five dollars (\$275.) 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 two hundred fifty dollars (\$250.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgery after two (2) years of practice in the United States of America or Canada, he shall pay a re-examination fee of two hundred fifty dollars (\$250.).

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 two hundred seventy-five dollars (\$275.) 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 two hundred fifty dollars (\$250.).

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.

REQUIREMENTS FOR CERTIFICATION

APPROVED RESIDENCIES

Training programs in neurological surgery are passed by the Residency Review Committee for Neurological Surgery, consisting of two (2) representatives of the Council on Medical Education of the American Medical Association, two (2) representatives of the American Board of Neurological Surgery, and two (2) representatives of the American College of Surgeons. Actions of this Committee are final. 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)

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Office of the Board, 305 East 45th Street, New York, New York 10017

DEFINITION OF SPECIALTY

Nuclear Medicine is defined as that specialty of the practice of medicine dealing with the diagnostic, therapeutic (exclusive of sealed radiation sources) and investigative use of radionuclides.

FOREWORD

The American Board of Nuclear Medicine is the first Conjoint Board to be established under the provisions of the "Essentials for Approval of Examining Boards in the Medical Specialties" as published in this Directory in the section describing the American Board of Medical Specialties. On the recommendation of the Liaison Committee for Specialty

Boards, the American Board of Medical Specialties and the Council on Medical Education of the American Medical Association approved the application of this Board as of June 19, 1971. Included in this approval action was the understanding that the appropriate literature of the organization, including the letterhead and the certificate granted to diplomates would contain the identification of this Conjoint Board as, "The American Board of Nuclear Medicine, Inc., A Conjoint Board of the American Boards of Internal Medicine, Pathology, and Radiology, and also sponsored by the Society of Nuclear Medicine."

FUNCTIONS AND OBJECTIVES

- To elevate the standards of graduate education in Nuclear Medicine. Nuclear Medicine is defined as that specialty of the practice of medicine dealing with the diagnostic, therapeutic, (exclusive of sealed radiation sources) and investigative use of Radionuclides.
- To determine the competence of specialists in Nuclear Medicine, to establish qualifications and to arrange, control, and conduct investigations and examinations to test the qualifications of voluntary candidates for certificates to be issued by the board. These certificates will contain the name of the Conjoint Board and the qualifying phrase "a Conjoint Board of the American Board of Internal Medicine, Pathology, and Radiology, and also sponsored by the Society of Nuclear Medicine."
- To grant and issue certificates in Nuclear Medicine to voluntary applicants who have been found qualified by the board. These certificates will contain the name of the Conjoint Board and the qualifying phrase "a Conjoint Board of the American Board of Internal Medicine, Pathology, and Radiology, and also sponsored by the Society of Nuclear Medicine."
- To maintain a registry of holders of such certificates, and serve the medical and lay public by preparing and furnishing lists of practitioners who have been certified by the Board to the Directory of Medical Specialists.
- To encourage the study and improve the practice of Nuclear Medicine.

REQUIREMENTS FOR CERTIFICATION IN NUCLEAR MEDICINE

A. General Requirements for Each Candidate

- Satisfactory moral and ethical standing in the profession.
- 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.
- Assurance that the applicant represents himself to be a specialist in Nuclear Medicine.

B. General Professional Education

- 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 graduate of a medical school outside the United States or Canada, he must be screened with approval by an agency designated by the Executive Committee.

C. Preparatory Post-doctoral Training: Each sponsoring Board shall specify a preparatory post-doctoral training program, one of which must be successfully completed before a candidate can enter an approved residency for special training in Nuclear Medicine. Preparatory programs are:

- Internal Medicine: Completion of at least two years of general training in Internal Medicine (with the approval of the director of the second year of training and with twenty-four months of primary patient responsibility) in programs approved by the Council on Medical Education of the American Medical Association. The achievement of the Diplomate

Certificate or the Qualifying Certificate of the American Board of Internal Medicine is a prerequisite to certification in Nuclear Medicine.

2. Pathology: Completion of two years of training in an approved residency program in either Anatomic or Clinical Pathology.

3. Radiology: Completion of a clinical internship or its equivalent and one year of training in an approved residency in Radiology and allied sciences.

4. Completion of a preliminary educational program in a medical specialty area other than the three designated above which is acceptable to one of the sponsoring boards and the American Board of Nuclear Medicine.

D. Special Post-doctoral Training

1. After completion of the preparatory post-doctoral training programs, there shall be a period of special training in a Nuclear Medicine facility recognized and approved by the American Board of Nuclear Medicine and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in Nuclear Medicine. This period of special training shall be as the American Board of Nuclear Medicine shall determine from time to time.

2. Candidates for examination must have had a two year formal residency training program in Nuclear Medicine, which training must include:

a. A minimum of eighteen months training in Clinical Nuclear Medicine.

b. Training in allied sciences which must include medical nuclear physics, radiation biology, radiation protection, electronic and instrumentation; and may also include pathology, physiology, pharmacology, medical statistics and other basic sciences associated with Nuclear Medicine. The time spent in training in allied sciences may be spaced throughout the period training in Nuclear Medicine in a manner that does not occupy six complete months of training, or incorporated in whole or in part in the period of preliminary training.

E. Total Patient Care Responsibility

Candidates for certification in Nuclear Medicine will have two years of total patient care responsibility, even if additional training time is required.

F. Alternative Training Requirements. (To remain in effect for a period of 5 years after the Board is established.)

1. An internship and 10 years experience in Nuclear Medicine.

2. An internship, 1 year approved residency training in Internal Medicine, Pathology or Radiology, and 5 years experience in Nuclear Medicine.

3. Certification by an American medical specialty board with 1 year training in Nuclear Medicine or 3 years experience in Nuclear Medicine.

4. An internship plus 1 year of residency and 2 years training in Nuclear Medicine.

AMERICAN BOARD OF
OBSTETRICS AND GYNECOLOGY

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TYPES OF BOARD APPROVAL

Board Eligible

A candidate is Board Eligible if he:

1. Has been ruled eligible to write the 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 will be issued after a candidate has completed an approved residency and has passed the written examination. A certificate attesting to the passing of the written examination neither confers, nor purports to confer, upon any individual a degree, legal qualification 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.

Each year the Board office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names of the most recently certified Diplomates is also sent to The American Medical Association and to the American Board of Medical Specialties with the request they be included in the next issues of (1) the American Medical Directory and (2) in the Directory of Medical Specialists.

After effort to assure initial listings of the newly certified Diplomate, the Board assumes no responsibility for the Diplomate's listing in subsequent issues of any Directory.

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. Arrangements must be made well in advance if a candidate in governmental service outside the United States or Canada wants to write the examination at or near his duty station.

REQUIREMENTS

Candidates making application to write the examination must have fulfilled the following requirements:

Graduates of United States or Canadian Schools are required

1. To possess 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, and

2. To have completed or be about to complete (see Application, below) a graduate program in obstetrics-gynecology presently approved by the Residency Review Committee for Obstetrics-Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada.

Graduates of a medical school not in the United States or Canada are required

1. To possess a permanent E.C.F.M.G. certificate, or unrestricted license to practice in one of the States or Territories of the United States or a Province of Canada, and
2. To have completed not less than three years of approved clinically oriented graduate medical education preceding his final year as chief resident in an approved 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 their 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 which the Board considers comparable to that of presently approved programs in the United States or Canada.
2. In addition:
 - a. Unrestricted license to practice medicine in one of the States or Territories of the United States or in a Province of Canada, and
 - b. A professional practice with unrestricted hospital privileges to practice as an obstetrician-gynecologist for at least 12 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. A candidate 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 in order to maintain his eligibility. An individual who fails to write the examination within the prescribed period of three years becomes ineligible unless his postponement has been explained to the satisfaction of the Board and he has been approved for readmission to the examination by special action of the Board.

APPLICATION

A candidate scheduled to complete, and a candidate who has completed an approved residency program within the three years preceding August 31, 1974, may apply on or before November 30, 1973, to write the examination on June 24, 1974.

An application submitted by a candidate who completed an approved graduate program before August 31, 1971, will be considered if by letter the candidate provides the Board with a satisfactory explanation of his failure to request examination within the three years following completion of his residency.

The form on which to apply to write the examination on June 24, 1974, may be obtained from the office of the Board after August 15, 1973. 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, completed in all details, together with the application fee of \$25.00, must be received in the Board office postmarked on or before November 30, 1973.

Applications postmarked after November 30, 1973, will not be accepted for the 1974 examination, and can be considered for the examination in June, 1975. As a part of the application form, endorsement and verification of the resident's experience and confirmation of the scheduled date for completion of the candidate's residency are requested (1) of the Director or Administrator of the hospital and (2) the director of the obstetric-gynecologic residency program.

When the candidate is ruled eligible to write the examination, he will be notified (1) of the examination fee then payable and (2) the date the fee must be paid (see FEES below), if the candidate is to be scheduled to write the examination.

When the Credentials Committee rules an applicant not eligible, a new application may be submitted at a later date, but the candidate must then have fulfilled 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 an AUTHORIZATION for ADMISSION form which must be presented to the Proctor at the time and place of examination.

RESULTS OF THE EXAMINATION

If a candidate has not completed his residency before applying to write the examination the administrator of the hospital must have signed the AUTHORIZATION for ADMISSION form, or by letter to the Board at a later date, must attest to the candidate's satisfactory completion of his residency before the results of his examination will be made known to the candidate.

REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1974 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1974 must write the Board office on or before November 30, 1974 asking to be scheduled for the examination in 1975. 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 examination fee (see FEES, below) must be paid each year a candidate is to be scheduled to write 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 and each candidate is passed or failed by vote of the Board.

REQUIREMENTS FOR THE ORAL EXAMINATION

To establish eligibility to take the Oral Examination,

1. A candidate practicing in the United States or Canada shall have:
 - A. Passed the written examination and
 - B. For no less than 12 months preceding the date of his application,
 1. Held unrestricted license to practice medicine in one of the States or Territories of the United States or a Province of Canada and
 2. Unrestricted privileges to practice as an obstetrician-

gynecologist in the hospital(s) in which he holds privileges *and*

3. Have submitted on or before August 31 preceding his examination, a typewritten list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months preceding June 30 of the year of Scheduled Examination *or*
 4. Been serving satisfactorily in an institutional setting acceptable to the Board which provides significant clinical and/or educational responsibility in obstetrics-gynecology, *and*
 5. When the candidate's responsibilities in obstetrics and gynecology have involved only supervision in an institutional setting, he shall submit (in duplicate) on or before August 31, a critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of direct responsibility during the 12 months immediately preceding June 30 of the year of the scheduled examination.
2. A candidate practicing in a country other than the United States or Canada shall have:
 - A. Passed the written examination *and*
 - B. Been engaged exclusively in professional activities relating to obstetrics-gynecology for no less than 12 months immediately preceding application to take the oral examination, in a setting acceptable to the Board, which has provided significant clinical and/or educational responsibilities, *and shall*
 1. Have submitted on or before August 31 preceding his scheduled examination,
 - (a) A certified typewritten list (in duplicate) of all patients dismissed from his care in all hospitals the 12 months preceding June 30 of the year of that scheduled examination, *or*
 - (b) When the candidate's responsibilities in obstetrics and gynecology have involved only supervision in an institutional setting, he shall submit (in duplicate) on or before August 31, a critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of direct responsibility during the 12 months preceding June 30 of the year of his scheduled examination.

The Board will request, by confidential inquiry, documented evidence concerning a candidate's professional standing and reputation from administrative officers of organizations and institutions in which the candidate is known.

Time as a "resident" or "house officer" in excess of that necessary to fulfill the requirements to take the written examination that does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, is not an acceptable degree of primary responsibility for patient care and not acceptable fulfillment of the required "time in post-residency practice."

Time in a post residency fellowship that involves responsibility for patient care and has been approved by a specialty Division of the Board as part of the individual's preparation to practice as a specialist will be accepted as fulfillment of the "time in practice" required of the candidate to take the oral examination.

APPLICATION

Application to take the oral examination in November, 1974 must be made on the "application for the 1974 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, 1974. Applications which are postmarked after February 28, 1974 cannot be considered for the examination the following November. A candidate found eligible to take the oral examination in

November, 1974 will be so notified on or before July 1, 1974 and he must then submit, *on or before August 31, 1974:*

1. (a) Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1974. 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; *or*
 (b) A critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of responsibility.
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 provide the Board with a letter from the chief of obstetrics and gynecology or other appropriate authority verifying the candidate's clinical or educational responsibility in lieu of or in addition to his listings of patients.

RULING OF INELIGIBILITY

A candidate ruled ineligible to take the oral examination may subsequently re-apply, but must then 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 remains valid during his three calendar years of eligibility to take the examination. He will be accepted for examination during the three years of eligibility if (1) he submits a written request for re-examination during January or February of the year in which he is requesting re-examination, provided (2) his request is postmarked on or before February 28, and (3) is accompanied by check or money order in payment of the \$50.00 re-application fee.

A candidate accepted for re-examination must either submit, on or before August 31, (1) 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 to be scheduled to take the oral, or (2) a critical evaluation-study of 25 representative patients as required of the candidate whose responsibilities in obstetrics and gynecology involve only supervision in an institutional setting.

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 fact or the circumstances of the candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate failing to take the oral examination for which he has been scheduled, if his three years of eligibility will permit re-examination 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 re-application fee must accompany a request for re-examination.

2. Submit before August 31 either (1) 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, or (2) a critical evaluation-study of 25 representative patients as required of the candidate whose responsibilities in obstetrics and gynecology involve only supervision in an institutional setting.

Letters requesting re-examination, which are postmarked after February 28 and lists of patients or critical evaluation-studies postmarked after August 31, will not be acceptable for the oral examination, the following November.

TIME LIMITATIONS 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 may by letter postmarked on or before February 28: (1) ask to be scheduled to write the examination the following June, (2) include payment of 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.

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 \$50.00 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 examination in November.

REVOCAION OF DIPLOMA OR CERTIFICATE

Each candidate when making application, signs an agreement regarding disqualification or revocation of his diploma or certificate for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the diploma or certificate, 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 or certificate.

2. Any rule governing examination for a diploma or certificate 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 or certificate.

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 a local, regional or national organization of his professional peers shall be evidence of a violation of such standards of the ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such diploma or certificate 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 or certificate by this Board as aforesaid, the holder shall return his diploma or certificate and other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of certified specialists.

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 at 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-month 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 program.

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 resident to the clinical services of institutions not approved for residency training is permitted for no more than six months when (1) the care of patients on that service is approved by the Director of the 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 the Committee when the program was most recently reviewed.

9. The Director of an approved residency may be authorized to start an applicant at an advanced level in his program 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 be properly fulfilling 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.

RESPONSIBILITY 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 current requirements or the impending loss of his eligibility to take an examination.

A physician who formally obligates himself to an approved residency program and later breaks his agreement without justifiable cause (1) may be required to provide an explanation satisfactory to this Board, (2) before he will be considered to have satisfactorily served as a resident in an approved program.

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:
 - (a) With verification of the duration of active duty.
 - (b) When practice has involved chiefly the care of obstetric and gynecologic patients, and
 - (c) 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 listed 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 a specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, 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 rules and 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 in 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.*

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 Continuing Education 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 only 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. All supporting information including letters of endorsement must be received by August 1.*

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.

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

Although no definite number of surgical cases are required, applicants should 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 8½" 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 subject of the oral examination, \$35

To repeat two or three subjects 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.

An application can only remain active for 2 years from date of receipt. If the applicant does not complete his application in this period for review by the Committee on Admissions the application will no longer be valid and the registration fee will be returned.

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 and again pass the Written Qualifying Test. *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.*

A candidate must understand and agree that in the consideration of his application his ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons named in his application and of such other persons as the Board deems appropriate with respect to his ethical and professional standing; that if information is received which could adversely affect his application, he will be so advised and given an opportunity to rebut such allegations, but will not be advised as to the identity of the individuals who have furnished adverse information concerning him; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by him or by anyone acting on his behalf.

BOARD OF 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.

4. REFRACTION AND VISUAL PHYSIOLOGY. Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optional 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, 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. 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 and again pass the Written Qualifying Test before being admitted again to the oral examinations.

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 in one subject or \$50.00 in two or three subjects. If an applicant does not repeat the one or more topics 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 and again pass the Written Qualifying Test before being admitted again to the oral examinations.

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.

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 commissions or rebates from opticians, druggists, or makers of appliances in any way connected with the medical care of patients.

AMERICAN BOARD OF MEDICAL SPECIALTIES

The American Board of Medical Specialties, previously called the Advisory Board for Medical Specialties, was established in 1933 to serve in an advisory capacity to the American Specialty Boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The official recognition of a specialty board by the American Board of Medical Specialties is indicated by the listing of diplomates in the *DIRECTORY OF MEDICAL SPECIALISTS*. The American Board of Ophthalmology contributes \$15.00 per Diplomate certified, to the American Board of Medical Specialties, as do all other medical specialty boards, in support of the activities of ABMS.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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MINIMAL EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in orthopaedic surgery. In order to establish satisfactory competence in the specialty of orthopaedic surgery it has been necessary to define the minimal educational requirements which are as follows:

1. A candidate must 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 sur-

gery 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 government 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. *This fee should be sent by registered or certified mail.*

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

1. 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 presenta-

tion 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 a 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.

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GENERAL REQUIREMENTS

The following qualifications are minimal 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 and Hospitals of the American Medical Association or by the appropriate Canadian medical authority.
3. Is not required to serve an internship.

4. Must have satisfactorily completed four years of residency training in a manner acceptable to the head of that residency program.

5. Must have a four year minimum resident education program which must include at least one year of surgical residency in a program approved by the Conference Committee for Surgery and three years in otolaryngology, in a program approved by the Residency Review Committee of Otolaryngology. 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 educational centers approved by the American Medical Association or the appropriate Canadian medical authority.

6. 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.

7. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

8. Trained by the preceptor method is not acceptable.

9. 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 an evaluation form filled out and signed by 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) a list of operations assisted in and performed by the resident during the period of training in both surgery and otolaryngology; (c) official verification of the above medical and resident education, and training; (d) the application fee.

5. The completed application with an up-to-date or completed surgical list shall be mailed to the Secretary-Treasurer as soon as possible and before May 1 of each year. This allows review of the application by the Credentials Committee and the usual assignment of the applicant for the next examination in the fall of the year. This program is geared to do away with long waiting periods before a candidate appears

for examination. Your cooperation will expedite your examination date materially. You will be notified by the Secretary-Treasurer when and where to appear for examination if approved by the Credentials Committee.

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.

FEES 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. The examination format now consists of oral and written examinations.

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 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 roentgenograms 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 education 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. The fee for this certificate is \$10.00.

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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OFFICE OF THE AMERICAN BOARD OF PATHOLOGY, (Mrs.)
Edith C. Smith, Administrative Assistant, Suite 1820, 610
North Florida Avenue, Tampa, Florida 33602.

GENERAL REQUIREMENTS

1. The candidate must hold a currently valid license to practice medicine, or osteopathy.
2. 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 in other countries acceptable to the Board.
2. For those who have attended medical schools other than in the United States and Canada, and who have not graduated from a medical school in the United States or Canada, certification by the Educational Council for Foreign Medical Graduates or successful completion of the "fifth pathway" as described and approved by the Council on Medical Education of 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. The Board will admit candidates to examination who are otherwise eligible and who have had one of the 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 as follows:
 - (1) Two years in anatomic pathology and two years in clinical pathology;

- (2) Two years in anatomic pathology and two years in forensic pathology;
- (3) Two years in anatomic pathology and two years in neuropathology;
- (4) Two years in anatomic pathology and two years in a related clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology, blood banking);
- (5) Two years in clinical pathology and two years in a related clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology, blood banking).

- B. Anatomic pathology only:
 - (1) Three years of anatomic pathology, and
 - (2) an additional year which may be spent either in further training, research, or practice of anatomic pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.
- C. Clinical pathology only:
 - (1) Three years of clinical pathology, and
 - (2) an additional year which may be spent either in further training, research, or practice of clinical pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.

2. The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

- A. Appropriate training in pathology during medical school as a part of an organized specialty oriented curriculum.
- B. Training during medical school in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. The maximum credit which may be granted is 12 months.
- 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 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.

The Board also allows one-third of training time to be spent in a related clinical activity or research, or a combination of the two.

The Board no longer requires a clinical internship as part of the residency training in pathology.

ELIGIBILITY BY MEANS OF EXPERIENCE

- The requirements for those accepted by means of experience are:
- A. The practice of pathology under circumstances acceptable to the Board for a period of not less than eight

years. At the election of the candidate, a period not to exceed one year of straight pathology internship may receive credit for two of the eight years. For the candidate wishing to qualify under the experience rule and who has had acceptable approved training, double time credit will be allowed for such training. Thus, if a candidate had two years of acceptable supervised training, only four years of practice would be required.

- B. If a candidate has become certified in anatomic pathology, the rule for eligibility in clinical pathology by experience is:

Four years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board. Such experience must be after the date of certification in anatomic pathology.

The same requirements would apply for eligibility for examination in anatomic pathology by means of experience after certification in clinical pathology.

ELIGIBILITY IN AREAS OF SPECIAL COMPETENCE

A. *Medical Chemistry, Medical Microbiology, Hematology*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional 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 two additional years of full-time experience under circumstances satisfactory to The American Board of Pathology.

B. *Blood Banking*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional supervised training in the special field of blood banking in an institution approved by the Council on Medical Education of the American Medical Association or by the Board, or two additional years of full-time experience, or its equivalent, under circumstances satisfactory to The American Board of Pathology.

Applicants not holding a certificate from The American Board of Pathology in clinical pathology but holding some other certificate from this or another primary Board—two years of training or acceptable experience in blood banking. Appropriate training or experience in another medical specialty may be substituted for one of the two years.

Prior to 1 January 1977, the American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met as of 1 July 1972:

That the candidate has been practicing blood banking for five years in a senior position in an institution acceptable to The American Board of Pathology.

C. *Radioisotopic Pathology.*

Certification in the special field of radioisotopic pathology will be a function of The American Board of Pathology: such certification will be done in cooperation with the Conjoint American Board of Nuclear Medicine with respect to qualifications of candidates, standards of the examination, and the form of the certificate.

The American Board of Pathology will admit candidates to examination in radioisotopic pathology who are otherwise eligible and who have had one of the following types of training:

Applicants already holding a basic certificate from The American Board of Pathology—one additional year of training in radioisotopic pathology in a program approved by the Council on Medical Education of the American Medical Association.

Applicants for certification in clinical pathology and

radioisotopic pathology—24 months of clinical pathology, 12 months of radioisotopic pathology, 12 months training, research, or practice related to pathology. Applicants for certification in anatomic and clinical pathology, and radioisotopic pathology—24 months of anatomic pathology, 24 months of clinical pathology, 12 months of radioisotopic pathology.

Prior to 1 January 1978. The American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met:

That the candidate holds a basic certificate of The American Board of Pathology and has been practicing radioisotopic pathology for two years in a position acceptable to The American Board of Pathology.

D. *Neuropathology*

For those applicants holding a certificate in anatomic and clinical pathology, or anatomic pathology only—two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.

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 in neuropathology only those candidates who have had 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 in neuropathology.

In any of the above plans of training, the Board will allow three years of full-time experience in neuropathology, under circumstances satisfactory to the Board, to be considered the equivalent of one year of supervised training.

E. *Forensic Pathology*

For those applicants holding a certificate in anatomic and clinical pathology, or anatomic pathology only, or, in special instances, 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 admits to examination in anatomic and forensic pathology candidates with approved training consisting of two years in anatomic pathology and two years in forensic pathology.

In addition, candidates holding a certificate in anatomic and clinical pathology, anatomic pathology only, or in special instances, clinical pathology only, may qualify by means of three years of full-time experience in forensic pathology in a situation comparable to that of an institution approved for training in forensic pathology.

F. *Qualification for special competence for those not holding a certificate in pathology.*

(1) Three years of training in the special field of choice in institutions approved for such training by the Council on Medical Education of the American Medical Association, or by the Board, and

(2) an additional year which may be spent either in supervised training, research, or practice of the special field in circumstances satisfactory to The American Board of Pathology.

Candidate may, at their own election, substitute not to exceed twelve months of a straight pathology intern-

ship, or a fellowship or instructorship in any of the pre-clinical departments of a medical school for one of the three years of supervised training.

CREDIT FOR MILITARY SERVICE

Training or experience, or both, of reserve officers in the military service 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 Office of The American Board of Pathology.

CREDIT FOR FOREIGN TRAINING

Credit for foreign training is evaluated on an individual basis. For this type of evaluation, write to the Office of The American Board of Pathology.

BOARD ELIGIBLE

For the purposes of The American Board of Pathology, "Board Eligible" for examination is to be defined as applicable to a candidate 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, 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, reevaluation, and new formal 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 Office of The American Board of Pathology, 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 and fifty dollars (\$250). 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 and fifty dollars (\$250) before a second examination will be given.

The application fee has been determined after careful consideration and is based on actual estimates of the expense of an examination and administration. None of the Board Trustees 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 fee is not returnable. Candidates who fail to appear for examination and have not notified the Office of The American Board of Pathology at least one month prior to the date of the examination will be subjected to an additional fee of \$50 when registering for a future examination.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are 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, anatomic pathology only, clinical pathology only, or a special field.

Examinations in special fields are given once a year in conjunction with the spring examination.

ISSUANCE OF CERTIFICATE

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 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 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 examinations within the 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 plus an additional year of further training, research, or independent practice) will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

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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 general requirements enumerated in paragraphs I-IV below.* Paragraphs V-XII describe in more details what varieties of training are acceptable and how special situations are handled.

I. Candidates must be graduates of an approved medical school. Graduates from osteopathic medical schools are accepted if they satisfy the other requirements.

II. Candidates must have three years of hospital-based training in programs approved by the appropriate agencies of the American Medical Association for internship or residency training. During this period of training the candidate is expected to progress in the degrees to which he assumes responsibility for the care of his patients. The Board strongly recommends that the three years of hospital-based training be spent in pediatrics, but it will permit the substitution of other varieties of approved training as explained in paragraph V below.

III. In addition to the three years of hospital-based training, candidates must spend two additional years utilizing this training in practice or in other training related to pediatrics. Thus, final certification may not be completed until a minimum period of five years after graduation from medical school.

IV. The Board will request letters of recommendation from the directors of hospital-based programs to verify satisfactory completion of the training and to evaluate the acceptability

of the candidate as a practitioner of pediatrics. Candidates who have had all their training under a single program director should request at least one other letter of recommendation from a diplomate of the American Board of Pediatrics.

V. INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING: The Board and the Residency Review Committee for Pediatrics now recognize five levels of pediatric training (PL-0 through PL-4). Levels PL-1 and PL-2 constitute the essential two core years of training. They must be supplemented either by a PL-0 program taken before, or a PL-3 or PL-4 program taken afterward. The Pediatric Levels (PL) are defined as follows:

PL-0 Approved internships or residencies in fields other than pediatrics, i.e., rotating internship, family practice, internal medicine, general surgery, psychiatry, etc. Credit at this level may also be given for pediatric experience in countries other than the United States or Canada.

PL-1 The first post-graduate year in general pediatric training in an approved program. It may occur immediately after graduation from medical school (straight pediatric internship) or follow training at the PL-0 level (first year of junior pediatric residency).

PL-2 Similar to and following PL-1 but with increased responsibility for patient care and for the supervision of junior staff and medical students.

PL-3 A single year of advanced training and clinical responsibility in general in-patient or out-patient residency, a chief residency or experience in one or more specialty areas closely integrated with a program approved for the two core years (PL-1 and PL-2).

PL-4 A program (frequently a fellowship in a sub-specialty) in which the proportion of time in non-clinical or laboratory activities is so large that two years must be spent to gain the equivalent of a year of clinical training. The candidate will receive credit both for the third year of clinical training and for a year of practice. Included automatically within this category are: 1) all approved programs in pediatric allergy and pediatric cardiology; 2) programs in pediatric neurology accepted by the American Board of Psychiatry and Neurology for certification with special competence in Child Neurology; and 3) an agreement with the American Board of Internal Medicine for joint certification by both boards.

The Residency Review Committee for Pediatrics will now survey potential PL-3 and PL-4 programs for *categoric* approval as substitutes for the required third year of clinical training. Such programs must be integrated with an approved core (PL-1 and PL-2) program, and must have the explicit approval and endorsement of the director of the core program. Application for such approval should be made through the director of the *core* program to the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Candidates seeking approval for individualized programs of specialized training which are not encompassed by recognized PL-3 or PL-4 programs must ask their program directors to submit details to the American Board of Pediatrics for evaluation by its Credentials Committee. A description of the program proposed and brief curricula vitae of the supervisor of the program and of the candidate should be included. When individualized approval is given, it will not imply automatic approval of future candidates until the program receives categoric approval from the Residency Review Committee for Pediatrics.

Since ultimate certification in a pediatric sub-specialty area

is contingent upon passage of the examination of the American Board of Pediatrics, program directors arranging subspecialty fellowships have a heavy responsibility in making sure that candidates admitted have a thorough grounding in general pediatrics as an entering qualification.

Summary of Training Requirements

The following patterns of training in approved programs are automatically accepted by the Board of admission to its examinations:

PL-0 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-3 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-4 + 1 year of practice of further experience.

VI. 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 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.

VII. PRACTICE REQUIREMENTS: Graduate school courses, research residencies and teaching fellowships are 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 are acceptable as credit toward the practice requirements. As part of the second year residency program no more than two months of preceptorship will be approved and then only with the understanding that it is properly supervised and not used as a locum tenens.

VIII. CREDIT FOR MILITARY SERVICE: Credit for one year of the practice requirement is allowed for medical military service or its equivalent regardless of assignment. Credit in excess of one year may be granted depending upon the amount of prior approved residency training. Military assignments will not be accepted in lieu of PL-1, 2, 3, or 4 programs unless served in a military hospital which has received specific approval from the Residency Review Committee for Pediatrics.

IX. 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.

X. 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.

XI. GRADUATES OF MEDICAL SCHOOLS IN CANADA: Graduates of approved medical schools in Canada and those who have received their internship and residency train-

*To avoid misunderstanding, the Board urges candidates whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon doubtful appointments.

ing 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.

XII. GRADUATES OF FOREIGN MEDICAL SCHOOLS:

Citizens of the United States: Candidates who are graduates of medical schools other than those in the United States or 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 or a standard permanent license to practice medicine in one of the states, districts, or territories of the United States.
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 and who have fulfilled the training requirements in the United States or Canada, may apply for examination 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 (PL-0) regardless of the number of years of training. The candidate will be expected to serve his two basic years of pediatric hospital-based training (PL-1 and PL-2) in approved residencies either in 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 the 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 completion of their second year of pediatric training. 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. Results in each of five areas of examination will be reported to candidates and to the directors of their training programs as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in his 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 sessions with a luncheon break between. Questions of the morning session must be completed and turned in before the luncheon break; a second set of questions will be issued for the afternoon portion of the examination.

Candidates are separately graded in the sub-divisions of pediatric knowledge enumerated below, including diagnosis and treatment. Both total score and performance within the five major categories are considered in determining success or failure on the examination. Since areas I and III are uniquely pediatric, satisfactory performance will be considered mandatory.

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 newborn; anomalies and other disorders which require attention in early life.

II. Metabolic Disorders

Principles of fluid and electrolyte balance and management; inborn and acquired errors of metabolism; molecular and chemical disorders; endocrinology; renal and genitourinary disease; malabsorption syndromes.

III. Growth and Development

General genetic theory; physical, mental and behavioral development; neurology, psychology and psychiatry; school problems; adolescence; family medicine; mental retardation; perceptual handicaps.

IV. Infectious Disease

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" disease; 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; oncology.

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE WRITTEN EXAMINATION IS THE PRECEDING JANUARY 31ST. 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 four or five times each year at centers offering suitable facilities. As far as possible, candidates are given a choice of locations, taking into account the date the application is filed, the date of eligibility, and proximity to the examination site.

American candidates must wait until six months prior to 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 five-year period of training and experience 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, which should be fully described in the initial letter of inquiry.

LETTERS OF RECOMMENDATION

The Board requires at least two letters of recommendation. Candidates will be asked to furnish the names and addresses of all program directors under whom they took PL-1 and PL-2 training. If all such training has been under a single director, the name of an additional diplomate of the American Board of Pediatrics who is familiar with the candidate's work should be furnished.

FEES

The fee for examination is \$250 payable at the time of application. This fee includes a registration charge of \$50 which is not returnable. It entitles the candidate to three written examinations if necessary and one oral examination if successful on the written examination.

Re-examination fees of \$100 are charged for each oral examination beyond the first one; and for each written examination beyond the third one.

Fees are subject to change without notice and are non-refundable except in unusual circumstances.

Candidates who accept an appointment for oral examination and fail to appear will forfeit the fee for that examination and will be required to pay a re-scheduling fee.

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 in 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. 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 examinations. 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, he will have to file a new application and pay the full fee.

All re-instated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such a 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 examinations.

CERTIFICATION IN THE SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

Sub-Board of Pediatric Cardiology

WILLIAM J. RASHKIND, Chairman, Philadelphia

IRA H. GESSNER, Gainesville, Florida

JULIEN I. E. HOFFMAN, San Francisco

ALEXANDER S. NADAS, Boston

MADISON S. SPACH, Durham, North Carolina

NORMAN S. TALNER, New Haven, Connecticut

The American Board of Pediatrics has established a procedure for certification in Cardiology as a Subspecialty of Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Completion of two years of full-time training in an approved program in Pediatric Cardiology.

Following a rotating internship the candidate may begin training in Pediatric Cardiology after two years of residency training in Pediatrics (PL1-PL2). In the case of a straight pediatric intern (PL1), the two years of Pediatric Cardiology residency or fellowship after a second year of General Pediatrics (PL2) will satisfy the requirement for a third year equivalent (PL4) of hospital training in Pediatrics, provided that during these two years at least half the time is spent in clinical work with children.

3. Letter(s) of Recommendation.

Applicants must solicit a letter of recommendation from the program director under whom they received training in Pediatric Cardiology. This letter should be sent by the program director directly to the Subspecialty Office of the American Board of Pediatrics. If an applicant received training in more than one program, a letter must be solicited from each program director under whom he trained during the period necessary to complete the required two years of full-time training.

Each Pediatric Cardiology application is individually considered and must be acceptable to the Sub-Board of Pediatric Cardiology.

TRAINING PROGRAMS

There are approximately 60 approved training programs in Pediatric Cardiology. Applicants 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.

EXAMINATIONS

Pediatric Cardiology examinations consist of a written examination and an oral examination. These examinations will be given together every two years at a center designated by the Sub-Board.

Candidates must take both the written and oral examinations and achieve a satisfactory grade on both before being certified.

The purpose of these examinations is to determine the candidate's competency to practice Pediatric Cardiology. Emphasis is therefore placed on practical aspects. But since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

The Subspecialty Office will send appropriate information to journals and to Pediatric Cardiology program directors 6 months or more prior to a scheduled examination. All applicants already in the Active File of the Sub-Board will be notified of coming examinations. All applicants who are about to be placed in the Inactive File will be notified of when this change in status is about to occur.

FAILURES IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Pediatric Cardiology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEES

The application fee for certification in Pediatric Cardiology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned to him. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take three (3) examinations without having to resubmit the registration fee of \$50.)

Fees are subject to change at any time. Checks (U.S. funds only) should be made payable to the American Board of Pediatrics.

RE-APPLICATION AND RE-EXAMINATION FEES

- a. Candidates must reapply and pay registration and examination fee if they have not been examined in the past 3 years.
- b. Candidates must reapply and pay registration and examination fee if they have failed 3 examinations.
- c. Candidates who have failed at least one examination will be assessed a fee of \$250.00.
- d. Candidates desiring new examination, who have paid initial fee of \$175.00 and who have not been examined, will be assessed a fee of \$125.00.

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 of the Sub-Board of Pediatric Cardiology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

CERTIFICATION WITH SPECIAL COMPETENCY IN PEDIATRIC HEMATOLOGY-ONCOLOGY

The American Board of Pediatrics has established a procedure for certification in Hematology-Oncology as an area of special competency in Pediatrics.

ELIGIBILITY CRITERIA

- 1. Certification by the American Board of Pediatrics.
- 2. Specialty Training or Experience

Following a rotating internship the candidate may begin training in Pediatric Hematology-Oncology after two years of residency training in Pediatrics (PL1-PL2). In the case of a straight pediatric intern (PL1), the two years of Pediatric Hematology-Oncology residency or fellowship after a second year of General Pediatrics (PL2) will satisfy the requirement for a third year equivalent (PL4) of hospital training in Pediatrics, provided that during these two years at least half the time is spent in clinical work with children.

Until July 1978 one of the following requirements must be met:

- A. Two years of full-time graduate training in Pediatric Hematology-Oncology.
- B. Five years in the clinical practice of Pediatric Hematology-Oncology.

After July 1978 two years of full-time graduate training in an approved Pediatric Hematology-Oncology program will be required.

3. Until July 1978 Letters of Recommendation will be required from at least one of those listed below:

- a. If eligibility is claimed on the basis of full-time training in Pediatric Hematology-Oncology (A above),
 - (1) From the Pediatric Hematology-Oncology program director where training occurred.
 - or (2) From the Pediatric department chairman where training occurred.
- b. If eligibility is claimed on the basis of practice of Hematology-Oncology (B above),
 - (1) From the Pediatric Hematology-Oncology program director in the hospital where the candidate is seeing patients.
 - or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.
 - or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Hematology-Oncology.

After July 1978 Letters of Recommendation will be required from the Pediatric Hematology-Oncology director of the program where training occurred.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Special Competency Committee in Pediatric Hematology-Oncology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Hematology-Oncology.

EXAMINATIONS

An examination in Pediatric Hematology-Oncology will be offered by the American Board of Pediatrics every two years beginning in the fall of 1974. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Hematology-Oncology. Emphasis is therefore placed on practical aspects. But since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period.

After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Special Competency Committee in Pediatric Hematology-Oncology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEEES

The application fee for certification in Pediatric Hematology-Oncology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Hematology-Oncology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Special Competency Committee in Pediatric Hematology-Oncology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

CERTIFICATION WITH SPECIAL COMPETENCY IN PEDIATRIC NEPHROLOGY

The American Board of Pediatrics has established a procedure for certification in Nephrology as an area of special competency in Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training or Experience.

Following a rotating internship the candidate may begin training in Pediatric Nephrology after two years of residency training in Pediatrics (PL1-PL2). In the case of a straight pediatric intern (PL1), the two years of Pediatric Nephrology residency or fellowship after a second year of General Pediatrics (PL2) will satisfy the requirement for a third year equivalent (PL4) of hospital training in Pediatrics, provided that during these two years at least half the time is spent in clinical work with children.

Until July 1978 one of the following requirements must be met:

- A. Two years of full-time graduate training in Pediatric Nephrology.
- B. Five years in the clinical practice of Pediatric Nephrology.

After July 1978 two years of full-time graduate training in an approved Pediatric Nephrology program will be required.

3. *Until July 1978 Letters of Recommendation will be required from at least one of those listed below:*

- a. If eligibility is claimed on the basis of full-time training in Pediatric Nephrology (A above),
 - (1) From the Pediatric Nephrology program director where training occurred.
 - or (2) From the Pediatric department chairman where training occurred.

b. If eligibility is claimed on the basis of *practice* of Nephrology (B above),

- (1) From the Pediatric Nephrology program director in the hospital where the candidate is seeing patients.
- or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.
- or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Nephrology.

After July 1978 Letters of Recommendation will be required from the Pediatric Nephrology director of the program where training occurred.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Special Competency Committee in Pediatric Nephrology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Nephrology.

EXAMINATIONS

An examination in Pediatric Nephrology will be offered by the American Board of Pediatrics every two years beginning in the fall of 1974. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Nephrology. Emphasis is therefore placed on practical aspects. But since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Special Competency Committee in Pediatric Nephrology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEEES

The application fee for certification in Pediatric Nephrology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Nephrology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Special Competency Committee in Pediatric Nephrology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

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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. Satisfactory completion of the requirements of the Board for graduate education and experience in physical medicine and rehabilitation as set forth below.
3. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

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. Satisfactory completion of the Board's requirements for graduate education and experience in physical medicine and rehabilitation as set forth below.
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application and the payment of required fees.

GRADUATE EDUCATION AND FULL-TIME PRACTICE

Qualification for admission to the examination for certification in physical medicine and rehabilitation requires: 1) Before a candidate will be eligible for Part I of the examination, a minimum of three calendar years of graduate education in a residency program approved by the Council on Medical Education of the AMA which encompasses a minimum of 24 months of full-time supervised clinical training in physical medicine and rehabilitation is required; and 2) before a candidate will be eligible for Part II of the examination, a minimum of two years of full-time clinical practice in the specialty of physical medicine and rehabilitation is required.

Essentially all of said training and experience must be undertaken in the United States or Canada. However, candidates who have received graduate medical education in a

foreign country may, at the discretion of the Board, be given credit for such training.

At the discretion of the Board, two years of full-time practice in physical medicine and rehabilitation may be accepted as a substitute for not more than one year of approved residency training. It is possible that six years of full-time practice, at the Board's discretion, could be substituted for the requirement of three years of graduate education in an approved residency program.

Credit for one year of residency at the discretion of the Board may be given to a candidate who has a minimum of four years of general practice.

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.

Any candidate who has had at least one year's training in an approved residency in a specialty other than physical medicine and rehabilitation may meet the requirements of the Board for Part I of the examination by completing two additional years graduate education in an approved program of physical medicine and rehabilitation, 21 months of which must be spent in full-time supervised clinical training of physical medicine and rehabilitation.

Practice in military service, performed after the required residency training has been completed, is considered the same as any other practice experience, provided that the practice has been exclusively in the specialty of physical medicine and rehabilitation.

INTEGRATED RESIDENCY PROGRAM

The Board has approved the concept of an integrated residency which permits candidates to complete all requirements for Part I of the Board examination. The internship requirement, therefore, is waived for all candidates who begin their three years of graduate education in physical medicine and rehabilitation immediately upon graduating from a school acceptable to the Board provided that during the first year of such graduate education they: 1) receive a minimum of six month's training which in the judgment of the Board is equivalent to that provided by internship, and 2) receive training in acute medical and surgical conditions which fulfill requirements of the Board. Whether such training meets the requirements of the Board depends upon the candidate's electives taken in medical school and upon discretion and judgment of the director of the residency program in physical medicine and rehabilitation.

The procedure to be followed by those candidates commencing the integrated residency program which will insure that the internship requirement has been waived is as follows:

1. The program director of the residency program in physical medicine and rehabilitation shall prepare a form which lists the proposed candidate's electives taken in his senior year in medical school and which outlines the proposed program for the first six months of the candidate's residency training, which shall be equivalent to the experience of a candidate in a full-time internship.

2. The program director shall send the said form to the secretary of the Board for the Board's approval.

3. The secretary of the Board shall notify the program director by letter that the Board has approved or disapproved the candidate's proposed integrated residency program.

Any candidate who transfers from residency training in other recognized specialties must complete this requirement during his residency training in physical medicine and rehabilitation, unless for such candidate it can be verified that this requirement was met during his training experience in another specialty; in all such cases the program director shall proceed by the same procedures herein before enumerated to assure that such candidate has complied with this requirement.

APPLICATION

The application form which must be submitted by a candidate applying for the 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 medical training, internship, if one was completed, or the program director's statement that the candidate has completed the integrated residency program approved by the Board, 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 examination. In addition, there must be submitted with the application the names of three physiatrists or other physicians to whom the Board shall write for professional and character references. At the option of the applicant, he may include the names of any additional physicians. The Secretary of the Board will submit to the physicians so named a form requesting them to rate the ethical and professional ability of the applicant. No applicant will be declared eligible for 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 may be suspended until the Board obtains satisfactory references; however, any applicant, having had his consideration of eligibility so suspended, may petition for a hearing before the Board, and the Board shall notify the suspended candidate immediately of the time and place of said hearing.

All information submitted to the Board by the physician from whom a reference has been requested shall remain confidential and shall not be disclosed to the candidate without the permission of the physician. Strict confidentiality of references submitted is required to assure that the Board receives complete and accurate evaluations of all candidates.

If the candidate only plans to take either Part I or Part II of the examination, a fee of \$175 shall accompany the application. If the candidate plans to take both Parts I and II of the examination at the same examination session, a fee of \$325 shall accompany the application. The completed application and 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 an application, \$25.00 will be retained as an evaluation fee; the remainder will be refunded to the applicant.

The candidate must have completed his graduate education or clinical practice requirement on or before August 31 following the scheduled examination date for which he has applied in order to have his application considered for that year's examination.

If a candidate is declared eligible for the 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, the fees paid will remain on deposit with the Board. However, if no further action is taken by the candidate within three years, the fees will be forfeited to the Board. During this three year period, the candidate may re-apply by letter for 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 and under such circumstances a completed re-application must be received by the Secretary prior to the deadline date advertised. In case of a failure on examination, the candidate must again re-apply by letter accompanied by payment of the fees required. (For eligibility status requirements, see next section.)

The Board is a non-profit organization and the fees of the 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.

DESIGNATION OF ELIGIBILITY

Board eligibility is a term used by the Board to define the status of candidates who have been accepted by the Board as *currently* eligible for examination for the particular year in which a candidate has applied; eligibility designation does not continue beyond the examination date for which a candidate has applied regardless of results.

The procedures required of candidates to be designated Board eligible are as follows:

A.

CANDIDATES WHO HAVE NOT PREVIOUSLY APPLIED FOR EXAMINATION OR WHO HAVE PREVIOUSLY APPLIED BUT HAVE FORFEITED THEIR APPLICATION FEES PURSUANT TO RULES SET OUT IN THE SECTION ON APPLICATION.

1. Timely filing of education 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 all requirements and is Board eligible.

B.

CANDIDATES WHO ARE RE-APPLYING FOR PART ONE, HAVING FAILED PART ONE OR HAVING FAILED TO APPEAR FOR PART ONE AND HAVE NOT HAD THEIR APPLICATION FEES FORFEITED: OR WHO ARE APPLYING FOR PART TWO, HAVING SUCCESSFULLY COMPLETED PART ONE.

1. Filing of 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 requirements and is Board eligible.

C.

CANDIDATES WHO ARE RE-APPLYING FOR PART TWO HAVING FAILED PART TWO BUT WHO HAVE SUCCESSFULLY PASSED PART ONE.

Same as B above.

Following establishment of Board eligibility, the candidate will be notified of the time and place for the examination. A candidate who fails Part I of the examination may apply for re-examination the following year. A candidate who has failed Part I twice must complete further approved graduate education in Physical Medicine and Rehabilitation before he will again be considered for eligibility to take Part I of the examination. This additional training need not exceed one year and shall be pursuant to terms and conditions established on an individual basis by the program director under whom said training shall be supervised, the terms and conditions referred hereto must be approved by the Board. Failure to pass Part I of the examination a third time permanently precludes the candidate from any further consideration for eligibility by the Board for examination or certification.

If the candidate fails Part II, he may re-apply for eligibility for re-examination including payment of the required examination fee for the following year. After two unsuccessful efforts to pass Part II of the examination, granting of eligibility for a third and final Part II examination may be established only upon additional approved graduate education under the terms and conditions enumerated in the

preceding paragraph. Failure to pass a Part II examination three times precludes the candidate from any further considerations for certification by this Board.

Effective June 1, 1973, it shall be the policy of the Board that all candidates applying initially subsequent to said date for eligibility to take the Board examinations, must successfully complete the taking of Part I and Part II of the examination during the subsequent six annual testing dates to be given from the date of their initial application. Any candidate failing to complete successfully the examination requirement for certification within this time period shall not be eligible for further consideration.

FAILURE TO APPEAR

Failure to take the examination once eligibility is established for either Part I or Part II without being officially excused, shall result in forfeiture of the fee deposited. 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, 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.

REVOCAION 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 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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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 grounds 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 an accredited medical school in the United States or Canada recognized by the Council on Medical Education of the American Medical Association or from a school of osteopathy recognized by the American Osteopathic Association, or graduation from a foreign medical school acceptable by the Board. The Board will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada. 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 of those candidates who have been certified by one of the following boards will fulfill the prerequisite of three years of general surgery training; American Board of Colon and Rectal Surgery, American Board of Neurological Surgery, American Board of Obstetrics and Gynecology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Surgery, American Board of Thoracic Surgery, and American Board of Urology.

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

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 examination 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 after an interval of 2 years. If the

candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. 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 for further examination after an interval of 2 years. If the candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. 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

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ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aerospace 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, unless the applicant is employed in a position in which such authority is not required.

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 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 documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the 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 field (e.g. Public Health), may apply for certification in another field (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the fields 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 field.

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 field	
Specialties: Each field	\$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, Aerospace 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 field 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 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.

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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LESTER H. RUDY, Executive Secretary-Treasurer, Office of the
Board, 1603 Orrington Avenue, Evanston, Illinois 60201

CERTIFICATES

The Board currently issues four types of certificates: (1) in Psychiatry; (2) in Neurology; (3) in Child Psychiatry, and (4) in Neurology with Special Competence in Child Neurology. An applicant may be certified in more than one area. He shall receive a separate certificate for each area in which he qualifies. Each certificate shall be in such form as may be specified by the Board.

REVOCAION OF CERTIFICATES

The Board shall have authority to revoke any certificate issued by it or to place a certificate holder on probation for a fixed or indefinite time if

- (a) the certificate was issued contrary to or in violation of the Bylaws or any Rule or Regulation of the Board;
- (b) the person to whom the certificate was issued made any material misstatement or omission of fact to the Board in his application or otherwise;
- (c) the person to whom the certificate was issued is convicted of a crime which involves moral turpitude, or
- (d) a license to practice medicine of the person to whom the certificate was issued is forfeited, revoked or suspended.

APPLICATION

An applicant who wishes to be examined by the Board shall complete, sign and file with the Executive Secretary-Treasurer an application on the official form together with the required supporting data. Applications may be obtained from the Executive Secretary-Treasurer. An application must be received in the Executive Office of the Board no later than the October 31 preceding the date of the Part I examination for which the applicant is applying. An applicant must complete his training and experience requirements no later than June 30 of the year he is requesting admission to examination.

GENERAL REQUIREMENTS

Each candidate for examination must establish that:

- 1. Physician (M.D.)
 - (a) He has an unlimited license to practice medicine in a state of the United States or its possessions, or a province of Canada, if residing in Canada.
 - (b) He has a satisfactory moral, ethical and professional standing.
 - (c) He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.
- 2. Osteopathic Physician (D.O.)
 - (a) He has unlimited license to practice medicine in a state of the United States or its possessions.
 - (b) He is of satisfactory moral, ethical and professional standing.
 - (c) He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.

CERTIFICATE IN PSYCHIATRY AND/OR NEUROLOGY

An applicant who seeks admission to examination for certification either in Psychiatry or in Neurology, must have satisfactorily completed three full years of postgraduate, specialized training in a program approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada and have had two full years of satisfactory experience. Both the training and experience shall be in the specialty in which he seeks certification and shall be undertaken in the United States or Canada.

For an applicant who began training after June 30, 1956, at least 24 months of his training must have been spent in a training program or different programs approved for at least two years of training in the specialty in which he seeks certification. For an applicant whose training began after June 30,

1964 at least two full years of his three years of training must be spent in a single program approved for two or three years of training credit. 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 published by the American Medical Association. This Directory includes the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies."

Experience credit will not be given an applicant for work performed before he has had at least one full year of postgraduate training in Psychiatry or Neurology or for work performed in any other medical or surgical specialty, except, however, that two years of postgraduate training in an approved training program for a specialty other than Psychiatry or Neurology may be substituted for one year of experience in Psychiatry or Neurology. If an applicant seeks certification in both Psychiatry and Neurology, he must have satisfactorily completed four full years of postgraduate training, two years in each specialty, in approved training programs and have had one full year of satisfactory experience, all undertaken in the United States or Canada. For an applicant whose training began after June 30, 1964, two full years in each specialty must be spent in a single program approved for two or three years of training credit.

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 this certificate, a different type of preparation and certifying examination is required. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it certifies competence in "Neurology with Special Competence in Child Neurology." The applicant must comply with the Board's requirements for certification, and examination as stated in the section on GENERAL REQUIREMENTS. Straight Pediatric internship is not an absolute requirement but is strongly urged. An applicant seeking admission to examination for certification in Neurology with Special Competence in Child Neurology must have completed the following specialized training:

- 1. One year of general Pediatric residency.
- 2. Two years of general Neurological residency.
- 3. One 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.

CERTIFICATE IN CHILD PSYCHIATRY

Each applicant for certification in Child Psychiatry must be 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. The general policies regarding training, application and examination in Child Psychiatry are contained in the pamphlet "Information for Applicants for Certification in Child Psychiatry."

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 have 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 for 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.

EXAMINATIONS

General Information

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.

Each candidate must pass both Part I and Part II of the examinations given by the Board. Each examination shall cover such subjects as the Board may determine.

The Board shall conduct such examinations as such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be in the sole discretion of the Board. After completion of such examinations, the candidate shall be notified by the Executive Secretary-Treasurer as to the results.

A candidate who is unable to attend any examination to which he has been admitted and who fails to notify the Executive Secretary-Treasurer at least three (3) months before the start of such examination shall forfeit the examination fee. All fees may be modified from time to time as necessary.

Part I Examination

A written examination in both basic Psychiatry and basic Neurology is required of candidates seeking certification in either Psychiatry, Neurology, or Neurology with Special Competence in Child Neurology. This Part I examination is given once a year, in April, 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 is made to accommodate candidates in their locale, but candidates may not select the site of examination, and no transfer to another area can be made during the three month period preceding the Part I examination.

After an applicant has been advised by the Board that he has been accepted for Part I examination, he shall, upon request, submit the required examination fee and three signed photographs of himself, of such quality and recent date to permit ease of identification at the time of examination.

A candidate must take Part I within two years following the date he is accepted for examination. A failure to do so will require reapplication and payment of the application fee.

A candidate who passes Part I shall, upon request, submit to the Executive Secretary-Treasurer a check payable to the Board to cover the fee for Part II. 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.

A candidate who fails the initial Part I examination may, upon payment of Part I fee, repeat the examination the following year. Two failures will necessitate a waiting period of two years after the second failure before retaking Part I. The candidate must submit a new application and application fee together with satisfactory evidence of additional training. In order to minimize the waiting period a candidate may reapply between July 1 and October 31 of the second year.

Part II Examination

Part II, an oral examination, will include the examination of patients under the supervision of an examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Candidates who successfully complete Part I will have the following Part II examination schedule:

FOR CERTIFICATION IN

PSYCHIATRY

- 2 one-hour examinations in Clinical Psychiatry
- 1 one-hour examination in Clinical Neurology

NEUROLOGY

- 2 one-hour examinations in Adult Clinical Neurology
- 1 one-hour examination in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

- 1 one-hour examination in Adult Clinical Neurology
- 2 one-hour examinations in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

Scheduling for Part II examination will be made in the order of receipt of original Application for Certification. Candidates who fail to take Part II within one year of the date they pass Part I will lose their eligibility. They will be regarded as new applicants should they wish to reapply.

Candidates assigned to Part II examination may not select either the site or the date for examination. It is the candidate's privilege to decline the assigned examination, but there is no guarantee that another date or location will be available within the one year limit.

The current regulations for conditioning or failing the Part II examination are as follows:

FOR CERTIFICATION IN

PSYCHIATRY

- 2 hours Clinical Psychiatry (major)
 - 1 hour Clinical Neurology (minor)
- Failure* = Fails 2 hours major
or
Fails 1 hour major and 1 hour minor
- Condition** = Fails 1 hour major
or
Fails 1 hour minor

NEUROLOGY

- 2 hours Clinical Neurology (major)
 - 1 hour Clinical Psychiatry (minor)
 - 1 hour Child Neurology (minor)
- Failure* = Fails 2 hours major
or
Fails 1 hour major and 2 hours minor
- Condition** = Fails 1 hour major and 1 hour minor
or
Fails 2 hours minor

NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

- 2 hours Child Neurology (major)
- 1 hour Clinical Neurology (minor)
- 1 hour Clinical Psychiatry (minor)

- Failure° = Fails 2 hours major
or
Fails 1 hour major and 2 hours minor
- Condition** = Fails 1 hour major and 1 hour minor
or
Fails 2 hours minor

°A candidate who fails his initial Part II examination must upon re-examination repeat the entire Part II examination and pass all subjects in which he is being reexamined.

**A candidate who conditions his initial Part II examination must upon reexamination pass all subjects in which he is being reexamined.

A candidate who conditions in Part II is eligible upon payment of Part II fee for reexamination in the subject or subjects that he failed within a period of six (6) months. A candidate who fails to take the reexamination in such subject or subjects within the time specified, or who fails the re-examination, must submit a new application and application fee and, if accepted, repeat both Parts I and II.

A candidate who fails the initial Part II is eligible, upon payment of a reexamination fee, for reexamination within a period of six (6) months. A candidate who fails to repeat Part II within the time specified must submit a new application and application fee and repeat both Part I and Part II.

A candidate who fails both his initial Part II examination and his reexamination will be required to wait a period of two years after the second failure before retaking Part I. The candidate must submit a new application and application fee together with satisfactory evidence of additional training. In order to minimize the waiting period a candidate may re-apply between July 1 and October 31 of the second year.

A candidate who has been certified in either Psychiatry or Neurology may apply for supplementary certification in the other specialty upon submission of a new application and application fee. If his credentials for such other certificate are acceptable to the Board, he thereupon becomes eligible to take the Part I and Part II examinations in the supplementary subject.

FEE SCHEDULE

Application Fee	\$125.00
Part I Examination	50.00
Part I Reexamination	50.00
Part II Examination	150.00
Part II Reexamination—Condition	100.00
Part II Reexamination—Failure	150.00

NEW POLICY

Effective July 1, 1973, the Board will accept an Application for Certification immediately after the applicant completes his training program provided the following requirements are met:

1. The applicant completes his training requirement no later than June 30 preceding the date of the Part I examination to which he is seeking admission;
2. The applicant files an application on the official form after July 1 of the year he completes training and the application is received in the Executive Office no later than October 31 preceding the date of the Part I examination.

A candidate who elects this option will be required to take the next scheduled Part I following the date he is accepted for examination. Failure to do so will require reapplication and payment of the application fee. A candidate who passes Part I will be scheduled for Part II upon completion of two years of experience credit.

APPLICATION FOR CERTIFICATION
IN CHILD PSYCHIATRY

An applicant who wishes to be certified in Child Psychiatry 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 \$150 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 November 30 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 who 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 \$150.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of \$200.00 is payable when such payment is requested by the Executive Secretary of the Board.

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.

A candidate who fails in the initial examination may be re-examined within one year after payment of a \$200.00 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.

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. The fee for a conditioned examination is \$150.00.

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 two (2) years from the date of submission of application shall be required to submit a new application and pay a new application fee.

RULES AND REGULATIONS

Applicants should write to the Board Office for a copy of the current Rules and Regulations. Address:

American Board of Psychiatry and Neurology,
1603 Orrington Avenue, Suite 490,
Evanston, Illinois 60201.

AMERICAN BOARD OF RADIOLOGY

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Minnesota 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 seven 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, or
4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one of the following categories: (a) Therapeutic Radiological Physics; (b) Diagnostic Radiological Physics; (c) Medical Nuclear Physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, radium and radio-nuclides.

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, radium or equivalent sources and radionuclides.

4. *Radiological Physics* is that branch of medical physics which includes *therapeutic radiological physics, diagnostic radiological physics, and medical nuclear physics.*

5. *Therapeutic Radiological Physics* is that branch of *radiological physics* which deals with (1) the therapeutic applications of roentgen rays, of electron beams, of radium and other radionuclides used in a similar manner, of beta rays, of neutrons, and of radionuclides in teletherapy units and in all other therapeutic applications, and (2) the equipment associated with their production and use in these applications.

6. *Diagnostic Radiological Physics* is that branch of *radiological physics* which deals with (1) the diagnostic applications of roentgen rays, and (2) the equipment associated with their production and use.

7. *Medical Nuclear Physics* is that branch of *radiological physics* which deals with (1) the therapeutic and diagnostic applications of radionuclides (except those used in sealed sources for therapeutic purposes), and (2) the equipment associated with their production and use.

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. 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.

B. General Professional Education:

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 Radiology. Time spent in Nuclear Radiology 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 Radiology. 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 Radiology. 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 intracavitary 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, two unmounted photographs autographed on the front, and the application fee of \$300.00 (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. 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.

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 radiology, 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.

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.

FAILURES

A candidate who fails his first examination (either in the entire field of Radiology or one of its branches) may not be admitted to a second examination until after one year. He must submit the required fee of \$175.00. A candidate who fails to accept an appointment to appear for re-examination within three years after it is offered, must submit a new appli-

cation and 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.)

After a second failure a new application and re-examination fee must be filed.

A candidate who has had *three* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *two* years after the date of the last previous examination. He shall be required to have received at least twelve months' additional formal residency training or submit evidence that he has spent twelve months or more full time in a department approved for residency training during this two-year interval. In addition, he shall be required to file a new application and re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who has had *four* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *three* years after the date of the last previous examination. He shall be required to have received at least twenty-four months' additional formal residency training or submit evidence that he has spent twenty-four months or more full time in a department approved for residency training during this three-year interval. In addition, he shall be required to file a new application and re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who fails the entire field and desires to be re-examined only in a partial field must fulfill the requirements for certification in this partial field. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

A candidate who fails in one branch of Radiology (i.e., either Diagnostic Radiology or Therapeutic Radiology) may be certified in the field in which he was successful provided he satisfies the training requirements and passes another oral examination in the field in which he wishes to be certified. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

CONDITIONS

Candidates who have been conditioned once may be accepted for re-examination at any subsequent examination. A fee of \$175.00 is required.

Candidates who fail twice subsequent to an original condition are required to wait one year before being eligible to appear for the third re-examination in that subject. A new application and re-examination fee are required.

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REQUIREMENTS FOR ADMISSION TO THE
 EXAMINATIONS AND CERTIFICATION

I. GENERAL QUALIFICATIONS

Professional competence in surgery, 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.

II. MINIMAL EDUCATIONAL REQUIREMENTS

A. Preliminary.

Graduation from an approved school of medicine granting an M.D. degree in the United States or Canada. Graduates of medical schools in other countries must have completed the requirements as promulgated in June 1971 by the Council on Medical Education of the American Medical Association in its "Policy on Eligibility of Foreign Medical Graduates for Admission to American Medical Education," namely: (1) certification by ECFMG or (2) unrestricted licensure to practice medicine issued by a state or other United States jurisdiction, or (3) if a United States citizen, passing the complete licensing examination in a state or jurisdiction which will issue full licensure upon satisfactory completion of internship or residency in that state without further examination, or (4) if premedical education was in the United States and the academic curriculum was completed in residence in a foreign medical school, completion of an "academic year of supervised clinical training" in an approved program in a medical school in the United States as a substitute for an internship required by a foreign medical school.

The Board intends to require that all graduates of foreign medical schools entering approved residency programs in surgery after June 30, 1974, must pass either the FLEX examination or Parts I and II of the National Board of Medical Examiners as a preliminary to admission to the examinations of the American Board of Surgery.

B. Graduate Education in Surgery

1. General Information

The Board interprets the term "general surgery" in a comprehensive manner. Candidates for examination are expected to have a detailed knowledge of surgery of the gastrointestinal tract and other abdominal conditions, of the breast and of the head and neck. In addition they are expected to possess an adequate breadth and depth of understanding of the principles of and experience in 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.

The integration of basic sciences, particularly pathology, with clinical training is considered to be superior to formal courses in such subjects. 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 such courses in lieu of any part of the required clinical years of surgical education.

The fundamental concept of graduate education in surgery is that there must be a properly organized and progressively graded clinical experience which provides the opportunity under guidance and supervision to grow in competence by progressive and succeeding stages of responsibility for patient care. Major operative expe-

rience and senior responsibility are essential components of surgical education. The Board will not accept a candidate for examination who has not had such experience in general surgery, regardless of the number of years spent in educational programs.

The Board requires that a candidate must have completed a "bona fide" senior or chief year of residency in an approved program in a manner satisfactory to the Board in order to be considered for admission to the examinations.

The graduate educational requirements set forth in this Booklet are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. The requirements do not preclude additional desirable educational experience and Program Directors are encouraged to retain residents in a program as long as is required to achieve the necessary degree of competence.

The Board considers a residency in surgery to be a full time endeavor.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of a candidate before establishing his admissibility to examinations or awarding him certification.

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

2. Approved Programs

The Board does not review residency programs and is therefore guided by the evaluation and actions of the Conference Committee on Graduate Education in Surgery.

Those programs in General Surgery in the United States approved by the Conference Committee on Graduate Education in Surgery for four or more years (Type I) and in Canada by the Royal College of Physicians and Surgeons of Canada for "full training" are acceptable to the Board.

Those residency programs in the United States bearing the three-year approval (Type II) of the Conference Committee are acceptable as partial training for candidates completing such programs prior to July 1, 1972. As previously announced, all Type II programs were discontinued effective June 30, 1972 and residents who were then in junior appointments in those programs not approved for Type I status beginning on July 1, 1972 must complete the requirements applicable to their particular status.

To provide flexibility and the opportunity for experimentation in surgical education, proposed programs at variance with the requirements outlined will be considered upon request by Program Directors to the Conference Committee on Graduate Education in Surgery (535 North Dearborn Street, Chicago, Illinois 60610).

Participation in graduate programs in surgery in countries other than the United States and/or Canada is normally not creditable toward the Board's minimal requirements.

Lists of approved programs may be found in the Directory of Approved Internships and Residencies published annually by the American Medical Association; in the appropriate issues of the Bulletin of the American College of Surgeons; and in the Annals of the Royal College of Physicians and Surgeons of Canada.

C. Specific Requirements

Satisfactory completion of four or more years of graduated responsibility in clinical surgery following graduation from medical school in a program acceptable to the Board is required of all candidates. The Board believes that optimum surgical education requires that the resident remain in the same program for at least the final two years of his clinical training. Candidates may under current policies complete the Board requirements in two ways.

1. GROUP I—Candidates who satisfactorily complete an approved Type I (four or more years) graded residency in surgery including a bone fide senior year.
 - a. For candidates who have not had a freestanding internship and who enter a program of graduate education in surgery on or after July 1, 1971, the program to be acceptable must include at least four years of *clinical* experience after graduation from medical school. Of these four years, at least three and one-half must be in clinical surgery. Up to six months of these four clinical years may be in allied disciplines such as anesthesiology, surgical pathology, internal medicine, or pediatrics. Any additional full-time assignments to clinical areas other than surgery or to non-clinical pursuits such as research, must be in addition to the "four years of clinical experience." A senior year is required.
 - b. For candidates who have had a freestanding internship or other suitable clinical experience of at least one year, after graduation from medical school, the ensuing four-year residency may include assignments to a research project, or to a basic science department such as pathology, physiology or anatomy, provided such assignment is an integral part of the approved program and the program includes a minimum of three years of clinical surgery. A senior year is required.
 - c. Candidates serving in approved programs designed for more than four years must complete the entire program unless the Program Director requests that the Board consider his credentials earlier. In any case, he must complete the minimum requirements including a year of true senior responsibility.
 - d. A Group I candidate serving in an "Integrated Program" may be assigned for any part of his residency at the discretion of the Program Director to any hospital or institution which is approved as a component of that program by the Conference Committee on Graduate Education in Surgery.
 - e. Rotations for not more than a total of one year during junior years may be made to hospitals approved by the Conference Committee as "Affiliates" of the parent program. If the total time to be spent outside the parent hospital exceeds one year, special approval by the Conference Committee is required. The senior year must be accomplished in the parent institution except where special approval has been granted by the Conference Committee for a part thereof to be spent in a specified "Affiliate."
 - f. Rotations for not more than six months' total during junior years of the program may be made to hospitals in the U.S. or Canada which are not approved as "Affiliates."
 - g. Resident rotations to hospitals outside the U.S. or Canada not to exceed a total of twelve months during junior years may be approved by the Board provided the Program Director requests such approval in advance of the assignment of each resident. Such rotations require consideration by the Credentials Committee which normally meets in January and June of each year.

2. GROUP II—Candidates who prior to July 1, 1972 have satisfactorily completed a residency in clinical surgery including a senior year in a program approved by the Conference Committee on Graduate Education in Surgery as Type II (three years) must then complete two additional years after the residency as prescribed below in subparagraphs (a), (b), (c) and (d). Full time assignments to research, preclinical and basic science departments were not authorized during the three years of residency and such subjects should have been integrated into the clinical program. The final residency year must have been the senior year.

During the two additional years after the residency at least one year must be clinical including patient responsibility and major operative experience performed under acceptable supervision. The required two additional years may include:

- (a) *Preceptorship*—The practice of surgery, preferably in an institutional setting, under the supervision of a Preceptor who is approved in advance by the Board. The Preceptor must agree in writing to accept the responsibility for the candidate's further training, to follow the Board's recommendations as to arrangements and to render such reports related to the preceptorship and the candidate as the Board requires. The satisfactory completion of an approved Preceptorship may be credited for one or both of the required two additional years, depending upon duration and the candidate's performance.
- (b) *Additional Residency or Fellowship*—Additional years of acceptable residency or fellowship training in either general surgery or in a recognized surgical specialty may, if satisfactorily completed, be credited for one or two of the additional required years depending upon its duration and the candidate's performance.
- (c) *Research*—Full time engagement in surgical research under a responsible investigator who is acceptable to the Board may be credited for as much as twelve months of the additional two-year requirement.
- (d) *Basic Science Courses*—A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full time basis is creditable for not more than twelve months. The study of a single basic science such as pathology, physiology, or anatomy may be credited for no more than six months. Credit may not be claimed for both a graduate study and a research year.

Those who did not complete the third and senior year in an approved Type II program prior to July 1, 1972 will be required to complete two or three additional years as appropriate in a Type I program and meet all the requirements applicable to Group I candidates.

Group II Candidates who have not successfully completed the examinations of the Board by July 1, 1979 will not be admissible to the examinations after that date until their credentials have been re-established by complying with such requirements as the Board may promulgate in each case.

3. OPERATIVE EXPERIENCE REPORT—A candidate is required to submit a list of the operative procedures performed by him during his period of approved graduate education in surgery. In the case of Group II candidates this applies also to the additional years required after formal residency. Failure to submit the required operative list will constitute incomplete credentials and will result in deferral of the candidate's admission to examination.

CREDIT FOR MILITARY SERVICE

Such credit is not automatic. Candidates who have served in the U. S. Military Services may be granted credit for not more than twelve months provided the Program Director under whom he is serving his residency so recommends. The candidate must have served in a military hospital in a status other than that of a regularly appointed resident in an approved program, must have had a satisfactory surgical assignment with adequate and diversified clinical material; and must have been under the supervision of a surgeon acceptable to the Board. Group II candidates may not receive credit towards their residency for military service, but it may be considered for preceptorship credit.

CREDIT FOR FOREIGN GRADUATE EDUCATION AND EXPERIENCE

Qualification for examination and certification by the American Board of Surgery is based upon surgical education in appropriately approved programs in the United States or Canada. Regardless of an individual's professional attainments here or abroad, no more than partial credit may be granted for surgical education in a foreign country and such credit is considered by the Board only when the request originates from the Director of an approved program in which the candidate has been serving for nine to twelve months as a junior resident and whose observed performance is such that the Director wishes to advance him to a higher level. Such requests from the Director will be considered by the Credentials Committee and recommendations made to the Board. It is highly unusual that more than one year of credit for residency at a junior level is granted by the Board for surgical education abroad.

RULES GOVERNING ADMISSIBILITY TO THE EXAMINATIONS

I. INITIAL EXAMINATION

- A. A candidate is admissible to the examinations only when he has successfully fulfilled the requirements of the Board *currently in force at the time of receipt of his formal Application for Examination by the Board and/* or such other requirements as the Board may specify in special cases, all his credentials have been considered and deemed acceptable and his formal Application has been approved. He will be notified of the Board's action regarding his Application and his admissibility to the examinations.
- B. A candidate must successfully complete all examinations within ten examining (Academic) years after the approval of his original Application. Failure to do so renders him inadmissible to the examinations. If he wishes to be considered again for admission to the examinations he must satisfactorily complete at least one year of residency in general surgery at an advanced level in a program approved by the Conference Committee on Graduate Education in Surgery for four or more years of residency, and upon completion thereof he will be treated as a "New Applicant".
- C. A candidate who Application has been approved and who has not successfully completed all the examinations within five examining years loses his status as an "Active Candidate." He will not again be offered an opportunity to be admitted to examination unless he requests that the Board review his credentials and reinstate him as an "Active Candidate." He must then provide the Board with such information as it may require upon which to base a decision in his case. If he is reinstated as an "Active Candidate" he will retain this status for the remainder of the ten years from the approval of his original Application.
- D. A candidate who has not successfully completed all the examinations of the Board within ten examining years from the approval of his original Application will have his file removed from the records of the Board and

disposed of. After that date if he wishes to be considered for examinations, he will be treated as a "New Applicant".

The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of his credentials.

II. RE-EXAMINATION

- A. PART I—A candidate may be examined in Part I for a second, third, and fourth time at intervals of no less than one year. If he has been unsuccessful in Part I on four occasions he loses his status as an "Active Candidate" and is required to complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved by the Conference Committee on Graduate Education in Surgery for four or more years of residency before he will be considered for readmission to examination. A candidate who is accepted for a fifth examination and is unsuccessful will be treated as a "New Applicant" and required to complete at least three years, including a senior year, in an approved Type I program in general surgery.
- B. PART II—A candidate may be examined for the second time in Part II after an interval of at least one year. He may be examined for a third time after an additional interval of two years if his request is approved by the Credentials Committee. A candidate failing Part II on three occasions must subsequently complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved by the Conference Committee on Graduate Education in Surgery for four or more years of residency before he will again be considered for readmission to examination. A candidate who is accepted for a fourth examination in Part II and is again unsuccessful will be required to complete satisfactorily at least three years, including a senior year, in an approved Type I program in general surgery and will be treated as a "New Applicant." He will be required to submit a new *Application for Examination* and must successfully complete the Part I examination before he can be admitted to Part II.
- C. A candidate who in previous years passed a portion of the Part II examination when it was divided into Clinical Surgery and Basic Sciences or Anatomy and/or Pathology and who now applies for re-examination must complete the entire Part II because basic sciences have been integrated into the examination and are not offered separately.
- D. The Board, on the basis of its judgment, may deny a candidate the privilege of further re-examination whenever the facts in the case are deemed by the Board to so warrant.

THE EXAMINATIONS

The examination required for certification is composed of a Part I (written) and a Part II (oral). In both, a knowledge of the practical application of the sciences fundamental to surgery is required.

I. PART I

This examination is written and is offered once a year, usually on the first Wednesday in December. It is given simultaneously in a number of locations in the United States and Canada and by special arrangement at certain locations abroad.

Candidates whose applications have been approved and who are "Active Candidates" are sent annually a list of examination centers from which to choose. Shortly before the date of examination they are sent a *Letter of*

Admission to the Examination and detailed information including samples of the types of questions to be expected.

The examination itself consists of questions of the objective multiple-choice type designed to cover general surgical principles and the sciences basic to surgery. In addition, there are programmed-type questions designed to measure the ability to manage patients by offering the opportunity to order and interpret various diagnostic studies and procedures, to prescribe appropriate therapy or operative intervention, and to make other pertinent decisions related to the care of surgical patients.

The examinations are composed annually by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

Successful completion of Part I is a requirement for admission to Part II.

II. PART II

Examinations are held periodically, usually six or more times each examining year, i.e., academic year, in major cities within the United States. Part II is not held outside the continental United States.

The examinations are conducted by members of the American Board of Surgery and certain selected diplomates acting as guest associate examiners.

The examination consists of oral interviews in clinical surgery and examination in surgical pathology by projected transparencies.

The clinical surgery sessions will include diagnosis and management of patients with surgical problems, including the application of anatomy, pathology, physiology, biochemistry and bacteriology to the problems being discussed. Interpretation of Roentgenograms and other visual aids may be employed during the examination.

The examination usually occupies one full day for the candidate. He is notified in advance of the date, time and location at which he is to appear for the examination.

APPLICATION FOR EXAMINATION

A prospective candidate for examination by the Board should carefully read the requirements set forth in this Booklet. If he needs advice about his plans for graduate education in surgery, or believes that he has met or is within six months of meeting the requirements, he should write the Board and request an *Evaluation Form*. This form should be completed precisely and returned to the Board. The candidate will then be advised as to whether or not it appears that he has met or will meet the requirements, or what will be necessary. Candidates are advised not to submit documents, testimonials, letters of recommendation, case reports or other information unless requested by the Board.

Candidates must, in any case, communicate with the Board at least four months before completion of their educational requirements and in no instance later than June 1st if they wish to receive the formal *Application for Examination* and be considered for the Part I examination to be given in December of that year. The *Application for Examination* form will not be sent to candidates until they are within several months of completing the educational requirements and appear to have met all other requirements.

The *Application for Examination* form must be completed and returned to the Board *no later than August 1st* or the candidate will not be considered for the Part I examination to be given in December of that year.

Candidates who complete the educational requirements after September 30th will *not* be considered for admission to Part I in December of that year, but must wait until the following year.

The acceptability of a candidate does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding

his professional maturity, surgical judgment, technical competence and ethical standing.

A candidate who has submitted an *Application for Examination* form will be notified as to his admissibility to examination.

FEES

The schedule of fees is as follows:

Registration—payable with	
<i>Application Form</i>	U.S. \$ 75.00
Part I—payable upon assignment to center.....	U.S. \$125.00
Part II—payable upon assignment to center	U.S. \$125.00

Fees for re-examination are the same for each Part as shown above.

Each fee for examination or re-examination includes a U.S. \$25.00 processing charge which is not refunded if the candidate withdraws after he has been assigned to an examination center.

A candidate who does not inform the Board of his intent to withdraw at least 3 days prior to the examination to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for that examination.

Fees are subject to change as directed by the Board.

The Board is a non-profit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the education of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

PART I—SPECIAL THORACIC SURGERY CANDIDATES

The American Board of Thoracic Surgery has requested that specifically identified Candidates for Certification in Thoracic Surgery whose training is received in approved "Trial Special Training Programs in Thoracic Surgery" be admitted to the Part I examination given by the American Board of Surgery. It has been agreed that such candidates are strictly Thoracic Surgery Candidates only, and that the American Board of Surgery is making its Part I examination available to the American Board of Thoracic Surgery as a cooperative service. Successful completion of the examination on the part of these Special Thoracic Surgery Candidates does not entitle them to credit from the American Board of Surgery for the examination or to admission to the American Board of Surgery Part II examination if they later meet all other requirements for admission to the examination of the American Board of Surgery.

All inquiries and correspondence relating to admission to the examination of Candidates for Certification in Thoracic Surgery from "Trial Special Training Programs in Thoracic Surgery" are to be addressed directly to the American Board of Thoracic Surgery, 14624 East Seven Mile Road, Detroit, Michigan 48205.

CERTIFICATION

I. GENERAL CERTIFICATION

A candidate who has met all the requirements and has successfully completed the examinations of the American Board of Surgery will be issued a Certificate by the Board, signed by its Officers, attesting to his qualifications in *Surgery*.

II. SPECIAL CERTIFICATION

The American Board of Surgery will offer *Certification of Special Competence in Pediatric Surgery*. The requirements for award of this Certification are not yet finalized, but prior General Certification by the American Board of Surgery is required and all candidates for this Special Certification must pass the prescribed examinations. A Committee for Pediatric Surgery has been formed by the Board, and when educational and other requirements are established and the examinations are prepared, announcements will be made in appropriate publications.

III. RECERTIFICATION

The American Board of Surgery is finalizing its policy that Diplomates of the Board will be offered the opportunity for periodic recertification. Pertinent details and the date of initiation of this procedure will be announced in appropriate publications.

IV. REVOCATION OF CERTIFICATE

Any certificate issued by the Board shall be subject to revocation at any time in case the Board shall determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to receive it.

AMERICAN BOARD OF THORACIC SURGERY

- DONALD L. PAULSON, Chairman, Dallas, Texas
- C. FREDERICK KITTLE, Vice-Chairman, Chicago, Illinois
- HERBERT SLOAN, Secretary-Treasurer, Ann Arbor, Michigan
- PAUL C. ADKINS, Washington, D.C.
- RALPH D. ALLEY, Albany, New York
- JAY L. ANKENY, Cleveland, Ohio
- W. STERLING EDWARDS, Albuquerque, New Mexico
- F. HENRY ELLIS, JR., Boston
- ROBERT G. ELLISON, Augusta, Georgia
- THOMAS B. FERGUSON, St. Louis
- RUSSELL M. NELSON, Salt Lake City, Utah
- JAMES R. MALM, New York City
- BENSON B. ROE, San Francisco
- WILL C. SEALY, Durham, North Carolina
- MYRON W. WHEAT, JR., Louisville, Kentucky
- 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.

The applications of candidates who have started their training in programs approved by the Residency Review Committee on or after January 1, 1972, and whose independent operative experience falls below the thirtieth percentile of the entire group of candidates from such programs will be referred to the Credentials Committee of the Board for review. The Credentials Committee has been authorized by the Board to reject certain candidates from these approve programs if their training is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such actions are taken by the Credentials Committee. This policy will become effective in 1974.

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, Herbert Sloan, 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.

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.

FOREIGN TRAINED CANDIDATES

After individual evaluation, the Credentials Committee of the Board may grant 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 blank will be sent to those candidates who have completed residency training programs that have been approved by the Residency Review Committee for Thoracic Surgery. Candidates who have completed their training in other than approved programs will be sent an Evaluation Form, which, when completed and returned, will be considered by the Credentials Committee of the Board. If the candidate's training is acceptable, he will then be sent an application blank.

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

In the fall of 1972, the examination was changed to an objective multiple choice written examination and a practical oral and interpretive skills examination. Beginning in January, 1974, only one examination will be given each year.

Candidates who are eligible for examination or re-examination and who fail to exercise the examination privilege within three years must have their eligibility re-evaluated by the Credentials Committee of the Board.

Information regarding the date and place of examination is 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.

It is the policy of the American Board of Thoracic Surgery to examine candidates only upon completion of their thoracic surgery residency.

RE-EXAMINATIONS

Candidates who fail the examination are eligible to repeat the examination the following year.

FEES

Registration fee\$50.

This fee must be submitted with the application. It is not refundable.

Examination fee.....\$350.

This fee is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee\$250.

This fee is due and payable when the candidate is notified that he has been approved for re-examination.

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

J. HARTWELL HARRISON, President, Boston, Massachusetts
 W. DABNEY JARMAN, Vice-President, Washington, D.C.
 WILLIAM L. VALK, Secretary-Treasurer, Kansas City, Kansas
 RUSSELL SCOTT, JR., Assistant to the Secretary, Aspen,
 Colorado

ROBERT LICH, JR., Louisville, Kentucky

JAMES H. McDONALD, Rochester, New Hampshire

RUBIN H. FLOCKS, Iowa City, Iowa

CLARENCE V. HODGES, Portland, Oregon

ORMOND S. CULP, Rochester, Minnesota

Office of the Board, 4121 West 83rd Street, Suite 124
 Prairie Village, Kansas 66208

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 \$250.00 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 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.
3. Any formally integrated urologic service may permit variation in the two-year preliminary training provided it is completed prior to the senior year. It may include varying periods in basic science related to Urology, research related to Urology, General Surgery, Internal Medicine, Pediatrics, or Clinical Urology, at the discretion of the director of the program. This is designed to permit the director to flexibly arrange and round out his program which must include, as stated above, three years of Clinical Urology.

E. Applicant must have an additional period of not less than 18 months 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.

FEE

The examination fee is \$500.00. Two hundred fifty dollars should accompany the application; the remainder will be payable when the candidate is notified that he may take Part II of the examination. In the case of senior residents, one hundred fifty dollars should accompany the application, with the remainder payable when the candidate is notified he may take Part II of the examination. No fees are returnable.

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. 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.

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.

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 provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or,

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees, may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.



MEDICAL LICENSURE REQUIREMENTS*

Graduate Training Requirements of Licensing Boards

While 16 state licensing boards do not require graduate training as a prerequisite for licensure for graduates of U.S. medical schools, all but a few boards have this requirement for graduates of foreign medical schools. Indiana permits foreign medical graduates to take the state board examination (FLEX) and, if they pass, they must serve a 2-year preceptorship with an Indiana practitioner after which they are awarded a permanent license. The West Virginia board this year eliminated graduate training in the U.S. as a requirement for foreign medical graduates, subject to the discretion of the board in individual cases. Some states will accept graduate training in Canada as fulfilling this requirement for licensure of foreign graduates, and others will credit graduate training in any English-speaking country toward this requirement.

For U.S. and Canadian graduates, the laws of 2 states, Georgia and Minnesota, specify a year of rotating internship, whereas all other state boards permit candidates to substitute a straight internship or the first year of a residency. Similar substitution is permitted by most boards for graduates of foreign medical schools, but 12 states—Colorado, Delaware, Georgia, Idaho, Puerto Rico, Virgin Islands, Wyoming, New Hampshire, Oregon, Rhode Island, and West Virginia—insist the foreign graduates have a rotating internship as a prerequisite.

Thirteen states that require a year of graduate training for licensure permit applicants to take the board examination immediately upon graduation from medical school. While the license is not issued until these physicians complete their year of graduate training, 5 boards date the license to the time the examination was taken and passed; the remaining 8 boards date the license at the time of issuance.

The California board permits graduates of foreign medical schools to take their licensure examination (FLEX). If they pass, they may serve two years of graduate training (one year of which must be in a California hospital), after which they take an oral clinical examination for final licensure.

With the acceptance of a passing grade in FLEX as equivalent to a passing grade on ECFMG (a 1972 decision of the ECFMG Board), this pro-

cedure is acceptable to the Council on Medical Education. A foreign-trained physician who passes FLEX may obtain an ECFMG certificate which qualifies him for an AMA-approved internship or residency.

Licensure or Registration Requirements for Interns and Residents

In general, physicians serving internships are not required to be licensed in the same state as the hospital in

which they are interning. Puerto Rico, however, 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

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Certif.	Endorsement of National Boards	Citizenship ²	Graduate Training ⁴
Alabama	X	X ⁸	X	X	X
Alaska	X	X ⁸	X	..	X
Arizona	X	..	X	X	X
Arkansas	X	X ⁸	NO	D	X ⁷
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X ⁹	X	X	X
Connecticut	X	X ⁸	X	D	X
Delaware	X	..	NO	D	X
District of Columbia	X	X ⁸	X	..	X
Florida	X	..	X	D	X
Georgia	X	..	X ¹	D	Xr
Guam	X	..	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	..	X ⁵
Indiana	X	..	X	..	X
Iowa	X	..	X	D	X
Kansas	X	X ⁸	X	..	X
Kentucky	X	..	X	D	X
Louisiana	X	..	NO	D	..
Maine	X	..	X	I	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	D	..
Michigan	X	..	X	..	X
Minnesota	X	X ⁸	X	D	X ⁷
Mississippi	X	..	X	D	..
Missouri	X	..	X	..	X
Montana	X	..	X	X ³	X
Nebraska	X	X ⁸	X	D	..
Nevada	X	X	X	D ³	X
New Hampshire	X	..	X	D	X
New Jersey	X	..	X	D	X ⁵
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	X	I	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	..	X
Oklahoma	X	..	X	D	X ⁶
Oregon	X	..	X	..	X
Pennsylvania	X	..	X	..	X
Puerto Rico	X	..	X	I	X
Rhode Island	X	..	X	D	X
South Carolina	X	..	X	I	X
South Dakota	X	X ⁹	X	D	X
Tennessee	X	X ⁸	X	..	..
Texas	X	X	NO	D	D
Utah	X	X ⁸	X	D	X
Vermont	..	..	X	D	X
Virgin Islands	X	..	NO	..	Xr
Virginia	X	..	X	D	..
Washington	X	X ⁸	X	..	X
West Virginia	X	..	X	D	..
Wisconsin	X	X ⁸	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 Xr 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.

8—Part I of National Board or FLEX acceptable. Also a license in another state by examination.

9—Part I of National Board acceptable.

*Information on this page and subsequent pages reprinted with permission from *Medical Licensure Statistics*, Sept. 1, 1973

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	Special Basic Science Test	Examination Fee, \$
Alabama	x	.	x	x	x	x	x	100
Alaska	x	x	.	x	x	x	x	150
Arizona	x	x	x	x	x	x	.	100
Arkansas	x	.	x	x	x	.	x	125
California	x	.	.	x	x	.	.	50
Canal Zone	x	x	.	.	.	x	.	50
Colorado	x	.	x	x	x	.	x	75
Connecticut	x	x	D	x	.	.	x	150
Delaware	x	x	D	.	x	.	.	50
District of Columbia	x	x	.	.	x	.	x	50
Florida	x	.	D	.	x	.	.	50
Georgia	x	x	x	x	x	.	.	50
Guam	.	x	.	.	x	.	.	50
Hawaii	x	.	D	.	x	.	.	125
Idaho	x	.	D	x	x	.	.	150
Illinois	x	x	.	.	x	.	.	75
Indiana	x	.	.	x	.	.	.	85
Iowa	x	x	D	x	x	.	x	50
Kansas	x	x	.	x	x	.	x	100
Kentucky	x	x	D	x	x	.	.	125
Louisiana	x	x	D	x	x	.	.	100
Maine	x	x	I	x	x	.	.	100
Maryland	x	x	D	x	x	.	.	100
Massachusetts	x	x	D	x	.	.	.	125
Michigan	x	x	.	x	x	.	.	75
Minnesota	x	x	D	x	x	.	x	75
Mississippi	x	x	D	x	.	.	.	100
Missouri	x	x	I	x	x	.	.	100
Montana	x	x	x	x	x	.	.	100
Nebraska	x	x	D	x	.	.	x	100
Nevada	x	x	D	x	x	.	x	200
New Hampshire	x	x	D	x	x	.	.	100
New Jersey	x	x	D	x	x	.	.	150
New Mexico	x	x	D	x	.	.	.	100
New York	x	x	D	x	x	.	.	40
North Carolina	x	.	I	x	.	.	.	100
North Dakota	x	.	.	x	x	.	.	125
Ohio	x	x	I	x	x	.	.	125
Oklahoma	x	.	D	x	x	.	.	65
Oregon	x	x	.	x	x	.	.	150
Pennsylvania	x	.	.	x	x	.	.	50
Puerto Rico	x	.	D	.	x	.	.	30
Rhode Island	x	x	D	.	x	.	.	50
South Carolina	x	.	I	x	x	.	.	100
South Dakota	x	x	D	x	x	.	x	125
Tennessee	x	.	.	x	x	.	.	50
Texas	x	x	D	.	.	.	x	50
Utah	x	x	D	.	x	.	x	75
Vermont	x	x	D	x	x	.	.	105
Virgin Islands	x	.	.	.	x	.	.	100
Virginia	x	x	D	x	x	.	.	100
Washington	x	x	.	x	x	.	x	35
West Virginia	x	x	D	x	.	.	.	100
Wisconsin	x	x	I	x	x	.	x	100
Wyoming	x	x	D	x	x	.	.	75

x—Implies yes.

D—Declaration of intention to be come citizen of United States.

I—Immigrant visa (blue card).

ARIZONA. Two years of approved internship or residency in US 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 may be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being issued by the US Consul in the country wherein the school of graduation is or was located. Two years of approved residency.

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. Considered on individual basis.

FLORIDA. Three years of AMA-approved training or 5 years of practice. ECFMG certificate waived if physician has US specialty board certificate or has 4 years of meritorious practice in 5 years preceding application.

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. FLEX in 1973.

GUAM. Legal residence for 1 year required.

IDAHO. Considered on 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 a 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 3 years' training in the US in an institution approved by the board.

LOUISIANA. Must have had 3 years of graduate training, 1 year of which training occurred in Louisiana.

MAINE. Maintains list of acceptable medical schools.

MASSACHUSETTS. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold ECFMG certificate.

MISSISSIPPI. Endorsement of FLEX examination.

NEW HAMPSHIRE. Proof of a commitment to practice in the state of New Hampshire.

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 MEXICO. If a graduate of a foreign medical school has been licensed and has practiced continuously for 7 years immediately preceding application in a state with requirements equal to those of NM he may be granted a license by endorsement at the discretion of the NM Board of Medical Examiners.

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 US 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 or 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 required within 7 years after licensure, the license automatically becomes void.

WEST VIRGINIA. Original medical school diploma and official listing of premedical and medical school courses must be submitted.

WISCONSIN. Temporary license issued after passing FLEX 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.

WYOMING. Oral examination required.

for interns or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of licensure for interns.

In 37 states, physicians serving as residents in hospitals in those states are required to be licensed or registered. Six boards (Minnesota, Mississippi, Nebraska, South Dakota, Vermont, and Wisconsin) state that a hospital resident must hold a regular license. Other boards do not require licensure but stipulate registration with the licensing board. Connecticut, Louisiana, West Virginia, and Wisconsin specify that graduates of foreign medical schools are required to have a temporary permit. In some instances, the 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 a requirement.

Licensure Policies of U.S. Medical Examining Boards for Canadian Graduates

The licensing boards report that they will accept graduates of approved medical schools in Canada for licensure by examination on the same basis as graduates of approved medical schools of the United States. The accompanying table records the registration policies for citizens of Canada. Twenty 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. The table indicates for each state whether U.S. citizenship is required, whether the candidate must declare his intention of becoming a citizen of the U.S., or whether there is no citizenship requirement.

A Canadian Internship is accepted by 49 boards as equivalent to an internship served in a hospital in the United States (even though Canadian graduate education programs are not included in the AMA's mechanism for program approval).

Boards of Examiners in the Basic Sciences

Sixteen states and the District of Columbia have basic science requirements as a prerequisite for licensure. In recent years, Arizona, Florida, Michigan, New Mexico, Oklahoma, Oregon, and Rhode Island have repealed their basic science laws, and 7 others (Connecticut, Iowa, Kansas,

Minnesota, Nebraska, Utah, and Wisconsin) relaxed their basic science requirements for physicians seeking licensure by endorsement.

The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indicates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiroprody, and dentistry.

A basic science law provides for the establishment of a board of medical examiners and requires that each person to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic sciences. Candidates for the examination are generally required to be high school graduates and to have studied a branch of the healing arts at a recognized professional school for at least two years. They are expected to have taken courses at the college level in the

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 for 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	X	X
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	D
Guam	X	X	..	..
Hawaii	X	X	X	D
Idaho	X	..	X	D
Illinois	X	..	X	D
Indiana	X	X	X	D
Iowa	X	X	X	D
Kansas	X	X	X	..
Kentucky	X	..	X	X
Louisiana	X	..	X	D
Maine	X	X	X	I
Maryland	X	..	X	D
Massachusetts	X	X	X	D
Michigan	X	..	X	..
Minnesota	X	..	X	..
Mississippi	X	X	X	..
Missouri	X	..	..	..
Montana	X	..	X	D
Nebraska	X	..	X	D
Nevada	X	..	X	D
New Hampshire	X	X	X	..
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	I
Oklahoma	X	..	X	D
Oregon	X	X	X	..
Pennsylvania	X	..	X	..
Puerto Rico	X	..	..	I
Rhode Island	X	4	X	D
South Carolina	X	..	X	I
South Dakota	X	..	X	D
Tennessee	X	..	..	5
Texas	X	3	..	D
Utah	X	X	X	D
Vermont	X	X	X	..
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).

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.

Temporary and Educational Permits, Limited and Temporary Licenses,
or Other Certificates Issued by State Licensing Boards

Alabama	Limited license for full-time foreign graduate teaching staff of the University. For work in that institution only.
Alaska	Temporary permits issued for specified period or until next examination while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
Arizona	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. If MD does not have an immigrant visa, he must have standard ECFMG certification.
Delaware	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.
Florida	One year non-renewable certificate for full-time medical school faculty member limited to teaching hospital.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	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.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate issued for residency training. Issued for a period of 1 year, may be extended. Permits issued for service in state hospitals to physicians eligible for licensure. Also temporary license for eligible candidates.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
Kansas	Temporary permit until next board meeting. Fellowships to work in state institutions. Resident certificates for residents. Provisional license for noncitizens, valid for 5 years.
Kentucky	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.
Louisiana	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.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, as an assistant in medicine while a student in medical school, as faculty member licensed in another state, or board certified specialist.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to interns, residents, fellows only.
Montana	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.
Nebraska	Limited license to graduates of foreign medical schools who meet all requirements except citizenship. Temporary educational permits for residents and medical school faculties.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license not to exceed 5 years issued to FMG's who meet all qualifications except full citizenship.
New Jersey	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.
New Mexico	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.
New York	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.
North Carolina	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for US and Canadian graduates between board meetings, and for locum tenens. Limited license for physicians employed in state hospitals.
Ohio	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
Oregon	Limited license, good only in state institutions, may be extended; limited license, public health, residency training or fellowship may be renewed annually.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign postgraduate registration for physician in United States on educational visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Temporary permits issued to foreign graduates for employment in state hospitals. Must hold ECFMG certificate.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in state institutions provided applicant passes basic science and medical board examination. Sixty-day locum tenens permit.
Texas	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.
Utah	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.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary license issued until next board meeting to reciprocity applicants. Also issued to US graduates and holders of ECFMG certificate serving as interns and residents.
Wisconsin	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 license by reciprocity. Temporary license to foreign graduate physicians after passing FLEX for 2-year periods, renewable twice and after 6 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.
Wyoming	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.

subjects being covered in the basic science examination. These boards have no licensing powers. A certificate of proficiency in the fundamental sciences is issued that must be presented when applying for a license to practice medicine or other methods of healing. The function of the basic science board in the District of Columbia is to examine all applicants referred to it by the Commission on Licensure, but the board does not issue any type of certificate.

For graduates of U.S. and Canadian schools, all but a few of basic science boards will endorse Part 1 of the National Boards or the FLEX examination as suitable qualification for meeting basic science requirements. Details on the basic science boards are given in the table on this page.

Corresponding Officers of Boards of Examiners in Basic Sciences

Alabama: Miss Alma Nichols, Secretary, 1919 7th Ave., South, Birmingham 35233.

Alaska: Department of Commerce, Office of the Commissioner, Pouch "D", Juneau 99801.

Arkansas: Mr. A. W. Ford, Secretary, State Education Bldg., Little Rock 72201.

Colorado: Esther B. Starks, Secretary, 1459 Ogden St., Denver 80218.

Connecticut: Mrs. Agnes B. Kennedy, Executive Assistant, 160 St. Ronan St., New Haven 06511.

District of Columbia: Mrs. Yvonne A. Yates, Supervisor, Dept. of Occupations and Professions, 1145 19th NW, Washington 20036.

Iowa: Dr. Elmer W. Hertel, Secretary, Wartburg College, Waverly 50677.

Kansas: Secretary, 292 New Brotherhood Bldg., Kansas City 66101.

Nebraska: Mr. Rex C. Higley, Director, Room 1009, State Capitol Bldg., Lincoln 68509.

Nevada: Dr. Lowell L. Jones, Secretary, Box 8355, University Station, Reno 89507.

South Dakota: Dorothy Willadsen, Clerk, Law Bldg., PO Box 547, Parker 57053.

Tennessee: Dr. Ronald H. Alden, Secretary, 62 S. Dunlap St., Memphis 38103.

Texas: Mrs. Betty J. Anderson, Executive Secretary, 1012 Sam Houston State Office Bldg., Austin 78701.

Utah: Mr. Floy W. McGinn, Director, Department of Registration, 330 E. 4th South, Salt Lake City 84111.

Washington: Mr. Max V. Brokaw, Administrator, PO Box 649, Olympia 98501.

Wisconsin: Dr. B. H. Kettlekamp, Secretary, PO Box 73, River Falls 54202.

—States Having Basic Science Legislation, 1972

State	Subjects Included in Examination										Interstate Registration Policies															
	Anatomy	Bacteriology	Chemistry	Diagnosis	Hygiene	Pathology	Physiology	Histology	Public Health	Alabama	Alaska	Arkansas	Arizona	Colorado	Connecticut	Dist. of Col.	Minnesota	Nebraska	Nevada	South Dakota	Tennessee	Texas	Utah	Washington	Wisconsin	Other
Alabama	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arkansas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Colorado ²	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Connecticut	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dist. of Columbia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kansas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Texas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Utah ⁵	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Washington	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

1. Candidates required to pass examinations in chemistry and bacteriology.
 2. Part 1 of National Boards acceptable.
 3. Each case considered individually.
 4. Partial reciprocity.
 5. Part 1 National Boards or FLEX acceptable; also license in another state by examination within 3 years of application.
 6. Candidates with 5 or more years of practice should apply directly to Medical Examining Board of Connecticut.

Corresponding Officers of Boards of Medical Examiners in the United States and its Possessions

- Alabama:** Dr. Ira L. Meyers, 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. Raymond Reid, Executive Secretary, Board of Medical Examiners, 1020 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:** Mrs. Agnes B. Kennedy, Executive Secretary, Board of Medical Examiners, 79 Elm St. Hartford 06115.
- Delaware:** Ms. Mary Jane Clark, Secretary, Board of Medical Examiners, State Health Bldg, Dover 19901.
- District of Columbia:** Mr. David Krause, Commission on Licensure, 614 H, NW, Washington 20001.
- 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:** Robt. A. Findley, PhD, Executive Secretary, Commission on Licensure, Guam Memorial Hospital, PO Box AX, Marianas Islands, Agana 96910.
- Hawaii:** Mrs. Maybelle Clark, Executive Secretary, Board of Medical Examiners, Box 3469, Honolulu 96801.
- Idaho:** Mr. Armand L. Bird, Executive Secretary, Idaho State Board of Medicine, 407 Bannock St, Boise 83702.
- Illinois:** Dean Barringer, PhD, Superintendent of Registration, 628 E. Adams St, Springfield 62702.
- Indiana:** Mr. Joseph D. O'Brien, Secretary, Board of Health Annex, 4375 W. 16th St, Indianapolis 46202.
- Iowa:** Mr. Ronald V. Saf, Executive Secretary, Board of Medical Examiners, 910 Insurance Exchange Bldg, Des Moines 50309.
- Kansas:** F. J. Nash, MD, Secretary, Board of Medical Examiners, 292 New Brotherhood Bldg, Kansas City 66101.
- Kentucky:** Mr. C. Wm. Schmidt, Ass't. Sec., Division of Medical Licensure, 3532 Ephraim McDowell Dr, Louisville 40205.
- Louisiana:** Dr. J. Morgan Lyons, Secretary, Board of Medical Examiners, 521 Hibernia Bank Bldg, New Orleans 70112.
- Maine:** Dr. George E. Sullivan, Secretary, Board of Medical Examiners, PO Box 748, Waterville 04901.
- Maryland:** Elmer G. Linhardt, MD, Executive Secretary, Board of Medical Examiners, 1211 Cathedral St, Baltimore 21201.
- Massachusetts:** Dr. David W. Wallwork, Secretary, Board of Medical Examiners, State Office Bldg. 100 Cambridge St, Room 1511, Boston 02202.
- Michigan:** Dr. John M. Wellman, Board of Medical Examiners, 1033 S Washington Ave, Lansing 48926.
- Minnesota:** Dr. Bror F. Pearson, Secretary, Board of Medical Examiners, 200 S Roberts St, St. Paul 55107.
- Mississippi:** Dr. H. B. Cottrell, Mississippi State Board of Health, PO Box 1700, Jackson 39205.
- Missouri:** Mr. John A. Hailey, Executive Secretary, Board of Registration for the Healing Arts, PO Box 4, Jefferson City 65101.
- Montana:** James J. McCabe, Executive Secretary, Board of Medical Examiners, 1236 Helena Ave, Helena 59601.
- Nebraska:** Mr. Rex C. Higley, Director, Bureau of Examining Boards, Department of Health, 1003 O St, Lincoln 68508.
- Nevada:** Dr. Kenneth F. MacLean, Secretary, Board of Medical Examiners, 3660 Baker Lane, Reno 89502.
- New Hampshire:** Dr. Lowell M. Wiese, 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.
- New Mexico:** Dr. R. C. Derbyshire, Secretary, Board of Medical Examiners, 227 E. Palace Ave, Santa Fe 87501.
- New York:** Dr. Jackson W. Riddle, Executive Secretary, State Education Department, New York State Board for Medicine, 99 Washington Ave, Albany 12210.
- North Carolina:** Dr. Joseph J. Combs, Secretary, Board of Medical Examiners, 222 N Pearson St, Raleigh 27601.
- North Dakota:** Mr. Lyle Limond, Executive Secretary, Board of Medical Examiners, Box 1198, Bismarck 58501.
- Ohio:** William J. Lee, Administrator, Board of Medical Examiners, 21 W Broad St, Columbus 43215.
- Oklahoma:** Dr. E. W. Young, Secretary-Treasurer, Board of Medical Examiners, 730 United Founders Tower, Oklahoma City 73112.
- Oregon:** Mr. Howard I. Bobbitt, Executive Secretary, Board of Medical Examiners, 317 S.W. Alger St., Portland 97204.
- Pennsylvania:** Mrs. Alva R. Cockley, Secretary, Board of Medical Examiners, Box 2649, 279 Boas St, Harrisburg 17120.
- Puerto Rico:** Mr. Justino Valles, Secretary, Board of Medical Examiners, Box 3271, San Juan 00907.
- Rhode Island:** Mary E. McCabe, Administrator, Room 104, Health Department Bldg, Davis St, Providence 02908.
- South Carolina:** Mr. Nathaniel B. Heyward, Executive Secretary, Board of Medical Examiners, 1707 Marion St, Columbia 29201.
- South Dakota:** Mr. Robert D. Johnson, Executive Secretary, Board of Medical Examiners, 711 N Lake Ave, Sioux Falls 57104.
- Tennessee:** Dr. Spencer York Bell, Executive Secretary Board of Medical Examiners, Cordell Hull Bldg, C2-203, Nashville, 37219.
- Texas:** Dr. A. Bryan Spires, Jr., Secretary, Board of Medical Examiners, 900 Southwest Tower, Austin 78701.
- Utah:** Mr. Floy W. McGinn, Director, Department of Registration, 330 E 4th South, Salt Lake City 84111.
- Vermont:** Dr. C. H. Goyette, Secretary, Board of Medical Examiners, 2 Park St, Barre 05641.
- Virgin Islands:** W. E. Cowell Taylor, MD, Secretary, Department of Health, Charlotte Amalie, St. Thomas 00801.
- Virginia:** Dr. George J. Carroll, Director, Board of Medical Examiners, 505 Washington St, Portsmouth 23704.
- Washington:** Mr. Max V. Brokaw, Administrator, Board of Medical Examiners, PO Box 649, Olympia 98501.
- West Virginia:** Dr. Newman H. Dyer, Secretary, Board of Medical Examiners, State Office Bldg. 1800 Washington St, Charleston 25305.
- Wisconsin:** Dr. Thomas W. Tormey, Jr., Secretary, Board of Medical Examiners, 110 N Henry St, Madison 53703.
- Wyoming:** Dr. Lawrence J. Cohen, Secretary, Board of Medical Examiners, State Office Bldg, Cheyenne 82001.