

Directory of Approved Internships and Residencies

1960

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Graduate Medical Education in the United States

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		will appear in bound volumes which are available upon	
		request.	

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ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES

THE 34th Annual Report on Internships and Residencies in this issue of THE JOURNAL contains statistical data on the performance of approved graduate training programs in the United States, Hawaii, Puerto Rico, and the Canal Zone. As before, it contains the data pertaining to the year 1959-1960 secured for Sept. 1, 1959, in most instances. The *Directory of Approved Internships and Residencies*, on the other hand, lists positions offered for the year 1961-1962. Of the hospitals listed, 50% offer internships and residencies, 40% offer only residencies, and 10% only internships.

It will be noted that there was a slight increase in the number of internships offered last year and a very slight decrease in residencies offered, so that the total number of positions available, 44,313, was only 26 greater than in the previous year, thus confirming the leveling-off which was anticipated. The stipends for internships increased, and the beginning stipends for residencies showed a wider range. Occupancy rate for internships fell off 1%, whereas occupancy rate for residencies increased 3%.

Last year there was a 13% increase in the number of foreign graduates serving internships and residencies, and a number of additional tables reveal their participation by specialty as well as by state, since they now constitute 25% of all the trainees on duty in approved programs.

A total of 31,036 physicians were pursuing specialty training in hospitals, and 3,505, or 11%, held appointments other than as residents.

Considerable additional information is furnished on the administrative aspects of training programs, particularly with reference to stipends, maintenance, other benefits, and marital status. Last year's chart showing the remarkable growth of training programs in the post-World-War-II era is reported this year as a table, so that the exact figures are available for study.

Only 21% of the nation's hospitals, with 50% of the total beds, provide the academic environments associated with approved training programs. Hospital medical care in the other 5,407 hospitals, with 800,672 beds, therefore is delivered without the assistance of approved training programs.

NEW FORMAT OF THE DIRECTORY

With this issue, the long-established format of the *Directory of Approved Internships and Residencies* has been altered at considerable effort and expense in the interest of more accurate communication between the groups responsible for maintaining standards of approval and the groups actively engaged in conducting training programs. For the first time, basic data formerly available for only those hospitals having internships are now available for the more than 40 per cent of hospitals whose approved programs are limited to residencies. The consolidated list gives (for all hospitals) the medical school affiliation and degree of control, total beds, total autopsy rate, the type of organization operating the hospital, and names the variety of internships and residency programs approved for each hospital.

For residency programs, specific data are available for the first time as to average census in each specialty, the autopsy rates for each specialty in each hospital, the actual structure of each training program in terms of positions available for each year, and further data as to range of stipends and other forms of support.

Republication of the "Essentials of an Approved Internship" and "Essentials of Approved Residencies" brings to the attention of all trainees, probably for the first time, those elements in the organization of an approved training program which should be available to each trainee. Program directors will henceforth have immediate access to the existing standards of approved programs as contained in the "Essentials."

The "Essentials" charge every hospital with the responsibility for maintaining a permanent record of the service assignments and performance of its trainees. This will become a matter for specific attention by the field representatives of the Council and by each Review Committee on the occasion of each program survey.

SERVICE TO THE YOUNG PHYSICIAN

For nearly a decade, the National Intern Matching Program has provided all fourth-year American medical students with a directory of participating hospitals which have approved internship programs.

This year, for the first time, all fourth-year American medical students will receive this entire *Internship and Residency Number* of THE JOURNAL appropriately bound as the *Directory of the National Intern Matching Program*. They now have the additional opportunity to become thoroughly familiar with the lists of available approved residency programs, the requirements of the various specialty boards, and the basic "Essentials" which

specify the standards of graduate training maintained by the Council on Medical Education and Hospitals as approved by the House of Delegates of the American Medical Association.

It seems inappropriate that the large number of interns and residents now in training in about 1,500 American hospitals should not have this valuable manual available to them unless they happen to subscribe to THE JOURNAL. *It is therefore urged that hospital officials and appropriate medical societies cooperate in collecting adequate numbers of this issue of THE JOURNAL from those physicians willing to donate their copies to hospitals with approved training programs.* Thus, it should be a simple matter for each young physician in training to receive a copy of the *Internship and Residency Number* of THE JOURNAL for his personal use and for the hospital medical library to maintain additional copies for reference or for distribution. The state licensure requirements as published in the *State Board Number* of THE JOURNAL, May 28, 1960, might also be included in the library of each young physician.

THE FOREIGN MEDICAL GRADUATE

A special article in this issue of THE JOURNAL, P. 814, describes the program and policies of the Educational Council for Foreign Medical Graduates. At the last two successive meetings of the House of Delegates, resolutions proposing change in the policy regarding ECFMG certification by July 1, 1960, were rejected. The current policy is repeated, in essence, by insertion in the appropriate portion of both the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies" in this issue. Attention of all is called to the fact that Dec. 31, 1960, is the final date for compliance with the stated policy. The American Hospital Association has announced this same date for clearing the hospital rolls of uncertified foreign medical graduates if hospitals wish to retain their places on the list of the American Hospital Association and, accordingly, their status of accreditation by the Joint Commission.

In the past year all American specialty boards have considered the eligibility of the foreign medical graduate for certification, and all boards will now accept foreign graduates under certain conditions, some more restrictive than others.

Attention is called to the announcement of the National Intern Matching Program that the year from 1961 to 1962 will be the last year for which participating hospitals may appoint foreign graduates as interns outside the Matching Program.

This year the Council on Medical Education and Hospitals and the Institute of International Education joined with the Circulation and Records Department of the American Medical Association to

take one census of all interns and residents—American as well as foreign graduates. The Immigration and Naturalization Service and the Educational Council for Foreign Medical Graduates are cooperating fully with the Council on Medical Education and Hospitals in its mission of maintaining only one standard of graduate medical education.

ECFMG certification for the foreign medical graduate is not only necessary for his continued graduate training in this country, but may well become a requirement for certification by the majority of specialty boards and, in many instances, for reciprocity licensure in states other than the original one in which a foreign medical graduate may have become licensed.

FAMILY PRACTICE PROGRAM

Widespread interest has been shown by many hospitals in reestablishing a basic two-year program of graduate education similar to that prior to World War II. As late as 1941, 22 per cent of the approved internship programs were from 12 to 24 months in duration, especially in hospitals affiliated with medical schools. Resolutions aimed at reestablishing the two-year internship have been introduced repeatedly at the annual sessions of the House of Delegates, although the objective was sometimes for a better distribution of interns to those hospitals with recruitment difficulties.

The new two-year program in family practice approved by the House of Delegates, June, 1959, is now being established in carefully selected hospitals. Such pilot programs will be studied advertently by the Council staff and advisory committee in anticipation of the day when sufficient knowledge will have accumulated so that "Essentials" can be written, thus opening the program to all hospitals which can qualify. At that time the question of including the elective period on obstetrics as a compulsory item will be carefully considered. It is possible that some hospitals now approved for internship training or general practice residency training may not qualify, since the standards of the new two-year program in family practice must necessarily be high if they are to have appeal to hospital staffs as well as to prospective trainees. These programs will be listed in the National Intern Matching Program as are internships.

It is altogether likely that some hospitals which can qualify for this new program may wish to abandon their present one-year rotating internships. The length is a desirable feature of the program since it permits the young trainee an additional year of deliberation before deciding whether he should enter general practice or pursue a specialty.

After enough programs have been operative for a sufficient period of time, it is possible that certain American specialty boards may grant credit toward

qualification for specialty certification for certain portions of these family practice programs. A commitment from any board at this time is inappropriate.

It is not inappropriate, however, to hope that successful launching of this program on a firm foundation and with the solid backing of medical educators in community and university hospitals might result in this two-year program in family practice becoming the basic program for all graduate training in the future. Thus the day might dawn when the one-year rotating internship would disappear, and all men going into further specialty training would enter with the same basic hospital training.

ROADS TO ROME

Perusal of the section of this issue having to do with announcements of changes in the requirements of the various American specialty boards for certification in certain of the subspecialties reveals a difference in philosophy as to the mechanisms by which specialists may qualify for subspecialty certification.

Whereas the American Board of Internal Medicine has indicated that it will continue to certify in four subspecialties, the Council has agreed to discontinue the listing of approved residencies in those subspecialties. The general philosophy is that mature young physicians who have completed the formal requirements for general certification in internal medicine and who have decided upon further subspecialty training should have no need for a list of approved training programs in order to determine the pattern and location of training opportunities that would enable them to obtain the types of knowledge specified by the subspecialty boards. The medical subspecialty boards have described the knowledge a candidate should possess but are not going to prescribe or proscribe the means of acquiring it.

On the other hand, the American Board of Pediatrics has announced subspecialty certification in the specialties of pediatric allergy and pediatric cardiology, and the American Board of Psychiatry and Neurology has announced certification in child psychiatry. In accord with this policy, the appropriate residency review committees are now approving residency training programs in pediatric allergy and child psychiatry, and lists will appear in the *Internship and Residency Number* of THE JOURNAL.

Since other specialty boards will undoubtedly be considering further subspecialty certification, it is imperative that the Advisory Board for Medical Specialties comes to a clear-cut policy on the criteria on which additional subspecialty certification will be justified. It is also important that the Council on Medical Education and Hospitals have an

incisive policy on this matter since the original action of the House of Delegates regarding recognition of new certification boards in medical specialties did not specify the policy for new areas of subspecialty certification. The question arises as to whether the creation of new subspecialty boards is not in effect creating new specialties and whether this is in the interest of either the teaching hospitals, the parent specialty, the practicing physician, or the consuming public. Furthermore, all who are concerned with the problem of training medical specialists must be perplexed at the policies of equally sincere and respected boards with regard to the place of subspecialty residency training. In one instance the listing of approved residencies in the subspecialties is being discontinued, and in the other lists of approved residencies in new subspecialties are appearing. How many are the roads to Rome for the specialist who wishes qualification in a subspecialty?

WHAT PRICE WHISTLES?

The Council on Medical Education and Hospitals finds that very little data exist on the subject of costs of training programs. In liaison with the Council on Medical Services, this subject is being studied intensively with particular reference to the variety of sources of support for the costs of training programs.

One aspect of universal concern is the inadequacy in compensation of interns and residents, particularly in this day of increased costs of living for the apparently-permanent predominance of benedicts. While internship and residency training programs have always been considered full-time activities, the attitude of the Council is that adequate free time should be available for study in the specialty as well as for purposes of relaxation and maintenance of continued health on the part of the trainee. Situations have now developed in certain of the nation's large medical centers where it is alleged that hospital administrative officials, program directors, and local medical societies condone the part-time outside practice of residents during their "off-duty hours."

It would appear that those hospitals which permit residents an outside practice do so in order to enhance recruitment and thereby assure themselves of the services of residents in training programs which are under-financed. Residents in such programs boast of being able to have their cake and eat it too. They, as well as hospital officials, are reminded that crow and humble pie may become the diet of those who unwittingly place cake before conscience. The resident who subordinates intellectual solvency to financial gain during his graduate training period may discover too late that he paid too much for his whistle.

ANNUAL REPORT

The 34th Annual Report on Graduate Medical Education in the United States is submitted herewith, consisting of detailed information and statistical data on all intern and resident training programs approved by the Council.

While this annual report is concerned primarily with a statistical and narrative analysis of the performance of approved programs during the academic year from 1959 to 1960, the *Internship and Residency Number* of THE JOURNAL has been markedly increased in size this year. This increase in size is due in part to a revision of the format for reporting the lists of approved internships and residencies; the particular changes being a new consolidated list for all hospitals with approved training programs, an improved method of listing by state and city, and the inclusion of considerable additional data about all programs. Also, the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies" are published in their entirety and with all current revisions, thus re-establishing a pattern that was discontinued after World War II. The requirements of the American Specialty Boards are published as before with an additional table listing the essential features of all Specialty Board requirements and containing a special portion applicable to the foreign medical graduate. (Because of space limitations, the "Essentials of Approved Residencies" and the requirements of American Specialty Boards appear only in bound volumes of the Directory but are available as separate reprints.)

The entire *Internship and Residency Number* of THE JOURNAL will be reprinted as the *Directory of Approved Internships and Residencies*, and in addition, 10,000 copies are specially bound as the *Directory of the National Intern Matching Program*. This number of THE JOURNAL, therefore, identified as the *NIMP Directory*, will be distributed by the National Intern Matching Program to all fourth-year medical students in the United States to be used in their participation in the National Intern Matching Program. In addition, the Directory will, for the first time, contain valuable information for the young medical graduate which is necessary to his further cognizance if additional specialty training is desired. It is expected that the inclusion of the "Essentials" in this issue will bring to the attention of medical students, for the first time, the standards by which intern and resident training programs are approved and will make available to all training program directors the same standards for repeated reference.

For the detail work in preparing the lists of internships, residencies, and the Specialty Board requirements, the Council staff is especially indebted to Miss Catherine Hayes, Mrs. Mildred Kaiser, and Miss Dorothy Duncan.

Additional tables have been included in the annual report to show the degree to which the foreign medical graduate participates in training programs in the United States. Several editorials emphasize the varying points of concern which are repeatedly brought to the attention of the Council staff by program directors and others who are concerned with the hospital practice of medicine in the United States.

The many different groups participating with the Council in review activities were enumerated in the "33rd Annual Report" published in THE JOURNAL for Oct. 10, 1959, and will not be repeated here.

This issue lists the approved junior internships in Canada approved by the Canadian Medical Association. The Council, itself, does not approve either internship or residency training programs in Canada. Except for Puerto Rico and Hawaii, the Council does not approve intern and resident training programs outside the continental United States, and it does not compile information on graduate training opportunities elsewhere in the world.

Internship

Table 1 reveals that for the intern year from 1959 to 1960 there were 12,580 positions offered in 865 hospitals. The average number of interns per hospital was accordingly 14.5, about the same figure as reported last year. Since hospitals may offer more than one type of internship, there were 1,097 different intern programs, resulting in a figure of 11.5 interns per program on the average.

Internships, by Type of Service

The three types of internships approved by the Council are (1) rotating, which includes training on medical, surgical, pediatric, and obstetric services; (2) mixed, providing training in two or three of the above four major clinical services as well as pathology or psychiatry; in a mixed internship, the assignment to the major service must be not less than six nor more than eight months, and the hospital must have an approved residency program in that specialty; and (3) straight, providing training on a single medical, surgical, pediatric, obstetrics-gynecology, or pathology service in a hospital holding residency approval in that specialty.

Table 2 reveals the distribution of internships according to type and reveals the occupancy for each type on Sept. 1, 1959. It will be noted that rotating internships comprised 74% of the programs and 86% of the positions offered; mixed internships comprised only 3% of the programs and only 2% of the positions offered; straight internships provided 22% of the programs and only 12% of the positions. Two family practice programs approved

during the past year offered seven positions which were unfilled because of the late establishment of the programs. Rotating internships were 81% filled, a loss of 2% compared with the previous year, while mixed internships were 92% filled, representing a loss of 1% compared with last year. Straight intern-

TABLE 1.—Number of Internships, 1951-1960

	No. of Hospitals	No. of Internships
1951.....	828	10,044
1952.....	865	11,467
1953.....	856	11,006
1954.....	844	10,624
1955.....	850	11,048
1956.....	867	11,616
1957.....	852	11,895
1958.....	867	12,325
1959.....	853	12,469
1960.....	865	12,580

ships were 87% filled, a gain of 2% compared with last year, and the highest rate of occupancy was shown by straight internships in internal medicine which were 94% filled.

Of the total of 12,580 available internships, 10,253 were filled and 2,327 were vacant for a percentage filled of 82%, a loss of 1% from the figure existing the previous four years.

Internships, by Type of Hospital Control

Table 3 classifies internships according to whether control of the hospital was federal, governmental (nonfederal), nongovernmental, or proprietary, and reveals that the 679 nongovernmental hospitals comprise 78% of the total of 865. The nongovernmental hospitals offered 63% of the available positions, averaging 12 interns per hospital. The governmental hospitals which were nonfederal comprised 17% of the total, but because of their generally larger size, offered 31% of the positions with an average intern complement per hospital of 27. The federal hospitals comprised only 5% of the total, offered 5% of the positions, and had average

TABLE 2.—Number of Internships, by Type of Service, 1959-1960

Type of Internship	No. of Approved Programs	No. of Internships		
		Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Per-centage Filled
Rotating.....	816	8,760	2,110	81
Mixed.....	33	213	19	92
Straight				
Internal Medicine.....	79	671	45	94
Surgery.....	74	375	63	86
Pediatrics.....	56	165	64	72
Pathology.....	32	61	14	81
Obstetrics and Gynecology ..	5	8	5	62
Totals.....	246	1,280	191	87
Family Practice Programs.....	2	...	7	...
Grand Totals.....	1,097	10,253	2,327	82

intern complements of 16 per hospital. The proprietary hospitals were only 1% of the total, offered less than 1% of the positions, and averaged only six interns per hospital.

As in the past, the highest occupancy rate was shown for the group of hospitals controlled by the

federal services, averaging 95%, with the uniformed services being the most successful except for the one United States Air Force Hospital. The great bulk of Air Force interns serve in hospitals of the Army and are included in that figure for the Army which includes 56 positions assigned to the Air Force. The other governmental hospitals were in second place with 84% occupancy, while the large group of nongovernmental hospitals showed 79% of positions filled, a decrease of 2% from last year. Last year, the one proprietary hospital operated as a partnership, had only 38% internships filled, the Veterans Administration had 44% filled, and the church controlled hospitals had 78% filled. This year, the lowest figure for the entire group was 74% filled in city-county hospitals, while state hospitals

TABLE 3.—Number of Internships, by Type of Hospital Control 1959-1960

Control	No. of Hospitals	No. of Internships		
		Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Per-centage Filled
Federal				
U. S. Army.....	10	229*	1	99
U. S. Navy.....	14	176	...	100
U. S. Air Force.....	1	25	11	69
U. S. Public Health Service ..	7	88	...	100
Veterans Administration.....	5	55	5	91
Other Federal.....	3	36	13	73
Totals.....	40	609	30	95
Governmental (Nonfederal)				
State.....	35	773	241	76
County.....	38	945	83	92
City.....	48	1,277	234	85
City-County.....	12	233	84	74
Hospital District.....	3	60	6	91
Totals.....	136	3,288	648	84
Nongovernmental				
Church.....	311	2,490	783	76
Nonprofit Corporations.....	368	3,816	854	82
Totals.....	679	6,306	1,637	79
Proprietary				
Partnership.....	1	8	...	100
Corporations unrestricted as to profit.....	9	42	12	78
Totals.....	10	50	12	81
Grand Totals.....	865	10,253	2,327	82

* Includes 56 positions assigned to the U. S. Air Force.

and church controlled hospitals showed an occupancy rate of 76%. Outside the federal hospitals and the one partnership hospital, the highest percentage of filled positions was 92% for county hospitals.

Internships, by Medical School Affiliation and Bed Capacity

Table 4 reveals that of the total of 865 hospitals with approved programs, exactly 75% are not affiliated with medical schools and 25% are affiliated. While the group of affiliated hospitals comprises only one-fourth of the total, 71% have over 300 beds and 40% over 500 beds. The nonaffiliating group, comprising three-fourths of the total hospitals, have only 10% with more than 500 beds and 44% with more than 300 beds. The affiliated hospitals offer 43% of the available positions and the nonaffiliated group offers 57%. The affiliated group of hospitals secured 45% of the candidates and the nonaffiliated

group secured 55% of the total candidates. Of the 7,159 positions offered by the nonaffiliated hospitals, 79% were filled. This figure bears out the figures for previous years indicating the greater popularity of internships in affiliated hospitals. For both groups, the highest percentage of filled positions existed in the hospitals of 500 beds and over.

Internships, by Census Region and States

Table 5 reveals the distribution of internships by state and census region and reveals a fall in positions filled in the New England area from 90% last year to 85% this year. The leaders were the mountain and Pacific states with 90% of positions filled

TABLE 4.—Number of Internships, by Medical School Affiliation and Bed Capacity, 1959-1960

Classification	No. of Hospitals	No. of Internships		
		Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Percentage Filled
Nonaffiliated				
Less than 200 beds	114	617	156	79
200-299	250	1,662	536	75
300-499	220	2,213	580	74
500-over	66	1,182	213	84
Totals	650	5,674	1,485	79
Affiliated				
Less than 200 beds	23	89	64	58
200-299	40	416	112	79
300-499	66	1,012	176	85
500-over	86	3,062	489	86
Totals	215	4,579	842	84
Grand Totals	865	10,253	2,327	82

and the west-north central states had the lowest total of 72% filled. Those states with less than 60% of the positions filled were Delaware, Indiana, Kentucky, Nebraska, New Mexico, and Wisconsin. Those states with less than 70% of the positions filled were Kansas, Maine, Missouri, and Virginia, and the Commonwealth of Puerto Rico. Those states and territories having more than 90% of positions filled were California, Canal Zone, Colorado, District of Columbia, Hawaii, Montana, New Hampshire, New York, Utah, and Vermont.

The largest single group by census region was the three middle Atlantic states of New Jersey, New York, and Pennsylvania which had 26% of the hospitals with approved programs, offered 26% of the total positions, and secured 27% of the available interns. The mountain and Pacific states comprised 12% of the hospitals, offered 13% of the positions, and secured 14% of the total interns. Alaska, Idaho, Nevada, and Wyoming have no approved internship training programs.

Internship Stipends and Maintenance

For the year from 1959 to 1960 there was again an increase in monthly stipends, a trend which had apparently stopped last year.

Data were available for 834 nonfederal hospitals of which 213 were affiliated and 621 nonaffiliated. For affiliated hospitals the average cash stipend per internship for the year beginning July 1, 1959, was \$166.00, a 7% increase over the figure paid the

TABLE 5.—Number of Internships, by Census Region and State, 1959-1960

Census Region and State	No. of Approved Programs	No. of Hospitals	No. of Internships		
			Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Percentage Filled
New England					
Connecticut	24	21	204	31	87
Maine	3	3	14	8	64
Massachusetts	55	41	387	62	86
New Hampshire	1	1	16	...	100
Rhode Island	7	7	64	23	74
Vermont	2	2	12	...	100
Totals	92	75	697	124	85
Middle Atlantic					
New Jersey	46	42	429	80	84
New York	173	107	1,738	157	92
Pennsylvania	77	77	646	231	74
Totals	296	226	2,813	468	86
East North Central					
Illinois	55	50	654	100	87
Indiana	18	15	96	92	52
Michigan	40	40	477	136	78
Ohio	67	54	645	161	80
Wisconsin	24	23	136	99	58
Totals	204	182	2,008	588	77
West North Central					
Iowa	8	8	78	11	88
Kansas	11	6	67	30	69
Minnesota	19	14	200	41	83
Missouri	35	24	285	143	67
Nebraska	10	10	47	46	51
North Dakota	3	3	13	5	72
South Dakota	3	3	18	4	82
Totals	89	68	708	280	72
South Atlantic					
Delaware	3	3	19	15	56
District of Columbia	14	11	234	22	91
Florida	22	17	191	40	83
Georgia	22	17	217	34	86
Maryland	38	21	286	49	86
North Carolina	29	12	169	52	76
South Carolina	7	7	84	16	84
Virginia	26	20	183	87	68
West Virginia	10	10	69	20	78
Totals	171	118	1,452	335	81
East South Central					
Alabama	9	6	80	33	71
Kentucky	14	10	69	54	56
Mississippi	2	2	31	4	89
Tennessee	19	15	221	48	82
Totals	44	33	401	139	74
West South Central					
Arkansas	9	3	52	13	80
Louisiana	12	11	179	70	72
Oklahoma	8	7	84	10	89
Texas	33	25	308	108	75
Totals	62	46	623	196	76
Mountain					
Arizona	5	5	52	7	88
Colorado	16	13	151	14	92
Montana	1	1	4	...	100
New Mexico	1	1	5	7	42
Utah	12	7	90	7	93
Totals	35	27	302	35	90
Pacific					
California	61	51	843	82	91
Hawaii	4	4	63	2	97
Oregon	8	7	78	23	77
Washington	21	18	177	22	89
Totals	94	80	1,161	129	90
Territories and Possessions					
Canal Zone	1	1	15	...	100
Puerto Rico	9	9	73	33	69
Totals	10	10	88	33	73
Grand Totals	1,097	865	10,253	2,327	82

previous year. For nonaffiliated hospitals, the average monthly cash stipend was \$207.00 or an increase of 4.5% over the average paid each of the previous two years. Accordingly, the nonaffiliated hospitals paid an average of \$41.00 per month more than the affiliated hospitals.

TABLE 6.—Monthly Internship Stipends

Dollars Per Month	Blank*	0-50	51-100	101-150	151-200	201-250	251+	Total Hospitals
Single	37	13	84	187	224	182	138	865
Married	89	12	67	134	183	188	192	865

*Data not included because of program structure, Federal Hospitals, etc.

Table 6 indicates the range of stipends for interns on a basis of marital status. The table is arranged to show stipends in increments of \$50.00 per month and also shows a blank for the Federal and other programs not analyzable. There were 865 hospitals reporting data, and it is clear the large bulk of hospitals pay more than \$100.00 per month. 16% of the hospitals paid the single intern more than \$250.00 per month while 22% paid this amount to the married intern. For each stipend group above \$50.00 per month, approximately twice as many hospitals provided partial maintenance for the married intern as for the single intern.

For the single intern, full maintenance was paid by 74% of the hospitals, partial maintenance by 18%, and no maintenance by 8%. For the married intern, full maintenance was provided by only 52%, but partial maintenance was provided by 35% and no maintenance by 13% of the hospitals. For the single intern, full maintenance was provided by 60% of the affiliated and by 79% of the nonaffiliated hospitals. For the married intern, full maintenance was provided by 42% of the affiliated and by 56% of the nonaffiliated hospitals. Partial maintenance was provided for the single intern by 28% of the affiliated hospitals but by only 15% of the nonaffiliated hospitals, whereas partial maintenance for the married intern was provided by 42% of the affiliated and 33% of the nonaffiliated hospitals.

In the "Directory of Approved Internships" in this issue, the beginning stipend is listed plus the letters FM and PM to indicate full or partial maintenance. An asterisk (*) signifies that additional benefits are paid to the married intern.

National Intern Matching Program

This issue contains a full description of the operation of the Matching Program as well as copies of the hospital and student agreements and dates for operation of the Matching Program. The report of the Eighth Intern Matching Program was published in THE JOURNAL in February, 1960, and in the Journal of Medical Education in March, 1960. The results of the Eighth Matching Program showed that for the year from 1959 to 1960, 12,250 internships were available through NIMP and 6,478 were matched to students, while 5,772 were unfilled. The results of the Ninth Annual Matching

Program were announced in March, 1960, and revealed there were 12,381 internships to be filled through the plan, 6,672 students were matched and 5,709 internships were unfilled.

Elsewhere in this issue attention is called to the announcement of the requirement for participation of foreign medical graduates for the year from 1962 to 1963.

Foreign Medical Graduates

Data on foreign medical graduates were secured from the Institute of International Education, 1 E. 67th St., New York 21, N. Y., as a result of a census

TABLE 7.—Number of Residencies, by Specialty, 1959-1960

Specialty	No. of Appr. Programs	No. of Residencies					
		First Year Appointments			Total Appointments (All Yr.)		
		Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Percentage Filled	Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Percentage Filled
Allergy	22	14	4	77	21	7	75
Anesthesiology	237	629	82	88	1,235	178	87
Cardiovascular Disease	73	55	5	92	114	21	84
Dermatology	78	105	9	92	304	26	92
Gastroenterology	42	16	7	70	53	18	75
General Practice	187	403	117	78	528	189	74
Internal Medicine	627	2,256	242	90	4,941	584	89
Neurological Surgery	131	107	12	90	341	43	89
Neurology	128	142	40	78	340	80	81
Obstetrics	27	42	2	95	48	3	94
Gynecology	9	5	1	83	22	2	92
Obstetrics-Gynecology	446	908	52	95	2,358	139	94
Ophthalmology	171	264	16	94	738	46	94
Orthopedic Surgery	300	347	25	93	1,159	102	92
Otolaryngology	130	175	12	94	468	38	92
Pathology	711	812	267	75	1,923	715	73
Pediatrics	295	838	99	89	1,086	164	91
Pediatric Allergy	22	5	2	71	6	6	50
Physical Medicine	76	49	52	49	138	102	58
Plastic Surgery	60	39	5	89	110	11	91
Proctology	16	8	5	62	19	17	53
Psychiatry	303	1,128	270	81	3,009	649	82
Pulmonary Disease	108	169	40	81	239	67	78
Radiology	376	544	124	81	1,435	346	81
Surgery	723	2,135	190	92	5,481	391	93
Thoracic Surgery	112	92	13	88	179	28	86
Urology	237	207	42	83	636	115	85
Totals	5,647	11,494	1,735	87	27,531	4,087	87
Other than hospitals							
Aviation Medicine	3	3	1	75	17	4	81
Occup. Medicine (In-plant)	13	7	9	44	7	9	44
Public Health	23	27	26	51	35	43	45
Totals	39	37	36	51	59	56	51
Grand Totals	5,686	11,531	1,771	87	27,590	4,143	87

obtained through inclusion with the annual questionnaire mailed by the Council in the Fall of 1959. For the year from 1959 to 1960, 2,545 foreign medical graduates served as interns in approved training programs. Additional data involving foreign graduates will be discussed in the appropriate section for residency training programs.

Residency Training Programs

This section of the report follows the general format of previous reports, but because of the interest in the participation of foreign physicians in

American training programs, several additional tables have been prepared to show participation.

Residencies by Specialty

Table 7 follows the format for last year in that the list of residency training programs in hospitals precedes the list of programs in preventive medicine which are not conducted primarily in hospitals. The number of approved programs increased from 5,433 for last year to 5,686 for 1959-1960. The total number of residency positions offered decreased from 31,818 to 31,733. Of this number, 13,302 or 42% were first-year positions.

Training was offered in 28 specialties and sub-specialties, including general practice. Sixty-four per cent of the available positions were offered by the five major specialties of surgery, with 5,872; internal medicine, with 5,525; psychiatry, with 3,658; pathology with 2,638; and obstetrics-gynecology with 2,497 positions.

Of those specialties offering at least 100 total positions, the highest percentage of occupancy was 94% shared by obstetrics-gynecology and ophthalmology; with surgery next at 93%; and dermatology, orthopedic surgery, and otolaryngology tied at 92%. Pediatrics and plastic surgery at 91% occupancy complete the list of those specialties with more than 90% of positions filled. The least popular residencies among those specialties offering more than 100 total positions were, physical medicine and rehabilitation with 58% occupancy, pathology with 73% occupancy, and general practice with 74% positions filled.

The over-all occupancy rate for all residencies offered was 87%, a gain of 3% over the previous year.

Residencies, by Type of Hospital Control

Table 8 eliminates the programs in preventive medicine which are not conducted in hospitals and the percentage figures apply to only those residency programs in hospitals.

Table 8 reveals that federal hospitals comprised 10% of the total and offered 15% of the positions, nonfederal governmental hospitals comprised 27% of the total and offered 37% of the positions. Nongovernmental hospitals comprised 61% of the total, but because of their smaller size, generally, offered only 47% of the positions. The proprietary hospitals were only 2% of the total and offered less than 1% of the available appointments. Programs in the non-federal government hospitals were 90% filled, in the nongovernmental hospitals were 86% filled, in the federal hospitals were 84% filled, and in the proprietary hospitals were only 79% filled. The over-all percentage of filled residency positions in hospitals was 87%.

In the federal group of hospitals, the 86 Veterans Administration Hospitals offered 66% of all positions in federal hospitals and filled 65% of all the federal residency positions which were filled. This figure of 2,650 filled residency positions in Veterans Administration Hospitals is 10% of the total filled in

the United States. With the exception of the United States Air Force Hospitals, all federal hospitals filled over 80% of their positions. Among the other groups of hospitals, city hospitals and hospital districts both filled 96% of the available positions and except for the two proprietary hospitals operated as partnerships and the Air Force Hospitals, state hospitals had the poorest record with 71% of positions filled. Church controlled hospitals showed a gain from 77% filled the previous year to 82% filled this year, but this is largely due to a reduction in the total number of positions offered.

TABLE 8.—Number of Residencies, by Type of Hospital Control, 1959-1960

	No. of Hospitals	No. of Appr. Programs	No. of Residencies			
			First Yr. Appointments		Total Appointments (All Yr.)	
			Filled Sept. 1, 1959	Vacant Sept. 1, 1959 Percentage Filled	Filled Sept. 1, 1959	Vacant Sept. 1, 1959 Percentage Filled
Cont. ci						
Federal!						
U. S. Air Force.....	5	5	2	7 22	4	11 27
U. S. Army.....	14	101	230	27 89	655	92 88
U. S. Navy.....	8	80	112	11 91	309	23 94
U. S. Public Health Service.....	10	38	59	5 92	173	28 86
Veterans Administration.....	86	553	949	272 78	2,650	591 82
Other federal.....	10	45	50	13 79	255	31 89
Totals.....	133	822	1,402	335 81	4,106	776 84
Governmental (Nonfederal)						
State.....	185	667	1,955	305 81	4,966	660 71
County.....	69	318	825	70 92	1,880	198 91
City.....	79	439	1,253	96 93	3,071	227 96
City-county.....	11	100	169	32 84	400	70 85
Hospital district.....	8	32	77	4 95	180	7 96
Totals.....	352	1,556	4,279	507 89	10,497	1,162 90
Nongovernmental Nonprofit						
Church operated and church related.....	296	1,074	1,600	324 83	3,244	707 82
Other nonprofit.....	501	2,151	4,144	554 88	9,535	1,402 87
Totals.....	797	3,225	5,744	878 87	12,779	2,109 86
Proprietary						
Individual.....	2	3	3	1 75	7	2 78
Partnership.....	2	4	1	6 14	1	12 8
Corporation.....	21	37	65	8 89	141	26 84
Totals.....	25	44	69	15 82	149	40 79
Grand Totals.....	1,307	5,647	11,494	1,735 87	27,531	4,087 87

Residencies, by Medical School Affiliation and Bed Capacity

For the first time this year, hospitals with approved residency programs have been divided not only by bed capacity but also by affiliation with medical schools as was done for internships. Again, the programs in preventive medicine are not included in this Table 9.

Table 9 also contains 45 programs which were listed as "Other" because of the fact that they represented either the participation of several hospitals, represented large separate services or divisions of individual hospitals, or represented clinics or other groups carrying program approval but not being identified with control of specific numbers of beds in specific hospitals. Except for these 45 instances which are actually not individual hospitals, the

figures are accurate for the remainder of the 1,307 hospitals.

Fifty-two per cent, or 16,458 of the total positions offered are in hospitals of greater than 500 beds capacity. Seven per cent, or 2,068 of the positions are in hospitals of less than 200 beds capacity.

The 348 hospitals affiliated with medical schools constitute only 27% of the total hospitals with approved residency programs, and yet they offer 18,452, or 58%, of the positions. Positions were 90% filled in the affiliated hospital group and 84% filled in the nonaffiliated hospital group. Among both groups of hospitals, the percentage of positions filled was greatest in the hospitals of over 500 beds capacity. While the nonaffiliated group of hospitals had a larger actual number of hospitals of over 500

Rico. With the exception of North Dakota which filled only one of the seven positions offered, the least successful states were Maine with 52% occupancy, New Mexico with 56%, and Mississippi with 67% of the positions filled.

Residency Stipends

As was done last year, the "Directory of Approved Residencies" lists the range of stipends, showing the minimum and maximum for each program as well as the degree of maintenance provided. The questionnaire on which this report was based has yielded the information recorded in Table 11 for the 5,341 nonfederal and VA programs on which data were available. This Table, like Table 6 for intern stipends, has a "blank" category for those programs whose data could not be analyzed because of the organization of the program. There was a total of 5,341 programs of which 2,640 were in affiliated hospitals and 2,701 in nonaffiliated hospitals. The Table reveals that 56 or only about 1% of the affiliated hospital programs paid \$50.00 or less per resident per month, while none of the nonaffiliated hospital programs paid this small an amount. For affiliated hospitals, 2,074 or 39% of the programs paid from \$101.00 to \$300.00 per month. For the nonaffiliated group 2,202, or 41%, paid from \$101.00 to \$350.00 per month. For the affiliated hospitals, there were four programs which paid over \$600.00 per month, while 12 programs from the nonaffiliated hospitals paid this amount. There was one program in each group which paid more than \$950.00 per month.

Data on maintenance in addition to stipends were available for 5,647 residency programs and indicate that 1,991 or 35% provided full maintenance, 1,265 or 22% provided partial maintenance, and 839 or 15% paid no maintenance. An additional 625 or 11% provided full maintenance to the single resident and partial maintenance of one sort or another to the married resident. In the "Directory of Approved Residencies" in this issue the stipend range is shown as well as the degree of maintenance provided.

Last year, data were provided for the first time as the degree to which hospitals provide Blue Cross or some other form of hospitalization and also liability (malpractice) insurance to residents at no additional cost to the resident. For the year from 1959 to 1960, both Blue Cross and liability insurance were provided for 1,158 or 21% of 5,647 programs. Hospitalization only was provided by 980 or 17%, and liability insurance only was provided by 663 or 12%. Fifty per cent or 2,846 of the programs provided neither type of additional benefit. The total programs providing some type of hospitalization was accordingly 2,138 or 38% of the total, a figure 12% less than last year. The total programs providing liability insurance was 1,821 or 32% of the programs, a figure 5% lower than last year.

Of the total filled positions in hospitals, 19,553 or 71% were filled by married residents and 7,978 or

TABLE 9.—Number of Residencies, by Medical School Affiliation and Bed Capacity, 1959-1960

Classification	No. of Residencies			
	No. of Hospitals	Filled Sept. 1, 1959	Vacant Sept. 1, 1959	Percentage Filled
Nonaffiliated				
Less than 200 beds	236	1,045	238	81
200-299	262	1,652	362	82
300-499	238	3,290	776	81
500-over	185	4,168	741	85
Other	38	777	117	87
Totals	959	10,932	2,234	84
Affiliated				
Less than 200 beds	54	675	110	86
200-299	59	1,448	219	87
300-499	95	3,413	452	88
500-over	133	10,494	1,055	91
Other	7	569	17	97
Totals	348	16,599	1,853	90
Grand Totals	1,307	27,531	4,087	87

beds than did the affiliated hospital group, this category of hospitals comprised only 19% of the total of nonaffiliated hospitals.

Residencies by Census Region and State

Table 10 is a new inclusion this year for the study of those many groups interested in the distribution of residents in the various states. Table 10 reveals there are 5,647 approved residency training programs in 1,307 hospitals. As was true for internships, the middle Atlantic states of New Jersey, New York, and Pennsylvania offered 1,453 or 26% of the approved programs, offered 8,388 or 27% of 31,618 available positions, and secured 7,552 or 27% of the available residents.

(Table 13 indicates the participation of the foreign physician in these programs.)

South Dakota, which had only four approved programs in two hospitals, filled all seven of the positions offered. With this exception, the most successful state was Maryland with 94% of positions filled. The other states securing 90% or more of the candidates sought were Arizona, Colorado, District of Columbia, Florida, Louisiana, Massachusetts, New Jersey, New York, North Carolina, and Puerto

TABLE 10.—Number of Residencies, by Census Region and State, 1959-1960

Census Region and State	No. of Appr. Programs	No. of Hospitals	No. of Residencies	
			Filled Sept. 1, 1959	Vacant Sept. 1, 1959 Percentage Filled
New England				
Connecticut	110	32	537	83 87
Maine	17	4	22	20 52
Massachusetts	238	77	1,224	123 91
New Hampshire	12	2	61	19 76
Rhode Island	30	12	97	11 89
Vermont	41	6	95	15 86
Totals	448	133	2,036	271 88
Middle Atlantic				
New Jersey	141	56	446	52 90
New York	867	192	5,253	386 93
Pennsylvania	445	102	1,853	308 82
Totals	1,453	350	7,552	836 90
East North Central				
Illinois	325	68	1,454	217 87
Indiana	73	16	298	122 71
Michigan	231	54	1,393	191 88
Ohio	345	78	1,715	295 85
Wisconsin	108	26	456	94 83
Totals	1,082	242	5,316	919 85
West North Central				
Iowa	44	11	265	65 80
Kansas	42	11	255	49 84
Minnesota	115	23	711	127 85
Missouri	159	37	872	196 82
Nebraska	39	13	149	50 75
North Dakota	6	2	1	6 14
South Dakota	4	2	7	100
Totals	409	99	2,260	493 82
South Atlantic				
Delaware	17	5	51	12 81
District of Columbia	114	16	689	76 90
Florida	83	22	433	44 91
Georgia	108	20	428	93 82
Maryland	145	35	911	62 94
North Carolina	96	18	518	57 90
South Carolina	27	6	93	18 84
Virginia	108	28	380	99 79
West Virginia	36	16	108	31 78
Totals	734	166	3,011	492 88
East South Central				
Alabama	56	10	202	52 80
Kentucky	66	20	257	65 80
Mississippi	32	9	99	49 67
Tennessee	115	26	550	82 87
Totals	269	65	1,108	248 82
West South Central				
Arkansas	25	7	155	40 79
Louisiana	97	16	595	63 90
Oklahoma	53	8	191	26 88
Texas	237	38	1,078	158 87
Totals	412	69	2,019	287 88
Mountain				
Arizona	23	6	61	7 90
Colorado	102	19	490	42 92
New Mexico	14	5	31	24 56
Utah	41	9	155	15 91
Totals	180	39	737	88 80
Pacific				
California	457	97	2,161	354 86
Hawaii	23	8	98	15 87
Oregon	47	8	199	27 88
Washington	93	19	269	37 88
Totals	620	132	2,727	433 86
Territories and Possessions				
Canal Zone	6	1	18	4 82
Puerto Rico	34	11	147	16 90
Totals	40	12	165	20 89
Grand Totals	5,647	1,307	27,531	4,087 87

29% were filled by single residents. To ascertain whether certain specialties were more attractive to married or single residents, the actual figures were secured for the number of married residents by specialty in each approved program. The specialty with the lowest percentage appointed was general practice with 64% of the residents married. Neurology and pediatrics each reported 65%, while pathology and pulmonary diseases reported 66% of the filled positions occupied by married residents. It will be noted that in pulmonary diseases and general practice the foreign graduates filled a significant number of the positions. Data are not available as to the number of married foreign graduates.

Those specialties reporting 80% or more married residents on duty were orthopedic surgery with 80%, obstetrics with 81%, allergy and gastroenterology with 85% each, proctology with 89%, and pediatric allergy with 100%, inasmuch as all six of the

TABLE 11.—Monthly Residency Stipends, 1959-1960

Beginning Stipend Dollars per month	No. of Residencies	
	Affiliated	Non-Affiliated
Blank	170	231
0-50	56	...
51-100	174	59
101-150	432	256
151-200	554	454
201-250	543	568
251-300	545	683
301-350	98	241
351-400	21	73
401-450	29	47
451-500	6	29
501-550	4	30
551-600	4	18
601-650	1	4
651-700	1	2
701-750	1	...
751-800	...	1
801-850	...	2
851-900	...	...
901-950	...	2
951-999	1	1
Total Hospitals	2,640	2,701

filled positions were occupied by married residents. With the exception of orthopedic surgery, those specialties with over 80% of filled positions occupied by married residents were in the more limited specialties with the fewest total number of positions available. Orthopedic surgery was among the specialties with the lowest percentage of foreign physicians occupying filled positions. Because of variable factors, it is not appropriate to conclude from these figures that marital status plays a significant role in choice of a specialty by residents in training.

Foreign Medical Graduates

The Institute of International Education, through its publication *Open Doors 1960* has generously supplied data to the Council derived from the census taken on foreign physicians serving in approved graduate training programs in the United States.

Table 12 reveals the distribution of foreign medical graduates serving as residents by specialty. This Table reveals the actual number on duty and the

percentage these numbers represent of the total filled for each specialty in the United States. In addition, there is a group of miscellaneous specialties reported to the IIE under titles difficult to include in the standard list, so this group of 191 is carried at the bottom of the Table under "miscellaneous." Of the 6,912 foreign physicians reported to the IIE as residents, 289 or 4.2% were specifically

TABLE 12.—Foreign Medical Graduates (Residents) by Specialty

Specialty	Foreign Physicians Serving as Residents	Percentage of Total Serving in U. S. (% of Column 5, Table 7.)
Allergy	3	14
Anesthesiology	376	30
Cardiovascular Disease	47	41
Dermatology	30	10
Gastroenterology	9	17
General Practice	267	51
Internal Medicine	1,140	23
Neurological Surgery	80	23
Neurology	74	22
Obstetrics .....	...	...
Gynecology .....	...	...
Obstetrics-Gynecology	540	23
Ophthalmology	71	10
Orthopedic Surgery	111	10
Otolaryngology	115	25
Pathology	677	35
Pediatrics	467	28
Pediatric Allergy	1	17
Physical Medicine	48	35
Plastic Surgery	24	22
Proctology	8	42
Psychiatry	566	19
Pulmonary Disease	156	65
Radiology	310	22
Surgery	1,401	26
Thoracic Surgery	59	33
Urology	142	22
Totals	6,720	24
Other than hospitals		
Aviation Medicine	1	6
Occup. Med. (In-plant) .....	...	...
Public Health .....	...	...
Totals	1	2
Miscellaneous		
Bacteriology	3	
Cardiovascular Surgery	11	
Cancer	1	
Dentistry	11	
Endocrinology	16	
Nuclear Medicine	1	
Preventive Medicine	2	
Research	16	
Thor.-Card. Research	2	
Unknown	118	
Infectious Disease	4	
Metabolism	3	
Surg. Physiol.	3	
Totals	191	
Grand Totals	6,912	25

indicated as having major responsibilities either in research or teaching. This group was accordingly included in the total of foreign residents.

The distribution of foreign physicians among the various specialties was similar to the general frequency distribution of positions available in that the largest total of foreign physicians, 1,401 were serving in surgery, the next largest was 1,140 in internal medicine, and these, in turn, followed by

pathology, psychiatry, and obstetrics-gynecology. On a percentage basis, the proportion of foreign physicians filling pulmonary disease residencies was greater than for any other specialty, being 65% of all the pulmonary disease residencies filled. General practice was next most popular with 51% of the filled positions occupied by foreign physicians. Only in dermatology, ophthalmology, and orthopedic surgery did foreign physicians fill as few as 10% of the positions.

For the academic year from 1959 to 1960 there were 9,457 foreign physicians from 92 countries training in hospitals throughout the United States. Of this group, 6,912 were reported as resident physicians, and 2,545 or 27% were reported as interns. The total foreign physicians therefore increased 13% over the number reported in the previous year. The IIE figures include 539 Canadian physicians training in the United States and do not include those American citizens who graduated from foreign medical schools. To date, however, these figures are the most accurate available to the Council.

The above publication *Open Doors 1960* listed for the first time the hospitals in each state accepting foreign physicians, giving the totals for each hospital and for each state. These individual figures for hospitals have been included in the consolidated list of hospitals in this issue. Six states accepted more than 500 foreign graduates with New York having 2,387 or 25% of all foreign physicians. Ohio followed with 872 or 9%, Pennsylvania had 619 or 7%, Massachusetts had 573 or 6%, Illinois had 552 or 6%, and New Jersey had 502 or 5% of the total foreign physicians in the United States. Nine hundred twenty-eight hospitals in 45 states, the District of Columbia, and Puerto Rico reported foreign physicians, and 15 hospitals reported more than 50 physicians on their staffs, nine of these being in New York City.

As before, the Philippine Islands contributed 2,319 physicians for the largest single group, while 3,639 or 38.5% were from the Far East; 1,837 or 19.4% from Latin America; 1,714 or 18.1% from the Near and Middle East; and 1,543 or 16.3% from Europe.

Table 13 reveals the distribution of foreign physicians in approved programs by census region and state, and indicates the total approved programs in each state, the total of all intern and resident positions filled in each state, the total foreign physicians serving either as interns or residents in each state, and then the percentage which these foreign physicians represent of all the filled positions. While there were 44,198 available intern and resident positions, 37,784 of these positions or 85% of the total were filled. Since 9,457 of the filled positions were occupied by foreign physicians, they accordingly constituted 25% of all interns and residents on duty during 1959 to 1960. Again it will be noted that the three middle Atlantic states of New Jersey, New York, and Pennsylvania showed 34% of their filled intern and resident positions occupied by foreign

physicians to lead the list. New England was next with 31%, and the Pacific region was lowest with 5%, if Puerto Rico and the Canal Zone are excluded. There is a rather wide variation from state to state, but the highest proportion of foreign physicians in filled internships and residencies was in West Virginia with 67%. The very low proportions in some states are related in some instances to licensure or other legal requirements. South Carolina reported none.

It is expected the total of foreign physicians serving as interns and residents for the year from 1960 to 1961 will be somewhat reduced over previous years as the result of implementation of the policy requiring ECFMG certification after Dec. 31, 1960. It has been estimated that possibly as many as 15% of foreign physicians who were in this country during 1959 to 1960 may be required to return to their homelands as a result of failing to secure ECFMG certification. An increasing number of hospitals have either refused to accept the foreign graduate as a trainee or have established certain quotas within their house staff totals which may be filled by the foreign graduate. It is the general feeling of informed authorities that the decrease in the total number of foreign graduates available for internships and residencies will be temporary. This issue carries a section describing the ECFMG program.

Hospital Autopsy Rates

Until this year, the Directory had carried autopsy percentages for only those hospitals having approved internship programs. Since 40% of the hospitals with approved training programs do not have internships, it was felt that all hospitals should be included in the lists showing comparative autopsy performance. Table 14 accordingly reveals the 20 federal and nonfederal hospitals having the highest rates as in past years. It will be noted that for the federal hospitals, only 3 of the 20 have autopsy rates of less than 90%; for the nonfederal hospitals, none have less than 90%; and 12 have 100% rates. These figures are somewhat misleading inasmuch as they apply to some institutions having a very low mortality. For next year, hospitals will be selected which have a sufficiently greater mortality to produce meaningful comparative figures.

The Council and all Review Committees consider the autopsy rate to be a useful indication of the interest of a hospital staff in medical education and scientific progress of medicine, and feel that the minimum acceptable autopsy rate of 25% described in the "Essentials" should be exceeded to an appreciable degree by any hospital hoping to maintain an approved training program.

Other Graduate Trainees by Specialty

Table 15 reveals the other graduate trainees by specialty as reported in the questionnaire for 1959. The questionnaire asked for a report of those graduate trainees not serving as physicians in residency

TABLE 13.—Foreign Physicians in Approved Graduate Training Programs by Census Region and State, 1959-1960

Census Region and State	Total Intern and Resident Programs Approved	Total Intern and Resident Positions Filled	Total* Foreign Physicians Serving	Percentage of Foreign Physicians in Filled Positions
New England				
Connecticut	134	741	187	25
Maine	20	36	3	8
Massachusetts	298	1,611	573	36
New Hampshire	13	77	4	5
Rhode Island	37	161	72	45
Vermont	43	107	19	18
Totals	540	2,733	858	31
Middle Atlantic				
New Jersey	187	875	502	57
New York	1,040	6,991	2,387	34
Pennsylvania	522	2,499	619	25
Totals	1,749	10,365	3,508	34
East North Central				
Illinois	330	2,108	552	26
Indiana	91	394	10	3
Michigan	271	1,870	418	22
Ohio	412	2,360	872	37
Wisconsin	132	592	177	30
Totals	1,286	7,324	2,029	28
West North Central				
Iowa	52	343	53	15
Kansas	53	322	73	23
Minnesota	134	911	207	23
Missouri	194	1,157	408	35
Nebraska	49	196	23	12
North Dakota	9	14	6	43
South Dakota	7	25	11	44
Totals	498	2,968	781	26
South Atlantic				
Delaware	20	70	35	50
District of Columbia	128	923	215	23
Florida	105	624	120	19
Georgia	130	645	120	19
Maryland	183	1,197	437	36
North Carolina	123	687	71	10
South Carolina	34	177	...	...
Virginia	134	563	113	20
West Virginia	46	177	118	67
Totals	905	5,063	1,229	25
East South Central				
Alabama	65	282	18	7
Kentucky	80	326	111	34
Mississippi	34	130	8	7
Tennessee	134	771	163	21
Totals	313	1,509	300	20
West South Central				
Arkansas	31	207	4	2
Louisiana	109	774	48	6
Oklahoma	61	275	28	10
Texas	270	1,386	228	17
Totals	474	2,642	308	12
Mountain				
Arizona	28	113	58	51
Colorado	118	641	144	23
Montana	1	4	3	75
New Mexico	15	36	1	3
Utah	53	245	29	12
Totals	215	1,039	235	23
Pacific				
California	518	3,004	67	2
Hawaii	27	161	31	19
Oregon	55	277	45	16
Washington	114	446	63	14
Totals	714	3,888	206	5
Territories and Possessions				
Canal Zone	7	33	...	...
Puerto Rico	43	220	3	1
Totals	50	253	3	...
Grand Totals	6,744	37,784	9,457	25

* Does not include American graduates of foreign medical schools, but does include 539 from Canada.

training programs. These trainees accordingly may be research fellows, teaching fellows, clinical trainees, or other types of physicians securing special training which may lead toward specialization and toward specialty board certification.

TABLE 14.—Hospitals with Highest Autopsy Rates

Federal		%
1. U. S. Naval Hospital, Great Lakes, Ill.		98
2. U. S. Naval Hospital, Jacksonville, Fla.		97
3. Veterans Administration Hospital, Albuquerque, N. Mex.		96
4. Veterans Administration Hospital, Coral Gables, Fla.		94
5. National Institutes of Health-Clinical Center, Bethesda, Md.		94
6. U. S. Naval Hospital, Oceanside, Calif.		93
7. U. S. Naval Hospital, Bremerton, Wash.		93
8. U. S. Naval Hospital, Oakland, Calif.		92
9. Veterans Administration Hospital, Denver, Colo.		92
10. U. S. Naval Hospital, New York, N. Y.		92
11. Veterans Administration Hospital, Seattle, Wash.		92
12. Veterans Administration Hospital, Downey, Ill.		91
13. U. S. Naval Hospital, Bethesda, Md.		90
14. U. S. Air Force Hospital, San Antonio, Texas		90
15. Veterans Administration Hospital, Salt Lake City, Utah		90
16. Veterans Administration Hospital, White River Junction, Vt.		90
17. Madigan General Hospital, Tacoma, Wash.		90
18. Veterans Administration Hospital, Madison, Wis.		89
19. Brooke General Hospital, San Antonio, Texas		88
20. Veterans Administration Hospital, Portland, Ore.		88
Nonfederal		
1. Langley Porter Neuropsychiatric Institute, San Francisco		100
2. Shriners Hospital for Crippled Children, San Francisco		100
3. Larue D. Carter Memorial Hospital, Indianapolis, Ind.		100
4. Shriners Hospitals for Crippled Children, Lexington, Ky.		100
5. Nebraska Psychiatric Institute, Omaha, Neb.		100
6. Roswell Park Memorial Institute, Buffalo, N. Y.		100
7. Jewish Chronic Disease Hospital, Brooklyn, N. Y.		100
8. St. Charles Hospital, Brooklyn, N. Y.		100
9. Columbus Psychiatric Institute and Hospital, Columbus, Ohio		100
10. Western Psychiatric Institute and Clinic, Pittsburgh, Pa.		100
11. Shriners Hospitals for Crippled Children, Spokane, Wash.		100
12. Children's Hospital, Washington, D. C.		100
13. Columbia Hospital for Women and Lying-In Asylum, Washington, D. C.		98
14. University of Florida, Gainesville, Florida		94
15. Los Alamos Medical Center, Los Alamos, N. Mex.		94
16. Children's Orthopedic Hospital, Seattle Wash.		94
17. Virginia Mason Hospital, Seattle, Wash.		94
18. Dr. I. Gonzalez Martinez Oncologic Hospital, Santurce, P. R.		94
19. Rockford Memorial Hospital, Rockford Ill.		93
20. Milwaukee Children's Hospital, Milwaukee, Wis.		93

Table 15 reveals that a total of 3,505 physicians were receiving specialty training in some capacity other than as residents. This figure added to the total of 27,531 resident positions filled indicates that there are 31,036 pursuing specialty training in hospitals and indicates that 11% of this total occupy positions other than as residents. Using this same method of comparison by specialty, it is observed that internal medicine had the predominant number of other trainees besides residents, and the 1,536 such physicians constituted 24% of all those receiving specialty training in internal medicine. By contrast, only 7% of all the trainees in surgery were given appointments other than as residents. For pediatrics the comparable figure was 13%, for psychiatry 10%, for pathology 9%, and for obstetrics-gynecology 4%. Study of the four subspecialties of internal medicine reveals that the other graduate trainees constitute 46% of the total for allergy, 35% for cardiovascular diseases, 24% of the total for gastroenterology, but only 11% of the total for pulmonary diseases. In contrast with psychiatry's figure

of 10%, 30% of the trainees in neurology were appointed in some capacity other than as residents. The only specialty for which no trainees were appointed other than as residents was proctology.

Family Practice Programs

The "Directory of Approved Internships" lists three hospitals offering family practice programs for the year from 1961 to 1962. They were listed by the National Intern Matching Program as if they were internships. One was organized so late that only two of them are reported in the statistical tables, and they show seven positions offered with none filled. The three programs are located at Indiana University Medical Center, University of Kansas Medical Center, and Baltimore City Hospital. The program directors anticipate fully satisfactory candidates will be available for the year from 1961 to 1962.

During the current year, five different institutions have indicated a desire to inaugurate this program; if tentatively approved as pilot programs, they will participate in the NIMP matching for 1961 to 1962 appointments. This deliberate establishment of pilot programs is in accord with instructions from the House of Delegates at the time this new program was approved in June, 1959. Hospitals are being selected which represent a variety of different

TABLE 15.—Other Graduate Trainees by Specialty

Specialty	No. of Trainees
Allergy	18
Anesthesiology	68
Cardiovascular Disease	78
Dermatology	34
Gastroenterology	17
General Practice	69
Internal Medicine	1,536
Neurological Surgery	18
Neurology	144
Obstetrics	1
Gynecology	1
Obstetrics-Gynecology	93
Ophthalmology	59
Orthopedic Surgery	34
Otolaryngology	21
Pathology	200
Pediatrics	245
Pediatric Allergy	6
Physical Medicine	18
Plastic Surgery	6
Proctology .....	...
Psychiatry	341
Pulmonary Disease	30
Radiology	123
Surgery	305
Thoracic Surgery	23
Urology	17
Totals	3,505

situations involving varying degrees of affiliation with medical centers, but all having adequate full-time and part-time staffs to give these programs more than the ordinary degree of supervision during the early years. These programs are being added to the existing programs at each institution and are in no sense being made a substitute for existing programs. The policy is that trainees in these programs will be carefully supervised and the programs

will be carefully organized and analyzed before determining the degree to which they may replace existing programs.

To secure information regarding interest in this program and the possible degree to which such programs might substitute for existing programs, four questions were inserted in the questionnaire upon which this report is based. The question asked was: "If a fully satisfactory two-year program in family practice was developed at a future date (emphasis on medicine, pediatrics, trauma, acute medical and surgical emergencies, elective obstetrics, and beginning immediately after medical school graduation), would you be interested in: (a) adding it to your existing program or programs? (b) substituting it for your one year rotating internship? (c) substituting it for your general practice residency? (d) discontinuing certain one to two year residency programs?" Because the existence and the specific

For the affiliated group of hospitals, questions (c) and (d) were of less interest than the answers to questions (a) and (b). To question (a), 39% of 254 hospitals indicated an interest in adding a family practice program to their existing programs. To question (b), only 10% of 183 hospitals indicated an interest in substituting this program for the existing one year rotating internship. Since large numbers of hospitals made no reply to this question, the answers cannot be regarded as indicating more than that the nonaffiliated hospitals are more interested in new programs and changing existing programs than are the affiliated hospitals.

The two-year program in family practice cannot be considered generally available to all hospitals until the existing pilot programs are carefully studied and until "Essentials" can be prepared and approved by the House of Delegates. The programs will be available to candidates through the

TABLE 16.—Status of Internships and Residency Programs in the U. S. A.

	Internships						Residencies							
	Total Offered	Total Filled	Filled by		Filled Federal Services		Total Vacant	Total Offered	Total Filled	Filled by		Filled Federal Services		Total Vacant
			U. S. Grads.	Foreign Grads.	V. A.	Other				U. S. Grads.	Foreign Grads.	V. A.	Other	
1959.....	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958.....	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.....	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.....	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.....	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.....	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.....	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.....	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.....	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,704
1950.....	9,370	7,030	6,308	722	...	435	2,340	19,364	14,495	13,145	1,350	...	...	4,869
1949.....	9,124	7,313	...	...	...	...	1,811	18,669	17,490	...	*	...	...	1,179
1948.....	9,027	7,248	...	...	...	...	1,779	17,293	...	...	...	...	...	...
1947.....	8,683	6,902	...	...	...	...	1,781	15,172	...	...	...	...	...	...
1946.....	8,584	...	...	...	...	...	...	12,003	...	...	...	*†	...	...
1945.....	8,429	...	...	...	...	...	...	8,930	...	...	...	...	...	...
WW II.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1941.....	8,182	...	...	...	...	...	...	5,256	...	...	...	...	...	...

* U. S. Informational and Exchange Act of 1948, effective July, 1949.
 † P. L. 293, Jan. 3, 1946, Authorizing Residency Programs in V. A.

nature of the program were not fully appreciated by a number of program directors, the questions were not answered in a large number of cases. To each of the four questions, the nonaffiliated hospitals made the preponderant number of replies. The nonaffiliated hospitals gave affirmative replies to question (a) for 55% of 691 hospitals; to question (b) affirmative replies were received from 23% of 526 hospitals; to question (c) affirmative replies were received from only 22% of 433 hospitals; and for question (d) affirmative replies constituted only 10% of the answers of 449 hospitals. This indicated that the preponderance of those hospitals sufficiently concerned to make reply to this question did not wish to discontinue their general practice residency programs or their one to two year residency programs, were not strikingly enthusiastic about substituting the family practice program for an existing one year rotating internship but were definitely interested in adding a program to the existing programs in those nonaffiliated hospitals.

NIMP, since they embrace the two-year period ordinarily encompassed by a one-year internship and a one-year residency. At this time they are being called neither internships nor residencies since this program is distinctly different from both in certain respects.

Projection for the Future

Last year a chart was prepared which showed the expansion in graduate programs which had occurred following World War II, and included the proportion of those programs supported by the federal government and also the positions filled by foreign medical graduates. The data on which this chart was based are reproduced in Table 16, entitled "Status of Internship and Residency Programs in the United States."

The actual performance figures are given insofar as they are known, for 1941, and from 1945 through the year 1959 to 1960. This Table includes not only all positions in hospitals, but also the preventive

medicine programs and positions which are not conducted in hospitals. The projected increase for residency positions offered for 1959 and shown in last year's chart did not occur since the total was 31,733, a figure of 85 less in number of positions than for 1958-1959. Of the total positions, 87% were filled. Seventy-five per cent of those filled were occupied by American graduates, while 25% were foreign physicians. Of the total of 27,590 positions filled, 2,650 or 9.6% were in the Veterans Administration and 1,456 or 5% were in other federal hospitals. Thirteen per cent or 4,143 of the available residency positions were vacant.

Intern positions available for 1959 to 1960 increased by 111 over the previous year, and of the 12,580 available positions, 10,253 or 82% were filled. Seventy-five per cent or 7,708, of the filled positions were occupied by American graduates and 25% by foreign physicians. Only 55 or 0.5% of the filled positions were in the Veterans Administration, while 584, or 5.7% were in other federal hospitals. Eighteen per cent or 2,327 of the available internships were vacant.

It would appear that the total number of graduate training programs available in the United States is beginning to level off. While the various Review Committees are becoming increasingly critical of training programs not conforming to the established standards, other hospitals are continually applying for approval of new programs or increase in size of existing programs because of the changes in construction now occurring in many hospitals throughout the nation.

Table 17 reveals the relationship between hospitals with training programs and the beds they represent with respect to the total number of hospitals and total number of beds as reported by the American Hospital Association for the year from 1959 to 1960. There is a total of 1,438 hospitals having approved training programs, representing 21% of the 6,845 hospitals in the United States listed by the American Hospital Association. These 1,438 hospitals with approved programs represent 812,149 beds or exactly 50% of the 1,612,822 total hospital beds in the United States.

The hospitals with approved training programs which have major medical school affiliation number 226, or 3%, of the nation's total, and represent 9% of the total hospital beds. Those hospitals with approved training programs but limited medical school affiliation total 124, or 2%, of the total hospitals in the nation, and represent 5% of the total beds. The 1,088 hospitals which have approved graduate training programs but no medical school affiliation represent 76% of the 1,438 hospitals having approved programs; however, they represent only 16% of all the hospitals in the nation and they account for 36% of the total hospital beds in the nation. It is apparent therefore that in only 21% of the hospitals and in only 50% of the beds of the nation will patients receive hospital medical care in an academic environment created by the pres-

ence of approved training programs. Medical care in the other 800,672 beds of 5,407 hospitals is therefore delivered without the advantages of the presence of intern or resident training programs.

The nation will never produce enough physicians nor can it possibly import enough foreign physicians to support approved training programs for however many additional hospitals might desire them. In the period ahead, it is quite likely that the competition between hospitals for approved training programs will be decided largely on a basis of the quality of the training programs. The total number of hospitals and programs approved for training may actually decrease as a result of the consequent recruitment failure of the hospitals with the least attractive programs.

The questionnaire for this annual report sought information on the number of hospitals with approved training programs which also offered employment to medical students for extracurricular duties relating to service to patients. Of the 1,438

TABLE 17.—Relation of Training Programs to U. S. Hospital Beds

	No.	% of Total	Hospital Beds	
			No.	% of Total
Hospitals with Approved Programs				
Major Medical School Affiliation	226	3	141,016	9
Limited Medical School Affiliation	124	2	87,091	5
No Medical School Affiliation....	1,088	16	584,042	36
Total	1,438	21	812,149	50
Hospitals without Approved Training Programs	5,407	79	800,673	50
Grand Total	6,845	100	1,612,822	100

hospitals with approved programs, maintenance, pay only, or both, were offered by 500 or 46% of the 1,088 hospitals not affiliated with medical schools. For this group of hospitals, 267 or 25% offered both pay and maintenance. Of the 266 hospitals with major medical school affiliation, 102 or 45% offered similar support; while 68 or 55% of those with limited affiliation offered such employment. Thus, 670 or 47% of the 1,438 hospitals offered extracurricular employment to medical students. A figure is not available for the extent of this practice in hospitals without approved training programs.

The Council and the various Review Committees are faced continually with the problem of the relationship of approved training programs to the service needs of hospitals. When the service component predominates over the education component of any training program, adverse action is taken by the Council or appropriate Committee. The employment of medical students is one approach to the service needs of hospitals with approved training programs. While it is clear that this practice provides an important supplement to the income of the medical student, the Council has shown continuing concern over the effect of this noncurricular activity on the academic accomplishment of the student, as well as on the future status of the approved training programs in such hospitals.

Consolidated List-of Hospitals

With Approved Graduate Training Programs

Council on Medical Education and Hospitals of the American Medical Association

Revised to Sept. 1, 1960

Hospitals, 1,438

Internship Programs, 1,097

Residency Programs, 5,647

This consolidated list is a new format from previous years and gives general basic information about all hospitals which was formerly available only for hospitals with approved internship programs.

All hospitals are listed alphabetically by state and city, and their proper names and addresses are included. Medical school affiliation is shown in a special column and the code for identifying the medical schools appears on page 625 at the end of this 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 the hospital is used to a limited extent in the school's teaching program.

The relationship of the hospital to the medical school is further indicated by two other symbols which follow the code number for the school. The symbol X signifies ownership of the hospital by the medical school and the symbol # signifies that while the school does not own the hospital it has authority for all staff appointments in the hospital.

The administrative control of the hospital is indicated in the special column whose abbreviations are spelled out on page 625.

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

Footnote ¹—appointments are restricted to men only.

Footnote ²—U. S. citizenship is a requirement for appointment.

Footnote ³—foreign medical graduates are not eligible for appointment.

Footnote ⁴—dental internships are available.

Footnote ⁵—dental residencies are available.

Footnote ⁶—hospital offers employment to medical students for non-curricular services.

Footnote ⁷—two-year family practice program.

The total number of available beds and autopsy percentages are shown for each hospital.

The number of foreign physicians serving in each hospital for 1959-1960 is shown as a total figure which does not distinguish between interns and residents. This figure was obtained from the annual census of the Institute of International Education and does not include American graduates of foreign medical schools.

For each hospital, all the types of internships and residencies are listed alphabetically. The total number of positions offered is shown for all internships and all residencies in each hospital as a reflection of the training potential for each hospital. Some of these positions represent duplications in those situations where several hospitals participate in combined training programs.

Specific details for internships and for residency programs will be found in separate lists in this issue. The general details in this consolidated list, together with the specific details about each approved training program in the internship and residency lists, provide a much more complete figure for study by the candidate for graduate training than has been available in the past. Further details about the character of these approved training programs must be secured 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.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
ALABAMA								
Birmingham								
Birmingham Baptist Hospitals.....	...	Church	⁶	340	39	..	12 Int: Rotating; 7 Res: Path., Rad.	
708 Tuscaloosa Ave., 11								
Carraway Methodist Hospital.....	...	Church	²⁻³	256	24	..	9 Int: Rotating; 15 Res: Gen. Pract., OBG., Path., Surg., Urol.	
2506 16th Ave. N., 4								
Children's Hospital.....	...	NPCorp	...	65	45	..	9 Res: Ped.	
712 S. 30th St., 5								
Crippled Children's Hospital.....	L-10	Church	⁵⁻⁶	100	50	2	4 Res: Ortho. Surg., Psych.	
620 S. 19th St., 3								
St. Vincent Hospital.....	...	Church	²⁻³⁻⁶	200	39	..	8 Int: Rotating	
2701 9th Court South, 5								
University Hospital and Hillman Clinic	M-10X	State	²⁻⁴⁻⁵⁻⁶	600	46	6	55 Int: Rotating, St. Med., St. Ped., St. Path.; 150 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
619 S. 19th St., 3								
Veterans Administration Hospital.....	M-10	VA	²⁻⁵	450	65	2	36 Res: Int. Med., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.	
700 S. 19th St., 3								
Fairfield								
Lloyd Noland Hospital.....	...	NPCorp	⁶	326	47	2	14 Int: Rotating; 28 Res: Anes., Derm., Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.	
P.O. Box 538								
Mobile								
Mobile General Hospital.....	...	CyCo	...	247	60	6	15 Int: Rotating; 20 Res: Int. Med., Ortho. Surg., Path., Ped., Surg.,	
850 St. Anthony St., 16								
Montgomery								
U. S. Air Force Hospital.....	...	Air Force	¹⁻²	400	73	..	4 Res: Gen. Pract.	
Maxwell Air Force Base								
Tuskegee								
Veterans Administration Hospital.....	...	VA	²⁻⁴⁻⁵⁻⁶	1,920	68	..	25 Res: Int. Med., Ophth., Phys. Med., Psych., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
ARIZONA								
Phoenix								
Good Samaritan Hospital.....	...	Church	4	410	47	8	18 Int: Rotating; 13 Res: Gen. Pract., OBG, Path., Surg.	
1033 E. McDowell Rd. Maricopa County General Hospital.....	...	County	4	423	45	19	12 Int: Rotating; 37 Res: Gen. Pract., Int. Med., OBG, Path., Ped., Pul. Dis., Surg.	
3435 W. Durango St. St. Joseph's Hospital.....	...	Church	4	325	77	2	15 Int: Rotating; 15 Res: Int. Med., OBG., Path., Ped., Surg.	
350 W. Thomas Rd.								
Tucson								
Pima County General Hospital.....	...	County	...	164	55	8	9 Res: Int. Med., Surg.	
2906 S. 16th Ave. St. Mary's Hospital.....	...	Church	6	305	45	8	9 Int: Rotating; 14 Res: Gen. Pract., Int. Med., Surg.	
St. Mary's Rd. Tucson Medical Center.....	...	NPCorp	...	337	52	13	8 Int: Rotating; 7 Res: Int. Med., Surg.	
Grant Rd. and Beverly Blvd.								
ARKANSAS								
Little Rock								
Arkansas Baptist Hospital.....	...	Church	6	366	29	2	16 Int: Rotating; 6 Res: Path., Surg.	
1700 W. 13th St. Arkansas Children's Hospital.....	...	NPCorp	6	67	24	..	2 Res: Ortho. Surg.	
804 Wolfe St. Arkansas State Hospital.....	L-11	State	4-6	5,175	21	..	6 Res: Psych.	
West Markham & Elm St. Vincent Infirmary.....	...	Church	6	315	36	2	12 Int: Rotating; 8 Res: Anes.	
Markham St. & University Ave. University Hospital.....	M-11	State	6	206	65	..	33 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob-Gyn.; 107 Res: Anes., Derm., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
4301 W. Markham St.								
Veterans Administration Hospital.....	M-11	VA	2-6	471	80	..	30 Res: Derm., Int. Med., Ortho. Surg., Path., Surg.	
300 E. Roosevelt Rd.								
North Little Rock								
Veterans Administration Hospital.....	...	VA	2-6	2,062	74	..	28 Res: Path., Psych.	
CALIFORNIA								
Arlington								
General Hospital of Riverside County..	...	County	...	342	53	3	12 Int: Rotating; 14 Res: Gen. Pract., Int. Med., Surg., Urol.	
9851 Magnolia Ave.								
Bakersfield								
Kern County General Hospital.....	...	County	...	619	57	3	12 Int: Rotating; 35 Res: Gen. Pract., Int. Med., OBG., Path., Ped., Surg., Urol.	
1830 Flower St.								
Berkeley								
Herrick Memorial Hospital.....	...	NPCorp	...	253	61	1	6 Int: Rotating; 18 Res: Int. Med., OBG., Path., Psych., Surg.	
2001 Dwight Way, 4 State of California Dept. of Public Health.....	...	...	...	...	...	..	15 Res: Public Health	
2151 Berkeley Way								
Burbank								
St. Joseph Hospital.....	...	Church	...	250	35	..	4 Res: Path.	
501 S. Buena Vista St.								
Camarillo								
Camarillo State Hospital.....	...	State	2-6	6,281	49	..	15 Res: Psych.	
Box A								
Compton								
Compton Sanitarium.....	...	Corp	...	115	17	..	4 Res: Psych.	
820 W. Compton Blvd.								
Duarte								
City of Hope Medical Center.....	...	NPCorp	2	176	81	..	16 Res: Card. Dis., Int. Med., Path., Pul. Dis., Rad., Surg., Thor. Surg.	
1500 E. Duarte Rd.								
Eldridge								
Sonoma State Hospital.....	...	State	6	3,850	88	..	4 Res: Psych.	
Arnold Dr.								
Fort Ord								
U. S. Army Hospital.....	...	Army	...	...	...	..	Res: Public Health	
Fresno								
General Hospital of Fresno County....	...	County	5	705	48	..	18 Int: Rotating; 25 Res: Int. Med., OBG., Ophth., Ped., Surg.	
4475 E. Ventura Ave., 2								
Glendale								
Glendale Sanitarium and Hospital.....	...	Church	...	292	54	..	12 Int: Rotating; 10 Res: Int. Med., OBG., Path.	
1509 E. Wilson Ave., 6								
Imola								
Napa State Hospital.....	...	State	2	...	...	..	6 Res: Psych.	
Box A								
Inglewood								
Daniel Freeman Memorial Hospital.....	...	Church	...	225	48	..	1 Res: Path.	
333 N. Prairie Ave., 1								
La Jolla								
Scripps Clinic and Research Foundation	...	NPCorp	...	45	90	..	7 Res: Allergy, Int. Med.	
476 Prospect St.								
Loma Linda								
Loma Linda Sanitarium and Hospital	L-12X	Church	...	160	65	2	10 Int: Rotating; 11 Res: Anes., Path.	
11055 Anderson St.								
Long Beach								
Memorial Hospital of Long Beach.....	...	NPCorp	6	316	33	..	15 Int: Rotating; 15 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
1401 Chestnut Ave., 13 St. Mary's Long Beach Hospital.....	...	Church	...	272	50	3	6 Int: Rotating; 6 Res: Gen. Pract., Path	
509 E. 10th St., 13 Veterans Administration Hospital.....	...	VA	2-4-6	1,500	79	1	80 Res: Allergy, Card. Dis., Derm., Gastro., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.	
5901 E. Seventh St., 4								
Los Angeles								
California Babies and Children's Hospital.....	...	NPCorp	...	28	50	..	3 Res: Ped.	
1415 S. Grand Ave., 15 California Hospital.....	...	Church	6	304	55	..	8 Int: Rotating; 18 Res: OBG., Path., Rad., Surg.	
1414 S. Hope St., 15 Cedars of Lebanon Hospital.....	...	NPCorp	6	479	51	..	15 Int: Rotating; 48 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
4833 Fountain Ave., 29 Children's Hospital.....	L-14	NPCorp	6	220	91	1	4 Int: St. Ped.; 32 Res: Ortho. Surg., Path., Ped.	
4614 Sunset Blvd., 27								

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
CALIFORNIA, Los Angeles—Continued								
Hospital of the Good Samaritan..... 1212 Shatto St., 17	...	Church	6	458	41	..	8 Int: Rotating; 19 Res: Int. Med., Obg., Path., Pul. Dis., Rad., Surg.	
Kaiser Foundation Hospital..... 4867 Sunset Blvd., 27	...	NPCorp	...	246	61	..	11 Res: Obg., Urol.	
Los Angeles County Hospital..... 1200 N. State St., 33	M-12-14	County	2-4-5-6	2,717	41	..	160 Int: Rotating, St. Med.; 252 Res: Anes., Card. Dis., Derm., Int. Med., Neuro. Surg., Neuro., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.	
Los Angeles Eye and Ear Hospital..... 500 S. Lucas Ave., 17	...	NPCorp	2-3	21	0	..	8 Res: Ophth., Otol.	
Mount Sinai Hospital and Clinic..... 8720 Beverly Blvd., 38	...	NPCorp	2	172	44	..	7 Res: Path., Psych.	
Orthopaedic Hospital..... 2400 S. Flower St., 7	M-14	NPCorp	...	75	67	1	9 Res: Ortho. Surg.	
Presbyterian Hospital—Olmsted Memorial 1322 N. Vermont Ave., 27	...	Church	1-6	284	39	..	10 Int: Rotating; 2 Res: Int. Med., Obg.	
Queen of Angels Hospital..... 2301 Bellevue Ave., 26	...	Church	...	421	50	..	16 Int: Rotating; 25 Res: Int. Med., Obg., Path., Ped., Proct., Rad., Surg.	
St. Vincent's Hospital..... 2131 W. 3rd St., 57	...	Church	6	300	34	2	6 Int: Rotating; 5 Res: Int. Med., Path., Surg.	
Santa Fe Coast Lines Hospital..... 610 S. St. Louis St., 23	...	NPCorp	1-6	196	52	..	9 Int: Rotating; 3 Res: Surg.	
Shriners Hospitals for Crippled Children, Los Angeles Unit..... 3160 Geneva St., 5	...	NPCorp	...	60	...	..	2 Res: Ortho. Surg.	
University of California Hospital..... 10833 LeConte Ave., 24	M-13	NPCorp	...	322	85	10	28 Int: St. Med., St. Surg., St. Ped., St. Path.; 138 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital..... Wilshire and Sawtelle Blvds., 25	M-13	VA	2-4-5-6	3,601	80	..	30 Int: Rotating, St. Med.; 204 Res: Anes., Card. Dis., Derm., Gastro. Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
White Memorial Hospital..... 1720 Brooklyn Ave., 33	M-12X	Church	...	243	74	5	15 Int: Rotating; 73 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Proct., Rad., Surg., Urol.	
Martinez								
Contra Costa County Hospital..... 2500 Alhambra Ave.	...	County	2	441	67	..	10 Res: Gen. Pract.	
Modesto								
Stanislaus County Hospital..... 830 Scenic Dr.	...	County	2	400	25	..	9 Res: Gen. Pract.	
Murphys								
Bret Harte Sanatorium.....	...	County	2	138	14	..	1 Res: Pul. Dis.	
Norwalk								
Metropolitan State Hospital..... 11400 S. Norwalk Blvd.	...	State	...	4,353	30	..	20 Res: Psych.	
Oakland								
Children's Hospital of the East Bay... 51st and Grove Sts., 9	L-16	NPCorp	5	142	85	1	14 Res: Ortho. Surg., Path., Ped., Thor. Surg.	
Highland-Alameda County Hospital.... 2701 14th Ave., 6	...	County	2-4-5	475	56	..	34 Int: Rotating; 06 Res: Anes., Int. Med., Obg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Kaiser Foundation Hospital..... 280 W. MacArthur Blvd., 19	...	NPCorp	...	250	55	13	35 Res: Gen. Pract., Int. Med., Obg., Path., Ped., Surg.	
Samuel Merritt Hospital..... Hawthorne Ave. and Webster, 9	L-16	NPCorp	2-3	247	65	..	4 Res: Ortho. Surg., Path., Surg.	
U. S. Naval Hospital..... 8750 Mountain Blvd., 14	...	Navy	2-4-5-6	1,150	92	..	18 Int: Rotating; 57 Int: Anes., Int. Med., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital..... 13th and Harrison Sts., 12	...	VA	2	712	77	..	25 Res: Int. Med., Neur., Path., Surg.	
Oceanside								
U. S. Naval Hospital..... Camp Pendleton	...	Navy	2-4-6	1,004	93	..	10 Int: Rotating	
Orange								
Orange County General Hospital..... 101 Placentia Ave.	...	County	2-3-4-5	502	69	..	26 Int: Rotating; 17 Res: Int. Med., Obg., Path., Rad., Surg.	
Palo Alto								
Palo Alto-Stanford Hospital Center... 300 Pasteur Dr.	M-15X	NPCorp	6	351	51	..	13 Int: St. Med., St. Surg.; 129 Res: Anes., Derm., Int. Med., Neur., Obg., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg.	
Pasadena								
Collis P. and Howard Huntington Memorial Hospital..... 100 Congress St., 2	...	NPCorp	...	361	54	..	9 Int: Rotating; 16 Res: Int. Med., Neuro. Surg., Path., Plas. Surg., Rad., Surg.	
Patton								
Patton State Hospital..... Highland Ave.	L-12	State	6	4,388	37	..	10 Res: Psych.	
Pomona								
Pacific State Hospital..... Box 100	...	State	2-6	3,000	83	..	5 Res: Psych.	
Redwood City								
Sequoia Hospital..... Whipple and Alameda	...	Dist	2-3	215	49	..	1 Res: Path.	
Sacramento								
Mercy Hospital..... 4001 J St., 19	...	Church	...	307	33	..	4 Res: Path.	
Sacramento County Hospital..... 2315 Stockton Blvd., 17	L-16	County	2	801	46	..	26 Int: Rotating; 16 Res: Gen. Pract., Path.	
Sutter Community Hospitals..... 28th and L and 52nd and F	...	NPCorp	1-2-3	435	26	..	2 Res: Rad.	
Salinas								
Monterey County Hospital..... P.O. Box 1611	...	County	3	388	75	..	10 Res: Gen. Pract.	
San Bernardino								
San Bernardino County Charity Hospital..... 780 E. Gilbert St.	L-12	County	1-3	419	49	..	16 Int: Rotating; 11 Res: Int. Med., Path., Surg.	

Name and Location CALIFORNIA—Continued	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
San Diego								
Donald N. Sharpe Memorial Community Hospital..... 7901 Frost St., 11	...	Church	6	194	80	..	2 Res:	Path.
Mersey Hospital..... Hillcrest Dr., 3	...	Church	6	322	61	..	12 Int: 16 Res:	Rotating: Int. Med., Obg., Path., Surg.
San Diego County General Hospital... North End of Front Street, 3	...	County	...	616	48	..	20 Int: 34 Res:	Rotating: Int. Med., Obg., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Naval Hospital..... Park Blvd., 34	...	Navy	2-4-5-6	1,900	86	..	24 Int: 66 Res:	Rotating: Anes., Card. Dis., Derm., Int. Med., Obg., Ophth., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
San Francisco								
Children's Hospital 3700 California St., 18	L-16	NPCorp	6	254	58	..	6 Int: 17 Res:	Rotating: Anes., Int. Med., Obg., Ortho. Surg., Path., Ped., Rad.
Franklin Hospital..... 14th and Noc Streets, 14	L-16	NPCorp	3-6	252	55	2	6 Int: 9 Res:	Rotating: Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg.
French Hospital..... 4131 Geary Blvd., 18	...	NPCorp	6	193	39	3	10 Int: 9 Res:	Mixed: Int. Med., Path., Surg.
Headquarters, 6th Army..... Presidio	...	Army	...	...	...	..	2 Res:	Public Health
Kaiser Foundation Hospital..... 2425 Geary Blvd., 15	...	NPCorp	...	222	74	..	20 Int: 31 Res:	Rotating: Allergy, Anes., Int. Med., Obg., Path., Ped., Psych., Rad., Surg.
Langley Porter Neuropsychiatric Institute Parnassus and First Ave., 22	M-16#	State	2-3-6	108	100	..	40 Res:	Psych.
Letterman General Hospital..... Presidio 29	...	Army	3-4-5-6	944	84	..	24 Int: 85 Res:	Rotating: Card. Dis., Derm., Gastro., Int. Med., Neur., Obg., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Mary's Help Hospital..... 145 Guerrero St., 3	...	Church	6	178	45	2	6 Int: 9 Res:	Rotating: Int. Med., Obg., Surg.
Mount Zion Hospital..... 1600 Divisadero St., 15	...	NPCorp	6	345	71	3	18 Int: 44 Res:	Rotating: Int. Med., Obg., Path., Ped., Psych., Rad., Surg.
Presbyterian Medical Center..... Clay and Webster Streets, 15	...	NPCorp	6	237	70	..	12 Int: 50 Res:	Rotating: Int. Med., Obg., Ophth., Ortho. Surg., Path., Psych., Surg., Urol.
St. Francis Memorial Hospital..... 900 Hyde St., 9	...	NPCorp	...	332	46	..	9 Res:	Obg., Path., Plas. Surg., Psych.
St. Joseph's Hospital..... Buena Vista Ave., 17	...	Church	6	215	35	3	6 Int: 10 Res:	Rotating: Anes., Obg., Ortho. Surg., Surg.
St. Luke's Hospital..... 1580 Valencia St., 10	...	Church	6	235	55	2	12 Int: 19 Res:	Rotating: Int. Med., Obg., Path., Ped., Surg.
St. Mary's Hospital..... 2200 Hayes St., 17	...	Church	...	371	70	2	15 Int: 36 Res:	Rotating: Int. Med., Obg., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
San Francisco General Hospital..... 1001 Potrero Ave., 10	M-16#	CyCo	2-4-5-6	1,006	65	1	60 Int: 63 Res:	Rotating, Mixed: Anes., Int. Med., Obg., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Shriners Hospital for Crippled Children 19th Ave. and Moraga St., 22	L-16	NPCorp	...	60	100	..	2 Res:	Ortho. Surg.
Southern Pacific General Hospital..... 1400 Fell St., 17	L-16	NPCorp	...	450	76	..	2 Int: 19 Res:	Rotating: Int. Med., Path., Surg., Urol.
U. S. Public Health Service Hospital... 15th Avenue and Lake Street, 18	...	USPHS	2-4-6	443	80	..	12 Int: 14 Res:	Rotating: Int. Med., Ophth., Ortho. Surg., Surg.
University of California Hospitals..... Third & Parnassus Avenues, 22	M-16X	State	3-4-5-6	474	84	..	47 Int: 189 Res:	St. Med., St. Surg., St. Ped., St. Path.: Anes., Card. Dis., Derm., Gastro., Int. Med., Obg., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Veterans Administration Hospital..... 42nd Ave. and Clement St., 21	L-16#	VA	2-6	438	...	..	58 Res:	Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.
San Jose								
Agnews State Hospital..... Zone 14	...	State	2	4,200	23	..	5 Res:	Psych.
O'Connor Hospital Forest and Di Salvo, 28	...	Church	...	275	48	2	4 Res:	Path.
Santa Clara County Hospital..... Los Gatos Rd., 28	L-15-16	County	2-3-4	415	68	..	20 Int: 34 Res:	Rotating: Anes., Int. Med., Obg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
San Mateo								
Community Hospital of San Mateo Co. 222 - 39th Avenue	L-15	County	3	232	62	..	2 Res:	Int. Med., Obg., Ophth., Path., Ped., Surg., Urol.
San Pablo								
Brookside Hospital 2000 Vale Rd.	...	Dist	2-3-6	236	77	..	1 Res:	Path.
Santa Barbara								
Santa Barbara Cottage Hospital..... 320 W. Pueblo St.	...	NPCorp	6	219	58	1	10 Int: 17 Res:	Rotating: Int. Med., Path., Surg.
Santa Barbara General Hospital..... San Antonio Rd.	...	County	6	319	54	..	5 Res:	Gen. Pract., Surg.
Santa Monica								
St. John's Hospital..... 1328 22nd St.	...	Church	3	275	46	..	10 Res:	Obg., Path., Ped., Surg.
Santa Monica Hospital..... 1250 16th St.	...	Church	6	234	47	..	8 Int: 1 Res:	Rotating: Obg.
Santa Rosa								
Sonoma County Hospital..... 3325 Chanate Rd.	...	County	3	344	30	..	8 Res:	Gen. Pract.
Sepulveda								
Veterans Administration Hospital..... 15800 Plummer St.	...	VA	3	956	88	..	18 Res:	Int. Med., Psych.
Springville								
Tulare-Kings Counties Hospital.....	...	County	...	249	86	..	1 Res:	Pul. Dis.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
CALIFORNIA—Continued								
Stockton								
San Joaquin General Hospital..... Box 1890	...	County	2	625	56	..	17 Int: Rotating; 21 Res: Int. Med., Obg., Path., Ped., Rad., Surg.	
Stockton State Hospital..... 510 E. Magnolia, 3	...	State	2-3	3,731	43	..	14 Res: Psych.	
Talmadge								
Mendocino State Hospital..... Box X	...	State	0	2,530	84	..	9 Res: Psych.	
Torrance								
Harbor General Hospital..... 1124 W. Carson St.	M-13	County	2-3-6	715	51	..	38 Int: Rotating; 82 Res: Anes., Int. Med., Obg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Vallejo								
Kaiser Foundation Hospital..... 2600 Alameda St.	...	NPCorp	...	198	88	..	1 Res: Phys. Med.	
Ventura								
General Hospital Ventura County..... 3291 Loma Vista Rd.	...	County	2-6	334	23	..	10 Res: Gen. Pract.	
CANAL ZONE								
Balboa Heights								
Gorgas Hospital P.O. Box 0	...	Fed.	2-3	440	77	..	16 Int: Rotating; 24 Res: Int. Med., Obg., Ophth., Path., Ped., Surg.	
COLORADO								
Colorado Springs								
Penrose Hospital 2215 N. Cascade Ave.	...	Church	3-6	184	70	3	6 Int: Rotating; 14 Res: Gen. Pract., Path., Rad.	
St. Francis Hospital..... E. Pikes Peak Avenue	...	Church	0	160	54	3	3 Res: Gen. Pract.	
Denver								
Children's Hospital 1056 E. 19th Ave., 18	...	NPCorp	...	203	86	..	19 Res: Ortho. Surg., Path., Ped., Surg.	
Colorado General Hospital..... 4200 E. Ninth Ave., 20	M-17X	State	0	284	79	11	24 Int: Rotating, St. Ped.; St. Surg.; 140 Res: Anes., Derm., Gen. Pract., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Urol.	
Colorado Psychopathic Hospital..... 4200 E. 9th St., 20	M-17X	State	0	...	...	..	54 Res: Psych.	
Denver General Hospital..... W. 6th Ave. and Cherokee St., 4	M-17	CyCo	4-6	429	74	11	40 Int: Rotating; 65 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Pul. Dis., Rad., Surg., Urol.	
Fitzsimons General Hospital..... Peoria and Colfax, 30	...	VA	2-5	902	88	..	24 Int: Rotating; 54 Res: Card. Dis., Int. Med., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Pul. Dis., Rad., Surg., Thor. Surg.	
General Rose Memorial Hospital..... 1050 Clermont St., 20	...	NPCorp	...	250	60	4	10 Int: Rotating; 8 Res: Card. Dis., Path., Rad.	
Mercy Hospital 1619 Milwaukee St., 6	...	Church	0	250	53	9	11 Int: Rotating; 11 Res: Gen. Pract., Int. Med., Path., Surg.	
National Jewish Hospital..... 3800 E. Colfax Ave., 6	...	NPCorp	0	325	65	10	13 Res: Pul. Dis., Thor. Surg.	
Porter Sanitarium and Hospital..... 2525 S. Downing, 10	...	Church	0	210	55	3	12 Int: Rotating; 1 Res: Path.	
Presbyterian Hospital 19th Ave. and Gilpin St., 18	...	Church	3	198	66	1	13 Int: Rotating; 18 Res: Int. Med., Obg., Path., Rad., Surg.	
St. Anthony Hospital..... W. Quitman and 16th Sts., 4	...	Church	0	275	62	3	10 Int: Rotating; 4 Res: Path.	
St. Joseph's Hospital..... 1818 Humboldt St., 18	...	Church	...	380	58	9	14 Int: Rotating; 30 Res: Gen. Pract., Int. Med., Obg., Path., Rad., Surg.	
St. Luke's Hospital..... 601 E. 19th Ave., 3	...	Church	3-6	443	61	4	14 Int: Rotating; 18 Res: Int. Med., Path., Rad., Surg.	
Veterans Administration Hospital..... 1055 Clermont, 20	M-17#	VA	2-6	528	92	1	73 Res: Anes., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Greeley								
Weld County General Hospital..... 1801 16th St.	...	County	...	250	49	2	4 Int: Rotating	
Pueblo								
Colorado State Hospital..... Thirteenth and Francisco	...	State	...	6,170	64	50	63 Res: Int. Med., Path., Psych., Surg.	
St. Mary-Corwin Hospital..... 1008 Minnequa	...	Church	2-3-6	368	38	20	8 Int: Rotating; 21 Res: Gen. Pract., Int. Med., Surg.	
CONNECTICUT								
Bridgeport								
Bridgeport Hospital 267 Grant St., 10	...	NPCorp	0	449	39	10	14 Int: Rotating; 24 Res: Anes., Gen. Pract., Int. Med., Ob., Path., Rad., Surg.	
St. Vincent's Hospital..... 2820 Main St., 6	...	Church	0	369	43	6	15 Int: Rotating; 20 Res: Int. Med., Ob., Path., Rad., Surg.	
Bristol								
Bristol Hospital Newell Rd.	...	NPCorp	0	177	25	6	6 Int: Rotating	
Danbury								
Danbury Hospital 95 Locust Ave.	...	NPCorp	0	230	42	9	8 Int: Rotating; 4 Res: Path., Surg.	
Derby								
Griffin Hospital Seymour Ave. and Division St.	...	NPCorp	...	161	38	7	7 Int: Rotating; 2 Res: Path.	
Greenwich								
Greenwich Hospital Perryridge Rd.	...	NPCorp	...	245	72	1	10 Int: Rotating; 6 Res: Int. Med., Path., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
CONNECTICUT—Continued								
Hartford								
Hartford Hospital 80 Seymour St., 15	...	NPCorp	4	810	73	8	18 Int: Rotating; 93 Res: Anes., Int. Med., Neuro. Surg., Obg., Path., Ped., Rad., Surg.	
Hartford Municipal Hospital and Health Center..... 2 Holcomb St., 5	...	City	6	207	46	..	10 Int: Rotating; 4 Res: Int. Med., Surg.	
Institute of Living..... 200 Retreat Ave., 2	...	NPCorp	6	423	50	5	16 Res: Psych.	
Mount Sinai Hospital..... 500 Blue Hills Ave., 12	...	NPCorp	1	187	42	6	6 Int: Rotating	
St. Francis Hospital..... 114 Woodland St., 5	...	Church	4-5-6	560	53	6	13 Int: Rotating; 34 Res: Anes., Int. Med., Obg., Path., Ped., Surg.	
Manchester								
Manchester Memorial Hospital..... 71 Haynes St.	...	NPCorp	6	205	54	1	4 Int: Rotating	
Meriden								
Meriden Hospital 181 Cook Ave.	...	NPCorp	...	263	34	5	5 Int: Rotating; 2 Res: Path.	
Middletown								
Connecticut State Hospital.....	...	State	6	3,180	30	5	24 Res: Psych.	
Middlesex Memorial Hospital..... 28 Crescent St.	...	NPCorp	...	168	45	2	4 Int: Rotating; 2 Res: Path.	
New Britain								
New Britain General Hospital..... 92 Grand St.	...	NPCorp	8-6	314	53	7	9 Int: Rotating; 15 Res: Int. Med., OBG, Path., Surg.	
New Canaan								
Silver Hill Foundation..... Valley Rd.	...	NPCorp	2-3	60	...	..	2 Res: Psych.	
New Haven								
Grace-New Haven Community Hospital 789 Howard Ave., 4	M-18X	NPCorp	4-6	652	67	11	45 Int: St. Med., St. Surg., St. Ped., St. Path.; 139 Res: Anes., Derm., Gastro., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Hospital of St. Raphael..... 1450 Chapel St., 11	...	Church	4-6	370	49	17	15 Int: Rotating; 50 Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.,	
Newington								
Cedarcrest Hospital Zone 11	...	State	6	282	41	..	2 Res: Pul. Dis., Thor. Surg.	
Newington Hospital for Crippled Children 181 E. Cedar St., 11	...	NPCorp	...	161	..	1	1 Res: Ortho. Surg.	
Veterans Administration Hospital..... 555 Willard Ave., 11	...	VA	9	266	78	..	9 Res: Int. Med., Path.	
New London								
Lawrence and Memorial Hospitals..... 365 Montauk Ave.	...	NPCorp	...	208	52	7	4 Int: Rotating; 9 Res: Int. Med., OBG, Surg.	
Newtown								
Fairfield State Hospital..... Box W	...	State	6	3,214	31	2	24 Res: Psych.	
Norwalk								
Norwalk Hospital 24 Stevens St.	...	NPCorp	6	303	54	21	12 Int: Rotating; 14 Res: Int. Med., Obg., Path., Surg.	
Norwich								
Norwich State Hospital..... Laurel Hill Rd.	...	State	6	3,210	37	4	25 Res: Psych.	
Uncas-on-Thames Hospital West St.	...	State	...	362	54	3	6 Res: Pul. Dis., Thor. Surg.	
Rocky Hill								
State of Connecticut Veterans Home and Hospital..... West St.	...	State	...	496	70	..	3 Res: Phys. Med.	
Shelton								
Laurel Heights Hospital..... Coram Ave.	...	State	6	252	51	1	2 Res: Pul. Dis.	
Stamford								
Stamford Hospital 190 W. Broad St.	...	NPCorp	6	308	80	6	10 Int: Rotating; 7 Res: Path., Surg.	
Torrington								
Charlotte Hungerford Hospital..... 540 Litchfield St.	...	NPCorp	...	125	24	3	4 Res: Gen. Pract.	
Waterbury								
St. Mary's Hospital 56 Franklin St., 6	...	Church	4	345	50	16	7 Int: Rotating; 21 Res: Anes., Int. Med., Path., Rad., Surg.	
Waterbury Hospital 64 Robbins St., 8	...	NPCorp	4-6	373	48	4	9 Int: Rotating; 16 Res: Int. Med., Path., Ped., Rad., Surg., Urol.	
West Haven								
Veterans Adm. Hospital..... West Spring Street, 16	M-18#	VA	2	773	81	..	56 Res: Card. Dis., Gastro., Int. Med., Neuro., Path., Psych., Surg., Urol.	
DELAWARE								
Dover								
Delaware State Board of Health..... 414 S. State St.	...	State	...	...	..	..	1 Res: Public Health	
Farnhurst								
Delaware State Hospital.....	...	State	...	1,567	..	5	Res: Psych.	
Wilmington								
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., 99	...	NPCorp	...	65	..	..	2 Res: Ortho. Surg.	
Delaware Hospital..... 501 W. 14th St., 99	...	NPCorp	4-5-6	379	66	..	16 Int: Rotating; 31 Res: Card. Dis., Int. Med, Obg., Path., Ped., Rad., Surg., Urol.	
E. I. du Pont de Nemours and Co., Inc. Zone 98	...	Corp	...	...	..	..	1 Res: Occup. Med.	
Memorial Hospital 1501 N. Van Buren, 6	...	NPCorp	4-6	374	62	14	12 Int: Rotating; 13 Res: Int. Med., Path., Surg.	
Wilmington General Hospital..... Chestnut at Broom St., 5	...	NPCorp	6	317	45	16	6 Int: Rotating; 18 Res: Gen. Pract., Int. Med., Obg., Path.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
DISTRICT OF COLUMBIA								
Washington								
Armed Forces Institute of Pathology... Zone 25		Fed	1-5	...	...	...	20 Res:	Path.
Army Medical Center (See Walter Reed General Hospital)								
Children's Hospital..... 2125 13th St. N.W., 9	M-19-20	NPCorp	3-4	200	100	5	30 Res:	Neuro. Surg., Ortho. Surg., Path., Ped. Allergy, Ped., Psych. Surg.
Columbia Hospital for Women and Lying-in Asylum..... 2425 L. St. N.W., 7		NPCorp	...	118	98	3	9 Res:	OBG
District of Columbia General Hospital 19th and Massachusetts Ave., 3	M-19-20	City	4-6	1,118	47	41	62 Int: 125 Res:	Rotating; Anes., Int. Med., Neuro. Surg., Neuro. Obg., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Doctors Hospital..... 1815 Eye St. N.W., 6		Corp	...	307	65	24	12 Int: 18 Res:	Rotating; Int. Med., Obg., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital..... 8th and Mass Ave. N.E., 2		NPCorp	1-6	152	34	12	4 Res:	Gen. Pract., Surg.
Freedmen's Hospital..... 6th and Bryant Sts. N.W., 1	M-21#	Fed.	4-6	520	44	8	22 Int: 51 Res:	Rotating; Card. Dis., Int. Med., Neuro., Obg., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Georgetown University Hospital..... 3800 Reservoir Rd. N.W., 7	M-19X	Church	3-5	353	64	35	16 Int: 137 Res:	Mixed, St. Med.; Anes., Int. Med., Neuro. Surg., Neuro., Obg., Ophth., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
George Washington University Hospital 901 23rd St. N.W., 7	M-20X	NPCorp	6	417	75	12	26 Int: 75 Res:	Rotating; Anes., Card. Dis., Int. Med., Neuro. Surg., Neuro., Obg., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg.
Providence Hospital..... 1150 Varnum St. N.E., 17		Church	1-4	350	49	16	22 Int: 19 Res:	Rotating, St. Surg.; Anes., Int. Med., Obg., Path., Surg.
St. Elizabeth's Hospital..... 2600 Nichols Ave., S.E., 20	L-20	Fed	2-4-6	7,413	46	4	12 Int: 24 Res:	Rotating; Psych.
Sibley Memorial Hospital..... 1150 N. Capitol St., 2		Church	...	248	55	18	10 Int: 10 Res:	Rotating; Obg., Path., Surg.
U. S. Air Force Hospital..... Andrews A. F. B., Camp Springs, 25		Air Force	7	250	73	..	4 Res:	Gen. Pract.
Veterans Admin. Hospital..... 2650 Wisconsin Ave., N.W., 7	M-19-20	VA	2	335	66	..	37 Res:	Int. Med., Ophth., Path., Rad., Surg., Urol.
Walter Reed General Hospital (Army Medical Center)..... 6825 16th St. N.W., 12	M-19	Army	2-3-4-5-6	1,250	83	..	30 Int: 141 Res:	Rotating; Allergy, Anes., Card. Dis., Derm., Gastro. Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Washington Hospital Center..... 110 Irving St. N.W., 10		NPCorp	4	778	57	37	42 Int: 80 Res:	Rotating, St. Surg.; Anes., Int. Med., Obg., Ophth., Ortho. Surg., Otol., Path., Rad., Surg.
Washington Sanitarium and Hospital.. 7600 Carroll Ave., 12 (Takoma Park, Md.).....		Church	6	266	41	9	13 Int:	Rotating
FLORIDA								
Bay Pines								
Veterans Admin. Hospital.....		VA	2	516	..	..	Res:	Urol.
Coral Gables								
Veterans Admin. Hospital..... 1200 Anastasia Ave., 34	L-23#	VA	2	450	94	1	61 Res:	Int. Med., Path., Phys. Med., Surg.
Daytona Beach								
Halifax District Hospital..... Lakeshore Dr.		Dist	...	257	35	..	2 Res:	Gen. Pract.
Ft. Lauderdale								
Broward General Hospital..... 1600 S. Andrews Ave.		Dist	...	211	36	..	2 Res:	Path.
Gainesville								
University of Florida..... Teaching Hospital and Clinics University of Florida	M-22X	State	...	193	94	..	22 Int: 75 Res:	St. Med., St. Surg., St. Ped., St. Path.; Anes., Int. Med., Obg., Path., Ped., Psych., Rad., Surg., Urol.
Jacksonville								
Baptist Memorial Hosp..... 800 Miami Rd., 7		Church	6	311	59	16	12 Int: 10 Res:	Rotating; Gen. Pract., Obg., Path.
Brewster Methodist Hospital..... 1640 Jefferson St., 9		Church	...	160	32	..	6 Int:	Rotating
Duval Medical Center..... 2000 Jefferson St., 8	L-22	County	6	335	53	6	20 Int: 33 Res:	Rotating; Int. Med., Obg., Path., Ped., Psych., Surg., Urol.
Florida State Board of Health..... P. O. Box 210, 1		State	...	...	...	..	3 Res:	Public Health
Hope Haven Hospital..... 5720 Atlantic Blvd., 11		NPCorp	6	87	83	..	1 Res:	Ortho. Surg.
Riverside Hospital..... 2033 Riverside Ave., 4		NPCorp	1	49	43	..	2 Res:	Int. Med.
St. Luke's Hospital..... 1900 Boulevard, 6		NPCorp	1-6	210	35	10	4 Int: 10 Res:	Rotating; Gen. Pract., Int. Med., Obg., Surg.
St. Vincent's Hospital..... Barrs and St. Johns Ave., 4		Church	6	360	50	19	18 Int: 25 Res:	Rotating; Gen. Pract., Int. Med., Obg., Path., Ped., Surg., Urol.
U. S. Naval Hospital..... Zone 14		Navy	2-6	400	97	..	6 Int:	Rotating
Lantana								
Southeast Florida Tuberculosis Hospital Osborne Rd.		State	6	465	68	..	1 Res:	Pul. Dis.
Miami								
Jackson Memorial Hospital..... 1700 N. W. 10th Ave., 36	M-23#	County	2-3-4-5-6	1,011	54	31	82 Int: 221 Res:	Rotating, St. Med., St. Surg., St. Ped.; Anes., Card. Dis., Derm., Int. Med., Neuro., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Variety Children's Hosp..... 6125 S. W. 31st St., 55	L-23	NPCorp	...	118	88	..	8 Res:	Ortho. Surg., Ped.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
FLORIDA—Continued								
Miami Beach								
Mount Sinai Hospital of Greater Miami 4300 Alton Rd., 40	J-23	NPCorp	•	258	49	13	18 Int: Rotating; 22 Res: Int. Med., OBG, Path., Surg.	
St. Francis Hospital..... 250 W. 63rd St., 41	...	Church	•	250	36	14	8 Int: Rotating; 5 Res: Int. Med., OBG., Surg.	
Orlando								
Orange Memorial Hospital..... 1416 Kuhl Ave.	...	NPCorp	2-3	400	44	..	12 Int: Rotating; 23 Res: Int. Med., OBG, Ortho. Surg., Path., Surg., Urol.	
Pensacola								
Baptist Hospital..... 1000 W. Moreno St.	...	Church	•	300	60	..	6 Int: Rotating; 14 Res: Gen. Pract., Path.	
Sacred Heart Hospital..... 1010 N. 12th Ave.	...	Church	3	156	33	6	3 Int: Rotating; 3 Res: Gen. Pract.	
U. S. Naval Hospital.....	...	Navy	2-6	375	80	..	6 Int: Rotating	
U. S. Navy School of Aviation Medicine	...	Navy	...	...	..	..	3 Res: Aviation Med.	
St. Petersburg								
American Legion Hospital for Crippled Children..... 2350 Lakeview Ave., S., 12	...	NPCorp	...	62	90	..	1 Res: Ortho. Surg.	
Mound Park Hospital..... 701 Sixth St. S. 5	...	City	•	579	49	3	16 Int: Rotating; 6 Res: Gen. Pract., OBG, Surg.	
Tampa								
Southwest Florida Tuberculosis Hospital..... 4001 Tampa Bay Blvd., 3	...	State	•	546	63	..	1 Res: Pul. Dis.	
Tampa General Hospital..... Davis Islands, 6	...	City	...	580	33	1	26 Int: Rotating; 22 Res: Int. Med., OBG, Ortho. Surg., Otol., Surg., Urol.	
West Palm Beach								
Good Samaritan Hospital.....	...	NPCorp	2-3	222	29	..	5 Int: Rotating	
1300 N. Dixie Highway St. Mary's Hospital..... 900 49th St.	...	Church	2-3-6	250	43	..	6 Int: Rotating	
GEORGIA								
Athens								
Athens General Hospital..... 797 Cobb St.	...	County	2-3-6	154	25	..	6 Int: Rotating	
St. Mary's Hospital..... 360 N. Milledge Ave.	...	Church	1-6	100	42	2	5 Int: Rotating;	
Atlanta								
Crawford W. Long Memorial Hospital.. 35 Linden Ave., N. E., 3	...	Church	•	458	38	28	18 Int: Rotating; 43 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Emory University Hospital..... 1364 Clifton Rd., N. E., 22	M-25X	NPCorp	•	315	60	12	24 Int: St. Med., St. Surg., St. Path.; 77 Res: Anes., Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg.	
Georgia Baptist Hospital..... 300 Boulevard N. E., 12	...	Church	...	475	40	25	20 Int: Rotating; 24 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.	
Grady Memorial Hospital..... 80 Butler St. S. E., 3	M-25#	County	•	621	40	2	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 126 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Henrietta Egleson Hospital for Children..... 1406 Clifton Rd., N. E., 22	M-25#	NPCorp	...	50	73	..	3 Res: Ped.	
Piedmont Hospital..... 1968 Peachtree Rd., N. W., 9	...	NPCorp	2-3	218	54	6	10 Int: Rotating; 14 Res: Int. Med., OBG, Rad., Surg.	
St. Joseph's Infirmary..... 265 Ivy St. N. E., 8	...	Church	•	301	59	34	12 Int: Rotating; 22 Res: Card. Dis., Int. Med., OBG., Path., Ped., Surg., Urol.	
Veterans Administration Hospital..... 4158 Peachtree Rd. N. E., 19	M-24#	VA	5-6	300	54	..	16 Int: St. Med.; 30 Res: Int. Med., Path., Rad., Surg., Urol.	
Augusta								
Eugene Talmadge Memorial Hospital.. 1120 15th St.	M-24X	State	2-3-6	400	77	1	4 Int: St. Med.; 89 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
University Hospital..... University Place	M-24	City	3-5-6	432	39	..	18 Int: Rotating; 32 Res: Anes., Int. Med., Neuro. Surg., OBG., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital..... Wrightshoro Rd.	M-24	VA	2-6	1,744	64	..	15 Res: Int. Med., Neuro. Surg., Psych., Rad., Surg.	
Columbus								
Medical Center..... 710 19th St.	...	City	...	290	34	..	12 Int: Rotating; 4 Res: Gen. Pract., Path.	
Decatur								
Scottish Rite Hospital for Crippled Children..... 321 W. Hill St.	...	NPCorp	1-2-3	60	..	..	1 Res: Ortho. Surg.	
Fort Benning								
Martin Army Hospital.....	...	Army	2-3-4-6	500	82	..	16 Int: Rotating; 6 Res: Surg.	
Fort Oglethorpe								
John L. Hutcheson Memorial Tri- County Hospital..... Gross Crescent Rd.	...	County	...	110	46	2	6 Res: Gen. Pract.	
Macon								
Macon Hospital..... 777 Hemlock St.	...	CyCo	2-3	500	26	..	24 Int: Rotating; 16 Res: Gen. Pract., OBG, Surg.	
Milledgeville								
Milledgeville State Hospital.....	...	State	2-6	12,000	15	..	10 Res: Psych.	
Rome								
Battley State Hospital.....	...	State	...	1,529	..	..	1 Res: Thor. Surg.	
Floyd Hospital..... Turner and McCall Blvd.	...	County	2-3-6	180	32	1	6 Int: Rotating	
Savannah								
Memorial Hospital of Chatham County Waters Ave. and 63rd St.	...	Dist	...	250	54	4	10 Int: Rotating; 13 Res: Int. Med., OBG, Path., Surg., Urol.	
Warm Springs								
Georgia Warm Springs Foundation.....	...	NPCorp	...	165	..	3	12 Res: Phys. Med.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
HAWAII								
Honolulu								
Kapiolani Maternity and Gynecological Hospital 1611 Bingham St., 14	...	NPCorp	...	110	56	6	7 Res:	OBG
Kauikoolani Children's Hospital 226 N. Kuakini St., 17	...	NPCorp	...	100	83	1	7 Res:	Ped.
Kuakini Hospital 347 N. Kuakini St., 17	...	NPCorp	...	140	53	14	14 Int:	Rotating
Leahi Hospital 3675 Kilanea Ave., 16	...	NPCorp	...	455	38	2	4 Res:	Pul. Dis., Thor. Surg.
Queen's Hospital 1301 Punchbowl, 13	...	NPCorp	...	387	73	8	15 Int:	Rotating;
St. Francis Hospital 2260 Liliha St., 17	...	Church	...	219	52	..	34 Res:	Int. Med., OBG, Path., Psych., Rad.; Surg.
Shriners Hospitals for Crippled Children 1310 Punahou St., 14	...	NPCorp	...	30	..	..	12 Int:	Rotating;
Tripler Army Hospital Moanalua Gardens	...	Army	2-3-4	1,000	77	..	7 Res:	Int. Med., OBG, Path.
							1 Res:	Ortho. Surg.
							30 Int:	Rotating;
							48 Res:	Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Kaneohe								
Hawaii State Hospital	...	State	...	1,234	..	..	9 Res:	Psych.
ILLINOIS								
Berwyn								
MacNeal Memorial Hospital 3249 S. Oak Park Ave.	...	NPCorp	6	276	51	12	13 Int:	Rotating;
							10 Res:	Gen. Pract., Surg.
Blue Island								
St. Francis Hospital 12948 S. Gregory St.	...	Church	1	200	37	7	7 Int:	Rotating
Chicago								
Alexian Brothers Hospital 1200 W. Belden Ave., 14	...	Church	1-6	258	38	6	2 Res:	Path., Surg.
American Hospital 850 W. Irving Park Rd., 13	...	NPCorp	...	158	47	12	5 Int:	Rotating;
Augustana Hospital 411 W. Dickens Ave., 14	...	Church	6	320	50	17	8 Res:	Path., Surg.
Chicago Maternity Center 1336 S. Newberry Ave., 8	...	NPCorp	6	...	..	3	10 Int:	Rotating;
Chicago State Hospital 6500 W. Irving Park Rd., 34	...	State	...	4,820	9	..	16 Res:	Int. Med., Ob., Path., Rad., Surg.
Chicago State Tuberculosis Sanitarium 1919 W. Taylor St., 12	...	State	6	400	56	2	4 Res:	Ob.
Chicago Wesley Memorial Hospital 250 E. Superior St., 11	M-27#	Church	6	590	57	7	24 Int:	Rotating;
							51 Res:	Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital 707 W. Fullerton Ave., 14	M-27	NPCorp	5	220	87	10	26 Res:	Card. Dis., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
City of Chicago Municipal Tuberculosis Sanitarium 5601 N. Pulaski Rd., 46	L-28	City	...	1,439	58	4	10 Res:	Pul. Dis., Thor. Surg.
Columbus Hospital 2520 N. Lakeview Ave., 14	...	Church	7	412	48	..	16 Int:	Rotating;
Cook County Hospital 1825 W. Harrison St., 12	M-26-27-28-30	County	6	3,200	43	..	15 Res:	Int. Med., Rad.
							124 Int:	Rotating;
							191 Res:	Derm., Gastro., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plus. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Edgewater Hospital 5700 N. Ashland Ave., 26	...	NPCorp	6	293	45	8	16 Int:	Rotating;
Englewood Hospital 6001 S. Green St., 21	...	NPCorp	6	160	41	8	2 Res:	Path.
Evangelical Hospital 5421 S. Morgan St., 9	...	Church	6	195	34	4	6 Int:	Rotating;
Grant Hospital 551 W. Grant Pl., 14	L-30	NPCorp	6	247	56	18	3 Res:	Ob., Path., Surg.
Henrotin Hospital 939 N. La Salle St., 10	...	NPCorp	...	100	38	..	7 Int:	Rotating
Hospital of St. Anthony de Padua 2875 W. 19th St., 23	...	Church	...	215	37	13	11 Int:	Rotating;
Illinois Central Hospital 5800 Stony Island Ave., 37	L-30	NPCorp	6	308	56	1	14 Res:	Gen. Pract., Int. Med., OBG, Path., Ped., Surg.
Illinois Eye and Ear Infirmary 904 W. Adams St., 7	...	State	...	122	50	..	1 Res:	Surg.
Illinois Masonic Hospital 836 Wellington Ave., 14	...	NPCorp	6	550	44	40	8 Int:	Rotating;
							26 Res:	Anes., Gen. Pract., Int. Med., OBG, Path., Ped., Rad., Surg.
Illinois State Psychiatric Institute 1601 W. Taylor St., 12	L-28	State	...	434	..	4	45 Res:	Psych.
Jackson Park Hospital 7531 Stony Island Ave., 49	...	Corp	...	151	40	..	6 Int:	Rotating
Loretto Hospital 645 S. Central Ave., 44	L-28	Church	1	165	52	8	7 Int:	Rotating;
Louis A. Weiss Memorial Hospital 4646 Marine Dr., 40	...	NPCorp	6	219	43	..	9 Res:	Psych.
Lutheran Deaconess Hospital 1138 N. Leavitt, 22	...	Church	1	186	43	..	22 Res:	Gen. Pract.
Mersey Hospital 2537 S. Prairie Ave., 16	M-28	Church	6	356	48	20	5 Int:	Rotating;
							4 Res:	Ob., Surg.
							15 Int:	Rotating;
							56 Res:	Int. Med., Neuro. Surg., OBG., Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital 2839 E. Ellis Ave., 16	M-26-L-27	NPCorp	4	872	72	33	42 Int:	Rotating St. Med., St. Surg., St. Ped.;
							118 Res:	Allergy, Anes., Card. Dis., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Mount Sinai Hospital 2750 W. 15th Pl., 8	M-26	NPCorp	...	389	56	32	14 Int:	Rotating;
							58 Res:	Anes., Card. Dis., Int. Med., OBG., Path., Ped., Psych., Rad., Surg., Urol.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
ILLINOIS, Chicago—Continued								
Northwestern University Medical Center 303 E. Chicago Ave., 11	...	NPCorp	4-5-6	...	..	3	-Res:	Allergy, Anes., Card. Dis., Derm., Gastro., Gen. Pract., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Phys. Med., Plas. Surg., Proct., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Norwegian American Hospital..... 1044 N. Francisco Ave., 22	...	NPCorp	...	171	29	15	12 Int:	Rotating: Path. Surg.
Passavant Memorial Hospital..... 303 E. Superior St., 11	M-27	NPCorp	6	296	69	7	18 Int: 33 Res:	Rotating: Anes., Int. Med., Neuro. Surg., Obg., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
Presbyterian-St. Luke's Hospital..... 1733 W. Congress Pkwy., 12	M-30#	NPCorp	2-3	852	73	32	39 Int: 111 Res:	Rotating: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Provident Hospital	NPCorp	...	205	61	23	11 Int:	Rotating, St. Surg.:
Ravenswood Hospital	NPCorp	6	247	60	17	13 Res:	Int. Med., OBG., Ped., Surg.
1931 W. Wilson Ave., 40	8 Int:	Rotating:
Resurrection Hospital	Church	1-3-6	260	67	2	5 Res:	Path. Surg.
7435 W. Talcott Ave., 31	12 Int:	Rotating
St. Anne's Hospital.....	...	Church	6	328	33	21	12 Int:	Rotating:
4950 Thomas St., 51	15 Res:	Ob., Ortho. Surg., Path., Surg.
St. Bernard's Hospital.....	...	Church	...	181	39	3	8 Int:	Rotating:
6337 S. Harvard Ave., 21	2 Res:	Surg.
St. Elizabeth's Hospital.....	...	Church	1	266	43	14	10 Int:	Rotating:
1431 N. Claremont Ave., 22	7 Res:	OBG., Ortho. Surg., Surg.
St. Joseph Hospital.....	L-28	Church	...	200	56	1	8 Int:	Rotating:
2100 N. Burling St., 14	12 Res:	Int. Med., OBG., Path., Surg.
St. Mary of Nazareth Hospital.....	...	Church	6	278	37	..	10 Int:	Rotating:
1120 N. Leavitt St., 22	13 Res:	Gen. Pract., Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	NPCorp	...	68	..	..	4 Res:	Ortho. Surg.
2211 N. Oak Park Ave., 35
South Chicago Community Hospital.....	...	NPCorp	...	250	34	11	12 Int:	Rotating
2320 E. 90rd St., 17
South Shore Hospital.....	...	NPCorp	...	175	38	8	7 Int:	Rotating:
8015 S. Luella Ave., 17	2 Res:	Gen. Pract.
Swedish Covenant Hospital.....	...	Church	6	225	55	4	9 Int:	Rotating:
5145 N. California Ave., 25	4 Res:	Path.
University of Chicago Clinics.....	M-29X	NPCorp	4	693	80	23	44 Int:	Rotating, St. Ped.:
950 E. 59th St., 37	150 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Univ. of Illinois Research and Educational Hospitals.....	M-30X	State	4-5-6	625	83	8	36 Int:	Rotating;
840 S. Wood St., 12	116 Res:	Allergy, Anes., Derm., Int. Med., Neuro., Surg., Neur., OBG., Ophth., Ortho., Surg., Otol., Path., Ped. Allergy, Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Administration Research Hospital.....	...	VA	2-4-6	516	75	2	93 Res:	Anes., Gastro., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
333 E. Huron St., 11
Veterans Administration Hospital.....	M-26-30;	VA	2-6	405	78	..	55 Res:	Int. Med., Path., Phys. Med., Psych., Rad., Surg.
820 S. Damen Ave., 12	L-28	...	...	...	...	...	...	...
Woodlawn Hospital.....	...	NPCorp	6	150	72	6	6 Int:	Rotating:
6060 Drexel Ave., 37	1 Res:	Surg.
Decatur								
Decatur and Macon County Hospital....	...	NPCorp	1-2-3-6	330	40	..	9 Int:	Rotating:
2300 N. Edward St.	8 Res:	Anes., Path.
Downey								
Veterans Administration Hospital.....	...	VA	2-6	2,487	91	..	18 Res:	Psych.
East Peoria								
Caterpillar Tractor Company.....	...	Corp	...	...	..	..	1 Res:	Occup. Med.
600 W. Washington St.
Evanston								
Evanston Hospital.....	M-27	NPCorp	6	387	77	4	24 Int:	Rotating:
2650 Ridge Ave.	36 Res:	Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.
St. Francis Hospital.....	...	Church	6	396	75	3	14 Int:	Rotating:
355 Ridge Ave.	24 Res:	Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg.
Evergreen Park								
Little Company of Mary Hospital.....	...	Church	6	456	37	14	24 Int:	Rotating;
2800 W. 95th St., 42	25 Res:	OBG., Ped., Rad., Surg.
Galesburg								
Galesburg State Research Hospital.....	...	State	6	1,794	37	3	8 Res:	Psych.
North Seminary St.
Great Lakes								
U. S. Naval Hospital.....	...	Navy	2-4-5-6	925	98	..	10 Int:	Rotating:
...	11 Res:	Int. Med., OBG., Surg.
Hins								
Veterans Administration Hospital.....	L-28-30	VA	2-4-6	2,100	58	..	175 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Hinsdale								
Hinsdale Sanitarium and Hospital.....	...	Church	3-6	195	49	..	10 Int:	Rotating
120 N. Oak St.
Suburban Cook County Tuberculosis Sanitarium.....	...	Dist	6	209	87	2	1 Res:	Thor. Surg.
55th and County Line Rd.
Joliet								
St. Joseph Hospital.....	...	Church	...	294	23	..	5 Res:	Anes.
372 N. Broadway St.
La Grange								
Community Memorial General Hospital..	...	NPCorp	...	98	61	..	2 Res:	Surg.
5101 Willow Springs Rd.
Mount Vernon								
Mount Vernon State Tuberculosis Sanitarium.....	...	State	...	150	19	1	2 Res:	Pul. Dis.
601 N. 18th

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
ILLINOIS—Continued								
Oak Forest								
Cook County Hospital—Oak Forest Tuberculosis Hospital.....	...	County	...	2,668	17	..	1 Res:	Pul. Dis.
Oak Park								
Oak Park Hospital.....	...	Church	...	243	47	13	12 Int:	Rotating
West Suburban Hospital.....	...	NPCorp	6	375	44	12	15 Int: 9 Res:	Rotating; OBG., Ortho. Surg., Path.
Peoria								
Institute of Physical Medicine and Rehabilitation.....	...	NPCorp	...	135	..	..	2 Res:	Phys. Med.
Methodist Hospital of Central Illinois.....	...	Church	6	347	52	..	16 Int: 12 Res:	Rotating; Path., Surg.
Peoria Municipal Tuberculosis Sanitarium.....	...	City	...	100	45	1	1 Res:	Pul. Dis.
St. Francis Hospital.....	...	Church	2-3-6	610	54	9	18 Int: 20 Res:	Rotating; Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg.
Rockford								
Rockford Memorial Hospital.....	...	NPCorp	1	240	93	1	8 Int: 7 Res:	Rotating; Path., Rad.
St. Anthony Hospital.....	...	Church	4	214	43	7	6 Int: 7 Res:	Rotating; OBG., Path., Surg.
Swedish-American Hospital.....	...	NPCorp	2-6	200	43	..	8 Int:	Rotating
Springfield								
Illinois State Department of Health.....	...	State	...	..	..	..	6 Res:	Public Health
Urbana								
Carle Memorial Hospital.....	...	NPCorp	...	101	49	..	2 Res:	Path., Rad.
Winnetka								
North Shore Hospital.....	9	100	58	..	2 Res:	Psych.
INDIANA								
Bluffton								
Clinic Hospital.....	...	Corp	6	122	81	1	10 Res:	Int. Med., Rad., Surg.
East Chicago								
St. Catherine Hospital.....	...	Church	3-6	311	46	..	8 Int:	Rotating
Evansville								
St. Mary's Hospital.....	...	Church	2-6	340	36	..	4 Int:	Rotating
Fort Wayne								
Lutheran Hospital.....	...	Church	3-6	338	33	..	6 Int:	Rotating
St. Joseph's Hospital.....	...	Church	6	200	33	1	8 Res:	Path.
Gary								
Methodist Hospital.....	...	Church	6	330	58	..	12 Int: 4 Res:	Rotating; Path.
St. Mary Mercy Hospital.....	...	Church	2-6	294	43	1	8 Int:	Rotating
Hammond								
St. Margaret Hospital.....	...	Church	3-6	325	36	..	12 Int:	Rotating
Indianapolis								
Indiana University Medical Center.....	M-31X	State	4-5-6-7	535	69	2	35 Int: Res:	Rotating, St. Med., St. Surg., Family Practice; Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Larue D. Carter Memorial Hospital.....	L-31#	State	2-6	225	100	..	36 Res:	Psych.
Marion County General Hospital.....	M-31#	CyCo	4-5-6	611	44	..	40 Int: 78 Res:	Rotating; Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Methodist Hospital.....	...	Church	3-6	695	49	2	39 Int: 43 Res:	Rotating; Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
St. Vincent's Hospital.....	...	Church	1-2-3-5	300	50	..	10 Int: 22 Res:	Rotating; Card. Dis., Int. Med., OBG., Ortho. Surg., Path., Ped., Surg.
Veterans Admin. Hosp.....	M-31#	VA	2-6	715	72	..	32 Res:	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Psych., Rad., Surg., Urol.
Lafayette								
St. Elizabeth Hospital.....	...	Church	2-3-6	312	26	1	4 Int: 11 Res:	Rotating; Int. Med., OBG., Path., Surg.
Logansport								
Logansport State Hospital.....	...	State	2-6	2,400	14	1	4 Res:	Psych.
Muncie								
Ball Memorial Hospital.....	...	NPCorp	2-3	413	42	1	8 Int: 5 Res:	Rotating; Path., Surg.
South Bend								
Memorial Hospital.....	...	NPCorp	3-6	308	49	..	10 Int: 2 Res:	Rotating; Path.
St. Joseph's Hospital.....	...	Church	3-6	214	39	..	9 Int:	Rotating
South Bend Medical Foundation.....	...	NPCorp	2	981	32	..	8 Res:	Path.
Vincennes								
Good Samaritan Hospital.....	...	County	...	219	36	..	1 Res:	Path.
Westville								
Dr. Norman M. Beatty Memorial Hosp....	...	State	2-6	2,091	35	..	3 Res:	Psych.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
IOWA								
Cedar Rapids								
Mercy Hospital.....	...	Church	9	222	55	..	10 Int: Rotating	
835 Sixth Ave., S. E.								
St. Luke's Methodist Hosp.....	...	Church	...	316	52	2	13 Int: Rotating; 4 Res: Path.	
1026 A Ave., N. E.								
Cherokee								
Mental Health Institute.....	...	State	6	1,282	57	1	12 Res: Psych.	
1200 W. Cedar								
Des Moines								
Broadlawn, Polk County Hospital....	...	County	3	232	50	..	16 Int: Rotating; 4 Res: Gen. Pract., Surg.	
18th and Hickman Rd., 14								
Iowa Lutheran Hospital.....	...	Church	3	250	31	10	10 Int: Rotating	
716 Parnell Ave., 16								
Iowa Methodist Hospital.....	...	Church	6	449	59	4	10 Int: Rotating; 25 Res: Int. Med., Path., Ped., Rad., Surg.	
1200 Pleasant St., 14								
Mercy Hospital.....	...	Church	...	200	75	2	14 Int: Rotating; 4 Res: Path.	
5th and Ascension Sts., 14								
Veterans Administration Hospital.....	...	VA	2	386	74	..	44 Res: Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.	
30th and Euclid Ave., 8								
Independence								
Mental Health Institute.....	...	State	...	1,211	44	..	12 Res: Psych.	
Iowa City								
Iowa State Psychopathic Hospital.....	L-32X	State	6	60	..	5	24 Res: Psych.	
500 Newton Rd.								
Mercy Hospital.....	...	Church	...	210	21	2	2 Res: Path., Surg.	
214 N. Van Buren St.								
State University of Iowa Hospitals....	M-32X	State	4-5-6	909	69	25	20 Int: Rotating; 173 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur. OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Newton Rd.								
Veterans Administration Hospital.....	L-32#	VA	2-6	484	78	1	40 Res: Anes., Int. Med., Neur., Otol., Path., Rad., Surg.	
KANSAS								
Halstead								
Halstead Hospital.....	...	Church	3	160	65	..	1 Res: Path.	
328 Poplar St.								
Kansas City								
Bethany Hospital.....	...	Church	6	194	38	..	8 Int: Rotating	
53 N. 12th St., 7								
St. Margaret's Hospital.....	...	Church	3-3	215	41	1	8 Int: Rotating; 3 Res: Surg.	
759 Vermont Ave., 8								
University of Kansas Medical Center...	M-33X	State	4-7	528	75	..	29 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., Family Practice; 150 Res: Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
39th and Rainbow Blvd., 12								
Topeka								
C. F. Meminger Memorial Hospital....	...	NPCorp	...	118	..	2	8 Res: Psych.	
3617 W. Sixth Ave.								
Topeka State Hospital.....	...	State	6	1,499	72	17	20 Res: Psych.	
West Sixth St.								
Veterans Administration Hospital.....	...	VA	2	1,011	79	..	45 Res: Neur., Psych.	
2200 Gage Blvd.								
Wadsworth								
Veterans Administration Hospital.....	...	VA	2-4-5	836	68	..	12 Res: Phys. Med., Surg.	
Wichita								
St. Francis Hospital.....	...	Church	6	700	65	30	18 Int: Rotating; 32 Res: Anes., Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.	
928 N. Emporia Ave., 5								
Veterans Administration Center.....	...	VA	2	252	77	1	4 Res: Surg.	
5500 E. Kellogg, 18								
Wesley Hospital.....	...	Church	6	487	47	9	18 Int: Rotating; 11 Res: Gen. Pract., Int. Med., OBG., Path., Surg.	
550 N. Hillside Ave., 14								
Wichita-St. Joseph Hospital.....	...	Church	6	385	33	13	12 Int: Rotating; 3 Res: Path.	
3400 Grand Ave., 18								
KENTUCKY								
Covington								
St. Elizabeth Hospital.....	...	Church	...	349	30	8	14 Int: Rotating; 2 Res: Path.	
21st and Eastern Ave.								
William Booth Memorial Hospital.....	...	Church	6	150	29	..	6 Res: Gen. Pract.	
323 E. 2nd St., Box 472								
Fort Campbell								
U. S. Army Hospital.....	...	Army	2	350	66	..	3 Res: Surg.	
Fort Knox								
Ireland Army Hospital.....	...	Army	1-2-4	500	58	..	16 Int: Rotating;	
Harlan								
Harlan Memorial Hospital.....	...	NPCorp	6	187	50	4	19 Res: Int. Med., Path., Surg.	
Lakeland								
Central State Hospital.....	...	State	6	2,379	18	1	6 Res: Psych.	
Lexington								
Central Baptist Hospital.....	...	Church	1	167	28	3	7 Res: Gen. Pract.; OBG.	
1740 S. Limestone St.								
Good Samaritan Hospital.....	...	Church	6	250	35	12	5 Int: Rotating; 12 Res: Int. Med., OBG., Ortho. Surg., Surg.	
310 S. Limestone St.								
St. Joseph Hospital.....	...	Church	6	269	37	14	8 Int: Rotating; 20 Res: Int. Med., OBG., Ortho. Surg., Surg., Urol.	
1400 Harrodsburg Rd.								
Shriners Hospitals for Crippled Children	...	NPCorp	...	50	100	..	2 Res: Ortho. Surg.	
1900 Richmond Rd.								
U. S. Public Health Service Hospital...	...	USPHS	2-6	1,264	70	..	18 Res: Psych.	
Veterans Administration Hospital.....	...	VA	2	1,171	45	..	4 Res: Psych.	
Louisville								
Children's Hospital.....	M-34#	NPCorp	6	200	72	9	16 Res: Anes., Neuro. Surg., Path., Ped., Surg.	
226 E. Chestnut St., 2								
Jewish Hospital.....	M-34#	NPCorp	...	118	..	..	2 Res: Int. Med.	
217 E. Chestnut St., 2								
Kentucky Baptist Hospital.....	...	Church	1-2	345	27	4	12 Int: Rotating	
810 Barret Ave., 4								

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
KENTUCKY, Louisville—Continued								
Kosair Crippled Children Hospital..... 982 Eastern Pkwy., 17	L-34	NPCorp	...	100	..	..	4 Res:	Ortho. Surg.
Louisville General Hospital..... 323 E. Chestnut St., 2	M-34#	CyCo	4-5-6	396	69	37	44 Int: 117 Res:	Rotating, St. Med., St. Surg., St. Ped., St. Path.; Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary..... 231 W. Oak St., 3	L-34#	NPCorp	6	298	36	4	6 Int: 12 Res:	Rotating; Neuro. Surg., Psych., Surg.
St. Anthony Hospital..... 1313 St. Anthony Pl., 4	...	Church	6	235	26	6	6 Int:	Rotating
St. Joseph Infirmary..... 735 Eastern Pkwy., 17	...	Church	6	440	43	3	18 Int:	Rotating;
SS. Mary and Elizabeth Hospital..... 4400 Churchman Ave., 15	...	Church	6	192	42	5	25 Res: 9 Int:	Int. Med., OBG., Ped., Rad., Surg. Rotating;
Veterans Administration Hospital..... Mellwood and Zorn Ave., 2	M-34#	VA	2-6	494	68	..	2 Res: 40 Res:	Path. Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
LOUISIANA								
Lafayette								
Lafayette Charity Hospital..... 311 W. St. Mary Blvd.	...	State	...	471	67	..	23 Res:	Gen. Pract., Surg.
Monroe								
E. A. Conway Memorial Hospital..... Columbia Rd.	...	State	...	212	57	1	10 Res:	Gen. Pract.
New Orleans								
Charity Hospital of Louisiana..... 1532 Tulane Ave., 12	M-35-36	State	3-4-5-6	2,786	89	..	126 Int: 329 Res:	Rotating; Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Surg., Thor. Surg., Urol.
Eye, Ear, Nose and Throat Hospital.. 145 Elk Pl., 12	L-36	NPCorp	6	110	..	3	10 Res:	Ophth., Otol.
Hotel Dieu..... 2094 Tulane Ave., 16	...	Church	6	291	30	15	12 Int:	Rotating;
Merey Hospital..... 301 N. Jefferson Davis Pkwy., 19	...	Church	6	194	40	6	12 Res: 8 Int:	Path., Ped., Rad., Sng.Rotating
Ochsner Foundation Hospital..... 1516 Jefferson Highway, 21	L-36	NPCorp	5-6	252	85	5	8 Int: 62 Res:	St. Med., St. Surg.; Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Obg., Ophth., Ortho. Surg., Path., Proct., Rad., Surg., Urol.
Southern Baptist Hospital..... 2700 Napoleon Ave., 15	L-36	Church	6	437	41	11	24 Int:	Rotating;
Touro Infirmary..... 3500 Prytanian St., 15	L-36	NPCorp	5-6	462	63	4	25 Res: 36 Res:	Int. Med., OBG., Path., Ped., Rad., Surg. Rotating; Gastro., Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Public Health Service Hospital... 210 State St., 15	...	USPHS	2-4	400	88	..	12 Int:	Rotating;
Veterans Administration Hospital..... 1601 Perdido St., 12	L-35-36	VA	2-4-6	492	78	..	24 Res: 56 Res:	Int. Med., OBG., Ophth., Path., Rad., Surg. Anes., Int. Med., Ophth., Ortho. Surg., Path., Psych., Surg., Urol.
Pineville								
Huey P. Long Charity Hospital..... Hospital Blvd.	L-36	State	1-2-6	279	49	..	12 Res:	Gen. Pract.
Shreveport								
Confederate Memorial Medical Center.. 1541 Kingshighway	L-36	State	2-3-4-5	1,002	30	3	46 Int: 66 Res:	Rotating; Int. Med., Obg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Doctors' Hospital and Research Foundation..... 1130 Louisiana Ave., 7	...	Corp	1-2-3	135	36	..	4 Int:	Rotating
Highland Hospital..... 1006 Highland Ave., 50	...	Corp	...	144	31	..	4 Int:	Rotating
T. E. Schumpert Memorial Sanitarium.. 915 Margaret Pl., 15	...	Church	6	325	38	..	7 Int:	Rotating
Shriners Hospitals for Crippled Children..... Kingshighway and Sanford Ave., 49	...	NPCorp	...	60	..	..	2 Res:	Ortho. Surg.
MAINE								
Bangor								
Eastern Maine General Hospital..... 489 State St.	...	NPCorp	2	297	55	..	6 Int: 7 Res:	Rotating; Anes., Path., Rad.
Fairfield								
Central Maine Sanatorium..... Mountain Ave.	...	State	6	136	44	..	1 Res:	Pul. Dis.
Lewiston								
Central Maine General Hospital..... 300 Main St.	...	NPCorp	6	220	53	3	4 Int: 5 Res:	Rotating; Anes., Int. Med., Path., Ped., Surg.
Portland								
Maine Medical Center..... 22 Bramhall St., 4	L-41	NPCorp	2-3-6	400	43	..	12 Int: 31 Res:	Rotating; Anes., Card. Dis., Gen. Pract., Int. Med., Path., Ped., Rad., Surg.
MARYLAND								
Army Chemical Center								
U. S. Army Environmental Health Center.....	...	Army	...	...	..	..	1 Res:	Occup. Med.
Baltimore								
Baltimore City Hospitals..... 4940 Eastern Ave., 24	M-37	City	4-5-6-7	1,497	61	32	31 Int: 75 Res:	Rotating, Mixed, St. Med., St. Surg., St. Ped., Family Practice; Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Path., Ped., Rad., Surg.
Baltimore Eye, Ear and Throat Hospital..... 1214 Eutaw Pl., 17	...	NPCorp	3	68	..	2	6 Res:	Ophth., Otol.
Bon Secours Hospital..... 2025 W. Fayette St., 23	...	Church	1	255	30	18	10 Int: 7 Res:	Rotating; OBG., Surg.
Children's Hospital..... 3825 Greenspring Ave., 11	...	NPCorp	...	124	..	..	1 Res:	Ortho. Surg.
Church Home and Hospital..... Broadway and Fairmount Ave., 31	...	Church	6	180	53	25	13 Int: 19 Res:	Rotating, St. Med.; Int. Med., Ob., Surg.
Franklin Square Hospital..... 100 N. Calhoun St., 23	...	NPCorp	...	175	61	20	9 Int: 18 Res:	Rotating; Int. Med., OBG., Path., Surg.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MARYLAND, Baltimore—Continued								
Hospital for Women.....	...	NPCorp	*	162	56	13	6 Int: Mixed; 17 Res: Int. Med., OBG.	
Lafayette Ave. and John St., 17								
James Lawrence Kernan Hospital for Crippled Children.....	...	Corp	...	91	..	..	2 Res: Ortho. Surg.	
Windsor Mill Rd. and Forest Pk. Ave., 7								
Johns Hopkins Hospital.....	M-37	NPCorp	4-8	987	68	10	64 Int: St. Med., St. Surg., St. Ped., St. Path., St. Ob-Gyn.; 194 Res: Anes., Derm., Int. Med., Neuro Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
601 N. Broadway, 5								
Lutheran Hospital .....	...	Church	4	191	48	29	10 Int: Rotating; 23 Res: Int. Med., OBG., Path., Surg.	
730 Ashburton St., 16								
Maryland General Hospital.....	L-38#	Church	*	336	40	25	14 Int: Rotating; 26 Res: Int. Med., OBG., Path., Surg.	
827 Linden Ave., 1								
Mercy Hospital	L-38#	Church	4-6	279	47	10	16 Int: Rotating; 21 Res: Int. Med., OBG., Otol., Path., Ped., Surg.	
Calvert and Saratoga Sts., 2								
Provident Hospital .....	...	NPCorp	4-8	137	52	12	9 Int: Rotating; 12 Res: Path., Ped., Surg.	
1514 Division St., 17								
St. Agnes Hospital.....	...	Church	*	222	47	14	9 Int: Rotating; 18 Res: Int. Med., OBG., Surg.	
Wilkens and Caton Ave., 29								
St. Joseph's Hospital.....	...	Church	...	240	55	25	8 Int: Rotating; 20 Res: Int. Med., OBG., Path., Surg.	
1400 N. Caroline St., 13								
Seton Institute .....	...	Church	...	302	44	5	12 Res: Psych.	
6420 Reisterstown Rd., 15								
Sinal Hospital .....	...	NPCorp	4-5-6	308	59	27	23 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 55 Res: Int. Med., OBG., Path., Ped., Rad., Surg., Urol.	
Belvedere Ave. at Greenspring, 15								
South Baltimore General Hospital.....	...	NPCorp	*	181	34	21	8 Int: Rotating; 18 Res: Int. Med., OBG., Otol., Surg.	
1213 Light St., 30								
State of Maryland Dept. of Health.....	...	State	...	...	..	..	2 Res: Public Health	
301 W. Preston St., 1								
Union Memorial Hospital.....	...	NPCorp	*	365	44	28	18 Int: Rotating, St. Surg. 31 Res: Int. Med., OBG., Path., Ped., Surg.	
33rd and Calvert Sts., 18								
U. S. Public Health Service Hospital..	...	USPHS	2-4	366	81	..	12 Int: Rotating; 23 Res: Int. Med., Ophth., Path., Rad., Surg.	
Wyman Park Dr. and 31st St., 11								
University Hospital	M-38X	State	4-5-6	598	59	33	30 Int: Rotating, St. Med., St. Surg., St. Ped.; 160 Res: Anes., Derm., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Redwood and Greene Sts., 1								
Veterans Administration Hospital.....	L-38	VA	2-6	291	80	..	3 Res: Pul. Dis., Thor. Surg.	
8900 Loch Raven Blvd., 18								
Bethesda								
National Institutes of Health- Clinical Center .....	...	Fed	2-5-6	516	94	..	36 Res: Derm., Int. Med., Neur., Ophth., Path., Psych., Rad.	
Zone 14								
Suburban Hospital .....	...	NPCorp	...	200	49	15	19 Int: Rotating; 10 Res: Gen. Pract., Path.	
8600 Old Georgetown Rd., 14								
U. S. Naval Hospital.....	M-19	Navy	5-6	925	90	..	18 Int: Rotating; 74 Res: Anes., Card. Dis., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
Catonsville								
Spring Grove State Hospital.....	...	State	4-6	2,985	38	10	18 Res: Psych.	
Wade Ave., 28								
Cheverly								
Prince George's General Hospital.....	...	County	...	390	65	28	22 Int: Rotating; 20 Res: Int. Med., OBG., Path., Surg.	
Crownsville								
Crownsville State Hospital.....	...	State	4-6	2,209	34	9	12 Res: Psych.	
Fort Howard								
Veterans Administration Hospital.....	L-38#	VA	2-6	377	61	..	24 Res: Derm., Int. Med., Surg., Urol.	
Glenn Dale								
Glenn Dale Hospital.....	L-19	City	*	600	60	7	6 Res: Pul. Dis.	
Hagerstown								
Washington County Hospital.....	...	NPCorp	*	293	37	1	8 Int: Rotating; 1 Res: Rad.	
King and Antietam Sts.								
Perry Point								
Veterans Administration Hospital.....	L-38#	VA	2-6	1,715	83	..	14 Res: Int. Med., Psych., Surg.	
Rockville								
Chestnut Lodge .....	...	Corp	...	90	..	..	4 Res: Psych.	
500 W. Montgomery Ave.								
Sykesville								
Springfield State Hospital.....	...	State	*	3,474	34	8	15 Res: Psych.	
Towson								
Sheppard and Enoch Pratt Hospital... Zone 4	...	NPCorp	...	250	33	1	10 Res: Psych.	
MASSACHUSETTS								
Bedford								
Veterans Administration Hospital.....	M-41	VA	2-6	1,803	61	..	9 Res: Psych.	
Springs Rd.								
Belmont								
McLean Hospital .....	...	NPCorp	*	271	71	3	17 Res: Psych.	
1075 Pleasant St., 79								
Beverly								
Beverly Hospital .....	...	NPCorp	...	259	71	4	8 Int: Rotating; 8 Res: Int. Med., Path., Surg.	
Heather and Herriek Sts.								
Boston								
Beth Israel Hospital.....	M-40-41	NPCorp	3-4-6	342	54	13	16 Int: St. Med., St. Surg.; 60 Res: Anes., Card. Dis., Gastro., Int. Med., OB., Otol., Path., Psych. Rad., Surg., Urol.	
830 Brookline Ave., 15								
Boston City Hospital.....	M-39-40-41	City	4-5-6	1,456	58	35	74 Int: St. Med., St. Surg., St. Ped., St. Path.; 241 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
815 Harrison Ave., 18								
Boston Floating Hospital.....	M-41	NPCorp	2	80	86	6	6 Int: St. Ped.; 12 Res: Ped.	
20 Ash St., 11								
Boston Lying-In Hospital.....	M-40	NPCorp	...	175	67	..	16 Res: OBG., Path.	
221 Longwood Ave., 15								
Boston Sanatorium .....	...	City	...	500	19	..	4 Res: Pul. Dis., Thor. Surg.	
249 River St., 26								
Boston State Hospital.....	L-39; M-41	State	...	3,047	41	8	28 Res: Psych.	
591 Morton St., 24								

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MASSACHUSETTS, Boston—Continued								
Carney Hospital 2100 Dorchester Ave., 24	...	Church	1-0	318	50	14	12 Int:	Rotating;
Children's Hospital Medical Center 300 Longwood Ave., 15	M-40	NPCorp	4-0	367	83	46	42 Res:	Int. Med., OBG., Path., Surg.
Faulkner Hospital 1153 Centre St., Jamaica Plain 30	L-39	NPCorp	6	145	47	1	7 Int:	St. Ped., St. Path.;
Harvard University School of Public Health 55 Shattuck St., 15	...	NPCorp	...	...	...	...	61 Res:	Neuro. Surg., Neur., Ortho. Surg., Path., Ped., Ped. Allergy, Surg.
Lahey Clinic 605 Commonwealth Ave., 15	...	Corp	...	...	...	41	3 Res:	Int. Med., Path., Rad.
Lemuel Shattuck Hospital 170 Morton St., J. P. 30	L-39-40-41	State	6	356	68	6	56 Res:	Anes., Gastro., Int. Med., Ortho. Surg., Rad., Surg.
Long Island Hospital, 69	L-40	City	1-0	700	54	8	24 Res:	Int. Med., Neur., Path., Rad.
Massachusetts Eye and Ear Infirmary 243 Charles St., 14	M-40	NPCorp	6	169	50	2	8 Res:	Int. Med.
Massachusetts General Hospital Fruit St., 14	M-40	NPCorp	4-5-6	931	73	8	15 Res:	Ophth., Otol.
Massachusetts Memorial Hospitals 750 Harrison Ave., 18	M-39	NPCorp	...	237	63	19	30 Int:	St. Med., St. Surg., St. Ped., St. Path.;
Massachusetts Mental Health Center 74 Penwood Rd., 15	M-40	State	2-3-6	174	..	1	150 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Ped. Allergy, Ped., Phys. Med., Psych., Rad., Surg., Urol.
New England Center Hospital 171 Harrison Ave., 11	L-40; M-41#	NPCorp	6	208	79	29	16 Int:	St. Med., St. Path., St. Surg.;
New England Deaconess Hospital 15 Deaconess Rd., 15	L-40	NPCorp	6	357	63	18	81 Res:	Anes., Derm., Gastro., Int. Med., Neur., OBG., Ophth., Path., Psych., Rad., Surg., Urol.
New England Hospital Columbus Ave. and Dimock St., 19	...	NPCorp	...	122	58	10	45 Res:	Anes., Int. Med., Path., Rad., Thor. Surg.
Peter Bent Brigham Hospital 721 Huntington Ave., 15	M-40	NPCorp	6	282	71	43	6 Int:	Rotating;
St. Elizabeth's Hospital 736 Cambridge St., (Brighton) 35	M-41	Church	6	400	57	..	11 Res:	Anes., Gen. Pract., OBG., Surg.
St. Margaret's Hospital 90 Cushing Ave., 25	M-41	Church	1-6	116	55	2	16 Int:	St. Med., St. Surg.;
U. S. Public Health Service Hospital 77 Warren St., 35 (Brighton)	...	USPHS	2-4-6	247	82	..	79 Res:	Anes., Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Veterans Administration Hospital 150 S. Huntington Ave., 30	M-39-41	VA	2-4-6	920	68	1	14 Int:	Rotating;
Brockton							6 Res:	Int. Med., Surg.
Brockton Hospital 680 Centre St., 11	...	NPCorp	...	241	42	7	135 Res:	Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Veterans Administration Hospital Belmont St., 5	...	VA	2-4	988	65	..	6 Int:	Rotating;
Brookline							1 Res:	Surg.
Free Hospital for Women 245 Pond Ave., 46	M-40	NPCorp	6	90	62	6	6 Res:	Psych.
Cambridge							14 Res:	OBG., Path.
Cambridge City Hospital 1493 Cambridge St., 39	M-41	City	6	246	36	17	12 Int:	Rotating;
Cambridge Sanatorium 799 Concord Ave.	L-41	City	6	100	50	2	15 Res:	Anes., Int. Med., OBG., Path., Surg.
Mount Auburn Hospital 330 Mount Auburn St., 38	L-40	NPCorp	...	248	56	9	2 Res:	Pul. Dis.
Canton							5 Int:	Mixed;
Massachusetts Hospital School Randolph	...	State	2	177	..	..	10 Res:	Anes., Int. Med., Path., Rad., Surg.
Chelsea							2 Res:	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital Soldiers Home 100 Summit Ave., 50	...	State	4	300	43	9	1 Res:	Int. Med., Surg., Urol.
U. S. Naval Hospital	...	Navy	2-4-6	575	83	..	12 Int:	Rotating.
Fall River							30 Res:	Anes., Int. Med., OBG., Ortho. Surg., Ped., Rad., Surg.
Fall River General Hospital 245 Stanley St.,	...	City	...	220	14	..	1 Res:	Surg.
St. Anne's Hospital 795 Middle St.	...	Chureh	7	160	38	5	5 Res:	Gen. Pract.
Truesdale Hospital 1820 Highland Ave.	...	NPCorp	...	152	45	13	9 Int:	Rotating;
Union Hospital Highland Ave. at New Boston Rd.	...	NPCorp	3	183	23	7	4 Res:	Path., Surg.
Fitchburg							10 Int:	Rotating
Burbank Hospital Nichols Rd.	...	City	...	236	60	..	4 Res:	Path., Surg.
Foxborough							8 Res:	Psych.
Foxborough State Hospital Chestnut St.	...	State	...	1,244	36	7	6 Int:	Rotating;
Frammingham							2 Res:	Path.
Frammingham Union Hospital 1 Evergreen St.	...	NPCorp	6	165	61	..	6 Int:	Rotating;
Holyoke							3 Res:	Path.
Holyoke Hospital 575 Beech St.	...	NPCorp	4	197	30	3	6 Int:	Rotating;
Providence Hospital 1233 Main St.	...	Chureh	...	222	28	..	3 Res:	Path.
Lawrence							6 Int:	Rotating;
Lawrence General Hospital 1 Garden St.	...	NPCorp	6	220	75	5	7 Res:	Int. Med., Path.
Lowell							4 Int:	Rotating
Lowell General Hospital 295 Varnum Ave.	...	NPCorp	...	215	35	4		

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MASSACHUSETTS, Lowell—Continued								
St. John's Hospital..... 14 Bartlett St.	...	Church	0	183	54	5	6 Int:	Rotating
St. Joseph's Hospital..... 830 Merrimack St.	...	Church	1-0	180	33	2	4 Int:	Rotating
Lynn								
Lynn Hospital..... 212 Boston St.	...	NPCorp	3-0	290	33	7	10 Int: 2 Res:	Rotating; Path., Urol.
Malden								
Malden Hospital..... Hospital Rd., 48	...	NPCorp	0	218	42	7	6 Int: 8 Res:	Rotating; Path., Surg.
Medfield								
Medfield State Hospital..... Box A	...	State	0	1,490	37	8	12 Res:	Psych.
Methuen								
Bon Secours Hospital..... 70 East St.	...	Church	...	165	30	..	6 Int:	Rotating
Middleboro								
Lakeville State Sanatorium.....	...	State	...	248	63	..	2 Res:	Ortho Surg.
New Bedford								
St. Luke's Hospital..... 101 Page St.	...	NPCorp	0	360	33	8	10 Int: 3 Res:	Rotating; Int. Med., Path.
Newton Lower Falls								
Newton-Wellesley Hospital..... 2014 Washington St., 62	...	NPCorp	0	285	42	7	8 Int: 9 Res:	Rotating; Int. Med., Path., Surg.
Pittsfield								
Pittsfield General Hospital..... 741 North St.	...	NPCorp	...	179	46	2	8 Int: 2 Res:	Rotating; Psych
St. Luke's Hospital..... 379 East St.	...	Church	0	148	66	4	6 Int:	Rotating
Quincy								
Quincy City Hospital..... 114 Whitwell St., 69	...	City	4	251	38	19	12 Int: 10 Res:	Rotating; Path., Surg.
Rutland Heights								
Veterans Administration Hospital.....	...	VA	2	507	57	1	1 Res:	Pul. Dis.
Salem								
Salem Hospital..... 81 Highland Ave.	...	NPCorp	0	261	35	8	6 Int: 4 Res:	Rotating; Path
Springfield								
Mercy Hospital..... 233 Carew St., 4	...	Church	...	340	37	3	8 Int:	Rotating
Shriners Hospital for Crippled Children..... 516 Carew St., 4	...	NPCorp	1	60	..	..	2 Res:	Ortho. Surg.
Springfield Hospital..... 759 Chestnut St., 7	...	NPCorp	0	401	45	27	15 Int: 30 Res:	Rotating; Anes., Int. Med., Path., Ped., Surg.
Wesson Maternity Hospital..... 735 Chestnut St., 7	...	NPCorp	...	90	75	..	2 Res:	Ob.
Wesson Memorial Hospital..... 140 High St., 5	...	NPCorp	...	199	40	..	6 Int:	Rotating
Stockbridge								
Austen Riggs Center..... Main St.	...	NPCorp	2-0	41	..	..	7 Res:	Psych.
Taunton								
Taunton State Hospital..... Hodges Ave. Ext.	...	State	5	1,942	21	9	6 Res:	Psych.
Walpole								
Pondville Hospital..... Box 111	L-40	State	4-5	110	65	2	7 Res:	Int. Med., Path., Surg.
Waltham								
Metropolitan State Hospital..... 475 Trapelo Rd., 54	M-41	State	...	2,054	46	2	2 Res:	Psych.
Middlesex County Sanatorium.....	L-40	County	0	180	55	1	1 Res:	Pul. Dis.
Waltham Hospital..... Hope Ave., 54	M-41	NPCorp	...	162	32	..	6 Int:	Rotating
Waverley								
Walter E. Fernald State School..... Box C, Trapello Rd., 78	...	State	2	2,450	68	..	2 Res:	Psych.
Westborough								
Westborough State Hospital..... Lyman St.	...	State	0	2,027	30	..	2 Res:	Psych.
Westfield								
Westfield State Sanatorium.....	...	State	4	190	64	7	6 Res:	Pul. Dis., Surg.
West Roxbury								
Veterans Administration Hospital..... 1400 Veterans Foreign Wars Pkwy., 32	L-40	VA	2-0	304	83	1	16 Res:	Card. Dis., Path., Rad., Urol.
Worcester								
Memorial Hospital..... 119 Belmont St., 5	...	NPCorp	4-0	288	66	24	11 Int: 16 Res:	Rotating; Int. Med., Path., Surg.
St. Vincent Hospital..... 25 Winthrop St., 10	...	Church	...	555	47	..	18 Int: 31 Res:	Rotating; Anes., Card. Dis., Int. Med., Path., Ped., Surg.
Worcester City Hospital..... 71 Jaques Ave., 10	...	City	4-0	448	49	10	12 Int: 27 Res:	Rotating; Gen. Pract., Int. Med., Ortho. Surg., Path., Ped., Surg.
Worcester County Sanatorium..... Zone 6	...	County	...	122	65	3	3 Res:	Pul. Dis.
Worcester State Hospital..... 305 Belmont St., 1	M-41	State	4-0	2,692	39	..	39 Res:	Psych.
MICHIGAN								
Ann Arbor								
St. Joseph Mercy Hospital..... 326 N. Ingalls St.	L-42	Church	0	444	76	3	16 Int: 29 Res:	Rotating; Int. Med., OBG., Path., Plas. Surg., Rad., Surg.
University Hospital..... 1405 E. Ann St.	M-42X	State	4-5	965	74	27	44 Int: 337 Res:	Rotating; Allergy, Anes., Derm., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
University of Michigan, Institute of Industrial Health.....	...	State	...	...	..	..	.. Res:	Occup. Med.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MICHIGAN—Continued								
Battle Creek								
Community Hospital 200 Tomkins St.	...	NPCorp	2-3-0	180	38	..	6 Int: Rotating	
Lella Y. Post Montgomery Hospital 9 Emmett St.	...	Church	2-3-6	180	35	3	6 Int: Rotating; 5 Res: Path., Surg.	
Benton Harbor								
Mercy Hospital 800 Agard St.	L-42	NPCorp	3-0	169	59	..	6 Int: Rotating; 2 Res: Gen. Pract.	
Dearborn								
Ford Motor Co. Medical Dept.	...	Corp	...	...	...	..	1 Res: Occup. Med.	
Oakwood Hospital 18101 Oakwood Blvd., 8	...	NPCorp	6	234	56	5	13 Int: Rotating; 16 Res: Gen. Pract., OBG., Path., Surg.	
Veterans Administration Hospital Southfield and Outer Dr.	M-43#	VA	2-4	914	63	3	39 Res: Int. Med., Neur., Ophth., Ortho. Surg., Path., Rad., Surg.	
Detroit								
Alexander Blain Hospital 2201 Jefferson Ave. E., 7	...	NPCorp	...	64	38	7	7 Res: Int. Med., Surg.	
Children's Hospital of Michigan 5224 St. Antoine St., 2	M-43#	NPCorp	...	208	52	..	31 Res: Ortho. Surg., Path., Ped., Ped. Allergy	
Crittendon General Hospital 1554 Tuxedo Ave., 6	...	NPCorp	...	193	40	1	6 Res: OBG	
Detroit Memorial Hospital 1420 St. Antoine St., 26	M-43#	NPCorp	...	343	53	7	13 Int: Rotating; 17 Res: Int. Med., Obg., Path., Rad., Surg.	
Evangelical Deaconess Hospital 3245 E. Jefferson Ave., 7	...	Church	...	199	63	8	8 Int: Rotating; 10 Res: Gen. Pract., Int. Med., OBG., Surg.	
General Motors Corporation 3044 W. Grand Blvd., 2	...	Corp	...	...	...	..	1 Res: Occup. Med.	
Grace Hospital 4160 John R. St., 1	M-43#	NPCorp	0	735	52	19	24 Int: Rotating; 54 Res: Int. Med., Neuro. Surg., OBG., Path., Rad., Surg., Urol.	
Harper Hospital 3825 Brush St., 1	M-43#	NPCorp	0	642	50	29	28 Int: Rotating; 90 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.	
Henry Ford Hospital 2799 W. Grand Blvd., 2	...	NPCorp	5	976	75	49	26 Int: Rotating; 278 Res: Anes., Card. Dis., DERM., Gastro., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Herman Kiefer Hospital 1151 Taylor St., 2	M-43#	City	0	1,245	54	19	31 Res: OBG., Path., Pul. Dis., Rad., Thor. Surg.	
Jennings Memorial Hospital 7815 E. Jefferson Ave., 14	...	NPCorp	0	135	36	1	2 Res: Int. Med., Surg.	
Lafayette Clinic 951 E. Lafayette 7	L-43#	State	...	145	..	..	40 Res: Neur., Psych.	
Mount Carmel Mercy Hospital 6071 W. Outer Dr., 35	...	Church	4-5-0	565	50	29	24 Int: Rotating; 40 Res: Int. Med., OBG., Path., Rad., Surg.	
Providence Hospital 2500 W. Grand Blvd., 8	...	Church	3	396	56	3	12 Int: Rotating; 23 Res: Anes., Int. Med., OBG., Path., Rad., Surg.	
Receiving Hospital 1326 St. Antoine St., 26	M-43#	City	5-0	700	52	28	59 Int: Rotating; 79 Res: Anes., DERM., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
St. John Hospital 22101 Moross Rd., 36	...	NPCorp	0	292	48	6	12 Int: Rotating; 12 Res: Int. Med., OBG., Surg.	
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 11	...	Church	3	208	50	4	9 Int: Rotating; 9 Res: Int. Med., OBG., Surg.	
Sinai Hospital 6767 W. Outer Dr. 35	...	NPCorp	4-5-0	237	55	3	15 Int: Rotating; 37 Res: Anes., Int. Med., OBG., Ophth., Path., Rad., Surg.	
Straith Memorial Hospital 2605 W. Grand Blvd., 8	...	NPCorp	...	32	...	..	3 Res: Plas. Surg.	
U. S. Public Health Service Hospital 14700 Riverside Dr. 15	...	USPHS	2-0	183	77	..	6 Res: Gen. Pract.	
Woman's Hospital 432 E. Hancock Ave. 1	...	NPCorp	0	363	52	7	16 Int: Rotating; 19 Res: Int. Med., OBG., Path., Surg.	
Eloise								
Wayne County General Hospital and Infirmary	L-42-43	County	...	4,555	40	9	36 Int: Rotating; 57 Res: Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych. Rad., Surg., Urol.	
Flint								
Hurley Hospital 6th and Begole Sts. 2	...	City	0	704	64	17	25 Int: Rotating; 38 Res: Gen. Pract., Int. Med., Obg., Path., Ped., Rad., Surg.	
McLaren General Hospital 401 Ballenger Highway 2	L-42	NPCorp	3-0	284	54	10	12 Int: Rotating; 23 Res: Gen. Pract., Int. Med., Path., Rad., Surg.	
St. Joseph Hospital 302 Kensington Ave. 2	...	Church	3	408	49	1	16 Int: Rotating; 12 Res: Path., Rad.	
Grand Rapids								
Blodgett Memorial Hospital 1840 Wealthy St. S. E. 6	...	NPCorp	3-0	329	76	1	16 Int: Rotating; 10 Res: Int. Med., OBG., Ortho. Surg., Path., Plas. Surg., Rad., Surg.	
Butterworth Hospital 100 Michigan St. N. E. 3	...	NPCorp	0	416	66	2	16 Int: Rotating; 32 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Ferguson-Drost-Ferguson Hosp. 72 Sheldon Ave. S. E. 2	...	NPCorp	...	92	57	1	4 Res: Proct.	
St. Mary's Hospital 201 Lafayette Ave. S. E., 3	...	Church	2-6	320	42	..	14 Int: Rotating; 14 Res: Int. Med., OBG., Ortho. Surg., Path., Surg.	
Grosse Pointe								
Bon Secours Hospital 468 Cadioux Rd. 30	...	Church	1-0	160	42	8	8 Int: Rotating; 2 Res: Surg.	
Cottage Hospital 150 Kereheval Ave., 36	...	NPCorp	...	104	...	..	3 Res: Gen. Pract.	
Highland Park								
Highland Park General Hospital 369 Glendale Ave. 3	...	City	...	336	42	22	14 Int: Rotating; 15 Res: Int. Med., OBG., Surg.	
Howell								
Michigan State Sanatorium	...	State	...	370	48	..	2 Res: Pul. Dis.	
Kalamazoo								
Borgess Hospital 1521 Gull Rd. 62	...	NPCorp	0	318	50	7	8 Int: Rotating; 14 Res: OBG., Ortho. Surg., Path., Surg.	
Bronson Methodist Hosp. 252 E. Lovell St. 8	...	Church	3-0	288	54	..	6 Int: Rotating; 7 Res: Int. Med., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Antopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MICHIGAN—Continued								
Lansing								
Edward W. Sparrow Hospital..... 1215 E. Michigan Ave. 12	...	NPCorp	6	345	41	..	10 Int: Rotating; 6 Res: Int. Med., Path., Surg.	
Ingham Chest Hospital..... 401 W. Greenlawn Ave. 9	...	County	1	150	24	3	1 Res: Thor. Surg.	
Michigan Dept. of Health..... Highway M-174	...	State	...	...	...	..	1 Res: Public Health	
St. Lawrence Hospital..... 1210 W. Saginaw St. 15	...	Church	6	275	52	9	12 Int: Rotating; 6 Res: Int. Med.,	
Midland								
Midland Hospital..... 4005 Orchard Dr.	L-42	NPCorp	2-3-6	160	89	..	6 Int: Rotating	
Muskegon								
Hackley Hospital..... 1700 Clinton St.	...	NPCorp	...	235	46	..	10 Int: Rotating	
Northville								
Hawthorn Center..... 18471 Haggerty Rd.	...	State	6	65	...	..	8 Res: Psych.	
Northville State Hospital..... 41001 Seven Mile Rd.	...	State	6	2,294	38	2	15 Res: Psych.	
Wm. H. Maybury Sanatorium.....	...	City	1	814	43	4	2 Res: Pul. Dis.	
Pontiac								
Pontiac General Hospital..... Seminole At West Huron St. 18	...	City	6	290	72	6	19 Int: Rotating; 24 Res: Int. Med., OBG., Path., Surg.	
Pontiac State Hospital..... State St. 11	...	State	6	3,099	34	5	24 Res: Psych.	
St. Joseph Mercy Hospital..... 900 Woodward Ave. 19	...	Church	1-6	339	88	10	12 Int: Rotating; 25 Res: Gen. Pract., Int. Med., OBG., Path., Ped., Rad., Surg.	
River Rouge								
Sidney A. Sunby Memorial Hosp..... 234 Visger Rd. 18	...	NPCorp	...	90	54	3	4 Res: Gen. Pract.	
Royal Oak								
William Beaumont Hospital..... 3601 W. 13 Mile Rd.	...	NPCorp	2-6	259	55	15	12 Int: Rotating; 21 Res: Int. Med., OBG., Surg.	
Saginaw								
Saginaw General Hospital..... 1447 N. Harrison St.	...	NPCorp	6	216	61	2	6 Int: Rotating; 16 Res: Int. Med., OBG., Path., Ped., Surg.	
St. Luke's Hospital..... 705 Cooper St. 19	...	Church	6	211	72	..	8 Int: Rotating	
St. Mary's Hospital..... 830 S. Jefferson Ave. 16	...	Church	1-6	172	42	3	6 Int: Rotating; 2 Res: Gen. Pract.	
Traverse City								
James Decker Munson Hospital..... 6th and Madison Sts.	...	NPCorp	3-6	227	38	..	8 Int: Rotating	
Traverse City State Hospital..... Elmwood and 11th	...	State	6	3,006	36	6	18 Res: Psych.	
Wyandotte								
Wyandotte General Hospital.....	...	City	...	230	31	..	8 Res: Gen. Pract.	
Ypsilanti								
Ypsilanti State Hospital..... Box A	...	State	4-6	4,100	43	2	21 Res: Psych.	
MINNESOTA								
Duluth								
St. Luke's Hospital..... 915 E. First St. 11	...	NPCorp	6	376	73	1	18 Int: Rotating; 4 Res: Path.	
St. Mary's Hospital..... 407 E. Third St. 11	...	Church	6	375	70	..	12 Int: Rotating; 4 Res: Path.	
Minneapolis								
Elizabeth Kenny Institute..... 1800 Chicago Ave. 4	...	NPCorp	...	120	40	..	3 Res: Phys. Med.	
Methodist Hospital..... 6500 Excelsior Blvd. St. Louis Park 26	...	Church	...	247	75	3	12 Int: Rotating; 1 Res: Int. Med.	
Minneapolis General Hospital..... 619 S. 5th St. 15	M-44#	City	...	444	61	5	39 Int: Rotating; 55 Res: Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.	
Mount Sinai Hospital..... 737 E. 22nd St. 4	...	NPCorp	6	224	65	17	14 Int: Rotating; 5 Res: Int. Med., Path.	
Northwestern Hospital..... 810 E. 27th St. 7	...	NPCorp	...	271	74	12	15 Int: Rotating, St. Med., St. Surg., St. Ped.; 12 Res: Int. Med., OBG., Path., Ped., Surg.	
St. Barnabas Hospital..... 714 9th Ave. S. 4	...	Church	6	306	72	21	10 Int: Rotating; 8 Res: Int. Med., OBG., Path., Surg.	
St. Mary's Hospital..... 2414 S. 7th St. 6	...	Church	6	420	59	12	12 Int: Rotating; 4 Res: OBG., Urol.	
Shriners Hospital for Crippled Children..... 2025 E. River Rd. 14	...	NPCorp	6	60	...	..	4 Res: Ortho. Surg.	
State of Minnesota Dept. of Health..... University Campus, 14	...	State	...	...	...	..	2 Res: Public Health	
Swedish Hospital..... 914 S. Eighth St. 4	...	NPCorp	8	444	46	25	14 Int: Rotating; 9 Res: OBG., Path., Rad., Surg.	
University of Minnesota Hospitals..... 412 Union St. S. E. 14	M-44X	State	...	755	86	59	40 Int: St. Med., St. Ped., St. Surg.; 222 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Proct., Psych., Rad., Surg., Urol.	
Veterans Admin. Hospital..... 48th Ave. and 54th St. S. 17	M-44#	VA	2-5	1,014	82	9	139 Res: Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Nopeming								
Nopeming Sanatorium.....	...	County	6	221	51	..	1 Res: Pul. Dis.,	
Oak Terrace								
Glen Lake Sanatorium.....	...	County	6	234	72	3	4 Res: Pul. Dis., Thor. Surg.	
Rochester								
Mayo Foundation..... 200 First St. S. W.	415 Res: Allergy, Anes., Card. Dis., Derm., Gastro. Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Proct., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Rochester Methodist Hospital..... 1 First Ave. N. W.	...	Church	...	512	78	..	...

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MINNESOTA, Rochester—Continued								
St. Mary's Hospital..... 1216 Second St. S. W.	...	Church	...	900	88	..	...
St. Paul								
Ancker Hospital..... 495 Jefferson Ave. 1	M-44#	CyCo	...	850	60	2	26 Int: Rotating; 22 Res: Derm., Int. Med., OBG., Ophth., Otol., Path., Surg., Urol.	
Bethesda Lutheran Hospital..... 559 Capitol Blvd. 1	...	Church	6	178	46	..	8 Int: Rotating	
Charles T. Miller Hospital..... 125 W. College Ave. 2	...	NPCorp	9	391	50	..	14 Int: Rotating; 17 Res: Int. Med., OBG., Ophth., Path., Rad., Surg., Urol.	
Gillette State Hospital for Crippled Children..... 1003 E. Ivy Ave. 6	...	State	...	167	75	..	1 Res: Ortho. Surg.	
Midway Hospital..... 1700 University Ave. 4	...	Church	1	127	52	8	8 Res: Gen. Pract.	
St. Joseph's Hospital..... 69 W. Exchange St. 2	...	Church	6	272	47	..	14 Int: Rotating; 4 Res: OBG., Path., Surg.	
St. Luke's Hospital..... 287 N. Smith Ave. 2	...	NPCorp	...	215	43	13	6 Int: Rotating; 8 Res: Gen. Pract.	
MISSISSIPPI								
Biłoxi								
U. S. Air Force Hospital..... Keesler Air Force Base	...	USAF	2	352	61	..	6 Res: Gen. Pract.	
Veterans Admn. Center.....	...	VA	2-6	915	81	..	10 Res: Psych.	
Jackson								
Mississippi Baptist Hosp..... 1190 N. State St. 2	...	Church	2-6	314	63	..	12 Int: Rotating; 5 Res: Gen. Pract., Ortho. Surg., Path.	
State of Mississippi Dept. of Health..... Zone 5	...	State	...	...	..	..	3 Res: Public Health	
University Hospital..... 2500 N. State St. 6	M-45X	State	2-3	355	63	2	23 Int: Rotating; 113 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Admn. Hospital..... Lindburg Dr.	L-45	VA	2-8	554	70	..	8 Res: Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Plas. Surg., Surg., Urol.	
Sanatorium								
Mississippi State Sanatorium.....	...	State	6	602	14	1	3 Res: Pul. Dis., Thor. Surg.	
Vicksburg								
Mercy Hospital-St. Memorial..... 100 McAuley Dr.	...	Church	...	160	34	2	3 Res: Surg.	
Vicksburg Hospital..... 1600 Monroe St.	...	NPCorp	1	75	27	3	3 Res: Surg.	
Whitfield								
Mississippi State Hospital.....	L-45	State	2-3-6	4,595	37	..	6 Res: Psych.	
MISSOURI								
Clayton								
St. Louis County Hosp..... 601 S. Brentwood Blvd. 5	...	County	...	190	61	11	10 Int: Rotating; 20 Res: Int. Med., OBG., Path., Surg.	
Columbia								
Ellis Fischel State Cancer Hospital..... Highway 40 and Garth Ave.	...	State	6	704	60	2	2 Res: Surg.	
University of Missouri Medical Center..... 807 Stadium Rd.	M-46X	State	...	271	73	4	6 Int: St. Ped., St. Path.; 74 Res: Anes., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.	
Kansas City								
Children's Mercy Hospital..... 1710 Independence Ave. 6	M-33#	NPCorp	4	118	69	1	3 Int: St. Ped.; 10 Res: Ortho. Surg., Ped.	
Kansas City General Hospital..... 24th and Cherry Sts. 8	M-33#- 34#	City	3-5-6	450	50	22	30 Int: Rotating; 59 Res: Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Surg., Urol	
Menorah Medical Center..... 4949 Rockhill Rd. 10	M-33#	NPCorp	6	337	80	8	14 Int: Rotating; 22 Res: Gen. Pract., Int. Med., Path., Rad., Surg.	
Research Hospital..... 2300 Holmes St. 8	...	NPCorp	...	254	65	5	10 Int: Rotating; 8 Res: Path., Rad.	
St. Joseph Hospital..... 2510 E. Linwood Blvd. 28	...	Church	6	318	53	19	4 Int: Rotating; 14 Res: Int. Med., OBG., Path., Surg.	
St. Luke's Hospital..... 4400 J. C. Nichols Pkwy. 11	...	Church	6	445	61	3	18 Int: Rotating; 26 Res: Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.	
St. Mary's Hospital..... 101 Memorial Dr. 8	...	Church	6	370	54	9	12 Int: Rotating; 7 Res: Path., Surg.	
Trinity Lutheran Hospital..... 3001 Wyandotte St. 8	...	Church	6	202	59	8	8 Int: Rotating; 4 Res: Gen. Pract.	
Veterans Admn. Hosp..... 4801 Linwood Blvd. 28	M-33#	VA	2-1-3-6	500	72	..	30 Res: Int. Med., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol	
Koch								
Robert Koch Hospital.....	...	City	...	558	37	5	13 Res: Pul Dis.	
Mt. Vernon								
Missouri State Sanatorium.....	...	State	...	625	49	7	6 Res: Pul. Dis., Thor. Surg.	
St. Joseph								
Missouri Methodist Hospital..... 8th and Faraon Sts.	...	Church	...	300	28	7	4 Int: Rotating; 5 Res: Gen. Pract., Surg.	
St. Joseph's Hospital..... 923 Powell St.	...	Church	6	150	35	4	4 Int: Rotating	
St. Louis								
Barnes Hospital..... 600 S. Kingshighway Blvd. 10	M-48#	NPCorp	6	956	76	50	45 Int: St. Med., St. Surg., St. Path., St. OB-Gyn.; 214 Res: Allergy, Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Deaconess Hospital..... 6150 Oakland Ave. 10	...	Church	6	323	42	20	12 Int: Rotating	
De Paul Hospital..... 2415 N. Kingshighway Blvd. 13	...	Church	6	350	41	26	12 Int: Rotating; 20 Res: Gen. Pract., Int. Med., OBG., Path., Rad., Surg.	
Homer G. Phillips Hospital..... 2601 N. Whittier St. 13	L-48#	City	4-5-6	601	48	58	40 Int: Rotating; 94 Res: Int. Med., OBG., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Jewish Hospital..... 216 S. Kingshighway Blvd. 10	L-48	NPCorp	4-6	485	45	11	18 Int: Rotating, Mixed; 33 Res: Anes., Int. Med., OBG., Path., Rad., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
MISSOURI, St. Louis—Continued								
Lutheran Hospital..... 2639 Miami St. 18	...	Church	...	325	40	15	12 Int: Mixed; 6 Res: Gen. Pract.	
Missouri Baptist Hospital..... 919 N. Taylor Ave. 8	...	Church	...	486	38	27	16 Int: Rotating; 16 Res: Int. Med., Path., Surg.	
Missouri Pacific Hospital..... 1755 S. Grand Blvd. 4	...	NPCorp	1	375	48	..	24 Res: Int. Med., Surg., Urol.	
St. Anthony's Hospital..... 3520 Chippewa St. 18	L-47#	NPCorp	•	250	25	11	7 Res: Gen. Pract., Surg.	
St. John's Hospital..... 307 S. Euclid Ave. 10	L-47#	Church	•	358	52	7	14 Int: Rotating; 18 Res: Anes., Int. Med., OBG., Path., Surg.	
St. Louis Children's Hospital..... 500 S. Kingshighway Blvd. 10	M-48#	NPCorp	3-6	161	91	..	8 Int: St. Ped.; 30 Res: Ped.	
St. Louis City Hospital..... 1515 Lafayette Ave. 4	M-46-47-48	City	•	907	60	31	70 Int: Rotating, St. Med., St. Surg., St. Ped.; 129 Res: Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
St. Louis State Hospital..... 5400 Arsenal St. 39	L-47	State	•	3,300	47	16	24 Res: Psych.	
St. Luke's Hospital..... 5535 Delmar Blvd. 12	L-48	Church	•	300	64	1	12 Int: Rotating; 18 Res: Int. Med., OBG., Path., Surg.	
St. Mary's Group of Hospitals of St. Louis University..... 1402 S. Grand Blvd. 4	M-47X	Church	•	983	65	19	34 Int: Rotating, St. Med., St. Surg., St. Ped.; 79 Res: Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.	
Shriners Hospitals for Crippled Children 710 S. Kingshighway Blvd. 10	...	NPCorp	1	120	...	1	3 Res: Ortho. Surg.	
Veterans Admin. Hospital..... 915 N. Grand Blvd. 8	L-47	VA	2-6	513	69	..	67 Res: Anes., Int. Med., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.	
Springfield								
St. John's Hospital..... 1235 E. Cherokee 4	...	Church	1-2-3	268	37	..	4 Res: Anes.	
MONTANA								
Butte								
St. James Hospital..... Silver and Idaho Sts.	...	Church	1	160	37	3	4 Int: Rotating	
NEBRASKA								
Omaha								
Hastings State Hospital.....	...	State	•	1,429	30	10	20 Res: Psych.	
Lincoln								
Bryan Memorial Hospital..... 4848 Sumner St. 6	L-50	Church	•	128	60	1	4 Int: Rotating	
Lincoln General Hospital..... 2315 S. 17th St. 2	L-50	NPCorp	•	170	51	1	4 Int: Rotating; 2 Res: OBG., Path.,	
Nebraska Orthopedic Hosp..... 1047 South St. 2	...	State	...	110	33	..	1 Res: Ortho. Surg.	
St. Elizabeth Hospital..... 1145 South St. 2	L-49	Church	...	260	31	3	6 Int: Rotating; 6 Res: Surg.	
Veterans Admin. Hosp..... Zone 1	M-49#	VA	•	249	68	..	12 Res: Int. Med., Ortho. Surg., Surg.	
Omaha								
Bishop Clarkson Memorial Hosp..... Dewey Ave. at 44th St. 5	L-50	Church	2-6	266	55	..	12 Int: Rotating; 3 Res: Path.	
Children's Memorial Hospital..... 44th and Dewey Ave. 5	L-49-50	NPCorp	•	90	81	2	4 Int: St. Ped.; 8 Res: Ped.	
Creighton Memorial St. Joseph Hospital 2305 S. 10th St. 8	M-49#	Church	2-4-5	616	41	..	18 Int: Rotating; 45 Res: Int. Med., OBG., Path., Ped., Psych., Rad., Surg.	
Immanuel Hospital..... 36th and Meredith Ave. 11	L-50	Church	...	152	42	1	10 Int: Rotating; 2 Res: OBG., Path.	
Nebraska Methodist Hosp..... 3612 Cumming St. 31	L-50	Church	2-3-6	257	81	..	11 Int: Rotating; 8 Res: Path., Rad.	
Nebraska Psychiatric Institute..... 602 S. 44th Ave. 5	...	State	2-6	104	100	..	34 Res: Psych.	
St. Catherine's Hospital..... 9th and Forest Ave. 8	L-49	Church	•	200	61	..	8 Int: Rotating	
University of Nebraska Hospital..... 42nd and Dewey Ave. 5	M-50X	State	...	163	81	5	14 Int: Rotating; 39 Res: Anes., Card. Dis., Int. Med., OBG., Ophth., Path., Ped., Rad., Surg.,	
Veterans Admin. Hosp..... 4101 Woolworth Ave. 5	M-49#-L-50	VA	2-6	446	68	..	34 Res: Int. Med., Neur., Path., Psych., Rad., Surg.	
NEW HAMPSHIRE								
Concord								
New Hampshire State Hospital..... 105 Pleasant St.	...	State	4-6	2,738	22	..	6 Res: Psych.	
Hanover								
Mary Hitchcock Memorial Hospital.... 2 Maynard St.	M-51	NPCorp	•	266	81	4	16 Int: Rotating; 77 Res: Anes., Derm., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.	
NEW JERSEY								
Atlantic City								
Atlantic City Hospital..... 1921 Pacific Ave.	...	NPCorp	2-6	241	73	10	12 Int: Rotating; 10 Res: Int. Med., Path., Surg.	
Bayonne								
Bayonne Hospital and Dispensary..... 18 E. 30th St.	...	NPCorp	...	260	25	10	10 Int: Rotating; 3 Res: Urol.	
Belle Mead								
Carrier Clinic.....	...	Corp	...	89	...	..	2 Res: Psych.	
Camden								
Cooper Hospital..... Sixth and Stevens Sts. 3	M-72	NPCorp	2-3	527	48	1	18 Int: Rotating; 16 Res: Int. Med., OBG., Path., Ped., Plas. Surg., Surg.	
Our Lady of Lourdes Hospital..... 1600 Haddon Ave. 3	...	Church	1-6	295	51	4	10 Int: Rotating; 6 Res: Path., Rad.	
West Jersey Hospital..... Mt. Ephraim and Atlantic Aves. 4	...	NPCorp	•	278	40	3	12 Int: Rotating; 8 Res: Anes., Path., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW JERSEY—Continued								
Cedar Grove								
Essex County Overbrook Hosp..... 1 Fairview Ave.	...	County	...	3,478	32	..	15 Res:	Psych.
East Orange								
East Orange General Hospital..... Central and S. Munn Aves.	...	NPCorp	...	173	43	4	5 Int:	Rotating; 1 Res: Path.
Veterans Admin. Hosp..... Tremont Ave. and Center St.	...	VA	2-4-6	950	68	..	36 Res:	Int. Med., Neur., Path., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Elizabeth								
Alexian Brothers Hospital..... 655 E. Jersey St. 1	...	Church	...	157	22	8	12 Int:	Rotating
Elizabeth General Hospital and Dispensary..... 925 E. Jersey St. 4	...	NPCorp	6	243	32	11	12 Int:	Rotating
St. Elizabeth Hospital..... 204 S. Broad St. 2	...	Church	6	198	36	17	14 Int:	Rotating
Englewood								
Englewood Hospital..... 350 Engle St.	...	NPCorp	1-4	260	56	6	8 Int: 1 Res:	Rotating; Path.
Flemington								
Hunterdon Medical Center..... Route 69	L-74	NPCorp	6	121	64	..	5 Res:	Gen. Pract., Path.
Fort Dix								
First Army Headquarters.....	...	Army	...	...	...	..	1 Res:	Public Health
Walton Army Hospital.....	...	Army	...	650	...	..	8 Res:	Gen. Pract.
Glen Gardner								
New Jersey Sanatorium for Chest Diseases.....	...	State	...	347	36	2	5 Res:	Pul. Dis.
Greystone Park								
New Jersey State Hospital.....	...	State	6	5,600	29	..	12 Res:	Psych.
Hackensack								
Hackensack Hospital..... 22 Hospital Pl.	...	NPCorp	6	387	41	14	12 Int: 17 Res:	Rotating; Anes., Int. Med., OB., Path., Surg., Urol.
Hammonton								
New Jersey State Hospital at Ancora..	...	State	4-6	2,548	42	1	12 Res:	Psych.
Hoboken								
St. Mary Hospital..... 4th and Willow Ave.	...	Church	6	375	31	25	15 Int: 2 Res:	Rotating; Path.
Jersey City								
B. S. Pollak Hospital for Chest Diseases..... 150 Clifton Pl. 4	M-52	County	...	463	33	10	11 Res:	Pul. Dis., Thor. Surg.
Christ Hospital..... 176 Palisade Ave. 6	...	Church	6	333	33	22	12 Int: 2 Res:	Rotating; Path.
Jersey City Hospital..... 50 Baldwin Ave., 4	M-52	City	4-5-6	1,054	34	59	60 Int: 99 Res:	Rotating, St. Med., St. Surg., St. Ped., St. Path.; Anes., Int. Med., Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Margaret Hague Maternity Hospital.... 88 Clifton Pl.	M-52	County	6	249	14	5	14 Res:	OB.
St. Francis Hospital..... 25 E. Hamilton Pl. 2	...	Church	6	215	39	8	10 Int:	Rotating
Long Branch								
Monmouth Medical Center..... 3rd and Pavilion Aves.	...	NPCorp	4-6	392	52	10	12 Int: 11 Res:	Rotating; OB., Ortho. Surg., Path., Ped., Surg.
Lyons								
Veterans Admin. Hosp.....	L-58	VA	2	2,009	70	..	9 Res:	Psych.
Marlboro								
New Jersey State Hospital.....	...	State	4	3,304	34	..	6 Res:	Psych.
Montclair								
Mountainside Hospital..... Bay and Highland Aves.	...	NPCorp	4-6	333	60	3	14 Int: 14 Res:	Rotating; Gen. Pract., Int. Med., Path., Surg.
Morristown								
All Souls Hospital..... 95 Mt. Kemble Ave.	...	Church	1-6	180	42	5	3 Int:	Rotating
Morristown Memorial Hospital..... 100 Madison Ave.	...	NPCorp	...	236	66	11	11 Int: 11 Res:	Rotating; Gen. Pract., Path., Rad., Surg.
Mt. Holly								
Burlington County Hospital..... 175 Madison Ave.	...	County	...	206	56	15	14 Res:	Int. Med., OBG., Path., Surg.
Neptune								
Fitkin Memorial Hospital..... Corlies Ave.	...	NPCorp	...	259	42	2	10 Int: 8 Res:	Rotating; Int. Med., Path., Ped., Surg.
Newark								
Bables Hospital..... 15 Roseville Ave.	...	NPCorp	...	84	83	4	9 Res:	Ped.
Harrison S. Martland Medical Center.... 65 Bergen St. 7	...	City	4-6	769	35	18	30 Int: 26 Res:	Rotating; OBG., Ortho. Surg., Path., Surg., Urol.
Hospital for Crippled Children..... 89 Park Ave. 4	...	NPCorp	...	108	50	2	4 Res:	Ortho. Surg.
Newark Beth Israel Hosp..... 201 Lyons Ave. 12	...	NPCorp	4-6	421	52	10	13 Int: 21 Res:	Rotating; Card. Dis., Int. Med., OBG., Path., Ped., Rad., Surg., Ophth., Otol.
Newark Eye and Ear Infirmary..... 77 Central Ave. 2	...	NPCorp	...	65	50	5	5 Res:	
Presbyterian Hospital..... 27 S. Ninth St. 7	...	NPCorp	6	311	34	11	10 Int: 6 Res:	Rotating; Path., Surg.
St. Barnabas Medical Center..... 685 High St. 2	...	NPCorp	6	234	32	9	8 Int: 6 Res:	Rotating; Path., Plas. Surg.
St. Michael's Hospital..... 306 High St. 2	...	Church	6	401	50	9	15 Int: 23 Res:	Rotating; Int. Med., OBG., Path., Ped., Surg.
New Brunswick								
Middlesex General Hospital..... 180 Somerset St.	...	NPCorp	6	240	50	15	10 Int: 10 Res:	Rotating; Int. Med., Path., Surg.
St. Peter's General Hospital..... 260 Easton Ave.	...	Church	6	260	40	11	10 Int: 10 Res:	Rotating; Int. Med., Path., Surg.
Orange								
New Jersey Orthopaedic Hosp..... 179 Lincoln Ave.	...	NPCorp	...	40	...	4	4 Res:	Ortho. Surg.
Orange Memorial Hospital..... 188 S. Essex Ave.	...	NPCorp	6	339	46	1	10 Int: 11 Res:	Rotating; Int. Med., Ortho. Surg., Path., Surg.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW JERSEY—Continued								
Paramus								
Bergen Pines County Hosp. E. Ridgewood Ave.	...	County	...	708	36	27	20 Int: Rotating; 20 Res: Card. Dis., Gastro., Int. Med., Path., Psych., Pul. Dis.,	
Passaic								
Passaic General Hospital..... 350 Boulevard	...	NPCorp	1-0	250	40	9	6 Int: Rotating; 4 Res: OBG., Path.	
St. Mary's Hospital..... 211 Pennington Ave.	...	Church	3-0	192	41	..	6 Int: Rotating; 2 Res: Path.	
Paterson								
Barnert Memorial Hospital..... 680 Broadway 4	...	NPCorp	0	147	44	4	6 Int: Rotating; 1 Res: Path.	
Paterson General Hospital..... 528 Market St. 3	...	NPCorp	...	347	32	12	12 Int: Rotating; 2 Res: OBG., Path.	
St. Joseph Hospital..... 703 Main St. 3	...	Church	0	442	50	9	12 Int: Rotating; 11 Res: Anes., Ortho. Surg., Path.	
Perth Amboy								
Perth Amboy General Hosp..... 530 New Brunswick Ave.	...	NPCorp	1	352	34	12	14 Int: Rotating; 1 Res: Path.	
Plainfield								
Muhlenberg Hospital..... Park Ave. and Randolph Rd. New Jersey Neuropsychiatric Institute.. Box 1000	...	NPCorp	0	367	37	11	12 Int: Rotating;	
Princeton Neuropsychiatric Institute.. Box 1000	...	State	0	1,032	68	..	11 Res: Psych.	
Princeton								
Princeton Hospital..... 253 Witherspoon St.	...	NPCorp	...	176	72	5	6 Res: Gen. Pract.	
Somerville								
Somerset Hospital..... Rehill Ave.	...	NPCorp	...	211	46	8	8 Int: Rotating; 1 Res: Gen. Pract.	
Summit								
Overlook Hospital..... 193 Morris Ave.	...	NPCorp	...	250	50	13	12 Int: Rotating; 6 Res: Gen. Pract., Path.	
Teaneck								
Holy Name Hospital..... 718 Teaneck Rd.	...	Church	0	276	27	2	8 Int: Rotating; 1 Res: OB.	
Trenton								
Helene Fuld Hospital..... 750 Brunswick Ave. 8	...	NPCorp	0	180	40	2	6 Int: Rotating	
Mercer Hospital..... 446 Bellevue Ave. 8	...	NPCorp	0	306	62	10	9 Int: Rotating; 2 Res: Path.	
New Jersey State Hosp..... Sullivan Way 8	L-74	State	0	3,424	27	1	7 Res: Psych.	
St. Francis Hospital..... 601 Hamilton Ave. 9	...	Church	0	361	63	12	10 Int: Rotating; 13 Res: Int. Med., OBG., Path., Ped., Surg.	
Verona								
Essex County Sanatorium.....	...	County	...	483	68	..	5 Res: Pul. Dis.	
NEW MEXICO								
Albuquerque								
Bataan Memorial Methodist Hosp..... 5400 Gibson Blvd. S. E.	...	Church	0	163	70	1	12 Res: Int. Med., Path., Rad.	
Bernalillo County-Indian Hosp..... 2211 Lomas Blvd. N. E.	...	County	2-3	216	48	..	12 Int: Rotating; 14 Res: Int. Med., OBG., Path., Ped., Surg.	
Veterans Admin. Hosp.....	L-17	VA	2	500	96	..	28 Res: Int. Med., Path., Pul. Dis., Surg.	
Los Alamos								
Los Alamos Medical Center..... 3917 West Rd.	...	NPCorp	1-2	77	94	..	2 Res: Gen. Pract.	
Truth or Consequences								
Carrier Tingley Hospital..... 1400 S. Broadway	...	State	0	100	...	..	3 Res: Ortho. Surg.	
NEW YORK								
Albany								
Albany Hospital..... New Scotland Ave. 8	M-53#	NPCorp	4	635	67	41	36 Int: Rotating, St. Med., St. Surg.; 120 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol	
Bender Laboratory Hospitals..... 130 So. Lake Ave.	...	...	...	...	..	3	6 Res: Path.	
A. N. Brady Hospital..... 30 N. Main Ave., 3	M-53#	Church	0	63	71	..	3 Res: Ob., Path.	
Memorial Hospital..... Northern Blvd., 4	...	NPCorp	0	235	32	11	14 Int: Rotating; 1 Res: Path.	
St. Peter's Hospital..... 632 New Scotland Ave., 8	...	Church	1-0	292	46	23	12 Int: Rotating; 8 Res: Path., Ped., Surg.	
State of New York Dept. of Health..... 84 Holland Ave., 8	...	State	...	...	..	..	30 Res: Public Health	
Veterans Administration Hospital..... 113 Holland Ave.	M-53#	VA	2-4-0	1,005	76	..	41 Res: Int. Med., Neur., Path., Phys. Med., Psych., Rad., Surg.	
Binghamton								
Binghamton General Hospital..... 25 Park Ave.	...	City	0	330	40	20	15 Int: Rotating; 8 Res: Int. Med., Path.	
Binghamton State Hospital..... 425 Robinson St.	...	State	5-0	3,201	9	5	5 Res: Psych.	
Bronxville								
Lawrence Hospital..... 55 Palmer Ave., 8	...	NPCorp	...	201	44	9	8 Int: Rotating; 1 Res: Path	
Brooklyn—See New York City								
Buffalo								
Allied Hospitals of the Sisters of Charity 2157 Main St., 14	...	Church	0	445	38	26	12 Int: Rotating; 20 Res: Int. Med., OBG., Path., Surg.	
Buffalo General Hospital..... 100 High St., 3	M-54#	NPCorp	4-5-0	644	55	37	26 Int: Rotating, St. Med.; 81 Res: Allergy, Anes., Card. Dis., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Proct., Rad., Surg., Thor. Surg., Urol.	
Buffalo State Hospital..... 400 Forest Ave., 13	...	State	4-0	3,534	17	13	6 Res: Psych.	
Children's Hospital..... 219 Bryant St., 22	M-54#	NPCorp	0	311	88	11	4 Int: St. Ped.; 29 Res: Ortho. Surg., Ped. Allergy, Ped., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK—Continued								
Deaconess Hospital 563 Riley St., 8	...	NPCorp	...	285	43	25	14 Int: Rotating; 17 Res: Int. Med., OBG., Path., Rad., Surg.	
Edward J. Meyer Memorial Hospital 462 Grider St., 15	M-54#	County	4-0	968	48	18	26 Int: Rotating; 100 Res: Anes., Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Mercy Hospital 565 Abbott Rd., 20	...	Church	...	360	46	6	19 Int: Rotating; 9 Res: Gen. Pract., Int. Med.	
Millard Fillmore Hospital 3 Gates Circle, 9	L-54#	NPCorp	4-5	514	54	3	15 Int: Rotating; 40 Res: Anes., Gen. Pract., Int. Med., OBG., Path., Proct., Rad., Surg., Urol.	
Roswell Park Memorial Institute 666 Elm St., 3	L-54#	State	5-0	304	100	36	36 Res: Derm., Int. Med., Path., Rad., Surg.	
Veterans Administration Hospital 3495 Bailey Ave., 16	L-54#	VA	2-4-5-0	951	60	3	42 Res: Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Thor. Surg.	
Canandaigua Veterans Administration Hospital..... Fort Hill Ave.	...	VA	2	1,700	86	..	6 Res: Psych.	
Castle Point Veterans Administration Hospital.....	...	VA	2	299	75	..	1 Res: Thor. Surg.	
Central Islip Central Islip State Hospital..... Carleton Ave.	...	State	0	10,577	35	8	40 Res: Psych.	
Clifton Springs Clifton Springs Sanitarium and Clinic	NPCorp	0	165	48	2	6 Res: Int. Med., Surg.	
Cooperstown Mary Imogene Bassett Hospital..... Atwell Rd.	L-53, M-56	NPCorp	0	112	73	..	10 Int: Rotating, St. Med.; 13 Res: Int. Med., OBG., Path., Ped., Surg.	
Elmira Arnot Ogden Memorial Hospital..... Roe Ave.	...	NPCorp	...	210	37	3	4 Int: Rotating; 1 Res: Path.	
St. Joseph's Hospital 555 E. Market St.	...	Church	0	219	34	2	5 Int: Rotating; 1 Res: Path.	
Elmhurst—See New York City								
Farmingdale Nassau County Tuberculosis Hospital.. Round Swamp Rd., L. J.	...	County	...	326	77	3	4 Res: Pul. Dis.	
Far Rockaway—See New York City								
Glen Cove Community Hospital	NPCorp	0	210	47	6	8 Int: Rotating; 4 Res: Gen. Pract., Path.	
Glen Oaks—See New York City								
Glens Falls Glens Falls Hospital..... 100 Park St.	...	NPCorp	...	256	42	1	9 Int: Rotating; 1 Res: Path.	
Governors Island—See New York City								
Harrison St. Vincent's Hospital..... 240 North St.	...	Church	...	206	..	4	5 Res: Psych.	
Helmuth Gowanda State Hospital.....	...	State	0	3,028	22	6	15 Res: Psych.	
Hampstead Meadowbrook Hospital	County	2-5-0	600	40	..	32 Int: Rotating; 70 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg. Urol.	
Irvington Irvington House	L-59	NPCorp	...	60	100	3	3 Res: Card. Dis.	
Ithaca Cornell University Infirmary..... E. State St.	...	NPCorp	...	85	..	2	5 Res: Int. Med.	
Tompkins County Hospital 1285 Trumansburg Rd.	...	NPCorp	...	139	45	..	Res: Int. Med.	
Jamaica—See New York City								
Johnson City Charles S. Wilson Memorial Hospital... 33-57 Harrison St.	...	NPCorp	...	450	35	28	12 Int: Rotating; 23 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Kenmore Kenmore Mercy Hospital..... 2950 Elmwood Ave., 17	...	Church	...	300	51	..	12 Int: Rotating	
Kings Park Kings Park State Hospital.....	L-58	State	3-0	8,638	32	10	12 Res: Psych.	
Kingston Ulster County Tuberculosis Hospital... Golden Hill	...	County	...	50	47	..	2 Res: Pul. Dis.	
Lockport Mount View Hospital..... Upper Mountain Rd.	...	County	...	147	45	1	3 Res: Pul. Dis.	
Manhasset North Shore Hospital..... Valley Rd.	...	NPCorp	0	169	53	11	13 Res: Int. Med., OBG., Path., Ped., Surg.	
Marcy Marcy State Hospital.....	...	State	0	3,015	33	10	15 Res: Psych.	
Middletown Middletown State Hospital.....	...	State	5-0	3,473	35	7	14 Res: Psych.	
Mineola Nassau Hospital	NPCorp	0	315	43	4	8 Int: Rotating; 21 Res: OBG., Ortho. Surg., Path., Rad., Surg.	
Montrose Veterans Administration Hospital.....	...	VA	2-4	1,769	79	..	5 Res: Psych.	
Mt. Kisco Northern Westchester Hospital..... E. Main St.	...	NPCorp	...	145	33	8	4 Int: Rotating	
Mt. Morris Mount Morris Tuberculosis Hospital... 12 N. Seventh Ave.	...	State	0	250	59	2	4 Res: Pul. Dis., Thor. Surg.	
Mount Vernon Mount Vernon Hospital.....	...	NPCorp	0	300	49	18	12 Int: Rotating; 10 Res: Int. Med., OBG., Path., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK—Continued								
Newburgh								
St. Luke's Hospital 70 Dubois St.	...	NPCorp	4	187	34	9	8 Int: Rotating; 1 Res: Path.	
New Hyde Park—See New York City								
New Rochelle								
New Rochelle Hospital 16 Guion Pl.	...	NPCorp	4	345	39	..	12 Int: Rotating; 8 Res: Int. Med., Path., Surg.	
New York City—includes all hospitals located within the five boroughs:								
Bronx—Bronx County (Mailing address: New York)								
Brooklyn—Kings County (Mailing address: Brooklyn)								
Manhattan—New York County (Mailing address: New York)								
Queens—Queens County (Mailing addresses: Far Rockaway, Flushing, Glen Oaks, Jamaica, Long Island City)								
Richmond—Richmond County (Mailing address: Staten Island)								
Beekman-Downtown Hospital 170 William St., 38	...	NPCorp	...	188	39	19	14 Res: Int. Med., Surg.	
Bellevue Hospital Center First Ave. and 27th St., 16	M-56-57-59 City	...	8	2,741	42	95	Res: Anes., Derm., Int. Med., Neur. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol. Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Bellevue Hospital Center	M-56	...	6-8	...	..	..	12 Int: Mixed; 46 Res: Int. Med., Pul. Dis., Surg., Thor. Surg.	
Bellevue Hospital Center First Surg. Div.—Columbia Univ.	M-56	...	6-8	...	..	..	6 Int: Rotating, St. Surg.	
Bellevue Hospital Center Second Med. Div.—Cornell Univ.	M-57	...	8	...	..	..	24 Int: Mixed, St. Med.; 40 Res: Int. Med., Neuro. Surg., Neur., Surg., Urol.	
Bellevue Hospital Center Second Surg. Div.—Cornell Univ.	M-57	...	6-8	...	..	..	7 Int: St. Surg.	
Bellevue Hospital Center Third and Fourth Med. Div.—N. Y. Univ. Col. of Med.	M-59	...	6-8	...	..	..	27 Int: St. Med.; 172 Res: Int. Med., Neur., OBG., Path., Ped., Phys. Med., Psych., Rad., Surg.	
Bellevue Hospital Center Third Surg. Div.—N. Y. Univ. Col. of Med.	M-59	...	6-8	...	..	..	10 Int: St. Surg.	
Bellevue Hospital Center Third Div. Dept. of Path., N. Y. Univ. Col. of Med.	M-50-57-59	...	8	...	..	..	1 Int: St. Path.	
Bellevue Hospital Center Third Div. Dept. of Ped.—N. Y. Univ. Col. of Med.	M-59	...	8	...	..	..	10 Int: St. Ped.	
Bellevue Hospital Center Fourth Med. Div.—N. Y. Univ. Col. of Med.	...	...	8	...	..	..	129 Res: Anes., Derm., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol. Surg., Urol.	
Bellevue Hospital Center Fourth Surg. Div.—N. Y. Univ. Post Graduate Med. School	...	...	6-8	...	..	..	8 Int: St. Surg.	
Beth-El Hospital Linden Blvd. and Rockaway Pkwy., Brooklyn, 12	...	NPCorp	6	328	47	7	26 Int: Rotating; 35 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Beth Israel Hospital 10 Nathan D. Perlman Pl., 3	L-59	NPCorp	4	367	40	14	20 Int: Rotating; 46 Res: Anes., Int. Med., OBG., Path., Ped., Plas. Surg., Rad., Surg., Urol.	
Bird S. Coler Memorial Hospital and Home Welfare Island 17	M-58#	City	4-5-6-8	1,882	28	21	41 Res: Int. Med., Phys. Med.	
Booth Memorial Hospital 56-45 Main St., Flushing 55	...	Church	6	206	49	..	6 Int: Rotating; 1 Res: Path.	
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 57	...	NPCorp	...	58	..	..	3 Res: Ophthal.	
Bronx Hospital 1276 Fulton Ave., 56	...	NPCorp	4	329	37	22	9 Int: Rotating; 35 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Bronx Municipal Hospital Center Pelham Pkwy. and Eastchester Rd., 61	M-55	City	4-5-6-8	1,235	57	42	42 Int: St. Med., St. Surg., St. Ped.; 226 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Brooklyn Eye and Ear Hospital 29 Greene Ave., Brooklyn 38	M-60	NPCorp	6	137	..	6	14 Res: Ophth., Otol.	
Brooklyn Hospital 121 de Kalb Ave., Brooklyn, 1	M-60	NPCorp	6	343	46	24	16 Int: Rotating; 29 Res: Int. Med., OBG., Path., Ped., Rad., Surg., Urol.	
Brooklyn State Hospital 681 Clarkson Ave., Brooklyn, 3	L-60	State	6	3,952	3	4	20 Res: Psych.	
Brooklyn Womens Hospital 1395 Eastern Pkwy., Brooklyn, 33	...	NPCorp	...	66	50	6	3 Res: Obg.	
City Hospital at Elmhurst 79-01 Broadway, Elmhurst, 73	...	City	4-5-6-8	814	44	63	36 Int: Rotating, St. Surg.; 72 Res: Int. Med., OBG., Ophth., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.	
Columbus Hospital 227 E. 19th St., 3	...	Church	1	329	31	18	14 Int: Rotating; 8 Res: Int. Med., Surg.	
Coney Island Hospital Ocean and Shore Pkwy., Brooklyn, 35	...	City	4-6-8	567	31	57	40 Int: Rotating; 49 Res: Int. Med., OBG., Path., Ped., Phys. Med., Surg.	
Creedmoor State Hospital 80-45 Winchester Blvd., Queens Village, 27	...	State	6	6,636	25	5	25 Res: Psych.	
Cumberland Hospital 39 Auburn Pl., Brooklyn, 5	M-60	City	4-6-8	307	26	38	13 Int: Rotating, St. Surg., St. Ped.; 23 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Doctors Hospital 170 E. End Ave., 28	...	NPCorp	8	277	39	16	2 Res: Path.	
Flushing Hospital and Dispensary 44-14 Parsons Blvd., Flushing, 55	...	NPCorp	4	312	49	13	12 Int: Rotating; 21 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Fordham Hospital Southern Blvd. and Crotona Ave., 58	...	City	4-6-8	414	37	36	19 Int: Rotating; 30 Res: Int. Med., Neur., OBG., Path., Ped., Surg., Urol.	
Francis Delafield Hospital 99 Ft. Washington Ave., 32	M-56#	City	8-6-8	285	49	12	43 Res: Int. Med., Gyn., Path., Plas. Surg., Rad., Surg., Urol.	
French Hospital 330 W. 30th St., 1	...	NPCorp	6	241	35	13	10 Int: Rotating; 15 Res: Int. Med., OBG., Surg., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK, New York City—Continued								
Goldwater Memorial Hospital..... Welfare Island	M-56-59#	City	4-8	88	64	34	30 Res:	Int. Med., Neur., Path., Phys. Med.
Gracie Square Hospital..... 420 E. 76th St., 21	...	NPCorp	2-0	174	20	..	8 Res:	Psych.
Grand Central Hospital..... 321 E. 42nd St., 17	...	NPCorp	0	170	44	24	15 Int:	Rotating; 13 Res: Int. Med., OBG., Surg.
Greenpoint Hospital..... 300 Skillman Ave., Brooklyn 11	...	City	4-8	281	45	..	12 Int:	Rotating; 14 Res: OBG., Path., Surg.
Harlem Eye and Ear Hospital..... 2099 Lexington Ave., 35	...	NPCorp	...	47	..	3	5 Res:	Ophth., Otol.
Harlem Hospital..... 532 Lenox Ave., 37	...	City	4-5-8	798	42	63	49 Int:	Rotating; 52 Res: Anes., int. Med., OBG., Path., Ped., Surg.
Headquarters, First U. S. Army..... Governors Island	...	Army	...	...	..	..	1 Res:	Public Health
Hillside Hospital..... 75-59 263rd St., Glen Oaks	...	NPCorp	...	196	..	4	25 Res:	Psych.
Hospital for Joint Diseases..... 1019 Madison Ave., 35	...	NPCorp	4-0	308	42	10	6 Int:	Rotating; 32 Res: Anes., Gyn., Int. Med., Ortho. Surg., Path., Phys. Med., Surg.
Hospital for Special Surgery..... 535 E. 70th St., 21	...	NPCorp	2-3	194	50	5	14 Res:	Ortho. Surg.
House of St. Giles the Cripple..... 1346 President St., Brooklyn 13	...	NPCorp	...	44	..	2	3 Res:	Ortho. Surg.
Jamaica Hospital..... 89th Ave., Van Wyck Expwy., Jamaica 18	...	NPCorp	0	260	43	21	10 Int:	Rotating; 10 Res: Int. Med., OBG., Path., Surg.
Jewish Chronic Disease Hospital..... 86 E. 49th St., Brooklyn 3	L-60	NPCorp	4-5-0	767	31	32	24 Res:	Int. Med., Ortho. Surg., Path., Phys. Med.
Jewish Hospital..... 555 Prospect Pl., Brooklyn 38	M-60	NPCorp	4-0	474	50	12	40 Int:	Rotating, St. Med., St. Ped.; 77 Res: Allergy, Anes., Card. Dis., Gastro., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jewish Memorial Hospital..... Broadway and 196th St., 40	...	NPCorp	4-0	185	32	7	12 Int:	Rotating; 4 Res: OBG., Path., Surg.
Kew Gardens General Hospital..... 80-02 Kew Gardens Rd., Kew Gardens 15	...	Corp	6	165	37	..	1 Res:	Path.
Kings County Hospital Center..... 451 Clarkson Ave., Brooklyn, 3	M-60	City	4-5-6-8	3,175	28	75	141 Int:	Rotating, Mixed, St. Med., St. Path., St. Ped., St. Surg.; 239 Res: Anes., Derm., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Knickerbocker Hospital..... 70 Convent Ave., 27	...	NPCorp	0	220	67	13	12 Int:	Rotating, St. Med., St. Surg.; 20 Res: Int. Med., Gyn., Path., Surg.
Lebanon Hospital..... 1650 Grand Concourse, 57	...	NPCorp	0	260	50	18	14 Int:	Rotating, St. Surg.; 10 Res: Int. Med., OBG., Path., Rad., Surg.
Lenox Hill Hospital..... 111 E. 76th St., 21	L-50	NPCorp	4-0	430	40	4	23 Int:	Rotating; 34 Res: Anes., Card. Dis., Int. Med., Neur., OBG., Ophth., Path., Ped., Psych., Rad., Surg.
Lincoln Hospital..... 320 Concord Ave., Bronx, 54	...	City	4-0-8	394	37	56	18 Int:	Rotating; 52 Res: Int. Med., OBG., Gastro., Int. Med., Neuro. Surg., Neur., Urol.
Long Island College Hospital..... 340 Henry St., Brooklyn, 1	M-60	NPCorp	4-5-0	401	42	15	24 Int:	Rotating, Mixed, St. Med., St. Ped., St. Surg.; 35 Res: Int. Med., Neuro. Surg., OBG., Otol., Path., Ped., Rad., Surg., Urol.
Long Island Jewish Hospital..... 270-05 76th Ave., New Hyde Park	M-60	NPCorp	4-0	258	71	4	14 Int:	Rotating; 25 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.
Lutheran Hospital..... 22 Junius St., Brooklyn, 12	...	Church	...	152	35	..	8 Int:	Rotating
Lutheran Medical Center..... 4520 Fourth Ave., Brooklyn, 20	...	Church	...	206	46	29	11 Int:	Rotating; 15 Res: Int. Med., OBG., Path., Ped., Surg.
Maimonides Hospital..... 4802 10th Ave., Brooklyn, 19	M-60	NPCorp	0	522	39	23	36 Int:	Rotating, Mixed, St. Med.; 54 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Manhattan Eye Ear and Throat Hospital..... 210 E. 64th St., 21	...	NPCorp	0	184	27	5	21 Res:	Ophth., Otol.
Manhattan State Hospital..... Ward's Island, 35	...	State	0	3,233	26	..	13 Res:	Psych.
Mary Immaculate Hospital..... 152-11 89th Ave., Jamaica, 32	...	Church	4	306	37	16	8 Int:	Rotating; 13 Res: Ob., Path., Ped., Surg.
Memorial Center for Cancer and Allied Diseases..... 444 E. 68th St., 21	M-57#	NPCorp	4-0	513	52	55	117 Res:	Anes., Card. Dis., Int. Med., Path., Rad., Surg.
Methodist Hospital..... 506 Sixth St., Brooklyn, 15	...	Church	0	387	42	10	16 Int:	Rotating, St. Med., St. Ped., St. Surg.; 30 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.
Metropolitan Hospital..... 1901 First Ave., 29	M-58#	City	4-5-0-8	1,019	45	50	124 Res:	Anes., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Misericordia Hospital..... 600 E. 233rd St., 66	...	Church	6	252	63	16	12 Int:	Rotating; 12 Res: Int. Med., Ob., Ped., Surg.
Montefiore Hospital..... 210th St. and Bainbridge Ave., 67	M-56#	NPCorp	4-5-0	643	46	26	36 Int:	Mixed; 105 Res: Anes., Card. Dis., Int. Med., Neuro. Surg., Neur., Ophth., Path., Phys. Med., Plas. Surg., Pul. Dis., Rad., Surg., Thor. Surg.
Morrisania City Hospital..... 168th St. and Gerard Ave., 52	...	City	4-0-5	471	32	31	18 Int:	Rotating; 39 Res: Int. Med., OBG., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital..... 611 Edgecombe Ave., 32	...	Church	...	170	31	6	8 Int:	Rotating; 3 Res: Surg.
Mount Sinai Hospital..... 11 E. 100th St., 29	M-50, L-60	NPCorp	3-1-5	1,032	54	26	36 Int:	Rotating; 163 Res: Anes., Card. Dis., Derm., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
New York City Dept. of Health..... 125 Worth St., 13	...	State	...	...	..	..	6 Res:	Public Health
New York Eye and Ear Infirmary..... 218 Second Ave., 3	L-59	NPCorp	1	175	..	4	10 Res:	Ophth., Otol.
New York Hospital..... 525 E. 68th St., 21	M-57#	NPCorp	4-5-0	1,104	69	14	41 Int:	St. Med., St. Path., St. Ped., St. Surg.; 180 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Hospital-Westchester Division..... 121 Westchester Ave., White Plains	57M	NPCorp	0	350	69	..	14 Res:	Psych.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK, New York City—Continued								
New York Infirmary.....	...	NPCorp	4	190	47	21	7 Int: Rotating; 15 Res: Int. Med., OBG., Ped., Surg.	
Stuyvesant Square E. and 15th St., 3 New York Medical College— Flower and Fifth Ave. Hospitals.....	M-58X	NPCorp	...	350	59	4	34 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
1 E. 105th St., 29 New York Polyclinic Medical School and Hospital.....	...	NPCorp	4-6	342	42	23	12 Int: Rotating; 49 Res: Anes., Gastro., Int. Med., OBG., Opnth., Ortho. Surg., Path., Ped., Rad., Surg., Urol. 1 Res: Occup. Med.	
New York State Dept. of Labor.....	...	State	...	...	...	...	...
80 Centre St., 13 New York State Psychiatric Institute...	M-56	State	6	173	25	3	30 Res: Psych.	
722 W. 168th St., 32 New York University Medical Center— University Hospital.....	M-59X	NPCorp	4-6	374	43	..	19 Res: Derm., Int. Med., Gyn., Path., Ped. Allergy, Psych., Rad.	
303 E. 20th St., 3 Presbyterian Hospital.....	M-56#	NPCorp	2-8-4-0	1,498	66	8	27 Int: St. Med., St. Surg., St. Path.; 253 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol. Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol. 1 Res: Surg.	
622 W. 168th St., 32 Presbyterian Hospital—Babies Hospital.	M-56#	NPCorp	...	...	...	...	...
622 W. 168th St., 32 Prospect Heights Hospital.....	...	NPCorp	...	166	28	8	6 Int: Rotating	
775 Washington Ave., Brooklyn, 38 Queens Hospital Center.....	...	City	4-5-0-8	1,363	38	53	34 Int: Rotating; 54 Res: Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.	
82-68 164th St., Jamaica, 32 Roosevelt Hospital.....	M-56	NPCorp	4-6	450	49	14	15 Int: Mixed; 60 Res: Allergy, Int. Med., Gyn., Otol., Path., Ped. Allergy, Ped., Psych., Rad., Surg., Urol.	
428 W. 59th St., 19 St. Barnabas Hospital for Chronic Diseases.....	...	NPCorp	6	514	53	11	7 Res: Int. Med., Path.	
183rd St., and Third Ave., 57 St. Catherine's Hospital.....	...	Church	0	282	40	10	10 Int: Rotating; 23 Res: Anes., Int. Med., OBG., Path., Ped., Surg. 4 Res: Ortho. Surg.	
133 Bushwick Ave., Brooklyn 6 St. Charles Hospital.....	...	Church	...	50	100	..	...
277 Hicks St., Brooklyn 1 St. Clare's Hospital.....	...	Church	0	438	45	34	16 Int: Rotating, St. Med., St. Surg.; 27 Res: Anes., Int. Med., OBG., Path., Surg., Urol.	
415 W. 51st St., 19 St. Francis Hospital.....	...	Church	0	400	39	27	12 Int: Rotating; 5 Res: OBG., Path.	
525 E. 142nd St., 54 St. John's Episcopal Hospital.....	...	Church	...	265	34	14	12 Int: Rotating; 15 Res: Int. Med., OBG., Path., Ped., Surg.	
480 Herkimer St., Brooklyn 13 St. John's Long Island City Hospital....	...	Church	0	205	41	12	16 Int: Rotating; 1 Res: Path.	
2501 Jackson Ave., Long Island City 1 St. Joseph's Hospital.....	...	Church	1	207	16	10	4 Res: Anes.	
327 Beach 19th St., Far Rockaway, 91 St. Joseph's Hospital for Chest Diseases.....	...	Church	...	335	36	5	6 Res: Pul. Dis., Thor. Surg.	
525 E. 143rd St., 54 St. Luke's Hospital.....	M-56-60	NPCorp	3-1-5	561	60	17	21 Int: Mixed, St. Ped.; 74 Res: Anes., Card. Dis., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
421 W. 113th St., 25 St. Mary's Hospital.....	...	Church	1	235	36	18	8 Int: Rotating; 12 Res: Int. Med., OBG., Path., Ped., Surg.	
1298 St. Marks Ave., Brooklyn, 13 St. Vincent's Hospital.....	...	Church	...	252	37	7	8 Int: Rotating; 2 Res: Ortho. Surg., Path.	
355 Bard Ave., Staten Island, 10 St. Vincent's Hospital.....	M-59	Church	2	768	51	16	34 Int: Rotating, St. Med., St. Surg.; 87 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Path., Ped., Psych., Rad., Surg. Ortho. Surg., Path., Pul. Dis., Thor. Surg.	
153 W. 11th St., 11 Sea View Hospital.....	...	City	4-8	1,468	73	28	25 Res: Ortho. Surg., Path., Pul. Dis., Thor. Surg.	
460 Brielle Ave., Staten Island, 14 Staten Island Hospital.....	...	NPCorp	0	215	39	7	8 Int: Rotating; 2 Res: Int. Med., Path.	
101 Castleton Ave., Staten Island 1 Sydenham Hospital.....	...	City	4-0-8	220	31	21	9 Int: Rotating; 10 Res: Int. Med., OBG., Surg.	
565 Manhattan Ave., 27 Triboro Hospital.....	...	City	8	...	..	16	19 Res: Pul. Dis., Thor. Surg.	
82-68 164th St., Jamaica 32 U. S. Naval Hospital.....	...	Navy	2-4-5-6	1,190	92	..	18 Int: Rotating; 35 Res: Anes., Int. Med., OBG., Ophth., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Linden Blvd., St. Albans 25 U. S. Public Health Service Hospital... Bay St. and Vanderbilt Ave., Staten Island, 4	...	USPHS	2-4-5-6	795	81	..	24 Int: Rotating; 48 Res: Anes., Derm., Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.	
Unity Hospital.....	...	NPCorp	0	210	25	11	8 Int: Rotating; 4 Res: OBG.	
1545 St. Johns Pl., Brooklyn, 13 Veterans Administration Hospital.....	M-60	VA	2-4-0	1,000	51	..	88 Res: Anes., Gastro., Int. Med., Neuro., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
800 Poly Place, Brooklyn, 9 Veterans Administration Hospital.....	...	VA	2-5	1,376	59	..	143 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
130 W. Kingsbridge Rd., Bronx, 68 Veterans Administration Hospital.....	L-57	VA	2-4-5-6	1,238	62	3	117 Res: Derm., Int. Med., Neur., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
1st Ave. at E. 24th St., 10 Woman's Hospital.....	...	NPCorp	...	190	55	1	16 Res: OBG.	
141 W. 109th St., 25 Wyckoff Heights Hospital.....	...	NPCorp	...	270	..	..	8 Int: Rotating; 4 Res: Path., Ped., Surg., OBG.	
374 Stockholm St., Brooklyn, 37 Niagara Falls Mount St. Mary's Hospital.....	...	Church	0	189	45	2	6 Int: Rotating 1 Res: Path	
515 Sixth St. Niagara Falls Memorial Hospital.....	...	NPCorp	1-6	336	60	8	13 Int: Rotating	
621 Tenth St. Northport Veterans Administration Hospital.....	...	VA	2	2,488	47	..	6 Res: Psych.	
Ogdensburg St. Lawrence State Hospital.....	...	State	0	1,895	28	10	10 Res: Psych.	
Oneonta Homer Folks Tuberculosis Hospital... West Street	...	State	0	250	31	3	4 Res: Pul. Dis., Thor. Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK—Continued								
Orangeburg Rockland State Hospital.....	...	State	5-6	7,675	20	5	40 Res: Psych.	
Perryburg J. N. Adam Memorial Hospital.....	...	State	6	276	75	3	4 Res: Pul. Dis.	
Port Chester High Point Hospital.....	...	Corp	...	45	..	4	4 Res: Psych.	
Upper King St. United Hospital .....	...	NPCorp	6	237	36	9	8 Int: Rotating; 6 Res: Int. Med., Ob., Path., Surg.	
406 Boston Post Rd.								
Port Jefferson St. Charles Hospital.....	...	Church	1-2	100	37	..	2 Res: Ortho. Surg.	
Poughkeepsie Hudson River State Hospital.....	...	State	5-6	5,745	6	8	15 Res: Psych.	
Station B St. Francis Hospital.....	...	Church	...	190	39	6	6 Int: Rotating; 1 Res: Path.	
North Rd. Vassar Brothers Hospital.....	...	NPCorp	...	248	33	8	8 Int: Rotating; 2 Res: Path.	
Reade Place								
Queens Village—See New York City								
Ray Brook Ray Brook State Tuberculosis Hospital .....	...	State	6	292	55	2	2 Res: Pul. Dis.	
Rhinebeck Astor Home for Children.....	...	NPCorp	...	35	..	..	1 Res: Psych.	
36 Mill St.								
Rochester Eastman Kodak Company.....	...	Corp	...	...	..	..	1 Res: Occup. Med.	
343 State St. Genesee Hospital	L-62	NPCorp	4-6	294	80	4	17 Int: Rotating, Mixed, St. Med., St. Surg., St. Path.; 26 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
224 Alexander St., 7 Highland Hospital	L-62	NPCorp	6	231	79	1	14 Int: Rotating, St. Surg., St. Med.; 15 Res: Int. Med., OBG., Surg.	
South Ave. at Bellevue Dr. 20 Monroe County-Iola Sanatorium.....	...	County	...	300	71	..	6 Res: Pul. Dis.	
350 E. Henrietta Rd., 20 Rochester General Hospital.....	L-62	NPCorp	4-6	419	64	14	22 Int: Rotating, St. Med., St. Surg.; 40 Res: Anes., Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg.	
1425 Portland Ave., 21								
Rochester State Hospital.....	...	State	4-6	3,589	11	4	7 Res: Psych.	
1600 South Ave., 20 St. Mary's Hospital.....	L-62	Church	6	316	54	22	15 Int: Rotating; 23 Res: Anes., Gen. Pract., Int. Med., OBG., Ophth., Path., Ped., Rad., Surg.	
89 Genesee St., 11								
Strong Memorial—Rochester Municipal Hospitals	M-62X#	NPCorp	4-5	775	74	20	55 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob.-Gyn.; 148 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
260 Crittenden Blvd., 20								
University of Rochester School of Medicine & Dentistry.....	...	NPCorp	...	...	..	..	Res: Occup. Med.	
Rockville Centre Mercy Hospital .....	...	...	...	...	..	..	Res: OBG.	
Roslyn St. Francis Hospital and Sanatorium..	...	Church	...	172	68	3	5 Res: Card. Dis.	
Port Washington Blvd.								
St. Albans—See New York City								
Schenectady Ellis Hospital	L-53	NPCorp	6	421	66	22	18 Int: Rotating; 25 Res: Int. Med., OBG., Ortho. Surg., Path., Surg.	
1101 Nott St., 8 Glenridge Hospital .....	...	County	6	122	27	1	3 Res: Pul. Dis.	
Glenridge Rd., 2 St. Clare's Hospital.....	...	Church	...	204	40	14	12 Int: Rotating	
600 McClellan St., 4								
Staten Island—See New York City								
Sunmount Veterans Administration Hospital.....	L-87	VA	2-5	433	77	1	3 Res: Pul. Dis., Thor. Surg.	
Syracuse General Hospital .....	...	NPCorp	6	120	32	6	6 Int: Mixed; 3 Res: OBG.	
116 E. Castle St., 5 St. Joseph's Hospital.....	M-61	Church	6	304	44	..	12 Int: Rotating, Mixed; 6 Res: Anes., OBG., Path.	
301 Prospect Ave., 3 State University of New York Upstate Medical Center Hospitals.....	M-61#	NPCorp	6	1,600	53	2	40 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 157 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
766 Irving Ave., 10								
Veterans Administration Hospital.....	M-61#	VA	2-5	458	70	..	43 Res: Int. Med., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Urol.	
Irving Ave. and University Pl., 10								
Thiells Letchworth Village .....	...	State	6	4,293	54	2	2 Res: Psych.	
Troy Leonard Hospital .....	...	NPCorp	...	185	31	7	8 Int: Rotating	
41-114th St. St. Mary's Hospital.....	...	Church	1-3	222	36	..	6 Int: Rotating	
87 Oakwood Ave. Samaritan Hospital .....	...	NPCorp	...	205	56	8	10 Int: Rotating; 1 Res: Path.	
Peoples and Burdett Ave.								
Utica Utica State Hospital.....	...	State	6	2,513	34	9	15 Res: Path., Psych.	
1213 Court St., 2								
Vaihalla Grasslands Hospital .....	...	County	4-5-6	490	58	35	20 Int: Mixed; 40 Res: Anes., Card. Dis., Int. Med., Path., Ped., Phys. Med., Psych., Rad., Surg.	
West Brentwood Pilgrim State Hospital.....	...	State	6	14,899	30	13	25 Res: Psych.	
West Haverstraw New York State Rehabilitation Hospital .....	...	State	...	204	30	3	4 Res: Ortho. Surg.	
Route 9W								

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
NEW YORK—Continued								
White Plains White Plains Hospital..... 41 E. Post Rd.	...	NPCorp	°	198	41	6	8 Int: 6 Res:	Rotating; Int. Med., Surg.
Willard Willard State Hospital.....	...	State	...	3,025	14	5	10 Res:	Psych.
Wingdale Harlem Valley State Hospital.....	...	State	°	5,321	21	12	8 Res:	Psych.
Yonkers St. John's Riverside Hospital..... 65 Ashburton Ave.	...	NPCorp	...	207	28	7	9 Int: 2 Res:	Rotating; Path.
St. Joseph's Hospital..... 127 S. Broadway	...	Church	...	174	44	9	8 Int:	Rotating
Yonkers General Hospital..... 127 Ashburton Ave.	...	NPCorp	°	145	34	5	7 Int: 2 Res:	Rotating; Gen. Pract.
NORTH CAROLINA								
Asheville Memorial Mission Hospital..... 509 Biltmore Ave.	...	NPCorp	°-6	329	26	..	8 Int:	Rotating
Chapel Hill North Carolina Memorial Hospital..... Pittsboro Rd.	M-63	State	...	350	82	8	36 Int: 149 Res:	Mixed, St. Med., St. Surg., St. Ped., St. Path.; Anes., Card. Dis., Derm., Gen. Pract., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Charlotte Charlotte Memorial Hospital..... 1400 Scott Ave., 3	...	NPCorp	4-6	352	58	1	22 Res:	Int. Med., OBG., Ortho. Surg., Path., Ped., Surg., Thor. Surg., Urol.
Presbyterian Hospital..... 200 Hawthorne Lane, 4	...	Church	°	404	45	..	2 Res:	Path.
Durham Duke Hospital.....	M-64X	NPCorp	4-8	603	65	32	58 Int: 229 Res:	Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob-Gyn.; Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Lincoln Hospital..... 1301 Fayetteville St.	L-64	NPCorp	...	103	31	3	6 Res:	OBG., Surg.
McPherson Hospital..... 1110 W. Main St.	...	Indiv	...	45	..	..	6 Res:	Ophth., Otol.
Veterans Administration Hospital..... Fulton St. and Erwin Rd.	M-64#	VA	°-5-6	489	74	4	57 Res:	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Watts Hospital..... Broad St. and Club Blvd.	L-64	NPCorp	°	293	40	6	22 Int: 18 Res:	Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Ob-Gn.; Int. Med., OBG., Path., Ped., Surg., Urol.
Fort Bragg Womack Army Hospital.....	...	Army	4-6	450	86	..	16 Int: 6 Res:	Rotating; Surg.
Gastonia North Carolina Orthopedic Hospital..... Babington Heights	...	State	1-3	140	..	..	3 Res:	Ortho. Surg.
Greensboro Moses H. Cone Memorial Hospital..... 1200 N. Elm St.	...	NPCorp	2-3	293	61	1	16 Int: 1 Res:	Rotating; Path.
Oteen Veterans Administration Hospital.....	...	VA	°	1,063	66	..	10 Res:	Pul. Dis., Thor. Surg.
Raleigh Dorothea Dix Hospital..... North Carolina State Board of Health	...	State	°	2,813	41	..	8 Res:	Psych.
Rex Hospital..... 1311 St. Mary's St.	...	NPCorp	°	335	37	1	12 Int: 4 Res:	Rotating; OBG., Ped.
Wilmington Babies' Hospital..... Rt. 3	...	NPCorp	...	75	64	1	2 Res:	Ped.
James Walker Memorial Hospital..... 10th and Rankin Sts.	...	NPCorp	°	250	30	5	8 Int:	Rotating
Winston-Salem City Memorial Hospital..... 1 Hospital St., 4	...	City	°	294	45	1	14 Int: 6 Res:	Rotating; Int. Med., Surg.
Kate Bitting Reynolds Memorial Hospital..... 1101 E. Seventh St., 4	...	City	2-6	176	22	1	9 Int: 3 Res:	Rotating; Surg.
North Carolina Baptist Hospital..... 300 S. Hawthorne Rd., 7	M-65#	Church	°	390	60	5	22 Int: 58 Res:	Mixed, St. Ped., St. Path., St. Med., St. Surg.; Anes., Gastro., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
NORTH DAKOTA								
Bismarck Bismarck Hospital..... 323 - 6th St.	...	Church	1	197	39	4	8 Res:	Int. Med., Rad., Surg.
Fargo St. John's Hospital..... 365 Sixth Ave. South	...	Church	...	175	52	2	6 Int:	Rotating
St. Luke's Hospital..... 727 Broadway	...	NPCorp	°	185	52	..	8 Int: 6 Res:	Rotating; Int. Med., OBG., Surg.
OHIO								
Akron Akron City Hospital..... 525 E. Market St., 9	...	NPCorp	°	519	54	10	24 Int: 46 Res:	Rotating; Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg., Urol.
Akron General Hospital..... 400 Wabash Ave., 7	...	NPCorp	...	432	46	..	20 Int: 51 Res:	Rotating; Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.
Mary Day Nursery and Children's Hospital..... Buchtel and Bowery Sts., 8	...	NPCorp	...	260	79	3	18 Res:	Ortho. Surg., Ped.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
OHIO, Akron—Continued								
St. Thomas Hospital..... 444 N. Main St., 10	...	Church	6	260	54	28	15 Int: Rotating; 22 Res: Gen. Pract., Int. Med., Obg., Surg.	
Barberton								
Barberton Citizens Hospital..... Tuscora Park	...	NPCorp	1-6	235	43	7	12 Int: Rotating; 6 Res: Gen. Pract., Surg.	
Brecksville								
Veterans Administration Hospital..... 9543 Broadview Rd.	...	VA	2	278	63	..	2 Res: Pul. Dis.	
Canton								
Aultman Hospital..... 625 Clarendon Ave. S.W., 10	...	NPCorp	...	503	39	34	20 Int: Rotating; 32 Res: Int. Med., Obg., Path., Rad., Surg.	
Mercy Hospital..... 723 Market Ave. N.W., 2	...	Church	6	408	44	26	12 Int: Rotating; 34 Res: Anes., Int. Med., Obg., Path., Rad., Surg.	
Cincinnati								
Bethesda Hospital..... Reading Rd. and Oak St., 6	...	Church	2	235	53	12	12 Int: Rotating, Mixed; 9 Res: Obg., Path.	
Children's Hospital..... Elland and Bethesda Ave., 29	M-66#	Church	4-5	215	90	2	25 Res: Neuro. Surg., Ortho. Surg., Ped., Surg.	
Christ Hospital..... 2139 Auburn Ave., 19	...	NPCorp	3-9	356	46	2	21 Int: Rotating, St. Surg.; 28 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., Plas. Surg., Surg.	
Cincinnati General Hospital..... 3231 Burnet Ave., 20	M-66X	City	4-5-6	766	64	16	52 Int: Rotating; 159 Res: Card. Dis., Derm., Gastro., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Daniel Drake Memorial Hospital..... Galbraith and Vine St., 18	L-66#	County	...	825	52	..	6 Res: Int. Med.	
Deaconess Hospital..... Clifton Ave. and Straight St., 19	...	Church	1-6	139	21	3	3 Res: Surg.	
Good Samaritan Hospital..... 3217 Clifton Ave., 20	...	Church	...	591	47	36	19 Int: Rotating, St. Surg.; 37 Res: Gen. Pract., Int. Med., Neuro. Surg., Obg., Path., Ped., Rad., Surg.	
Jewish Hospital..... 3208 Burnet Ave., 29	...	NPCorp	6	423	54	21	16 Int: Rotating; 34 Res: Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.	
Longview State Hospital..... Box 36, Zone 16	...	State	6	3,641	31	2	8 Res: Psych.	
National Lead Company of Ohio..... P.O. Box 158, Mt. Healthy Station	...	Corp	...	...	..	..	1 Res: Occup. Med.
Rollman Receiving Hospital and State Institute of Psychiatry..... 3009 Burnet Ave., 19	...	State	...	100	..	..	24 Res: Psych.
St. Mary's Hospital..... 816 Betts St., 14	...	Church	6	194	21	2	12 Int: Rotating; 10 Res: Card. Dis., Int. Med., Surg.	
University of Cincinnati Institute of Industrial Health, School of Arts & Sciences Veterans Administration Hospital..... 3200 Vine St., 20	M-66#	VA	2-6	725	69	..	Res: Int. Med., Neuro. Surg., Ortho. Surg., Psych., Surg., Urol.	
Cleveland								
Cleveland Clinic Hospital..... 2020 E. 93rd St., 6	...	NPCorp	2-3	450	63	49	16 Int: Rotating, St. Surg.; 138 Res: Anes., Card. Dis., Derm., Gastro., Int. Med., Neuro. Surg., Neur. Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Cleveland Metropolitan General Hospital..... 3395 Scranton Rd., 9	M-67#	County	4-5	894	64	57	28 Int: Rotating, St. Med., St. Surg., St. Ped.; 110 Res: Anes., Derm., Int. Med., Neuro. Surg., Obg., Ophth., Path., Ped., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Cleveland Psychiatric Institute and Hospital..... 1708 Aiken Ave., 9	...	State	...	350	55	..	24 Res: Psych.	
Evangelical Deaconess Hospital..... 4229 Pearl Rd., 9	...	Church	...	217	45	24	12 Int: Rotating; 10 Res: Obg., Path., Surg.	
Fairview Park Hospital..... 18101 Lorain Ave., 11	...	NPCorp	...	294	42	30	15 Int: Rotating; 27 Res: Anes., Gen. Pract., Int. Med., Obg., Surg.	
Highland View Hospital..... 3901 Ireland Dr., 22	M-67#	County	4-6	624	47	7	21 Res: Int. Med., Phys. Med.	
Huron Road Hospital..... 13951 Terrace Rd., 12	...	NPCorp	3-6	434	55	21	12 Int: Rotating; 40 Res: Anes., Int. Med., Obg., Path., Rad., Surg., Urol.	
Lutheran Hospital..... 2609 Franklin Blvd. 13	...	Church	6	198	50	18	12 Int: Rotating; 21 Res: Int. Med., Obg., Path., Surg.	
Mount Sinai Hospital..... 1800 E. 105th St. 6	...	NPCorp	4-5	348	45	20	22 Int: Rotating; 45 Res: Anes., Int. Med., Obg., Ortho. Surg., Path., Ped., Rad., Surg.	
Polyclinic Hospital..... 6606 Carnegie Ave. 3	...	NPCorp	...	144	41	7	7 Res: Gen. Pract.	
St. Alexis Hospital..... 5163 Broadway 27	...	Church	6	294	39	20	8 Int: Rotating; 19 Res: Anes., Int. Med., Path., Surg.	
St. Ann Hospital..... 2475 E. Boulevard 20	...	Church	6	69	28	5	5 Res: Obg.	
St. John's Hospital..... 7911 Detroit Ave. 2	...	Church	6	268	33	19	7 Int: Rotating; 16 Res: Int. Med., Obg., Surg.	
St. Luke's Hospital..... 11311 Shaker Blvd. 4	...	Church	4-6	468	49	5	24 Int: Rotating; 42 Res: Anes., Int. Med., Obg., Ortho. Surg., Otol., Path., Ped., Rad., Surg.	
St. Vincent Charity Hospital..... 2222 Central Ave., 15	...	Church	5-6	360	49	22	15 Int: Rotating; 19 Res: Anes., Path., Rad., Surg.	
Sunny Acres Cuyahoga County Tuberculosis Hospital..... 4310 Richmond Rd. 22	L-67#	County	6	466	47	4	3 Res: Pul. Dis.	
University Hospitals..... 2065 Adelbert Rd. 6	M-67#	NPCorp	...	928	70	9	45 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 166 Res: Anes., Card. Dis., Derm., Int. Med., Neuro. Surg., Neur., Obg.; Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital..... 7300 York Rd. 30	M-67#	VA	2-4-6	827	63	..	75 Res: Gastro., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Thor. Surg., Urol.	
Woman's Hospital..... 1940 E. 101st. 6	...	NPCorp	...	160	30	..	8 Res: Gen Pract.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
OHIO—Continued								
Cleveland Heights								
Doctors Hospital 12345 Cedar Rd. 6	...	NPCorp	•	200	40	23	8 Int: Rotating; 8 Res: Gen. Pract., Int. Med.	
Columbus								
Benjamin Franklin Hospital 1755 Alum Creek Dr. 7	...	County	•	300	47	..	2 Res: Thor. Surg.	
Children's Hospital 17th St. at Livingston Park 5	M-68#	NPCorp	...	235	85	7	37 Res: Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Surg.	
Columbus Psychiatric Institute and Hospital 473 W. 12th Ave. 10	M-68X	State	2-•	126	100	..	24 Res: Psych.	
Columbus State Hospital 1960 W. Broad St. 15	...	State	...	2,797	54	3	45 Res: Psych.	
Grant Hospital 125 S. Grant Ave. 15	...	NPCorp	•	242	30	1	12 Int: Rotating; 3 Res: Path.	
Mount Carmel Hospital 793 W. State St. 22	...	Church	2	409	52	..	18 Int: Rotating; 17 Res: Gen. Pract., Int. Med., Obg., Ortho. Surg., Surg.	
Ohio State University Medical Center	...	State	...	...	..	..	24 Res: Aviation Med., Occup. Med.	
Ohio Tuberculosis Hospital 466 W. Tenth Ave. 10	M-68X	State	4-•	177	86	4	10 Res: Pul. Dis., Thor. Surg.	
St. Ann's Hospital for Women 1555 Bryden Rd. 5	...	Church	...	100	19	..	3 Res: Obg.	
St. Anthony Hospital 1450 Hawthorne Ave. 3	...	Church	•	293	25	7	7 Res: Gen. Pract.	
University Hospitals 410 W. Tenth Ave. 10	M-68X	State	4-5	588	71	21	48 Int: Rotating, St. Med., St. Surg.; 191 Res: Allergy, Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
White Cross Hospital 700 N. Park St. 8	...	Church	•	340	57	4	18 Int: Rotating; 26 Res: Card. Dis., Gen. Pract., Int. Med., Neuro. Surg., Obg., Ortho. Surg., Path., Surg.	
Dayton								
Good Samaritan Hospital 1425 W. Fairview Ave. 6	...	Church	•	435	47	13	10 Int: Rotating; 12 Res: Gen. Pract., Int. Med., Obg., Surg.	
Miami Valley Hospital 1 Wyomung St. 9	...	NPCorp	4-•	679	48	8	16 Int: Rotating; 27 Res: Int. Med., Obg., Path., Rad., Surg.	
St. Elizabeth Hospital 49 Hopeland St. 8	...	Church	•	450	34	2	16 Int: Rotating; 1 Res: Surg.	
U. S. Air Force Headquarters, Air Materiel Command, Wright-Patterson Air Force Base	...	USAF	...	...	..	..	3 Res: Aviation Med., Occup. Med.	
U. S. Air Force Hospital Wright-Patterson Air Force Base	...	USAF	1-2-3-•	330	67	..	8 Res: Gen. Pract.	
Veterans Administration Hospital 4100 W. Third St.	L-68	VA	2-•	823	74	..	48 Res: Int. Med., Path., Phys. Med., Rad., Surg., Urol.	
Elyria								
Elyria Memorial Hospital 630 E. River St.	...	NPCorp	...	242	39	11	5 Int: Rotating; 12 Res: Gen. Pract., Ortho. Surg., Path., Rad., Surg.	
Euclid								
Euclid-Glenville Hospital E. 185th St. and Lake Erie 19	...	NPCorp	...	205	43	17	10 Int: Rotating; 10 Res: Gen. Pract.	
Garfield Heights								
Marymount Hospital 12300 McCracken Rd. 25	...	Church	...	190	47	19	12 Int: Rotating; 21 Res: Anes., Int. Med., Obg., Path., Surg.	
Hamilton								
Mercy Hospital 116 Dayton St.	...	Church	...	300	39	30	12 Int: Rotating; 18 Res: Int. Med., Obg., Path., Surg.	
Lakewood								
Lakewood Hospital 14519 Detroit Ave. 7	...	City	...	270	41	19	6 Int: Rotating; 11 Res: Int. Med., Surg.	
Lima								
Lima Memorial Hospital Linden and Mobil Sts.	...	NPCorp	•	270	34	6	12 Int: Rotating; 12 Res: Gen. Pract., Int. Med., Surg.	
St. Rita's Hospital 801 W. High St.	...	Church	...	291	45	8	12 Int: Rotating; 12 Res: Gen. Pract., Int. Med., Obg., Path., Surg.	
Lorain								
St. Joseph Hospital 2026 Broadway	...	Church	•	215	30	13	6 Int: Rotating; 4 Res: Path., Rad.	
Mansfield								
Mansfield General Hospital 335 Glessner Ave.	...	NPCorp	...	249	56	5	4 Res: Surg.	
Ravenna								
Robinson Memorial Portage County Hospital 449 S. Meridian St.	...	County	...	120	35	..	10 Res: Gen. Pract.	
Springfield								
Mercy Hospital 1343 N. Fountain Blvd.	...	Church	•	305	46	..	9 Int: Rotating	
Springfield City Hospital 2615 E. High St.	...	City	2-3	289	41	..	10 Int: Rotating; 1 Res: Path.	
Steubenville								
Ohio Valley Hospital 380 Summit Ave.	...	NPCorp	1	210	32	9	7 Int: Rotating; 2 Res: Gen. Pract.	
Toledo								
Flower Hospital 3350 Collingwood Blvd. 10	...	Church	•	190	35	10	9 Int: Rotating; 1 Res: Surg.	
Maumee Valley Hospital 2025 Arlington Ave. 9	...	County	...	235	35	11	6 Int: Rotating; 21 Res: Int. Med., Obg., Path., Surg.	
Mercy Hospital 2221 Madison Ave. 2	...	Church	...	350	70	3	14 Int: Rotating; 12 Res: Obg., Path., Ped., Surg.	
Riverside Hospital 1609 Summit St. 11	...	NPCorp	•	175	42	4	8 Int: Rotating	
St. Charles Hospital Wheeling and Navarre Sts. 5	...	Church	•	235	43	1	9 Int: Rotating; 4 Res: Gen. Pract., Psych.	
St. Vincent's Hospital 2213 Cherry St. 8	...	Church	•	442	44	14	14 Int: Rotating; 15 Res: Gen. Pract., Int. Med., Obg., Ortho. Surg., Path., Surg., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
OHIO, Toledo —Continued								
Toledo Hospital 2142 N. Cove Blvd. 6		NPCorp	6	363	60	2	20 Int: 15 Res:	Rotating; Anes., Int. Med., Obg., Path.
Warren								
St. Joseph's Riverside Hospital 1400 Tod Ave. N.W.		Church	1	156	33	7	7 Res:	Gen. Pract.
Trumbull Memorial Hospital 1350 E. Market St.		NPCorp	6	322	47	22	12 Int: 22 Res:	Rotating; Int. Med., Obg., Path., Ped., Surg.
Worthington								
Harding Sanitarium 445 E. Granville Rd.		Corp	2-3	96	..	..	5 Res:	Psych.
Youngstown								
St. Elizabeth Hospital 1044 Belmont Ave. 4		Church	4	526	44	12	19 Int: 35 Res:	Rotating; Anes., Gen. Pract., Int. Med., Obg., Path., Rad., Surg.
Youngstown Hospital Oak Hill and Francis St. 1		NPCorp	4-6	836	65	35	24 Int: 55 Res:	Rotating; Anes., Gen. Pract., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Gypsy Lane at Goleta Ave. 4								
OKLAHOMA								
Norman								
Central State Griffin Memorial Hospital P.O. Box 151, 1		State	...	3,173	24	3	12 Res:	Psych.
Oklahoma City								
Bone and Joint Hospital 605 N.W. 10th St. 3		Corp	1-2-3	84	27	..	4 Res:	Ortho. Surg.
Mercy Hospital—Oklahoma City General 501 N.W. 12th St. 3		Church	2	222	38	..	10 Int:	Rotating
St. Anthony Hospital 601 N.W. 9th St. 3	L-69#	Church	6	415	37	..	12 Int: 12 Res:	Rotating; Int. Med., Obg., Ortho. Surg., Path., Plas. Surg., Surg.
State of Oklahoma Dept. of Health 800 N.E. 13th St. 4		State	...	..	..	..	2 Res:	Public Health
University Hospitals 800 N.E. 13th St. 4	M-69X	State	1-5	469	66	22	29 Int: 152 Res:	Rotating. St. Path., Mixed; Anes., Card. Dis., Derm., Gen. Pract., Int. Med., Neuro. Surg., Obg., Neur., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital 921 N.E. 13th St. 4	M-69#	VA	2-6	488	72	..	4 Int: Res:	St. Med.; Anes., Card. Dis., Derm., Int. Med., Neur., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Wesley Hospital 300 N.W. 12th St. 3	L-69#	Part	2-3-6	207	52	..	8 Int: 4 Res:	Rotating; Int. Med., Rad., Surg.
Tulsa								
Hillcrest Medical Center 1120 S. Utica St. 20		NPCorp	2-3	623	50	2	19 Int: 21 Res:	Rotating; Obg., Path., Ped., Surg.
St. John's Hospital 1923 S. Utica St. 4		Church	2-3-6	640	42	1	12 Int: 18 Res:	Rotating; Int. Med., Obg., Path., Ped., Rad., Surg.
OREGON								
Eugene								
Sacred Heart General Hospital 751 E. 12th Ave.		Church	2-3	268	81	..	8 Int:	Rotating
Portland								
Emanuel Hospital 2801 N. Gantebain Ave. 17		Church	6	448	60	9	14 Int: 16 Res:	Rotating; Int. Med., Obg., Ortho. Surg., Path., Surg.
Good Samaritan Hospital 1015 N.W. 22nd Ave. 10		Church	6	452	56	4	16 Int: 17 Res:	Rotating. St. Path.; Int. Med., Neuro. Surg., Path., Surg.
Portland Sanitarium and Hospital 932 S.E. 60th Ave. 15		Church	...	214	57	1	9 Int:	Rotating
Providence Hospital 700 N.E. 47th Ave. 13		Church	6	329	64	5	12 Int: 9 Res:	Rotating; Int. Med., Path., Rad., Surg.
St. Vincent Hospital 2447 N.W. Westover Rd. 10		Church	6	380	59	13	12 Int: 28 Res:	Rotating; Gen. Pract., Int. Med., Path., Rad., Surg.
Shriners Hospital for Crippled Children N.E. 82nd and Sandy Blvd. 20		NPCorp	...	80	..	..	2 Res:	Ortho. Surg.
State of Oregon Dept. of Health 1400 S.W. 5th Ave. 1		State	...	..	..	..	1 Res:	Public Health
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park Rd. 1	M-70X	State	4	645	68	13	30 Int: 111 Res:	Rotating; Anes., Derm., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital Sam Jackson Park 7	L-70#	VA	2	555	88	..	52 Res:	Card. Dis., Gastro., Int. Med., Neuro. Surg., Ortho. Surg., Otol., Path., Phys. Med., Pul. Dis., Surg., Urol.
Salem								
Oregon State Hospital Station A, N.E.		State	6	3,921	29	..	12 Res:	Psych.
PENNSYLVANIA								
Abington								
Abington Memorial Hospital 1200 York Rd.	L-73	NPCorp	1-6	375	52	4	12 Int: 18 Res:	Rotating; Int. Med., Obg., Path., Rad., Surg.
Allentown								
Allentown Hospital 17th and Chew Sts.		NPCorp	6	500	50	10	14 Int: 16 Res:	Rotating; Int. Med., Obg., Path., Plas. Surg., Proct., Surg.
Allentown State Hospital Hanover and Quebec Sts.		State	6	1,951	67	14	16 Res:	Psych.
Sacred Heart Hospital 4th and Chew Sts.		Church	6	457	43	6	10 Int: 13 Res:	Rotating; Int. Med., Obg., Path., Rad., Surg.
Altoona								
Altoona Hospital 700 Howard Ave.		NPCorp	6	325	43	..	12 Int: 6 Res:	Rotating; Gen. Pract., Obg., Path., Surg.
Mercy Hospital 2601 Eighth Ave.		NPCorp	6	164	23	2	4 Int:	Rotating
Bethlehem								
St. Luke's Hospital 801 Ostrum St.		NPCorp	6	453	51	2	12 Int: 12 Res:	Rotating; Int. Med., Obg., Path., Surg.
Bradford								
Bradford Hospital 116-156 Interstate Pkwy.		NPCorp	...	188	16	2	2 Res:	Surg.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
PENNSYLVANIA—Continued								
Bristol Lower Bucks County Hospital..... Bath Rd. and Orchard Ave.	...	NPCorp	2-3-6	222	54	3	8 Int: Rotating; 3 Res: Gen. Pract.	
Bryn Mawr Bryn Mawr Hospital..... Bryn Mawr Ave.	...	NPCorp	6	358	62	1	12 Int: Rotating; 19 Res: Int. Med., Path., Rad., Surg.	
Butler Butler County Memorial Hospital..... E. Brady St.	...	NPCorp	4-5-6	245	20	..	6 Int: Rotating	
Chester Chester Hospital..... 9th and Barclay Sts.	...	NPCorp	4-6	267	55	6	8 Int: Rotating; 1 Res: Path.	
Coaldale Coaldale State Hospital.....	...	State	...	143	..	..	4 Res: Gen. Pract.	
Coatesville Veterans Administration Hospital.....	L-74, M-75	VA	2-6	1,602	84	..	12 Res: Neur., Psych.	
Danville Danville State Hospital..... George F. Geisinger Memorial Hospital	...	State NPCorp	6 2-5	2,697 278	19 56	..	25 Res: Psych. 12 Int: Rotating; 42 Res: Anes., Derm., Gen. Pract., Int. Med., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg.	
Darby Thomas M. Fitzgerald-Meray Hospital Lansdowne Ave. and Baily Rd.	...	Church	1-3-6	360	47	..	12 Int: Rotating; 13 Res: Obg., Path., Rad.	
Eagleville Eagleville Sanatorium.....	...	NPCorp	...	214	43	..	3 Res: Pul. Dis.	
Easton Easton Hospital..... 21st and Lehigh Sts.	...	NPCorp	6	246	57	4	10 Int: Rotating; 6 Res: Int. Med., Surg.	
Elizabethtown State Hospital for Crippled Children..	...	State	2-3	210	...	..	3 Res: Ortho. Surg.	
Embreeville Embreeville State Hospital.....	...	State	3	806	8	5	12 Res: Psych.	
Erie Hamot Hospital..... 4 E. 2nd St. 6 St. Vincent's Hospital..... 232 W. 25th St.	...	NPCorp NPCorp	6 6	326 395	41 53	11 5	10 Int: Rotating; 21 Res: Int. Med., Ortho. Surg., Path., Rad., Surg., Urol. 10 Int: Rotating; 22 Res: Gen. Pract., Int. Med., Obg., Path, Rad., Surg., Urol.	
Greensburg Westmoreland Hospital..... 532 W. Pittsburgh St.	...	NPCorp	6	264	34	..	4 Int: Rotating	
Harrisburg Harrisburg Hospital..... Front and Mulberry Sts. Harrisburg Polyclinic Hospital..... Third and Radnor Sts. Harrisburg State Hospital..... Cameron and Maclay Sts. Pennsylvania Dept. of Health..... P.O. Box 90	M-71	NPCorp NPCorp State State	4 2-3-6 3 ...	514 453 2,748 ...	57 48 ...	4 .. 8 ..	24 Int: Rotating; 23 Res: Int. Med., Obg., Path., Ped., Surg., Urol. 18 Int: Rotating; 12 Res: Int. Med., Path., Ped., Surg. 12 Res: Psych. 2 Res: Occup. Med., Public Health	
Hazleton Hazleton State Hospital..... E. Broad St. St. Joseph Hospital..... N. Church and 9th Sts.	...	State Church	6 ...	181 200	10 11	3 ..	4 Res: Surg. 2 Res: Surg.	
Johnstown Conemaugh Valley Memorial Hospital.. 1086 Franklin St. Meray Hospital..... 1020 Franklin St.	...	NPCorp Church	6 2-6	383 214	31 30	5 ..	12 Int: Rotating; 8 Res: Anes., Path. 6 Int: Rotating	
Lancaster Lancaster General Hospital..... 525 N. Duke St. St. Joseph Hospital..... 250 College Ave.	...	NPCorp Church	...	570 290	50 48	1 7	12 Int: Rotating; 8 Res: Gen. Pract., Path 6 Int: Rotating; 8 Res: Gen. Pract., Path.	
Mayview Mayview State Hospital.....	...	State	6	3,330	4	1	12 Res: Psych.	
McKeesport McKeesport Hospital..... 1500 Fifth Ave.	...	NPCorp	3-6	445	35	..	10 Int: Rotating	
Natrona Heights Allegheny Valley Hospital..... 1300 Carlisle St.	...	NPCorp	6	241	29	..	4 Int: Rotating	
Norristown Montgomery Hospital..... Powell and Formance Sts. Norristown State Hospital..... Standbridge and Steigere Sts. Sacred Heart Hospital..... 1430 Dekalb St.	...	NPCorp State Church	2-6 6 3-6	220 5,163 208	42 30 36	6 .. 5	6 Int: Rotating; 4 Res: Gen. Pract., Path. 12 Res: Psych. 6 Int: Rotating; 7 Res: Gen. Pract., Surg.	
Philadelphia Albert Einstein Medical Center..... York and Tabor Rds. 41 Northern Division..... York and Tabor Rds. 41 Southern Division..... 1429 S. Fifth St. 47 Chestnut Hill Hospital..... 8835 Germantown Ave. 18 Children's Hospital..... 1740 Bainbridge St. 46 Eastern Pennsylvania Psychiatric Institute..... Henry Ave. and Abbottsford Rd. 29 Episcopal Hospital..... Front St. and Lehigh Ave. 25 Frankford Hospital..... 4940 Frankford Ave. 24	...	NPCorp M-73 M-71 NPCorp M-74# M-72-75 M-72-73 NPCorp	4 4-5-6	710 135 164 100 460 188	49 73 84 ... 44 51	.. 28 17 1 22 .. 12 4	39 Int: Rotating; 17 Res: Ortho. Surg., Ped., Psych., Urol. 45 Res: Anes., Int. Med., Obg., Path., Rad., Surg. 25 Res: Anes., Int. Med., Obg., Path., Rad., Surg. 6 Int: Rotating; 6 Res: Int. Med., Obg., Path. 33 Res: Ortho. Surg., Ped. Allergy, Path., Ped., Rad., Surg. 15 Res: Psych. 13 Int: Rotating; 21 Res: Int. Med., Obg., Path., Rad., Surg., Thor. Surg., Urol. 8 Int: Rotating; 9 Res: Int. Med., Obg., Path., Surg.,	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
PENNSYLVANIA, Philadelphia—Continued								
Friends Hospital..... Adams Ave. and Roosevelt Blvd. 24	L-72	NPCorp	2-3	190	33	..	8 Res:	Psych.
Germantown Dispensary and Hospital.. E. Penn and Wister Sts. 44	M-72-75	NPCorp	...	302	39	1	12 Int: 19 Res:	Rotating; Int. Med., Obg., Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania..... 19th and Lombard Sts. 4	M-74X	NPCorp	...	355	61	19	12 Int: 75 Res:	Rotating; Anes., Card. Dis., Derm., Gastro., Gyn., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Rad., Surg., Urol.
Hahnemann Medical College and Hospital..... 230 N. Broad St. 2	M-71X	NPCorp	2-3-6	562	50	42	16 Int: 102 Res:	Rotating; Anes., Card. Dis., Derm., Int. Med., Obg., Ortho Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of University of Pennsylvania 3400 Spruce St. 4	M-74X	NPCorp	4	738	71	38	32 Int: 211 Res:	Rotating; Allergy, Anes., Derm., Gastro., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Hospital of the Women's Medical College of Pennsylvania..... 3300 Henry Ave. 29	M-75X	NPCorp	2-3-6	197	67	10	22 Res:	Int. Med., Obg., Path., Ped., Rad., Surg.
Institute of the Pennsylvania Hospital.. 111 N. 49th St. 39	L-74	NPCorp	...	255	18	..	6 Res:	Psych.
Jeanes Hospital..... Hasbrook and Hartel Sts. 11	..	Church	6	100	23	..	1 Res:	Rad., Surg.
Jefferson Medical College Hospital..... 11th and Walnut Sts. 7	M-72X	NPCorp	3-4-5	942	50	28	32 Int: 115 Res:	Rotating; Anes., Derm., Gastro., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital..... Lancaster Ave. and City Line 31	M-72	NPCorp	6	341	68	3	14 Int: 21 Res:	Rotating; Int. Med., Obg., Path., Surg.
Memorial Hospital..... 5800 Ridge Ave. 28	..	NPCorp	6	177	29	..	6 Int:	Rotating
Mercy-Douglass Hospital..... 5000 Woodland Ave. 43	..	NPCorp	6	241	41	12	8 Int: 20 Res:	Rotating; Int. Med., Obg., Path., Psych., Surg.
Methodist Episcopal Hospital..... Broad and Wolf Sts. 48	M-72	Church	6	231	30	4	8 Int: 9 Res:	Rotating; Int. Med., Obg., Surg.
Misericordia Hospital..... 54th and Cedar Ave. 43	M-72	Church	6	381	48	..	15 Int: 10 Res:	Rotating; Int. Med., Obg., Path., Surg.
Nazareth Hospital..... 8050 Holme Ave. 15	..	Church	6	200	53	..	10 Int: 7 Res:	Rotating; Int. Med., Rad., Surg.
Northeastern Hospital..... Allegheny Ave. and Tulip St. 34	..	NPCorp	2	152	37	..	6 Int:	Rotating
Pennsylvania Hospital..... Eighth and Spruce Sts. 7	M-74	NPCorp	5-6	407	65	3	18 Int: 45 Res:	Rotating; Anes., Card. Dis., Int. Med., Neur., Ortho. Surg., Path., Rad., Surg., Urol.
Philadelphia General Hospital..... 34th and Curie Ave. 4	M-71-72- 73-74-75	City	4-5	1,858	55	35	90 Int: 129 Res:	Rotating; Anes., Card. Dis., Derm., Int. Med., Neur., Obg., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Philadelphia Psychiatric Hospital..... Ford Rd. and Monument Ave. 31	L-74	NPCorp	6	150	..	2	25 Res:	Psych.
Philadelphia State Hospital..... Roosevelt Blvd. 14	..	State	3-6	7,071	5	1	40 Res:	Psych.
Presbyterian Hospital..... 51 N. 39th St. 4	M-74	Church	4-6	335	61	9	12 Int: 32 Res:	Rotating; Anes., Card. Dis., Int. Med., Obg., Path., Rad., Surg., Thor. Surg.
St. Agnes Hospital..... 1900 S. Broad St. 45	..	Church	2-3-6	343	25	..	8 Int:	Rotating
St. Christopher's Hospital for Children 2600 N. Lawrence St. 33	M-73#	NPCorp	4	100	91	6	23 Res:	Ped.
St. Joseph's Hospital..... 16th and Girard Ave. 30	..	Church	4-6	200	54	2	6 Int: 3 Res:	Rotating; Surg.
St. Mary's Franciscan Hospital..... 1567 E. Palmer St. 25	..	Church	1	218	61	..	6 Int: 13 Res:	Rotating; Gen. Pract., Surg.
Shriners Hospital for Crippled Children.. Roosevelt Blvd. and Pennypack Pk. 15	L-73	NPCorp	...	100	..	..	4 Res:	Ortho. Surg.
Skin and Cancer Hospital..... 804 Pine St. 7	M-73#	NPCorp	...	30	..	2	4 Res:	Derm.
Temple University Hospital..... 3401 N. Broad St. 40	M-73X	NPCorp	9	897	76	17	140 Res:	Allergy, Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Obg., Ophth., Otol., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital..... 17th and Pattison Ave. 45	..	Navy	2-1-5-6	1,050	58	..	16 Int: 60 Res:	Rotating; Anes., Derm., Int. Med., Neur., Obg., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital..... University and Woodland Ave. 4	M-72-73- 75-L-74	VA	2-4	488	80	..	52 Res:	Card. Dis., Int. Med., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
Wills Eye Hospital..... 1601 Spring Garden St. 30	M-73, L-75	City	...	234	..	..	14 Res:	Ophth.
Woman's Hospital..... Preston and Parrish Sts. 4	..	NPCorp	3-4	165	43	14	6 Int: 6 Res:	Rotating; Obg., Surg.
Pittsburgh								
Allegheny General Hospital..... 320 E. North Ave. 12	..	NPCorp	2-3-5-6	578	46	12	18 Int: 30 Res:	Rotating; Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Children's Hospital..... 125 DeSoto St. 13	M-76#	NPCorp	4-6	210	83	15	33 Res:	Neuro. Surg., Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital..... Forbes and Halket 13	M-76#	NPCorp	5-6	360	57	..	15 Res:	Int. Med., Obg.
Eye and Ear Hospital..... 230 Lothrop St. 13	M-76#	NPCorp	6	137	70	..	15 Res:	Ophth., Otol.
Health Center Hospitals of the Univer- sity of Pittsburgh School of Medicine 3941 O'Hara St. 13	M-76X	NPCorp	4-5-6	1,082	70	..	13 Int: Res:	Rotating; Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Thor. Surg., Urol.
Mercy Hospital..... 1400-30 Locust St. 19	M-76	Church	6	630	54	20	12 Int: 48 Res:	Rotating; Anes., Int. Med., Neuro. Surg., Obg., Otol., Path., Rad., Surg., Urol.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
PENNSYLVANIA, Pittsburgh—Continued								
Montefiore Hospital..... 3459 Fifth Ave. 13	M-76	NPCorp	4-5-0	321	57	17	15 Int: Rotating; 30 Res: Allergy, Anes., Int. Med., Ob., Ophth., Path., Rad., Surg.,	
Pittsburgh Hospital..... 6655 Frankstown Ave. 6	...	NPCorp	0	225	31	3	6 Int: Rotating; 3 Res: Int. Med., Obg.	
Presbyterian Hospital-Woman's Hospital 230 Lothrop St. 13	M-76#	NPCorp	5-0	375	71	12	70 Res: Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Thor. Surg., Urol.	
St. Clair Memorial Hospital..... 1000 Bower Hill Road. 16	...	NPCorp	...	160	...	...	Res: Gen. Pract.	
St. Francis General Hospital and Rehabilitation Institute..... 408 45th St. 1	M-76	NPCorp	5-0	683	41	16	22 Int: Rotating; 34 Res: Anes., Card. Dis., Int. Med., Neuro. Surg., Obg., Ortho. Surg., Path., Psych., Rad., Surg.,	
St. John's General Hospital..... 3339 McClure Ave. 12	...	NPCorp	0	203	30	3	5 Res: Gen. Pract.	
St. Joseph's Hospital and Dispensary.... 2117 E. Carson St. 3	...	Church	0	170	32	..	6 Int: Rotating	
St. Margaret Memorial Hospital..... 265 46th St. 1	...	Church	0	156	57	3	6 Int: Rotating; 5 Res: Int. Med., Obg., Path., Surg.	
Shadyside Hospital..... 5230 Centre Ave. 32	...	NPCorp	2-3-0	376	53	..	10 Int: Rotating; 4 Res: Path.	
South Side Hospital..... S. 20th and June Sts. 3	...	NPCorp	5-0	336	40	4	9 Int: Rotating; 4 Res: Obg., Path.	
University of Pittsburgh Graduate School of Public Health.....	...	NPCorp	...	...	...	..	Res: Occup. Med.	
Veterans Administration Hospital..... Leech Farm Rd. 6	...	VA	2-4-5	951	72	..	5 Res: Neur.	
Veterans Administration Hospital..... University Dr. 40	M-76#	VA	2-1-5	1,122	63	..	48 Res: Allergy, Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Urol.	
Western Pennsylvania Hospital..... 4800 Friendship Ave. 24	...	NPCorp	2-3-1-5-0	560	57	7	18 Int: Rotating; 20 Res: Int. Med., Ob., Path., Rad., Surg.	
Western Psychiatric Institute and Clinic 3811 O'Hara St. 13	M-76#	NPCorp	4-0	150	100	3	45 Res: Psych.	
Westinghouse Bettis Atomic Power Division..... P. O. Box 1468 Zone 30	...	Corp	...	...	...	..	1 Res: Occup. Med.	
Pottsville								
A. C. Milliken Hospital..... E. Norwegian and Tremont Sts.	...	Church	...	206	33	1	1 Res: Gen. Pract.	
Reading								
Community General Hospital..... 145 N. 6th St.	...	NPCorp	0	181	60	6	4 Res: Gen. Pract., Path.	
Reading Hospital..... 6th and Spruce Sts.	...	NPCorp	3-0	518	39	8	14 Int: Rotating; 36 Res: Anes., Int. Med., Obg., Ortho. Surg., Path., Rad., Surg.	
St. Joseph's Hospital..... 215 N. 12th St.	...	Church	0	283	50	3	6 Int: Rotating; 5 Res: Path., Surg.	
Sayre								
Robert Paeker Hospital..... 200 S. Wilbur Ave.	M-71	NPCorp	...	340	62	13	12 Int: Rotating; 32 Res: Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Scranton								
Scranton State Hospital..... 201 Mulberry St. 3	...	State	2-3-0	267	33	1	10 Int: Rotating; 1 Res: Path.	
Sewickley								
Sewickley Valley Hospital..... Blackburn Rd.	...	NPCorp	0	230	42	..	8 Int: Rotating	
Sharon								
Sharon General Hospital..... 740 E. State St.	...	NPCorp	...	288	31	5	8 Res: Gen. Pract.	
South Mountain								
Samuel G. Dixon State Hospital.....	...	State	...	1,050	19	1	4 Res: Pul. Dis.	
Uniontown								
Uniontown Hospital..... 500 W. Berkeley St.	...	NPCorp	0	278	29	4	5 Int: Rotating	
Warren								
Warren State Hospital..... Box 240	...	State	3-0	3,100	34	..	30 Res: Psych.	
Washington								
Washington Hospital..... 155 Wilson Ave.	...	NPCorp	0	312	36	..	8 Int: Rotating	
West Chester								
Chester County Hospital..... 500 E. Marshall St.	...	NPCorp	2-4-0	189	35	..	6 Int: Rotating	
Wilkes-Barre								
Mercy Hospital..... 196 Hanover St.	...	NPCorp	...	193	26	2	4 Int: Rotating; 2 Res: Surg. Urol.	
Wilkes-Barre General Hospital..... N. River and Auburn Sts.	...	NPCorp	2-3-0	376	32	3	10 Int: Rotating; 4 Res: Path., Surg., Urol.	
Wilkinsburg								
Columbia Hospital..... 312 Penn Ave. 21	...	NPCorp	0	275	32	4	6 Int: Rotating; 2 Res: Surg.	
Williamsport								
Williamsport Hospital..... 777 Rural Ave.	...	NPCorp	0	312	43	2	8 Int: Rotating; 7 Res: Path., Surg.	
York								
York Hospital..... S. George St. and Rathton Rd.	...	NPCorp	2-3-0	364	53	1	10 Int: Rotating; 8 Res: Path., Surg.	
PUERTO RICO								
Aguadilla								
Aguadilla District Hospital.....	...	State	...	280	68	..	10 Int: Rotating; 1 Res: Path.	
Arecibo								
Arecibo District Hospital..... Lares Rd.	...	State	...	280	65	1	15 Int: Rotating; Res: Gen. Pract., Path.	
Bayamon								
Puerto Rico Institute of Psychiatry.... P. O. Box 127	...	NPCorp	...	275	...	..	3 Res: Psych.	
Caparra Heights								
University Hospital..... Caparra Heights Station	M-77#	State	...	240	54	1	16 Int: Rotating; 28 Res: Int. Med., Obg., Ophth., Path., Ped., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
PUERTO RICO—Continued								
Fajardo								
Fajardo District Hospital..... General Valero Ave.	...	State	...	280	...	..	12 Int: Rotating	
Hato Rey								
Hospital Auxilio Mutuo..... Munoz Rivera St.	...	NPCorp	...	150	37	..	4 Res: Gen. Pract.	
Ponce								
Hospital De Damas..... Concordia St.	...	Church	0	153	38	..	7 Int: Rotating; 5 Res: Anes., Surg.	
Ponce District General Hospital..... Machuelo	...	State	6	412	65	..	16 Int: Rotating; 23 Res: Int. Med., Obg., Path., Ped., Surg.	
Rio Piedras								
Psychiatric Center for Training and Research..... Box 547	...	State	0	1,500	9	..	18 Res: Psych.	
Rio Piedras								
Rio Piedras Municipal Hospital..... Pineiro St.	...	City	...	218	54	..	13 Int: Rotating	
San Juan								
Presbyterian Hospital..... Ashford Ave.	...	NPCorp	6	180	28	1	8 Int: Rotating	
San Juan City Hospital..... De Diego Ave. 34	M-77	City	...	356	71	..	24 Int: Rotating; 61 Res: Anes., Int. Med., Obg., Ophth., Otol., Path., Ped., Surg., Urol.	
Veterans Administration Hospital..... San Patricio	M-77	VA	2-6	200	85	..	21 Res: Int. Med., Path., Phys. Med., Rad., Surg.	
Santurce								
Dr. I. Gonzalez Martinez Oncologic Hospital..... 229 Parque St.	...	NPCorp	0	65	94	..	13 Res: Path., Rad., Surg.	
RHODE ISLAND								
Howard								
State Hospital for Mental Diseases..... Box 5	...	State	...	3,532	...	10	13 Res: Psych.	
Newport								
Newport Hospital..... Friendship St.	...	NPCorp	0	228	31	5	8 Int: Rotating; 4 Res: Gen. Pract., Int. Med., Path.	
U. S. Naval Hospital..... 3rd and Cypress Sts.	...	Navy	2-0	653	...	..	6 Int: Rotating	
Pawtucket								
Memorial Hospital..... Prospect St.	...	NPCorp	6	225	32	6	8 Int: Rotating; 6 Res: Gen. Pract., Int. Med., Path.	
Providence								
Butler Health Center..... 333 Grotto Ave. 6	...	NPCorp	6	60	25	..	2 Res: Psych.	
Charles V. Chapin Hospital..... 153 Eaton St. 8	...	City	6	249	58	8	5 Res: Ped., Psych.	
Miriam Hospital..... 164 Summit Ave. 6	...	NPCorp	6	160	38	3	8 Int: Rotating 2 Res: Card. Dis., Int. Med.	
Providence Lying-in Hospital..... 50 Matide St. 8	L-40, M-41	NPCorp	0	214	33	..	.. Res: Obg.	
Rhode Island Hospital..... 593 Eddy St. 2	...	NPCorp	2-3-4-0	680	40	17	20 Int: Rotating; 68 Res: Anes., Card. Dis., Int. Med., Obg., Ortho. Surg., Otol., Ped. Allergy, Path., Ped., Rad., Surg., Urol.	
Roger Williams General Hospital..... 825 Chalkstone Ave. 8	...	NPCorp	1	259	30	5	10 Int: Rotating; 1 Res: Rad.	
St. Joseph's Hospital..... 21 Peace St. 7	...	Church	4	310	24	13	11 Int: Rotating	
Veterans Administration Hospital..... Davis Park 8	...	VA	2	393	52	..	14 Res: Int. Med., Surg.	
Riverside								
Emma Pendleton Bradley Hospital..... 1011 Veterans Memorial Pkwy. 15	...	NPCorp	2	56	...	..	4 Res: Psych.	
Woonsocket								
Woonsocket Hospital..... 115 Cass Ave.	...	NPCorp	...	203	21	5	6 Res: Gen. Pract.	
SOUTH CAROLINA								
Charleston								
Medical College South Carolina Teaching Hospitals..... 16 Lucas St. 16	M-78	State	2-3-0	686	49	..	32 Int: Rotating; 70 Res: Anes., Int. Med., Neur., Obg., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
U. S. Naval Hospital..... Naval Base	...	Navy	2-6	350	...	..	6 Int: Rotating	
Columbia								
Columbia Hospital..... 2020 Hampton St. 4	...	County	6	503	28	..	15 Int: Rotating; 12 Res: Int. Med., Obg., Ortho. Surg., Ped., Surg.	
Florence								
McLeod Infirmary..... 121 W. Cheves St.	...	NPCorp	2-3-0	209	32	..	6 Int: Rotating	
Greenville								
Greenville General Hospital..... 100 Mallard St.	...	NPCorp	3-1-0	550	35	..	24 Int: Rotating; 19 Res: Gen. Pract., Obg., Ortho. Surg., Path., Ped., Surg.,	
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr.	...	NPCorp	...	60	...	..	3 Res: Ortho. Surg.	
Orangeburg								
Orangeburg Regional Hospital..... 550 Carolina Ave. N. E.	...	County	2-3-0	219	25	..	4 Int: Rotating 2 Res: Urol.	
Spartanburg								
Spartanburg General Hospital..... 855 N. Church St.	...	County	2-3-0	370	28	..	15 Int: Rotating 10 Res: Path., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
SOUTH DAKOTA								
Sioux Falls								
McKenna Hospital..... 800 E. 21st St.	M-79	Church	8-0	224	41	6	7 Int: Rotating Res: Gen. Pract.	
Sioux Valley Hospital..... 1123 S. Euclid	M-79	NPCorp	0	210	40	..	7 Int: Rotating; 4 Res: Gen. Pract., Path.	
Yankton								
Sacred Heart Hospital..... West 4th St.	M-79	Church	...	208	25	5	5 Int: Rotating; 4 Res: Obg., Surg.	
TENNESSEE								
Chattanooga								
Baroness Erlanger Hospital..... 261 Wiehl St. 3	...	CyCo	5	489	38	29	14 Int: Rotating; 47 Res: Anes., Int. Med., Obg., Ortho. Surg., Path., Rad., Surg.	
Memorial Hospital..... 2500 Citico Ave., 4	...	Church	...	184	31	7	6 Res: Obg., Surg.	
Newell Hospital..... 707 Walnut St. 11	...	Corp	1	50	23	2	3 Res: Surg.	
T. C. Thompson Children's Hospital.... 1001 Glenwood Dr. 6	...	CyCo	...	100	18	..	2 Res: Ped.	
Kingsport								
Holston Valley Community Hospital.. W. Ravine St.	...	NPCorp	...	306	40	1	8 Int: Rotating	
Knoxville								
East Tennessee Baptist Hospital..... 201 Blount Ave. 20	...	Church	0	267	33	14	12 Int: Rotating; 3 Res: Ortho. Surg., Path.	
East Tennessee Children's Hospital.... 1912 Laurel Ave. 16	...	NPCorp	...	62	..	..	.. Res: Ortho. Surg.	
Fort Sanders Presbyterian Hospital.... 1909 W. Clinch Ave. 16	...	Church	0	179	30	6	8 Int: Rotating	
St. Mary's Memorial Hospital..... Oak Hill Ave. 17	...	Church	1-0	350	37	20	12 Int: Rotating; 13 Res: Gen. Pract., Int. Med., Ortho. Surg., Path., Surg.	
University of Tennessee Memorial Research Center and Hospital..... Alcoa Highway 20	...	State	3-4	265	46	..	14 Int: Rotating; 26 Res: Anes., Gen. Pract., Int. Med., Obg., Ortho. Surg., Path., Ped., Surg., Thor. Surg.,	
Memphis								
Baptist Memorial Hospital..... 899 Madison Ave. 3	L-80	Church	0	874	41	6	20 Int: Rotating; 41 Res: Int. Med., Neuro. Surg., Obg., Path., Ped., Rad., Surg., Urol.	
Campbell Clinic and Hospital..... 869 Madison Ave. 3	...	Corp	1-0	80	30	..	14 Res: Ortho. Surg.	
City of Memphis Hospitals..... 860 Madison Ave. 3	M-80#	City	4	703	68	9	48 Int: Rotating; 98 Res: Anes., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Rad., Surg., Thor. Surg., Urol.	
Gallor Psychiatric Hospital..... 42 N. Dunlap St. 3	L-80	State	0	61	..	2	10 Res: Psych.	
Le Bonheur Children's Hospital..... 848 Adams Ave. 3	L-80	NPCorp	0	96	52	..	4 Res: Ped.	
Memphis Eye Ear Nose and Throat Hospital..... 1060 Madison Ave. 4	...	Church	0	70	10	..	3 Res: Ophth.	
Methodist Hospital..... 1265 Union Ave. 4	...	Church	1-2-3-0	381	30	1	15 Int: Rotating; 19 Res: Int. Med., Path., Ped., Rad., Surg.	
St. Joseph Hospital..... 264 Jackson 5	...	Church	3	280	35	6	12 Int: Rotating; 10 Res: Int. Med., Obg., Path., Ped., Surg.	
Veterans Administration Hospital..... Park Ave. and Getwell St. 15	L-80	VA	2-1-5	1,358	81	1	65 Res: Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
West Tennessee Tuberculosis Hospital.. 842 Jefferson Ave. 5	L-80	State	0	400	65	4	7 Res: Pul. Dis., Thor. Surg.	
Nashville								
Baptist Hospital..... 2000 Church St. 4	...	Church	...	335	38	11	16 Int: Rotating; 25 Res: Int. Med., Obg., Path., Ped., Surg.	
George W. Hubbard Hospital..... 1005 18th Ave. N. 8	M-81	Church	0	197	52	..	14 Int: Rotating; 33 Res: Int. Med., Ob., Path., Ped., Surg., Urol.	
Nashville General Hospital..... Hermitage Ave. 10	...	City	0	202	29	12	12 Int: Rotating; 9 Res: Int. Med., Obg., Path.	
St. Thomas Hospital..... 2000 Hayes St. 4	...	Church	0	237	38	10	16 Int: Rotating, Mixed; 22 Res: Int. Med., Obg., Path., Surg.,	
State of Tennessee Dept. of Health..... Cordell Hull Bldg. 3	...	State	...	..	..	..	.. Res: Public Health	
Vanderbilt University Hospital..... 1101 21st Ave. S. 5	M-82X	NPCorp	0	388	59	11	35 Int: St. Med., St. Surg., St. Ped., St. Path.; 94 Res: Anes., Int. Med., Neuro. Surg., Neur., Obg., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.,	
Veterans Administration Hospital..... 90 White Bridge Rd. 5	L-82	VA	1-0	520	60	..	24 Res: Int. Med., Pul. Dis., Rad., Surg.,	
Oak Ridge								
Oak Ridge Institute of Nuclear Studies Medical Division..... Vance Rd. P. O. Box 117	...	NPCorp	0	30	86	11	3 Res: Int. Med., Path.	
TEXAS								
Austin								
Austin State Hospital..... 4110 Guadalupe 61	...	State	...	2,800	65	..	30 Res: Psych.	
Brackenridge Hospital..... 15th and East Ave. 1	L-84	City	2-3-0	258	43	..	14 Int: Rotating; 14 Res: Path., Rad., Surg.	
State of Texas Dept. Health..... Brooks Air Force Base..... U.S.A.F. School of Aviation Medicine	...	State USAF	...	...	...	..	2 Res: Public Health .. Res: Aviation Med.	
Corpus Christi								
Driscoll Foundation Children's Hospital 3533 S. Alameda P. O. Box 6038	...	NPCorp	5	111	91	7	7 Res: Ped.	
Memorial Hospital..... 2906 Hospital Blvd.	...	CyCo	2-3-0	258	34	..	7 Int: Rotating	
Dallas								
Baylor University Medical Center..... 3500 Gaston Ave. 10	L-83	Church	0	588	47	16	21 Int: Rotating, St. Med., St. Surg.; 51 Res: Int. Med., Obg., Ortho. Surg., Path., Phys. Med., Plas. Surg., Proct., Rad., Surg., Thor. Surg., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
TEXAS, Dallas—Continued								
Children's Medical Center..... 2306 Welborn St. 19	M-83	NPCorp	4-5-6	127	76	1	4 Int: St. Ped.; 20 Res: Ped. Allergy, Ped.	
Gaston Hospital..... 3505 Gaston Ave. 10	...	NPCorp	...	105	33	3	4 Res: Surg.	
Methodist Hospital..... 301 W. Colorado Blvd. 22	L-83	Church	6	288	30	3	16 Int: Rotating; 16 Res: Int. Med., OBG., Path., Surg.	
Parkland Memorial Hospital..... 5201 Hines Blvd. 35	M-83	Dist	4-6	838	44	8	42 Int: Rotating, St. Med., St. Path; 134 Res: Anes., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
St. Paul Hospital..... 3121 Bryan St. 4	L-83	Church	6	346	56	10	12 Int: Rotating; 29 Res: Int. Med., OBG., Path., Rad., Surg.	
Texas Scottish Rite Hospital for Crippled Children..... 2201 Welborn 19	...	NPCorp	...	70	..	..	3 Res: Ortho. Surg.	
Timberlawn Sanitarium..... 4600 Samuell Blvd. 21	M-83	Corp	2-6	110	..	..	8 Res: Psych.	
Veterans Administration Hospital..... 4500 S. Lancaster Rd. 16	L-83	VA	1	623	82	..	12 Int: St. Med.; 56 Res: Int. Med., Ophth., Ortho. Surg., Otol., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
El Paso								
Hotel Dieu, Sisters Hospital..... 1014 N. Stanton St.	...	Church	1	231	43	7	8 Int: Rotating; 2 Res: Ortho. Surg.	
R. E. Thomason General Hospital..... 4815 Alameda Ave.	...	CyCo	6	240	79	9	8 Int: Rotating	
William Beaumont General Hospital.... 3600 Hayes Ave.	...	Army	1-2-3-4-6	533	87	..	28 Int: Rotating; 34 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Surg.	
Fort Hood								
U. S. Army Hospital.....	...	Army	...	292	..	..	.. Res: Surg.	
Fort Worth								
Harris Hospital..... 1300 W. Cannon St. 4	...	Church	3-6	394	36	1	11 Res: Anes., Int. Med., OBG., Path., Surg.	
John Peter Smith Hospital..... 1500 S. Main St. 4	...	CyCo	3-4	208	40	1	13 Int: Rotating	
St. Joseph Hospital..... 1401 S. Main St. 4	...	Church	2-3	370	38	..	17 Int: Rotating; 4 Res: Path.	
Galveston								
St. Mary's Infirmary..... 715 Market St.	L-84	Church	2-6	217	31	..	4 Res: Gen. Pract.	
University of Texas Medical Branch Hospitals..... 8th and Mechanic Sts.	M-81X	State	5-6	884	64	..	37 Int: Rotating, St. Med., St. Path.; 166 Res: Anes., Card. Dis., Derm., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
U. S. Public Health Service Hospital.... 45th St. and Ave. N. 1	L-84	USPHS	...	161	..	..	.. Res: Gen. Pract.	
Houston								
Hermann Hospital..... 1203 Ross Sterling Ave. 25	M-85	NPCorp	2-3-6	675	53	2	18 Int: Rotating; 56 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Baylor University College of Medicine Affiliated Hospitals..... Jefferson Davis Hospitals..... 1801 Buffalo Dr. 3	M-85#	CyCo	4-5-6	398	44	5	3 Res: Derm. 40 Int: Rota ing, St. Med., St. Surg., St. Ped.; 115 Res: Anes., Int. Med., Neuro. Surg., Neuro., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Memorial Hospital..... 602 Lamar Ave. 2	...	Church	...	446	35	6	8 Int: Rotating; 12 Res: Gen Pract., Int. Med., Path.	
Methodist Hospital..... 6516 Bertner Ave. 25	M-85#	Church	6	370	70	9	15 Int: Rotating, St. Med., St. Surg.; 29 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
St. Joseph's Hospital..... 1910 Crawford St., 2	...	Church	1	430	58	18	17 Res: Anes., Int. Med., OBG., Path., Rad., Surg.	
St. Luke's Episcopal Hospital..... 6720 Bertner St., 25	L-85	Church	...	291	48	9	10 Res: Int. Med., OBG., Path., Surg.	
Southern Pacific Hospital..... 2015 Thomas St., 9	...	NPCorp	...	130	..	..	Res: Surg.	
Texas Children's Hospital..... 6621 Fannin St., 25	M-85#	NPCorp	...	100	89	1	1 Int: St. Path.; 10 Res: Path., Ped., Ped. Allergy, Surg.	
University of Texas M. D. Anderson Hospital and Tumor Institute..... 6723 Bertner St., 25	L-85	State	...	280	76	27	37 Res: Anes., Gyn., Int. Med., Path., Rad., Surg.	
Veterans Administration Hospital..... 2002 Holcombe Blvd., 31	M-85#	VA	2-1-5-6	1,252	81	1	113 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Lubbock								
Methodist Hospital..... 3615 19th St.	...	Church	...	250	40	..	4 Res: Path.	
McKinney								
Veterans Administration Hospital.....	L-83	VA	2	270	71	..	5 Res: Int. Med., Path.	
Midland								
Midland Memorial Hospital.....	...	NPCorp	...	151	..	..	Res: Gen. Pract.	
San Antonio								
Baptist Memorial Hospital..... 215 Camden St., 5	L-84	Church	...	290	45	18	10 Int: Rotating; 12 Res: Gen. Pract., OBG., Path., Rad.	
Brooke General Hospital..... Fort Sam Houston 9	...	Army	2-4-5	900	88	..	30 Int: Rotating; 99 Res: Anes., Card. Dis., Derm., Gastro., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.	
Robert B. Green Memorial Hospital..... 515 Morales St. 7	L-84	Dist	4-5-6	280	57	18	24 Int: Rotating; 35 Res: Int. Med., OBG., Ophth., Path., Ped., Plas. Surg., Rad., Surg.	
Santa Rosa Hospital..... 745 W. Houston St., 7	...	Church	6	522	53	21	12 Int: Rotating; 10 Res: Gen. Pract., Path., Ped., Plas. Surg., Rad.	
U. S. Air Force Hospital..... Lackland Air Force Base	...	USAF	1-2-3-4-5	1,000	90	..	36 Int: Rotating; 75 Res: Anes., Gastro., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Temple								
Scott and White Memorial Hospital..... 213 W. Avenue G	...	NPCorp	6	326	52	13	8 Int: Rotating; 33 Res: Anes., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
TEXAS, Wichita Falls—Continued								
Wichita Falls								
U. S. Air Force Hospital..... Sheppard Air Force Base	...	USAF	...	300	85	..	2 Res:	Surg.
UTAH								
Ogden								
St. Benedict's Hospital..... 3000 Polk Ave.	...	Church	4-6	170	59	1	10 Int:	Rotating; 5 Res: Gen. Pract., Path.
Thomas D. Dee Memorial Hospital..... 2440 Harrison Blvd.	...	Church	...	225	64	..	12 Int: 13 Res:	Rotating; Gen. Pract., Int. Med., OBG., Path., Surg.
Salt Lake City								
Dr. W. H. Groves Latter-Day Saints Hospital..... 325 8th Ave. S	L-86	Church	3-6	425	49	7	21 Int: 40 Res:	Rotating; Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Holy Cross Hospital..... 1045 E. First South St., 2	L-86	Church	2-3-6	198	49	2	8 Int:	Rotating;
Primary Children's Hospital..... 320 Twelfth Ave. S	...	Church	...	72	71	1	9 Res:	Int. Med., OBG., Path., Rad., Surg.
St. Mark's Hospital..... 808 N. Second West St., 16	L-86	Church	3-6	248	61	..	12 Int: 2 Res:	Rotating; Int. Med., Surg.
Salt Lake County General Hospital..... 2033 S. State St., 15	M-86#	County	6	298	69	14	35 Int: 55 Res:	Rotating, St. Med., St. Surg., St. Pod.; Anes., Int. Med., OBG., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Shriner's Hospital for Crippled Children.... Fairfax Ave. at Virginia St., 3	L-86	NPCorp	6	60	67	..	2 Res:	Ortho. Surg.
Veterans Administration Hospital..... 500 Foothill Dr., 13	M-86#	VA	2	710	90	4	.. Int: 32 Res:	Rotating, St. Med., St. Surg.; Int. Med., Neur., Ortho. Surg., Path., Psych., Rad., Surg.
VERMONT								
Brattleboro								
Brattleboro Retreat..... 75 Linden St.	L-87	NPCorp	6	786	8	4	6 Res:	Psych.
Burlington								
DeGoesbriand Memorial Hospital..... Pearl and Prospect Sts.	M-87#	Church	6	182	55	1	9 Int:	Rotating; Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Rad., Surg., Urol.
Mary Fletchet Hospital..... Colchester Ave.	M-87#	NPCorp	4-5	247	76	11	14 Int: 50 Res:	Rotating; Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Rad., Surg., Urol.
Waterbury								
Vermont State Hospital..... 103 S. Main St.	L-87	State	3-6	1,153	21	3	5 Res:	Psych.
White River Junction								
Veterans Administration Hospital..... N. Hartland Rd.	M-51	VA	2	188	90	..	50 Res:	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Surg., Urol.
VIRGINIA								
Alexandria								
Alexandria Hospital..... 709 Duke St.	...	NPCorp	6	190	42	6	10 Int: 10 Res:	Rotating; Int. Med., OBG., Ped., Surg.
Arlington								
Arlington Hospital..... 5129 N. 16th St., 5	M-19	NPCorp	3-6	250	57	4	2 Res:	OBG.
National Orthopedic and Rehabilitation Hospital..... 2455 Army Navy Dr., 2	...	NPCorp	...	89	..	..	.. Res:	Ortho. Surg.
Charlottesville								
Blue Ridge Sanatorium.....	L-88	State	1-2-3-6	382	43	..	1 Res:	Pul. Dis.
University of Virginia Hospital.....	M-88X	State	6	485	53	7	34 Int: 106 Res:	Rotating, Mixed., St. Med., St. Surg.; Allergy, Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Clifton Forge								
Chesapeake and Ohio Railway Employes Hospital..... Ridgeway St.	...	NPCorp	6	205	42	6	18 Res:	Int. Med., Surg.
Danville								
Memorial Hospital..... 142 S. Main St.	...	NPCorp	6	275	53	2	7 Res:	Path., Urol.
Fort Belvoir								
Dewitt Army Hospital.....	...	Army	...	324	84	..	6 Res:	Surg.
Lynchburg								
Lynchburg General Hospital..... Tate Springs Rd.	...	NPCorp	6	222	32	1	3 Res:	Path., Surg.
Newport News								
Mary Immaculate Hospital..... Blair and Buxton Aves.	...	Church	1	150	39	4	5 Int:	Rotating.
Riverside Hospital..... 245 50th St.	...	NPCorp	6	218	35	14	10 Int: 10 Res:	Rotating; Gen. Pract., Int. Med., OBG., Path., Surg.
Norfolk								
DePaul Hospital..... Kingsley Lane and Granby St., 5	...	Church	6	306	75	11	12 Int: 21 Res:	Rotating; Gen. Pract., Int. Med., OBG., Path., Rad., Surg.
Norfolk Community Hospital..... 2539 Corpew Ave., 4	...	NPCorp	6	115	30	..	4 Res:	Gen. Pract.
Norfolk General Hospital..... West Olney Rd., 7	...	NPCorp	6	320	43	8	20 Int: 28 Res:	Rotating; Gen. Pract., Int. Med., OBG., Path., Rad., Surg.
U. S. Public Health Service Hospital..... 6500 Hampton Blvd., 8	...	USPHS	2-4-6	231	59	..	8 Int: 6 Res:	Rotating; Gen. Pract.
Petersburg								
Central State Hospital..... Box 271	L-89	State	...	1,196	..	..	.. Res:	Psych.
Petersburg General Hospital..... Mount Erin and Adams Sts.	...	NPCorp	6	304	37	10	12 Int:	Rotating
Portsmouth								
Maryview Hospital..... 200 County Rd.	...	Church	...	210	35	..	8 Int:	Rotating
Portsmouth General Hospital..... 900 Leekie St. at Fort Lane	...	NPCorp	6	190	30	..	6 Res:	Gen. Pract.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
VIRGINIA, Portsmouth—Continued								
U. S. Naval Hospital.....		Navy	2-4-5-6	1,325	..	..	20 Int: Rotating; 34 Res: Int. Med., OBG., Ortho. Surg., Ped., Surg.	
Richmond								
Crippled Children's Hospital.....	L-89	NPCorp	...	110	..	..	2 Res: Ortho. Surg.	
2924 Brook Rd., 20								
Johnston-Willis Hospital.....		Corp	6	235	45	7	12 Int: Rotating; 7 Res: Int. Med., OBG., Path., Surg.	
2908 Kensington Ave., 21								
Medical College of Virginia— Hospital Division.....	M-89X	State	4-5-6	1,184	57	8	60 Int: Rotating, St. Med., St. Surg., St. Path.; 134 Res: Allergy, Anes., Derm., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.	
1200 E. Broad St., 19								
Retreat for the Sick.....		NPCorp	6	89	33	..	3 Res: Gen. Pract.	
2621 Grove Ave., 20								
Riohwood Memorial Hospital.....		NPCorp	0	376	41	4	18 Int: Rotating; 4 Res: Path., Surg.	
1300 Westwood Ave., 27								
St. Elizabeth's Hospital.....		Corp	6	63	64	2	2 Res: Surg.	
617 W. Grace St., 20								
State of Virginia Dept. of Public Health, Zone 19		State	...	...	..	..	1 Res: Public Health	
Stuart Circle Hospital.....		Corp	6	150	38	..	8 Int: Rotating	
415 Stuart Circle 20								
Veterans Administration Hospital.....	L-89	VA	2-6	1,046	71	1	80 Res: Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.	
Broad Rock Rd. and Belt Blvd., 19								
Roanoke								
Gill Memorial Eye, Ear and Throat Hospital.....		Indiv	1	25	..	..	2 Res: Ophth.	
711 S. Jefferson St.								
Jefferson Hospital.....		Corp	6	151	53	8	6 Int: Mixed; 5 Res: Int. Med., Surg.	
1313 Franklin Rd., S. W., 16								
Lewis Gale Hospital.....		Corp	6	180	40	6	6 Int: Rotating; 8 Res: Int. Med., Surg.	
3rd and Luck Ave., S. W., 11								
Roanoke Memorial Hospital.....		NPCorp	8	325	51	..	20 Int: Rotating; 10 Res: Int. Med., Path., Surg.	
Bellevue and Lake Aves., 14								
Suffolk								
Louise Obici Memorial Hospital.....		NPCorp	...	151	30	..	4 Res: Gen. Pract.	
Route 4								
Williamsburg								
Eastern State Hospital.....		State	...	2,395	22	2	12 Res: Psych.	
Winchester								
Winchester Memorial Hospital.....		NPCorp	0	266	54	2	6 Int: Rotating	
S. Stewart St.								
WASHINGTON								
Bremerton								
U. S. Naval Hospital.....		Navy	2-6	250	93	..	6 Int: Rotating	
Naval Base								
Richland								
General Electric Company.....		Corp	...	...	..	..	1 Res: Occup. Med.	
Hanford Atomic Products Operation								
Seattle								
Children's Orthopedic Hospital.....	M-90	NPCorp	6	167	94	1	6 Int: St. Ped.; 10 Res: Anes., Ortho. Surg., Path., Ped., Surg.	
4800 Sand Point Way, 5								
Doctors Hospital.....		NPCorp	6	187	48	4	8 Int: Rotating; 8 Res: Anes., Int. Med., Path., Surg.	
909 University St., 1								
Firland Sanatorium.....	M-90	County	0	600	64	2	3 Res: Pul. Dis.	
1704 E. 150th St., 55								
King County Hospital, Unit No. 1 (Harborview).....	M-90#	County	2-3 4-5	584	68	5	32 Int: Rotating; 163 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
325 Ninth Ave., 4								
Providence Hospital.....		Church	6	337	55	7	12 Int: Rotating; 18 Res: Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.	
17th and E. Jefferson St., 22								
St. Frances Xavier Cabrini Hospital....		Church	6	228	70	..	6 Int: Rotating	
Terry Ave. and Madison St., 4								
Seattle-General Hospital.....		NPCorp	...	125	28	4	5 Int: Rotating	
Fifth Ave. and Marion St., 4								
State of Washington Dept. of Health... Smith Tower, 4		State	...	...	..	..	8 Res: Public Health	
Swedish Hospital.....	L-90	NPCorp	6	361	55	5	16 Int: Rotating; 23 Res: Anes., Int. Med., OBG., Path., Surg.	
1212 Columbia St., 4								
U. S. Public Health Service Hospital....		USPHS	2-4-5	324	79	..	12 Int: Rotating; 9 Res: Int. Med., Path., Surg.	
1131 14th Ave. S., 44								
University Hospital.....	M-90X	State	...	107	86	..	24 Int: Rotating, Mixed; 134 Res: Int. Med., Neuro. Surg., Neur., OBG., Phys. Med., Psych., Rad., Surg., Urol.	
1957 Pacific Ave., 5								
Veterans Administration Hospital.....	M-90#	VA	2-4-6	320	92	..	44 Res: Anes., Int. Med., Neuro. Surg., Neur., Ortho., Surg., Path., Psych., Rad., Surg., Urol.	
4435 Beacon Ave., 99								
Virginia Mason Hospital.....	L-90	NPCorp	0	210	94	2	10 Int: Rotating; 32 Res: Anes., Int. Med., Ob., Path., Rad., Surg.	
1111 Terry Ave.								
Sedro Woolley								
Northern State Hospital.....	L-90	State	6	1,863	66	..	9 Res: Psych.	
Box 309								
Spokane								
Deaconess Hospital.....		Church	6	252	50	..	12 Int: Rotating; 1 Res: Int. Med., Path.	
733 W. Fourth Ave., 4								
Sacred Heart Hospital.....		Church	...	534	40	9	15 Int: Rotating; 14 Res: Gen. Pract., OBG., Path., Rad., Surg., Thor. Surg.	
101 Eighth Ave. W., 4								
St. Luke's Hospital.....		NPCorp	6	240	35	5	6 Int: Rotating; 2 Res: Gen. Pract., OBG.	
830 N. Summit Blvd., 11								
Sbriners Hospitals for Crippled Children		NPCorp	2-3	40	100	..	2 Res: Ortho. Surg.	
820 N. Summit Blvd., 11								
Tacoma								
Madigan General Hospital.....	L-90	Army	4-6	500	90	..	24 Int: Rotating; 26 Res: Int. Med., OBG., Path., Ped., Surg.	
Fort Lewis								

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
WASHINGTON, Tacoma—Continued								
Mountain View General Hospital.....	...	County	4-8	205	40	5	10 Int:	Rotating
3582 Pacific Ave., 8								
St. Joseph Hospital.....	...	Church	...	219	35	6	6 Int:	Rotating;
1812 S. Eye St., 1							4 Res:	Path.
Tacoma General Hospital.....	...	NPCorp	...	222	51	8	10 Int:	Rotating;
315 South K St., 5							12 Res:	Anes., Path.
WEST VIRGINIA								
Beckley								
Beckley Hospital.....	...	Corp	1	155	51	4	4 Res:	Surg.
1097 S. Oakwood Ave.								
Beckley Memorial Hospital.....	...	NPCorp	6	193	63	..	24 Res:	Int. Med., Path., Ped., Surg.
P. O. Box 128								
Bluefield								
Bluefield Sanitarium.....	...	Corp	1	211	28	4	4 Res:	Gen. Pract.
307 Ramsey St.								
Charleston								
Charleston General Hospital.....	...	NPCorp	6	220	42	16	10 Int:	Rotating;
Brooks St. and Elmwood Ave., 25							18 Res:	Gen. Pract., Int. Med., Path., Surg.
Kanawha Valley Memorial Hospital.....	...	Corp	6	151	27	9	6 Int:	Rotating;
1014 Virginia St., E, 1							3 Res:	Surg.
Memorial Hospital.....	...	NPCorp	...	289	68	6	11 Int:	Rotating;
3200 Noyes Ave., S.E., 4							16 Res:	Int. Med., OBG., Path., Ped., Surg.
Clarksburg								
St. Mary's Hospital.....	...	Church	3-6	215	26	1	2 Res:	Path.
464-68 Washington Ave.								
Huntington								
Cabell Huntington Hospital.....	...	NPCorp	1-4-5-6	234	52	9	8 Int:	Rotating;
1340 16th St., 1							16 Res:	Gen. Pract., Int. Med., Path., Surg.
Chesapeake and Ohio Hospital.....	...	NPCorp	3-6	165	47	7	8 Res:	Int. Med., Surg.
1801 Sixth Ave., 3								
St. Mary's Hospital.....	...	Church	6	275	42	18	14 Int:	Rotating;
2900 First Ave., 2							5 Res:	Path., Surg.
Martinsburg								
Veterans Administration Center.....	L-20	VA	2	840	60	..	7 Res:	Path., Surg.
Montgomery								
Laird Memorial Hospital.....	...	NPCorp	6	127	22	..	2 Res:	Surg.
Parkersburg								
Camden-Clark Memorial Hospital.....	...	City	6	194	29	6	6 Int:	Rotating
717 Ann St.								
St. Joseph's Hospital.....	...	Church	6	195	25	..	6 Int:	Rotating;
1801 Market St.							1 Res:	Gen. Pract.
Phillippi								
Broadus Hospital.....	...	NPCorp	...	102	60	5	3 Res:	Surg.
College Hill								
Weirton								
Weirton General Hospital.....	...	NPCorp	1	175	31	6	6 Int:	Rotating
Wheeling								
Ohio Valley General Hospital.....	...	NPCorp	5-6	426	47	20	15 Int:	Rotating;
2000 Eoff St.							27 Res:	Anes., Gen. Pract., Int. Med., Path., Surg.
Wheeling Hospital.....	...	Church	5-6	226	33	7	10 Int:	Rotating
109 Main St.								
Williamson								
Memorial Medical Center.....	...	Part	6	133	42	..	9 Res:	Int. Med.
P. O. Box 1410								
WISCONSIN								
Beloit								
Beloit Hospital.....	...	City	2-3	190	34	..	1 Res:	Path.
431 Olympian Blvd.								
Eau Claire								
Luther Hospital.....	...	NPCorp	...	250	55	5	6 Int:	Rotating
310 Chestnut St.								
Fond Du Lac								
St. Agnes Hospital.....	...	Church	...	350	35	1	4 Res:	Path.
430 E. Division St.								
Janesville								
Mercy Hospital.....	...	Church	...	236	33	7	5 Int:	Rotating;
566 N. Washington St.							1 Res:	Surg.
La Crosse								
La Crosse Lutheran Hospital.....	...	Church	...	250	35	9	6 Int:	Rotating;
1910 South Ave.							4 Res:	Int. Med., Surg.
St. Francis Hospital.....	...	Church	1	250	37	6	8 Int:	Rotating;
709 S. 10th St.							2 Res:	Gen. Pract.
Madison								
Madison General Hospital.....	L-91	NPCorp	6	346	46	6	14 Int:	Rotating;
925 Mound St., 5							15 Res:	Int. Med., Path., Surg., Urol.
Mendota State Hospital.....	L-91	State	6	985	19	..	5 Res:	Psych.
301 Troy Dr., 4								
Methodist Hospital.....	L-91	Church	...	145	57	4	5 Int:	Rotating;
309 W. Washington Ave., 3							2 Res:	Gen. Pract., Surg.
St. Mary's Hospital.....	L-91	Church	6	272	57	7	10 Int:	Rotating;
720 S. Brooks St., 5							6 Res:	Gen. Pract., Int. Med., OBG.
University Hospitals.....	M-91X	State	6	704	81	19	22 Int:	Mixed, St. Ped.;
1300 University Ave., 6							184 Res:	Allergy, Anes., Card. Dis., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Allergy, Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Administration Hospital.....	L-91	VA	2	475	89	..	7 Res:	Int. Med., Neur., Pul. Dis.
2500 Overlook Terrace, 5								
Marshfield								
St. Joseph's Hospital.....	...	Church	6	270	56	..	7 Int:	Rotating;
611 St. Joseph's Ave.							5 Res:	Path., Surg.
Milwaukee								
Columbia Hospital.....	...	NPCorp	6	263	73	18	23 Res:	Int. Med., Neuro. Surg., Ortho. Surg., Path., Rad., Surg.
3321 N. Maryland Ave., 11								
Evangelical Deaconess Hospital.....	...	Church	...	268	42	23	12 Int:	Rotating;
626 N. 19th St., 3							19 Res:	Gen. Pract., Path., Rad., Surg.
Milwaukee Children's Hospital.....	M-92	NPCorp	5	160	93	1	2 Int:	St. Ped.;
1700 W. Wisconsin Ave., 3							11 Res:	Ortho. Surg., Ped.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Autopsy Percentage	Foreign House Staff	Positions Offered	Approved Programs
WISCONSIN, Milwaukee—Continued								
Milwaukee County Hospital..... 8700 W. Wisconsin Ave., 13	M-92	County	4-6	661	51	13	36 Int: Rotating; 105 Res:	Anes., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Proct. Rad., Surg., Urol.
Milwaukee County Hospital for Mental Diseases..... 8844 Watertown Plank Rd., 13	L-92	County	6	1,125	42	..	9 Res:	Psych.
Milwaukee Hospital..... 2200 W. Kilbourn Ave., 3	L-92	Church	6	347	57	5	12 Int: Rotating; 13 Res:	Gen. Pract., Int. Med., OBG., Path., Rad., Surg.
Milwaukee Sanitarium..... 1220 Dewey Ave., 13	L-92	NP Corp	...	152	85	3	9 Res:	Psych.
Misericordia Hospital..... 1255 N. 22nd St., 5	...	Church	2-6	177	49	1	6 Int:	Rotating
Mount Sinai Hospital..... 948 N. 12th St., 3	...	NP Corp	6	298	40	16	14 Int: Rotating; 24 Res:	Int. Med., OBG., Path., Rad., Surg.
Muirdale Sanatorium..... 10437 Watertown Plank Rd., 13	...	County	3-6	557	32	..	2 Res:	Pul. Dis.
St. Francis Hospital..... 3237 S. 16th St., 15	...	Church	6	265	33	..	12 Int:	Rotating
St. Joseph's Hospital..... 5000 W. Chambers St., 10	L-92	Church	6	354	50	..	12 Int: Rotating; 21 Res:	Int. Med., OBG., Path., Rad., Surg.
St. Luke's Hospital..... 2900 W. Oklahoma Ave., 15	...	NP Corp	...	263	45	21	12 Int:	Rotating
St. Mary's Hospital..... 2320 N. Lake Dr., 11	...	Church	...	244	64	..	17 Res: Gen. Pract., Int. Med., OBG., Path., Rad., Surg. 16 Int: Rotating;	
St. Michael Hospital..... 2400 W. Villard Ave., 9	...	Church	1-6	260	40	14	10 Int: Rotating; 8 Res:	Gen. Pract.
Veterans Administration Hospital..... S. 54th and National Ave. 14, (Wood)	M-92#	VA	2-1-3-6	1,233	77	1	65 Res:	Anes., Derm., Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Wausau								
St. Mary's Hospital..... Maple Hill	...	Church	...	220	38	2	4 Int:	Rotating
West Allis								
Allis-Chalmers Mfg. Co.	...	Corp	...	...	...	..	1 Res:	Occup. Med.

ABBREVIATIONS AND NOTES

1. Appointments restricted to men only.
 2. U. S. citizenship required for appointment.
 3. Foreign medical graduates not eligible for appointment.
 4. Dental Internships available.
 5. Dental residencies available.
 6. Hospital offers employment to medical students for non-curricular services
 7. Two-year family practice program.
 8. Hospital operated by the New York City Department of Hospitals.
 - X Hospital owned by medical school.
- # Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.
- CyCo City and County
Corp Corporation unrestricted as to profit
Dist Hospital District
NP Corp Nonprofit corporation
Part Partnership
St Straight (internship)

Medical School Affiliations

Footnotes 10 to 92 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships. Hospitals have been identified with the symbol **M** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **L** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

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

The National Intern Matching Program

The Directory of Approved Internships lists all of the hospitals approved by the Council on Medical Education and Hospitals of the AMA for the conduct of intern-training programs. Over 98% of these hospitals participate in the matching program for internship appointment. The matching program is limited to those hospitals which have signed an agreement to participate in the matching program for the coming year and to abide by the rules and regulations. The NIMP does not approve hospitals for internship training nor does it limit the number of interns a hospital may seek through the program except that the number sought may not exceed the number authorized by the AMA. A hospital may wish to secure only a portion of its intern complement through the NIMP, and accordingly the directory contains one column showing the authorized complement of interns and another column indicating the number sought through the matching program. Those hospitals not participating in the matching program will be identified by footnote reference and also by the fact that they have no assigned NIMP code number.

In this directory the federal services, except for the Veterans Administration, are listed first. Please note that in applying for internship training in the Air Force, the Army, the Navy, or the Public Health Service, the student applies, insofar as the matching is concerned, directly to the service involved and not to a specific hospital. The student, however, may be requested by the government service involved to designate several service hospitals in order of choice. If matched, the service will attempt to meet the student's first choice. In cases in which this is not possible, the student may be assigned another of his choices within that service. Each service is completely separate, and this assignment to a particular hospital is performed entirely by the service involved. In the matching program, the student is matched only to the service itself, and not to a particular hospital within it. The government services do not issue internship contracts. Following the listing of the federal services all participating hospitals are listed alphabetically by state, within each state by city, and within the city by the name of the hospital. In writing to a hospital the student should address the Chairman of the Intern Committee except where otherwise noted.

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

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

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

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

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

The matching plan does not penalize either group from taking "flyers." Should a student apply to a hospital in which he thinks his chances of acceptance are poor, his chances at his second choice hospital are just as good as if he had rated it first. Similarly, if a hospital rates as its first choice a man it believes it has little chance of securing, and does not secure him, this hospital will have just as good a chance to get its second-choice man as if it had rated him first.

WHAT THE PARTICIPATING STUDENT DOES

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

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

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 13, 1961.

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

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

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between Oct. 1 and Dec. 10, 1960.

5. The student submits, on a form sent to him, the confidential rank order list of his preference among the internships for which he has applied. This list is to be mailed so as to arrive at the NIMP office in Evanston on or before Jan. 30, 1961. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 13, 1961, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIMP. Corrections cannot be made after Feb. 18, 1961, when the matching process takes place.

7. The student will receive on Mar. 13 the name of the hospital with which he has been matched. This information will be given to the student by his dean.

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

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

The NIMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By **BILL DICKERSON**

The University of Oklahoma School of Medicine
Oklahoma City

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

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

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

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

Advantages and Common Fallacies—

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

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

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

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

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

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

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

Dr. Dickerson, in addition to being an SAMA member and representative of the Board of Directors of the National Intern Matching Plan, was the member-at-large student director of NIMP. Dr. Dickerson was also a member of SAMA's Graduate Training Committee. Dr. Dickerson is now practicing at the Langley Porter Clinic, San Francisco 22, California.

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Chicago to arrive by February 1.

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

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

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

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

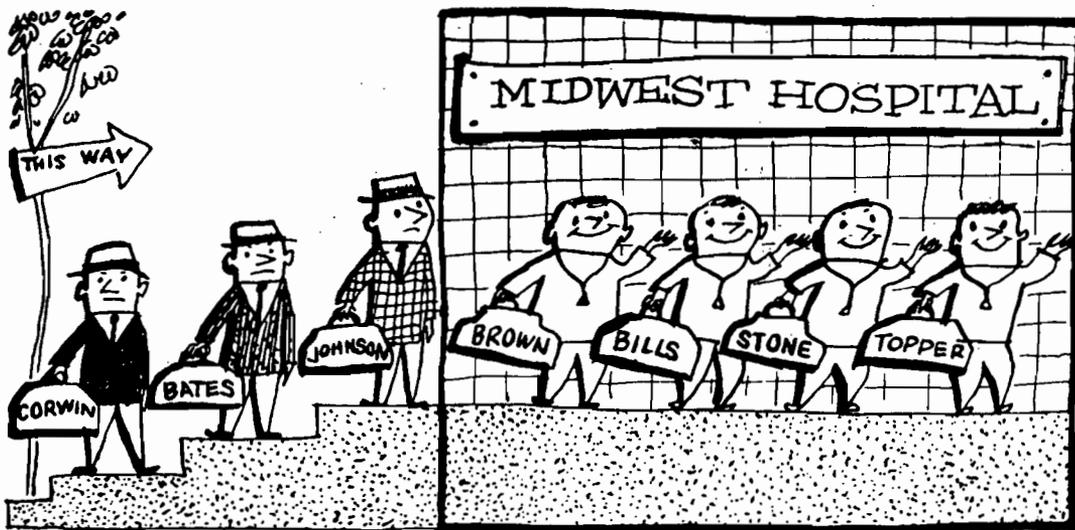
Defined simply, the principles of matching from your standpoint are these:

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

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

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

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



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

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

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

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

Example

Student Confidential Preference Lists

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 interns being sought by each hospital.

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

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

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

Student Lists

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

Hospital Lists

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

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

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

Student Lists

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

Hospital Lists

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

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

- a. More than one hospital, or
- b. A hospital which is likely to fill its internships with applicants who are using the matching program.

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

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

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 5,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before February 1. The Chicago office simply withdraws its record of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

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

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

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

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

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

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

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

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

NATIONAL INTERN MATCHING PROGRAM

2530 North Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N. I. M. P. Office by June 10, 1960

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

I, , a student at
 Last Name (Please Print) First Name Middle Name

..... Medical School, plan to apply for an internship to start between Apr. 1 and Dec. 31, 1961, I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in October, 1960.

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

3. To abide by the official schedule including ranking the internships for which I have applied and returning my confidential ranking form before Feb. 1, 1961.

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

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 14, 1960.

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

.....
 Date

.....
 Signature

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

Please return this Student Agreement and fee to your Dean or the N. I. M. P. Office by June 10, 1960.

NATIONAL INTERN MATCHING PROGRAM, INC.

2530 Ridge Ave., Evanston, Illinois

Special Arrangement for Married or Engaged Couples Wishing to Intern Together

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

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

(Medical School)

(Signature of one)

(Date)

(Signature of other)

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

NATIONAL INTERN MATCHING PROGRAM, INCORPORATED
2530 N. Ridge Avenue, Evanston, Illinois

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1961-62
(Starting between April 1, and December 31, 1961)

Name of Hospital _____

Location of Hospital _____

Street

City

Zone

State

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern Matching Program for appointment of interns for first year Internship for 1961-1962 (starting service from Apr. 1 through Dec. 31, 1961).

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

1. Offer internship appointment to all applicants matched with this hospital by the matching program, the matched students being the highest ranked students on this hospital's confidential ranking form who wish to intern here more than at any other hospital available to them.
2. Restrict internship appointment for United States and Canadian applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.
3. Make or require no commitments or contracts with United States or Canadian applicants prior to the notification of the selections made through the matching program.
4. Abide by the official schedule including accepting no applications from participants in the matching plan after Jan. 25, 1961; rating applicants and returning rating form by Jan. 30, 1961, offering formal appointment promptly to individuals matched by the plan with this hospital, and no later than Mar. 31, 1961.
5. Not accept an intern who was matched elsewhere and subsequently not released.
6. Pay a service fee of \$4.00 for each intern matched through the plan.

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

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

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

Signed _____

Official Position _____

_____ Date

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

Directory of Approved Internships

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1960

Hospitals, 856

Internships, 13,032

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

A major change in format appears with this issue, since some of the data formerly listed only for those hospitals with approved internships now appear in the consolidated list of all hospitals with approved graduate training program on pages 585-625 which precede the description of the National Intern Matching Program. This has permitted inclusion of additional, more specific data regarding each individual program than was possible previously. The term "Hospital" has been omitted to save space since the full name and address as well as the medical school affiliation, type of hospital control, total beds, and autopsy percentage appears in the consolidated list.

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

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

The average daily census multiplied by 365 gives the total inpatient days. The total admissions divided into the total inpatient days gives the average length of hospital stay, a useful figure for comparing the performance of general hospitals admitting patients with short-term illnesses.

The total number of deaths and the total autopsies are the basis for the hospital autopsy percentage reported in the consolidated list and 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.

Total outpatient visits is a figure which may also include emergency room visits but gives a measure of the ambulatory patient load at the hospital.

The affiliated services are indicated by footnotes and the hospitals involved are identified by name on page 656 at the end of this list.

The beginning stipend per month is not listed for the majority of federal hospitals, since stipends in the uniformed services are determined in relation to military rank or grade, rather than to intern status. For non-federal hospitals the beginning stipend is stated and the initials FM signify full maintenance while PM signifies partial maintenance. Where

neither initials appear, no degree of maintenance is provided except for the stipend. An asterisk (*) signifies that for the intern with dependents the hospital provides either a higher stipend or other forms of full or partial maintenance.

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

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

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

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

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

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

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

The number and type of internships as listed represent appointments offered for the intern year 1961-62, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1959.

		FEDERAL								Type	Total Sought Through NIMP	NIMP Code
Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement			
UNITED STATES ARMY—Hospitals, 10; Internships, 238												
CALIFORNIA												
SAN FRANCISCO												
Letterman General Hospital.....		667	11,573	224	190	251,555	No	...	24	Rot.		
COLORADO												
DENVER												
Fitzsimons General Hospital.....		816	10,018	136	119	145,793	No	...	24	Rot.		
DISTRICT OF COLUMBIA												
WASHINGTON												
Walter Reed General Hospital.....		1,206	14,367	397	331	250,898	122	...	30	Rot.		
GEORGIA												
FORT BENNING												
Martin Army Hospital.....		349	12,450	68	56	409,723	No	...	16	Rot.	182 Rotating General Office of the Surgeon General, Department of the Army Washington 25, D.C.	
HAWAII												
HONOLULU												
Tripler Army Hospital.....		716	19,562	191	148	224,967	No	...	30	Rot.	Attn. Chief Personnel and Training Division	
KENTUCKY												
FORT KNOX												
Ireland Army Hospital.....		329	13,386	63	36	331,628	No	...	16	Rot.		
NORTH CAROLINA												
FORT BRAGG												
Womack Army Hospital.....		357	12,103	88	76	254,594	No	...	16	Rot.		
TEXAS												
EL PASO												
William Beaumont General Hosp.....		410	15,046	179	158	296,842	No	...	28	Rot.		
SAN ANTONIO												
Brooke General Hospital		721	15,953	432	379	335,475	No	...	30	Rot.		
Fort Sam Houston.....												
WASHINGTON												
TACOMA												
Madigan General Hospital.....		460	11,420	107	97	193,788	No	...	24	Rot.		
UNITED STATES AIR FORCE—Hospitals, 1; Internships, 92												
TEXAS												
SAN ANTONIO												
U. S. Air Force Hospital.....		883	19,146	199	179	349,165	No	...	36	Rot.	92 Rotating General Directorate of Staffing and Education, Office of the Surgeon General Headquarters, U.S. Air Force Washington 25, D.C.	
56 of the above 92 Air Force internships are divided among the Army hospitals listed above.												
UNITED STATES NAVY—Hospitals, 14; Internships, 176												
CALIFORNIA												
OAKLAND												
U. S. Naval Hospital.....		944	15,455	150	139	221,727	No	...	18	Rot.		
OCEANSIDE												
U. S. Naval Hospital.....		669	11,030	91	85	160,257	No	...	10	Rot.		
SAN DIEGO												
U. S. Naval Hospital.....		1,605	25,337	467	402	413,491	No	...	24	Rot.		
FLORIDA												
JACKSONVILLE												
U. S. Naval Hospital.....		312	8,016	114	111	152,664	No	...	6	Rot.		
PENSACOLA												
U. S. Naval Hospital.....		284	6,847	79	63	105,301	No	...	6	Rot.		
ILLINOIS												
GREAT LAKES												
U. S. Naval Hospital.....		800	11,149	68	67	87,328	No	...	10	Rot.		
MARYLAND												
BETHESDA												
U. S. Naval Hospital.....		747	12,454	245	224	108,050	No	...	18	Rot.	176 Rotating General Bur. of Medicine and Surgery Navy Department Washington 25, D.C.	
MASSACHUSETTS												
CHELSEA												
U. S. Naval Hospital.....		463	8,136	105	88	71,673	No	...	12	Rot.		
NEW YORK												
NEW YORK CITY												
U. S. Naval Hospital.....		897	10,343	184	177	83,791	No	...	18	Rot.		
PENNSYLVANIA												
PHILADELPHIA												
U. S. Naval Hospital.....		866	11,209	290	168	109,319	No	...	16	Rot.		
RHODE ISLAND												
NEWPORT												
U. S. Naval Hospital.....		335	7,040	47	...	122,593	No	...	6	Rot.		
SOUTH CAROLINA												
CHARLESTON												
U. S. Naval Hospital.....		230	6,140	69	...	90,189	No	...	6	Rot.		
VIRGINIA												
PORTSMOUTH												
U. S. Naval Hospital.....		1,185	20,498	158	...	184,566	No	...	20	Rot.		
WASHINGTON												
BREMERTON												
U. S. Naval Hospital.....		202	3,731	46	43	42,641	No	...	6	Rot.		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 90												
CALIFORNIA												
SAN FRANCISCO												
U. S. Public Health Service Hospital.....		347	4,792	81	65	75,788	114	...	12	Rot.		

Abbreviations and other references are listed on pages 656 and 657.

FEDERAL

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
LOUISIANA												
NEW ORLEANS												
U. S. Public Health Service Hospital		387	5,332	75	64	74,294	155	...	12	Rot.	90 Rotating General Public Health Service Hosps. Public Health Service Dept. of Health, Education and Welfare Washington 25, D.C. Attn. Chairman Committee on Residents and Interns	00111
MARYLAND												
BALTIMORE												
U. S. Public Health Service Hospital		247	4,729	102	85	62,295	158	...	12	Rot.		
MASSACHUSETTS												
BOSTON												
U. S. Public Health Service Hospital		178	3,332	50	41	45,784	169	...	10	Rot.		
NEW YORK												
NEW YORK CITY												
U. S. Public Health Service Hospital		646	10,641	140	129	121,162	219	...	24	Rot.		
VIRGINIA												
NORFOLK												
U. S. Public Health Service Hospital		186	3,442	73	43	47,251	271	...	8	Rot.		
WASHINGTON												
SEATTLE												
U. S. Public Health Service Hospital		235	3,816	90	71	73,221	276	...	12	Rot.		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 34												
WASHINGTON, D. C.												
Freedmen's Hospital		362	13,774	477	211	58,830	...	258PM	22	Rot.	22	79811
St. Elizabeths Hospital		6,980	1,607	479	218	47,630	125	316PM	12	Rot.	12	80411
OTHER FEDERAL—Hospitals, 1; Internships, 16												
BALBOA HEIGHTS, CANAL ZONE												
Gorgas Hospital		269	8,641	140	108	187,468	...	316 None	16	Rot.	16	80611
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA—Hospitals, 6; Internships, 113												
BIRMINGHAM												
Birmingham Baptist	D. L. Lovell	312	14,194	250	141	...	100	300FM	12	Rot.	12	96311
Carraway Methodist	William M. Harris	799	13,893	190	47	176,089	...	250FM	9	Rot.	9	00611
St. Vincent	E. B. Glenn	177	8,748	210	81	5,159	100	300FM	8	Rot.	8	85111
University Hospital and Hillman Clinic		473	23,865	718	327	105,724	101	100FM	36	Rot.	36	00711
									12	St. Med.	12	00732
									6	St. Ped.	6	00734
									1	St. Path.	1	00736
FAIRFIELD												
Lloyd Noland	Robert W. Grady	233	11,100	218	103	152,212	...	225FM*	14	Rot.	14	00811
MOBILE												
Mobile General	E. R. Celano	139	7,999	459	274	33,913	...	200PM*	15	Rot.	15	85211
ARIZONA—Hospitals, 6; Internships, 62												
PHOENIX												
Good Samaritan	Leslie B. Smith	382	23,320	395	185	40,843	102	250PM	18	Rot.	18	01111
Maricopa County General	Thomas H. Bate	343	7,348	671	360	53,420	...	292PM	12	Rot.	12	89811
St. Joseph's	Robert E. Flynn	308	23,401	365	281	56,436	...	150FM*	15	Rot.	15	01211
TUCSON												
St. Mary's	Louis Hirsch	266	16,286	344	155	17,508	103	150FM*	9	Rot.	9	01411
Tucson Medical Center	Stuart Westfall	235	13,037	221	114	10,757	103	156FM	8	Rot.	8	01511
	Gerd T. Schloss											
ARKANSAS—Hospitals, 3; Internships 61												
LITTLE ROCK												
Arkansas Baptist	W. G. Cooper, Jr.	315	19,557	435	125	11,990	...	275FM	16	Rot.	16	01611
St. Vincent Infirmary	Frank Bauer	273	15,322	269	106	3,970	164	275FM	12	Rot.	12	01711
University	John T. Rigglin, Jr.	271	10,139	487	319	84,641	105	170 None	6	Rot.	6	01811
									9	Mixed 1-10	9	01820
									6	St. Med.	6	01832
									3	St. Surg.	3	01833
									3	St. Ped.	3	01834
									2	St. Path.	2	01836
									4	St. Ob.-Gyn.	4	01835
CALIFORNIA—Hospitals, 46; Internships, 892												
ARLINGTON												
General Hospital of Riverside County	George J. Anday	300	4,962	484	256	34,962	...	214PM	12	Rot.	12	85011
BAKERSFIELD												
Kern County General	Charles P. Marvin	462	9,346	650	371	107,318	...	250 None	12	Rot.	12	92111
BERKELEY												
Herrick Memorial	Sheldon Margen	155	7,866	189	116	43,029	166	150FM*	6	Rot.	6	02011
FRESNO												
General Hospital of Fresno County	W. Walter Ruminson	569	10,934	779	341	73,746	...	250PM	18	Rot.	18	02211
GLENDALE												
Glendale Sanit. and Hospital	Albert F. Brown	228	12,239	342	183	45,523	...	300PM	12	Rot.	12	02311
LOMA LINDA												
Loma Linda Sanitarium and Hospital	B. D. Briggs	118	6,248	138	90	31,165	107	300 None	10	Rot.	10	02411
LONG BEACH												
Memorial Hospital of Long Beach	George X. Trimble	258	15,785	456	151	7,050	107	250PM	15	Rot.	15	02711
St. Mary's Long Beach	Carl J. Bellis	235	17,692	298	151	22,236	...	250FM*	6	Rot.	6	02511
LOS ANGELES												
California	Robert H. Wier	239	13,245	304	168	27,699	108	200FM*	8	Rot.	8	02911
Cedars of Lebanon	Harold Mazur	363	17,904	538	242	111,804	107	135FM*	15	Rot.	15	03011
Childrens'	Robert Ward	178	9,196	291	282	168,981	...	125PM	4	St. Ped.	4	03134
Hospital of the Good Samaritan	Arthur S. Beattie	367	15,180	419	184	27,639	109	300FM	8	Rot.	8	03211

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
Los Angeles County (Medical Unit)...	William E. Nerlich.....	2,229	89,268	5,724	2,351	593,101	...	175PM*	152	Rot.	152	03311
Presbyterian Hospital—Olmsted Memorial	F. E. Davis.....	209	10,528	353	139	31,903	...	229PM	10	Rot.	10	03511
Queen of Angels.....	.....	293	17,645	486	244	19,678	...	225PM	16	Rot.	16	03611
St. Vincent's.....	Russell Smith.....	240	12,058	279	95	15,484	...	250FM	6	Rot.	6	03711
Santa Fe Coast Lines.....	Russell Tyler.....	151	5,107	160	83	30,330	109	200FM*	9	Rot.	9	03811
University of California Hospital...	J. V. Maloney, Jr.....	248	9,426	416	352	87,327	...	185 None	12	St. Med.	12	95632
									8	St. Surg.	8	95633
									6	St. Ped.	6	95634
									2	St. Path.	2	95636
Veterans Administration	Stewart G. Tuttle.....	3,419	13,166	1,136	906	35,162	110	208FM	24	Rot.	24	03911
									6	St. Med.	6	03932
White Memorial	Robert F. Chinnoek	202	9,140	313	232	104,061	...	205PM	15	Rot.	15	04011
OAKLAND												
Highland-Alameda County	G. Otis Whitecotton	372	17,242	660	368	152,906	111	115FM	34	Rot.	34	04111
ORANGE												
Orange County General	George F. Warner	391	7,216	582	405	56,971	...	300 None	26	Rot.	26	04311
PALO ALTO												
Palo Alto-Stanford Center	Halsted Holman	287	17,117	363	165	37,258	...	225 None	7	St. Med.	7	82032
	J. Garrott Allen								6	St. Surg.	6	82033
PASADENA												
Collis P. and Howard Huntington Memorial	Walter B. Hill	239	12,060	335	176	24,803	107	250FM*	9	Rot.	9	04411
SACRAMENTO												
Sacramento County .....	.....	780	13,422	1,196	552	.....	.....	210FM	26	Rot.	26	04611
SAN BERNARDINO												
San Bernardino County Charity	James E. Cunningham .	300	7,880	602	297	79,445	...	250FM	16	Rot.	16	04711
SAN DIEGO												
Mercy	John J. Kelly, Jr.....	274	18,337	438	248	36,952	...	150FM	12	Rot.	12	04811
San Diego County General	Harry B. Friedgood	359	9,554	547	264	33,990	...	200FM	20	Rot.	20	04911
SAN FRANCISCO												
Children's	Theodore L. Bartelmez .	190	10,309	165	95	54,007	...	200FM*	6	Rot.	6	05011
Franklin	Frank W. Van Kirk, Jr.	188	6,987	151	83	29,256	112	150FM*	6	Rot.	6	05111
French	Dwight Wilbur	142	6,819	229	89	30,210	...	125FM	10	Mixed 1-*	10	05220
Kaiser Foundation	A. H. Lieberman	194	11,567	276	206	466,979	...	240FM*	20	Rot.	20	95911
Mary's Help	Albert G. Clark	143	7,734	186	82	26,053	...	150FM*	6	Rot.	6	05311
Mount Zion	J. R. Greenberg.....	280	12,680	324	230	35,654	...	150FM	18	Rot.	18	05411
Presbyterian Medical Center.....	Victor Richards	215	9,727	295	207	82,774	...	75	12	Rot.	12	06111
St. Joseph's	Francis L. Gasparini ..	171	8,193	219	76	7,414	112	175FM*	6	Rot.	6	05511
St. Luke's	Stanley J. Wolfe.....	195	10,328	236	128	39,427	...	300FM	12	Rot.	12	05611
St. Mary's	George H. Reifstein....	280	12,525	252	196	50,471	...	150FM*	15	Rot.	15	05711
San Francisco General.....	Norman Sweet	950	19,665	1,400	906	65,349	...	160 None	48	Rot.	48	05811
									12	Mixed 1	12	05820
									25	Rot.	25	06011
Southern Pacific General.....	.....	377	7,115	275	191	41,711	113	125FM	17	St. Med.	17	06232
University of California Hospitals... (Herbert C. Moffitt).....	Leon Goldman	359	13,411	434	363	129,800	...	195FM	17	St. Surg.	17	06233
									10	St. Ped.	10	06234
									3	St. Path.	3	06236
SAN JOSE												
Santa Clara County.....	R. Morton Manson.....	316	6,485	617	413	93,948	...	145FM	20	Rot.	20	06311
SANTA BARBARA												
Santa Barbara Cottage.....	Robert I. Cord.....	156	8,956	190	125	7,188	115	175FM*	10	Rot.	10	06411
SANTA MONICA												
Santa Monica	Allen H. Weiss.....	180	13,476	274	121	55,667	116	200FM	8	Rot.	8	06611
STOCKTON												
San Joaquin General.....	Duane D. Deakins.....	469	7,356	669	377	45,178	...	190PM	17	Rot.	16	02111
TORRANCE												
Harbor General	Dirk M. Te Groen.....	503	12,270	1,068	541	127,773	...	175FM	38	Rot.	38	06711
COLORADO—Hospitals, 12; Internships, 166												
COLORADO SPRINGS												
Penrose	Carl S. Gydesen	164	6,452	211	149	39,599	...	150PM	6	Rot.	4	06811
DENVER												
Univ. of Colo. Medical Center	.....										
Colorado General.....	C. Wesley Eisele.....	219	7,650	390	308	117,673	145	115PM	18	Rot.	18	07611
									2	St. Surg.	2	07633
									4	St. Ped.	4	07634
Denver General.....	N. Paul Isbell.....	354	9,718	696	514	89,842	144	50FM	24	Rot.	24	07711
									16	Coin. Rot.	16	07710
General Rose Memorial.....	Martin M. Alexander....	246	11,526	271	162	14,959	117	250FM	10	Rot.	10	06911
Mercy	Robert L. Hawley.....	235	11,820	230	122	7,927	...	215FM	11	Rot.	11	92211
Porter Sanit. and Hospital	Adrian Baer	185	10,468	205	113	14,963	118	150PM	12	Rot.	10	07111
Presbyterian	A. E. Lubeenco.....	185	11,012	237	177	12,327	118	215PM	13	Rot.	13	07211
St. Anthony	Richard E. Boyle.....	297	15,286	365	204	11,344	...	250FM*	10	Rot.	10	07311
St. Joseph's	F. B. McGlone.....	359	17,830	387	225	14,055	...	150FM	14	Rot.	14	07411
St. Luke's	Marshall G. Nims.....	408	18,281	486	315	11,174	119	215PM	14	Rot.	14	07511
GREELEY												
Weld County General.....	.....	186	10,927	287	141	3,487	...	150FM*	4	Rot.	4	85311
PUEBLO												
St. Mary-Corwin	David E. Morton.....	295	14,254	357	137	20,515	...	210PM	8	Rot.	8	07811
CONNECTICUT—Hospitals, 21; Internships, 231												
BRIDGEPORT												
Bridgeport	Russell H. Pope.....	359	19,187	588	228	11,130	...	190FM	14	Rot.	14	07911
St. Vincent's	William H. Curley.....	319	18,315	522	224	8,493	...	250PM	15	Rot.	15	08011
BRISTOL												
Bristol	Robert J. Williamson....	150	9,138	209	52	12,157	...	150FM	6	Rot.	6	92311
DANBURY												
Danbury	Raphael D. Schwartz....	175	8,683	249	105	20,350	...	200FM*	8	Rot.	8	08111
DERBY												
Griffin	Vincent A. DeLuca, Jr..	123	6,216	229	86	15,106	120	200FM	7	Rot.	7	97711
GREENWICH												
Greenwich	Norman W. Keller.....	198	8,439	235	178	27,331	...	150FM*	10	Rot.	10	08211

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
CONNECTICUT—Continued												
HARTFORD												
Hartford	John C. Leonard	778	31,521	893	643	23,706	...	100FM*	18	Rot. ⁷	18	08311
Hartford Municipal Hospital and Health Center	Myron E. Freedman	174	4,415	168	78	26,793	...	225FM	10	Rot.	10	08411
Mount Sinai	Isadore Rothstein	105	7,026	115	48	7,807	...	200FM	6	Rot.	6	85411
St. Francis	William J. Lahey	531	23,327	453	238	20,737	...	150FM	13	Rot.	13	08511
MANCHESTER												
Manchester Memorial	Edward L. Besser	191	11,576	230	125	11,715	...	375 None	4	Rot.	4	85511
MERIDEN												
Meriden		177	10,515	303	105	7,634	...	150FM	5	Rot.	5	08611
MIDDLETOWN												
Middlesex Memorial	Morris J. Seide	143	8,198	265	129	25,490	...	200FM	4	Rot.	4	08711
NEW BRITAIN												
New Britain General	Howard Levine	271	14,172	368	194	51,887	...	200FM	9	Rot.	9	08811
NEW HAVEN												
Grace-New Haven Community		520	22,502	912	612	91,915	121	25FM*	15	St. Med.	15	08932
									16	St. Surg.	16	08933
									7	St. Ped.	7	08934
									7	St. Path.	7	08936
									15	Rot.	15	09011
Hospital of St. Raphael	Charles E. Pitegoff	307	13,664	565	276	18,555	...	250PM	15	Rot.	15	09011
NEW LONDON												
Lawrence and Memorial	Edward Gipstein	176	9,892	274	143	26,020	...	200FM	4	Rot.	4	09211
NORWALK												
Norwalk	Allen M. Margold	253	12,701	296	194	9,327	...	160FM	12	Rot.	12	09311
STAMFORD												
Stamford	John B. Ogilvie	242	10,864	251	200	34,471	...	150FM*	10	Rot.	10	09511
WATERBURY												
St. Mary's	William Finkelstein	311	14,778	432	214	34,504	...	200FM	7	Rot.	7	09611
Waterbury	Orpheus J. Bizzozero	293	13,195	462	220	62,904	...	200FM	9	Rot.	9	09711
DELAWARE—Hospitals, 3; Internships, 34												
WILMINGTON												
Delaware	G. Barrett Heckler	307	13,627	509	334	67,024	...	190FM*	16	Rot.	16	09811
Memorial	Leonard P. Lung	279	11,261	348	224	96,740	...	190FM	12	Rot.	12	09911
Wilmington General	Joseph F. Hughes	134	8,895	214	97	16,673	...	190FM*	6	Rot.	6	10011
DISTRICT OF COLUMBIA—Hospitals, 8; Internships, 203												
WASHINGTON, D. C.												
District of Columbia General	John D. Schultz	988	30,551	1,574	745	156,057	...	208 None	62	Rot.	62	79911
Doctors	Anson R. Hyde	261	13,058	281	183	...	123	150FM	12	Rot.	6	79711
Georgetown University Hosp.	Laurence H. Kyle	315	15,623	409	261	66,023	124	150FM*	6	Mixed †	6	80120
	Robert J. Coffey								10	St. Med.	10	80132
George Washington Univ. Hosp.	John Parks	357	16,210	388	280	41,178	125	185PM	26	Rot.	26	80211
Providence	George D. Gartland	295	16,798	407	199	47,215	...	300PM	18	Rot.	18	80311
									4	St. Surg.	4	80333
Sibley Memorial	Richard F. Manegold	158	10,190	263	145	4,724	123	100FM	10	Rot.	10	80511
Washington Hospital Center (Central Dispensary and Emergency Hosp. and Garfield Memorial)	Thomas W. Mattingly	664	33,859	762	507	120,144	123	200FM	36	Rot.	36	80011
									6	St. Surg.	6	80033
Washington Sanitarium and Hospital	William C. Swatek	215	10,533	305	125	43,269	126	225PM	13	Rot.	13	25411
FLORIDA—Hospitals, 16; Internships, 264												
GAINESVILLE												
University of Florida Teaching Hospital and Clinics		108	2,216	100	94	19,878	...	200 None*	8	St. Med.	8	82432
									8	St. Surg.	8	82433
									5	St. Ped.	1	82434
									1	St. Path.	..	.....
JACKSONVILLE												
Baptist Memorial	Russell H. Oppenheimer	230	13,089	199	116	4,691	...	300 None	12	Rot.	12	97011
Brewster Methodist	David Booher	107	4,766	129	42	4,840	...	225FM	6	Rot.	6	82511
Duval Medical Center		222	8,961	486	252	99,404	...	175FM	20	Rot.	20	10111
St. Luke's	Irvin O. Schneider	173	10,003	214	76	10,000	127	300 None	4	Rot.	4	10211
St. Vincent's	Samuel M. Day	317	19,912	334	167	39,057	...	300FM	18	Rot.	18	10311
MIAMI												
Jackson Memorial	Warren W. Quillian	854	31,548	1,676	900	209,009	128	180PM*	60	Rot.	60	10411
									12	St. Med.	12	10432
									8	St. Surg.	8	10433
									2	St. Ped.	2	10434
Mount Sinai	Joseph W. Ketzky	226	10,535	351	173	13,826	...	150FM*	18	Rot.	18	10511
MIAMI BEACH												
St. Francis	Donald G. Stannus	183	9,359	238	87	23,481	128	135FM	8	Rot.	8	10611
ORLANDO												
Orange Memorial	Oscar W. Freeman	396	17,209	545	240	20,001	...	300 None	12	Rot.	12	10711
PENSACOLA												
Baptist	Robert Price	182	15,000	170	84	25,000	292	225PM	6	Rot.	6	82611
Sacred Heart	W. R. Rundles	112	6,597	144	54	21,141	129	260FM*	3	Rot.	3	10811
ST. PETERSBURG												
Mound Park	Victor A. Byrnes	376	15,297	509	277	31,342	130	290PM	16	Rot.	16	91111
TAMPA												
Tampa General	David P. Baumann	364	20,230	544	181	15,485	131	200FM	26	Rot.	26	10911
WEST PALM BEACH												
Good Samaritan	Charles M. Harris	177	9,825	359	105	...	132	200FM	5	Rot.	5	98411
St. Mary's	David W. Martin	128	6,594	304	131	21,270	...	200FM	6	Rot.	6	91411
GEORGIA—Hospitals, 15; Internships, 221												
ATHENS												
Athens General	W. Harvey Cabaniss	112	6,563	188	47	15,638	...	330 None	6	Rot.	6	85611
St. Mary's	John F. Stegeman	81	4,521	124	52	17,102	133	300PM	5	Rot.	5	11011
ATLANTA												
Crawford W. Long Memorial	Wadley R. Glenn	364	22,908	423	209	18,950	134	275 None	18	Rot.	18	11111
Emory University Hosp.		242	10,782	301	181	...	135	225PM	6	St. Surg.	6	11933
									2	St. Path.	2	11936
Emory University—Veterans Admin.	J. Willis Hurst	...	...	...	...	...	...	...	16	St. Med.	16	11732
Emory University Hosp.		242	10,782	301	181	...	...	225PM	...	...	...	...
Veterans Administration		279	4,307	253	135	...	...	208FM	...	...	...	...

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
GEORGIA—Continued												
Georgia Baptist	A. H. Letton	414	23,601	390	167	22,534	...	330PM	20	Rot.	20	11211
Grudy Memorial		468	25,880	1,128	450	394,467	...	75FM	24	Rot.	24	11311
									16	St. Med.	16	11332
									8	St. Surg.	8	11333
									4	St. Ped.	4	11334
Piedmont	Walter Lyon Bloom	205	11,065	144	77	11,124	134	275PM	10	Rot.	10	11411
St. Joseph's Infirmary	P. C. Shea	256	14,658	297	176	17,951	...	255PM	12	Rot.	12	11511
AUGUSTA												
Engene Talmudge Memorial	Frank Anderson	285	5,744	259	199	15,437	...	175 None	4	St. Med. ^o	...	...
University	J. D. Gray	305	17,544	429	166	38,964	...	200PM	18	Rot.	18	11611
COLUMBUS												
Medical Center	Edgar B. Horn	233	12,298	413	140	27,958	...	300FM	12	Rot.	12	11811
MACON												
Macon	Allan A. Cole	342	25,206	500	129	61,285	...	225FM	24	Rot.	24	12011
ROME												
Floyd	William P. Harbin	154	10,903	196	64	3,359	136	250FM*	6	Rot.	6	99211
SAVANNAH												
Memorial		154	10,218	358	192	17,454	...	250FM	10	Rot.	10	97111
HAWAII—Hospitals, 3; Internships, 41												
HONOLULU												
Kuakini	Shizue Kuramoto	131	7,966	229	119	4,150	137	150FM	14	Rot. ⁷	7	80711
Queen's	Sumner Price	303	19,307	362	276	41,353	...	175FM	15	Rot.	15	80811
St. Francis	George H. Nip	173	10,680	171	113	48,234	...	225FM	12	Rot.	12	80911
ILLINOIS—Hospitals, 49; Internships, 790												
BERWYN												
MaeNeal Memorial	Deane M. Farley	237	15,754	413	211	42,263	...	225FM	13	Rot.	13	12111
BLUE ISLAND												
St. Francis	Robert E. Field	173	8,958	236	87	12,682	138	175FM	7	Rot.	7	93211
CHICAGO												
American	David Goldfinger	115	5,516	192	90	9,500	...	200FM	5	Rot.	5	12311
Augustana	Hugo O. Deuss	267	9,255	350	175	3,151	...	150FM	10	Rot.	10	12411
Chicago Wesley Memorial	Thomas C. Laipply	500	18,474	436	245	30,831	139	100FM	24	Rot.	24	16211
Columbus	Edmund F. Foley	355	14,454	346	163	26,037	140	250FM	16	Rot.	16	12611
Cook County	S. H. Armstrong	2,708	94,566	6,220	2,485	242,749	...	110FM	124	Rot.	124	12711
Edgewater	John D. Singer	252	12,419	279	169	9,768	...	150FM	16	Rot.	16	12811
Englewood	Harry D. Hodges	131	8,023	250	104	...	...	150FM	6	Rot.	6	12911
Evangelical	P. E. Hopkins	163	8,104	310	106	19,425	...	150FM*	7	Rot.	7	13011
Grant	W. A. Hutchinson	195	11,193	277	156	22,503	...	200FM	11	Rot.	11	13211
Hospital of St. Anthony de Padua	L. D. Friedman	165	7,942	250	92	2,194	...	200FM	8	Rot.	8	13511
Illinois Central	C. L. Bidwell	216	8,334	227	134	25,439	141	263FM	12	Rot.	12	13611
Illinois Masonic	Otto Schwartz	380	17,286	595	244	50,258	...	150FM*	16	Rot.	12	13711
Jackson Park	Edward Goldberg	100	3,852	147	59	5,872	...	150FM	6	Rot.	6	13811
Loretto	C. J. Thill	128	5,737	174	90	11,424	...	150FM	7	Rot.	7	13911
Lutheran Deaconess	W. I. Fraund	169	7,778	285	123	2,362	...	150FM	5	Rot.	5	14011
Mercy	J. R. Christian	282	9,577	312	151	67,530	...	200FM*	15	Rot.	15	14111
Michael Reese	Rachmiel Levine	762	24,022	689	495	92,006	...	100FM*	36	Rot.	36	14211
									2	St. Med.	2	14232
									2	St. Surg.	2	14233
									2	St. Ped.	2	14234
Mount Sinai	E. E. Mandel	343	12,368	471	268	50,916	...	175PM	14	Rot.	14	14411
Norwegian-American	John Cavenagh	138	7,690	227	71	1,979	142	200FM	12	Rot.	12	14511
Passavant Memorial	Wm. R. Roach	245	11,359	230	168	...	139	200PM	18	Rot.	18	14611
Presbyterian-St. Luke's	Joseph Davis	736	28,450	433	316	106,192	...	100FM	39	Rot.	39	14711
Provident	H. B. Matthews	166	9,343	212	116	51,577	...	175FM	10	Rot.	10	14811
									1	St. Surg.	1	14833
Ravenswood	Marshall Field	203	9,556	340	203	15,048	...	250FM	8	Rot.	8	14911
Resurrection	C. W. Pfister	192	10,560	208	139	48,875	...	250FM	12	Rot.	12	93711
St. Ann's	J. E. Segraves	263	17,354	472	156	30,936	...	225FM*	12	Rot.	12	15211
St. Bernard's	Gordon McCoy	141	6,351	208	82	18,660	...	150FM*	8	Rot.	8	15311
St. Elizabeth's	L. S. Shuzynski	231	12,875	299	127	24,172	...	200FM	10	Rot.	10	15411
St. Joseph	E. J. Del Becaro	163	6,919	187	104	14,003	...	250FM	8	Rot.	8	15511
St. Mary of Nazareth	J. S. Drabanski	231	11,036	447	164	11,564	...	200FM*	10	Rot.	10	15711
South Chicago Community	A. S. Daniel	223	10,119	312	105	13,203	...	150FM	12	Rot.	12	15811
South Shore	A. C. Guzauskas	148	7,134	233	88	12,799	...	200FM	7	Rot.	7	92511
Swedish Covenant	J. C. Kulis	191	8,632	268	150	26,282	...	200FM	9	Rot.	9	15911
Univ. of Chicago Clinics	Robert G. Page	545	16,471	563	452	196,295	...	175PM	42	Rot.	42	16011
									2	St. Ped.	2	16034
Univ. of Illinois Research and Educational	Donald J. Caseley	482	11,712	384	321	189,051	...	80FM	36	Rot.	36	15011
Woodlawn	A. F. Bulfer	106	4,488	109	79	5,085	...	100PM*	6	Rot.	6	16411
DECATUR												
Deatur and Macon County	R. B. Olstad	312	17,079	330	138	59,000	143	275FM	9	Rot.	9	85711
EVANSTON												
Evanston	Thomas W. McElin	347	15,166	352	271	11,687	139	200PM	24	Rot.	24	16711
St. Francis	Alfred C. Ledoux	336	15,125	376	283	82,591	...	250FM	14	Rot.	14	16811
EVERGREEN PARK												
Little Company of Mary	F. W. Young	378	20,398	617	229	48,927	...	200FM*	24	Rot.	24	16911
HINSDALE												
Hinsdale Sanitarium and Hospital	P. G. Fredrickson	184	8,233	228	112	40,037	...	300PM	10	Rot.	10	99311
OAK PARK												
Oak Park	John W. Tope	181	9,279	295	140	17,115	...	200FM	12	Rot.	12	17211
West Suburban	Joseph B. Moles	296	12,932	475	207	29,847	...	200FM	15	Rot.	15	17311
PEORIA												
Methodist of Central Illinois	H. Ivan Brown	344	13,339	351	182	30,324	...	125FM*	16	Rot.	16	17411
St. Francis		538	23,876	563	303	16,445	...	200FM	18	Rot.	18	17511
ROCKFORD												
Rockford Memorial	V. M. Bowers, Jr.	196	12,197	273	253	45,217	...	200FM	8	Rot.	8	17711
St. Anthony	John J. Bailey	162	8,307	282	133	15,897	...	150FM	6	Rot.	6	17811
Swedish-American	John E. Berry	168	9,353	248	107	25,872	...	150FM	8	Rot.	8	17911
INDIANA—Hospitals, 14; Internships, 185												
EAST CHICAGO												
St. Catherine	L. H. Steen	280	11,778	392	182	9,049	...	300FM	8	Rot.	8	18111

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
INDIANA—Continued												
EVANSVILLE												
St. Mary's	Robert A. Royster	286	13,256	334	120	43,269	...	350FM	4	Rot.	4	94111
FORT WAYNE												
Lutheran	Riehard Craig	262	10,637	386	129	26,509	...	250FM	6	Rot.	6	18311
GARY												
Methodist	M. R. Marshall	245	12,028	463	275	14,929	...	250FM	12	Rot.	12	86011
St. Mary Mercy	Ronald H. Doneff	294	13,871	385	165	23,229	...	250FM	8	Rot.	8	18411
HAMMOND												
St. Margaret	Nicholas Egnatz	304	16,595	487	177	18,494	...	350FM*	12	Rot.	12	18511
INDIANAPOLIS												
Indiana University Medical Center...	W. Donald Close	441	14,951	588	442	70,490	146	200PM	18	Rot.	18	18711
									8	St. Med.	8	18732
									6	St. Surg.	6	18733
									3	Family Practice ^b	3	18718
Marion County General	Henry M. Parrish	511	15,246	895	394	169,072	...	240PM	40	Rot.	40	17811
Methodist	M. S. Bucastow	619	30,955	498	244	54,435	...	215PM	19	Rot.	19	18811
St. Vincent's	Charles E. Test	248	11,850	286	144	65,274	...	235PM	10	Rot.	10	18911
LAFAYETTE												
St. Elizabeth	H. E. Klepinger	275	11,365	434	115	849	...	235FM	4	Rot.	4	19011
MUNCIE												
Ball Memorial	F. E. Stout	306	13,907	358	152	8,930	...	250FM	8	Rot.	8	19211
SOUTH BEND												
Memorial	Donald T. Olson	234	11,329	374	182	28,538	...	300PM	10	Rot.	10	19311
St. Joseph's	Herbert Frank	180	9,792	267	103	20,235	...	350FM	9	Rot.	9	19411
IOWA—Hospitals, 7; Internships, 93												
CEDAR RAPIDS												
Mercy	Raymond Shank	181	11,146	207	113	11,791	...	250FM	10	Rot.	10	19611
St. Luke's Methodist	Charles Schwartz	263	13,667	332	173	20,265	...	250FM	13	Rot.	13	19711
DES MOINES												
Broadlawn Polk County	D. W. Coughlan	148	5,751	227	113	51,707	...	200FM	16	Rot.	16	19911
Iowa Lutheran	Lawrence Ely	207	9,899	239	75	10,306	147	200FM	10	Rot.	10	20011
Iowa Methodist	Richard E. Paul	355	16,549	366	217	23,685	...	200FM	10	Rot.	10	20111
Mercy	Howard G. Ellis	191	10,489	244	182	4,538	...	250FM	14	Rot.	14	20211
IOWA CITY												
State University of Iowa Hospitals	L. E. January	754	23,037	820	579	146,300	...	175FM	20	Rot.	20	20311
KANSAS—Hospitals, 6; Internships, 93												
KANSAS CITY												
Bethany	Lee E. Rook	153	7,710	264	99	13,243	...	325FM	8	Rot.	8	20511
St. Margaret's	Paul Carpenter	187	8,132	247	102	8,884	...	300PM	8	Rot.	8	20711
University of Kansas Medical Center	Frederick Kittle	414	16,415	505	381	157,453	148	100PM	12	Rot.	12	20811
									7	Mixed ¹⁻⁵	7	20820
									1	St. Med.	1	20832
									1	St. Surg.	1	20833
									3	St. Ped.	3	20834
									1	St. Path.	1	20836
									4	Family Practice ^b	4	20818
WICHITA												
St. Francis	J. W. Schmaus	556	28,003	432	282	2,819	149	250FM	18	Rot.	18	20911
Wesley	M. A. Throckmorton	382	19,583	356	169	38,601	150	270FM*	18	Rot.	18	21011
Wichita-St. Joseph	Robert K. Purves											
	Richard J. Taylor	252	13,895	198	65	32,143	...	300FM	12	Rot.	12	21111
KENTUCKY—Hospitals, 9; Internships, 122												
COVINGTON												
St. Elizabeth	Marc Reardon	298	15,126	544	164	14,378	...	200FM	14	Rot.	14	21211
LEXINGTON												
Good Samaritan	R. D. Shepard	203	10,419	331	118	30,098	...	150FM	5	Rot.	5	21411
St. Joseph	R. J. Angelucci	185	10,301	301	112	9,306	...	200FM	8	Rot.	8	21511
LOUISVILLE												
Kentucky Baptist	J. N. Goldsborough	332	18,828	324	89	17,509	151	225FM	12	Rot.	12	21611
Louisville General	T. D. Stevenson	280	11,616	673	466	129,945	151	100FM	22	Rot.	22	21711
									8	St. Med.	8	21732
									2	St. Surg.	2	21733
									10	St. Ped.	10	21734
									2	St. Path.	2	21736
Norton Memorial Infirmary	B. B. Jackson	245	14,291	353	101	5,600	151	300FM*	6	Rot.	6	21811
St. Anthony	W. I. Huine, Jr.	211	11,905	310	81	6,493	152	300FM*	6	Rot.	6	21911
St. Joseph Infirmary	W. F. Rubel	367	22,027	420	180	22,562	...	210FM	18	Rot.	18	22011
SS. Mary and Elizabeth	F. D. Barlow	161	11,191	240	101	10,808	151	285FM	9	Rot.	9	22111
LOUISIANA—Hospitals, 10; Internships, 264												
NEW ORLEANS												
Charity	Louis Burroughs	2,070	55,509	2,394	2,133	874,204	...	100FM	126	Rot.	126	22411
Hotel Dieu	Carlo J. Tripoli	242	13,665	328	99	13,947	...	150FM*	12	Rot.	12	22511
Mercy	C. F. Bellone	162	10,914	215	85	18,585	...	175FM*	8	Rot.	8	22611
Ochsner Foundation		219	9,030	196	167	102,555	...	125FM	4	St. Med.	4	96332
									4	St. Surg.	4	96333
Southern Baptist	C. G. Collins	396	20,597	500	205	31,193	153	175FM	24	Rot.	24	22811
Touro Infirmary	Sam Threefoot	385	21,623	512	325	49,384	154	100FM*	25	Rot.	25	22911
SHREVEPORT												
Confederate Memorial Medical Center Doctor's Hosp. and Research Foundation	J. H. Campbell	705	28,166	886	275	149,644	...	100FM	46	Rot.	36	23211
	A. A. Bullock	55	3,980	44	18	15,744	156	250FM	4	Rot.	4	23011
Highland	C. D. Knight	86	5,943	70	22	...	156	250FM	4	Rot.	4	82111
T. E. Schumpert Memorial	B. C. Garrett, Jr.	250	16,095	209	88	4,283	...	200FM*	7	Rot.	7	23111
MAINE—Hospitals, 3; Internships, 22												
BANGOR												
Eastern Maine General	L. L. Weed	262	11,811	329	180	45,287	...	100FM	6	Rot.	6	23311
LEWISTON												
Central Maine General	C. F. Branch	171	7,911	260	137	22,324	...	150FM	4	Rot.	4	23411
PORTLAND												
Maine Medical Center	M. S. Bucastow	309	13,397	535	230	29,404	...	150FM*	12	Rot.	12	23611

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MARYLAND—Hospitals, 19; Internships, 327												
BALTIMORE												
Baltimore City	P. E. Molunphy	1,270	14,710	706	437	75,040	157	150FM	6	Rot.	6	23711
									2	Mixed ¹	2	23753
									2	Mixed ⁴	2	23754
									8	St. Med.	8	23732
									6	St. Surg.	6	23733
									3	St. Ped.	3	23734
									4	Family Practice ⁸	4	23718
Bon Secours	Edward J. Krieg	192	9,144	247	75	14,707	...	225FM	10	Rot.	10	23811
Church Home and Hospital	N. J. Kohlerman	154	5,879	160	84	15,146	158	175FM*	12	Rot.	12	23911
									1	St. Med.	1	23932
Franklin Square	R. G. Chambers	147	6,565	173	105	11,454	159	200FM	9	Rot.	9	24011
Hospital for Women	F. W. Barnes, Jr.	127	8,053	97	54	16,414	...	200FM	6	Mixed ³	6	24120
Johns Hopkins		830	25,363	1,076	736	390,737	160	160 None	16	St. Med.	16	24232
									11	St. Med. (Pvt.)	11	24238
									12	St. Surg.	12	24233
									12	St. Ped.	12	24234
									4	St. Path.	4	24236
									9	St. Ob-Gyn.	9	24235
Lutheran	Salvador Rossello	163	8,275	195	94	35,881	158	200FM*	10	Rot.	10	24311
Maryland General	R. Z. Pierpont	268	10,886	384	171	12,350	158	200FM	14	Rot.	14	24411
Mercy		236	11,001	325	153	99,094	...	225PM	16	Rot.	16	24511
Provident	Ettie O. Ellis	116	5,503	219	114	53,135	...	200FM	9	Rot.	9	24611
St. Agnes	T. S. Bowyer	195	10,957	284	133	29,256	158	250FM	9	Rot.	9	24711
St. Joseph's	W. J. Supik	188	8,109	314	180	29,843	158	200FM	8	Rot.	8	24811
Sinai	H. H. Gordon	267	16,177	372	219	69,167	...	120FM	4	Rot.	4	24911
									10	Mixed ¹⁻²⁻⁴	10	24920
									5	St. Med.	5	24932
									1	St. Surg.	1	24933
									3	St. Ped.	3	24934
South Baltimore General	E. R. Shipley	141	6,045	230	78	31,245	...	175FM*	8	Rot.	8	25011
Union Memorial	J. M. Classen	306	13,053	496	217	24,417	161	200FM*	13	Rot.	13	25111
									5	St. Surg.	5	25133
University	J. E. Bradley	490	15,510	783	461	140,306	...	175PM	17	Rot.	17	25211
									8	St. Med.	8	25232
									2	St. Surg.	2	25233
									3	St. Ped.	3	25234
BETHESDA												
Suburban	E. C. McGarry	159	9,691	282	137	10,847	123	150FM	19	Rot.	19	25311
CHEVERLY												
Prince George's General	J. R. Compton	232	12,698	304	225	11,302	...	150FM	22	Rot.	18	90511
HAGERSTOWN												
Washington County	D. M. Welty	230	11,300	387	144	21,248	...	250FM*	8	Rot.	8	94511
MASSACHUSETTS—Hospitals, 40; Internships, 452												
BEVERLY												
Beverly	A. E. Parkhurst	157	8,464	157	112	26,708	...	200FM	8	Rot.	8	25511
BOSTON												
Beth Israel		289	12,212	431	234	59,427	162	150 None	12	St. Med.	12	25632
									4	St. Surg.	4	25633
Boston City		1,037	31,698	1,877	1,089	409,876	163	138FM	...	...	...	...
									16	St. Med.	16	25733
									16	St. Med.	16	25794
									16	St. Med.	16	25795
									6	St. Surg.	6	25796
									6	St. Surg.	6	25798
									6	St. Surg.	6	25793
									6	St. Ped.	6	25704
									2	St. Path.	...	...
									6	St. Ped.	6	98734
Boston Floating	James M. Baty	76	3,116	114	98	...	...	212 None	6	Rot.	12	25811
Carney	Cornelius J. Shea	282	11,333	368	184	12,322	164	150FM*	12	Rot.	12	25934
Children's Hospital Medical Center	R. Cannon Eley	249	9,919	423	352	86,991	165	... FM	5	St. Ped.	5	25934
									2	St. Path.	2	25936
Massachusetts General		812	25,434	1,193	872	225,256	...	66FM*	12	St. Med.	12	26132
									10	St. Surg.	10	26133
									6	St. Ped.	6	26134
									2	St. Path.	...	...
Massachusetts Memorial	Philip D. Bonnet	185	6,678	199	125	39,724	166	150FM	9	St. Med.	9	26232
									6	St. Surg.	6	26233
									1	St. Path.	1	26236
New England Center		170	5,872	111	88	20,673	167	220 None	13	St. Med.	13	26332
									6	St. Surg.	6	26333
New England	Louis Burke	83	4,034	60	35	10,937	168	150FM	6	Rot.	6	26411
Peter Bent Brigham		220	6,745	445	318	6,664	...	25FM	10	St. Med.	10	26532
									6	St. Surg.	6	26533
St. Elizabeth's	John P. Rattigan	353	14,717	351	199	45,996	...	150FM	14	Rot.	14	26611
BROCKTON												
Brockton	Daniel Rosen	202	9,477	284	118	34,989	...	250FM	6	Rot.	6	26711
CAMBRIDGE												
Cambridge City		179	5,800	278	101	42,567	...	150FM	12	Rot.	12	26811
Mount Auburn	David Hurwitz	200	8,063	301	170	37,168	...	175FM	5	Mixed ¹	5	26920
	Joseph Tartakoff											
FALL RIVER												
Truesdale	Robert H. Moe	125	4,810	129	58	13,613	170	100FM	9	Rot.	9	27011
Union	L. V. Ragsdale	140	5,203	175	40	4,829	...	100FM	10	Rot.	10	26411
FRAMINGHAM												
Framingham Union	C. G. Tedeschi	155	8,154	135	83	7,029	...	200FM*	6	Rot.	6	81211
HOLYOKE												
Holyoke	J. J. Bandelan	162	8,834	221	66	7,967	...	100FM	6	Rot.	6	27311
Providence	Richard J. Maher	147	6,274	172	48	6,112	...	200FM	6	Rot.	6	81311
LAWRENCE												
Lawrence General	L. S. Jolliffe	200	9,046	255	192	6,134	...	100FM*	6	Rot.	6	27411
LOWELL												
Lowell General	C. J. Shagoury	182	8,609	243	74	9,398	...	150FM*	4	Rot.	4	27511
St. John's	H. S. Glidden	154	8,427	198	106	10,032	...	150FM	6	Rot.	6	27611
St. Joseph's	L. Peloquin	159	7,745	172	56	14,163	...	125FM	4	Rot.	4	27711

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MASSACHUSETTS—Continued												
LYNN												
Lynn	F. A. Pirone	230	10,381	460	151	26,647	...	125FM	10	Rot.	10	27811
MALDEN												
Malden	E. G. Thorp	181	8,416	234	97	12,164	...	150FM*	6	Rot.	6	82711
METHUEN												
Bon Secours	M. D. Howard	128	6,925	135	41	2,753	...	150FM	6	Rot.	6	82811
NEW BEDFORD												
St. Luke's	J. R. Frothingham	268	11,924	555	181	77,124	...	150FM*	10	Rot.	10	27911
NEWTON												
Newton-Wellesley	N. S. Stearns	171	8,540	267	111	6,440	...	165FM	8	Rot.	8	28011
PITTSFIELD												
Pittsfield Affiliated Hosps.	G. L. Haidak	...	...	...	...	...	...	...	14	Rot.	14	28111
Pittsfield General	T. C. Clifford	135	7,964	151	69	28,930	...	150FM	...	...	...	...
St. Luke's	G. L. Haidak	117	5,122	98	65	15,234	171	250FM	...	...	...	...
QUINCY												
Quincy City	R. G. Fletcher	249	12,882	352	133	7,550	...	172FM	12	Rot.	12	28311
SALEM												
Salem	S. N. Gardner	189	8,299	281	98	28,314	...	150FM*	6	Rot.	6	28411
SPRINGFIELD												
Mercy	E. J. Ferrarone	258	11,311	410	152	15,271	...	200FM	8	Rot.	8	28511
Springfield	H. S. M. Uhl	350	12,223	512	258	12,494	172	180FM	15	Rot.	12	28611
Wesson Memorial	...	179	8,282	282	98	8,688	245	100FM	6	Rot.	6	28711
WALTHAM												
Waltham	Norman Stearns	114	5,952	191	61	1,581	162	200FM*	6	Rot.	6	28811
WORCESTER												
Monorah	J. G. Freymann	221	10,107	313	205	22,415	...	150FM*	11	Rot.	11	28911
St. Vincent	J. P. Stapleton	508	16,066	488	229	31,642	...	150FM*	18	Rot.	15	29011
Worcester City	V. P. DiDomenico	299	10,919	575	281	31,329	...	200FM	12	Rot.	12	29111
MICHIGAN—Hospitals, 40; Internships, 617												
ANN ARBOR												
St. Joseph Mercy	W. E. Brown III	333	17,645	270	206	89,841	...	250FM*	16	Rot.	16	29211
University	R. B. Nelson	825	19,349	601	444	247,724	173	145 None	44	Rot.	44	29311
BATTLE CREEK												
Community	R. E. Fisher	149	9,856	146	56	24,811	...	300FM*	6	Rot.	6	81411
Leila Y. Post Montgomery	W. D. Walters	148	8,477	203	71	14,321	...	350FM*	6	Rot.	6	29411
BENTON HARBOR												
Mercy	Frank Howard	117	6,246	169	99	10,763	...	275FM	6	Rot.	6	96011
DEARBORN												
Oakwood	E. W. Durham	220	11,775	278	158	23,192	174	200FM*	13	Rot.	13	94611
DETROIT												
Detroit Memorial	C. J. France	255	11,752	324	173	511	175	400PM	13	Rot.	13	29611
Evangelical Deaconess	Edwin J. Neill	155	7,510	243	154	3,488	...	258PM*	8	Rot.	8	29711
Grace	T. J. McBryan	...	...	...	...	...	...	...	...	...	...	...
Harper	G. S. Wilson	705	27,466	733	378	25,844	175	250FM*	24	Rot.	24	29811
Henry Ford	H. C. Saltzstein	535	21,945	562	282	50,285	175	250PM*	28	Rot.	28	29911
Mount Carmel Mercy	R. E. Birk	821	27,177	865	650	662,029	...	265PM	26	Rot.	26	30011
Providence	H. L. Morris	494	23,680	530	267	19,391	...	380PM*	24	Rot.	24	30211
Receiving	D. E. Economy	323	14,033	442	244	42,539	176	400PM	12	Rot.	12	30311
St. John	J. M. Pierce, Jr.	645	22,771	1,107	580	170,448	177	300PM	59	Rot.	48	29511
St. Joseph Mercy	D. E. Van Hoek	265	19,465	321	154	2,548	178	300FM*	12	Rot.	12	91511
Sinai	Leonard Alexander	169	7,894	199	99	8,659	179	400FM	9	Rot.	9	30411
Woman's	J. E. Berk	229	10,991	214	117	33,169	175	250FM	15	Rot.	15	92611
	R. S. McCaughey	297	13,181	226	113	5,144	175	450 None	16	Rot.	16	30511
ELOISE												
Wayne County General Hospital and Infirmary	D. B. McDowell	4,247	10,383	1,210	487	48,950	177	317FM	36	Rot.	36	30611
FLINT												
Hurley	P. E. Schroeder	497	21,610	548	351	10,279	...	250FM	25	Rot.	25	30711
McLaren General	...	278	12,770	264	142	21,105	...	300PM	12	Rot.	12	86611
St. Joseph	Lewis Simon	359	17,238	374	183	15,581	180	350PM	16	Rot.	16	30811
GRAND RAPIDS												
Blodgett Memorial	D. S. MacIntyre	278	13,974	364	277	13,997	...	275FM	16	Rot.	16	30911
Butterworth	E. E. Schumacher	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	L. H. Birch	364	19,491	461	304	60,298	...	275PM	16	Rot.	16	31011
GROSSE POINTE	W. C. Baum	319	16,713	436	183	36,546	181	275FM	14	Rot.	14	31111
Bon Secours	E. J. Tamblyn	147	7,838	229	96	14,621	182	315FM*	8	Rot.	8	90611
HIGHLAND PARK												
Highland Park General	Howard Manz	262	11,803	312	131	6,477	178	300FM	14	Rot.	14	31211
KALAMAZOO												
Borgess	Irvin J. Martens	206	10,112	319	161	5,732	...	250FM	8	Rot.	8	31311
Bronson Methodist	F. L. Clement	216	12,574	317	170	25,881	...	280PM	6	Rot.	6	31411
LANSING												
Edward W. Sparrow	H. J. Schmidt	326	18,406	370	151	391	183	250FM	10	Rot.	10	31511
St. Lawrence	J. C. Neering	244	12,739	349	183	10,081	...	300FM*	12	Rot.	12	31611
MIDLAND												
Midland	W. H. Gronemeyer	143	8,364	110	98	17,050	...	250FM*	6	Rot.	6	96111
MUSKEGON												
Hackley	W. G. White	184	9,177	265	130	36,243	...	300FM*	10	Rot.	10	81511
PONTIAC												
Pontiac General	John J. Marra	241	12,873	265	192	20,070	...	325FM*	19	Rot.	19	31811
St. Joseph Mercy	Julius Rutsky	306	16,111	249	219	8,996	...	275FM*	12	Rot.	12	31911
ROYAL OAK												
William Beaumont	Harold A. Ott	243	13,395	325	178	45,291	184	275PM	12	Rot.	12	97811
SAGINAW												
Saginaw General	Thomas O. Lohr	203	11,561	266	161	10,218	...	325PM	6	Rot.	6	32011
St. Luke's	T. E. Bratrud	190	9,653	214	153	39,128	...	400PM	8	Rot.	8	32111
St. Mary's	W. A. DeYoung	146	7,328	201	85	10,378	...	350PM	6	Rot.	6	32211
TRAVERSE CITY												
James Decker Munson	G. E. Stokes	165	8,277	144	84	19,072	...	275PM	8	Rot.	8	32311
MINNESOTA—Hospitals, 15; Internships, 254												
DULUTH												
St. Luke's	M. M. Fifield	316	14,740	444	324	9,239	185	150FM	18	Rot.	18	32411
St. Mary's	A. C. Aufderheide	322	11,938	256	179	7,868	...	150FM	12	Rot.	12	32511
MINNEAPOLIS												
Methodist	J. C. Dahl	168	6,350	92	69	6,124	...	150FM*	12	Rot.	12	86711
Minneapolis General	Thomas Lowry	319	8,040	654	382	86,706	...	75FM	39	Rot.	39	32911

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MINNESOTA—Continued												
Mount Sinai	M. E. Goldberg.....	170	9,751	204	134	11,294	...	150FM	14	Rot.	14	86811
Northwestern	F. H. Lott.....	250	13,825	245	203	11,085	...	175FM	12	Rot.	12	33011
										1	1	33032
										1	1	33033
										1	1	33034
St. Barnabas-Swedish	Lyle J. Hay.....	...	...	...	...	...	...	...	24	Rot.	24	33111
St. Barnabas	Lyle J. Hay.....	201	15,056	282	203	9,264	...	150FM	...	...	...	...
Swedish	Lyle J. Hay.....	430	22,015	454	214	9,351	186	150FM	...	...	...	...
St. Mary's	John Twomey.....	357	17,228	336	197	15,800	...	200FM	12	Rot.	12	33211
University of Minnesota Hospitals.....		561	16,322	352	738	131,293	187	80FM	12	St. Med.	12	33432
									15	St. Surg.	15	33433
									13	St. Ped.	8	33434
SAINT PAUL												
Ancker	T. E. Broudie.....	455	8,966	733	442	104,694	...	100FM	26	Rot.	26	33511
Bethesda Lutheran	R. G. B. Bjornson.....	178	11,640	237	109	10,412	188	200FM	8	Rot.	8	33611
Charles T. Miller	F. J. Milnar.....	352	13,094	296	176	48,393	189	200FM	14	Rot.	14	33711
St. Joseph's	E. H. Kelly.....	251	11,154	256	122	10,243	...	305PM	14	Rot.	14	33811
St. Luke's	R. E. Lindell.....	196	7,833	166	71	5,367	190	150FM	6	Rot.	6	33911
MISSISSIPPI—Hospitals, 2; Internships, 35												
JACKSON												
Mississippi Baptist	Carl D. Brannan.....	269	17,346	282	78	12,451	...	250PM	12	Rot.	12	34011
University	Warren B. Bell.....	236	9,946	485	366	51,409	...	200 None	23	Rot.	23	95711
MISSOURI—Hospitals, 24; Internships, 424												
CLAYTON												
St. Louis County	K. B. Coldwater.....	125	5,479	373	226	28,522	...	175FM	10	Rot.	10	34211
COLUMBIA												
University of Missouri Medical Center	V. E. Wilson.....	192	4,824	249	175	31,250	...	150 None	2	St. Ped.	2	99434
									4	St. Path.	4	99436
KANSAS CITY												
Children's Mercy	Herbert C. Miller.....	90	2,924	72	50	44,508	191	175FM	3	St. Ped.	3	98834
Kansas City General	G. L. Miller.....	326	11,998	851	439	98,456	...	176FM*	30	Rot.	30	34311
Menorah Medical Center	M. C. Creditor.....	299	11,850	216	173	23,598	192	250FM	14	Rot.	14	34511
Research	H. W. Benoit, Jr.....	210	7,438	238	154	27,986	193	250FM*	10	Rot.	10	34611
St. Joseph	F. A. Mantz, Jr.....	288	12,764	253	134	17,949	...	200FM	12	Rot.	12	34711
St. Luke's	D. M. Gibson.....	305	15,474	413	252	16,393	192	225FM*	18	Rot.	18	34811
St. Mary's	L. R. Moriarty.....	297	13,685	290	157	33,796	192	300PM	12	Rot.	12	34911
Trinity Lutheran	H. H. Shuey.....	175	8,666	234	137	5,141	192	200FM	8	Rot.	8	35011
ST. JOSEPH												
Missouri Methodist	J. R. McDaniel.....	193	9,754	383	107	4,338	...	175FM	4	Rot.	4	35111
St. Joseph's	Lawrence H. Pifer.....	130	6,582	194	67	3,268	...	200FM	4	Rot.	4	35211
ST. LOUIS												
Barnes		747	26,609	665	506	123,897	194	35FM	10	St. Med. Wd.	10	35332
									15	St. Med. Pvt.	15	35347
									12	St. Surg.	12	35333
									4	St. Path.	4	35334
									4	St. Ob.-Gyn.	4	35335
									12	Rot.	12	35611
									12	Rot.	12	35611
									40	Rot.	40	35711
									14	Rot.	14	35811
									4	Mixed ¹	4	35820
									12	Mixed ¹	12	35920
									16	Rot.	16	36011
									14	Rot.	14	36211
									8	St. Ped.	8	36934
									46	Rot.	46	36311
									8	St. Med.	8	36332
									8	(Unit I)	8	36394
									2	St. Surg.	2	36333
									2	(Unit I)	2	36397
									4	(Unit II)	4	36334
									12	Rot.	12	36411
St. Luke's	P. O. Hagemann.....	267	12,067	333	214	20,679	195	200FM	12	Rot.	12	36511
St. Mary's Group of Hospitals	J. W. Colbert, Jr.....	773	28,231	701	458	121,645	194	135FM*	12	Rot.	12	36532
of St. Louis University									8	St. Med.	8	36533
									8	St. Surg.	8	36533
									6	St. Ped.	6	36534
MONTANA—Hospitals, 1; Internships, 4												
BUTTE												
St. James	T. W. Saam.....	127	6,284	164	66	18,574	...	150FM	4	Rot. ⁹	..	.....
NEBRASKA—Hospitals, 10; Internships, 91												
LINCOLN												
Bryan Memorial	L. F. Pfeiffer.....	112	5,724	153	83	7,200	...	300FM	4	Rot.	4	36811
Lincoln General	D. F. Purvis.....	130	6,398	158	81	3,289	...	300FM	4	Rot.	4	36911
St. Elizabeth	Francis Neumayer.....	198	10,822	345	107	10,168	...	300FM	6	Rot.	6	37011
OMAHA												
Bishop Clarkson Memorial	W. D. Angle.....	215	11,847	230	126	15,965	197	150FM	12	Rot.	12	37111
Children's Memorial	Carol R. Angle.....	58	4,238	64	52	5,264	...	225FM*	4	St. Ped.	4	81034
Creighton Memorial St. Joseph	J. R. Walsh.....	472	17,996	460	186	9,410	198	185FM*	18	Rot.	18	37211
Immanuel	Edward Langdon.....	99	5,771	190	79	12,215	199	270FM	10	Rot.	10	37311
Nebraska Methodist	J. R. Schenken.....	179	9,753	244	198	5,567	199	300 None	11	Rot.	11	37411
St. Catherine's	O. S. Moran.....	170	9,024	205	125	3,421	...	300PM	8	Rot.	8	37511
University of Nebraska	John Barnore.....	122	4,087	147	119	46,466	198	200PM	14	Rot.	14	37611
NEW HAMPSHIRE—Hospitals, 1; Internships, 16												
HANOVER												
Mary Hitchcock Memorial	Joshua Burnett.....	231	8,668	279	226	66,973	...	135PM	16	Rot.	16	37711

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NEW YORK—Continued												
Buffalo General	T. T. Jacobs	562	18,086	664	367	33,231	209	150FM*	23	Rot.	23	43611
Children's	Donald Dunphy	221	14,416	225	199	65,933	...	100FM	4	St. Ped.	3	43632
Deaconess	L. I. Berman	243	10,219	351	152	27,872	209	300FM	14	Rot.	14	43711
Edward J. Meyer Memorial	F. A. Paolini	801	12,638	995	476	138,302	...	273FM	26	Rot.	26	43811
Mercy	J. J. O'Brien	326	13,169	432	206	44,010	210	200FM*	19	Rot.	19	43911
Millard Fillmore	L. H. Golden	455	18,723	549	297	42,023	209	273FM	15	Rot.	15	44011
COOPERSTOWN												
Mary Imogene Bassett	James Bordley, III	76	3,200	107	78	36,732	...	150PM	9	Rot.	9	44211
									1	St. Med.	1	44232
ELMIRA												
Arnold Ogden Memorial	C. E. Erway	169	9,197	225	84	25,679	...	200FM	4	Rot.	4	44311
St. Joseph's	R. H. Huddle	179	8,703	286	97	26,819	...	300PM	5	Rot.	5	44411
GLEN COVE												
Community	H. Mayberger	161	11,492	247	115	30,961	...	200FM	8	Rot.	8	44611
GLENS FALLS												
Glens Falls	W. G. Illinger	236	14,983	367	155	10,730	...	200FM*	9	Rot.	9	44711
HEMPSTEAD												
Meadowbrook	F. B. Champlin	582	18,341	1,450	579	27,879	...	200FM	32	Rot.	32	44811
JOHNSON CITY												
Charles S. Wilson Memorial	Dean D. Smith	353	15,189	401	139	77,928	...	200PM	12	Rot.	12	45211
KENMORE												
Kenmore Mercy	J. M. Donohue	300	6,962	70	36	13,294	...	245FM	12	Rot.	12	82911
MINEOLA												
Nassau	L. R. Ferraro	267	14,629	347	148	17,643	...	250 None	8	Rot.	8	45511
MOUNT KISCO												
Northern Westchester	E. J. Gallagher	128	6,711	178	58	30,344	...	100FM	4	Rot.	4	45611
MOUNT VERNON												
Mount Vernon	F. T. Rogliano	250	9,333	330	163	11,557	...	100FM	12	Rot.	12	45711
NEWBURGH												
St. Luke's	Orin Wahl	173	8,332	343	116	41,078	...	200FM	8	Rot.	8	45811
NEW ROCHELLE												
New Rochelle	H. J. Dunlap	262	13,559	400	157	9,948	...	200FM*	12	Rot.	12	45911
NEW YORK CITY												
Bellevue Hospital Center		2,271	46,712	1,838	771	442,021	...	125FM	...	...	...	...
First Medical Div.								125FM	12	Mixed ¹	12	46020
Columbia University	D. W. Richards							125FM	4	Rot.	4	46111
First Surgical Div.								289	2	St. Surg.	2	46133
Columbia University	K. M. Lewis							125FM	3	Mixed ¹	3	46220
Second Medical Div.								125FM	21	St. Med.	21	46232
Cornell University	Thomas P. Almy							125FM	7	St. Surg.	7	46333
Second Surgical Div.								125FM				
Cornell University	C. W. Holman							125FM	27	St. Med.	27	46432
Third and Fourth Medical Divisions								125FM	10	St. Surg.	10	46533
New York University College of Medicine	Lewis Thomas							125FM	1	St. Path.	1	93036
Third Surgical Div.								125FM	10	St. Surg.	10	46533
New York University College of Medicine	J. H. Mulholland							125FM	1	St. Path.	1	93036
Third Division Department of Pathology								125FM	10	St. Ped.	10	92934
New York Univ. College of Medicine	Marvin Kuschner							125FM	8	St. Surg.	8	46733
Third Division Department of Pediatrics								125FM	26	Rot.	18	41911
New York University College of Medicine	L. E. Holt, Jr.							125FM	20	Rot.	20	47011
Fourth Surgical Division								140FM	6	Rot. ⁹	6	47111
New York University Post-Graduate Medical School	L. R. Slatery							125FM	9	Rot.	9	47111
Beth-el Hospital	Isadore Snapper	293	10,664	357	168	41,199	...	125FM	12	St. Med.	16	93132
Beth Israel		295	9,437	300	120	39,882	...	140FM	12	St. Surg.	12	93133
Booth Memorial	S. L. Deckoff	155	7,067	225	110	2,113	...	175FM	2	St. Ped. ⁷	2	93168
Bronx	E. E. Fischel	260	8,927	329	122	54,694	...	125FM	2	St. Ped.	2	93194
Bronx Municipal Hospital Center	I. H. Scheinberg	935	13,198	945	543	190,872	...	175FM	16	Rot.	16	42011
								160FM	34	Rot.	34	42011
Brooklyn	Paul D. Arpin	304	12,185	345	158	66,366	...	125FM	2	St. Surg.	2	49133
City Hospital at Elmhurst	David N. Marks	676	12,287	1,138	503	85,962	...	125FM	14	Rot. ⁹	...	...
Columbus	M. R. Brazzini	244	8,250	353	109	30,271	211	100FM	40	Rot.	40	42211
Coney Island	A. A. Kane	402	10,162	999	311	64,755	...	125FM	9	Rot.	9	42311
Cumberland	James Tesler	269	9,017	556	145	101,969	...	125FM	2	St. Surg.	2	42333
								125FM	2	St. Ped.	2	42334
Flushing Hospital and Dispensary ..	C. N. Baker	264	13,108	316	155	32,903	...	175FM	12	Rot.	12	44511
Fordham	C. J. Seala	361	8,958	709	261	85,172	212	125FM	19	Rot.	19	47411
French	Jack Harnes	171	5,986	179	62	25,255	213	85FM	10	Rot.	10	47511
Grand Central	L. Burness	144	5,296	205	91	12,591	214	100FM	15	Rot.	15	46911
Greenpoint	M. Lefkowitz	240	6,343	386	150	109,202	...	175FM	12	Rot.	12	42411
Harlem	S. K. Fineberg	692	18,360	1,367	496	261,216	...	125FM	49	Rot.	49	47811
Hospital for Joint Diseases	A. M. Beteher	271	6,387	132	56	54,694	215	50FM	6	Rot.	6	47911
Jamaica	Arnold Stanton							125FM	10	Rot.	10	44911
Jewish	S. Olshin	240	9,715	293	121	26,075	...	65FM	34	Rot.	34	42511
	Jacob Goldstein	414	19,706	549	273	88,657	...	125FM	4	St. Med.	4	42532
								125FM	2	St. Ped.	2	42534
Jewish Memorial	Alfred Schwarz	152	6,070	275	89	19,999	...	100FM	12	Rot.	12	48011
Kings County Hospital Center	Joseph Benton	2,372	59,438	3,725	1,032	345,362	...	125FM	48	Rot.	48	42611
								48	Mixed ¹⁻²	48	42620	
								125FM	22	St. Med.	22	42632
								125FM	12	St. Surg.	12	42633
								125FM	8	St. Ped.	8	42634
								125FM	3	St. Path.	3	42636
Knickerbocker	M. S. Bruno	188	4,909	185	123	15,836	216	170PM	6	Rot.	6	48111
								170PM	3	St. Med.	3	48132
								170PM	3	St. Surg.	3	48133

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NEW YORK—Continued												
Lebanon	Philip Krainin	227	8,191	337	168	26,627	...	75FM	13	Rot.	13	48211
Lenox Hill	F. H. Ghiselin	348	12,718	356	144	56,068	217	125PM	3	St. Surg.	1	48233
Lincoln	John N. Edson	309	13,082	793	294	137,215	...	125FM	18	Rot.	23	48311
Long Island College	John N. Edson	357	12,234	460	192	42,502	...	140PM	8	Rot.	18	48411
									8	Mixed ¹	8	42720
									4	St. Med.	4	42732
									2	St. Surg.	2	42733
									2	St. Ped.	2	42734
Long Island Jewish	P. E. Lear	228	10,080	319	228	20,803	...	75FM	14	Rot.	14	96311
Lutheran	F. B. Mac Naughton	113	6,038	132	47	13,909	...	200FM	8	Rot.	8	97211
Lutheran Medical Center	G. F. Cucolo	173	6,853	199	98	10,004	...	110FM	11	Rot.	11	43011
Mainonides	David Grob	452	15,325	668	262	54,783	...	135PM	12	Rot.	12	42811
									16	Mixed ¹	16	42820
									8	St. Med.	8	42832
Mary Immaculate	R. N. Monaco	228	9,638	339	124	44,472	...	160FM	8	Rot.	8	45011
Methodist	R. V. Mansell	305	11,634	311	131	28,838	...	150FM	10	Rot.	10	42911
									4	St. Med.	4	42932
									1	St. Surg.	1	42933
									1	St. Ped.	1	42934
Misericordia	Justin C. Walker	182	5,234	166	105	13,387	...	125FM	12	Rot.	12	48611
Montefiore	Tiffany Lawyer	602	9,965	937	431	29,361	...	137FM	36	Mixed ¹	36	48720
Morrisania City	Harris Blinder	366	10,909	783	247	89,439	...	125FM	18	Rot.	18	48811
Mother Cabrini Memorial	A. Privitera	120	4,148	99	31	6,589	...	100FM	8	Rot.	8	48911
Mount Sinai	A. F. Guttmacher	827	25,053	895	480	205,180	...	50FM	36	Rot.	36	49011
New York	A. F. Guttmacher	979	31,927	727	503	215,249	...	143PM	18	St. Med.	18	49232
									17	St. Surg.	17	49233
									3	St. Ped.	3	49234
									3	St. Path.	3	49236
New York Infirmary .....	.....	128	4,927	103	47	33,321	...	100FM	7	Rot. ⁹	...	.....
New York Polyclinic Medical School and Hospital	A. L. Lichtnan	255	9,683	260	104	72,686	...	125FM	12	Rot.	12	49411
Presbyterian	A. L. Lichtnan	1,266	38,808	942	639	403,361	...	208	12	St. Med.	12	49532
									12	St. Surg.	12	49533
									3	St. Path.	3	49536
Prospect Heights	L. J. Cibelli	122	5,703	166	46	1,162	...	200PM	6	Rot.	6	87411
Queens Hospital Center	L. J. Morse	1,127	14,850	1,701	652	111,059	...	125FM	34	Rot.	34	45111
Roosevelt	L. J. Morse	363	10,534	368	180	94,038	...	133PM	8	Mixed ¹	8	49623
									7	Mixed ²	7	49672
St. Catherine's	W. H. Le Strange	213	8,462	307	124	15,043	...	125FM	10	Rot.	10	43111
St. Clare's	J. L. Madden	338	9,976	335	163	49,546	...	100PM	13	Rot.	13	49711
									1	St. Med.	1	49732
									2	St. Surg.	2	49733
St. Francis	J. V. Gazzola	288	9,644	352	132	33,873	244	100FM	12	Rot.	12	49811
St. John's Episcopal	T. A. McCormick	203	8,249	239	81	50,093	...	160FM	12	Rot.	12	13211
St. John's Long Island City	A. E. Passera	158	5,228	234	96	26,225	218	125FM	16	Rot.	16	45411
St. Luke's	A. E. Passera	452	11,394	373	220	119,860	...	75FM	17	Mixed ¹⁻³	17	49920
									4	St. Ped.	4	49984
St. Mary's	M. L. Salica	156	5,808	185	67	26,141	...	125FM	8	Rot.	8	43311
St. Vincent's S. I.	Lina R. Merlino	239	10,727	346	128	20,135	...	190PM	8	Rot.	8	51411
St. Vincent's N. Y. C.	Lina R. Merlino	702	18,374	917	470	91,149	217	130FM	23	Rot.	23	50011
									5	St. Med.	5	50032
									6	St. Surg.	6	50033
Staten Island	Marie C. Rosati	181	11,308	287	112	7,452	...	100FM	8	Rot.	8	51511
Sydenham	David N. Roginsky	181	6,764	114	35	33,716	...	125FM	9	Rot.	9	50111
Unity	Victor Ginsberg	151	6,907	266	67	26,670	...	125FM	8	Rot.	8	43411
Wyckoff Heights .....	.....	227	9,331	...	...	...	...	...	8	Rot.	8	48511
NIAGARA FALLS												
Mount St. Mary's	F. J. Palumbo	139	6,230	172	77	17,162	...	275FM*	6	Rot.	6	50311
Niagara Falls Memorial	L. B. Kramer	265	11,818	344	205	23,156	...	260PM	13	Rot.	13	98511
PORT CHESTER												
United	L. T. Delaney	208	9,117	272	97	20,043	...	235PM	8	Rot.	8	50411
POUGHKEEPSIE												
St. Francis	J. D. Gioia	169	9,358	201	76	.....	...	200FM	6	Rot.	6	50511
Vassar Brothers	W. Updegraff	192	8,917	314	106	18,743	...	200FM	8	Rot.	8	50611
ROCHESTER												
Genesee	Harry L. Segal F. W. Anderson	243	11,839	355	287	15,495	220	150FM*	4	Rot.	4	50711
									4	Mixed ¹	4	50720
									4	St. Med.	4	50732
									4	St. Surg.	4	50733
									1	St. Path.	1	50736
Highland	J. W. Holler	198	9,223	272	214	10,527	220	150FM*	9	Rot.	9	50811
									2	St. Med.	2	50832
									3	St. Surg.	3	50833
Rochester General	P. W. Weld	350	19,075	470	300	14,521	...	150FM*	18	Rot.	18	50911
									2	St. Med.	2	50932
									2	St. Surg.	2	50933
St. Mary's	T. M. Goeke	267	13,147	469	254	23,498	...	225PM	15	Rot.	15	51011
Strong Mem-Rochester Municipal	J. M. Anderson	541	18,590	776	575	83,920	221	125 None	8	Mixed ¹⁻⁷	8	51120
									17	St. Med.	17	51132
									12	St. Surg.	12	51133
									10	St. Ped.	10	51134
									4	St. Path.	4	51136
									4	St. Ob-Gyn.	4	51135
SCHENECTADY												
Ellis	G. D. Vlahides	383	16,658	390	257	4,719	...	300FM	18	Rot.	18	51211
St. Clare's	M. B. Rodney	160	7,416	269	108	15,611	...	150FM*	12	Rot.	12	51311
SYRACUSE												
General	Ferdinand Geiger	97	5,836	146	47	2,151	...	191 None	6	Mixed ¹⁻²⁻⁸	6	51720
St. Joseph's	B. Levinson	249	12,878	306	160	34,305	...	225PM	8	Rot.	8	51811
									4	Mixed ¹	4	51820
State Univ. of New York Upstate Medical Center	Wm. A. Harris	1,379	50,163	1,404	750	124,845	...	208 None	12	Rot.	12	51611
(Univ. Hosp. of the Good Shepherd, Syracuse Memorial, Crouse- Irving, Veterans Admin. City Hosp. Communicable Diseases, Syracuse Psychiatric, St. Joseph's, Syracuse Dispensary)									6	Mixed ¹	6	51620
									8	St. Med.	8	51632
									7	St. Surg.	7	51633
									5	St. Ped.	5	51634
									2	St. Path.	..	.....

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NEW YORK—Continued												
TROY												
Leonard	M. W. Quandt	151	8,261	248	78	10,486	222	150FM	8	Rot.	8	96911
St. Mary's	W. A. Griesau	148	6,328	217	78	13,771	...	175FM	6	Rot.	6	51911
Samaritan	C. G. Burn	162	8,185	254	143	28,122	...	250FM*	10	Rot.	10	52011
VALHALLA												
Grasslands	K. W. Trout	340	5,120	420	244	66,642	...	150FM	20	Mixed 1-2	20	52120
WHITE PLAINS												
White Plains	J. R. Meharg	160	7,504	267	110	22,662	...	150FM	8	Rot.	8	52311
YONKERS												
St. John's Riverside	Jaecue Miller	181	8,352	267	74	23,414	...	120FM	9	Rot.	9	52411
St. Joseph's	A. G. Barraco	126	4,673	173	76	11,972	...	100FM	8	Rot.	8	52511
Yonker's General	M. J. Eisen	129	6,076	157	54	6,430	...	100FM*	7	Rot.	7	52611
NORTH CAROLINA—Hospitals, 10; Internships, 205												
ASHEVILLE												
Memorial Mission	R. Y. Moon	254	12,815	379	97	39,030	...	250PM*	8	Rot.	8	94911
CHAPEL HILL												
North Carolina Memorial	R. R. Cadmus	264	9,220	368	302	91,779	...	150 None	8	Mixed 1	8	90020
									12	St. Med.	12	90032
									8	St. Surg.	8	90033
									4	St. Ped.	4	90034
									4	St. Path.	4	90036
DURHAM												
Duke		474	18,867	577	375	101,054	223	25FM*	4	Mixed 3	4	52920
									24	St. Med.	24	52932
									16	St. Surg.	16	52933
									10	St. Ped.	10	52934
									3	St. Path.	3	52936
									1	St. Ob-Gyn.	1	52935
Watts	Jack Hughes	226	11,467	223	89	51,936	...	250FM	13	Rot.	13	87711
									3	Mixed 1-2-3	3	87720
									2	St. Med.	2	87732
									2	St. Surg.	2	87733
									1	St. Ped.	1	87734
									1	St. OB-Gyn	1	87735
GREENSBORO												
Moses H. Cone Memorial.....	J. T. Brantley	239	13,008	301	184	20,270	...	300PM	16	Rot.	16	94311
RALEIGH												
Rex	T. B. Dameron, Jr.	301	16,274	340	125	31,741	...	225FM*	12	Rot. ⁹	..	.....
WILMINGTON												
James Walker Memorial.....	E. T. Marshburn	203	12,131	242	72	21,699	...	275FM*	8	Rot. ⁹	..	.....
WINSTON-SALEM												
City Memorial		270	14,699	317	141	17,538	...	262PM	14	Rot.	14	53511
Kate Bitting Reynolds Memorial....	R. L. Smith	144	6,612	311	68	18,428	...	262PM	9	Rot.	9	53611
North Carolina Baptist.....		355	17,047	481	289	63,158	...	166PM	2	Mixed 1	2	53720
									8	St. Med.	8	53732
									6	St. Surg.	6	53733
									3	St. Ped.	3	53734
									3	St. Path.	3	53736
NORTH DAKOTA—Hospitals, 2; Internships, 14												
FARGO												
St. John's	Jack J. Spier	128	6,238	161	83	5,408	...	225FM	6	Rot.	6	87011
St. Luke's	G. H. Hall	146	7,530	202	105	7,743	...	225FM	8	Rot.	8	53911
OHIO—Hospitals, 53; Internships, 833												
AKRON												
Akron City	T. R. Kelly	516	21,339	749	408	15,339	224	225FM*	24	Rot.	24	54111
Akron General	C. J. Miller	403	15,331	576	258	51,819	224	250FM*	20	Rot.	20	54211
St. Thomas	R. H. Hart	232	9,965	369	201	33,523	224	200FM*	15	Rot.	15	54311
BARBERTON												
Barberton Citizens	E. F. Morris	208	10,213	254	109	35,235	...	225FM*	12	Rot.	12	96411
CANTON												
Aultman	C. V. Smith	436	21,305	526	208	4,820	...	250PM	20	Rot.	20	54411
Mercy	R. S. Rosedal	427	16,579	485	215	27,898	...	250PM	12	Rot.	12	54511
CINCINNATI												
Bethesda	G. De Brosse	237	10,274	270	142	16,370	225	210PM	6	Rot.	6	54611
Christ	G. E. Brown	336	12,108	454	207	37,861	225	175FM*	18	Mixed 3	6	54620
									3	St. Surg.	3	54733
Univ. of Cincinnati Hosp. Group....												
Cincinnati General	C. E. Kiely, Jr.	559	16,329	1,209	776	206,625	226	100FM	52	Rot.	52	54811
Good Samaritan	D. C. Fischer	541	21,875	569	266	27,659	...	200FM	15	Rot.	15	55011
									4	St. Surg.	4	55033
Jewish	E. G. Margolin	382	16,960	467	250	47,076	...	175FM	16	Rot.	16	55111
St. Mary's	J. M. Schuster, Jr.	145	5,758	227	49	29,795	...	225FM	12	Rot.	12	55211
CLEVELAND												
Cleveland Clinic	C. L. Leedham	420	15,483	549	344	248,365	227	100FM	12	Rot.	12	96811
									4	St. Surg.	4	96833
Cleveland Metropolitan General	Marian J. Holl	588	10,685	545	348	161,684	...	125FM	16	Rot.	16	55311
									4	St. Med.	4	55332
									4	St. Surg.	4	55333
									4	St. Ped.	4	55334
Evangelical Deaconess	Robert A. George											
	Milton J. Sadlon	201	12,203	370	166	16,182	228	100FM	12	Rot.	12	96911
Fairview Park	G. Seltzer	279	16,425	387	165	5,549	...	200FM	15	Rot.	15	55411
Huron Road	E. M. Goyette	352	14,942	456	252	10,086	...	200FM*	12	Rot.	12	57111
Lutheran	Jean A. Groh	169	8,895	295	102	27,808	...	235FM	12	Rot.	12	55611
Mount Sinai	Henry Hoffman	309	12,569	509	248	43,030	...	180FM	22	Rot.	22	55711
St. Alexis	W. P. Shelly	292	11,960	424	166	31,243	...	200FM	8	Rot.	8	55811
St. John's	P. J. Corrigan	272	11,326	267	88	36,396	...	200FM	7	Rot.	7	55911
St. Luke's	R. G. Hodges	427	18,210	537	328	114,197	...	180FM	24	Rot.	24	56011
St. Vincent Charity	Arthur C. Corcoran....	323	10,297	395	193	50,593	229	200FM*	15	Rot.	15	56111

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Censuses	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
OHIO—Continued												
University Hospitals		685	27,984	781	544	133,173	...	125PM	16	Rot.	16	56211
									12	St. Med.	12	56232
									9	St. Surg.	9	56233
									6	St. Ped.	6	56234
									2	St. Path.	...	.....
CLEVELAND HEIGHTS												
Doctors	R. R. Renner	174	6,336	186	74	.....	...	100FM	8	Rot.	8	56311
COLUMBUS												
Grant	F. H. Herrington	221	10,469	333	99	13,106	230	275FM*	12	Rot.	12	56411
Mount Carmel	R. Zollinger	370	17,083	427	256	41,137	230	250FM*	18	Rot.	18	56511
University Hospitals	C. A. Doan	496	20,368	866	574	127,790	231	152PM	24	Rot.	24	56611
									12	St. Med.	12	56632
									12	St. Surg.	12	56633
White Cross	F. P. Kintz	319	15,104	346	221	18,093	232	275PM*	18	Rot.	18	56711
DAYTON												
Good Samaritan	R. A. Serbin	393	18,162	455	215	17,684	...	225FM	10	Rot.	10	56811
Miami Valley	C. R. Brown, Jr.	663	28,601	843	402	18,679	...	200FM*	16	Rot.	16	56911
St. Elizabeth	J. S. Surdyk	382	20,586	516	227	21,355	...	250FM	16	Rot.	12	57011
ELYRIA												
Elyria Memorial	H. E. McDonald	180	9,173	235	92	28,303	...	200FM	5	Rot.	5	90111
EUCLID												
Euclid-Glenville	J. L. Whitaker	181	10,467	242	103	.....	...	125FM	10	Rot.	10	55511
GARFIELD HEIGHTS												
Marymount	W. F. Kubieck	176	7,545	232	108	20,538	233	200FM*	12	Rot.	12	57211
HAMILTON												
Mercy	C. A. Schueck	285	12,770	368	144	44,102	234	150FM	12	Rot.	12	57311
LAKESIDE												
Lakeside	H. T. Yoder	239	10,076	298	125	31,530	...	175FM*	6	Rot.	6	57411
LIMA												
Lima Memorial	R. H. Lowe	240	12,204	365	123	13,058	...	250FM*	12	Rot.	12	57511
St. Rita's	A. F. Portmann	247	15,383	397	180	31,208	235	350PM	12	Rot.	12	57611
LORAIN												
St. Joseph	M. C. Kolezan	182	9,996	350	104	36,643	236	250FM	6	Rot.	6	97311
SPRINGFIELD												
Mercy	A. T. Anton	251	10,508	314	145	30,300	...	250PM	9	Rot.	9	87811
Springfield City	John Harley	223	10,747	339	139	47,648	...	325FM	10	Rot.	10	57711
STUBENVILLE												
Ohio Valley	John Y. Bevan	194	10,098	352	111	12,265	...	225FM	7	Rot.	7	92711
TOLEDO												
Flower	H. J. van Baaren	173	8,511	229	81	14,084	237	250FM	9	Rot.	9	57811
Maumee Valley		171	5,167	380	133	25,513	...	250FM	6	Rot.	6	57911
Mercy	R. M. Reineck	294	13,396	342	241	36,627	...	250FM	14	Rot.	14	58011
Riverside	Edward J. Kurt	131	7,346	171	84	7,591	...	265FM	8	Rot.	8	58111
St. Charles	J. P. Moran, Jr.	230	9,182	221	95	22,835	...	250FM	9	Rot.	9	95111
St. Vincent's	F. C. Curtzweiler	436	20,538	347	242	9,097	238	250FM	14	Rot.	14	58211
Toledo		319	14,693	469	282	39,378	...	250FM	20	Rot.	20	58311
WARREN												
Trumbull Memorial	R. A. Havill	271	16,360	353	167	33,341	...	250FM	12	Rot.	12	99011
YOUNGSTOWN												
St. Elizabeth	David Ginder	468	23,326	604	264	5,529	239	225FM	19	Rot.	19	58411
Youngstown	W. D. Loeser	702	27,821	748	467	174,344	...	250FM*	24	Rot.	24	58511
OKLAHOMA—Hospitals, 7; Internships, 94												
OKLAHOMA CITY												
Mercy Hospital-Oklahoma		197	10,129	349	131	32,303	240	250PM	10	Rot.	10	58611
City General	W. J. Dowling	355	16,922	479	178	41,537	...	207PM	12	Rot.	12	58711
St. Anthony	J. M. Farris	365	10,472	392	260	80,056	241	175PM	12	Rot.	12	58811
University Hospitals	J. M. White								6	Mixed ¹	6	58812
									4	Mixed ²	4	58813
									4	Mixed ³	4	58814
									3	St. Path.	3	58836
Veterans Administration		440	5,094	278	206	4,540	240	.....	4	St. Med.	4	58932
Wesley	C. W. Cathey	170	10,430	236	122	7,034	...	300PM	8	Rot.	8	59011
TULSA												
Hillcrest Medical Center	F. W. Pruitt	400	21,292	383	193	18,943	242	150FM	19	Rot.	19	59111
St. John's	H. A. Bennett	555	24,690	515	218	18,822	...	150FM*	12	Rot.	12	59211
OREGON—Hospitals, 7; Internships, 101												
EUGENE												
Sacred Heart General	W. I. Holcomb	180	12,578	283	229	9,055	...	250PM	8	Rot.	8	59311
PORTLAND												
Emanuel	Melvin W. Breese	331	17,800	442	263	17,755	...	250PM	14	Rot.	14	59411
	Mildred M. Thomas	300	15,424	362	204	9,385	...	250PM	15	Rot.	15	59511
Good Samaritan	J. O. Branford								1	St. Path.	1	59536
Portland Sanit. and Hospital	H. W. Halverson	152	10,324	215	123	10,852	...	200PM	9	Rot.	9	59611
Providence	J. E. Holland	272	13,628	331	211	16,613	243	250PM	12	Rot.	12	59711
St. Vincent	E. T. Livingstone	284	13,641	347	205	22,605	...	250PM	12	Rot.	12	59811
Univ. of Oregon Medical School Hospitals and Clinics	C. N. Holman	510	12,366	733	513	166,255	...	125FM	30	Rot.	30	59911
PENNSYLVANIA—Hospitals, 73; Internships, 885												
ABINGTON												
Abington Memorial	L. R. Schunacher	324	15,514	402	209	16,955	...	250FM*	12	Rot.	12	60011
ALLENTOWN												
Allentown	R. L. Schaeffer	453	17,951	561	283	23,513	...	225FM	14	Rot.	14	60111
Sacred Heart	E. K. Sipes	363	11,397	406	176	51,658	...	225FM*	10	Rot.	10	60211
ALTOONA												
Altoona	J. M. Stowell	276	11,800	418	179	16,322	...	300FM	12	Rot.	12	60311
Mercy	J. M. O'Leary	133	5,629	243	57	28,083	...	300FM	4	Rot.	4	60411
BETHLEHEM												
St. Luke's	W. L. Estes, Jr.	387	11,093	489	247	45,603	...	200FM*	12	Rot.	12	60511
BRISTOL												
Lower Bucks County	I. F. Erlichman	181	11,240	161	85	39,974	...	200FM*	8	Rot.	8	97411

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
PENNSYLVANIA—Continued												
BRYN MAWR												
Bryn Mawr	W. S. Parker	287	11,812	390	242	10,620	...	175FM	12	Rot.	12	60611
BUTLER												
Butler County Memorial	John F. Burn	216	9,913	257	51	7,590	...	300FM*	6	Rot.	6	98911
CHESTER												
Chester	A. H. Silvers	211	10,155	327	180	26,436	...	250FM	8	Rot.	8	60711
DANVILLE												
George F. Geisinger Memorial	W. I. Buchert	247	11,344	279	156	106,526	...	150FM	12	Rot.	12	60811
DARBY												
Thomas M. Fitzgerald-Mercy	W. J. Zintl	288	13,045	397	187	44,769	...	200FM	12	Rot.	12	60911
EASTON												
Easton	F. T. Clarke David Feinberg	215	9,012	413	236	35,051	...	200FM	10	Rot.	10	61011
ERIE												
Hamot	Joseph M. Faso	309	13,227	461	220	149,405	...	250FM	10	Rot.	10	61111
St. Vincent	H. J. McLaren	261	12,633	373	199	16,231	...	250FM	10	Rot.	10	61211
GREENSBURG												
Westmoreland	James A. Dull	236	10,541	373	127	42,931	...	350FM*	4	Rot.	4	61311
HARRISBURG												
Harrisburg	W. P. Dailey	511	21,596	830	472	60,542	...	200FM	24	Rot.	24	61411
Harrisburg Polyclinic	Wm. Bates	416	14,974	522	252	21,395	...	200FM	18	Rot.	18	61511
JOHNSTOWN												
Concunough Valley Memorial	Wm. Ayres	353	13,331	518	159	46,070	...	250FM	12	Rot.	12	61611
Mercy	D. C. Borecky	200	8,454	186	55	22,130	...	250FM*	6	Rot.	6	61611
LANCASTER												
Lancaster General	P. R. Davidson	368	17,885	521	262	66,528	...	200FM	12	Rot.	12	61811
St. Joseph	C. S. Stapinski	216	8,556	292	141	13,069	...	250FM	6	Rot.	6	61911
McKEESPORT												
McKeesport	W. J. Fetter	460	17,296	609	212	27,332	...	300FM	10	Rot.	10	62011
NATRONA HEIGHTS												
Allegheny Valley	G. F. Edmonston	186	11,329	314	91	6,500	...	300FM	4	Rot.	4	93611
NORRISTOWN												
Montgomery	S. C. Cariagno	159	8,904	235	100	51,910	...	250FM	6	Rot.	6	62111
Sacred Heart	Alan Dorian	156	9,152	210	76	36,005	...	250FM	6	Rot.	6	62211
PHILADELPHIA												
Albert Einstein Medical Center	H. Henry Moss	662	23,442	985	495	140,207	...	75FM	39	Rot.	39	63111
Northern Division	"Experience scheduled at both divisions"											
Southern Division												
Chestnut Hill	E. H. McGehee	120	6,527	137	100	46,801	...	250FM	6	Rot.	6	91011
Episcopal	C. S. Kambe	338	11,422	400	175	80,972	...	150FM	13	Rot.	13	62311
Frankford	W. T. Annon, Jr.	161	8,376	236	122	74,321	...	250FM*	8	Rot.	8	62411
Germanatown Dispensary Hosp.	N. F. Moury	273	9,958	485	190	56,002	...	150FM	12	Rot.	12	62511
Graduate Hospital of the University of Pennsylvania	Dick D. Harrell	269	8,262	204	180	63,159	246	100FM	12	Rot.	12	62611
Hahnemann Medical College and Hospital	H. A. Taggart	432	14,521	638	322	63,931	...	75FM	16	Rot.	16	62711
Hospital of University of Pennsylvania	H. M. Dana	675	23,586	643	457	162,038	...	42FM	32	Rot.	32	62811
Jefferson Medical College Hospital	John R. Griffith	766	24,072	662	332	90,522	...	50FM	32	Rot.	24	63011
Lankenau	A. P. Angelides	330	13,373	343	234	27,090	...	175FM	14	Rot.	12	63211
Memorial	F. E. Haentze	131	5,149	189	54	13,806	247	250FM	6	Rot.	6	63311
Mercy-Douglass	John W. Thomas	188	5,111	126	52	9,363	...	175FM	8	Rot.	8	63411
Methodist Episcopal	J. F. McCloskey	171	6,282	179	54	29,381	...	200FM*	8	Rot.	8	63511
Misericordia	Paul Lenahan	254	9,585	377	183	44,962	...	200FM	15	Rot.	15	63611
Nazareth	C. J. Schreuder	171	8,885	173	90	18,961	...	300FM	10	Rot.	10	63811
Northeastern	J. R. Minchart	114	4,556	143	53	23,800	248	...	6	Rot.	6	97511
Pennsylvania		326	13,579	403	260	142,970	249	NoneFM	18	Rot.	18	63911
Philadelphia General	E. J. Levitt	1,376	24,063	2,098	1,162	308,053	...	63FM	90	Rot.	90	64011
Presbyterian	F. C. Fetter	261	9,685	365	221	50,989	...	225FM	14	Rot.	14	64111
St. Agnes	J. J. Cuva	204	8,479	204	52	23,740	...	300FM*	8	Rot.	8	64211
St. Joseph's	T. J. Maye	170	7,449	163	86	18,108	...	300FM	6	Rot.	6	64311
St. Mary's Franciscan	A. M. Alberico	185	6,427	163	102	26,821	...	300	6	Rot.	6	64511
Woman's	H. E. diSilvestro	108	4,571	120	51	21,135	...	150FM	6	Rot.	6	64711
PITTSBURGH												
Allegheny General	R. A. Wolf	496	18,028	620	284	57,776	...	182FM	18	Rot.	18	64811
Health Center Hospitals-University of Pittsburgh School of Medicine		896	37,516	913	636	168,171	288	100FM	13	Rot.	13	65211
Mercy	C. C. Altman	561	15,655	608	335	86,782	...	225FM	12	Rot.	12	64911
Montefiore	P. J. Rosenthal	280	11,291	328	188	46,770	...	200FM	15	Rot.	15	65011
Pittsburgh	G. D. Patton	193	7,080	278	86	25,121	...	300FM	6	Rot.	6	65111
St. Francis Gen. Hosp. and Rehabilitation Institute	H. E. Borus	575	15,435	477	197	64,466	...	225FM	22	Rot.	22	88111
St. Joseph's Hospital & Dispensary	F. N. Tellow	129	6,482	178	59	12,447	...	400FM	6	Rot.	6	65511
St. Margaret Memorial	T. N. Meredith	125	4,364	130	72	14,890	...	300FM*	6	Rot.	6	65611
Shadyside	W. G. Watson	325	10,022	335	177	36,672	...	350FM	10	Rot.	10	65711
South Side	F. R. Franke	267	11,936	415	164	9,417	...	350FM	9	Rot.	9	65811
Western Pennsylvania	W. C. Wyeoff											
Reading	G. J. Rhodes	460	17,919	530	302	45,247	...	225FM	18	Rot.	18	65911
READING												
Reading	J. R. McShane	473	15,990	635	249	20,592	...	200FM	14	Rot.	14	66111
St. Joseph's	James Daly	207	8,842	327	164	38,130	...	250FM	6	Rot.	6	66211
SAYRE												
Robert Paeker	Wm. C. Beck	230	13,193	286	177	60,173	...	150FM*	12	Rot.	12	66411
SCRANTON												
Scranton State	James A. Kane	184	5,917	369	121	27,845	...	248FM	10	Rot.	10	66611
SEWICKLEY												
Sewickley Valley	J. R. Johnston III	182	8,101	289	122	34,469	...	300FM	8	Rot.	8	66711
UNIONTOWN												
Uniontown	W. R. McGee	238	9,275	492	144	197,852	...	350FM	5	Rot.	5	66811
WASHINGTON												
Washington	J. N. McMahan	279	12,305	408	147	95,659	...	325FM*	8	Rot.	8	66911
WEST CHESTER												
Chester County	Wm. Hewson	152	5,561	193	69	56,610	...	350FM*	6	Rot.	6	88211
WILKES-BARRE												
Mercy	Angelo L. Luchi	172	8,304	314	81	24,466	...	300FM	4	Rot.	4	67011
Wilkes-Barre General	S. L. Hudacek	270	11,344	481	153	20,869	...	300FM	10	Rot.	10	67111

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
PENNSYLVANIA—Continued												
WILKINSBURG												
Columbia	E. L. Waisbrot	208	7,829	283	100	17,355	...	300FM	6	Rot.	6	67211
WILLIAMSPORT												
Williamsport	W. D. Todhunter	262	11,224	386	165	29,569	...	225FM*	8	Rot.	8	67311
YORK												
York	Robert Evans	303	17,279	517	275	30,887	...	275PM	10	Rot.	10	67411
PUERTO RICO—Hospitals, 9; Internships, 121												
AGUADILLA												
Aguadilla District		209	6,605	224	153	20,469	...	150FM	10	Rot. ⁹	..	.....
ARECIBO												
Arecibo District	A. M. Somohano	221	8,176	265	171	27,824	...	150FM	15	Rot.	15	81811
CAPARRA HEIGHTS												
University District	R. M. Bryan	219	7,136	392	229	31,050	...	100FM	16	Rot. ⁹	..	.....
FAJARDO												
Fajardo District		...	...	...	...	...	...	...	12	Rot. ⁹	..	.....
PONCE												
Hospital de Damas	E. C. Yordan	116	5,906	92	35	4,769	...	100FM	7	Rot. ⁹	..	.....
Ponce District General	Americo Serra	328	9,838	548	356	36,457	...	100FM	16	Rot.	16	81911
RIO PIEDRAS												
Rio Piedras Municipal	P. J. Rullan	170	7,879	212	115	53,590	...	100PM	13	Rot. ⁹	..	.....
SAN JUAN												
Presbyterian	R. Jimenez	127	7,258	141	40	18,453	...	100FM	8	Rot. ⁹	..	.....
San Juan City	F. R. Morales	296	11,360	408	289	123,085	...	100FM	24	Rot. ⁹	..	.....
RHODE ISLAND—Hospitals, 6; Internships, 66												
NEWPORT												
Newport Hospital	A. M. Burgess	180	6,725	232	72	22,740	...	100FM*	8	Rot.	8	67511
PAWTUCKET												
Memorial	A. M. Burgess	200	9,978	357	157	11,340	...	200FM	8	Rot.	8	67611
PROVIDENCE												
Miriam	A. M. Burgess	166	6,478	189	72	15,719	250	175FM*	8	Rot.	8	95311
Rhode Island	Henry McCusker	540	20,903	993	402	50,341	250	100FM	20	Rot. ⁷	20	67711
Roger Williams General	Wm. H. Foley	196	9,526	331	69	6,163	...	200FM*	10	Rot.	10	67811
St. Joseph's	J. A. Hindle	227	7,964	347	83	16,511	251	150FM*	12	Rot.	12	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 96												
CHARLESTON												
Medical College of South Carolina Teaching Hospitals (Roper and Medical College Hospitals)	Cheves Smythe	484	23,936	652	320	75,707	252	125FM	32	Rot.	24	68011
COLUMBIA												
Columbia	H. H. DuBose	400	18,770	495	140	70,524	...	175FM*	15	Rot.	15	68111
FLORENCE												
McLeod Infirmary	N. B. Baroody	158	8,893	320	102	19,061	...	250FM	6	Rot.	6	68211
GREENVILLE												
Greenville General	T. E. Whitaker	487	22,518	650	229	59,034	...	250None	24	Rot.	24	68311
ORANGEBURG												
Orangeburg Regional	H. L. Tuten	176	7,227	252	62	15,026	...	250FM*	4	Rot.	4	68411
SPARTANBURG												
Spartanburg General	F. P. Champion	318	15,726	458	129	63,923	...	325PM	15	Rot.	15	68511
SOUTH DAKOTA—Hospitals, 3; Internships, 19												
SIoux FALLS												
McKenna	R. J. Quinn	187	10,154	225	92	8,899	...	150FM	7	Rot.	7	68611
Sioux Valley	R. E. Nelson	166	9,623	268	108	8,807	...	150FM	7	Rot.	7	68711
YANKTON												
Sacred Heart	J. T. Tidd	159	5,261	191	48	6,985	...	225FM	5	Rot.	5	68811
TENNESSEE—Hospitals, 15; Internships, 260												
CHATTANOOGA												
Baroness Erlanger	R. Boatwright	434	20,302	607	317	39,389	253	300FM	14	Rot.	14	68911
KINGSPOrt												
Holston Valley Community	J. K. Maloy	278	12,599	270	108	26,234	...	345PM*	12	Rot. ⁹	..	.....
KNOXVILLE												
East Tennessee Baptist	J. C. Roberts, Jr.	230	14,434	248	82	5,152	254	200FM*	8	Rot.	8	69011
Fort Sanders Presbyterian	J. I. Garcia	166	7,406	173	52	5,471	255	250FM	8	Rot.	8	69111
St. Mary's Memorial	M. P. Feeher	280	13,494	321	118	1,219	...	225FM*	12	Rot. ⁹	..	.....
University of Tennessee Memorial Research Center and Hospital	J. A. Burdette	186	8,088	349	160	42,184	...	300FM	14	Rot. ⁹	..	.....
MEMPHIS												
Baptist Memorial	P. Milnor, Jr.	704	34,539	775	318	22,590	256	300FM	20	Rot.	20	69411
City of Memphis Hospitals	R. H. Patterson	532	23,576	1,321	892	179,718	257	150FM*	48	Rot. ⁹	..	.....
Methodist	J. C. Loughhead	338	19,409	344	104	26,716	258	300FM	15	Rot. ⁹	..	.....
St. Joseph	M. J. Roach, Jr.	244	11,917	312	109	21,123	...	300FM	12	Rot. ⁹	..	.....
NASHVILLE												
Baptist	F. C. Womack, Jr.	303	17,434	370	142	10,696	...	300FM	16	Rot.	16	69911
George W. Hubbard	J. M. Robinson	165	5,228	308	160	36,434	...	125FM*	14	Rot.	14	69811
Nashville General	L. W. Edwards	144	7,176	368	106	53,042	...	300FM*	12	Rot.	6	70011
St. Thomas	R. H. Kampmeier	215	13,762	312	119	18,065	259	300FM*	16	Rot.	16	70111
Vanderbilt University Hospital	J. L. Shapiro	333	12,787	432	257	83,740	260	50FM	4	Mixed 1-8	4	70120
									12	St. Med.	12	70232
									12	St. Surg.	12	70233
									8	St. Ped.	8	70234
									3	St. Path.	3	70236
TEXAS—Hospitals, 22; Internships, 347												
AUSTIN												
Brackenridge	R. R. Ross	204	10,148	353	157	37,906	...	175FM	14	Rot.	14	70411
CORPUS CHRISTI												
Memorial	G. Schuster III	219	14,926	365	123	42,708	261	125FM*	7	Rot.	7	70511

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Student (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
TEXAS—Continued												
DALLAS												
Baylor University Medical Center ..	R. Tompsett	539	30,113	586	278	89,207	262	200PM	18	Rot.	18	70611
									12	St. Med.	1	70632
									1	St. Surg.	1	70633
Children's Medical Center	Edward Pratt	87	4,188	96	73	58,246	...	125FM	4	St. Ped.	4	95534
Methodist	J. W. Davidson, Jr.	248	17,510	253	76	8,741	...	200FM*	16	Rot.	16	70711
Parkland Memorial	Ben Wilson	796	24,995	841	370	246,908	...	125PM	30	Rot.	30	70811
									10	St. Med.	10	70832
									2	St. Path.	2	70836
St. Paul	D. A. Sutherland	299	18,060	398	222	38,893	...	200FM	12	Rot.	10	70911
Veterans Admin.	Ben Friedman	558	6,088	372	306	4,096	263	.....	12	St. Med.	12	88732
EL PASO												
Hotel Dieu, Sisters'	J. C. Postlewaite	174	11,422	271	117	3,530	...	150FM	8	Rot.	8	95411
R. E. Thomason General	G. W. Iwen	152	4,867	259	206	42,621	...	200FM	8	Rot.	8	71011
FORT WORTH												
John Peter Smith	D. E. Neal	116	5,502	432	177	70,465	...	100PM	13	Rot.	13	71111
St. Joseph	W. S. Lohner, Jr.	259	16,120	354	136	20,885	264	200FM*	17	Rot.	17	71311
GALVESTON												
Univ. of Texas Medical Branch Hos- pitals		785	16,210	524	337	129,889	...	110FM	30	Rot.	30	71411
									6	St. Med.	6	71432
									1	St. Path.	1	71436
HOUSTON												
Baylor University College of Med- icine Hospitals	J. D. McMurrey	399	18,701	537	451	285,815	265	100FM	26	Rot.	26	71611
Jefferson Davis									6	St. Med.	6	71632
									4	St. Surg.	4	71633
									4	St. Ped.	4	71634
Methodist	D. L. Curb	323	15,403	312	219	55,674	266	75FM	8	Rot.	8	71711
									4	St. Med.	4	71732
									3	St. Surg.	3	71733
Hermann	L. J. Crozier	565	28,022	678	359	73,574	...	125FM*	18	Rot.	18	71511
Memorial	L. L. Hoaglin	354	20,400	317	111	9,545	...	195PM	8	Rot.	8	98211
Texas Children's	H. S. Rosenberg	78	5,702	151	134	9,855	...	75FM	1	St. Path.	1	83136
SAN ANTONIO												
San Antonio Baptist Memorial	Walter R. Cook	240	18,254	457	251	32,007	...	100FM*	10	Rot.	10	72111
Robert B. Green Memorial	John W. Simpson	186	8,979	483	276	69,468	...	100FM*	24	Rot.	24	72211
Santa Rosa	J. R. Shaeffer	351	22,844	590	291	32,046	...	200FM*	12	Rot.	12	72311
TEMPLE												
Scott and White Memorial	R. D. Haines	230	11,667	234	122	44,131	...	200FM	8	Rot.	8	72511
UTAH—Hospitals, 7; Internships, 98												
OGDEN												
St. Benedict's	W. P. Daines	166	7,648	134	79	13,905	...	225PM*	10	Rot.	10	72711
Thomas D. Dee Memorial	T. M. Feeny	156	10,719	226	146	2,991	...	275PM	12	Rot.	12	72811
SALT LAKE CITY												
Dr. W. H. Groves' Latter-Day Saints ..	T. W. Nielsen	348	21,592	569	283	16,229	267	225FM*	21	Rot.	21	72911
Holy Cross	C. M. Parrish	177	10,158	210	102	36,177	268	150FM*	8	Rot.	8	73011
St. Mark's	J. F. Waldo	220	12,656	249	153	3,185	...	250PM	12	Rot.?	12	73111
Univ. of Utah Affiliated Hospitals												
Salt Lake County General	F. H. Tyler	229	4,541	418	287	70,071	269	175PM*	14	Rot.	14	73211
									11	St. Med.	11	73232
									6	St. Surg.	6	73233
									4	St. Ped.	4	73234
Veterans Administration	Harold Brown	644	2,965	216	196	10,773	268	...	..	.....	..	.....
VERMONT—Hospitals, 2; Internships, 23												
BURLINGTON												
De Goesbriand Memorial	F. W. Van Buskirk	134	.....	177	97	30,930	...	100FM*	9	Rot.	9	73411
Mary Fletcher	E. L. Amidon	187	8,559	214	162	18,351	...	75FM	14	Rot.	14	73511
VIRGINIA—Hospitals, 16; Internships, 247												
ALEXANDRIA												
Alexandria	W. J. Weaver, Jr.	167	11,037	317	134	22,488	...	175PM	10	Rot.	10	73611
CHARLOTTESVILLE												
Univ. of Virginia Hospital	J. M. Stacey	387	15,283	535	285	83,815	270	50FM	12	Rot.	12	73711
									2	Mixed ¹	2	73720
									12	St. Med.	12	73732
									8	St. Surg.	8	73733
NEWPORT NEWS												
Mary Immaculate	T. W. Sale	103	6,337	126	49	4,327	...	150FM*	5	Rot.	5	89411
Riverside	E. L. Alexander, Jr.	213	10,016	253	89	11,923	...	200FM	10	Rot.	8	73911
NORFOLK												
De Paul	J. E. Johns, Jr.	243	13,932	269	201	75,849	...	200FM	12	Rot.	12	74011
Norfolk General	A. L. Haslup	281	13,898	471	200	24,636	...	150FM*	20	Rot.	20	74111
PETERSBURG												
Petersburg General	C. P. E. Burgwyn	272	11,197	307	113	6,273	...	250FM*	12	Rot.	12	99611
PORTSMOUTH												
Maryview	H. J. Breit	120	7,233	148	52	15,454	...	250FM*	8	Rot.	8	99711
RICHMOND												
Johnston-Willis	T. N. P. Johns	220	9,180	215	97	8,653	272	200FM	12	Rot.	12	74211
Medical College of Virginia Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Kinloch Nelson	950	26,788	992	564	95,595	...	100FM	40	Rot.	40	74311
									8	St. Med.	8	74332
									10	St. Surg.	10	74333
									2	St. Path.	2	74336
Richmond Memorial		338	16,457	335	138	7,837	...	250FM	18	Rot.	18	99811
Stuart Circle	C. Williams, Jr.	113	4,967	117	44	3,408	273	250FM	8	Rot.	8	74411
ROANOKE												
Jefferson		136	6,792	157	84	7,051	...	150FM	6	Mixed ²	6	74620
Lewis Gale	R. H. Jones, Jr.	158	5,995	158	63	76,884	...	275FM*	6	Rot.	6	74711
Roanoke Memorial	M. A. Johnson III	322	14,269	267	135	17,294	...	250FM*	20	Rot.	16	74811
WINCHESTER												
Winchester Memorial	Richard Hughes	229	11,293	288	155	9,477	...	250FM	6	Rot.	6	74911

Abbreviations and other references are listed on pages 656 and 657.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Autopsies	Outpatient Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
WASHINGTON—Hospitals, 15; Internships, 178												
SEATTLE												
Children's Orthopedic	Robert Aldrich	130	7,246	176	167	25,638	274	135FM	6	St. Ped.	6	99084
Doctors King County Unit No. 1 (Harborview)	H. V. Hartzell	188	12,589	252	121	1,282	275	200FM*	8	Rot.	8	75111
Providence	P. L. Peterson	487	12,263	1,031	698	121,739	...	106FM	32	Rot.	32	75211
St. Frances Xavier Cabrini	D. H. Coleman	237	14,942	385	160	5,135	...	250FM	12	Rot.	12	75311
Seattle General	Abby Franklin	106	7,357	145	101	...	275	200FM	6	Rot.	6	82311
Swedish	R. S. Mosiman	84	5,064	152	43	1,545	275	150FM*	5	Rot.	5	75411
University	J. M. V. Hagen	306	17,909	465	257	36,866	275	200FM*	16	Rot.	16	75511
	J. R. Hogness	...	576	37	32	3,445	...	130FM	7	Rot.	7	91820
									17	Mixed ¹⁻²⁻³⁻⁴	17	75611
Virginia Mason	R. P. Pillow	173	10,335	200	188	4,818	275	125FM*	10	Rot.	10	75611
SPOKANE												
Deaconess	T. E. Ludden	191	14,033	347	172	13,330	...	200FM*	12	Rot.	12	75711
Sacred Heart	P. Garbicki											
St. Luke's	G. E. Schnug	381	24,081	570	231	11,220	...	200FM*	15	Rot.	15	75811
	R. Lyuberg	154	7,346	214	75	...	277	200FM*	6	Rot.	6	75911
TACOMA												
Mountain View General	Robert Lane											
St. Joseph	C. Allison	134	5,230	435	186	26,363	...	220FM*	10	Rot.	10	76011
Tacoma General	E. A. Kanar	154	11,978	235	83	10,465	...	230FM	6	Rot.	6	76111
	R. R. Burt	184	10,255	310	159	13,743	278	150FM*	10	Rot.	10	76211
WEST VIRGINIA—Hospitals, 10; Internships, 92												
CHARLESTON												
Charleston General	J. V. McKenzie											
	W. McClung	193	9,128	224	95	11,072	...	200FM	10	Rot.	10	76411
Kanawha Valley Memorial	John C. Condry	99	5,353	103	28	2,583	...	200FM*	6	Rot.	6	76511
	W. E. Lawton	241	12,002	223	162	12,007	279	200FM*	11	Rot.	11	90211
HUNTINGTON												
Cabell Huntington	Wm. Bray	181	10,395	243	126	15,195	280	225FM	8	Rot.	8	97611
St. Mary's	R. A. Barnett	252	12,629	323	136	21,873	...	250FM*	14	Rot.	14	76611
PARKERSBURG												
Camden-Clark Memorial	S. W. Goff	175	8,526	292	86	9,297	...	150FM	6	Rot.	6	76711
St. Joseph's	J. H. Gile	189	9,355	249	62	16,511	...	150FM	6	Rot. ^b	...	...
WEIRTON												
Weirton General	G. Naymick	131	7,631	137	43	15,057	281	250FM	6	Rot.	6	99111
WHEELING												
Ohio Valley General	M. B. William	300	12,771	377	179	15,057	...	250FM	15	Rot.	15	76911
Wheeling	George M. Kellas	190	8,405	245	80	11,777	...	250FM	10	Rot.	10	77011
WISCONSIN—Hospitals, 21; Internships, 231												
EAU CLAIRE												
Luther	R. R. Richards	200	9,790	231	126	12,707	...	250FM	6	Rot.	6	77111
JANESVILLE												
Mercy	M. B. Llewellyn	152	8,300	215	72	4,791	...	150FM	5	Rot.	5	77311
LA CROSSE												
La Crosse Lutheran	S. B. Gundersen, Jr.	160	8,847	193	67	3,000	...	250FM	6	Rot.	6	77411
St. Francis	R. E. McMahon	195	10,187	277	103	31,863	...	200FM	8	Rot.	8	77511
MADISON												
Madison General	J. M. Wilkie	242	10,827	286	145	...	...	175FM*	14	Rot.	14	77611
Methodist	H. W. Mahaffey	110	4,798	126	72	3,275	...	150FM	5	Rot.	5	77711
St. Mary's	Dean M. Connors	229	10,948	258	146	3,539	...	200FM*	10	Rot.	10	77811
University Hospitals		507	14,488	400	327	67,732	...	75FM	12	Mixed ²	12	77983
									6	Mixed ¹	6	77984
									4	St. Ped.	4	77934
MARSHFIELD												
St. Joseph's	G. E. Magnin	199	11,495	297	165	3,619	...	250FM*	7	Rot.	7	78011
MILWAUKEE												
Evangelical Deaconess	R. S. Haukohl	233	...	332	139	2,306	283	220FM*	12	Rot.	12	78211
Milwaukee Children's	H. W. Hefke	126	6,851	100	33	34,312	284	245PM	2	St. Ped. ^b	...	...
Milwaukee County	H. M. Coon	511	19,789	1,383	699	141,590	...	162PM	36	Rot.	36	78411
Milwaukee	D. J. Carlson	280	11,257	247	142	43,502	285	256PM	12	Rot.	11	78511
Misericordia	John Haugh	146	9,338	166	82	910	...	245PM*	6	Rot.	6	89711
Mount Sinai	247	13,871	356	143	13,871	286	200FM	14	Rot.	14	78711	
St. Francis	J. M. Lubitz	214	10,130	248	81	2,941	...	200FM	12	Rot.	12	83211
St. Joseph's	318	15,448	318	196	19,170	287	245PM	12	Rot.	12	78811	
St. Luke's	A. J. Krygier	221	10,170	279	126	24,399	282	200FM*	12	Rot.	12	78911
St. Mary's	John D. Conway											
	M. J. Ciccantelli	172	7,097	230	139	8,943	291	245None	16	Rot.	16	79011
St. Michael	Norbert Bauch	224	10,200	228	92	11,494	...	200FM*	10	Rot.	10	79111
WAUSAU												
St. Mary's	J. D. Kramer	159	8,701	155	68	9,223	...	150FM	4	Rot.	4	79511

Abbreviations and other references are listed on pages 656 and 657.

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN THE DOMINION OF CANADA

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

This list, revised to July 1, 1960, was furnished by The Canadian Medical Association.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
Royal Columbian Hosp.	New Westminster, B. C.	Moose Jaw Union Hospital.	Moose Jaw, Sask.	St. Joseph's Hospital	Hamilton, Ont.
St. Paul's Hospital	Vancouver, B. C.	Regina General Hospital	Regina, Sask.	Hotel-Dieu Hospital	Kingston, Ont.
St. Vincent's Hospital	Vancouver, B. C.	Regina Grey Nuns' Hospital	Regina, Sask.	Kingston General Hospital	Kingston, Ont.
Vancouver General Hospital	Vancouver, B. C.	St. Paul's Hospital	Saskatoon, Sask.	Kitchener-Waterloo Hospital	Kitchener, Ont.
Royal Jubilee Hospital	Victoria, B. C.	Saskatoon City Hospital	Saskatoon, Sask.	St. Joseph's Hospital	London, Ont.
St. Joseph's Hospital	Victoria, B. C.	University Hospital	Saskatoon, Sask.	Victoria Hospital	London, Ont.
Calgary General Hospital	Calgary, Alta.	St. Boniface General Hosp.	St. Boniface, Man.	Oshawa General Hospital	Oshawa, Ont.
Holy Cross Hospital	Calgary, Alta.	Grace Hospital	Winnipeg, Man.	Ottawa Civic Hospital	Ottawa, Ont.
Edmonton General Hospital	Edmonton, Alta.	Misericordia Hospital	Winnipeg, Man.	Ottawa General Hospital	Ottawa, Ont.
Misericordia Hospital	Edmonton, Alta.	Winnipeg General Hospital	Winnipeg, Man.	Hop. St. Louis-Marie de Montfort	Ottawa, Ont.
Royal Alexandra Hospital	Edmonton, Alta.	McKellar General Hospital	Fort William, Ont.	Gen. Hosp. of Port Arthur	Port Arthur, Ont.
University of Alberta Hosp.	Edmonton, Alta.	Hamilton General Hospital	Hamilton, Ont.	St. Joseph's General Hosp.	Port Arthur, Ont.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
St. Catharines Gen. Hosp.	St. Catharines, Ont.	Hotel-Dieu of St. Joseph	Windsor, Ont.	Hôpital du Saint-Sacrement	Quebec, Que.
St. Joseph's Hospital	Sarnia, Ont.	Métropolitain General Hospital	Windsor, Ont.	Hôpital St. Francois d'Assise	Quebec, Que.
St. Thomas Elgin Gen. Hosp.	St. Thomas, Ont.	Hotel-Dieu Saint-Vallier	Chicoutimi, Que.	Hôtel-Dieu de Quebec	Quebec, Que.
Sarnia General Hospital	Sarnia, Ont.	Hôpital du Sacre Coeur	Montreal, Que.	Jeffery Hale's Hospital	Quebec, Que.
Scarborough Gen. Hosp.	Scarborough, Ont.	Hôpital St. Luc	Montreal, Que.	Hôp. Gen. St. Vin. de Paul	Sherbrooke, Que.
Sudbury General Hospital	Sudbury, Ont.	Hôtel-Dieu de Montreal	Montreal, Que.	Hôtel-Dieu de Sherbrooke	Sherbrooke, Que.
New Mount Sinai Hospital	Toronto, Ont.	Jewish General Hospital	Montreal, Que.	Sherbrooke Hospital	Sherbrooke, Que.
St. Joseph's Hospital	Toronto, Ont.	Maisonneuve Hospital	Montreal, Que.	Hôpital St. Joseph	Trois Rivières, Que.
St. Michael's Hospital	Toronto, Ont.	Montreal General Hospital	Montreal, Que.	Hôpital General de Verdun	Verdun, Que.
Toronto E. Gen. & Ortho. Hosp.	Toronto, Ont.	Notre-Dame Hospital	Montreal, Que.	Victoria Public Hospital	Fredericton, N. B.
Toronto General Hospital	Toronto, Ont.	Queen Elizabeth Hospital	Montreal, Que.	Moneton Hospital	Moncton, N. B.
Toronto Western Hospital	Toronto, Ont.	Royal Victoria Hospital	Montreal, Que.	Saint John General Hosp.	Saint John, N. B.
Wellesley Hospital	Toronto, Ont.	Reddy Men. Hosp. (Westmount)	Montreal, Que.	Halifax Infirmary	Halifax, N. S.
Women's College Hospital	Toronto, Ont.	St. Mary's Hospital	Montreal, Que.	Victoria General Hospital	Halifax, N. S.
Grace Hospital	Windsor, Ont.	Hôpital de l'Enfant-Jesus	Quebec, Que.	St. John's General Hospital	St. John's, Nfld.

ABBREVIATIONS AND NOTES

FM	Full maintenance	5.	Pathology major component of mixed internship
PM	Partial maintenance	6.	Psychiatry major component of mixed internship
*	Variation in stipend or maintenance for married intern	7.	May include appointments beyond 12 months
St.	Straight	8.	Internship equivalent included in 2-year Family Practice Program
1.	Medicine major component of mixed internship	9.	Hospital does not participate in N.I.M.P.
2.	Surgery major component of mixed internship	10.	Mixed internship is first year of approved 2-year program in General Practice
3.	Obstetrics major component of mixed internship		
4.	Pediatrics major component of mixed internship		

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

100.	Children's Hospital, Birmingham, Ala.	165.	Beverly Hospital, Beverly, Mass.; Beth Israel Hospital, Boston, Mass.; Mount Auburn Hospital, Cambridge, Mass.; Salem Hospital, Salem, Mass.
101.	Crippled Children's Clinic and Hospital, Veterans Administration Hospital, Birmingham, Ala.	166.	Boston City Hospital, Boston, Mass.; Veterans Administration Hospital, Providence, R. I.
102.	Maricopa County General Hospital, Phoenix, Ariz.	167.	Eastern Maine General Hospital, Bangor, Maine; Central Maine General Hospital, Lewiston, Maine; Burbank Hospital, Fitchburg, Mass.
103.	Pima County General Hospital, Tucson, Ariz.	168.	Boston Floating Hospital, Boston, Mass.
104.	Arkansas Children's Hospital, Little Rock, Ark.	169.	Boston City Hospital, St. Margaret's Hospital, Boston, Mass.
105.	Veterans Administration Hospital, Little Rock, Ark.	170.	Sturdy Memorial Hospital, Attleboro, Mass.; Fall River General Hospital, Fall River, Mass.
106.	Children's Hospital of East Bay, Highland-Alameda County Hospital, Oakland, Calif.	171.	Pittsfield General Hospital, Pittsfield, Mass.
107.	Los Angeles County Hospital, Los Angeles, Calif.	172.	Wesson Maternity Hospital, Springfield, Mass.
108.	California Babies and Children's Hospital, Los Angeles; Santa Monica Hospital, Santa Monica, Calif.	173.	St. Joseph Mercy Hospital, Ann Arbor, Mich.; Mercy Hospital, Benton Harbor, Mich.; McLaren General Hospital, Flint, Mich.; Midland Hospital, Midland, Mich.; Saginaw General Hospital, Saginaw, Mich.; Beyer Memorial Hospital, Ypsilanti, Mich.
109.	Children's Hospital, Los Angeles, Calif.	174.	Herman Kiefer Hospital, Detroit, Mich.; Wayne County General Hospital and Infirmary, Eloise, Mich.
110.	Los Angeles County Hospital, University Hospital, Los Angeles; Harbor General Hospital, Torrance, Calif.	175.	Children's Hospital, Receiving Hospital, Detroit, Mich.
111.	Fairmont Hospital of Alameda County, San Leandro, Calif.	176.	St. Joseph's Retreat, Dearborn, Mich.; Wayne County General Hospital and Infirmary, Eloise, Mich.
112.	Mary's Help Hospital, San Francisco, Calif.	177.	Herman Kiefer Hospital, Detroit, Mich.
113.	Children's Hospital, Mary's Help Hospital, San Francisco; Southern Pacific Hospital and Sanatorium, Tucson, Ariz.	178.	Children's Hospital, Detroit, Mich.
114.	Children's Hospital, St. Luke's Hospital, San Francisco, Calif.	179.	Children's Hospital, Lafayette Clinic, Detroit, Mich.
115.	Santa Barbara General Hospital, Santa Barbara, Calif.	180.	Hurley Hospital, Flint, Mich.
116.	California Hospital, Los Angeles, Calif.	181.	Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich.
117.	Children's Hospital, University of Colorado Medical Center, Denver, Colo.	182.	Children's Hospital, Receiving Hospital, Detroit, Mich.; Wayne County General Hospital, Eloise, Mich.
118.	Children's Hospital, Denver General Hospital, Denver, Colo.	183.	Ingham Chest Hospital, Lansing, Mich.
119.	Children's Hospital, Denver, Colo.	184.	Pontiac State Hospital, Pontiac, Mich.
120.	Hospital of St. Raphael, New Haven, Conn.	185.	Miller Memorial Hospital, Duluth, Minn.
121.	Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn.	186.	St. Barnabas Hospital, Minneapolis, Minn.
122.	DeWitt Army Hospital, Ft. Belvoir, Va.	187.	Anoka State Hospital, Anoka, Minn.; Children's Hospital, St. Paul, Minn.
123.	Children's Hospital, Washington, D. C.	188.	Children's Hospital, Gillette State Hospital for Crippled Children, St. Paul, Minn.
124.	Arlington Hospital, Arlington, Va.	189.	North Memorial Hospital, Robbinsdale, Minn.; Children's Hospital, Gillette State Hospital for Crippled Children, St. Paul, Minn.
125.	District of Columbia General Hospital, Washington, D. C.	190.	Children's Hospital, St. Paul, Minn.
126.	Children's Hospital, District of Columbia General Hospital, Washington, D. C.	191.	University of Kansas Medical Center, Kansas City, Mo.
127.	Duval Medical Center, Jacksonville, Fla.	192.	Children's Mercy Hospital, Kansas City, Mo.
128.	Variety Children's Hospital, Miami, Fla.	193.	Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.
129.	Our Lady of Angels Hospital, Pensacola, Fla.	194.	St. Louis City Hospital, St. Louis, Mo.
130.	Mercy Hospital, St. Petersburg, Fla.	195.	St. Louis Children's Hospital, St. Louis, Mo.
131.	Clara Frye Memorial Hospital, Tampa, Fla.	196.	St. Louis County Hospital, Clayton, Mo.; St. Louis Maternity Hospital, St. Louis, Mo.
132.	Jackson Memorial Hospital, Miami, Fla.	197.	Children's Memorial Hospital, Douglas County Hospital, Omaha, Neb.
133.	Athens General Hospital, Athens, Ga.	198.	Douglas County Hospital, Omaha, Neb.
134.	Grady Memorial Hospital, Atlanta, Ga.	199.	Children's Memorial Hospital, Omaha, Neb.
135.	Veterans Administration Hospital, Atlanta, Ga.	200.	Children's Seashore Home, Atlantic City, N. J.; Clyde Fish Memorial Hospital, Northfield, N. J.; Betty Bacharach Home for Crippled Children, Longport, N. J.
136.	Battley State Hospital, Rome, Ga.	201.	St. Elizabeth Hospital, Elizabeth, N. J.; St. Peter's General Hospital, New Brunswick, N. J.
137.	Maluhia Hospital, Honolulu, Hawaii	202.	Homer G. Phillips Hospital, St. Louis, Mo.
138.	Oak Forest Infirmary, Oak Forest, Ill.	203.	Margaret Hague Maternity Hospital, Jersey City, N. J.
139.	Children's Memorial Hospital, Chicago, Ill.	204.	St. Michael's Hospital, Newark, N. J.
140.	Cook County Hospital, Frank Cuneo Memorial Hospital, Chicago, Ill.	205.	Babies Hospital, Newark, N. J.
141.	Mercy Hospital, Chicago, Ill.	206.	Roosevelt Hospital for Chest Diseases, Metuchen, N. J.
142.	Illinois Masonic Hospital, Chicago, Ill.	207.	Hackensack Hospital, Hackensack, N. J.; Passaic General Hospital, Passaic, N. J.; Nathan and Miriam Barnert Memorial Hospital, Paterson, N. J.; Perth Amboy General Hospital, Perth Amboy, N. J.
143.	Macon County Tuberculosis Sanitarium, Decatur, Ill.	208.	A. N. Brady Hospital, Albany, N. Y.
144.	St. Joseph's Hospital, St. Luke's Hospital, Presbyterian Hospital, Porter Sanatorium and Hospital, Denver, Colo.	209.	Children's Hospital, Buffalo, N. Y.
145.	Denver General Hospital, Denver, Colo.	210.	Georgetown University Hospital, Washington, D. C.
146.	Marion County General Hospital, Indianapolis, Ind.	211.	City Hospital of Elmhurst, Elmhurst, N. Y.
147.	Booth Memorial Hospital, Des Moines, Iowa	212.	Mt. Sinai Hospital, New York City
148.	Children's Mercy Hospital, Kansas City, Mo.	213.	Knieckerbocker Hospital, New York City
149.	Sedgwick County Hospital, Wichita, Kans.	214.	French Hospital, New York City
150.	Booth Memorial Hospital, Sedgwick County Hospital, Wichita, Kans.	215.	Jewish Hospital, Brooklyn, N. Y.
151.	Children's Hospital, Louisville, Ky.	216.	Lincoln Hospital, New York City
152.	Louisville General Hospital, Louisville, Ky.		
153.	Lallic Kemp Charity Hospital, Independence, La.		
154.	Sara Mayo Hospital, New Orleans, La.		
155.	Charity Hospital of Louisiana, New Orleans, La.		
156.	Confederate Memorial Medical Center, Shreveport, La.		
157.	Johns Hopkins Hospital, Baltimore, Md.		
158.	University Hospital, Baltimore, Md.		
159.	Peninsula General Hospital, Salisbury, Md.		
160.	Baltimore City Hospitals, Baltimore, Md.		
161.	Hospital for Women, Baltimore, Md.		
162.	Boston City Hospital, Boston, Mass.		
163.	New England Central Hospital, Boston, Mass.; Mount Auburn Hospital, Cambridge, Mass.		
164.	St. Margaret's Hospital, Boston, Mass.		

- 217. Hunterdon Medical Center, Flemington, N. J.
- 218. St. Catherine's Hospital, Brooklyn, N. Y.
- 219. Staten Island Hospital, St. Vincent's Hospital, Staten Island, N. Y.
- 220. Strong Memorial Hospital, Rochester, N. Y.
- 221. Veterans Administration Hospital, Batavia, N. Y.; Genesee Hospital, Highland Hospital, Rochester General Hospital, Rochester State Hospital, Rochester, N. Y.
- 222. Homer Folks Tuberculosis Hospital, Oneonta, N. Y.
- 223. Veterans Administration Hospital, Durham, N. C.
- 224. Children's Hospital, Akron, Ohio
- 225. Children's Hospital, Cincinnati, Ohio
- 226. Daniel Drake Memorial Hospital, Dunham Hospital, Cincinnati, Ohio
- 227. Cleveland Metropolitan General Hospital, St. Alexis Hospital, Cleveland, Ohio
- 228. St. Vincent's Charity Hospital, Cleveland, Ohio
- 229. St. Ann's Hospital, Cleveland, Ohio
- 230. Children's Hospital, Columbus, Ohio
- 231. Children's Hospital, Columbus Psychiatric Institute and Hospital, Ohio Tuberculosis Hospital, Columbus, Ohio
- 232. Children's Hospital, Columbus, Ohio
- 233. Cleveland Clinic Foundation Hospital, Cleveland, Ohio
- 234. Fort Hamilton Hospital, Hamilton, Ohio
- 235. Lima State Hospital, Lima, Ohio
- 236. St. Vincent's Charity Hospital, Cleveland, Ohio
- 237. Children's Hospital, Toledo, Ohio
- 238. Maumee Valley Hospital, Toledo State and Receiving Hospitals, William Roche Memorial Hospital, Toledo, Ohio
- 239. Mahoning Tuberculosis Sanatorium, Woodside Receiving Hospital, Youngstown, Ohio
- 240. University of Oklahoma Hospitals, Oklahoma City, Okla.
- 241. Veterans Administration Hospital, Oklahoma City, Okla.
- 242. Children's Medical Center, Tulsa, Okla.
- 243. St. Vincent's Hospital, Portland, Oreg.
- 244. Morrisania City Hospital, New York City; Charles V. Chapin Hospital, Providence, R. I.
- 245. Springfield Hospital, Wesson Maternity Hospital, Springfield, Mass.
- 246. Hospital of the University of Pennsylvania, Philadelphia, Pa.
- 247. Germantown Dispensary and Hospital, Philadelphia Psychiatric Hospital, Philadelphia, Pa.
- 248. St. Christopher's Hospital for Children, Philadelphia, Pa.
- 249. Children's Hospital, Philadelphia, Pa.
- 250. Providence Lying-In Hospital, Providence, R. I.
- 251. Our Lady of Fatima Hospital, Providence, R. I.
- 252. St. Francis Xavier Hospital, Charleston, S. C.
- 253. T. C. Thompson Children's Hospital, Chattanooga, Tenn.
- 254. University of Tennessee Memorial Research Center and Hospital, Knoxville, Tenn.
- 255. University of Tennessee Memorial Research Center and Hospital, East Tennessee Children's Hospital, Knoxville, Tenn.
- 256. Le Bonheur Children's Hospital, Memphis, Tenn.
- 257. Baptist Memorial Hospital, Campbell Clinic and Hospital, Le Bonheur Children's Hospital, Methodist Hospital, St. Joseph's Hospital, Veterans Administration Hospital (Kennedy), West Tennessee Tuberculosis Hospital, Memphis, Tenn.
- 258. John Gaston Hospital, Le Bonheur Hospital, West Tennessee Tuberculosis Hospital, Memphis, Tenn.
- 259. Nashville General Hospital, Nashville, Tenn.
- 260. Veterans Administration Hospital, Nashville, Tenn.
- 261. Driscoll Foundation Children's Hospital, Corpus Christi, Tex.
- 262. Children's Medical Center, Dallas, Tex.
- 263. Children's Medical Center, Parkland Memorial Hospital, Dallas, Tex.
- 265. Texas Children's Hospital, Houston, Tex.
- 266. Jefferson Davis Hospital, Texas Children's Hospital, St. Luke's Episcopal Hospital, Houston, Tex.
- 267. Primary Children's Hospital, Salt Lake City, Utah
- 268. Salt Lake County General Hospital, Salt Lake City, Utah
- 269. Veterans Administration Hospital, Salt Lake City, Utah
- 270. Blue Ridge Sanatorium, Charlottesville, Va.; Lynchburg General Hospital, Lynchburg, Va.; Kings Daughters Hospital, Staunton, Va.
- 271. DePaul Hospital, Norfolk, Va.; U. S. Naval Hospital, Portsmouth, Va.
- 272. Medical College of Virginia, Hospital Division, Tucker Hospital, Richmond, Va.
- 273. Medical College of Virginia, Hospital Division, Richmond, Va.
- 274. Madigan Army Hospital, Tacoma, Wash.
- 275. Children's Orthopedic Hospital, Seattle, Wash.
- 276. Fort Defiance Indian Hospital, Fort Defiance, Ariz.; U. S. Army Hospital, Fort Lawton, Wash.
- 277. Booth Memorial Hospital, Fairchild Air Force Base Hospital, Spokane, Wash.
- 278. Mary Bridge Children's Hospital, Tacoma, Wash.
- 279. Salvation Army Maternity Hospital, Charleston, W. Va.
- 280. Veterans Administration Hospital, Huntington, W. Va.
- 281. Ohio Valley General Hospital, Wheeling, W. Va.
- 282. Milwaukee Children's Hospital, Milwaukee, Wis.
- 283. Milwaukee County Hospital, Milwaukee, Wis.
- 284. Milwaukee Hospital, St. Joseph's Hospital, Martha Washington Home, Milwaukee, Wis.
- 285. Milwaukee Children's Hospital, Martha Washington Home, Milwaukee, Wis.
- 286. Johnston Municipal Hospital, Milwaukee County Hospital, Milwaukee Children's Hospital, Milwaukee, Wis.
- 287. Milwaukee County General Hospital, St. Michael Hospital, Milwaukee, Wis.
- 288. Children's Hospital, Elizabeth Steel Magee Hospital, Eye and Ear Hospital, Presbyterian Hospital-Woman's Hospital, Pittsburgh, Pa.
- 289. Memorial Center for Cancer and Allied Diseases, New York City
- 290. University Hospital, New York City
- 291. Milwaukee Children's Hospital, Emergency Unit of Milwaukee County General Hospital, Milwaukee, Wis.
- 292. Escambia General Hospital, Pensacola, Fla.

APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING GENERAL

Number of Approved Programs, 805

FEDERAL

UNITED STATES ARMY

- Letterman General Hospital..... San Francisco
- Fitzsimons General Hospital..... Denver, Colo.
- Walter Reed General Hospital..... Washington, D. C.
- Martin Army Hospital..... Fort Benning, Ga.
- Tripler Army Hospital..... Honolulu, Hawaii
- Ireland Army Hospital..... Fort Knox, Ky.
- Womack Army Hospital..... Fort Bragg, N. C.
- William Beaumont General Hospital..... El Paso, Texas
- Brooke General Hospital, Ft. Sam Houston..... San Antonio, Texas
- Madigan General Hospital..... Tacoma, Wash.

UNITED STATES AIR FORCE

- U. S. Air Force Hospital..... San Antonio, Texas

UNITED STATES NAVY

- U. S. Naval Hospital..... Oakland, Calif.
- U. S. Naval Hospital..... Oceanside, Calif.
- U. S. Naval Hospital..... San Diego, Calif.
- U. S. Naval Hospital..... Jacksonville, Fla.
- U. S. Naval Hospital..... Pensacola, Fla.
- U. S. Naval Hospital..... Great Lakes, Ill.
- U. S. Naval Hospital..... Bethesda, Md.
- U. S. Naval Hospital..... Chelsea, Mass.
- U. S. Naval Hospital, St. Albans..... New York City
- U. S. Naval Hospital..... Philadelphia
- U. S. Naval Hospital..... Newport, R. I.
- U. S. Naval Hospital..... Charleston, S. C.
- U. S. Naval Hospital..... Portsmouth, Va.
- U. S. Naval Hospital..... Bremerton, Wash.

UNITED STATES PUBLIC HEALTH SERVICE

- U. S. Public Health Service Hospital..... San Francisco
- U. S. Public Health Service Hospital..... New Orleans
- U. S. Public Health Service Hospital..... Baltimore
- U. S. Public Health Service Hospital..... Boston
- U. S. Public Health Service Hospital, Staten Island..... New York City
- U. S. Public Health Service Hospital..... Norfolk, Va.
- U. S. Public Health Service Hospital..... Seattle

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

- Freedmen's Hospital..... Washington, D. C.
- St. Elizabeth's Hospital..... Washington, D. C.

VETERANS ADMINISTRATION

- Veterans Admin. Hospital..... Los Angeles
- Veterans Admin. Hospital..... Salt Lake City

OTHER FEDERAL

- Gorgas Hospital..... Balboa Heights, Canal Zone

NONFEDERAL

- Birmingham Baptist Hospitals..... Birmingham, Ala.
- Carraway Methodist Hospital..... Birmingham, Ala.
- St. Vincent Hospital..... Birmingham, Ala.
- University Hospital and Hillman Clinic..... Birmingham, Ala.
- Lloyd Noland Hospital..... Fairfield, Ala.
- Mobile General Hospital..... Mobile, Ala.
- Good Samaritan Hospital..... Phoenix, Ariz.
- Maricopa County General Hospital..... Phoenix, Ariz.
- St. Joseph's Hospital..... Phoenix, Ariz.
- St. Mary's Hospital..... Tucson, Ariz.
- Tucson Medical Center..... Tucson, Ariz.
- Arkansas Baptist Hospital..... Little Rock, Ark.
- St. Vincent Infirmary..... Little Rock, Ark.
- University Hospital..... Little Rock, Ark.
- General Hospital of Riverside County..... Arlington, Calif.
- Kern County General Hospital..... Bakersfield, Calif.
- Herrick Memorial Hospital..... Berkeley, Calif.
- General Hospital of Fresno County..... Fresno, Calif.
- Glendale Sanitarium and Hospital..... Glendale, Calif.
- Loma Linda Sanitarium and Hospital..... Loma Linda, Calif.
- Memorial Hospital of Long Beach..... Long Beach, Calif.
- St. Mary's Long Beach Hospital..... Long Beach, Calif.
- California Hospital..... Los Angeles
- Cedars of Lebanon Hospital..... Los Angeles
- Hospital of the Good Samaritan..... Los Angeles
- Los Angeles County Hospital..... Los Angeles
- Presbyterian Hospital-Olmsted Memorial..... Los Angeles
- Queen of Angels Hospital..... Los Angeles
- St. Vincent's Hospital..... Los Angeles

NONFEDERAL—Continued

Santa Fe Coast Lines Hospital	Los Angeles
White Memorial Hospital	Los Angeles
Highland-Alameda County Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Kaiser Foundation Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
Presbyterian Medical Center	San Francisco
St. Joseph's Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco General Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
Santa Monica Hospital	Santa Monica, Calif.
San Joaquin General Hospital	Stockton, Calif.
Harbor General Hospital	Torrance, Calif.
Parrose Hospital	Colorado Springs, Colo.
Colorado General Hospital	Denver
Denver General Hospital	Denver
General Rose Memorial Hospital	Denver
Mercy Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
Weld County General Hospital	Greeley, Colo.
St. Mary-Corwin Hospital	Pueblo, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Bristol Hospital	Bristol, Conn.
Danbury Hospital	Danbury, Conn.
Griffin Hospital	Derby, Conn.
Greenwich Hospital	Greenwich, Conn.
Hartford Hospital	Hartford, Conn.
Hartford Municipal Hospital and Health Center	Hartford, Conn.
Mount Sinai Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Manchester Memorial Hospital	Manchester, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Memorial Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.
Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
District of Columbia General Hospital	Washington, D. C.
Doctors Hospital	Washington, D. C.
George Washington University Hospital	Washington, D. C.
Providence Hospital	Washington, D. C.
Stibley Memorial Hospital	Washington, D. C.
Washington Hospital Center	Washington, D. C.
Washington Sanitarium and Hospital	Washington, D. C.
Baptist Memorial Hospital	Jacksonville, Fla.
Brewster Methodist Hospital	Jacksonville, Fla.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Baptist Hospital	Pensacola, Fla.
Sacred Heart Hospital	Pensacola, Fla.
Mound Park Hospital	St. Petersburg, Fla.
Tampa General Hospital	Tampa, Fla.
Good Samaritan Hospital	West Palm Beach, Fla.
St. Mary's Hospital	West Palm Beach, Fla.
Athens General Hospital	Athens, Ga.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta, Ga.
Georgia Baptist Hospital	Atlanta, Ga.
Grady Memorial Hospital	Atlanta, Ga.
Piedmont Hospital	Atlanta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
University Hospital	Augusta, Ga.
Medical Center	Columbus, Ga.
Macon Hospital	Macon, Ga.
Floyd Hospital	Rome, Ga.
Memorial Hospital of Chatham County	Savannah, Ga.
Kuakini Hospital	Honolulu, Hawaii
Queen's Hospital	Honolulu, Hawaii
St. Francis Hospital	Honolulu, Hawaii
MacNeal Memorial Hospital	Berwyn, Ill.
St. Francis Hospital	Blue Island, Ill.
American Hospital	Chicago
Augustana Hospital	Chicago
Chicago Wesley Memorial Hospital	Chicago
Columbus Hospital	Chicago
Cook County Hospital	Chicago
Edgewater Hospital	Chicago

NONFEDERAL—Continued

Englewood Hospital	Chicago
Evangelical Hospital	Chicago
Grant Hospital	Chicago
Hospital of St. Anthony de Padua	Chicago
Illinois Central Hospital	Chicago
Illinois Masonic Hospital	Chicago
Jackson Park Hospital	Chicago
Loretto Hospital	Chicago
Lutheran Deaconess Hospital	Chicago
Mercy Hospital	Chicago
Michael Reese Hospital	Chicago
Mount Sinai Hospital	Chicago
Norwegian-American Hospital	Chicago
Passavant Memorial Hospital	Chicago
Presbyterian-St. Luke's Hospital	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
Resurrection Hospital	Chicago
St. Anne's Hospital	Chicago
St. Bernard's Hospital	Chicago
St. Elizabeth's Hospital	Chicago
St. Joseph Hospital	Chicago
St. Mary of Nazareth Hospital	Chicago
South Chicago Community Hospital	Chicago
South Shore Hospital	Chicago
Swedish Covenant Hospital	Chicago
University of Chicago Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Woodlawn Hospital	Chicago
Decatur and Macon County Hospital	Decatur, Ill.
Evanson Hospital	Evanson, Ill.
St. Francis Hospital	Evanson, Ill.
Little Company of Mary Hospital	Evergreen Park, Ill.
Hinsdale Sanitarium and Hospital	Hinsdale, Ill.
Oak Park Hospital	Oak Park, Ill.
Oak Park Hospital	Oak Park, Ill.
Methodist Hospital of Central Illinois	Peoria, Ill.
St. Francis Hospital	Peoria, Ill.
Rockford Memorial Hospital	Rockford, Ill.
St. Anthony Hospital	Rockford, Ill.
Swedish-American Hospital	Rockford, Ill.
St. Catherine Hospital	East Chicago, Ind.
St. Mary's Hospital	Evansville, Ind.
Lutheran Hospital	Fort Wayne, Ind.
Methodist Hospital	Gary, Ind.
St. Mary Mercy Hospital	Gary, Ind.
St. Margaret Hospital	Hammond, Ind.
Indiana University Medical Center	Indianapolis
Marion County General Hospital	Indianapolis
Methodist Hospital	Indianapolis
St. Vincent's Hospital	Indianapolis
St. Elizabeth Hospital	Lafayette, Ind.
Ball Memorial Hospital	Muncie, Ind.
Memorial Hospital	South Bend, Ind.
St. Joseph's Hospital	South Bend, Ind.
Mercy Hospital	Cedar Rapids, Iowa
St. Luke's Methodist Hospital	Cedar Rapids, Iowa
Broadlawn Polk County Hospital	Des Moines, Iowa
Iowa Lutheran Hospital	Des Moines, Iowa
Iowa Methodist Hospital	Des Moines, Iowa
Mercy Hospital	Des Moines, Iowa
State University of Iowa Hospitals	Iowa City, Iowa
Bethany Hospital	Kansas City, Kan.
St. Margaret's Hospital	Kansas City, Kan.
University of Kansas Medical Center	Kansas City, Kan.
St. Francis Hospital	Wichita, Kan.
Wesley Hospital	Wichita, Kan.
Wichita-St. Joseph Hospital	Wichita, Kan.
St. Elizabeth Hospital	Covington, Ky.
Good Samaritan Hospital	Lexington, Ky.
St. Joseph Hospital	Lexington, Ky.
Kentucky Baptist Hospital	Louisville, Ky.
Louisville General Hospital	Louisville, Ky.
Norton Memorial Infirmary	Louisville, Ky.
St. Anthony Hospital	Louisville, Ky.
St. Joseph Infirmary	Louisville, Ky.
SS. Mary and Elizabeth Hospital	Louisville, Ky.
Charity Hospital of Louisiana	New Orleans
Hotel Dieu	New Orleans
Mercy Hospital	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
Confederate Memorial Medical Center	Shreveport, La.
Doctors' Hospital and Research Foundation	Shreveport, La.
Highland Hospital	Shreveport, La.
T. E. Schumpert Memorial Sanitarium	Shreveport, La.
Eastern Maine General Hospital	Bangor, Maine
Central Maine General Hospital	Lewiston, Maine
Maine Medical Center	Portland, Maine
Baltimore City Hospitals	Baltimore
Bon Secours Hospital	Baltimore
Church Home and Hospital	Baltimore
Franklin Square Hospital	Baltimore
Lutheran Hospital	Baltimore
Maryland General Hospital	Baltimore
Mercy Hospital	Baltimore
Provident Hospital	Baltimore
St. Agnes Hospital	Baltimore
St. Joseph's Hospital	Baltimore
Sinai Hospital	Baltimore
South Baltimore General Hospital	Baltimore
Unlon Memorial Hospital	Baltimore
University Hospital	Baltimore
Suburban Hospital	Bethesda, Md.
Prince George's General Hospital	Cheverly, Md.
Washington County Hospital	Hagerstown, Md.

NONFEDERAL—Continued

NONFEDERAL—Continued

Beverly Hospital.....	Beverly, Mass.	St. James Hospital.....	Butte, Mont.
Carney Hospital.....	Boston	Bryan Memorial Hospital.....	Lincoln, Neb.
New England Hospital.....	Boston	Lincoln General Hospital.....	Lincoln, Neb.
St. Elizabeth's Hospital.....	Boston	St. Elizabeth Hospital.....	Lincoln, Neb.
Brockton Hospital.....	Brockton, Mass.	Bishop Clarkson Memorial Hospital.....	Omaha
Cambridge City Hospital.....	Cambridge, Mass.	Creighton Memorial St. Joseph Hospital.....	Omaha
Truesdale Hospital.....	Fall River, Mass.	Immanuel Hospital.....	Omaha
Union Hospital.....	Fall River, Mass.	Nebraska Methodist Hospital.....	Omaha
Framingham Union Hospital.....	Framingham, Mass.	St. Catherine's Hospital.....	Omaha
Holyoke Hospital.....	Holyoke, Mass.	University of Nebraska Hospital.....	Omaha
Providence Hospital.....	Holyoke, Mass.	Mary Huchcock Memorial Hospital.....	Hanover, N. H.
Lawrence General Hospital.....	Lawrence, Mass.	Atlantic City Hospital.....	Atlantic City, N. J.
Lowell General Hospital.....	Lowell, Mass.	Bayonne Hospital and Dispensary.....	Bayonne, N. J.
St. John's Hospital.....	Lowell, Mass.	Cooper Hospital.....	Camden, N. J.
St. Joseph's Hospital.....	Lowell, Mass.	Our Lady of Lourdes Hospital.....	Camden, N. J.
Lynn Hospital.....	Lynn, Mass.	West Jersey Hospital.....	Camden, N. J.
Malden Hospital.....	Malden, Mass.	East Orange General Hospital.....	East Orange, N. J.
Bon Secours Hospital.....	Methuen, Mass.	Alexian Brothers Hospital.....	Elizabeth, N. J.
St. Luke's Hospital.....	New Bedford, Mass.	Elizabeth General Hospital and Dispensary.....	Elizabeth, N. J.
Newton-Wellesley Hospital.....	Newton Lower Falls, Mass.	St. Elizabeth Hospital.....	Elizabeth, N. J.
Pittsfield General Hospital.....	Pittsfield, Mass.	Englewood Hospital.....	Englewood, N. J.
St. Luke's Hospital.....	Pittsfield, Mass.	Hackensack Hospital.....	Hackensack, N. J.
Quincy City Hospital.....	Quincy, Mass.	St. Mary's Hospital.....	Hoboken, N. J.
Salem Hospital.....	Salem, Mass.	Christ Hospital.....	Jersey City, N. J.
Mercy Hospital.....	Springfield, Mass.	Jersey City Hospital.....	Jersey City, N. J.
Springfield Hospital.....	Springfield, Mass.	St. Francis Hospital.....	Jersey City, N. J.
Wesson Memorial Hospital.....	Springfield, Mass.	Monmouth Medical Center.....	Long Branch, N. J.
Waltham Hospital.....	Waltham, Mass.	Mountainside Hospital.....	Montclair, N. J.
Memorial Hospital.....	Worcester, Mass.	All Souls Hospital.....	Morristown, N. J.
St. Vincent Hospital.....	Worcester, Mass.	Morristown Memorial Hospital.....	Morristown, N. J.
Worcester City Hospital.....	Worcester, Mass.	Fitkin Memorial Hospital.....	Neptune, N. J.
St. Joseph Mercy Hospital.....	Ann Arbor, Mich.	Harrison S. Martland Medical Center.....	Newark, N. J.
University Hospital.....	Ann Arbor, Mich.	Newark Beth Israel Hospital.....	Newark, N. J.
Community Hospital.....	Battle Creek, Mich.	Presbyterian Hospital.....	Newark, N. J.
Lella Y. Post Montgomery Hospital.....	Battle Creek, Mich.	St. Barnabas Medical Center.....	Newark, N. J.
Mercy Hospital.....	Benton Harbor, Mich.	St. Michael's Hospital.....	Newark, N. J.
Oakwood Hospital.....	Dearborn, Mich.	Middlesex General Hospital.....	New Brunswick, N. J.
Detroit Memorial Hospital.....	Detroit	St. Peter's General Hospital.....	New Brunswick, N. J.
Evangelical Deaconess Hospital.....	Detroit	Orange Memorial Hospital.....	Orange, N. J.
Grace Hospital.....	Detroit	Bergen Pines County Hospital.....	Paramus, N. J.
Harper Hospital.....	Detroit	Passaic General Hospital.....	Passaic, N. J.
Henry Ford Hospital.....	Detroit	St. Mary's Hospital.....	Passaic, N. J.
Mount Carmel Mercy Hospital.....	Detroit	Barnert Memorial Hospital.....	Paterson, N. J.
Providence Hospital.....	Detroit	Paterson General Hospital.....	Paterson, N. J.
Receiving Hospital.....	Detroit	St. Joseph Hospital.....	Paterson, N. J.
St. John Hospital.....	Detroit	Perth Amboy General Hospital.....	Perth Amboy, N. J.
St. Joseph Mercy Hospital.....	Detroit	Muhlenberg Hospital.....	Plainfield, N. J.
Sinai Hospital.....	Detroit	Somerset Hospital.....	Somerville, N. J.
Woman's Hospital.....	Detroit	Overlook Hospital.....	Summit, N. J.
Wayne County General Hospital and Infirmary.....	Eloise, Mich.	Holy Name Hospital.....	Teaneck, N. J.
Hurley Hospital.....	Flint, Mich.	Helene Fuld Hospital.....	Trenton, N. J.
McLaren General Hospital.....	Flint, Mich.	Mercer Hospital.....	Trenton, N. J.
St. Joseph Hospital.....	Flint, Mich.	St. Francis Hospital.....	Trenton, N. J.
Blodgett Memorial Hospital.....	Grand Rapids, Mich.	Bernalillo County-Indian Hospital.....	Albuquerque, N. M.
Butterworth Hospital.....	Grand Rapids, Mich.	Albany Hospital.....	Albany, N. Y.
St. Mary's Hospital.....	Grand Rapids, Mich.	Memorial Hospital.....	Albany, N. Y.
Bon Secours Hospital.....	Grosse Pointe, Mich.	St. Peter's Hospital.....	Albany, N. Y.
Highland Park General Hospital.....	Highland Park, Mich.	Binghamton General Hospital.....	Binghamton, N. Y.
Borgess Hospital.....	Kalamazoo, Mich.	Lawrence Hospital.....	Bronxville, N. Y.
Bronson Methodist Hospital.....	Kalamazoo, Mich.	Buffalo General Hospital.....	Buffalo
Edward W. Sparrow Hospital.....	Lansing, Mich.	Deaconess Hospital.....	Buffalo
St. Lawrence Hospital.....	Lansing, Mich.	Edward J. Meyer Memorial Hospital.....	Buffalo
Midland Hospital.....	Midland, Mich.	Mercy Hospital.....	Buffalo
Hackley Hospital.....	Muskegon, Mich.	Mildard Fillmore Hospital.....	Buffalo
Pontiac General Hospital.....	Pontiac, Mich.	Sisters of Charity Hospitals.....	Buffalo
St. Joseph Mercy Hospital.....	Pontiac, Mich.	Mary Imogene Bassett Hospital.....	Cooperstown, N. Y.
William Beaumont Hospital.....	Royal Oak, Mich.	Arnot Ogden Memorial Hospital.....	Elmira, N. Y.
Saginaw General Hospital.....	Saginaw, Mich.	St. Joseph's Hospital.....	Elmira, N. Y.
St. Luke's Hospital.....	Saginaw, Mich.	Community Hospital.....	Glen Cove, N. Y.
St. Mary's Hospital.....	Saginaw, Mich.	Glens Falls Hospital.....	Glens Falls, N. Y.
James Decker Munson Hospital.....	Traverse City, Mich.	Meadowbrook Hospital.....	Hempstead, N. Y.
St. Luke's Hospital.....	Duluth, Minn.	Charles S. Wilson Memorial Hospital.....	Johnson City, N. Y.
St. Mary's Hospital.....	Duluth, Minn.	Kenmore Mercy Hospital.....	Kenmore, N. Y.
Methodist Hospital.....	Minneapolis	Nassau Hospital.....	Mincola, N. Y.
Minneapolis General Hospital.....	Minneapolis	Northern Westchester Hospital.....	Mt. Kisco, N. Y.
Mount Sinai Hospital.....	Minneapolis	Mount Vernon Hospital.....	Mount Vernon, N. Y.
Northwestern Hospital.....	Minneapolis	St. Luke's Hospital.....	Newburgh, N. Y.
St. Barnabas Hospital.....	Minneapolis	New Rochelle Hospital.....	New Rochelle, N. Y.
St. Mary's Hospital.....	Minneapolis	Bellevue Hospital Center.....	New York City
Swedish Hospital.....	Minneapolis	Beth-El Hospital, Brooklyn.....	New York City
Ancker Hospital.....	St. Paul	Beth Israel Hospital.....	New York City
Bethesda Lutheran Hospital.....	St. Paul	Booth Memorial Hospital, Flushing.....	New York City
Charles T. Miller Hospital.....	St. Paul	Bronx Hospital.....	New York City
St. Joseph's Hospital.....	St. Paul	Brooklyn Hospital, Brooklyn.....	New York City
St. Luke's Hospital.....	St. Paul	City Hospital at Elmhurst.....	New York City
Mississippi Baptist Hospital.....	Jackson, Miss.	Columbus Hospital.....	New York City
University Hospital.....	Jackson, Miss.	Coney Island Hospital, Brooklyn.....	New York City
St. Louis County Hospital.....	Clayton, Mo.	Cumberland Hospital, Brooklyn.....	New York City
Kansas City General Hospital.....	Kansas City, Mo.	Flushing Hospital and Dispensary, Flushing.....	New York City
Memorial Medical Center.....	Kansas City, Mo.	Fordham Hospital.....	New York City
Research Hospital.....	Kansas City, Mo.	French Hospital.....	New York City
St. Joseph Hospital.....	Kansas City, Mo.	Grand Central Hospital.....	New York City
St. Luke's Hospital.....	Kansas City, Mo.	Greenpoint Hospital, Brooklyn.....	New York City
St. Mary's Hospital.....	Kansas City, Mo.	Hartem Hospital.....	New York City
Trinity Lutheran Hospital.....	Kansas City, Mo.	Hospital for Joint Diseases.....	New York City
Missouri Methodist Hospital.....	St. Joseph, Mo.	Jamaica Hospital, Jamaica.....	New York City
St. Joseph's Hospital.....	St. Joseph, Mo.	Jewish Hospital, Brooklyn.....	New York City
Deaconess Hospital.....	St. Louis	Jewish Memorial Hospital.....	New York City
De Paul Hospital.....	St. Louis	Kings County Hospital Center, Brooklyn.....	New York City
Homer G. Phillips Hospital.....	St. Louis	Knickerbocker Hospital.....	New York City
Jewish Hospital.....	St. Louis	Lebanon Hospital.....	New York City
Missouri Baptist Hospital.....	St. Louis	Lenox Hill Hospital.....	New York City
St. John's Hospital.....	St. Louis	Lincoln Hospital.....	New York City
St. Louis City Hospital.....	St. Louis	Long Island College Hospital, Brooklyn.....	New York City
St. Luke's Hospital.....	St. Louis	Long Island Jewish Hospital, New Hyde Park.....	New York City
St. Mary's Group of Hospitals of St. Louis University.....	St. Louis	Lutheran Hospital, Brooklyn.....	New York City

NONFEDERAL—Continued

Lutheran Medical Center, Brooklyn	New York City
Maimonides Hospital, Brooklyn	New York City
Mary Immaculate Hospital, Jamaica	New York City
Methodist Hospital, Brooklyn	New York City
Misericordia Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
Prospect Heights Hospital, Brooklyn	New York City
Queens Hospital Center, Jamaica	New York City
St. Catherine's Hospital, Brooklyn	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. John's Episcopal Hospital, Brooklyn	New York City
St. John's Long Island City Hospital, Long Island City	New York City
St. Mary's Hospital, Brooklyn	New York City
St. Vincent's Hospital, Staten Island	New York City
St. Vincent's Hospital, Staten Island	New York City
Staten Island Hospital, Staten Island	New York City
Sydenham Hospital	New York City
Unity Hospital, Brooklyn	New York City
Wyckoff Heights Hospital, Brooklyn	New York City
Mount St. Mary's Hospital	Niagara Falls, N. Y.
Niagara Falls Memorial Hospital	Niagara Falls, N. Y.
United Hospital	Port Chester, N. Y.
St. Francis Hospital	Poughkeepsie, N. Y.
Vassar Brothers Hospital	Poughkeepsie, N. Y.
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
St. Mary's Hospital	Rochester, N. Y.
Ellis Hospital	Schenectady, N. Y.
St. Clare's Hospital	Schenectady, N. Y.
St. Joseph's Hospital	Syracuse, N. Y.
State University of New York Upstate Medical Center Hospitals	Syracuse, N. Y.
Leonard Hospital	Troy, N. Y.
St. Mary's Hospital	Troy, N. Y.
Samaritan Hospital	Troy, N. Y.
White Plains Hospital	White Plains, N. Y.
St. John's Riverside Hospital	Yonkers, N. Y.
St. Joseph's Hospital	Yonkers, N. Y.
Yonkers General Hospital	Yonkers, N. Y.
Memorial Mission Hospital of Western North Carolina	Asheville, N. C.
Watts Hospital	Durham, N. C.
Moses H. Cone Memorial Hospital	Greensboro, N. C.
Rex Hospital	Raleigh, N. C.
James Walker Memorial Hospital	Wilmington, N. C.
City Memorial Hospital	Winston-Salem, N. C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N. C.
St. John's Hospital	Fargo, N. D.
St. Luke's Hospital	Fargo, N. D.
Akron City Hospital	Akron, Ohio
Akron General Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Barberton Citizens Hospital	Barberton, Ohio
Aultman Hospital	Canton, Ohio
Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati
Cincinnati General Hospital	Cincinnati
Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
Cleveland Clinic Hospital	Cleveland
Cleveland Metropolitan General Hospital	Cleveland
Evangelical Deaconess Hospital	Cleveland
Fairview Park Hospital	Cleveland
Huron Road Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
University Hospitals	Cleveland
Doctors Hospital	Cleveland Heights, Ohio
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
University Hospitals	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth Hospital	Dayton, Ohio
Elyria Memorial Hospital	Elyria, Ohio
Euclid-Glenville Hospital	Euclid, Ohio
Marymount Hospital	Garfield Heights, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospital	Lima, Ohio
St. Joseph Hospital	Lorain, Ohio
Mercy Hospital	Springfield, Ohio
Springfield City Hospital	Springfield, Ohio
Ohio Valley Hospital	Steubenville, Ohio
Flower Hospital	Toledo, Ohio
Maumee Valley Hospital	Toledo, Ohio
Mercy Hospital	Toledo, Ohio
Riverside Hospital	Toledo, Ohio
St. Charles Hospital	Toledo, Ohio
St. Vincent's Hospital	Toledo, Ohio
Toledo Hospital	Toledo, Ohio
Trumbull Memorial Hospital	Warren, Ohio
St. Elizabeth Hospital	Youngstown, Ohio

NONFEDERAL—Continued

Youngstown Hospital	Youngstown, Ohio
Mercy Hospital—Oklahoma City General	Oklahoma City
St. Anthony Hospital	Oklahoma City
University Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Medical Center	Tulsa, Okla.
St. John's Hospital	Tulsa, Okla.
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore.
Providence Hospital	Portland, Ore.
St. Vincent Hospital	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Lower Bucks County Hospital	Bristol, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Butler County Memorial Hospital	Butler, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Thomas M. Fitzgerald—Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Eric, Pa.
St. Vincent Hospital	Eric, Pa.
Westmoreland Hospital	Greensburg, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Mercy Hospital	Johnstown, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Allegheny Valley Hospital	Natrona Heights, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.
Albert Einstein Medical Center	Philadelphia
Chestnut Hill Hospital	Philadelphia
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hospital of the University of Pennsylvania	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Jenkens Medical College Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Mercy-Douglass Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Nazareth Hospital	Philadelphia
Northeastern Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia
St. Joseph's Hospital	Philadelphia
St. Mary's Franciscan Hospital	Philadelphia
Woman's Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
St. Francis General Hospital and Rehabilitation Institute	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
St. Margaret Memorial Hospital	Pittsburgh
Shadyside Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Robert Packer Hospital	Sayre, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Chester County Hospital	West Chester, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkesburg, Pa.
Williamsport Hospital	Williamsport, Pa.
York Hospital	York, Pa.
Aguadilla District Hospital	Aguadilla, P. R.
Arecibo District Hospital	Arecibo, P. R.
University Hospital	Caparra Heights, P. R.
Fajardo District Hospital	Fajardo, P. R.
Hospital de Damas	Ponce, P. R.
Ponce District General Hospital	Ponce, P. R.
Rio Piedras Municipal Hospital	Rio Piedras, P. R.
Presbyterian Hospital	San Juan, P. R.
San Juan City Hospital	San Juan, P. R.
Newport Hospital	Newport, R. I.
Memorial Hospital	Pawtucket, R. I.
Miriam Hospital	Providence, R. I.
Rhode Island Hospital	Providence, R. I.
Roger Williams General Hospital	Providence, R. I.
St. Joseph's Hospital	Providence, R. I.
Medical College South Carolina Teaching Hospitals	Charleston, S. C.
Columbia Hospital	Columbia, S. C.

NONFEDERAL—Continued

MIXED

Number of Approved Programs, 34

McLeod Infirmary	Florence, S. C.	University Hospital	Little Rock, Ark.
Greenville General Hospital	Greenville, S. C.	French Hospital	San Francisco
Orangeburg Regional Hospital	Orangeburg, S. C.	San Francisco General Hospital	San Francisco
Spartanburg General Hospital	Spartanburg, S. C.	Georgetown University Hospital	Washington, D. C.
McKenna Hospital	Sioux Falls, S. D.	University of Kansas Medical Center	Kansas City, Kan.
Sioux Valley Hospital	Sioux Falls, S. D.	Baltimore City Hospitals	Baltimore
Sacred Heart Hospital	Yankton, S. D.	Hospital for Women	Baltimore
Baroness Erlanger Hospital	Chattanooga, Tenn.	Mount Auburn Hospital	Cambridge, Mass.
Holston Valley Community Hospital	Kingsport, Tenn.	Jewish Hospital	St. Louis, Mo.
East Tennessee Baptist Hospital	Knoxville, Tenn.	Lutheran Hospital	St. Louis, Mo.
Fort Sanders Presbyterian Hospital	Knoxville, Tenn.	Bellevue Hospital Center	New York City
St. Mary's Memorial Hospital	Knoxville, Tenn.	Division I—Medical—Columbia University	New York City
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.	Bellevue Hospital Center	New York City
Baptist Memorial Hospital	Memphis, Tenn.	Division II—Medical—Cornell University	New York City
City of Memphis Hospitals (John Gaston Hospital)	Memphis, Tenn.	Kings County Hospital Center, Brooklyn	New York City
Methodist Hospital	Memphis, Tenn.	Long Island College Hospital, Brooklyn	New York City
St. Joseph Hospital	Memphis, Tenn.	Maimonides Hospital, Brooklyn	New York City
Baptist Hospital	Nashville, Tenn.	Montefiore Hospital	New York City
George W. Hubbard Hospital	Nashville, Tenn.	Roosevelt Hospital	New York City
Nashville General Hospital	Nashville, Tenn.	St. Luke's Hospital	New York City
St. Thomas Hospital	Nashville, Tenn.	Genesee Hospital	Rochester, N. Y.
Brackenridge Hospital	Nashville, Tenn.	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
Memorial Hospital	Austin, Tex.	General Hospital	Syracuse, N. Y.
Baylor University Medical Center	Corpus Christi, Tex.	St. Joseph's Hospital	Syracuse, N. Y.
Methodist Hospital	Dallas, Tex.	State University of New York	Syracuse, N. Y.
Parkland Memorial Hospital	Dallas, Tex.	Upstate Medical Center Hospitals	Syracuse, N. Y.
St. Paul Hospital	Dallas, Tex.	Grasslands Hospital	Valhalla, N. Y.
Hotel Dieu Sisters' Hospital	El Paso, Tex.	North Carolina Memorial Hospital	Chapel Hill, N. C.
R. E. Thomson General Hospital	El Paso, Tex.	Duke Hospital	Durham, N. C.
John Peter Smith Hospital	Fort Worth, Tex.	Watts Hospital	Durham, N. C.
St. Joseph Hospital	Fort Worth, Tex.	North Carolina Baptist Hospital	Winston-Salem, N. C.
University of Texas Medical Branch Hospitals	Galveston, Tex.	Bethesda Hospital	Cincinnati, Ohio
Herman Hospital	Houston, Tex.	University Hospitals	Oklahoma City
Jefferson Davis Hospital	Houston, Tex.	St. Thomas Hospital	Nashville, Tenn.
Memorial Hospital	Houston, Tex.	University of Virginia Hospital	Charlottesville, Va.
Methodist Hospital	Houston, Tex.	Jefferson Hospital	Roanoke, Va.
Baptist Memorial Hospital	San Antonio, Tex.	University Hospital	Seattle, Wash.
Robert B. Green Memorial Hospital	San Antonio, Tex.	University Hospitals	Madison, Wis.
Santa Rosa Hospital	San Antonio, Tex.		
Scott and White Memorial Hospital	Temple, Tex.		
St. Benedict's Hospital	Ogden, Utah		
Thomas D. Dee Memorial Hospital	Ogden, Utah		
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City		
Holy Cross Hospital	Salt Lake City		
St. Mark's Hospital	Salt Lake City		
Salt Lake County General Hospital	Salt Lake City		
DeGoesbriand Memorial Hospital	Burlington, Vt.		
Mary Fletcher Hospital	Burlington, Vt.		
Alexandria Hospital	Alexandria, Va.		
University of Virginia Hospital	Charlottesville, Va.		
Mary Immaculate Hospital	Newport News, Va.		
Riverside Hospital	Newport News, Va.		
DePaul Hospital	Norfolk, Va.		
Norfolk General Hospital	Norfolk, Va.		
Petersburg General Hospital	Petersburg, Va.		
Maryview Hospital	Portsmouth, Va.		
Johnston-Willis Hospital	Richmond, Va.		
Medical College of Virginia Hospital Division	Richmond, Va.		
Richmond Memorial Hospital	Richmond, Va.		
Stuart Circle Hospital	Richmond, Va.		
Lewis Gale Hospital	Roanoke, Va.		
Roanoke Memorial Hospital	Roanoke, Va.		
Winchester Memorial Hospital	Winchester, Va.		
Doctors Hospital	Seattle		
King County Hospital (Harborview)	Seattle		
Providence Hospital	Seattle		
St. Frances Xavier Cabrini Hospital	Seattle		
Seattle General Hospital	Seattle		
Swedish Hospital	Seattle		
University Hospital	Seattle		
Virginia Mason Hospital	Seattle		
Deaconess Hospital	Spokane, Wash.		
Sacred Heart Hospital	Spokane, Wash.		
St. Luke's Hospital	Spokane, Wash.		
Mountain View General Hospital	Tacoma, Wash.		
St. Joseph Hospital	Tacoma, Wash.		
Tacoma General Hospital	Tacoma, Wash.		
Charleston General Hospital	Charleston, W. Va.		
Kanawha Valley Memorial Hospital	Charleston, W. Va.		
Memorial Hospital	Charleston, W. Va.		
Cabell Huntington Hospital	Huntington, W. Va.		
St. Mary's Hospital	Huntington, W. Va.		
Camden-Clark Memorial Hospital	Parkersburg, W. Va.		
St. Joseph's Hospital	Parkersburg, W. Va.		
Weirton General Hospital	Weirton, W. Va.		
Ohio Valley General Hospital	Wheeling, W. Va.		
Wheeling Hospital	Wheeling, W. Va.		
Luther Hospital	Eau Claire, Wis.		
Mercy Hospital	Janesville, Wis.		
La Crosse Lutheran Hospital	La Crosse, Wis.		
St. Francis Hospital	La Crosse, Wis.		
Madison General Hospital	Madison, Wis.		
Methodist Hospital	Madison, Wis.		
St. Mary's Hospital	Madison, Wis.		
St. Joseph's Hospital	Marshfield, Wis.		
Evangelical Deaconess Hospital	Milwaukee		
Milwaukee County Hospital	Milwaukee		
Milwaukee Hospital	Milwaukee		
Misericordia Hospital	Milwaukee		
Mount Sinai Hospital	Milwaukee		
St. Francis Hospital	Milwaukee		
St. Joseph's Hospital	Milwaukee		
St. Luke's Hospital	Milwaukee		
St. Mary's Hospital	Milwaukee		
St. Michael Hospital	Milwaukee		
St. Mary's Hospital	Wausau, Wis.		
Veterans Admin. Hospital	Los Angeles		
Veterans Admin. Hospital	Atlanta, Ga.		
Veterans Admin. Hospital	Oklahoma City		
Veterans Admin. Hospital	Dallas		
Veterans Admin. Hospital	Salt Lake City		
University Hospital and Hillman Clinic	Birmingham, Ala.		
University Hospital	Little Rock, Ark.		
Los Angeles County Hospital	Los Angeles		
University of California Hospital	Los Angeles		
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.		
University of California Hospitals	San Francisco		
Grace-New Haven Community Hospital	New Haven, Conn.		
Georgetown University Hospital	Washington, D. C.		
University of Florida Teaching Hospital and Clinics	Gainesville, Fla.		
Jackson Memorial Hospital	Miami, Fla.		
Emory University Hospital	Atlanta, Ga.		
Grady Memorial Hospital	Atlanta, Ga.		
Eugene Talmadge Memorial Hospital	Augusta, Ga.		
Michael Reese Hospital	Chicago		
Indiana University Medical Center	Indianapolis		
University of Kansas Medical Center	Kansas City, Kan.		
Louisville General Hospital	Louisville, Ky.		
Ochsner Foundation Hospital	New Orleans		
Baltimore City Hospitals	Baltimore		
Church Home and Hospital	Baltimore		
Johns Hopkins Hospital	Baltimore		
Sinal Hospital	Baltimore		
University Hospital	Baltimore		
Beth Israel Hospital	Boston		
Boston City Hospital	Boston		
Massachusetts General Hospital	Boston		
Massachusetts Memorial Hospitals	Boston		
New England Center Hospital	Boston		
Peter Bent Brigham Hospital	Boston		
Northwestern Hospital	Minneapolis		
University of Minnesota Hospitals	Minneapolis		
Barnes Hospital	St. Louis, Mo.		
St. Louis City Hospital	St. Louis, Mo.		
St. Mary's Group of Hospitals of St. Louis University	St. Louis, Mo.		
Jersey City Hospital	Jersey City		
Albany Hospital	Albany, N. Y.		
Buffalo General Hospital	Buffalo		
Mary Imogene Bassett Hospital	Cooperstown, N. Y.		
Bellevue Hospital Center	New York City		
Division I—Medical—Cornell University	New York City		
Bellevue Hospital Center	New York City		
Division III, IV—Medical—New York University	New York City		
College of Medicine	New York City		
Bronx Municipal Hospital Center	New York City		
Jewish Hospital, Brooklyn	New York City		
Kings County Hospital Center, Brooklyn	New York City		
Knickerbocker Hospital	New York City		
Long Island College Hospital, Brooklyn	New York City		
Maimonides Hospital, Brooklyn	New York City		
Methodist Hospital, Brooklyn	New York City		
New York Hospital	New York City		
Presbyterian Hospital	New York City		
St. Clare's Hospital	New York City		
St. Vincent's Hospital	New York City		
Genesee Hospital	Rochester, N. Y.		
Highland Hospital	Rochester, N. Y.		

STRAIGHT

Total Number of Approved Programs, 248

INTERNAL MEDICINE

Number of Approved Programs, 76

Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Atlanta, Ga.
Veterans Admin. Hospital	Oklahoma City
Veterans Admin. Hospital	Dallas
Veterans Admin. Hospital	Salt Lake City
University Hospital and Hillman Clinic	Birmingham, Ala.
University Hospital	Little Rock, Ark.
Los Angeles County Hospital	Los Angeles
University of California Hospital	Los Angeles
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Georgetown University Hospital	Washington, D. C.
University of Florida Teaching Hospital and Clinics	Gainesville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Emory University Hospital	Atlanta, Ga.
Grady Memorial Hospital	Atlanta, Ga.
Eugene Talmadge Memorial Hospital	Augusta, Ga.
Michael Reese Hospital	Chicago
Indiana University Medical Center	Indianapolis
University of Kansas Medical Center	Kansas City, Kan.
Louisville General Hospital	Louisville, Ky.
Ochsner Foundation Hospital	New Orleans
Baltimore City Hospitals	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Sinal Hospital	Baltimore
University Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis, Mo.
St. Louis City Hospital	St. Louis, Mo.
St. Mary's Group of Hospitals of St. Louis University	St. Louis, Mo.
Jersey City Hospital	Jersey City
Albany Hospital	Albany, N. Y.
Buffalo General Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Bellevue Hospital Center	New York City
Division I—Medical—Cornell University	New York City
Bellevue Hospital Center	New York City
Division III, IV—Medical—New York University	New York City
College of Medicine	New York City
Bronx Municipal Hospital Center	New York City
Jewish Hospital, Brooklyn	New York City
Kings County Hospital Center, Brooklyn	New York City
Knickerbocker Hospital	New York City
Long Island College Hospital, Brooklyn	New York City
Maimonides Hospital, Brooklyn	New York City
Methodist Hospital, Brooklyn	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Clare's Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.

INTERNAL MEDICINE—Continued

Rochester General Hospital.....	Rochester, N. Y.
Strong Memorial—Rochester Municipal Hospitals.....	Rochester, N. Y.
State University of New York Upstate Medical Center Hospitals.....	Syracuse, N. Y.
North Carolina Memorial Hospital.....	Chapel Hill, N. C.
Duke Hospital.....	Durham, N. C.
Watts Hospital.....	Durham, N. C.
North Carolina Baptist Hospital.....	Winston-Salem, N. C.
Cleveland Metropolitan General Hospital.....	Cleveland, Ohio
University Hospitals.....	Cleveland, Ohio
University Hospitals.....	Columbus, Ohio
Vanderbilt University Hospital.....	Nashville, Tenn.
Baylor University Medical Center.....	Dallas
Parkland Memorial Hospital.....	Dallas
University of Texas Medical Branch Hospitals.....	Galveston
Jefferson Davis Hospital.....	Houston
Methodist Hospital.....	Houston
Salt Lake County General Hospital.....	Salt Lake City
University of Virginia Hospital.....	Charlottesville, Va.
Medical College of Virginia Hospital Division.....	Richmond, Va.

PATHOLOGY

Number of Approved Programs, 35

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University Hospital.....	Little Rock, Ark.
University of California Hospital.....	Los Angeles
University of California Hospitals.....	San Francisco
Grace-New Haven Community Hospital.....	New Haven, Conn.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Emory University Hospital.....	Atlanta, Ga.
University of Kansas Medical Center.....	Kansas City, Kan.
Louisville General Hospital.....	Louisville, Ky.
Johns Hopkins Hospital.....	Baltimore
Boston City Hospital.....	Boston
Childrens Hospital Medical Center.....	Boston
Massachusetts General Hospital.....	Boston
Massachusetts Memorial Hospitals.....	Boston
University of Missouri Medical Center.....	Columbia, Mo.
Barnes Hospital.....	St. Louis, Mo.
Jersey City Hospital.....	Jersey City
Bellevue Hospital Center, Division III—Pathology— New York University College of Medicine.....	New York City
Kings County Hospital Center, Brooklyn.....	New York City
New York Hospital.....	New York City
Presbyterian Hospital.....	New York City
Genesee Hospital.....	Rochester, N. Y.
Strong Memorial—Rochester Municipal Hospitals.....	Rochester, N. Y.
State University of New York Upstate Medical Center Hospitals.....	Rochester, N. Y.
North Carolina Memorial Hospital.....	Chapel Hill, N. C.
Duke Hospital.....	Durham, N. C.
North Carolina Baptist Hospital.....	Winston-Salem, N. C.
University Hospitals.....	Cleveland
University Hospitals.....	Oklahoma City
Good Samaritan Hospital.....	Portland, Ore.
Vanderbilt University Hospital.....	Nashville, Tenn.
Parkland Memorial Hospital.....	Dallas
University of Texas Medical Branch Hospitals.....	Galveston
Texas Children's Hospital.....	Houston
Medical College of Virginia—Hospital Division.....	Richmond, Va.

PEDIATRICS

Number of Approved Programs, 56

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University Hospital.....	Little Rock, Ark.
Childrens Hospital.....	Los Angeles
University of California Hospital.....	Los Angeles
University of California Hospitals.....	San Francisco
Colorado General Hospital.....	Denver
Grace-New Haven Community Hospital.....	New Haven, Conn.
University of Florida—Teaching Hospital and Clinics.....	Gainesville, Fla.
Jackson Memorial Hospital.....	Miami, Fla.
Grady Memorial Hospital.....	Atlanta, Ga.
Michael Reese Hospital.....	Chicago
University of Chicago Clinics.....	Chicago
University of Kansas Medical Center.....	Kansas City, Kan.
Louisville General Hospital.....	Louisville, Ky.
Baltimore City Hospitals.....	Baltimore
Johns Hopkins Hospital.....	Baltimore
Sinal Hospital.....	Baltimore
University Hospital.....	Baltimore
Boston City Hospital.....	Boston
Boston Floating Hospital.....	Boston
Children's Hospital Medical Center.....	Boston
Massachusetts General Hospital.....	Boston
Northwestern Hospital.....	Minneapolis
University of Minnesota Hospitals.....	Minneapolis
University of Missouri Medical Center.....	Columbia, Mo.
Children's Mercy Hospital.....	Kansas City, Mo.
St. Louis Children's Hospital.....	St. Louis, Mo.
St. Louis City Hospital.....	St. Louis, Mo.
St. Mary's Group of Hospitals of St. Louis University.....	St. Louis, Mo.
Children's Memorial Hospital.....	Omaha, Neb.
Jersey City Hospital.....	Jersey City
Children's Hospital.....	Buffalo
Bellevue Hospital Center—Division III—Pediatrics— New York University College of Medicine.....	New York City
Bronx Municipal Hospital Center.....	New York City
Cumberland Hospital, Brooklyn.....	New York City
Jewish Hospital, Brooklyn.....	New York City
Kings County Hospital Center, Brooklyn.....	New York City
Long Island College Hospital, Brooklyn.....	New York City
Methodist Hospital.....	New York City
New York Hospital.....	New York City
St. Luke's Hospital.....	New York City
Strong Memorial—Rochester Municipal Hospitals.....	Rochester, N. Y.
State University of New York Upstate Medical Center Hospital.....	Syracuse, N. Y.
North Carolina Memorial Hospital.....	Chapel Hill, N. C.
Duke Hospital.....	Durham, N. C.

PEDIATRICS—Continued

Watts Hospital.....	Durham, N. C.
North Carolina Baptist Hospital.....	Winston-Salem, N. C.
Cleveland Metropolitan General Hospital.....	Cleveland
University Hospitals.....	Cleveland
Vanderbilt University Hospital.....	Nashville, Tenn.
Children's Medical Center.....	Dallas
Jefferson Davis Hospital.....	Houston
Salt Lake County General Hospital.....	Salt Lake City
Children's Orthopedic Hospital.....	Seattle, Wash.
University Hospitals.....	Madison, Wis.
Milwaukee Children's Hospital.....	Milwaukee

OBSTETRICS AND GYNECOLOGY

Number of Approved Programs, 6

University Hospital.....	Little Rock, Ark.
Johns Hopkins Hospital.....	Baltimore
Barnes Hospital.....	St. Louis, Mo.
Strong Memorial—Rochester Municipal Hospitals.....	Rochester, N. Y.
Duke Hospital.....	Durham, N. C.
Watts Hospital.....	Durham, N. C.

SURGERY

Number of Approved Programs, 72

Veterans Admin. Hospital.....	Salt Lake City
University Hospital.....	Little Rock, Ark.
University of California Hospital.....	Los Angeles
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.
University of California Hospitals.....	San Francisco
Colorado General Hospital.....	Denver
Grace-New Haven Community Hospital.....	New Haven, Conn.
Providence Hospital.....	Washington, D. C.
Washington Hospital Center.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Jackson Memorial Hospital.....	Miami, Fla.
Emory University Hospital.....	Atlanta, Ga.
Grady Memorial Hospital.....	Atlanta, Ga.
Michael Reese Hospital.....	Chicago
Provident Hospital.....	Chicago
Indiana University Medical Center Hospitals.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
Louisville General Hospital.....	Louisville, Ky.
Ochsner Foundation Hospital.....	New Orleans
Baltimore City Hospitals.....	Baltimore
Johns Hopkins Hospital.....	Baltimore
Sinal Hospital.....	Baltimore
Union Memorial Hospital.....	Baltimore
University Hospital.....	Baltimore
Beth Israel Hospital.....	Boston
Boston City Hospital.....	Boston
Massachusetts General Hospital.....	Boston
Massachusetts Memorial Hospitals.....	Boston
New England Center Hospital.....	Boston
Peter Bent Brigham Hospital.....	Boston
Northwestern Hospital.....	Minneapolis
University of Minnesota Hospitals.....	Minneapolis
Barnes Hospital.....	St. Louis, Mo.
St. Louis City Hospital.....	St. Louis, Mo.
St. Mary's Group of Hospitals of St. Louis University.....	St. Louis, Mo.
Jersey City Hospital.....	Jersey City
Albany Hospital.....	Albany, N. Y.
Bellevue Hospital Center.....	New York City
Division I—Surgery—Columbia University	
Bellevue Hospital Center.....	New York City
Division II—Surgery—Cornell University	
Bellevue Hospital Center.....	New York City
Division III—Surgery—New York University College of Medicine	
Bellevue Hospital Center.....	New York City
Division IV—Surgery—New York Univ. Post-Graduate Medical School	
Bronx Municipal Hospital Center.....	New York City
City Hospital at Elmhurst.....	New York City
Cumberland Hospital, Brooklyn.....	New York City
Kings County Hospital Center, Brooklyn.....	New York City
Knickerbocker Hospital.....	New York City
Lebanon Hospital.....	New York City
Long Island College Hospital, Brooklyn.....	New York City
Methodist Hospital, Brooklyn.....	New York City
New York Hospital.....	New York City
Presbyterian Hospital.....	New York City
St. Clare's Hospital.....	New York City
St. Vincent's Hospital.....	New York City
Genesee Hospital.....	Rochester, N. Y.
Highland Hospital.....	Rochester, N. Y.
Rochester General Hospital.....	Rochester, N. Y.
Strong Memorial—Rochester Municipal Hospitals.....	Rochester, N. Y.
State University of New York Upstate Medical Center Hospital.....	Syracuse, N. Y.
North Carolina Memorial Hospital.....	Chapel Hill, N. C.
Duke Hospital.....	Durham, N. C.
Watts Hospital.....	Durham, N. C.
North Carolina Baptist Hospital.....	Winston-Salem, N. C.
Christ Hospital.....	Cincinnati
Good Samaritan Hospital.....	Cincinnati
Cleveland Clinic Hospital.....	Cleveland
Cleveland Metropolitan General Hospital.....	Cleveland
University Hospitals.....	Cleveland
University Hospitals.....	Columbus, Ohio
Vanderbilt University Hospital.....	Nashville, Tenn.
Baylor University Medical Center.....	Dallas
Jefferson Davis Hospital.....	Houston
Methodist Hospital.....	Houston
Salt Lake County General Hospital.....	Salt Lake City
University of Virginia Hospital.....	Charlottesville, Va.
Medical College of Virginia Hospital Division.....	Richmond, Va.

FAMILY PRACTICE

Number of Approved Programs 3

Indiana University Medical Center Hospitals.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
Baltimore City Hospitals.....	Baltimore

ESSENTIALS OF AN APPROVED INTERNSHIP

PREFACE

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

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

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

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

of an Approved Internship incorporated the recommendations of the Advisory Committee on Internships, based on the results of its study.

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

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

I. INTRODUCTION

The internship is a highly important phase in the education of a physician. During this period, the young graduate is given the opportunity to put into practice the principles of preventive medicine, diagnosis, therapy, and management of patients which he learned as a medical student. He is able to observe, usually for the first time, patients on a "round-the-clock" basis and, if his internship is properly organized, can follow his patients from admission to discharge and subsequently in the outpatient department. Under the supervision of the attending staff, he is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment.

A well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital. In no way does it conflict with the hospital's primary function of providing adequate facilities for the scientific care of the sick and injured by a competent medical staff. For such an educational program, it is fundamental that the staff recognize its obligation 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 interreactions between the patient and his total environment that the physician can attain the full mastery of his profession. Those charged with the responsibility of training younger physicians must teach them, by precept and example, the human as well as the scientific aspects of the lofty discipline of medicine.

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

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

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

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

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

5. Hospitals unable or unwilling for any reason to conduct internships meeting the educational standards of the Council on Medical Education and Hospitals in the spirit of the foregoing statements should not attempt to establish intern-

ships and such internships will not be approved. These hospitals should seek to meet their service needs by establishing house officer positions with adequate salary provisions.

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

Affiliation of a hospital with a medical school is not a requirement for internship approval. There is abundant opportunity for private hospitals that are not affiliated with medical schools to develop outstanding intern-training programs.

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

II. THE INTERNSHIP

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

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

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

The American boards in the specialties, however, give credit for only 12 months of internship education and require that the balance of a candidate's graduate education be in the form of a residency. Although a number of American boards will give credit for the second 12 months of a 24-month internship when this period is spent in the specialty concerned, most hospitals now limit their intern-

ships to one year and designate training beyond this point as residency training. Further factors currently tending to limit internships to one year are the regulations of the Selective Service System and those of the Armed Forces, which permit deferment of young physicians liable for military service for but one year of internship education. Still another factor is the understandable reluctance of young graduates taking the longer internships to accept appointments in which they are classified as interns when their colleagues who graduated at the same time and began their specialty training after a one-year internship are classified as residents. For these and other reasons it is rapidly becoming the custom to designate hospital training beyond the first 12 months of internship as residency training.

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

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

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

In rotating internships of 12 months' duration the time allotted to internal medicine should equal or exceed the time given to any other service. Assignments should be made in such a manner as to assure that each intern devotes at least three consecutive months respectively to internal medicine and to surgery. No assignment may be of less than two months' duration. In view of these two restrictions, there can be not more than three addi-

tional services, two of which should be obstetrics and pediatrics. If an intern desires experience in a specialty not included in his rotation schedule, he may obtain such training through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments and hence too short a time on service are inconsistent with the conduct of a good rotating internship.

A mixed internship is one in which not less than six months nor more than eight months of the total time is spent on one of the major services of medicine, surgery, obstetrics and gynecology, pediatrics, psychiatry, or pathology. Additional experience may be on one or two other services, but no assignments may be of less than two months' duration. Assignments to special fields of less than two months' duration should be incorporated into and closely related with the six- to eight-month assignment on one of the above major clinical services. The services to be offered in the mixed internship may be varied in the case of the individual intern, provided an approved residency program exists in at least the service offering six months' experience, no more than three assignments are made in a 12-month period, and none are of less than two months' duration. Each proposed combination of services must be approved in advance.

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

The approved internship, whether it be rotating, mixed, or straight, should provide opportunity for experience with psychiatric problems. With the increasing growth of psychiatric inpatient units in general hospitals, it may be possible for interns to be assigned to such units during their internship, enabling them to participate directly and actively in the diagnosis, study, and treatment of various types of psychiatric problems. In most instances, hospitals will not have such psychiatric units, in which case serious efforts should be made to provide skilled psychiatric consultative staffs who can then participate actively with interns in the study, diagnosis, and treatment of patients with psychiatric problems on the service to which the intern is assigned. This consultative educational service should not be restricted to the diagnosis and management of psychotic patients but should also include those applications of psychiatric knowledge and skill which relate to acute and chronic illness, convalescence, surgical intervention, reactions of relatives of sick patients, and other such problems. The primary goal of such instruction should be a

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

familiarization with methods which may lead to better understanding on the part of the intern of the emotional status of all his patients.

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

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

III. SELECTION OF INTERNS

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

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

[Beyond July 1, 1960, 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,
- (2) are in their final six months of training,
- (3) have secured a standard or temporary certificate from ECFMG,

or

(4) have been given a contingent appointment for not more than six months based on their having been accepted for the September, 1960, American Medical Qualification Examination of the ECFMG. Extension of the appointment beyond December 31, 1960, will be dependent upon the appointee receiving temporary or standard certification from ECFMG as a result of this examination.

After July 1, 1960, 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 in an active outpatient department. Hospitals which do not have a well-organized outpatient department should provide this type of training through affiliation.

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

The number of patients for whom the intern should be responsible may vary considerably, depending upon the service and the type of patients on it. Thus, one intern may well be able to assume responsibility for more than 25 chronically ill patients on a medical ward and on the other hand may

not be able to give adequate attention to 15 patients on an acute surgical service. It is the responsibility of the chief of each service to which interns are assigned to evaluate at frequent intervals the amount of work being required of the interns to assure that they are not overburdened with routine responsibilities detrimental to their training and, conversely, that they have an opportunity to observe cases of sufficient variety to assure a broad and comprehensive experience.

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

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

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

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

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

3. *Standard Nomenclature of Diseases and Operations.*—To avoid ambiguity and lack of definiteness, it is recommended that the Standard Nomen-

clature of Diseases and Operations be used by the medical staff to record the clinical diagnosis on patients.

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

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

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

VII. PATHOLOGY

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

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

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

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

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

VIII. RADIOLOGY

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

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

3. *Records.*—A copy of each examination report should be kept in the department, in addition to the copy filed in the patient's record. These reports and their original films should be filed and indexed

by name, number, and diagnosis. Because of storage space problems it may be necessary to limit the time for keeping the original films to a period of 5 to 10 years, except for those films designated for the teaching file.

IX. MEDICAL LIBRARY

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

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

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

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

Hospitals conducting intern training should be organized into departments or sections of medicine, surgery, pediatrics, obstetrics, pathology, and radiology. Hospitals lacking any of these services should afford experience in these branches through affiliation. Large hospitals will undoubtedly also have separate services in general practice and in one or more of the various specialties, such as anesthesiology, contagious diseases, neurology, neurosurgery, ophthalmology, otolaryngology, orthopedics, gynecology, physical medicine, psychiatry, and urology. While a highly developed organization of this sort may well be beneficial

from the standpoint of patient care, it may prove detrimental to internship training. Any effort to arrange a rotation through all or even a majority of the above-mentioned services during a 12-month period will inevitably result in a kaleidoscopic experience which decreases in instructional value in direct proportion to the increase in the number of services encompassed. Internship-planning committees should study the situation in their hospital and, in arranging the rotation of assignments, place the interest of the intern above that of service to the hospital.

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

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

Each department or section should have a chairman who serves for at least one year. He should be well qualified for this position by training and experience in his special field, should be responsible for the general conduct of the clinical work in his department, and should help to formulate and execute the intern training plan. Frequent rotation of attending physicians in charge of the various services should be avoided. Assignments should be made so that the intern has ample opportunity to meet the attending physicians frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

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

3. *Director of Intern Education.*—The appointment of a director of intern education on a full-

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

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

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

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

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

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

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

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

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

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

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

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

These conferences may be informal but should not be perfunctory. They should be held soon enough after a patient's death or discharge for the patient's history and findings to be fresh in the minds of all concerned. Few phases of an intern's

training can approach these conferences in the opportunity they provide to instill in the intern an attitude of critical examination of his clinical judgment and skill.

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

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

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

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

(b) General Surgery: Surgical training should be planned to emphasize diagnosis and preoperative and postoperative care, and not skill in operative technique. Special attention should be given to problems encountered in the emergency room and to minor surgical procedures as carried out in the outpatient department. In the operating room, the intern's role should be that of an assistant rather than of an operator. He should not be required to spend excessive time in the operating room to the neglect of the other phases of his training in this department. The dressing of sur-

gical wounds should be regarded as an important part of his experience, giving him a particularly valuable opportunity to observe the immediate effects of surgical procedures and treatment. He may obtain instruction and experience in the use of anesthetics under the supervision of a trained anesthesiologist. In large hospitals where the surgical specialties are organized as separate services, the assignment of the intern should be determined by the intern committee and the surgical staff after careful consideration. The precautions noted relative to assignments to the medical subspecialties are equally applicable to the surgical subspecialties.

(c) Obstetrics: The intern is expected to assist at the delivery of all patients assigned to him and to deliver a minimum of 10 patients under direct supervision. Limited training in obstetric anesthesia is desirable. Emphasis should be placed on teaching the intern the proper management of normal labor and delivery and on the recognition of the complications of labor which require expert consultation. A most important aspect of intern education in obstetrics is the experience to be gained in the outpatient department with prenatal patients and their problems. Too frequently, the intern is not given this opportunity, with the result that his concept of obstetric care is distorted and his knowledge of the patients' 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 postmortem 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:** 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 service relating to all types of patients' problems, thus furnishing an additional contribution to the total care of the patient. Where psychiatric outpatient clinics exist, the intern should have the benefit of experience with this type of patient.

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

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

XI. NATURE OF THE INTERN'S DUTIES

Each intern caring for and in charge of patients should obtain and write or dictate the history, perform and record the results of the physical examination, and state his diagnosis on all patients assigned to him. He should perform laboratory work of such nature as will give him familiarity with and competence in the performance of those

procedures which the practicing physician is ordinarily or usually called upon to perform. In addition, under adequate supervision he may be given some experience in the hospital laboratories with more complicated and difficult tests. He should be familiar with the proper use of such tests and the interpretation of the results. He should not be burdened by an excessive amount of routine procedures of limited educational value, nor should he be assigned to tasks of a non-professional nature. The non-operative and non-specialized treatment of each patient under his care is his responsibility under the critical guidance and supervision of the attending physician. Such supervision should be greater during the early stages of his internship with increasing responsibility afforded the intern as his training progresses and his capabilities are demonstrated.

He should make ward rounds with the attending and resident staffs at suitable intervals, preferably daily. At such times, he should visit the patients under his care and others, discussing their progress. He should receive instruction, information, criticisms, advice, suggestions, and assistance from his superiors, who thus contribute to his education. When serving on surgical services, he should attend operations to which he may be assigned. He should act in the capacity of an assistant, as directed by his superiors, thus attaining knowledge and experience with respect to operating room procedures and techniques.

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

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

In view of the importance of every physician learning to function as a member of a team, the intern should consult freely with the nursing staff, dietitians, and physical and occupational therapists, as well as with social service workers, concerning all problems which lie within their respective fields of interest. Similarly, he should not overlook the valued assistance he can frequently

obtain from his patients' religious counselors. He should report all notifiable diseases as required by law to the proper authority.

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

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

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

XII. MISCELLANEOUS

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

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

3. *Interns' Stipends.*—Traditionally, the internship has been considered an extension of the physi-

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

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

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

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

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

hospital or an intern is not condoned by the Council. Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and the hospital's record and are made available on request to authorized agencies.

XIII. ADMISSION TO THE APPROVED LIST

Application for Approval.—Hospitals that desire to qualify for approval for intern training should apply to the Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn St., Chicago 10. 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 Internship and Residency Number of *THE JOURNAL*. This special issue of *THE JOURNAL* will appear each fall. 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."

If a hospital does not maintain a 25% autopsy rate on hospital deaths for two consecutive years, approval may be removed.

A hospital which for two successive years does not obtain one-fourth of its stated complement of interns may be disapproved for intern training. Under such circumstances it is improbable that a balanced training program can be maintained. Further, those interns who are appointed must assume a greatly increased work load, with a resultant deterioration in the educational experience. This policy is necessary to insure that an applicant will receive a sound educational experience when he accepts an appointment to a hospital approved by the Council. Hospitals whose approval is withdrawn on this basis may apply for reinstatement to the approved list on presentation of evidence that would lead to a reasonable conclusion that they will be successful in appointing interns in sufficient numbers to maintain a satisfactory training program.

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

Hospitals which are unable to qualify for internship approval should give consideration to other means of providing adequate medical service. It should be noted that less than 15% of the hospitals in this country are approved for intern education. Although the immediate availability of physicians on a 24-hour basis and the maintenance of adequate clinical records is a major problem facing many hospitals lacking intern staffs, unquestionably a large proportion of them provide a high level of patient care despite this lack.

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

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

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

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

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

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

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, perhaps of a check-list type, 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 and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1960

Hospitals, 1,307

Residencies, 31,733

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

In this issue, the format for listing residencies has been changed so that special features have been added for the first time. General features relating to the hospitals will be found in the consolidated list page 585.

The average daily census for each specialty service usually reflects a 12-month period ending Sept. 30, 1959.

The total admissions to each service include transfers to that service from other services in the hospital. See introductory paragraph of Directory of Approved Internships for relation of these figures to average length of stay.

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

Outpatients visits may include emergency room visits as well.

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

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

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1. ALLERGY

Residency programs in the following hospitals have been approved up to June 30, 1961, for ONE to TWO years of training by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine. See special announcement, Page

(For programs in Pediatrics Allergy see Page 756)
Hospitals, 23; Residencies, 30

UNITED STATES ARMY DISTRICT OF COLUMBIA	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main- PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
Walter Reed General, Washington.....	H. E. Ratcliffe.....	4	49	...	...	22,406	1	0	0	0	= 1	.....

Numerical and other references are listed on pages 811 through 814.

1. ALLERGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
La Jolla													
Scripps Clinic and Research Foundation.....	E. L. Keeney.....	2	70	1	100	6,960	1	0	0	0	= 1	415-415	PM
Long Beach													
Veterans Administration	K. H. Thayer.....	37	362	40	88	7,999	0	0	2	0	= 2	347-462	O
San Francisco													
Kaiser Foundation	B. F. Feingold.....	...	...	...	...	...	0	0	0	1	= 1	520-570	FP
ILLINOIS													
Chicago													
Michael Reese	M. M. Mosko.....	3	100	...	...	3,941	1	0	0	0	= 1	125-125	...
Northwestern Univ. Med. Center.....	S. Feinberg.....	...	...	...	...	4,090	1	0	0	0	= 1	250-300	O
Univ. of Illinois Research and Educational Hosps.....	M. Samter.....	1	11	...	...	6,660	1	0	0	0	= 1	300-300	O
MASSACHUSETTS													
Boston													
Massachusetts General	F. C. Lowell.....	...	...	...	...	...	...	...	...	...	...	...	...
MICHIGAN													
Ann Arbor													
University	J. M. Sheldon.....	...	...	...	...	12,345	0	0	0	3	= 3	275-275	O
MINNESOTA													
Rochester													
Mayo Foundation—222	Inc. in Int. Med. ....	...	...	...	...	...	...	...	...	...	...	200-200	...
MISSOURI													
St. Louis													
Barnes	J. Noah .....	...	...	...	...	2,109	...	...	...	...	...	...	...
NEW YORK													
Buffalo													
Buffalo General	C. E. Arbesman .....	...	...	...	...	1,866	1	1	0	0	= 2	300-400	O
New York City													
Jewish	M. Grolnick .....	...	41	...	...	8,508	0	0	1	0	= 1	125-125	FM
Roosevelt	R. A. Cooke	10	177	2	50	21,227	3	0	0	0	= 3	233-275	PM
NORTH CAROLINA													
Durham													
Duke	H. O. Sieker	4	205	...	...	590	0	1	0	0	= 1	200-300	O
OHIO													
Columbus													
Ohio State Univ. Hosps. University	W. F. Mitchell.....	...	...	...	...	2,459	0	0	1	0	= 1	252-252	PM
PENNSYLVANIA													
Philadelphia													
Hosp. of Univ. of Pennsylvania	E. Hildreth .....	...	...	...	...	1,407	2	2	1	0	= 5	167-400	...
Temple University	L. Tuft .....	...	...	...	...	3,925	1	0	0	0	= 1	175-175	PM
Pittsburgh													
Montefiore	L. H. Crip	1	36	...	...	3,440	1	0	0	0	= 1	225-225	FM
Veterans Administration	L. H. Crip	15	360	3	66	315	2	0	0	0	= 2	270-270	O
VIRGINIA													
Charlottesville													
Univ. of Virginia	O. Swineford, Jr.	7	248	1	100	1,065	...	...	...	...	...	...	...
Richmond													
Med. College of Virginia-Hosp. Div.	M. E. B. Owens, Jr. ....	...	...	...	...	5,001	1	0	0	0	= 1	150-150	FM
WISCONSIN													
Madison													
University Hosps.	S. B. Crepea	3	151	...	...	5,529	1	0	0	0	= 1	200-200	FM

2. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology. Hospitals 238 Residencies 1,495

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P M O
				1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES AIR FORCE										
TEXAS										
U. S. Air Force, San Antonio 56-308.....	R. E. Lau.....	5,895	...	3	3	0	0	= 6	.....	.....
UNITED STATES ARMY										
U. S. Army Co-ordinated Program 59.....	H. C. Slocum.....	...	...	8	8	8	0	= 24	.....	.....
Lettennan General, San Francisco.....	C. H. Mitchell.....	5,210	2,673	...	...	...	...	.....	.....	.....
Fitzsimons General, Denver.....	J. G. Inman.....	5,520	2,696	...	...	...	...	.....	.....	.....
Army Medical Center, Washington, D. C. 58.....	H. C. Slocum.....	10,539	4,067	...	...	...	...	.....	.....	.....
Brooke General, San Antonio, Texas.....	J. A. Jenicek.....	6,745	3,014	...	...	...	...	.....	.....	.....
UNITED STATES NAVY										
CALIFORNIA										
U. S. Naval, Oakland.....	E. E. Parker.....	9,817	112	2	2	0	0	= 4	.....	.....
U. S. Naval, San Diego.....	B. M. Shephard.....	17,719	80	2	2	0	0	= 4	.....	.....
MARYLAND										
U. S. Naval, Bethesda.....	J. G. Kurfees.....	10,121	89	2	2	0	0	= 4	.....	.....

Numerical and other references are listed on pages 811 through 814.

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Con- sulta- tions on Non-surgical Patients	Residencies Offered 1961-1962				Total All Yrs.	Stipend Per Month Min.-Max.	H- Main- FM O tonance
				1st Year	2nd Year	3rd Year	4th Year			
MASSACHUSETTS										
U. S. Naval, Chelsea.....	D. Buechel.....	7,548	23	2	1	0	0	= 3	.....	....
NEW YORK										
U. S. Naval, ⁵⁸ New York City (St. Albans).....	D. N. Pino.....	5,563	176	2	1	0	0	= 3	.....	....
PENNSYLVANIA										
U. S. Naval, ⁵⁸ Philadelphia.....	T. C. Deas.....	6,814	200	2	2	1	0	= 5	.....	....
UNITED STATES PUBLIC HEALTH SERVICE										
NEW YORK										
U. S. Public Health Service, New York City (Staten Island).....	K. F. Urbach.....	3,419	84	2	2	0	0	= 4	.....	....
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
Birmingham³										
University of Alabama Medical Center ⁵⁸.....				..	..	..	..	..	.....	....
University Hosp. and Hillman Clinic.....	A. Mc Neal.....	8,475		3	3	0	0	= 6	108-115	....
Fairfield										
Lloyd Noland ⁵⁸	R. W. Grady.....	4,070	450	2	1	0	0	= 3	250-300	FM
ARKANSAS										
Little Rock										
St. Vincent Infirmary.....	J. P. Hickey.....	6,880	75	4	4	0	0	= 8	300-500	O
University.....	C. W. Shafer.....	4,360	75	3	3	0	0	= 6	180-195	O
CALIFORNIA										
Loma Linda										
Loma Linda Sanitarium and Hosp. ⁵⁸	B. D. Briggs.....	2,787	....	3	2	0	0	= 5	315-325	O
Los Angeles										
Los Angeles County ⁵⁸	J. Denson.....	15,594	....	14	13	0	0	= 27	273-288	PM
University of California ⁵⁸	J. B. Dillon.....	4,607	85	4	4	0	0	= 8	240-314	FPO
Veterans Adm. ⁵⁸	P. F. Shroff.....	5,096	25	6	5	0	0	= 11	271-348	PM
White Memorial ⁵⁸⁻⁶⁴	F. E. Leffingwell.....	6,182	45	7	5	0	0	= 12	215-225	PM
Oakland										
Highland-Alameda County ⁵⁸	C. H. Gallup.....	5,447	50	3	3	3	0	= 9	200-295	FM
Palo Alto										
Stanford Medical Center and Affiliated Hospitals.....				..	..	..	..	..	.....	....
Palo Alto-Stanford Hosp. Center.....				2	2	0	0	= 4	250-325	O
Veteran's Adm. ⁵⁸.....				..	..	..	..	..	.....	....
San Francisco										
Children's.....	B. Holman.....	6,025	6	1	1	0	0	= 2	250-300	FP
St. Joseph's.....	R. H. Simpson.....	3,067	28	1	1	0	0	= 2	250-400	FM
San Francisco General.....	E. Guy.....	3,778	160	4	1	0	0	= 5	220-300	O
University of California Hospitals ⁵⁸	S. C. Cullen.....	5,464	50	9	9	2	0	= 20	243-316	....
San Jose										
Santa Clara County.....	H. Matthews.....	2,181	316	2	1	1	0	= 4	270-320	PM
Torrance										
Harbor General ⁵⁸	P. H. Lorhan.....	4,902	79#	4	4	4	0	= 12	273-303	FM
COLORADO										
Denver										
University of Colorado Medical Center ⁵⁸.....				..	..	..	..	..	.....	....
Colorado General.....	R. W. Virtue.....	3,102	200	5	5	1	0	= 11	180-205	O
Denver General.....	R. W. Virtue.....	3,316		..	..	..	..	..	179-205	....
Veterans Adm. ¹¹²	F. Brown.....	1,826	20	2	2	0	0	= 4	271-293	O
CONNECTICUT										
Bridgeport										
Bridgeport.....	D. Massey.....	9,820	....	2	2	0	0	= 4	240-265	PM
Hartford										
Hartford ⁵⁸	R. M. Tovell.....	44,515	2,000	10	10	0	0	= 20	150-182	FP
St. Francis.....	S. J. Martin.....	16,730	216	5	5	0	0	= 10	175-200	FP
New Haven										
Yale-New Haven Medical Center ⁵⁸.....				..	..	..	..	..	.....	....
Grace-New Haven Community.....	N. M. Greene.....	13,482		4	4	1	0	= 9	50-125	FM
Hospital of St. Raphael ⁵⁸	M. Garofalo.....	9,254	36	2	2	0	0	= 4	300-335	PM
Waterbury										
St. Mary's.....	W. S. DeWald.....	8,419	25	2	2	0	0	= 4	225-275	FP
DISTRICT OF COLUMBIA										
Washington										
District of Columbia General ⁵⁸		6,414	21	6	0	1	0	= 7	233-283	O
Georgetown University.....	T. F. McDermott.....	9,233	126	5	5	1	0	= 11	175-310	FM
George Washington University ⁵⁸	C. S. Coakley.....	12,107	336	8	7	0	0	= 15	210-235	PM
Providence.....	W. Devlin.....	12,779	43	1	1	0	0	= 2	200-250	O
Washington Hospital Center ⁵⁸	W. Bruner, Jr.....	18,805	262	5	5	5	0	= 15	215-245	FM
FLORIDA										
Gainesville										
University of Florida Teaching Hospital and Clinics ⁵⁸	J. S. Gravenstein.....	823	30	2	2	0	0	= 4	217-450	....
Miami										
Jackson Memorial ⁵⁸	J. G. Converse.....	14,469	....	5	4	1	0	= 10	200-275	PM
GEORGIA										
Atlanta										
Emory University-Grady Memorial ⁵⁸.....				..	..	..	..	..	.....	....
Emory University.....	J. E. Steinhaus.....	6,364		0	3	0	0	= 3	235-245	PM
Grady Memorial.....	J. E. Steinhaus.....	5,760	24	4	4	0	0	= 8	100-125	FM
Augusta										
Medical College of Georgia Hospitals.....	P. P. Volpitto.....	7,663		7	7	0	0	= 14	.....	....
Eugene Talmadge Memorial ⁵⁸	P. P. Volpitto.....	2,461	30	4	4	0	0	= 8	250-250	....
University.....	E. L. Rushia.....	5,202	18	3	3	0	0	= 6	200-250	O

Numerical and other references are listed on pages 811 through 814.

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1961-1962					Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance FM PM O
				1st Year	2nd Year	3rd Year	4th Year				
ILLINOIS											
Chicago											
Illinois Masonic 58	I. Illes	6,725	2,061	1	1	0	0	2	115-160	FM	
Michael Reese 58	J. H. Bolgia	11,503	102	2	2	0	0	4	150-175	FP	
Mount Sinai 58	R. Weyl	5,877	92	3	3	0	0	6	225-300	PM	
Northwestern University Medical Center											
Chicago Wesley Memorial	M. Karp	11,373	100	2	2	0	0	4	100-200	FM	
Passavant Memorial	L. Watt	5,840		1	0	0	0	1	225-275	PM	
Veterans Admin. Research	M. Karp	1,564	17	1	1	1	0	3	271-462	O	
Presbyterian-St. Luke's	P. Searles	12,263	62	6	6	0	0	12	125-150	FM	
University of Chicago Clinics 58	D. Holaday	7,651	31	4	4	0	0	8	250-305	O	
University of Illinois Research and Educational Hospitals 58	M. S. Sadove	9,253		6	5	0	0	11	160-185	PM	
Decatur											
Decatur and Macon County 58	H. L. Wibbels	7,675	108	2	2	0	0	4	350-500	PM	
Evanston											
Evanston	C. A. Baldwin, Jr.	6,773	112	1	1	0	0	2	225-275	PM	
Hines											
Veterans Admin. 58	M. Sadove	3,303		4	4	0	0	8	271-347	O	
Joliet											
St. Joseph 58-167	W. A. DeWitt	6,445	200	3	2	0	0	5	350-500	O	
INDIANA											
Indianapolis											
Indiana University Medical Center and Affiliated Hospitals 58											
Indiana University Medical Center Hospitals	V. K. Stoelting	11,125	152	7	7	0	0	14	225-250	PM	
Veterans Admin.	V. K. Stoelting	1,724	10	3	0	0	0	3	271-347	O	
Marion County General	G. Dryden	13,535	110	3	3	0	0	6	269-295	PM	
IOWA											
Iowa City											
State University of Iowa Hospitals 58	W. K. Hamilton	12,656	275	8	8	0	0	16	200-225	FM	
Veterans Admin. (Des Moines)	J. L. Bailey	2,471	100	3	2	0	0	5	271-412	PM	
Veterans Admin.		1,552	59								
KANSAS											
Kansas City											
University of Kansas Medical Center 58	E. Frederikson	9,213	156	4	4	1	0	9	125-271	PM	
Wichita											
St. Francis	R. T. Parmley	9,615	112	3	3	0	0	6	275-300	FP	
KENTUCKY											
Louisville											
University of Louisville Medical Center											
Louisville General	E. H. Conner	6,437	54	4	4	1	0	9	125-150	FM	
LOUISIANA											
New Orleans											
Charity Hospital of Louisiana 58	J. Adriani	24,100	1,000	7	7	0	0	14	150-175	FM	
Veterans Admin.	K. E. Bray	2,715	94	1	1	0	0	2	270-298	O	
Ochsner Foundation 58	G. B. Grant	6,971		3	3	0	0	6	225-250	PM	
MAINE											
Bangor											
Eastern Maine General	C. S. Dwyer	6,307	135	1	1	0	0	2	125-188	FM	
Lewiston											
Central Maine General	G. Clapperton	4,502	45	1	0	0	0	1	175-210	FP	
Portland											
Maine Medical Center 58	J. R. Lincoln	8,548	78	2	2	2	0	6	175-225	FP	
MARYLAND											
Baltimore											
Baltimore City Hospitals 58	P. Safar	4,608	730	3	3	0	0	6	200-250	FP	
Johns Hopkins 58	D. W. Benson	16,076		6	6	0	0	12	160-185	PM	
University 58	M. Helrich	9,513	205	5	5	2	0	12	275-325	PM	
MASSACHUSETTS											
Boston											
Beth Israel											
Boston City 58	P. Marcus	15,450	200	8	7	0	0	15	208-248	FM	
Lahey Clinic 58-195	U. H. Eversole	7,291		1	1	1	0	3	200-250	O	
Massachusetts General 58	H. K. Beecher	13,608	270	8	10	0	0	18	108-183		
Massachusetts Memorial	E. A. Sneddon	3,914	200	4	4	0	0	8	175-275	O	
New England Center 58	B. Etsten	2,939	53	4	4	2	0	10	237-337	O	
New England Deaconess 58	L. Hand, F. Audin	8,898		4	3	0	0	7	200-235	PM	
New England	E. E. Bartlett	3,289	71	1	1	0	0	2	225-275		
Peter Bent Brigham 58	L. D. Vandam	3,900	350	2	2	0	0	4	100-100	FM	
St. Elizabeth's	L. P. Zentgraf	16,867	473	2	2	0	0	4	175-200	FM	
Veterans Admin. (Jamaica Plain)	D. L. Mahler	4,707	100	1	1	0	0	2			
Cambridge											
Cambridge City 58	F. C. Callahan	3,387	17	2	0	0	0	2	170-195	FM	
Mount Auburn	J. Buskirk	4,890		1*	1	0	0	2	300-300	FM	
Springfield											
Springfield	C. Bryant	12,874	48	1	1	0	0	2	125-175	FP	
Worcester											
St. Vincent	W. J. Martin, Jr.	12,119	35	3	3	0	0	6	175-200	FP	
MICHIGAN											
Ann Arbor											
University 58-208	R. B. Sweet	9,308		5	5	0	0	10	180-215	O	

Numerical and other references are listed on pages 811 through 814.

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1961-1962					Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance P M O
				1st Year	2nd Year	3rd Year	4th Year				
MICHIGAN—Continued											
Detroit											
Harper	A. B. Stearns	14,341	...	2	2	0	0	4	275-300	PM	
Henry Ford ⁵⁸	P. R. Dumke	17,100	260	6	6	6	0	18	265-365	PM	
Providence	N. M. Bittrich	6,781	...	1	1	0	0	2	410-425	PM	
Wayne State University College of Medicine											
Affiliated Hospitals											
Receiving	H. C. Schaefer	8,712	416	0	5	1	1	7	325-400	PM	
Sinai ⁵⁸	E. Brown	7,901	150	2	2	0	0	4	300-325	FM	
Grand Rapids											
Butterworth ⁵⁸	W. B. Jensen	10,680	...	1	1	0	0	2	300-325	PM	
MINNESOTA											
Minneapolis											
University of Minnesota Hospitals ⁵⁸	F. H. VanBergen	17,094	820	16	15	3	0	34	244-244	...	
Rochester											
Mayo Foundation ⁵⁸⁻²²²	A. Faulconer	34,500	...	5	5	3	0	13	200-200	PM	
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center ⁵⁸	L. W. Fabian	4,378	50#	5	3	0	0	8	250-300	O	
MISSOURI											
Columbia											
University of Missouri Medical Center ⁵⁸	K. Keown	2,101	...	2	2	2	0	6	200-300	...	
St. Louis											
Barnes ⁵⁸	R. Dodd	17,377	50	5	3	0	0	8	150-...	FM	
Jewish	D. J. Dickler	6,533	...	1	1	0	0	2	200-250	FM	
St. John's	S. Brown	8,047	...	1	1	0	0	2	250-350	FPO	
Veterans Admin.	B. Hatfalvi	3,259	284	2	2	0	0	4	271-462	O	
Springfield											
St. John's	O. B. Crawford	5,133	...	2	2	0	0	4	300-300	O	
NEBRASKA											
Omaha											
University of Nebraska	J. Barmore	3,009	10	1	0	0	0	1	225-300	PM	
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial ⁵⁸	R. H. Barrett	6,416	436	3	3	3	0	9	218-273	...	
NEW JERSEY											
Camden											
West Jersey ⁵⁸	G. E. Covintree	6,838	...	1	1	0	0	2	225-250	FM	
Hackensack											
Hackensack	L. W. Netz	7,187	...	1	1	0	0	2	150-200	FM	
Jersey City											
Jersey City Medical Center ⁵⁸	W. J. Gleeson	6,412	150	3	3	0	0	6	108-200	FM	
Paterson											
St. Joseph	E. T. Lawless	7,195	30	2	2	0	0	4	200-225	FP	
NEW YORK											
Albany											
Albany ⁵⁸	C. Landmesser	10,330	17#	5	5	0	0	10	195-275	PM	
Buffalo General ⁵⁸	R. N. Terry	15,884	209#	3	3	1	0	7	175-200	FP	
Edward J. Meyer Memorial ⁵⁸	B. D. King	4,517	...	2	2	0	0	2	292-380	PM	
Millard Fillmore ⁵⁸	E. D. Babbage	17,432	26	1	1	0	0	6	298-323	PM	
Veterans Admin. ⁵⁸	S. I. Guest	2,744	12	2	2	0	0	4	271-293	O	
New York City											
Bellevue Hospital Center											
Div. IV—New York University Post-Graduate Medical School											
Beth-el ⁵⁸	E. A. Rovenstine	16,000	200	10	6	0	0	16	...	...
Beth Israel ⁵⁸	A. C. Goldfeder	7,287	...	2	1	0	0	3	150-200	FM	
Bronx Municipal Hospital Center ⁵⁸	S. G. Hershey	5,580	52	4	3	0	0	7	175-180	FM	
Flushing Hospital and Dispensary	L. R. Orkin	10,709	155	7	7	0	0	14	215-215	FM	
Harlem	E. Apogi	6,628	10	1	1	0	0	2	175-200	FM	
Hospital for Joint Diseases ⁵⁸	H. D. Mayer	12,416	...	2	1	0	0	3	...	...
Jewish ⁵⁸	A. M. Betcher	3,200	163	2	1	0	0	3	80-100	FM	
Kings County Hospital Center ⁵⁸	I. Pallin	11,700	55	6	5	0	0	11	100-125	FM	
Lenox Hill	M. H. Harmel	10,319	200	6	6	0	0	12	145-195	...	
Long Island Jewish ⁵⁸	G. Rich	7,154	400	1	1	0	0	2	180-200	PM	
Maimonides	S. Surks	6,303	156	2	1	0	0	3	100-165	FM	
Memorial Center for Cancer and Allied Diseases ⁵⁸	L. Holzmann	9,922	15	0	2	1	0	3	100-150	FM	
James Ewing	W. S. Howland	7,200	...	2	2	4	0	8	250-400	PM	
Methodist ⁵⁸	...	...	...	...	...	...	...	...	...	...
Montefiore ⁵⁸	G. Wallace	7,123	69	1	1	0	0	2	175-200	FP	
Mount Sinai ⁵⁸	E. R. Kepes	4,000	200	3	3	1	0	7	207-282	FM	
New York ⁵⁸	M. H. Adelman	12,939	...	4	3	0	0	7	100-100	FM	
New York Medical College—Metropolitan Medical Center ⁵⁸	J. Artusio	18,949	600	6	6	0	0	12	164-206	PM	
Flower and Fifth Avenue	F. E. Fierro	6,432	73	2	2	1	0	5	250-500	FM	
Metropolitan	F. E. Fierro	4,422	...	6	6	0	0	12	145-195	FM	
New York Polyclinic Medical School and Hospital ⁵⁸											
Presbyterian ⁵⁸	J. Milowsky	6,231	170	4	4	0	0	8	150-175	FM	
St. Catherine's	E. M. Papper	21,840	275	12	12	3	0	27	250-308	PM	
St. Clare's	F. P. Ansbro	3,459	42	2	2	0	0	4	125-150	FM	
St. Joseph's ⁵⁸	J. Lawrence	3,809	136	1	1	0	0	2	125-150	FM	
St. Luke's ⁵⁸	R. A. Berman	3,966	150	2	2	0	0	4	150-150	FM	
St. Vincent's ⁵⁸	E. Burford	6,456	...	3	3	0	0	6	125-150	FM	
Veterans Admin. (Bronx) ⁵⁸	R. G. Hicks	9,703	50	4	5	0	0	9	175-200	FM	
Veteran's Admin. (Brooklyn) ⁵⁸	B. J. Ciliberti	3,617	897	4	3	0	0	7	270-324	O	
	H. I. Lipson	2,159	102	2	2	0	0	4	271-293	O	

Numerical and other references are listed on pages 811 through 814.

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1961-1962					Total All Yrs.	Stipend Per Month Min.-Max.	Maintenance P M O
				1st Year	2nd Year	3rd Year	4th Year				
NEW YORK—Continued											
Rochester											
Genesee	E. Kistler	7,166	...	1	1	0	0	=	2	175-325	FM
Rochester General ⁵⁸	V. J. Coviello	9,945	...	1	1	0	0	=	2	175-200	FM
St. Mary's ⁵⁸	V. Toiany	9,209	...	1	0	0	0	=	1	.....	....
Strong Memorial-Rochester Municipal Hospitals ⁵⁸	A. J. Gillies	8,465	...	4	3	0	1	=	8	100-291	O
Syracuse											
St. Joseph's	C. J. Geiger	6,647	72	2	1	0	0	=	3	250-317	PM
State University of New York Upstate Medical Center ⁵⁸	E. J. Delmonico	10,194	...	5	5	2	0	=	12	250-316	O
Valhalla											
Grasslands ⁵⁸	H. F. Bishop	1,816	112	2	2	0	0	=	4	175-200	FM
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial ⁵⁸	D. A. Davis	4,333	157	3	3	1	0	=	7	175-266	O
Durham											
Duke ⁵⁸	C. R. Stephen	12,000	150	8	7	0	0	=	15	150-150	FM
Winston-Salem											
North Carolina Baptist ⁵⁸	D. L. Crandell	8,270	223#	1	0	0	0	=	1	166-208	PM
OHIO											
Canton											
Mercy	E. C. Reno	10,327	...	2	2	0	0	=	4	275-300	PM
Cincinnati											
Christ	E. Hartenian	8,543	...	2	2	0	0	=	4	200-225	FM
Cleveland											
Cleveland Clinic ⁵⁸	D. E. Hale	9,340	17	3	3	0	0	=	6	275-...	....
Cleveland Metropolitan General ⁵⁸	H. E. Kretchner	8,184	...	2	2	1	0	=	5	183-258	FM
Fairview Park ⁵⁸	J. E. Walkowiak	8,827	...	2	3	1	0	=	6	260-350	PM
Huron Road ⁵⁸	J. K. Potter	7,905	220	4	4	2	0	=	10	300-400	FP
Mount Sinai ⁵⁸	S. Katz	10,377	55	2	2	0	0	=	4	215-225	FM
St. Alexis ⁵⁸	M. Oppenheim	6,000	90	2	2	0	0	=	4	225-250	FMO
St. Luke's ⁵⁸	B. B. Sankey	13,341	438	3	3	0	0	=	6	200-235	FM
St. Vincent Charity ⁵⁸	D. Mendelsohn	4,607	500	2	2	0	0	=	4	210-225	FP
University Hospitals of Cleveland	R. A. Hingson	18,239	151	6	6	0	0	=	12	150-183	PM
Columbus											
Ohio State University Hospitals ⁵⁸	W. Hamelberg	13,107	336	10	10	0	0	=	20	177-202	PM
Garfield Heights											
Marymount ⁵⁸	N. G. DePiero	5,132	192	3	3	0	0	=	6	200-300	FM
Toledo											
Toledo	D. M. Katchka	6,110	1,074	1	1	0	0	=	2	275-300	FM
Youngstown											
St. Elizabeth's ⁵⁸	A. J. Bayuk	12,168	...	1	2	0	0	=	3	300-325	FM
Youngstown ⁵⁸	D. W. Meteliff	15,637	120	4	4	0	0	=	8	275-350	FM
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center ⁵⁸	J. M. White	.....	...	5	5	2	0	=	12	.....	....
University Hospitals	.....	.....	...	..	..	..	..	=	..	200-250	PM
Veterans Admin.	.....	2,015	1	..	..	..	..	=	..	.....	....
OREGON											
Portland											
University of Oregon Medical School Hospital and Clinics ³²³	F. Haugen	10,082	...	4	4	0	0	=	8	165-215	FM
PENNSYLVANIA											
Danville											
George F. Geisinger Memorial	J. M. Schwab	5,179	...	2	2	0	0	=	4	175-225	FM
Johnstown											
Conemaugh Valley Memorial ⁵⁸⁻³²⁷	P. C. Lund	9,456	767	3	3	0	0	=	6	300-350	FM
Philadelphia											
Albert Einstein Medical Center ⁵⁸	.....	14,082	94	3	3	0	0	=	6	125-200	FM
Graduate Hospital of the University of Pennsylvania	H. H. Stone	5,163	166	3	3	0	0	=	6	100-100	FM
Hahnemann Medical College and Hospital	A. J. Catenacci	10,566	35	4	4	1	0	=	9	250-250	FM
Hospital of the University of Pennsylvania ⁵⁸	R. Dripps	11,592	300	8	8	0	0	=	24	150-333	PM
Children's	L. Bachman	3,517	...	2	0	0	0	=	2	125-150	FM
Jefferson Medical College ⁵⁸	L. J. Hampton	10,979	160	3	4	3	0	=	10	150-325	PM
Pennsylvania	M. V. Tronceliti	9,971	214	1	0	0	0	=	1	100-100	FM
Philadelphia General	M. Deming	5,414	124	3	3	0	0	=	6	318-353	FM
Presbyterian ⁵⁸	S. Schotz	5,335	70	2	2	0	0	=	4	235-290	FM
Temple University ⁵⁸	L. W. Krumperman	9,661	76	4	4	2	0	=	10	175-225	PM
Pittsburgh											
Allegheny General	R. L. Patterson	10,913	7,000	3	3	0	0	=	6	200-225	FM
Mercy ⁵⁸	F. F. Foldes	10,543	837	4	4	2	0	=	10	235-260	FM
Montefiore ³³⁰	L. G. David	7,087	150	2	2	0	0	=	4	225-250	FM
St. Francis General Hospital and Rehabilitation Institute	G. J. Thomas	10,875	68	2	2	0	0	=	4	240-305	FP
Sayre											
Robert Packer ⁵⁸	W. Brehm	6,128	45	2	1	1	0	=	4	235-325	PM
West Reading											
Reading	M. Kerry	9,350	65	2	2	0	0	=	4	225-300	FM
PUERTO RICO											
Ponce											
Hospital de Damas	E. C. Yordan	2,305	190	1	1	0	0	=	2	225-225	FM
San Juan											
San Juan City	F. Gonzalez	3,685	...	2	2	0	0	=	4	175-250	FM
RHODE ISLAND											
Providence											
Rhode Island ⁵⁸	M. Saklad	13,045	153	3	3	3	0	=	9	125-175	FM

Numerical and other references are listed on pages 811 through 814.

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultations on Non-surgical Patients	Residencies Offered 1961-1962					Total All Yrs.	Stipend Per Month Min.-Max.	Main-Tenure P M O
				1st Year	2nd Year	3rd Year	4th Year				
SOUTH CAROLINA											
Charleston											
Teaching Hospitals of the Medical College of South Carolina	J. E. Mahaffey	6,869	3,398	3	3	0	0	=	6	200-200	PM
TENNESSEE											
Chattanooga											
Baroness Erlanger	R. Baldwin	8,150	4,501	4	2	0	0	=	6	325-350	....
Knoxville											
University of Tennessee Memorial Research Center and Hospital ⁵⁸	W. F. Powell	3,299	20	1	1	0	0	=	2	320-340	FM
Memphis											
City of Memphis Hospitals ⁵⁸	W. H. L. Dornette	12,027	...	4	0	0	0	=	4	150-200	FP
Nashville											
Vanderbilt University	B. H. Robbins	6,569	100	3	3	1	0	=	7	100-125	FM
TEXAS											
Dallas											
Parkland Memorial ⁵⁸	M. T. Jenkins	11,566	...	5	5	2	0	=	12	225-275	PM
Fort Worth											
Harris	A. N. Heinrichs	12,244	...	1	1	0	0	=	2	300-325	FP
Galveston											
University of Texas Medical Branch Hospitals ⁵⁸	C. Allen	8,064	258	6	6	3	0	=	15	160-160	FP
Houston											
Baylor University College of Medicine											
Affiliated Hospitals ⁵⁸											
Jefferson Davis	A. S. Keats	4,786	25	4	4	0	0	=	8	125-165	FM
Methodist	P. H. Chalmers	10,490	...	...	...	...	...	=	...	100-175	....
Veterans Admin.	W. H. Mannheim	4,782	54	3	3	0	0	=	6	270-293	PM
Hermann	L. F. Schuhmacher, Jr.	17,866	2,469	2	2	0	0	=	4	125-300	PM
St. Joseph's	E. Hoeflich	12,760	...	0	1	0	0	=	1	220-270	PM
University of Texas M. D. Anderson Hospital and Tumor Institute	W. Derrick	4,362	...	3	3	0	0	=	6	220-300	PM
Temple											
Scott and White Memorial	C. H. Gillespie	5,422	3,959	2	2	0	0	=	4	300-300	O
UTAH											
Salt Lake City											
University of Utah Affiliated Hospitals ⁵⁸⁻²⁷¹	C. Ballinger	25,924	521	6	6	1	0	=	13	275-350	O
VERMONT											
Burlington											
University of Vermont Medical Center ⁵⁸											
De Goesbriand Memorial	E. Mills	3,194	1,045	...	...	...	...	=	...	208-208	....
Mary Fletcher	J. Abajian, Jr.	4,276	50	2	4	0	0	=	6	...-166	FM
White River Jct.											
Veterans Admin.	R. E. Lapointe	1,425	12	1	1	0	0	=	2	218-218	....
VIRGINIA											
Charlottesville											
University of Virginia	D. W. Eastwood	5,856	...	3	2	0	0	=	5	75-150	FM
Richmond											
Medical College of Virginia—Hospital Division ⁵⁸	W. E. Pembleton	14,104	...	2	3	0	0	=	5	200-200	FM
Veterans Admin.	C. G. Lynch	3,528	162	1	1	0	0	=	2	271-412	PM
WASHINGTON											
Seattle											
Doctor's ⁵⁸	J. J. Owen	4,830	...	1	1	0	0	=	2	250-300	FM
Swedish ⁵⁸	L. H. Mousel	12,431	...	2	2	0	0	=	4	225-313	FP
University of Washington Affiliated Hospitals											
Children's Orthopedic	K. Eather	3,856	8#	...	...	...	...	=	...	...	....
King County Hospital Unit No. 1 (Harbor View)	L. E. Morris	3,229	14#	6*	6	4	0	=	16	150-250	FM
Veterans Admin.	L. E. Morris	1,257	...	1	0	1	0	=	2	293-293	....
Virginia Mason ⁵⁸⁻³⁷⁶	D. C. Moore	6,608	508	3	3	0	0	=	6	175-225	FP
Tacoma											
Tacoma General ⁵⁸	J. J. Bonica	6,736	...	4	4	0	0	=	8	200-300	FM
WEST VIRGINIA											
Wheeling											
Ohio Valley General	D. E. Greenelch	6,983	1,445	3	3	0	0	=	6	300-375	....
WISCONSIN											
Madison											
University Hospitals ⁵⁸	O. S. Orth	5,576	135	6	6	0	0	=	12	100-200	FM
Milwaukee											
Milwaukee County	J. J. Jacoby	5,243	...	4	4	0	0	=	8	229-282	....
Veterans Admin. (Wood)	S. W. Gorens	3,691	116	3	0	0	0	=	3	271-293	PM

3. AVIATION MEDICINE

The programs in Aviation Medicine which have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, page 762.

Numerical and other references are listed on pages 811 through 814.

4. CARDIOVASCULAR DISEASE

Residency programs in the following hospitals have been approved up to June 30, 1961, for ONE to TWO years training by the Council and the Subspecialty Board for Cardiovascular Disease of the American Board of Internal Medicine. See special announcement, page 817.

Hospitals, 72; Residencies, 142

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco	L. F. Parmley	70	1,398	27	78	4,002	1	0	0	0	= 1	...	...
COLORADO													
Fitzsimons General, Denver	J. A. Orbison	31	459	16	81	6,356	1	0	0	0	= 1	...	...
DISTRICT OF COLUMBIA													
Walter Reed General, Washington	T. W. Inmon	69	779	37	84	6,623	1	1	0	0	= 2	...	...
TEXAS													
Brooke General, San Antonio	R. B. Dickerson	32	554	65	75	8,384	1	0	0	0	= 1	...	...
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, San Diego	J. E. Gorman	133	854	82	89	4,897	1	0	0	0	= 1	...	...
MARYLAND													
U. S. Naval, Bethesda	R. J. Pearson	23	699	...	...	...	1	0	0	0	= 1	...	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington	J. B. Johnson	...	...	...	...	2,454	0	0	1	0	= 1	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
Duarte													
City of Hope Medical Center	B. J. Allenstein	4	88	4	75	952	2	0	0	0	= 2	400-400	O
Long Beach													
Veterans Admin.	L. T. Lawrence	80	589	102	77	331	0	0	2	0	= 2	347-462	O
Los Angeles													
Los Angeles County	G. Griffith	...	...	...	...	1,704	0	0	0	1	= 1	319-319	PM
Veterans Admin.	M. L. Pearce	66	978	118	74	1,922	0	0	1	0	= 1	348-348	PM
San Francisco													
University of California Hospitals	M. Sokolow	...	...	...	...	...	0	1	0	0	= 1	243-426	...
COLORADO													
Denver													
General Rose Memorial	A. Ravin	31	787#	78	40	...	1	0	0	0	= 1	265-265	FM
CONNECTICUT													
West Haven													
Veterans Admin.	M. Calabresi	...	...	...	...	...	0	0	1	0	= 1	271-347	...
DELAWARE													
Wilmington													
Delaware	J. R. Durham	83	2,512#	571	60	2,798	0	0	0	1	= 1	220-280	FM
DISTRICT OF COLUMBIA													
Washington													
George Washington University	J. M. Evans	25	810	46	58	6,903	3	3	0	0	= 6	250-350	PM
FLORIDA													
Miami													
Jackson Memorial ¹⁴²	R. J. Boucek	...	1,407	98	34	4,111	0	1	1	1	= 3	...	PM
GEORGIA													
Atlanta													
Emory University	R. B. Logue	11	709#	66	47	...	0	0	3	0	= 3†	255-265	PM
St. Joseph's Infirmary	T. S. Claiborne	20	892	47	58	1,435	1	0	0	0	= 1*	300-500	PM
ILLINOIS													
Chicago													
Children's Memorial	R. A. Miller	...	411	56	79	1,672	...	...	...	...	...	...	...
Michael Reese	L. N. Katz	48	1,387	160	58	2,701	5	5	0	0	= 10	125-200	PM
Mount Sinai	A. Luisada	...	...	...	...	...	0	0	1	0	= 1	275-275	PM
INDIANA													
Indianapolis													
Marion County General	K. Kohlstaedt	14	352	90	33	3,409	0	0	2	0	= 2	300-400	PM
St. Vincent's	A. B. Richter	20	433	15	80	380	1	1	1	0	= 3	275-425	PM
KANSAS													
Kansas City													
University of Kansas Medical Center	E. G. Dimond	12	470	20	70	1,552	0	0	0	3	= 3	125-175	PM
LOUISIANA													
New Orleans													
Ochsner Foundation	H. M. Horack	6	215	19	80	2,727	1	0	0	0	= 1	250-300	PM
MAINE													
Portland													
Maine Medical Center	R. Martin	...	...	...	...	1,847	1	0	0	0	= 1	175-175	FP
MASSACHUSETTS													
Boston													
Beth Israel	...	...	...	...	...	...	...	...	...	...	...	...	...
Peter Bent Brigham	...	...	...	...	...	...	0	4	4	0	= 8†	...	...
West Roxbury													
Veterans Admin.	D. Littmann	8	127	2	100	457	0	0	2	1	= 3	237-375	O
Worcester													
St. Vincent	J. T. Brosnan	29	972	111	43	705	1	0	0	0	= 1	300-300	FM

Numerical and other references are listed on pages 811 through 814.

4. CARDIOVASCULAR DISEASE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
MICHIGAN													
Detroit													
Henry Ford.....	J. W. Keyes.....	76	2,394	177	78	44,455	0	0	4	0	= 4	265-365	PM
MINNESOTA													
Rochester													
Mayo Foundation 222.....			Inc. in Int. Med.				..	..	..	..	..	200-200	...
NEBRASKA													
Omaha													
University of Nebraska.....	R. Grissom.....	26	916	...	...	492	0	1	1	0	= 2	275-400	PM
NEW JERSEY													
Newark													
Newark Beth Israel.....	J. Kaufman.....	...	...	...	...	...	1	0	0	0	= 1	125-125	FM
Paramus													
Bergen Pines County.....	S. B. Reich.....	24	132	35	42	110	1	0	0	0	= 1	350-350	O
NEW YORK													
Buffalo													
Buffalo General.....	E. J. Lippschutz.....	187	4,995#	421	54	16,570	0	0	1	0	= 1	200-200	FP
Irvington													
Irvington House.....	H. F. Wood.....	...	203	1	100	7,877	0	1	1	1	= 3	250-250	FM
New York City													
Jewish.....		...	...	...	...	...	0	0	1	0	= 1	125-125	FM
Lenox Hill.....	O. Kossmann.....	...	762	82	37	2,936	1*	1	0	0	= 2†	...-416	O
Memorial Center for Cancer and Allied Diseases	J. S. LaDue.....	...	...	...	...	...	0	0	1	0	= 1	200-300	PM
James Ewing Memorial.....		...	...	...	...	...	...	...	...	...	...	...	...
Montefiore.....	J. B. Schwedel.....	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai.....	C. K. Friedberg.....	74	1,593	120	60	6,381	0	0	2	0	= 2	100-100	FM
St. Luke's.....	T. B. Vanitallie.....	...	...	...	...	...	2	0	0	0	= 2	150-175	FM
Roslyn													
St. Francis Hospital and Sanatorium.....	W. J. Noble.....	113	709	52	88	831	0	0	5	0	= 5	250-250	FM
Valhalla													
Grasslands.....		...	Inc. in Int. Med.	32	31	1,142	0	0	1	0	= 1	175-225	FM
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial.....	E. Craige.....	12	407	45	60	1,113	3	0	0	0	= 3	375-500	...
Durham													
Duke.....	E. S. Orgain.....	13	454	14	71	726	0	0	0	2	= 2	200-300	O
OHIO													
Cincinnati													
University of Cincinnati College of Medicine Hospital Group		...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General.....	J. McGuire.....	...	Inc. in Int. Med.	...	...	...	...	...	...	...	...	...	...
St. Mary's.....	R. S. Green.....	...	...	...	...	...	1*	1	0	0	= 2†	300-300	FM
Cleveland													
Cleveland Clinic.....	A. C. Ernestene.....	57	1,811	123	67	11,287	3	3	0	0	= 6	...	...
University Hospitals of Cleveland.....	W. Pritchard.....	...	...	...	...	...	0	0	2	0	= 2	250-250	PM
Columbus													
Ohio State University Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
University Hospitals.....	J. M. Ryan.....	...	...	...	...	...	0	0	2	0	= 2	252-252	PM
White Cross.....	R. W. Kissane.....	2	78#	10	30	...	1	0	0	0	= 1	290-340	PM
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center.....	S. Wolf.....	...	...	...	...	...	...	...	...	...	...	...	...
University Hospitals.....		...	Inc. in Int. Med.	...	...	...	...	...	...	...	...	...	...
Veterans Admin.....		...	...	...	...	...	...	...	...	...	...	...	...
OREGON													
Portland													
Veterans Admin.....	L. K. Goldberg.....	98	649	78	80	759	0	0	2	0	= 2	270-347	PM
PENNSYLVANIA													
Philadelphia													
Graduate Hospital of the University of Pennsylvania.....	S. Bellet.....	8	241	25	36	287	1	0	0	0	= 1	100-100	FM
Hahnemann Medical College and Hospital.....	W. Likoff.....	...	...	87	73	2,420	4	4	0	0	= 8	200-250	FM
Pennsylvania.....	J. B. Vander Veer.....	...	...	...	...	3,229	2	0	0	0	= 2	20-40	...
Philadelphia General.....	S. Bellet.....	...	...	...	...	2,673	0	0	3	0	= 3	265-265	FM
Presbyterian.....	J. R. Kitehell.....	16	404	36	61	775	2	0	0	0	= 2	235-290	FM
Temple University.....	L. A. Soloff.....	...	...	...	...	1,632	2	2	0	0	= 4	175-200	PM
Veterans Admin.....	B. H. Pastor.....	80	1,180	100	81	...	0	0	1	0	= 1	270-462	O
Pittsburgh													
Health Center Hospitals of the University of Pittsburgh School of Medicine.....	J. D. Myers.....	...	...	...	...	...	...	...	...	...	...	...	...
St. Francis General Hospital and Rehabilitation Institute.....	A. P. D. Zmura.....	17	644	...	...	589	0	0	0	1	= 1	240-305	FP
RHODE ISLAND													
Providence													
Miriam.....	N. J. Kiven.....	...	...	...	...	...	1	0	0	0	= 1	250-250	FM
Rhode Island.....	F. B. Cutts.....	...	...	...	...	8,916	2	0	0	0	= 2	175-175	FM
TEXAS													
Galveston													
University of Texas Medical Branch Hospitals.....		...	Inc. in Int. Med.	...	...	...	...	...	...	...	...	160-160	FP
VIRGINIA													
Richmond													
Veterans Admin.....	F. A. Wade.....	47	859	106	74	2,350	0	0	2	0	= 2	271-412	PM
WISCONSIN													
Madison													
University Hospitals.....	C. W. Crumpton.....	8	455	28	79	2,858	3	1	1	0	= 5	200-200	FM

Numerical and other references are listed on pages 811 through 814.

5. CHILD PSYCHIATRY

The programs in Child Psychiatry which have been approved by the Council, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 774.

6. DERMATOLOGY

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

Hospitals, 78; Residencies, 320

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	R. M. Williams.....	6	374	...	...	12,450	1	1	1	0	= 3	...	...	3
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	R. S. Higdon.....	12	206	1	100	19,127	1	1	1	0	= 3	...	...	3
TEXAS															
Brooke General, San Antonio.....	G. Prazak.....	11	211	...	...	48,665	2	2	2	0	= 6	...	...	3
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, San Diego ⁹⁷	C. W. Norman.....	22	276	...	...	13,919	1	2	1	0	= 4	...	...	2*
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	J. H. Lockwood.....	12	229	...	...	5,693	2	1	2	0	= 5	...	...	2*
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health, Bethesda .....	.....	...	...	...	...	...	...	...	...	...	...	...	...	1
NEW YORK															
U. S. Public Health Service, New York City (Stapleton) ²⁸⁷	J. T. Hearin.....	32	590	...	...	9,420	1	1	1	0	= 3	...	...	3
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	3
University Hospital and Hillman Clinic	R. O. Noojin.....	2	51	...	...	24,237	1	2	1	0	= 4	175-205	FM	..
Fairfield															
Lloyd Noland ⁷⁶	P. G. Reque.....	2	78	...	...	5,882	1	0	0	0	= 1	250-250	FM	1
ARKANSAS															
Little Rock															
University of Arkansas Medical Center.....	C. J. Dillaha.....	...	...	...	...	...	2	0	0	0	= 2	...	...	1
University.....	.....	...	...	...	...	944	...	...	...	...	...	170-...	O	..
Veterans Admin.....	.....	...	...	...	...	...	...	...	...	...	...	254-254	O	..
CALIFORNIA															
Long Beach															
Veterans Admin.....	S. W. Becker.....	35	219	3	100	6,936	2	2	2	0	= 6	271-462	O	3	
Los Angeles															
Los Angeles County.....	M. C. Zimmerman, J. K. Fisher.....	25	720	15	47	13,078	2	1	1	0	= 4	273-303	PM	3	
University of California.....	T. H. Sternberg.....	4	74	3	100	5,642	2	2	2	0	= 6	240-314	FP	3	
Veterans Admin. ⁸⁰	E. T. Wright.....	50	536	...	...	16,019	3	4	0	0	= 7	271-348	PM	3
White Memorial.....	M. Couperus.....	1	28	...	...	3,858	1	0	0	0	= 1	215-215	PM	2
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....	E. M. Farber.....	...	...	...	...	...	...	...	...	...	...	...	...	3
Palo Alto-Stanford Hospital Center.....	.....	1	31	...	...	2,066	2	2	0	0	= 4	250-325	O	..
Veterans Admin.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	..
San Francisco															
University of California Hospitals.....	R. B. Rees.....	1	45	...	...	7,692	1	2	1	0	= 4	243-316	...	3
COLORADO															
Denver															
University of Colorado Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	3
Colorado General.....	O. S. Philpott.....	1	25	...	...	3,897	1	1	0	0	= 2	180-190	O	..
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	3
Grace-New Haven Community.....	A. B. Lerner.....	...	...	...	...	4,507	1	1	0	0	= 2	50-100	FM	..
FLORIDA															
Miami															
Jackson Memorial.....	H. Blank.....	...	150	2	50	5,318	3	2	2	0	= 7	200-275	PM	3	
ILLINOIS															
Chicago															
Cook County.....	T. Cornbleet.....	28	352	13	...	14,746	2	1	0	0	= 3	140-140	FM	3	
Northwestern University Medical Center.....	H. Rattner.....	...	...	...	...	5,183	2	2	2	0	= 6	200-280	O	3
Veterans Admin. Research.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	3
University of Chicago Clinics.....	S. Rothman.....	9	214	3	100	7,339	3	3	3	0	= 9	250-305	O	3	
University of Illinois Research and Educational Hospitals.....	A. Rostenberg.....	4	45	6	100	11,495	2	0	2	0	= 4	160-215	PM	3	
Veterans Admin. (Hines).....	A. Rostenberg.....	83	584	58	66	156	2	2	0	0	= 4	271-293	O	..	

Numerical and other references are listed on pages 811 through 814.

6. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
INDIANA															
Indianapolis															
Marion County General.....	B. Booth.....	4	79	...	...	6,770	1	1	1	0	= 3	269-321	PM	3
IOWA															
Iowa City															
State University of Iowa Hospitals.....	R. Nomland.....	15	435	3	67	15,851	1	1	1	0	= 3	200-255	FM	3	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana.....	V. J. Derbes, C. B. Kennedy, V. M. Henington.....	22	422	3	100	26,134	4	4	2	0	= 10	125-175	FM	3	
MARYLAND															
Baltimore															
Johns Hopkins.....	5,601	3
University.....	H. M. Robinson, Jr.....	5	250	.....	.....	12,900	1	1	1	0	= 3	200-250	PM	3
Fort Howard															
Veterans Admin.....	M. Sullivan.....	5	56	.....	.....	1,180	1	1	0	0	= 3	271-271	O	3
MASSACHUSETTS															
Boston															
Boston City.....	B. Appel.....	10	139	.....	.....	15,499	2	1	1	0	= 4	158-178	FM	3
Massachusetts General.....	T. B. Fitzpatrick.....	.....	.....	.....	.....	10,568	3	1	0	0	= 4	108-183	FM	3
Massachusetts Memorial.....	H. Mescon.....	.....	.....	.....	.....	4,741	2	2	2	0	= 6	175-275	O	3
MICHIGAN															
Ann Arbor															
University ²⁰⁸	A. C. Curtis.....	19	566	6	50	6,557	5	5	5	0	= 15	180-250	O	3	
Detroit															
Henry Ford.....	C. S. Livingood.....	19	508	.....	.....	41,849	5	5	4	0	= 14	265-365	PM	3
Receiving.....	H. Pinkus.....	.....	25	.....	.....	10,936	2	2	2	0	= 6	200-350	O	3
MINNESOTA															
Minneapolis															
Minneapolis General.....	C. W. Laymon.....	6	162	2	.....	4,681	1	1	0	0	= 2	235-235	FM	3
University of Minnesota Hospitals.....	F. W. Lynch.....	5	69	.....	.....	4,100	1	1	1	0	= 3	244-244	.....	3
Veterans Admin. ²²⁰	I. Fisher.....	18	312	1	100	1,440	2	2	0	0	= 4	271-462	O	3	
Rochester															
Mayo Foundation ²²²	L. A. Brunsting.....	.....	898	4	100	.....	5	5	5	4	= 19	200-333	PM	3
St. Paul															
Aneker.....	H. Ravits.....	6	96	1	.....	3,693	0	1	0	0	= 1	235-235	FM	3
MISSOURI															
St. Louis															
Barnes.....	H. Eisen, C. Lane.....	.....	.....	.....	.....	5,503	1	1	0	0	= 2	50-175	FM	3
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial.....	O. F. Jillson.....	6	179	.....	.....	9,220	1	1	1	0	= 3	218-273	O	3
NEW YORK															
Buffalo															
Edward J. Meyer Memorial ²⁵⁴	E. D. Osborne.....	6	87	2	100	5,520	1	1	1	0	= 3	292-332	PM	3	
Roswell Park Memorial.....	H. L. Traenkle.....	3	49	2	100	2,992	0	0	1	0	= 1	334-381	O	1	
New York City															
Bellevue Hospital Center.....
Div. IV—New York University Post-Graduate Medical School.....	M. Lelder.....	47	381	9	67	24,954	2	3	2	0	= 7	.....	.....	3
Kings County Hospital Center.....	L. Frank.....	21	346	6	.....	12,499	2	0	0	0	= 2	145-195	.....	3
Mount Sinai.....	S. M. Peck.....	4	24	.....	.....	6,987	1	1	0	0	= 2	100-100	FM	3
New York.....	G. Lewis.....	.....	.....	.....	.....	9,255	1	0	0	0	= 1	164-164	.....	3
New York University Medical Center.....
University.....	M. B. Sulzberger.....	4	131	5	.....	70,023	5	0	0	0	= 5	145-195	FM	3
Presbyterian.....	C. T. Nelson.....	7	127	.....	.....	33,077	2	1	1	0	= 4	250-308	PM	3
St. Luke's.....	L. P. Barker.....	.....	.....	.....	.....	7,779	1	1	0	0	= 2	125-150	FM	2*
Veterans Admin. (Bronx).....	H. Shatin.....	41	498	.....	.....	65	1	1	2	0	= 4	270-347	O	3
Veterans Admin. (Manhattan).....	P. Michaelides.....	35	430	1	.....	55	2	2	2	0	= 6	271-348	O	2*
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.....	J. M. Hitch.....	1	46	.....	.....	2,927	1	1	0	0	= 2	175-266	O	2
Durham															
Duke.....	J. L. Callaway.....	4	160	.....	.....	2,076	1	1	1	0	= 3	200-300	O	3
OHIO															
Cincinnati															
University of Cincinnati College of Medicine Hospital Group.....
Cincinnati General.....	L. Goldman.....	19	266	1	100	3,857	2	2	2	0	= 6	125-200	FM	3	
Cleveland															
Cleveland Clinic.....	J. R. Haserick.....	11	329	2	50	14,797	1	1	2	0	= 4	275-...	.....	3
Cleveland Metropolitan General.....	R. C. Rausehkolb.....	5	88	1	.....	4,799	1	1	1	0	= 3	150-217	FM	3
University Hospitals of Cleveland.....	R. Stoughton.....	4	92	.....	.....	5,870	2	1	1	0	= 4	150-250	PM	3
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center.....	J. H. Lamb.....	.....	.....	.....	.....	.....	2	1	1	0	= 4	.....	.....	3
University Hospitals.....	.....	2	68	.....	.....	2,544	.....	.....	.....	.....	.....	200-225	PM	..
Veterans Admin.....	H. A. Foerster.....	8	192	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..

Numerical and other references are listed on pages 811 through 814.

6. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance O	Length of Approved Program (Years)	
				Number	Autopsy Percent.		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics.....	W. C. Lobitz, Jr.....	4	103	...	...	6,838	2	2	1	0	= 5	165-215	FM	3	
PENNSYLVANIA															
Danville															
George F. Geisinger Memorial.....	R. F. Dickey.....	1	56	...	...	12,451	1	0	0	0	= 1	175-225	FM	3	
Philadelphia															
Graduate Hospital of the University of Pennsylvania.....	H. Beerman.....	...	44	...	...	3,533	1	1	1	0	= 3	75-100	FM	3	
Hahnemann Medical College and Hospital.....	H. J. Hurley.....	...	...	...	...	1,629	1	0	0	0	= 1	75-75	FM	1	
Hospital of the University of Pennsylvania.....	D. Pillsbury.....	5	129	1	100	4,989	4	4	4	4	= 16	125-192	...	3	
Jefferson Medical College.....	H. A. Lusecombe.....	1	30	...	...	3,488	2	0	0	0	= 2	100-125	PM	2	
Philadelphia General.....	C. Burgoon, D. Pillsbury.....	10	160	2	50	3,587	2	2	0	0	= 4	128-212	FM	2	
Temple University Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Skin and Cancer Hospital Unit.....	C. F. Burgoon, Jr.....	17	520	1	...	21,270	3	0	1	0	= 4	175-225	O	..	
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals.....	J. F. Mullen.....	8	138	2	100	6,804	2	2	2	0	= 6	160-160	FP	3	
Houston															
Baylor University College of Medicine Affiliated Hospitals ³⁰⁵	E. R. Seal.....	18	307	4	50	4,421	1	1	1	0	= 3	...	...	3	
VIRGINIA															
Charlottesville															
University of Virginia.....	E. P. Cawley.....	6	170	...	...	8,749	2	2	1	0	= 5	75-150	FM	3	
Richmond															
Medical College of Virginia—Hospital Division.....	A. Pepple.....	6	260	...	...	5,482	1	1	0	0	= 2	150-150	FM	2	
WISCONSIN															
Madison															
University Hospitals.....	S. A. M. Johnson.....	4	135	4	100	4,209	1	1	1	0	= 3	100-200	FM	3	
Marshfield Clinic (Marshfield).....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Milwaukee															
Veterans Admin. (Wood) ³⁸⁸	D. W. Kersting.....	19	312	6	83	9,354	1	0	0	0	= 1	271-347	PM	3	

7. GASTROENTEROLOGY

Residency programs in the following hospitals have been approved up to June 30, 1961, for ONE to TWO years of training by the Council and the Subsidiary Board for Gastroenterology of the American Board of Internal Medicine. See special announcement, page 817.

Hospitals, 41; Residencies, 73

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance O	Length of Approved Program (Years)	
				Number	Autopsy Percent.		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	E. L. Kehoe.....	29	673	12	70	4,005	1	0	0	0	= 1	...	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	B. H. Sullivan.....	23	331	15	73	3,179	1	0	0	0	= 1	...	...	...
TEXAS															
Brooke General, San Antonio.....	E. D. Palmer.....	33	501	22	82	1,521	1	0	0	0	= 1	...	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Long Beach															
Veterans Admin.....	S. J. Stempfen.....	74	516	73	79	2,145	0	0	2	0	= 2	347-462	O	...	
Los Angeles															
Veterans Admin.....	M. I. Grossman.....	70	884	71	82	1,574	0	0	1	0	= 1	348-348	PM	...	
San Francisco															
University of California Hospitals.....	Inc. in Int. Med.	...	...	...	...	...	...	...	...	...	...	...	...	...
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community.....	H. M. Spiro.....	...	...	...	...	993	0	3	2	0	= 5	300-400	O	...	
Veterans Admin. (West Haven).....	H. M. Spiro.....	...	...	...	...	...	0	0	2	1	= 3	347-412	...	...

Numerical and other references are listed on pages 811 through 814.

7. GASTROENTEROLOGY—Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-Tenance P M O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
ILLINOIS														
Chicago														
	Cook County	F. Steigmann	3,729	1	1	0	0	= 2	140-140	FM
	Northwestern University Medical Center
	Veterans Admin. Research	E. C. Texter	16	144	0	0	1	2	= 3	271-462	O
INDIANA														
Indianapolis														
	Marion County General	B. D. Rosenak	8	150	13	54	987	0	0	1	0	= 1	300-400	PM
KANSAS														
Kansas City														
	University of Kansas Medical Center	A. Klotz	11	303	14	75	550	0	0	0	1	= 1	175-175	PM
LOUISIANA														
New Orleans														
	Ochsner Foundation	W. D. Davis	14	520	7	100	2,824	1	0	0	0	= 1	250-300	PM
	Touro Infirmary	M. Kaplan	..	816	4	50	1,372	1	1	0	0	= 2	125-150	FP
MASSACHUSETTS														
Boston														
	Beth Israel	L. Zetzel	1	0	0	0	= 1	167-250	O
	Lahey Clinic	E. D. Kiefer	56	1,619	8	38	20,664	0	0	0	8	= 8	200-200	O
	Massachusetts Memorial	F. J. Ingelfinger	...	Inc. in Int. Med.	664
MICHIGAN														
Ann Arbor														
	University Hospitals	H. M. Pollard	...	Inc. in Int. Med.	0	0	0	2	= 2	275-275	O
Detroit														
	Henry Ford	J. G. Mateer	55	1,252	33	61	29,036	0	0	4	0	= 4	265-365	PM
MINNESOTA														
Rochester														
	Mayo Foundation 222	Inc. in Int. Med.	200-...	...
NEW JERSEY														
Paramus														
	Bergen Pines County	A. I. Friedman	20	113	25	20	44	0	0	1	0	= 1	300-300	O
NEW YORK														
New York City														
	Jewish	M. Matzner	...	Inc. in Int. Med.	877	0	0	1	0	= 1	125-125	FM
	Kings County Hospital Center	L. W. Richna	...	Inc. in Int. Med.	2	0	0	0	= 2	265-265	FM
	Mount Sinai	H. D. Janowitz	39	1,190	48	50	4,885	0	0	2	0	= 2	100-100	FM
	New York Polyclinic Medical School and Hospital	I. A. Feder	7	184	12	25	727	1	0	0	0	= 1	150-150	FM
	Veterans Admin. (Brooklyn)	J. B. Gabriel	40	506	32	69	572	1	0	0	0	= 1	347-412	O
NORTH CAROLINA														
Durham														
	Duke	J. M. Ruffin	7	376	1	100	...	0	0	1	2	= 3	200-300	O
Winston-Salem														
	North Carolina Baptist	D. Cayer	...	Inc. in Int. Med.	774	3	0	0	0	= 3	160-208	PM
OHIO														
Cincinnati														
	University of Cincinnati Hospital Group	Inc. in Int. Med.
	Cincinnati General	L. Schiff	...	Inc. in Int. Med.
Cleveland														
	Cleveland Clinic	C. H. Brown	18	535	35	63	10,146	1	0	0	0	= 1	350-350	...
	Veterans Admin. 308	H. P. Roth	62	810	37	68	180	0	0	0	2	= 2	271-462	PM
Columbus														
	Ohio State University Hospitals	C. J. De Lor	12	58	1,489	0	0	1	0	= 1	252-252	PM
OREGON														
Portland														
	Veterans Admin.	M. C. Goldman	98	368	11	80	208	0	0	1	0	= 1	270-347	PM
PENNSYLVANIA														
Philadelphia														
	Graduate Hospital of the University of Pennsylvania	H. L. Bockus	32	964	38	60	1,997	2	0	0	0	= 2	75-150	FM
	Hospital of the University of Pennsylvania	T. Machella	...	Inc. in Int. Med.	3,844	2	2	2	0	= 6	150-200	...
	Jefferson Medical College	C. W. Wirts	20	654	902	1	0	0	0	= 1	100-150	PM
	Temple University	H. Shay	...	Inc. in Int. Med.	463	2	0	0	0	= 2	175-175	PM
TENNESSEE														
Memphis														
	Veterans Admin.	M. L. Gompertz	69	1,138	31	90	346	1	0	0	0	= 1	412-412	PM
VIRGINIA														
Richmond														
	Veterans Admin.	F. A. Wade	38	708	22	82	1,750	0	0	2	0	= 2	271-412	PM
WISCONSIN														
Milwaukee														
	Veterans Admin. (Wood)	J. J. Levin	55	785	41	70	1,529	0	0	1	0	= 1	347-412	PM

Numerical and other references are listed on pages 811 through 814.

8. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field.

Hospitals, 185; Residencies, 838

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	H-Maintenance O	Length of Approved Program (Years)
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES AIR FORCE														
ALABAMA														
U. S. Air Force, Montgomery.....	F. E. Foley.....	284	5,758	91	79	56,913	2	2	0	0	= 4	...	...	2
DISTRICT OF COLUMBIA														
U. S. Air Force, Washington.....	M. W. Steel, Jr.....	205	5,907	62	73	168,713	2	2	0	0	= 4	...	...	2
MISSISSIPPI														
U. S. Air Force, Biloxi.....	J. R. Henry.....	285	8,487	48	60	207,226	3	3	0	0	= 6	...	...	2
OHIO														
U. S. Air Force, Dayton.....	.....	278	5,725	49	67	243,018	4	4	0	0	= 8	...	...	2
TEXAS														
U. S. Air Force, San Antonio.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
UNITED STATES ARMY														
NEW JERSEY														
Walson Army, Fort Dix.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
UNITED STATES PUBLIC HEALTH SERVICE														
MICHIGAN														
U. S. Public Health Service, Detroit.....	N. J. Galluzzi, A. R. Valle.....	57	2,531	22	77	21,141	3	3	0	0	= 6	...	...	2
TEXAS														
U. S. Public Health Service, Galveston...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
VIRGINIA														
U. S. Public Health Service, Norfolk....	F. T. Zinn.....	186	3,606	73	59	47,328	3	3	0	0	= 6	648-665	...	2
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist.....	C. Neville.....	199	11,684	163	23	...	1	0	0	0	= 1	250-300	FM	2
ARIZONA														
Phoenix														
Good Samaritan.....	L. B. Smith.....	64	9	73	51	1,150	1	1	0	0	= 2	350-400	PM	2
Maricopa County General.....	H. M. Bunch.....	78	...	...	...	28,160	6	6	0	0	= 12	373-392	PM	2
Tucson														
St. Mary's.....	L. Hirsch.....	27	...	9	75	...	2	0	0	0	= 2	200-200	FM	2
ARKANSAS														
Little Rock														
University of Arkansas Medical Center ⁴⁰	J. T. Riggan, Jr.....	...	...	...	...	...	9	6	0	0	= 15	170-180	O	2
CALIFORNIA														
Arlington														
General Hospital of Riverside County....	G. J. Anday.....	136	2,811	31	22	12,248	7	0	0	0	= 7	444-444	PM	2
Bakersfield														
Kern County General.....	J. F. Barnard.....	221	8,502	472	67	90,639	1	0	0	0	= 1	350-425	O	2
Long Beach														
St. Mary's Long Beach.....	W. L. Thompson.....	235	17,692	298	50	22,236	2	2	0	0	= 4	300-320	FM	2
Martinez														
Contra Costa County.....	.....	...	416#	25	76	...	10	0	0	0	= 10	481-481	PM	2
Modesto														
Stanislaus County.....	A. S. Westphal.....	276	5,415	390	31	44,713	4	4	0	1	= 9	500-500	PM	2
Sacramento														
Sacramento County.....	D. M. Ernest.....	780	13,422	1,196	46	95,205	6	6	0	0	= 12	390-480	FM	2
Salinas														
Monterey County.....	W. A. Cassidy.....	248	3,683	249	75	31,827	10	0	0	0	= 10	...-500	FM	2
Santa Barbara														
Santa Barbara General.....	D. M. Caldwell.....	226	2,622	189	54	11,022	3	2	0	0	= 5	450-450	FM	2
Santa Rosa														
Sonoma County.....	H. D. Stailey.....	268	3,691	395	30	28,726	4	4	0	0	= 8	425-475	PM	2
Ventura														
General Hospital Ventura County.....	J. A. Daly.....	235	5,449	72	23	34,485	5	5	0	0	= 10	434-465	FP	2
COLORADO														
Colorado Springs														
Penrose.....	C. S. Gydesen.....	8	366#	6	50	600	2	2	0	0	= 4	200-200	FM	2
St. Francis.....	R. W. Ulrich.....	159	9,800	233	54	5,554	2	1	0	0	= 3	200-200	FM	2
Denver														
Mercy.....	F. Lanvetz.....	...	...	...	...	...	3	0	0	0	= 3	300-300	PM	2
St. Joseph's.....	F. B. McGlone.....	48	2,951	56	34	...	1	1	0	0	= 2	200-225	FM	2
University of Colorado Medical Center..	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
Colorado General.....	C. W. Eisele.....	220	8,325	390	79	117,673	8	8	0	0	= 16	180-190	O	...
Denver General.....	C. W. Eisele.....	...	...	...	...	2,942	...	...	...	...	...	179-205	...	...
Pueblo														
St. Mary-Corwin.....	F. W. Barrows.....	309	15,980	363	38	1,242	4	4	0	0	= 8	285-300	PM	2

Numerical and other references are listed on pages 811 through 814.

8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
CONNECTICUT															
Bridgeport															
Bridgeport	E. R. Connors	52	2,025	180	36	1,093	2	2	0	0	4	240-265	FM	2	
Torrington															
Charlotte Hungerford	M. E. Giobbe	95	5,819	204	24	2,065	4	0	0	0	4	200-200	FM	2	
DELAWARE															
Wilmington															
Wilmington General	F. S. Skura	165	8,895	214	45	25,663	6	6	0	0	12	200-295	FM	2	
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty															2
FLORIDA															
Daytona Beach															
Halifax District	H. A. King	227	11,113	410	35	15,482	2	0	0	0	2	500-500	FM	2	
Jacksonville															
Baptist Memorial	A. M. Manson	240	13,075	199	59	4,601	2	4	0	0	6	325-375	O	2	
St. Luke's	E. E. Leitner						2	0	0	0	2	325-350	PM	2	
St. Vincent's	L. M. Wachtel	282	16,667#	297	44		2	1	0	0	3	325-350	PM	2	
Pensacola															
Baptist	J. R. Lundquist	182	13,203	170	49		6	4	0	0	10	225-300	FM	2	
Sacred Heart	R. E. Dalrymple						3	0	0	0	3	225-275	FM	2	
St. Petersburg															
Mound Park	E. B. Campbell, Sr.	131	4,304	658	22		2	2	0	0	4	307-307	PM	2	
GEORGIA															
Columbus															
Medical Center	E. B. Horn	233	13,345	413	34	27,958	2	2	0	0	4	350-400	FM	2	
Fort Oglethorpe															
John L. Hutcheson Memorial Tri-County	F. H. Simonton	95	6,267	156	41	6,007	3	3	0	0	6	450-475	PM	2	
Macon															
Macon	W. R. Birdsong	342	23,691	500	25	61,285	4	2	0	0	6	275-325	FP	2	
ILLINOIS															
Berwyn															
MacNeal Memorial	A. Bolino	32	1,941	292	33		8	0	0	0	8	350-375	FP	2	
Chicago															
Grant	S. A. Diamond						1	1	0	0	2	225-250		2	
Illinois Masonic	J. S. Poticha	75	2,861	141	38	3,516	1	0	0	0	1	175-235	FM	2	
Louis A. Weiss Memorial	H. E. Bessinger	203	7,451	212	43	1,570	11	11	0	0	22	385-410	FP	2	
St. Mary of Nazareth	S. A. Motto	231	11,036	447	37		2	0	0	0	2	225-250	FP	2	
Decatur															
Decatur and Macon County															1
INDIANA															
Indianapolis															
Methodist	D. R. Hampshire		11,398				1	1	0	0	2	290-320	PM	2	
IOWA															
Des Moines															
Broadlawn-Polk County	G. A. Kern	137	1,850	246	38	8,873	2	0	0	0	2	225-225	FM	2	
KANSAS															
Wichita															
St. Francis	V. D. Schwartz	365	21,421	313	36	28,657	2	2	0	0	4	275-300	FP	2	
Wesley	J. Tiller	381	19,571	309	42		2	2	0	0	4	295-375	FM	2	
KENTUCKY															
Covington															
Win. Booth Memorial	P. W. Simpson	127	5,534	235	28	6,539	3	3	0	0	6	300-300	FM	2	
Lexington															
Central Baptist	D. M. Royalty	128	7,546	130	25	5,958	3	3	0	0	6	350-400	FP	2	
LOUISIANA															
Lafayette															
Lafayette Charity	E. Hull					25,572	20	0	0	0	20	375-375	PM	1	
Monroe															
E. A. Conway Memorial	H. E. Jones	170	8,667	507	57	51,482	10	0	0	0	10	400-550	PM	2	
New Orleans															
Touro Infirmary	L. Kuhn						1	0	0	0	1	125-175	FP	2	
Pineville															
Huey P. Long Charity	M. Honigman	142	9,730	340	35	73,186	12	0	0	0	12	375-375	PM	1	
MAINE															
Portland															
Maine Medical Center	S. R. Branson					180	1	1	0	0	2	175-200	FP	2	
MARYLAND															
Baltimore															
University	T. Woodward						2	1	0	0	3	200-250	PM	2	
Bethesda															
Suburban	W. T. Joyce	159	9,691	282	49	3,503	3	3	1	0	7	175-250	FM	2	
MASSACHUSETTS															
Boston															
New England	R. A. Draper	29	945	33	57	1,297	2	2	0	0	4	225-275	FM	2	
Fall River															
St. Anne's	J. C. Corrigan	139	6,085	175	38	14,475	4	1	0	0	5	250-250	FM	2	
Worcester															
Worcester City	J. A. Lundy	152	6,708	473	44	21,417	2	2	0	0	4	250-333	PM	2	

Numerical and other references are listed on pages 811 through 814.

8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
MICHIGAN															
Benton Harbor															
Mercy	S. Gould	125	7,353	173	41	6,121	1	1	0	0	= 2	325-325	FM	2	
Dearborn															
Oakwood	S. M. Gillespie	82	5,808	108	57	...	4	4	0	0	= 8	250-325	FM	2	
Detroit															
Evangelical Deaconess	W. P. Curtiss	...	2,674	203	55	...	2	2	0	0	= 4	317-317	PM	2	
Henry Ford	J. G. Mateer	...	...	...	...	...	1	1	0	0	= 2	300-320	PM	2
Flint															
Hurley	J. S. Schultz	187	...	...	...	...	2	2	0	0	= 4	325-350	FM	1
McLaren General	G. C. Cutler	278	13,062	229	52	...	3	3	0	0	= 6	375-400	PM	2	
Grosse Pointe															
Cottage	...	...	...	...	...	...	...	...	...	...	...	...	...	2
River Rouge															
Sidney A. Sumby Memorial	A. W. Mitchell	...	...	...	...	...	2	2	0	0	= 4	350-...	FM	2
Saginaw															
St. Mary's	T. E. Fleschner	164	8,575	201	42	105	1	1	0	0	= 2	400-400	PM	2	
Wyandotte															
Wyandotte General	K. J. Ray	188	12,562	244	34	18,688	6	2	0	0	= 8	...-650	...	2	
MINNESOTA															
St. Paul															
Midway	A. E. Ritt	108	7,262	118	52	5,866	4	4	0	0	= 8	300-350	FM	2	
St. Luke's	R. E. Lindell	196	7,853	166	43	5,367	4	4	0	0	= 8	300-350	FP	2	
MISSISSIPPI															
Jackson															
Mississippi Baptist University	C. D. Brannan	183	11,269	130	53	12,451	1	1	0	0	= 2	250-250	PM	2	
University	T. Brooks	...	...	...	...	388	2	2	0	0	= 4	250-250	O	2
MISSOURI															
Columbia															
University of Missouri Medical Center	V. E. Wilson	...	Inc. in Int. Med.	...	...	...	2	2	0	0	= 4	200-300	...	2
Kansas City															
Menorah Medical Center	E. L. Petry	...	...	...	...	...	1	1	0	0	= 2	300-350	FP	2
Trinity Lutheran	O. W. Theel	7	2,729	97	59	5,141	2	2	0	0	= 4	300-300	PM	2	
St. Joseph															
Missouri Methodist	D. J. Stallard	...	4,324	254	22	...	2	0	0	0	= 2	225-225	FM	1	
St. Louis															
De Paul	C. E. Martin	...	...	...	...	...	1	1	0	0	= 2	200-225	FM	2
Lutheran	F. W. Klinge	241	10,906	393	40	8,563	3	3	0	0	= 6	200-225	FP	2	
St. Anthony's	G. O. Sullivan	225	3,920	71	25	12,400	2	2	0	0	= 4†	250-300	FM	2	
NEW JERSEY															
Flemington															
Huntendon Medical Center	R. R. Henderson	101	5,040	197	58	...	4	0	0	0	= 4	150-200	...	2	
Montclair															
Mountainside	H. F. Schurman	295	12,223	405	46	13,315	2	2	0	0	= 4	250-300	FP	2	
Morristown															
Morristown Memorial	R. Earp	75	12,013	257	68	6,672	2	2	0	0	= 4	225-275	PM	2	
Princeton															
Princeton	B. Scasserra	131	6,704	...	...	2,332	3*	3	0	0	= 6	300-300	FM	2
Somerville															
Somerset	M. E. Tolomeo	203	11,379	294	463	3,544	1	0	0	0	= 1	275-275	FM	2	
Summit															
Overlook	D. F. Kent	218	10,858	319	50	1,299	2	2	0	0	= 4	200-250	FM	2	
NEW MEXICO															
Los Alamos															
Los Alamos Medical Center	...	36	2,512	26	92	...	1	1	0	0	= 2	600-600	...	2	
NEW YORK															
Buffalo															
Mercy	C. Banas	328	13,083	414	49	2,993	3	0	0	0	= 3	225-250	FP	1	
Millard Fillmore	M. Cheplove	...	...	...	...	...	1	1	0	0	= 2	298-323	PM	2
Glen Cove															
Community	F. Bilello	161	11,493	247	47	30,961	1	1	0	0	= 2	300-300	FM	2	
Rochester															
St. Mary's	C. DeSando	...	...	...	...	...	...	...	...	...	...	...	...	2
Yonkers															
Yonkers General	M. J. Eisen	129	6,076	157	34	6,430	1	1	0	0	= 2	200-225	FM	2	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. H. Burnett	...	...	...	...	...	2	1	0	0	= 3	175-175	O	2
OHIO															
Akron															
Akron City	D. J. Roberts	134	4,296	...	...	10,159	2	2	0	0	= 4	275-300	FP	2
Akron General	G. K. Parke	...	...	...	...	...	4	2	1	0	= 7	300-350	FM	3
St. Thomas	R. A. Breckenridge	...	...	...	...	...	2	2	0	0	= 4	250-300	FP	2
Barberton															
Barberton Citizens	A. Brown	208	12,091	247	45	1,482	3	3	0	0	= 6	375-425	FM	2	
Cincinnati															
Christ	J. Lindner	...	5,276	...	...	...	4	4	0	0	= 8	200-225	FM	2
Good Samaritan	J. C. Willke	270	14,300	480	40	2,900	2	2	0	0	= 4	250-275	FM	2	
Cleveland															
Fairview Park	R. S. Maurer	73	2,947#	165	46	2,188	2	2	0	0	= 4	250-300	FP	2	
Polyclinic	R. V. Bachman	130	6,443	156	40	6,488	4	3	0	0	= 7	300-350	FM	2	
Woman's	P. Coppedge	117	5,408	140	30	3,359	4	4	0	0	= 8	250-300	FM	2	

Numerical and other references are listed on pages 811 through 814.

8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	Main-tenance F M O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
OHIO—Continued														
Cleveland Heights														
Doctors.....	H. W. Salter.....	...	...	...	...	...	2	2	0	0	= 4	200-325	FP	2
Columbus														
Mount Carmel.....	J. L. Henry.....	362	15,117	367	49	5,885	2	1	0	0	= 3	275-300	FP	2
St. Anthony.....	R. F. Goldberg.....	160	2,220	155	25	865	4	4	0	0	= 8	265-300	FM	2
White Cross.....	R. S. Young.....	26	1,551#	57	53	...	1	0	0	0	= 1	290-315	PM	2
Dayton														
Good Samaritan.....	P. Troup.....	393	18,162	455	47	...	1	2	0	0	= 3	250-275	FM	2
Elyria														
Elyria Memorial.....	B. V. Myers.....	86	3,007	136	27	...	3	2	0	0	= 5	.....	FM	2
Euclid														
Euclid-Glenville.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
Lima														
Lima Memorial.....	J. Rodziewicz.....	...	...	...	...	...	4	4	0	0	= 8	300-325	FM	2
St. Rita's.....	E. Murray.....	147	7,686	172	35	3,758	1	0	0	0	= 1	400-450	PM	2
Ravenna														
Robinson Memorial Portage County.....	R. Glasgow.....	114	8,862	254	35	6,987	5	5	0	0	= 10	250-350	FM	2
Steubenville														
Ohio Valley.....	J. Y. Bevan.....	193	10,098	352	32	12,265	1	1	0	0	= 2	300-325	FM	2
Toledo														
St. Charles.....	F. C. Clifford.....	230	9,182	221	43	1,920	1	1	0	0	= 2	350-...	FM	2
St. Vincent's.....	M. A. Schnitker.....	...	...	...	...	...	1	1	0	0	= 2	275-325	FP	2
Warren														
St. Joseph's Riverside.....	L. A. Loria.....	...	6,840	162	33	5,828	4	3	0	0	= 7	300-300	...	2
Youngstown														
St. Elizabeth.....	H. E. Chalker.....	73	2,180	181	26	...	1	1	0	0	= 2	300-325	FM	2
Youngstown.....	J. L. Fisher.....	...	...	...	...	...	2	2	0	0	= 4	275-350	FM	2
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center..	I. Brown.....	...	...	...	...	...	4	4	0	0	= 8	275-300	PM	2
University Hospitals ³¹⁷.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	..
OREGON														
Portland														
St. Vincent.....	R. H. Tinker.....	259	13,596	389	53	1,748	2	2	0	0	= 4	275-285	PM	2
PENNSYLVANIA														
Altoona														
Altoona.....	J. M. Ronan, Jr.....	130	3,230	326	33	6,450	3	3	0	0	= 6	325-350	FM	2
Bristol														
Lower Bucks County.....	S. Vine.....	181	11,240	161	54	39,974	3	0	0	0	= 3	500-500	PM	2
Chester														
Chester.....	H. Gold.....	211	10,155	327	55	6,003	4	0	0	0	= 4	350-350	FM	2
Coaldale														
Coaldale State.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
Danville														
George F. Gelsing Memorial.....	J. A. Collins.....	...	...	...	...	...	1	0	0	0	= 1	175-225	FM	2
Erle														
St. Vincent.....	J. D. Weaver.....	...	...	...	...	...	1	1	0	0	= 2	275-325	FM	2
Lancaster														
Lancaster General.....	R. H. Mann.....	368	17,885	195	39	66,528	2	2	0	0	= 4	400-400	FM	2
St. Joseph.....	C. Stapinski.....	216	8,786	391	46	13,669	3	3	0	0	= 6	300-300	FP	2
Norristown														
Montgomery.....	S. C. Carfagno.....	159	8,994	235	42	13,907	2	0	0	0	= 2	350-450	FM	2
Sacred Heart.....	M. A. Bergnes.....	170	9,311	210	36	36,605	4	0	0	0	= 4	350-450	FM	1
Philadelphia														
St. Mary's Franciscan.....	J. A. Daly.....	185	6,417	163	61	11,851	3	3	0	0	= 6	250-250	FM	2
Pittsburgh														
St. Clair Memorial.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
St. John's General.....	A. C. Yellenik.....	147	7,979	217	30	3,066	5	0	0	0	= 5	300-300	FM	2
Pottsville														
A. C. Milliken.....	N. M. Wall.....	...	7,289	262	33	14,961	1	0	0	0	= 1	350-400	FM	2
Reading														
Community General.....	C. S. Kring.....	147	6,660	214	40	21,018	1	3	0	0	= 4	300-375	FP	2
Sharon														
Sharon General.....	E. C. Falk.....	227	13,170	304	31	15,368	4	4	0	0	= 8	200-200	FM	2
PUERTO RICO														
Arecibo														
Arecibo District.....	K. Ramirez.....	221	8,405	265	64	27,824	4	4	0	0	= 8	350-400	FM	2
Hato Rey														
Hospital Auxilio Mutuo.....	C. A. Romero.....	72	3,600	65	37	21,192	2	2	0	0	= 4	250-370	FM	2
RHODE ISLAND														
Newport														
Newport.....	A. M. Tartaglino.....	...	...	...	...	...	2	0	0	0	= 2	150-200	FM	2
Pawtucket														
Memorial.....	E. J. Mara.....	...	Inc. in Int. Med.	...	...	...	2	2	0	0	= 4	250-250	FM	2
Woonsocket														
Woonsocket.....	A. Burgess.....	166	8,453	279	21	3,496	3	3	0	0	= 6	346-346	PM	2
SOUTH CAROLINA														
Greenville														
Greenville General.....	L. Webb.....	156	7,319#	394	35	11,574	2	1	0	0	= 3	275-300	O	2
SOUTH DAKOTA														
Sioux Falls														
McKenna.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
Sioux Valley.....	R. Nelson.....	166	9,623	268	40	8,807	1	1	0	0	= 2	150-150	FM	2
Yankton														
Sacred Heart.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2

Numerical and other references are listed on pages 811 through 814.

8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
TENNESSEE														
Knoxville														
St. Mary's Memorial.....	J. L. Raulston.....	285	13,494	297	37	1,219	1	1	0	0	= 2	250-275	FP	2
University of Tennessee Memorial Research Center and Hospital.....	J. Burkhart.....	...	...	...	...	26,130	1	1	0	0	= 2	320-340	FM	2
TEXAS														
Galveston														
St. Mary's Infirmary.....	M. L. Ross.....	169	7,123	53	35	4,216	2	2	0	0	= 4	275-275	PM	2
Houston														
Memorial.....	R. Liles.....	353	20,424	317	35	...	4	4	0	0	= 8	220-245	PM	2
Midland														
Midland Memorial.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
San Antonio														
Baptist Memorial.....	W. Johnson.....	131	7,145	343	44	...	1	1	0	0	= 2	150-250	FP	2
Santa Rosa.....	E. L. Mueller, Sr.....	351	22,815	560	53	32,046	1	1	0	0	= 2	275-300	FP	2
UTAH														
Ogden														
St. Benedict's.....	W. P. Daines.....	105	9,040	132	54	14,574	4	0	0	0	= 4	275-275	PM	1
Thomas D. Dee Memorial.....	G. F. Kearns.....	152	10,719	...	...	657	0	3	0	0	= 3	325-350	PM	2
Salt Lake City														
Dr. W. H. Groves-Latter-Day Saints.....	E. J. Capener.....	348	21,504	491	44	16,229	1	1	0	0	= 2	250-275	FP	2
VIRGINIA														
Newport News														
Riverside.....	H. L. Kraus.....	...	Inc. in Int. Med.	...	...	...	1	1	0	0	= 2	250-300	FM	2
Norfolk														
De Paul.....	H. Boone.....	241	16,211	350	53	19,578	1	1	0	0	= 2	225-250	FM	2
Norfolk Community.....	G. H. Francis.....	85	4,220	142	30	3,527	2	2	0	0	= 4	250-300	FM	2
Norfolk General.....	G. H. Rector.....	72	2,583	269	275	13,116	2	2	0	0	= 4	215-265	FM	2
Portsmouth														
Portsmouth General.....	W. A. Brown, Jr.....	165	8,578	304	30	8,744	2	4	0	0	= 6	300-325	FM	2
Richmond														
Retreat for the Sick.....	O. T. Graham, Jr.....	67	3,596	55	27	307	2	1	0	0	= 3	250-300	FP	2
Suffolk														
Louise Obiel Memorial.....	E. C. Joyner.....	31	1,445#	138	24	5,337	0	4	0	0	= 4	250-300	FM	2
WASHINGTON														
Seattle														
Providence.....	P. O'Hollaren.....	258	10,139#	344	55	2,510	1	0	0	0	= 1	250-350	FP	2
Spokane														
Sacred Heart.....	S. E. Shikany.....	350	22,334	523	41	...	2	0	0	0	= 2	250-250	FP	2
St. Luke's.....	R. A. Lynberg.....	53	2,255	115	34	...	1	0	0	0	= 1	225-225	FM	2
WEST VIRGINIA														
Bluefield														
Bluefield Sanitarium.....	W. St. Clair, J. R. Shanklin	180	3,402	188	16	...	4	0	0	0	= 4	400-...	FM	2
Charleston														
Charleston General.....	W. A. Thornhill, Jr.....	...	Inc. in Int. Med.	...	...	...	2	0	0	0	= 2	225-275	FP	2
Huntington														
Cabell Huntington.....	W. Bray.....	70	3,958	57	31	...	5	2	0	0	= 7	250-275	FM	2
Parkersburg														
St. Joseph's.....	J. H. Gile.....	189	9,355	249	25	11,511	1	0	0	0	= 1	300-300	FM	2
Wheeling														
Ohio Valley General.....	W. Perihman.....	236	3,420	84	32	...	3	2	0	0	= 5	300-375	PM	2
WISCONSIN														
Madison														
Methodist.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	2
St. Mary's.....	G. J. Derus.....	85	4,500	92	50	...	1	1	0	0	= 2	250-300	FM	2
Milwaukee														
Evangelical Deaconess.....	D. C. Ausman.....	80	3,437	205	35	1,570	2	2	2	0	= 6	250-300	FP	2
Milwaukee County.....	W. A. McClellan.....	...	...	...	...	...	2	2	0	0	= 4	229-282	...	2
Milwaukee.....	O. Royce.....	...	2,822	169	57	...	1	1	0	0	= 2	281-331	PM	1
St. Luke's.....	M. Landsberg.....	221	10,170	251	42	1,125	1	1	0	0	= 2	275-325	FM	2
St. Michael.....	A. Verdone.....	224	10,200	194	39	11,494	4	4	0	0	= 8	275-300	FM	2

9. INTERNAL MEDICINE

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

Hospitals, 612; Residencies, 5,770

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	M. J. Nareff.....	419	8,458#	77	82	9,398	7	7	7	0	= 21	...	...	3
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	F. J. Hughes, Jr.....	304	3,802	95	91	43,154	4	4	4	0	= 12	...	FM	3
COLORADO														
Fitzsimons General, Denver.....	B. E. Pollock.....	57	999	16	100	2,362	3	3	3	0	= 9	...	...	3

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	FPM PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	D. O. Lynn.....	220	1,645	106	76	45,187	6	6	6	0 = 18	...	...	...	...	3
HAWAII															
Tripler Army, Honolulu.....	A. A. Biederman.....	239	5,077	85	67	27,570	4	4	4	0 = 12	...	...	...	...	3
TEXAS															
William Beaumont General, El Paso.....	R. C. Hunter.....	130	3,863	61	89	17,521	2	2	2	0 = 6	...	...	...	...	3
Brooke General, San Antonio.....	R. E. Blount.....	147	2,930	122	80	7,659	6	6	6	0 = 18	...	...	...	...	3
WASHINGTON															
Madigan General, Tacoma.....	W. C. Berry.....	171	3,192	29	86	29,943	2	2	2	0 = 6	...	...	...	...	3
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ²⁵	G. M. Davis.....	207	3,102	73	90	82,820	2	2	4	0 = 8	...	...	...	...	3
U. S. Naval, San Diego.....	J. E. Gorman.....	590	6,148	283	86	24,301	3	3	4	0 = 10	...	...	...	...	3
ILLINOIS															
U. S. Naval, Great Lakes.....	P. T. Moore.....	322	4,622	26	92	17,490	1	1	1	0 = 3	...	...	...	...	3
MARYLAND															
U. S. Naval, Bethesda.....	R. O. Canada.....	205	3,027	100	88	27,101	2	2	2	0 = 6	...	...	...	...	3
MASSACHUSETTS															
U. S. Naval, Chelsea.....	H. L. Jones, Jr.....	145	2,205	33	77	9,428	1	2	2	0 = 5	...	...	...	...	3
NEW YORK															
U. S. Naval, New York City (St. Albans).....	R. Volk.....	197	2,994	75	67	13,349	1	3	4	0 = 8	...	...	...	...	3
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	J. W. Cowan.....	200	3,593	147	52	28,000	2	2	2	0 = 6	...	...	...	...	3
VIRGINIA															
U. S. Naval, Portsmouth.....	R. J. Whipple.....	292	4,121	47	79	30,460	3	2	1	0 = 6	...	...	...	...	3
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco.....	R. H. Linn.....	152	1,612	55	78	6,739	1	1	1	0 = 3	...	...	...	...	3
LOUISIANA															
U. S. Public Health Service, New Orleans.....	J. K. Irion.....	180	2,619	67	86	10,776	2	2	1	0 = 5	...	...	...	...	3
MARYLAND															
U. S. Public Health Service, Baltimore.....	G. F. Ellinger.....	98	1,855	33	76	6,384	2	2	2	0 = 6	...	...	...	...	3
National Institutes of Health Clinical Center, Bethesda.....	L. Terry.....	79	1,014	69	86	2,410	0	0	6	0 = 6	...	...	...	...	1
MASSACHUSETTS															
U. S. Public Health Service, Boston.....	D. J. Tenenberg.....	61	1,428	32	77	6,427	1	1	1	0 = 3	...	...	...	...	3
NEW YORK															
U. S. Public Health Service, New York City (Stapleton).....	C. G. Spicknall.....	170	3,085	89	82	16,464	3	3	3	0 = 9	...	...	...	...	3
WASHINGTON															
U. S. Public Health Service, Seattle.....	W. H. Stinson.....	96	1,246	50	82	36,430	1	1	1	0 = 3	...	...	...	...	3
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ¹²³	J. B. Johnson.....	65	1,254	214	36	15,204	1	6	4	2 = 13	308-417	PM	...	...	3
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....	W. B. Frommeyer, Jr.....	260	4,850	478	52	26,849	14	8	4	2 = 28	143-250	FM	...	...	3
University Hospital and Hillman Clinic.....	E. E. Eddleman, Jr.....	173	1,938	186	60	1,524	6*	4	2	0 = 12†	271-347	O	...	...	3
Fairfield															
Lloyd Noland.....	C. E. Porter.....	79	2,925	146	42	39,377	2	2	2	0 = 6	250-375	FM	...	...	3
Mobile															
Mobile General.....	W. Atkinson.....	...	2,590	278	64	9,499	2	1	0	0 = 3	300-450	PM	...	...	1
Tuskegee															
Veterans Administration.....	E. T. Odom.....	347	1,542	101	58	664	4	2	2	0 = 8	271-347	O	...	...	3
ARIZONA															
Phoenix															
Maricopa County General.....	M. H. Green.....	121	2,060	459	42	6,147	2	2	2	0 = 6	373-412	...	...	...	3
St. Joseph's.....	H. Caldwell.....	61	2,061	108	54	3,390	1	1	1	0 = 3	250-350	FP	...	...	3
Tucson															
St. Mary's-Pima County General.....	R. L. Dexter, B. T. Weeks..	124	443	329	45	16,636	5	0	0	0 = 5	200-250	FM	...	...	1
Tucson Medical Center.....	S. Sanger.....	57	6,149	129	50	2,389	3	0	0	0 = 3	200-200	FM	...	...	1
ARKANSAS															
Little Rock															
University of Arkansas Medical Center.....	R. V. Ebert.....	53	1,431	163	95	15,025	4	4	4	0 = 12	170-237	O	...	...	3
Veterans Administration ⁷⁷	H. R. Hipp.....	188	2,836	151	79	916	8	4	4	0 = 16	254-347	O	...	...	3
CALIFORNIA															
Arlington															
General Hospital of Riverside County.....	G. J. Anday.....	12	1,697	342	58	4,629	4*	0	0	0 = 4	444-444	PM	...	...	1
Bakersfield															
Kern County General.....	H. E. Einstein.....	73	2,506	295	59	34,839	4	3	1	0 = 8	350-425	O	...	...	3
Berkeley															
Herrick Memorial.....	H. Mankin.....	40	2,178	132	58	4,920	1	1	1	0 = 3	300-400	FP	...	...	3
Duarte															
City of Hope Medical Center.....	E. Beutler.....	22	231	87	89	4,047	0	0	1	1 = 2	400-400	O	...	...	1

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance F M O	Length of Ap-proved Pro-gram (Years)	
				Number	Antony Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
CALIFORNIA—Continued															
Fresno															
General Hospital of Fresno County.....	J. Radding.....	401	3,670	504	38	20,341	2	2	2	0	=	6	300-350	PM	3
Glendale															
Glendale Sanitarium and Hospital.....	D. L. John.....	123	5,646	270	48	7,443	1	1	1	1	=	4	325-350	PM	3
La Jolla															
Scripps Clinic and Research Foundation..	E. L. Keeney.....	36	2,120	34	91	8,050	2	2	1	1	=	6†	415-415	PM	2
Long Beach															
Memorial Hospital of Long Beach.....	J. R. Knutson.....	85	3,666	238	28	624	1	1	1	0	=	3	325-425	PM	3
Veterans Administration ⁸⁰	D. W. Leik.....	390	3,060	471	80	12,479	6	6	6	0	=	18	271-462	O	3
Los Angeles															
Cedars of Lebanon.....	J. Reynolds, L. Gunther....	120	5,380	396	40	25,922	4	3	3	0	=	10†	265-370	FM	3
Hollywood Presbyterian—Olmsted Memorial.....	G. K. Wharton.....	68	2,892	252	32	5,429	1	0	0	0	=	1	279-329	PM	1
Hospital of the Good Samaritan.....	J. L. Reynolds.....	83	3,254	227	36	9,242	2	3	2	0	=	6	325-375	FM	3
Los Angeles County.....	T. H. Brem, V. J. Johns....	804	31,538	3,301	44	108,852	18	18	17	0	=	53	273-303	PM	3
Queen of Angels.....	E. C. Leullen.....	60	2,517	197	52	2,125	1	1	1	0	=	3	275-325	FM	3
St. Vincent's.....	E. W. Boland.....	83	2,694#	165	26	...	1	0	0	0	=	1	350-350	FM	1
University of California.....	J. S. Lawrence.....	88	2,532	166	83	12,084	6	5	1	0	=	12	240-314	FPO	3
Veterans Administration.....	L. Fred.....	732	4,511	437	77	3,301	16	22	14	2	=	54	271-412	PM	3
White Memorial ⁸²	V. J. Johns.....	40	1,690	144	61	28,001	2	3	2	0	=	7	215-235	PM	3
Oakland															
Highland-Alameda County.....	K. W. Benson.....	95	4,890	499	49	33,980	4	3	3	0	=	10	200-295	FM	3
Kaiser Foundation.....	R. Goldberg.....	67	1,951	193	67	...	5	3	1	0	=	9	315-365	FM	3
Veterans Administration.....	E. R. Movitt.....	231	3,484	253	..	672	3	3	3	0	=	9	271-462	...	3
Orange															
Orange County General.....	R. W. Opfell, G. F. Warner.....	216	...	425	54	22,719	2	2	2	0	=	6	355-395	O	3
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....	H. Holman.....	...	...	...	...	...	12	12	3	1	=	28	...	...	3
Palo Alto-Stanford Hospital Center.....	...	10	356	15	86	3,797	..	..	..	..	..	..	250-325	O	..
Veterans Administration.....	...	...	...	...	...	...	..	..	..	..	..	..	...	...	..
Pasadena															
Collis P. and Howard Huntington Memorial.....	E. R. Evans.....	72	2,788	251	47	1,648	1	1	1	0	=	3	...	...	3
San Bernardino															
San Bernardino County Charity.....	W. L. Cover.....	93	2,398	388	50	33,406	4	0	0	0	=	4	...-300	FM	1
San Diego															
Mercy.....	W. C. Hall.....	88	3,759	246	57	5,370	1	1	1	0	=	3	225-325	FP	3
San Diego County General.....	A. L. Edgar.....	83	1,622	412	44	5,102	4	2	2	0	=	8	250-350	FM	3
San Francisco															
Children's.....	P. M. Aggeler.....	...	1,620	74	45	5,775	2	2	0	0	=	4	250-300	FP	3
Franklin.....	D. Gorman.....	56	2,268	127	37	7,699	2	1	0	0	=	3	400-700	FM	1
French.....	D. Wilbur.....	60	3,155	159	33	12,831	2	3	1	0	=	4	250-300	FM	2
Kaiser Foundation.....	C. C. Herbert.....	46	1,567	175	55	217,250	2	3	3	0	=	8	315-415	FP	3
Mary's Help.....	F. Rochex.....	35	1,490#	128	40	4,154	2	0	0	0	=	2	225-325	...	1
Mount Zion.....	H. H. Rosenblum.....	...	2,384#	119	66	9,848	2	5	2	0	=	12	150-350	FM	3
Presbyterian Medical Center.....	G. B. Robson.....	52	2,305	142	62	28,999	3	3	1	0	=	7	100-175	PM	3
St. Luke's.....	E. L. Bruck.....	78	3,079	189	49	8,299	3	2	1	0	=	6	325-375	FP	3
St. Mary's.....	J. J. McGinnis.....	76	2,553	180	71	9,064	3	3	2	0	=	8	200-300	FP	3
San Francisco General.....	N. J. Sweet.....	244	5,121	1,000	42	3,051	10	2	2	0	=	14	220-360	O	3
University of California Service.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Southern Pacific General.....	R. E. Allen.....	204	7,048	231	71	41,359	2	2	2	0	=	6	200-325	FM	3
University of California Hospitals.....	H. Brainerd.....	90	3,340	171	78	40,374	10	6	4	2	=	22	243-426	...	3
Veterans Administration.....	F. M. Willett.....	156	1,505	182	72	866	12	7	2	0	=	21	271-462	O	2
San Jose															
Santa Clara County.....	J. E. Giansiracusa.....	111	1,491	383	61	10,655	4	2	1	0	=	7	270-320	PM	3
San Mateo															
Community Hospital of San Mateo County.....	W. F. Knorp.....	66	1,476	267	58	11,691	0	1	0	0	=	1	300-400	FM	2
Santa Barbara															
Santa Barbara Cottage ⁸⁶	K. J. McNiece.....	60	2,824	133	50	...	3*	2	1	0	=	6	200-250	FP	3
Sepulveda															
Veterans Administration.....	R. Brawley.....	74	836	69	87	...	..	..	..	..	..	..	...	...	1
Stockton															
San Joaquin General.....	L. Armanino.....	77	2,067	451	50	10,035	3	2	1	0	=	6	275-340	PM	3
Torrance															
Harbor General.....	F. K. Bauer.....	136	4,277#	732	46	15,524	7	6	6	0	=	19	273-303	FM	3
CANAL ZONE															
Balboa Heights															
Gorgas.....	F. P. Smith.....	100	2,523	64	79	11,293	2	2	1	0	=	5	458-598	O	3
COLORADO															
Denver															
Mercy.....	G. Maresh.....	84	3,587	169	50	7,023	2	0	0	0	=	2	300-300	PM	2
Presbyterian.....	H. A. Bradford.....	54	1,961	158	65	4,828	2	1	1	0	=	4	275-300	PM	3
St. Joseph's.....	F. B. McGlone.....	71	3,254	153	94	...	3	2	1	0	=	6	200-250	FM	3
St. Luke's.....	M. G. Nims.....	93	3,431	167	63	3,725	1	1	0	0	=	2	225-250	PM	2
University of Colorado Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Colorado General.....	G. Meiklejohn.....	49	1,367	174	79	25,753	6	6	6	4	=	22†	180-205	O	..
Denver General.....	G. Meiklejohn.....	91	2,969#	503	63	14,525	..	..	..	..	..	..	179-205	...	..
Veterans Administration ¹¹²	T. P. Sears.....	181	2,364	170	86	958	10	7	5	0	=	22	271-347	O	3
Pueblo															
Colorado State ¹¹⁵	G. R. Curless.....	310	1,024	327	61	6,677	8	4	1	0	=	13	275-325	FM	2
St. Mary-Corwin.....	J. S. Clutter.....	103	4,087	240	33	313	3	2	1	0	=	6	285-360	PM	1
CONNECTICUT															
Bridgeport															
Bridgeport.....	J. Smith.....	106	4,078	369	38	1,993	3	3	0	0	=	6	240-265	FM	2
St. Vincent's.....	V. Lynch.....	75	3,020	275	36	3,068	1	1	1	0	=	3	300-350	PM	3
Greenwich															
Greenwich.....	F. C. Weber.....	81	2,910	131	70	2,695	2	1	0	0	=	3	200-350	FM	2
Hartford															
Hartford.....	M. O. Phelps.....	216	6,485	556	51	3,033	16	8	6	0	=	30	125-257	FP	3

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F-Main-PM-O	Length of Approved Program (Years)
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
CONNECTICUT—Continued																
	Hartford	Municipal Hospital and Health Center	W. F. Smith	116	2,175	173	45	14,678	1	1	0	0	2	286-286	FM	2
	St. Francis		S. Burness	153	4,807	326	37	5,711	2	2	2	0	6	175-250	FP	3
New Britain																
	New Britain	General	J. C. White	85	3,021	246	58	35,808	1	1	1	0	3	250-325	FM	3
New Haven																
	New Haven	Yale-New Haven Medical Center														3
	New Haven	Grace-New Haven Community	P. B. Beeson	132	4,367	529	62	20,595	10	8	1	0	19	50-200	FM	3
	New Haven	Veterans Administration (West Haven)	T. Amatrua	67	1,351	145	73	1,919	3	9	1	0	13	271-347	PM	3
	New Haven	Hospital of St. Raphael 121	T. S. Evans	60	2,307	314	38	6,722	4	4	1	0	9	300-335	PM	3
Newington																
	Newington	Veterans Administration	P. Lipton	132	1,313	103	77	1,093	4	3	1	0	8	270-347	O	3
New London																
	New London	Lawrence and Memorial Hospitals	E. Gipstein	61	2,805	190	82	31	3*	0	0	0	3	250-300	FP	1
Norwalk																
	Norwalk		T. L. Ippolito	52	2,707	237	40	4,231	4	0	0	0	4	195-300	FP	1
Waterbury																
	Waterbury	St. Mary's	W. Finkelstein	116	3,629	274	44	9,264	2	2	1	0	5	225-275	FP	3
	Waterbury		O. J. Bizozero	100	3,393	284	45	3,664	2	1	1	0	4	225-275	FM	3
DELAWARE																
Wilmington																
	Wilmington	Delaware Memorial	L. B. Flinn	83	2,512#	260	60	12,313	2	2	1	0	5	220-260	FP	3
	Wilmington	Memorial	L. P. Lang	81	2,461	249	57	4,270	2	1	1	0	4	225-265	FP	3
	Wilmington	General	C. Levy	54	1,992	126	40	2,894	2	0	0	0	2	260-295	FM	1
DISTRICT OF COLUMBIA																
Washington																
	Washington	District of Columbia General	E. Nash, L. Kyle													
	Washington	Doctors	M. Romansky	1,862	4,641	926	43	41,419	26	5	3	0	34	233-283	O	3
	Washington	Georgetown University	F. A. J. Geier	77	2,611	167	64	...	2	1	0	0	3	200-250	FP	3
	Washington	George Washington University 129	L. H. Kyle	89	2,798	235	74	10,914	9	9	0	0	18	175-270	FM	3
	Washington	Providence	T. M. Brown	75	4,430	134	73	15,746	3	2	2	1	8	210-285	PM	3
	Washington	Veterans Administration	T. E. Curtin	62	2,441	195	32	9,989	1	1	1	0	3	350-400	PM	3
	Washington	Washington Hospital Center	S. Katz	161	2,244#	260	67	3,399	3	10	5	0	18	271-347	O	3
	Washington		C. W. Ordman	183	6,998	473	54	20,011	4	4	2	0	10	215-245	FP	3
FLORIDA																
Coral Gables																
	Coral Gables	Veterans Administration	F. Wasserman	242	2,768	324	94	31,000	14*	10	8	2	34†	271-420	O	3
Gainesville																
	Gainesville	University of Florida Teaching Hospital and Clinics	S. P. Martin	30	789	46	89	...	6	6	4	1	17	271-420	...	3
Jacksonville																
	Jacksonville	Duval Medical Center	K. B. Hanson	48	1,470	272	43	23,923	3	2	1	0	6	200-250	FM	3
	Jacksonville	Riverside	D. White	25	1,020	36	38	40,000	1	1	0	0	2	500-...	O	1
	Jacksonville	St. Luke's	J. L. Borland	43	2,125	130	...	...	2	0	0	0	2	325-350	PM	1
	Jacksonville	St. Vincent's	L. E. Geeslin	77	3,783#	167	43	2,083	3	0	0	0	3	325-325	PM	1
Miami																
	Miami	Jackson Memorial 143	R. Jones, Jr.	...	4,161	767	49	14,176	18	16	15	1	50†	200-335	PM	3
Miami Beach																
	Miami Beach	Mount Sinai Hospital of Greater Miami	D. A. Nathan	97	4,013	319	35	7,886	5	3	1	0	9	250-300	FM	3
	Miami Beach	St. Francis	D. G. Stannus	82	3,447#	215	38	7,923	1	1	0	0	2	...	FM	2
Orlando																
	Orlando	Orange Memorial	W. D. Steward	61	2,572	240	39	...	1	1	1	1	4	325-400	O	3
Tampa																
	Tampa	Tampa General	F. Massari	...	3,125	82	31	4,869	1	1	1	0	3	250-300	FM	3
GEORGIA																
Atlanta																
	Atlanta	Crawford W. Long Memorial	L. H. Bishop, Jr.	83	4,036	209	33	4,264	4	2	1	0	7	285-300	O	3
	Atlanta	Emory University Affiliated Hospitals 148	J. W. Hurst	...	...	...	...	...	12	6	2	0	20†	...	...	3
	Atlanta	Emory University	R. B. Logue	56	2,949#	99	68	...	...	...	...	...	...	235-265	PM	...
	Atlanta	Veterans Administration	J. C. Crutcher	129	1,994	187	51	...	...	...	...	...	...	271-462	PM	3
	Atlanta	Georgia Baptist	L. B. Peacock	95	4,027	191	35	1,683	2	2	1	0	5	330-380	PM	3
	Atlanta	Grady Memorial 50	J. W. Hurst	114	2,546	551	43	49,916	10	8	1	0	19	100-200	FM	3
	Atlanta	Piedmont	C. Smith	51	1,777	64	61	2,604	2	1	1	0	4	290-320	PM	3
	Atlanta	St. Joseph's Infirmary	T. T. Blalock	30	3,137	182	37	3,898	1	1	1	0	3	270-295	PM	3
Augusta																
	Augusta	Medical College of Georgia Hospitals	T. Findley	297	5,324	481	...	10,514	10	6	5	1	22	...	...	3
	Augusta	Eugene Talmadge Memorial	T. Findley	82	1,509	106	78	1,074	...	...	...	...	...	250-500	O	...
	Augusta	University	J. D. Gray	53	2,148	235	38	8,964	...	...	...	...	...	200-250	O	...
	Augusta	Veterans Administration	J. G. Bohorofoush	162	1,667	140	61	476	...	...	...	...	...	270-347	O	...
Savannah																
	Savannah	Memorial Hospital of Chatham County	J. Victor, Jr.	76	4,957	264	54	9,063	1	1	1	0	3	...-350	FM	3
HAWAII																
Honolulu																
	Honolulu	Queen's	H. Gotshalk	93	4,126	261	55	18,339	2	2	2	1	7	225-375	FM	3
	Honolulu	St. Francis	C. M. Lum	44	2,267	110	49	5,240	2	2	1	0	5	250-300	FM	3
ILLINOIS																
Chicago																
	Chicago	Augustana	M. M. Andelson	123	4,508	254	47	...	3	0	0	0	3	200-200	FM	1
	Chicago	Columbus	E. F. Foley	147	4,768	243	44	26,037	3	3	3	0	9	275-325	FM	2
	Chicago	Cook County	E. F. Foley	603	18,409	3,300	36	77,844	15	18	15	0	48	140-140	FM	3
	Chicago	Grant	A. Vander Kloot	86	2,808	220	37	2,516	1	1	0	0	2	225-250	FM	2
	Chicago	Illinois Central	W. J. Hand	...	...	157	52	...	2	2	0	0	4	305-315	FM	2
	Chicago	Illinois Masonic	L. L. Braun	62	2,382	286	43	16,810	6	0	0	0	6	175-235	FM	3
	Chicago	Mercy	G. F. O'Brien	59	1,617	117	33	31,593	4	3	2	0	9	225-300	FM	3
	Chicago	Michael Reese	R. Levine	200	5,460	386	75	35,278	6	6	5	0	17	125-200	FP	3
	Chicago	Mount Sinai 5	H. Zimmerman	130	2,735	296	48	29,456	4	4	4	1	13	225-300	PM	3
	Chicago	Northwestern University Medical Center 6	...	...	...	...	...	...	...	...	...	...	...	...	...	3
	Chicago	Chicago Wesley Memorial	P. S. Rhoads	132	4,078	214	58	28,299	4	2	2	0	8	250-250	FM	...
	Chicago	Passavant Memorial	H. L. Alt	91	3,440	170	72	...	2	2	1	0	5	225-275	PM	...
	Chicago	Veterans Administration Research 151	C. W. Borden	193	3,381	199	75	...	12	8	4	3	27	271-462	O	...
	Chicago	Evanston (Evanston)	L. F. Jourdonais	129	4,065	182	71	3,113	3	2	2	0	7	225-275	PM	...

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F/M Maintenance PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
ILLINOIS—Continued															
Presbyterian—St. Luke's	J. Campbell	262	9,323	153	79	12,964	8	8	8	0	24	125-175	FM	3	
Provident	A. Mamby	44	1,061	94	54	821	1	1	0	0	2	200-200	FM	1	
St. Joseph	D. L. Kessler	59	1,925	137	51	1,848	2	0	0	0	2	300-350	FM	1	
St. Mary of Nazareth	S. A. Motto	78	2,793	311	37	...	2	0	0	0	2	225-225	FP	1	
University of Chicago Clinics	W. Adams	208	5,016	228	81	67,073	9	11	7	1	28	250-305	O	3	
University of Illinois Research and Educational Hospitals	H. F. Dowling	80	1,425	115	80	21,934	5	4	4	1	14	160-215	PM	3	
Veterans Admin. (West Side) ¹⁰⁷	R. J. Korn	189	2,185	231	75	4,854	6	8	8	2	24	270-347	O	3	
Evanston															
Evanston Hospital	See Northwestern University, Chicago.														
St. Francis	J. T. Paul	85	2,776	302	64	6,197	2	1	1	0	4	260-280	FM	3	
Hines															
Veterans Administration ¹⁰²	A. Littman	215	2,103	272	57	850	10	10	10	2	32	271-462	O	3	
Peoria															
St. Francis	R. B. Rutherford	178	6,807	280	45	5,644	1	1	1	0	3	225-275	FM	3	
INDIANA															
Bluffton															
Clinic Hospital	J. L. Eisaman	56	3,987	77	71	17,854	1	1	1	0	3	300-400	PM	3	
Indianapolis															
Indiana University Medical Center															
Indiana University Hospitals	J. B. Hickam	101	2,321	238	72	3,979	8	8	8	0	24	225-275	PM	3	
Veterans Administration	R. H. Behnke	202	2,199	233	79	1,522	7	7	0	0	14	271-462	O	3	
Marion County General	P. J. Fouts	77	1,788	126	40	32,777	4	4	4	0	12	269-321	PM	3	
Methodist	H. D. VanVactor	146	3,936	396	38	2,197	4	4	4	0	12	290-320	PM	3	
St. Vincent's	J. O. Ritchey	62	1,729	141	34	1,254	1	1	1	0	3	275-425	PM	3	
Lafayette															
St. Elizabeth	P. W. Rothrock	78	2,924#	290	22	264	1	0	0	0	1	275-350	FM	1	
IOWA															
Des Moines															
Iowa Methodist	D. A. Glomset	125	3,353	191	57	...	1	1	1	0	3	200-250	FM	3	
Veterans Administration	J. C. Parsons	192	2,066	174	69	1,473	4	4	4	0	12	271-412	PM	3	
Iowa City															
State University of Iowa Hospitals															
University	W. B. Bean	125	3,583	260	72	15,566	8	8	8	0	24	200-255	FM	3	
Veterans Administration	R. D. Eckhardt	191	2,016	150	74	2,429	6	6	6	0	18	270-462	PM	3	
KANSAS															
Kansas City															
University of Kansas Medical Center	E. G. Dimond	72	2,625	156	75	21,639	8	8	8	0	24	123-175	PM	3	
Veterans Admin. (Kansas City, Mo.)	C. E. Andrews	169	2,376	199	73	...	5	5	0	0	10	271-271	O	3	
Wichita															
St. Francis	J. W. Schmaus	128	6,300	231	33	...	3	0	0	0	3	275-275	FP	1	
Wesley	E. W. Crow	182	7,758	249	40	...	1	0	0	0	1	295-373	FM	1	
KENTUCKY															
Harlan															
Harlan Memorial	J. Willard	61	1,492	75	49	28,000	2	3	3	0	8	400-500	PM	3	
Lexington															
Good Samaritan	M. C. Darnell	45	1,973	146	21	...	1	0	0	0	1	220-220	FM	1	
St. Joseph	C. H. Fortune	41	1,999	164	27	1,095	2	0	0	0	2	220-220	FP	1	
Louisville															
Jewish															
Louisville General	B. T. Towery	72	1,845	402	61	30,874	12	6	4	1	23	116-166	FM	3	
St. Joseph Infirmary	F. A. Olash	82	3,950	235	41	2,069	1	1	1	0	3	220-245	PM	3	
Veterans Admin.	J. R. Gott, Jr.	159	1,692	221	67	961	2	2	2	0	6	270-347	O	3	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Independent Unit	W. R. Akenhead	39	1,257	156	57	18,286	3	3	2	0	8	125-175	FM	3	
Louisiana State University Unit	W. R. Akenhead	95	2,856	454	80	33,359	7	6	4	0	17	125-175	FM	3	
Tulane University Unit	G. E. Burch	203	3,040	502	69	52,540	6	6	5	0	17	125-175	FM	3	
Ochsner Foundation	W. R. Arrowsmith	81	3,098	108	78	36,375	3	3	3	0	9	225-275	PM	3	
Southern Baptist	C. J. Gulotta	144	3,960	302	34	...	2	2	0	0	4	225-275	PM	1	
Touro Infirmary	A. Goldman	...	3,785	303	47	12,123	2	2	2	0	6	125-175	FP	3	
Veterans Administration	H. A. Buechner	212	2,775	253	82	3,246	8	8	8	0	24	270-348	O	3	
Shreveport															
Confederate Memorial Medical Center	M. D. Hargrove	149	5,775	368	90	12,132	3	3	3	0	9	125-200	FM	3	
MAINE															
Lewiston															
Central Maine General	M. A. Chapin	47	1,818	149	55	539	1	0	0	0	1	175-175	FP	1	
Portland															
Maine Medical Center	R. S. Hawkes	100	3,634	350	40	4,546	2	2	2	0	6	175-225	FP	3	
MARYLAND															
Baltimore															
Baltimore City Hospitals	G. S. Mirick	66	1,738	287	57	11,038	5	5	1	0	11	200-250	FP	3	
Church Home and Hospital	Z. R. Morgan	9	1,596#	102	53	2,675	4*	2	1	0	7	200-225	FP	3	
Franklin Square	L. M. Serra	51	1,477#	14	57	1,033	2	2	1	0	5	225-250	FM	3	
Hospital for Women ¹⁸⁷	F. W. Barnes, Jr.	...	1,010	79	70	3,242	2	1	1	0	4†	220-220	FM	3	
Johns Hopkins	A. M. Harvey	218	5,399#	583	62	52,086	12	7	3	1	23	160-377	PM	3	
Lutheran	L. A. M. Krause	56	1,418	136	35	1,971	4	2	1	0	7	220-250	FM	3	
Maryland General	E. F. Cotter	71	2,360	253	40	763	4	1	1	0	6	225-275	FM	3	
Mercy	V. M. Smith	70	1,915	203	44	10,612	2	2	1	0	5	275-275	PM	3	
St. Agnes	L. P. Gundry	56	1,710#	171	46	4,027	3*	2	1	0	6	275-300	FM	3	
St. Joseph's	L. M. Serra	60	1,727	221	56	3,328	2	2	1	0	5	225-250	FM	3	
Sinai	A. I. Mendeloff	80	1,794	208	48	13,630	6	4	1	0	11	130-300	FM	3	
South Baltimore General	R. Parker	10	314	15	33	1,256	1	1	1	0	3	200-225	FP	1	
Union Memorial	J. E. Howard	96	2,547	336	41	3,186	7	1	1	0	9	215-250	FM	3	
University	T. Woodward	150	3,692	353	56	48,056	9	8	6	1	24	200-250	PM	3	
Cheverly															
Prince George's General	A. Dietz	96	3,864	222	56	4,167	2	2	2	0	6	200-300	FM	3	
Fort Howard															
Veterans Administration	I. Freeman	211	1,826	262	61	457	4	4	4	0	12	271-271	O	3	

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P M O	Length of Ap-proved Pro-gram (Years)
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
MARYLAND—Continued															
Perry Point															
	Veterans Administration 186	S. Goldgraben	61	1,063	31	71	589	1	0	1	0	2	280-462	O	3
MASSACHUSETTS															
Beverly															
	Beverly	A. E. Parkhurst	65	2,325	130	58	3,112	1	0	0	0	1	250-250	FM	1
Boston															
	Beth Israel	H. L. Blumgart	120	3,678	...	...	25,597	6	4	4	0	14	167-250	O	3
	Boston City	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	I and III Medical Service (Tufts)	F. Biguria	102	3,214	476	62	14,314	8	6	5	0	19	158-208	FM	...
	II and IV Medical Service (Harvard)	W. B. Castle	95	3,339	420	65	16,180	13	4	0	0	17	158-208	FM	...
	V and VI Medical Service (Boston Univ.)	K. H. Katz	130	3,097	415	47	14,334	10	6	1	0	17	158-208	FM	...
	Carney	F. L. Colpoys	103	3,770	206	53	6,032	5	3	1	0	9	175-225	FP	3
	Faulkner	J. R. Graham	32	1,234	120	40	457	1	0	0	0	1	200-225	FM	1
	Lahey Clinic	L. M. Hurxthal, F. N. Allan	61	1,749	113	50	44,955	10	10	10	0	30	200-250	O	3
	Lemuel Shattuck	T. C. Chalmers	158	1,133	218	73	3,668	8	4	2	0	14	262-262	PM	3
	Long Island	J. W. Cass, Jr.	576	710	87	54	24,000	8	0	0	0	8	450-450	FM	1
	Massachusetts General	W. Bauer	...	...	...	...	22,618	12	12	3	1	28	108-183	FM	3
	Massachusetts Memorial	R. W. Wilkins	46	1,732	113	54	6,870	4	1	0	0	5	175-275	O	3
	New England Center	S. Proger	84	6,275	87	53	10,196	7	4	1	0	12	237-304	O	3
	New England Deaconess	C. C. Bailey, H. F. Root	122	5,900	289	60	...	13	4	0	0	17	200-235	PM	2
	Peter Bent Brigham	G. W. Thorn	89	3,219	283	73	14,722	6	7	0	1	20	42-167	FM	3
	Veterans Adm'n. (West Roxbury)	T. A. Warthin	90	1,433	80	83	1,894	4	0	2	1	7	237-375	O	3
	St. Elizabeth's	J. P. Rattigan	137	3,754	191	62	3,314	3	2	2	0	7	175-225	FM	3
	Veterans Administration (Jamaica Plains)	M. B. Strauss	259	5,800	404	68	6,012	14	9	9	0	32	...	...	3
Cambridge															
	Cambridge City	E. E. Hinton	41	1,158	201	28	7,581	2	2	0	0	4	170-195	FM	2
	Mount Auburn	D. Hurwitz	161	1,799	192	48	1,589	1	1	0	0	2	155-190	FM	2
Chelsea															
	Lawrence F. Quigley Memorial 201	W. R. Ohler	75	825	104	40	19,124	1	0	0	0	1	61-77	...	3
Lawrence															
	Lawrence General	J. H. Nicholson	53	2,734	280	50	5,281	1	1	1	0	3	250-300	FM	1
New Bedford															
	St. Luke's	H. Cantor	77	2,858	392	29	4,115	1	0	0	0	1	200-200	FP	1
Newton Lower Falls															
	Newton-Wellesley 103	A. D. Baldwin	66	2,233	220	38	932	1	1	1	0	3	200-270	FM	3
Springfield															
	Springfield	J. I. Weisman	155	3,037	353	42	7,589	3	3	3	0	9	125-225	FP	3
Walpole															
	Pondville	D. Merrill	20	400	75	67	2,500	0	0	1	0	1	300-527	O	1
Worcester															
	Memorial 207	R. W. Robinson	67	2,514	162	51	4,374	3	2	1	0	6	200-275	FM	3
	St. Vincent	J. T. Brosnan	187	4,118	300	43	1,859	6*	2	1	0	9	175-250	FP	3
	Worcester City	J. Lundy	50	2,779	375	42	11,557	4	3	1	0	8	250-333	PM	3
MICHIGAN															
Ann Arbor															
	St. Joseph Mercy	M. Marshall	111	4,696	257	56	429	3	3	3	0	9	310-385	FM	3
	University 208	W. D. Robinson	176	4,886	229	64	53,064	20	18	18	0	56	180-250	O	3
Dearborn															
	Veterans Administration 210	M. R. Weed	547	4,094	304	58	1,154	4*	4	4	0	12	270-347	O	3
Detroit															
	Alexander Blain	F. W. Hollinger	28	1,042	21	28	9,023	1	1	1	0	3	325-350	FM	2
	Detroit Memorial	J. L. Cahalan	97	3,418	234	52	...	2	1	1	0	4	425-500	...	3
	Evangelical Deaconess	L. D. Stern	67	1,946	...	...	1,346	2	0	0	0	2	317-317	PM	1
	Grace	D. W. Myers	192	6,375	440	51	12,261	3	3	3	0	9	275-350	FP	3
	Harper	R. J. Schneck	137	3,756#	314	49	13,570	5	4	4	0	13	275-325	PM	3
	Henry Ford	J. G. Mateer	393	10,512	674	67	219,518	26	23	23	0	72	265-365	PM	3
	Jennings Memorial	D. Donald	43	289	5	40	82	2	0	0	0	2	350-...	O	1
	Mount Carmel Mercy	r. T. Tallant	145	5,172#	359	45	17,017	4	4	4	0	12	450-525	PM	3
	Providence	L. J. Bailey	88	2,709	264	48	2,748	1	1	1	0	3	410-450	PM	3
	Receiving	M. Clapper	147	1,776	188	53	48,776	4	1	8	8	21	325-400	PM	3
	St. John	H. Klein	78	2,482	182	74	...	2	1	1	0	4	325-400	FM	3
	St. Joseph Mercy	E. Maire	74	1,843	112	44	1,200	1	1	0	0	2	410-480	FM	3
	Sinai	J. E. Berk	86	2,952	145	41	10,317	4	4	4	0	12	300-350	FM	3
	Woman's	B. I. Johnstone	110	3,226	181	50	1,358	2	2	2	0	6	475-525	O	1
Eloise															
	Wayne County General	B. Bercu	200	4,022	693	45	12,157	8	8	1	0	17	403-464	FM	3
Flint															
	Hurley	D. E. Drewyer	187	6,316#	337	45	1,229	2	2	2	0	6	325-425	FM	3
	McLaren General 214	H. V. Sparks	106	3,717	144	60	101	1	1	1	0	3	375-425	PM	3
Grand Rapids															
	Blodgett Memorial	A. K. Hamp	71	2,422	196	72	485	2	0	0	0	2	325-325	FM	3
	Butterworth	W. Cayce	85	2,626#	274	60	988	2	2	2	0	6	300-350	PM	3
	St. Mary's	R. H. Murray	68	2,133	273	35	600	1	0	0	0	1	320-350	FP	1
Highland Park															
	Highland Park General	L. Jaffe	105	3,726#	228	41	4,650	2	1	1	0	4	325-375	FM	3
Kalamazoo															
	Bronson Methodist	W. D. Harrelson	73	2,791	186	53	164	1	1	1	0	3	300-340	PM	3
Lansing															
	Edward W. Sparrow	J. W. Wainright	136	...	335	39	342	1	0	0	0	1	300-400	FM	1
	St. Lawrence	J. F. Cordes	87	...	...	...	...	2	2	2	0	6	350-350	FM	1
Pontiac															
	Pontiac General	D. S. Smith	82	3,563	199	43	887	2	2	2	0	6	350-450	FP	2
	St. Joseph Mercy	M. Kozonis	65	3,067	80	45	1,476	2	1	1	0	4	375-435	PM	3
Royal Oak															
	William Beaumont	E. C. Rupp	99	4,427	214	50	172	2	2	2	0	6	300-400	PM	3
Saginaw															
	Saginaw General	B. M. Bullington	46	2,017	124	50	310	1	1	1	0	3†	365-415	PM	3
MINNESOTA															
Minneapolis															
	Methodist	J. C. Dahl	51	1,529	80	54	6,124	1	0	0	0	1	200-200	FM	1
	Minneapolis General	F. W. Hoffbauer	83	1,932	310	54	23,674	4	3	3	0	10	235-235	FM	3
	Mount Sinai	H. A. Kaplan	170	1,740	124	58	559	1	1	1	0	3	238-238	FP	1

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M. O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
MINNESOTA—Continued															
Northwestern	J. Myhre	75	2,838	103	68	516	3	0	0	0	3	225-225	FP	1	
St. Barnabas	F. E. Martin	89	4,794	171	64	...	2	0	0	0	2	200-200	FM	1	
University of Minnesota Affiliated Hospitals															
University	C. J. Watson	107	2,269	336	82	10,720	8	7	3	2	20	244-244	...	3	
Veterans Administration	E. B. Flink	292	2,940	311	81	5,100	15	15	9	3	42	271-462	O	...	
Ancker (St. Paul)	D. Gillespie	62	1,321	273	60	12,123	2	2	0	0	6	235-235	FM	...	
Rochester															
Mayo Foundation ²²²	R. D. Miller	...	24,126	383	75	...	6	6	6	1	19†	200-333	PM	3	
Saint Paul															
Ancker	See University of Minnesota
Charles T. Miller	B. A. Weis	102	3,314#	157	58	22,794	1	1	1	0	3	325-375	PM	3	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. R. Snavelly	77	2,817#	180	72	5,998	8	5	5	0	18	250-300	O	...	
Veterans Administration	J. F. Busey	269	1,786	141	67	...	1	1	0	0	2	270-462	...	...
MISSOURI															
Clayton															
St. Louis County	R. O. Muether	40	1,670	247	60	17,623	3	3	3	0	9	250-350	FM	3	
Columbia															
University of Missouri Medical Center	C. T. Ray	70	1,569	115	76	8,237	6	5	3	0	14	200-300	...	3	
Kansas City															
Kansas City General	V. B. Ballard	94	2,940	567	42	45,074	3	3	3	0	9	220-265	PM	3	
Menorah Medical Center	H. Statland	141	4,516	169	48	23,320	4	3	1	0	8	300-400	FP	3	
St. Joseph's	A. I. Decker	...	3,022	114	87	2,067	2	0	0	0	2	250-250	FM	1	
St. Luke's	M. Dodge	139	4,103	298	59	3,719	2	1	1	0	4	250-325	FP	3	
Veterans Administration	See University of Kansas Medical Center, Kansas City, Kansas.	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis															
Barnes	C. V. Moore	181	6,123	343	80	21,055	16	9	0	0	25	50-175	FM	3	
De Paul	R. Potashnick	118	4,157	319	41	...	3	2	1	0	6	200-250	FM	3	
Homer G. Phillips	E. B. Williams, Jr.	113	3,596	477	39	32,880	9	6	4	0	19	235-299	...	3	
Jewish	A. B. Eisenstein	137	4,605#	327	53	7,973	5	4	1	0	10	200-300	FM	3	
Missouri Baptist	W. M. Lonergan	92	3,085	207	76	1,662	2	2	1	0	5	250-350	FM	3	
Missouri Pacific	L. B. Harrison	133	4,620	166	46	59,496	6	2	1	0	9	200-250	FM	3	
St. John's	W. F. Kistner	123	3,261#	295	54	7,968	2	2	2	0	6	250-350	FP	3	
St. Louis City ²²⁸	T. Brittingham, R. Kinsella	147	3,651	559	69	30,764	12	10	4	2	28	234-314	PM	3	
St. Luke's	P. O. Hagemann	96	3,243#	198	60	8,259	4	1	1	0	6	250-350	FM	3	
St. Mary's Group of Hospitals of St. Louis University															
Veterans Administration	R. Wegria	191	5,967	392	60	19,214	6	5	4	0	15	150-170	FM	3	
St. Louis University Service	R. E. Mack	70	832	108	80	...	...	...	...	...	...	...	...	...
Washington University Service	R. D. Lange	72	681	94	71	...	...	...	...	...	...	...	...	...
NEBRASKA															
Lincoln															
Veterans Administration	J. R. Gordon	95	2,454	71	71	2,847	1	1	1	0	3	271-347	O	3	
Omaha															
Creighton Memorial-St. Joseph	J. R. Walsh	143	4,487	134	35	2,113	4	4	4	0	12	210-260	FP	3	
University of Nebraska	R. Grisson	26	501	41	88	9,985	2	2	2	0	6	225-300	PM	3	
Veterans Administration ²³⁹	J. M. Holthaus	190	1,884	119	61	318	4	4	4	0	12	270-347	O	3	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	J. Milne	163	4,367	223	81	35,517	6	6	6	0	18	218-273	...	3	
Veterans Administration (White River Junction, Vt.)	J. L. Grant	163	4,367	223	81	35,517	6	6	6	0	18	218-273	...	...
NEW JERSEY															
Atlantic City															
Atlantic City	W. B. Stewart	93	4,244	377	49	12,650	2	1	1	0	4	200-300	FM	3	
Camden															
Cooper	E. N. Murray	294	8,376	397	45	5,363	2	1	1	0	4	200-250	FM	3	
East Orange															
Veterans Administration	H. A. Weiner	195	1,753	185	76	...	6	3	2	0	11	270-462	O	3	
Hackensack															
Hackensack	L. W. Black	71	2,304	257	39	4,583	2	1	1	0	4	150-200	FM	3	
Jersey City															
Jersey City Medical Center	H. Jegbers	312	6,260	971	29	15,510	13	13	14	1	41	108-200	FM	3	
Montclair															
Mountainside	M. Block	60	2,551	263	49	6,065	2	2	2	0	6	250-300	FP	3	
Mt. Holly															
Burlington County	L. E. Viteri	43	1,167	200	43	674	4	0	0	0	4	100-300	FM	1	
Neptune															
Fitkin Memorial	L. F. Albright	72	2,280	304	32	2,080	2	0	0	0	2	250-250	FM	2	
Newark															
Newark Beth Israel	J. Kaufman	62	2,454	298	31	9,130	2	1	1	0	4	125-175	FM	3	
St. Michael's	N. A. Antonius	88	2,694	266	39	10,795	4	2	2	0	8	150-215	FM	3	
New Brunswick															
Middlesex General	N. Reitman, G. Pickar	55	2,059	220	40	3,726	2	1	1	0	4	225-275	FM	3	
St. Peter's General	J. Sandella	68	1,624	148	33	...	3	0	0	0	3	200-200	FM	1	
Orange															
Orange Memorial	N. M. Smith	23	838	95	52	3,268	1*	1	0	0	2	225-250	FM	2	
Paramus															
Bergen Pines County	S. F. Alexander	272	2,072	677	35	3,111	6	4	1	0	11	200-300	FM	3	
Trenton															
St. Francis	J. T. Dimm	102	3,277	357	39	3,475	2	1	0	0	3	210-210	FM	2	
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist	B. Gordon	38	1,756	52	52	...	3	1	1	1	6	300-400	FP	3	

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
NEW MEXICO—Continued															
Bernalillo County—Indian	H. Woodward	40	1,109	86	48	8,990	1	1	1	0	3	300-400	FP	3	
Veterans Administration	W. S. Taylor	157	1,915	72	93	465	4	3	3	0	10	271-347	O	3	
NEW YORK															
Albany															
Albany 248	R. T. Beebe	122	3,879#	341	66	5,048	8*	6	6	2	22	195-275	PM	3	
Veterans Administration	J. H. Cullen	332	2,071	303	73	12,816	3	3	5	0	11	271-347	O	3	
Binghamton															
Binghamton General	F. X. Haines	103	4,176	317	39	4,821	2	1	1	0	4	290-340	PM	3	
Buffalo															
Buffalo General	E. J. Lippschutz	187	4,965#	421	64	16,570	5	5	1	0	11	175-200	FP	3	
Deaconess	W. T. Zimdahl	98	2,075	260	40	1,484	1	1	1	0	3	300-350	FM	1	
Edward J. Meyer Memorial	D. K. Miller	235	3,824	546	44	38,650	7	7	6	1	21	292-380	PM	3	
Mercy 268	J. J. O'Brien	91	2,644	289	43	905	3	3	0	0	6	225-350	FP	3	
Millard Fillmore	J. F. Painton	131	3,520	442	46	...	3	3	2	0	8	298-323	PM	3	
Rosewell Park Memorial	J. F. Holland	34	582	101	100	5,158	0	6	0	0	6	334-381	O	1	
Sisters of Charity	D. McCue	126	3,773	312	37	1,936	0	0	4	0	4	335-430	FM	3	
Veterans Administration 260	G. W. Bissell	450	2,510	278	60	3,489	7	4	3	0	14	271-293	O	3	
Clifton Springs															
Clifton Springs Sanitarium and Clinic	B. A. Watson	85	2,285	75	49	8,214	1	1	1	0	3	150-250	FM	3	
Cooperstown															
Mary Imogene Bassett	E. D. Thomas	27	1,216	62	67	8,715	2	1	1	0	4	200-350	PM	3	
Hempstead															
Meadowbrook	A. W. Freireich	207	4,854	1,136	37	2,636	8	6	6	0	20	275-275	FM	3	
Ithaca															
Cornell University Infirmary	N. S. Moore	18	1,487	...	...	1,623	4	1	0	0	5	208-308	FP	1
Tompkins County Memorial	...	40	1,700	192	45	...	...	...	...	...	...	...	...	...
Johnson City															
Charles S. Wilson Memorial	N. R. Occhino	164	4,903	304	24	...	2	2	0	0	4	225-300	PM	2	
Manhasset															
North Shore	W. J. Messinger	39	1,278#	102	57	1,813	3	1	1	0	5	200-250	FP	2	
Mount Vernon															
Mount Vernon	H. Belsky	70	2,142	214	46	4,311	1	1	0	0	2	200-200	FM	2	
New Rochelle															
New Rochelle	W. C. Meredith	137	5,589	330	40	5,645	1	1	1	0	3	225-350	FM	3	
New York City															
Beekman-Downtown	M. McCall	72	2,173	161	38	7,099	7	0	0	0	7	200-275	FM	2	
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. I-Columbia University 37	D. W. Richards	84	1,444	97	47	27,520	7	4	1	0	12	145-195	...	3	
Div. II-Cornell University 21-118	T. P. Almy	85	1,823	184	41	28,773	9	0	2	1	12	145-195	...	3	
Div. III-New York University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
College of Medicine	L. Thomas	93	1,833	274	37	15,766	8	8	2	0	18	145-195	...	3	
Div. IV-New York University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post-Graduate Medical School 269	C. McEwen	94	1,616	210	38	35,268	13	9	3	1	26	145-195	...	3	
Beth-el	I. Snapper	71	2,241	205	38	11,502	4	3	1	0	8	150-200	FM	3	
Beth Israel	A. M. Fishberg	91	2,004	209	36	11,025	4	4	1	0	9	175-190	PM	3	
Bronx	E. E. Fischel	108	2,820	215	31	20,231	4	2	2	0	8†	145-195	FM	3	
Bronx Municipal Hospital Center	I. M. London	113	3,594	481	47	41,245	12	8	4	0	24†	215-215	FM	3	
Brooklyn 43	G. E. Anderson	71	2,877	179	37	12,799	4	2	2	0	8	175-205	FM	3	
City Hospital at Elmhurst	L. R. Tuchman	173	3,593	831	42	34,403	7	4	4	0	15	145-195	FM	3	
Columbus	A. Siragusa	75	1,750	312	31	5,296	1	1	1	0	3	160-250	FM	3	
Coney Island	S. Epstein	174	2,867	802	31	26,894	6	6	6	0	18	145-195	FM	3	
Cumberland	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Flushing Hospital and Dispensary 278	C. Cramer	62	1,701	173	37	4,242	1	1	1	0	3	175-225	FM	3	
Fordham	M. M. Levites	148	3,247	685	32	34,173	6	3	0	0	9	145-195	...	2	
Francis Delafield 52	S. F. Bradley	37	512	144	50	3,143	4	2	1	0	7	145-195	...	2	
French	H. J. McNeile	47	1,271	107	32	11,346	1	1	1	0	3	120-145	FM	3	
Goldwater Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia University and Research Division	Y. Kuceland, Jr., D. Seegal	75	232	34	64	...	5	0	0	0	5	145-195	...	1	
Third New York University Medical Research Service	J. M. Steele	182	569	113	37	...	5	5	0	0	10	145-195	...	2	
Grand Central	H. A. Solomon	41	1,169#	133	40	1,120	2	1	1	0	4	135-165	FM	1	
Harlem	S. S. Paley	300	2,481	563	30	9,552	6	6	8	0	20	145-195	...	3	
Hospital for Joint Diseases	M. L. Kramer	47	1,042	65	43	28,469	1	1	0	0	2	80-100	FM	2	
Jamaica	D. Porte	...	...	...	...	...	1	0	0	0	1	...	FM	1
Jewish Chronic Disease 279	M. G. Goldner	650	1,243	425	33	2,193	8	8	4	0	20	200-250	FM	3	
Jewish Hospital of Brooklyn	J. Goldstein	...	2,394	271	48	15,710	7	4	2	0	13	100-125	FM	3	
Kings County Hospital Center	P. H. Long	143	10,282	2,017	25	62,313	12	12	12	0	36	145-195	...	3	
Knickerbocker	M. S. Bruno	73	1,720	133	74	8,573	2	3	2	0	7	150-225	PM	3	
Lebanon	H. Frosch, P. Krainin	85	2,013	244	45	4,710	2	0	0	0	2	125-150	FM	1	
Lenox Hill	E. Lawrence	125	2,522	143	45	21,344	3	2	2	0	7	180-200	PM	3	
Lincoln	C. R. Messeloff	89	2,949	516	32	23,302	6	4	4	0	14	145-195	FM	3	
Long Island College	J. N. Edson	144	3,376	326	32	13,674	3	2	2	0	7	164-191	PM	3	
Long Island Jewish	E. Meilman	75	2,363	164	64	12,580	2	1	1	0	4	100-165	FM	3	
Lutheran Medical Center	W. F. Rexer	51	962	106	38	2,032	2	1	1	0	4	135-185	FM	3	
Maimonides	D. Grob	153	3,846	410	35	7,632	8	4	2	1	15	75-150	FM	3	
Memorial Center for Cancer and Allied Diseases 21	R. W. Rawson	114	1,802	354	58	...	12	12	3	0	27	128-300	FM	3	
James Ewing Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	H. D. Fearon	109	2,253	192	38	5,442	2	2	1	0	5	175-200	FP	3	
Misericordia	L. V. Rooney	50	1,037	64	45	1,426	3	0	0	0	3	150-175	PM	1	
Montefiore	L. Leiter	67	3,637	313	42	2,428	24	11	7	0	42	207-282	FM	3	
Morrisania City	H. L. Frosch	152	3,603	630	35	21,350	7	4	0	0	11	145-195	...	2	
Mount Sinai	A. B. Gutman	287	6,295	426	52	52,334	8	8	5	0	21	100-100	FM	3	
New York	E. H. Luckey	178	3,440	365	63	19,109	9	8	8	3	28	164-288	PM	3	
New York Infirmary	E. A. Giorgi	32	868	53	40	7,804	2	1	0	0	3	150-175	FM	1	
New York Medical College—Metropolitan Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bird S. Coler Memorial	K. R. Crispell	836	850	416	29	...	13	21	0	0	34	145-195	...	1	
Flower and Fifth Avenue Hospitals	R. Levine	52	1,503	81	30	359	2	1	1	0	4	125-175	FM	3	
Metropolitan	K. R. Crispell	246	7,493	1,034	30	103,105	12	12	4	0	28	145-195	FM	3	

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9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Percent	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
NEW YORK—Continued															
New York Polyclinic Medical School and Hospital	R. Wallach	63	1,581	146	34	17,986	2	2	2	0	6	150-200	FM	3	
New York University Medical Center—University		73	2,357	84	39	13,350	5	0	0	0	5	145-195	FM	1	
Presbyterian	S. E. Bradley	104	2,183	230	68	92,569	12	8	1	0	21	250-417	PM	3	
Queens Hospital	A. A. Fischl	314	4,967	1,237	32	22,517	7	5	3	0	15	145-195	PM	3	
Roosevelt	A. J. Antenucci, J. Freston	117	3,133	252	43	7,320	8*	4	2	0	14	158-275	PM	3	
St. Barnabas	A. J. Patek, Jr.	267	2,441	151	50	7,950	2	2	0	0	4	75-125	FP	2	
St. Catherine's	M. V. Bonventre	87	1,442	197	36	3,555	2	1	0	0	3	125-150	FM	3	
St. Clare's	V. C. Ancona	85	2,114	168	46	7,909	2	2	2	0	6	125-150	PM	3	
St. John's Episcopal	E. R. Marzullo	61	1,437#	107	26	2,870	3	1	1	0	5	175-210	FM	3	
St. Luke's	T. B. Van Itallie	162	3,139	221	54	32,382	8	4	4	0	16	125-175	FM	3	
St. Mary's	V. Annunziata	43	809	96	24	2,157	1	1	0	0	2	225-225	FM	1	
St. Vincent's	W. J. Grace	178	4,423	527	47	42,144	5	5	5	0	15	175-225	FM	3	
Staten Island	D. G. Neblett	6	2,349	220	38	...	1	0	0	0	1	200-200	FM	1	
Sydenham	E. Appelbaum	63	1,003	71	18	10,159	2	1	0	0	3	145-195	...	...
Veterans Admin. (Bronx) ²⁸⁸	J. Wolf	519	5,967	353	55	1,430	17*	14	10	2	43	270-412	O	3	
Veterans Admin. (Brooklyn) ²⁹¹	P. W. Spear	150	1,469	221	62	1,872	15	13	8	0	36	271-347	O	3	
Veterans Admin. (Manhattan) ²⁷³	J. J. Smith	170	1,606	241	70	201	8	16	8	0	32	271-348	O	3	
Port Chester															
United Hospitals	N. Schwartz	56	2,441	151	39	3,087	2	0	0	0	2	235-250	PM	1	
Rochester															
Genesee	H. L. Segal	70	2,266	222	72	6,871	2	2	1	0	5	175-350	FM	3	
Highland	J. W. Holler	62	1,775	184	63	1,059	2	2	1	0	5	175-350	FP	3	
Rochester General	L. Horn	93	2,597	298	57	5,539	4*	3	3	0	10	175-225	FP	3	
St. Mary's	J. W. Quinlan	...	...	...	...	4,515	1	1	1	0	3	250-325	PM	3
Strong Memorial-Rochester Municipal	L. E. Young	149	4,271#	486	71	18,468	14	6	1	0	21	166-291	O	3	
Schenectady															
Ellis	M. E. Moravec	99	3,050	335	46	1,502	3	3	1	0	7	325-400	FP	3	
Syracuse															
State University of New York Upstate Medical Center	L. Eichna	311	6,973	655	52	19,828	12	12	12	0	36	250-350	O	3	
Veterans Admin.	B. V. Jager	115	1,491	...	...	...	5	4	4	0	13	271-347	...	...
Valhalla															
Grasslands	G. S. Watson	76	1,861	263	58	16,484	2	3	3	0	8	175-225	FM	3	
White Plains															
White Plains	D. Fertig	40	1,513#	162	37	2,121	1	1	1	0	3	175-200	FP	3	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. H. Burnett	58	2,130	112	65	9,615	8	7	1	0	16	175-266	O	3	
Charlotte															
Charlotte Memorial	R. S. Bigham, Jr.	75	2,496#	138	61	7,316	1	1	1	0	3	295-345	PM	3	
Durham															
Duke University Affiliated Hospitals	
Duke	E. A. Stead	87	3,514	201	71	23,914	20	15	10	2	47	43-200	FM	...	
Veterans Administration	E. H. Estes	154	2,515#	194	75	...	4	2	4	2	12	270-462	O	...	
Watts	I. H. Manning	80	3,634	150	33	3,087	2	2	1	0	5	300-350	FM	3	
Winston-Salem															
City Memorial	C. H. Reid	90	3,868	188	33	...	1	1	1	0	3	315-420	PM	3	
North Carolina Baptist	E. H. Yount	114	5,107#	218	57	7,880	7	6	2	0	15	166-208	PM	3	
NORTH DAKOTA															
Bismarck															
Bismarck	C. H. Peters	50	2,074#	112	29	958	2	0	0	0	2	300-475	PM	1	
Fargo															
St. Luke's	L. E. Wold	56	1,906	134	47	...	2	0	0	0	2	300-...	FM	1	
OHIO															
Akron															
Akron City	T. L. Bliss	134	4,296	...	...	10,159	2	2	2	0	6	275-325	FP	3
Akron General	H. Kraus	122	3,578	319	51	14,311	5	4	2	0	11	300-350	FM	3	
St. Thomas	W. J. Pittenger	82	2,911	249	48	8,338	2	2	1	0	5	250-350	FP	2	
Canton															
Aultman	H. J. Ickes	185	6,988	357	37	3,369	3	3	1	0	7	275-400	PM	3	
Mercy	M. F. Moots	105	4,007	187	44	2,319	2	2	2	0	6	275-300	PM	3	
Cincinnati															
Christ	C. E. Richards	67	1,772	246	40	8,706	2	2	2	0	6	200-250	FM	1	
Daniel Drake Memorial		686	662	372	52	...	6*	0	0	0	6	400-500	FM	1	
Good Samaritan	W. C. Vester	180	5,100	460	40	1,650	2	2	2	0	6	250-300	FM	3	
Jewish	E. G. Margolin	112	3,106	329	44	7,330	8	3	1	0	12	195-235	FP	3	
St. Mary's	E. A. Schlücter	59	1,894	172	33	4,047	2	2	1	0	5	275-325	FM	3	
University of Cincinnati College of Medicine Hospital Group	
Cincinnati General	R. W. Vilter	94	2,057	429	57	34,604	12	8	10	1	31	175-350	FM	...	
Veterans Administration	R. Vilter	73	1,266	144	72	701	...	...	...	...	...	271-462	O	...
Cleveland															
Cleveland Clinic	A. C. Ernstene	24	658	60	53	8,091	15	12	12	0	39	275-300	...	3	
Cleveland Metropolitan General	C. H. Rammelkamp, Jr.	93	2,037	300	57	13,846	4	6	6	4	20†	150-258	PM	3	
Fairview Park	H. E. Christman	73	2,917#	165	46	2,188	2	2	2	0	6	250-350	FP	3	
Highland View—Cuyahoga County	D. Weir	482	926	339	47	...	5	3	1	0	9	240-295	PM	1	
Huron Road	E. A. Marshall	122	3,548	268	57	2,045	2	2	2	0	6	210-225	FP	3	
Lutheran	M. E. Bobey	66	2,281	180	50	...	3	2	1	0	6	250-275	PM	3	
Mount Sinai	M. L. Siegel	126	3,037	355	43	16,448	6	4	1	0	11	215-235	FM	3	
St. Alexis	R. R. Bartunek	115	3,761	264	37	2,855	2	1	1	0	4	225-275	FMO	1	
St. John's	W. J. Fayen	83	3,376	177	32	710	3	2	0	0	5	225-300	FM	1	
St. Luke's	A. D. Nichol	112	3,941	301	51	15,342	3	2	1	0	6	200-270	FM	3	
St. Vincent Charity	H. A. Zimmerman	142	4,084	270	38	23,780	4	2	2	0	8	210-235	FP	3	
University Hospitals of Cleveland	R. H. Ebert	127	3,937	417	69	31,901	12*	10	8	0	30	150-250	PM	3	
Veterans Administration ²⁸⁻³¹⁰	N. P. Shumway	301	2,537	311	61	449	4	11	11	0	26	271-462	PM	3	
Cleveland Heights															
Doctors	J. W. Martin	79	2,177	132	43	...	2	1	1	0	4	200-325	FP	3	
Columbus															
Mount Carmel	P. T. Knies	111	3,517	264	48	2,042	2	2	2	0	6	275-325	FP	3	

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	F.M. Maintenance O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
OHIO—Continued														
Ohio State University Hospitals														
University	B. K. Wiseman, C. A. Doan	168	5,674	428	63	35,148	8	6	4	3	21	177-277	PM	3
White Cross	R. H. Jacques	89	2,792#	191	88		2	1	1	0	4	290-340	PM	3
Dayton														
Good Samaritan	C. E. Gerson	133	3,190	160	31		1	1	1	0	3	250-275	FM	1
Miami Valley #14	K. D. Arn	233	5,745#	437	44	2,960	2	2	2	0	6	225-250	FP	3
Veterans Administration #15	S. Simerman	193	1,573	183	90	738	10	6	6	0	22	271-347	O	3
Garfield Heights														
Marymount	F. J. Hruby	54	2,085	185	85	718	2	2	2	0	6	250-300	FM	3
Hamilton														
Mercy	C. A. Schuck	77	2,438	248	33		2	2	1	0	5†	200-300	FM	1
Lakewood														
Lakewood	J. T. Ledman	92	2,240	216	35	2,005	3	0	0	0	3	200-200	FP	1
Lima														
Lima Memorial	L. N. Irvin	101	4,544#	301	35	3,567	1	0	0	0	1	300-350	FM	1
St. Rita's	H. G. Deerhake	41	1,684	117	31	3,205	1	0	0	0	1	400-450	PM	1
Toledo														
Maumee Valley	G. M. Todd	90	2,728	266	31	11,949	3	3	3	0	9	285-325	FP	3
St. Vincent's	M. A. Schnitker	133	5,251#	351	42	4,803	1	1	0	0	2	275-325	FP	3
Toledo	J. L. Kobacker	139	4,891	351	54		1	1	1	0	3	275-325	FM	3
Warren														
Trumbull Memorial	J. R. McKay	79	3,567	228	44		2	2	2	0	6	300-400	FP	3
Youngstown														
St. Elizabeth	L. Caccamo	80	2,241	100	44	1,772	2	2	2	0	6	300-350	FM	3
Youngstown	F. S. Coombs	263	7,653	462	44	4,439	4	3	2	0	9	275-375	FM	3
OKLAHOMA														
Oklahoma City														
St. Anthony	P. M. McNeill	62	2,085	314	22	4,211	1	1	0	0	2	300-350	FM	2
University of Oklahoma Medical Center							12*	10	4	0	26			3
University Hospitals #18	S. Wolf	67	1,560	163	65	16,675						200-275	PM	
Veterans Admin.	J. E. Hammarsten	129	1,877	178	72	1,432								
Wesley	W. W. Rucks, Jr.	32	1,642	147	48		1	0	0	0	1	350-350	PM	1
Tulsa														
St. John's	W. J. O'Meilia	130	4,415	289	28	2,221	1	1	1	0	3	175-250	FP	3
OREGON														
Portland														
Emanuel	D. K. Taylor	81	4,256#	256	50		1	1	1	0	3	275-295	PM	3
Good Samaritan	W. C. Pantou		3,831#	147	68	5,696	2	2	2	0	6	275-295	PM	3
Providence	R. Crommelin	91	4,352	196	60		1	1	1	0	3	275-300	PM	3
St. Vincent	C. W. Coffen	95	4,989	277	51	405	2	2	2	0	6	275-295	PM	3
University of Oregon Medical School														
Hospitals and Clinics	H. P. Lewis	120	3,254	410	64	25,521	4	3	3	0	10	165-215	FM	3
Veterans Administration	L. W. Ritzmann	98	2,227	220	80	2,179	7	8	4	0	19	270-349	PM	3
PENNSYLVANIA														
Abington														
Abington Memorial	J. T. Beardwood, Jr.	85	2,798	263	46	5,697	2	1	1	0	4	275-375	FM	3
Allentown														
Allentown	H. E. Everett	131	2,380	315	30	2,618	1	1	1	0	3	225-275	FM	3
Sacred Heart	A. W. Dubbs	158	3,110	266	46	3,168	1	1	0	0	2	225-275	FP	2
Bethlehem														
St. Luke's	R. K. Shields		3,302	392	33	4,995	2	1	1	0	4	225-300	FP	3
Bryn Mawr														
Bryn Mawr	J. A. Wagner	14	2,764	282	60	5,239	3	2	1	0	6	200-250	FP	3
Danville														
George F. Geisinger Memorial	J. A. Collins	68	2,353	146	59	13,648	4	2	2	0	8	175-225	FM	3
Easton														
Easton	J. Kinegy	87	2,455	301	54	2,310	1	1	1	0	3	250-250	FP	3
Erie														
Hamot	J. B. Tredway	96	3,417	260	31	1,378	1	1	0	0	2	250-275	FM	2
St. Vincent	R. E. Schmidt	36	1,215	75	31	1,489	1	1	1	0	3	275-325	FM	3
Harrisburg														
Harrisburg	J. A. Daugherty		3,917	404	31	9,590	2*	2	1	0	5	250-...	FP	3
Harrisburg Polyclinic	A. W. Cowley	130	3,671	340	45	3,988	3	0	0	0	3	250-375	FM	3
Philadelphia														
Albert Einstein Medical Center														
Northern Division	B. Gouley	78	3,325	454	44	3,806	6	4	2	0	12	125-200	FM	3
Southern Division	T. Mendell	101	2,164	180	44	2,753	2	2	1	0	5	125-200	FM	3
Chestnut Hill	R. M. Truitt, Jr.	56	1,453	135	51	680	1	1	0	0	2	350-350	FM	2
Episcopal	S. R. Vogel	108	2,272	292	35	11,215	2	2	2	0	6	150-150	FM	3
Frankford	G. E. Mark	45	1,374	166	35		1	0	0	0	1	275-...	FP	1
Germantown Dispensary and Hospital	R. W. Mays	89	2,393	313	39	19,151	2	1	0	0	3	175-200	FM	3
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	58	1,648	122	50	3,983	3	2	2	0	7	75-100	FM	3
Hahnemann Medical College and Hospital	J. H. Moyer	138	3,760	176	55	18,290	6	6	4	2	18	75-75	FM	3
Hospital of the University of Pennsylvania	F. C. Wood	206	5,378	337	64	16,432	7	3	2	1	13		PM	3
Hospital of the Woman's Medical College of Pennsylvania	W. I. Geffer	46	1,273	101	50	1,831	1	1	1	0	3	125-175	FM	3
Jefferson Medical College	R. I. Wise	109	2,688	323	46	12,275	1	8	5	3	17	100-150	PM	3
Lankenau	D. B. Pierson, Jr.	106	2,929	217	52	331	2	2	2	0	6	200-250	FM	3
Mercy-Douglass	E. E. Holloway	33	1,059	98	44	1,524	3	1	0	0	4	200-250	FM	2
Methodist Episcopal	H. F. Robertson	61	1,721	121	27	7,958	2	0	0	0	2	150-200	FM	1
Misericordia														
Nazareth	S. J. Skromak	43	1,429	106	43	712	1	0	0	0	1	300-300	FM	1
Pennsylvania	G. G. Duncan		3,096	291	48	15,110	4	4	3	0	11	20-40	FM	3
Philadelphia General	D. Cooper, C. Thompson	196	4,004	948	55	33,754	7	7	7	0	21	128-265	FM	3
Presbyterian	F. Fetter	69	1,961	172	51	3,148	2	1	1	0	4	235-290	FM	3
Temple University	T. M. Durant	173	5,323	457	56	26,900	6	6	6	0	18	175-225	PM	3
Veterans Administration	H. P. Close	240	3,609	319	81		6	6	6	0	18	270-462	O	3
Pittsburgh														
Allegheny General	T. E. Thompson, Jr.	98	2,664	353	37	6,843	1	1	1	0	3	200-250	FM	3

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	P.M. Maintenance	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
PENNSYLVANIA—Continued															
Health Center Hospitals of the University of Pittsburgh School of Medicine..															
Elizabeth Steel Magee.....	C. R. Schaefer.....	62	1,579	128	00	66	1	1	1	0	3	125-175	FM	3	
Presbyterian.....	J. D. Myers.....	137	3,479	261	72	...	4	4	8	2	18	125-175	FM	...	
Veterans Administration.....	G. A. Edwards.....	376	3,786	423	67	...	4	4	4	0	12	270-347	O	...	
Mercy.....	J. M. Johnston.....	164	4,218	375	58	11,838	2	2	2	0	6	235-285	FM	3	
Montefiore.....	J. H. Silverberg.....	108	3,625	288	45	13,021	3	3	3	0	8	225-275	FM	3	
Pittsburgh.....	J. R. Friday.....	67	1,807	153	24	2,259	1	0	0	0	1	200-300	FM	1	
St. Francis General.....	F. Conclius.....	106	2,803	271	37	2,599	3	2	1	0	6	240-305	FM	3	
St. Margaret Memorial.....	C. E. Bowen.....	...	1,245	79	56	1,624	1	0	0	0	1	300-300	FM	1	
Western Pennsylvania.....	R. L. Forsyth.....	42	1,322#	65	66	14,085	2	2	2	0	6	250-300	FP	3	
Reading															
Reading.....	J. R. Spanuth.....	...	3,536	419	32	2,475	2	2	2	0	6	225-300	FM	3	
Sayre															
Robert Packer.....	S. D. Conklin.....	71	4,485	148	57	15,159	3	3	3	0	9	235-325	PM	3	
PUERTO RICO															
Caparra Heights															
University.....	R. S. Diaz Rivera.....	60	1,078	135	64	7,618	4	2	0	0	6	250-350	FM	3	
Ponce															
Ponce District General.....	H. Rodriguez.....	79	2,016	171	62	13,641	3	3	3	0	9	250-350	FM	3	
San Juan															
San Juan City.....	R. S. Diaz Rivera.....	53	946	188	72	44,366	4	4	4	0	12	175-325	FM	3	
Veterans Administration (San Patricio) 843	E. A. Ramirez.....	89	1,741	52	83	22,924	3	3	3	0	9	318-408	O	3	
RHODE ISLAND															
Newport															
Rhode Island Affiliated Hospitals.....															
Newport.....	H. W. Brownell.....	5	2,168	127	38	...	1	0	0	0	1	150-200	FM	...	
Memorial (Pawtucket).....	A. M. Burgess.....	45	1,612	...	...	4,463	0	1	0	0	1	250-250	FM	...
Miriam (Providence).....	A. M. Burgess.....	71	1,660	184	31	...	0	0	1	0	1	250-250	FM	...	
Providence															
Rhode Island.....	M. N. Fulton.....	157	4,562	584	40	15,990	8	2	2	0	12	125-175	FM	3	
Veterans Administration.....	J. D. Eyre, Jr.....	156	2,003	174	92	1,282	1	1	0	0	2	270-462	O	2	
SOUTH CAROLINA															
Charleston															
Teaching Hospitals of the Medical College of South Carolina.....	V. Moseley.....	109	4,527	291	40	11,900	6	3	3	0	12	138-168	FM	3	
Columbia															
Columbia Hospital of Richland County..	C. W. Irvin, Jr.....	105	3,800	277	26	...	1	0	0	0	1	200-265	FP	1	
TENNESSEE															
Chattanooga															
Baroness Erlanger.....	R. Nyers.....	122	5,204	405	37	21,593	4	2	1	0	7	325-375	FM	3	
Knoxville															
St. Mary's Memorial.....	E. C. Sienknecht.....	102	3,999	253	36	503	2	1	0	0	3	250-275	FP	2	
University of Tennessee Memorial Research Center and Hospital.....	R. B. Wood.....	57	2,150	202	38	3,435	1	1	1	0	3	320-340	FM	3	
Memphis															
Baptist Memorial.....	P. Milnor, Jr.....	190	8,396	411	41	2,123	2	2	2	0	6	325-375	PM	3	
City of Memphis Hospitals.....	I. F. Tullis.....	...	2,343	601	52	6,393	6	6	4	0	16	150-200	FP	3	
Methodist.....	C. Stevenson.....	...	5,914	224	27	...	1	0	0	0	1	325-325	FM	1	
St. Joseph.....	S. Blackwell.....	60	2,971	154	27	1,680	1	0	0	0	1	325-375	FM	1	
Veterans Administration 864	F. S. Dietrich.....	254	3,218	214	75	3,556	5	5	5	0	15	271-347	PM	3	
Nashville															
Baptist.....	O. C. Woodcock.....	72	3,301	194	33	416	3	0	0	0	3	300-300	FM	1	
George W. Hubbard.....	R. S. Anderson.....	48	1,015	180	53	10,780	3	2	1	0	6	150-200	FM	3	
St. Thomas.....	L. Grossman.....	59	2,171	197	41	...	2	2	1	0	5	300-300	FP	3	
Vanderbilt University Affiliated Hospitals Nashville General.....	T. G. Pennington.....	38	1,572	206	28	11,557	2	0	0	0	2	325-375	FP	1	
Vanderbilt University.....	D. E. Rogers.....	93	3,233	163	65	22,134	0	7	4	3	14	100-125	FM	3	
Veterans Administration.....	R. France.....	168	2,353	139	68	...	3	1	1	0	5	270-462	O	3	
Oak Ridge															
Oak Ridge Institute of Nuclear Studies—Medical Division 24	G. A. Andrews.....	17	382	37	86	612	0	0	0	2	2	450-450	O	1	
TEXAS															
Dallas															
Baylor University.....	R. Tompsett.....	119	5,307	428	47	2,615	3	2	1	0	6	210-230	PM	3	
Methodist.....	A. Haley.....	55	3,176	183	26	2,818	2	1	1	0	4	225-275	FP	3	
Parkland Memorial.....	D. Seldin.....	105	2,669	382	47	68,577	11	10	5	1	27	150-200	PM	3	
St. Paul.....	P. Q. Needham.....	83	3,693	243	43	6,562	2	2	2	0	6	225-275	FP	3	
Veterans Administration 869	B. Friedman.....	152	1,899	175	79	849	8	4	3	0	15	271-347	PM	3	
Fort Worth															
Harris.....	K. Wiggins.....	97	3,423	177	37	118	1	1	0	0	2	300-350	FP	2	
Galveston															
University of Texas Medical Branch Hospitals 19	J. V. Warren.....	207	3,694	310	50	28,213	8	8	5	0	21	160-160	FP	3	
Houston															
Baylor University College of Medicine Affiliated Hospitals.....															
Jefferson Davis.....	R. D. Prutt.....	92	1,776	376	42	50,902	6	6	4	0	16	125-165	FM	...	
Methodist.....	H. W. Cummings, Jr.....	70	3,536	190	62	759	1	1	1	0	3	100-175	FM	...	
Veterans Administration.....	H. D. Bennett.....	251	3,620	298	78	4,050	8	8	8	0	24	270-412	PM	...	
Hermann.....	E. A. Wilkerson.....	174	6,404	378	43	21,410	3	3	3	0	9	125-175	FM	3	
Memorial.....	A. A. Ledbetter.....	149	8,435	239	31	9,545	1	0	0	0	1	220-...	PM	1	
St. Joseph's.....	S. Schnur.....	75	...	93	50	485	0	1	0	0	1	220-270	PM	1	
St. Luke's Episcopal.....	P. V. Ledbetter.....	50	2,470	113	89	...	3	0	0	0	3	100-100	FM	1	
University of Texas M. D. Anderson Hospital and Tumor Institute.....	C. D. Howe.....	81	1,414	270	76	12,245	2	2	2	2	8	300-300	O	1	
McKinney															
Veterans Administration.....	G. W. Winkelmaß.....	136	1,038	88	78	...	2	2	1	0	5	270-412	O	3	

Numerical and other references are listed on pages 811 through 814.

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M.O.	Length of Ap-proved Pro-gram (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
TEXAS—Continued															
San Antonio															
Robert B. Green Memorial.....	L. B. Reppert.....	29	1,104	275	42	17,327	2	2	0	0	= 4	150-250	FM	2	
Temple															
Scott and White Memorial ⁸⁰⁹	J. G. Rodarte.....	103	6,011	115	46	44,131	4	4	4	0	= 12	300-300	O	3	
UTAH															
Ogden															
Thomas D. Dee Memorial.....	W. P. Daines.....	32	2,368	168	61	711	2	0	0	0	= 2	325-350	PM	1	
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints....	E. L. Wilkinson.....	89	4,958	349	41	10,276	3	2	2	0	= 7	250-325	FP	3	
Holy Cross.....	G. R. Gross.....	47	1,771	109	40	...	1	0	0	0	= 1	175-400	FP	1	
St. Mark's.....	R. E. McDonald.....	45	2,142	123	61	...	1	0	0	0	= 1	275-275	PM	1	
University of Utah College of Medicine Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Salt Lake County General.....	M. M. Wintrobe.....	126	1,108	266	66	25,041	9	4	4	0	= 17	250-375	O	3	
Veterans Administration.....	H. Brown.....	71	862	70	100	...	4	3	3	0	= 10	271-462	O	3	
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
DeGoesbriand Memorial.....	C. M. Terrien.....	46	1,701#	116	52	3,934	2	2	0	0	= 4	208-208	.....	.....
Mary Fletcher.....	E. L. Amidon.....	43	1,902	94	71	3,956	3	3	0	0	= 6	....-166	O	.....
White River Junction															
Veterans Administration.....	See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA															
Alexandria															
Alexandria.....	S. H. Williams.....	39	1,641#	150	37	4,879	3	0	0	0	= 3	275-350	PM	1	
Charlottesville															
University of Virginia.....	W. Parson.....	89	2,648	.....	.....	13,288	6	2	2	0	= 10	75-150	FM	3
Clifton Forge															
Chesapeake and Ohio.....	A. Williams.....	63	3,049	115	45	6,175	4	4	0	0	= 8	200-300	FM	1	
Newport News															
Riverside.....	E. L. Alexander, Jr.....	58	2,209#	168	26	.....	2	0	0	0	= 2	250-300	FM	1
Norfolk															
DePaul.....	R. B. Gahagan.....	54	2,470	181	40	6,080	1	1	1	0	= 3	225-275	FM	3	
Norfolk General.....	J. Franklin.....	.....	.....	.....	.....	.....	2	1	1	0	= 4	215-315	FM	3
Richmond															
Johnston-Willis.....	J. M. Hutcheson.....	86	2,955#	160	44	.....	2	0	0	0	= 2	250-250	FM	1
Medical College of Virginia Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Medical College of Virginia-Hospital Division.....	W. T. Thompson, Jr.....	140	4,766	482	39	27,736	15	6	3	0	= 24	100-150	FM	.....
Veterans Administration.....	F. A. Wade.....	379	3,935	249	73	.....	9	9	9	0	= 27	271-412	PM	.....
Roanoke															
Jefferson.....	H. Sieber.....	38	1,196	89	55	2,099	1	0	0	0	= 1	200-200	FM	1	
Lewis Gale.....	R. H. Jones, Jr.....	79	2,985	100	39	22,555	3	1	1	0	= 5	350-400	FP	3	
Roanoke Memorial.....	C. L. Crockett, Jr.....	111	3,888	191	48	3,421	1	1	1	0	= 3	350-350	FP	3	
WASHINGTON															
Seattle															
Doctors.....	N. Arcese.....	42	.....	185	44	.....	1	1	0	0	= 2	250-....	FM	1
Providence.....	T. W. Houk.....	76	2,847#	236	48	1,075	2	1	0	0	= 3	250-350	FP	2	
Swedish.....	R. C. Manchester.....	85	3,913	290	62	.....	2	0	0	0	= 2	225-275	FP	1
University of Washington College of Medicine Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
King County Unit No. 1 (Harborview).....	R. H. Williams.....	75	2,557#	465	67	43,018	20*	18	4	0	= 42	150-325	FM	.....
University.....	R. H. Williams.....	.....	196#	18	88	1,110	16	15	3	0	= 34	180-305	PM	.....
Veterans Administration.....	R. H. Williams.....	87	1,639	191	91	1,184	6	5	2	0	= 13	271-347	.....	.....
Virginia Mason.....	R. L. King.....	49	2,707	112	75	.....	2	2	2	0	= 6	125-225	FP	3
Spokane															
Deaconess.....	A. M. Clark, Jr.....	47	3,340	221	45	.....	1	0	0	0	= 1	300-350	FM	1
WEST VIRGINIA															
Beckley															
Beckley Memorial.....	A. D. Kistin.....	66	1,132	112	63	28,800	3	3	3	0	= 9	400-500	PM	3	
Charleston															
Charleston General.....	W. A. Thornhill, Jr.....	58	2,554	132	39	850	2	2	1	0	= 5	225-275	FP	3	
Memorial.....	W. C. Stewart.....	65	2,513	128	49	6,018	2	1	1	0	= 4	250-300	PM	3	
Huntington															
Cabell Huntington.....	.....	.....	.....	.....	.....	.....	2	0	0	0	= 2	250-300	FM	1
Chesapeake and Ohio.....	J. F. Otte.....	77	2,530	111	42	23,643	2	2	1	0	= 5	200-250	FM	1	
Wheeling															
Ohio Valley General.....	H. R. Sauder.....	300	3,769	193	33	6,134	3	2	1	0	= 6	300-375	PM	3	
Williamson															
Memorial Medical Center.....	C. A. Jones.....	46	1,130	55	36	16,300	3	3	3	0	= 9	400-500	PM	3	
WISCONSIN															
La Crosse															
La Crosse Lutheran.....	T. E. Gundersen.....	28	1,416	50	18	.....	1	1	0	0	= 2	300-300	FM	2
Madison															
Madison General.....	R. Rotter.....	53	2,033	164	24	.....	2	0	0	0	= 2	200-200	FP	1
St. Mary's ³⁷⁵	E. K. Ryder.....	78	2,214	154	56	.....	1	1	1	0	= 3	250-350	FM	3
University Hospitals ³⁷⁹	O. O. Meyer.....	102	4,124	108	76	5,549	12	8	4	0	= 24	100-200	FM	3	
Milwaukee															
Columbia ³⁸⁰	H. W. Poble.....	89	2,886#	141	74	.....	1	1	1	0	= 3	270-320	PM	3
Milwaukee County.....	W. W. Engstrom.....	190	6,158	949	43	54,020	10	10	10	1	= 31	229-434	O	3	
Milwaukee ³⁷⁸	O. Royce.....	.....	.....	.....	.....	.....	2	0	0	0	= 2	281-331	PM	3
Mount Sinai.....	M. J. Lustok.....	82	2,942	230	40	3,369	3	2	1	0	= 6	300-350	FM	2	
St. Joseph's.....	P. G. La Bissoniere.....	65	2,312	172	47	.....	2	0	0	0	= 2	300-350	FP	2
St. Luke's.....	A. Baier.....	71	2,745	190	45	281	2	0	0	0	= 2	275-375	FM	1	
St. Mary's.....	M. C. F. Lindert.....	10	1,416	130	66	.....	1	0	0	0	= 1	300-395	O	1
Veterans Administration (Wood) ²⁰	M. W. Garry.....	326	3,513	300	76	8,368	6	3	3	0	= 12	271-347	PM	3	

Numerical and other references are listed on pages 811 through 814.

10. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering acceptable training in the specialty.

Hospitals, 124; Residencies, 412

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance O	Length of Approved Program (Years)
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES ARMY														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	G. J. Hayes.....	93	809	46	93	1,380	1	1	1	1	4	...	...	4
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
University Hosp. and Hillman Clinic.....	G. Galbraith.....	35	1,350	71	37	366	0	1	1	1	3	118-125	FM	..
CALIFORNIA														
Long Beach														
Veterans Administration #4.....	J. D. French.....	45	334	39	77	1,147	1	1	1	1	4	271-462	O	4
Los Angeles														
Los Angeles County.....	F. M. Anderson, P. Vogel... ..	61	1,713	198	84	1,818	1	1	1	2	5	273-337	PM	4
University of California Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
University.....	W. E. Stern.....	15	386	20	72	794	1	1	1	1	4	240-426	FP	..
Veterans Administration.....	W. E. Stern.....	31	353	30	83	369	0	1	0	0	1	293-463	PM	..
White Memorial #0.....	K. H. Abbott.....	13	493	24	76	2,080	1	1	1	1	4	215-280	PM	4
Pasadena														
Collis P. and Howard Huntington Memorial.....	C. H. Shelden.....	16	539	16	78	250	1	1	1	1	4	...	...	4
San Francisco														
University of California Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Franklin.....	H. Brown.....	25	759	11	36	...	2	2	2	0	8	200-300	FM	..
University of California.....	J. E. Adams.....	26	710	42	79	1,208	2	2	2	2	8	243-426	...	..
Veterans Admin.....	O. W. Jones, Jr.....	18	153	21	76	224	0	0	1	0	1	271-462	O	..
COLORADO														
Denver														
University of Colorado Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Colorado General.....	K. Welch.....	9	290	21	86	374	1	1	1	1	4	180-205	O	..
Denver General.....	C. G. Freed.....	...	185#	33	97	...	...	...	...	...	...	179-205	...	..
Veterans Administration.....	W. K. Welch.....	3	105	7	100	...	0	0	1	0	1	271-462	O	..
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Grace-New Haven Community.....	W. J. German.....	22	550	30	63	417	0	1	0	1	2	75-125	FM	..
Hartford (Hartford, Conn.).....	W. B. Scoville.....	27	1,156	55	78	245	0	2	2	1	5	125-282	FP	..
DISTRICT OF COLUMBIA														
WASHINGTON														
Georgetown University Affiliated Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Children's.....	.....	3	60#	5	100	...	...	...	...	...	...	225-225	PM	..
District of Columbia General.....	J. W. Watts, O. H. Fulcher.....	48	507	67	33	2,240	2	2	1	0	5	233-283	O	..
Georgetown University 128.....	J. H. Fulcher.....	11	365	22	72	90	1	1	1	1	4	175-300	FM	..
George Washington University Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Children's.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	..
District of Columbia General.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	..
George Washington Univ. 128.....	J. W. Watts.....	13	402	18	91	335	2	1	1	1	5	210-300	PM	..
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Emory University.....	E. F. Fincher.....	13	430#	22	73	...	1	1	1	1	4	235-265	PM	..
Grady Memorial.....	E. F. Fincher.....	10	243	37	25	...	1	1	1	1	4	100-200	FM	..
Augusta														
Medical College of Georgia Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Eugene Talmadge Memorial.....	G. Smith.....	17	422	25	76	1,040	1	1	1	1	5	250-583	O	..
University.....	P. Nichols.....	...	...	...	...	...	...	...	...	...	...	...	...	..
Veterans Administration.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	..
ILLINOIS														
Chicago														
Chicago Wesley Memorial.....	P. C. Buey.....	20	529	30	67	...	0	0	1	2	3	175-225	FM	4
Loyola University (Stritch School of Medicine) Affiliated Hospitals.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Mercy.....	H. C. Voris.....	25	534	41	61	164	1	1	1	1	4	235-300	FM	..
Veterans Admin. (Hines).....	E. Oldberg.....	40	300	40	58	689	1	0	0	1	2	271-412	O	..
Northwestern University Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Chicago Wesley Memorial.....	P. C. Buey.....	20	529	30	67	...	0	0	1	2	3	175-225	FM	..
Passavant Memorial.....	L. Davis.....	8	185	7	86	...	0	1	0	0	1	225-275	PM	..
Veterans Administration Research.....	L. Davis.....	29	306	15	73	...	1	0	0	1	2	271-462	O	..
Evanston (Evanston).....	J. Tarkington.....	8	93	12	64	152	0	1	0	0	1	225-275	PM	..
Presbyterian-St. Luke's.....	E. Oldberg.....	18	111	12	90	...	1	1	0	0	2	125-200	FM	3
University of Chicago Clinics.....	J. P. Evans.....	20	478	32	78	1,746	1	1	1	1	4	250-305	O	4
University of Illinois Research and Educational Hospitals.....	E. Oldberg.....	...	...	...	...	...	...	...	...	...	...	...	...	4
INDIANA														
Indianapolis														
Indiana University Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Indiana University Medical Center Hospitals.....	R. F. Helmburger.....	50	815	43	72	760	1	1	1	1	4	225-300	PM	..
Veterans Administration.....	.....	...	...	...	...	...	...	...	...	...	...	271-462	O	..
IOWA														
Iowa City														
State University of Iowa Hospitals.....	R. Meyers.....	21	603	59	82	...	1	1	1	1	4	200-285	FM	4

Numerical and other references are listed on pages 811 through 814.

10. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main. P.M. O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
KANSAS															
Kansas City															
University of Kansas Medical-Center.....	W. Williamson.....	15	549	27	78	517	1	1	1	1	= 4	125-200	PM	4	
KENTUCKY															
Louisville															
University of Louisville Medical Center.....	.....	39	804	85	56	782	1	1	1	1	= 4	116-200	FM	4
Children's	L. H. Segerberg.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Louisville General	R. G. Spurling.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Norton Memorial	P. Ines.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Administration	R. G. Spurling.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana Tulane University Unit ¹⁷⁶	R. C. Llewellyn.....	11	185	44	43	781	1	0	0	0	= 1	200-225	FM	1	
Ochsner Foundation ¹⁷⁷	D. H. Echols.....	11	406	12	92	2,153	1	1	1	1	= 4	225-300	PM	4	
MARYLAND															
Baltimore															
Johns Hopkins.....	A. E. Walker.....	32	775#	46	52	826	3	2	1	1	= 7	160-227	PM	4	
Baltimore City Hospitals	J. D. McQueen.....	13	199	23	40	463	0	0	1	0	= 1	225-225	FP	4	
University	J. G. Arnold, Jr.....	38	829	68	66	790	1	2	2	1	= 6	200-250	PM	4	
MASSACHUSETTS															
Boston															
Boston City.....	W. Wegner.....	25	347	36	42	...	1	1	1	1	= 4	158-248	FM	4	
Children's Medical Center—Peter Bent Brigham	F. Ingraham.....	16	496	23	74	1,353	1	1	1	1	= 4	41- 83	FM	4	
Massachusetts General.....	J. C. White.....	.....	.....	.....	.....	.....	2	2	1	1	= 6	108-183	FM	4
Veterans Administration (Jamaica Plain).....	J. H. Drew.....	25	425	42	30	.....	.....	.....	.....	.....	.....	.....	.....	.....
New England Center.....	B. Selverstone.....	12	322	16	100	654	1	1	1	1	= 4	237-304	O	4	
MICHIGAN															
Ann Arbor															
University.....	E. A. Kahn.....	29	750	58	79	2,173	0	2	2	3	= 7	215-275	O	4	
Wayne County General (Eloise, Mich.).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Detroit															
Grace.....	E. S. Gurdjian.....	22	417	42	76	131	1	1	1	1	= 4	275-350	FP	4	
Henry Ford.....	R. S. Knighton.....	26	601	29	73	3,681	1	1	2	1	= 5	265-365	PM	4	
MINNESOTA															
Minneapolis															
University of Minnesota Hospitals ²¹⁹	L. A. French.....	22	535	28	64	670	2	2	1	2	= 7	244-244	...	4	
Rochester															
Mayo Foundation ²²²	J. G. Love.....	...	2,823	66	79	...	8	8	8	8	= 32	200-333	PM	4	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	O. J. Andy.....	...	...	...	...	...	...	...	...	...	...	...	...	4
University Hospital.....	.....	18	660#	74	72	1,030	1	1	1	1	= 4	250-325	O	...
Veterans Administration.....	.....	5	116#	7	71	80	.....	.....	.....	.....	.....	270-462	...	...
MISSOURI															
St. Louis															
Barnes.....	H. Schwartz.....	27	556	39	82	...	1	1	1	1	= 4	50-150	FM	4	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals.....	R. G. Fisher.....	27	634	37	89	1,758	1	1	1	1	= 4	218-305	...	4	
Mary Hitebeock Memorial.....	.....	27	634	37	89	1,758	1	1	1	1	= 4	218-305	...	...
Veterans Administration (White River Junction, Vermont).....	.....	27	634	37	89	1,758	1	1	1	1	= 4	218-305	...	...
NEW YORK															
Albany															
Albany	R. D. Whitfield.....	31	974#	55	78	152	1	1	1	1	= 4	195-275	PM	4	
Buffalo															
Buffalo General.....	W. B. Hamby.....	21	484#	20	70	53	1	1	1	1	= 4	175-200	FP	4	
New York City															
Albert Einstein College of Medicine .....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
Affiliated Hospitals.....	.....	5	298	53	57	233	2	2	2	2	= 8	215-215	FM	...
Bronx Municipal Hospital Center.....	L. M. Davidoff.....	44	553	52	48	200	1	1	0	1	= 3	207-282	PM	...	
Montefiore	C. A. Carton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...
Bellevue Hospital Center.....	.....	47	330	73	50	220	2	2	2	2	= 8	.....	...	4
Div. IV—New York University Post-Graduate Medical School ²⁷⁰	T. J. Hoer.....	71	3,407	229	50	1,908	1	1	1	1	= 4	145-195	...	4	
Kings County Hospital Center.....	A. Cook.....	30	330	46	78	360	2	1	1	0	= 4	164-191	PM	4	
Long Island College.....	S. W. Gross.....	18	353	37	72	2,556	1	1	1	1	= 4	100-100	FM	4	
Mount Sinai.....	B. S. Ray.....	76	1,030	46	52	.....	3	3	3	0	= 9	206-263	PM	4
New York.....	J. L. Pool.....	34	905	84	43	1,545	1	1	1	1	= 4	267-308	PM	4	
Presbyterian (Neurological Institute).....	C. G. De Gutierrez-Mahoney.....	34	280	17	65	109	1	1	1	1	= 4	175-250	FM	4	
St. Vincent's.....	J. E. Searff.....	34	280	17	65	109	1	1	1	1	= 4	293-462	O	4	
Veterans Administration (Bronx) ²⁶³.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Rochester															
Strong Memorial—Rochester Municipal... ..	F. P. Smith.....	13	447#	10	70	140	0	1	1	0	= 2	160-291	O	4	
Syracuse															
State University of New York Upstate Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	4

Numerical and other references are listed on pages 811 through 814.

10. NEUROLOGICAL SURGERY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
NORTH CAROLINA—Continued														
Durham														
Duke University Affiliated Hospitals...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Duke	42	1,221	72	51	1,370	1	1	2	2	6	43-200	FM	4	
Veterans Administration	27	399#	34	74	...	1	0	0	0	1	270-462	O	...	
Winston-Salem														
North Carolina Baptist	23	754#	44	64	978	1	1	1	1	4	166-208	PM	4	
OHIO														
Cincinnati														
University of Cincinnati College of Medicine Hospital Group	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Christ	31	505	31	58	1,123	1	0	0	0	1	200-200	FM	...	
Cincinnati General	13	294	82	50	552	...	...	...	...	...	...	...	...	...
Good Samaritan	20	300	30	50	...	0	1	0	0	1	275-275	FM	...	
Veterans Administration	18	220	18	72	111	...	...	...	...	...	271-462	O	...	
Cleveland														
Cleveland Clinic	25	891	46	78	4,362	2	2	1	1	6	275-400	...	4	
University Hospitals of Cleveland	16	411	17	76	709	1	1	1	1	4	183-250	PM	4	
Cleveland Metropolitan General	11	267	18	50	697	...	...	...	...	...	183-258	FM	...	
Veterans Administration	21	300	18	62	200	1	1	1	1	4	271-462	PM	...	
Columbus														
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	22	633	58	72	666	0	3	0	2	5	202-277	PM	...	
White Cross	26	853#	38	71	...	0	1	0	0	1	315-365	PM	...	
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	...	...	...	...	...	1	1	1	1	4	...	...	...	4
University Hospitals	9	168	24	50	604	...	...	...	...	...	200-275	PM	...	
OREGON														
Portland														
Good Samaritan	...	1,090#	37	84	264	1	1	1	1	4	275-315	PM	4	
University of Oregon Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
University of Oregon Medical School Hospitals and Clinics	23	491	35	86	396	1	1	1	1	4	165-215	FM	...	
Veterans Administration	12	180	32	78	538	0	0	1	0	1	271-412	PM	...	
PENNSYLVANIA														
Philadelphia														
Graduate Hospital of the University of Pennsylvania	15	857	33	70	505	1	1	1	1	4	75-100	FM	4	
Hospital of the University of Pennsylvania	19	339	26	69	681	2	0	0	0	2	100-165	PM	4	
Jefferson Medical College	22	452	16	56	200	0	3	0	1	4	100-150	PM	4	
Temple University	30	808	44	52	447	1	1	1	1	4	175-250	PM	4	
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh School of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Allegheny General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's	...	339	...	...	509	...	...	...	...	...	...	...	...	...
Presbyterian-Woman's	13	296	22	64	...	0	0	0	1	1	125-175	FM	...	
Mercy	36	732	41	54	360	1	1	1	0	3	235-310	FM	3	
TENNESSEE														
Memphis														
University of Tennessee Medical Center Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Baptist Memorial	73	2,713	79	48	589	2	2	1	1	6	325-400	PM	...	
City of Memphis Hospitals	33	378	55	69	1,002	2	2	1	1	6	150-200	FP	...	
Nashville														
Vanderbilt University	27	756	45	49	224	1	1	1	1	4	100-125	FM	4	
TEXAS														
Galveston														
University of Texas Medical Branch Hospitals	26	607	35	51	783	1	1	1	1	4	160-160	FP	4	
Houston														
Baylor University College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Jefferson Davis	12	231	68	16	691	1	1	0	1	3	137-165	FM	...	
Methodist	29	849	37	59	12	1	1	1	0	3	100-175	FM	...	
Veterans Administration	26	296	34	85	...	1	1	1	1	4	270-462	PM	...	
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
De Goesbriand Memorial	2	82#	4	100	43	1	1	1	1	4	...	...	...
Mary Fletcher	11	344	17	93	572	...	...	...	...	...	166	PM	...	
VIRGINIA														
Charlottesville														
University of Virginia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	4
University	30	816	14	57	427	2	1	1	3	7	75-150	FM	...	
Veterans Administration (Richmond, Va.)	16	202	5	60	790	1	1	0	0	2	271-412	PM	...	
Richmond														
Medical College of Virginia-Hospital Division	44	1,154	90	47	862	1	1	1	1	4	100-175	FM	4	

Numerical and other references are listed on pages 811 through 814.

10. NEUROLOGICAL SURGERY—Continued

WASHINGTON	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F/M Maintenance	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
Seattle															
University of Washington Affiliated Hospitals															
	King County Hospital Unit No. 1 (Harbor View)	A. A. Ward, Jr.	13	376#	81	85	443	2*	2	2	2	8	180-462	FM	..
	University	A. A. Ward, Jr.	..	65#	4	100	108	2	2	1	1	6	180-405	PM	..
	Veterans Administration	A. A. Ward, Jr.	20	95	320	1	0	0	0	2†	271-462
WISCONSIN															
Madison															
	University Hospitals	T. C. Erickson	24	758	46	91	665	1	1	1	1	4	100-250	FM	4

11. NEUROLOGY

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

Hospitals, 85; Residencies, 370

UNITED STATES ARMY	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F/M Maintenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
District of Columbia														
	Walter Reed General	A. J. Levens	55	623	3	33	2,822	2	2	2	0	6	..	..
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
	University of California ¹⁰⁷	A. S. Rose	6	170	8	75	2,959	2	2	2	0	6	240-314	FPO
	Veterans Administration	R. Baker	31	407	17	94	1,651	2	2	2	0	6	271-348	PM
	White Memorial	L. B. Mann	7	293	12	75	2,180	1	0	0	0	1	215-215	PM
Palo Alto														
	Stanford Medical Center and Affiliated Hospitals	..	..	..	..	..	..	..	..	..	..	..	250-325	O
	Palo Alto-Stanford Hospital Center	..	..	..	..	..	..	..	..	..	..	..	..	..
	Veterans Administration	..	..	..	..	..	..	..	..	..	..	..	..	..
San Francisco														
	University of California Hospitals	R. B. Aird	15	895	1	100	3,447	3*	4	2	0	9†	243-458	..
	Veterans Administration ¹⁰⁵	R. S. Aird	19	233	5	80	337	1	1	2	0	4	271-462	O
COLORADO														
Denver														
	University of Colorado Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..
	Colorado General	L. E. Daniels	8	204	6	100	2,661	2	2	2	0	6†	180-205	O
	Denver General	L. E. Daniels	..	150#	12	92	..	..	..	..	..	..	179-205	..
	Veterans Administration	W. V. Huber	67	386	46	93	206	1	1	1	0	3	271-347	O
CONNECTICUT														
New Haven														
	Yale-New Haven Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..
	Grace-New Haven Community	G. H. Glaser	..	..	..	..	1,820	2	2	1	0	5	300-400	O
	Veterans Administration (West Haven)	L. L. Levy	36	251	11	91	481	1	0	0	0	1	271-271	..
DISTRICT OF COLUMBIA														
Washington														
	Georgetown University ¹²⁷	D. O. Doherty	4	179	1	..	1,650	2	2	2	0	6	250-350	FM
FLORIDA														
Miami														
	Jackson Memorial	P. Scheinberg	..	793	139	46	3,048	4	3	2	0	9	250-350	PM
ILLINOIS														
Chicago														
	Northwestern University Medical Center	B. Boshes	..	..	..	..	1,947	..	..	..	..	..	..	..
	Chicago Wesley Memorial	B. Boshes	23	308	6	67	410	1	0	0	0	1	125-125	FM
	Veterans Administration Research	H. Koenig	23	118	14	57	..	1	2	1	0	4	271-462	O
	Veterans Administration (Hines)	E. Tigay	379	634	89	54	585	4	2	0	0	6	271-462	O
	Presbyterian-St. Luke's	F. J. Gerty	..	..	..	..	..	..	..	..	..	..	..	..
	University of Chicago Clinics	R. B. Richter	8	370	13	85	3,569	1	2	1	0	4	250-305	O
	University of Illinois Research and Educational Hospitals	E. Oldberg	29	551	35	86	11,529	1	2	2	2	7	160-245	PM
INDIANA														
Indianapolis														
	Indiana University Affiliated Hospitals	..	..	..	..	..	1,545	3	3	3	0	9	225-275	PM
	Indiana University Medical Center Hospitals	A. T. Ross	..	..	..	..	1,077	1	1	1	0	3	269-321	PM
	Marion County General	A. T. Ross	15	203	84	41	..	..	..	..	..	..	..	..
IOWA														
Iowa City														
	State University of Iowa Hospitals ¹⁷²	A. L. Sabs	37	1,228	46	67	2,966	2	1	1	0	4	200-255	FM
	Veterans Administration	A. L. Sabs	35	409	13	93	275	0	1	0	0	1	694-694	PM
KANSAS														
Kansas City														
	University of Kansas Medical Center	C. Poser	8	307	7	71	894	2	1	1	0	4	125-150	PM
	Veterans Administration (Kansas City, Mo.)	A. B. Williamson	38	186	26	64	..	1	0	0	0	1	271-271	O

Numerical and other references are listed on pages 811 through 814.

11. NEUROLOGY—Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
KENTUCKY														
Louisville														
	University of Louisville Affiliated Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
	Louisville General.....	E. Roseman.....	...	...	...	...	2,719	1	1	1	0	3	116-166	FM
	Veterans Administration.....	I. O. Dein.....	35	281	39	64	173	1	0	0	0	1	270-347	O
LOUISIANA														
New Orleans														
	Charity Hospital of Louisiana.....		...	...	...	...	...	...	...	...	...	...	...	...
	Louisiana State University Unit.....	R. Paddison.....	36	494	40	65	4,032	1	1	1	0	3	125-175	FM
	Tulane University Unit.....	R. G. Heath.....	20	530	22	73	4,199	1	1	1	0	3	125-175	FM
MARYLAND														
Baltimore														
	Baltimore City Hospitals.....	J. W. Magladery.....	314	639	102	50	476	2	4	2	1	12	200-200	FP
	Johns Hopkins.....	J. W. Magladery.....	Inc. in Int. Med.	...	...	...	6,805	0	2	1	0	3	160-177	PM
	University.....	C. Van Buskirk.....	11	200	22	72	1,356	1	1	1	0	3	200-250	PM
MASSACHUSETTS														
Boston														
	Boston City.....	D. Denny-Brown.....	19	366	11	73	4,491	5	4	2	1	12	158-208	FM
	Massachusetts General.....	R. D. Adams.....	...	...	...	...	...	6	3	0	0	3	108-183	FM
	New England Center.....	J. F. Sullivan.....	11	450	2	50	1,342	5	2	1	0	8	237-383	O
	Veterans Administration (Jamaica Plain).....	F. A. Quadfasel.....	167	606	27	74	...	4	4	4	0	12	...	...
MICHIGAN														
Ann Arbor														
	University 208.....	R. N. De Jong.....	32	820	26	78	6,192	4	4	4	2	14	180-275	O
Detroit														
	Henry Ford.....	L. D. Proctor.....	14	389	26	46	7,049	1	1	1	0	3	265-365	PM
	Wayne University School of Medicine		...	...	...	...	...	...	...	...	...	...	...	...
	Affiliated Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
	Veterans Administration (Dearborn).....	J. S. Meyer.....	32	403	40	50	106	1	0	0	0	1	270-293	O
	Detroit Memorial.....	J. S. Meyer.....	16	369	32	28	...	0	1	0	0	1	425-500	...
	Lafayette Clinic.....		...	...	...	...	...	...	...	...	...	...	...	...
	Receiving.....	J. S. Meyer.....	...	318	191	75	1,649	...	...	...	...	...	...	...
MINNESOTA														
Minneapolis														
	University of Minnesota Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
	Minneapolis General.....	H. H. Noran.....	22	631	109	60	2,353	2	1	0	0	3	235-235	FM
	University 210.....	A. B. Baker.....	23	609	28	68	3,586	4	4	3	0	11	244-244	...
	Veterans Administration 221.....	R. C. Gray.....	87	542	18	72	120	1	1	1	0	3	271-462	O
Rochester														
	Mayo Foundation 222.....	K. B. Corbin.....	...	3,991	50	74	...	6	6	6	1	19	200-333	PM
MISSOURI														
Kansas City														
	Veterans Administration.....	See University of Kansas Medical Center, Kansas City, Kansas												
St. Louis														
	Barnes.....	J. O'Leary.....	31	881	25	92	2,515	2	1	2	0	5	50-175	FM
NEW JERSEY														
East Orange														
	Veterans Administration 244.....	J. Sobin.....	221	401	58	73	...	1	0	0	0	1	270-462	O
NEW YORK														
Albany														
	Albany Medical School Affiliated Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
	Albany.....	F. Hesser.....	12	556#	19	68	899	3	1	1	0	5	195-275	FP
	Veterans Administration.....	J. H. Cullen.....	108	359	13	77	861	1	0	0	0	1	271-347	O
New York City														
	Bellevue Hospital Center.....		...	...	...	...	...	...	...	...	...	...	...	...
	Div. II—Cornell University 292.....	F. McDowell.....	35	305	28	65	2,348	2	1	1	0	4	...	...
	Div. III—New York University College of Medicine.....		...	...	...	...	...	...	...	...	...	...	...	...
	Bronx Municipal Hospital Center.....	M. B. Bender.....	64	848	60	35	1,904	1	3	1	0	5	...	...
	Kings County Hospital Center.....	S. R. Korey.....	35	661	89	49	2,044	2	2	2	2	8	215-215	FM
	Veterans Administration (Brooklyn).....	E. F. Vastola.....	124	1,884	530	14	3,812	2	2	1	0	5	145-195	...
	Montefiore.....	T. Lawner.....	48	298	52	67	208	0	1	0	0	1	293-412	O
	Mount Sinai.....	M. B. Bender.....	34	618	65	45	2,987	3	2	2	0	7	207-282	PM
	New York.....	H. Wolf.....	...	626	74	48	2,570	3	2	2	0	7	100-100	FM
	Presbyterian (Neurological Institute).....	H. H. Merritt.....	...	...	...	...	...	0	0	1	0	1	206-206	PM
	Veterans Administration (Bronx).....	C. B. Booth.....	56	3,105	89	56	53	1	1	0	0	2	250-417	PM
Rochester														
	Strong Memorial-Rochester		...	...	...	...	...	...	...	...	...	...	...	...
	Municipal Hospitals.....	P. Garvey, W. K. Smith.....	15	240	31	68	2,703	1	1	1	0	3	250-500	O
Syracuse														
	State University of New York		...	...	...	...	...	...	...	...	...	...	...	...
	Upstate Medical Center		...	...	...	...	...	...	...	...	...	...	...	...
	University Hospitals.....	P. Duffy.....	52	491	151	42	1,151	1	1	1	0	3	250-316	O
	Veterans Administration.....		...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA														
Chapel Hill														
	North Carolina Memorial.....	T. W. Farmer.....	8	345	32	50	890	2	2	2	0	6	175-266	O
Durham														
	Duke.....	E. C. Kunkle.....	8	414	6	83	1,105	2	2	1	0	5	200-300	O
Winston-Salem														
	North Carolina Baptist.....	M. G. Netsky.....	5	294#	15	40	1,011	1	1	1	0	3	166-300	PM
OHIO														
Cincinnati														
	University of Cincinnati College of Medicine		...	...	...	...	...	...	...	...	...	...	...	...
	Hospital Group		...	...	...	...	...	...	...	...	...	...	...	...
	Cincinnati General.....	C. Aring.....	23	404	161	78	2,525	2	2	2	0	6	160-415	FM
	Veterans Administration.....		...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 811 through 814.

11. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
OHIO—Continued													
Cleveland													
Cleveland Clinic.....	G. Williams, Jr.....	10	260	15	47	33,114	2	1	1	0	4	275-275	...
University Hospitals of Cleveland.....	C. Randt.....	5	171	1	100	835	2	2	1	0	5	375-500	PM
PENNSYLVANIA													
Philadelphia													
Hospital of the University of Pennsylvania.....	G. Gammon.....	21	522	28	57	3,084	2	2	2	0	6	...	FM
Jefferson Medical College.....	B. J. Alpers.....	24	561	18	72	2,092	2	1	0	0	3	100-150	PM
Philadelphia General.....	A. Ornstein, J. Taeffner.....	169	1,197	348	51	4,382	2	2	1	0	5	128-265	FM
Pittsburgh													
Veterans Administration ³⁴¹	E. L. Youngue.....	92	279	11	100	9	2	2	1	0	5	295-749	O
TEXAS													
Houston													
Baylor University College of Medicine													
Affiliated Hospitals.....	W. S. Fields.....	7	112	24	45	1,707	1	0	1	0	2	125-165	FM
Jefferson Davis.....		1	110	...	...	2,122	1	1	0	0	2	100-175	FM
Methodist.....		40	545	40	75	17	0	1	1	0	2	270-347	PM
Veterans Administration.....													
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals.....	G. A. Schumacher.....	5	116	4	100	...	1	1	1	0	3	333-333	O
De Goesbriand Memorial.....		...	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher.....		...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA													
Charlottesville													
University of Virginia.....	T. R. Johns.....	12	347	21	57	3,582	0	2	3	0	5	50-50	FM
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals..	F. Plum.....	...	...	...	...	...	...	...	...	...	...	...	...
King County Hospital Unit 1 (Harbor View)		17	684#	195	59	1,444	4*	3	3	0	10	150-250	FM
University.....		...	32#	1	100	173	2	0	2	0	4	180-305	PM
Veterans Administration.....		...	...	...	...	170	1	0	0	0	1	271-...	...
WISCONSIN													
Madison													
University Hospitals.....	F. M. Forster.....	25	719	15	100	2,071	4	4	4	0	12	100-200	FM
Veterans Administration.....	B. Messert.....	23	40	12	...	...	1	0	0	0	1	271-276	PM

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

Hospitals, 20; Residencies, 42

UNITED STATES ARMY

CALIFORNIA													
Letterman General, San Francisco.....	W. E. Porter.....	44	654	6	83	2,762	1	1	0	0	2	...	...
COLORADO													
Fitzsimons General, Denver ¹⁰⁸	E. W. Eberlin.....	19	181	...	...	2,007	1	1	0	0	2	...	...
UNITED STATES NAVY													
MARYLAND													
U. S. Naval, Bethesda.....	J. G. Hebble.....	30	227	...	...	1,300	1	1	0	0	2	...	...
UNITED STATES PUBLIC HEALTH SERVICE													
MARYLAND													
National Institutes of Health-Clinical Center, Bethesda.....	M. Shy.....	63	650	9	100	890	0	0	4	0	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
Long Beach													
Veterans Administration ⁸⁰	M. Feld.....	103	236	19	68	1,025	2	1	0	0	3	271-462	O
Los Angeles													
Los Angeles County.....	J. Nielson, C. E. Olson.....	100	4,614	792	35	6,759	1	1	0	0	2	273-288	PM
Oakland													
Veterans Administration.....	J. K. Smith.....	58	551	30	...	111	1	1	0	0	2	271-462	...
DISTR CT OF COLUMBIA													
Washington													
District of Columbia General.....	D. O'Doherty, H. Stevens...	...	...	...	...	...	0	0	0	2	2	308-308	O
NEW YORK													
Buffalo													
Buffalo General.....	I. Hyman.....	20	460#	7	33	900	1	1	0	0	2	175-200	FP
Edward J. Meyer Memorial.....	B. H. Smith.....	26	438	31	52	1,596	2	2	0	0	4	292-312	PM
OHIO													
Columbus													
Ohio State University Hospitals.....		...	...	...	...	...	...	...	...	...	...	...	...
University.....	M. P. Sayers, D. M. Palmer	...	Inc. in Int. Med.	...	...	1,366	1	2	0	1	4	177-277	PM
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center.....	S. Wolf.....	...	...	...	...	...	...	...	...	...	...	...	...
University Hospitals.....		...	Inc. in Int. Med.	...	...	...	...	...	...	...	...	...	...
Veterans Administration.....		35	342	16	69	130	...	...	...	...	...	...	...
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinics ⁸²³	R. L. Swank.....	39	435	30	86	1,624	1	1	0	0	2	165-215	FM

Numerical and other references are listed on pages 811 through 814.

II. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
SOUTH CAROLINA													
Charleston													
Teaching Hospitals of the Medical College of South Carolina	R. Talbert	8	306	4	50	445	1	1	0	0	= 2	138-168	FM
Medical College		...	...	...	...	...	...	...	...	...	...	...	...
Roper		...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE													
Memphis													
City of Memphis Hospitals	I. F. Tullis	...	37	2	50	1,671	0	0	1	0	= 1	150-200	FP
Nashville													
Vanderbilt University	B. E. Sprockin	1	40	..	..	598	1	1	0	0	= 2	100-125	FM
TEXAS													
Dallas													
Parkland Memorial	S. G. Ellasson	11	399	89	42	651	1	1	0	0	= 2	150-175	PM
UTAH													
Salt Lake City													
Veterans Administration	L. Jarcho	48	136	17	71	...	2	2	0	0	= 4	271-462	O

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

Hospitals, 17; Residencies, 34

UNITED STATES NAVY

PENNSYLVANIA													
U. S. Naval, Philadelphia	C. S. Mullin, Jr.	20	158	1	100	782	1	0	0	0	= 1	...	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington	E. Y. Williams	6	8	4	50	...	1	0	0	0	= 1	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATIONS													
DISTRICT OF COLUMBIA													
WASHINGTON													
George Washington University ¹³¹	H. Stevens	8	429	5	80	334	1	1	1	0	= 3	210-285	PM
ILLINOIS													
Chicago													
Cook County	W. R. Kirschbaum	40	359	185	34	4,109	2	0	0	0	= 2	140-140	FM
KANSAS													
Topeka													
Veterans Administration	D. W. Hammersley	58	239	6	50	...	1	0	0	0	= 1	271-345	O
MASSACHUSETTS													
Boston													
Children's Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Lemuel Shattuck ⁶¹	W. H. Timberlake	75	276	11	50	749	5	0	0	0	= 5	262-262	PM
Massachusetts Memorial Hospitals	C. A. Kane	...	...	...	...	797	0	0	1	0	= 1	175-275	O
NEBRASKA													
Omaha													
Veterans Administration	F. A. Majka	35	394	39	64	37	1	1	0	0	= 2	270-293	O
NEW YORK													
New York City													
Fordham	J. H. Friedman	10	128	5	67	728	1	0	0	0	= 1	145-195	...
Goldwater Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...
New York University—Division III	I. S. Freiman	87	130	16	50	...	3	0	0	0	= 3	...	...
Lenox Hill	...	...	...	...	...	...	...	...	...	...	...	...	...
New York Medical College—Metropolitan Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Metropolitan	I. M. Tarlov	16	261	9	...	1,413	3	0	0	0	= 3	145-195	FM
Veterans Administration (Manhattan)	R. L. Silver	36	144	20	65	185	0	1	0	0	= 1	271-348	O
PENNSYLVANIA													
Coatesville													
Veterans Administration	J. F. Kurtzke	80	270	30	80	140	3	0	0	0	= 3	270-347	O
Philadelphia													
Graduate Hospital of the University of Pennsylvania	A. Tornay	14	297	14	43	1,647	1	1	1	0	= 3	75-100	FM
Pennsylvania	F. A. Elliott	...	...	...	...	574	2	0	0	0	= 2	...	...
VIRGINIA													
Richmond													
Veterans Administration	A. Davis	55	283	16	81	831	2	0	0	0	= 2	271-412	PM

12. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Obstetrics and Gynecology and the American College of Surgeons, through the Residency Review Committee for Obstetrics and Gynecology, as offering acceptable training in the specialty. Certain programs listed as approved for three years require that the resident serve a longer period in order to obtain 18 months' training in obstetrics and 18 months' training in gynecology.

Hospitals, 473; Residencies, 2,654

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O	Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	C. E. Gibbs	OBG	34	2,555#	3	100	29,654	2	2	2	0	= 6	...	...	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month		Main-tenance O	Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years	Min.	Max.		
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco...	H. M. Jesurun.....	OBG	43	2,702	11	100	24,958	2	2	2	0	=	6	...	...	3
COLORADO																
Fitzsimons General, Denver ¹⁰⁰	J. S. Zelenik.....	OBG	40	2,581	4	100	20,805	2	2	2	0	=	6	...	...	3
DISTRICT OF COLUMBIA																
Walter Reed General, Washington....	H. L. Riva.....	OBG	54	2,545	27	89	36,674	3	3	3	0	=	9	...	...	3
HAWAII																
Tripler Army, Honolulu.....	E. A. Zimmermann.....	OBG	64	5,627	1	100	49,871	2	2	2	0	=	6	...	...	3
TEXAS																
William Beaumont General, El Paso...	A. K. Schoenbueher.....	OBG	50	4,384	4	100	39,709	3	3	3	0	=	9	394-565	PM	3
Brooke General, San Antonio.....	W. L. Pickhardt.....	OBG	40	2,699	3	67	29,949	2	2	2	0	=	6	...	...	3
WASHINGTON																
Madigan General, Tacoma.....	H. E. Harrison.....	OBG	44	3,843	...	...	38,200	2	2	2	0	=	6	...	...	3
UNITED STATES NAVY																
CALIFORNIA																
U. S. Naval, Oakland.....	R. W. Tandy, Sr.....	OBG	37	2,868	6	89	29,287	2	2	2	0	=	6	...	...	3
U. S. Naval, San Diego.....	W. S. Baker, Jr.....	OBG	68	4,744	12	75	36,587	2	2	3	0	=	7	...	...	3
ILLINOIS																
U. S. Naval, Great Lakes.....	B. L. Hawks.....	OBG	35	1,736	...	...	19,392	1	1	1	0	=	3	...	...	3
MARYLAND																
U. S. Naval, Bethesda.....	T. B. Lebherz.....	OBG	49	2,713	5	100	11,533	2	2	3	0	=	7	...	...	3
MASSACHUSETTS																
U. S. Naval, Chelsea.....	D. M. Shook.....	OBG	34	1,801	2	50	11,946	1	2	1	0	=	4	...	...	3
NEW YORK																
U. S. Naval, New York City (St. Albans).....	J. W. Huston.....	OBG	30	2,162	9	88	15,406	1	1	1	0	=	3	...	...	3
PENNSYLVANIA																
U. S. Naval, Philadelphia.....	H. J. Hunter.....	OBG	30	1,993	2	100	18,013	1	1	1	0	=	3	...	...	3
VIRGINIA																
U. S. Naval, Portsmouth.....	D. A. Callagan.....	OBG	85	5,934	5	80	40,814	3	3	2	0	=	8	...	...	3
UNITED STATES PUBLIC HEALTH SERVICE																
LOUISIANA																
U. S. Public Health Service, New Orleans.....	J. B. Collins.....	OBG	13	706	...	...	6,883	1	1	1	0	=	3	...	...	3
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																
DISTRICT OF COLUMBIA																
Freedman's, Washington ¹²⁵	J. F. Clark.....	OBG	64	5,133	16	38	5,749	1	2	2	2	=	7	308-417	PM	3
OTHER FEDERAL																
CANAL ZONE																
Ancon																
Gorgas, Balboa Heights.....	I. J. Strumpf.....	OBG	40	2,325	8	88	14,117	1	1	1	0	=	3	458-593	O	3
NON FEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center.....	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Carraway Methodist University Hospital and Hillman Clinic.....	T. M. Boulware.....	...	26	2,467	1	100	...	1	1	0	0	=	2	250-300	FM	...
Mobile General, (Mobile).....	W. N. Jones.....	...	65	5,700	6	50	10,102	4	4	3	0	=	11	130-154	FM	...
Fairfield																
Lloyd Noland.....	O. T. West.....	OBG	31	1,690	3	33	20,968	1	1	1	0	=	3	250-375	FM	3
ARIZONA																
Phoenix																
Good Samaritan.....	L. B. Smith.....	OBG	70	17	4	75	1,475	3	0	0	0	=	3	350-350	PM	1
Maricopa County General.....	E. Sattenspiel.....	OBG	21	2,151	...	...	1,736	2	2	1	0	=	5	373-412	PM	3
St. Joseph's.....	R. Jennett.....	OBG	59	7,340	4	75	1,724	1	1	1	0	=	3	250-350	FP	3
ARKANSAS																
Little Rock																
University.....	W. E. Brown.....	OBG	64	4,305	23	19	18,125	3	3	2	2	=	10	170-237	O	3
CALIFORNIA																
Bakersfield																
Kern County General.....	L. E. Smale.....	OBG	36	2,627	12	86	15,920	2	2	2	0	=	6	350-425	O	2
Berkeley																
Herrick Memorial.....	D. Minkler.....	OBG	21	2,315	3	67	2,460	1	0	0	0	=	1	300-350	FP	1
Fresno																
General Hospital of Fresno County...	H. L. Tieche.....	OBG	35	3,310	7	71	9,522	2	1	1	0	=	4	300-325	PM	3
Glendale																
Glendale Sanitarium and Hospital...	J. B. Brown.....	OBG	33	2,890	2	50	3,526	1	1	0	0	=	2	325-350	PM	2
Long Beach																
Memorial Hospital of Long Beach...	P. B. Hartley.....	OBG	39	3,808	...	...	2,137	1	0	0	0	=	1	325-425	PM	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)	
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years				
CALIFORNIA—Continued																
Los Angeles																
California	K. P. Russell	OBG	41	3,916	2	...	9,644	2	2	2	0	=	6	225-275	FP	3
Santa Monica (Santa Monica)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon ⁸²	L. Krohn, G. Rosenblum	OBG	35	4,330	...	...	4,211	2	2	1	0	=	5	265-400	FM	3
Hospital of the Good Samaritan	W. R. Schumann	OBG	43	3,032	4	25	1,095	2	0	0	0	=	2	325-375	FM	3
Kaiser Foundation	T. H. Baker	OBG	59	5,765	5	60	56,814	3	3	3	0	=	9	275-325	PM	3
Los Angeles County ⁸⁸	E. Henriksen, E. Nichols	OBG	213	22,218	84	44	17,342	5	5	5	5	=	20	273-319	PM	3
Hollywood Presbyterian-Olmstead Memorial	E. J. Krahulik	OBG	18	1,801	...	...	2,289	1	0	0	0	=	1	279-279	PM	3
Queen of Angels	C. V. Von Der Abe	OBG	51	5,195	5	40	6,027	2	2	2	0	=	6	275-325	FM	3
University of California	D. G. Morton	OBG	31	2,419	12	75	9,942	2	2	2	2	=	8	240-426	FPO	3
White Memorial ⁸⁷⁻⁸²	E. E. Nichols	OBG	33	3,146	7	86	17,858	2	3	3	0	=	8	215-235	PM	3
Oakland																
Highland-Alameda County ⁸⁶	G. F. Calvin	OBG	35	4,029	8	25	11,204	2	2	2	0	=	6	200-295	FM	3
Kaiser Foundation	R. W. King	OBG	49	5,084	6	83	...	3	3	2	0	=	8	315-340	FM	3
Orange																
Orange County General	R. Hayden	OBG	9	...	...	...	7,647	1	1	1	0	=	3	355-395	O	3
Palo Alto																
Stanford Medical Center and Affiliated Hospitals	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Palo Alto-Stanford Hospital Center	C. E. McLennan	...	2	158	...	...	2,288	4	4	2	1	=	11	250-325	O	...
Community Hospital of San Mateo County (San Mateo)	N. D. Morrison, Jr.	...	...	...	...	...	4,768	...	...	...	...	...	...	...	...	...
San Diego																
Mercy	J. R. Phalen	OBG	67	7,363	4	75	7,902	2	2	2	0	=	6	225-325	FP	3
San Diego-County General	J. A. Rust	OBG	18	1,490	9	25	3,379	1	1	0	0	=	2	250-300	FM	2
San Francisco																
Children's	D. A. Dallas	OBG	25	3,134	5	40	3,873	1	1	1	0	=	3	250-300	FP	3
Kaiser Foundation	H. B. Nelson	OBG	46	4,195	7	57	36,228	2	2	2	0	=	6	315-415	FP	3
Mount Zion	H. N. Jurow	OBG	...	2,122#	1	...	2,079	1*	1	1	0	=	3	150-250	FM	3
Presbyterian Medical Center	C. F. Fluhmann	OBG	13	...	2	100	8,984	2	2	1	0	=	5	100-175	PM	3
St. Francis Memorial	C. D. Hart	OBG	32	2,574	...	...	1,031	3	0	0	0	=	3	400-400	PM	1
St. Luke's	J. R. Upton	OBG	31	2,231	...	...	4,111	1	1	0	0	=	2	325-350	FP	2
San Francisco Catholic Hospitals	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Mary's Help	H. Schwarz	...	31	2,407#	1	...	5,967	2	1	1	0	=	4	225-325	...	...
St. Elizabeth's Infant	...	...	...	...	...	...	539	2	0	0	0	=	2	250-400	FM	...
St. Joseph's	H. Von Geldern	...	23	1,017	...	...	539	2	0	0	0	=	2	250-400	FM	...
St. Mary's	G. P. O'Hara	...	38	2,988	2	100	2,508	4	4	2	0	=	10	200-300	FP	...
San Francisco General	E. C. Hill	OBG	71	4,776	13	69	2,530	1	1	1	0	=	3	220-360	O	1
University of California Hospitals ⁸⁸	E. W. Page	OBG	47	2,757	8	75	18,920	4	1	3	1	=	9	243-526	...	3
San Jose																
Santa Clara County	L. P. Fox	OBG	30	1,826	12	80	9,383	2	2	0	0	=	4	270-320	PM	3
San Mateo																
Community Hospital	See Stanford Medical Center, Palo Alto	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Monica																
St. John's	B. H. Watson	OBG	55	5,461	3	67	...	2	0	0	0	=	2	225-250	PM	2
Santa Monica Hospital	See California Hospital, Los Angeles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stockton																
San Joaquin General	D. Harrington	OBG	28	2,201	1	...	11,234	2	1	1	0	=	4	275-340	PM	3
Torrance																
Harbor General	N. Assali, J. V. Kelly	OBG	41	3,484#	14	43	5,812	2	2	2	2	=	8	273-319	FM	3
COLORADO																
Denver																
Presbyterian	M. C. Waddell	OBG	44	3,145	10	67	3,380	3	0	0	0	=	3	275-300	PM	3
St. Joseph's	F. B. McGlone	OBG	5	4,060	1	1	...	1	1	1	0	=	3	200-250	FM	3
University of Colorado Medical Center	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Colorado General ⁸⁷	E. S. Taylor	...	31	2,467	7	71	12,149	2	2	2	2	=	8	180-205	O	...
Denver General ⁸⁷	N. P. Isbell	...	34	2,510#	...	...	...	...	...	...	...	...	...	...	...	...
CONNECTICUT																
Bridgeport																
Bridgeport	C. Griswold	OB	42	3,649	1	100	3,151	2	0	0	0	=	2	240-...	FM	1
St. Vincent's	F. Kinder	OB	43	3,675	3	67	1,453	2	0	0	0	=	2	300-325	PM	1
Hartford																
Hartford	L. F. Middlebrook	OBG	90	9,879	4	100	4,058	1	1	1	0	=	3	125-257	FP	3
St. Francis ¹¹⁸	T. F. McNulty	OBG	77	5,174	17	30	4,639	1	1	1	0	=	3	175-250	FP	3
New Britain																
New Britain General	D. A. Bristol	OBG	25	4,556	1	...	1,147	1	1	1	0	=	3	250-325	FM	3
New Haven																
Yale-New Haven Medical Center	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Grace-New Haven Community Hospital of St. Raphael	C. L. Buxton	...	103	7,608	16	75	13,770	4	4	4	1	=	13	50-150	FM	...
Hospital of St. Raphael	A. J. Connolly	OBG	59	3,646	2	...	3,507	2	2	1	0	=	5	300-385	PM	3
New London																
Lawrence and Memorial	W. J. Morse	OBG	41	3,097	7	6	53	3*	0	0	0	=	3	250-300	FP	1
Norwalk																
Norwalk	E. F. Longworth	OBG	25	3,183	2	50	1,327	2	0	0	0	=	2	195-300	FP	1

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY--Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
DELAWARE															
Wilmington															
Delaware.....	C. L. Hudiburg.....	OBG	63	4,608#	9	56	2,204	1	1	1	0	3	220-260	FP	3
Wilmington General.....	M. Keyser.....	OBG	35	3,395	...	...	4,736	1	2	0	0	3	260-295	FM	2
DISTRICT OF COLUMBIA															
Washington															
Columbia Hospital for Women and Lying-in Asylum.....	H. J. R. McNitt, C. H. Hixson.....	OBG	72	7,425	3	33	13,401	3	3	3	0	9	150-200	FM	3
District of Columbia General.....	A. Marchetti, R. Barter.....	OBG	96	8,727	18	22	22,156	4	4	2	0	10	233-283	O	3
Doctors.....	J. K. Cromer.....	OBG	48	3,185	7	71	...	2	1	0	0	3	200-250	FM	2
Georgetown University.....	A. A. Marchetti.....	OBG	62	4,776	3	33	7,529	3	3	3	0	9	175-270	FM	3
George Washington University.....	R. H. Barter.....	OBG	112	6,675	20	75	2,435	2	1	2	0	5	210-260	PM	3
Providence 57.....	G. J. Ellis.....	OBG	75	6,028	1	100	3,738	1	1	1	1	4	350-425	PM	3
Sibley Memorial.....	M. Kaufman.....	OBG	37	2,964	2	100	780	1	2	0	0	3	200-400	FM	2
Washington Hospital Center.....	S. M. Dodek, J. K. Cromer.....	OBG	92	6,748	13	38	11,476	2	2	2	2	8	215-260	FP	3
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics 57.....	H. Prystowsky.....	OBG	8	377	1	100	...	2	2	2	2	8	217-450	...	3
Jacksonville															
Baptist Memorial.....	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	3
Duval Medical Center.....	R. W. McDowell.....	OBG	30	3,139	4	50	13,075	2	2	1	0	5	200-250	FM	3
St. Luke's.....	R. W. McDowell.....	OBG	39	3,285	3	66	10,000	2	1	1	0	4	350-375	PM	3
St. Vincent's.....	J. A. Allgood.....	OBG	62	4,992#	4	75	1,779	2	1	1	0	4	325-375	PM	3
Miami															
Jackson Memorial.....	J. H. Ferguson.....	OBG	68	9,450	22	59	10,658	9	5	4	1	10	200-335	PM	3
Miami Beach															
Mount Sinai Hospital of Greater Miami.....	H. Kraff.....	OBG	33	2,440	6	50	3,264	0	2	0	0	2	250-300	FM	2
St. Francis.....	J. Heffernan.....	OBG	27	2,031#	...	...	1,004	1	0	0	0	1	...	FM	1
Orlando															
Orange Memorial.....	J. P. Michael, R. L. Tolle.....	OBG	75	5,954	19	47	...	1	1	1	1	4	325-400	O	3
St. Petersburg															
Mound Park 39.....	F. W. Bachnik.....	OBG	25	2,054	4	50	...	1	0	0	0	1	307-307	PM	1
Tampa															
Tampa General.....	J. Ingram.....	OBG	...	6,122	92	30	2,200	2	2	2	0	6	250-300	FM	3
GEORGIA															
Atlanta															
Crawford W. Long Memorial.....	R. K. Hancock.....	OBG	96	7,922	7	43	4,963	6	2	2	0	10	285-300	O	3
Georgia Baptist.....	E. D. Colvin.....	OBG	74	6,437	6	17	3,933	2	2	2	0	6	330-380	PM	3
Grady Memorial.....	J. B. Cross.....	OBG	87	8,981	17	50	40,231	5	5	5	0	15	100-200	FM	3
Piedmont.....	C. B. Upshaw.....	OBG	41	3,634	...	...	1,714	1	1	1	0	3	290-320	PM	3
St. Joseph's Infirmary.....	W. V. Skiles.....	OBG	42	2,864	3	66	4,803	1	1	1	0	3	270-295	PM	3
Augusta															
Medical College of Georgia Hospitals Eugene Talmadge Memorial.....	C. J. Bryans.....	OBG	...	...	...	...	...	3	3	4	0	10	...	...	3
University.....	W. G. Watson.....	...	28	803	5	40	2,173	...	...	...	...	...	250-500	O	...
Macon (Macon).....	E. Rogers, E. Swilling.....	...	48	4,456	2	50	4,973	...	...	...	...	...	200-250	O	...
...	...	...	...	5,325	6	...	2,470	...	...	...	...	...	275-325	FM	...
Savannah															
Memorial Hospital of Chatham County.....	L. S. Bodziner.....	OBG	28	2,460	2	100	3,828	1	1	1	0	3	...	FM	3
HAWAII															
Honolulu															
Kapiolani Maternity and Gynecological-St. Francis.....	H. J. Lambert, Jr., E. Matsuoka.....	OBG	105	9,674	4	25	5,414	3	3	3	0	9	150-300	FM	3
Queen's.....	R. Sakimoto.....	OBG	47	4,029	3	60	2,250	2	2	0	0	4	225-250	FM	2
ILLINOIS															
Chicago															
Augustana.....	R. G. Barrick.....	OB	16	1,033	...	...	...	3	0	0	0	3	200-200	FM	1
Cook County.....	A. Webster, A. E. Kanter.....	OBG	455	48,826	220	78	28,351	11	6	6	0	23	140-140	FM	3
Englewood.....	T. R. Cunningham.....	OB	21	1,907	...	...	...	1	0	0	0	1	200-200	FM	1
Grant.....	J. P. Fitz-Gibbons.....	OBG	36	2,546	2	50	1,858	1	1	0	0	2	225-250	...	2
Hospital of St. Anthony De Padua.....	J. Donlon.....	OB	20	1,777	...	...	756	2	0	0	0	2	250-250	FM	1
Illinois Masonic.....	F. J. Roos.....	OBG	82	3,452	6	50	3,077	4	0	0	0	4	175-235	FM	1
Lewis Memorial Maternity.....	J. Towne.....	OBG	70	5,957	18	55	28,514	4	4	4	0	12	200-250	FM	3
Lutheran Deaconess.....	A. D. Green.....	OB	18	1,547	...	...	...	1	0	0	0	1	200-200	FM	1
Mercy 153.....	H. E. Schmitz.....	OBG	39	2,023	18	39	3,312	0	1	1	1	3	...	FM	3
Michael Reese 57.....	L. W. Frankenthal.....	OBG	84	5,058	...	...	9,613	3	3	2	2	10	125-200	FP	3
Mount Sinai.....	A. E. Kanter.....	OBG	48	3,147	5	80	4,285	2	2	2	0	6	225-275	PM	3
Northwestern University Medical Center.....	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	3
Chicago Wesley Memorial 57.....	G. Gardner.....	OBG	59	3,259	10	30	3,258	2	2	2	1	7	125-200	FM	3
Chicago Maternity Center.....	H. B. Benaron, B. E. Tucker.....	...	...	...	...	...	...	0	4	0	0	4	150-150	FM	...
Passavant Memorial.....	J. I. Brewer.....	OBG	41	2,849	9	67	...	...	...	...	...	5	225-275	PM	3
Evanston (Evanston).....	D. N. Danforth.....	OBG	48	3,443	1	100	1,521	1	1	1	0	3	225-275	PM	3
Presbyterian-St. Luke's.....	H. Boysen.....	OBG	51	3,970	3	...	9,545	3	3	3	0	9	125-175	FM	3
Provident.....	R. C. Stepto.....	OBG	44	3,441	7	57	2,654	2	1	1	0	4	200-200	FM	3
St. Anne's.....	R. J. Hawkins.....	OB	57	5,434	10	00	515	7	0	0	0	7	250-275	FP	1
St. Elizabeth's.....	L. G. Scheffel.....	OBG	48	3,741	4	75	1,002	1	1	1	0	3	200-200	FM	2
St. Joseph.....	C. J. Geiger.....	OBG	30	2,038	1	...	1,386	1	1	1	0	3	300-350	FM	3
University of Chicago Clinics.....	M. E. Davis.....	OBG	101	4,953	8	63	26,501	9	7	3	1	20	225-305	PMO	3
Billings.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago Lying-in.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Illinois Research and Educational Hospitals.....	W. F. Mengert.....	OBG	56	3,725	12	75	21,126	3	3	3	0	9	160-215	PM	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	F/M/PM O	Main-Tenance Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
ILLINOIS—Continued															
Evanston															
Evanston Hospital	See Northwestern University, Chicago														
St. Francis	J. X. Bremner	OBG	64	4,545	6	66	2,399	1	1	1	0	3	260-280	FM	3
Evergreen Park															
Little Company of Mary	W. Carlisle, P. Lawler, Sr.	OBG	80	7,109	5	20	150	4	1	1	0	6	225-275	FM	3
Oak Park															
West Suburban	F. H. Falls	OBG	71	4,247	...	...	339	2	2	2	2	8	225-300	FM	3
Peoria															
St. Francis	W. A. Michael	OBG	63	4,802	11	46	1,643	1	1	0	0	2	225-250	FM	2
Rockford															
St. Anthony	G. T. Burns	OBG	21	1,650	...	...	...	1	0	0	0	1	200-300	FM	1
INDIANA															
Indianapolis															
Indiana University Medical Center		OBG	...	...	...	...	...	...	...	...	...	...	...	...	3
Indiana University Medical Center Hospitals ⁵⁷	C. P. Huber		88	3,740	11	54	8,958	4	4	4	4	16	225-300	PM	..
Marion County General ⁵⁷	C. Gillespie		49	4,140	16	50	20,310	3	2	2	2	8	269-348	PM	..
Methodist	L. J. Clark	OBG	65	7,515	15	53	4,049	3	2	2	0	6	290-350	PM	3
St. Vincent's	P. F. Muller	OBG	39	3,491	...	...	1,287	1	1	1	0	3	275-425	PM	3
Lafayette															
St. Elizabeth	M. E. Harden	OBG	40	2,739#	...	...	312	1	1	0	0	2	275-350	FM	2
IOWA															
Iowa City															
State University of Iowa Hospitals	W. C. Keettel	OBG	95	3,018	18	61	16,521	4	4	4	0	12	200-255	FM	3
KANSAS															
Kansas City															
University of Kansas Medical Center	K. Krantz	OBG	51	3,005	11	81	15,265	4	4	4	0	12	125-175	PM	3
Wichita															
St. Francis	L. E. Woodard	OBG	68	5,373	1	100	2,326	3	0	0	0	3	275-275	FP	1
Wesley	J. S. Menaker	OBG	67	5,150	...	...	...	1	0	0	0	1	295-375	FM	1
KENTUCKY															
Lexington															
St. Joseph	J. B. Stith	OBG	11	996	...	...	828	1	1	1	0	3	220-240	FP	3
Central Baptist	D. M. Royalty		21	2,152	...	...	1,051	0	1	0	0	1	350-400	FM	..
Good Samaritan	J. L. Keyes		28	1,937	1	100	...	0	0	1	0	1	220-240	FM	..
Louisville															
Louisville General	D. M. Haynes	OBG	41	4,170	10	10	20,176	0	3	3	3	9	141-200	FM	3
St. Joseph Infirmary	H. Graves	OBG	60	4,765	5	40	2,182	1	1	1	1	4	220-260	PM	3
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana			...	...	...	...	...	...	...	...	...	...	...	...	..
Independent Unit	M. Schwarzenbach	OBG	72	4,904	16	56	22,598	5	4	2	0	11	125-175	FM	3
Louisiana State University Unit	A. Mickal	OBG	115	7,989	21	62	41,504	6	6	6	0	18	125-175	FM	3
Tulane University Unit	C. G. Collins	OBG	106	6,417	27	63	32,532	6	6	6	0	18	125-175	FM	3
Ochsner Foundation ¹⁷⁸	C. Tyrone	OBG	25	1,794	...	...	14,617	2	2	2	0	6	225-275	PM	3
Southern Baptist	F. S. Oser, Jr.	OBG	58	5,318	2	50	...	2	2	2	0	6	225-275	PM	3
Touro Infirmary	H. Meyer, G. Johnson	OBG	...	4,334	3	33	6,156	2	2	2	0	6	125-175	FP	3
Shreveport															
Confederate Memorial Medical Center	E. E. Dilworth	OBG	72	6,716	8	35	17,322	3	3	3	0	9	125-200	FM	3
MARYLAND															
Baltimore															
Baltimore City Hospitals	P. E. Molumphy	OBG	88	7,138	11	100	7,685	6	6	4	2	18	150-250	FP	3
Bon Secours	H. B. McNally, C. B. Marek	OBG	49	3,225	...	...	3,302	2	1	1	0	4	260-300	FM	3
Church Home and Hospital	J. King, B. E. Seegar, Jr.	OB	4	1,178#	...	...	2,885	0	1	1	0	2	200-300	FP	1
Franklin Square ¹⁸⁹	I. A. Siegel	OBG	31	2,334#	...	...	...	2	1	1	1	5+	225-250	FM	3
Hospital for Women ¹⁸⁷	J. E. Savage, D. Woodruff	OBG	...	7,343	18	30	13,172	4	3	3	3	13+	220-220	FM	3
Johns Hopkins	N. J. Eastman, R. W. Telinde	OBG	111	6,806#	34	53	42,325	11	5	6	3	23	160-276	PM	3
Lutheran	W. K. Diehl	OBG	47	3,651	4	75	6,506	4	2	2	0	8	220-250	FM	3
Maryland General	T. Kardash, D. M. Dixon	OBG	76	3,754	4	50	1,695	2	2	2	0	6	225-275	FM	3
Mercy	W. A. Dodd, F. K. Morris	OBG	53	3,917	12	33	4,802	2	2	1	0	5	275-275	PM	3
St. Agnes	H. B. McNally, J. C. Dumlér	OBG	40	3,141#	...	...	1,771	3*	2	1	0	6	275-300	FM	3
St. Joseph's	J. B. Boyle	OBG	29	2,297	5	60	2,995	2	1	1	0	4	225-250	FM	3
Sinai	I. A. Siegel, A. Sondheimer	OBG	60	5,549	6	50	11,473	4	3	2	2	11	130-300	FM	3
South Baltimore General	F. Morris	OB	11	1,127	...	...	2,661	2	2	1	0	5	200-225	FP	1
Union Memorial	J. M. Haws	OBG	32	2,623	2	...	6,133	4	1	1	0	6	215-250	FM	3
University	A. L. Haskins	OBG	62	4,799	11	64	27,180	6	4	4	1	15	200-250	PM	3
Cheverly															
Prince George's General	J. F. Warren	OBG	45	3,334	2	50	4,177	2	2	2	0	6	200-300	FM	3
MASSACHUSETTS															
Boston															
Beth Israel	H. H. Rosenfield	OB	44	2,922	...	...	4,511	2	2	0	0	4	167-250	O	2
Boston City	B. Tenney, Jr.	OBG	87	5,863	9	56	23,074	6	4	4	0	14	158-248	FM	3
Boston Lying-in-Free Hospital for Women	D. E. Reid, G. V. Smith	OBG	192	11,104	37	62	33,845	4	4	4	0	12	100-175	FM	3
Carney-St. Margaret's	R. J. Heffernan, J. Meehan, D. J. McSweeney	OBG	96	7,058	5	40	7,043	6	6	6	0	18	175-225	FP	3
Massachusetts Memorial Hospitals	L. Parsons	OBG	30	1,819	9	67	4,528	2	2	2	0	6	175-275	O	3
New England Center	G. W. Mitchell, Jr.	GYN	8	407	6	17	2,135	1	1	0	0	2	237-304	O	2
New England	H. W. Rubin	OBG	21	1,997	...	...	5,216	3	0	0	0	3	225-325	FM	2
St. Elizabeth's	R. H. Grogan	OBG	76	5,395	2	...	3,844	2	2	2	0	6	175-225	FM	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
MASSACHUSETTS—Continued															
Cambridge															
Cambridge City.....	P. P. McGovern.....	OBG	33	2,197	1	100	3,777	1	1	1	0	= 3	170-220	FM	3
Springfield															
Wesson Maternity.....	P. M. Ashton.....	OB	79	5,499	4	...	3,392	1	1	0	0	= 2	250-250	FM	2
MICHIGAN															
Ann Arbor															
St. Joseph Mercy.....	W. Belser.....	OBG	54	3,387	3	33	3,088	1	1	1	0	= 3	310-385	FM	3
University.....	N. F. Miller.....	OBG	83	4,329	54	77	19,019	3	3	3	3	= 12	180-275	O	3
Dearborn															
Oakwood.....	A. T. Lebamoff.....	OBG	47	4,908	2	100	362	1	1	0	0	= 2	250-325	FM	3
Detroit															
Crittenton General.....	H. G. Gaston.....	OBG	68	4,037	4	50	4,451	2	2	2	0	= 6	400-475	O	3
Detroit Memorial ⁶⁷	R. Walkowiak.....	OBG	32	2,276	1	100	...	1	1	1	1	= 4	425-500	...	3
Evangelical Deaconess.....	A. R. Humel.....	OBG	...	1,988	...	...	48	2	0	0	0	= 2	317-317	PM	1
Grace.....	L. E. Bauer.....	OBG	150	9,580	8	38	2,644	4	4	4	0	= 12	275-350	FP	3
Harper.....	H. C. Mack.....	OBG	82	4,602#	9	77	3,672	3	2	2	0	= 7	275-325	PM	3
Henry Ford.....	C. P. Hodgkinson.....	OBG	85	3,215	10	70	32,058	3	3	3	3	= 12	265-365	PM	3
Mount Carmel Mercy.....	J. W. Pichette.....	OBG	116	8,660#	5	50	838	4	3	4	0	= 11	450-525	PM	3
Providence.....	E. B. Foster.....	OBG	79	4,975	7	85	3,921	2	2	2	0	= 6	410-450	PM	3
St. John.....	J. Clifford.....	OBG	69	6,217	1	...	583	2	2	0	0	= 4	325-400	PM	2
St. Joseph Mercy.....	R. Walkowiak.....	OBG	33	2,316	2	...	840	1	1	1	0	= 3	410-430	PM	3
Sinal.....	E. D. Rothman.....	OBG	54	3,696	...	...	2,696	2	2	2	0	= 6	300-350	FM	3
Wayne University Affiliated Hospitals	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Herman Kiefer.....	C. S. Stevenson.....	...	60	6,440	1	...	30,616	3	3	3	0	= 9	325-400	...	...
Receiving.....	C. Stevenson.....	...	48	1,802	17	35	9,313	0	0	0	2	= 2	325-400	PM	...
Woman's.....	A. Seski, H. Nelson.....	OBG	101	6,584	12	67	3,470	2	2	2	2	= 8	475-550	O	3
Flint															
Hurley.....	J. I. Collins.....	OBG	77	4,880#	12	67	946	2	2	2	0	= 6	325-425	FM	3
Grand Rapids															
Blodgett Memorial.....	C. M. Bell.....	OBG	59	3,997	5	80	697	1	0	0	0	= 1	325-325	FM	3
Butterworth.....	R. J. Paalman.....	OBG	42	3,482#	72	39	1,665	2	2	2	0	= 6	300-350	PM	3
St. Mary's.....	C. F. Webb.....	OBG	61	4,463	5	80	2,090	3	1	0	0	= 4	320-350	FP	3
Highland Park															
Highland Park General.....	R. Siddall.....	OBG	47	3,009#	2	50	931	1	1	1	0	= 3	325-375	FM	3
Kalamazoo															
Borgess ³⁹	J. W. Kavanaugh.....	OBG	34	2,777	1	100	440	0	1	1	1	= 3	275-305	FP	1
Pontiac															
Pontiac General.....	H. A. Furlong.....	OBG	52	4,194	1	100	1,034	2	2	2	0	= 6	350-450	FP	3
St. Joseph Mercy.....	R. Adair.....	OBG	82	5,668	3	100	1,553	2	2	2	0	= 6	375-435	PM	3
Royal Oak															
William Beaumont.....	H. W. Longyear.....	OBG	49	4,503	2	100	19	2	2	2	0	= 6	300-400	PM	3
Saginaw															
Saginaw General.....	M. J. Albers.....	OBG	45	2,349	7	71	625	1	1	1	0	= 3	365-415	PM	3
MINNESOTA															
Minneapolis															
Minneapolis General.....	M. T. Mitchell.....	OBG	25	1,663	...	...	8,689	1	1	1	0	= 3	235-235	FM	3
Northwestern.....	M. Rothnem.....	OBG	88	3,211	2	100	256	2	0	0	0	= 2	225-225	FP	1
St. Barnabas.....	L. J. Hay.....	OBG	43	3,768	...	...	...	2	0	0	0	= 2	200-250	FM	1
St. Mary's.....	J. Hamel.....	OBG	91	6,265	4	50	2,031	2	2	0	0	= 4	250-250	PM	3
Swedish.....	G. Janda.....	OBG	...	...	...	...	...	2	0	0	0	= 2	200-300	PM	1
University of Minnesota Hospitals..	J. L. McKelvey.....	OBG	17	2,035	20	90	7,948	5	2	4	1	= 12	244-244	...	3
Rochester															
Mayo Foundation ²²²	R. B. Wilson.....	OBG	...	4,308	7	86	...	5	5	5	5	= 20	200-333	PM	3
Saint Paul															
Ancker ²⁸	E. Kasper.....	OBG	18	1,221	3	100	5,986	1	0	0	0	= 1	235-235	FM	1
Charles T. Miller.....	J. E. Hodgson.....	OBG	52	3,487#	...	...	4,533	0	1	0	0	= 1	350-350	PM	1
St. Joseph's.....	J. Melancon.....	OBG	48	3,565	2	50	555	0	0	2	0	= 2	355-355	PM	3
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University.....	M. Newton.....	OBG	...	...	...	...	...	3	2	2	0	= 7	250-325	O	3
MISSOURI															
Clayton															
St. Louis County.....	E. L. Dorsett.....	OBG	26	1,108	2	...	6,963	1	1	1	0	= 3	250-350	FM	3
Columbia															
University of Missouri Medical Center	J. S. Roden.....	OBG	24	867	5	100	5,609	2	2	2	0	= 6	200-300	...	3
Kansas City															
Kansas City General.....	R. G. Helman.....	OBG	66	4,421	19	53	16,990	3	3	3	0	= 9	220-265	PM	3
St. Joseph.....	A. B. Sinclair.....	OBG	...	3,233	5	80	1,560	1	1	0	0	= 2	250-300	FM	1
St. Luke's.....	K. E. Cox.....	OBG	49	3,961	3	33	666	2	1	1	0	= 4	250-300	FP	3
St. Louis															
Barnes.....	W. Allen.....	OBG	161	5,690	7	57	21,529	6	4	4	4	= 18	50-175	FM	3
De Paul.....	E. G. Hamilton.....	OBG	61	4,397	7	43	...	1	1	0	0	= 2	200-225	FM	2
Homer G. Phillips.....	S. Monat.....	OBG	...	...	...	...	457	4	3	3	3	= 13	235-314	...	3
Jewish.....	D. Rothman.....	OBG	...	3,990#	...	...	2,787	2	1	1	1	= 5	200-300	FM	3
St. John's.....	M. Weis.....	OBG	62	3,739	...	...	2,195	2	2	2	0	= 6	250-350	FP	3
St. Louis City ²²⁰	A. Esslinger, L. Hartnett.....	OBG	71	4,706	10	60	12,631	4	4	4	0	= 12	234-314	PM	3
St. Luke's.....	G. J. L. Wulff, Jr.....	OBG	57	2,828#	5	60	3,075	1	1	1	0	= 3	250-350	FM	3
St. Mary's Group of Hospitals of St. Louis University.....	J. A. Hardy, Jr.....	OBG	134	8,903	3	75	10,646	5	3	3	0	= 11	150-170	FM	3

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12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stripend per Month Min.-Max.	Main-tenance O	Length of Ap-proved Pro-gram (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
NEBRASKA															
Omaha															
Crelghton University Medical Center		OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Creighton Memorial-St. Joseph	M. E. Grier		55	3,917	3	...	...	2	2	1	0	5	210-260	FP	3
St. Catherine's			...	...	...	...	...	...	...	...	...	...	...	...	...
University of Nebraska Hospital	R. G. Holly	OBG	24	1,235	6	67	6,478	2	2	2	0	6	225-300	PM	3
Lincoln General (Lincoln)	H. S. Morgan		27	1,609	1	100	...	1	0	0	0	6	350-350	PM	1
Immanuel	L. S. McGoogan		21	504	2	...	...	...	...	...	...	...	175-175	FM	...
NEW JERSEY															
Camden															
Cooper	G. B. German, H. P. Shipps	OBG	57	5,357	5	20	10,505	2	2	2	0	6	200-250	FM	3
Hackensack															
Hackensack	R. C. Schretzmann	OB	39	3,087	1	100	1,333	2	0	0	0	2	150-200	FM	1
Jersey City															
Jersey City Medical Center	E. N. Bookrajian	GYN	31	1,211	21	29	2,948	2	2	1	0	5	108-200	FM	2
Margaret Hague Maternity	J. P. Donnelly	OB	173	12,059	78	14	27,461	10	4	0	0	14	133-216	FM	2
Long Branch															
Monmouth Medical Center	W. Shanik	OB	39	2,738	...	...	947	1	0	0	0	1	200-200	FM	1
Mount Holly															
Burlington County	R. H. Van Meter	OBG	36	2,493	...	...	3,037	1	1	1	0	3	100-300	FM	3
Neptune															
Fitkin Memorial	R. A. MacKenzie	OBG	39	2,905	3	33	1,716	1	0	0	0	1	250-250	FM	2
Newark															
Martland Medical Center	J. Pannullo, A. Godfrey	OBG	70	4,488	19	31	...	3	4	2	0	9	160-212	FM	3
Newark Beth Israel	L. Savel	OBG	193	9,839	72	73	5,101	1	1	1	0	3	125-175	FM	3
St. Michael's	G. W. Hayes, O. Glass	OBG	54	3,860	4	75	2,054	1	2	1	0	4	150-215	FM	3
Passaic															
Passaic General ⁸⁹	C. Rasin	OBG	39	2,841	1	100	675	2	0	0	0	2	250-350	FM	1
Paterson															
Paterson General	L. E. Thron, P. Rauschenbach	OBG	28	2,600#	...	...	2,423	1	0	0	0	1	150-150	FM	3
Teaneck															
Holy Name	J. A. Sullivan	OB	40	2,848	...	...	541	1	0	0	0	1	270-270	FM	1
Trenton															
St. Francis	J. R. Harman	OBG	52	3,096	4	25	2,609	1	1	0	0	2	210-210	FM	2
NEW MEXICO															
Albuquerque															
Bernalillo County-Indian	R. Seligman	OBG	23	1,697	2	50	3,211	1	1	1	1	4	300-400	FP	3
NEW YORK															
Albany															
Albany ²⁴⁹	R. E. L. Nesbitt, Jr.	OBG	83	5,114#	12	42	3,829	4	4	4	1	13	195-275	PM	3
A. N. Brady	J. G. Hayes	OB	40	3,119	31	71	2,796	1	1	1	0	3	160-195	FP	2
Buffalo															
Sisters of Charity	E. Winkler	OBG	81	5,488	9	22	2,081	2	2	2	2	8	335-440	FM	3
Buffalo General ²⁵³	C. L. Randall	OBG	79	4,504#	10	30	5,038	2	2	2	4	10	175-200	FP	3
Deaconess	W. H. Burwig	OBG	56	3,301	6	50	435	1	1	1	0	3	300-350	FM	3
Edward J. Meyer Memorial ²⁵⁵	E. G. Winkler	OBG	49	2,087	18	39	9,379	2	2	2	1	7	292-380	PM	3
Millard Fillmore	L. F. McLean	OBG	115	7,042	5	80	...	2	2	2	0	6	298-323	PM	3
Cooperstown															
Mary Imogene Bassett	O. J. Severud	OBG	9	548	...	...	5,525	1	0	0	0	1	200-350	PM	3
Hempstead															
Meadowbrook ⁵⁷	G. T. Lilly	OBG	48	2,537	21	43	7,007	2	2	2	0	6	275-275	FM	3
Mercy (Rockville Centre)			...	...	...	...	...	...	...	...	...	...	...	...	...
Johnson City															
Charles S. Wilson Memorial	S. F. Nagyfy	OBG	42	2,731	8	50	3,565	2	1	1	0	4	225-300	PM	3
Manhasset															
North Shore	A. N. Fenton	OBG	34	2,379#	1	...	841	2	1	1	0	4	200-250	FP	3
Mineola															
Nassau	J. A. Mellow	OBG	73	5,321	1	100	1,120	1	1	1	0	3	325-375	O	3
Mount Vernon															
Mount Vernon	N. M. Weinrod	OBG	41	2,372	4	50	1,681	1	1	1	0	3	200-200	FM	3
New York City															
Bellevue Hospital Center		OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. III—New York University College of Medicine ²⁹⁵	G. W. Douglas		99	4,481	27	25	34,088	8	6	6	2	22	145-195	FM	...
Beth-El	W. Levine	OBG	92	4,781	3	66	4,900	2	2	2	2	8	150-200	FM	3
Beth Israel	G. Blinick	OBG	55	2,858	9	56	4,819	3	1	1	1	6	175-225	PM	3
Bronx	A. C. Posner, A. J. Fleischer	OBG	61	3,260	7	43	6,702	2	2	2	0	6	145-195	FM	3
Bronx Municipal Hospital Center	S. L. Romney	OBG	50	2,680	9	33	16,499	4	4	3	3	14	215-215	FM	3
Brooklyn	A. T. Antony	OBG	67	2,842	1	100	...	1	1	1	0	3	175-205	FM	3
Brooklyn Womens	J. Halperin	OBG	48	3,450	1	100	3,931	3	0	0	0	3	150-200	FM	3
City Hospital at Elmhurst	E. F. Smith	OBG	60	3,073	10	40	11,045	4	3	2	0	9	145-195	...	3
Coney Island	M. Schram	OBG	32	1,998	4	50	6,988	2	2	1	0	5	145-195	...	3
Cumberland	C. H. Loughran	OBG	45	3,133	7	29	17,899	3	1	1	1	6	145-195	...	3
Flushing Hospital and Dispensary	E. C. Veprovsky	OBG	49	3,041	5	60	4,075	1	1	1	0	3	175-225	FM	3
Fordham	C. G. Muscillo	OBG	40	2,306	4	100	13,252	2	2	2	0	6	145-195	...	3
Francis Delafield ⁴	H. C. Taylor, Jr.	GYN	25	296	54	39	1,559	1	0	3	1	5	145-195	...	1
Freneh	C. Heaton, H. C. Falk	OBG	41	1,908	7	14	3,880	2	1	1	0	4	120-145	FM	3

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12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance PM O	Length of Approved Program (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
NEW YORK—Continued															
Grand Central	M. D. Speiser	OBG	5	295#	2	50	69	2	0	0	0	2	135-165	FM	2
Greenpoint	S. Kaminester	OBG	31	2,203	1	100	21,260	2	2	2	0	6	145-195	...	3
Harlem	A. C. Posner, M. L. Bobrow	OBG	122	5,905	17	53	42,951	2	2	2	0	6	...	...	3
Hospital for Joint Diseases	E. L. Hecht	GYN	10	322	4	50	1,030	0	1	0	0	1	80-100	FM	1
Jamaica	M. P. Bates	OBG	...	...	...	...	...	1	1	1	0	3	...-200	FM	3
Jewish	C. Birnberg	OBG	...	6,767	9	67	10,890	3	3	2	2	10	100-150	FM	3
Jewish Memorial	S. Schifrin, A. Tamis, A. Weisman	OBG	38	2,140	2	50	1,649	1	0	0	0	1	200-200	FM	1
Kings County Hospital Center	L. M. Hellman	OBG	132	12,345	59	306	43,413	8	4	4	4	20	145-195	...	3
Knickerbocker	A. Decker	GYN	21	647	3	66	1,054	1	1	0	0	2	150-200	PM	1
Lebanon	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Lenox Hill	M. Rodgers	OBG	57	3,193	5	20	6,466	1	1	1	0	3	180-200	PM	3
Lincoln	W. H. Godsick	OBG	67	5,272	5	40	21,827	5	2	2	0	9	145-195	FM	3
Long Island College	M. Glass	OBG	52	3,313	5	40	6,530	2	2	2	0	6	164-191	PM	3
Long Island Jewish	A. Rosenthal	OBG	43	3,149	1	...	1,214	1	1	1	0	3	100-165	FM	3
Lutheran Medical Center	A. S. MacGregor	OBG	84	2,606	...	...	3,521	2	2	1	0	5	135-185	FM	3
Mainonides	E. Solomons	OBG	108	6,077	...	...	...	2	2	2	2	8	75-150	FM	3
Mary Immaculate	J. V. Rizzi	OB	...	2,613#	...	...	2,400	2	0	0	0	2	170-200	FM	1
Methodist	H. S. Acken, Jr., S. C. Hall	OBG	58	3,914	4	75	7,049	2	2	2	2	8	175-200	FP	3
Misericordia	J. A. Kelly	OB	27	1,298	1	100	2,019	1	1	0	0	2	150-175	FM	2
Morrisania City	A. B. Tamis	OBG	45	2,823	7	28	14,665	2	2	2	0	6	145-195	...	3
Mount Sinai	A. F. Guttmacher	OBG	123	7,360	16	31	23,393	12	2	2	2	18	100-100	FM	3
New York	R. G. Douglas	OBG	184	7,803	12	33	35,614	6	6	6	4	22	164-288	PM	3
New York Infirmary	I. E. Widenius, I. Knowlton	OBG	45	2,586	3	...	4,866	2	2	2	0	6	150-175	FM	3
New York Medical College-Metropolitan Medical Center	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Flower and Fifth Avenue Hospitals	M. L. Stone	...	67	4,138	2	50	6,861	0	1	1	1	3	125-175	FM	3
Metropolitan	M. L. Stone	...	112	8,168	31	32	77,159	6	4	4	4	18	145-195	FM	...
New York Polyclinic Medical School and Hospital	E. H. Dennen, H. H. Lardaro	OBG	37	1,982	7	28	4,907	2	2	2	0	6	150-200	FM	3
New York University Medical Center University	G. Douglas	GYN	14	515	34	32	1,511	1	1	0	0	2	145-195	FM	...
Presbyterian (Sloan Hospital for Women)	H. C. Taylor	OBG	142	7,672	5	80	44,257	7	6	4	3	20	250-417	PM	3
Queens Hospital Center	E. C. Veprovsky	OBG	54	3,276	21	30	10,731	2	1	1	0	4	145-195	...	3
Roosevelt	F. R. Smith	GYN	30	1,005	6	50	1,955	1	1	0	0	2	233-275	PM	2
St. Catherine's	W. C. Meagher	OBG	42	2,751	5	60	6,295	1	1	2	2	6	125-150	FM	3
St. Clare's	M. J. Jordan	OBG	38	2,097	5	20	4,626	2	2	2	0	6	125-150	PM	3
St. Francis	J. S. Labate	OBG	36	1,170	...	...	4,734	1	1	1	0	3	125-225	FM	3
St. John's Episcopal	C. W. Mueller	OBG	52	3,055#	5	...	8,919	1	1	1	0	3	175-210	FM	3
St. Mary's	A. A. Schenone	OBG	43	2,708	1	...	6,451	1	1	1	0	3	200-250	FM	3
St. Vincent's	B. J. Pisani	OBG	81	4,692	6	83	13,180	2	2	2	2	8	175-250	FM	3
Sydenham	P. M. Murray	OBG	37	2,068	2	50	4,247	1	1	1	0	3	145-195	...	3
Unity	M. Berliand	OBG	36	2,407	2	...	2,613	2	2	0	0	4	150-175	FM	2
Woman's	C. T. Javert	OBG	138	6,512	25	12	27,621	8	4	4	0	16	100-175	FM	3
Wyckoff Heights	...	OBG	...	...	...	...	...	...	...	...	...	...	...	...	...
Port Chester															
United	C. N. Jeffries	OB	30	1,302	...	...	640	1	0	0	0	1	235-250	PM	1
Rochester															
Genesee	A. J. Tatelbaum	OBG	47	3,660	5	60	1,451	2	1	1	0	4	175-350	FM	3
Highland	D. H. Kariher	OBG	20	2,771	1	100	1,308	2	1	1	0	4	175-350	FP	3
Rochester General	J. C. Potter	OBG	48	3,917	4	100	2,348	1	1	1	0	3	175-225	FP	3
St. Mary's	F. Dobrzynski	OBG	...	...	...	...	1,288	1	1	1	0	3	250-325	PM	3
Strong Memorial-Rochester Municipal Hospitals	C. J. Lund	OBG	67	4,420#	10	88	9,237	3	2	2	1	8	166-291	O	3
Rockville Centre															
Mercy Hospital	See Meadowbrook, Hempstead	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Schenectady															
Ellis	W. J. Jameson	OBG	50	2,811	5	60	1,178	2	1	1	0	4	325-400	FP	2
Syracuse															
General	R. Rowner	OBG	31	2,567	3	33	2,584	2	1	0	0	3	261-300	O	2
St. Joseph's	L. G. Fournier	OBG	45	3,613	4	25	3,882	1	0	0	0	1	250-250	PM	1
State University of New York Upstate Medical Center	E. C. Hughes, C. E. Clark	OBG	152	11,216	17	35	12,739	4	4	4	0	12	250-316	O	3
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	R. A. Ross	OBG	25	1,814	9	44	13,193	2	2	3	3	10	175-266	O	3
Charlotte															
Charlotte Memorial	J. H. E. Woltz	OBG	54	3,666#	1	100	3,705	1	1	0	0	2	295-345	PM	3
Durham															
Duke	B. Carter	OBG	44	2,784	13	62	11,616	0	4	3	2	9	43-200	FM	3
Lincoln	L. R. Swift	OBG	13	1,072	2	...	2,936	2	0	0	0	2	225-275	FM	1
Watts	R. L. Pearse	OBG	20	1,811	1	100	1,676	2	0	0	0	2	300-350	FM	1
Raleigh															
Rex	P. E. Simpson	OBG	55	3,862	6	33	1,458	1	1	0	0	2	...-350	O	2
Winston-Salem															
North Carolina Baptists	F. R. Lock	OBG	52	3,107#	8	75	5,379	2	2	2	0	6	166-208	PM	3
NORTH DAKOTA															
Fargo															
St. Luke's	C. B. Darnier	OBG	26	1,919	3	100	...	1	0	1	0	2	235-...	FM	3
OHIO															
Akron															
Akron City	E. A. Riemensehneider	OBG	95	6,012	...	...	2,637	2	2	1	2	7	275-375	FP	3
Akron General	N. E. Wentsler	OBG	55	4,983	5	40	3,738	2	2	2	2	8	300-400	FM	3
St. Thomas	L. B. Mehl	OBG	50	3,344	3	66	883	2	2	1	0	5	250-350	FP	3
Canton															
Aultman	H. I. Keek	OBG	71	4,822	5	60	454	2	2	2	0	6	275-400	PM	3
Mercy	N. Lewis	OBG	62	4,358	1	100	664	4	2	1	0	7	275-300	PM	3
Cincinnati															
Bethesda	W. Graf	OBG	56	5,175	18	6	2,769	2	2	2	0	6	260-310	PM	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
OHIO—Continued																
Good Samaritan.....	J. G. Crotty.....	OBG	100	6,950	13	62	175	2	2	2	0	=	6	250-300	FM	3
University of Cincinnati College of Medicine Hospital Group.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cincinnati General.....	S. Garber, L. Bossert.....	OBG	79	5,579	9	67	11,775	2	2	3	2	=	9	100-200	FM	3
Cleveland																
Cleveland Clinic.....	H. P. Taylor, J. S. Krieger.....	OBG	28	1,701	8	75	15,005	2	2	2	2	=	8	275-350	.....	3
Cleveland Metropolitan General.....	A. E. Bennett.....	OBG	58	4,717	2	50	25,097	4	4	3	3	=	14	150-258	FM	3
Evangelical Deaconess.....	J. E. Morgan.....	OBG	45	3,093#	3	67	.....	1	1	1	0	=	3	175-225	FM	3
Fairview Park.....	H. R. Anderson.....	OBG	76	4,954#	6	160	727	1	1	1	0	=	3	250-350	FP	3
Huron Road.....	S. E. Burkhardt.....	OBG	63	3,427	7	57	936	2	2	2	0	=	6	210-295	FP	3
Lutheran.....	R. A. Schroeder.....	OBG	23	1,874	.....	.....	.....	2	1	0	0	=	3	250-262	PM	2
Mount Sinai.....	J. Gross.....	OBG	54	3,856	2	100	7,826	2	2	2	0	=	6	215-295	FM	3
St. Ann.....	A. H. Dindia.....	OBG	49	3,764	.....	.....	1,578	2	2	1	0	=	5	200-300	FM	2
St. John's.....	S. E. Burkhardt.....	OBG	56	2,786	5	40	140	2	1	1	0	=	4	225-300	FM	3
St. Luke's.....	G. B. Hurd.....	OBG	74	4,715	11	45	6,551	1	1	1	1	=	4	200-305	FM	3
University Hospitals of Cleveland.....	A. C. Barnes.....	OBG	104	6,914	9	33	29,510	3	3	3	3	=	12	150-250	PM	3
Columbus																
Mount Carmel.....	R. F. Daly, P. J. Reel.....	OBG	57	5,302	3	100	3,034	1	1	1	0	=	3	275-325	FP	3
Ohio State University Hospitals University.....	J. C. Ullery.....	OBG	91	6,757	21	62	21,973	3	3	3	3	=	12	177-277	PM	3
White Cross—St. Ann's Hospital for Women.....	R. M. Inglis, J. Gallen, F. Gallagher.....	OBG	91	8,927	1	100	2,443	3	3	3	1	=	10	290-365	PM	3
Dayton																
Good Samaritan.....	C. De Bold.....	OBG	91	6,535	6	33	.....	1	1	1	0	=	3	250-275	FM	3
Miami Valley.....	K. Champion.....	OBG	100	7,614#	15	53	2,238	1	1	1	1	=	4	225-250	FP	3
Garfield Heights																
Marymount.....	B. S. Malasky.....	OBG	28	1,864	1	1	61	2	0	0	0	=	2	250-250	FM	1
Hamilton																
Mercury.....	H. T. Atkins.....	OBG	47	3,218	8	25	.....	2	1	1	0	=	4	200-300	FM	2
Lima																
St. Rita's.....	V. A. Noble.....	OBG	54	3,269	2	100	324	1	1	0	0	=	2	400-450	PM	2
Toledo																
Maumee Valley.....	J. F. Hillabrand.....	OB	16	927	1	.....	1,173	1	0	0	0	=	1	285-285	FP	1
Mercury.....	R. C. King.....	OBG	72	3,662	3	33	2,059	1	1	1	0	=	3	275-325	FM	3
St. Vincent's.....	M. W. Diethelm.....	OBG	67	4,335#	8	50	1,927	1	1	1	0	=	3	275-325	FP	3
Toledo.....	J. E. Miller.....	OBG	70	4,632	4	25	.....	1	1	1	0	=	3	275-325	FM	3
Warren																
Trumbull Memorial.....	A. L. Schaffer.....	OBG	45	3,313	1	100	.....	2	2	2	0	=	6	300-400	FP	3
Youngstown																
St. Elizabeth.....	P. L. Boyle.....	OBG	81	4,783	.....	.....	2,180	2	2	2	0	=	6	300-350	FM	3
OKLAHOMA																
Oklahoma City																
St. Anthony.....	G. Rogers.....	OBG	95	6,138	11	45	6,670	1	1	1	0	=	3	300-350	FM	3
University of Oklahoma Medical Center.....	M. J. Serwer, J. W. Kelso.....	OBG	.....	.....	.....	.....	.....	2	2	2	0	=	6	.....	.....	3
University Hospitals.....	.....	.....	41	3,233	3	67	14,996	.....	.....	.....	.....	.....	.....	200-250	PM	.....
Tulsa																
Hillcrest Medical Center.....	D. N. Burns.....	OBG	5	4,441	4	.....	3,263	2	2	1	0	=	5	200-300	FM	1
St. John's.....	D. N. Burns.....	OBG	103	6,790	3	33	2,867	1	1	1	0	=	3	175-250	FP	3
OREGON																
Portland																
Emanuel.....	D. W. James.....	OBG	97	7,169#	19	68	.....	2	2	2	0	=	6	275-295	PM	3
University of Oregon Medical School Hospitals and Clinics.....	R. C. Benson.....	OBG	39	2,378	14	64	10,638	2	2	2	0	=	6	165-215	FM	3
Pennsylvania																
Abington																
Abington Memorial.....	R. D. Porter, C. M. Turman	OBG	64	4,374	5	40	2,964	1	1	1	0	=	3	275-375	FM	3
Allentown																
Allentown.....	F. C. Schaeffer.....	OBG	80	4,246	10	40	1,282	1	1	1	0	=	3	225-275	FM	3
Sacred Heart.....	S. F. Seaman.....	OBG	62	3,348	6	50	686	1	1	1	0	=	3	225-275	FP	3
Altoona																
Altoona.....	E. F. Williams.....	OBG	44	2,482	4	.....	1,373	1	0	0	0	=	1	325-375	FM	1
Bethlehem																
St. Luke's.....	F. J. Pearson.....	OBG	.....	3,012	42	56	919	1	1	0	0	=	2	225-300	FP	2
Danville																
George F. Geisinger Memorial.....	R. E. Nicodemus.....	OBG	26	1,436	7	43	10,814	1	1	1	0	=	3	175-225	FM	3
Darby																
Thomas M. Fitzgerald—Mersey.....	J. V. Missett.....	OBG	79	5,805	4	50	2,802	2	2	2	0	=	6	250-350	PM	3
Erie																
St. Vincent.....	D. R. Palmer.....	OBG	47	3,924	3	33	1,950	1	1	1	0	=	3	275-325	FM	3
Harrisburg																
Harrisburg.....	W. P. Dailey.....	OBG	.....	5,521	6	33	5,865	2	1	1	0	=	4	250....	FP	3
Philadelphia																
Albert Einstein Medical Center Northern Division.....	G. Weustein.....	OBG	145	4,762	10	40	4,082	2	1	2	0	=	5	125-200	FM	3
Albert Einstein Medical Center Southern Division.....	A. First.....	OBG	43	2,363	4	75	4,755	1	1	1	0	=	3	125-200	FM	3
Chestnut Hill.....	Z. B. Newton.....	OBG	37	2,619	2	.....	1,384	1	1	0	0	=	2	350-350	FM	2
Episcopal.....	J. H. Dugger.....	OBG	42	3,098	3	33	5,858	1	1	1	0	=	3	150-150	FM	3
Frankford.....	G. C. Hanna, Jr.....	OBG	38	3,334	3	.....	1,980	1	1	1	0	=	3	275-325	FP	3
Germantown Dispensary and Hospital.....	Z. B. Newton.....	OBG	22	2,503	4	75	4,307	1	1	1	0	=	3	175-200	FM	3
Graduate Hospital of the University of Pennsylvania.....	S. L. Israel.....	GYN	12	518	8	37	2,197	1	1	0	0	=	2	75-100	FM	2
Hahnemann Medical College and Hospital.....	N. F. Paxson.....	OBG	63	2,741	31	52	7,791	3	3	3	0	=	9	75-75	FM	3
Hospital of the University of Pennsylvania.....	F. L. Payne.....	OBG	96	5,303	12	93	17,609	4	4	4	0	=	12	125-125	.....	3
Hospital of the Woman's Medical College of Pennsylvania.....	M. D. Pettit.....	OBG	21	2,538	2	100	6,297	1	1	1	1	=	4	125-175	FM	3
Jefferson Medical College.....	T. Montgomery, J. Montgomery.....	OBG	99	5,469	18	50	17,275	0	2	3	3	=	8	100-150	PM	3

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12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O	Length of Ap-proved Pro-gram (Years)
					Number	Autopsy percent		1st Year	2nd Year	3rd Year	4th Year	Total All Years			
PENNSYLVANIA—Continued															
Lankenau	R. B. Wilson	OBG	50	3,784	6	50	2,027	1	1	1	0	3	200-250	FM	3
Mercy-Douglass	H. O. Dickens	OBG	15	1,550	...	...	2,796	3	0	0	0	3	200-200	FM	1
Methodist Episcopal	G. A. Hahn	OBG	35	1,789	3	67	2,518	1	1	1	0	3	200-225	FM	3
Misericordia ⁵⁷	J. E. Lynch	OBG	43	3,147	...	...	3,901	1	1	1	1	4	250-400	FM	3
Pennsylvania	R. A. Kimbrough	OBG	...	6,415	10	80	13,648	3	3	2	0	8	20-40	FM	3
Philadelphia General	P. Bower, M. Pettit	OBG	94	7,742	26	68	21,248	3	3	3	0	9	128-265	FM	3
Presbyterian ⁸³¹	J. Corbit	OBG	37	2,207	8	50	3,456	1	1	1	0	3	235-290	FM	3
Temple University	J. R. Willson	OBG	125	7,007	10	30	21,174	5	5	5	0	15	175-225	PM	3
Woman's	A. G. Taylor, S. A. Mazer	OBG	29	1,645	5	60	...	2	1	1	0	4	175-200	FM	3
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh School of Medicine															
Elizabeth Steel Magee	M. L. McCall	OBG	217	11,502	28	61	10,390	4	4	4	0	12	125-175	FM	3
Mercy	J. A. Schneider, G. J. Carlin	OBG	69	3,415	8	50	1,581	1	1	1	0	3	235-285	FM	3
Montefiore	W. J. Finegold	OB	22	1,459	2	50	1,410	2	0	0	0	2	225-225	FM	1
Pittsburgh	E. A. Conti	OBG	41	2,466	1	...	840	1	1	0	0	2	200-300	FM	2
St. Francis General Hospital and Rehabilitation Institute															
St. Margaret Memorial	J. H. Carroll, J. A. Hepp	OBG	53	3,294	9	44	1,585	0	1	2	0	3	240-305	FP	3
South Side	R. E. Tafel	OBG	...	1,519	4	75	1,398	1	1	0	0	2	300-300	FM	2
Western Pennsylvania	J. A. New, H. W. Thomas	OBG	45	2,681	1	100	1,064	1	1	0	0	2	350-350	FM	2
West Reading	A. C. Williamson	OB	34	1,763#	...	...	2,316	1	0	0	0	1	250-300	FP	1
Reading	F. B. Nugent	OBG	...	2,425	12	89	969	1	1	1	0	3	225-300	FM	3
PUERTO RICO															
Caparra Heights															
University	I. Pelegrina	OBG	41	2,663	5	40	4,069	2	2	2	0	6	250-350	FM	3
Ponce															
Ponce District General	A. Tamm	OBG	55	2,787	8	100	5,426	2	2	0	0	4	250-350	FM	3
San Juan															
San Juan City	R. A. Gil	OBG	64	6,027	10	80	24,966	6	3	3	0	12	175-325	FM	3
RHODE ISLAND															
Providence															
Providence Lying-in-Rhode Island ⁵⁷	W. S. Jones, H. C. McDuff, Jr.	OBG	148	10,218	18	28	4,460	1	1	0	0	2	150-175	FM	3
SOUTH CAROLINA															
Charleston															
Teaching Hospitals of the Medical College of South Carolina															
Medical College	L. L. Hester, Jr.	OBG	60	5,139	5	60	14,304	2	2	2	2	8	138-168	FM	3
Roper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia															
Columbia	H. H. Fouche	OBG	65	4,287	15	27	...	1	1	1	0	3	200-315	FP	3
Greenville															
Greenville General	W. Hearin	OBG	80	5,721#	18	39	5,556	2	1	1	0	4	275-325	O	3
SOUTH DAKOTA															
Yankton															
Sacred Heart	B. Ranney	OBG	18	1,484#	2	...	...	1	0	0	0	1	...	...	3
TENNESSEE															
Chattanooga															
Baroness Erlanger	H. Jones	OBG	89	5,979	11	45	9,514	3	2	2	0	7	325-375	FM	3
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	OBG	25	1,981	...	...	3,773	1	1	1	0	3	320-340	FM	3
Memphis															
Baptist Memorial	B. E. Everett	OBG	87	5,241	7	14	1,801	1	1	1	0	3	325-375	PM	3
City of Memphis Hospitals	P. C. Schreier	OBG	...	9,113	20	39	5,349	5	5	5	0	15	150-200	FP	3
St. Joseph ³⁵²	H. Feinstein	OBG	47	3,175	5	60	2,266	1	1	1	0	3	325-375	FM	3
Nashville															
Baptist	S. C. Cowan, Jr.	OBG	64	4,876	2	...	2,340	1	2	2	0	5	300-300	FM	3
George W. Hubbard ³⁵⁰	W. F. B. James	OB	17	1,673	2	50	3,962	2	2	0	0	6	162-200	FM	2
Vanderbilt University Affiliated Hospitals															
Nashville General	F. E. Whitacre	OBG	21	1,838	5	...	9,259	1	1	1	0	3	325-375	FP	3
Vanderbilt University	F. E. Whitacre	OBG	42	2,602	10	30	12,500	3	3	3	3	12	100-125	FM	3
St. Thomas ³⁵⁴	S. Bayer	OBG	38	3,310	2	50	...	2	2	1	0	5	300-300	FP	2
TEXAS															
Dallas															
Baylor University	W. K. Strother, Jr.	OBG	118	11,089	4	50	4,752	3	2	2	0	7	210-230	PM	3
Methodist ³⁵⁹	S. Cobb	OBG	59	5,987	3	33	3,087	2	1	1	0	4	225-275	FP	3
Parkland Memorial	J. Pritchard	OBG	101	8,388	6	83	36,962	6	7	3	0	16	150-200	PM	3
St. Paul's	H. I. Kantor	OBG	74	7,075	2	50	7,409	2	2	1	0	5	225-275	FP	3
Fort Worth															
Harris	A. C. Watson	OBG	57	6,307	6	...	232	3	0	0	0	3	300-300	FP	1
Galveston															
University of Texas Medical Branch Hospitals	W. J. McGanity	OBG	56	2,769	9	56	14,580	3	3	3	3	12	160-160	FP	3
Houston															
Baylor University College of Medicine Affiliated Hospitals															
Jefferson Davis	S. H. Wills	...	49	5,512	17	59	25,698	3	3	5	0	11	125-105	FM	...
Methodist	H. P. Arnold, J. A. Wall	...	60	4,102	2	50	3,727	2	2	0	0	4	100-175	FM	...
Hermann	T. G. Gready, Jr., A. M. Paris	OBG	116	8,961	7	57	18,804	2	2	2	0	6	125-175	FM	3
University of Texas Post-Graduate Medical School Affiliated Hospitals ³⁶⁷															
St. Joseph's	M. J. Meynier	OBG	80	6,910	2	100	5,669	0	2	2	0	4	220-270	PM	3
St. Luke's Episcopal	H. L. Gardner	OBG	62	4,605	...	...	...	3	0	0	0	3	100-100	FM	1
University of Texas M. D. Anderson Hospital & Tumor Institute ⁴															
Hospital	F. Rutledge	GYN	31	1,091	24	88	4,528	0	0	4	0	4	300-300	O	1
San Antonio															
Baptist Memorial	W. Strozier	OBG	58	6,441	12	33	...	1	2	0	0	3	150-250	FP	2
Robert B. Green Memorial	G. G. Passmore	OBG	80	4,654	9	60	15,982	2	2	2	0	6	150-300	FM	3

Numerical and other references are listed on pages 811 through 814.

12. OBSTETRICS AND GYNECOLOGY—Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	F/M Maintenance Program	Length of Approved Program (Years)	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
UTAH															
Ogden															
Thomas D. Dee Memorial.....	V. L. Ward.....	OBG	30	3,385	...	...	421	1	0	3	0	4	325-350	PM	3
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints	A. K. Smith.....	OBG	81	7,747	7	71	1,201	2	2	2	0	6	250-325	FP	3
Holy Cross.....	M. S. Coombs.....	OBG	37	3,081	6	67	...	1	1	1	0	3	175-400	FP	3
Salt Lake County General.....	I. H. Kaiser.....	OBG	10	1,103	3	33	5,453	1	4	0	0	5	280-280	O	3
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals.....	.....	OBG	...	...	...	...	...	...	...	...	...	...	...	...	3
De Goesbriand Memorial.....	W. Slavin.....	...	22	1,422#	...	...	233	...	...	...	...	...	208-208	...	...
Mary Fletcher ³⁷²	J. V. S. Maeck.....	...	30	2,066	5	100	1,598	1	1	1	0	3	100-163	FMO	...
VIRGINIA															
Alexandria															
Alexandria.....	H. Picot.....	OBG	52	4,983#	1	100	3,564	3	0	0	0	3	275-350	PM	2
Arlington															
Arlington.....	J. B. Jacobs.....	OBG	42	3,902	1	2	756	2	0	0	0	2	215-215	FM	1
Charlottesville															
University of Virginia.....	W. N. Thornton, Jr.....	OBG	51	3,501	7	29	9,474	4	2	2	2	10	75-150	FM	3
Newport News															
Riverside.....	W. R. Payne.....	OBG	49	3,420#	6	50	...	1	1	1	0	3	250-350	FM	3
Norfolk															
De Paul.....	W. E. Byrd.....	OBG	56	4,532	2	100	3,500	2	1	1	0	4	225-275	FM	3
Norfolk General.....	B. D. Jones.....	OBG	69	5,479	10	100	6,266	2	1	1	0	4	215-315	FM	3
Richmond															
Johnston-Willis.....	E. Rueker.....	OBG	23	1,661#	2	...	...	1	0	0	0	1	250-250	FM	1
Medical College of Virginia—Hospital Division.....	H. H. Ware, Jr.....	OBG	127	8,843	22	50	13,716	4	4	4	0	12	100-150	FM	3
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals.....	.....	OBG	...	...	...	...	...	...	...	...	...	...	...	...	3
King County Hospital Unit No. 1 (Harbor View).....	R. R. De Alvarez.....	...	33	1,864#	8	63	8,013	4*	4	4	4	16	150-330	FM	...
University.....	R. R. De Alvarez.....	...	...	42#	...	...	396	5	3	4	3	15	180-355	PM	...
Providence ³⁷⁵	R. Lowden.....	OBG	29	2,747#	1	100	860	1	1	0	0	2	300-400	FP	3
Swedish Hospital.....	R. P. Smith.....	OBG	55	3,630	...	...	830	3	0	0	0	3	225-275	FP	1
Virginia Mason.....	A. L. Banks.....	OB	21	2,244	1	100	...	1	0	0	0	1	125-125	FP	1
Spokane															
Scared Heart.....	J. J. Black.....	OBG	62	5,442	8	56	...	1	1	1	0	3	250-325	FP	3
St. Luke's.....	J. A. Moyer.....	OBG	9	1,417	1	...	...	0	1	0	0	1	225-225	FM	1
WEST VIRGINIA															
Charleston															
Memorial.....	J. L. Crites.....	OBG	38	2,495	...	...	1,389	1	1	0	0	2	250-275	FP	1
WISCONSIN															
Madison															
University Hospitals.....	B. M. Peckham.....	OBG	24	1,078	8	88	6,668	2	3	2	1	8	100-250	FM	3
Madison General.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's.....	W. C. Mussey.....	...	54	3,918	4	100	...	1	0	0	0	1	250-250	FM	...
Milwaukee															
Milwaukee County.....	B. E. Urdan.....	OBG	52	3,165	15	33	13,022	2	2	2	0	6	229-334	...	3
Milwaukee ³⁸⁴	F. J. Hofmeister.....	OBG	...	4,211	5	40	...	2	0	0	0	2	281-331	PM	3
Mount Sinai.....	A. M. Kurzon.....	OBG	8	2,971	8	50	710	2	2	1	0	5	300-350	FM	3
St. Joseph's.....	J. A. Klieger.....	OBG	91	7,030	6	67	...	2	2	2	0	6	300-350	PM	3
St. Luke's.....	S. Korducki.....	OBG	49	3,457	3	33	562	3	0	0	0	3	275-275	FM	1
St. Mary's ³⁸⁸	D. Werner, J. D. Owen.....	OBG	47	3,652	2	100	...	1	1	0	0	2	300-395	O	2

13. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, p. 762.

14. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, as offering acceptable training in the specialty.

Hospitals 171; Residencies 775

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	F/M Maintenance Program	Length of Approved Program (Years)
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year				Total All Yrs.
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	A. C. Tenney.....	82	1,165#	2	100	7,622	2	2	2	0	6	...	...	3
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	R. R. Kelley.....	22	1,174	...	...	21,219	1	1	1	0	3	...	...	3
COLORADO														
Fitzsimons General, Denver.....	J. E. Edwards.....	12	265	...	...	9,225	1	1	1	0	3	...	...	3
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	A. Lowrey, Jr.....	49	668	...	...	47,844	2	2	2	0	6	...	...	3

Numerical and other references are listed on pages 811 through 814.

14. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM-Retention	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
TEXAS															
Brooke General, San Antonio.....	C. O. Rixey.....	27	479	...	...	13,710	1	1	1	0	=	3	...	...	3
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland.....	W. L. Erdbrink.....	23	369	...	...	10,440	1	1	0	0	=	2	...	...	3
U. S. Naval, San Diego.....	R. P. Nadbath.....	32	461	...	...	17,060	1	2	2	0	=	5	...	...	3
MARYLAND															
U. S. Naval, Bethesda.....	S. J. Ryan.....	16	245	...	...	7,315	1	1	1	0	=	3	...	...	3
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	J. I. Thorn.....	20	243	...	...	8,217	1	1	1	0	=	3	...	...	3
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco.....	W. W. Richards.....	10	304	1	100	6,570	1	1	1	0	=	3	...	...	3
LOUISIANA															
U. S. Public Health Service, New Orleans.....	W. E. Hoyle.....	8	150	...	...	4,286	1	1	1	0	=	3	...	...	3
MARYLAND															
U. S. Public Health Service, Baltimore... National Institutes of Health—Clinical Center, Bethesda.....	W. E. Newby..... L. V. Sallmann.....	6	145	...	...	4,588	1	1	1	0	=	3	...	...	3
NEW YORK															
U. S. Public Health Service, New York City.....	J. B. Peebles.....	14	222	...	...	8,247	1	1	1	0	=	3	...	...	3
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	C. L. Cowan.....	2	101	...	...	3,385	0	1	1	0	=	2	308-417	PM	3
OTHER FEDERAL															
CANAL ZONE															
Balboa Heights Gorgas Hospital.....	R. H. Rupp.....	3	153	...	...	7,520	1	1	1	0	=	3	458-593	O	3
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center... University Hospital and Hillman Clinic Veterans Administration.....	S. J. Kelly, C. P. Grant.... S. J. Kelly.....	21 4	917 91	1	...	7,969 169	2	2	2	0	=	6	118-125 271-347	FM O	3 ..
Tuskegee															
Veterans Administration.....	A. L. Brewer.....	8	61	...	...	535	1	1	1	0	=	3	271-347	O	3
ARKANSAS															
Little Rock															
University of Arkansas Medical Center and Affiliated Hospitals... Arkansas Baptist... University... Veterans Administration.....	... P. P. Ellis.....	12	135	...	...	2,717	2	2	2	0	=	6	170-237	O	..
CALIFORNIA															
Fresno															
General Hospital of Fresno County....	D. Trowbridge.....	7	142	1	100	6,471	1	1	1	0	=	3	300-325	PM	3
Los Angeles															
Los Angeles County ⁹⁴	W. J. Endres, H. F. Whalman.....	42	1,015	2	100	32,457	2	2	2	0	=	6	273-303	PM	3
Los Angeles Eye & Ear ⁹⁴	J. A. Bullis.....	10	...	...	...	4,271	2	2	0	0	=	4	210-260	PM	2
University of California.....	B. R. Straatsma.....	9	382	...	...	12,169	2	2	2	0	=	6	240-426	FPO	3
Veterans Administration.....	C. S. Mumma.....	16	449	1	100	2,553	2	1	1	0	=	4	271-348	PM	3
White Memorial.....	G. K. Kambara.....	5	365	...	...	9,788	1	1	1	0	=	3	215-235	PM	3
Oakland															
Highland-Alameda County.....	M. Gump.....	6	201	...	...	9,132	1	0	1	0	=	2	200-295	FM	3
San Francisco															
Presbyterian Medical Center.....	J. W. Bettman.....	10	492	...	...	6,954	1	1	1	0	=	3	100-175	PM	3
University of California ⁹⁹	M. J. Hogan.....	5	2,128	1	100	11,644	5	5	5	0	=	15	243-316	...	3
Veterans Administration.....	D. O. Harrington, M. Fine..	10	225	...	...	898	1	1	1	0	=	3	271-462	O	3
Torrance															
Harbor General.....	B. R. Straatsma.....	3	146#	...	...	5,381	1	1	1	0	=	3	273-303	FM	3
COLORADO															
Denver															
University of Colorado Medical Center... Colorado General..... Denver General.....	J. C. Long..... G. A. Filmer.....	4	206 172#	...	...	14,355 3,394	2	2	2	0	=	6	180-205 179-205	O ...	3 3
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center... Grace-New Haven Community.....	R. M. Fasanella.....	11	695	...	...	7,910	1	1	1	0	=	3	50-125	FM	3
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General..... Georgetown University Medical Center... Georgetown University... Veterans Administration..... Washington Hospital Center.....	R. Cox, J. F. O'Rourke.... J. O'Rourke..... G. A. Higgins..... J. Dessoff.....	10 6 5 38	111 126 40# 1,695	2 ...	100 ...	8,397 2,430 152 26,092	0 3 0 3	3 2 0 3	0 2 1 3	0 0 1 0	=	3 7 1 9	258-258 175-340 271-347 215-245	O FM O FP	2 3 .. 3
FLORIDA															
Miami															
Jackson Memorial.....	E. W. D. Norton.....	...	1,167	1	...	10,647	3	3	4	0	=	10	200-275	PM	3

Numerical and other references are listed on pages 811 through 814.

14. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O	Length of Ap-proved Pro-gram (Years)		
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.					
GEORGIA																
Atlanta																
Grady Memorial.....	F. P. Calhoun, Jr.....	17	534	...	...	15,833	2	2	2	0	=	6	100-200	FM	3
Augusta																
Medical College of Georgia Hospitals.....	3
Eugene Talmadge Memorial.....	J. Fair.....	8	202	...	...	1,612	1	0	0	1	=	2	250-583	O	3
ILLINOIS																
Chicago																
Cook County.....	T. N. Zekman.....	28	662	6	16	21,941	3	2	1	0	=	6	140-140	FM	3	
Michael Reese.....	T. M. Shapira.....	24	1,093	1	100	5,391	2	2	0	0	=	4	125-150	FP	3	
Northwestern University Medical Center.....	3
Chicago Wesley Memorial.....	W. A. Mann.....	9	353	...	...	5,109	1	1	0	0	=	2	125-150	FM	...
Passavant Memorial.....	D. Vail.....	10	564	...	...	...	1	0	1	0	=	1	225-275	PM	...
Veterans Admin. Research.....	D. T. Vail.....	17	205	1	...	...	1	0	1	0	=	2	271-462	O	...
Presbyterian-St. Luke's.....	W. F. Hughes.....	1	409	...	...	6,000	1	1	0	0	=	2	125-175	FM	...
University of Chicago Clinics.....	F. W. Newell.....	11	446	...	...	10,651	1	1	1	0	=	3	250-305	O	...
University of Illinois Hospitals.....	3
Illinois Eye and Ear Infirmary.....	P. C. Kronfeld.....	63	1,738	1	100	59,262	7	5	5	1	=	18	160-215	PM	...	
Research and Educational Hospitals.....	P. C. Kronfeld.....	9	320	1	100	9,871	0	2	2	0	=	4	160-215	PM	...	
Evanston																
Evanston.....	G. R. Soper.....	10	283	...	...	836	1	1	0	0	=	2	225-275	PM	3
Hines																
Veterans Admin.....	W. Mann.....	25	290	3	67	316	2	2	2	0	=	6	271-347	O	2	
INDIANA																
Indianapolis																
Indiana University Medical Center and Affiliated Hospitals.....	3
Indiana University Medical Center Hospitals 100.....	F. M. Wilson.....	12	404	...	...	12,000	5	5	5	0	=	15	225-275	PM	...
Marion County General.....	M. Bartley.....	5	169	...	...	7,405	1	1	1	0	=	3	269-321	PM	...
IOWA																
Iowa City																
State University of Iowa Hospitals.....	A. E. Braley.....	38	1,776	1	100	19,971	5	5	5	2	=	17	200-255	FM	3	
KANSAS																
Kansas City																
University of Kansas Medical Center.....	A. LeMoine.....	11	680	1	...	4,516	1	1	1	0	=	3	125-175	PM	3	
KENTUCKY																
Louisville																
University of Louisville Medical Center.....	C. D. Townes.....	...	...	...	...	...	2	2	2	0	=	6	219-282	FM	3
Louisville General.....	.....	7	169	2	50	8,019	...	...	...	...	...	...	...	...	...
Veterans Admin.....	R. MacDonald.....
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana.....	.....	8	580	...	...	9,643	2	1	1	0	=	4	125-175	FM	3
Louisiana State University Unit.....	G. M. Haik.....	8	658	1	...	11,043	0	2	2	0	=	4	125-175	FM	...	
Tulane University Unit.....	J. H. Allen.....	76	334	...	...	22,307	5	0	0	0	=	5	125-150	FM	3
Eye, Ear, Nose and Throat.....	R. A. Schimek.....	2	87	...	...	4,666	1	1	1	0	=	3	225-275	PM	3
Ochsner Foundation.....	J. H. Allen.....	12	165	...	...	1,362	1	1	1	0	=	3	270-348	O	3
Veterans Admin. 189.....
Shreveport																
Confederate Memorial Medical Center.....	K. B. Jones.....	26	714	...	...	6,634	1	1	1	0	=	3	125-200	FM	3
MARYLAND																
Baltimore																
Baltimore Eye, Ear and Throat.....	R. Smith.....	33	1,137	...	...	13,197	1	1	1	0	=	3	150-200	FM	3
Johns Hopkins.....	A. E. Maunance.....	57	2,169#	...	...	17,873	4	4	4	1	=	13	227-360	PM	3
MASSACHUSETTS																
Boston																
Boston City.....	D. R. Alpert.....	28	554	...	...	18,837	3	3	3	0	=	9	178-208	FM	3
Massachusetts Eye and Ear Infirmary.....	E. B. Dunphy.....	142	4,575	1	100	45,170	5	5	2	0	=	12	200-200	O	3	
Massachusetts Memorial Hospitals.....	T. Gundersen.....	4	271	1	...	2,865	1	1	0	0	=	2	175-275	O	2	
Veterans Admin.....
MICHIGAN																
Ann Arbor																
University 208.....	F. B. Fralick.....	14	765	2	100	14,129	5	5	6	0	=	16	180-250	O	3	
Detroit																
Harper.....	A. D. Ruedemann, Sr.....	26	1,222#	...	...	4,700	2	2	2	0	=	6	275-325	PM	3
Henry Ford.....	J. S. Guyton.....	27	695	1	100	23,180	4	4	5	1	=	14	265-365	PM	3	
Sinai.....	3
Wayne University Affiliated Hospitals.....	3
Veterans Admin. (Dearborn).....	A. D. Ruedemann.....	6	298	...	...	517	0	0	1	0	=	1	270-347	O	...
Receiving.....	A. D. Ruedemann.....	24	669	2	...	26,933	0	0	2	0	=	2	325-400	PM	...	
MINNESOTA																
Minneapolis																
Minneapolis General.....	K. E. Sandt.....	3	122	...	...	3,372	1	1	0	0	=	2	235-235	FM	3
University of Minnesota Hospitals 218.....	J. E. Harris.....	24	203	2	100	6,508	4	4	4	0	=	12	244-244	...	3	
Veterans Admin. 221.....	J. P. Wendland.....	11	144	1	100	3,432	1	1	1	0	=	3	271-462	O	3	
Rochester																
Mayo Foundation 222.....	C. W. Rucker.....	...	793	...	...	...	5	5	5	0	=	15	200-200	PM	3
St. Paul																
Ancker.....	H. Monahan.....	4	141	1	...	5,193	1	0	0	0	=	1	235-235	FM	3	
Charles T. Miller.....	A. F. Adair.....	15	843#	...	...	3,970	1	1	0	0	=	2	325-375	PM	3
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center.....	3
University.....	S. B. Johnson.....	1	86#	...	...	914	0	1	1	0	=	2	250-300	O	...
Veterans Admin.....	L. Mayer.....	5	164#	1,664

Numerical and other references are listed on pages 811 through 814.

14. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.Maintenance	Length of Approved Program (Years)
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
MISSOURI														
Columbia														
University of Missouri Medical Center...														3
Kansas City														
Kansas City General.....	A. J. Baer.....	5	213			6,045	1	1	1	0	= 3	220-264	PM	3
St. Louis														
Barnes.....	B. Becker.....	39	1,919			24,533	8	4	4	1	= 17	150-250	FM	3
Homer G. Phillips.....	H. P. Venable.....	7	170	1		7,687	2	2	1	0	= 5	235-299		3
St. Louis City.....	D. Bisno.....	7	248	2	100	8,758	2	2	2	0	= 6	234-299	PM	3
St. Mary's Group of Hospitals of St. Louis University.....	R. D. Mattis.....	10	492			7,773	2	2	1	0	= 5	150-170	FM	3
Veterans Admin.....	H. Rosenbaum.....	9	162	2	100		1	1	1	0	= 3	271-462	O	3
NEBRASKA														
Omaha														
University of Nebraska.....	J. H. Judd.....	4	114			3,976	1	1	1	0	= 3	225-300	PM	3
NEW JERSEY														
Jersey City														
Jersey City Medical Center.....	F. X. Brophy.....	11	411	2	50	3,254	1	1	1	0	= 3	108-200	FM	3
Newark														
United Hospitals of Newark.....														
Newark Eye and Ear Infirmary.....	W. H. Hahn.....	30	1,233	2	50	8,465	0	2	1	0	= 3	150...	FM	3
NEW YORK														
Buffalo														
Buffalo General.....	I. J. Koenig.....	12	442#	1	100	1,434	1	1	0	0	= 2	175-200	FP	2
Edward J. Meyer Memorial 259	W. Y. Jones.....	10	272			15,126	2	2	2	0	= 6	292-332	PM	2
New York City														
Bellevue Hospital Center														
Div. IV-New York University Post-Graduate Medical School 268	G. M. Breinin.....	35	989			24,280	5	5	5	0	= 15	145-195		3
Bronx Eye and Ear Infirmary		6	223	1	100	10,390	3	3	2	0	= 6	215-215	FM	3
Bronx Municipal Hospital Center	M. Chamlin.....	29	3,208	4		39,981	4	4	0	0	= 8	100-125	FM	3
Brooklyn Eye and Ear	M. A. Lasky.....	10	78			4,534	1	1	0	0	= 2	145-195	FM	3
City Hospital at Elmhurst	P. Muller.....	8	659			13,534	1	1	0	0	= 2	100-200	FM	3
Harlem Eye and Ear	M. Lasky.....	25	342	3	33	18,191	2	2	2	0	= 6	145-195	FM	3
Jewish Hospital of Brooklyn	R. Troutman.....	10	348			4,492	1	1	1	0	= 3	180-200	FM	3
Kings County Hospital Center 260	B. Payne.....	69	3,141	4	25	51,867	6	6	0	0	= 12	100	FM	3
Lenox Hill	S. Gartner.....	13	312			11,629	1	2	0	0	= 3	207-212	FM	3
Manhattan Eye, Ear and Throat	J. Laval.....	6	312	4	25	9,192	1	1	1	0	= 3	100-100	FM	3
Mount Sinai	B. F. Payne.....	86	3,800	4		61,604	6	6	0	0	= 6	50-100	FM	3
New York Eye and Ear Infirmary	J. McLean.....	22	902	1	100	11,864	2	2	2	0	= 6	164-263	PM	3
New York Polyclinic Medical School and Hospital	S. Schütz.....	3	138			5,577	1	1	0	0	= 2	150-175	FM	2
New York University—Metropolitan Medical Center	B. Friedman.....	7	168	1	100	10,848	2	1	0	0	= 3	145-195	FM	2
Metropolitan														
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe.....	55	3,190			28,300	3	3	3	0	= 9	250-308	PM	3
Queens Hospital Center	T. D'Angelo.....	5	197	1	100	3,832	1	1	0	0	= 2	145-195		2
St. Luke's	H. Eggers.....	3	102	1	100	4,923	1	1	0	0	= 2	125-150	FM	3
St. Vincent's	R. Castroviejo.....	12	461	15	53	5,372	1	1	1	0	= 3	175-225	FM	3
Veterans Admin. (Bronx) 260	A. S. Haft.....	19	334			46	1	1	1	0	= 3	270-347	O	3
Veterans Admin. (Brooklyn)	M. A. Lasky.....	16	183			344	1	1	0	0	= 2	271-293	O	2
Rochester														
St. Mary's	C. T. Sullivan.....	10				736	1	0	0	0	= 1	250-325	PM	2
Strong Memorial-Rochester Municipal	J. F. Gipner.....	10	484#			3,070	1	1	1	0	= 3	166-291	O	3
Syracuse														
State University of New York Upstate Medical Center.....	J. L. McGraw.....	14	551			4,851	1	1	1	0	= 3	250-316	O	3
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial.....	S. D. McPherson.....	2	80			4,108	1	1	0	0	= 2	175-266	O	3
Durham														
Duke University Affiliated Hospitals														
Duke	W. B. Anderson.....	15	598	1		11,184	2	2	2	1	= 7	43-200	FM	3
Veterans Admin.	W. B. Anderson.....	8	166#				0	1	1	0	= 2	270-462	O	
McPherson	S. D. McPherson, Jr.....	16	803			24,244	1	1	1	0	= 3	200-350	O	3
Winston-Salem														
North Carolina Baptist.....	R. W. Roberts.....	5	350#	1		2,663	1	1	1	0	= 3	166-208	PM	3
OHIO														
Cincinnati														
University of Cincinnati College of Medicine Hospital Group														
Cincinnati General 303	D. Lyle.....	18	310	1		8,557	2	2	2	0	= 6	150-220	FM	3
Cleveland														
Cleveland Clinic 306	R. J. Kennedy.....	10	387	5	40	18,604	3	2	2	0	= 7	275-300		3
Cleveland Metropolitan General	R. J. Nicholl.....	3	120			5,298	1	2	1	0	= 4	150-217	FM	3
St. Luke's	G. T. Schwarz.....	11	425			4,402	0	1	0	0	= 1	235-235	FM	3
University Hospitals of Cleveland	L. V. Johnson.....	16	741	2	100	8,030	3	3	3	0	= 9	150-250	PM	3
Veterans Admin. 311	L. V. Johnson.....	15	288			309	1	1	1	0	= 3	271-462	PM	3
Columbus														
Ohio State University Hospitals														
University	W. D. Havener.....	9	476			8,580	4	0	4	4	= 12	177-277	PM	3
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	J. R. Reed.....						2	2	0	0	= 4			2
University Hospitals		8	344	2		4,292						200-225	PM	

Numerical and other references are listed on pages 811 through 814.

14. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics ³²³	K. C. Swan	26	649	...	...	10,641	2	2	2	0	= 6	165-215	FM	3
PENNSYLVANIA															
Danville															
George F. Geisinger Memorial	A. W. Mahood	3	186	...	...	6,598	1	1	1	0	= 3	185-225	...	2
Philadelphia															
Graduate Hospital of the University of Pennsylvania ³²⁹	I. H. Leopold	22	797	2	...	3,117	2	2	2	0	= 6	75-100	FM	3	
Hospital of the University of Pennsylvania	F. H. Adler	24	968	...	...	5,211	4	4	4	0	= 12	100-200	...	3
Jefferson Medical College	C. R. Mullen	14	377	...	...	3,951	3	2	0	0	= 5	100-150	PM	3
Philadelphia General	G. Gibson, H. Scheie	9	174	2	50	8,201	2	2	2	0	= 6	128-265	FM	3	
Temple University ³²⁷	G. G. Gibson	20	366	...	...	3,673	2	2	2	0	= 6	175-225	PM	3
Wills Eye	...	181	3,351	...	...	101,505	7	7	0	0	= 14	100-100	FM	2
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh School of Medicine	3
Eye and Ear	M. F. McCaslin	66	2,920	3	100	13,803	2	2	2	0	= 6	125-175	FM	3	
Montefiore	H. E. Thorpe	20	584	1	100	2,615	1	1	1	0	= 3	225-275	FM	3	
Veterans Admin.	R. N. Lehman	18	335	...	...	...	2	1	2	0	= 5	270-347	O	3
PUERTO RICO															
San Juan															
University of Puerto Rico Affiliated Hospitals	3
San Juan City	G. Pico	17	437	...	...	11,916	0	2	2	0	= 4	250-325	...	...
University (Caparra Heights)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SOUTH CAROLINA															
Charleston															
Teaching Hospitals of the Medical College of South Carolina	P. G. Jenkins	6	269	1	100	2,337	1	0	0	0	= 1	138-168	FM	3	
Medical College	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE															
Chattanooga															
Baroness Erlanger	3
Memphis															
City of Memphis Hospitals—	3
Memphis Eye, Ear, Nose and Throat	P. M. Lewis	29	1,961	3	...	14,491	4	1	1	0	= 6	150-200	FP	3	
Veterans Admin.	A. C. Krause	19	192	...	...	9,701	1	1	1	0	= 3	271-347	PM	3
Nashville															
Vanderbilt University	G. W. Bounds	15	628	...	...	1,913	1	1	1	0	= 3	100-125	FM	3
TEXAS															
Dallas															
Parkland Memorial	C. Browning	11	492	1	...	7,434	2	2	2	0	= 6	150-200	PM	3	
Veterans Admin. ³³⁰	S. B. Gostin	20	240	2	100	3,200	1	2	0	0	= 3	271-347	PM	3	
Galveston															
University of Texas Medical Branch Hospitals	G. Robertson	13	403	...	...	5,338	1	1	1	0	= 3	160-160	FP	3
Houston															
Baylor University College of Medicine Affiliated Hospitals	3
Jefferson Davis	L. Girard	8	182	...	...	7,904	2	1	2	0	= 5	125-165	FM	...
Veterans Admin.	L. J. Girard	14	372	1	100	...	2	2	2	0	= 6	270-347	PM	...	
Hermann	T. L. Royce	13	953	1	100	2,669	1	1	1	0	= 3	125-175	FM	3	
San Antonio															
Robert B. Green Memorial	J. L. Mims, F. X. Weixel	3	137	...	...	4,118	1	0	1	0	= 2	150-300	FM	3
Temple															
Scott and White Memorial	E. R. Veirs	5	421	...	...	...	1	0	0	0	= 1	300-300	O	2
VIRGINIA															
Charlottesville															
University of Virginia	E. W. Burton	10	400	...	...	3,908	1	1	2	0	= 4	75-150	FM	3
Richmond															
Medical College of Virginia—	3
Hospital Division	D. Guerry, III	11	413	1	...	7,329	1	1	1	0	= 3	100-150	FM	3	
Veterans Admin.	E. W. Perkins	12	144	5	60	1,967	1	1	1	0	= 3	271-412	PM	3	
Roanoke															
Gill Memorial Eye, Ear and Throat	E. G. Gill	14	2,022	...	...	27,419	1	1	0	0	= 2	300-300	PM	3
WASHINGTON															
Seattle															
King County Hospital Unit No. 1 (Harborview)	R. C. Laughlin	3	547#	1	100	4,686	0	1	1	0	= 2	200-275	FM	2	
WISCONSIN															
Madison															
University Hospitals	P. Duehr	17	719	1	100	2,637	1	3	1	0	= 5	100-200	FM	3	
Milwaukee															
Milwaukee County	E. F. Carl	10	255	1	...	10,542	2	2	2	0	= 6	229-334	...	3	
Veterans Admin. (Wood) ³³²	R. H. Lehman	15	309	10	80	10,371	2	1	0	0	= 3	271-347	PM	3	

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training as designated by a program number, a list of which is found on pages 732 and 733. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals 278; Residencies 1,225

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month (Min.-Max.)	Main-Tenance P M O
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	E. W. Brannon.....	ACF	...	122	1,785#	3	100	13,436	2	2	2	2	8	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco...	L. W. Taylor.....	AF	40	159	2,295	1	100	6,769	2	2	2	0	6	...	...
COLORADO															
Fitzsimons General, Denver.....	L. O. Travis.....	AF	65	96	745	...	...	7,446	1	1	1	0	3	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington....	J. D. Blair.....	ACF	...	194	1,282	14	79	10,351	2	2	2	0	6	...	...
HAWAII															
Tripler Army, Honolulu.....	E. C. Lineberger.....	ACF	...	121	2,423	3	67	...	4*	2	2	0	8	...	...
TEXAS															
William Beaumont General, El Paso...	J. J. Brennan.....	AF	96	133	1,757	3	100	15,883	1	1	1	0	3	394-565	PM
Brooke General, San Antonio.....	H. S. McBurney.....	ACF	...	135	1,417	3	67	9,558	2	2	2	0	6	...	...
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda.....	J. H. Cheffey.....	AF	20	105	887	1	100	7,238	2	1	2	0	5	...	...
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	W. D. Bundens, Jr.....	AF	62	165	1,005	11	72	7,241	1	2	2	0	5	...	...
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco.....	C. B. Vaughan, Jr.....	AF	87	75	1,056	2	...	9,208	1	1	1	1	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....	J. D. Sherrill.....	C	44, 68, 75	79	689	2	50	5,085	0	0	2	2	4	200-325	FP
Crippled Children's.....	J. S. Sherrill, Sr.....	ACF	44	152	2,424	19	31	8,495	3	3	3	3	12	190-250	FM
University Hospital and Hillman Clinic.....	J. M. Higginbotham.....	AF	44	22	262	2	50	472	1	1	1	0	3	293-412	O
Veterans Admin.....															
Fairfield															
Lloyd Noland Co.....	C. L. Yelton.....	AF	68	29	1,080	4	75	16,196	1	1	1	1	4	250-375	FM
Mobile															
Mobile General.....	A. R. Earl.....	ACF	...	...	601	6	50	2,440	2*	0	0	0	2	300-600	PM
ARKANSAS															
Little Rock															
Arkansas Children's.....	J. D. Christian.....	C	94	17	481	...	...	2,000	0	0	0	2	2	386	PM
University.....	D. M. Street.....	AF	94	11	509	11	3	2,995	2	2	2	0	6	170-237	O
Veterans Admin.....	D. M. Street.....	AF	94	35	428	6	83	363	1	1	0	0	2	254-347	O
CALIFORNIA															
Long Beach															
Veterans Admin.....	R. H. Hutchinson.....	AF	64	42	290	3	100	1,725	1	1	1	1	4	271-462	O
Los Angeles															
Children's.....	S. Mathews.....	C	64	21	649	1	100	4,820	0	1	0	0	1	275-275	PM
Los Angeles County ⁹³	F. M. McKeever, A. Neufeld	ACF	...	266	5,184	264	31	58,895	6	6	6	6	24	273-319	PM
Orthopaedic.....	J. V. Luck.....	ACF	14, 79, 90	65	2,903	3	67	47,251	2	2	5	0	9	200-275	PM
Shriners Hospital for Crippled Children.....	G. W. Westin.....	C	1, 3, 90	61	268	...	...	2,257	0	0	2	0	2	200-200	FM
University of California.....	C. O. Bechtol.....	A	90	20	583	7	28	4,912	0	1	1	1	3	240-314	FPO
Veterans Admin.....	R. Mazet, Jr.....	AF	90	83	1,108	19	63	1,881	0	3	3	3	9	293-463	PM
White Memorial ⁹²	T. G. Reynolds.....	AF	14	23	831	7	100	5,506	1	3	1	0	5	215-235	PM
Oakland															
Children's Hospital of the East Bay	B. W. Smart.....	C	2	9	370	1	100	...	1	0	0	0	1	...	...
Highland-Alameda County.....	D. D. Dickson.....	AF	1, 3	53	1,017	49	22	7,340	2	2	0	0	4	200-295	FM
Samuel Merritt.....	E. G. Ewer.....	AF	2	37	1,497#	6	17	4,465	...	...	...	...	...	200-295	O
San Francisco															
Children's.....	L. J. Larsen.....	C	2	...	1,034	5	20	1,134	0	0	2	0	2	250-300	FP
Franklin.....	E. R. Schottstaedt.....	A	2	46	1,324	6	33	7,924	0	0	2	0	2	200-300	FM
Presbyterian Medical Center.....	D. King.....	AF	1	18	773	2	...	3,694	1	1	1	0	3	100-175	PM
St. Mary's.....	J. J. Loutzenheiser.....	AF	79	32	797	5	80	306	1	1	0	0	2	200-300	FP
San Francisco General.....	R. K. Ashley.....	AF	2	49	705	135	5	4,617	2	0	1	0	3	220-360	O
University of California Service.....															
Shriners Hospital for Crippled Children.....	E. R. Schottstaedt.....	C	2, 40	61	321	1	100	3,448	0	0	2	0	2	275-275	PM
University of California.....	V. T. Inman.....	A	2	28	654	1	100	5,921	1	1	2	1	5	243-316	...
Veterans Admin.....	V. T. Inman, D. E. King.....	AF	2, 3	31	245	3	33	797	1	1	1	0	3	271-462	O
Torrance															
Harbor General.....	J. R. Glessner.....	AF	90	89	610#	65	50	14,073	1	1	1	1	4	273-319	FM

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month		Main-Part. Expense
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.	
COLORADO																
Denver																
Children's.....	H. I. Barnard.....	C	4, 65	12	752	1	...	3,765	0	2	0	0	0	= 2	200-225	PM
University of Colorado Medical Center.....																
Colorado General.....	J. S. Miles.....	AF	4	17	518	5	60	3,088	2	2	2	2	= 8	180-205	O	
Denver General.....	J. S. Miles.....	AF	4	29	664#	28	57	5,323						179-205	O	
Veterans Admin.....	M. E. Gibbens.....	AF	4	35	554	5	100		1	1	1	0	= 3	271-412	O	
CONNECTICUT																
New Haven																
Yale-New Haven Medical Center.....																
Grace-New Haven Community.....	W. O. Southwick.....	AF	5	43	1,114	11	36	4,580	0	2	0	1	= 3	75-125	FM	
Hospital of St. Raphael.....	W. S. Perham.....	AF	43	18	531	13	38	1,657	2	2	2	0	= 6	300-335	PM	
Newington																
Newington-Home and Hospital for Crippled Children.....	B. H. Curtis.....	C	5, 82	103	481	...	...	16,001	0	0	1	0	= 1	100-200	FP
DELAWARE																
Wilmington																
Alfred I. Du Pont Institute of the Nemours' Foundation.....	A. R. Shands, Jr.....	C	20, 62	56	224	...	...	3,379	0	2	0	0	= 2	150-250	FM
DISTRICT OF COLUMBIA																
Washington																
Children's.....	W. J. Tobin.....	C	54	14	226	...	...	2,142	...	...	...	...	...	225-225	FM
District of Columbia General.....	M. Cobey.....	ACF	...	41	657	19	31	5,632	2	3	1	0	= 6	233-283	O	
Washington Hospital Center.....	J. S. Neviasser.....	AF	54	62	1,506	10	50	2,878	1	1	1	0	= 3	215-245	FP	
FLORIDA																
Miami																
Jackson Memorial.....	W. E. Miller.....	AF	76	...	1,616	45	36	6,039	3	3	3	0	= 9	225-335	PM	
Variety Children's.....	R. P. Keiser.....	C	76	...	459	...	...	...	...	...	...	...	...	...	...
Orlando																
Orange Memorial.....	N. C. McCollough.....	ACF	...	40	2,319	13	63	...	1	1	1	1	= 4	325-400	O	
St. Petersburg																
American Legion Hospital for Crippled Children.....	C. L. Farrington.....	C	78	41	708	10	90	5,500	0	0	1	0	= 1	150-160	FM	
Tampa																
Tampa General.....	A. A. Wilson.....	ACF	78	...	1,058	12	33	3,261	1	1	1	0	= 3	250-300	FM	
GEORGIA																
Atlanta																
Emory University.....	R. P. Kelly.....	A	39	16	540#	4	...	...	0	3	0	0	= 3	235-245	PM
Georgia Baptist.....	W. W. Lovell.....	AF	86	53	1,424	8	63	224	...	...	...	...	...	...	...
Grady Memorial.....	R. P. Kelly.....	ACF	39	39	847	40	12	11,984	3	3	3	0	= 9	125-200	FM	
Augusta																
Medical College of Georgia Hospitals																
Eugene Talnadge Memorial.....	F. Bliven.....	AF	86	19	319	3	100	1,070	0	2	0	3	= 5	316-583	O	
University.....	J. L. Chandler.....	ACF	86	23	783	8	38	1,190	1	1	1	0	= 3	200-250	O	
HAWAII																
Honolulu																
Shriners Hospital for Crippled Children.....	J. J. Larsen.....	C	50	30	187	...	...	8,349	0	0	1	0	= 1	...	...
ILLINOIS																
Chicago																
Michael Reese.....	J. G. Finder.....	AC	42	47	1,331	8	38	3,340	1	1	1	0	= 3	125-175	FP	
Northwestern University Medical Center—Cook County Hospital.....																
Chicago Wesley Memorial.....	E. L. Compere.....	ACF	7	59	1,563	11	45	2,077	2	2	0	0	= 4	125-200	FM	
Cook County.....	F. Shapiro.....	ACF	7	72	819	7	50	11,469	2	2	2	0	= 6	140-140	FM	
Passavant Memorial.....	J. K. Stack.....	A	7	26	1,480	7	71	...	...	...	...	...	...	225-275	PM
St. Anne's.....	J. J. Callahan.....	AF	7	37	961	29	14	911	1	0	0	0	= 1	250-275	FP	
Veterans Admin. Research.....	E. L. Compere.....	AF	7	19	276	4	50	...	1	0	0	0	= 2	271-462	O	
Evanston (Evanston).....	N. C. Mead.....	AF	7	38	1,259	7	14	895	1	1	0	0	= 2	225-275	PM	
St. Francis (Evanston).....	J. J. Fahey.....	AF	7	43	976	6	33	4,393	2	1	0	0	= 3	260-270	FM	
Presbyterian-St. Luke's.....	R. D. Ray.....	AF	47	50	440	2	...	1,229	...	...	...	...	...	125-200	FM
St. Elizabeth's.....	C. S. Senderi.....	F	42	33	1,203	3	...	1,910	1	0	0	0	= 1	200-200	FM	
Shriners Hospital for Crippled Children.....	H. A. Soffeld.....	C	50	65	235	...	...	3,680	0	0	0	4	= 4	...	FM
University of Chicago Clinics.....	C. H. Hatcher.....	ACF	...	39	833	6	83	5,690	1	1	1	1	= 4	250-305	O	
Educational Hospitals.....	R. D. Ray.....	ACF	47	90	1,259	17	70	14,268	3	3	3	3	= 12	160-245	PM	
Evanston																
Evanston—See Northwestern Medical Center, Chicago.....																
St. Francis—See Northwestern Medical Center, Chicago.....																
Hines																
Veterans Admin.....	H. Soffeld.....	AF	50	124	820	16	38	3,102	4	4	4	4	= 16	271-412	O	
Oak Park																
West Suburban.....	H. A. Soffeld.....	AF	50	35	1,008	9	22	3,826	1	0	0	0	= 1	225-225	FM	
Peoria																
St. Francis.....	H. E. Cooper, Sr.....	ACF	...	74	1,965	21	24	190	1	1	1	0	= 3	226-275	FM	
INDIANA																
Indianapolis																
Indiana University Medical Center.....	G. J. Garceau.....	ACF	8	45	839	10	60	6,215	4	4	4	0	= 12	225-300	PM	
Marion County General.....	H. Williams.....	AF	8	47	632	16	38	5,362	1	1	1	1	= 4	269-348	PM	
St. Vincent's.....	G. Garceau.....	AF	8	35	1,222	11	27	141	1	1	0	0	= 2	275-425	PM	
Veterans Admin.....	G. J. Garceau.....	AF	8	...	...	...	...	...	...	...	...	...	= 2	271-462	O

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P-M O
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
IOWA															
Des Moines															
Veterans Administration	D. N. Gibson	AF	55	45	1,544	8	88	791	1	0	0	0	1	271-412	PM
Iowa City															
State University of Iowa Hospitals	C. B. Larson	ACF	55	82	2,470	29	48	10,996	4	4	4	0	12	200-255	FM
KANSAS															
Kansas City															
University of Kansas Medical Center	L. Peltier	ACF	...	23	733	12	50	4,162	1	1	1	0	3	125-175	PM
Wichita															
St. Francis	W. R. Miller	ACF	...	46	1,554	10	20	2,099	1	1	1	1	4	275-350	FP
KENTUCKY															
Lexington															
Good Samaritan	K. R. Thompson	ACF	59	42	1,750	16	25	...	0	1	0	0	1	220-240	FM
St. Joseph	T. R. Miller	ACF	59	27	1,102	6	16	375	1	1	1	0	3	220-240	FP
Shriners Hospital for Crippled Children	T. D. Yocum	C	7	50	242	1	...	1,195	0	0	0	2	2	200-200	PM
Louisville															
Kosair Crippled Children	K. A. Fischer, C. Wood	C	9	84	6	...	...	5,446	2	1	1	0	4	200-200	FM
Louisville General	K. A. Fischer	AF	9	24	502	33	36	6,851	0	2	1	1	4	116-200	FM
Veterans Administration	K. A. Fischer	AF	9	40	437	3	66	1,437	1	1	0	0	2	270-347	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Independent Unit	L. K. Loomis	ACF	...	25	445	15	53	7,089	2	1	1	0	4	125-200	FM
Louisiana State University Unit	J. Cahen	ACF	...	41	1,127	23	26	13,118	5	3	2	0	10	125-200	FM
Tulane University Unit	J. Wikstrom	ACF	10	43	1,196	30	50	12,724	4	4	2	0	10	125-200	FM
Ochsner Foundation	H. D. Morris	ACF	56	21	566	2	100	7,764	1	1	1	1	4	225-300	PM
Touro Infirmary	G. Berkett	ACF	10, 56	...	1,531	3	...	1,430	2	2	2	0	6	125-175	FP
Veterans Administration	R. H. Aldredge	AF	10	38	378	2	50	2,504	1	1	1	0	3	270-348	O
Shreveport															
Confederate Memorial Medical Center	C. R. Reed	ACF	70	58	1,358	30	30	4,925	2	2	2	2	8	125-300	FM
Shriners Hospital for Crippled Children	B. H. Young	C	10, 70	59	252	...	...	1,205	0	0	0	2	2	200-200	O
MARYLAND															
Baltimore															
Baltimore City Hospitals	R. A. Robinson	AF	57	32	379	11	39	3,040	0	0	1	0	1	225-225	FP
Children's	G. O. Eaton	C	57	62	766	...	...	1,602	...	...	...	...	...	...	...
James Lawrence Kernan	A. F. Voshell	C	88	63	558	1	...	3,016	0	0	1	1	2	...	PM
Johns Hopkins	R. A. Robinson	AF	57	39	955#	5	60	8,480	0	3	3	3	9	160-227	PM
University	A. F. Voshell	AF	88	16	333	7	57	4,589	2	2	2	0	6	200-250	PM
MASSACHUSETTS															
Boston															
Boston City	A. P. Aitken	AF	13, 66	115	1,729	33	24	8,748	0	0	4	0	4	208-208	FM
Children's Medical Center	W. T. Green	C	11, 93	43	1,057	...	...	15,670	10	0	5	1	16	100-100	FM
Lahey Clinic	G. Hammond	A	66	21	501	3	...	6,219	4	0	0	0	4	200-200	O
Massachusetts General	J. S. Barr	ACF	11	...	...	...	...	7,837	8	8	4	2	22	108-183	FM
Peter Bent Brigham	W. T. Green	AF	93	...	...	...	...	...	0	0	0	1	1	62-62	FM
Veterans Admin. (Jamaica Plain)	A. Thibodeau	AF	13	49	847	8	7	2,543	2	2	2	0	6	...	...
Canton															
Massachusetts Hospital School	P. L. Norton	C	13, 66	118	190	...	...	...	0	0	0	2	2	527-755	O
Middleboro															
Lakeville State Sanatorium	P. L. Norton	C	13, 66	200	481	11	63	203	...	...	...	...	2	122-156	O
Springfield															
Shriners Hospital for Crippled Children	G. D. Hough, Jr.	C	66	58	259	...	...	3,378	0	2	0	0	2	150-200	FM
MICHIGAN															
Ann Arbor															
University	C. E. Badgley	ACF	74	70	1,342	10	70	8,096	0	7	6	6	19	215-275	O
Dearborn															
Veterans Admin.	A. G. Goetz	AF	12	40	809	8	63	1,384	0	0	1	0	1	270-347	O
Detroit															
Children's	F. Fisher	C	12	8	343	...	...	3,347	0	2	0	0	2	250-300	FM
Harper	F. J. Fischer	A	12	32	834#	3	66	809	2	0	0	0	2	300-300	PM
Henry Ford	C. L. Mitchell	ACF	...	41	1,510	7	43	24,739	4	4	4	0	12	265-365	PM
Receiving	A. Goetz	F	12	24	511	17	...	6,655	0	0	2	0	2	325-400	PM
Eloise															
Wayne County General	...	F	74	...	...	...	...	...	...	...	...	...	...	...	...
Grand Rapids															
Blodgett Memorial	C. H. Frantz	ACF	...	28	937	22	73	2,340	1	0	0	0	1	325-350	FM
St. Mary's	G. T. Aitken	ACF	...	25	662	13	...	1,754	1	1	0	0	2	320-350	FP
Kalamazoo															
Borgess	H. Stryker	ACF	...	27	947	12	25	2,174	0	1	1	1	3	275-305	FP
MINNESOTA															
Minneapolis															
Minneapolis General	M. J. Nydahl	AF	89	8	190	1	...	2,936	0	1	0	0	1	235-235	FM
Shriners Hospital for Crippled Children	D. R. Lannin	C	16	54	306	...	...	1,200	0	0	2	2	4	...	...
University of Minnesota Hospitals	J. H. Moe	ACF	89	19	426	3	...	2,617	1	4	1	1	7	244-244	O
Veterans Administration	E. T. Evans	AF	16	58	768	1	100	2,368	0	6	1	3	10	271-462	...
Rochester															
Mayo Foundation	H. H. Young	ACF	...	...	5,991	28	75	...	12	12	12	12	48	200-333	PM
St. Paul															
Gillette State Hospital for Crippled Children	J. H. Moe	C	16, 89	135	881	4	75	17,073	...	...	...	...	...	264-264	...

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month		Main-PM Attendance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.		Max.
MISSISSIPPI															
Jackson															
Mississippi Baptist	J. G. Caden, Jr.	ACF	73	41	1,379	18	67	4,087	1	1	0	0	0	250-250	PM
University	P. S. Derian	AF	73	12	422#	4	25	1,835	1	1	1	1	4	250-300	O
Veterans Admin.		AF	73	...	...	...	...	...	1	0	0	0	1	...	...
MISSOURI															
Columbia															
University of Missouri Medical Center	J. L. Holmes	ACF	61	16	271	11	73	2,693	1	1	1	1	4	200-300	...
Kansas City															
Children's Mercy	R. H. Kiene	C	18	...	200	...	...	3,219	0	1	0	0	1	200-200	FM
Kansas City General	F. G. Pipkin	AF	18	41	558	60	23	7,783	0	1	1	0	2	220-320	PM
St. Luke's	R. H. Kiene	ACF	18	55	1,019	12	42	1,231	2	1	0	0	3	250-325	FP
Veterans Admin.	R. L. Diveley	AF	18	18	289	1	100	...	...	...	...	...	2	271-271	O
St. Louis															
Barnes	F. Reynolds	ACF	60	51	1,439	12	100	3,943	4	4	4	0	12	50-150	FM
St. Louis City	J. O. Lottes, R. Lord	F	46, 60	42	875	53	71	5,421	0	0	2	0	2	299-...	PM
St. Mary's Group of Hospitals of St. Louis University	R. M. O'Brien	ACF	46	46	1,382	19	43	4,517	2	2	2	0	6	150-170	FM
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	86	464	...	...	4,861	0	0	3	0	3	...	FM
Veterans Admin.	O. P. Hampton, Jr.	AF	61	37	389	5	20	...	1	1	1	0	3	271-462	O
NEBRASKA															
Lincoln															
Nebraska Orthopedic	F. Teal	C	33	58	544	3	...	1,617	0	1	0	0	1	250-250	FM
Veterans Admin.	S. P. Brown	AF	33	41	376	2	50	500	1	1	1	0	3	271-347	O
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	O. S. Staples	AF	82	48	823	7	86	5,764	1	1	1	0	3	218-218	...
Veterans Admin. (White River Jct., Vt.)	O. S. Staples	F	82	48	823	7	86	5,764	1	1	1	0	3	218-305	...
NEW JERSEY															
Long Branch															
Monmouth Medical Center	B. M. Halbstein	ACF	...	24	771	3	67	1,046	1	1	1	0	3	200-200	FM
Newark															
Martland Medical Center		F	97	...	...	...	...	...	...	...	...	...	...	...	...
United Hospitals of Newark Hospital for Crippled Children	D. Eisenberg, H. Kessler	AC	67, 97	86	1,875	6	50	6,801	1	1	1	1	4	150-225	FM
Orange															
Hospital Center at Orange	H. T. Hansen	ACF	...	...	...	...	...	...	...	...	...	...	...	...	...
New Jersey Orthopaedic				34	757	1	...	14,873	1	2	1	0	4	225-275	PM
Orange Memorial				33	673	16	13	586	1*	0	0	0	1	225-275	FM
Paterson															
St. Joseph	R. R. Goldenberg	ACF	...	44	846	34	50	1,130	1	1	1	0	3	200-250	FP
NEW MEXICO															
Truth or Consequences															
Carrie Tingley	W. C. Edwards	C	4, 95, 96	79	325	...	...	1,985	2	1	0	0	3	200-275	FMO
NEW YORK															
Albany															
Albany	C. Campbell	AF	45	35	895#	14	57	1,075	1	1	1	1	4	195-275	PM
Buffalo															
Buffalo General	B. E. Obletz	AF	24	52	932#	20	40	644	2	2	1	1	6	175-200	FP
Children's	J. D. Godfrey	C	24	14	480	2	50	885	0	0	3	0	3	175-175	FM
Edward J. Meyer Memorial	J. P. Cole	AF	83	35	987	15	60	1,623	1	1	1	0	3	203-332	PM
Veterans Admin.	W. M. Chardack	AF	24	...	538	7	86	...	1	1	1	1	4	271-347	O
Hempstead															
Meadowbrook	W. P. Bartels	F	38	69	2,199	84	14	2,653	0	0	4	0	4	275-275	FM
Mineola															
Nassau	C. F. Freese	AF	38	30	1,556	17	29	4,248	1	1	1	0	3	325-375	O
New York City															
Bellevue Hospital Center				...	...	...	...	...	...	...	...	...	...	...	...
Div. IV—New York University Post-Graduate Medical School	W. A. L. Thompson	ACF	51	57	425	2	...	6,850	9	5	9	0	23	145-195	...
Bronx Municipal Hospital Center	A. I. Schildhaus	ACF	...	33	447	21	52	7,406	2	2	2	0	6	215-215	FM
Hospital for Joint Diseases	J. E. Milgram	ACF	...	162	3,396	12	42	20,478	6	6	6	0	18	80-120	FM
Hospital for Special Surgery	T. C. Thompson	ACF	22	158	2,410	12	50	53,538	4	4	4	2	14	160-200	PM
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	30	110	...	...	5,540	0	0	3	0	3	100	FM
Jewish Chronic Disease	M. Schneider	C	84	21	209	11	...	1,022	0	1	1	0	2	200-250	FM
Jewish Hospital of Brooklyn	A. Kenin	AF	84	...	425	15	7	4,150	1	1	1	0	3	100-125	FM
Kings County Hospital Center	R. Warren	ACF	...	67	743	40	8	13,174	2	2	2	0	6	145-195	FM
Metropolitan	M. J. Wilson	AF	67	69	722	41	24	12,112	3	2	0	0	5	145-195	FM
Mount Sinai	R. K. Lippinann	ACF	...	27	431	12	25	4,282	1	1	1	1	4	100-100	FM
New York Polyclinic Medical School and Hospital	D. M. Bosworth	F	26	12	270	4	25	2,323	1	1	1	0	3	150-150	FM
Presbyterian (New York Orthopaedic Dispensary and Hospital)	F. E. Stinchfield	ACF	...	80	1,802	11	27	41,485	6	6	10	2	24	267-300	PM
St. Charles	D. J. Magilligan	C	52	32	372	1	100	13,841	4	0	0	0	4	225-225	PM
St. Luke's	F. R. Thompson	ACF	41	46	775	5	40	5,774	1	1	1	0	3	125-175	FM
St. Vincent's Hospital of the Borough of Richmond	D. M. Bosworth	F	26	22	655	14	66	464	1	0	0	0	1	240-240	PM
Sea View	D. M. Bosworth	A	26	...	106	6	50	...	3	0	0	0	3	145-195	...
Veterans Admin. (Bronx)	T. C. Thompson	AF	22	59	948	10	33	322	2	2	0	2	4	293-462	O
Veterans Admin. (Brooklyn)	J. B. Manly	AF	52	78	361	11	18	936	2	2	1	0	5	293-412	O
Veterans Admin. (Manhattan)	G. Truchly	AF	80	69	624	8	38	1,330	0	2	2	2	6	271-348	O
Port Jefferson															
St. Charles	J. C. Felicetti	C	38, 5, 43	58	406#	3	67	21,632	0	0	2	0	2	225-225	FM

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.M. Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEW YORK—Continued															
Rochester															
Rochester General	M. L. Rowe	A	31	21	744	3	100	554						225-225	FM
Strong Memorial-Rochester Municipal Hospitals	R. B. Duthie	ACF	31	44	1,084#	4	75	2,963	0	2	2	2	6	166-291	O
Schenectady															
Ellis	W. Dunham	ACF	...	46	1,613	13	46	303	1	1	1	0	3	325-400	FP
Syracuse															
State University of New York Upstate Medical Center	C. B. Miller	ACF	48	115	2,886	26	31	3,125	0	1	1	1	3	284-350	O
Hospital of the Good Shepherd		CF	48	...	...	...	...	...	...	...	...	...	...	...	...
Syracuse Memorial		C	48	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.		A	48	37	281	...	...	...	0	0	1	0	1	847-847	...
West Haverstraw															
New York State Rehabilitation	J. C. McCauley	C	51, 80	133	401	4	50	2,210	...	...	...	...	4	250-275	FM
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	B. Raney	ACF	81	12	412	2	50	5,115	2	2	1	0	5	200-266	O
Charlotte															
Charlotte Memorial	C. R. Carr	ACF	...	67	1,977#	4	50	5,917	1	1	1	1	4	295-345	PM
Durham															
Duke University Affiliated Hospitals															
Duke 301	L. Baker	ACF	19	24	1,114	4	25	4,165	5	5	5	5	20	43-200	FM
Veterans Admin.	F. Clippinger	AF	19	37	412#	2	100	...	0	1	1	1	3	270-462	O
Gastonia															
North Carolina Orthopedic	W. M. Roberts	C	19, 81	142	263	...	...	7,221	0	0	0	3	3	...	180
Winston-Salem															
North Carolina Baptist	H. F. Forsyth	AF	77	21	858#	3	33	2,212	...	...	...	...	...	166-208	PM
OHIO															
Akron															
Akron City	A. E. Davis	AF	15	62	1,701	...	...	641	2	2	2	0	6	300-375	FP
Akron General	F. B. Roberts	AF	58	34	1,030	11	45	1,380	1	1	1	1	4	300-400	FM
Mary Day Nursery and Children's	D. I. Minnig	C	15, 58	16	1,085	...	...	2,787	0	2	1	0	3	300-325	FP
Cincinnati															
University of Cincinnati College of Medicine Hospital Group															
Children's	J. A. Freilberg	C	17	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	J. A. Freilberg	AF	17	16	167	5	40	3,201	2	2	2	0	6	75-150	FM
Veterans Admin.	J. A. Freilberg	A	17	21	203	2	100	336	...	...	...	...	...	271-462	O
Jewish	R. Perlman	A	17	30	742	9	44	739	0	1	0	0	1	215-...	FP
Cleveland															
Cleveland Clinic 252	J. I. Kendrick	ACF	...	23	682	3	67	8,348	2	1	1	0	4	275-350	...
St. Luke's	W. H. McGaw	ACF	...	47	1,105	13	31	2,046	1	1	1	1	4	200-305	FM
University Hospitals of Cleveland	C. H. Herndon	ACF	27	68	1,221	4	100	6,376	0	3	3	3	9	183-250	PM
Veterans Admin.	C. H. Herndon	A	27	58	729	10	70	646	2	1	1	0	4	271-462	PM
Columbus															
Children's	H. B. Lacey	C	25, 98, 99	1	608	...	...	...	0	0	3	0	3	175-275	PM
Mount Carmel	H. B. Lacey	AF	25	52	1,316	11	46	366	1	1	0	0	2	275-300	FM
Ohio State University Hospitals															
University Hospitals	W. S. Smith	AF	99	29	901	4	100	2,211	0	2	2	1	5	202-277	PM
White Cross	J. D. Wilson	AF	98	28	1,014#	4	75	...	1	1	0	0	2	315-340	PM
Toledo															
St. Vincent's	A. L. Bershon	ACF	...	36	1,244#	22	32	457	1	0	1	0	2	275-325	FP
Youngstown															
Youngstown	W. D. McElroy	AF	71	62	1,455	23	43	987	2	2	2	0	6	275-375	FM
OKLAHOMA															
Oklahoma City															
Bone and Joint	E. Margo	AF	53	63	2,384	15	27	21,192	1	1	1	1	4	275-350	PM
St. Anthony	W. K. West	AF	53	39	1,671	16	19	1,245	0	1	1	0	2	300-350	FM
University of Oklahoma Medical Center	D. H. Donoghue	...	...	...	...	...	...	...	1	8	1	4	14	...	...
University Hospitals		AFC	53	51	1,084	4	25	7,295	...	...	...	...	...	200-275	PM
Veterans Admin.	W. K. West	AF	53	30	530	5	60	416	...	...	...	...	...	...	...
OREGON															
Portland															
Emanuel	R. J. Hopkins	AF	28	83	2,537#	9	78	...	0	2	0	0	2	275-285	PM
Shriners Hospital for Crippled Children	L. S. Lucas	C	28	81	374	...	...	...	0	0	2	0	2	...	...
University of Oregon Medical School Hospitals and Clinics	W. E. Snell	AF	28	203	3,730	30	63	6,590	2	2	2	2	8	165-215	FM
Veterans Admin. 324	R. C. Merrifield	AF	91	52	577	2	100	1,106	1	1	2	1	5	271-412	PM
PENNSYLVANIA															
Danville															
George F. Geisinger Memorial	L. F. Bush	AF	6	17	765	7	43	14,770	1	1	1	1	4	175-250	FM
Elizabethtown															
State Hospital for Crippled Children	T. Outland	C	21, 92	153	177	...	...	3,224	0	0	3	0	3	326-326	FP
Erie															
Hamot	C. W. Fortune	AFC	...	63	1,853	29	41	461	1	1	1	1	4	250-300	FM
Philadelphia															
Albert Einstein Medical Center	A. M. Rechtman, I. Stein	ACF	...	69	945	6	50	4,404	2	2	2	2	8	125-200	FM
Children's	J. T. Nicholson	C	23, 72	12	228	1	...	3,691	2	0	0	0	2	...	75
Graduate Hospital of the University of Pennsylvania 320	J. T. Nicholson	A	23	9	250	...	...	2,599	2	2	2	0	6	100-100	FM
Hahnemann Medical College and Hospital	E. O. Geckeler	AF	92	3	920	15	40	4,045	0	2	2	0	4	75-75	FM
Hospital of the University of Pennsylvania	D. Grice	ACF	...	45	977	4	50	5,370	3	2	2	0	7	125-200	PM
Jefferson Medical College	A. F. De Palma	ACF	21	85	1,131	10	60	4,725	2	3	2	2	9	100-150	PM
Pennsylvania	J. T. Nicholson	F	23	...	341	14	64	3,021	...	...	...	...	...	20-20	FM
Philadelphia General	A. De Palma, A. Selfer	ACF	...	53	945	72	69	9,201	2	2	2	0	6	128-265	FM
Shriners Hospital for Crippled Children	J. R. Moore	C	29	71	238	...	...	3,312	0	0	4	0	4	125-133	FM
Temple University	J. R. Moore	AF	29	70	1,509	23	48	3,386	4	4	0	0	8	175-200	PM

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM O	
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
PENNSYLVANIA—Continued																
Pittsburgh																
Allegheny General Health Center Hospitals of the University of Pittsburgh School of Medicine	P. B. Steele, J. A. Heberling	ACF	69, 71, 83	86	2,001	30	33	2,170	1	1	1	1	= 4	200-250	FM	
Children's Presbyterian	A. B. Ferguson, Jr.	C	30, 6, 45	...	849	...	...	5,354	0	5	0	0	= 5	150-150	FM
Veterans Admin.	A. B. Ferguson	AF	30	36	811	7	57	...	0	1	2	1	= 4	125-175	FM	
St. Francis General	A. B. Ferguson	AF	30	86	707	13	69	...	1	1	1	0	= 3	347-462	O	
	M. S. De Roy	A	69	15	643	6	17	517	1	1	0	0	= 2	240-305	FP	
Sayre																
Robert Packer	D. R. Baker	ACF	...	23	1,067	21	52	8,265	1	1	1	0	= 3	235-325	PM	
West Reading																
Reading	E. J. Morrissey	AF	72	...	807	22	72	553	1	1	1	1	= 4	225-300	FM	
RHODE ISLAND																
Providence																
Rhode Island	K. G. Burton	ACF	...	76	1,850	19	11	8,554	2	2	2	2	= 8	125-200	FM	
SOUTH CAROLINA																
Charleston																
Teaching Hospitals of the Medical College of South Carolina	J. A. Siegling	ACF	...	34	973	18	55	4,512	1	1	1	1	= 4	138-168	FM	
Medical College	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia																
Columbia Hospital of Richland County	W. A. Boyd	ACF	...	50	1,853	12	18	...	1	1	1	0	= 3	225-340	FP	
Greenville																
Greenville General	R. Grier	AF	77	77	2,370#	12	25	2,378	0	1	1	1	= 3	300-350	O	
Shriners Hospital for Crippled Children	F. H. Stelling	C	19, 77	60	372	...	...	4,542	3	0	0	0	= 3	200-250	O
TENNESSEE																
Chattanooga																
Baroness Erlanger	J. J. Killefer	ACF	...	62	2,319	23	26	2,351	2	2	1	0	= 5	350-400	FM	
Knoxville																
East Tennessee Baptist	...	AF	85	32	1,299	9	22	...	2	2	2	0	= 6	200-250	FM	
East Tennessee Crippled Children's	...	C	85	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's Memorial	R. Brashear	AF	85	53	2,221	3	33	107	0	1	0	0	= 1	275-275	FP	
University of Tennessee Memorial Research Center and Hospital	G. Inge	AF	85	24	809	7	14	1,152	2	2	2	0	= 6	320-340	FM	
Memphis																
Campbell Clinic	J. S. Speed	ACF	340	65	2,321	10	30	26,018	...	...	...	...	= 14	75-125	FP
Veterans Admin.	W. L. Moffatt, Jr.	AF	355	79	807	5	80	3,161	1	1	1	0	= 3	271-412	PM	
Nashville																
Vanderbilt University	J. W. Hillman	ACF	...	30	1,060	3	33	2,474	2	2	2	0	= 6	100-125	FM	
TEXAS																
Dallas																
Baylor University	M. P. Knight	A	32	55	2,726	10	33	644	1	1	1	0	= 3	210-230	PM	
Parkland Memorial	C. F. Gregory	AF	32	46	1,031	26	46	5,667	0	2	1	1	= 4	150-225	PM	
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	C	32	47	620	...	...	4,473	1	1	1	0	= 3	150-175	FM
Veterans Admin.	V. M. Bryant	AF	301	56	583	4	75	2,400	2	0	2	1	= 5	271-347	PM	
El Paso																
Hotel Dieu Sisters	L. W. Breck	AF	95	20	802	4	50	778	1	1	0	0	= 2	250-250	FM	
Galveston																
University of Texas Medical Branch Hospitals	G. W. N. Eggers, Sr.	ACF	...	44	864	12	17	5,387	2	2	2	2	= 8	160-160	FP	
Houston																
Baylor University College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis	F. A. Bloom	ACF	49	33	754	22	40	8,428	0	2	1	2	= 5	125-165	FM	
Veterans Admin.	R. W. Leong	AF	49	65	934	8	75	...	0	2	2	2	= 6	270-412	PM	
Hermann	E. T. Smith	ACF	...	69	1,903	12	42	4,881	1	1	2	2	= 6	125-200	FM	
Temple																
Scott and White Memorial	R. A. Murray	ACF	300	19	1,730	3	67	...	1	1	1	0	= 3	300-300	O	
UTAH																
Salt Lake City																
Dr. W. H. Groves Latter-Day Saints Primary Children's	S. W. Alldred	AF	63	36	1,542	8	12	839	1	1	2	0	= 4	250-325	FP	
University of Utah Affiliated Hospitals	T. E. Bauman	C	63	21	324	2	50	2,294	0	0	2	0	= 2	200-225	FP	
Salt Lake County General	...	ACF	34	...	...	...	...	...	...	...	...	...	...	...	...
Shriners Hospital for Crippled Children	S. S. Coleman	ACF	34, 87	48	240	3	67	1,026	0	0	0	2	= 2	200-200	...	
Veterans Admin.	S. Coleman	ACF	34	...	...	...	...	...	0	1	0	0	= 1	271-462	O
VIRGINIA																
Arlington																
National Orthopedic and Rehabilitation	...	ACF	...	...	...	...	...	...	...	...	...	...	...	...	...
Charlottesville																
University of Virginia	J. H. Allan	ACF	...	27	773	2	50	5,963	1	1	2	2	= 6	75-150	FM	
Richmond																
Crippled Children's Medical College of Virginia—Hospital Division	J. T. Tucker	C	35	83	529	...	...	800	2	0	0	0	= 2	200-200	...
Veterans Admin.	M. J. Hoover	AF	35	71	1,585	28	11	4,988	3	2	2	2	= 9	100-175	FM	
	R. D. Butterworth	AF	35	37	443	4	25	1,473	1	1	1	0	= 3	271-412	PM	
WASHINGTON																
Seattle																
Children's Orthopedic	K. D. Clawson	C	36, 91	17	712#	1	100	4,260	0	0	1	1	= 2	230-280	PM	
King County Hospital Unit No. 1 (Harborview)	D. K. Clawson	AF	36	35	730#	48	42	6,344	0	1	1	1	= 3	200-325	FM	
Providence	J. J. Callahan	A	36	...	1,904#	17	35	108	1	0	0	0	= 1	300-400	FP	
Veterans Admin.	D. K. Clawson	A	36	...	...	11	100	464	0	0	1	0	= 1	347-347	...

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-Ten-PM O	
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
WISCONSIN															
Madison															
University Hospitals	R. Burns	ACF	...	54	1,294	8	38	4,435	0	4	0	0	= 4	100-250	FM
Milwaukee															
Columbia	A. C. Schmidt	AF	37	22	427#	2	100	...	3	3	3	3	= 12	270-345	PM
Milwaukee Children's	B. J. Brewer	C	37	16	518	...	...	2,531	...	...	...	...	...	...	...
Milwaukee County	J. R. Regan	AF	37	28	820	50	46	5,450	1	1	1	1	= 3	229-334	PM
Veterans Admin. (Wood) 800	P. L. Carnesale	AF	37	73	1,135	11	82	4,129	2	1	1	1	= 5	271-412	PM

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 732 and 733.

Residents completing three years of training in Adult Orthopedics and Fractures at these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 11; Residencies, 35

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-Ten-PM O	
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	H. A. Streit	AF	...	198	1,687	2	100	12,909	2	2	1	0	= 5
MASSACHUSETTS															
U. S. Naval, Chelsea	D. Goldthwaite	AF	...	98	964	4,783	1	1	3	0	= 5
VIRGINIA															
U. S. Naval, Portsmouth	C. A. Stevenson	AF	...	272	2,106	20,215	2	2	2	0	= 6
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	J. R. Gladden	AF	...	20	448	5	20	4,436	0	0	0	1	= 1	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
San Diego															
San Diego County General	W. F. Carpenter	AF	...	37	498	32	33	2,109	1	1	0	0	= 2	300-350	FM
San Francisco															
St. Joseph's	R. Soto-Hall	AF	...	25	940	4	75	2,847	1	1	1	0	= 3	250-400	FM
INDIANA															
Indianapolis															
Methodist	D. Hadley	AF	...	75	1,691	21	43	550	1	1	0	0	= 2	290-350	PM
MASSACHUSETTS															
Worcester															
Worcester City	W. Eddy	AF	...	40	783	15	40	1,735	1	1	0	0	= 2	275-300	...
NEW YORK															
New York City															
Queens Hospital Center	A. H. Lewert	AF	...	27	325	20	61	4,025	1	1	1	0	= 3	145-195	...
OHIO															
Cleveland															
Mount Sinai	A. Tramer	AF	...	30	921	10	40	2,109	1	1	1	0	= 3	215-235	FM
PENNSYLVANIA															
Philadelphia															
Veterans Administration	J. S. Deakins	AF	...	36	605	5	80	...	1	1	1	0	= 3	292-462	O

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in children's orthopedic surgery as an independent program. Some of these services also participate in an integrated program offering full training in all categories of Orthopedic Surgery and are also listed on pages 725 through 731.

Hospitals, 14; Residencies, 16

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-Ten-PM O	
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
Children's	S. Mathews	C	...	21	649	1	100	4,820	0	1	0	0	= 1	275-275	PM

Numerical and other references are listed on pages 811 through 814.

15. ORTHODEDIC SURGERY—Continued

State	City	Hospital	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month		Main-PM O
								Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.	
CALIFORNIA—Continued																		
Oakland																		
		Children's Hospital of the East Bay	B. W. Smart	C	...	9	370	1	100	...	1	0	0	0	=	1	...	...
CONNECTICUT																		
Newington																		
		Newington Hospital for Crippled Children	B. H. Curtis	C	...	103	481	...	...	16,001	...	...	...	...	...	...	100-200	FP
FLORIDA																		
Jacksonville																		
		Hope Haven	F. L. Fort	C	...	28	295	1	1	3,788	0	0	1	0	=	1	225-225	PM
St. Petersburg																		
		American Legion Hospital for Crippled Children	C. L. Farrington	C	...	41	708	10	90	5,509	0	0	1	0	=	1	150-150	FM
GEORGIA																		
Decatur																		
		Scottish Rite Hospital for Crippled Children	J. H. Kite	C	...	38	236	...	...	2,987	1	0	0	0	=	1	200-200	...
ILLINOIS																		
Chicago																		
		Children's Memorial	C. N. Pease	C	...	...	678	...	...	3,898	2*	0	0	0	=	2	100-150	FM
KENTUCKY																		
Lexington																		
		Shriners Hospital for Crippled Children	T. D. Yocum	C	...	50	242	1	...	1,195	0	0	0	2	=	2	200-200	PM
MISSOURI																		
Kansas City																		
		Children's Mercy	R. H. Kiene	C	...	...	200	...	...	3,219	...	...	...	...	...	...	200-200	FM
St. Louis																		
		Shriners Hospital for Crippled Children	G. E. Scheer	C	...	86	464	...	...	4,861	...	...	...	...	...	...	...	...
NEW MEXICO																		
Truth or Consequences																		
		Carrie Tingley	W. C. Edwards	C	...	79	325	...	...	1,985	2	1	0	0	=	3	200-275	FM
UTAH																		
Salt Lake City																		
		Primary Children's	T. E. Bauman	C	...	21	324	2	50	2,294	0	0	2	0	=	2	200-225	FP
WASHINGTON																		
Spokane																		
		Shriners Hospital for Crippled Children	N. R. Brown	C	...	40	226	1	100	1,337	0	0	0	2	=	2	200-200	FM

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Shriners Hospital for Crippled Children	Los Angeles	11.	Children's Hospital	Boston
	Highland-Alameda County Hospital	Oakland, Calif.		Massachusetts General Hospital	Boston
	Presbyterian Medical Center	San Francisco	12.	Children's Hospital	Detroit
2.	Children's Hospital of the East Bay	Oakland, Calif.		Harper Hospital	Detroit
	Samuel Merritt Hospital	Oakland, Calif.		Receiving Hospital	Detroit
	Veterans Admin. Hospital	San Francisco		Veterans Administration Hospital	Dearborn, Mich.
	Children's Hospital	San Francisco	13.	Veterans Administration Hospital (Jamaica Plain)	Boston
	Franklin Hospital	San Francisco		Boston City Hospital	Boston
	San Francisco General Hospital	San Francisco		Massachusetts Hospital School	Canton, Mass.
	Shriners Hospital for Crippled Children	San Francisco		Lakeville State Sanatorium	Middleboro, Mass.
	University of California Hospital	San Francisco	14.	Orthopedic Hospital	Los Angeles, Calif.
3.	Shriners Hospital for Crippled Children	Los Angeles		White Memorial Hospital	Los Angeles, Calif.
	Highland-Alameda County Hospital	Oakland, Calif.	15.	Mary Day Nursery and Children's Hospital	Akron, Ohio
	Veterans Admin. Hospital	San Francisco		Akron City Hospital	Akron, Ohio
4.	Children's Hospital	Denver	16.	Veterans Admin. Hospital	Minneapolis
	Colorado General Hospital	Denver		Shriners Hospital for Crippled Children	Minneapolis
	Denver General Hospital	Denver		Gillette State Hospital for Crippled Children	St. Paul
	Carrie Tingley Hospital	Truth or Consequences, N. Mexico	17.	Children's Hospital	Cincinnati
	Veterans Admin. Hospital	Denver		Cincinnati General Hospital	Cincinnati
5.	Grace-New Haven Community Hospital	New Haven, Conn.		Jewish Hospital	Cincinnati
	Newington Home and Hospital for Crippled Children	Newington, Conn.		Veterans Admin. Hospital	Cincinnati
	St. Charles Hospital	Port Jefferson, N. Y.	18.	Children's Mercy Hospital	Kansas City, Mo.
6.	George F. Geisinger Memorial Hospital	Danville, Pa.		Kansas City General Hospital	Kansas City, Mo.
	Children's Hospital	Pittsburgh		St. Luke's Hospital	Kansas City, Mo.
7.	Chicago Wesley Memorial Hospital	Chicago		Veterans Admin. Hospital	Kansas City, Mo.
	Cook County Hospital	Chicago	19.	Duke Hospital	Durham, N. C.
	Passavant Memorial Hospital	Chicago		Veterans Admin. Hospital	Durham, N. C.
	St. Anne's Hospital	Chicago		North Carolina Orthopaedic Hospital	Gastonia, N. C.
	Veterans Admin. Research Hospital	Chicago		Shriners Hospital for Crippled Children	Greenville, S. C.
	Evanston Hospital	Evanston, Ill.	20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	St. Francis Hospital	Evanston, Ill.		U. S. Naval Hospital	Bethesda, Md.
	Shriners Hospital for Crippled Children	Lexington, Ky.	21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Primary Children's Hospital	Salt Lake City		Jefferson Medical College Hospital	Philadelphia
8.	Veterans Admin. Hospital	Indianapolis	22.	Veterans Admin. Hospital (Bronx)	New York City
	Marion County General Hospital	Indianapolis		Hospital for Special Surgery	New York City
	Indiana University Medical Center	Indianapolis	23.	Children's Hospital	Philadelphia
	St. Vincent's Hospital	Indianapolis		Graduate Hospital of the University of Pennsylvania	Philadelphia
9.	Veterans Admin. Hospital	Louisville, Ky.		Pennsylvania Hospital	Philadelphia
	Kosair Crippled Children Hospital	Louisville, Ky.	24.	Veterans Admin. Hospital	Buffalo
	Louisville General Hospital	Louisville, Ky.		Buffalo General Hospital	Buffalo
10.	Veterans Admin. Hospital	New Orleans		Children's Hospital	Buffalo
	Charity Hospital of Louisiana, Tulane University Unit	New Orleans			
	Touro Infirmary	New Orleans			
	Shriners Hospital for Crippled Children	Shreveport			

Numerical and other references are listed on pages 811 through 814.

15. ORTHOPEDIC SURGERY—Continued

Program Number	Hospital	Location	Program Number	Hospital	Location
25.	Children's Hospital	Columbus, Ohio	61.	University of Missouri Medical Center	Columbia, Mo.
	Mount Carmel Hospital	Columbus, Ohio		Veterans Adm. Hospital	St. Louis
26.	House of St. Giles the Cripple	Brooklyn	62.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	New York Polyclinic Medical School and Hospital	New York City		U. S. Naval Hospital	Philadelphia
	St. Vincent's Hospital	Staten Island, N. Y.	63.	Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
	Seaview Hospital	Staten Island, N. Y.		Primary Children's Hospital	Salt Lake City
27.	Unlversity Hospitals	Cleveland	64.	Veterans Adm. Hospital	Long Beach, Calif.
	Veterans Administration Hospital	Cleveland		Children's Hospital Center	Los Angeles, Calif.
28.	Emanuel Hospital	Portland, Ore.	65.	Children's Hospital	Denver
	Shriners Hospital for Crippled Children	Portland, Ore.		Fitzsimons Army Hospital	Denver
	University of Oregon Medical School Hospitals and Clinics	Portland, Ore.	66.	Boston City Hospital	Boston
29.	Shriners Hospital for Crippled Children	Philadelphia		Lahey Clinic	Boston
	Temple University Hospital	Philadelphia		Massachusetts Hospital School	Canton, Mass.
30.	Children's Hospital	Pittsburgh		Shriners Hospital for Crippled Children	Springfield, Mass.
	Presbyterian Hospital	Pittsburgh		Lakewood State Sanatorium	Middleboro, Mass.
	Veterans Adm. Hospital	Pittsburgh	67.	Hospital for Crippled Children	Newark, N. J.
31.	Rochester General Hospital	Rochester, N. Y.		Metropolitan Hospital	New York City
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.	68.	Crippled Children's Clinic and Hospital	Birmingham, Ala.
32.	Baylor University Hospital	Dallas, Texas		Lloyd Noland Hospital	Fairfield, Ala.
	Parkland Memorial Hospital	Dallas, Texas	69.	Allegheny General Hospital	Pittsburgh
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas		St. Francis General and Rehabilitation Institute	Pittsburgh
33.	Nebraska Orthopedic Hospital	Lincoln, Neb.	70.	Confederate Memorial Medical Center	Shreveport, La.
	Veterans Adm. Hospital	Lincoln, Neb.		Shriners Hospital for Crippled Children	Shreveport, La.
34.	Veterans Adm. Hospital	Salt Lake City	71.	Allegheny General Hospital	Pittsburgh
	Salt Lake County General Hospital	Salt Lake City		Youngstown Hospital	Youngstown, Ohio
	Shriners Hospital for Crippled Children	Salt Lake City	72.	Children's Hospital	Philadelphia
35.	Veterans Adm. Hospital	Richmond, Va.		Reading Hospital	West Reading, Pa.
	Crippled Children's Hospital	Richmond, Va.	73.	Mississippi Baptist Hospital	Jackson, Miss.
	Medical College of Virginia—Hospital Div.	Richmond, Va.		University Hospital	Jackson, Miss.
36.	Children's Orthopedic Hospital	Seattle		Veterans Adm. Hospital	Jackson, Miss.
	King County Hospital, Unit 1 (Harborview)	Seattle	74.	University Hospital	Ann Arbor, Mich.
	Providence Hospital	Seattle		Wayne County General	Eloise, Mich.
	Veterans Adm. Hospital	Seattle	75.	Crippled Children's Hospital	Birmingham, Ala.
37.	Columbia Hospital	Milwaukee		Veterans Adm. Hospital	Dallas, Texas
	Milwaukee Children's Hospital	Milwaukee	76.	Jackson Memorial Hospital	Miami, Fla.
	Milwaukee County Hospital	Milwaukee		Variety Children's Hospital	Miami, Fla.
	Veterans Adm. Hospital (Wood)	Milwaukee	77.	North Carolina Baptist Hospital	Winston-Salem, N. C.
38.	Meadowbrook Hospital	Hempstead, N. Y.		Shriners Hospital for Crippled Children	Greenville, S. C.
	Nassau Hospital	Mineola, N. Y.		Greenville General Hospital	Greenville, S. C.
	St. Charles Hospital	Port Jefferson, N. Y.	78.	Tampa General Hospital	Tampa, Fla.
39.	Grady Memorial Hospital	Atlanta, Ga.		American Legion Hospital for Crippled Children	St. Petersburg, Fla.
	Emory University Hospital	Emory University, Ga.	79.	Orthopaedic Hospital	Los Angeles
40.	Leterman Army Hospital	San Francisco		St. Mary's Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco	80.	Veterans Adm. Hospital (Manhattan)	New York City
41.	House of St. Giles the Cripple	Brooklyn		Rehabilitation Hospital	West Haverstraw, N. Y.
	St. Luke's Hospital	New York City	81.	North Carolina Memorial Hospital	Chapel Hill, N. C.
42.	Michael Reese Hospital	Chicago		North Carolina Orthopedic Hospital	Gastonia, N. C.
	St. Elizabeth's Hospital	Chicago	82.	Newington Home and Hospital	Newington, Conn.
43.	Hospital of St. Raphael	New Haven, Conn.		Mary Hitchcock Memorial Hospital	Hanover, N. H.
	St. Charles Hospital	Port Jefferson, N. Y.		Veterans Adm. Hospital	White River Jct., Vt.
44.	Veterans Adm. Hospital	Birmingham, Ala.	83.	Edward J. Meyer Memorial Hospital	Buffalo, N. Y.
	Crippled Children's Hospital	Birmingham, Ala.		Allegheny General Hospital	Pittsburgh
	University Hospital and Hillman Clinic	Birmingham, Ala.	84.	Jewish Chronic Disease Hospital	New York City
45.	Albany Hospital	Albany, N. Y.		Jewish Hospital of Brooklyn	New York City
	Children's Hospital	Pittsburgh	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
46.	St. Louis City Hospital	St. Louis		East Tennessee Crippled Children's Hospital	Knoxville, Tenn.
	St. Mary's Group of Hospitals of St. Louis University	St. Louis		St. Mary's Memorial Hospital	Knoxville, Tenn.
47.	Presbyterian-St. Luke's Hospital	Chicago		University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
48.	State Univ. of New York Upstate Medical Center	Syracuse, N. Y.	86.	Georgia Baptist Hospital	Atlanta, Ga.
	Hospital of the Good Shepherd	Syracuse, N. Y.		Eugene Talmadge Memorial Hospital	Augusta, Ga.
	Syracuse Memorial Hospital	Syracuse, N. Y.		University Hospital	Augusta, Ga.
	Veterans Adm. Hospital	Syracuse, N. Y.	87.	U. S. Public Health Service Hospital	San Francisco
49.	Veterans Adm. Hospital	Houston, Texas		Shriners Hospital for Crippled Children	Salt Lake City
	Jefferson Davis Hospital	Houston, Texas	88.	University Hospital	Baltimore
50.	Veterans Adm. Hospital	Hines, Ill.		James Lawrence Kernan Hospital for Crippled Children	Baltimore
	Shriners Hospital for Crippled Children	Chicago	89.	Minneapolis General Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Honolulu		University of Minnesota Hospitals	Minneapolis
	West Suburban Hospital	Oak Park, Ill.		Gillette State Hospital for Crippled Children	St. Paul
51.	Bellevue Hospital Center, Division IV—New York University Postgraduate Med. School	New York City	90.	Shriners Hospital for Crippled Children	Los Angeles
	Rehabilitation Hospital	West Haverstraw, N. Y.		Veterans Adm. Hospital	Los Angeles
52.	Veterans Adm. Hospital	Brooklyn		University of California Hospital	Los Angeles
	St. Charles Hospital Orthopedic Clinic	Brooklyn		Orthopedic Hospital	Los Angeles
53.	Veterans Adm. Hospital	Oklahoma City		Harbor General Hospital	Torrance, Calif.
	Bone and Joint Hospital	Oklahoma City	91.	Veterans Adm. Hospital	Portland, Ore.
	St. Anthony Hospital	Oklahoma City		Children's Orthopedic Hospital	Seattle, Wash.
	University Hospitals	Oklahoma City	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Mercy Hospital—Oklahoma City General Hospital	Oklahoma City		Hahnemann Medical College Hospital	Philadelphia
54.	Washington Hospital Center	Washington, D. C.	93.	Children's Medical Center	Boston
	Children's Hospital	Washington, D. C.		Peter Bent Brigham Hospital	Boston
55.	Veterans Administration Hospital	Des Moines, Ia.	94.	Arkansas Children's Home and Hospital	Little Rock, Ark.
	University Hospitals	Iowa City, Ia.		University Hospital	Little Rock, Ark.
56.	Ochsner Foundation Hospital	New Orleans		Veterans Adm. Hospital	Little Rock, Ark.
	Touro Infirmary	New Orleans	95.	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.
57.	Children's Hospital School	Baltimore		Hotel Dieu Sisters Hospital	El Paso, Texas
	Johns Hopkins Hospital	Baltimore	96.	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.
	Baltimore City Hospital	Baltimore		William Beaumont Army Hospital	El Paso, Texas
58.	Akron General Hospital	Akron, Ohio		Harrison S. Martland Medical Center	Newark, N. J.
	Mary Day Nursery and Children's Hospital	Akron, Ohio		Hospital for Crippled Children	Newark, N. J.
59.	Good Samaritan Hospital	Lexington, Ky.	98.	Children's Hospital	Columbus, Ohio
	St. Joseph's Hospital	Lexington, Ky.		White Cross Hospital	Columbus, Ohio
60.	Barnes Hospital	St. Louis	99.	Children's Hospital	Columbus, Ohio
	St. Louis City Hospital	St. Louis		University Hospitals	Columbus, Ohio
	Shriners Hospital for Crippled Children	St. Louis			

Numerical and other references are listed on pages 811 through 814.

16. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering acceptable training in the specialty.

Hospitals, 126; Residencies, 539

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance F M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES ARMY													
COLORADO													
Eltzsimons General, Denver	W. A. Weller	25	732	...	...	6,969	1	1	1	0	= 3	...	...
DISTRICT OF COLUMBIA													
Walter Reed General, Washington	H. S. Murphey	57	1,142	5	60	18,247	2	2	2	0	= 6	...	...
TEXAS													
Brooke General, San Antonio	F. L. Spann	21	767	4	75	9,904	2	2	2	0	= 6	...	...
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, Oakland	M. Schiff	43	1,045	...	...	11,211	1	1	1	0	= 3	...	...
U. S. Naval, San Diego	L. E. Wible	79	1,189	9	78	12,367	1	1	1	0	= 3	...	...
MARYLAND													
U. S. Naval, Bethesda	G. W. Taylor	30	1,259	3	100	9,363	1	1	1	0	= 3	...	...
PENNSYLVANIA													
U. S. Naval, Philadelphia	W. C. Livingood	55	839	10	30	5,911	1	2	1	0	= 4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
University of Alabama Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic	F. S. Moody	36	1,274	12	33	3,106	1	1	1	0	= 3	171-199	FM
Veterans Administration	F. S. Moody	8	155	5	60	421	1	0	1	0	= 2	271-347	O
CALIFORNIA													
Los Angeles													
Los Angeles County ⁸⁴	H. P. House, J. R. House	27	1,419	37	27	21,096	3	3	3	0	= 9	273-303	PM
Los Angeles Eye & Ear ³⁵	A. H. Miller	10	1,865	...	...	2,997	2	2	0	0	= 4	210-260	PM
University of California	J. J. Pressman	5	445	4	100	5,700	1	1	1	0	= 4	240-314	FPO
Veterans Admin. ⁸⁰	C. S. Mumma	23	642	30	80	3,562	1	1	1	0	= 3†	271-348	PM
White Memorial	G. C. Gay	10	1,177	1	100	5,291	1	1	1	0	= 3	215-235	PM
Palo Alto													
Stanford Medical Center and Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Palo Alto-Stanford Hospital Center	L. Shahinian	...	...	...	...	624	1	1	1	0	= 3	250-325	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...
Community (San Mateo)	L. Shahinian	1	140	...	...	721	...	...	...	...	...	300-400	FM
Santa Clara County (San Jose)	L. Shahinian	4	225	1	100	1,519	0	0	1	0	= 1	270-320	PM
San Francisco													
University of California ¹⁰⁰	F. A. Sooy	6	524	2	100	6,516	2	2	2	2	= 8	243-316	...
San Francisco General ²⁹	G. McCoy	15	219	11	27	...	0	1	0	0	= 1	220-360	O
Veterans Admin. ¹⁰²	W. P. Work	16	360	9	56	1,841	1	1	1	0	= 3	271-462	O
COLORADO													
Denver													
University of Colorado Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Colorado General	V. H. Hildyard	64	232	1	100	2,259	1	1	1	0	= 3	180-205	O
Denver General	H. I. Laff	...	359#	4	75	1,441	...	...	...	...	...	179-205	...
CONNECTICUT													
New Haven													
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community	J. A. Kirchner	13	1,171	7	83	6,000	1	1	1	0	= 3	50-125	FM
DISTRICT OF COLUMBIA													
Washington													
Washington Hospital Center ¹²⁹	I. E. Feldman	24	4,167	5	60	13,992	2	2	2	0	= 6	215-245	FP
FLORIDA													
Miami													
Jackson Memorial	J. R. Chandler	...	727	7	57	4,563	2	1	1	0	= 4	200-275	PM
Tampa													
Tampa General	J. B. Farrior	...	904	3	33	729	1	1	1	0	= 3	250-300	FM
ILLINOIS													
Chicago													
Northwestern University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	G. Shambaugh, Jr.	16	1,901	...	...	2,942	1	1	0	0	= 2	125-150	FM
Cook County	S. J. Pearlman	38	1,126	63	39	26,304	2	1	1	0	= 4	140-140	FM
Michael Reese ²⁸	N. Leshin	13	1,030	2	50	1,793	1	0	0	0	= 1	125-125	FP
Veterans Admin. Research ²⁹	G. E. Shambaugh	19	264	7	71	...	0	1	1	0	= 2	271-462	O
Presbyterian-St. Luke's	S. A. Friedberg	20	1,083	16	75	3,775	2	1	0	0	= 3	125-150	FM
University of Chicago Clinics	J. R. Lindsay	19	773	27	74	9,483	2	1	2	0	= 5	250-305	O
University of Illinois Hospitals	F. L. Lederer	...	...	...	...	...	...	...	...	...	...	...	...
Illinois Eye and Ear Infirmary	...	18	1,320	6	67	26,134	6	4	1	0	= 11	140-215	FM
Research and Educational Hospitals	...	11	664	7	90	12,034	0	2	2	0	= 4	160-215	PM
Hines													
Veterans Admin. ¹⁰³	F. Lederer	26	352	14	43	691	2	0	2	2	= 6	271-412	O
INDIANA													
Indianapolis													
Indiana University Medical Center and Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Indiana University Medical Center	M. W. Manlon	11	469	9	33	2,593	2	2	2	0	= 6	225-300	PM
Marion County General ²⁰	D. Brown	8	443	11	20	4,818	1	1	1	1	= 4	269-348	PM

Numerical and other references are listed on pages 811 through 814.

16. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend (Per Month) Min.-Max.	Main-Tenance P M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
IOWA													
Iowa City													
State University of Iowa Hospitals.....	D. M. Lierle.....	63	3,057	21	67	18,901	5	5	5	0	= 15	200-225	FM
Veterans Admin. ²⁰													
KANSAS													
Kansas City													
University of Kansas Medical Center.....	G. Proud.....	9	808	1	...	8,791	1	1	1	0	= 3	125-175	PM
Veterans Admin. ²⁰ (Kansas City, Mo.).....	H. A. Knauft.....	16	164	8	37	...					= 1	271-271	O
KENTUCKY													
Louisville													
University of Louisville Medical Center.....		...	...	...	...	...	...	...	...	...	...	...	...
Louisville General.....	W. C. Wolfe.....	1	46	2	...	2,782	0	1	1	0	= 2	141-166	FM
Veterans Admin.	H. Oppenheim.....	5	201	5	60	626	1	0	0	0	= 1	270-347	O
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana.....		...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Unit.....	V. H. Fuchs.....	14	1,065	8	25	7,682	2	2	1	0	= 5	125-175	FM
Tulane University Unit.....	H. G. Tabb.....	14	982	7	14	7,335	2	2	1	0	= 5	125-175	FM
Eye, Ear, Nose and Throat.....	H. G. Tabb.....	43	691	...	...	12,373	5	0	0	0	= 5	100-150	FM
MARYLAND													
Baltimore													
Baltimore Eye, Ear and Throat.....	H. C. Dix.....	8	3,759	...	...	6,742	1	1	1	0	= 3	150-200	FM
Johns Hopkins.....	J. E. Bordley.....	22	1,575#	4	25	20,035	2	2	2	3	= 9†	160-185	PM
Mercy.....	T. A. Schwartz.....	9	1,943	2	...	3,874	1	1	0	0	= 2	275-275	PM
University.....	C. L. Blanchard.....	6	343	5	40	6,240	2	2	2	2	= 8	300-350	PM
MASSACHUSETTS													
Boston													
Boston City.....	A. J. Gorney.....	23	1,455	18	11	17,456	0	2	2	2	= 6	158-178	FM
Massachusetts Eye and Ear Infirmary.....	P. E. Meitzer.....	...	4,439	13	46	25,650	3	0	0	0	= 3	200-200	O
Veterans Admin. (Jamaica Plain).....	P. Mysel.....	15	316	1	1	1,700	1	1	1	0	= 3	275-275	PM
Beth Israel ²⁰	B. Zonderman.....	...	...	...	...	...	0	1	0	0	= 1	167-250	O
MICHIGAN													
Ann Arbor													
University ²⁰⁸	J. H. Maxwell.....	13	621	2	50	9,041	0	3	3	3	= 9	215-275	O
Detroit													
Harper.....	A. E. Hammond.....	21	3,539#	8	37	1,637	2	2	2	0	= 6	300-350	PM
Henry Ford.....	J. L. Dill.....	15	1,670	4	75	27,415	2	2	2	2	= 8	265-365	PM
Receiving.....	J. E. Croushore.....	9	422	12	54	8,863	0	0	2	0	= 2	325-400	PM
MINNESOTA													
Minneapolis													
University of Minnesota Hospitals.....	L. R. Boies.....	6	570	1	100	5,323	3	3	3	3	= 12	244-244	...
Minneapolis General ²⁰	J. H. Glaeser.....	6	368	4	50	2,306	0	1	0	0	= 1	235-235	FM
Aneker ²⁰ (St. Paul).....	D. Kussko.....	6	394	4	75	4,042	0	0	1	0	= 1	235-235	FM
Veterans Admin. ²²¹	L. R. Boies.....	17	598	6	50	3,180	1	1	2	0	= 4	271-462	O
Rochester													
Mayo Foundation ²²²	K. M. Simonton.....	...	1,545	2	50	...	4	4	4	4	= 16	200-333	PM
MISSOURI													
Kansas City													
Veterans Admin.—see University of Kansas Medical Center, Kansas City, Kansas.....		...	...	...	...	...	...	...	...	...	...	...	...
St. Louis													
Homer G. Phillips.....	J. West.....	13	368	10	40	2,366	1	1	1	0	= 3	235-299	...
St. Mary's Group of Hospitals of St. Louis University.....	B. J. McMahon.....	13	1,483	...	...	2,835	1	1	1	0	= 3	150-170	FM
Washington University Hospitals ²³⁷.....		...	...	...	...	...	...	...	...	...	...	...	...
Barnes.....	T. Walsh.....	32	3,319	13	69	8,205	4	4	4	4	= 16	75-175	FM
McMillan.....		...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	E. H. Lyman.....	9	138	6	50	...	0	0	1	0	= 1	271-462	O
NEW JERSEY													
Newark													
United Hospitals of Newark.....		...	...	...	...	...	...	...	...	...	...	...	...
Newark Eye and Ear Infirmary—Martland Medical Center.....	E. P. Cardwell.....	50	2,315	32	34	5,516	4	2	2	0	= 8	160-213	FM
NEW YORK													
Albany													
Albany ²⁴⁸	B. Volk.....	10	649#	6	17	1,516	1	1	1	1	= 4	195-275	PM
Buffalo													
Buffalo General ²⁵²	H. E. Bozer.....	10	733#	1	...	937	2	2	0	0	= 4	175-200	FP
New York City													
Bellevue Hospital Center.....		...	...	...	...	...	...	...	...	...	...	...	...
Div. IV—New York University Post-Graduate Medical School ²⁵⁸	J. F. Daly.....	85	3,237	34	45	26,524	4	4	4	4	= 16	...	...
Brooklyn Eye and Ear.....	C. R. Weeth.....	54	6,378	5	...	37,370	2	2	2	0	= 6	100-150	FM
City Hospital at Elmhurst.....	C. A. Seelig.....	10	460	11	60	3,650	2	1	1	0	= 4	145-195	FM
Harlem Eye and Ear.....	E. Grabscheid.....	16	2,780	1	...	22,721	1	1	1	0	= 3	100-200	FM
Kings County Hospital Center.....	I. Polisar.....	34	1,225	22	23	10,221	2	2	2	0	= 6	145-195	FM
Long Island College.....	I. A. Polisar.....	7	914	...	...	1,722	1	1	1	1	= 4	164-191	PM
Manhattan Eye, Ear and Throat.....	R. J. Bellucci.....	55	6,929	11	27	30,793	3	3	3	0	= 9	100	FM
Mount Sinai.....	J. L. Goldman.....	18	1,673	4	50	7,412	1	1	1	1	= 4	100-100	FM
New York Eye and Ear Infirmary.....	J. S. Hanley.....	31	3,146	2	...	33,554	4	0	0	0	= 4	50-100	FM
New York.....	J. Moore.....	19	1,593	2	...	10,735	1	2	1	1	= 5	164-263	PM
New York Polyclinie Medical School.....	J. W. Bell.....	7	1,054	1	100	5,247	1	1	1	0	= 3	150-200	FM
Presbyterian.....	E. P. Fowler.....	22	1,732	7	57	17,189	3	3	3	0	= 9	250-308	PM
Roosevelt.....	R. C. Grove.....	7	620	1	...	4,202	1	1	1	0	= 3	158-275	PM
St. Lukes'.....	D. R. McCuaig.....	13	930	4	25	8,768	1	1	1	0	= 3	125-175	FM
Veterans Admin. (Bronx).....	H. Kolson.....	21	576	3	33	256	1	2	1	0	= 4	270-462	O

Numerical and other references are listed on pages 811 through 814.

16. OTOLARYNGOLOGY—Continued

NEW YORK—Continued	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
Rochester														
Strong Memorial-Rochester Municipal Hospitals.....	C. A. Heatly.....	9	1,116#	2,561	1	1	1	0	=	3	160-291	O
Syracuse														
State University of New York Upstate Medical Center.....	A. W. Doust.....	19	1,130	4	50	2,418	1	1	1	1	=	4	250-316	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial.....	N. D. Fischer.....	2	112	3,227	1	1	1	1	=	4	200-266	O
Durham														
Duke University Affiliated Hospitals.....														
Duke Veterans Admin. 29.....	W. W. Eagle.....	9	818	6,402	2	2	2	2	=	8	49-200	FM
McPherson.....	R. Arnold.....	9	164#	2	100	...	1	0	1	0	=	2	270-462	O
	G. B. Ferguson.....	11	1,182	1	...	15,481	1	1	1	0	=	3	200-350	O
Winston-Salem														
North Carolina Baptist.....	J. A. Harrill.....	10	684#	2	100	1,744	166-208	PM
OHIO														
Cincinnati														
University of Cincinnati College of Medicine Hospital Group.....														
Cincinnati General.....	V. Fischbach.....	15	550	8	37	3,900	2	1	0	0	=	3	150-200	FM
Cleveland														
Cleveland Clinic 307.....	H. E. Harris.....	11	884	2	...	13,782	2	2	2	0	=	6	275-350	...
St. Luke's.....	F. W. Alexander.....	21	2,961	11	45	2,122	1	1	1	1	=	4	200-270	FM
University Hospitals of Cleveland.....	W. Maloney.....	6	1,143	3,155	0	1	1	1	=	3	183-250	PM
Veterans Admin. 29.....	W. H. Maloney.....	27	435	15	47	575	1	1	1	0	=	3	271-462	PM
Columbus														
Ohio State University Hospitals.....														
Children's.....	E. W. Harris.....	11	4,171	...	...	...	..	..	..	..	..	..	...
University.....	E. W. Harris.....	8	521	4	75	4,399	2	2	2	2	=	8	177-277	PM
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center.....	L. K. Emenhiser.....	...	...	...	...	...	1	1	1	0	=	3	...
University Hospitals.....		6	359	3,832	200-275	PM
Veterans Admin.....		13	193	3	67	259	...	...	...	...	...	...	...
ORGEON														
Portland														
University of Orgeon Medical School Hospitals and Clinics.....	D. D. De Weese.....	16	902	6	67	4,228	2	2	2	2	=	8	165-215	FM
Veterans Admin. 29.....	T. G. Ten Eyek.....	6	174	1,128	0	0	1	0	=	1	271-412	PM
PENNSYLVANIA														
Danville														
George F. Geisinger Memorial.....	F. W. Davison.....	12	1,193	2	50	10,757	1	1	1	1	=	4	175-250	FM
Philadelphia														
Graduate Hospital of the University of Pennsylvania.....	B. J. Ronis.....	11	1,245	4	25	2,734	2	2	2	0	=	6	100-100	FM
Hospital of the University of Pennsylvania.....	P. Marden.....	18	1,672	7	43	3,200	2	2	2	2	=	8	...	
Jefferson Medical College 334.....	F. Harbert.....	19	1,529	12	17	4,345	1	2	1	0	=	4	100-150	PM
Temple University 337.....	D. Myers, C. L. Jackson.....	35	3,193	2	...	4,038	2	2	2	0	=	6	175-225	PM
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh School of Medicine.....														
Eye and Ear.....	T. B. McCollough, K. M. Day.....	42	5,220	7	57	8,719	2	3	4	0	=	9	125-175	FM
Veterans Admin.	T. B. McCollough.....	34	422	25	64	...	0	1	1	0	=	2	270-347	O
Mercy Hospital.....	J. A. Perrone.....	26	2,547	6	...	2,475	1	1	1	1	=	4	235-310	FM
PUERTO RICO														
San Juan														
San Juan City.....														
RHODE ISLAND														
Providence														
Rhode Island.....	R. W. Pearson.....	18	2,665	7	...	4,338	1	1	1	0	=	3	125-175	FM
TENNESSEE														
Memphis														
City of Memphis Hospitals 350.....	S. Sanders.....	...	452	9	50	6,926	1	1	1	0	=	3	150-200	FP
Veterans Admin.	T. C. Maguda.....	20	380	6	67	4,110	1	1	1	0	=	3	271-347	PM
TEXAS														
Dallas														
Parkland Memorial.....	C. D. Winborn.....	2	98	1	...	3,122	1	1	0	0	=	2	150-200	PM
Veterans Admin. 360.....	D. A. Corgill.....	32	316	9	89	2,800	2	2	0	0	=	4	293-412	PM
Galveston														
University of Texas Medical Branch Hospitals.....	J. M. Robinson.....	7	403	3	67	5,694	1	1	1	0	=	3	160-160	FP
Houston														
Baylor University College of Medicine Affiliated Hospitals.....														
Jefferson Davis.....	H. H. Harris.....	11	286	5	...	8,389	1	1	1	0	=	3	125-165	FM
Methodist.....	J. C. Diekson.....	4	1,099	361	1	0	0	0	=	1	100-175	FM
Veterans Admin.....	H. H. Harris.....	22	339	11	82	...	1	1	1	0	=	3	270-412	PM
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals.....	R. C. Morrow.....	6	790	2	50	1,210	1	1	1	0	=	3	166-166	O
DeGoesbriand Memorial.....														
Mary Fletcher.....														
VIRGINIA														
Charlottesville														
University of Virginia.....	G. S. Fitz-Hugh.....	16	1,195	2	50	4,913	2	2	1	0	=	5	75-150	FM
Richmond														
Medical College of Virginia-Hospital Division.....	P. N. Pastore.....	15	1,967	3	33	4,216	2	1	1	0	=	4	100-150	FM
WISCONSIN														
Madison														
University Hospitals.....	M. Bennett.....	11	1,341	2	...	2,242	2	2	2	2	=	8	100-250	FM
Milwaukee														
Veterans Admin. (Wood) 360.....	R. H. Lehman.....	19	366	25	64	5,507	1	1	1	0	=	3	271-347	PM

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designed as follows: a—pathologic anatomy only; C—clinical pathology only; p—pathologic anatomy and clinical pathology.

Hospitals, 717, Residencies, 2823

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.Maintenance P.M.	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES AIR FORCE													
TEXAS													
U. S. Air Force, San Antonio.....	D. Auld	301	469,486	23,221	21,391	1	2	1	2	= 6	...	...	4P
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco.....	N. S. Irey.....	213	584,849	7,484	7,419	2	2	2	2	= 8	...	...	4P
COLORADO													
Fitzsimons General, 109 Denver.....	H. E. Shuey.....	141	450,448	5,242	5,242	1	1	1	1	= 4	...	...	4P
DISTRICT OF COLUMBIA													
Armed Forces Institute of Pathology, Washington													
	E. B. Helwig.....	37,800	...	35,761	35,761	0	0	10	10	= 20	...	...	1A
Walter Reed General, Washington	R. S. Aronson.....	377	916,305	7,224	7,224	3	3	3	3	= 12	...	...	4P
HAWAII													
Tripler Army, Honolulu.....	H. B. Hoeffler.....	239	653,544	8,124	8,124	1	1	1	1	= 4	...	...	4P
TEXAS													
William Beaumont General, El Paso.....	R. E. Kellenberger.....	207	696,968	5,015	4,614	1	1	1	1	= 4†	394-565	PM	4P
Brooke General, San Antonio.....	M. W. Bayliss.....	434	1,395,520	7,181	7,025	2	2	2	2	= 8	...	...	4P
WASHINGTON													
Madigan General, Tacoma.....	P. W. Pahner.....	166	625,723	3,668	3,668	1	1	1	1	= 4†	...	...	4P
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, Oakland.....	H. V. O'Connell.....	201	458,011	7,137	7,137	1	1	1	1	= 4	...	...	4P
U. S. Naval, San Diego.....	G. E. Meador.....	402	708,056	8,057	8,057	2	1	2	1	= 6	...	...	4P
MARYLAND													
U. S. Naval, Bethesda.....	J. S. Shaver.....	311	550,152	26,841	26,841	2	1	2	4	= 9	...	...	4P
NEW YORK													
U. S. Naval, New York City.....	S. S. Sarkisian.....	177	448,584	12,704	12,704	1	0	1	2	= 4	...	...	4P
PENNSYLVANIA													
U. S. Naval, Philadelphia.....	B. H. Smith Jr.....	203	270,608	3,397	3,397	1	1	1	2	= 5	...	...	4P
UNITED STATES PUBLIC HEALTH SERVICE													
LOUISIANA													
U. S. Public Health Service, New Orleans....	A. L. Steplock.....	133	192,334	6,507	6,453	1	1	1	1	= 4	...	...	3P
MARYLAND													
U. S. Public Health Service, Baltimore.....	J. A. Smith.....	85	188,718	2,719	2,616	1	1	1	1	= 4	...	...	4P
National Institutes of Health-Clinical Center, Bethesda	G. Williams, H. Stewart....	263	349,711	2,576	2,576	4	4	4	0	= 12	...	...	4P
NEW YORK													
U. S. Public Health Service, New York City..	T. L. Perrin.....	129	325,389	4,999	4,003	1	1	1	1	= 4	...	...	4P
WASHINGTON													
U. S. Public Health Service, Seattle.....	B. S. Eggertsen.....	167	110,991	3,986	3,719	1	1	0	0	= 2	...	...	2P
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington	M. A. Jackson.....	211	200,090	4,373	4,373	4	0	0	0	= 4	330-...	PM	4P
OTHER FEDERAL													
CANAL ZONE													
Gorgas, Balboa Heights.....	H. Mondragon.....	108	367,346	2,538	2,538	1	1	1	1	= 4	457-503	O	4P
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist	A. E. Casey.....	201	520,024	10,235	10,235	1	1	1	1	= 4	300-600	PM	4P
Carraway Methodist	B. H. Bishop.....	47	186,288	3,505	3,505	2	0	1	1	= 4	250-350	PM	4P
University of Alabama Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4P
University Hospital and Hillman Clinic....	J. F. A. McManus.....	488	621,911	8,023	8,023	3	3	2	1	= 9	190-250	FM	...
Veterans Administration	B. M. Hathaway.....	161	315,666	2,538	2,538	1	1	0	0	= 2	271-347	O	...
Fairfield													
Lloyd Noland	H. G. Davis.....	103	175,943	3,677	3,427	1	0	0	0	= 1	250-250	FM	1A
Mobile													
Mobile General	E. Brown.....	522	128,361	5,524	...	2	2	0	0	= 4	300-450	PM	2A
ARIZONA													
Phoenix													
Good Samaritan	J. D. Barger.....	219	197,059	10,225	6,275	1	1	1	1	= 4	350-400	PM	4P
Mariocopa County General.....	N. P. Grenfell.....	280	383,462	2,265	2,065	1	1	0	0	= 2	373-392	PM	2A
St. Joseph's	L. A. Stapley.....	281	204,161	7,726	5,772	1	1	1	1	= 4	250-375	FP	4P
ARKANSAS													
Little Rock													
Arkansas Baptist	E. L. Wilbur.....	136	155,215	9,140	6,600	2	2	0	0	= 4	325-400	FM	2A
University	H. G. Schlumberger.....	636	260,815	6,167	6,158	2	2	1	1	= 6	170-395	O	4P
Veterans Administration Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3P
Veterans Administration	C. F. Shukers.....	207	273,917	2,304	2,304	0	1	0	0	= 1	254-347	O	...
Veterans Admin. (North Little Rock).....	T. T. Frost.....	309	348,000	2,000	1,850	2	1	1	0	= 4	271-347	PM	...

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M.O.	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
CALIFORNIA													
Bakersfield													
Kern County General	R. W. Huntington	371	239,033	7,693	3,335	1	1	1	0	3	350-425	O	4P
Berkeley													
Herrick Memorial	H. R. Fishback	155	98,003	3,622	3,063	1	1	1	1	4	175-250	FM	4P
Burbank													
St. Joseph	R. Straus	159	201,650	5,676	5,004	1	1	1	1	4	350-550	O	4P
Duarte													
City of Hope Medical Center	G. Amromin	210	130,017	3,500	3,500	2	0	0	0	2	400-400	O	1P
Glendale													
Glendale Sanitarium and Hospital	A. F. Brown	211	144,142	5,945	4,392	1	1	1	1	4	325-350	PM	4P
Inglewood													
Daniel Freeman Memorial	W. B. Dublin	138	127,422	5,628	4,220	0	0	0	1	1	...	...	2P
Loma Linda													
Loma Linda Sanitarium and Hospital	G. Hadley	369	232,772	4,864	4,603	2	1	2	1	6	315-400	O	4P
Long Beach													
St. Mary's Long Beach	T. Kiddie	127	178,064	7,595	4,520	1	0	1	0	2	300-600	FM	3P
Memorial Hospital of Long Beach	E. R. Jennings	171	193,073	9,328	7,306	1	1	1	1	4	325-475	PM	4P
Veterans Administration ³⁰	B. E. Konwaler	588	543,033	3,302	3,302	2	2	2	2	8	271-462	O	4P
Los Angeles													
California	A. Wright	164	176,104	6,222	4,754	1	1	1	0	3	225-275	FP	3A
Cedars of Lebanon	N. B. Friedman	279	208,773	7,882	7,769	2	2	2	2	8	265-400	FM	4P
Childrens	R. Cleland, D. Stowens	282	171,542	972	972	1	1	0	0	2	275-275	PM	1A
Hospital of the Good Samaritan	L. J. Tragerman	184	180,584	6,181	4,359	2	0	0	0	2	325-375	FM	4P
Los Angeles County	E. Butt	2456	114,659	1,232	1,232	4	4	4	4	16	273-319	PM	4P
Mount Sinai		79	118,304	4,002	3,434	1	0	0	0	1	...	...	1P
Queen of Angels	J. Cremin	208	155,299	6,517	5,184	1	1	1	0	3	275-325	FM	4P
St. Vincent's	J. E. Kahler	98	178,273#	5,073	4,015	1	0	0	0	1	350-350	FM	2P
University of California	S. C. Madden	398	167,942	4,878	4,369	2	2	2	2	8	240-426	FPO	4P
Veterans Administration	B. G. Fishkin	798	670,096	5,455	5,455	7	4	3	0	14	271-413	PM	4P
White Memorial	O. B. Pratt	287	338,474	5,729	5,729	2	0	1	2	5	215-280	PM	4P
Oakland													
Children's Hospital of East Bay	A. J. McAdams	105	88,715	2,282	450	1	0	0	0	1	225-350	...	1A
Highland-Alameda County	R. J. Parsons	368	156,147	4,855	4,197	1	1	1	1	4	200-295	FM	3A
Kaiser Foundation	M. Friedman	456	346,372	17,143	14,155	2	1	1	1	5	315-520	FM	4P
Samuel Merritt	C. P. Baker	336	152,832#	6,520	5,642	1	1	1	1	4	200-295	O	4P
Veterans Administration	B. Gerstl	336	215,951	3,027	3,027	2	2	1	1	6	271-462	...	4P
Orange													
Orange County General	F. B. Reilly	582	198,000	1,557	1,522	1	1	1	1	4	355-395	O	4P
Palo Alto													
Stanford-Medical Center and Affiliated Hospitals		784	...	7,854	6,097	2	2	1	1	6	250-325	O	4P
Palo Alto-Stanford Hospital Center	A. J. Cox	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Administration		...	...	...	...	...	...	...	...	...	...	...	...
Pasadena													
Collis P. and Howard Huntington Memorial	D. S. Shillam, R. D. Lewis	233	254,309	9,522	6,090	2	1	1	1	5	...	...	4P
Redwood City													
Sequoia	S. Lindsay	111	117,554	5,334	4,691	1	0	0	0	1	300-...	PM	2P
Sacramento													
Merced	S. Friedlander	113	268,214	10,510	6,880	1	1	1	1	4	400-600	O	4P
Sacramento County	R. Hardre	552	233,024	3,212	2,791	1	1	1	1	4	390-480	FM	4P
San Bernardino													
San Bernardino County Charity	W. Scott, C. Baisinger	297	151,808	6,052	5,027	2	0	0	0	2	350	FM	2A
San Diego													
Donald N. Sharp Memorial Community	H. R. Irwin	161	208,269	7,151	5,104	1	0	1	0	2	250-250	FM	4P
Merced	D. A. De Santo	248	200,994	17,682	15,315	1	1	1	1	4	225-325	FP	4P
San Diego County General	L. A. Palmer	279	143,219	1,810	1,472	1	1	1	1	4	250-400	FM	4P
San Francisco													
Children's	S. T. Nerenberg	...	...	...	...	...	...	...	...	...	...	...	2P
French	G. Watson	100	88,100	3,052	3,052	1	0	0	0	1	250-300	FM	1A
Kaiser Foundation	M. L. Bassis	230	261,917	8,323	6,883	1	0	1	0	2	315-415	FP	3A
Mount Zion	G. R. Biskind	246	176,452#	4,872	4,868	1	1	1	1	4	150-300	FM	4P
Presbyterian Medical Center	R. J. Kleinhenz	207	169,184	3,986	3,986	1	1	1	1	4	100-175	PM	4P
St. Francis Memorial	J. L. Zundell	141	92,749	6,196	4,407	2	0	0	0	2	300-350	PM	4P
St. Luke's	M. B. Black	128	135,027	4,087	2,787	2	2	0	0	4	325-350	FP	2P
St. Mary's	R. A. Jeffrey	189	167,178	7,369	5,657	1	1	1	1	4	200-300	FP	4P
San Francisco General	J. L. Carr	670	105,481	1,850	1,850	5	6	1	0	12	220-360	O	3A
University of California Service		...	...	...	...	...	...	...	...	...	...	...	...
Southern Pacific General	V. L. Cull	188	125,803	3,977	2,615	1	0	1	0	2	300-400	FM	2P
University of California Hospitals ¹⁰¹	H. D. Moon	394	130,122	5,844	5,442	9	7	5	3	24	243-426	...	4P
Veterans Admin.	O. N. Rambo, T. V. Feichtmeir	209	201,533	3,600	3,600	3	1	1	1	6	271-462	O	3P
San Jose													
O'Connor	L. R. Grams	174	181,981	6,582	5,715	1	1	1	1	4	350-500	PM	4P
Santa Clara County	D. L. Alcott	413	371,062	2,279	2,279	2	1	1	0	4	270-320	PM	4P
San Mateo													
Community Hospital of San Mateo County	R. O. Holmes	704	119,944	2,453	...	1	0	0	0	1	300-400	FM	2A
San Pablo													
Brookside	G. H. De May, C. Rolle	130	92,000	4,176	3,596	1	0	0	0	1	500-500	O	2P
Santa Barbara													
Santa Barbara Cottage	E. L. Benjamin	125	113,885	6,013	5,145	1	0	0	1	2	200-275	FP	4P
Santa Monica													
St. John's	G. J. Hummer	129	186,539	5,282	5,282	4	0	0	0	4	225-250	PM	2A
Stockton													
San Joaquin General	H. Schneider	377	154,121	2,941	2,459	1	0	0	0	1	275-340	PM	3A
Torrance													
Harbor General	C. H. Johnston	572	385,010#	3,653	3,219	1	1	1	1	4	273-319	FM	4P
COLORADO													
Colorado Springs													
Penrose	J. R. Kraft	149	115,245#	4,251	3,548	1	1	1	1	4	200-200	FM	2A
Denver													
Children's	E. C. Beatty Jr.	123	143,784	3,657	746	1	1	0	0	2	225-250	PM	2P
General Rose Memorial	K. T. Neuburger	176	136,967#	6,107	5,180	1	1	1	0	3	265-295	FM	2A
Merced	E. Hildebrand	134	88,293	5,864	5,471	2	0	0	0	2	300-325	PM	2P
Porter Sanitarium and Hospital	W. T. Wike	116	117,747	8,862	8,747	1	0	0	0	1	300-600	PM	2P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O	Length of Ap-proved Pro-gram (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
COLORADO, Denver—Continued													
Presbyterian	A. E. Lubchenco	177	105,585	4,458	3,264	1	1	1	1	4	275-300	PM	4P
St. Anthony	S. K. Kurland	193	128,845	5,811	2,670	2	2	2	0	4	275-325	FP	2A
St. Joseph's	F. B. McGlone	218	334,172	9,656	8,930	2	2	2	1	7	200-300	FM	4P
St. Luke's	W. C. Black	315	187,351	10,896	9,295	2	2	1	1	6	225-250	PM	1P
University of Colorado Medical Center	M. Berthrong	...	...	...	...	...	...	...	...	...	...	...	...
Colorado General	J. H. Holmes	418	210,360	3,586	3,513	1	1	1	1	4†	250-300	O	4P
Denver, General	W. C. White	880	458,109#	3,321	3,265	...	...	...	...	...	245-320	...	4P
Veterans Admin.	E. H. Valentine	293	211,155	2,533	2,508	2	2	1	1	6	271-412	O	4P
Pueblo	M. Gallavan	409	138,867	6,540	5,086	4	2	2	2	10	275-445	FM	4P
CONNECTICUT													
Bridgeport													
Bridgeport	J. Akerson	227	332,771	5,065	4,353	1	1	1	1	4	240-340	...	4P
St. Vincent's	A. Ginzler	217	193,270	4,801	4,174	1	1	1	1	4	300-400	PM	4P
Danbury													
Danbury	E. Woll	107	105,140	4,814	3,383	2	0	0	0	2	200-250	FM	1A
Derby													
Derby	W. P. McNulty Jr.	86	79,850	2,169	1,735	2	0	0	0	2	200-200	FM	1A
Greenwich													
Greenwich	J. Morris	178	105,159	4,083	3,199	1	1	0	0	2	200-350	FM	2A
Hartford													
Hartford	R. Tennant	643	405,902	12,708	12,708	2	2	2	2	8	125-282	FP	4P
St. Francis	L. Hastings	238	259,887	6,785	6,725	1	1	1	1	4	175-300	FP	4P
Meriden													
Meriden	R. Katzenstein	134	148,108	3,471	2,862	2	0	0	0	2	100-...	FM	2A
Middletown													
Middlesex Memorial	C. E. McLeod	185	110,927	3,645	2,396	1	1	0	0	2	200-200	FM	2P
New Britain													
New Britain General	P. D. Rosáhu	210	215,969	6,915	5,180	1	1	1	1	4	250-325	FM	4P
New Haven													
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community	A. A. Liebow	788	313,939	9,507	8,592	2	0	1	0	3	50-125	FM	4P
Veterans Admin. (West Haven)	R. Yesner	215	252,046	2,959	2,367	1	1	1	0	3	270-462	...	4P
Hospital of St. Raphael	R. Nesbit	276	167,746	6,637	5,024	1	1	1	0	3	300-335	PM	4P
Newington													
Veterans Admin.	R. Olivetti	101	121,103	1,402	1,223	1	0	0	0	1	270-347	O	1A
Norwalk													
Norwalk	R. N. Barnett	199	162,536	4,687	3,292	1	1	1	1	4	195-300	FP	4P
Stamford													
Stamford	E. S. Breakell	200	169,090	6,936	3,435	1	1	1	1	4	200-300	PM	4P
Waterbury													
St. Mary's	M. E. Cox	228	272,237	5,803	3,192	1	1	1	1	4	225-275	FP	4P
Waterbury	J. O. Collins	220	207,912	4,773	4,773	1	1	1	1	4	225-300	FM	4P
DELAWARE													
Wilmington													
Delaware Memorial	J. W. Howard	417	330,581#	6,753	6,567	2	1	0	3	6	240-280	FP	4P
Wilmington General	J. W. Abbiss	254	139,491	4,500	4,500	1	1	1	1	4	225-285	FP	4P
Wilmington General	J. V. Casella	97	148,863	3,830	3,830	1	0	0	0	1	200-335	FM	1P
DISTRICT OF COLUMBIA													
Washington													
Children's	G. H. Guin	118	155,168#	800	795	2	0	0	0	2	200-325	PM	2P
District of Columbia General	D. Weiss	878	143,061	6,479	6,479	5	2	2	2	11	233-308	O	4P
Doctors'	O. B. Hunter Jr.	183	238,137	5,715	5,150	1	1	1	1	4	200-400	FM	4P
Georgetown University	C. F. Geschickter	331	307,162	7,023	7,023	5	4	3	1	13	175-270	FM	4P
George Washington University	T. M. Peery	314	295,001	8,451	8,550	2	1	1	1	5	210-285	PM	4P
Providence	K. L. McCoy	221	262,512	6,316	6,220	1	1	1	1	4	350-425	PM	4P
Sibling Memorial	O. B. Hunter	170	198,369	5,091	4,669	1	1	1	1	4	200-400	FM	4P
Veterans Admin.	J. S. Howe	236	201,715#	1,973	1,973	1	2	1	2	6	271-924	O	4P
Washington Hospital Center	V. E. Martens	507	352,010	11,411	10,843	2	2	1	1	6	215-260	FP	4P
FLORIDA													
Coral Gables													
Veterans Admin.	R. V. Thomson	423	242,285	2,332	2,332	1	1	1	3	6	271-420	O	4P
Ft. Lauderdale													
Broward General	R. J. Poppiti	163	210,060	5,750	4,807	2	0	0	0	2	300-375	FM	4P
Gainesville													
University of Florida Teaching Hospital and Clinics	J. L. Edwards	108	45,029	1,942	1,942	1	1	1	1	4	217-450	...	3A
Jacksonville													
Baptist Memorial	A. G. Foraker	156	122,289	5,067	4,569	1	1	1	1	4	325-400	O	4P
Duval Medical Center	J. W. Eversole	264	172,478	4,237	3,841	1	1	0	0	2	200-225	FM	2A
St. Vincent's	C. M. Whorton	177	184,099#	5,024	3,604	0	0	2	1	3	325-400	PM	4P
Miami													
Jackson Memorial	W. A. D. Anderson	884	835,711	15,344	12,595	5	5	5	5	20	200-335	PM	4P
Miami Beach													
Mount Sinai Hospital of Greater Miami	J. Benson	240	214,477	3,429	3,115	1	0	3	0	4	250-300	FM	4P
Orlando													
Orange Memorial	C. G. Butt	240	270,838	6,536	5,465	1	1	1	0	3	325-375	O	4P
Pensacola													
Baptist	G. Squires	84	121,406	3,766	2,418	1	1	1	1	4	225-600	FM	4P
GEORGIA													
Atlanta													
Crawford W. Long Memorial	D. Ayer	209	389,265	10,982	7,782	3	2	1	1	7	285-300	O	4P
Emory University	W. Sheldon	181	176,272#	9,127	7,475	5	3	0	0	8†	235-265	PM	4P
Georgia Baptist	G. L. Forbes	175	166,763	14,391	12,147	1	1	0	0	2	330-355	PM	2P
Grady Memorial	T. D. Raean	454	427,247	5,401	5,401	5	4	0	0	10	100-200	FM	4P
St. Joseph's Infirmary	J. T. Godwin	211	212,160	8,509	8,509	1	1	1	1	4†	270-305	PM	4P
Veterans Admin.	J. Mendeloff	135	182,852	1,442	1,370	2	0	0	0	2	271-462	PM	3P
Augusta													
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	L. D. Stoddard	228	366,224	3,037	3,037	2	2	1	1	6	250-583	...	4P
University	W. R. Murphy	166	192,000	4,774	3,819	1	1	0	0	2	200-225	O	3A

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F/M/PM/O	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
GEORGIA—Continued													
Columbus													
Medical Center	W. J. Tomlinson	191	113,000	4,868	4,715	1	0	0	0	1	275-...	...	1A
Savannah													
Memorial Hospital of Chatham County	L. Howard Jr.	192	96,398	2,293	1,794	1	0	0	0	1	...-350	FM	2A
HAWAII													
Honolulu													
Queen's	H. Civin	276	292,687	6,829	6,058	1	1	1	1	4	225-375	FM	4P
St. Francis	R. Chappell	158	160,990	5,029	3,900	1	1	0	0	2	250-300	...	2A
ILLINOIS													
Chicago													
Alexian Brothers Hosp.—St. Joseph Hosp.	G. F. Stevenson	104	200,684	6,217	5,436	..	..	..	..	..	...	...	4P
Alexian Brothers	..	..	..	..	..	1	0	0	0	1	200-400	FM	..
St. Joseph	..	..	..	..	..	1	1	1	1	4	300-350	FM	..
American	W. Eisenstaedt	90	57,456	1,755	1,635	2	0	0	0	2	65-115	FM	1P
Augustana	G. Milles	183	104,422	3,141	2,905	2	0	0	0	2	200-350	FM	4P
Children's Memorial	J. Boggs	169	134,621	2,499	2,499	2*	0	0	0	2	100-150	FM	2P
Cook County	P. B. Szanto	2,485	872,306	16,639	16,288	4	4	2	2	12	140-140	FM	4P
Edgewater	L. Gamba	159	121,930	6,293	5,397	1	0	0	1	2	250-450	FP	4P
Englewood	G. T. Rich	104	72,734	2,096	1,891	1	0	0	0	1	200-200	FM	1A
Grant	J. C. Sherrick	191	115,388	3,335	2,887	1	1	1	0	3	225-275	...	4P
Illinois Central	W. P. Mavrelis	134	99,327	3,781	2,740	1	1	0	0	2	305-315	FM	2A
Illinois Masonic	L. S. King	244	255,711	3,653	3,247	1	0	0	0	1	175-235	FM	4P
Mercy	G. W. Changus	151	1,234	4,249	3,526	1	1	1	1	4	225-300	FM	4P
Michael Reese	O. Suphir	515	685,619	10,073	8,028	3	2	2	2	9	150-250	FP	4P
Mount Sinai	I. Davidsohn	268	408,215	7,652	7,160	2	2	2	2	8	225-300	PM	4P
Northwestern University Medical Center	..	..	..	..	..	..	..	..	..	..	...	...	..
Chicago Wesley Memorial	T. C. Laipply	247	280,077	7,344	7,340	2	1	1	1	5	125-200	FM	4P
Passavant Memorial	W. B. Wartinan	168	222,497	3,245	3,245	..	..	..	..	4	225-275	PM	4P
Veterans Admin. Research	D. R. Brock	266	137,973	2,322	2,322	2	1	1	1	5	271-462	O	4P
Evanston (Evanston)	C. B. Taylor	271	251,133	23,930	..	2	2	2	2	8	225-275	PM	4P
Norwegian American	A. Learner	71	88,325	3,206	1,620	1	0	0	0	1	225-225	FM	1A
Presbyterian—St. Luke's	G. Hass	316	..	7,521	6,825	3	1	2	4	10	125-200	FM	4P
Ravenwood	H. Hetz	203	144,923	3,060	3,060	1	0	0	0	1	300-300	FM	1A
St. Anne's	J. B. Hartney	156	211,338	4,743	2,551	1	1	1	1	4	250-325	FP	4P
St. Mary of Nazareth	M. C. Godwin	164	289,951	4,632	3,698	1	0	0	0	1	225-225	FP	1A
Swedish Covenant	J. B. McCormick	150	140,000	2,700	2,000	1	1	1	1	4	280-400	FM	4P
University of Chicago Clinics	R. W. Wissler	498	568,541	6,198	6,078	2	2	0	0	4	250-305	O	4P
University of Illinois Research and Educational Hospitals	C. A. Krakower	321	721,990	12,153	12,153	3	3	2	2	10	200-275	PM	4P
Veterans Admin. (West Side)	B. Chomet	250	306,473	2,417	2,317	1	2	1	0	4	270-412	O	4P
Decatur													
Decatur and Macon County	D. C. Brosius	160	176,147	6,096	5,059	2	2	0	0	4	350-500	PM	4P
Evanston													
St. Francis	J. W. Henry	283	335,120	6,228	4,309	1	1	1	0	3	260-290	FM	4P
Hines													
Veterans Admin. ¹⁶⁴	M. Rubnitz	610	644,423	5,454	5,094	2	2	1	1	6	271-462	O	4P
Oak Park													
West Suburban	G. Kent	..	..	..	..	..	..	..	..	..	...	...	4P
Peoria													
Methodist Hospital of Central Illinois	H. J. Brown	182	94,672	12,600	5,022	1	0	1	1	3	200-375	FP	4P
St. Francis	D. D. Mark	303	171,489	7,750	6,328	1	1	1	1	4	225-300	FM	2A
Rockford													
Rockford Memorial	M. O. Alexander	253	181,893	3,687	3,058	1	1	1	1	4	225-225	FM	4P
St. Anthony's	A. R. K. Matthews	133	128,776	1,712	1,668	1	1	1	1	4	200-300	FM	4P
Urbana													
Carle Memorial	H. P. Friedman	60	131,593	2,777	2,569	1	0	0	0	1	250-...	...	1A
INDIANA													
Fort Wayne													
St. Joseph's	L. A. Schneider	222	177,520	6,635	5,503	2	2	2	2	8	250-350	PM	4P
Gary													
Methodist	R. A. Burger, W. P. Loh	275	151,353	4,679	4,557	1	1	1	1	4	300-400	FP	4P
Indianapolis													
Indiana University Medical Center	..	..	..	..	..	..	..	..	..	..	...	...	..
Indiana University Medical Center Hospitals	E. B. Smith	442	400,000	5,000	4,990	3*	3	3	3	12	225-416	PM	4P
Veterans Admin.	D. Rosenbaum	299	216,260	3,580	3,580	..	..	..	..	3	271-462	...	3P
Marion County General	P. V. Elyans	394	221,707	2,731	2,664	2	2	2	2	8	269-348	PM	4P
Methodist	L. H. Hoyt	319	688,863	13,220	9,153	2	2	1	1	6	278-362	O	4P
St. Vincent's	L. N. Foster	144	167,071	5,590	3,738	1	1	1	1	4	275-425	PM	4P
Lafayette													
St. Elizabeth	G. B. Stansell	115	135,790#	4,487	2,975	1	1	0	0	2	275-350	FMA	2A
Muncie													
Ball Memorial	L. G. Montgomery	266	264,266	6,987	2,978	1	1	1	1	4	250-400	FM	4P
South Bend													
South Bend Medical Foundation Hospitals	C. S. Culbertson	466	379,514	15,236	10,886	2	2	2	2	8	325-325	PM	4P
Elkhart General (Elkhart)	..	..	..	..	..	..	..	..	..	..	...	...	..
St. Joseph (Mishawaka)	..	..	..	..	..	..	..	..	..	..	...	...	..
Memorial	..	..	..	..	..	..	..	..	..	..	...	...	..
St. Joseph	..	..	..	..	..	..	..	..	..	..	...	...	..
Vincennes													
Good Samaritan	B. K. Black	112	141,106	3,360	2,775	0	0	0	1	1	...	...	1A
IOWA													
Cedar Rapids													
St. Luke's Methodist	R. F. Looker	173	237,981	6,438	4,453	1	1	1	1	4	275-350	FM	3A
Des Moines													
Iowa Methodist	J. W. Green Jr.	217	227,963	6,076	5,131	1	1	0	0	2	200-250	FM	4P
Mercy	F. C. Coleman	213	169,369	4,464	4,442	1	1	1	1	4	350-425	PM	4P
Veterans Admin.	T. E. Corcoran	194	164,031	2,418	2,418	1	1	1	1	4	271-412	PM	4P
Iowa City													
Mercy	..	..	..	..	..	..	..	..	..	..	...	...	1P
State University of Iowa Hospitals	E. D. Warner	591	425,802	6,706	6,706	3	3	3	3	12	300-400	PM	4P
Veterans Admin.	K. R. Cross	199	170,929	2,183	2,074	1	1	1	0	3	270-462	PM	3A

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

Location	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
KANSAS													
Halstead													
Halstead	C. A. Hellwig	65	103,601	2,314	2,055	1	0	0	0	1	300-350	O	1P
Kansas City													
University of Kansas Medical Center	J. Carter	381	638,160	17,425	15,939	2	2	6	0	10	125-400	PM	4P
Veterans Admin. (Kansas City, Mo.)	J. A. Turner	224	225,955	2,523	2,304					2	271-271	O	2P
Wichita													
St. Francis	W. P. Callahan Jr.	282	533,060	8,221	7,934	1	1	1	0	3	275-325	FP	3A
Wesley	B. E. Stofer	216	158,780	7,432	5,202	1	1	1	1	4	295-375	FM	4P
Wichita-St. Joseph	W. J. Reals	160	134,419	9,886	8,797	1	1	1	0	3	300-350	PM	3P
KENTUCKY													
Covington													
St. Elizabeth	R. Ritterhoff	164	97,944	3,400	2,026	2	0	0	0	2	225-625	FP	2A
Harlan													
Harlan Memorial	D. M. Kuhns	59	382,087								300...		4P
Louisville													
Children's	J. Diamond	114	59,962#	1,233	848	2	0	0	0	2	300-300	FM	1P
Louisville General	W. M. Christopherson	575	294,167	4,207	3,893	2	2	2	2	8	116-200	FM	4P
SS. Mary and Elizabeth	H. Gordon	101	192,231	5,028	3,940	1	1	0	0	2	300-350	PM	2A
Veterans Admin.	E. L. Foote	270	198,183	2,196	2,193	1	1	1	1	4	270-347	O	4P
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana	E. Moss, C. Dunlap,												
	R. Holman	2,133	1,092,071	18,335	18,335	5	4	3	3	15	125-200	FM	4P
Hotel Dieu	R. Hartwell	99	230,529	8,391	8,391	1	1	1	0	3	225-275	FP	3P
Ochsner Foundation	G. M. Carrera	176	181,824	5,424	5,424	1	1	1	1	4	225-300	PM	4P
Southern Baptist	E. H. Lawson	225	476,656	13,987	13,987	1	1	1	1	4	225-275	PM	4P
Touro Infirmary	A. Hertzog	271	294,886	7,651	7,651	1	1	1	0	3	125-200	FP	4P
Veterans Admin.	J. Ziskind	304	206,367	2,401	2,378	1	1	1	1	4	270-412	O	4P
Shreveport													
Confederate Memorial Medical Center	W. R. Mathews	275	325,537	5,730	5,730	1	1	1	1	4	125-300	FM	4P
MAINE													
Bangor													
Eastern Maine General	R. C. Wadsworth	180	173,629	8,230	7,359	1	1	0	0	2	125-188	FM	3A
Lewiston													
Central Maine General	C. F. Branch	228	98,659	5,370	5,370	1	0	0	0	1	175-310	FP	4P
Portland													
Maine Medical Center	J. E. Porter	257	230,185	5,859	4,506	1	1	1	1	4	175-250	FP	4P
MARYLAND													
Baltimore													
Baltimore City Hospitals	A. Pollack	437	192,871	3,168	3,168	2	2	1	0	5	150-250	FP	3A
Franklin Square	P. F. Guerin	125	146,895#	3,474	3,474	1	1	0	0	2	225-250	FM	2A
Johns Hopkins	I. L. Bennett Jr.	694	282,969#	6,926	6,926	4	4	4	0	12	200-500	PM	3A
Lutheran	J. A. Wagner	106	133,959	2,938	2,938	1	0	0	0	1	220-250	FM	1A
Maryland General	R. S. Fisher	157	195,754	5,757	5,757	1	1	1	0	3	225-275	FM	4P
Mercy	C. G. Warner	162	529,085	5,764	3,979	1	0	0	0	1	275-275	PM	2A
Provident	H. L. Tseng	114	150,998	2,041	2,025	1	0	0	0	1	225-250	FM	1A
St. Joseph's	W. B. VandeGrift	180	166,125	4,326	4,175	1	1	0	0	2	225-250	FM	2A
Sinal	T. Weinberg	217	394,943	11,637	11,637	2	1	1	1	5	150-400	FM	4P
Union Memorial	W. C. Merkel	217	214,891	9,606	8,560	1	1	1	1	4	225-250	FM	4P
University	H. I. Firminger	450	465,800	9,000	9,000	2	2	2	2	8	300-400	PM	4P
Bethesda													
Suburban	J. E. Ash	282	125,141	3,489	2,891	1	1	1	0	3	200-300		3P
Cheverly													
Prince George's General	C. Burns	225	215,000	3,540	3,286	2	0	0	0	2	200-300	FM	2P
MASSACHUSETTS													
Beverly													
Beverly	R. Fienberg	112	101,011	1,972	1,972	2	0	0	0	2	300-300	FM	3P
Boston													
Beth Israel	D. G. Freiman	234	242,964	5,267	5,267	3	2	1	0	6	167-250	O	3A
Boston City	G. K. Mallory	1,089	77,448	6,905	6,885	7	6	3	3	19	158-248	FM	4P
Boston Lying-in Hospital-Free Hospital for Women													1A
Boston Lying-in	K. Benirschke	157	71,008	4,665	4,665	4	0	0	0	4	75-125	FM	
Free Hospital for Women	D. McKay	21	40,446	5,522	5,522	2	0	0	0	2	75-150	FM	
Carney	H. J. Christian	184	212,968	5,483	4,858	1	1	1	1	4	175-225	FP	4P
Children's Medical Center	S. Farber	365	113,000	2,201	2,201	2	1	0	0	3		FM	2P
Faulkner	P. M. Le Compte	108		3,139	3,000	1	0	0	0	1	200-225	FM	1P
Emuel Shattuck	G. W. Curtis	201	141,000	754	754	2	1	0	0	3	262-262	PM	2A
Massachusetts General	B. Castleman	872	12,227	10,002	10,002	4	2	5	0	11	108-183	FM	4P
Massachusetts Memorial Hospitals	S. C. Sommers	125	135,725	4,336	4,336	4	0	0	0	4	175-275	O	4P
New England Center	H. E. MacMahon	186	254,650	3,534	3,440	0	2	2	0	4	237-304	O	2A
New England Deaconess	S. Warren	214	290,814	7,519	7,519	4	4	4	3	15	200-350	PM	4P
Peter Bent Brigham	G. J. Dammin	350	164,509	3,074	3,074	3	2	2	0	7	42-167	FM	4P
St. Elizabeth's	J. H. Graham	199	153,031	7,874	5,758	1	1	0	0	2	175-200	FM	3A
Veterans Admin. (Jamaica Plains)	J. D. Houghton	425	520,764	4,415	4,400	3	3	0	0	6			3A
Cambridge													
Cambridge City	S. B. Burgess	100	57,584	2,278	2,085	1	1	0	0	2	170-195	FM	2A
Mount Auburn	H. E. MacMahon	175	149,864	3,412	3,412	1	1	0	0	2	155-190	FM	2A
Fall River													
Truesdale	W. Freeman	84	102,493	2,918	2,154	1	0	0	0	1	175-200	FM	1A
Fitchburg													
Burbank	H. J. Sparling	115	142,344	3,625	3,625	1	1	0	0	2	200-250	FM	2A
Frammingham													
Frammingham Union	C. G. Tedeschi	160	109,500	5,757	3,116	1	1	0	0	2	200-275	FP	2A
Holyoke													
Holyoke	H. P. Wakefield	140	86,413	3,457	2,678	1	0	0	0	1	100-100	FM	1A
Lawrence													
Lawrence General	L. S. Jolliffe	192	113,291	1,635	1,559	1	1	1	1	4	250-325	FM	4P
Lynn													
Lynn	H. Olken	151	149,419	5,601	5,601	2	0	0	0	2	150-150	FM	2P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month (Min.-Max.)	F.M. Maintenance	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
MASSACHUSETTS—Continued													
Malden													
Malden	M. V. MacKenzie	97	76,155	3,035	3,035	1	1	0	0	= 2	200-225	FM	2P
New Bedford													
St. Luke's	V. Kiarsis	216	238,449	5,491	2,973	1	1	0	0	= 2	200...	FP	2A
Newton													
Newton-Wellesley	D. Skinner	130	169,333	7,804	5,825	1	1	1	0	= 3	200-270	FM	3P
Pittsfield													
Pittsfield General	W. Beautyman	69	79,085	3,790	1,871	1	1	0	0	= 2	280...	...	2P
Quincy													
Quincy City	R. B. Street Jr.	133	115,646	3,629	3,629	1	1	1	1	= 4	199-350	FM	4P
Salem													
Salem	D. A. Nickerson	97	119,400#	2,459	2,459	2	1	1	0	= 4	200-350	FP	4P
Springfield													
Springfield	W. Kaufmann	266	244,602	7,814	7,814	1	1	1	0	= 3	175-225	FP	3A
Walpole													
Pondville (Norfolk)	S. Warren	132	56,655	1,786	1,786	0	0	0	2	= 2	527-527	O	2P
West Roxbury													
Veterans Admin.	I. Gore	94	144,467	1,212	1,212	2	1	0	0	= 3	237-375	O	2P
Worcester													
Memorial	R. C. Sniften	177	94,873	3,557	2,996	1	1	0	0	= 2	225-250	FM	2A
St. Vincent	W. Casale	260	331,683	5,985	5,070	2	1	1	0	= 4	200-225	FP	4P
Worcester City	W. MacGillivray	293	182,360	3,014	3,014	1	1	1	0	= 3	250-333	PM	4P
MICHIGAN													
Ann Arbor													
St. Joseph Mercy	H. Bryant	246	205,815	10,332	9,390	1	1	0	0	= 2	310-360	FM	3A
University	A. J. French	464	171,517	10,331	10,331	5	5	5	5	= 20	180-275	O	4P
Battle Creek													
Lella. Y. Post Montgomery	A. A. Humphrey	71	75,657	2,503	1,867	1	0	0	0	= 1	400-525	FM	1A
Detroit													
Children's	W. W. Zuelzer	194	162,989	16,581	16,581	2	0	0	0	= 2	200-300	FM	1A
Grace	C. I. Owen	378	369,272	16,110	16,110	1	1	1	1	= 4	275-350	FP	4P
Harper	J. R. McDonald	282	373,831#	9,211	8,994	2	2	2	2	= 8	275-350	PM	4P
Henry Ford	R. C. Horn	650	687,870	10,152	10,152	4	4	4	4	= 16	265-365	PM	4P
Mount Carmel Mercy	L. W. Gardner	287	329,745	8,208	6,846	1	1	1	1	= 4	450-525	PM	4P
Providence	D. H. Kaupp	244	195,633	8,075	6,917	1	1	1	1	= 4	410...	PM	4P
Wayne University Affiliated Hospitals													
Oakwood (Dearborn)	R. L. Mainwaring	133	187,310	4,923	4,796	1	1	1	1	= 4	250-375	FM	4P
Veterans Admin. (Dearborn)	J. Sbrager	321	357,192	3,047	3,047	1	1	1	1	= 4	270-412	O	4P
Detroit Memorial	J. D. Langston	173	237,768	4,216	3,944	0	1	0	0	= 2	425-500	...	4P
Herman Kiefer	P. C. Martineau	238	636,116	1,974	1,974	2	0	0	0	= 2	325-400	...	2P
Receiving	L. Berman	580	664,428	7,276	7,276	0	2	2	0	= 4	325-400	PM	4P
Sinal	S. Koberniek	139	184,507	7,488	4,842	1	1	1	1	= 4	300-375	FM	4P
Woman's	E. Muirhead, F. Eurs	226	232,328	5,712	5,712	...	...	...	...	= 2	475	O	4P
Eloise													
Wayne County General Hospital and Infirmary	S. E. Gould	495	448,977	7,721	7,721	2	1	2	2	= 7	408-490	FM	4P
Flint													
Hurley	E. Knights	351	447,721#	15,450	8,224	1	1	1	1	= 4	325-450	FM	4P
McLaren General	E. G. Murphy	160	250,944	5,082	3,915	1	1	1	1	= 4	375-450	PM	4P
St. Joseph's	W. L. Eaton	209	279,280	5,801	5,051	1	0	1	0	= 2	425-525	PM	4P
Grand Rapids													
Blodgett Memorial	C. A. Payne	409	184,235	9,527	9,527	1	0	0	0	= 1	325-350	FM	4P
Butterworth	J. D. Mann	904	175,874#	6,372	4,371	1	1	1	1	= 4	300-375	PM	4P
St. Mary's	H. E. Bowman	159	210,341	10,360	5,795	2	0	0	0	= 2	320-350	FP	2A
Kalamazoo													
Borgess	I. J. Martens	161	115,246	4,030	3,150	1	1	0	0	= 2	275-285	FP	2P
Lansing													
Edward W. Sparrow	J. F. Dunkel	151	153,748	6,105	3,613	1	1	1	0	= 3	300-450	FM	3A
Pontiac													
Pontiac General	J. J. Marra	192	154,337	4,739	3,893	1	1	1	1	= 4	350-450	FP	4P
St. Joseph Mercy	R. E. Olsen	219	114,079	4,328	4,125	1	1	1	1	= 4	375-435	PM	4P
Saginaw													
Saginaw General	R. Bucklin	161	126,828	4,483	4,330	1	1	1	1	= 4	365-440	PM	4P
MINNESOTA													
Duluth													
St. Luke's	A. H. Wells	463	250,655	9,781	381	1	1	1	1	= 4	275-350	FP	4P
St. Mary's	A. C. Aufderheide	245	277,503	4,884	4,374	1	1	1	1	= 4	200-200	FM	4P
Minneapolis													
Minneapolis General	J. I. Coe	404	586,369	4,504	3,945	1	1	1	0	= 3	235-235	FM	3A
Mount Sinai	S. S. Barron	135	170,000	3,765	2,619	2	0	0	0	= 2	238-238	FP	2A
Northwestern	F. H. Lott	203	176,559	5,401	4,667	1	1	0	0	= 2	225-250	FP	2A
St. Barnabas	N. K. Lufkin	203	117,706	7,280	6,270	1	0	0	0	= 1	200-200	FM	2A
Swedish	A. R. Jay	...	...	...	...	...	...	...	...	...	...	...	2A
University of Minnesota Hospitals	G. T. Evans, J. R. Dawson	...	...	...	...	4	3	2	2	= 11	244-244	...	4P
Veterans Admin.	D. F. Gleason	414	455,711	6,948	6,691	2	2	1	0	= 5	271-462	O	4P
Rochester													
Mayo Foundation	D. Mathieson, A. H. Baggenstoss	656	1,000,000	27,118	27,118	5	5	5	5	= 20	200-333	PM	4P
St. Paul													
Ancker	J. F. Noble	454	263,046	1,726	1,726	1	0	0	0	= 1	235-235	FM	2A
Charles T. Miller	J. E. Edwards	176	250,633#	6,741	5,182	1	1	1	1	= 4	325-375	PM	4P
St. Joseph's	E. James	151	121,021	4,385	3,703	...	...	...	...	...	...	...	2A
MISSISSIPPI													
Jackson													
Mississippi Baptist	K. M. Heard	180	178,404	4,959	4,257	1	0	0	1	= 2	400-400	FM	4P
University	J. G. Brunson	345	...	4,438	4,438	4	4	4	4	= 16	250-300	O	4P
MISSOURI													
Clayton													
St. Louis County	J. P. Wyatt	226	190,597	1,043	939	...	...	...	...	...	...	...	1A
Columbia													
University of Missouri Medical Center	J. E. Flynn	188	137,632	5,831	5,477	4	4	2	1	= 11	200-300	...	2P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O	Length of Ap-proved Pro-gram (Years)	
					1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
MISSOURI—Continued													
Kansas City													
Kansas City General.....	C. B. Wheeler.....	430	481,310	4,555	3,644	1	1	1	1	4	220-320	PM	4P
Menorah Medical Center.....	H. Cohen.....	153	167,254	7,765	3,834	1	1	1	1	4	300-450	FP	4P
Research.....	H. K. B. Allebach.....	154	237,934	5,397	3,986	1	1	1	1	4	275-350	FP	4P
St. Joseph.....	R. W. Kerr.....	134	352,542	6,675	6,400	2	2	1	1	6	250-425	FM	4P
St. Luke's.....	F. C. Helwig.....	320	329,026	20,687	18,618	2	2	1	1	6	250-325	FP	4P
St. Mary's.....	A. Lapi.....	172	198,139	7,558	6,118	1	1	1	1	4	350-500	PM	4P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas.....													
St. Louis													
Barnes.....	W. S. Hartroft.....	606	613,509	16,327	15,525	1	4	4	3	12	50-175	FM	3A
De Paul.....	J. D. Bauer.....	205	212,660	5,459	3,753	1	1	1	0	3	200-250	FM	4P
Homer G. Phillips.....	J. O. Blache.....	387	229,163	4,232	3,950	2	1	1	0	4	235-299	...	2A
Jewish.....	J. Hasson.....	258	226,515#	5,533	...	2	1	1	0	4	200-300	FM	3A
Missouri Baptist.....	W. R. Platt.....	144	138,086	3,724	3,574	1	1	1	0	3	250-350	FM	4P
St. John's.....	H. N. Allen.....	221	147,575#	4,815	3,622	1	1	1	1	4	250-350	FPO	4P
St. Louis City.....	D. Johnson.....	480	341,515	4,415	4,000	4	4	0	2	14	234-520	PM	4P
St. Luke's.....	R. W. Ogilvie.....	214	156,855#	5,447	4,821	1	4	0	0	1	250-250	FM	2A
St. Mary's Group of Hospitals of St. Louis University.....													
Veterans Administration.....	H. Pinkerton.....	490	795,341	8,894	6,727	2	2	2	2	8	200-400	O	4P
	D. Ware.....	249	185,410	3,390	3,390	1	1	1	0	3	270-347	O	3A
NEBRASKA													
Lincoln													
Lincoln General.....	H. B. Miller.....	81	102,473	5,215	4,830	1	0	0	0	1	350-350	FM	1A
Omaha													
Bishop Clarkson Memorial.....	M. Foster.....	140	237,269	8,735	6,706	1	0	1	1	3	350-450	PM	3P
Creighton Memorial-St. Joseph.....	V. M. Moragues.....	195	240,675	7,634	7,634	3	2	2	1	8	210-260	...	3A
Immanuel.....	H. E. Giffen.....	79	79,074	8,300	4,389	1	0	0	0	4	350-350	PM	1A
Nebraska Methodist.....	J. R. Schenken.....	263	125,000	8,080	6,464	2	1	2	1	6	325-400	PM	4P
University of Nebraska.....	J. R. Schenken.....	119	161,333	2,217	2,192	1	0	1	1	3	225-300	PM	4P
Veterans Administration 240.....	G. J. Haslam.....	165	165,523	2,025	1,839	1	1	1	0	3	270-347	O	3A
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial.....	R. K. House.....	226	192,943	4,071	3,712	2	2	1	1	6	218-305	...	4P
NEW JERSEY													
Atlantic City													
Atlantic City.....	M. Ackerman.....	298	55,076	3,460	2,768	1	1	0	0	2	200-200	FM	2A
Camden													
Cooper.....	W. T. Read Jr.....	629	232,357	8,981	8,915	2	0	0	0	2	200-250	FM	2P
Our Lady of Lourdes.....	R. L. Breckenridge.....	142	182,977	3,911	2,801	1	1	0	0	2	250-400	PM	4P
West Jersey.....	E. E. Ziegler.....	149	151,243	4,490	3,804	1	1	1	0	3	250-500	FM	3A
East Orange													
East Orange General.....	H. L. Goodman.....	107	70,403	2,496	2,013	1	0	0	0	1	250-250	FM	1P
Veterans Administration.....	O. Auerbach.....	343	273,336	2,189	2,189	3	0	0	1	4	270-462	...	3A
Englewood													
Englewood.....	I. Gaspar.....	123	198,123	8,666	7,104	1	0	0	0	1	200-250	FP	1A
Flemington													
Hunterdon Medical Center.....	E. V. Ohnstead.....	108	77,948	1,780	1,505	1*	0	0	0	1	200-200	...	1A
Hackensack													
Hackensack.....	D. E. Brown.....	171	174,011	4,747	4,147	1	1	1	1	4	150-200	FM	4P
Hoboken													
St. Mary's.....	A. Ehrlich.....	135	68,535	3,134	2,488	1	1	0	0	2	150-200	FM	2A
Jersey City													
Christ.....	A. Gitlitz.....	134	133,692	9,042	7,714	1	1	0	0	2	200-250	FM	2P
Jersey City Medical Center.....	A. N. Gnassi.....	425	351,953	11,162	11,162	2	1	0	0	3	146-200	FM	2A
Long Branch													
Monmouth Medical Center.....	M. Rush.....	416	150,465	6,433	6,433	1	1	0	0	2	200-200	FM	2A
Montclair													
Mountainside.....	J. L. Work.....	199	193,360	9,989	5,760	1	1	1	0	3	250-300	FP	3P
Morristown													
Morristown Memorial.....	H. F. Luddecke.....	214	227,398	3,706	5,706	1	1	2	0	4	225-275	PM	4P
Mount Holly													
Burlington County.....	J. T. Bauer.....	176	94,866	3,489	3,489	2	0	0	0	2	100-300	FM	2A
Neptune													
Fitkin Memorial.....	R. E. Conover.....	208	167,371	2,596	2,596	2	0	0	0	2	250-250	FM	2A
Newark													
Harrison S. Martland Medical Center.....	E. Albano.....	394	350,346	2,686	2,686	1	2	2	0	5	160-212	FM	3A
Newark Beth Israel.....	L. Goldman.....	253	118,912	6,577	6,577	1	1	1	1	4	125-175	...	4P
United Hospitals of Newark.....													
Presbyterian.....	S. A. Goldberg.....	152	182,211	6,977	5,507	1	1	1	0	3	275-325	O	3A
St. Barnabas Medical Center.....	W. G. Bernhard.....	64	86,180	3,483	3,258	1	1	1	0	3	150-225	FM	3P
St. Michael's.....	S. J. Rose.....	187	198,799	3,047	3,047	2	1	0	0	3	150-215	FM	4P
New Brunswick													
Middlesex General.....	S. E. Moolten.....	121	80,499	2,761	2,735	1	1	0	0	2	225-275	FM	2P
St. Peter's General.....	W. Jarrett.....	116	69,844	4,805	3,610	1	1	0	0	2	200-225	FM	2A
Orange													
Orange Memorial.....	A. R. Abel.....	197	116,582	3,991	3,980	1*	1	1	1	4	225-300	FM	4P
Paramus													
Bergen Pines County.....	D. Roth.....	343	133,890	796	796	1	1	0	0	2	200-200	FM	2A
Passaic													
Passaic General.....	J. R. Gannon.....	157	96,586	3,062	3,029	0	0	2	0	2	250-350	FM	3P
St. Mary's.....	R. Brill.....	111	72,794	2,876	2,772	1	1	0	0	2	200-225	FM	2P
Paterson													
Barnert Memorial.....	O. U. Churg.....	120	111,656	12,386	7,900	1	0	0	0	1	250-250	PM	1A
Paterson General.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2A
St. Joseph's.....	.....	310	235,831	6,296	6,296	2	1	1	0	4	200-250	FP	4P
Perth Amboy													
Perth Amboy General.....	H. Y. Tyler.....	138	165,237	3,759	3,759	1	0	0	0	1	200-250	FM	1A
Summit													
Overlook.....	G. L. Erdman.....	161	134,745	4,371	3,708	1	1	0	0	2	200-250	FM	2P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

NEW JERSEY—Continued	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P.M.O.	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
Trenton													
Mercer.....	T. K. Rathnell.....	160	146,390	2,584	2,579	1	1	0	0	2	150-250	O	3A
St. Francis.....	S. Weintraub.....	311	263,844	13,350	10,869	1	0	0	0	1	210-210	FM	3A
NEW MEXICO													
Albuquerque													
Bataan Memorial Methodist.....	B. Gordon.....	109	39,077	2,564	1,561	1	1	1	0	3	300-400	FP	4P
Veterans Administration.....	W. Hentel.....	150	217,731	1,941	1,891	1	1	0	0	2	271-293	O	2P
Bernalillo County-Indian.....	N. Pond.....	84	160,877	13,723	11,367	1	1	1	1	4	300-400	FP	4P
NEW YORK													
Albany													
Albany.....	W. Thomas.....	502	777,724#	8,118	8,118	2	2	1	1	6	195-275	PM	4P
Bender Laboratory Hospitals.....	J. J. Clemmer.....	399	591,603	8,966	8,966	..	..	..	..	..	350-450	O	4P
A. N. Brady Maternity Home.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Memorial.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Peter's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Administration.....	T. S. Beecher.....	316	270,702	2,726	2,726	1	1	1	0	3	271-347	O	3P
Binghamton													
Binghamton General.....	N. W. Elton.....	161	138,200	3,416	3,140	1	1	1	1	4	265-340	PM	4P
Bronxville													
Lawrence.....	A. A. Eggston.....	100	82,112	2,231	1,546	1	0	0	0	1	225-225	FM	1P
Buffalo													
Buffalo General.....	K. L. Terplan.....	467	10,790#	8,328	8,203	2	2	0	0	4	175-200	FP	4P
Deaconess.....	B. Fisher, J. B. Sheffer.....	152	149,872	4,453	4,453	3	0	1	0	4	300-350	FM	4P
Edward J. Meyer Memorial.....	S. Sanos, J. B. Kopp.....	632	636,686	4,964	4,964	5*	2	2	0	9	292-332	PM	3A
Millard Fillmore.....	A. V. Postoloff.....	297	336,945	7,443	7,443	1	1	1	0	3	298-323	PM	3A
Roswell Park Memorial Institute.....	J. W. Pickren.....	457	349,559	17,328	17,320	1	1	1	1	4	334-351	O	2P
Sisters of Charity.....	C. F. Becker.....	198	163,851	4,744	4,082	2	0	0	0	2	335-410	FM	2A
Veterans Administration.....	A. Lindner.....	240	357,663	2,080	1,983	0	1	0	0	1	271-293	O	3P
Cooperstown													
Mary Imogene Bassett.....	C. V. Z. Hawn.....	93	181,050	1,430	.....	2	0	0	0	2	200-350	PM	2A
Elmira													
Arnold-Ogden Memorial.....	W. Kelly.....	110	150,267	4,641	4,641	1	0	0	0	1	250-250	FM	1A
St. Joseph's.....	J. A. Mitchell.....	97	165,403	3,344	2,147	1	0	0	0	1	400-450	PM	2A
Glen Cove													
Community.....	T. Robertson.....	115	140,442	4,641	2,693	1	1	0	0	2	300-300	PM	4P
Glens Falls													
Glens Falls.....	M. Maslon.....	155	180,973	4,623	4,623	1	0	0	0	1	275-400	FP	3P
Hempstead													
Meadowbrook.....	V. S. Palladino.....	679	498,921	5,554	5,519	3	2	2	1	8	275-275	FM	4P
Johnson City													
Charles S. Wilson Memorial.....	A. Kosinski.....	210	174,861	5,928	3,899	1	1	1	1	4	225-300	PM	4P
Kingston													
Kingston Laboratory Hospitals.....	.....	182	258,998	7,331	6,563	1	1	1	1	4	279-375	O	2P
Kingston.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Benedictine.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Manhasset													
North Shore.....	S. Gross.....	105	195,541#	3,456	2,028	0	0	0	1	1	200-250	FP	1P
Mineola													
Nassau.....	L. R. Ferraro.....	148	126,990	5,893	4,779	1	1	1	1	4	325-425	O	4P
Mount Kisco													
Northern Westchester.....	R. A. Fox.....	70	64,959	.....	.....	.....	.....	.....	.....	.....	250-350	.....	1A
Mount Vernon													
Mount Vernon.....	J. G. Sharnoff.....	163	125,652	4,332	4,148	1	1	0	0	2	200-200	FM	3P
Newburgh													
St. Luke's.....	T. P. B. Payne.....	116	89,079	3,706	3,706	1	0	0	0	1	250-250	FM	2A
New Rochelle													
New Rochelle.....	W. C. Schraft.....	157	204,591	3,136	4,668	1	0	0	0	1	225-325	FM	3A
New York City													
Bellevue Hospital Center													
Div. III-New York University College of Medicine.....	M. Kuschner.....	771	817,716	11,537	11,537	5	5	5	5	20	.....	.....	4P
Beth-El.....	D. M. Spain.....	168	426,256	7,300	7,206	1	0	0	0	1	150-200	FM	2A
Beth Israel.....	W. Antopol.....	120	201,374	6,018	5,677	2	1	1	1	5	175-225	PM	4P
Booth Memorial.....	A. Blaustein.....	119	102,381	2,500	2,500	1	0	0	0	1	285-...	O	1A
Bronx.....	L. Reiner.....	131	194,240	3,569	3,550	1	1	0	0	2†	145-195	FM	2P
Bronx Municipal Hospital Center.....	A. A. Angrist.....	543	887,266	4,551	4,551	3	3	3	3	12	215-...	FM	4P
Brooklyn.....	J. A. DeVeer.....	167	124,427	4,431	4,100	1	1	1	1	4	175-220	FM	4P
City Hospital at Elmhurst.....	I. Chapman.....	503	315,510	2,293	2,246	2	2	1	1	6	145-195	.....	4P
Coney Island.....	H. Fink.....	311	180,359	1,858	1,829	1	1	1	1	4	145-195	.....	4P
Cumberland.....	S. H. Polayes.....	145	356,214	1,915	1,765	1	1	1	0	3	145-195	.....	3P
Doctors.....	S. S. Trinidad.....	106	115,773	3,651	3,615	0	2	0	0	2	300-300	FM	1A
Flushing Hospital and Dispensary.....	I. Garrow.....	155	130,066	3,692	3,490	1	1	1	1	4	175-250	FM	4P
Fordham.....	L. J. Millman.....	238	151,431	2,088	1,890	2	1	1	0	4	145-195	.....	3A
Francis Delafield.....	H. P. Smith.....	198	103,370	6,779	6,779	0	0	0	0	6	145-195	.....	3A
Goldwater Memorial.....	J. Rosenthal.....	137	88,355	416	416	2	1	0	0	3	145-195	.....	2P
Greenpoint.....	R. Aronoff.....	150	241,214	4,956	4,956	1	1	0	0	2	145-195	.....	3P
Harlem.....	V. B. Dolgopool.....	509	328,841	3,323	3,323	2	2	1	0	5	.....	.....	4P
Hospital for Joint Diseases.....	H. L. Jaffe.....	56	114,593	2,851	2,851	2	0	0	0	2	80-100	FM	1A
Jamaica.....	F. Khayat.....	130	142,072	5,615	5,615	1	1	0	0	2	...-300	FM	4P
Jewish Chronic Disease.....	B. W. Volk.....	151	361,753	899	899	0	2	0	0	2	200-250	FM	2C
Jewish.....	D. Grayzel.....	273	450,000	6,928	6,480	2	2	1	0	5	100-125	FM	4P
Jewish Memorial.....	A. Schwarz.....	89	125,655	2,072	1,734	1	1	0	0	2	200-200	FM	4P
Kew Gardens General.....	J. Rosenthal.....	67	58,022	3,041	3,041	1	0	0	0	1	250-300	FM	1A
Kings County Hospital Center.....	P. J. Fitzgerald.....	1,082	2,896,823	10,479	10,000	7	6	5	2	20	145-195	.....	4P
Knickerbocker.....	W. B. Ober.....	123	108,441	1,770	1,730	1	0	0	0	1	150-150	FM	2A
Lebanon.....	J. C. Ehrlich.....	179	180,019	3,081	.....	1	1	1	0	3	150-...	FM	3P
Lenox Hill.....	S. R. Opler.....	144	178,206	4,574	4,248	1	1	1	1	4	240-300	PM	4P
Lincoln.....	H. Lepow.....	394	190,579	2,840	2,840	1	1	0	0	2	145-195	FM	4P

Numerical and other references are noted on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.M. Maintenance P.M. O	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
NEW YORK, New York City—Continued													
Long Island College	T. G. Morrione	192	181,406	5,212	4,612	1	1	1	1	4	164-191	PM	4P
Long Island Jewish	J. Berkman	264	389,869	7,750	6,775	1	1	1	0	3	100-165	FM	4P
Lutheran Medical Center	E. S. Wedding	98	127,887	2,276	2,276	0	0	0	0	0	185-185	FM	1A
Maimonides	A. R. Kantrowitz	280	447,862	6,266	6,266	3	2	1	0	6	75-150	FM	4P
Mary Immaculate	T. J. Hartnett	140	107,570#	4,902	4,700	1	1	1	1	4	170-210	FM	4P
Memorial Center for Cancer and Allied Diseases	F. W. Foote	498	16,605	7,258	7,258	0	0	9	2	11	300-400	PM	3A
James Ewing Memorial													
Methodist	B. S. Herr Jr.	131	144,280	3,904	3,748	1	1	1	0	3	175-200	FP	3P
Montefiore	H. M. Zimmerman	429	317,273	5,436	5,436	3	3	2	1	9	207-282	PM	3A
Morrisania City	M. Rona Daeco	247	151,253	2,433	2,433	2	2	0	0	4	145-195		4P
Mount Sinai	H. Popper	482	457,562	10,005	10,005	2	2	2	2	8	100-100	FM	4P
New York	J. Kidd	503	547,649	9,434	8,910	3*	1	1	1	6†	164-263	PM	4P
New York Medical College—Metropolitan Medical Center													
Flower and Fifth Avenue Hospitals	F. D. Speer	113	184,144	8,225	7,106	1	1	1	1	4	225-300	O	4P
Metropolitan	F. D. Speer	526	404,777	5,804	5,012	2	2	1	1	6	145-195	FM	4P
New York Polyclinic Medical School and Hospital	W. E. Finkelstein	104	101,550	4,819	4,819	1	1	0	0	2	150-175	FM	3A
New York University Medical Center													
University	M. N. Richter	132	6,297	949	949	1	1	0	0	2	145-195	FM	2A
Presbyterian	H. P. Smith, R. Lattes	639	825,155	8,155	8,155	3	1	3	1	8	250-308	PM	4P
Queens Hospital Center	G. Silverman	652	483,357	5,025	5,025	2	2	2	2	8	145-195		4P
Roosevelt	R. Garret	180	397,000	4,013	4,013	2	2	0	0	4	158-275	PM	2A
St. Barnabas Hospital for Chronic Diseases	N. H. Bigelow	160	131,374	3,616	3,616	1	2	0	0	3†	75-175	FP	2P
St. Catherine's	M. Wachstein	131	124,906	2,112	2,112	2	1	0	0	3	125-150	FM	3A
St. Clare's	J. M. Ravid	163	147,278	3,676	3,635	1	1	0	0	2	125-150	PM	2P
St. Francis	T. Ehrenreich	132	138,886	3,476	3,476	1	1	0	0	2	125-225	FM	4P
St. John's Episcopal	L. M. Fox	71	207,731#	20,919	26,519	1	0	0	0	1	175-175	FM	2P
St. John's Long Island City	E. Santora	96	64,439	1,907	1,813	1	0	0	0	1	200-200	FM	1P
St. Luke's	C. F. Begg	220	298,856	4,206	4,206	1	1	1	1	4	125-200	FM	4P
St. Mary's	W. Moitrier	72	155,491	4,172	4,172	1	1	0	0	2	200-225	FM	2P
St. Vincent's Hospital of the Borough of Richmond	V. Kogan	128	134,682	3,222	3,167	1	0	0	0	1	240-240	PM	1A
St. Vincent's Hospital of the City of New York	A. Rottino	448	276,632	4,823	4,823	2	1	0	0	3	200-275	FM	4P
Sea View 13	V. Altmann	96	111,826	290	290	1	0	0	0	1	145-195		1A
Staten Island	V. Altmann	112	84,155	2,365	2,365	1	0	0	0	1	200...	PM	1A
Veterans Administration (Bronx) 290	B. S. Gordon	362	596,386	4,333	4,333	3	2	2	1	8	270-824	O	4P
Veterans Administration (Brooklyn)	G. Kaufman	374	335,811	5,087	5,087	0	2	0	0	2	271-412	O	4P
Veterans Administration (Manhattan)	S. L. Wilens	394	508,782	3,403	3,012	2	4	2	0	8	271-412	O	4P
Wyckoff Heights		137	111,197								100...		2A
Niagara Falls													
Mount St. Mary's	T. T. Bronk	75	123,115								350...		1A
Port Chester													
United	T. E. Young	97	116,300	3,143	3,143	1	0	0	0	1	235-250	PM	1P
Poughkeepsie													
St. Francis	J. Gioia	76	125,820	2,933	2,800	1	0	0	0	1	250-250	FM	1A
Vassar Brothers	M. L. Dreyfuss	139	125,486	4,676	4,209	1	1	0	0	2	250-300	FM	2P
Rochester													
Genesee	J. Abbott	269	224,901	5,490	5,437	1	1	0	0	2	175-325	FM	2A
Rochester General	M. G. Bohrod	450	260,001	11,748	9,790	2	2	2	0	8	175-250	FP	4P
St. Mary's	J. Adler	260	148,695	4,881	3,114	1	1	1	1	4	250-325	PM	4P
Strong Memorial-Rochester Municipal	J. L. Orbison	575	47,236#	0,293	6,293	4	3	2	2	11	166-291	O	4P
Schenectady													
Ellis	G. Parkhurst	326	233,060	6,315	6,100	1	1	1	1	4	325-400	FP	4P
Syracuse													
St. Joseph's	H. J. Dick	160	166,490	4,095	4,095	2	0	0	0	2	250-250	O	2P
State University of New York													
Upstate Medical Center	J. H. Ferguson	530	28,009	7,821	7,821	6	0	0	0	6	250-350	O	3A
Veterans Administration	J. A. Schaefer	172	152,614	2,269	2,228	1	1	0	0	2	271-293		3P
Troy													
Samaritan	C. G. Burn	113	105,605	3,704	3,116	1	0	0	0	1	300-350	FM	1A
Utica													
Utica State	N. M. Levine	102	39,922	166	166	0	1	0	0	1	505-563	PM	4P
Valhalla													
Grasslands	V. A. Bradess	719	398,626	3,921	3,649	1	1	1	1	4	175-225	FM	3A
Yonkers													
St. John's Riverside	C. E. DeAngelis	74	74,060	1,782	1,526	2	0	0	0	2	300...	FM	1P
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	K. M. Brinkhous	330	11,098	4,309	3,791	5	3	2	2	12	175-266	O	4P
Charlotte													
Charlotte Memorial	F. G. Germuth, Jr.	157	181,892#	6,056	5,959	1	1	1	0	3	295-345	PM	3A
Presbyterian	H. L. Large, Jr.	188	180,862	7,534	7,299	1	1	0	0	2	250-250	FM	4P
Durham													
Duke University Affiliated Hospitals													
Duke	W. D. Forbus	452	725,587	8,830	8,830	2	2	2	2	8	150-150	FM	4P
Veterans Administration	R. D. Baker	226	193,694#	8,860	8,860	1	0	2	3	6	270-462	O	4P
Watts	J. U. Gunter	89	203,785	6,227	6,227	1	1	0	0	2	300-350	FM	2P
Greensboro													
Moses H. Cone Memorial	H. Z. Lund	211	139,118	6,918	6,787	0	0	1	0	1†	350-500	O	4P
Winston-Salem													
North Carolina Baptist	R. P. Morehead	344	316,002#	37,772	37,772	3	2	2	3	10	250-450	PM	4P
OHIO													
Akron													
Akron City	L. Catron	408	370,082	8,925	8,925	2	1	1	0	4	275-375		4P
Akron General	G. R. Dochat	266	287,857	6,285	5,118	1	1	1	1	4	300-400	FM	4P
Canton													
Aultman	F. B. Queen	208	278,816	8,641	8,633	1	1	1	1	4	275-400	PM	4P
Mercy	A. Raftery	215	203,814	6,383	4,085	1	1	1	1	4	275-300	PM	4P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Maintenance P M O	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
OHIO—Continued													
Cincinnati													
Bethesda	J. Hamblet	123	62,636	3,972	3,251	1	1	1	0	3	260-310	PM	3P
University of Cincinnati Hospital Group													
Cincinnati General	E. A. Gall	779	210,661	3,548	3,548	4	2	1	1	8	100-300	FM	4P
Good Samaritan	L. Z. Gordon	265	251,100	14,500	5,400	1	1	1	0	3	250-300	FM	3A
Jewish	P. Wasserman	250	295,605	7,857	7,270	1	1	1	0	3	195-235	FP	3P
Cleveland													
Cleveland Clinic	J. B. Hazard	344	703,145	9,184	9,184	2	2	2	2	8	275-350	...	4P
Cleveland Metropolitan General	T. D. Kiunev	348	635,480	5,590	5,590	4	2	2	2	10	150-300	FM	4P
Evangelical Deaconess	F. M. Bayless	166	109,797#	3,096	3,096	1	1	0	0	2	175-200	FM	2A
Huron Road	E. Goodsitt	252	349,808	14,098	14,098	1	1	1	0	3	210-230	FP	4P
Lutheran	W. Sinclair	138	101,051	5,476	5,357	2	1	0	0	3	250-262	FP	2P
Mount Sinai	H. Goldblatt	248	456,662	8,037	8,037	1	1	1	1	4	215-250	FM	4P
St. Alexis	P. D. DeWitt	173	150,088	3,945	3,945	2	0	0	0	2	225-275	FMO	1A
St. Luke's	A. J. Segal	318	345,720	6,141	5,770	1	1	1	1	4	200-305	FM	4P
St. Vincent Charity	J. S. Mackrell	193	252,940	5,024	4,282	1	1	1	1	4	210-250	FP	4P
University Hospitals of Cleveland	A. R. Moritz	544	462,161	12,977	12,977	3	3	3	1	10	150-250	PM	4P
Veterans Administration ³⁰⁷	J. E. Kahn	802	521,148	4,467	4,025	1	1	1	1	4	271-462	PM	4P
Columbus													
Children's	W. A. Newton, Jr.	352	150,373	3,136	...	3	0	0	0	3	175-300	PM	1P
Grant	B. H. Hurd	148	137,198	5,156	5,123	1	1	1	0	3	325-375	FP	3P
Ohio State University Hospitals													
University	E. Von Haam	574	1,044,444	41,167	32,872	4	4	4	4	16	177-277	PM	4P
White Cross	R. J. Johnsmann	225	260,904#	12,506	11,719	1	1	1	0	3	290-340	PM	3A
Dayton													
Miami Valley	M. Oosting	775	523,938#	11,006	11,006	2	2	2	2	8	225-250	FP	4P
Veterans Administration	R. C. Metzger	319	189,354	1,682	1,662	1	1	0	0	2	271-293	O	2A
Elyria													
Elyria Memorial	R. G. Thomas	92	162,774	5,089	4,829	1	0	1	0	2	...	FM	4P
Garfield Heights													
Marymount	E. E. Siegler	108	150,279	2,499	2,248	1	0	0	0	1	250-250	FM	2A
Hamilton													
Mercy	K. Lande	123	136,068	2,344	2,344	1	1	1	0	3†	200-300	...	3A
Lima													
St. Rita's	C. L. Blumstein	168	147,268	4,637	3,612	1	1	1	1	4	400-450	PM	4P
Lorain													
St. Joseph	C. Chesner	104	140,195	3,766	...	1	0	1	0	2	300-300	FM	4P
Springfield													
Springfield City	R. E. Wybel	171	143,264	7,372	6,452	1	0	0	0	1	375-...	FM	2A
Toledo													
Maumee Valley	J. G. Snavelly	172	148,204	1,949	1,938	1	1	1	1	4	285-300	FP	4P
Mercy	E. L. Burns	241	184,331	6,142	4,773	1	1	1	1	4	275-350	FM	4P
St. Vincent's	M. F. Vidoli	271	213,616#	6,355	4,204	1	1	1	0	3	275-325	FP	4P
Toledo	B. Steinberg	363	176,568	6,307	5,380	1	1	1	1	4	275-350	FM	4P
Warren													
Trumbull Memorial	R. J. Williams	183	186,710	3,882	3,688	1	1	0	0	2	300-400	FP	2A
Youngstown													
St. Elizabeth	B. Taylor	264	277,939	7,818	5,737	1	1	1	1	4	300-375	FM	4P
Youngstown	A. E. Rappoport	467	403,016	8,201	8,201	2	2	2	2	8	275-400	FM	4P
OKLAHOMA													
Oklahoma City													
St. Anthony's	W. T. Snoddy	178	270,499	7,651	5,104	0	1	0	0	1	300-350	FM	4P
University of Oklahoma Medical Center													
University Hospitals	W. E. Jaques	208	422,000	5,879	5,127	1	1	1	1	4	200-275	FM	...
Veterans Administration		206	192,853	2,209	1,629	...	...	...	...	...	...	...	...
Tulsa													
Hillcrest Medical Center	L. Lowbeer	193	207,661	8,736	6,340	3	1	1	1	6	200-200	FM	4P
St. John's	E. E. Palik	218	305,755	9,815	7,297	1	1	1	1	4	175-275	FP	4P
OREGON													
Portland													
Emanuel	V. D. Sneed	315	213,832#	9,002	7,012	1	1	0	0	2	275-285	PM	3A
Good Samaritan	M. W. Heimmann	224	353,196#	8,629	6,782	1	1	1	1	4	275-305	PM	4P
Providence	T. Cochran, J. S. Arnold	211	293,256	8,156	7,243	...	...	...	...	...	...	...	4P
St. Vincent's	J. E. Nohlgren	301	244,327	11,689	10,389	1	1	1	1	4	275-305	PM	4P
University of Oregon Medical School Hospitals and Clinics ³²³	W. C. Hunter, R. Grondahl	532	363,524	5,931	5,931	4	4	0	0	8	165-215	FM	4P
Veterans Administration	E. J. Losli	327	213,080	3,199	3,000	1	1	0	0	2	271-412	PM	2A
PENNSYLVANIA													
Abington													
Abington Memorial	J. W. Einan	236	252,910	18,973	18,973	1	1	1	1	4	350-450	FM	4P
Allentown													
Allentown	G. Selin	283	271,522	5,784	5,192	1	1	1	1	4	225-416	FM	3A
Sacred Heart	D. E. Stader	176	195,291	8,859	8,365	1	1	0	1	2	225-275	FP	2A
Altoona													
Altoona	G. J. Heid Jr.	179	146,227	4,767	4,600	1	1	0	0	2	325-350	FM	2A
Bethlehem													
St. Luke's	E. J. Benz	247	216,374	5,450	5,450	0	1	0	1	2	225-300	FP	4P
Bryn Mawr													
Bryn Mawr	M. M. Strumia	288	296,786	5,770	5,257	1	1	1	1	4	200-275	FP	4P
Chester													
Chester	W. N. Campbell	180	165,000	3,250	3,250	1	0	0	0	1	350-350	FM	2A
Danville													
George F. Geisinger Memorial	T. K. Hepler	182	310,942	4,358	3,725	1	1	0	1	3	175-250	FM	4P
Darby													
Thomas M. Fitzgerald-Mercy	W. H. Miller	185	132,874	3,223	3,223	1	1	1	1	4	250-400	PM	4P
Erie													
Hamot	E. L. Armstrong	220	329,820	8,673	7,580	1	1	1	1	4	250-300	FM	4P
St. Vincent	R. B. Eisenberg	199	202,053	6,406	6,406	1	1	1	1	4	...	FM	4P
Harrisburg													
Harrisburg	F. W. Brason	472	479,306	12,894	12,894	1	1	1	1	4	250-...	FP	4P
Harrisburg Polyclinic	J. S. Forrester	252	290,348	7,191	6,991	1	1	0	0	2	250-375	FM	2A

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17. PATHOLOGY—Continued

Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P M O	Length of Approved Program (Years)	
					1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
PENNSYLVANIA—Continued													
Johnstown													
Conemaugh Valley Memorial	W. W. Ayres	159	240,918	5,733	4,694	1	1	1	1	= 4	300-350	FM	4P
Lancaster													
Lancaster General	W. M. O'Donnell	262	184,191	4,933	4,963	2	2	0	0	= 4	200-200	FM	2A
St. Joseph's	H. G. Shaub	141	174,155	5,614	5,457	1	1	0	0	= 2	300-300	FP	2A
Norristown													
Montgomery	H. T. Tamaki	100	93,011	2,308	2,233	2	0	0	0	= 2	250-...	FM	2P
Philadelphia													
Albert Einstein Medical Center													
Northern Division	H. Brody	334	232,800	5,840	5,840	2	2	2	2	= 8	125-200	FM	4P
Southern Division	D. Meranze	166	240,378	7,797	7,797	1	1	1	1	= 4	125-200	FM	4P
Chestnut Hill	S. B. Rose	93	81,624	2,257	2,061	1	1	0	0	= 2	350-350	FM	4P
Children's	I. J. Wolman	158	271,641	1,474	1,474	1	0	0	0	= 1	100	FM	1A
Episcopal	A. D. Wallis	175	188,951	2,820	2,820	1	0	0	0	= 1	150-150	FM	4P
Frankford	L. Rauer	122	150,679	3,731	3,731	1	1	0	0	= 2	275-...	FP	3P
Germantown Dispensary and Hospital	F. Fite	190	146,841	4,193	4,193	1	1	1	1	= 4	175-200	FM	4P
Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena	164	201,239	4,610	4,610	1	1	1	0	= 3	166-250	FM	3A
Hahnemann Medical College and Hospital	J. E. Imbriglia	290	339,891	6,824	6,824	2	2	2	2	= 8	75- 75	FM	4P
Hospital of the University of Pennsylvania	H. T. Enterline, R. Norris	459	15,000	9,000	9,000	3	3	3	3	= 12	150-150	PM	4P
Hospital of the Woman's Medical College of Pennsylvania	M. M. Porter, I. N. Dubin	132	100,275	2,203	2,203	1	1	1	1	= 4	125-175	FM	4P
Jefferson Medical College	P. A. Herbut	332	481,145	11,405	11,405	1	2	3	2	= 8	150-300	PM	4P
Lankenau	C. E. Brown	234	182,407	4,140	4,140	1	1	1	1	= 4	200-250	FM	4P
Mercy-Douglass	W. P. Belk	52	80,663	1,666	1,569	1	0	0	0	= 1	200-200	FM	1C
Misericordia	H. E. Marx	196	158,004	3,378	3,040	1	0	0	0	= 2	250-300	FM	2P
Pennsylvania	A. R. Crane	309	315,367	4,106	...	...	...	...	...	...	100-...	FM	4P
Philadelphia General	W. E. Ehrlich	1,130	729,189	6,841	6,841	3	2	2	0	= 7	128-265	FM	4P
Presbyterian	J. Butcher	228	175,240	5,088	4,683	2	1	1	1	= 5	235-290	FM	4P
Temple University	E. E. Aegerter	650	717,118	9,746	9,746	2	2	2	3	= 9	175-250	PM	4P
Veterans Administration	S. Bornstein	352	222,065	2,428	2,390	1	1	1	0	= 3	270-462	O	4P
Pittsburgh													
Allegheny General	R. C. Grauer	284	228,447	5,021	5,021	1	1	1	1	= 4	400-475	FM	4P
Health Center Hospitals of the University of Pittsburgh School of Medicine													
Children's	G. H. Fetterman	182	122,889	1,650	1,650	2	1	0	0	= 3	200-250	PM	1P
Presbyterian-Woman's	T. J. Moran	273	319,681	5,567	5,562	3	3	2	2	= 10	125-175	FM	4P
Mercy	M. M. Bracken	347	404,361	9,206	7,264	1	2	1	0	= 4	235-310	FM	4P
Montefiore	H. Mendelow	191	180,747	5,866	4,632	1	1	1	1	= 4	225-300	FM	4P
St. Francis General Hospital and Rehabilitation Institute	R. D. Hamilton	197	251,490	3,710	3,691	1	1	1	1	= 4	240-305	FP	4P
St. Margaret Memorial	J. E. Kurtz	72	114,848	1,928	1,928	1	0	0	0	= 1	300-300	FM	1P
Shadyside	E. L. Heller	214	121,616	4,272	2,765	1	1	1	1	= 4	350-550	O	4P
South Side	L. Goodman	198	168,716	3,922	3,892	1	1	0	0	= 2	350-350	FM	2A
Veterans Administration	E. R. Fisher	446	305,401	3,464	3,464	2	1	1	1	= 5	270-827	O	4P
Western Pennsylvania	R. G. McManus	339	308,859#	8,337	5,319	2	2	1	1	= 6	250-300	FP	3A
Reading													
St. Joseph's	G. Desjardins, J. Chen See	175	164,207	5,351	4,759	1	1	0	0	= 2	250-250	FM	4P
Sayre													
Robert Packer	R. S. McCants	177	272,472	3,609	3,559	1	1	1	1	= 4	235-375	PM	4P
West Reading													
Reading	W. P. Jennings	328	193,736	4,541	4,523	2	2	2	2	= 8	225-300	FM	4P
Scranton													
Scranton State	J. J. O'Connor Jr.	121	93,661	1,522	1,332	1	0	0	0	= 1	500-500	PM	1A
Wilkes-Barre													
Wilkes-Barre General	C. E. Rodriguez	153	140,037	11,357	8,769	1	0	0	0	= 1	...-225	...	2A
Williamsport													
Williamsport	M. G. Colvin	278	153,250	6,474	5,738	1	1	1	1	= 4	250-350	FP	4P
York													
York	T. J. Burkart	277	193,698	8,628	8,628	1	1	1	1	= 4	225-300	PM	3A
PUERTO RICO													
Aguadilla													
Aguadilla District	D. Jutz	245	87,430	1,490	1,450	1	0	0	0	= 1	300-350	FM	1A
Arecibo													
Arecibo District	J. A. Carro	338	117,832	2,568	2,568	1	0	0	0	= 1	250-350	FM	1A
Caparra Heights													
University	E. Koppisch	229	127,996	5,981	5,981	1	2	1	0	= 4	250-350	FM	4P
Ponce													
Ponce District General	E. Rivera	356	181,204	2,783	2,783	2	2	0	0	= 4	250-350	FM	3A
San Juan													
Dr. I. Gonzalez Martinez Oncologic	R. M. Rojas	32	23,909	4,551	4,395	0	0	1	0	= 1	300-300	PM	1A
San Juan City	E. Koppisch	289	316,947	...	...	2	1	1	0	= 4	175-325	FM	3A
Veterans Administration (San Patricio)	F. M. Reyes	66	100,276	1,265	1,265	1	0	0	0	= 1	318-408	...	1A
RHODE ISLAND													
Newport													
Newport	T. R. Cox	72	138,985	3,471	2,480	1	0	0	0	= 1	150-200	FM	1A
Pawtucket													
Memorial	G. P. Paparo	136	197,007	13,553	3,514	1	0	0	0	= 1	250-250	...	4P
Providence													
Rhode Island	H. Fanger	495	406,223	10,536	10,422	2	2	2	2	= 8	125-200	FM	4P
SOUTH CAROLINA													
Charleston													
Teaching Hospitals of the Medical College of South Carolina	H. R. Pratt-Thomas	465	399,827	24,347	21,913	2	2	2	0	= 6	200-200	O	4P
Medical College	...	...	...	...	...	...	...	...	...	...	...	...
Roper	...	...	...	...	...	...	...	...	...	...	...	...
Greenville													
Greenville General	E. A. Dreskin	229	235,214	15,930	7,989	1	1	1	1	= 4	275-350	O	4P
Spartanburg													
Spartanburg General	J. R. Cain	194	214,534	7,292	552	1	1	1	1	= 4	375-525	PM	4P

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17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F/M Maintenance P/O	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
SOUTH DAKOTA													
Sioux Falls													
Sioux Valley	C. Mitchell	108	93,968	...	...	0	2	0	0	= 2	150-150	FM	3P
TENNESSEE													
Chattanooga													
Baroness Erlanger	J. W. Adams	317	397,991	18,463	18,463	1	1	1	1	= 4	325-400	...	4P
Knoxville													
East Tennessee Baptist	R. J. Leffer	82	120,088	5,020	4,496	2	1	0	0	= 3	300-350	PM	2P
St. Mary's Memorial	G. S. Mahon	136	119,420	5,901	3,049	1	1	1	1	= 5	250-325	FM	4P
University of Tennessee Memorial Research Center and Hospital	F. Jones	100	249,261	2,089	2,361	1	1	1	0	= 3	320-340	FM	4P
Memphis													
Baptist Memorial	M. Trumbull	384	35,492	15,093	13,067	3	2	2	2	= 9	325-400	PM	4P
City of Memphis Hospitals	D. H. Sprunt	747	59,463	5,346	5,346	5	4	3	0	= 12	150-200	FP	4P
Methodist	W. W. Tribby	139	187,535	9,005	8,070	1	1	1	0	= 3	325-375	FM	3P
St. Joseph	L. Prieto, Jr.	109	148,288	4,766	3,932	1	1	0	0	= 2	325-375	FM	2A
Veterans Administration	J. M. Young	443	417,717	6,142	5,756	2	2	1	0	= 5	271-347	PM	3P
Nashville													
Baptist	F. G. Womack	148	203,071	12,880	5,207	1	1	0	0	= 2	300-300	FM	4P
George W. Hubbard	H. M. Frazier	194	234,774	2,191	2,100	1	1	0	0	= 2	175-250	FM	2A
St. Thomas	D. K. Gotwald	119	209,487	5,050	3,761	2	0	0	0	= 2	300-300	FP	4P
Vanderbilt University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville General	W. A. De Monbreun	117	171,779	2,522	2,360	2	0	0	0	= 2	325-350	FP	2A
Vanderbilt University	J. L. Shapiro	288	31,826	3,436	3,368	3	3	2	0	= 8	100-125	FM	4P
Veterans Administration	N. Ende	...	...	...	...	...	...	...	...	...	...	...	4P
Oak Ridge													
Oak Ridge Institute of Nuclear Studies—Medical Division	B. M. Nelson	32	1,006	80	80	0	0	0	1	= 1	400-400	O	1A
TEXAS													
Austin													
Brackenridge	D. M. Queen	154	84,953	3,481	3,221	1	1	1	1	= 4	250-250	FM	4P
Dallas													
Baylor University Medical Center	G. J. Race	350	430,902	14,222	12,064	3	2	2	2	= 9	210-250	PM	4P
Methodist	A. B. Cairns	92	77,183	7,201	5,039	1	1	0	0	= 2	275-325	FP	2P
Parkland Memorial	C. Ashworth	370	1,161,771	11,550	11,550	3	3	3	2	= 11	225-275	PM	4P
St. Paul	J. H. Chiklers	214	462,346	9,163	8,781	2	2	2	2	= 8	225-300	FP	4P
Veterans Administration	H. L. Reinhart	306	304,125	2,185	2,185	1	1	1	1	= 4	271-412	...	4P
Fort Worth													
Harris	C. D. Fitzwilliam	150	220,405	7,096	6,121	1	1	0	0	= 2	300-375	FP	2A
St. Joseph's	O. J. Wollemann Jr.	153	197,585	4,625	3,665	1	1	1	1	= 4	300-400	FP	4P
Galveston													
University of Texas Medical Branch Hospitals	H. Hopps	337	774,510	9,303	9,253	3	3	3	0	= 9	160-160	FP	4P
Houston													
Baylor University College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis	S. A. Wallace	451	6,210	120	6,090	2*	1	1	1	= 5	125-165	FM	4P
Methodist	J. P. Abbott	246	516,779	19,830	17,916	1	1	1	1	= 4	100-175	FM	4P
Texas Children's	H. S. Rosenberg	134	213,943	1,870	1,496	1	0	0	1	= 2	100-175	FM	1A
Veteran's Administration	B. Halpert	443	473,217	3,368	...	1	1	1	1	= 4	270-412	PM	4P
Hermann	W. G. Brown	359	597,190	15,063	13,223	1	1	1	1	= 4	200-416	PM	4P
Memorial	F. Leidler	149	253,751	7,291	7,291	1	1	1	0	= 3	220-270	PM	3P
St. Joseph's	P. M. Marouse	195	300,861	6,514	5,894	2	1	0	0	= 3	220-350	PM	4P
St. Luke's Episcopal	C. J. Lind	107	350,792	5,628	5,396	1	1	1	1	= 4†	100-225	FM	4P
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	322	317,518	8,750	8,750	0	2	2	1	= 5	300-416	O	4P
Lubbock													
Methodist	R. A. Keffler	176	174,247	8,986	8,481	1	1	1	1	= 4	300-400	FP	4P
McKinney													
Veterans Administration	...	88	81,732	795	795	...	...	...	...	...	...	...	4P
San Antonio													
Baptist Memorial	A. O. Severance	251	230,053	6,206	5,858	1	1	1	1	= 4	150-350	FP	4P
Robert B. Green Memorial	D. L. Galindo	292	256,074	3,101	3,094	1	1	1	0	= 3	150-300	FM	2A
Santa Rosa	N. H. Jacob	294	267,254	5,996	5,501	1	1	1	1	= 4	275-300	FP	4P
Temple													
Scott and White Memorial	J. C. Stinson, W. N. Powell	124	310,739	7,531	9,854	1	0	0	0	= 1	300-300	O	4P
UTAH													
Ogden													
St. Benedict's	E. E. Pautler	89	132,002	4,697	2,588	1	0	0	0	= 1	275-275	PM	1A
Thomas D. Dee Memorial	W. A. Bennett	130	132,921	6,367	6,023	0	2	0	0	= 2	325-350	PM	2P
Salt Lake City													
Dr. W. H. Groves Latter-Day Saints	J. H. Carlquist	283	378,034	9,549	7,229	1	1	1	1	= 4	250-350	FP	4P
Holy Cross	C. McNeil	102	153,888	5,879	4,950	0	1	0	1	= 2	...	FP	4P
University of Utah Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Salt Lake County General	W. Carnes	281	130,158	1,621	1,587	2	2	1	1	= 6	225-350	O	3A
Veterans Administration	T. Cochran	214	189,885	1,074	1,042	3	0	0	0	= 3	271-462	O	1A
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	4P
De Goesbriand Memorial	R. Coon	112	70,481	2,456	2,456	...	...	...	...	...	...	...	...
Mary Fletcher	R. W. Coon	261	109,357	4,425	3,740	2	2	2	2	= 8	...-200	O	...
VIRGINIA													
Charlottesville													
University of Virginia	D. E. Smith	417	322,055	11,095	11,095	1	2	0	0	= 3	200-300	...	4P
Danville													
Memorial	L. W. Powell Jr.	154	127,154	4,816	4,816	1	1	1	1	= 4	...	...	4P
Lynchburg													
Lynchburg General	S. M. Bouton	83	78,262#	4,363	4,188	0	0	1	1	= 2	200-300	PM	2P
Newport News													
Riverside	M. F. Sherrill	89	207,703#	8,895	8,895	1	0	0	0	= 1	250-250	FM	1A
Norfolk													
De Paul	A. F. Strauss	240	225,622	8,319	7,921	1	1	1	1	= 4	225-300	FM	4P
Norfolk General	E. D. Levy, R. Shuman	205	194,426	23,380	17,076	1	1	1	1	= 4	290-465	FM	4P

Numerical and other references are listed on pages 811 through 814.

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Residencies Offered 1961-1962				Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance FM PM O	Length of Approved Program (Years)
						1st Year	2nd Year	3rd Year	4th Year				
VIRGINIA—Continued													
Portsmouth													
Maryview													
Richmond													
Johnston-Willis	J. L. Thornton.....	97	80,932#	2,579	2,087	1	0	0	0	= 1	250-250	FM	1A
Medical College of Virginia—Hospital Division	G. Margolis, S. Kay, H. Kupfer.....	564	648,264	9,774	8,928	8	2	3	0	= 13	200-300	FM	4P
Richmond Memorial	W. Monroe.....	155	240,000	6,900	5,500	2	0	0	0	= 2	350-350	FM	1P
Veterans Admin.	J. R. Kriz.....	266	258,596	2,917	2,803	1	1	1	1	= 4	271-412	PM	4P
Roanoke													
Roanoke Memorial	J. C. Gale.....	134	145,614	7,657	3,142	1	1	1	1	= 4	350-350	FP	4P
WASHINGTON													
Seattle													
Children's Orthopedic	S. A. Creighton.....	172	151,677#	1,805	722	0	1	1	1	= 3	230-330	PM	1A
Doctors	R. C. Ellis.....	146	128,029	4,927	4,370	1	1	0	0	= 2	250-300	FM	2A
Providence	D. G. Mason.....	260	125,412#	5,969	3,444	1	1	0	0	= 2	250-350	FP	2A
Swedish	P. K. Lund.....	280	209,046	10,453	9,822	1	1	1	1	= 4	225-388	FP	4P
University of Washington													
Affiliated Hospitals													
King County—Unit No. 1 (Harborview)	I. J. Schulberg.....	693	275,226#	4,500	4,172	2*	1	1	1	= 5	150-325	FM	4P
Veterans Admin.	E. P. Benditt.....	278	139,593	2,028	1,956	2	0	1	0	= 3	271-347	...	3P
Virginia Mason	H. W. Jones.....	186	232,483	6,378	5,252	1	1	1	1	= 4	175-375	FP	4P
Spokane													
Deaconess	T. E. Ludden.....	250	150,589	5,381	3,996	1	0	0	0	= 1	300-300	FP	3A
Sacred Heart	J. E. Hill.....	260	198,815	10,191	8,741	2	1	0	0	= 3	250-275	FP	3A
Tacoma													
St. Joseph	C. R. McColl, R. Vimont.....	83	95,763	4,684	4,363	2	2	0	0	= 4	300-300	FM	2A
Tacoma General	C. P. Larson, M. J. Wicks.....	...	171,839	14,100	11,578	1	1	1	1	= 4	300-450	FM	4P
WEST VIRGINIA													
Beckley													
Beckley Memorial	W. A. Laqueur.....	123	148,329	3,151	3,000	1	0	0	0	= 1	400-400	FP	1A
Charleston													
Charleston General	P. Ladewig, W. Garrard.....	110	121,689	3,043	3,005	1	1	0	0	= 3	225-275	FP	4P
Memorial	G. B. Swoyer.....	162	115,595	6,343	6,343	1	1	0	0	= 2	250-275	FP	2A
Clarksburg													
St. Mary's	H. Fischer.....	125	155,000	4,719	3,500	1	1	0	0	= 2	300-...	FP	2P
Huntington													
Cabell Huntington	S. Werthammer.....	136	168,865	5,268	5,012	1	0	0	0	= 1	325-425	FM	3A
St. Mary's	S. Werthammer.....	136	247,782	4,696	3,857	0	0	1	0	= 1	275-325	FP	3A
Martinsburg													
Veterans Admin.	R. G. Gottschalk.....	146	186,065	1,396	1,279	2	0	0	0	= 2	271-462	O	2P
Wheeling													
Ohio Valley General	H. G. Little.....	179	147,347	5,995	5,046	1	1	1	1	= 4	325-375	...	4P
WISCONSIN													
Beloit													
Beloit		83	99,868	2,501	1,710	...	...	...	...	...	...	...	2A
Fond Du Lac													
St. Agnes	R. W. Steube.....	135	154,610	6,132	3,011	2*	2	0	0	= 4	250-300	FM	2A
Madison													
Madison General	P. G. Piper.....	162	142,419	6,198	5,247	1	1	1	1	= 4	200-275	FP	4P
University Hospitals	F. Larson, D. Angevine.....	327	306,397	4,391	4,391	2	1	0	0	= 3	100-250	FM	4P
Marshfield													
St. Joseph's	F. J. Glassy.....	165	100,147	3,331	3,085	1	1	1	0	= 3	350-350	FM	3P
Milwaukee													
Columbia ³⁸²	R. Ritchie.....	187	118,125#	4,194	2,904	1	1	1	1	= 4	270-345	PM	4P
Evangelical Deaconess	R. S. Haukohl.....	139	139,611	4,757	944	1	1	1	1	= 4	300-375	FP	4P
Milwaukee County	P. Kimmelstiel.....	723	448,853	4,183	4,183	2	3	2	1	= 8	229-434	...	4P
Milwaukee	E. A. Birge.....	163	182,288	7,246	6,317	1	0	0	0	= 1	281-357	PM	4P
Mount Sinai	N. Jenz.....	143	179,683	4,619	4,619	1	1	1	1	= 4	300-350	FM	4P
St. Francis	J. M. Lubitz.....	114	110,990	3,678	...	...	...	...	...	...	275-...	...	4P
St. Joseph's	C. H. Altshuler.....	196	224,082	10,050	8,734	1	1	1	1	= 4	300-350	...	4P
St. Luke's	B. E. Clarke.....	279	151,716	3,906	3,318	1	1	1	1	= 4	275-425	FM	4P
St. Mary's ³⁸⁷	S. B. Pessin, R. K. Voet.....	139	115,160	5,115	3,657	1	1	1	1	= 4	300-395	O	4P
Veterans Admin. (Wood).....	R. M. Maynard.....	457	353,656	3,217	3,014	3	2	1	0	= 6	271-412	PM	4P

18. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 756.

19. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i. e., TWO or more years).

Hospitals, 248; Residencies, 1884

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance FM PM O	
				Number	Antopsy Percent		1st Year	2nd Year	3rd Year	4th Year				
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	T. M. Holcomb.....	46	1,470#	42	86	18,626	3	3	0	0	= 6	...	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	F. C. Biehuse.....	25	1,300	22	89	15,100	3	3	0	0	= 6	...	FM	

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	FPMaintenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES ARMY—Continued													
COLORADO													
Fitzsimons General, Denver.....	H. J. Umlauf, Jr.....	19	821	32	100	26,488	3	3	0	0	= 6	...	...
DISTRICT OF COLUMBIA													
Walter Reed General, Washington.....	O. C. Bruton.....	58	1,578	44	86	29,110	3	3	0	0	= 6	...	...
HAWAII													
Tripler Army, Honolulu.....	J. P. Fairchild.....	24	1,345	8	75	39,326	2	2	0	0	= 4	...	...
TEXAS													
William Beaumont General, El Paso.....	D. C. Plunket.....	18	1,331	22	77	53,437	2	2	0	0	= 4	394-505	PM
Brooke General, San Antonio.....	L. J. Geppert.....	25	849	28	96	38,798	3	3	0	0	= 6	...	...
WASHINGTON													
Madigan General, Tacoma.....	R. B. Gilha.....	29	1,783	10	90	35,074	2	2	0	0	= 4	...	...
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, Oakland.....	M. Kurzrok.....	11	779	8	87	41,640	2	1	0	0	= 3	...	...
U. S. Naval, San Diego.....	E. R. Moeller.....	36	1,906	23	96	42,339	2	2	0	0	= 4	...	...
MARYLAND													
U. S. Naval, Bethesda.....	T. E. Cone.....	30	2,688	73	85	14,400	2	2	0	0	= 4	...	...
MASSACHUSETTS													
U. S. Naval, Chelsea.....	A. Margileth.....	19	1,015	41	87	15,473	2	3	0	0	= 5	...	...
PENNSYLVANIA													
U. S. Naval, Philadelphia.....	W. I. Neikirk.....	18	988	14	86	22,799	2	2	0	0	= 4	...	...
VIRGINIA													
U. S. Naval, Portsmouth.....	F. B. Becker.....	41	2,129	42	83	30,625	2	2	0	0	= 4	...	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE													
DISTRICT OF COLUMBIA													
Fredmen's, Washington.....	R. B. Scott.....	28	712	22	71	3,573	1	1	2	0	= 4	308-417	PM
OTHER FEDERAL													
CANAL ZONE													
Balboa Heights													
Gorgas.....	D. Hirschl.....	35	827	12	100	1,442	1	1	0	0	= 2	458-593	O
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
University of Alabama Medical Center.....		...	...	...	...	...	...	...	...	...	...	...	...
Children's.....	H. C. Shirkey.....	47	3,394	42	45	8,541	6	2	1	0	= 9	250-350	FM
University Hospital and Hillman Clinic.....	K. Hare.....	34	1,435	67	54	5,899	6	6	0	0	= 12	143-170	...
Fairfield													
Lloyd Noland.....	G. C. McCullough.....	31	1,338	9	56	34,510	2	2	0	0	= 4	250-300	FM
Mobile													
Mobile General.....	J. B. Baumhauer.....	...	1,461	58	69	4,811	2	1	0	0	= 3	300-450	PM
ARIZONA													
Phoenix													
Maricopa County General.....	D. B. Manley.....	35	975	40	65	6,634	1	1	0	0	= 2	373-392	PM
St. Joseph's.....	H. Lipow.....	51	1,283	29	69	2,137	1	1	0	0	= 2	250-325	FP
ARKANSAS													
Little Rock													
University.....	T. C. Panos.....	33	949	88	71	8,487	4	4	1	0	= 9	170-237	O
CALIFORNIA													
Bakersfield													
Kern County General.....	J. Almklov.....	46	1,403	29	79	19,730	2	2	0	0	= 4	350-425	O
Fresno													
General Hospital of Fresno County 78.....	M. M. Cohen.....	43	4,014	49	76	7,440	3	2	0	0	= 5†	300-325	PM
Los Angeles													
California Babies and Children's.....	T. L. Birnberg.....	18	1,610	11	73	21,474	2	1	0	0	= 3	250-350	FM
Cedars of Lebanon.....	B. Kagan.....	17	1,870	29	83	4,296	3	2	0	0	= 5†	265-350	FM
Children's.....	R. Ward.....	157	9,748	255	85	73,468	15	12	2	0	= 29	150-400	PM
Los Angeles County.....	R. Ward, R. F. Chinnock.....	129	5,052	114	80	71,948	8	8	0	0	= 16	273-288	PM
Queen of Angels.....	D. Chambers.....	20	1,725	10	75	2,119	2	2	0	0	= 4	275-300	FM
University of California.....	J. M. Adams.....	40	1,774	95	92	10,000	4	2	2	0	= 8	240-426	FPO
White Memorial.....	R. F. Chinnock.....	15	716	22	90	16,017	2	1	0	0	= 3	215-235	PM
Oakland													
Children's Hospital of the East Bay.....	H. Long.....	93	7,244	104	85	...	6	6	0	0	= 12†	225-250	PM
Highland-Alameda County.....	M. Schwartz.....	33	1,314	40	45	6,889	2	1	0	0	= 3	200-295	FM
Kaiser Foundation.....	A. L. King.....	15	782	18	83	...	2	2	0	0	= 4	315-340	FM
Palo Alto													
Stanford Medical Center and Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...
Palo Alto-Stanford Hospital Center.....	N. Kretzmer.....	2	90	11	81	2,176	6	2	2	1	= 11	250-325	O
San Francisco													
Children's.....	H. E. Thelander.....	35	1,444	22	82	16,791	2	2	0	0	= 4	250-300	FP
Kaiser Foundation.....	J. G. Smille.....	11	721	13	85	59,379	2	2	0	0	= 4	315-390	FP
St. Luke's.....	L. E. Hardgrave.....	16	555	...	...	5,833	1	1	0	0	= 2	325-350	FP
St. Mary's.....	R. Flood.....	25	2,077	6	100	3,686	1	1	0	0	= 2	200-250	FP
University of California Hospitals.....	E. B. Shaw.....	46	1,989	56	91	17,154	2	4	1	0	= 7	243-426	...
San Francisco General.....	M. Grossman.....	36	1,275	22	77	11,534	3	1	1	0	= 5	220-360	O
San Jose													
Santa Clara County.....	H. Hardenbergh.....	23	464	19	63	2,611	2	1	0	0	= 3	270-320	PM
Santa Monica													
St. John's.....	A. B. Polson.....	18	1,634	8	75	...	3	0	0	0	= 3	225-250	PM

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.M.O.
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
CALIFORNIA—Continued															
Stockton		San Joaquin General	F. Rubstaller	23	783	16	75	2,927	1	1	0	0	2	275-300	PM
Torrance		Harbor General	K. Zike	28	1,405#	33	79	15,058	3	3	0	0	6	273-288	FM
COLORADO															
Denver		Children's	S. E. Wheelock	109	5,431	103	86	7,304	6	6	0	0	12	200-225	PM
		University of Colorado Medical Center	C. H. Kempe	25	907	80	84	12,375	2	8	4	0	14†	180-205	O
		Colorado General	C. Riley	35	1,918#	23	83	12,180						179-205	...
CONNECTICUT															
Hartford		Hartford	A. U. Peacock	43	7,290	4	87	1,714	1	1	0	0	2	125-207	PM
		St. Francis	T. F. Murphy	48	3,019	9	77	11,070	1	2	0	0	3	175-200	FP
New Haven		Yale-New Haven Medical Center													
		Grace-New Haven Community	N. K. Ordway	29	1,176	53	87	10,328	6	5	2	0	13	50-125	FM
		Hospital of St. Raphael	P. F. McAlenney	26	2,192	15	40	1,623	3	1	0	0	4	300-335	PM
DELAWARE															
Wilmington		Delaware	R. O. Y. Warren	44	2,405#	59	70	3,172	2	2	0	0	4	220-240	FP
DISTRICT OF COLUMBIA															
Washington		Children's	R. H. Parrott	84	3,824	99	85	48,177	12	9	2	0	23	200-325	PM
		District of Columbia General	T. Reichelderfer	60	2,072	43	62	38,859	6	5	1	0	12	233-283	O
		Georgetown University	F. G. Burke	22	1,556	23	65	3,806	5	3	2	0	10	175-270	FM
FLORIDA															
Gainesville		University of Florida Teaching Hospital and Clinics	R. T. Smith	18	264	17	82	...	4	3	3	1	11	217-450	...
Jacksonville		Duval Medical Center—St. Vincent's													
		Duval	J. K. David, Jr.	15	668	57	73	8,734	2	2	0	0	4	200-225	FM
		St. Vincent's	H. A. Carithers	37	2,847#	30	47	1,192	2	1	0	0	3	325-350	PM
Miami		Jackson Memorial	R. B. Lawson	68	1,890	63	65	7,513	6	5	1	0	12	200-275	FM
GEORGIA															
Atlanta		Crawford W. Long Memorial	F. D. Jones	26	1,478	88	54	4,057	5	1	0	0	6	285-300	O
		Georgia Baptist	J. Yampolsky	33	2,298	23	61	388	3	2	0	0	5	330-355	PM
		Grady Memorial	R. W. Blumberg	53	1,612	67	63	40,907	4	4	2	0	10	100-200	FM
		St. Joseph's Infirmary	C. D. Fowler	23	1,498	14	93	1,470	1	1	0	0	2	270-285	PM
Augusta		Medical College of Georgia Hospitals	V. C. Vaughan						4	3	1	0	8	...	...
		Eugene Talmadge Memorial	V. Vaughan	22	363	40	73	1,221						250-416	O
		University	W. A. Wilkes	63	4,732	91	62	4,723						200-225	...
HAWAII															
Honolulu		Kauaikeolani Children's	C. K. Kobayashi	53	4,231	35	83	4,418	3	4	0	0	7	200-250	FM
ILLINOIS															
Chicago		Children's Memorial	J. A. Bigler		2,732	66	94	63,431	18*	0	0	0	18	100-150	FM
		Cook County	J. Greengard	367	9,575	575	75	22,857	13	13	0	0	26	140-140	FM
		Loyola University (Stritch School of Medicine) Affiliated Hospitals													
		Mercy ⁸³	J. R. Christian	30	1,477	30	77	5,763	5	5	1	0	11	225-300	FM
		Michael Reese	J. Metcalf	102	1,977	206	71	13,163	7	7	2	0	16	125-175	FP
		Mount Sinai	J. Hork	33	2,494	65	86	4,104	1	1	1	0	3	225-275	PM
		Presbyterian—St. Luke's	W. R. Dammers	43	2,507	71	91	6,650	3	2	0	0	5	125-150	FM
		Provident	C. J. Runner	18	7,292	13	100	1,502	1	1	0	0	2	200-200	FM
		University of Chicago Clinics	F. H. Wright	44	1,430	95	86	17,026	7	6	1	0	14	250-305	O
		University of Illinois Research and Educational Hospitals	H. N. Sanford	70	1,457	60	93	10,966	3	4	0	0	7	160-185	PM
Evanston		St. Francis	J. B. Murphy	42	2,935	12	75	1,412	1	1	0	0	2	260-270	FM
Evergreen Park		Little Company of Mary	A. W. Fleming	63	4,296	26	50	778	4	4	0	0	8	225-275	FM
INDIANA															
Indianapolis		Indiana University Medical Center													
		Indiana University Medical Center Hospitals	L. T. Meiks	173	6,248	202	68	6,629	4	4	0	0	8	225-250	PM
		Marion County General	H. Call	30	805	16	75	14,275	1	1	0	0	2	269-295	PM
		Methodist	D. L. Rogers	46	2,189	35	68	2,999	1	1	0	0	2	290-320	PM
		St. Vincent's	H. Stadler	29	2,398	15	80	1,688	1	1	0	0	2	275-425	PM
IOWA															
Des Moines		Iowa Methodist	L. F. Hill	67	4,635	69	74	13,643	4	4	0	0	8	200-225	FM
Iowa City		State University of Iowa Hospitals	W. W. McCrory	52	2,197	77	79	11,925	5	4	1	0	10	200-255	FM
KANSAS															
Kansas City		University of Kansas Medical Center	H. C. Miller	35	1,407	56	87	20,025	8	8	0	0	16	125-150	PM

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
KENTUCKY														
Louisville														
	St. Joseph Infirmary	K. Crawford	39	3,224	26	58	1,574	2	2	0	0	4	220-230	PM
	University of Louisville Medical Center	A. J. Steigman	...	8,007	...	...	77,188	2	2	2	1	18	116-116	FM
	Children's	J. A. Little	...	...	...	...	...	...	...	...	...	...	...	...
	Louisville General	W. C. Adams	...	...	...	...	...	...	...	...	...	...	...	...
LOUISIANA														
New Orleans														
	Charity-Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...
	Louisiana State University Unit	R. L. Fowler	100	1,802	90	85	9,960	9	7	0	0	16	125-150	FM
	Tulane University Unit	R. V. Platou	99	1,724	66	88	8,949	8	8	0	0	16	125-150	FM
	Shreveport	...	...	...	...	...	...	...	...	...	...	...	...	...
	Confederate Memorial Medical Center	C. H. Webb	90	2,860	175	30	3,220	2	2	0	0	4	125-150	FM
MAINE														
Portland														
	Maine Medical Center	P. G. Good	16	781	23	74	1,743	1	1	0	0	2	175-200	...
MARYLAND														
Baltimore														
	Baltimore City Hospitals	H. E. Harrison	77	1,783	188	98	16,102	3	4	2	0	9	150-250	FP
	Johns Hopkins	R. E. Cooke	80	1,898#	192	91	57,164	12	7	1	0	20	160-222	PM
	Union Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...
	Sinai	H. H. Gordon	18	1,015	30	70	13,259	2	2	2	0	6	130-300	FM
	University	J. E. Bradley	57	1,380	133	65	28,650	4	3	1	0	8	200-250	PM
MASSACHUSETTS														
Boston														
	Boston City	S. S. Gellis	150	2,853	119	82	30,797	9	8	2	0	19+	158-248	FM
	Boston Floating	J. M. Baty	76	3,116	114	86	...	6	6	0	0	12	229-254	O
	Children's Hospital Medical Center ¹⁹⁴	C. A. Janeway	76	3,488	289	85	28,169	8*	9	7	2	26	167-167	FM
	Massachusetts General	A. M. Butler	...	...	...	...	6,754	6	6	2	0	14	108-183	FM
Worcester														
	St. Vincent	P. P. Karpawich	54	3,675	15	87	668	1	1	0	0	2	175-200	FP
	Worcester City	J. Cohen	26	1,016	8	88	2,407	1	1	0	0	2	250-333	FM
MICHIGAN														
Ann Arbor														
	University	J. L. Wilson	73	1,833	88	89	17,763	10	10	5	3	28	180-275	O
Detroit														
	Children's	P. V. Wooley	99	4,327	...	...	55,979	13	13	1	0	27	200-300	FM
	Harper	E. E. Martner	32	1,539#	34	64	2,414	5	5	0	0	10	275-300	PM
	Henry Ford	J. A. Johnston	30	1,555	19	79	24,617	5	3	0	0	8	265-365	PM
Flint														
	Hurley	A. Tuuri	69	4,294#	39	62	589	2	2	0	0	4	325-350	FM
Grand Rapids														
	Butterworth	D. F. Waterman	39	3,046#	50	74	1,478	1	2	0	0	3	300-325	PM
Pontiac														
	St. Joseph Mercy	F. Adams	45	3,762	28	78	2,832	1	1	0	0	2	375-435	PM
Saginaw														
	Saginaw General	R. M. Heavenrich	24	1,756	19	84	1,208	1	1	0	0	2	365-415	PM
MINNESOTA														
Minneapolis														
	Minneapolis General	R. B. Raile	38	1,348	46	76	7,623	3	1	0	0	4	235-235	FM
	Northwestern	N. Beach	28	1,779	42	81	44	1	1	0	0	2	225-250	FP
	University of Minnesota Hospitals	J. A. Anderson	100	2,633	170	93	10,663	10	10	2	0	22	244-244	...
Rochester														
	Mayo Foundation ²²²	J. W. DuShane	...	3,812	80	83	...	8	8	4	0	20	200-200	PM
MISSISSIPPI														
Jackson														
	University of Mississippi Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
	University	B. Batson	19	731#	81	59	4,319	3	3	0	0	6	250-300	O
MISSOURI														
Columbia														
	University of Missouri Medical Center	R. Jackson	39	867	41	80	5,270	3	2	1	0	6	200-300	...
Kansas City														
	Children's Mercy	H. C. Miller	...	1,942	...	...	32,135	4	4	1	0	9	175-200	FM
	Kansas City General	C. W. Seely	26	1,304	43	51	7,141	2	2	0	0	4	220-240	PM
St. Louis														
	Homer G. Phillips	P. J. White	82	3,054	31	81	16,777	9	7	4	0	20	235-299	...
	St. Louis Children's	A. F. Hartmann Sr.	129	4,905	156	92	41,820	14	8	8	0	30	75-375	FP
	St. Louis City ²³⁰	J. T. Y. Shen	56	2,600	50	83	13,369	6	4	2	0	12	234-299	PM
	St. Mary's Group of Hospitals of St. Louis	...	...	...	...	...	...	...	...	...	...	...	...	...
	University	...	...	...	...	...	...	...	...	...	...	...	...	...
	Cardinal Glennon Memorial Hospital for Children	J. P. King	56	2,463	57	86	19,450	4	4	0	0	8	150-170	FM
NEBRASKA														
Omaha														
	Children's Memorial	C. R. Angle	57	4,238	64	81	5,264	4	4	0	0	8	275-425	PM
	Creighton Memorial-St. Joseph	J. H. Murphy	38	2,040	17	53	1,258	2	0	1	0	3	210-260	FP
	University of Nebraska	G. Gibbs	17	547	15	73	7,397	2	2	1	0	5	225-300	PM
NEW HAMPSHIRE														
Hanover														
	Mary Hitchcock Memorial	C. C. Stewart	23	1,525	30	100	4,825	1	1	0	0	2	218-218	...
NEW JERSEY														
Jersey City														
	Jersey City Medical Center	S. S. Stevenson	52	2,065	23	25	8,118	3	2	1	0	6	108-200	FM
Neptune														
	Fitzkin Memorial	J. F. Raffetto	23	1,642	19	58	753	1	1	0	0	2	250-250	FM

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEW JERSEY—Continued													
Newark													
Newark Beth Israel.....	A. Heyman.....	38	1,725	13	31	801	1	1	0	0	2	125-175	FM
St. Michael's.....	G. A. Maggio.....	55	2,830	34	88	5,461	3	2	0	0	5	150-215	FM
United Hospitals of Newark.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Babies.....	J. C. Dower.....	.....	3,969	34	85	11,366	4	4	1	0	9	275-325	O
NEW MEXICO													
Albuquerque													
Bernalillo County-Indian.....	D. Post.....	24	722	23	56	2,347	2	1	0	0	3	300-400	FP
NEW YORK													
Albany													
Albany.....	P. Patterson.....	37	1,266#	45	89	3,301	4	4	1	0	9	195-275	PM
Buffalo													
Children's.....	M. I. Rubin.....	96	4,132	182	88	43,000	13	7	1	0	21	125-175	FM
Edward J. Meyer Memorial.....	T. S. Bumbalo.....	47	1,428	21	81	9,121	2	2	0	0	4	292-312	FM
Cooperstown													
Mary Imogene Bassett.....	T. C. Goodwin.....	5	302	19	95	7,362	1	0	0	0	1	200-350	PM
Hempstead													
Meadowbrook.....	E. A. Stanchi.....	63	2,003	45	78	2,752	3	3	0	0	6	275-275	FM
Johnson City													
Charles S. Wilson Memorial.....	A. M. Coddington.....	34	2,528	11	64	3,500	1	1	0	0	2	225-300	PM
Manhasset													
North Shore.....	A. L. Florman.....	15	1,490#	9	89	625	2	1	0	0	3	200-250	FP
New York City													
Bellevue Hospital Center ²⁶⁷.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Div. III—New York University College of Medicine.....	L. E. Holt, Jr.....	150	1,000	115	50	120,000	10	7	2	0	19	145-195	.....
Beth-El.....	B. Schick.....	15	356	61	98	1,871	3	1	0	0	4	150-200	FM
Beth Israel.....	P. Cohen.....	10	313	11	30	2,887	1	1	0	0	2	175-180	FM
Bronx.....	M. Davidson.....	19	741	8	88	7,565	3	3	0	0	6†	145-195	FM
Bronx Municipal Hospital Center.....	H. L. Barnett.....	69	1,757	40	80	41,850	12	7	1	0	20	215-215	FM
Brooklyn.....	T. M. Lamb.....	37	1,260	12	75	10,759	2	2	0	0	4	175-190	FM
City Hospital at Elmhurst.....	E. E. Amerman.....	49	1,493	21	63	7,328	3	2	0	0	5	145-195	.....
Coney Island.....	J. Rosenblum.....	23	875	25	60	6,362	2	2	0	0	4	145-195	.....
Cumberland.....	M. M. Maliner.....	37	1,337	15	57	16,069	2	2	0	0	4	145-195	.....
Fordham.....	J. Golomb.....	18	676	18	80	5,939	2	1	0	0	3	145-195	.....
Harlem.....	H. J. Cohen.....	66	927	27	70	20,412	2	2	0	0	4	145-195	.....
Jewish.....	J. Pincus.....	.....	1,771	45	64	10,425	6	6	0	0	12	100-125	FM
Kings County Hospital Center.....	R. L. Day.....	127	2,913	344	44	22,145	10	10	2	0	22	145-195	.....
Lenox Hill.....	C. O. Regan.....	21	782	13	92	5,358	1	1	0	0	2	180-200	PM
Lincoln.....	H. L. Barnett.....	46	1,310	129	70	14,422	7	4	0	0	11	145-195	FM
Long Island College.....	C. A. Weymuller.....	13	571	13	38	7,237	2	1	0	0	3	164-191	PM
Long Island Jewish.....	S. Karelitz.....	48	2,447	89	89	2,244	1	3	1	0	5†	100-165	FM
Lutheran Medical Center.....	J. A. Monfort.....	18	993	33	76	1,510	2	2	0	0	4	135-185	FM
Mannhasset.....	B. Kramer.....	42	1,885	23	65	1,937	4	2	0	0	6	75-150	FM
Methodist.....	W. R. Coles.....	14	541	11	45	2,772	1	1	0	0	2	175-200	FP
Morrisania City.....	F. E. Chick.....	22	705	62	87	7,492	2	2	0	0	4	145-195	.....
Mount Sinai.....	H. L. Hodes.....	105	2,952	115	91	24,005	5	5	1	0	11	100-100	FM
New York.....	S. Z. Levine.....	82	1,934	152	88	28,017	8	6	2	1	17	164-263	PM
New York Infirmary.....	B. Worcester.....	18	316	2	50	5,280	2	1	0	0	3	150-175	FM
New York Medical College—Metropolitan Medical Center.....	L. B. Slobody.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Flower and Fifth Ave. Hospitals.....	.....	23	786	20	55	330	2	2	0	0	4	125-175	FM
Metropolitan.....	.....	47	800	55	69	51,566	7	7	0	0	14	145-195	FM
New York Polyclinic Medical School and Hospital.....	A. B. Susman.....	6	214	4	75	3,590	1	1	0	0	2	150-175	.....
Presbyterian (Babies).....	R. McIntosh.....	155	6,095	237	81	44,368	9	8	3	1	21	250-417	PM
Queens Hospital Center.....	M. Coe.....	65	1,547	91	79	3,881	4	3	0	0	7	145-195	.....
Roosevelt.....	E. N. Joyner.....	19	652	6	33	6,389	2	2	1	0	5	158-275	PM
St. Catherine's.....	J. P. Lombard.....	20	629	24	54	3,296	2	1	0	0	3	125-150	FM
St. John's Episcopal.....	B. H. Shulman.....	14	2,167#	44	59	2,200	1	1	0	0	2	175-210	FM
St. Luke's.....	J. F. Bagle.....	.....	1,710	24	67	0,790	3	3	0	0	6	125-150	FM
St. Mary's.....	A. G. Stigliano.....	27	580	12	50	2,660	1	1	0	0	2	200-225	FM
St. Vincent's.....	A. J. Vignee.....	56	1,421	59	68	13,481	3	2	0	0	5	175-200	FM
Rochester													
Rochester General ²⁹⁷	E. H. Townsend, Jr.....	16	815	22	86	2,615	2	2	0	0	4	175-200	FP
St. Mary's.....	F. Martin.....	.....	.....	.....	.....	1,756	1	1	0	0	2	250-325	PM
Strong Memorial-Rochester Municipal ²⁹⁸	W. L. Bradford.....	42	1,858#	87	85	11,058	7	2	2	0	11	166-291	O
Syracuse													
State University of New York Upstate Medical Center.....	J. Richmond.....	80	4,168	62	71	11,337	6	6	2	0	14	250-316	O
Valhalla													
Grasslands.....	D. A. Wilcox.....	20	407	30	63	1,478	1	1	1	0	3	175-225	FM
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial.....	E. C. Curnen.....	45	1,554	122	84	7,696	4	3	2	0	9	175-266	O
Charlotte													
Charlotte Memorial.....	C. G. Watkins.....	7	441#	7	85	6,324	1	1	0	0	2	295-345	PM
Durham													
Duke.....	J. S. Harris.....	37	1,447	109	72	10,789	12	6	3	0	21	43-200	FM
Raleigh													
Rex.....	C. R. Bugey.....	35	2,865	21	38	1,609	1	1	0	0	2	350-350	O
Winston-Salem													
North Carolina Baptist.....	W. M. Kelsey.....	35	1,972#	85	61	1,171	4	3	1	0	8	166-266	PM
OHIO													
Akron													
Mary Day Nursery and Children's.....	L. H. Walker.....	68	4,724	84	82	7,393	7	7	1	0	15	275-425	FP
Cincinnati													
University of Cincinnati College of Medicine Hospital Group.....	A. A. Weech.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Children's.....	.....	170	9,213	163	90	12,682	12	12	1	0	25	100-175	FM
Cincinnati General.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance FM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
OHIO—Continued													
Cleveland													
Cleveland Clinic.....	R. D. Mercer.....	16	801	24	63	6,369	2	2	0	0	4	275-275	...
Cleveland Metropolitan General ⁵⁵⁻³⁰⁸	F. C. Robbins.....	67	1,669	58	81	31,718	5	5	2	0	12	150-217	FM
St. Luke's.....	R. G. Hodges.....	22	1,241	36	72	7,066	1	2	0	0	3	200-235	FM
University Hospitals of Cleveland.....	W. Wallace.....	81	3,271	146	74	17,510	5	4	2	0	11	150-250	PM
Columbus													
Children's.....	E. H. Baxter.....	160	6,900	...	...	35,000	11	11	3	0	25	175-200	PM
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...
University Hospitals ³²¹	H. D. Riley.....	80	1,538	113	74	12,026	7	7	0	0	14	200-275	PM
Tulsa													
Hillcrest Medical Center.....	L. Horowitz.....	15	656	6	83	3,253	2	1	0	0	3	200-300	FM
St. John's.....	M. H. Donovan.....	73	5,067	43	58	1,152	1	1	0	0	2	175-225	FP
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinics.....	A. J. Hill, Jr.....	53	1,395	90	84	18,144	4	4	0	0	8	165-215	FM
PENNSYLVANIA													
Danville													
George F. Geisinger Memorial.....	S. S. Morrison.....	16	650	19	68	7,466	2	0	0	0	2	175-225	FM
Harrisburg													
Harrisburg.....	R. J. Tursky.....	...	2,479	31	55	4,915	1	1	0	0	2	250-250	FP
Harrisburg Polyclinic.....	M. Ames.....	58	3,177	30	73	6,300	1	1	0	0	2	250-375	FM
Philadelphia													
Albert Einstein Medical Center.....	A. Capper.....	58	2,685	22	46	3,506	2	1	0	0	3	125-200	FM
Children's.....	J. Stokes, Jr.....	60	6,009	95	89	15,474	9	9	3	1	22	50-200	FM
Germantown Dispensary and Hospital.....	J. C. Williams.....	10	1,239	4	25	3,805	1	1	0	0	2	175-200	FM
Hahnemann Medical College and Hospital ³³²	C. C. Fischer.....	30	1,103	30	57	5,004	4	4	0	0	8	75-75	FM
Hospital of the University of Pennsylvania.....	L. Burness.....	13	512	38	66	9,550	3	0	1	0	4	50-200	FM
Hospital of the Woman's Medical College of Pennsylvania.....	E. E. Miller.....	22	742	9	67	3,246	1	1	1	0	3	125-175	FM
Jefferson Medical College ³³⁵	H. G. Keitel.....	11	391	16	50	10,208	2	5	0	0	7	100-150	PM
Philadelphia General.....	P. Gyorgy.....	156	3,154	57	80	27,032	6	6	0	0	12	128-212	FM
Temple University Hospitals.....	W. E. Nelson.....	...	...	...	...	...	...	...	...	...	...	...	...
St. Christopher's Hospital for Children.....	...	85	4,043	103	91	57,788	10	10	3	0	23	75-300	FM
Temple University.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Pittsburgh													
Allegheny General.....	J. W. Leech.....	21	681	26	69	3,629	1	1	0	0	2	200-225	FM
Health Center Hospitals of the University of Pittsburgh School of Medicine.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's.....	W. H. Borges.....	...	1,026	...	...	19,317	10	8	2	0	20	125-200	FM
Sayre													
Robert Packer.....	D. S. Motsay.....	37	2,675	24	80	3,199	1	1	0	0	2	235-275	PM
PUERTO RICO													
Caparra Heights													
University.....	A. Ortiz.....	47	1,577	174	50	1,526	2	3	0	0	5	250-350	FM
Ponce													
Ponce District.....	...	...	...	...	...	...	...	...	...	...	...	...	...
San Juan													
San Juan City.....	A. Ortiz.....	74	1,552	129	66	13,375	5	5	1	0	11	175-325	FM
RHODE ISLAND													
Providence													
Rhode Island.....	B. Feinberg.....	45	1,760	27	59	6,979	3	2	0	0	5	125-175	FM
SOUTH CAROLINA													
Charleston													
Teaching Hospitals of the Medical College of South Carolina.....	J. R. Paul, Jr.....	76	3,438	109	48	10,446	3	3	1	0	7	188-168	FM
Medical College.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia													
Columbia.....	H. W. Moore.....	90	4,968	46	59	...	1	1	0	0	2	200-290	FP
TENNESSEE													
Knoxville													
University of Tennessee Memorial Research Center and Hospital ³⁴⁷	H. S. Christian.....	17	673	25	40	1,471	1	1	0	0	2	320-340	FM
Memphis													
City of Memphis Hospitals.....	F. T. Mitchell.....	...	2,085	146	70	25,816	5	5	2	0	12	150-200	FP
Nashville													
Baptist.....	J. M. Strayhorn.....	31	1,941	33	36	387	2	1	0	0	3	300-300	FM
George W. Hubbard ³⁵¹	E. P. Crump.....	24	845	14	71	10,635	1	3	0	0	4	125-200	FM
Vanderbilt University.....	A. Christie.....	28	909	60	62	12,562	4	2	0	0	6	100-125	FM
TEXAS													
Corpus Christi													
Driscoll Foundation Children's.....	J. M. Sloan.....	99	1,195	89	91	43,608	2	4	0	1	7	200-300	FP
Dallas													
Children's Medical Center.....	E. Pratt.....	87	4,188	73	76	58,246	8	8	2	0	18	150-200	FM
Galveston													
University of Texas Medical Branch Hospitals.....	H. Stoeckle.....	48	1,053	111	61	18,365	7	7	0	0	14	160-160	FP
Houston													
Baylor University College of Medicine Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann.....	R. J. Blattner.....	19	769	39	87	12,597	3	3	0	0	6	125-150	FM
Jefferson Davis.....	R. J. Blattner.....	51	1,458	226	54	46,622	6	6	0	0	12	125-165	FM
Methodist.....	E. B. Brandes.....	...	91	1	100	...	1	1	0	0	2	100-175	FM
Texas Children's.....	R. J. Blattner.....	33	2,363	81	86	4,677	3	4	0	0	7	100-125	FM

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M.O.
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
TEXAS, Houston—Continued													
St. Joseph's.....	R. H. Hardie.....	36	3,817	17	82	2,323	1	1	0	0	= 2	220-245	PM
San Antonio													
University of Texas Postgraduate School of Medicine Affiliated Hospitals.....	.....	40	877	85	62	9,148	3	3	0	0	= 6	150-250	FM
Robert B. Green Memorial.....	C. B. Alexander.....	60	3,580	132	63	5,662	2	0	0	0	= 2	150-200	FP
Santa Rosa.....	M. L. Thornton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
UTAH													
Salt Lake City													
Salt Lake County General.....	M. E. Lahey.....	22	852	38	76	12,141	3	4	0	0	= 7	220-305	O
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals.....	.....	11	664#	8	100	2,509	.....	.....	.....	.....	.....	208-208	.....
De Goesbriand Memorial.....	J. Lucey.....	9	586	20	90	480	2	1	0	0	= 3	166-166	O
Mary Fletcher.....	R. J. McKay, Jr.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA													
Alexandria													
Alexandria.....	R. Anderson.....	11	680#	9	56	3,951	1	0	0	0	= 1	275-350	PM
Charlottesville													
University of Virginia.....	W. W. Waddell, Jr.....	19	919	45	53	9,663	3	2	0	0	= 5	75-150	FM
Richmond													
Medical College of Virginia—Hospital Division.....	C. M. McCue.....	68	1,926	120	52	15,644	8	4	2	0	= 14	100-150	FM
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals.....	.....	72	3,522#	105	96	12,046	4	4	2	0	= 10	180-300	PM
Children's Orthopedic.....	R. Aldrich.....	18	770#	22	91	4,702	8	8	4	0	= 20	150-275	FM
King County Hospital Unit No. 1 (Harborview).....	R. A. Aldrich.....	.....	83#	4	100	669	10	10	4	0	= 24	180-305	PM
University.....	R. A. Aldrich.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
WEST VIRGINIA													
Beckley													
Beckley Memorial.....	S. J. Winter.....	8	560	6	83	10,600	1	1	0	0	= 2	400-450	PM
Charleston													
Memorial.....	T. G. Potterfield.....	23	1,091	27	51	1,169	1	1	0	0	= 2	250-275	FP
WISCONSIN													
Madison													
University Hospitals.....	N. J. Smith.....	37	1,423	43	84	3,356	4	4	4	0	= 12	100-250	FM
Milwaukee													
Milwaukee Children's.....	F. J. Mellencamp.....	90	4,120	70	92	13,590	6	5	0	0	= 11	270-295	.....
Milwaukee County.....	J. C. Peterson.....	54	2,565	72	48	12,038	3	3	0	0	= 6	229-282	.....

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training of two years' duration through affiliation with a fully approved program.

Hospitals, 42; Residencies, 83

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M.O.
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
Long Beach													
Memorial Hospital of Long Beach #4.....	M. P. Backer.....	15	1,584	15	36	3,549	1	0	0	0	= 1	325-375	PM
San Diego													
San Diego County General.....	H. G. Kellogg.....	25	745	24	65	306	1	1	0	0	= 2	250-300	FM
San Francisco													
Mount Zion.....	S. J. Robinson.....	.....	1,439#	10	80	2,347	0	1	0	0	= 1	150-250	FM
San Mateo													
Community Hospital of San Mateo County.....	W. C. Layton.....	12	485	12	92	2,271	.....	.....	.....	.....	.....	.....	.....
CONNECTICUT													
Waterbury													
Waterbury 122.....	J. H. Root, Jr.....	29	2,454	5	100	2,433	1	1	0	0	= 2	225-250	FM
FLORIDA													
Miami													
Variety Children's 145.....	L. Cason.....	.....	2,784	59	76	.....	4	4	0	0	= 8	200-225	PM
GEORGIA													
Atlanta													
Henrietta Eggleston Hospital for Children.....	J. H. Patterson.....	24	802	15	73	.....	1	1	1	0	= 3	....-295	PM
ILLINOIS													
Chicago													
Grant.....	D. H. Welker.....	27	1,264	30	80	1,376	1	1	0	0	= 2	225-250	.....
Illinois Masonic 151.....	J. Aronow.....	30	2,213	12	42	4,982	3	0	0	0	= 3	175-235	FM
Evanston													
Evanston.....	A. L. Newcomb.....	48	1,526	14	79	1,608	2	0	0	0	= 2	225-275	PM
Peoria													
St. Francis 168.....	R. S. Easton.....	128	7,813	73	.....	2,519	1	1	0	0	= 2	225-250	PM

Numerical and other references are listed on pages 811 through 814.

19. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
LOUISIANA														
New Orleans														
Hotel Dieu.....	H. Tolmas.....	27	2,282	5	60	1,181	1	1	0	0	=	2	225-250	FP
Ochsner Foundation.....
Southern Baptist ¹⁸¹	H. B. Chalstrom.....	20	2,094	12	100	1	1	0	0	=	2	225-275	PM
Touro Infirmary.....	S. Schaefer.....	910	5,504	1	1	0	0	=	2	125-150	FP
MAINE														
Lewiston														
Central Maine General ¹⁸⁵	H. C. Thacher.....	11	514	8	38	616	0	1	0	0	=	1	175-210	FP
MARYLAND														
Baltimore														
Mercy.....	F. B. Smith.....	14	456	18	72	3,664	1	1	0	0	=	2	275-275	PM
Provident ¹⁸⁰	C. Campbell.....	21	796	21	86	2,447	2	2	0	0	=	4	225-250	FM
MASSACHUSETTS														
Springfield														
Springfield.....	H. H. Shuman.....	35	2,441	14	86	1,077	1	1	0	0	=	2	125-225	FP
MICHIGAN														
Detroit														
Herman Kiefer ¹⁸
Receiving ²¹²	C. Whitten.....	84	3,475	62	89	5,097	2	0	0	0	=	2	325-400	PM
NEW JERSEY														
Camden														
Cooper ²⁴³	R. M. Bernardin.....	26	2,771	21	90	2,951
Long Branch														
Monmouth Medical Center ²⁴⁶	M. Quirk.....	29	956	13	85	421	1	1	0	0	=	2	200-200	FM
Trenton														
St. Francis ²⁴⁷	H. Davis.....	62	4,903	45	53	2,150	1	1	0	0	=	2	210-210	FM
NEW YORK														
New York City														
Flushing Hospital and Dispensary ²⁷⁷	H. T. Vogel.....	24	660	22	82	3,123	1	1	0	0	=	2	175-200	FM
Mary Immaculate ²⁷⁷	V. G. Tosti.....	610#	8	50	1,130	1	1	0	0	=	2	170-180	FM
Misericordia ²⁸⁵	V. P. Casey.....	18	656	40	73	744	2	1	0	0	=	3	150-175	FM
Wyckoff Heights ²³⁷
Rochester														
Genesee.....	R. Meltzer.....	21	1,925	6	100	2,710	1	1	0	0	=	2	175-325	FM
NORTH CAROLINA														
Durham														
Watts Hospital.....	A. H. London.....	15	1,085	7	43	3,760	1	1	0	0	=	2	300-350	FM
Wilmington														
Babies' ³⁰²	J. B. Sidbury.....	25	2,062	11	7	4,015	2	0	0	0	=	2	300-300	FM
OHIO														
Cincinnati														
Good Samaritan ¹⁴⁶	J. E. Ghory.....	50	3,300	25	60	1,100	1	1	0	0	=	2	250-275	FM
Jewish ³⁰⁶	L. S. Friedman.....	27	2,211	5	60	2,235	1	1	0	0	=	2	195-215	FP
Cleveland														
Mount Sinai.....	E. E. Smith.....	12	604	18	61	3,566	2	2	0	0	=	4	215-225	FM
Toledo														
Mercy ²¹²	J. J. Tansey.....	36	2,734	13	77	5,231	1	1	0	0	=	2	275-275	FM
Warren														
Trumbull Memorial.....	R. P. Ostergard.....	25	2,303	9	78	1	1	0	0	=	2	300-400	FP
RHODE ISLAND														
Providence														
Charles V. Chapin ²⁰⁴	M. Adelman.....	60	1,476	5	60	563	2	0	0	0	=	2	150-150	FM
SOUTH CAROLINA														
Greenville														
Greenville General.....	E. Furman.....	31	1,540#	36	41	4,742	0	1	0	0	=	1	300-300	O
TENNESSEE														
Chattanooga														
T. C. Thompson Children's ¹⁴⁸	R. T. Miller.....	73	3,562	128	18	26,897	1	1	0	0	=	2	325-350	FM
Memphis														
Baptist Memorial ³⁵¹	G. S. Lovejoy.....	39	2,767	38	47	928	1	1	0	0	=	2	325-350	PM
Methodist ³⁵¹	C. H. Housholder.....	858	13	31	1	1	0	0	=	2	325-350	FM
St. Joseph ³⁵²	H. Jacobson.....	18	1,400	9	40	1,592	1	1	0	0	=	2	325-375	FM

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements and the explanatory footnote (*) on "Mixed," "Adult" and "Pediatric" categories below.)

Hospitals, 26; Residencies, 35

	Chief of Service	Inpatients Treated	Outpatient Visits	% of O.P.D. Visits (Pediatric)	Total Residencies Offered	Beginning Stipend (Month)
CALIFORNIA						
Los Angeles						
University of California.....	E. M. Heimlich.....	26	1,564	100	2	...
San Francisco						
University of California.....	W. Deamer, T. Nelson.....	70	3,000	100	2	300

Numerical and other references are listed on pages 811 through 814.

PEDIATRIC ALLERGY—Continued

		Chief of Service	Inpatients Treated	Outpatient Visits	% of O.P.D. Visits (Pediatric)	Total Residencies Offered	Beginning Stipend (Month)
COLORADO							
Denver							
University of Colorado Medical Center							
Colorado General		M. F. Smelzer	82	2,791	18	3	300
Denver General		M. F. Smelzer	30	425	...	0	...
DISTRICT OF COLUMBIA							
Washington							
Children's		R. H. Todd	173	2,641	100	2	350
ILLINOIS							
Chicago							
Michael Reese		M. Mosko, A. Matheson	68	2,317	100	1	175
*University of Illinois Research and Educational Hospitals		J. S. Hyde	46	2,346	100	1	250
KANSAS							
Kansas City							
*University of Kansas Medical Center—Children's Mercy		F. Speer	37	3,541	70	1	300
MARYLAND							
Baltimore							
*Johns Hopkins		R. E. Cooke	74	6,154	100	2	300
University		R. L. London	...	3,452	50	2	200
MASSACHUSETTS							
Boston							
Children's Hospital Medical Center		H. L. Mueller	108	3,285	100	1	300
*Massachusetts General		F. C. Lowell	50	11,000	20	1	375
MICHIGAN							
Detroit							
Children's		S. J. Levin	100	8,000	100	1	250
MINNESOTA							
Rochester							
*Mayo Foundation		G. B. Logan	Combined 700		100	1	200
NEW YORK							
Buffalo							
*Children's		V. L. Cohen	...	...	...	1	125
New York City							
New York University Medical Center		V. J. Fontana	...	...	...	1	393
*Roosevelt		R. A. Cooke	254	34,978	40	3	275
Rochester							
*Strong Memorial—Rochester Municipal		J. Glaser	87	2,125	15	3	417
NORTH CAROLINA							
Durham							
Duke		S. Dees	...	...	...	2	208
OHIO							
Columbus							
Children's		I. Sivon	...	...	...	2	250
PENNSYLVANIA							
Philadelphia							
Children's		H. J. Lecks	...	2,488	100	1	200
RHODE ISLAND							
Providence							
*Rhode Island		S. S. Freedman	...	...	...	1	175
TENNESSEE							
Memphis							
City of Memphis (Frank Tobey Memorial Children's)		L. V. Crawford	128	2,350	100	1	300
TEXAS							
Dallas							
Children's Medical Center		S. R. Halpern	100	3,550	100	1	417
Houston							
Texas Children's		J. P. McGovern	133	3,345	34	2	420
WISCONSIN							
Madison							
*University Hospitals		S. B. Crepea	191	9,235	51	1	200

* The total residency programs in Allergy at these centers also include Adult Allergy. Accordingly, residency programs in centers with the symbol (*) are in the "Mixed" category referred to under Board Requirements. Reference should also be made to the listing of hospitals approved in Allergy on page 675. Residency programs in these hospitals are in the "Adult" category referred to under Board Requirements. All other residency programs listed above under Pediatric Allergy, are in the "Pediatric" category referred to on this page.

20. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering acceptable training in the specialty.

Hospitals, 73; Residencies, 294

UNITED STATES ARMY	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month (Min.-Max.)	Main-Tenance P.M.O.	Length of Approved Program (Years)
					1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
CALIFORNIA												
Letterman General, San Francisco	W. H. Moore, Jr.	3,390	86,436	2,404	1	1	1	0 = 3	...	FM	3	

Numerical and other references are listed on pages 811 through 814.

20. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month	M. Main. O. P. Maintenance	Length of Approved Program (Years)
					1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
DISTRICT OF COLUMBIA												
Walter Reed General, Washington.....	A. Mastellone	127,647	180,499	11,098	1	1	1	0	= 3	...	...	3
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Tuskegee												
Veterans Adm.	F. R. D. Paula.....	1,446	2,050	10	1	1	1	0	= 3	275-345	O	3
CALIFORNIA												
Los Angeles												
Los Angeles County.....	E. Austin	4,776	24,470	...	1	1	0	0	= 2	273-303	PM	3
University of California.....	R. E. Worden.....	1,750	13,039	6,490	3	3	3	0	= 9	240-314	FPO	3
Veterans Adm.	K. H. Haase.....	11,460	105,876	3,910	4	4	4	0	= 12	271-348	PM	3
White Memorial ⁰³	F. B. Moor.....	...	22,826	...	1	0	1	0	= 2	215-235	PM	3
San Francisco												
University of California Hospitals.....	G. Bard	14,513	20,559	7,986	0	2	1	0	= 3	283-308	...	3
Vallejo												
Kaiser Foundation .....	.....	...	...	...	..	..	..	..	..	...	...	3
California Rehabilitation Center.....	.....	...	...	...	..	..	..	..	..	...	...	..
COLORADO												
Denver												
University of Colorado Medical Center.....	.....	...	...	...	..	..	..	..	..	...	...	3
Colorado General	J. W. Gersten.....	2,746	32,052	18,162	2	2	2	0	= 6	180-205	O	..
Veterans Administration	C. C. Hoffman.....	105	130	...	0	1	1	0	= 2	271-347	O	..
CONNECTICUT												
New Haven												
Yale-New Haven Medical Center.....	.....	...	...	...	..	..	..	..	..	...	...	3
Grace-New Haven Community.....	T. F. Hines.....	1,794	30,699	7,858	1	1	0	0	= 2	50-125	O	..
Rocky Hill												
State of Connecticut Veterans Home and Hospital.....	H. Kamenetz.....	2,749	85,356	...	1	1	1	0	= 3	409-470	O	3
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General.....	J. Buchanan.....	8,813	74,782	7,637	2	2	0	0	= 4	233-258	O	3
Georgetown University	C. D. Shields.....	2,098	8,381	1,475	1	1	1	0	= 3	200-200	FM	3
George Washington University.....	C. S. Wise.....	16,000	31,600	2,500	1	1	1	0	= 3	210-260	PM	3
FLORIDA												
Coral Gables												
Veterans Administration	W. C. Fleming.....	3,168	39,384	539	2	2	2	0	= 6	271-420	O	3
GEORGIA												
Warm Springs												
Georgia Warm Springs Foundation-Emory University	R. L. Bennett, E. D. Haak	3,853	135,722	6,963	4	4	4	0	= 12	245-400	PM	3
ILLINOIS												
Chicago												
Northwestern University Medical Center.....	.....	...	...	...	..	..	..	..	..	...	...	3
Veterans Adm. Research.....	L. B. Newman.....	1,011	52,059	...	2	2	2	0	= 6	271-462	O	..
University of Illinois Affiliated Hospitals.....	.....	...	...	...	..	..	..	..	..	...	...	3
Illinois Research and Education.....	.....	...	...	...	..	..	..	..	..	...	...	..
Michael Reese	E. E. Gordon.....	5,932	32,313	...	1	0	0	0	= 1	125-125	FP	..
Veterans Administration (West Side).....	L. Schwartz.....	4,220	97,255	4,823	1	0	0	0	= 1	270-347	O	..
Hines												
Veterans Adm.	W. Liberson	3,481	259,968	...	8	0	0	0	= 8	271-412	O	3
Peoria												
Institute of Physical Medicine and Rehabilitation ³⁴	D. C. Ogle.....	1,634	34,220	11,175	1	1	0	0	= 2	375-425	O	3
KANSAS												
Kansas City												
University of Kansas Medical Center.....	D. Rose	2,536	35,957	3,706	1	1	1	0	= 3	125-300	PM	3
Veterans Adm. (Kansas City, Mo.).....	R. R. Beatty.....	2,869	51,614	...	..	..	..	..	= 1	271-271	O	..
Wadsworth												
Veterans Adm. Consolidated Center.....	.....	...	...	...	..	..	..	..	..	...	...	3
KENTUCKY												
Louisville												
University of Louisville Medical Center.....	.....	...	...	...	..	..	..	..	..	...	...	3
Louisville General	R. O. McMorris.....	2,062	17,222	17,222	3	0	0	0	= 3	141-166	FM	..
MASSACHUSETTS												
Boston												
Massachusetts General	A. L. Watkins.....	...	30,615	...	..	..	..	..	..	108-183	FM	3
Veterans Adm. (Jamaica Plain) ²⁰⁸	F. Friedland.....	2,918	136,480	67	1	1	1	0	= 3	...	...	3
MICHIGAN												
Ann Arbor												
University ²⁰⁸	J. W. Rae, Jr.....	8,596	34,123	34,123	2	2	2	0	= 6	180-250	O	3
MINNESOTA												
Minneapolis												
Elizabeth Kenny Institute.....	M. E. Knapp.....	473	64,674	3,640	1	1	1	0	= 3	...	...	3
University of Minnesota Affiliated Hospitals.....	.....	...	...	...	..	..	..	..	..	...	...	3
University Hospitals	F. J. Kottke.....	3,220	122,598	2,163	3	3	3	2	= 11	244-244	...	..
Veterans Adm.	B. S. Troedsson.....	6,776	127,508	...	1	1	0	0	= 2	271-462	O	..
Rochester												
Mayo Foundation ²²²	E. C. Elkins.....	13,412	106,304	...	3	3	3	0	= 9	200-200	PM	3

Numerical and other references are listed on pages 811 through 814.

20. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main. PM O	Length of Approved Program (Years)
					1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial.....	R. M. Krout.....	1,568	30,938	...	1	1	1	0	= 3	218-273	...	3
NEW JERSEY												
East Orange												
Veterans Admin.....	C. R. Brooke.....	2,125	113,314	...	0	3	1	0	= 4	270-462	...	3
NEW YORK												
Albany												
Veterans Admin.....	J. Ehrlich.....	1,589	100,629	811	0	0	1	0	= 1	271-347	O	3
New York City												
Bellevue Hospital Center 200.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Div. III—New York University College of Medicine.....	H. A. Rusk.....	5,464	184,817	3,959	3	2	1	0	= 6	145-195	.....	..
Hospital for Joint Diseases.....	A. S. Russek.....	1,925	19,562	7,778	.....	.....	.....	.....	.....	80-80	PM	3
Bronx Municipal Hospital Center.....	A. S. Abramson.....	6,215	98,574	.....	3	3	3	2	= 11†	215-.....	FM	3
Coney Island.....	S. G. Feuer.....	524	8,790	5,528	2	2	2	0	= 6	145-195	.....	3
Goldwater Memorial.....	M. Dacso.....	2,967	92,262	.....	6	3	0	0	= 9	145-195	.....	3
Jewish Chronic Disease.....	J. B. Rogoff.....	472	99,568	10,793	.....	.....	.....	.....	.....	200-250	FM	3
Kings County Hospital Center.....	J. G. Benton.....	7,038	91,700	23,817	1	1	0	0	= 2	145-195	.....	3
Montefiore.....	K. Harpuder.....	1,060	30,019	.....	1	1	1	0	= 3	207-282	PM	3
Mount Sinai.....	L. Wisham.....	10,451	34,410	20	1	0	0	0	= 1	100-100	FM	3
New York Medical College—												
Metropolitan Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Bird S. Coler Memorial Hospital and Home.....	J. Tobis.....	992	89,846	.....	7	0	0	0	= 7	145-195	.....	..
Metropolitan.....	J. Tobis.....	2,603	55,551	11,123	1	1	1	0	= 3	145-195	FM	3
Presbyterian.....	R. C. Durling.....	55,268	93,360	55,268	.....	.....	.....	.....	= 5	308-308	PM	3
Veterans Admin. (Bronx).....	A. Ebel.....	4,668	328,022	145	2	2	2	0	= 6	270-824	O	3
Veterans Admin. (Brooklyn).....	H. H. Sumberg.....	1,938	110,497	.....	2	2	2	0	= 6	271-347	O	3
Veterans Admin. (Manhattan).....	B. Stoll.....	4,392	303,480	1,517	1	1	0	0	= 2	271-348	O	3
NORTH CAROLINA												
Durham												
Veterans Admin.....	H. T. Zankel.....	1,388	48,566	...	1	1	0	0	= 2	270-462	O	3
OHIO												
Cleveland												
Cleveland Clinic.....	P. A. Nelson.....	...	26,317	...	1	0	0	0	= 1	275-300	...	3
Highland View-Cuyahoga County.....	M. Peszczynski.....	3,678	96,315	...	4	4	4	0	= 12	240-295	PM	3
Columbus												
Ohio State University Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
University Hospitals.....	E. D. Johnson, R. D. Burk	2,015	41,924	17,131	3	3	3	0	= 9	177-252	PM	3
Dayton												
Veterans Admin.....	L. Rosenberg.....	1,361	131,955	263	2	0	0	0	= 2	271-347	O	3
OREGON												
Portland												
Veterans Admin.....	E. W. Fowlks.....	7,232	110,214	260	2	1	1	0	= 4	586-824	...	3
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania.....	W. Erdman.....	2,335	29,368	3,891	2	2	2	0	= 6	350-425	O	3
Philadelphia General.....	A. A. Martucci.....	10,703	129,106	23,333	2	2	2	0	= 6	318-388	PM	3
Veterans Admin.....	R. A. Schlesinger.....	3,332	47,718	368	1	1	1	0	= 3	270-462	O	3
Pittsburgh												
Veterans Admin.....	M. D. Lecklitner.....	6,151	125,822	722	1	0	0	0	= 1	270-347	O	3
PUERTO RICO												
San Juan												
Veterans Administration (San Patricio) 844.....	H. J. Flax.....	669	24,256	3,300	2	0	0	0	= 2	318-408	O	3
TENNESSEE												
Memphis												
Veterans Administration.....	B. B. Sutton.....	2,409	131,076	298	1	0	0	0	= 1	271-347	PM	3
TEXAS												
Dallas												
Baylor University.....	E. M. Krusen.....	38,502	126,979	62,218	2	2	2	0	= 6	283-308	PM	3
Houston												
Baylor University College of Medicine Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Veterans Administration.....	L. A. Leavitt.....	12,921	193,830	...	3	3	3	0	= 9	270-347	PM	..
VIRGINIA												
Richmond												
Medical College of Virginia—Hospital Division.....	A. R. Dawson.....	31,315	85,274	2,876	2	2	2	0	= 6	100-150	FM	3
Veterans Administration.....	A. R. Dawson.....	7,296	210,000	756	2	2	2	0	= 6	271-412	PM	3
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
King County Hospital No. 1 (Harborview).....	J. Lehmann.....	1,119	39,794	378	1	0	0	0	= 1	150-150	PM	..
University.....	J. F. Lehmann.....	.....	.....	.....	1	1	1	0	= 3	180-305	PM	..
WISCONSIN												
Milwaukee												
Veterans Admin. (Wood).....	P. A. Dudenhofer.....	3,548	260,220	1,565	2	1	0	0	= 3	271-347	PM	3

Numerical and other references are listed on pages 811 through 814.

21. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council, 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.
Hospitals, 69; Residencies, 122

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month		Main-tenance	Length of Approved Program (Years)
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.		
UNITED STATES ARMY															
TEXAS															
Brooke General, San Antonio.....	J. G. Tenery.....	28	317	...	...	1,421	1	1	1	1	=	4	...	...	1
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
University of California Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
University of California.....	F. L. Ashley.....	7	567	1	50	1,272	1	1	1	0	=	3	240-314	FPO	...
Veterans Administration.....	F. L. Ashley.....	15	239	1	...	413	0	0	0	1	=	1	348-463	PM	...
Collis P. and Howard Huntington Memorial (Pasadena)...	G. V. Webster.....	3	271	...	...	101	1	0	0	0	=	1	...	...	...
San Francisco															
Franklin.....	H. M. Blackfield.....	...	348	3	100	...	1	0	0	0	=	1	200-300	FM	2
St. Francis Memorial.....	G. W. Pierce.....	12	828	...	...	360	1	1	1	0	=	3	300-350	PM	3
University of California Hospitals.....	.....	2	76	...	...	294	0	1	0	0	=	1	316-316	...	2
H. C. Moffitt.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...
San Francisco General.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...
DISTRICT OF COLUMBIA															
Washington															
George Washington University.....	G. S. Letterman.....	15	653	8	62	626	1	1	1	0	=	3	210-285	PM	3
ILLINOIS															
Chicago															
Cook County.....	O. H. Stuteville.....	9	181	...	...	589	0	2	0	0	=	2	140-140	FM	3
University of Illinois Affiliated Hospitals Illinois Research and Educational Hospitals.....	P. W. Greeley.....	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Presbyterian-St. Luke's.....	.....	11	269	...	...	1,300	0	0	0	1	=	1	245-...	PM	...
.....	.....	17	411	3	67	...	0	0	0	1	=	1	125-200	FM	...
INDIANA															
Indianapolis															
Indiana University Medical Center.....	H. M. Trusler.....	40	572	5	60	3,120	1	1	1	0	=	3	225-300	PM	3
Veterans Administration.....	H. M. Trusler.....	...	...	...	...	...	...	...	...	...	=	1	271-462	O	...
KANSAS															
Kansas City															
University of Kansas Medical Center....	D. Robinson.....	16	725	11	72	1,950	1	1	0	0	=	2	150-175	PM	2
MARYLAND															
Baltimore															
Johns Hopkins.....	M. T. Edgerton.....	21	575#	6	33	2,986	0	0	0	1	=	1	227-227	PM	2
MICHIGAN															
Ann Arbor															
St. Joseph Mercy.....	R. O. Dingman.....	6	395	...	...	28	1	1	0	0	=	2	385-410	FM	2
Detroit															
Henry Ford.....	A. P. Kelly, Jr.....	17	560	1	100	8,771	1	1	0	0	=	2	265-305	PM	2
Strath Memorial.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Grand Rapids															
Blodgett Memorial.....	W. Steffensen.....	4	582	5	100	437	0	1	0	0	=	1	325-325	FM	3
MINNESOTA															
Rochester															
Mayo Foundation 222.....	J. B. Erich.....	...	2,812	19	80	...	4	4	0	0	=	8	200-200	PM	3
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center..	J. H. Hendrix, Jr.....	...	...	...	...	...	...	...	...	...	...	...	...	...	3
University.....	.....	8	193#	7	57	620	1	0	0	0	=	1	250-300	O	...
Veterans Administration.....	.....	4	176#	...	...	56	...	...	...	...	...	...	...	...	...
MISSOURI															
Kansas City															
Kansas City General.....	F. J. McCoy.....	5	169	5	...	2,200	1	1	1	1	=	4	220-320	PM	2
St. Louis															
Barnes.....	J. B. Brown.....	27	1,288	15	50	1,698	0	0	0	1	=	1	...-150	FM	3
St. Mary's Group of Hospitals of St. Louis University.....	F. X. Paletta.....	...	237	1	98	1,259	2	2	0	0	=	4	170-200	FM	2
NEW JERSEY															
Camden															
Cooper 50.....	A. W. Von Deilen.....	...	45	1	100	173	1	0	0	0	=	1	200-250	FM	2
Newark															
St. Barnabas Medical Center.....	L. A. Peer.....	12	572	...	...	767	1	1	1	0	=	3	175-225	FM	2
NEW YORK															
Albany															
Albany.....	W. B. Macomber.....	18	619#	5	40	221	2	0	1	0	=	3	350-375	PM	2
St. Peter's.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Administration.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 811 through 814.

21. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance P.M.O.	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
NEW YORK—Continued															
Buffalo															
Roswell Park Memorial	E. S. Hoffmeister	30	375	11	100	2,022	0	0	1	1	= 2	350-381	O	1	
Hempstead															
Meadowbrook	L. R. Rubin	26	498	9	22	381	1	1	0	0	= 2	275-275	FM	2	
New York City															
Beth Israel	A. J. Barsky	4	273	...	...	107	1	1	0	0	= 2	175-190	PM	2	
Columbia-Presbyterian Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Francis Delafield	...	...	...	...	...	...	...	...	...	...	...	145-195	...	...	...
Presbyterian	G. F. Crikelair	...	...	...	...	...	...	...	...	...	...	283-308	PM	...	...
Kings County Hospital Center	G. R. O'Brien	37	713	22	10	3,590	1	2	0	0	= 3	145-195	...	...	...
Montefiore	M. Lewin	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai	A. J. Barsky	15	462	...	...	1,160	0	1	0	0	= 1	100-100	FM	3	
New York Hospital-Cornell Medical Center	H. Conway	14	485	1	100	1,800	0	0	1	1	= 2	206-263	PM	3	
Veterans Admin. (Bronx)	H. Conway	24	625	1	...	260	1	2	0	0	= 3	347-462	O	...	
St. Luke's	R. B. Stark	...	...	...	...	...	1	0	0	0	= 1	150-200	FM	2	
Rochester															
Strong Memorial-Rochester Municipal	R. M. McCormack	12	413#	1	100	477	0	0	1	1	= 2	166-291	O	2	
Syracuse															
State University of New York Upstate Medical Center	D. B. Stark	16	774	2	50	18	0	0	1	1	= 2	316-350	O	2	
NORTH CAROLINA															
Durham															
Duke University Affiliated Hospitals	K. Pickrell	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Duke	...	32	1,095	12	25	2,413	0	2	2	2	= 6	43-200	FM	...	
Veterans Administration	...	18	260#	4	50	...	0	0	0	2	= 2	270-462	O	...	
OHIO															
Cincinnati															
Christ	J. J. Longacre	7	147	...	...	...	1	1	0	0	= 2	250-275	FM	2	
Columbus															
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	B. C. Martin	...	...	...	...	300	0	1	1	1	= 3	202-277	PM	...	
OKLAHOMA															
Oklahoma City															
St. Anthony	G. H. Kimball	11	421	4	...	354	0	1	0	0	= 1	300-350	FM	3	
PENNSYLVANIA															
Allentown															
Allentown	K. M. Mareks	18	712	3	67	2,111	1	0	0	0	= 1	250-275	FM	2	
Philadelphia															
Graduate Hospital of the University of Pennsylvania	P. C. Iverson	1	131	...	...	193	1	1	0	0	= 2	100-100	FM	2	
Hospital of the University of Pennsylvania	H. Royster	13	470	...	...	570	1	0	0	0	= 1	150-200	...	2	
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh School of Medicine	W. White	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Childrens	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian-Women's	...	21	760	7	57	...	...	...	3	= 6	125-175	FM	...		
Veterans Administration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Western Pennsylvania	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE															
Memphis															
City of Memphis Hospitals	H. Wilson	...	312	20	40	...	...	...	...	...	...	...	...	...	3
TEXAS															
Dallas															
Baylor University	J. T. Mills	10	909	...	...	...	1*	0	0	0	= 1	210-250	PM	2	
Galveston															
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr.	31	1,067	36	67	2,389	2	2	2	0	= 6	160-160	FP	3	
Houston															
Baylor University College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Jefferson Davis	S. B. Hardy	12	239	12	45	2,206	1	1	0	0	= 2	137-165	FM	...	
Methodist	S. B. Hardy	1	166	1	100	...	...	...	...	...	...	100-175	FM	...	
Texas Childrens	T. D. Cronin	3	197	1	100	...	...	...	...	...	...	...	...	...
Veterans Admin.	S. B. Hardy	19	308	6	50	...	1	1	0	0	= 2	412-462	PM	...	
San Antonio															
University of Texas Postgraduate School of Medicine	C. W. Tennison	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Robert B. Green Memorial	...	4	57	...	...	921	1	0	1	0	= 2	150-300	FM	...	
Santa Rosa	...	10	333	...	...	1,248	1	0	1	0	= 2	200-300	FP	...	
UTAH															
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints	T. R. Broadbent	12	753	3	100	161	1	1	0	0	= 2	325-375	FP	2	
VIRGINIA															
Charlottesville															
University of Virginia	C. C. Coleman, Jr.	19	490	2	5	995	1	1	0	0	= 2	75-200	PM	2	
WISCONSIN															
Madison															
University Hospitals	W. Slaughter	22	464	1	100	1,349	1	1	0	0	= 2	100-250	FM	2	

Numerical and other references are listed on pages 811 through 814.

22. PREVENTIVE MEDICINE

AVIATION MEDICINE

The following programs in Aviation Medicine have been approved by the Council 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 Stipend (Month)
UNITED STATES AIR FORCE				
School of Aviation Medicine Hq., Air Materiel Command.....	Wright-Patterson Air Force Base, Ohio	W. F. Hall.....	4 ¹ 1 (3d yr.)	...
School of Aviation Medicine.....	Brooks Air Force Base, Texas	O. O. Benson, Jr.....	1 (2nd and 3d year)	...
UNITED STATES NAVY				
School of Aviation Medicine.....	Pensacola, Fla.		2	...
NONFEDERAL				
Ohio State University Medical Center.....	Columbus, Ohio	W. F. Ashe.....	3	302

¹ Includes one year at a school of public health, one year Advanced Course in Aviation Medicine, one year residency, and one year of supervised practice at selected sites.

OCCUPATIONAL MEDICINE

The following educational institutions have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE 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.

School	Location	Physician-in-charge
Harvard University School of Public Health.....	Boston	J. L. Whittenberger.....
University of Michigan Institute of Industrial Health.....	Ann Arbor, Mich.	S. E. Miller.....
University of Rochester School of Medicine and Dentistry.....	Rochester, N. Y.	J. H. Sterner.....
University of Cincinnati Institute of Industrial Health, Graduate School of Arts and Sciences.....	Cincinnati	R. A. Kehoe.....
Ohio State University Medical Center, Department of Preventive Medicine.....	Columbus, Ohio	W. F. Ashe.....
University of Pittsburgh, Graduate School of Public Health.....	Pittsburgh	A. G. Kammer.....

The following plants and agencies have been approved by the Council 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 in residencies 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.

Plant or Agency	Location	Physician-in-charge
E. I. Du Pont de Nemours and Co., Inc.....	Wilmington, Del.	A. J. Fleming.....
Caterpillar Tractor Co.....	East Peoria, Ill.	H. A. Vonachen.....
U. S. Army Environmental Health Center.....	Army Chemical Center, Md.	Commanding Officer.....
Ford Motor Co.....	Dearborn, Mich.	E. A. Irvin.....
General Motors Corporation.....	Detroit, Mich.	S. D. Steiner.....
New York State Department of Labor, Division of Industrial Hygiene.....	New York City	M. Kleinfeld.....
Eastman Kodak Co.....	Rochester, N. Y.	J. H. Sterner.....
National Lead Company of Ohio.....	Cincinnati, Ohio	J. A. Quigley.....
Hq., Air Materiel Command.....	Wright-Patterson Air Force Base, Ohio	W. F. Hall.....
Pennsylvania Dept. of Health, Div. of Occupational Health.....	Harrisburg, Pa.	J. Lieben.....
Westinghouse Bettis Atomic Power Division.....	Pittsburgh	R. E. Masters.....
General Electric Co., Hanford Atomic Products Operation.....	Richland, Wash.	W. D. Norwood.....
Allis-Chalmers Manufacturing Co.....	West Allis, Wis.	P. J. Whitaker.....

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council 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)	Stipend
U. S. Army.....	6th Army Hdqts. Fort Ord and Presidio of San Francisco, Calif.....	A. Peczenik.....	Military Posts of Fort Ord, Presidio of Monterey, Camp Roberts, Hunter Liggett Military Reservation, Calif.....	112,000*	1(o)	...
	1st Army Hdqts. Fort Dix, N. J., Governor's Island, N. Y.....	G. R. Carpenter.....	Fort Dix Military Reservation.....	30,000	1(j)	...
		G. R. Carpenter.....	New England, New Jersey & New York.....	100,000	...	...

Numerical and other references are listed on pages 811 through 814.

22. PREVENTIVE MEDICINE—Continued

Department of Health	Location	Director	Location Areas	Population	Length of Approved Program (Years)	Stipend
State of California	Berkeley	M. H. Merrill	Berkeley City	121,900*	...	556
			Contra Costa County	382,200*	...	...
			Los Angeles City	2,447,600*	...	...
			Orange County	670,000*	...	...
			San Diego County	1,006,800*	...	...
			San Francisco City and County	790,000*	...	...
State of Delaware	Dover	M. H. Mires	Santa Clara County	418,900*	...	...
			Kent and New Castle Counties (a)	240,000*	2	500(b)
State of Florida	Jacksonville	W. T. Sowder	Alachua-Gainesville	80,500*	2	600
			Dade-Miami	846,800*	...	...
State of Georgia	Atlanta	J. H. Venable	Hillsborough-Tampa	359,300*	...	...
			Palm Beach-West Palm Beach	214,300*	...	...
			Pinellas-St. Petersburg	296,700*	...	...
			Florida State Board of Health	...	...	...
			(h)	1,484,300*	2	585
			Cook County (c) (d)	1,150,000*	2	575
State of Illinois	Springfield	L. L. Fatherree	Peoria (City) and	...	...	...
			Peoria County (d) (e)	185,000*	1	...
			Will County (d)	176,000*	1	...
			Anne Arundel County	200,000*	2	542
			Baltimore City	985,000*	...	...
			Baltimore County	466,000*	...	...
State of Maryland	Baltimore	E. Davens	Harford County	70,500*	...	...
			Montgomery County	310,000*	...	...
			Prince George's County	355,000*	...	...
			Washington County	88,000*	...	...
			Wayne County	2,843,890	2	400
			Michigan Dept. of Health (m)	...	...	...
State of Minnesota	Minneapolis	R. N. Barr, Secy. and Ex. Off.	Minneapolis City	545,200*	2	400
			Ohmsted County including Rochester City	52,204*	...	...
			Mississippi State Board of Health	333,000*	2	512.50
State of Mississippi	Jackson	J. A. Milne	(n)	8,010,000*	2	443
			(l)	...	2	567
New York City	New York City	R. E. Rothermel	Charlotte-Mecklenburg County	275,000*	2	...
			Forsyth-Winston-Salem	181,500*	...	...
			Halifax	61,000*	...	...
			Orange-Pearson-Chatham-Lee	135,000*	...	...
			Pitt	65,000*	...	...
			Pottawatomie-Pontotoc Counties	50,000*	2	416
State of Oklahoma	Oklahoma City	J. W. Shackelford	Tulsa (City) and Tulsa County	300,000*	...	...
			Multnomah County (s)	135,000*	2	700
State of Oregon	Portland	R. H. Wilcox	Clackamas County	113,100*	...	...
			Jackson County	71,300*	...	...
			Lane County	150,300*	...	...
State of Pennsylvania	Harrisburg	C. C. Kuehn	(t)	1,659,000*	...	...
			Memphis-Shelby County	...	...	...
State of Tennessee	Nashville	R. H. Hutcheson	Chattanooga-Hamilton County	...	...	...
			Sullivan County	...	...	...
			(g)	4,954,834	2	660(p)
State of Texas	Austin	J. E. Peavy	Arlington County (w)	160,828*	1	700
			Benton-Franklin	92,700*	2	750
State of Virginia	Richmond	M. I. Shanholtz	Bremerton-Kitsap	79,400*	...	...
			Clark-Skamania	88,400*	...	...
			King-Seattle	893,700*	...	...
			Snohomish District	140,200	...	...
			Spokane City	190,400*	...	...
			Tacoma-Pierce County	322,200*	...	...
State of Washington	Seattle	B. Bucove	(v)	...	...	...
			(w)	...	...	...

- * Estimated.
- (a) Excludes the city of Wilmington.
- (b) To those planning to work in state.
- (c) Excludes Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Glencoe, Kenilworth, Northfield, and remainder of New Trier Township), all with full-time health officers.
- (d) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointments can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U. S. citizenship and Illinois Medical License required.
- (e) Training is given under one director in both the City and County Health Departments.
- (f) Arrangements for remuneration made on an individual basis.
- (g) 43 city-county or county health departments and 6 city health departments in which training may be given depending upon local conditions and the needs and desires of the resident.
- (h) State of Georgia with emphasis on 6 major districts.
- (i) Assistance can be arranged for securing the MPH degree after successful completion of residency experience. Appointments will be limited to those training for service in Oregon.
- (j) Combined one year program Fort Dix Health Center, Fort Dix., N. J., and Headquarters First U. S. Army, Preventive Medicine Division, Governor's Island, New York City, for second year of field training.
- (l) Training is given in any one of 9 city health departments, 20 county health departments, or 13 district offices within the state. Fellowship granted for attendance at school of public health during and after first year of residency.
- (m) Training to be with Michigan Department of Health, with field experience in local health departments.
- (n) Includes training at Montefiore Hospital.
- (o) Combined one year of training, second year of field training, Fort Ord and Presidio of San Francisco, Calif.
- (p) Stipend offered only to those residents who plan to remain in public health work in the state at least six years. Applicants must be eligible for licensure to practice in Texas; applications not accepted from aliens.
- (r) Arrangements for remuneration made upon determination of field of interest and location desired.
- (s) City of Portland population (402,300) is not included in this 1958 Census estimate.
- (t) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year.
- (u) Training in Fla. State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
- (v) Field experience in four county health departments.
- (w) Plus selected rural areas to supplement urban program.

Numerical and other references are listed on pages 811 through 814.

23. PROCTOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Proctology, through the Residency Review Committee for Proctology, as offering acceptable training in the specialty.

Hospitals, 14; Residencies, 34

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month		Main-tenance	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.			
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
Los Angeles																
Queen of Angels.....	D. A. Gazzaniga	11	528	15	60	10	1	1	0	0	2	350-400		FM	2	
White Memorial.....	M. R. Hill, Sr.....	5	270	2	100	1,805	1	1	0	1	3	215-280		PM	2	
LOUISIANA																
New Orleans																
Ochsner Foundation.....	M. O. Hines.....	11	386	1	100	7,678	1	1	0	0	2	300-...		PM	2	
MICHIGAN																
Grand Rapids																
Ferguson-Droste-Ferguson.....	J. A. Ferguson.....	59	2,081	28	57	11,088	2	2	0	0	4	275-375		O	2	
MINNESOTA																
Minneapolis																
University of Minnesota Hospitals.....	W. Bernstein.....	...	...	...	...	1,209	...	...	...	...	...	244-244		...	2	
Rochester																
Mayo Foundation ²²²	R. J. Jackman.....	...	788	...	...	...	2	2	0	0	4	200-200		PM	2	
NEW YORK																
Buffalo																
Buffalo General.....	L. S. Knapp.....	16	494#	9	30	284	1	1	0	0	2	175-200		FP	2	
Millard Fillmore.....	W. H. Bernhoft.....	7	223	6	33	...	1	1	0	0	2	298-323		PM	2	
OHIO																
Youngstown																
Youngstown.....	H. S. Smith.....	23	615	18	33	101	1	1	0	0	2	275-350		FM	2	
PENNSYLVANIA																
Allentown																
Allentown.....	G. L. Kratzer.....	24	905	8	38	36	1	0	0	0	1	225-250		FM	2	
Philadelphia																
Temple University.....	H. E. Bacon.....	18	773	6	17	796	3	2	0	0	5	175-200		PM	2	
Pittsburgh																
Health Center Hospitals of the University of Pittsburgh School of Medicine.....	...	...	...	...	...	...	...	...	...	...	...	...		...	2	
Presbyterian.....	K. Zimmerman.....	15	556	7	86	...	0	0	0	1	2	125-175		FM	2	
TEXAS																
Dallas																
Baylor University.....	C. Rosser.....	20	894	5	60	321	0	0	1	0	1	210-230		PM	2	
WISCONSIN																
Milwaukee																
Milwaukee County.....	R. T. McCarty.....	5	170	4	50	11,337	1	1	1	1	4	229-434		...	2	

24. PSYCHIATRY

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

Hospitals, 226; Residencies, 3,450

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month		Main-tenance	Length of Approved Program (Years)
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.		
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco.....	T. Kiersch.....	136	101	1,143	1	100	9,875	5	5	5	0	15	...		FM	...
DISTRICT OF COLUMBIA																
Walter Reed General, Washington.....	W. H. Anderson.....	138	195	1,209	3	100	27,860	6	6	6	0	18	...		...	...
UNITED STATES NAVY																
CALIFORNIA																
U. S. Naval, Oakland.....	F. H. Oeko.....	10	235	1,626	1	...	5,422	3	2	2	0	7	...		...	...
MARYLAND																
U. S. Naval, Bethesda.....	J. G. Hebble.....	44	92	807	...	...	961	3	3	6	0	12	...		...	...
UNITED STATES PUBLIC HEALTH SERVICE																
KENTUCKY																
U. S. Public Health Service, Lexington..	S. N. Kieffer.....	41	1,070	3,602	10	70	...	6	6	6	0	18	665-999		O	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																
DISTRICT OF COLUMBIA																
Freedmen's, Washington.....	E. Y. Williams.....	22	21	247	5	60	4,848	0	2	1	0	3	308-417		PM	...
St. Elizabeths, Washington.....	A. H. Kiracofe, Jr.....	24	7,512	4	1	45	3	8	8	8	0	24	400-467		O	...

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

			Program Identif-ication	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance FM PM O	
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
	University of Alabama Medical Center...		1	75	1,279	3	33	5,000	4	2	2	..	=	8	200-250	FM
	University Hospital and Hillman Clinic	J. N. Sussex	...	54	508	5	20	36	..	..	..	..	..	..	271-347	O
	Veterans Admin.	J. J. Jarvis	...													
ARKANSAS																
Little Rock																
	Arkansas State	H. B. Molholm	2	4,951	2,954	404	21	1,144	4	0	2	0	=	6	647-750	PM
	University of Arkansas Medical Center..	W. G. Reese	...	14	79	..	..	2,615	3	3	2	0	=	8	170-325	O
North Little Rock																
	Veterans Admin.	H. B. Witten	3	1,982	3,605	90	74	...	8	8	8	0	=	24	271-347	O
CALIFORNIA																
Camarillo																
	Camarillo State	F. H. Garrett	4	6,346	10,367	403	49	2,500	5	5	5	0	=	15	436-782	O
Eldridge																
	Sonoma State—Napa State.....		5	...	...	...	...	...	..	..	..	..	..	..	...	...
	Sonoma State	D. W. Wardell	...	3,501	3,906	104	88	288	0	4	0	0	=	4	436-...	O
	Napa State (Inola).....	D. Wilson	...	5,326	4,101	632	52	1,418	3	0	3	0	=	6	481-862	O
Long Beach																
	Veterans Admin.	M. Feld	6	55	328	...	...	1,656	1	1	1	0	=	3	271-462	O
Los Angeles																
	Los Angeles County.....	E. Stainbrook	...	162	8,466	16	44	11,937	8	7	7	0	=	22	273-303	PM
	Mount Sinai	F. G. Alexander	7	18	161	...	...	...	2	2	2	0	=	6	200-300	PM
	University of California.....	N. Q. Brill	...	8	59	...	...	13,568	10	10	7	2	=	29	240-782	FPO
	Veterans Admin.	J. T. Ferguson	8	1,969	3,152	139	78	11,280	12	12	12	0	=	36	270-270	O
Norwalk																
	Metropolitan State	R. E. Wyers	9	3,726	3,588	262	30	5,489	6	6	6	2	=	20	644-782	O
Palo Alto																
	Stanford Medical Center and		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	Affiliated Hospitals .....		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	Palo Alto-Stanford Hospital Center...	T. Gonda	...	...	1	...	...	5,605	11	11	11	0	=	33	250-325	O
	Veterans Admin. ....		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	Community Hospital of		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	San Mateo County.....		...	29	1,574	3	100	155	..	..	..	..	..	..	300-400	FM
Patton																
	Patton State	O. L. Geriecke	11	4,187	2,987	375	37	1,646	4	2	2	2	=	10	436-481	PM
San Francisco																
	Langley Porter		...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Neuropsychiatric Institute	A. Simon	12	93	275	1	100	17,053	10	10	10	10	=	40	200-999	O
Sepulveda																
	Veterans Admin.	D. McCorquodale	13	744	1,397	30	77	...	6	6	6	0	=	18	270-347	O
Stockton																
	Stockton State.....	R. A. Kimmich	14	3,915	6,911	406	43	1,311	6	4	4	0	=	14	436-481	O
Talmadge																
	Mendocino State	D. Lieberman	15	2,437	1,172	113	84	...	3	3	3	0	=	9	436-782	PM
COLORADO																
Denver																
	University of Colorado Medical Center		...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Colorado Psychopathic	H. S. Gaskill	...	82	859	1	...	13,301	18	18	18	0	=	54+	216-300	O
	Veterans Admin.	L. L. Woodfin	16	83	562	4	50	...	2	2	1	0	=	5	271-347	O
CONNECTICUT																
Hartford																
	Institute of Living	F. J. Braceland	...	368	599	4	1	2,144	8	5	3	0	=	16	367-583	O
Middletown																
	Connecticut State	H. S. Whiting	17	2,840	1,602	328	30	4,722	8	8	8	0	=	24+	455-607	FM
New Canaan																
	Silver Hill Foundation.....	F. S. Du Bois, W. B. Terhune	18	55	387	...	...	402	2	0	0	0	=	2	600-999	O
New Haven																
	Yale-New Haven Medical Center.....		19	...	...	...	...	...	..	..	..	..	..	..	...	...
	Grace-New Haven Community.....	T. Lidz	...	39	35	...	...	6,848	0	11	7	0	=	18	75-150	O
	Veterans Admin. (West Haven).....	J. W. Higgins	...	161	424	2	100	...	12	12	1	0	=	25	271-347	...
Newtown																
	Fairfield State.....	J. E. Oltman	137	2,877	1,715	427	131	3,147	8	8	8	0	=	24	455-540	PM
Norwich																
	Norwich State	R. H. Kettle	20	2,829	4,418	310	37	5,694	9	8	8	0	=	25	455-565	FM
DELAWARE																
Farnhurst																
	Delaware State		21	...	...	...	...	...	..	..	..	..	..	..	...	...
DISTRICT OF COLUMBIA																
Washington																
	Georgetown University	R. A. Steinbach	23	...	...	...	...	7,550	8	6	6	2	=	22	200-300	FM
FLORIDA																
Gainesville																
	University of Florida Teaching		...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Hospital and Clinics.....	P. F. Regan	...	8	17	...	...	...	3	3	3	1	=	10	217-450	...
Miami																
	Jackson Memorial	J. M. Caldwell	25	111	1,033	5	40	9,852	7	7	7	0	=	21	250-350	PM
GEORGIA																
Atlanta																
	Emory University School of		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	Medicine Affiliated Hospitals.....		...	...	...	...	...	...	..	..	..	..	..	..	...	...
	Emory University	B. Holland	...	...	...	...	...	...	5	5	5	0	=	15+	435-...	PM
	Grady Memorial	B. Holland	...	...	...	...	...	1,204	..	..	..	..	..	..	...	...
	Milledgeville State (Milledgeville).....	J. Craig	...	12,000	3,800	875	15	200	4	4	2	0	=	10	466-606	...

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
GEORGIA—Continued														
Augusta														
Medical College of Georgia Hospitals														
Eugene Talnadge Memorial	J. McGranic		18	289			1,546	3	1	2	0	6	250-416	O
University	H. M. Cleckley		24	822			3,127	1	1	0	0	2	250-300	O
Veterans Admin.	C. E. Jump	26	1,209	3,448	4	100		1	0	1	0	2	542-824	O
HAWAII														
Honolulu														
Hawaiian Psychiatric Training Program		27												
Queen's	K. Rusch		16	515	3	33	890	3*	3	3	0	9	225-000	O
Hawaii State (Kaneohe)	W. J. T. Cody		1,150	600	43	67		3	3	3	0	9	475-722	PM
ILLINOIS														
Chicago														
Illinois State Psychiatric Institute	J. Masserman	28	27	58			378	15	15	15	0	45	335-000	PM
Chicago State			4,613	3,038	774	5		0	15	15	0	30	335-000	PM
Michael Reese	R. R. Grinker	29	75	816			8,293	5	5	5	0	15	200-300	PM
Mount Sinai	H. Garner	30	30	450	5	20	3,821	1	1	1	0	3	225-275	PM
Northwestern University Medical Center	B. Boshes	31					2,192							
Chicago Wesley Memorial	B. Boshes		31	407				1	0	0	0	1	125-125	FM
Passavant Memorial														
Veterans Admin. Research	P. C. Agnew		25	173	2	50		4	4	4	0	12	271-462	O
Veterans Admin. (Downey)	A. Paumez		2,304	583	67	87		8	4	6	0	18	270-800	O
Evanston (Evanston)														
Presbyterian-St. Luke's	F. J. Gerty	32	50	479	3		884	3	3	3	0	9	125-175	FM
Stritch School of Medicine														
Affiliated Hospitals	J. J. Madden	33												
Loretto			39	699	1	100	3,110	3	3	3	0	9	200...	FM
Mercy			24	272			749	3	3	3	0	9	225-300	FM
University of Chicago Clinics	G. K. Aldrich	34	14	152			7,938	4	4	4	2	14	250-305	O
University of Illinois Research and Educational Hospitals	F. J. Gerty	35	37	179			5,292	4	3	3	0	10	160-215	PM
Veterans Admin. (West Side)	L. Halperin	36	85	1,263	1	100	402	3	3	3	0	9	270-347	O
Hines														
Veterans Admin.	L. Jensen	37	116	445	10	60	218	5	5	4	0	14	271-347	O
INDIANA														
Indianapolis														
Indiana University Affiliated Hospitals														
Indiana University Medical Center	J. J. Nurnberger						3,077	13	13	13	0	39	405-500	O
Larue D. Carter Memorial	D. P. Moore		215	435	3	100	485	12	12	12	0	36	400-650	PM
Marion County General	D. Schuster		65	561	19	20	1,116	1	1	1	0	3	269-321	PM
Veterans Admin.	T. N. Tamsig		70	342	5	50	108					1	271-462	O
IOWA														
Cherokee														
Mental Health Institute	W. G. Brinegar	38	1,083	782	105	57	2,152	4	4	4	0	12	950-999	O
Independence														
Mental Health Institute	S. M. Korson		1,080	933	100	44	1,027	4	4	4	0	12	925-999	O
Iowa City														
Iowa State Psychopathic	P. E. Huston		52	380			3,752	7	7	7	3	24	300-762	O
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Greaves		24	140	1	100	1,367	6	6	6	1	19	175-400	PM
Veterans Admin. (Kansas City, Mo.)	A. R. Mueller		66	169								2	271-271	O
Topeka														
C. F. Menninger Memorial	K. A. Menninger	39	113	177	2	100	29,224	0	2	6	0	8	325-350	O
Topeka State	P. E. Feldman		1,275	872	102	73	14,851	20	0	0	0	20	324-341	
Veterans Admin.	D. W. Hammersley	40	918	2,669	83	78		15	14	15	0	44	271-345	O
KENTUCKY														
Louisville														
University of Louisville Medical Center	S. S. Ackerly													
Central State (Lakeland)	W. Fox		1,979	2,677	139	18	1,617	3	1	2	0	6	200-583	
Veterans Admin. (Lexington)	See listing of this hospital in following section.													
Louisville General	S. S. Ackerly		18	1,007	2	50	2,376	2	1	1	0	4	116-166	FM
Norton Memorial Infirmary	S. S. Ackerly		20	200	2	50		0	3	3	0	6	250-833	PM
Veterans Admin.	A. Guiglia		59	444	4	25	667	1	0	0	0	1	270-347	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Unit	C. Watkins	42	52	605	5	40	4,699	5	4	3	0	12	125-175	FM
Tulane University Unit	R. G. Heath	139	50	552	4	50	4,659	4	4	4	0	12	125-175	FM
Veterans Admin.	R. L. Stone		38	217	1	100		1	1	0	0	2	270-348	O
MARYLAND														
Baltimore														
Johns Hopkins	J. C. Whitehorn		69	230#	1		7,950	6	6	6	2	20†	250-500	PM
Seton Institute	L. H. Bartemeier	43	262	628	16	44	447	4	4	4	0	12	250-350	FP
University	E. B. Brody		56	491	1		10,432	9	6	5	2	22	275-403	PM
Catonsville														
Spring Grove State	I. Tuerk		2,696	1,346	221	34	3,631	7	5	6	0	18	417-713	O
Perry Point														
Veterans Admin.	W. M. Harris	45	1,424	2,285	57	84	14	3	3	2	0	8	280-824	O
Towson														
Sheppard and Enoch Pratt	H. M. Murdock		199	449	10	30		4	4	2	0	10	367-467	
MASSACHUSETTS														
Boston														
Massachusetts General		48												
General Hospital Division	E. Lindemann						5,211	4	0	0	0	4	108-183	FM
McLean (Belmont)	A. H. Stanton, M. J. Kahne		230	543	17	64	5,052	5	9	3	0	17	200-583	PM

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance FM PM O	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
MASSACHUSETTS, Boston—Continued															
Massachusetts Memorial	B. Bandler	49	12	210	...	...	2,780	6	4	6	3	=	21	300-300	O
Massachusetts Mental Health Center	J. R. Ewalt	50	132	867	1	...	28,291	24	18	8	0	=	50	250-250	O
New England Center	J. M. Hope	51	2	56	...	...	701	2	2	2	0	=	6	237-262	O
Boston State	J. M. Mackenzie	47	2,845	1,900	342	41	6,153	16	8	4	0	=	28	262-525	PM
Peter Bent Brigham	H. M. Fox	52	...	...	...	...	...	0	0	0	2	=	2	333-333	O
Veterans Admin. Hospitals of the Boston Area		46	...	...	...	...	...	...	...	...	...	=	...	...	...
Veterans Admin. (Bedford)	E. B. Wheeler	...	1,629	341	49	61	...	3	3	3	0	=	9	371-462	O
Veterans Admin. (Jamaica Plain)	S. Tartakoff	...	193	562	3	33	...	10	14	14	0	=	38	...	O
Veterans Admin. (Brockton)	A. S. Mason	...	936	1,779	41	63	1,885	6	0	0	0	=	6	271-824	O
Worcester															
Worcester State	D. M. Moriarty	53	2,467	992	204	33	580	17	12	10	0	=	39	262-755	FPO
MICHIGAN															
Ann Arbor															
University ²⁰⁸	R. W. Waggoner	54	137	577	2	50	11,082	12	12	10	10	=	44	180-275	O
Detroit															
Henry Ford	L. D. Proctor	55	25	476	5	60	8,538	1	1	1	0	=	3	368-460	O
Lafayette Clinic	J. S. Gottlieb	56	110	385	...	...	12,590	12	12	12	4	=	40	540-610	O
Receiving	J. Graves	57	122	5,609	38	51	3,207	2	0	0	0	=	2	325-400	PM
Eloise															
Wayne County General Hospital and Infirmary	J. A. Belisle	58	3,160	1,149	73	22	9,223	5	5	5	0	=	15	571-643	O
Northville															
Northville State	P. N. Brown	...	2,140	586	127	38	7,215	8	3	4	0	=	15	579-656	O
Pontiac															
Pontiac State	W. H. Obenauf	59	3,058	4,122	174	34	2,028	8	8	8	0	=	24	579-656	PM
Traverse City															
Traverse City State	M. D. Somnerness	60	2,955	768	271	29	1,107	6	6	6	0	=	18	580-967	O
Ypsilanti															
Ypsilanti State	O. R. Yoder	...	4,038	1,562	189	43	5,153	7	7	7	0	=	21	579-825	O
MINNESOTA															
Minneapolis															
University of Minnesota		...	...	...	...	...	...	...	...	...	...	=	...	...	...
Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	=	...	...	...
Minneapolis General	W. W. Jepson	...	41	1,003	7	57	4,574	3	0	1	0	=	4	235-235	FM
University	D. W. Hastings	...	54	906	2	100	4,154	6	3	3	0	=	12	244-244	...
Veterans Admin.	W. Simon	61	99	468	4	100	9,870	4	4	4	0	=	12	271-462	O
Rochester															
Mayo Foundation ²²²	H. P. Rome	62	...	873	...	...	...	6	6	6	0	=	18	200-200	PM
MISSISSIPPI															
Biloxi															
Veterans Admin.—Gulfport Division	L. B. Lamm	63	870	996	25	81	...	4	4	2	0	=	10	542-825	O
Jackson															
University of Mississippi		64	...	...	...	...	...	...	...	...	...	=	...	...	...
Medical Center ²²³		...	...	...	...	...	...	...	...	...	...	=	...	...	...
University	F. J. Moore	...	1	67#	...	...	388	4	4	4	0	=	12	200-999	O
Veterans Admin.		...	...	...	...	...	...	...	...	...	...	=	...	...	...
Mississippi State (Whitfield)	J. J. Head	...	4,184	7,895	204	37	...	6	0	0	0	=	6	500-750	FM
MISSOURI															
Kansas City															
Kansas City General	W. J. Robinson	...	62	612	4	50	3,739	4	4	4	0	=	12	220-265	PM
St. Louis															
Barnes	E. Gildea	65	86	1,195	6	50	3,101	14	14	12	2	=	42	50-175	FM
St. Louis City (Malcolm Bliss Mental Health Center) ²³¹	G. Ulett	66	174	1,376	4	67	5,670	6	6	3	1	=	16	234-314	PM
Homer G. Phillips		...	...	...	...	...	...	...	...	...	...	=	...	...	...
St. Louis State	L. H. Kohler	67	3,225	464	113	47	4,148	8	8	5	3	=	24	350-450	FM
Veterans Admin.	B. A. Cravant	68	80	355	2	50	...	5	5	5	1	=	16	271-462	O
NEBRASKA															
Omaha															
Nebraska Psychiatric Institute, University of Nebraska College of Medicine	C. Wittson	...	81	420	1	100	4,315	10	10	10	4	=	34	300-525	O
Veterans Admin.	F. A. Majka	69	74	525	4	75	31	2	2	2	0	=	6	270-347	O
NEW JERSEY															
Greystone Park															
New Jersey State	A. Crandell	70	5,267	1,721	503	29	1,896	4	4	4	0	=	12	542-625	O
Hammonton															
New Jersey State Hospital at Ancora	H. H. Brunt, Jr.	71	2,149	1,835	469	42	...	4	4	4	0	=	12	542-625	PM
Lyons															
Veterans Admin.	L. S. Freeman	72	1,967	485	77	70	2,230	3	3	3	0	=	9	271-825	O
Marlboro															
New Jersey State	J. B. Gordon	73	2,749	1,419	389	34	1,898	2	2	2	0	=	6	541-625	O
Princeton															
New Jersey Neuropsychiatric Institute	R. E. Bennett	74	883	1,506	34	68	688	4	4	3	0	=	11	542-625	O
Trenton															
New Jersey State	H. S. Magee	75	3,400	1,223	375	27	1,718	2	2	3	0	=	7	542-625	...
NEW YORK															
Albany															
Albany	W. L. Holt, Jr.	76	40	1,507#	11	55	4,839	3	3	2	0	=	8	195-275	FP
Veterans Admin.	T. A. Gilmore	77	291	352	2	100	1,407	3	3	3	0	=	9	271-347	O
Buffalo															
Buffalo State	D. Whitehead	80	3,469	1,289	629	17	5,208	6	0	0	0	=	6	488-488	...
Edward J. Meyer Memorial	S. M. Small	...	104	2,762	94	43	2,935	3	3	3	0	=	9	322-439	PM
Central Islip															
Central Islip State	F. J. O'Neill	...	9,942	12,635	1024	4	2,700	15	11	14	0	=	40	506-564	...

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Incl. transfers)	Deaths		Outpatient Visits	Residences Offered 1961-1962				Stipend per Month Min.-Max.	Main-tenance FM O	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
NEW YORK—Continued														
Kings Park														
Kings Park State	C. Buckman	...	8,217	1,551	499	32	1,965	6	3	3	0 = 12	505-564	O	
Marcy														
Marcy State	N. Bigelow	...	2,711	968	350	33	2,198	5	5	5	0 = 15	224-224	...	
Middletown														
Middletown State Homeopathic	H. Pleasure	...	3,470	816	317	35	14,194	2	2	10	0 = 14	505-758	FM	
Montrose														
Veterans Admin.	G. Rosenberg	...	1,692	666	73	77	149	2	1	2	0 = 5	271-347	O	
New York City														
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. III—New York University College of Medicine ²⁶⁷	A. Zitrin	...	700	18,500	424	37	16,112	22	20	16	0 = 58	...	...
Bronx Municipal Hospital Center	M. Rosenbaum	...	106	1,132	3	33	33,329	12	12	14	6 = 44†	265-...	FM	
Brooklyn State	N. Beckenstein	...	78	4,832	1,763	642	3	...	11	3	6	0 = 20	487-544	...
Columbia-Presbyterian Medical Center	L. C. Kolb	...	81	...	...	...	...	...	...	...	...	...	...
New York State Psychiatric Institute, Presbyterian	...	...	142	381	4	25	1,669	10	10	10	0 = 30	200-250	O
Creedmoor State (Queens Village)	H. A. La Burt	...	6,265	2,475	609	25	5,659	...	...	...	...	...	...
Kings County Hospital Center	I. C. Kaufman	...	381	9,390	113	10	36,688	16	17	0	0 = 33	145-195	...	
Manhattan State	82	3,027	1,208	314	30	7,625	8	4	1	0 = 13	505-564	...
Mount Sinai	M. R. Kaufman	...	83	17	138	...	7,360	8	8	13	5 = 34	100-100	FM	
New York	O. Dietzahn	...	84	86	300	...	10,698	4	5	4	2 = 15	189-393	FM	
St. Luke's	J. M. Cotton	...	85	24	419	1	2,985	1	1	0	0 = 2	125-150	FM	
St. Vincent's	H. J. Tompkins	...	86	84	665	6	3,185	6	5	5	0 = 16	200-300	FM	
St. Vincent's Hospital of Westchester County (Harrison)	R. D. Isernia	...	136	498	15	...	1,219	1	3	1	0 = 5	200-250	...	
Veterans Admin. (Bronx)	W. Brown	...	87	165	1,456	8	50	28	5	7	5	0 = 17	270-324	O
Veterans Admin. (Brooklyn)	M. Paine	...	79	112	219	2	50	...	2	0	3	0 = 5	271-347	O
Veterans Admin. (Manhattan)	M. Wiederlight	...	88	154	1,600	13	54	97	3	9	10	0 = 22	271-348	O
Northport														
Veterans Admin.	H. Tanner	...	89	2,387	786	75	47	984	4	1	1	0 = 6	296-375	O
Orangeburg														
Rockland State	A. M. Stanley	...	7,536	1,864	515	20	3,932	11	15	10	4 = 40	466-520	O	
Poughkeepsie														
Hudson River State	R. C. Hunt	...	5,615	7,318	630	6	2,019	5	5	5	0 = 15	506-564	O	
Rochester														
Rochester State	C. E. Terrence	...	90	3,252	1,965	480	53	4,903	3	2	2	0 = 7	505-564	...
Strong Memorial-Rochester Municipal	J. Romano	...	143	77	1,075#	5	60	12,138	9	9	8	4 = 30	166-291	O
Syracuse														
State University of New York Upstate Medical Center Hospitals	M. Hollender	...	140	650	4	75	44	6	6	6	0 = 18	250-350	O	
Syracuse Psychiatric	M. Hollender	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	J. J. Danchy	...	87	304	...	...	...	4	3	1	0 = 8	271-347	...
Utica														
Utica State	M. Lazar	...	91	2,457	773	297	34	1,710	4	6	4	0 = 14	505-563	FM
Valhalla														
Grasslands	F. V. Rockwell	...	43	1,437	10	50	1,180	2	3	4	0 = 9	225-378	FM	
West Brentwood														
Pilgrim State	H. S. Barahal	...	13,974	3,445	1,249	30	2,643	10	9	6	0 = 25	506-564	FP	
White Plains														
New York Hospital-Westchester Division	J. H. Wall	...	282	369	16	69	5,451	6	5	3	0 = 14	250-500	FP	
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. C. Ham	...	92	40	510	1	...	19,661	12	12	15	5 = 44	279-485	O
Durham														
Duke University Affiliated Hospitals	...	...	93	...	...	...	...	...	...	...	...	...	...
Duke	E. W. Busse	...	33	596	...	...	4,217	8	8	8	4 = 28	200-350	O
Veterans Admin.	R. M. Meiller	...	71	456#	...	...	...	4	2	2	2 = 10	270-462	O
OHIO														
Cincinnati														
Rollman Receiving Hospital and State Institute of Psychiatry	C. O. Ranger	...	95	90	610	8	8	8	0 = 24	415-575	O
University of Cincinnati College of Medicine Hospital Group	...	...	94	...	...	...	...	...	...	...	...	...	...
Cincinnati General	M. Levine	...	40	790	3	67	2,170	14	14	8	0 = 36†	266-583	FM	
Veterans Admin.	M. Levine	...	61	427	2	50	271-462	O
Cleveland														
Cleveland Clinic	A. D. Weatherhead	...	8	101	...	...	4,427	2	2	2	0 = 6	275-325	O
Cleveland Psychiatric Institute and Hospital	E. N. Hinko	...	96	314	1,294	11	86	2,548	8	8	8	0 = 24	416-542	O
University Hospitals of Cleveland	D. D. Bond	...	54	556	...	...	14,745	6	6	6	0 = 18	200-500	PM
Columbus														
Columbus State	L. O. Dillon	...	97	2,754	1,065	209	35	10,509	15	15	15	0 = 45
Ohio State University Hospitals	...	...	98	...	...	...	...	...	...	...	...	...	...
Columbus Psychiatric Institute and Hospital	R. M. Palterson	...	107	918	1	100	11,914	8	8	8	0 = 24	414-791	...	
Worthington														
Harding Sanitarium	H. S. Evans	...	99	91	582	11	...	2,584	2	2	1	0 = 5	...-500	O
OKLAHOMA														
Norman														
Central State-Griffin Memorial	M. Wettstein	...	100	1,150	1,200	10	20	2,500	4	4	4	0 = 12	440-790	O
Oklahoma City														
University of Oklahoma Medical Center	L. J. West	6	6	6	0 = 18
University Hospitals	16	80	4,090	375-458	PM
Veterans Admin.	J. T. Shurley	...	67	323	2	50	35	...	...	...	...	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	...	...	101	...	...	...	...	...	...	...	...	...	...
Salem														
Oregon State	H. L. Nelson	...	141	3,541	3,540	377	29	2,424	4	3	5	0 = 12	845-915	...

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residences Offered 1961-1962					Stipend per Month Min.-Max.	PM Maintenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
PENNSYLVANIA														
Coatesville														
Veterans Admin.....	M. P. Rosenblum.....	102	1,537	639	85	84	...	4	1	4	0	9	270-347	O
Norristown														
Norristown State.....	W. P. Camp.....	103	4,506	6,666	349	30	1,825	12	0	0	0	12	488-548	FM
Philadelphia														
Eastern Pennsylvania Psychiatric Institute.....	W. A. Phillips.....	104	99	154	...	...	12,030	5	5	5	0	15	515-596	...
Hahnemann Medical College and Hospital.....	V. B. O. Hammett.....	105	136	492	1	100	2,600	3	2	1	0	6	75-75	FM
Hospital of the University of Pennsylvania.....	K. Appel.....	106	...	300	...	...	7,875	6	6	6	0	18	250-300	...
Mercy-Douglass.....	H. H. Morris.....	...	67	263	...	...	948	6	0	0	0	6	250-250	O
Jefferson-Friends Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Friends.....	T. L. Dehne.....	...	141	374	9	33	1,116	4	4	0	0	8	400-400	PM
Jefferson Medical College.....	R. A. Matthews.....	...	19	382	...	...	1,984	1	1	0	0	2	100-150	PM
Institute of the Pennsylvania Hospital.....	L. H. Smith.....	...	204	1,231	1	18	5,968	3	2	1	0	6	200-300	O
Philadelphia General.....	J. Harris, J. Mock.....	...	246	1,525	29	41	12,198	4	4	4	0	12	429-572	FM
Philadelphia Psychiatric.....	M. W. Brody.....	107	100	1,174	...	...	4,272	8	8	7	2	25	233-350	FM
Philadelphia State.....	E. L. Sielke.....	108	6,456	1,057	485	5	2,292	15	15	10	0	40	586-648	FM
Temple University.....	O. S. English.....	109	...	75	...	...	5,935	6	6	7	0	19	175-225	PM
Pittsburgh														
Western Psychiatric Institute and Clinic	H. W. Brosin.....	...	113	380	2	100	11,252	15	15	15	0	45	343-500	O
Warren														
Warren State.....	J. Roop.....	110	2,914	3,899	340	34	2,714	12	10	8	0	30	588-688	FM
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry....	R. Fernandez-Marina.....	111	158	626	6	...	233	3	0	0	0	3	400-500	PM
Rio Piedras														
Psychiatric Center for Training and Research.....	J. A. Rossello.....	...	1,400	693	46	9	20,000	6	6	6	0	18	250-500	PM
SOUTH CAROLINA														
Charleston														
Teaching Hospitals of the Medical College of South Carolina.....	J. J. Cleckley.....	130	21	791	...	...	909	2	2	2	0	6	138-168	FM
Medical College.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE														
Memphis														
Gallor Memorial Psychiatric.....	T. S. Hill.....	142	49	390	...	...	3,509	4	3	3	0	10	310-550	PM
Nashville														
Vanderbilt University.....	W. F. Orr.....	112	13	131	...	...	1,260	3	3	3	0	9	100-125	FM
TEXAS														
Austin														
Austin State.....	S. A. Hoerster, Jr.....	...	2,700	3,116	261	65	2,251	15	15	0	0	30†	475-810	O
Dallas														
Parkland Memorial.....	R. Stubblefield.....	113	30	315	...	...	4,116	6	6	3	0	15	367-433	PM
Timberlawn Sanitarium.....	R. L. Stubblefield.....	...	99	777	2	...	173	4	4	0	0	8	400-450	FP
Galveston														
University of Texas Medical Branch Hospitals.....	T. H. Harris.....	...	214	2,327	10	60	4,298	10	10	10	0	30	160-160	FP
Houston														
Baylor University College of Medicine Affiliated Hospitals.....	...	114	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis.....	W. T. Lhamon.....	...	18	312	3	...	3,106	4	4	4	0	12	125-165	FM
Methodist.....	M. C. Bettis.....	...	24	457	2	100	...	0	2	2	0	4	100-175	FM
Veterans Admin.....	A. D. Pokorny.....	...	346	2,342	18	100	49	6	6	6	0	18	270-347	PM
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	...	115	...	...	...	...	...	...	...	...	...	...	...	...
Salt Lake County General.....	C. H. H. Branch.....	...	20	453	2	100	11,824	5	5	5	0	15	350-475	O
Veterans Admin.....	J. L. Bennett.....	...	382	427	32	94	...	2	0	0	0	2	271-462	O
VIRGINIA														
Charlottesville														
University of Virginia Medical Center Hospitals.....	...	116	...	...	...	...	...	...	...	...	...	...	...	...
University of Virginia.....	I. P. Stevenson.....	...	26	476	1	100	3,582	7	1	1	0	9	50-50	FM
Richmond														
Medical College of Virginia—Hospital Division.....	R. A. Senescu.....	117	38	791	6	50	3,196	2	2	1	0	5	100-150	FM
Veterans Admin.....	A. Davis.....	118	103	743	5	60	2,322	2	2	2	0	6	271-412	PM
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
King County Hospital Unit No. 1 (Harborview).....	H. S. Ripley.....	...	29	2,065#	9	78	1,992	0	1	0	0	1	200-200	FM
University.....	H. S. Ripley.....	...	...	4#	...	...	669	10	10	10	2	32	180-355	PM
Veterans Admin.....	H. S. Ripley.....	...	72	397	1	100	12	4	4	2	0	10	271-347	...
Sedro Woolley														
Northern State.....	L. R. Hughes.....	119	1,711	670	148	66	...	3	3	3	0	9	492-909	PM
WISCONSIN														
Madison														
University Hospitals.....	R. Roessler.....	120	41	797	...	...	9,344	12	12	12	4	40	250-...	FM
Milwaukee														
Associate Training Programs of Milwaukee Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milwaukee County Hospital for Mental Diseases.....	C. W. Landis.....	...	1,005	1,842	19	42	2,400	3	3	3	0	9	291-375	O
Veterans Admin. (Wood).....	M. J. Prinakow.....	...	191	1,339	10	70	4,404	3	1	1	0	5	271-347	PM
Milwaukee Sanitarium Foundation... (Wauwatosa).....	E. S. Turrell.....	...	136	597	13	85	844	3	3	3	0	9	291-375	O

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

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

Hospitals, 34; Residencies, 305

		Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month		Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.	
UNITED STATES NAVY																
PENNSYLVANIA																
U. S. Naval, Philadelphia.....		C. S. Mullin, Jr.....	...	200	1,573	1	...	1,001	3	1	0	0	=	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Tuskegee																
Veterans Administration.....		W. E. Lewis.....	...	1,254	877	13	69	977	1	1	1	0	=	3	271-347	O
CALIFORNIA																
Berkeley																
Herrick Memorial.....		W. Sheehy.....	...	39	736	2	50	1,367	3	3	2	0	=	8	300-400	FM
San Francisco																
Mount Zion.....		C. R. Friedman.....	122	...	78#	...	...	12,131	2	4	4	2	=	12	150-...	FM
San Jose																
Agnews State.....		J. L. Waters.....	...	4,000	8,677	409	23	1,015	2	2	1	0	=	5	436-481	O
DISTRICT OF COLUMBIA																
Washington																
District of Columbia General.....		M. McIndoo.....	123	175	4,115	9	...	300	3	2	1	1	=	7	233-308	O
George Washington University.....		L. Yochelson.....	...	25	742	...	...	2,344	0	1	1	0	=	2	235-260	PM
ILLINOIS																
Galesburg																
Galesburg State Research.....		T. Tourlentes.....	...	1,700	450	60	37	1,224	0	4	4	0	=	8	400-500	FM
KENTUCKY																
Lexington																
Veterans Admin.....		E. W. Straus.....	...	1,122	1,806	48	46	35	2	2	0	0	=	4	270-347	O
MARYLAND																
Sykesville																
Springfield State.....		I. L. Hitchman.....	125	3,308	1,402	383	34	3,140	5	5	5	0	=	15	400-710	O
MASSACHUSETTS																
Boston																
Beth Israel.....		G. L. Bibring.....	126	...	...	...	...	6,209	5	5	0	0	=	10	167-250	O
Boston City.....		P. Solomon.....	127	10	71	...	...	2,233	0	3	3	0	=	6	248-248	FM
Medfield																
Medfield State.....		D. P. Kenefick.....	...	1,409	524	138	37	1,446	5	4	3	0	=	12	527-577	...
Waltham																
Metropolitan State.....		M. Asekoff.....	...	1,700	1,150	192	46	780	1	1	0	0	=	2	300-330	O
NEBRASKA																
Omaha																
Creighton Memorial-St. Joseph.....		C. H. Farrell.....	...	61	721	2	...	87	...	...	...	...	...	...	...	...
NEW JERSEY																
Cedar Grove																
Essex County Overbrook.....		H. A. Davidson.....	...	3,192	1,546	593	32	4,123	5	5	5	0	=	15	460-572	O
NEW YORK																
Binghamton																
Binghamton State.....		U. Schutzer.....	128	3,183	4,221	364	9	1,850	3	2	0	0	=	5	505-563	O
Canandaigua																
Veterans Admin.....		D. Davis.....	129	1,609	306	62	86	49	3	3	0	0	=	6	237-251	O
Helmuth																
Gowanda State.....		I. M. Rossman.....	140	2,929	868	314	22	1,997	4	4	7	0	=	15	505-563	FM
New York City																
City Hospital at Elmhurst.....		L. Bellak.....	...	18	293	1	...	5,251	5	5	5	0	=	15	145-195	...
Gracie Square.....		L. Canmer.....	...	100	1,087	5	20	...	2	3	3	0	=	8	333-500	O
Hillside (Glen Oaks).....		L. L. Robbins.....	...	192	343	...	...	...	9	8	8	0	=	25	200-300	PM
Port Chester																
High Point.....		A. Gralnick.....	...	40	134	...	...	...	0	2	2	0	=	4	330-500	FMO
Willard																
Willard State.....		K. Keill.....	...	2,830	697	269	14	1,962	5	5	0	0	=	10	505-563	O
NORTH CAROLINA																
Raleigh																
Dorothea Dix.....		W. A. Sikes.....	...	2,442	5,906	229	41	593	4	4	0	0	=	8	834-917	O
PENNSYLVANIA																
Allentown																
Allentown State.....		H. T. Fiedler.....	...	1,784	374	107	56	1,030	6	6	4	0	=	16	461-680	O
Danville																
Danville State ³²⁶		L. R. Angus.....	...	2,609	1,021	231	19	3,145	10	6	4	5	=	25	424-691	FM
Embreeville																
Embreeville State.....		E. R. Wright.....	...	674	1,462	105	15	194	5	4	3	0	=	12	461-584	FP
Harrisburg																
Harrisburg State.....		H. C. Eaton.....	...	2,618	631	196	11	...	6	6	0	0	=	12	425-550	FM
Mayview																
Mayview State.....		J. S. Solhaug.....	...	3,160	905	370	4	1,479	6	6	0	0	=	12	460-585	FM
RHODE ISLAND																
Howard																
State Hospital for Mental Diseases.....		J. F. Regan.....	...	3,395	1,726	440	25	944	7	6	0	0	=	13	438-438	O

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month		Maintenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.	
VIRGINIA															
Petersburg															
Central State.....		131	...	...	...	...	...	...	...	...	...	...	...	...	...
Williamsburg															
Eastern State.....	J. B. Funkhouser.....	...	2,245	1,378	268	22	1,200	12	0	0	0	0 = 12	700-764	0	
<p>Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.</p> <p>Hospitals, 45; Residencies, 262</p>															
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health—Clinical Center, Bethesda.....															
	R. Cohen.....	...	55	92	...	...	804	0	0	6	0 = 6	...	...	...
NEW YORK															
U. S. Public Health Service, New York City.....															
	E. W. Green.....	132	39	577	...	...	1,181	0	0	3	0 = 3	...	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Compton															
Compton Sanitarium.....															
	G. C. Burus.....	...	83	667	6	17	5,754	4	0	0	0 = 4	350-500	0		
Pomona															
Pacific State.....															
	G. Tarjan.....	...	2,941	356	38	83	5,703	0	0	5	0 = 5	415-745	0		
San Francisco															
Kaiser Foundation.....															
	B. I. Kahn.....	...	1	29	...	...	4,116	0	0	2	0 = 2	365-415	FP		
Presbyterian Medical Center.....															
	J. P. Kahn.....	...	8	159	...	...	3,844	4	4	4	0 = 12	100-175	PM		
St. Francis Memorial.....															
	J. A. Hamilton.....	...	14	292	3	...	993	1	0	0	0 = 1	450-450	PM		
St. Mary's.....															
	M. Khlentzos.....	...	...	...	...	...	7,023	1	0	0	0 = 1	200-...	FP		
COLORADO															
Pueblo															
Colorado State.....															
	J. L. Rosenbloom.....	...	5,980	1,850	642	68	...	10	10	6	6 = 32	275-445	FM		
DISTRICT OF COLUMBIA															
Washington															
Children's.....															
	R. S. Lourie.....	...	...	4#	...	...	1,032	0	0	3	0 = 3	350-400	0		
FLORIDA															
Jacksonville															
Duval Medical Center.....															
	S. G. Bedell.....	...	56	796	6	67	4,137	2	2	0	0 = 4	200-250	FM		
ILLINOIS															
Chicago															
Cook County.....															
	V. G. Urse.....	...	159	7,936	25	4	...	4	0	0	0 = 4	250-250	FM		
Winnetka															
North Shore.....															
	S. Liebman.....	...	71	456	12	58	635	0	0	2	0 = 2	300-600	FP		
INDIANA															
Logansport															
Logansport State.....															
	J. F. Caffrey.....	...	2,400	1,178	289	14	...	4	0	0	0 = 4	675-675	FP		
MARYLAND															
Crownsville															
Crownsville State.....															
	U. E. Wenzel.....	...	2,138	3,441	154	34	2,871	...	...	...	...	...	...
Rockville															
Chestnut Lodge.....															
	D. M. Bullard.....	...	77	86	1	...	3,298	0	0	4	0 = 4	300-500	0		
MASSACHUSETTS															
Foxborough															
Foxborough State.....															
	J. T. Shea.....	...	1,147	1,833	163	36	2,217	3	3	2	0 = 8	528-791	FM		
Stockbridge															
Austen Riggs Center.....															
	R. P. Knight.....	...	30	98	1	...	3,453	0	0	5	2 = 7	575-633	0		
Taunton															
Taunton State.....															
	W. E. Glass.....	...	1,815	971	226	27	1,455	6	0	0	0 = 6	122-156	0		
Waverley															
Walter E. Fernald State School.....															
	C. E. Benda.....	...	2,310	149	37	68	500	2	0	0	0 = 2	200-650	0		
Westborough															
Westborough State.....															
	D. V. Capra.....	...	1,817	767	199	30	914	2	0	0	0 = 2	255-255	0		
MICHIGAN															
Northville															
Hawthorn Center.....															
	R. D. Rabinovitch.....	...	62	127	...	...	4,888	2	2	2	2 = 8	579-967	0		
MISSISSIPPI															
Whitfield															
Mississippi State.....															
	J. J. Head.....	...	4,184	7,895	204	37	...	6	0	0	0 = 6	500-750	FM		
NEBRASKA															
Ingleside															
Hastings State.....															
	J. C. Nielsen.....	...	1,429	916	128	3	...	8	4	4	4 = 20	400-500	PM		
NEW HAMPSHIRE															
Concord															
New Hampshire State.....															
	G. D. Niswander.....	...	2,581	1,089	311	18	3,521	2	2	2	0 = 6	308-308	PM		
NEW JERSEY															
Belle Mead															
Carrier Clinic.....															
		
Paramus															
Bergen Pines County.....															
	L. M. Reuling.....	...	35	1,577	20	10	1,249	2	0	0	0 = 2	200-200	FM		

Numerical and other references are listed on pages 811 through 814.

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Maintenance P.M.O.	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
NEW YORK															
Hempstead															
Meadowbrook.....	R. R. Steen.....	...	32	1,820	39	54	3,122	1	0	0	0	1	275-275	FM	
New York City															
Lenox Hill.....	K. Woodward.....	144	2,000	0	0	1	0	1	...	500	PM
New York University Medical Center.....	S. B. Wortis.....	133	2	38	...	...	1,680	2	0	0	0	2	145-195	FM
University.....	R. W. Laidlaw.....	...	16	189	2	...	2,374	2	1	1	0	4	158-275	PM	
Roosevelt.....															
Ogdensburg															
St. Lawrence State.....	H. B. Snow.....	...	1,895	692	213	28	527	6	4	0	0	10	506-506	O	
Rhinebeck															
Astor Home for Children.....	G. Mora.....	...	35	15	...	...	...	0	0	1	0	1†	400-500	FM
Thiells															
Letchworth Village.....	I. N. Wolfson.....	...	4,231	318	61	54	154	2	0	0	0	2	502-500	FM	
Wingdale															
Harlem Valley State.....	L. P. O'Donnell.....	134	5,187	6,348	447	21	1,266	8	0	0	0	8	505-503	FM	
OHIO															
Cincinnati															
Longview State.....	D. Goldman.....	...	3 200	925	308	31	3,385	8	0	0	0	8	575-600	O	
Toledo															
St. Charles.....	H. L. Hartman.....	135	56	1,006	1	100	...	2	0	0	0	2	450-...	PM	
PENNSYLVANIA															
Philadelphia															
Albert Einstein Medical Center.....	P. Sloane.....	...	...	...	...	...	2,324	0	0	3	0	3	300-...	FM
Pittsburgh															
St. Francis General Hospital and Rehabilitation Institute.....	R. W. Staley.....	...	278	5,080	73	42	2,135	4	0	0	0	4	240-305	FP	
RHODE ISLAND															
Providence															
Butler Health Center.....	J. S. Bockoven.....	...	39	351	12	25	2,602	0	0	2	0	2	521-667	O	
Charles V. Chapin.....	W. N. Hughes.....	...	53	1,128	13	38	799	3	0	0	0	3	479-479	FM	
Riverside															
Emma Pendleton Bradley.....	M. W. Laufer.....	...	57	23	...	...	860	0	0	1	3	4	300-500	PM
VERMONT															
Brattleboro															
Brattleboro Retreat.....	R. A. Kenworthy, III.....	...	634	1,097	62	8	868	3*	0	2	1	6	458-608	O	
Waterbury															
Vermont State.....	R. A. Chittier.....	...	1,145	566	131	21	900	5	0	0	0	5	450-520	FM	
WISCONSIN															
Madison															
Mendota State.....	G. B. Tybring.....	...	962	2,761	58	19	300	2	0	3	0	5	722-747	O	

PSYCHIATRY PROGRAM IDENTIFICATION

- Alabama State Hospital, Tuscaloosa, Ala.
- Six months psychiatry and six months neurology at University of Arkansas Medical Center, Little Rock, Ark.
- Six months OPD at University of Arkansas Medical Center, Little Rock, Ark.
- Six months psychosomatic medicine at Mount Sinai Hospital, Los Angeles.
- Twenty-four months at Napa State Hospital and twelve months at Sonoma State Hospital.
- Six months OPD at Veterans Administration Mental Hygiene Clinic, Los Angeles. Six months child psychiatry at Long Beach Child Guidance Clinic. Three months female service at Metropolitan State Hospital, Norwalk, Calif.
- Six months acute inpatient service at Los Angeles County General Hospital, Los Angeles.
- OPD: Mount Sinai Hospital, Los Angeles; Los Angeles Psychiatric Service; Los Angeles Harbor General Hospital; Veterans Administration Mental Hygiene Clinic, Los Angeles; Cedars of Lebanon Hospital, Los Angeles. Division of Child Psychiatry, UCLA Medical Center, Los Angeles; Child Guidance Clinic of Los Angeles; Reiss-Davis Clinic for Child Guidance, Los Angeles.
- Six months psychosomatic medicine at Los Angeles County General Hospital; six months mental retardation at Pacific State Hospital, Pomona, Calif. Twelve months, elective, at UCLA Medical Center, Los Angeles. Twelve months part-time at Pasadena Child Guidance Clinic, Pasadena.
- Nine months OPD at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.; three months female service at Napa State Hospital, Imola, Calif.
- OPD at Pasadena Child Guidance Clinic, Pasadena, Calif.; psychosomatic medicine at Riverside County General Hospital, Riverside, Calif.; Riverside Mental Hygiene Clinic, Riverside, Calif.
- Three to twelve months at San Francisco General Hospital; six to twenty-four months at Child Guidance Clinic, San Francisco; OPD at Cowell Memorial Hospital, Berkeley, Calif.; six to twelve months OPD and Child Psychiatry at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.
- Twelve months OPD at Mount Sinai Hospital, Los Angeles; twelve months child psychiatry at the University of California, Los Angeles; twelve months at Reiss-Davis Clinic for Child Guidance, Los Angeles; twelve months adult OPD at Los Angeles Psychiatric Service; and twelve months adult OPD at Los Angeles Harbor General Hospital.
- Six months at Langley Porter Clinic, San Francisco; six months adult OPD at San Joaquin General Hospital, French Camp, Calif.
- Twelve months at Langley Porter Clinic, San Francisco; six months at Children's Hospital, San Francisco; twelve months at Stanford Medical Center, Palo Alto, Calif.; three months children's inpatient service at Napa State Hospital, Imola, Calif.
- Six months child psychiatry and six months female service at Colorado Psychopathic Hospital, Denver; three months psychosomatic medicine at Colorado General Hospital, Denver.
- Six months psychosomatic medicine at Grace-New Haven Community Hospital, New Haven, Conn.; three months neurology at Veterans Administration Hospital, West Haven, Conn.; six months adult and child OPD at Connecticut State Hospital, Middletown, Conn.
- Twelve months at Columbia-Presbyterian Medical Center, New York City.
- Twelve months at Yale Psychiatric Institute, New Haven, Conn.
- Six months at Hartford Hospital, Hartford, Conn.; six months child OPD at the Institute of Living, Hartford, Conn.
- Three months at Governor Bacon Mental Health Clinic, Delaware City, Del.
- Two months forensic service at St. Elizabeth's Hospital, Washington, D. C.
- Twelve months at D. C. General Hospital, Washington, D. C.; three months inpatient service at Mt. Alto Veterans Administration Hospital, Washington, D. C.
- Two months psychosomatic medicine at George Washington University Hospital, Washington, D. C.
- Three months at Dade County Child Guidance Clinic, Miami, Fla.; three months at South Florida State Hospital, Hollywood, Fla.
- Twelve months at Eugene Talmadge Memorial Hospital, Augusta, Ga.
- Six months OPD at State of Hawaii, Division of Mental Health, Honolulu, Hawaii.
- Six months at Institute for Juvenile Research, Chicago; twelve months at Galesburg State Hospital, Galesburg, Ill.; six months at Elgin State Hospital, Elgin, Ill.
- Three months inpatient service at Illinois State Psychiatric Institute, Chicago.

Numerical and other references are listed on pages 811 through 814.

PSYCHIATRY PROGRAM IDENTIFICATION—Continued

30. Three to nine months inpatient service at Illinois State Psychiatric Institute, Chicago; three to six months service at Veterans Administration (West Side) Hospital, Chicago.
31. Six months at Children's Memorial Hospital, Chicago.
32. Three months at Institute for Juvenile Research, Chicago.
33. Six months neurology at Cook County Hospital, Chicago; twelve months at Illinois State Psychiatric Institute, Chicago; twelve months at Institute for Juvenile Research, Chicago.
34. Three months at Illinois State Psychiatric Institute, Chicago.
35. Three months at Institute for Juvenile Research, Chicago.
36. Six months at Institute for Juvenile Research, Chicago; three months female inpatient service at Chicago State Hospital.
37. Six months at University of Illinois Neuropsychiatric Institute, Chicago; three months at Institute for Juvenile Research, Chicago; three months, elective, at Veterans Administration Hospital, Downey, Illinois; four and one-half months OPD at Veterans Administration (West Side) Hospital, Chicago.
38. Three months at State Psychopathic Hospital, Iowa City; two months neurology at University Hospital, Iowa City; part-time psychosomatic medicine at Sioux Valley Memorial Hospital, Cherokee, Iowa.
39. Six to twelve months at Topeka State Hospital; six to twelve months at Veterans Administration Hospital, Topeka; twelve months OPD at Family Service & Guidance Center, Topeka; six months at Boys' Industrial School, Topeka; six months at University of Kansas Student Health Service, Lawrence, Kans.
40. Six to twelve months, elective, at C. F. Meuninger Memorial Hospital, Topeka; six to twelve months, elective, at Topeka State Hospital, Topeka; twelve months, elective, at Family Service & Guidance Center, Topeka; six months, elective, OPD at the University of Kansas Student Health Service, Lawrence, Kans.; six months, elective, at Boys' Industrial School, Topeka.
41. Third year assigned to an approved university psychiatric training program.
42. Louisiana State University affiliated with South East Louisiana State Hospital, Mandeville, and Central Louisiana State Hospital, Pineville.
43. Six months adult and child OPD at University Hospital, Baltimore.
44. Three months child psychiatry at D. C. General Hospital, Washington, D. C.
45. Six months child OPD at University Hospital, Baltimore, or Johns Hopkins Hospital, Baltimore.
46. Six months OPD at Veterans Administration Mental Hygiene Clinic, Boston; six months OPD at Douglas A. Thom Clinic for Children, Boston; James Jackson Putnam Children's Center, Roxbury, Mass.; or Massachusetts General Hospital Child Psychiatry Clinic, Boston; six months at Harvard University Health Service, Boston.
47. Twelve to twenty-four months at Massachusetts Memorial Hospital, Boston; six months neurology at Massachusetts General Hospital, Boston; twelve months child psychiatry at Judge Baker Guidance Center, Boston, Douglas A. Thom Clinic, Boston, or Boston Floating Hospital.
48. Twelve months at Beth Israel Hospital, Boston; twelve months at Peter Bent Brigham Hospital, Boston; six months neurology at Veterans Administration Hospital, Boston.
49. Twelve months at Boston State Hospital, Boston; four months at Boston City Child Guidance Clinic or Douglas A. Thom Clinic, Boston.
50. Six months, elective, psychosomatic medicine at Peter Bent Brigham Hospital, Boston; six months, elective, child psychiatry at Judge Baker Guidance Center; four months, elective, chronic service at Metropolitan State Hospital, Waltham, Mass.
51. Twelve months at Boston State Hospital, Boston; three to four months at Boston Floating Hospital, Boston.
52. Twelve months at Massachusetts Mental Health Center, Boston.
53. Six months at Worcester Youth Guidance Center, Worcester, Mass.
54. Six months, elective, at Ypsilanti State Hospital, Ypsilanti, Mich.; six months, elective, penal problems at Southern Michigan Prison Psychiatric Hospital, Ypsilanti, Mich.
55. Three months child psychiatry at Hawthorn Center, Northville, Mich.
56. Three months neurology at Receiving Hospital, Detroit; three months at Pontiac State Hospital, Pontiac, Mich.; three months psychosomatic medicine at Detroit Memorial Hospital, Detroit, or at Harper Hospital, Detroit.
57. Three months neurology at Detroit Memorial Hospital, Detroit; three months at Ypsilanti State Hospital, Ypsilanti, Mich.; six months psychosomatic medicine and child OPD at McGregor Center, Detroit; four months penal problems at Detroit House of Correction, Detroit; six months OPD at Harper Adult Psychiatric Clinic, Detroit.
58. Six months OPD at Wayne County Clinic for Child Study, Detroit.
59. Three months child psychiatry at LaFayette Clinic, Detroit; three months neurology at Wayne State University, Detroit.
60. Three to six months neurology and child psychiatry at LaFayette Clinic, Detroit.
61. Six months female service and six months child psychiatry at University Hospital, Minneapolis; nine months OPD at Veterans Administration Mental Hygiene Clinic, Minneapolis.
62. Three months, elective, at Rochester State Hospital, Rochester; twelve months at Amherst-Wilder Child Guidance Clinic, St. Paul, Minn.
63. Twelve months at Charity Hospital, New Orleans.
64. Twelve months, elective, at Veterans Administration Hospital (Gulfport Division), Biloxi, Miss.; inpatient service at Veterans Administration Hospital, Jackson; three months child OPD at Mental Health Unit, State Department of Health, Jackson, Miss.
65. Affiliated with Malcolm Bliss Mental Health Clinic and Veterans Administration Hospital, St. Louis.
66. Affiliated with Homer G. Phillips Hospital, St. Louis; six to twelve months at Community Child Guidance Clinic, St. Louis.
67. Affiliated with St. Louis City Hospital (Malcolm Bliss Mental Health Clinic), and St. Mary's Group of Hospitals of St. Louis University; six to twelve months at St. Louis Mental Health Clinic.
68. Affiliated with Barnes Hospital, St. Louis, and St. Louis State Hospital; William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine, St. Louis; OPD at Veterans Administration Mental Hygiene Clinic, St. Louis.
69. Affiliated with Nebraska Psychiatric Institute, Omaha.
70. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Skillman, N. J.; four and one-half months psychosomatic medicine at Morristown Memorial Hospital, Morristown, N. J.
71. Eight months at Jefferson Medical College Hospital, Philadelphia; two months forensic problems at New Jersey State Hospital, Trenton; two months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N. J.
72. Three months female service at New Jersey State Hospital, Grey-stone Park, N. J.; two months child psychiatry at New Jersey State Diagnostic Center, Menlo Park, N. J.
73. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N. J.
74. Two months forensic problems at Trenton State Hospital; one month mental deficiency at Vineland State School, Vineland, N. J.; five months adult and child OPD at Union County Psychiatric Clinic, Plainfield, N. J.; three months psychosomatic medicine and OPD neurology at Muhlenberg Hospital, Plainfield, N. J.
75. Four months psychosomatic medicine at Mercer Hospital, Trenton; four months basic and clinical neurology at Jefferson Medical College Hospital, Philadelphia; four months at the Child Guidance Center of Mercer County, Trenton; six months of child and adult OPD at Mental Health Center, Trenton.
76. Three months chronic service at Veterans Administration Hospital, Albany, N. Y.; one month child psychiatry at Rockland State Hospital, Orangeburg, N. Y. Also affiliated with Albany Child Guidance Clinic, Albany, N. Y., Marey State Hospital, Marey, N. Y., and Hudson River State Hospital, Poughkeepsie, N. Y.
77. Two months basic and clinical neurology and family service at Albany Hospital, Albany, N. Y. (integrated for residency training). Also affiliated with Albany Child Guidance Center, Albany, N. Y., Marey State Hospital, Marey, N. Y., and Rockland State Hospital, Orangeburg, N. Y.
78. Six months psychosomatic medicine at Mount Sinai Hospital, New York; also affiliated with Brooklyn Juvenile Guidance Center and Coordinated Community Mental Health Clinics, Brooklyn.
79. Affiliated with Kings County Hospital, Brooklyn.
80. Affiliated with E. J. Meyer Memorial Hospital, Buffalo.
81. Three months at Manhattan State Hospital, New York City; three months at Rockland State Hospital, Orangeburg, N. Y.
82. Five months psychosomatic medicine and adult and child psychiatry at Mount Sinai Hospital, New York City.
83. Six to twelve months at Manhattan State Hospital or Brooklyn State Hospital; ten months child psychiatry at Godmothers League, New York City.
84. During the first two years, two-thirds of the time is spent at the Veterans Administration Hospital, Montrose, N. Y.
85. Six months chronic service at Manhattan State Hospital, New York City; two and one-half months basic and clinical neurology at Columbia University College of Physicians and Surgeons, New York City.
86. Six months, elective, at Astor Home for Children or Catholic Charities Guidance Institute, New York City.
87. Twelve months female and child psychiatry at New York State Psychiatric Institute, New York City.
88. Twelve months at Bellevue Medical Center, New York City.
89. Six months child psychiatry and OPD at Kings County Hospital, Brooklyn; six months family service at Veterans Administration Hospital, Montrose, N. Y.; six months neurology and psychosomatic medicine at Veterans Administration Hospital, Brooklyn.
90. Four months at Strong Memorial Hospital, Rochester.
91. Four months acute service at Syracuse Psychiatric Hospital, Syracuse, N. Y.; six months child psychiatry at Marey State Hospital, Marey, N. Y.; two months epilepsy service at Craig Colony, Sonoma, N. Y.
92. Four months at Dorothea Dix Hospital, Raleigh, N. C., John Umstead Hospital, Butner, N. C., Cherry Hospital, Goldsboro, N. C., or Broughton Hospital, Morganton, N. C.; two months mental deficiency at Murdock School, Butner, N. C.
93. Six months at Durham Child Guidance Clinic, Durham, N. C.
94. Three months each at Longview State Hospital and Jewish Hospital, Cincinnati.
95. Three months at Longview State Hospital; six months at Dayton Children's Psychiatric Hospital; psychosomatic medicine and child psychiatry at the University of Cincinnati College of Medicine Hospital Group.
96. Psychosomatic medicine and basic and clinical neurology at Cleveland Metropolitan General Hospital, Cleveland; six months at Cleveland Guidance Center, Cleveland, or Dayton Children's Psychiatric Hospital, Dayton.
97. Three months psychosomatic medicine at White Cross Hospital, Columbus; three months at Columbus Receiving Hospital for Children, Columbus; three months OPD at the Children's Mental Health Center, Columbus.
98. Three to six months at Juvenile Diagnostic Center, Columbus.
99. Affiliated with University Hospital, Columbus, for neurology.
100. Three months neurology at Veterans Administration Hospital, Oklahoma City; twelve months adult and child OPD at Community Guidance Center, Oklahoma City.
101. Four months chronic service at Oregon State Hospital, Salem, Oregon; four months neurology at Veterans Administration Hospital, Portland, Oregon.

Numerical and other references are listed on pages 811 through 814.

PSYCHIATRY PROGRAM IDENTIFICATION—Continued

- 102. Four months psychosomatic medicine at Veterans Administration Hospital, Philadelphia. Also affiliated with Jefferson Medical College Hospital, Eastern Pennsylvania Psychiatric Institute, Hahnemann Hospital and Temple University Hospital, Philadelphia.
- 103. Six months psychosomatic medicine and six months neurology at Jefferson Medical College Hospital, Philadelphia; twelve months child psychiatry at Eastern Pennsylvania Psychiatric Institute, Philadelphia; twelve months adult and child OPD at Lankenau Child Guidance Clinic, Overbrook; or Haverford Mental Health Clinic, Haverford; or Montgomery Mental Health Clinic, Norris-town; or Bucks County Mental Health Clinic.
- 104. Six months inpatient service at Temple University Hospital, Philadelphia; twelve months OPD at Danville State Hospital, Danville, Pennsylvania.
- 105. Twelve months inpatient service at Institute of Pennsylvania Hospital, Philadelphia; two months research in basic sciences at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
- 106. Three months at Child Study Center, Philadelphia.
- 107. Three months psychosomatic medicine at Temple Hospital, Philadelphia; three months neurology at Jefferson Medical College Hospital, Philadelphia.
- 108. Three months child psychiatry at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
- 109. Six months inpatient service at Eastern Pennsylvania Psychiatric Institute, Philadelphia; six months inpatient service at Carrier Clinic, Belle Mead, New Jersey.
- 110. Three months at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
- 111. Twelve months forensic and penal problems at Superior Court Social Services, San Juan, Puerto Rico.
- 112. Affiliated with Central State Hospital, Nashville; Thayer Hospital, Nashville; and Nashville Mental Health Center.
- 113. Dallas Child Guidance Clinic, Dallas, elective. Terrell State Hospital, Terrell, Texas, elective.
- 114. Eighteen months child psychiatry and adult OPD, three months, elective, inpatient service at Houston State Psychiatric Institute, Houston; three months, elective, inpatient and outpatient child psychiatry at Texas Children's Hospital, Houston.
- 115. Six months chronic service at Utah State Hospital, Provo, Utah.
- 116. Three to six months at Children's Service Center, Charlottesville, Virginia; two months mental deficiency and epilepsy at Lynchburg Hospital and Training School, Lynchburg, Virginia.
- 117. Affiliated with Eastern State Hospital, Williamsburg, Virginia.
- 118. Twelve months psychosomatic medicine and OPD at Medical College of Virginia, Richmond, Virginia.
- 119. Twelve months at University of Washington Medical School Hospital and Clinics, Seattle.
- 120. Six months chronic service at Mendota State Hospital, Madison; three months child OPD at Dade County Guidance Center, Madison; three months child inpatient service at Wisconsin Diagnostic Center, Madison.
- 121. Twelve months child an adult OPD at John A. Andrew Memorial Hospital, Tuskegee Institute, Alabama.
- 122. Twelve months at San Francisco General Hospital (Univ. Calif. Service), San Francisco.
- 123. Affiliated with Georgetown University Medical Center, Washington, D. C.
- 124. Affiliated with Illinois State Psychiatric Institute, Chicago; Institute for Juvenile Research, Chicago; Cook County Criminal Court Behavior Clinic, Chicago; and Community Mental Health Clinic, Peoria, Illinois.
- 125. Two months psychosomatic medicine, child psychiatry and OPD at University of Maryland Psychiatric Institute, Baltimore.
- 126. Affiliated with McLean Hospital, Belmont, Massachusetts.
- 127. Affiliated with Department of Psychiatry, Harvard Medical School, Boston.
- 128. Six months adult and child OPD at Broome County Mental Health Clinic, Binghamton, New York.
- 129. Twelve months at Strong Memorial Hospital, Rochester, New York.
- 130. Six months chronic service at South Carolina State Hospital, Columbia, South Carolina.
- 131. Six months adult and children's inpatient and OPD at Medical College of Virginia, Richmond.
- 132. Affiliated with Staten Island Mental Health Clinic, Staten Island, New York.
- 133. Integrated program with service at Bellevue Hospital Center and University Hospital, New York City.
- 134. Three months mental deficiency at Wassala State School, Wassala, New York.
- 135. Affiliated with Lucas County Mental Hygiene Clinic, Toledo, Ohio.
- 136. Six months part-time at Langley Porter Neuro-psychiatric Clinic, San Francisco.
- 137. Six months OPD and psychosomatic medicine at Grace New Haven Hospital, New Haven; six months clinical and research at Yale University School of Medicine, New Haven; eight months part-time child psychiatry at Mental Hygiene Clinic, Bridgeport; three months part-time child psychiatry at Stamford Hospital, Stamford; three months part-time child psychiatry at Greenwich Hospital, Greenwich.
- 138. Six months at Children's Hospital, Washington, D. C.
- 139. Twelve months at Charity Hospital (Tulane Unit), New Orleans.
- 140. Three months epilepsy at Craig Colony and Hospital, Sonyea, N. Y.
- 141. Four months psychosomatic medicine at University of Oregon Hospital, Salem.
- 142. Six months acute psychosomatic medicine and OPD; six months neurology at John Gaston Hospital; six months child psychiatry at Memphis and Shelby County Mental Health Clinic; twelve months at Adult Psychiatric Clinic; three months at Alcoholic Rehabilitation Center; three months cerebral palsy at Les Passes; three months Western State Hospital, Western State, Tenn.
- 143. Includes assignments in Rochester State Hospital, the nursery school of the Child Study Center and the Rochester Child Guidance Center.
- 144. Three months part-time inpatient service at Kings County Hospital; two months part-time inpatient service at Bellevue Hospital.

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, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. (Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the information for applicant published by the American Board of Psychiatry and Neurology.

Institution	Program Director	Inpatients Treated	Outpatient Visits	First-Year Residencies Offered	Total Residencies Offered	Stipend (Month)
UNITED STATES ARMY						
CALIFORNIA						
Letterman General, San Francisco.....	T. A. Kiersch.....	5	1,268	1	1	Dependent upon military rank
NONFEDERAL AND VETERANS ADMINISTRATION						
CALIFORNIA						
Los Angeles						
Mount Sinai.....	G. J. Mohr.....	17	1,397	2	3	300
Palo Alto						
Stanford Medical Center Child Psychiatry Clinic.....	H. F. Shirley.....	0	2,100	4	8	300
San Francisco						
Children's Hospital, Child Guidance Clinic.....	M. Kaplan.....	0	5,985	0	3	300-500
Langley Porter Neuropsychiatric Institute.....	S. A. Szurek.....	20	1,623	3	6	300-583
Mount Zion Psychiatric Clinic.....	E. Sylvester.....	0	3,390	2	4	300
COLORADO						
Denver						
University of Colorado Medical Center.....	G. E. Blom.....	78	10,992	4	8	288-500
DISTRICT OF COLUMBIA						
Washington						
Children's Hospital.....	R. S. Lourde.....	38	2,449	3	6	300
Georgetown University Medical Center.....	E. S. Kessler.....	0	1,079	2	4	300

Numerical and other references are listed on pages 811 through 814.

CHILD PSYCHIATRY—Continued

Institution	Program Director	Inpatients Treated	Outpatient Visits	First-Year Residencies Offered	Total Residencies Offered	Stipend (Month)
ILLINOIS						
Chicago						
Institute for Juvenile Research.....	R. E. Robertson.....	26	21,000	6	12	500
Michael Reese Hospital.....	J. Spurlock.....	26	1,462	6	18	200
University of Chicago Child Psychiatry Clinic..	J. F. Kenward.....	51	1,912	2	4	450 per month (3,600 per year tax exempt and 1,800 per year in place of maintenance)
INDIANA						
Indianapolis						
Indiana University Medical Center.....	J. E. Simmons.....	47	5,723	2	4	500
KANSAS						
Topeka						
Menninger Clinic.....	J. C. Hirschberg.....	29	2,586	2	4	708
LOUISIANA						
New Orleans						
Guidance Center of the Institute of Mental Hygiene.....	J. E. Chappuis.....	0	3,115	2	3	300-500
Tulane University School of Medicine.....	C. Phillips.....	36	1,159	8-12	25-35	3,600-7,200 (per year)
MARYLAND						
Baltimore						
Johns Hopkins.....	L. Eisenberg.....	By arrangement at an affiliated state hospital for children	4,500	2	4	416
MASSACHUSETTS						
Boston						
Beth Israel.....	H. Werner.....	10	2,074	3	3	300
Boston University-Boston City Hospital Child Guidance Center.....	F. H. Cummer, Jr.....	2	2,815	0	5	300-1,000
Douglas A. Thom Clinic for Children.....	E. N. Rexford.....	750	4,354	—	5	300-500
Massachusetts Mental Health Center.....	G. Rochlin.....	18	3,780	3	6	315.25
Worcester						
Worcester Youth Guidance Center.....	J. Weinreb.....	0	8,491	6	12	500
MICHIGAN						
Ann Arbor						
Children's Psychiatric Hospital University of Michigan Medical Center.....	S. M. Finch.....	50	4,165	5	10	475 (3rd-year residents)
Detroit						
Lafayette Clinic.....	C. B. Simson.....	76	4,185	4	8	600
MINNESOTA						
Minneapolis						
University of Minnesota Medical School.....	R. A. Jensen.....	121	2,519	2	4	500
Saint Paul						
Amherst H. Wilder Child Guidance Clinic*.....	H. S. Lippmann.....	519	10,438	2 (If no 2nd-year residents are available at the time)	2 (at any one given time)	330
MISSOURI						
St. Louis						
William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine.....	E. J. Anthony.....	45	7,540	7 (fellowships)	7 (fellowships)	500
NEW JERSEY						
Plainfield						
Union County Psychiatric Clinic.....	W. E. Ganss.....	0	8,743	1	2	500
Trenton						
Child Guidance Center of Mercer County*.....	C. R. Swift.....	0	4,724	2	4	542
NEW YORK						
Albany						
Albany Child Guidance Center.....	L. M. Sportsman.....	0	2,273	1	2	500-580
New York City						
Albert Einstein College of Medicine and Bronx Municipal Hospital Center.....	J. B. Cramer.....	96	7,665	3	6	300-500
Catholic Charities Guidance Institute.....	T. W. Brockbank.....	0	17,412	0	6	300
Mount Sinai.....	A. Blau.....	150	2,500	5	10	300
New York State Psychiatric Institute and Presbyterian Hospital.....	W. S. Langford.....	31	3,097	2	3	563.84

Numerical and other references are listed on pages 811 through 814.

CHILD PSYCHIATRY—Continued

Institution	Program Director	Inpatients Treated	Outpatient Visits	First-Year Residencies Offered	Total Residencies Offered	Stipend (Month)
NORTH CAROLINA						
Chapel Hill						
North Carolina Memorial Hospital.....	J. Jessner.....	17	8,876	4	9	4,650-7,000 (per year)
Durham						
Durham Child Guidance Clinic Duke University Medical Center.....	J. A. Fowler.....	32	5,550	4	6	400-583
OHIO						
Cincinnati						
Central Clinic (Child Guidance Home).....	O. Krug.....	18	7,972	5 or 6	12	300-500
Cleveland						
Western Reserve University Medical School University Hospitals.....	W. D. Boaz.....	0	9,896	2	4	300-580
Dayton						
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County.....	J. M. Cunningham.....	42	7,512	2	4	542
OKLAHOMA						
Tulsa						
Children's Medical Center Child Guidance Clinic	P. C. Benton.....	153	7,291	2	3	666.67
PENNSYLVANIA						
Philadelphia						
Child Study Center of Philadelphia.....	H. G. Gianakon.....	0	8,446	3	6	416-600
Eastern Pennsylvania Psychiatric Institute.....	R. C. Prall.....	27	4,964	2	4	345.50-362.50 (bi-weekly)
Philadelphia Child Guidance Clinic.....	M. Sosis.....	100	8,485	5	10	Public Health stipend level— 5,6,7
Pittsburgh						
Pittsburgh Child Guidance Center.....	W. F. Finzer.....	66	14,729	4	6	4,116 per year
Wilkes-Barre						
Children's Service Center of Wyoming Valley*..	J. F. Robinson.....	41	3,791	4	4	350-583.33
RHODE ISLAND						
Providence						
Providence Child Guidance Clinic*.....	H. Jaso.....	0	2,699	0	4	300
Riverside						
Emma Pendleton Bradley Hospital.....	M. W. Laufer.....	73	561	2	4	400-500
TEXAS						
Dallas						
University of Texas Southwestern Medical School.....	R. L. Stubblefield.....	14	1,225	1	2	450
Houston						
Houston State Psychiatric Institute.....	I. A. Kraft.....	27	5,521	3	6	475 minimum
UTAH						
Salt Lake City						
University of Utah College of Medicine.....	F. T. Rafferty.....	15	4,779	2	4	330

25. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine page 762.

26. PULMONARY DISEASE

Residency programs in the following hospitals have been approved up to June 30, 1961, for ONE to TWO years of training by the Council and the Subspecialty Board for Pulmonary Disease of the American Board of Internal Medicine. See special announcement, Page 817.

Hospitals, 109; Residencies, 332

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M. O	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES ARMY													
COLORADO													
Fitzsimons General, Denver.....	C. S. Christianson.....	258	801	15	73	4,696	1	0	0	0	= 1
UNITED STATES NAVY													
NEW YORK													
U. S. Naval, New York City (St. Albans).....	1	0	0	0	= 1
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington	K. A. Harden.....	56	186	19	37	5,385	0	0	1	0	= 1	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATION													
ARIZONA													
Phoenix													
Maricopa County General.....	B. L. Snyder.....	97	102	36	11	7,072	1	0	0	0	= 1	373-373	PM
CALIFORNIA													
Quarte													
City of Hope Medical Center.....	H. G. Smith.....	63	93	8	50	...	1	0	0	0	= 1	400-400	O

Numerical and other references are listed on pages 811 through 814.

26. PULMONARY DISEASE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	Main-tenance O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
CALIFORNIA—Continued													
Los Angeles													
Hospital of the Good Samaritan.....	R. H. Smart.....	19	795	42	60	2,095	1	0	0	0	1	325-375	FM
Los Angeles County.....	H. Glerson.....	106	1,595	185	43	10,084	1	0	0	0	1	319-319	PM
Murphys													
Bret Harte Sanatorium.....	L. M. Barber.....	105	368	26	19	16,518	1	0	0	0	1	500-...	PM
San Jose													
Santa Clara County.....	R. D. Rowan.....	80	210	15	27	14,431	0	0	1	0	1	553-673	PM
Springville													
Tulare-Kings Counties.....	W. A. Winn.....	122	493	22	77	2,363	1	0	0	0	1	600-600	PM
COLORADO													
Denver													
National Jewish.....	S. H. Dressler.....	229	578	20	50	1,182	4	4	3	0	11	300-500	PM
University of Colorado Medical Center.....
Colorado General.....	R. S. Mitchell.....	14	129	5	80	1,061	0	0	1	0	1†
Denver General.....	130#	8	50
CONNECTICUT													
Newington													
Cedarcrest.....	R. C. Edson.....	231	289	45	40	2,767	1	0	0	0	1	350-350	O
Norwich													
Uncas-on-Thames.....	N. L. Cressy.....	251	916	161	55	3,608	2	2	0	0	4	161-278	FM
Shelton													
Laurel Heights.....	K. S. Howlett, Jr.....	206	437	41	46	1,629	1	1	0	0	2	211-409	PM
DISTRICT OF COLUMBIA													
Washington													
District of Columbia General.....	R. Donohoe.....	130	427	60	45	2	1	1	0	4	233-283	O
George Washington University.....	J. J. Feffer.....	15	510	34	73	725	1	1	0	0	2	210-235	PM
FLORIDA													
Lantana													
Southeast Florida Tuberculosis.....	M. Kovnot.....	454	575	44	68	1	0	0	0	1	200-500	FM
Miami													
Jackson Memorial.....	M. E. Flipse.....	477	12	42	5,674	1	0	0	0	1
Tampa													
Southwest Florida Tuberculosis.....	A. G. Lewis, Jr.....	436	567	65	63	1	0	0	0	1	200-500	FM
HAWAII													
Honolulu													
Leahi.....	H. H. Walker.....	263	597	36	30	4,469	3	0	0	0	3†	350-350	FM
ILLINOIS													
Chicago													
Chicago State Tuberculosis Sanitarium.....	M. M. Pyle.....	330	617	48	...	12,143	2	0	0	0	2	351-351	O
City of Chicago Municipal Tuberculosis Sanitarium.....	L. H. Berard.....	1,299	2,183	173	58	310,832	2	0	0	0	2	353-402	FM
Cook County—Oak Forest Tuberculosis.....	G. W. Holmes.....	100	2,224	125	39	0	1	0	0	1	140-140	FM
Michael Reese.....	D. B. Radner.....	38	1,183	54	78	4,429	1	1	0	0	2	125-150	FP
Mount Vernon													
Mount Vernon State Tuberculosis Sanitarium.....	H. C. Rodgers.....	109	362	21	19	1,138	2	0	0	0	2	479-599	O
Peoria													
Peoria Municipal Tuberculosis Sanitarium.....	D. Morse.....	67	167	11	45	9,553	1	0	0	0	1	250-300	FM
KANSAS													
Kansas City													
University of Kansas Medical Center *.....	M. FitzPatrick.....	28	232	13	61	598	1	1	1	0	3	175-271	PM
Veterans Admin. (Kansas City, Mo.).....	C. E. Andrews.....	Inc. in Int. Med.
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana Louisiana State University Unit.....	W. R. Akenhead, J. H. Seabury.....	105	241	37	37	4,670	3	0	0	0	3	200-225	FM
MAINE													
Fairfield													
Central Maine Sanatorium.....	W. B. Grow.....	73	163	18	8	1,380	1	0	0	0	1	75-146	FM
MARYLAND													
Baltimore													
Veterans Admin.	P. B. Storey.....	240	952	35	83	3,369	1	1	0	0	2	271-462	FM
Glenn Dale													
Glenn Dale.....	W. J. Washington, Jr.....	552	1,218	43	61	6	0	0	0	6	338-338	...
MASSACHUSETTS													
Boston													
Boston Sanatorium.....	R. H. Wright.....	368	507	59	19	950	1	2	1	0	4	325-325	FM
Cambridge													
Cambridge Sanatorium.....	R. Kurzman.....	64	286	18	9	2,830	2	0	0	0	2	260-540	FM
Rutland Heights													
Veterans Admin.	T. H. Gaetz.....	473	585	87	49	245	0	1	0	0	1	293-462	O
Waltham													
Middlesex County Sanatorium.....	H. M. Payne.....	127	261	29	55	17,030	1	0	0	0	1	607-607	FM
Westfield													
Westfield State Sanatorium.....	J. M. Houser.....	95	162	22	55	10,773	0	0	3	1	4	527-527	PM
Worcester													
Worcester County Sanatorium.....	H. J. Lorge.....	107	152	23	15	4,182	3	0	0	0	3	550-550	FM
MICHIGAN													
Detroit													
Henry Ford.....	E. O. Coates, Jr.....	50	565	39	64	12,508	0	0	1	0	1	265-365	PM
Herman Kiefer.....	P. T. Chapman.....	906	1,079	170	59	81,530	9	2	1	0	12	580-653	...
Howell													
Michigan State Sanatorium.....	W. F. Fidler.....	233	293	23	48	11,253	2	0	0	0	2†	990-990	O
Northville													
Win. H. Maybury Sanatorium.....	W. L. Howard.....	780	1,072	46	43	2.	0	0	0	2	580-650	O

Numerical and other references are listed on pages 811 through 814.

26. PULMONARY DISEASE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P.M.O.
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
MINNESOTA													
Minneapolis													
Veterans Admin.	F. M. MacDonald	124	156	...	...	1,248	1	1	0	0	2	271-462	...
Nopeming													
Nopeming Sanatorium	R. W. Baekus	122	611	29	52	6,644	1	0	0	0	1	150-150	FM
Oak Terrace													
Glen Lake Sanatorium	V. K. Funk	256	320	29	72	35,748	1	1	0	0	2	391-446	O
Rochester													
Mayo Foundation	Inc. in Int. Med.	...	...	...	...	...	...	...	...	...	...	200-...	...
MISSISSIPPI													
Sanatorium													
Mississippi State Sanatorium	C. A. Watkins	437	1,110	43	14	2,854	2	0	0	0	2	...-400	PM
MISSOURI													
Kansas City													
Veterans Administration	See University of Kansas Medical Center, Kansas City, Kansas	...	...	...	...	...	...	...	...	...	...	...	...
Koch													
Robert Koch	B. Friedman	415	601	78	37	...	5	8	0	0	13	360-360	...
Mount Vernon													
Missouri State Sanatorium	J. L. Yates	477	1,150	101	49	6,048	2	2	0	0	4	333-...	O
St. Louis													
St. Mary's Group of Hospitals of St. Louis University	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW JERSEY													
East Orange													
Veterans Admin.	M. J. Small	158	908	20	40	50	1	0	0	0	1	270-462	O
Glen Gardner													
New Jersey Sanatorium for Chest Diseases	J. A. Smith	216	367	36	36	4,825	5	0	0	0	5	557-999	O
Jersey City													
B. S. Pollak Hospital for Chest Diseases	S. Cohen	292	974	159	33	38,095	9	0	0	0	9	167-250	FM
Paramus													
Bergen Pines County	R. R. Little	120	523	83	40	32,054	3	0	0	0	3	200-200	FM
Verona													
Essex County Sanatorium	I. Ocheret	309	633	31	68	1,066	3	2	0	0	5	578-...	FM
NEW MEXICO													
Albuquerque													
Veterans Admin.	A. N. Longfield	156	1,034	33	97	340	1	0	0	0	1	...	...
NEW YORK													
Albany													
Albany	F. C. Maxon, Jr.	55	243#	12	83	...	2	0	0	0	2	195-275	PM
Buffalo													
Edward J. Meyer Memorial	D. R. McKay	161	553	51	49	4,277	1	0	0	0	1	380-380	PM
Farmingdale													
Nassau County Tuberculosis	J. G. Carlton	247	492	26	72	14,773	4	0	0	0	4	...	FM
Kingston													
Ulster County Tuberculosis	H. F. Schwartz	44	132	15	47	5,309	2	0	0	0	2	209-415	FM
Lockport													
Mount View	L. C. Evander	124	249	20	45	4,476	3	0	0	0	3	393-473	FP
Mount Morris													
Mount Morris Tuberculosis	F. L. Armstrong	148	326	27	59	13,607	2	0	0	0	2	619-619	O
New York City													
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. 1—Columbia University	J. H. McClement	256	1,914	123	43	28,857	13	3	1	0	17	...	...
Bronx Municipal Hospital Center	M. H. Williams, Jr.	335	1,087	101	51	8,459	7	2	1	0	10+	215-...	FM
City Hospital at Elmhurst	S. Bassin	14	70	4	25	632	2	0	0	0	2	145-195	...
Kings County Hospital Center	H. A. Lyons	507	1,036	121	35	4,442	3	3	0	0	6	145-195	...
Montefiore	R. G. Bloch	51	398	38	51	3,500	3	1	1	0	5	207-282	PM
Morrisania City	P. Hurwitz	...	...	...	...	1,691	1	0	0	0	1	145-195	...
New York University—Metropolitan Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Metropolitan	I. G. Epstein	224	474	59	25	18,218	7	0	0	0	7	145-195	FM
St. Joseph's Hospital for Chest Diseases	F. J. McCarthy	280	447	40	33	...	3	1	0	0	4	250-...	FM
Sea View	E. H. Robitzek	629	1,164	104	70	243	18	0	0	0	18	145-195	...
Triboro	H. H. Epstein	432	720	88	24	5,477	11	0	0	0	11	145-195	...
Veterans Admin. (Bronx)	D. Stone	119	1,278	112	55	40	1	0	0	1	2	270-412	O
Veterans Admin. (Brooklyn)	H. L. Katz	110	279	14	3	312	1	0	0	0	1	347-412	O
Oneonta													
Homer Folks Tuberculosis	F. Beck	218	316	32	31	11,744	3	0	0	0	3	413-413	O
Perrysburg													
J. N. Adam Memorial	R. Nauen	203	238	24	75	2,121	2	2	0	0	4	594-729	O
Ray Brook													
Ray Brook State Tuberculosis	J. Monroe	278	356	28	50	6,600	2	0	0	0	2	620-620	FM
Rochester													
Monroe County-Iola Sanatorium	W. G. Swalbach	241	240	35	71	15,648	2	2	1	1	6	437-485	O
Schenectady													
Glenridge	J. M. Blake	104	461	44	27	7,485	3	0	0	0	3	300-300	FM
Sunmount													
Veterans Admin.	E. J. Des Autels	217	650	22	91	...	2	0	0	0	2	296-462	O
Syracuse													
Veterans Admin.	A. D. Renzetti	51	176	...	...	...	0	0	0	1	1	412-412	...
Valhalla													
Grasslands	W. G. Childress	124	467	61	61	2,601	2	2	2	0	6	225-337	FM
NORTH CAROLINA													
Durham													
Duke	E. Menefee	4	205	3	67	...	...	...	...	...	...	250-350	O
Oteen													
Veterans Admin.	R. E. Moyer	582	1,459	171	61	1,742	0	0	6	0	6	270-462	O
OHIO													
Brecksville													
Veterans Admin.	R. A. Hemphill	251	580	41	63	...	0	1	1	0	2	271-293	O
Cleveland													
Cleveland Metropolitan General	D. G. Gillespie	233	711	39	51	307	4	1	0	0	5	417-500	FM
Sunny Acres-Cuyahoga County Tuberculosis	H. G. Curtis	382	492	36	47	89,845	3	0	0	0	3	325-500	FM

Numerical and other references are listed on pages 811 through 814.

26. PULMONARY DISEASE--Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
OHIO--Continued													
Columbus													
Ohio State University Hospitals.....													
Ohio Tuberculosis University.....	R. J. Atwell.....		306	16	75		2	2	3	1	8	300-500	PM
	J. A. Prior.....		Inc. in Int. Med.				0	0	1	0	1	300-500	PM
OREGON													
Portland													
Veterans Admin.	J. F. Morris.....	98	464	51	80	78	0	0	1	0	1	271-412	PM
PENNSYLVANIA													
Philadelphia													
Eagleville Sanatorium.....	J. J. Kirshner.....	181	227	23	43		3	0	0	0	3	300-400	FM
Hospital of the University of Pennsylvania....	R. Mayock.....					1,265	2	1	0	0	3		
Philadelphia General.....	R. Cohen, R. Mayock.....	116	864	138	58	655	1	1	0	0	2	405-405	FM
South Mountain													
Samuel G. Dixon State.....	W. A. Gette.....	812	1,689	93	19	1,518	4	0	0	0	4	375-375	FM
TENNESSEE													
Memphis													
Veterans Admin.	S. Phillips.....	258	1,166	34	74	730	1	0	0	0	1	412-412	PM
West Tennessee Tuberculosis.....	E. P. Bowerman.....	220	909	48	67	1,598	2	1	0	0	3	245-290	PM
Nashville													
Veterans Admin.	R. A. Goodwin, Jr.	113	300	9	67		0	1	1	0	2	270-462	O
TEXAS													
Dallas													
Parkland Memorial.....	C. Le Maistre.....	123	393	25	50	1,088	2	0	0	0	2	150-150	PM
Veterans Admin.	D. O. Shields.....	132	837	32	88	480	1	1	0	0	2	271-271	PM
Houston													
Baylor University College of Medicine Affiliated Hospitals.....													
Veterans Admin.	I. Chofnas.....	252	1,382	110	86	372	1	0	0	0	1	412-412	PM
VIRGINIA													
Charlottesville													
Blue Ridge Sanatorium.....	C. G. Pearson.....	283	454	38	43	675	1	0	0	0	1	375-375	FM
Richmond													
Medical College of Virginia--Hospital Division	D. L. Brummer.....	151	199	17	29		0	1	0	0	1	125-125	FM
Veterans Admin.	F. A. Wade.....	209	1,179	42	78	1,200	0	0	2	0	2	271-412	PM
WASHINGTON													
Seattle													
Everland Sanatorium.....	T. F. Sheehy, Jr.	526	802	56	64	1,682	3	0	0	0	3	300-502	FM
WISCONSIN													
Madison													
Veterans Admin.	J. K. Curtis.....						1	0	0	0	1	276-462	PM
Milwaukee													
Muirdale Sanatorium.....	A. V. Cadden.....	307	2,029	34	32		0	1	1	0	2	268-318	O
Veterans Admin. (Wood).....	M. W. Garry.....	100	598	42	79	2,243	0	0	1	0	1	347-347	PM

27. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Hospitals listed with the following symbol (#) are approved and offer training of three years intramurally, in addition to participating in an integrated residency program.

Hospitals, 371; Residencies, 1887

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Super-ficial X-ray Treatments	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O	
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES AIR FORCE													
TEXAS													
U. S. Air Force, San Antonio #07.....	H. N. Sturtevant.....	108,201	24#	2,157	209	3	3	3	0	9			
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco.....	F. Y. Leaver.....	45,741	43	3,656	263	2	2	2	0	6		FM	
COLORADO													
Fitzsimons General, Denver.....	P. A. Paden.....	53,020	23	2,268	123	2	2	2	0	6			
DISTRICT OF COLUMBIA													
Walter Reed General, Washington.....	J. A. Isherwood.....	57,627	303	12,000	42	4	4	5	0	13			
HAWAII													
Tripler Army, Honolulu.....	H. C. Harrell.....	59,277	4	1,527	539	1	1	0	0	2			
TEXAS													
Brooke General, San Antonio.....	P. Zanea.....	72,483	122	4,801	137	3	3	3	0	9			

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	PM Maintenance
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
UNITED STATES NAVY												
CALIFORNIA												
U. S. Naval, Oakland.....	L. H. Barber.....	70,558	12	2,806	1,402	2	1	0	0	3	...	...
U. S. Naval, San Diego.....	S. P. Williams.....	153,107	36	8,605	539	2	1	2	0	5	...	...
MARYLAND												
U. S. Naval, Bethesda.....	E. R. King.....	37,073	17	3,791	103	2	2	2	0	6	...	...
MASSACHUSETTS												
U. S. Naval, Chelsea.....	W. A. Wulfinan.....	61,672	2	696	63	1	1	1	0	3	...	...
NEW YORK												
U. S. Naval, New York City (St. Albans).....	C. Gartenlaub.....	37,458	7	3,056	25	1	1	2	0	4	...	...
PENNSYLVANIA												
U. S. Naval, Philadelphia.....	N. L. Yood.....	69,725	23	2,051	108	1	2	2	0	5	...	...
UNITED STATES PUBLIC HEALTH SERVICE												
LOUISIANA												
U. S. Public Health Service, New Orleans.....	D. Mac Killop.....	25,444	...	...	...	1	1	1	0	3	...	...
MARYLAND												
U. S. Public Health Service, Baltimore.....	W. M. Sennott.....	16,667	36	2,060	198	1	1	2	0	4	...	...
National Institutes of Health-Clinical Center, Bethesda.....	J. R. Andrews, T. Hilbish.....	34,417	1	167	10	1	1	1	1	4	...	...
NEW YORK												
U. S. Public Health Service, New York City.....	G. A. Shipman.....	35,078	...	...	506	2	2	1	0	5	...	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE												
DISTRICT OF COLUMBIA												
Freedmen's, Washington.....	T. W. Davis.....	58,726	30	2,194	324	0	0	0	1	1	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
Birmingham Baptist.....	J. W. Underwood.....	18,500	75	7,324	125	1	1	1	0	3	300-400	PM
University of Alabama Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic.....	R. E. Roth.....	69,901	227	13,550	463	3	3	3	2	11	190-250	PM
Veterans Administration.....	R. E. Roth.....	25,442	...	1,624	7	1	1	1	0	3	271-347	O
ARKANSAS												
Little Rock												
University.....	M. L. Daves.....	34,328	51	4,740	437	3	3	3	0	9	180-237	O
CALIFORNIA												
Quarte												
City of Hope Medical Center.....	M. Jacobs.....	8,489	88	5,260	723	1	1	1	0	3	400-400	O
Orange County General (Orange).....	D. E. Lawson.....	16,434	27	1,474	84	...	...	...	...	...	...	...
Long Beach												
Memorial Hospital of Long Beach.....	H. J. Prichard.....	19,067	79	4,930	665	1	1	1	0	3	325-425	PM
Veterans Administration.....	B. H. Feder.....	56,433	13	6,501	1,052	3	3	3	0	9	271-462	O
Los Angeles												
California.....	W. Hiemstra.....	23,163	95	2,048	...	1	1	1	0	3	225-275	FP
Los Angeles Tumor Institute.....	...	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon.....	D. Zion.....	27,860	9	1,872	208	3	2	2	0	7	265-320	FM
Hospital of the Good Samaritan.....	J. D. Camp.....	30,032	13	4,444	108	2	0	0	0	2	325-375	FM
Los Angeles County.....	G. Jacobson.....	115,759	367	11,370	1,000	4	4	4	4	16	273-319	PM
Queen of Angels.....	L. Goin.....	15,650	33	1,520	...	1	1	1	0	3	275-325	FM
University of California.....	A. H. Dowdy.....	40,650	82	15,559	401	2	2	2	2	8	240-426	FPO
Veterans Administration.....	J. G. Davis.....	115,452	27	8,935	909	3	4	4	0	11	271-348	PM
White Memorial.....	W. L. Stilson.....	3,848	71	3,265	210	2	1	2	0	5	215-235	PM
Oakland												
Highland-Alameda County.....	H. H. Jensen.....	16,387	29	1,161	...	1	1	1	1	4	200-295	FM
Palo Alto												
Stanford Medical Center and Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Palo Alto-Stanford Hospital Center.....	H. Kaplan.....	6,080	36	10,400	300	4	4	1	0	9	250-325	O
Veterans Administration.....	...	...	...	...	...	...	...	...	...	...	...	...
Sacramento												
Sutter Community Hospitals.....	R. C. Ripple.....	17,469	62	10,372	2,184	1	0	1	0	2	245-375	PMO
San Diego												
San Diego County General.....	E. L. Whitehead.....	22,721	18	1,418	67	1	1	1	0	3	250-350	FM
San Francisco												
Children's.....	G. G. King.....	11,807	38	2,105	72	1	1	0	0	2	250-300	FP
Kaiser Foundation.....	H. Nussbaum.....	60,198	44	2,249	123	1	0	0	0	1	315-415	FP
Mount Zion.....	J. Levitin.....	15,321	2#	1,268	...	1	1	1	0	3	150-250	FM
St. Mary's.....	J. C. Bennett.....	16,952	20	2,299	75	1	1	1	0	3	200-300	FP
University of California Hospitals.....	R. S. Stone.....	61,189	82	10,970	423	4	3	3	3	13	243-316	...
San Francisco General.....	A. J. Williams.....	59,693	20	1,516	40	2	3	1	0	6	220-360	O
San Jose												
Santa Clara County.....	J. J. McCort.....	13,728	30	1,655	93	1	2	1	0	4	270-320	PM
Stockton												
San Joaquin General.....	A. Cove.....	59,414	12	1,338	...	1	0	0	0	1	275-340	PM
Torrance												
Harbor General.....	J. H. Woodruff.....	34,737	83#	3,382	247	2	2	2	0	6	273-303	FM
COLORADO												
Colorado Springs												
Penrose.....	J. W. McMullen, J. A. Del Regato.....	21,231	2#	13,794	2,370	2	2	2	0	6	200-200	FM

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	F.M. Main- PM tenance O	
						1st Year	2nd Year	3rd Year	4th Year			
COLORADO—Continued												
Denver												
General Rose Memorial.....	M. Levine, J. Weiss.....	12,927	17#	1,204	...	1	1	1	1	4	205-310	FM
Presbyterian	K. D. A. Allen.....	19,333	82	7,841	52	1	1	1	1	4	275-300	PM
St. Joseph's	F. B. McGlone.....	16,294	6	1,392	29	1	1	1	0	3	200-250	PM
St. Luke's	W. P. Stampfli.....	19,464	29	3,742	205	1	1	1	0	3	225-250	PM
University of Colorado Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Colorado General.....	D. M. Gould.....	28,658	109	2,028	343	3	1	6	0	10†	180-205	O
Denver General.....	E. Salzman.....	36,767	28#	845	60	.....	.....	.....	.....	.....	179-205	.....
Veterans Administration ¹¹⁴	A. L. Daywitt.....	34,598	4	2,578	67	2	3	2	0	7	271-347	O
CONNECTICUT												
Bridgeport												
Bridgeport	J. Esposito	21,257	51	3,036	...	1	1	0	0	2	240-265	PM
St. Vincent's	R. Russo	24,045	33	1,633	6	1	1	1	0	3	300-350	PM
Hartford												
Hartford	R. T. Ogden.....	45,646	70	14,136	...	2	1	1	0	4	125-267	FP
New Haven												
Yale-New Haven Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grace-New Haven Community.....	M. M. Kligerman.....	35,963	174	14,464	575	4	5	3	0	12	50-125	FM
Veterans Administration (West Haven).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	271-347	.....
Hospital St. Raphael.....	R. Shapiro	28,973	9,929	5,193	439	2	2	2	0	6	300-335	PM
Waterbury												
St. Mary's	K. R. Kaess.....	21,662	19	2,340	71	1	1	1	0	3	225-275	FP
Waterbury	J. M. James.....	22,669	31	1,462	99	1	0	0	0	1	225-275	FM
DELAWARE												
Wilmington												
Delaware	W. W. Lattomus.....	26,895	213#	2,932	158	2	1	1	0	4	220-280	FP
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General.....	B. Gondos	81,230	42	2,783	95	3	1	0	0	4	233-258	O
Doctors	F. O. Coe.....	24,892	67	7,834	865	1	1	1	1	4	330-330	O
Georgetown University.....	W. E. Baensch.....	29,691	40	3,686	180	3	3	4	0	10	210-245	FM
George Washington University ¹³⁰	W. W. Stanbro.....	26,483	5	6,712	...	2	2	1	0	5	210-285	PM
Veterans Administration ¹³⁰	S. R. Bersack.....	14,976	...	1,497	35	2	0	1	0	3	271-347	O
Washington Hospital Center.....	F. V. Schumacher.....	47,892	30	8,673	600	2	2	2	0	6	215-245	FP
FLORIDA												
Gainesville												
University of Florida Teaching Hospital and Clinics.....	J. D. Reeves.....	5,575	...	...	...	2	2	2	1	7	217-450	...
Miami												
Jackson Memorial	R. E. Parks.....	90,763	134	5,679	365	4	3	3	0	10	200-275	PM
GEORGIA												
Atlanta												
Crawford W. Long Memorial.....	R. A. Elmer.....	23,315	48	4,023	188	1	1	1	0	3	285-300	O
Emory University	H. S. Weens.....	23,796	82#	4,207	2,564	2	2	2	0	6†	235-265	PM
Grady Memorial	H. S. Weens.....	54,491	62	7,001	234	3	3	3	0	9	100-300	FM
Piedmont	E. G. Smith.....	13,876	7	1,162	65	1	1	1	0	3	290-320	PM
Veterans Administration ¹⁴⁷	S. Krantz.....	15,875	2	2,599	467	1	1	1	0	3	271-347	PM
Augusta												
Medical College of Georgia Hospital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Engene Talmadge Memorial.....	R. Wigh.....	20,317	51	3,340	43	2	2	2	0	6	250-416	.....
University	S. W. Brown.....	21,684	26	969	218	1	1	1	0	3	200-250	O
Veterans Administration ¹⁴⁹	S. M. Roberts.....	18,340	1	1,184	85	0	1	0	0	1	270-347	O
HAWAII												
Honolulu												
Queen's	L. L. Buzaid.....	10,135	32	2,031	200	1	1	1	0	3	225-275	FM
ILLINOIS												
Chicago												
Augustana	D. S. Beilin.....	16,330	...	893	4	2	0	0	0	2	200-300	FM
Columbus	F. D. Lake, D. J. Lochman.....	24,951	58	4,037	401	2	2	2	0	6	275-325	FM
Cook County	I. F. Hummon.....	120,997	118	14,009	1,278	8	4	8	0	20	200-200	FM
Illinois Central	R. R. Lough, R. C. Crain.....	21,338	13	2,630	224	1	1	1	0	3	305-325	FM
Illinois Masonic	J. H. Gilmore.....	33,300	16	2,174	70	2	0	0	0	2	175-235	FM
Mercy	G. B. Cahill.....	21,749	178	6,522	1,314	1	1	1	0	3	225-300	FM
Michael Reese	B. Levin, E. Uhlmann.....	46,762	1,171	10,875	97	5	2	2	0	9	125-175	FP
Mount Sinai	J. Nadelhaft, E. Japha.....	29,473	22	7,874	758	2	2	2	1	7	225-300	PM
Northwestern University Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chicago Wesley Memorial.....	A. Cannon	45,365	22	5,188	132	2	1	1	0	4	125-175	FM
Children's Memorial.....	H. White	32,916	.....	724	.....	.....	.....	.....	.....	.....	.....	.....
Passavant Memorial.....	R. B. Lewis.....	22,212	29	5,756	147	1	1	1	0	3	225-275	PM
Veterans Administration Research.....	E. G. Warnick, W. T. Moss.....	23,774	.....	6,200	191	3	0	0	0	3	271-462	O
Evanston (Evanston).....	H. C. Burkhead.....	35,885	19	4,685	475	2	1	1	0	4	225-275	PM
Presbyterian-St. Luke's	F. Squire	71,964	48	5,569	643	3	3	3	0	9	122-175	FM
University of Chicago Clinics.....	R. D. Moseley, Jr.....	46,213	84	561	16,693	4	4	4	0	12	250-305	O
University of Illinois Research and Educational Hospitals	R. A. Harvey.....	60,542	83	7,887	905	3	2	2	0	7	160-215	PM
Veterans Administration (West Side) ¹⁶¹	S. A. Leader.....	21,048	3	1,926	30	2	1	1	0	4	270-347	O
Evanston												
Evanston Hospital—See Northwestern University Medical Center, Chicago.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Francis	A. C. Ledoux.....	32,298	25	2,070	230	1	1	1	0	3	260-280	FM
Evergreen Park												
Little Company of Mary.....	J. M. Brosnan.....	47,002	42	2,041	300	1	0	0	0	1	225-275	FM
Hines												
Veterans Administration	F. Hussey.....	67,457	57	10,487	250	3	5	5	0	13	271-347	O
Peoria												
St. Francis	P. R. Dirkse.....	27,663	14	3,635	413	1	1	1	0	3	225-275	FM
Rockford												
Rockford Memorial	B. Roseberg	21,705	4,140	.....	1,121	1	1	1	0	3	225-225	FM

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance FM PM O
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
ILLINOIS—Continued												
Urbana												
Carle Memorial ¹⁵¹	C. Gianturco	26,293	12	2,445	283	1	0	0	0	= 1	250-...	O
INDIANA												
Bluffton												
Clinic	R. E. Bishop	21,785	8	1,260	56	1	1	1	0	= 3	300-400	PM
Indianapolis												
Indiana University Medical Center												
Affiliated Hospitals												
Indiana University Medical Center	J. A. Campbell	32,616	153	6,530	735	6	6	6	0	= 18	225-275	PM
Marion County General	W. Tosiek	49,606	35	2,240	88	1	1	1	0	= 3	269-321	PM
Veterans Administration	J. A. Campbell	25,068	12	1,776	103					= 3	271-462	O
Methodist	H. C. Ochsner	43,176	186	4,686	450	1	1	1	0	= 3	278-336	O
IOWA												
Des Moines												
Iowa Methodist ¹⁷⁴	A. B. Phillips	17,997	19	1,591	...	1	1	0	0	= 2	200-250	FM
Veterans Administration	P. J. Frier	26,144	1	1,505	32	1	1	1	0	= 3	271-412	PM
Iowa City												
State University of Iowa Hospitals	E. F. Van Epps	68,138	154	17,743	...	3	3	3	0	= 9	200-255	FM
Veterans Administration	J. G. Baron	20,641	2	2,381	91	1	1	2	0	= 4	270-462	PM
KANSAS												
Kansas City												
University of Kansas Medical Center	G. Tice	49,471	61	2,591	426	1	1	2	0	= 4	125-175	PM
Veterans Administration (Kansas City, Mo.)	M. F. Westfall	31,542	1	1,146	75					= 2	271-271	O
Wichita												
St. Francis	J. R. Kline	22,405	63	3,954	261	1	1	1	0	= 3	275-325	FP
KENTUCKY												
Louisville												
St. Joseph Infirmary	S. Johnson	26,294	105	6,500	2,600	1	1	2	0	= 4	220-245	PM
University of Louisville Medical Center												
Louisville General	E. L. Pirkey	48,457	24	7,402	397	3	3	3	0	= 9	116-212	FM
Veterans Administration	R. H. Akers	21,628	3	588	129	1	1	1	1	= 4	270-347	O
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana	M. Garcia, C. M. Niece	153,550	322	44,081	1,350	6	5	4	0	= 15	125-175	FM
Hotel Dieu—Sister's	H. Duhe	24,337	51	3,188	524	1	1	1	0	= 3	225-400	FP
Ochsner Foundation ¹⁸²	E. H. Little	61,653	112	3,282	226	1	1	1	0	= 3	225-275	PM
Southern Baptist	L. J. Bristow, Jr.	31,865	...	5,126	482	1	1	1	0	= 3	225-275	PM
Touro Infirmary	A. Payzaat	37,096	22	2,644	...	1	1	1	0	= 3	125-175	FP
Shreveport												
Confederate Memorial Medical Center	P. Riley	37,512	68	8,727	230	2	2	2	0	= 6	125-300	FM
MAINE												
Bangor												
Eastern Maine General	H. A. Smith	23,873	33	2,383	59	1	1	1	0	= 3	125-250	FM
Portland												
Maine Medical Center	J. F. Gibbons	26,605	83	2,875	179	2	0	0	0	= 2	175-175	FP
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. De Carlo, Jr.	30,174	8	554	117	1	2	1	0	= 4	150-250	FP
Johns Hopkins	R. H. Morgan	75,168	259#	17,170	17,170	4	4	4	3	= 15	160-185	PM
Sinai ¹⁸⁰	J. O. Safik	26,675	21	524	...	3	1	0	0	= 5	150-375	FM
University	J. M. Dennis	71,530	147	10,739	...	3	3	4	0	= 10	250-333	PM
Hagerstown												
Washington County	S. H. Macht	19,031	27	2,010	268	0	1	0	0	= 1	350-500	FM
MASSACHUSETTS												
Boston												
Beth Israel	F. G. Fleischner	23,660	7	837	13	3	1	1	0	= 5	167-250	O
Boston City	M. Ritvo	119,125	42	5,382	320	4	5	4	0	= 13	178-248	FM
Lahey Clinic ¹⁹⁰	M. I. Smedal	53,209	22	9,696	23	1	1	1	0	= 3	200-250	O
Massachusetts General	J. L. Robbins	98,523	90	11,726	3,141	4	4	4	0	= 12	108-183	FM
Massachusetts Memorial	G. Levene	19,000	...	2,703	100	1	1	2	0	= 4	175-275	O
New England Center	A. Ettinger	27,262	10	1,533	27	1	1	1	0	= 3	237-287	O
New England Deaconess	J. Marks	24,021	50	5,427	30	1	1	1	0	= 3	200-270	PM
Peter Bent Brigham ¹⁹⁰	J. B. Dealy, Jr.	31,949	24	2,906	55	4	4	4	0	= 12	42-167	FM
Children's Hospital Medical Center	E. B. D. Neuhauser	30,412	...	3,546	...	0	2	1	1	= 4	83- 88	FM
Veterans Administration	E. Wissing	37,534	...	5,000	90	3	2	1	0	= 6	...	...
Mount Auburn-Faulkner-Shattuck												
Associated Hospitals												
Mount Auburn (Cambridge)	R. Schatzki	22,662	4	2,220	33	1	1	1	0	= 3	155-225	FM
Faulkner	L. E. Hawes	12,585	...	562	5	1	0	0	= 1	200-225	FM	
Lemuel Shattuck	H. B. Sear	10,573	11	6,769	43	2	0	0	0	= 2	262-262	PM
MICHIGAN												
Ann Arbor												
St. Joseph Mercy	S. W. Donaldson	31,760	8	2,978	242	1	1	1	0	= 3	310-385	FM
University	F. J. Hodges	75,834	6,396	4,630	380	6	6	6	0	= 18	180-250	O
Detroit												
Grace	F. K. Wietersen	37,867	74	4,839	335	2	2	2	0	= 6	275-350	FP
Harper	L. Reynolds	28,324	169#	16,980	104	3	3	3	0	= 9	275-325	PM
Henry Ford	W. R. Elyer	88,240	171	13,297	132	5	4	4	1	= 14	265-305	PM
Mount Carmel Mercy	J. M. Grace	56,284	19#	2,849	55	1	1	1	0	= 3	450-525	PM
Providence	W. A. Irwin	20,479	65	3,879	81	1	1	1	0	= 3	410-450	PM
Sinai	H. Feigelson	20,585	26	3,597	60	1	1	1	0	= 3	300-350	FM
Wayne State University Affiliated Hospitals												
Veterans Administration ²¹¹ (Dearborn)	E. E. Levine	28,420	10	3,310	107	2	2	2	0	= 6	270-347	O
Detroit Memorial ²¹²	J. E. Hofstrom	17,841	47	10,015	218	1	1	1	0	= 3	286-500	PM
Herman Kiefer	E. Harkaway	292,054	...	...	...	2	0	0	0	= 2	580-653	O
Receiving ²¹²	J. Lofstrom	96,133	68	3,720	356	3	3	2	0	= 8	325-400	PM

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance PM O
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
MICHIGAN—Continued												
Eloise												
Wayne County General Hospital and Infirmary	J. Zbikowski	55,329	7	1,678	...	1	1	1	0	3	403-464	FM
Filnt												
Hurley	D. R. Limbach	30,999	52#	4,703	293	2	2	2	0	6	325-450	FM
McLaren General	P. W. Dorsey	49,282	9	1,427	22	1	1	1	0	3	375-425	PM
St. Joseph	J. E. Livesay	27,232	31	517	49	1	0	1	0	2	425-525	PM
Grand Rapids												
Blogett Memorial	H. C. Jones	25,262	15	3,262	39	1	0	0	0	1	325-325	FM
Butterworth	E. Wahby	26,254	4,588#	1,070	157	1	1	1	0	3	300-350	PM
Pontiac												
St. Joseph Mercy	E. Keffe	28,230	32	2,823	...	1	1	1	0	3	375-435	PM
MINNESOTA												
Minneapolis												
Swedish	L. G. Idstrom	...	...	...	...	...	...	...	...	...	...	...
University of Minnesota Hospitals ²¹⁸	H. O. Peterson	59,738	193	20,509	606	5	5	4	0	14	244-244	...
Veterans Administration ²²⁰	J. Jorgens	75,764	23	3,507	105	5	5	5	4	19	271-462	O
Rochester												
Mayo Foundation ²²²	C. A. Good, D. S. Childs, Jr.	274,227	906	28,393	1,700	10	10	10	0	30	200-200	PM
St. Paul												
Charles T. Miller	J. B. Coleman	20,335	79,000#	4,763	...	1	1	1	0	3	325-375	PM
MISSISSIPPI												
Jackson												
University	R. D. Sloan	32,751	41#	4,968	45	2	2	2	0	6	250-300	O
MISSOURI												
Columbia												
University of Missouri Medical Center	G. S. Lodwick	18,272	29	3,880	67	1	1	1	0	3	200-300	...
Kansas City												
Menorah Medical Center	D. S. Dunn	22,831	15	1,632	545	1	1	1	0	3	300-400	FP
Research and Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Children's Mercy	...	...	...	...	...	...	...	...	...	...	...	...
Kansas City General	J. W. Barry	37,721	47	2,256	164	1	1	1	0	3	220-205	PM
Research	A. B. Smith	18,186	33	1,040	6	1	1	1	1	4	200-500	O
St. Luke's	L. A. Scarpellino	19,189	36	3,231	49	1	1	1	0	3	250-300	FP
St. Louis												
Barnes	H. Wilson	61,903	245	12,858	91	5	5	5	0	15	250-350	O
De Paul	E. C. Ernst, Jr.	16,370	46	1,991	215	1	0	0	0	1	200-250	FM
Homer G. Phillips	W. E. Allen, Jr.	41,338	71	2,620	59	2	1	0	0	3	235-299	...
Jewish	H. R. Senturia	25,607	43#	3,425	487	1	1	1	0	3	200-300	FM
St. Louis City ²³²	D. C. Weir	48,916	49	2,278	...	2	2	2	2	8	234-314	PM
St. Mary's Group of Hospitals of St. Louis University	L. Sante	44,295	77	3,382	173	1	1	1	0	3	150-170	FMO
Veterans Administration ²³⁵	D. C. Weir, S. Kamberg	42,104	7	2,212	35	2	2	2	0	6	271-462	O
NEBRASKA												
Omaha												
Creighton Memorial-St. Joseph	J. F. Kelly, Sr.	19,640	31	2,997	129	2	1	0	0	3	210-260	...
Nebraska Methodist	H. B. Hunt	13,064	127	5,825	66	1	0	1	0	2	300-400	PM
University of Nebraska	H. H. Hunt	13,991	52	1,289	128	1	1	1	1	4	225-300	PM
Veterans Administration ²⁴¹	H. B. Saichek	22,015	...	1,872	17	1	1	1	0	3	270-347	O
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial	L. K. Sycamore	33,411	77	4,466	769	2	2	2	0	6	218-273	...
NEW JERSEY												
Camden												
Our Lady of Lourdes	G. P. Keefer, C. K. McGeorge	24,386	315	1,602	80	1	1	1	1	4	250-350	PM
East Orange												
Veterans Administration	J. R. Nahon	26,924	2	2,243	76	1	1	0	0	2	270-462	...
Jersey City												
Jersey City Medical Center	H. J. Perlberg	50,190	23	7,456	401	4	2	0	0	6	167-200	FM
Newark												
Newark Beth Israel	N. J. Furst, L. J. Levinson	11,923	21	4,381	83	1	1	1	0	3	125-175	...
NEW MEXICO												
Albuquerque												
Bataan Memorial Methodist	B. Gordon	32,955	30	5,236	473	1	1	1	0	3	300-400	FP
NEW YORK												
Albany												
Albany	J. F. Roach	38,961	33#	9,609	...	1	1	2	0	4	195-275	PM
Veterans Administration	H. Thomas	31,419	...	1,941	34	1	1	1	0	3	271-347	O
Buffalo												
Buffalo General	G. J. Culver	28,363	61#	5,296	121	2	1	1	0	4	175-200	FP
Denconess	R. E. Seibel	16,000	31	304	4,504	1	0	0	0	1	300-350	FM
Edward J. Meyer Memorial	E. G. Eshner	40,023	14	2,139	178	2	2	2	1	7	292-380	PM
Millard Fillmore	E. H. Schnap	30,991	61	2,576	212	1	1	1	0	3	298-323	PM
Roswell Park Memorial	F. P. Lessman, W. T. Murphy	32,771	245	41,158	3,155	7	3	3	0	13	334-381	O
Veterans Administration	K. Flachs	31,036	1	3,608	50	1	1	1	0	3	271-293	O
Hempstead												
Meadowbrook	H. R. Zatzkin	38,106	27	7,364	398	2	2	2	0	6	275-275	FM
Johnson City												
Charles's Wilson Memorial	B. D. Jay	21,188	11	1,606	304	1	1	1	0	3	225-300	PM
Mineola												
Nassau	N. H. Robin	18,161	21	3,974	219	1	1	1	0	3	325-375	O
New York City												
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...
Div. III—New York University College of Medicine	M. Poppel	375,583	118	4,063	395	2	2	2	0	6	145-195	...
Beth-El ²⁷²	M. Dannenberg	24,927	75	1,815	...	1	1	1	0	3	150-200	FM
Beth Israel ²⁷³	A. Geffen	19,704	12	1,763	...	3	1	1	0	5	175-190	PM

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Super-ficial X-ray Treatments	Residencies Offered 1961-1962				Total All Yrs.	Stipend per Month Min.-Max.	P.M. Maintenance	
						1st Year	2nd Year	3rd Year	4th Year				
NEW YORK, New York City—Continued													
Bronx	A. J. Bernstein	25,515	7	2,186	123	1	1	1	0	=	3	145-195	FM
Bronx Municipal Hospital Center	M. Elkin	87,872	44	5,388	68	4	4	4	0	=	12	215-215	FM
Brooklyn	P. J. Lampros	17,349	47	1,894	213	...	...	...	...	...	...	...	...
City Hospital at Elmhurst	P. Strax	52,528	15	3,144	372	2	1	1	0	=	4	145-195	...
Cumberland ²⁷⁴	E. Mendelson	26,483	11	420	8	1	1	0	0	=	2	145-195	...
Flushing Hospital and Dispensary ²⁷⁵	M. Pomeranz	18,763	5	461	7	1	1	1	0	=	3	175-225	FM
Francis Delafield	W. B. Seaman	15,946	20	16,210	847	2	3	2	2	=	9	145-195	...
Jewish	S. Schwartz	31,220	46	2,740	149	1	1	1	0	=	3	100-125	FM
Kings County Hospital Center	H. Z. Mellins	157,300	123	9,158	460	5	5	5	0	=	15	145-195	...
Lebanon	R. M. Friedenberg	16,684	9	1,404	61	1	1	1	0	=	3	125-150	FM
Lenox Hill	F. H. Ghiselin	33,600	23	3,690	64	1	1	1	0	=	3	240-300	PM
Lincoln ²⁷⁷	R. Feig	46,732	2	...	...	1	2	0	0	=	3	145-195	FM
Long Island College	R. J. Pinck	29,129	17	804	10	1	1	1	1	=	4	164-191	PM
Long Island Jewish ²⁸⁴	B. Epstein	19,152	8	1,464	45	1	1	1	0	=	3	125-190	FM
Maimonides	E. J. Levin	29,371	19	2,224	113	1	1	1	0	=	3	75-150	FM
Memorial Center for Cancer and Allied Diseases	R. S. Sherman	34,121	127	47,724	...	1	2	2	1	=	6	150-300	FM
Morristown Memorial (Morristown, N. J.)	F. Reed, Jr.	14,946	4	1,668	205	1	0	0	0	=	1	225-275	PM
James Ewing Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	N. F. Bartone	25,896	18	1,646	...	1	1	1	0	=	3	175-200	FP
Montefiore	H. G. Jacobson	53,248	90	16,550	3,019	5	4	4	0	=	13	207-282	PM
Morrisania City	J. Fierstein	24,619	31	2,036	100	1	1	0	0	=	2	145-195	...
Mount Sinai	B. S. Wolf	44,606	77	5,519	...	2	3	2	0	=	7	100-100	FM
New York	J. A. Evans	97,374	60	9,207	899	6	6	8	3	=	23	164-288	PM
New York Medical College—Metropolitan Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Flower and Fifth Avenue	F. J. Borrelli	36,001	66	1,255	104	2	2	2	0	=	6	125-125	FM
Metropolitan	F. J. Borrelli	90,787	31	5,938	655	2	2	2	0	=	6	145-195	FM
New York Polyclinic Medical School and Hospital	W. H. Shehadi	18,271	59	857	156	1	1	1	0	=	3	150-200	FM
New York University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
University	M. H. Poppel	15,651	127	1,473	9	4	1	0	0	=	5	145-195	FM
Presbyterian	W. B. Seaman	139,608	48	16,917	...	4	4	4	0	=	12	250-308	PM
Queens Hospital Center	A. V. Shapiro	40,800	119	2,054	445	2	1	0	0	=	3	145-195	...
Roosevelt	A. A. Dunn	43,910	27	1,440	104	2	2	2	0	=	6	158-275	PM
St. Luke's	...	43,429	75	6,384	310	2	2	2	0	=	6	125-175	FM
St. Vincent's	F. F. Ruzicka, Jr.	40,605	20	5,374	135	2	3	2	1	=	8	175-250	FM
Veterans Administration (Bronx)	M. H. Poppel	59,803	110	11,577	473	3	4	4	0	=	11	270-824	O
Veterans Administration (Brooklyn) ²⁷⁴	W. Schlein	27,399	6	6,629	131	0	0	1	0	=	1	271-347	O
Veterans Administration (Manhattan) ²⁹³	L. R. Lawrence	45,574	101	4,143	156	1	1	2	3	=	7	271-348	O
Rochester													
Genesee	G. Baron	24,311	23	2,235	270	1	1	0	0	=	2	175-325	FM
Rochester General	E. F. Merrill	34,013	24	5,409	875	1	1	1	0	=	3	175-225	FP
St. Mary's	A. V. Winchell, H. H. Forsyth	21,947	14	576	1,275	0	1	0	0	=	1	...	...
Strong Memorial-Rochester Municipal ²⁹⁸	G. H. Ramsey	33,633	16#	2,046	215	5	5	5	2	=	17	166-291	O
Syracuse													
State University of New York Upstate Medical Center	C. H. Hale	49,140	49	4,753	104	4	4	4	0	=	12	250-350	O
Veterans Administration	E. R. Heltzman	19,449	...	16,000	13	1	1	1	0	=	3	271-347	...
Valhalla													
Grasslands	H. Lubetsky	18,609	4	1,829	203	1	1	1	0	=	3	175-225	FM
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	E. H. Wood	34,716	124	2,087	95	2	2	2	0	=	6	175-266	O
Durham													
Duke University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Duke	R. J. Reeves	65,347	97	3,468	262	4	4	3	0	=	11	43-200	FM
Veterans Administration	G. W. Brown	27,774	6#	1,334	12	1	1	1	0	=	3	270-462	O
Winston-Salem													
North Carolina Baptist	I. Meselman	36,748	71#	6,073	120	2	2	2	0	=	6	166-208	PM
NORTH DAKOTA													
Bismarck													
Bismarck	H. M. Berg	29,860	45#	3,544	467	1	1	1	0	=	3	300-300	O
OHIO													
Akron													
Akron City	F. T. Moore	49,691	32	6,712	187	1	1	1	1	=	4	275-375	...
Akron General	C. J. Miller	29,957	14	3,251	113	1	1	1	0	=	3	300-350	FM
Canton													
Aultman	S. Larson	34,876	22	3,373	...	1	1	1	0	=	3	275-400	PM
Mercy	T. J. Dodd	30,612	28	4,231	...	1	1	1	0	=	3	175-300	PM
Cincinnati													
University of Cincinnati College of Medicine Hospital Group	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General ³⁰³	B. Felson	62,653	...	4,472	152	4	5	5	0	=	14	100-140	FM
Good Samaritan	J. E. McCarthy	36,000	40	4,700	20	1	1	1	0	=	3	250-300	FM
Jewish	L. S. Rosenberg	26,686	71	2,901	46	1	1	1	0	=	3	195-235	FP
Cleveland													
Cleveland Clinic	C. R. Hughes	95,331	28	7,418	212	4	3	3	0	=	10	275-275	...
Cleveland Metropolitan General	H. Hauser	54,610	70	3,379	2,456	4	3	3	0	=	10	150-258	FM
Huron Road	W. D. Heinrich	37,368	49	2,567	233	1	1	1	0	=	3	210-230	FP
Mount Sinai	G. R. Krause, M. Lubert	28,429	19	4,663	99	1	1	1	0	=	3	215-235	FM
St. Luke's	D. D. Brannan	37,758	79	4,563	399	1	1	1	0	=	3	200-270	FM
St. Vincent Charity	E. J. O'Malley	33,811	13	1,148	...	1	1	1	0	=	3	210-235	FP
University Hospitals of Cleveland	H. L. Friedell	70,882	47	9,520	231	3	3	3	0	=	9	150-250	FP
Veterans Administration ³⁰³	M. D. Sachs	35,001	5	2,390	51	2	2	2	2	=	8	271-462	PM
Columbus													
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
University	S. W. Nelson	52,862	1	11,959	207	5	5	0	5	=	15	177-277	PM
Dayton													
Miami Valley	G. Nicoll	34,661	65#	3,530	120	1	1	1	0	=	3	225-250	FP
Veterans Administration ³¹⁰	H. F. Plaut	31,130	3	2,207	212	2	2	2	0	=	6	271-347	O

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-tenance P M O
						1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
OHIO—Continued												
Elyria												
Elyria Memorial	D. A. Russell	19,822	8	638	43	1	0	0	0	= 1	...	FM
Lorain												
St. Joseph	D. A. Russell	16,111	25	1,900	...	1	0	1	0	= 2	300-400	FM
Youngstown												
St. Elizabeth	S. Tamarkin	42,028	52	2,789	909	1	1	1	0	= 3	300-350	FM
Youngstown	E. C. Baker	32,392	48	7,190	2,049	2	2	2	0	= 6	275-375	FM
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center												
University Hospitals	G. R. Ridings	26,328	53	7,276	1,109	3	3	3	0	= 9	200-275	FM
Veterans Administration	S. M. Glasser	33,011	...	2,703	202	1	0	1	0	= 2	27-134	...
Wesley	E. H. Kannon	18,381	19	2,841	71	1	0	0	0	= 1	350-425	...
Tulsa												
St. John's	L. M. Paseucci	30,919	22	6,769	712	1	0	1	0	= 2	175-250	FP
OREGON												
Portland												
Providence	G. Nichols	20,774	14	1,732	...	1	1	0	0	= 2	275-295	PM
St. Vincent	S. E. Rees	12,880	13	626	...	2	2	2	0	= 6	275-295	PM
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	46,824	...	3,247	...	3	3	2	0	= 8	165-215	FM
PENNSYLVANIA												
Abington												
Abington Memorial	C. Sillars	29,142	50	5,914	150	1	1	1	0	= 3	275-400	FM
Allentown												
Sacred Heart	M. Stamatakos	15,834	242	1,984	430	1	1	1	0	= 3	225-275	FP
Bryn Mawr												
Bryn Mawr	R. M. Harvey	24,599	32	2,913	444	1	1	1	0	= 3	200-250	FP
Danville												
George F. Geisinger Memorial	J. L. Williams	25,321	45	2,349	4,710	1	0	1	0	= 2	175-250	FM
Darby												
Thomas M. Fitzgerald-Mercy	F. K. Alexander	21,920	83	1,732	144	1	1	1	0	= 3	100-300	PM
Erie												
Hamot	R. D. Bacon	21,317	19	1,388	...	1	1	1	0	= 3	250-300	FM
St. Vincent	R. D. Bacon	44,967	15	1,106	...	1	1	1	0	= 3	275-325	FM
Philadelphia												
Albert Einstein Medical Center												
Northern Division	J. Gershon-Cohen	29,415	21	4,361	576	2	2	2	0	= 6	125-200	FM
Southern Division	H. Isard	24,055	38	2,344	256	1	1	1	0	= 3	125-200	FM
Episcopal	H. Fisher	24,092	31	1,923	145	1	1	0	0	= 2	150-150	FM
Germantown Dispensary and Hospital	B. R. Young	26,368	47	4,472	403	1	1	1	0	= 3	175-200	FM
Graduate Hospital of the University of Pennsylvania	A. Finkelstein	20,806	32	1,980	200	3	3	3	2	= 11	100-125	FM
Hahnemann Medical College and Hospital	J. S. Lehman	35,891	201	4,766	197	2	0	0	0	= 2	200-200	FM
Hospital of the University of Pennsylvania	E. Pendergrass	90,000	66	20,548	3,726	6	6	6	6	= 24	...-458	PM
Children's	J. W. Hope	10,947	...	476	41	1	0	0	0	= 1	...-250	FM
Hospital of the Woman's Medical College of Pennsylvania	J. H. Vastine	10,138	11	1,256	...	1	1	1	0	= 3	125-175	FM
Jefferson Medical College	P. J. Hodes	38,782	70	11,781	67	4	7	1	0	= 12	100-150	PM
Nazareth	J. S. Fetter	28,156	1	977	328	1	1	1	0	= 3	300-300	FM
Pennsylvania General	P. A. Bishop	21,790	53	1,289	205	2	0	0	0	= 2	100-100	FM
Philadelphia General	B. P. Widmann	51,632	99	7,555	161	5	5	5	0	= 15	128-265	FM
Presbyterian	E. L. Lame	15,326	32	2,302	26	1	1	1	0	= 3	285-290	FM
Temple University	H. M. Stauffer	53,730	31	7,402	267	5	5	5	0	= 15	175-225	PM
Veterans Administration	G. T. Wohl	31,215	10	2,301	190	2	2	3	0	= 7	270-462	O
Pittsburgh												
Allegheny General	T. B. Childs	37,890	70	8,600	149	2	2	2	0	= 6	200-250	FM
Mercy	C. R. Perryman	42,809	82	16,087	...	2	2	2	0	= 6	235-285	FM
Montefiore ⁸⁴⁰	H. W. Friedman	18,442	...	2,677	15	1	1	1	0	= 3	225-275	FM
Health Center Hospitals of the University of Pittsburgh School of Medicine												
Children's	D. R. Girdany	22,847	...	1,096	...							
Elizabeth Steel Magee	C. N. Chasler	13,287	104	1,312	...							
Presbyterian-Woman's	E. C. Lasser	39,541	119	10,859	292	5	2	2	0	= 9	125-175	FM
Veterans Administration	S. Poller	25,550	17	5,107	141	1	2	1	0	= 4	270-347	O
St. Francis General Hospital and Rehabilitation Institute	G. H. Alexander	23,338	21	2,319	24	1	1	1	0	= 3	240-305	FP
Western Pennsylvania	W. S. Mellon	34,921	53 ⁺	3,609	...	1	1	1	0	= 3	250-300	FP
Sayre												
Robert Packer	J. T. Littleton	29,248	46	185	85	2	1	1	0	= 4	235-325	PM
West Reading												
Reading	G. W. Chamberlin	17,980	34	5,663	...	2	2	2	0	= 6	225-300	FM
PUERTO RICO												
San Juan												
Veterans Administration (San Patricio) ⁸⁴⁵	L. Ehrlich	9,992	...	...	...	1	1	0	0	= 2	318-408	O
Dr. J. Gonzalez Martinez Oncologic	V. Mareial	3,005	191	22,986	620	3	3	3	1	= 10	250-400	PM
RHODE ISLAND												
Providence												
Rhode Island	L. A. Martineau	42,426	109	3,388	908	1	1	1	0	= 3	125-175	FM
Roger Williams General	R. R. Hunt	19,714	36	1,200	450	1	0	0	0	= 1	200-250	FM
SOUTH CAROLINA												
Charleston												
Teaching Hospitals of the Medical College of South Carolina	H. S. Pettit	45,040	122	6,746	42	2	1	1	0	= 4	138-168	FM
Medical College	...	...	...	...	...		
Roper	...	...	...	...	...		
TENNESSEE												
Chattanooga												
Baroness Erlanger	O. W. Reavis	88,781	42	0,741	552	1	2	1	0	= 4	325-375	...

Numerical and other references are listed on pages 811 through 814.

27. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1961-1962				Stipend per Month Min.-Max.	Main-tenance FM PM O	
						1st Year	2nd Year	3rd Year	4th Year			
TENNESSEE—Continued												
Memphis												
Baptist Memorial	J. E. Whiteleather	32,000	62	5,124	95	2	2	2	1	7	325-400	PM
City of Memphis Hospitals	D. S. Carroll	34,654	61	...	...	2	2	2	0	6	150-200	FP
Methodist	J. C. King	32,517	42	4,539	359	3	2	2	0	7	325-375	FM
Veterans Administration ³⁶²	B. E. Greenberg	61,377	12	5,480	308	2	2	3	0	7	271-347	PM
Nashville												
Vanderbilt University	H. C. Francis	31,198	135	1,552	78	3	2	2	0	7	100-125	FM
Veterans Administration	D. E. Sherman	24,750	27	2,242	151	1	1	1	0	3	270-462	O
TEXAS												
Austin												
Braekenridge	J. C. Rade	21,751	55	3,002	30	1	1	1	0	4	250-250	FM
Dallas												
Baylor University	J. E. Miller	42,150	173	10,404	136	2	2	2	0	6	210-230	PM
St. Paul	M. J. Healy	17,283	63	449	...	1	1	1	1	4	225-300	FP
University of Texas Southwestern Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Parkland Memorial	F. Bonte	55,762	59	2,506	1,100	2	2	2	0	6	150-200	PM
Veterans Administration ³⁶²	B. K. Lovell	26,515	86	2,189	27	2	2	2	0	6	271-347	PM
Galveston												
University of Texas Medical Branch Hospitals	R. N. Cooley	73,455	152	8,064	243	4	4	4	0	12	160-160	FP
Houston												
Baylor University College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis	V. P. Collins	58,190	53	250	89	2	2	2	0	6	125-165	FM
Methodist	C. H. Burge	24,515	4	2,404	...	0	2	0	0	2	100-175	FM
Veterans Administration	H. L. Barton	60,630	22	6,027	144	2	0	2	0	4	270-347	PM
Hermann	L. M. Vaughan	51,708	90	3,895	117	2	2	2	0	6	125-300	PM
St. Joseph's	C. W. Yates	28,851	7	1,623	33	1	0	0	0	1	220-270	PM
University of Texas M. D. Anderson Hospital and Tumor Institute	G. Fletcher	23,551	615	36,307	883	0	2	2	2	6	300-416	O
San Antonio												
University of Texas Post-Graduate Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Baptist Memorial	H. F. Elmendorf, Jr.	15,051	57	1,206	98	1	1	1	0	3	200-350	FP
Robert B. Green Memorial ³⁶⁷	B. D. King	29,447	33	1,246	35	1	1	1	0	3	200-350	FM
Santa Rosa	F. E. O'Neill	30,734	51	1,413	46	1	1	0	0	2	200-300	FP
Temple												
Scott and White Memorial	A. W. Sommer	49,197	77	5,021	593	1	1	1	0	3	300-300	O
UTAH												
Salt Lake City												
Dr. W. H. Groves Latter-Day Saints	E. R. Crowder	16,526	26	815	12	1	1	1	0	3	250-325	FP
University of Utah Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Holy Cross	R. R. Meyer	11,122	8	2,803	...	1	0	0	0	1	...	FP
St. Mark's	H. P. Plenk	9,208	16	2,478	72	1	0	0	0	1	275-...	PM
Salt Lake County General ³⁷⁰	W. Christensen	19,457	172	5,119	115	2	2	2	0	6	240-300	O
Veterans Administration	D. W. Stowell	8,999	1	710	...	0	1	1	1	3	271-462	O
VERMONT												
Burlington												
University of Vermont Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
De Goesbriand Memorial	F. W. Van Buskirk	14,044	...	904	...	...	...	...	...	...	208-208	...
Mary Fletcher ¹⁹⁵	A. B. Soule, Jr.	...	...	...	...	...	...	...	...	...	...	...
...	O. S. Peterson, Jr.	21,055	57	4,693	64	2	2	1	0	5	...-250	PM
VIRGINIA												
Charlottesville												
University of Virginia	V. W. Archer	58,139	60	9,700	517	5	2	1	0	8	75-150	FM
Norfolk												
De Paul	J. Foster	23,325	29	2,994	301	1	1	1	0	3	225-275	FM
Norfolk General	C. P. Wisoff	29,598	59	2,669	25	1	1	1	1	4	290-465	FM
Richmond												
Medical College of Virginia—Hospital Division	F. B. Mandeville	51,860	92	5,486	610	1	3	1	0	5	225-275	FM
Veterans Administration ²⁷²	W. H. Mendel	29,458	7	2,457	...	2	2	2	0	6	271-412	PM
WASHINGTON												
Seattle												
Providence ¹¹⁸	E. A. Addington	19,030	50#	603	64	1	1	1	0	3	250-350	FP
University of Washington Affiliated Hospitals King County Hospital Unit No. 1 (Harborview)	...	...	...	...	...	...	...	...	...	...	...	...
University	G. N. Hadden	34,901	47#	123	...	3*	3	3	0	9	150-275	FM
Veterans Admin.	M. M. Figley	1,426	3#	104	...	3	3	3	0	9	180-305	PM
Virginia Mason	M. M. Figley	12,403	2	1,498	...	1	0	0	0	1	271-271	...
...	T. Carille	38,173	58	8,316	583	1	1	1	0	3	250-325	PM
Spokane												
Saered Heart	C. Stevenson	19,734	12	629	...	1	1	1	0	3	250-325	FP
WISCONSIN												
Madison												
University Hospitals	L. W. Paul	45,441	171	8,933	380	3	4	5	0	12	100-200	FM
Milwaukee												
Columbia ³⁸³	S. A. Morton	20,891	29#	2,713	676	1	0	0	0	1	270-320	PM
Evangelical Deaconess	A. Melamed	32,884	20	4,369	156	1	1	1	0	3	300-350	FP
Milwaukee County	J. E. Amberg	66,909	29	5,105	316	1	2	3	0	6	229-334	...
Milwaukee	J. Arnbruster, H. W. Hetke	31,408	178	6,925	120	1	0	0	0	1	281-357	PM
Mount Sinai	M. Moel	21,823	24	2,249	9	1	1	1	0	3	300-350	FM
St. Joseph's	G. W. Sengpiel	30,016	30	4,270	143	1	1	1	0	3	300-350	PM
St. Luke's	H. Wright	18,020	20	4,802	250	1	1	1	0	3	275-375	FM
Veterans Admin. (Wood)	R. V. McAllister	40,423	30	5,727	217	2	1	0	0	3	271-347	PM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.
Hospitals, 362; Residencies, 4519

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-PM Maintenance O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
UNITED STATES AIR FORCE													
TEXAS													
U. S. Air Force, San Antonio	J. P. Jernigan	176	3,375#	39	87	17,775	3	3	3	3	= 12	...	...
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco	J. E. Graham	96	4,889	40	83	21,332	2	2	2	2	= 8	...	FM
COLORADO													
Fitzsimons General, Denver	P. A. Bergman	40	888	17	88	3,966	2	2	2	2	= 8	...	...
DISTRICT OF COLUMBIA													
Walter Reed General, Washington	J. F. Patton	133	1,066	42	88	37,228	3	3	3	3	= 12	...	...
HAWAII													
Tripler Army, Honolulu	W. F. Bowers	239	6,092	32	69	59,481	2	2	2	2	= 8	...	...
TEXAS													
William Beaumont General, El Paso	R. L. Rhea, Jr.	37	2,500	30	87	9,571	2	2	2	2	= 8	394-565	PM
Brooke General, San Antonio	D. Campbell	123	2,962	119	76	7,708	3	3	3	3	= 12	...	...
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, Oakland	M. L. Gerber	201	3,037	53	98	13,769	2	2	1	3	= 8	...	...
U. S. Naval, San Diego	J. M. Hanner	272	4,403	94	88	14,363	2	3	2	3	= 10	...	...
ILLINOIS													
U. S. Naval, Great Lakes	S. Ede	120	1,854	11	100	4,580	2	0	2	1	= 5	...	...
MARYLAND													
U. S. Naval, Bethesda	R. B. Brown	133	2,462	52	94	7,995	2	2	1	2	= 7	...	...
MASSACHUSETTS													
U. S. Naval, Chelsea	L. L. Haynes	190	2,286	29	89	4,142	2	1	1	1	= 5	...	...
NEW YORK													
U. S. Naval, New York City (St. Albans)	J. J. Timmes	191	2,404	64	69	4,824	2	2	2	0	= 6	...	...
PENNSYLVANIA													
U. S. Naval, Philadelphia	H. D. Warden	172	2,675	56	64	7,492	2	1	2	1	= 6	...	...
VIRGINIA													
U. S. Naval, Portsmouth	H. F. Lenhardt	342	4,771	63	75	41,905	4*	2	1	3	= 10	...	...
UNITED STATES PUBLIC HEALTH SERVICE													
CALIFORNIA													
U. S. Public Health Service, San Francisco	W. A. Williamson	106	1,788	33	66	7,140	1	1	1	1	= 4	...	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington 124	B. Syphax	45	1,439	71	39	10,881	4	2	2	2	= 10	308-417	PM
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
University of Alabama Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic	C. Lyons	175	4,082	187	46	9,389	10	10	6	6	= 32	210-288	FM
Veterans Admin.	M. B. Sullivan	94	993	30	57	2,052	6*	2	3	2	= 13†	271-412	O
Fairfield													
Lloyd Noland	J. M. Slaughter	56	2,516	31	39	24,111	2	2	1	1	= 6	250-375	FM
Mobile													
Mobile General	J. Donald	...	1,621	84	55	5,377	2	2	2	2	= 8	300-700	PM
ARIZONA													
Phoenix													
Maricopa County General	R. B. Leonard	69	1,990	77	49	5,850	3	2	2	2	= 9	373-433	PM
ARKANSAS													
Little Rock													
University	J. H. Growdon	54	1,795	82	41	12,944	4	4	2	4	= 14	170-333	O
Veterans Admin. 77	R. J. Lipin	152	2,547	98	81	1,317	4	3	1	1	= 9	254-412	O
CALIFORNIA													
Fresno													
General Hospital of Fresno County	M. Levin	91	2,070	102	48	12,861	3	2	0	2	= 7	300-325	PM
Long Beach													
Veterans Admin. 83	J. A. Weinberg	174	2,048	88	82	6,153	3	3	3	3	= 12	271-462	O
Los Angeles													
Cedars of Lebanon	H. Lippman	123	7,548	107	55	14,780	7	4	1	1	= 13†	265-400	FM
Los Angeles County	C. J. Berne, C. E. Stafford	176	6,052	496	48	14,248	4	4	4	8	= 20	273-319	PM
University of California 80	W. P. Longmire, Jr.	54	3,437	86	83	5,338	6*	2	2	2	= 12†	240-426	FPO
Veterans Admin. 88	J. S. Clarke	208	3,034	161	71	2,262	12*	4	4	4	= 24	271-463	PM
White Memorial 93	A. I. Kugel	32	1,645	64	73	5,447	2	2	2	1	= 7	215-280	PM
Oakland													
Highland-Alameda County 95	A. Hunnicutt	57	1,570	104	51	8,802	3	4	3	3	= 13	200-295	FM
Kaiser Foundation	A. J. Baritell	100	5,088	116	62	...	4	2	2	1	= 9	315-520	FM
Veterans Admin.	J. V. Smith	255	3,047	144	...	2,207	3	3	2	0	= 8	271-462	...

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-PM tenure PM O	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
CALIFORNIA—Continued												
Orange												
Orange County General.....	L. F. Ellmore, S. Gendel...	46	...	101	71	2,141	1	1	1	1 = 4	355-395	O
Palo Alto												
Stanford Medical Center and Affiliated Hospitals .....	.....	...	...	...	...	...	...	...	...	...	...	...
Palo Alto-Stanford Hospital Center.....	J. G. Allen.....	23	1,125	2	...	876	4	7	3	3 = 17	250-325	O
Veterans Admin. ....	.....	...	...	...	...	...	...	...	...	...	...	...
San Diego												
San Diego County General.....	R. A. Jones.....	40	1,026	100	63	3,557	4	2	2	2 = 10	250-400	FM
San Francisco												
Kaiser Foundation	D. W. Barrow.....	91	5,055	81	61	107,904	2	2	2	1 = 7	315-570	FP
Mount Zion	L. D. Rosenman.....	...	3,124#	65	62	8,616	4*	3	1	1 = 9	150-350	FM
Presbyterian Medical Center.....	V. Richards.....	56	2,142	95	76	10,456	6	4	4 = 18	100-175	PM	
San Francisco General.....	C. Lyon.....	148	4,933	249	41	40,081	7	1	4	0 = 12	220-360	O
University of California Service.....	.....	...	...	...	...	...	...	...	...	...	...	...
Southern Pacific General.....	W. L. Newberg.....	144	7,048	38	63	41,359	3	3	2	1 = 9	200-325	FM
University of California Hospitals ¹⁰²	L. Goldman.....	48	1,811	58	88	7,402	9*	9	8 = 32†	243-426	...	
Veterans Admin. ¹⁰⁵	J. L. Wilson.....	93	1,290	56	79	2,679	4	3	3	2 = 12	271-462	O
San Jose												
Santa Clara County.....	G. B. Armanini.....	36	850	73	64	4,769	2	2	1	1 = 6	270-320	PM
Santa Barbara												
Santa Barbara General—Santa Barbara Cottage Santa Barbara Cottage.....	L. G. Fiske.....	74	3,985	47	62	...	4*	2	2	1 = 9	200-275	FP
Santa Barbara General.....	J. C. Fish.....	103	4,623	80	71	877	...	...	...	...	...	...
Stockton												
San Joaquin General.....	W. Brock.....	93	1,460	80	80	10,869	2	2	2	1 = 7	275-340	PM
Torrance												
Harbor General	B. D. Averbook.....	59	1,462#	177	57	6,713	4	4	3	3 = 14	273-319	FM
COLORADO												
Denver												
St. Joseph's	F. B. McGlone.....	115	6,178	98	66	...	3	3	2	1 = 9	200-300	FM
University of Colorado Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...
Colorado General	H. Swan.....	48	1,560	88	76	4,106	4*	4	3	5 = 16	180-205	O
Denver General	D. Watkins.....	63	1,341#	82	74	9,261	...	...	...	...	179-205	...
Veterans Admin.	B. Eiseman.....	65	1,558	53	90	2,421	5	5	4	3 = 17	271-462	O
CONNECTICUT												
Bridgeport												
Bridgeport ¹¹⁸	J. Nolan.....	92	3,926	125	34	1,618	1	1	1	1 = 4	240-340	FM
St. Vincent's	W. Curley.....	146	7,637	171	41	3,143	2	2	2	2 = 8	300-400	PM
Hartford												
Hartford	W. A. Standish.....	228	10,382	112	53	608	9	4	4	4 = 21	125-282	FP
St. Francis ¹²⁰	L. St. John.....	196	8,504	182	44	13,389	2	2	2	2 = 8	175-300	FP
New Britain												
New Britain General.....	B. B. Clark.....	135	6,852	78	70	14,932	2	1	1	1 = 5	250-325	FM
New Haven												
Yale-New Haven Medical Center.....	.....	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community.....	G. E. Lindskog.....	100	3,801	92	65	5,616	6	8	8	1 = 23	50-200	FM
Veterans Admin. (West Haven).....	W. W. Lindenmuth.....	135	2,317	81	80	4,191	3	3	1	2 = 9	271-412	...
Waterbury												
Waterbury	C. H. Cole.....	118	4,741	124	46	1,211	1	1	1	1 = 4	225-300	FM
DELAWARE												
Wilmington												
Delaware	C. L. Munson.....	97	3,341#	114	80	8,521	2	2	1	1 = 6	220-280	FP
Memorial	J. C. Pierson.....	90	4,151	63	68	4,163	2	1	1	1 = 5	225-285	FP
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General.....	B. Blades, R. J. Coffey.....	69	1,826	152	40	9,981	4	4	2	2 = 12	233-308	O
Georgetown University Service.....	.....	...	...	...	...	...	...	...	...	...	...	...
George Washington University Service.....	.....	...	...	...	...	...	...	...	...	...	...	...
Georgetown University ¹²⁸	R. J. Coffey.....	88	3,057	87	51	2,817	11*	6	4	3 = 24	175-270	FM
George Washington University ¹³⁰	B. Blades.....	115	6,210	55	73	3,338	4	4	2	1 = 11	210-285	PM
Providence	L. J. Goffredi.....	135	9,054	126	51	7,965	2	2	1	1 = 6	350-450	PM
Veterans Admin. ¹³⁷	G. A. Higgins.....	97	1,374#	80	63	2,049	2*	2	0	2 = 6†	271-412	O
Washington Hospital Center.....	E. A. Gould.....	199	8,444	190	55	13,513	8*	3	3	3 = 17	215-260	FP
FLORIDA												
Coral Gables												
Veterans Admin.	M. W. Wolcott.....	136	2,449	124	95	4,291	6*	3	3	3 = 15†	271-420	O
Gainesville												
University of Florida Teaching Hospital and Clinics.....	E. R. Woodward.....	42	650	28	100	...	6	2	2	4 = 14	217-450	...
Jacksonville												
Duval Medical Center.....	K. A. Morris.....	63	3,041	114	49	21,892	4*	2	2	2 = 10	200-275	FM
St. Vincent's ¹⁴¹	A. C. Williams.....	92	4,371#	89	44	1,704	2	2	2	2 = 8	325-400	PM
Miami												
Jackson Memorial ¹⁴⁴	J. J. Farrell.....	...	4,601	196	46	7,747	11	6	5	5 = 27	200-335	PM
GEORGIA												
Atlanta												
Emory University ¹⁵⁰	J. D. Martin, Jr.....	122	5,652#	135	48	...	8	0	0	2 = 10†	235-265	PM
Georgia Baptist	J. P. Wilson.....	154	9,504	115	44	1,071	3	2	1	0 = 6	330-380	PM
Grady Memorial	I. A. Ferguson.....	111	3,233	228	43	33,425	12	8	6	3 = 20	100-200	FM
Piedmont	F. W. McRae.....	113	5,696	80	48	4,802	1	1	1	1 = 4	290-335	PM
St. Joseph's Infirmary.....	J. W. Veatch, Jr.....	104	5,942	75	57	3,244	3	3	1	1 = 8	270-305	PM
Veterans Admin. ¹⁴⁸	J. C. Thoroughman.....	115	1,784	64	53	...	0	5	5	3 = 13	293-462	PM
Augusta												
Medical College of Georgia Hospitals.....	W. H. Moretz.....	...	...	...	...	...	...	...	...	...	...	...
Eugene Talnadge Memorial.....	W. Moretz.....	48	865	45	71	3,423	10	6	5	5 = 26	250-583	O
University	G. M. Kelly.....	75	3,657	75	32	3,739	1	1	1	1 = 4	200-275	O
Veterans Admin.	C. M. Rhode.....	143	2,490	41	68	1,750	4	1	1	1 = 7	270-462	O

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-Tenance FM O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
MASSACHUSETTS													
Boston													
Beth Israel ¹⁰¹	J. Fine	126	5,612	...	...	23,070	6	8	1	2	= 17	167-250	O
Boston City													
I Surgical Service	R. A. Deterling, Jr.	80	1,873	106	46	19,400	8*	6	3	3	= 20	158-248	FM
II Surgical Service	J. J. Byrne	90	1,895	95	51	19,072	6*	3	3	3	= 15	158-248	FM
V Surgical Service ¹⁰²	C. C. Lund	72	1,848	74	69	20,433	6*	6	5	5	= 22	158-248	FM
Carney ¹⁰³	C. J. Shea	101	6,426	158	47	5,968	3	3	3	2	= 11	175-250	FP
Massachusetts General	E. D. Churchill	...	...	...	...	14,362	10	9	8	10	= 37	108-183	FM
Massachusetts Memorial-Veterans Admin.													
Massachusetts Memorial	R. H. Smithwick	43	1,725	47	74	2,896	6	5	6	4	= 21	175-275	O
Veterans Admin. ³¹⁰ (Providence, R. I.)	H. W. Hurrower	122	2,170	86	70	3,361	6	4	3	2	= 12	270-462	O
New England Center	R. A. Deterling, Jr.	47	1,989	30	80	4,766	5	5	3	2	= 15	237-304	O
Peter Bent Brigham ¹⁰⁷	F. D. Moore	131	3,716	162	71	8,988	6	6	4	4	= 20	42-167	FM
St. Elizabeth's	J. W. Spellman	139	5,869	93	58	5,348	2	2	2	2	= 8	175-250	FM
Veterans Admin. (Jamaica Plain) ²⁰²	H. H. Faxon	96	2,647	109	83	5,902	8*	8	4	4	= 24	...	...
Cambridge													
Cambridge City	J. B. Vernaglia	52	1,470	108	23	5,120	1	1	1	1	= 4	170-233	PM
Quincy													
Quincy City—Brockton													
Quincy City ²⁰⁶	J. M. McGowan	92	4,828	102	40	859	1	1	1	1	= 4	199-350	FM
Brockton (Brockton)	F. J. Hanley	78	3,010	48	44	...	...	...	...	...	...	250-250	FM
Springfield													
Springfield	J. V. Seola	160	6,745	145	48	3,828	6	4	2	2	= 14	125-225	FP
Worcester													
Memorial	G. R. Dunlop	117	4,270	100	63	2,023	3	2	2	1	= 8	200-275	FM
St. Vincent	J. C. McCann	190	8,293	152	55	1,476	4	2	2	1	= 9	175-250	FP
Worcester City	E. Croce	36	2,130	75	47	5,718	4	2	1	1	= 8	250-333	PM
MICHIGAN													
Ann Arbor													
St. Joseph Mercy	E. T. Thieme	52	2,004	33	60	31	4	2	2	2	= 10	310-410	FM
University ²⁰⁸	C. G. Child, III	88	2,356	102	73	14,138	18*	12	5	6	= 41	180-275	O
Detroit													
Detroit Memorial	J. Mark	78	2,742	26	42	...	1	1	1	1	= 4	425-500	...
Grace	D. W. McLean	205	7,554	128	59	2,891	4	4	4	4	= 16	275-350	FP
Harper	E. A. Osius	144	4,722#	122	49	2,669	12	4	3	3	= 22	275-350	PM
Henry Ford	L. S. Fallis	200	6,610	163	71	67,693	22	14	10	8	= 54+	265-365	PM
Mount Carmel Mercy	W. S. Carpenter	228	9,827#	169	41	1,536	4	2	2	2	= 10	450-525	PM
St. John	C. Eades	69	2,041	25	14	...	1	1	1	1	= 4	325-400	FM
Sinai	M. Soreck	79	3,646	39	62	2,421	2	2	2	2	= 8	300-400	FM
Wayne State University Affiliated Hospitals													
Receiving	C. Johnston	163	4,903	207	51	23,417	5	6	3	5	= 19	325-400	PM
Veterans Admin.	C. G. Johnston	229	5,221	164	68	5,494	4	4	3	3	= 14+	270-412	O
Eloise													
Wayne County General Hospital and Infirmary	W. W. Glas	186	3,653	307	46	9,783	4	4	3	3	= 14	403-490	FM
Flint													
Hurley	M. Dodds	126	4,701#	93	53	1,543	2	2	2	2	= 8	325-450	FM
McLaren General ²¹⁴	C. W. Colwell	128	6,684	85	40	...	3*	2	1	1	= 7	375-450	PM
Grand Rapids													
Blodgett Memorial	D. S. MacIntyre	90	3,793	92	79	210	3	0	0	0	= 3	325-350	FM
Butterworth	W. McDougall	153	6,808#	115	68	310	2	2	2	2	= 8	300-375	FM
Highland Park													
Highland Park General	J. A. Witter	111	4,891#	82	34	897	2	2	2	2	= 8	325-400	FM
MINNESOTA													
Minneapolis													
Minneapolis General	C. R. Hitchcock	72	1,848	157	74	13,507	5	4	4	5	= 18	235-235	FM
University of Minnesota Hospitals	O. H. Wangensteen	84	2,175	201	89	7,175	7	6	6	11	= 30	244-244	...
Veterans Admin. ²²¹	D. J. Ferguson	146	1,884	106	83	5,976	4	3	8	6	= 21	271-462	O
Rochester													
Mayo Foundation and Clinic ²²²	J. M. Waugh	...	10,980	272	81	...	25*	20	20	20	= 85	200-333	PM
Saint Paul													
Ancker	L. D. MacLean	92	2,150	170	66	11,647	2	2	2	2	= 8	235-235	FM
MISSISSIPPI													
Jackson													
University of Mississippi Medical Center													
University	J. D. Hardy	34	1,428#	52	56	4,366	6	6	4	4	= 20	250-300	O
Veterans Admin.	J. H. Conn	141	2,039	79	77	...	3	0	1	1	= 5	270-462	...
Vicksburg													
Vicksburg	W. H. Parsons	20	1,444	43	27	...	1	1	1	0	= 3	100-300	FM
MISSOURI													
Clayton													
St. Louis County	D. Sauer	42	1,933	93	58	19,558	2	2	2	2	= 8	250-350	FM
Columbia													
University of Missouri Medical Center	H. Stephenson	57	1,250	61	69	5,123	8	6	4	2	= 20	200-300	...
Kansas City													
Kansas City General	R. R. Coffey	52	1,946	142	46	14,612	2	2	2	2	= 8	220-320	PM
St. Louis													
Barnes	C. Moyer	103	3,012	115	65	7,335	15	10	3	4	= 32	50-175	FM
Homer G. Phillips	C. Moyer	102	2,878	138	47	6,550	10	5	4	4	= 23	235-314	...
Jewish	M. D. Pareira	111	4,848#	68	64	6,099	3	2	2	2	= 9	200-300	FM
St. Louis City ²³³	C. A. McAfee	...	...	...	...	...	...	...	...	...	...	...	...
	L. V. Mulligan	87	2,680	211	59	9,811	8	5	3	3	= 19	234-314	PM
St. Luke's	C. E. Lischer	115	4,290#	106	58	2,557	3	2	2	1	= 8	250-350	FM
St. Mary's Group of Hospitals of St. Louis University													
Veterans Admin.—St. Louis	C. R. Hanlon	139	4,190	153	71	6,703	4	4	3	2	= 13	150-170	FM
University Service	R. T. Mamiya	66	1,110	65	57	...	2	2	2	2	= 8	271-462	O
Veterans Admin. ²³⁰													
Washington University Service	F. B. Hershey	67	1,262	69	75	...	2	2	2	2	= 8	271-462	O

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F.M. Maintenance O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEBRASKA													
Omaha													
Creighton Memorial-St. Joseph	B. R. Walske	163	5,507	110	42	1,101	4	4	3	3	14	210-285	FP
University of Nebraska ²⁸⁹	M. M. Musselman	32	719	47	72	3,344	2	2	2	1	9	225-300	PM
Veterans Admin. ²⁴²	W. P. Kleitsch	105	2,794	82	78	1,017	2	2	2	2	8	270-412	O
NEW HAMPSHIRE													
Hanover													
Dartmouth Medical School Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...
Mary Hitchcock Memorial	R. E. Wismann	106	2,647	74	84	20,770	8	5	5	2	20	218-325	...
Veterans Admin. (White River Jct., Vt.)	W. B. Crandell	106	2,647	74	84	20,770	8	5	5	2	20	218-325	...
NEW JERSEY													
Jersey City													
Jersey City Medical Center	E. J. Halligan	191	5,024	294	35	14,312	8	8	5	5	26	108-200	FM
Newark													
Newark Beth Israel	M. Kern	92	4,317	101	42	14,221	1	1	1	1	4	125-175	FM
Orange													
Orange Memorial	W. H. Glass	25	1,182	23	26	2,187	1*	1	1	1	4	225-300	FM
NEW MEXICO													
Albuquerque													
Veterans Admin.-Bernalillo County-Indian	J. N. Wilson	103	1,945	50	98	480	6*	4	3	2	15	271-462	O
NEW YORK													
Albany													
Albany ²⁴⁸	C. Eckert	101	3,597#	119	60	4,742	7*	6	5	3	21	195-275	PM
Veterans Admin.	J. A. Nelson	180	1,950	119	71	10,694	4	4	3	2	13	271-347	O
Buffalo													
Sisters of Charity	F. Zaepfel	165	6,519	126	31	1,115	2	2	2	2	8	335-440	FM
Buffalo General ²⁵⁰	J. R. Paine	110	3,151#	107	60	3,217	5*	4	4	2	15	175-200	FP
Edward J. Meyer Memorial	J. D. Stewart	122	2,240	218	55	16,135	3	3	3	3	12	292-330	PM
Millard Fillmore	H. N. Kenwell	153	5,411	64	53	...	3	2	3	3	11	298-323	PM
Veterans Admin. ²⁵⁴	W. M. Chardack	230	2,095	88	55	5,452	4	4	3	3	14	271-347	...
Cooperstown													
Mary Imogene Bassett	J. H. Powers	32	1,207	26	73	11,218	2*	1	1	1	5	200-350	PM
Hempstead													
Meadowbrook	J. N. Shell	86	2,459	256	42	6,285	5	3	3	3	14	275-275	FM
Mineola													
Nassau	E. T. Montgomery	108	4,974	131	40	1,387	2	2	2	2	8	325-425	O
New York City													
Beekman-Downtown	S. Mage	65	1,859	17	53	7,584	3	2	1	1	7	200-275	FM
Bellevue Hospital Center		...	...	...	...	...	...	...	...	...	...	...	...
Div. I—Columbia University ²⁶¹	K. M. Lewis, Sr.	66	1,797	34	38	6,942	7	2	2	2	13	145-195	...
Div. II—Cornell University ²⁶³	C. W. Holman	80	2,008	83	48	10,238	9*	4	3	2	18	145-195	...
Div. III—New York University College of Medicine ²⁶⁷	J. H. Mulholland	193	2,708	96	44	10,973	8	4	3	3	18	145-195	...
Div. IV—New York University Post-Graduate Medical School ²⁶⁷		75	2,402	92	42	16,583	3 ³	3	2	2	10	145-195	...
Beth-Ed.	O. B. Ripstein	115	3,286	88	33	8,346	2	2	2	2	8	150-200	FM
Beth Israel	L. Ginzburg	90	2,818	54	39	3,691	4	1	1	1	7	175-225	PM
Bronx	R. Friedlander	80	3,018	80	36	10,305	4*	2	2	2	10	145-195	FM
Bronx Municipal Hospital Center	D. State	76	1,873	191	47	18,023	8*	7	4	4	23	215...	FM
Brooklyn	K. H. MacGregor	103	4,230	79	41	26,428	4	2	2	2	10	175-220	FM
Coney Island	J. E. Hamnett	147	4,422	184	49	13,333	3	3	3	3	12	145-195	...
Flushing Hospital and Dispensary ²⁷⁶	C. N. Baker	98	4,517	68	24	11,633	1	1	1	1	4	175-250	FM
Harlem	A. D. Maynard	160	1,077	64	48	23,870	4	4	4	4	16	145-195	FM
Jewish	L. Berger	325	3,233	118	39	5,844	4	2	2	2	10	100-150	FM
Kings County Hospital Center ²⁸²	C. Dennis	325	6,415	647	22	18,057	8	8	8	8	32	145-95	...
Knickerbocker	P. D. Allen	94	2,516	45	47	5,433	3	3	2	2	10	150-225	PM
Lenox Hill	H. C. Muir	136	5,155	86	20	13,472	2	2	2	2	8	180-220	PM
Lincoln	F. H. Amendola	92	3,497	143	56	19,661	5	3	3	0	11	145-195	FM
Long Island College	R. A. Mainzer	117	3,301	37	38	11,092	2	1	1	1	5	164-191	PM
Long Island Jewish	P. Lear	61	2,551	58	69	1,231	1	1	1	1	4	100-165	FM
Maimonides	A. Hurwitz	114	3,681	104	45	3,624	5	2	1	1	9	75-150	FM
Methodist	A. J. Vosseler	73	2,541	75	28	4,942	3	2	1	1	7	175-200	PM
Montefiore	E. S. Hurwitz	75	4,512	149	53	1,465	5	2	3	2	12	207-282	PM
Mount Sinai	I. D. Baronofsky	141	3,741	166	50	14,239	11	8	4	3	26	100-100	FM
New York	F. Glenn	80	1,151	128	67	28,675	10*	8	3	11	32	164-288	PM
New York Medical College													
Metropolitan Medical Center		...	...	...	...	...	...	...	...	...	...	...	...
Flower and Fifth Avenue	C. P. Bailey	120	4,265	113	34	850	4	2	1	1	8	125-175	FM
Metropolitan	C. Bailey	85	2,617	152	50	25,102	3	3	3	2	11	145-195	FM
New York Polyclinic Medical School and Hospital													
Presbyterian	J. E. Hamnett	96	3,371	72	41	4,287	3	3	3	3	12	150-225	FM
Queens Hospital Center	G. H. Humphreys	107	2,726	73	64	50,914	10*	8	5	4	27	250-417	PM
Roosevelt	L. J. Morse	169	3,087	301	53	5,173	4	4	2	2	12	145-195	...
St. Clare's	L. J. Morse	147	3,956	150	41	6,719	7*	3	3	3	16	155-275	PM
St. John's Episcopal	J. L. Madden	73	3,618	142	39	4,130	2	2	2	2	8	125-150	PM
St. Luke's	J. E. Mule	145	3,309#	64	27	3,735	1	1	1	1	4	175-225	FM
St. Vincent's	H. A. Zintel	138	3,882	109	62	24,637	8	4	3	3	18	125-200	FM
Veterans Admin. (Bronx) ²⁹⁰	L. M. Rousselot	256	6,807	264	50	16,669	6*	6	2	2	16	175-250	FM
Veterans Admin. (Brooklyn)	P. Cooper	125	2,166	76	47	1,906	7*	4	4	3	18	270-462	O
Veterans Admin. (Manhattan) ²⁹⁴	H. H. LeVeon	97	1,903	111	59	2,086	9	3	3	3	18	271-462	O
Wyckoff Heights	W. F. MacFee	186	2,412	110	50	3,443	6	5	8	7	26	271-413	O
Rochester													
Genesee	E. W. Douglas	103	3,994	87	83	4,463	4	2	2	1	9	175-375	FM
Highland	T. B. Garlick	107	4,642	72	67	844	2	2	1	1	6	175-375	FP
Rochester General ¹¹³	C. O. Sahler	118	5,315	97	68	1,250	3*	3	2	2	10	175-250	FP
St. Mary's	J. H. Remington	...	...	...	...	2,060	2	2	2	2	8	250-325	PM
Strong Memorial-Rochester Municipal ²⁹⁹	W. J. M. Scott	82	2,859#	163	71	12,361	8*	8	3	2	21	166-291	O

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M. O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEW YORK—Continued													
Syracuse													
State University of New York Upstate Medical Center	G. B. Mueller	326	11,427	358	48	7,971	12	8	5	4	= 29	250-350	O
Veterans Admin.	L. S. Rogers	97	1,165	...	...	...	5*	3	3	2	= 13	271-412	...
Valhalla													
Grasslands	R. W. Holliday	66	1,328	77	55	7,405	2	2	2	2	= 8	175-225	FM
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	N. A. Womack	52	1,594	68	75	5,371	6	6	4	2	= 18	175-266	O
Durham													
Duke ³⁰⁰	J. D. Hart	54	2,330	52	54	6,902	12	3	3	3	= 21	43-200	FM
Winston-Salem													
City Memorial	H. M. Starling	114	5,244	90	33	...	1	1	1	0	= 3	315-420	PM
North Carolina Baptist	H. H. Bradshaw	53	2,397#	50	70	2,701	6	3	3	3	= 15	106-208	PM
OHIO													
Akron													
Akron City	S. A. Schlueter	130	4,107	...	...	1,397	4*	3	3	2	= 12	275-375	FP
Akron General	R. T. Allison	168	5,065	161	44	4,186	6	3	3	2	= 14	300-400	FM
St. Thomas	A. F. Dornier	91	3,552	58	45	3,376	2	2	2	2	= 8	250-400	FP
Cincinnati													
Christ	J. R. Meek	158	2,269	70	41	6,255	4	1	1	1	= 7	200-275	FM
Good Samaritan ³⁰⁴	H. J. Brinker	90	8,450	125	48	900	4	3	3	2	= 12	250-325	FM
Jewish ³⁰⁴	E. Woliver	142	6,301	83	58	3,187	6	3	3	1	= 13	195-255	FP
University of Cincinnati College of Medicine Hospital Group	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	W. A. Altemeler	103	2,243	159	57	16,365	10	6	4	8	= 28	75-465	FM
Veterans Admin.	W. Altemeler	81	1,126	57	67	2,116	...	...	...	...	...	271-462	O
Cleveland													
Cleveland Clinic	G. Crile, Jr.	26	1,078	62	50	17,476	6	4	2	2	= 14	275-350	...
Cleveland Metropolitan General	F. A. Simeone	65	1,566	65	66	8,108	10	4	4	4	= 22†	150-258	FM
Fairview Park	R. J. McNamee	65	2,687#	65	24	856	2	2	2	2	= 8	250-400	FP
Huron Road	J. L. Bilton	112	4,444	134	50	368	3*	2	2	2	= 9	210-230	FP
Lutheran	M. M. Driver	91	3,745	64	51	...	4	2	2	1	= 9	250-300	PM
Mount Sinai	H. Gans	81	4,223	95	42	6,101	4	2	2	2	= 10	215-250	FM
St. Alexis	C. R. Lulenski	137	5,595	132	45	1,492	3	3	3	1	= 9	225-300	FMO
St. Luke's	F. S. Cross	124	3,938	153	48	8,790	2	2	2	2	= 8	200-305	FM
St. Vincent Charity	D. T. Shaw	180	6,299	186	48	26,813	2	2	2	2	= 8	210-250	FP
University Hospitals of Cleveland	W. D. Holden	124	4,478	120	69	10,634	10*	5	5	5	= 25	150-250	PM
Veterans Admin. ³⁰⁸	C. L. Cogbill	78	2,027	61	61	1,018	8	4	2	2	= 16	271-462	PM
Columbus													
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
University	R. M. Zollinger	114	3,528	11	82	6,151	6	4	4	4	= 18	177-277	PM
White Cross	R. Patton	101	5,140#	82	56	...	3	2	1	1	= 7	290-365	PM
Dayton													
Veterans Admin.	R. J. Ireton	168	1,888	116	74	1,723	4*	3	3	3	= 13	271-412	O
Toledo													
Maumee Valley	R. Hotz	34	935	64	44	3,698	2	2	2	1	= 7	285-350	FP
Youngstown													
St. Elizabeth	J. K. Herald	204	8,165	100	68	968	5	2	2	2	= 11	300-375	FM
Youngstown	G. G. Nelson	215	9,728	187	42	1,708	4	4	2	2	= 12	275-400	FM
OKLAHOMA													
Oklahoma City													
St. Anthony	C. M. O'Leary	126	6,328	127	41	3,997	1	1	1	0	= 3	300-350	FM
University of Oklahoma Medical Center	J. A. Schilling	...	...	...	...	...	6	6	4	4	= 20	...	...
University Hospitals ³²²	...	54	1,522	47	72	8,317	...	...	...	...	...	200-275	PM
Veterans Admin.	G. S. Campbell	94	1,249	67	74	1,835	...	...	...	...	...	...	...
OREGON													
Portland													
St. Vincent	J. M. Roberts	104	6,792	81	58	640	2	2	2	2	= 8	275-305	PM
University of Oregon Medical School Hospitals and Clinics ³²³	J. E. Dunphy	79	2,030	105	65	7,744	5	5	5	5	= 20	165-215	FM
Veterans Admin.	W. W. Krippaehne	74	1,545	73	82	434	3	4	3	3	= 13	271-412	PM
PENNSYLVANIA													
Abington													
Abington Memorial	C. M. Smyth	75	3,029	81	43	1,533	1	1	1	1	= 4	275-375	FM
Allentown													
Allentown	R. L. Schaeffer	85	2,711	127	43	6,539	1	1	1	1	= 4	225-300	FM
Bryn Mawr													
Bryn Mawr ³²⁵	F. R. Robbins	10	4,751	98	66	3,568	2	2	1	1	= 6	200-275	FP
Danville													
George F. Geisinger Memorial	J. R. Babcock	49	1,915	63	46	10,287	1	2	3	1	= 7	175-250	FM
Erie													
Hahn	B. Gohman	86	4,923	71	44	1,579	1	1	1	1	= 4	250-300	FM
Harrisburg													
Harrisburg	D. A. Johnston	...	5,647	246	22	20,730	4*	1	1	1	= 7	250-...	FP
Philadelphia													
Albert Einstein Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Northern Division	B. Greenspan	103	3,387	148	41	1,374	4	3	1	0	= 8	125-200	FM
Southern Division	A. Ulin	52	1,677	24	54	2,696	2	2	1	0	= 5	125-200	FM
Germantown Dispensary and Hospital	S. D. Weeder	149	4,482	164	39	23,193	1	1	1	1	= 4	175-200	FM
Graduate Hospital of the University of Pennsylvania	L. K. Ferguson	26	1,228	33	57	10,169	2	2	2	2	= 8	75-100	FM
Hahnemann Medical College and Hospital	J. M. Howard	105	4,700	93	61	10,000	6	6	4	3	= 19	110-185	FM
Hospital of the University of Pennsylvania ³²⁶	J. Rhoads	140	3,729	180	68	11,228	9	6	7	7	= 29	166-...	O
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	60	1,922	36	39	1,923	1	1	2	1	= 5	125-175	FM
Jefferson Medical College ³³¹	J. H. Gibbon, Jr.	105	3,003	113	50	5,600	5	3	7	3	= 18	100-150	PM
Lankenau ²⁴³	G. C. Engel	112	4,005	79	70	10,454	2	2	2	2	= 8	200-250	FM
Misericordia	W. D. O'Sullivan	70	2,097	104	51	6,475	1	1	1	1	= 4	250-400	FM
Pennsylvania	O. C. King	...	2,115	89	60	10,397	4	4	4	0	= 12	20-40	FM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
PENNSYLVANIA, Philadelphia—Continued													
Philadelphia General	W. Erb, J. Hall	102	2,199	182	48	5,741	3	3	2	2	10	128-265	FM
Hahnemann Medical College Service													
Jefferson Medical College Service													
Temple University Service													
University of Pennsylvania Service													
Woman's Medical College of Pennsylvania Service													
Presbyterian	R. Glover	71	2,213	77	67	4,654	2	2	2	1	7	235-290	FM
Temple University	W. E. Burnett	177	2,686	110	47	5,553	11	4	4	4	23	175-250	PM
Veterans Admin.	O. Serlin	106	3,669	86	77		5	3	3	3	14	270-462	O
Pittsburgh													
Allegheny General	N. K. Hammond	60	1,880	47	32	3,257	1*	1	1	1	4	200-250	FM
Mercy	H. G. Kuehner	236	4,909	144	42	8,974	2	1	4	2	9	250-310	FM
Health Center Hospitals of the University of Pittsburgh School of Medicine													
Children's	W. B. Kiesewetter		1,184			4,291	0	0	0	5	5	175-175	FP
Presbyterian—Woman's	S. P. Harbison	76	2,357	68	68		4	2	2	2	10	125-175	FM
Veterans Admin. 342	F. C. Jackson	90	1,249	92	74		5*	2	2	2	11	270-462	O
Western Pennsylvania	G. V. Foster	91	2,781#	92	59	1,483	2	1	1	0	4	250-300	FP
Sayre													
Robert Packer	W. C. Beck	63	2,944	55	64	13,760	2*	1	1	1	5	235-375	PM
York													
York	F. M. Weaver	150	8,000	129	54	7,842	1	1	1	1	4	225-300	PM
PUERTO RICO													
Caparra Heights													
University	J. N. Benitez	69	1,818	78	68	4,249	2	3	2	0	7	250-350	FM
San Juan													
San Juan City	J. N. Benitez	70	2,058	76	75	22,953	3	3	3	3	12	175-425	FM
RHODE ISLAND													
Providence													
Rhode Island	J. M. Beardsley	124	5,505	146	47	16,017	4	2	2	4	12	125-200	FM
Veterans Admin.—See Massachusetts Memorial Hospital, Boston													
SOUTH CAROLINA													
Charleston													
Teaching Hospitals of the Medical College of South Carolina	F. E. Kredel	128	4,372	142	63	8,149	4	3	3	4	14	138-168	FM
Medical College													
Roper													
Greenville													
Greenville General	L. Stoneburner	134	5,555#	148	45	4,017	1	1	1	1	4	275-350	O
TENNESSEE													
Memphis													
Baptist Memorial	R. M. Miles	283	12,306	199	46	3,851	3	2	2	1	8	325-400	PM
City of Memphis Hospitals	H. Wilson		1,892	106	55	12,568	3	3	3	4	13	150-200	FP
Methodist	J. M. Aste		7,494	98	33		3	3	1	0	7	325-400	FM
Veterans Admin.	R. F. Bowers	109	2,964	107	90	1,515	9*	5	4	3	21	271-412	PM
Nashville													
Baptist	R. G. Hammonds	136	7,275	84	36	780	6	3	2	1	12	300-300	FM
George W. Hubbard	M. Walker	44	1,017	90	46	7,594	1	2	5	2	10	150-225	FM
St. Thomas 357	G. Holcomb	117	5,617	77	35		3	3	3	1	10	300-300	FP
Vanderbilt University Affiliated Hospitals													
Nashville General	J. L. Sawyers		2,899	31			3				9	325-...	
Vanderbilt University	H. W. Scott	62	2,741	67	40	7,986	4	4	3	3	15	100-125	FM
Veterans Admin.	W. G. Gobbel, Jr.	167	2,609	115	60		4	3	3	4	14	270-462	O
TEXAS													
Dallas													
Baylor University	J. W. Duckett	71	3,654	48	50	2,088	3	3	3	0	9	210-230	PM
Parkland Memorial	B. Wilson	106	3,499	182	40	23,444	10	9	3	5	27	150-200	PM
Veterans Admin. 363	J. P. Norton	95	1,295	50	88	2,760	6	4	2	2	14	271-412	PM
Galveston													
University of Texas Medical Branch Hospitals	R. M. Moore	54	1,481	51	57	6,696	7	5	3	3	18	160-160	FP
Houston													
Baylor University College of Medicine													
Affiliated Hospitals													
Jefferson Davis	M. E. DeBakey	58	1,744	93	47	15,096	6*	6	6	2	20†	125-165	FM
Methodist	L. L. D. Tuttle	76	2,650	68	85	257	1	1	1	1	4	100-175	FM
Veterans Admin.	G. J. Jordan	67	1,939	55	93	7,824	8*	4	4	2	18	270-412	PM
Hermann	G. W. Waldron	120	5,528	105	50	6,390	2	2	2	2	8	125-200	FM
UTAH													
Salt Lake City													
Dr. W. H. Groves Latter-Day Saints	H. M. Jackson	117	6,449	82	38	2,555	5	2	2	2	11	250-350	FP
University of Utah Affiliated Hospitals													
Salt Lake County General	W. J. Burdette	51	1,369	93	71	18,565	4	4	4	4	16	230-462	O
Veterans Admin.	W. K. Fitzpatrick	87	1,187	35	83		2	2	2	3	9	271-462	O
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals													
De Goesbriand Memorial	A. A. Gladstone	26	999#	18	61	2,265						208-208	
Mary Fletcher	A. G. Mackay	69	2,710	45	64	3,283	2	2	2	2	8	100-106	FMO
VIRGINIA													
Charlottesville													
University of Virginia	W. H. Muller, Jr.	73	2,271			22,364	7	4	3	4	18	75-150	FM
Norfolk													
De Paul	C. J. Devine, Jr.	101	4,509	59	58	5,626	2	1	1	1	5	225-300	FM
Norfolk General	R. L. Payne	156	5,471	112	39	10,286	4	2	1	1	8	215-315	FM
Richmond													
Medical College of Virginia—Hospital Division	D. M. Hume	146	4,239	219	52	12,300	7	8	5	3	23	100-175	FM
Veterans Admin.	C. W. Byrd	112	1,345	45	67	1,775	2	2	2	2	8	271-412	PM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
WASHINGTON													
Seattle													
Swedish	E. B. Speir	169	10,172	114	51	...	4	3	2	1	= 10	225-368	FP
University of Washington Affiliated Hospitals King County Hospital Unit No. 1 (Harborview)	H. N. Harkins	...	...	...	...	...	...	...	...	...	...	...	...
University	...	60	1,511#	107	72	9,203	9*	7	6	6	= 28	150-400	FM
Veterans Admin.	...	110	1,163	44	82	793	3	3	3	2	= 11+	180-455	PM
Virginia Mason ³⁷⁰	J. W. Baker	99	5,407	87	81	...	3	3	3	3	= 12	271-462	...
...	...	...	...	...	...	...	...	...	...	...	...	125-375	FP
WEST VIRGINIA													
Beckley													
Beckley Memorial	R. E. Wilcox	82	3,031	38	63	17,800	3	3	3	3	= 12	300-450	FP
Charleston													
Charleston General	V. Skaff	121	6,131	80	46	10,095	2	2	2	2	= 8	225-275	FP
Memorial	J. E. Lutz	114	5,851	68	56	3,521	2	2	1	1	= 6	250-300	FP
Huntington													
Chesapeake and Ohio Railway Employees Affiliated Hospitals													
Chesapeake and Ohio ³⁷³ (Clifton Forge, Va.)	J. M. Emmett	92	4,664	43	35	14,218	4	3	2	1	= 10	200-300	FM
Chesapeake and Ohio	J. P. Carey	52	1,763	36	61	7,824	1	1	0	1	= 3	200-250	FM
WISCONSIN													
Madison													
University Hospitals	E. R. Schmidt	124	3,071	130	84	13,129	10*	5	4	4	= 23	100-250	FM
Milwaukee													
Milwaukee County	E. H. Ellison	160	4,620	336	67	46,596	6	5	4	4	= 19	229-434	...
Milwaukee ³⁸⁵	C. S. Rife	...	4,206	37	65	...	2	2	1	0	= 5	281-357	PM
Veterans Admin. (Wood)	E. H. Ellison, M. B. Smith	118	2,644	112	90	4,608	4	4	3	3	= 14	271-412	PM
Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Hospitals, 183; Residencies, 994													
UNITED STATES ARMY													
WASHINGTON													
Madigan General, Tacoma	W. A. Todd, Jr.	227	4,406	24	83	37,324	2	2	2	0	= 6	...	...
UNITED STATES PUBLIC HEALTH SERVICE													
LOUISIANA													
U. S. Public Health Service, New Orleans	J. L. Elliott	132	2,643	19	68	7,826	2	2	2	0	= 6	...	...
MARYLAND													
U. S. Public Health Service, Baltimore	H. D. Fishburn	138	2,900	72	81	13,686	2	2	2	0	= 6	...	...
MASSACHUSETTS													
U. S. Public Health Service, Boston	F. W. Love	115	2,048	18	88	9,923	1	1	1	0	= 3	...	...
NEW YORK													
U. S. Public Health Service, New York City (Stapleton)	P. E. Walker	279	4,832	39	88	24,305	5*	4	4	0	= 13	...	...
WASHINGTON													
U. S. Public Health Service, Seattle	J. D. Lane, Jr.	116	1,963	38	83	30,698	1	1	2	0	= 4	...	...
OTHER FEDERAL													
CANAL ZONE													
Balboa Heights													
Gorgas	E. P. Shirokov	90	2,550	29	76	13,463	2	3	2	0	= 7	458-593	O
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Carraway Methodist	B. M. Carraway	99	5,304	38	37	...	3*	2	2	0	= 7	250-300	FM
Tuskegee													
Veterans Admin.	J. F. Hume	142	1,287	62	63	757	3	3	2	0	= 8	271-462	O
ARIZONA													
Phoenix													
St. Joseph's	J. J. Berens	84	7,361	131	50	963	1	1	1	0	= 3	250-350	FP
CALIFORNIA													
Bakersfield													
Kern County General	G. Paulsen	66	1,966	136	95	20,130	4	4	2	1	= 11	350-425	O
Los Angeles													
California	J. M. Farris	117	6,027	65	51	1,806	2	2	2	0	= 6	225-275	FP
Hospital of the Good Samaritan	C. J. Berne	213	8,163	145	43	2,421	2	2	2	0	= 6	325-375	FM
Queen of Angels	J. Regan	153	6,115	107	55	980	2	1	1	0	= 4	275-325	FM
St. Vincent's	L. C. Bennett	99	4,003#	55	69	132	1	1	1	0	= 3	350-400	FM
San Diego													
Mercy	T. F. O'Connell	129	7,227	89	70	1,687	1	1	1	0	= 3	225-325	FP
San Francisco													
St. Joseph's	H. H. Lindner	52	2,582	22	40	677	1	1	1	0	= 3	250-400	FM
St. Luke's	O. H. Pfueger	66	4,802	31	65	7,235	3*	1	1	0	= 5	325-375	FP
St. Mary's	T. J. Whalen	109	4,160	49	88	2,646	3*	2	1	0	= 6	200-300	FP
COLORADO													
Denver													
Mercy	B. Grossman	106	4,731	61	62	1,492	2	1	1	0	= 4	300-350	PM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main. FM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
COLORADO, Denver—Continued													
Presbyterian ¹¹⁰	K. C. Sawyer	87	3,898	30	67	1,448	1	1	1	0	3	275-300	FM
St. Luke's ¹¹¹	G. F. Wollgast	72	2,906	110	59	5,806	3	3	1	0	7	225-250	FM
Pueblo													
Colorado State ¹¹⁷	H. H. Kerr	118	475	66	65	5,415	6	1	1	0	8	275-325	FM
CONNECTICUT													
New Haven													
Hospital of St. Raphael	O. Pelliccia	77	3,748	126	42	2,465	4	4	2	1	11	300-335	FM
Waterbury													
St. Mary's	J. F. Burke	146	6,850	97	53	6,396	2	2	1	0	5	225-275	FP
DISTRICT OF COLUMBIA													
Washington													
Doctors	C. S. White	130	5,700	83	61	...	2	1	1	0	4	200-300	FM
FLORIDA													
Miami Beach													
Mount Sinai Hospital of Greater Miami	R. Fleming	95	4,070	96	42	2,271	4	2	1	0	7	250-300	FM
Orlando													
Orange Memorial	A. H. Spivaek	88	3,532	135	49	...	1	1	1	1	4	325-400	O
Tampa													
Tampa General	W. M. Myers	...	2,976	78	30	1,887	3*	2	2	0	7	250-300	FM
GEORGIA													
Atlanta													
Crawford W. Long Memorial	C. E. Holloway	156	9,749	99	28	5,666	6	2	2	0	10	285-300	O
Macon													
Macon	C. H. Richardson, Jr.	66	3,161	89	24	5,992	3*	2	2	0	7	275-375	FP
Savannah													
Memorial Hospital of Chatham County	J. G. Zirkle	52	2,268	80	54	3,768	1	1	1	0	3	...-350	FM
ILLINOIS													
Chicago													
American	M. Thorek	21	1,791	43	40	20,873	2	2	2	0	6	65-140	FM
Augustana	J. B. Jacobs	126	3,706	79	58	...	2	2	2	0	6	200-300	FM
Grant	C. K. Solander	51	3,052	52	43	3,892	1	1	1	0	3	225-275	FM
Illinois Masonic	L. W. Peterson	107	4,070	107	33	21,873	4	0	3	0	7	175-285	...
Lutheran Deaconess	J. D. Koucky	69	2,736	16	44	...	1	1	1	0	3	200-200	FM
Provident	C. W. Phillips	41	1,593	34	55	706	1	1	1	0	3	200-200	FM
St. Elizabeth	A. F. Cipolla	101	5,067	38	52	1,027	1	1	1	0	3	200-250	FM
St. Joseph	E. J. Chereck	63	2,437	39	58	355	1	1	1	0	3	300-350	FM
St. Mary of Nazareth	E. H. Warszewski	71	2,809	56	29	...	4	2	2	0	8	225-275	FP
Peoria													
St. Francis	C. D. Branch	124	4,332	21	1	512	1	1	1	0	3	225-275	FM
INDIANA													
Bluffton													
Clinic	H. D. Caylor	46	669	16	81	10,759	1	1	1	1	4	300-400	PM
Indianapolis													
Methodist	D. S. Megenhardt	149	4,979	117	58	971	2	2	2	0	6	290-350	PM
St. Vincent's	J. Finneran	101	4,857	82	35	409	3*	1	1	0	5	275-425	PM
Lafayette													
St. Elizabeth	R. E. Gery	100	3,700#	98	36	92	2	2	2	0	6	275-350	FM
KANSAS													
Kansas City													
St. Margaret's	M. V. Laing	186	8,132	247	41	8,884	1	1	1	0	3	300-400	PM
KENTUCKY													
Harlan													
Harlan Memorial	W. Potter	70	2,336	27	52	8,000	3	3	3	0	9	400-500	FP
LOUISIANA													
New Orleans													
Southern Baptist	S. C. Lyons	174	7,225	88	42	...	3	2	1	0	6	225-275	PM
Touro Infirmary	S. Karlin	...	3,924	105	52	4,562	2	2	2	0	6	125-175	FP
MARYLAND													
Baltimore													
Lutheran	W. E. Gilmore	33	1,596	55	35	2,569	4	2	1	0	7	220-250	FM
Provident	R. Montgomery	42	1,791	58	48	3,791	4	2	1	0	7	225-250	FM
St. Agnes	G. Govatos	77	2,703#	76	51	11,865	3*	2	1	0	6	275-300	FM
MASSACHUSETTS													
Beverly													
Beverly	R. E. Alt	72	2,967	39	72	11,829	2	2	1	0	5	200-300	FM
Fall River													
Truesdale-Fall River General	D. F. Gallery	...	597	...	...	2,656	1	0	0	0	1	300-300	FP
Fall River General	C. H. Hawes	58	2,327	49	35	3,727	1	1	1	0	3	175-300	FM
Malden													
Malden	W. E. Garrey	122	6,160	76	44	...	4*	1	1	0	6	200-375	FM
Newton Lower Falls													
Newton-Wellesley ¹⁰³	H. G. Dunphy	83	4,420	60	41	837	1	1	1	0	3	200-270	FM
MICHIGAN													
Battle Creek													
Lella Y. Post Montgomery	R. Mustard	51	2,824	31	32	861	1	1	1	0	3	400-525	FM
Detroit													
Alexander Blain	A. Blain, III	27	1,032	8	85	8,524	2	1	1	0	4	250-350	FM
Providence	W. G. Chigley	145	5,767	95	41	1,013	2	1	1	1	5	410-450	PM
St. Joseph Mercy	S. J. Shanoski	68	3,468	86	41	450	1	1	2	0	4	410-430	FM
Grand Rapids													
St. Mary's	F. S. Gillett	83	3,144	71	34	424	1	2	1	1	5	320-350	FP

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M. O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
MICHIGAN—Continued													
Kalamazoo													
Bronson Methodist.....	C. M. Hanson.....	123	4,983	89	61	783	1	1	1	1	4	300-360	PM
Pontiac													
Pontiac General.....	L. C. Sheffield.....	105	5,053	99	60	470	2	2	2	2	8	350-450	FP
St. Joseph Mercy.....	C. Darling.....	118	3,614	87	54	490	2	2	2	0	6	375-436	...
Royal Oak													
William Beaumont.....	H. B. Barker.....	95	5,089	56	54	26	3	3	3	0	9	300-400	PM
Saginaw													
Saginaw General.....	J. E. Manning.....	75	3,059	47	47	344	1	1	1	1	4†	365-440	PM
MINNESOTA													
Minneapolis													
St. Barnabas-Swedish.....	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Barnabas.....	L. J. Hay.....	74	4,494	17	82	...	1	1	1	0	3	200-300	FM
Swedish.....	A. M. Sborov.....	...	...	...	...	...	4	2	1	0	7	200-300	FM
St. Paul													
Charles T. Miller.....	V. D. E. Smith.....	103	3,446#	101	57	4,057	1	1	1	0	3	325-375	PM
MISSISSIPPI													
Vicksburg													
Mercy-Street Memorial 225.....	G. H. Martin.....	39	2,469	37	41	2,206	1	1	1	0	3	225-300	FM
MISSOURI													
Kansas City													
Menorah Medical Center.....	A. Adelman.....	87	4,109	40	55	23,320	3	1	1	0	5	300-400	FP
St. Luke's 226.....	A. D. Mitchell.....	104	4,944	59	63	4,755	2	2	2	0	6	250-300	FP
St. Mary's.....	M. J. Rumold.....	52	2,055	57	56	2,862	1	1	1	0	3	275-450	PM
St. Louis													
De Paul.....	J. W. Thompson.....	127	5,235	93	44	...	3	2	1	0	6	200-250	FM
Missouri Baptist.....	A. R. Dalton.....	57	2,345	81	30	2,090	4	3	1	0	8	250-350	FM
Missouri Pacific.....	R. A. Weir.....	105	3,786	64	56	31,185	6*	2	2	2	12	200-250	FM
St. John's.....	J. G. Leahy.....	138	4,979#	93	53	3,094	3	2	1	0	6	250-350	FP
NEBRASKA													
Lincoln													
Veterans Admin.....	R. F. Moore.....	54	888	36	76	1,225	2	2	2	0	6	271-347	O
NEW JERSEY													
Atlantic City													
Atlantic City.....	J. H. Mason, III.....	98	4,533	102	56	24,600	2	1	1	0	4	200-300	FM
Camden													
Cooper.....	E. R. Ristine.....	...	2,796	89	46	5,851	1	1	1	0	3	300-250	FM
West Jersey.....	K. L. Athey.....	107	4,298	54	69	2,273	1	1	1	0	3	225-300	FM
East Orange													
Veterans Admin.....	A. H. Levy.....	175	2,489	110	64	1,950	3	3	2	2	10	270-462	...
Hackensack													
Hackensack.....	R. B. Grant.....	89	4,122	64	39	3,300	4*	0	0	0	4†	150-200	FM
Long Branch													
Monmouth Medical Center.....	O. R. Holters.....	114	3,613	82	49	489	1	1	1	0	3	200-200	FM
Mount Holly													
Burlington County.....	L. B. Reagan.....	38	1,921	70	55	4,351	2	2	1	0	5	100-300	FM
Newark													
Harrison S. Martland Medical Center.....	C. MacArthur.....	68	1,345	115	35	...	3	3	3	0	9	160-212	FM
St. Barnabas Medical Center.....	H. A. Schulte.....	72	2,803	33	24	4,205	1	1	1	1	4	150-225	FM
New Brunswick													
Middlesex General.....	P. Kunderman, N. Rosenberg.....	93	4,771	56	64	3,534	2	1	1	0	4	225-275	FM
St. Peter's General.....	F. Clarke.....	98	1,807	34	42	666	2	2	1	0	5	200-250	FM
Trenton													
St. Francis.....	G. N. J. Sommer, Jr.....	122	5,367	102	40	3,334	2	2	1	0	5	210-210	FM
NEW YORK													
Albany													
St. Peter's.....	T. I. Tyrrell.....	148	5,449	55	62	9,199	2	2	1	0	5	225-250	FM
Buffalo													
Deaconess.....	E. T. McGroder.....	63	3,057	44	21	4,108	4	1	1	0	6	300-350	FM
Clifton Springs													
Clifton Springs Sanitarium and Clinic.....	R. M. Price.....	29	808	16	44	11,102	1	1	1	0	3	150-250	FM
Johnson City													
Charles S. Wilson Memorial.....	D. D. Smith.....	90	3,435	55	51	16,584	2	2	2	0	6	225-300	PM
Manhasset													
North Shore.....	J. H. Eckel.....	63	3,245#	37	47	964	...	...	...	...	...	200-250	FP
Mount Vernon													
Mount Vernon.....	J. F. Bagg.....	93	3,160	77	40	2,425	1	1	1	0	3	200-200	FM
New Rochelle													
New Rochelle.....	H. J. Dunlap.....	157	7,970	70	34	4,303	1	1	1	1	4	225-375	FM
New York City													
City Hospital at Elmhurst.....	A. Zimany.....	125	1,943	213	54	5,469	2	2	2	0	6†	145-195	...
Cumberland.....	J. J. Gainey.....	93	2,529	112	31	4,901	4	2	2	0	8	145-195	...
Fordham.....	B. H. Golden.....	112	2,864	171	51	18,277	2	2	2	0	6	145-195	...
French.....	H. B. Keyes.....	63	2,222	57	42	6,085	2	1	1	1	5	120-145	FM
Grand Central.....	L. Breidenback.....	97	3,835#	87	40	784	3	3	1	0	7	135-165	FM
Greenpoint.....	S. Schussheim.....	51	1,404	61	36	9,559	2	2	2	0	6	145-195	FM
Jamaica.....	E. J. Patterson.....	...	...	...	...	...	1	1	1	1	4	...	FM
Lutheran Medical Center.....	R. P. San Filippo.....	94	2,292	60	28	2,094	2	0	1	0	3	135-185	FM
Mary Immaculate.....	N. D. Tiscione.....	...	1,492#	47	39	864	2	2	1	0	5	170-210	FM
Misericordia.....	M. J. Healy.....	71	1,862	117	33	2,246	4	0	0	0	4	150-175	FM
Morristania City.....	M. Eisenstat.....	41	1,462	57	33	5,820	1	4	2	0	7	145-195	...
St. Catherine's.....	J. A. McCabe.....	62	2,664	60	28	2,523	1	1	1	1	4	125-150	FM
St. Mary's.....	J. Rizzo.....	51	1,392	37	30	2,339	1	1	1	0	3	200-250	FM
Sydenham.....	S. Standard.....	48	2,052	26	30	7,563	2	1	1	0	4	145-195	...
Schenectady													
Ellis.....	S. MacMillan.....	111	4,197	115	57	531	3*	3	1	0	7	325-400	FP
White Plains													
White Plains.....	W. M. Sheridan.....	97	3,749#	83	56	3,856	1	1	1	0	3	175-200	FP

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend per Month Min.-Max.	Main-PM E-PM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NORTH CAROLINA													
Charlotte													
Charlotte Memorial.....	A. G. Brenizer.....	53	2,249#	43	58	10,140	1	1	1	0	= 3	295-345	PM
Durham													
Lincoln	H. M. Schiebel.....	17	604	17	26	4,343	1	1	2	0	= 4	225-275	FM
Watts	J. E. Davis.....	91	4,275	36	39	2,484	2	2	1	0	= 5	300-350	FM
Winston-Salem													
Kate Bitting Reynolds Memorial.....	J. M. Walker.....	6,619	2,435	58	26	7,181	1	1	1	0	= 3	315-470	PM
OHIO													
Canton													
Aultman	W. M. Dowlin.....	135	6,581	113	43	997	5	3	3	1	= 12	275-400	PM
Mercy	P. E. Smith.....	135	6,313	171	52	311	4	2	2	0	= 8	275-300	PM
Cincinnati													
St. Mary's	R. A. Matuska.....	74	2,864	54	28	2,942	1	1	1	0	= 3	275-350	FM
Cleveland													
Evangelical Deaconess	J. H. Lazzari.....	49	2,258#	52	54	...	3	3	1	0	= 7	175-225	FM
St. Johns	J. C. Avellone.....	101	4,929	59	17	165	4	2	1	0	= 7	225-300	FM
Columbus													
Mount Carmel	W. H. Teachnor.....	126	4,670	78	51	397	1	1	1	0	= 3	275-325	FP
Dayton													
Good Samaritan	C. E. O'Brien.....	124	7,420	72	38	...	1	1	1	0	= 3	250-275	FM
Miami Valley	F. Shively, Jr.....	209	6,745#	256	51	2,139	2	2	2	0	= 6	225-250	FP
St. Elizabeth	T. P. Rab.....	74	5,550	35	49	7,725	1	0	0	0	= 1	275-300	PM
Garfield Heights													
Marymount	W. E. Mishler.....	94	3,596	46	22	167	2	2	2	0	= 6	250-300	FM
Lakewood													
Lakewood	N. W. Thiessen.....	102	5,129	56	41	209	4	3	1	0	= 8	200-220	FP
Lima													
Lima Memorial	R. R. Snowball.....	86	4,042#	33	39	180	1	1	1	0	= 3	300-350	FM
St. Rita's	C. H. Leech.....	87	3,952	91	45	4,166	1	1	1	1	= 4	400-450	PM
Toledo													
Mercy	H. L. Hauman.....	112	5,676	117	43	812	1	1	1	0	= 3	275-325	FM
St. Vincent's	B. G. Shafer.....	118	5,660#	116	58	525	1	1	0	0	= 2	275-325	FP
Warren													
Trumbull Memorial	D. A. Miller.....	122	4,676	104	49	...	2	2	2	0	= 6	300-400	FP
OKLAHOMA													
Tulsa													
Hillcrest Medical Center.....	C. T. Thompson.....	49	2,195	24	25	837	3	2	2	0	= 7	200-300	FM
St. John's	W. C. Pratt.....	112	4,010	92	31	3,519	1	1	1	1	= 4	175-250	FP
OREGON													
Portland													
Good Samaritan	M. McKirdie .....	...	1,679#	37	60	2,783	3	0	0	0	= 3	275-275	PM
PENNSYLVANIA													
Allentown													
Sacred Heart	C. A. Holland.....	140	4,939	132	48	2,840	1	1	1	0	= 3	225-275	FP
Bethlehem													
St. Luke's	D. P. Walker.....	...	5,113	161	47	1,602	2	1	1	0	= 4	225-300	FP
Easton													
Easton	T. C. Zulick, Jr.....	86	2,516	46	65	1,283	1	1	1	0	= 3	250-250	FP
Erie													
St. Vincent.....	P. G. Mainzer.....	115	4,981	104	45	2,548	1	1	1	0	= 3	275-325	FM
Harrisburg													
Harrisburg Polyclinic.....	W. K. McBride.....	188	5,400	115	47	4,014	2	1	1	1	= 5	250-375	FM
Norristown													
Sacred Heart	R. A. Buyers.....	93	5,112	70	38	19,283	1	1	1	0	= 3	350-350	FM
Philadelphia													
Episcopal	J. W. Klopp.....	77	2,538	93	30	7,141	2	2	2	0	= 6	150-150	FM
Frankford	O. P. Large.....	59	2,777	39	44	10,000	1	1	1	0	= 3	275-325	FP
Mercy-Douglass	M. W. Allen.....	48	1,641	28	18	1,239	3	2	1	0	= 6	200-250	FM
Methodist Episcopal	G. Willauer.....	75	2,549	60	27	15,389	2	1	1	0	= 4	150-250	FM
Nazareth	J. F. O'Neill.....	70	2,487	69	46	110	1	1	1	0	= 3	300-300	FM
Pittsburgh													
Montefiore	S. A. Rosenburg.....	96	5,578	97	54	5,252	3	1	1	0	= 5	225-275	FM
St. Francis General Hospital and Rehabilitation Institute.....	H. E. Feather.....	107	10,633	67	39	4,612	3	3	1	0	= 7	240-305	FP
Reading													
St. Joseph's	R. R. Impink.....	58	1,762	65	72	1,947	1	1	1	0	= 3	250-250	FM
West Reading													
Reading	C. B. Rentschler.....	...	2,169	53	68	884	2	2	1	0	= 5	225-300	FM
Williamsport													
Williamsport	F. E. Sanford.....	113	4,002	123	...	17,569	1	1	1	0	= 3	250-325	FP
PUERTO RICO													
Ponce													
Hospital de Damas.....	L. F. Sala.....	59	2,540	36	52	3,439	1	1	1	0	= 3	225-250	FM
Ponce District General.....	J. C. Bonet.....	102	2,582	110	62	13,739	2	2	2	0	= 6	250-350	FM
San Juan													
Veterans Administration (San Patricio) ⁸¹³	L. A. Passalacqua.....	91	2,690	26	89	2,653	3	2	2	0	= 7	318-408	O
SOUTH CAROLINA													
Columbia													
Columbia Hospital of Richland County.....	G. T. McCutchen.....	112	4,568	132	36	...	1	1	1	0	= 3	200-315	FP
Spartanburg													
Spartanburg General	J. V. Jeffords.....	167	6,933	125	36	14,676	3	2	1	0	= 6	375-475	PM
SOUTH DAKOTA													
Yankton													
Sacred Heart	C. B. McVay.....	56	706#	36	28	346	1	1	1	0	= 3	...	...
TENNESSEE													
Chattanooga													
Baroness Erlanger	G. Young	161	6,710	168	38	5,931	8	4	2	0	= 14	325-375	FM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	P Main-PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
TENNESSEE—Continued													
Knoxville													
University of Tennessee Memorial Research Center and Hospital ³⁴⁸	C. Zirkle	63	2,475	88	55	6,223	1	1	1	0 = 3	320-340	FM	
Memphis													
St. Joseph ³⁷³	W. Cragg, Jr.	121	5,021	100	43	1,893	1	1	0	0 = 2	325-375	FM	
TEXAS													
Austin													
Brackenridge	R. R. Ross	47	2,207	48	50	3,572	3	2	1	0 = 6	250-350	FM	
Dallas													
Methodist	B. Park	335	8,347	67	39	2,414	2	2	2	0 = 6	225-275	FP	
St. Paul	D. O. Welner	120	5,275	67	58	4,204	2	2	2	0 = 6	225-275	FP	
Houston													
St. Joseph's	J. P. Barnes	120	...	12	...	724	2	2	1	0 = 5	220-270	PM	
San Antonio													
Robert B. Green Memorial	A. W. Hartman	60	2,150	114	48	22,002	3	3	3	0 = 9	150-300	FM	
Temple													
Scott and White Memorial	T. Speed	96	3,350	105	52	...	3	3	3	0 = 9	300-300	O	
VIRGINIA													
Alexandria													
Alexandria	C. L. Eifer	35	1,793#	56	46	2,700	1	1	1	0 = 3	275-350	PM	
Richmond													
Johnston-Willis	F. S. Johns	87	3,252#	25	44	...	1	1	1	0 = 3	250-250	FM	
Roanoke													
Jefferson	C. Bray	25	982	23	61	3,211	2	1	1	0 = 4	...-200	FM	
Roanoke Memorial	J. E. George	164	6,294	58	51	2,541	1	1	1	0 = 3	350-350	FP	
WEST VIRGINIA													
Beckley													
Beckley	H. F. Cooper	44	1,972	22	50	18,727	2	1	1	0 = 4	250-...	FP	
Charleston													
Kanawha Valley Memorial	J. C. Condry	40	1,356	4	2	854	1	1	1	0 = 3	200-250	FM	
Huntington													
Cabell-Huntington	W. Bray	77	3,687	18	53	...	3	2	1	0 = 6	250-300	FM	
St. Mary's	F. L. Coffey	...	6,773	41	34	3,101	1	1	2	0 = 4	275-325	FP	
Martinsburg													
Veterans Administration	I. Harrison	119	1,581	68	43	406	4	0	1	0 = 5	271-462	O	
Philippi													
Broadus	H. C. Myers	35	1,605	39	60	13,225	1	1	1	0 = 3	250-350	PM	
Wheeling													
Ohio Valley General	J. O. Rankin	...	4,531	100	39	2,415	3	2	1	0 = 6	300-375	PM	
WISCONSIN													
Madison													
Madison General	S. L. Chase	62	3,278	65	50	...	2	2	2	0 = 6	200-250	FP	
Milwaukee													
Columbia ³⁸¹	M. Schroeder	68	2,418#	75	72	...	1	1	1	0 = 3	270-320	PM	
Mount Sinai	S. K. Wynn	13	4,794	62	32	641	2	2	2	0 = 6	300-325	FM	
St. Joseph's	J. J. Gramling	140	5,949	130	45	2,766	2	2	2	0 = 6	300-350	PM	

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for one year of training as an integral part of an approved program of four or more years' duration.

Hospitals, 18; Residencies, 93

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA													
Oakland													
Samuel Merritt	S. Etheredge, R. Crosbie	40	1,728#	28	61	1,642	...	...	...	...	200-235	O
San Francisco													
French	W. L. Rogers	93	3,464	76	43	9,801	3	0	0	1 = 4	250-300	FM	
ILLINOIS													
Chicago													
Henrotin ¹³²	C. B. Puestow	30	1,117	18	44	6,021	1	0	0	0 = 1	...	...
IOWA													
Des Moines													
Broadlawn-Polk County	H. E. Wiehern	1,260	1,206	68	38	4,641	0	0	1	1 = 2	250-275	PM	
KANSAS													
Wichita													
Veterans Administration	A. H. Hinshaw	100	1,394	71	70	...	2	1	0	1 = 4	271-412	...	
LOUISIANA													
Lafayette													
Lafayette Charity	J. D. Rives	75	2,401	71	42	2,756	0	0	0	3 = 3	400-400	PM	
MASSACHUSETTS													
Boston													
Lahay Clinic	R. B. Cattell	88	2,724	71	48	14,813	0	0	0	8 = 8	200-...	O	
Cambridge													
Mount Auburn	J. Tartakoff	161	3,830	84	60	...	0	1	0	0 = 1	225-225	FM	
Chelsea													
Lawrence F. Quigley Memorial ²⁰⁰	A. L. Davis	...	1,017	31	52	...	...	...	...	...	61-77	...
MISSOURI													
Columbia													
Ellis Fischel State Cancer	E. J. Schewe, Jr.	70	1,200	65	55	8,000	0	0	0	2 = 2	200-300	FM	

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEW YORK													
New York City													
Francis Delafield Memorial Center for Cancer and Allied Diseases	G. H. Humphreys, II	74	871	171	53	5,591	8	0	0	3	= 11	145-195	...
James Ewing Memorial	H. T. Randall	303	7,720	458	40	...	0	0	26	23	= 49	250-400	FM
NORTH CAROLINA													
Durham													
Veterans Administration	R. W. Postlethwait	52	1,006#	49	67	...	6	0	0	1	= 7	270-462	O
OHIO													
Barberton													
Barberton Citizens	P. Lukats	110	5,165	92	43	503	...	...	...	...	...	...	...
Cincinnati													
Children's	W. A. Altmeier	...	...	...	...	...	...	...	...	...	...	...	...
Columbus													
Children's	H. W. Clatworthy, Jr.	49	2,307	54	90	1,020	0	0	0	4	= 4†	330-350	PM
VIRGINIA													
Lynchburg													
Lynchburg General	E. T. Owen	36	1,770#	39	30	...	...	...	...	...	= 1	200-300	...
Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates.													
Hospitals, 21; Residencies, 134													
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
Duarte													
City of Hope Medical Center	R. J. Byron, Jr.	28	929	98	70	8,833	0	0	2	2	= 4	325-400	O
COLORADO													
Denver													
Children's	D. R. Akers	30	1,421	19	95	500	1	2	0	0	= 3	200-225	PM
DISTRICT OF COLUMBIA													
Washington													
Children's	E. McNamara	18	1,371#	8	88	6,222	...	...	...	...	...	...	FM
ILLINOIS													
Chicago													
Children's	W. J. Potts	...	3,419	60	87	4,203	4*	0	0	0	= 4	100-150	FM
MASSACHUSETTS													
Boston													
Children's Hospital Medical Center	R. E. Gross	52	2,186	106	79	14,344	6	3	2	1	= 12	25-83	FM
Walpole													
Pondville	W. B. Patterson	89	1,548	204	65	16,314	0	0	0	4	= 4	300-527	O
Westfield													
Westfield State Sanatorium	F. S. Hopkins	35	719	93	67	7,738	0	0	0	2	= 2	527-527	PM
MISSOURI													
Columbia													
Ellis Fischel State Cancer	E. J. Schewe	70	1,200	65	55	8,000	0	0	0	2	= 2	200-300	FM
NEW YORK													
Buffalo													
Children's	L. J. Leuhy	68	2,684	29	82	19,000	0	0	4	0	= 4	175-175	FM
Roswell Park Memorial Institute	G. E. Moore	78	839	105	100	20,432	0	0	0	12	= 12	334-381	O
New York City													
Francis Delafield Memorial Center for Cancer and Allied Diseases	G. H. Humphreys, II	74	871	171	53	5,591	8	0	0	3	= 11	145-195	...
James Ewing Memorial	H. T. Randall	303	7,720	458	40	66,374	0	0	26	23	= 49	250-400	FM
Presbyterian (Babies)	T. V. Santoli	35	924	24	88	5,220	0	0	0	1	= 1	308-308	PM
OHIO													
Columbus													
Children's	H. W. Clatworthy, Jr.	49	2,307	54	90	10,020	0	0	0	4	= 4	300-350	PM
PENNSYLVANIA													
Philadelphia													
Children's	C. E. Koop	30	2,433	26	80	2,962	2	2	0	2	= 6	66-100	FM
Pittsburgh													
Children's	W. B. Kiesewetter	...	1,184	...	...	4,291	0	0	0	5	= 5	175-175	FP
PUERTO RICO													
San Juan													
Dr. I. Gonzalez Martinez Oncologic	L. A. Vallecillo	87	700	7	100	4,026	0	0	0	2	= 2	300-300	FP
TEXAS													
Houston													
Texas Children's University of Texas	L. W. Able	23	1,335	61	92	191	0	0	0	1	= 1	175-175	FM
M. D. Anderson Hospital & Tumor Institute	E. C. White	90	2,374	103	68	22,756	0	0	0	8	= 8	300-416	O
WASHINGTON													
Seattle													
Children's Orthopedic	D. Hall	42	2,614#	47	97	2,685	0	1	1	1	= 3	230-280	...

Numerical and other references are listed on pages 211 through 814.

28. SURGERY—Continued

Residency programs in the following hospitals are approved by the Council 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 lists of approved services on pages 774 through 781 (Surgical Residencies, J. A. M. A. 156-432, Sept. 25, 1954).

Hospitals, 126; Residencies, 351

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P M O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, Wichita Falls.....	H. E. Woosley, Jr.....	77	3,030	2	100	64,949	0	0	2	0	=	2
UNITED STATES ARMY														
GEORGIA														
Martin Army, Fort Benning.....	R. M. Hardaway.....	94	1,980	13	100	17,568	6	0	0	0	=	6	690-740	O
KENTUCKY														
U. S. Army, Fort Campbell.....	C. Hoffman, Jr.....	45	1,538	4	50	6,505	3	0	0	0	=	3	426-625	O
NORTH CAROLINA														
Womack Army, Fort Bragg.....	H. A. Conrad.....	173	4,608	11	100	47,295	6	0	0	0	=	6
TEXAS														
U. S. Army, Fort Hood.....
VIRGINIA														
Dewitt Army, Fort Belvoir.....	D. G. Eisner.....	84	1,752	6	83	23,088	6*	0	0	0	=	6
NONFEDERAL AND VETERANS ADMINISTRATION														
ARIZONA														
Phoenix														
Good Samaritan	L. B. Smith.....	81	15	101	47	854	4	0	0	0	=	4	350-350	PM
Tucson														
St. Mary's	R. L. Magee.....	60	...	46	44	4,595	8	0	0	0	=	8	200-...	PM
Tucson Medical Center—Pima County General.....
Pima County General.....	E. G. Ramsey.....	14	374	28	54	1,217	5	1	0	0	=	4	200-300	FP
Tucson Medical Center.....	D. W. Neubauer.....	34	4,008	24	25	463	4	0	0	0	=	4	200-300	PM
ARKANSAS														
Little Rock														
Arkansas Baptist	W. G. Cooper, Jr.....	142	8,937	113	34	535	2	0	0	0	=	2	325-325	FM
CALIFORNIA														
Arlington														
General Hospital of Riverside County.....	G. J. Anday.....	24	763	62	68	1,382	3	0	0	0	=	3	...	PM
Berkeley														
Herriek Memorial	G. B. Lewis.....	52	2,653	34	50	1,233	1*	1	0	0	=	2	...-400	FP
Long Beach														
Memorial Hospital of Long Beach.....	P. F. Voigt.....	119	6,020	186	31	629	3	0	0	0	=	3	325-375	PM
Los Angeles														
Santa Fe Coast Lines.....	L. Chaffin.....	...	796	2	3	0	0	0	=	3	400-...	PM
Pasadena														
Collis P. and Howard Huntington Memorial	M. Grumrine.....	45	2,233	18	56	2,761	3	0	0	0	=	3
San Bernardino														
San Bernardino County Charity.....	R. Seavers.....	25	937	62	55	21,203	4	1	0	0	=	5	350-400	FM
San Francisco														
Mary's Help	E. Carlson.....	60	2,456#	21	57	1,806	2	1	0	0	=	3	225-325	...
Santa Monica														
St. John's	J. F. Roberts.....	100	5,748	42	40	...	1	0	0	0	=	1	225-250	PM
COLORADO														
Pueblo														
St. Mary-Corwin	R. B. Capek.....	128	6,538	68	43	310	4	2	1	0	=	7	285-360	PM
CONNECTICUT														
Danbury														
Danbury	V. A. Machciuski.....	2	0	0	0	=	2	200-200	FM
Greenwich														
Greenwich	F. A. Read.....	91	4,053	82	73	1,347	1*	0	0	0	=	1	200-300	PM
Hartford														
Hartford Municipal Hospital and Health Center	C. C. Kelly.....	44	1,565	47	45	10,464	2	0	0	0	=	2	286-286	PM
New London														
Lawrence and Memorial Hospitals.....	F. B. Hartman.....	73	3,997#	47	30	...	3*	0	0	0	=	3	250-300	FP
Norwalk														
Norwalk	H. Genvert.....	69	1,721	17	47	273	4	0	0	0	=	4	195-300	FP
Stamford														
Stamford	E. C. Rawls.....	92	4,505	135	83	8,379	2	1	0	0	=	3	200-300	PM
DISTRICT OF COLUMBIA														
Washington														
Eastern Dispensary and Casualty.....	J. R. Young.....	72	3,735	28	46	11,899	2	2	0	0	=	4	350-350	FM
Sibley Memorial	P. S. Putzki.....	68	4,935	45	56	...	2	1	0	0	=	3	200-400	FM
FLORIDA														
Jacksonville														
St. Luke's	R. P. Thompson.....	56	2,740	47	28	...	2*	0	0	0	=	2	325-325	PM
Miami Beach														
St. Francis	J. Jana.....	74	3,897#	23	32	7,710	2	0	0	0	=	2	...	FM
St. Petersburg														
Mound Park	W. Rautenstrauch.....	96	35,120	111	34	...	1	0	0	0	=	1	307-307	PM
ILLINOIS														
Berwyn														
MacNeal Memorial.....	W. J. Vynalek.....	52	1,199	65	00	...	2	0	0	0	=	2	850-375	PM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
ILLINOIS—Continued													
Chicago													
Alexian Brothers	L. Khedroo	78	1,982	21	57	1,210	1	0	0	0	1	200-200	FM
Englewood	M. M. Wasick	51	2,255	36	31	...	1	0	0	0	1	200-200	FM
Hospital of St. Anthony De Padua	R. F. Teborek	66	3,060	32	12	101	2	0	0	0	2	250-250	FM
Norwegian-American	A. Triolo	66	2,845	55	36	1,230	3	0	0	0	3	225-225	FM
Ravenswood	A. Mickow	32	1,908	85	56	31	4	0	0	0	4	300-300	FM
St. Anne's	P. F. Fox	53	2,387	62	22	1,750	3	0	0	0	3	250-275	FP
St. Bernard's	E. Balcer	68	2,747	32	50	7,158	2*	0	0	0	2	200-250	FP
Woodlawn	H. P. Jenkins	...	1,004	6	100	...	1	0	0	0	1	200-...	FM
Evergreen Park													
Little Company of Mary	M. J. McCarthy	141	7,010	30	35	27,457	4*	2	2	2	10	225-275	FM
La Grange													
Community Memorial General	J. H. Cross	...	1,973	25	68	...	...	...	...	...	...	300-...	...
Peoria													
Methodist Hospital of Central Illinois	G. W. Giebelhausen	...	5,492	67	42	3,767	2	2	1	0	5	200-300	FM
Rockford													
St. Anthony	R. G. Smith	55	4,024	23	34	...	1	1	0	0	2	200-300	FM
INDIANA													
Muncie													
Ball Memorial	S. W. Burwell	124	5,224	73	41	...	1	0	0	0	1	250-250	FM
IOWA													
Iowa City													
Mercy	J. W. Dulin	41	2,997	56	30	...	1	0	0	0	1	200-...	FM
KANSAS													
Wichita													
Wesley	H. W. Brooks	134	6,663	60	50	...	1	0	0	0	1	295-375	FM
KENTUCKY													
Lexington													
Good Samaritan	A. E. Grimes	57	3,308	60	32	...	4	2	2	1	9	220-240	FM
Louisville													
Norton Memorial Infirmary	P. Ines	37	1,540	28	32	...	6	0	0	0	6	310-360	FM
LOUISIANA													
New Orleans													
Hotel Dieu	M. Salatich	87	1,823	19	26	288	2	2	0	0	4	225-250	FP
MAINE													
Lewiston													
Central Maine General	M. V. Cox	83	4,391	80	49	1,407	1	0	0	0	1	175-310	FP
MARYLAND													
Baltimore													
Bon Secours	S. G. Sullivan	68	3,687	67	33	6,276	2*	1	0	0	3	260-270	FM
MASSACHUSETTS													
Boston													
New England	A. Brown	29	1,364	18	50	...	2	0	0	0	2	225-275	FM
Fitchburg													
Burbank	F. P. Ross	76	2,755	60	67	2,921	1	1	0	0	2	200-250	FM
MICHIGAN													
Dearborn													
Oakwood	S. G. Zawacki	109	5,584	54	55	...	2*	0	0	0	2	250-...	FM
Detroit													
Evangelical Deaconess	T. H. Hunt	78	3,375	40	65	1,806	2	0	0	0	2	317-317	PM
Jennings Memorial	J. B. Hartzell	40	382	7	29	47	...	...	...	...	...	...	...
Woman's	J. R. Brown	90	3,292	33	50	316	3	0	0	0	3	475-475	O
Grosse Pointe													
Bon Secours	C. R. DeFever	...	...	...	...	...	1	1	0	0	2	415-465	FM
Kalamazoo													
Borgess	I. J. Martens	79	3,164	58	64	5,732	2*	0	0	0	2	275-...	FP
Lansing													
Edward W. Sparrow	J. M. Wellman	103	7,353#	47	43	49	1	1	0	0	2	300-400	FM
MINNESOTA													
Minneapolis													
Northwestern	H. Buehstein	108	4,033	61	64	481	3	0	0	0	3	225-225	FP
St. Paul													
St. Joseph's	C. E. Rea	38	1,668	9	41	401	2	0	0	0	2	355-355	PM
MISSOURI													
Kansas City													
St. Joseph	A. L. Stockwell	...	4,518	59	37	2,469	4	0	0	0	4	250-...	FM
St. Joseph													
Missouri Methodist	J. R. McDaniel	...	4,517	116	36	...	3	0	0	0	3	225-225	FM
St. Louis													
St. Anthony's	A. Repetto	225	3,800	71	25	11,000	3	0	0	0	3†	250-300	FM
NEBRASKA													
Lincoln													
St. Elizabeth	R. F. Mueller	64	3,744	47	36	...	3	0	0	0	3	350-350	FM
NEW JERSEY													
Montclair													
Mountainside	C. W. Moeckel	89	3,766	47	38	1,503	1	0	0	0	1	250-250	FP
Morristown													
Morristown Memorial	E. Watkins	51	5,971	66	58	4,794	2	0	0	0	2	225-275	PM
Neptune													
Fitkin Memorial	M. Q. Hancock	39	1,651	40	32	1,778	2	0	0	0	2	250-250	FM
Newark													
United Hospitals of Newark	...	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian-Woman's	J. J. McGuire	133	4,847	106	30	203	3	0	0	0	3	275-325	O
St. Michael's	J. J. Conolly	87	3,147	48	27	3,968	3	0	0	0	3	150-...	FM

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

NEW YORK	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance PM O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
NEW YORK													
New York City													
Columbus	V. Carabba	155	4,663	130	36	3,824	5	0	0	0	5	160-250	FM
Hospital for Joint Diseases	J. R. Wilder	52	1,453	49	37	17,332	6	0	0	0	6	80-080	FM
Jewish Memorial	B. Sherwin	51	2,120	43	32	2,490	1	0	0	0	1	200-200	FM
Lebanon	H. Gordimer, H. Wesson	70	2,001	60	47	1,179	2	1	0	0	3	150-150	FM
Mother Cabrini Memorial	J. P. Alvich	39	1,477	16	25	1,934	1	1	1	0	3	150-200	FM
New York Infirmary	L. E. Loseke	33	1,338	23	22	6,768	3*	1	0	0	3†	150-175	FM
Port Chester													
United	G. O. Tremble	102	4,333	110	29	2,993	2	0	0	0	2	235-250	PM
NORTH DAKOTA													
Bismarck													
Bismarck	R. H. Waldschmidt	32	1,049#	37	51	607	3	0	0	0	3	300-475	PM
Fargo													
St. Luke's	V. G. Borland	42	2,148	29	65	...	2	0	0	0	2	300-300	FM
OHIO													
Cincinnati													
Deaconess	R. W. Good, S. Hamilton	70	3,389	62	29	1,158	3	0	0	0	3	250-250	FM
Elyria Memorial	R. E. Hayes	76	4,315	62	79	...	2	0	0	0	2	...	FM
Hamilton													
Mercy	W. F. Hume	65	2,172	64	38	...	2	2	2	0	6†	200-300	FM
Mansfield													
Mansfield General	P. S. Test	206	...	179	56	27,225	4	0	0	0	4	200-200	FM
Toledo													
Flower	W. H. Mefley	83	3,887	43	30	97	1	0	0	0	1	300-325	FM
OKLAHOMA													
Oklahoma City													
Wesley	A. H. Bell	27	1,179	34	50	...	2	0	0	0	2	350-350	...
OREGON													
Portland													
Emanuel	H. D. Colver	69	3,782#	70	64	...	2	1	0	0	3	275-285	PM
Providence	J. Adams	202	9,550	132	68	...	4	0	0	0	4	275-...	PM
PENNSYLVANIA													
Altoona													
Altoona	F. J. Taylor	147	4,188	82	28	8,161	1	0	0	0	1	325-400	FM
Bradford													
Bradford	S. A. McCutcheon	63	2,389	66	20	...	0	2	0	0	2	250-250	FM
Hazleton													
Hazleton State	J. P. H. Ketrick	64	1,964	56	14	...	4	0	0	0	4	397-397	FM
St. Joseph	E. LaBuz	77	3,426	24	1	1,590	1	1	0	0	2	...-400	PM
Johnstown													
Conemaugh Valley Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...
Philadelphia													
Jeanes	F. A. Bothe	...	...	...	...	...	1	0	0	0	1	200-200	...
St. Joseph's	J. A. Lehman	75	3,308	103	54	18,108	3	0	0	0	3	300-300	FM
St. Mary's Franciscan	W. J. Tourish	32	1,028	19	36	4,519	2	0	0	0	2	250-250	FM
Woman's	...	22	1,302	17	29	...	2	0	0	0	2	175-200	FM
Pittsburgh													
St. Margaret Memorial	J. R. Watson	...	1,630	29	72	5,237	1	0	0	0	1	300-300	FM
Wilkes-Barre													
Mercy	L. Blaum	5	2,008	29	35	1,394	1	0	0	0	1	300-300	FM
Wilkes-Barre General	P. J. Morgan	65	2,588	82	27	1,412	0	2	0	0	2	...-225	...
Wilkesburg													
Columbia	T. S. Swan	84	3,184	85	32	...	2	0	0	0	2	400-400	FM
TENNESSEE													
Chattanooga													
Memorial	C. H. McCall	61	3,108	22	1	...	4*	0	0	0	4	300-335	FP
Newell	E. T. Newell, Jr.	40	2,161	60	23	21,590	3	0	0	0	3	300-300	FPO
Knoxville													
St. Mary's Memorial	C. L. Chumley	72	3,279	65	60	514	1	1	0	0	2	250-275	FP
TEXAS													
Dallas													
Gaston	J. V. Goode	72	3,622	95	35	150	4	0	0	0	4	200-250	FP
Fort Worth													
Harris	W. W. McKinney	160	2,257	20	...	89	2	0	0	0	2	300-325	FP
Houston													
St. Luke's Episcopal	W. D. Seybold	79	3,436	42	62	...	4	0	0	0	4	100-100	FM
Southern Pacific	...	...	...	...	...	...	...	...	...	...	...	...	...
UTAH													
Ogden													
Thomas D. Dec Memorial	R. Howe	60	3,106	46	58	746	2	0	0	0	2	325-350	PM
Salt Lake City													
Holy Cross	H. B. Harmon	85	4,852	60	53	...	2	0	0	0	2	175-400	FP
St. Mark's	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA													
Newport News													
Riverside	A. C. Stanton	64	2,343#	29	33	...	2	0	0	0	2	250-250	FM
Richmond													
Richmond Memorial	F. P. Coleman	98	4,764	62	56	...	2	0	0	0	2	350-350	FM
St. Elizabeth's	G. W. Horsley	27	1,000	18	56	8,081	1	1	0	0	2	225-225	FM
Roanoke													
Lewis Gale	W. L. Sibley	79	3,014	40	38	13,715	2	1	0	0	3	350-400	FP
WASHINGTON													
Seattle													
Doctors	J. T. Payne	89	...	44	55	...	2	0	0	0	2	250-...	FM
Providence	C. E. Chism	152	2,641#	99	47	530	6	0	0	0	6	250-350	FP

Numerical and other references are listed on pages 811 through 814.

28. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M. O.
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.		
WASHINGTON—Continued													
Spokane													
Sacred Heart.....	C. P. Schlicke.....	208	12,572	152	58	...	2	0	0	0	2	250-250	FP
WEST VIRGINIA													
Montgomery													
Laird Memorial.....	W. R. Laird.....	...	2,050	14	23	9,724	0	2	0	0	2	300-300	...
WISCONSIN													
Janesville													
Mercy Hospital.....	E. W. Reinhardy.....	33	1,355	27	48	...	4	0	0	0	4	250-250	FM
La Crosse													
La Crosse Lutheran Hospital.....	S. B. Gundersen, Sr.....	54	2,768	31	28	...	2	0	0	0	2	300-300	FM
Madison													
Methodist.....	H. W. Mahaffey.....	110	4,667	118	50	3,275	2	0	0	0	2	...	FM
Marshfield													
St. Joseph's.....	B. R. Lawton.....	74	4,479	40	65	...	2	0	0	0	2	350-350	FM
Milwaukee													
Evangelical Deaconess.....	O. G. Fais.....	125	8,262	101	47	739	3	3	0	0	6	250-300	FP
St. Luke's.....	R. Galasinski.....	101	3,968	58	34	282	3	0	0	0	3	275-275	FM

29. THORACIC SURGERY

Residency programs in the following hospitals have been approved up to June 30, 1961, by the Council and the Board of Thoracic Surgery, as offering acceptable training in the specialty.
Hospitals, 110; Residencies, 226

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance P.M. O.	Length of Approved Program, Years	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	S. W. French, III.....	16	429	6	83	1,284	1	1	0	0	2	...	FM	2	
COLORADO															
Fitzsimons General, Denver.....	E. M. Aronstam.....	18	288	7	100	904	1	1	0	0	2	...	...	2	
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	H. A. Blake.....	14	210	11	82	170	1	1	0	0	2	...	...	2	
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, San Diego.....	J. M. Hanner.....	39	318	23	96	980	1	1	0	0	2	...	...	2	
NEW YORK															
U. S. Naval, New York City (St. Albans)	J. J. Timmes.....	40	256	6	67	100	1	0	0	0	1	...	...	2	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center, University Hospital and Hillman Clinic	C. Lyons.....	23	...	...	...	6,911	...	...	...	...	...	462-462	FM	..	
CALIFORNIA															
Duarte															
City of Hope Medical Center.....	A. Goldman.....	14	227	20	85	823	2	0	0	0	2	400-400	O	1	
Los Angeles															
Veterans Administration 89.....	F. X. Byron.....	18	280	28	71	364	0	0	0	1	1	463-463	PM	2	
Oakland															
Children's Hospital of the East Bay.....	P. C. Samson.....	6	104	8	100	164	1	0	0	0	1	350-350	PM	1	
Highland-Alameda County 95.....	D. J. Dugan.....	15	265	16	38	613	2	1	0	0	3	200-295	FM	2	
Olive View															
Olive View Sanatorium.....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Torrance															
Harbor General.....	J. Cope.....	5	120#	13	75	1,095	1	1	0	0	2	319-337	FM	2	
COLORADO															
Denver															
National Jewish.....	M. M. Newman.....	15	221	15	86	50	1	1	0	0	2	266-344	PM	2	
Veterans Administration.....	R. K. Brown.....	3	110	3	100	...	1	1	0	0	2	271-462	O	1	
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	2	
Grace-New Haven Community.....	G. E. Lindskog.....	11	322	16	75	350	0	0	0	1	1	125	FM	..	
Hospital of St. Raphael.....	M. G. Carter.....	8	241	19	74	224	1	1	0	0	2	300-335	PM	2	
Newington															
Cedarcrest.....	R. L. Kemler.....	...	221	1	...	...	1	0	0	0	1	350-350	O	1	
Norwich															
Uncas-on-Thames.....	W. O. Kelley.....	...	130	9	22	...	2	0	0	0	2	161-278	FM	1	
DISTRICT OF COLUMBIA															
Washington															
George Washington University.....	B. Blades.....	16	560	12	66	1,429	1	1	0	0	2+	250-250	PM	2	
FLORIDA															
Miami															
Jackson Memorial.....	R. S. Litwak.....	...	517	32	69	...	1	1	0	0	2	375-400	PM	2	

Numerical and other references are listed on pages 811 through 814.

29. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
GEORGIA															
Atlanta															
Emory University	O. Abbott	22	802#	32	59	...	2	2	0	0	=	4†	235-265	PM	2
Grady Memorial	O. A. Abbott	...	...	...	...	...	0	0	0	1	=	1	200-200	FM	2
Augusta															
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Eugene Talmadge Memorial	R. Ellison	12	299	13	100	395	0	0	0	2	=	4	500-583	O	...
Batley State (Rome)	R. F. Corpe	...	...	...	...	...	...	...	...	...	...	...	...	...	...
HAWAII															
Honolulu															
Leahi	P. W. Gebauer	20	597	1	...	460	1	0	0	0	=	1†	400-400	FM	1
ILLINOIS															
Chicago															
Chicago State Tuberculosis Sanitarium	H. T. Langston	28	358	4	...	...	0	0	0	2	=	2	351-351	O	1
Children's Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	100	1,530	27	59	2,334	0	0	0	8	=	8	383-402	FM	1
Northwestern University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Veterans Administration Research	F. W. Preston	19	277	14	65	...	0	1	0	1	=	2	271-462	O	...
Hines															
Veterans Administration	H. Langston	54	207	38	58	320	0	0	0	2	=	2†	412-462	O	2
Hinsdale															
Suburban Cook County Tuberculosis	A. F. Reimann	30	148	1	100	1,037	0	0	0	1	=	1	250-600	O	1
IOWA															
Iowa City															
State University of Iowa Hospitals	J. L. Ehrenhaft	20	600	32	81	...	...	...	...	...	...	...	415-500	PM	2
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	...	...	...	...	...	0	0	0	1	=	1	200-200	PM	1
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Unit	L. H. Strug	8	187	14	71	954	1	1	0	0	=	2	200-225	FM	2
Tulane University Unit	O. Crech	6	126	17	70	461	1	1	0	0	=	2	200-225	FM	2
Shreveport															
Confederate Memorial Medical Center	W. W. McCook	8	288	5	40	1,041	0	0	1	1	=	2	200-300	FM	1
MARYLAND															
Baltimore															
University	R. A. Cowley	40	650	18	83	500	3	3	0	0	=	6	200-250	PM	2
Veterans Admin.	R. F. Kieffer	30	160	5	60	...	1	0	0	0	=	1	271-462	PM	1
MASSACHUSETTS															
Boston															
Boston City	J. W. Strieder	15	242	22	70	657	0	2	0	0	=	2	208-248	FM	2
Boston Sanatorium	J. W. Strieder	20	111	3	67	...	...	...	...	...	...	...	...	...	1
New England Deaconess	R. Overholt	192	4,959	52	75	1,050	2	2	0	0	=	4	200-235	PM	2
MICHIGAN															
Ann Arbor															
University	C. Haight	35	669	31	74	1,484	0	2	2	4	=	8	215-275	O	2
Detroit															
Henry Ford	C. R. Lam	25	811	81	83	473	4	2	0	0	=	6	265-365	PM	2
Herman Kiefer	W. M. Tuttle	115	420	8	63	...	4	2	0	0	=	6	580-653	...	2
Lansing															
Ingham Chest	C. J. Stringer	111	759	7	29	39,377	1	0	0	0	=	1	300-400	FM	2
MINNESOTA															
Minneapolis															
Veterans Admin.	D. J. Ferguson	17	...	18	94	912	1	1	0	0	=	2	271-462	...	2
Oak Terrace															
Glen Lake Sanatorium	V. K. Funk	236	281	29	72	35,748	1	1	0	0	=	2	391-446	O	1
Rochester															
Mayo Foundation-222	O. T. Clagett	...	...	...	...	...	...	...	...	...	...	...	200-...	...	2
MISSISSIPPI															
Jackson															
University	J. D. Hardy	4	55#	6	...	...	...	...	...	...	...	...	...-325	O	2
Sanatorium															
Mississippi State Sanatorium	W. R. Webb	18	244	6	33	190	1	0	0	0	=	1	...-300	PM	1
MISSOURI															
Mount Vernon															
Missouri State Sanatorium	J. W. Polk	...	...	...	...	...	2	0	0	0	=	2	400-...	O	1
St. Louis															
Barnes	T. Burford	25	818	43	56	470	...	...	...	...	...	...	250-300	FM	2
NEW JERSEY															
Jersey City															
B. S. Pollak Hospital for Chest Diseases	F. Bortone	...	61	6	33	...	2	0	0	0	=	2	167-250	FM	2
NEW YORK															
Albany															
Albany	A. Stranahan	19	818#	36	69	53	1	1	0	0	=	2	215-275	PM	2
Buffalo															
Buffalo General	J. R. Paine	36	807#	77	96	1,866	2	2	0	0	=	4	175-758	FP	2
Edward J. Meyer Memorial	J. D. Stewart	9	108	13	46	275	...	...	...	...	...	...	292-380	...	2
Veterans Administration	W. M. Chardaack	...	142	21	62	...	1	1	0	0	=	2	412-462	O	2
Castle Point															
Veterans Administration	R. Douglass	38	378	2	...	...	1	0	0	0	=	1	...	...	1

Numerical and other references are listed on pages 811 through 814.

29. THORACIC SURGERY—Continued

NEW YORK—Continued	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	FPM Maintenance O	Length of Approved Program (Years)
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
Mount Morris														
Mount Morris Tuberculosis	J. M. Judd	...	154	...	...	...	2	0	0	0	2	758-758	O	1
New York City														
Bellevue Hospital Center														
Div. I—Columbia University ²⁶¹	R. H. Wylie	15	204	16	38	277	2	2	0	0	4	145-195	...	2
Bronx Municipal Hospital Center	D. State	...	...	21	38	...	2	2	0	0	4	265	FM	2
Kings County Hospital Center	K. E. Karlson	41	372	65	38	866	2	2	0	0	4	145-195	...	2
Maimonides	A. Hurwitz	8	120	11	82	...	0	0	0	1	1	150-150	FM	1
Montefiore	A. H. Aufses	...	127	10	78	...	0	0	0	1	1	257-257	PM	1
New York Medical College—Metropolitan Medical Center														
Metropolitan	S. A. Thompson	15	165	20	20	351	1	1	0	0	2	145-195	FM	1
St. Joseph's Hospital For Chest Diseases	W. W. Fischer	39	232	5	60	...	1	1	0	0	2	300-...	FM	1
Sea View	L. R. Davidson	...	71	15	80	467	3	0	0	0	3	145-195	...	1
Triboro	L. Miscall	30	71	24	43	...	4	4	0	0	8	145-195	...	2
Veterans Administration (Bronx) ²⁹⁰	P. Cooper	11	135	6	50	96	1	1	0	0	2	412-462	O	2
Veterans Administration (Brooklyn)	R. Klopstock	10	291	56	58	156	1	1	0	0	2	412-462	O	2
Veterans Administration (Manhattan) ²⁹⁵	H. Stern	20	180	27	62	288	0	0	1	2	3	271-285	O	2
Ontario														
Homer Folks Tuberculosis	A. M. Skinner	25	125	...	...	...	1	0	0	0	1	569-686	O	1
Sunmount														
Veterans Administration	V. S. Wojnar	15	265	1	100	...	0	0	0	1	1	296-462	O	1
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	R. M. Peters	7	293	16	69	...	0	0	0	1	1	266-266	O	1
Charlotte														
Charlotte Memorial	A. G. Brenizer	6	236#	12	75	52	1	1	0	0	2	295-345	PM	2
Durham														
Duke	W. C. Sealy	21	676	35	57	1,017	...	...	...	...	...	43-200	FMO	2
Oteen														
Veterans Administration	H. E. Walkup	110	609	73	82	95	0	0	0	4	4	462-462	O	2
Winston-Salem														
North Carolina Baptist		...	...	...	...	...	...	...	...	...	...	...	...	...
OHIO														
Cleveland														
Cleveland Clinic	D. B. Effler	16	479	28	68	1,818	2	2	0	0	4	350-400	...	2
Cleveland Metropolitan General	G. H. A. Clowes, Jr.	5	130	15	47	451	1	1	0	0	2	217-258	FM	2
Veterans Administration ³¹²	H. J. Mendelsohn	11	152	11	64	64	1	1	0	0	2	271-462	PM	2
Columbus														
Benjamin Franklin-Mount Carmel	M. G. Buekles	28	394	16	56	296	2	0	0	0	2	400-400	FM	2
Ohio State University Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	2
Ohio Tuberculosis	N. C. Andrews	...	...	12	100	...	0	0	0	2	2	277-277	PM	...
University Hospitals	K. P. Klassen	15	560	28	89	344	0	0	0	2	2	277-277	PM	...
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	G. S. Campbell	...	...	...	...	...	1	1	0	0	2	...	...	2
University Hospitals		18	306	15	73	529	...	...	...	...	...	250-300	PM	...
Veterans Administration		...	...	...	...	...	...	...	...	...	...	...	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	W. S. Conklin	47	246	36	75	...	1	1	0	0	2	165-215	FM	2
PENNSYLVANIA														
Philadelphia														
Episcopal	T. J. E. O'Neill	6	115	9	33	239	1	0	0	0	1	150-150	FM	1
Hahnemann Medical College and Hospital	H. T. Nichols	40	965	116	32	...	2	2	0	0	4	75-75	FM	2
Presbyterian ³³⁰	R. Glover	11	309	26	88	150	2	2	0	0	4	235-290	FM	2
Pittsburgh														
Health Center Hosps. of the Univ. of Pittsburgh School of Medicine		...	...	...	...	...	...	...	...	...	...	...	...	3
Allegheny General		...	...	...	...	...	...	...	...	...	...	...	...	...
Children's		...	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian	E. M. Kent	8	173	12	58	...	...	...	2	5	5	125-175	FM	...
TENNESSEE														
Knoxville														
University of Tennessee Memorial Research Center and Hospital ³⁴⁸	R. W. Newman	6	182	6	5	265	1	1	0	0	2	330-340	FM	2
Memphis														
City of Memphis Hospitals	H. Wilson	...	272	21	66	491	0	0	1	0	1	150-200	FP	2
Veterans Administration	F. A. Hughes	48	482	66	79	290	2	0	0	0	2	271-412	PM	2
West Tennessee Tuberculosis	F. H. Cole	84	361	3	33	221	2	2	0	0	4	330-420	FM	2
Nashville														
Vanderbilt University	R. A. Daniel	11	329	30	67	698	0	0	0	2	2	100-125	FM	2
TEXAS														
Dallas														
Baylor University ³⁸	R. R. Shaw	15	634	18	56	115	2*	0	0	0	2	210-230	PM	2
Parkland Memorial	H. Wilson	11	328	29	45	633	0	0	0	1	1	275-275	PM	2
Veterans Administration	R. H. Holland	22	196	40	88	420	0	0	0	1	1	412-462	PM	2
Galveston														
University of Texas Medical Branch Hospitals	A. W. Harrison	13	310	14	29	155	1	1	0	0	2	160-160	FP	2
Houston														
Baylor University College of Medicine Affiliated Hospitals		...	...	...	...	...	1	1	0	0	2	165-165	FM	...
Jefferson Davis	M. E. De Bakey	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	L. L. D. Tuttle	16	619	64	73	...	...	...	...	...	...	...	...	...
Veterans Administration	G. L. Jordan	10	364	32	78	...	1	1	0	0	2	412-462	PM	...

Numerical and other references are listed on pages 811 through 814.

29. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	F Main-PM O	Length of Approved Program (Years)	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.				
UTAH															
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints....	W. R. Rumel	14	609	42	76	...	1	0	0	0	1	325-375	FP	2	
VIRGINIA															
Charlottesville															
University of Virginia	E. C. Drash	11	566	19	53	2,118	0	0	0	1	1	75-150	FM	2	
Richmond															
Veterans Administration 374	L. H. Bosher, Jr.	17	207	24	63	260	1	1	0	0	2	271-412	PM	2	
WASHINGTON															
Spokane															
Sacred Heart	R. Berg, Jr.	5	140	8	75	...	0	0	1	0	1	325-325	FP	1	
WISCONSIN															
Milwaukee															
Veterans Administration (Wood)	W. Weisel	12	230	21	90	559	0	0	0	1	1	112-462	PM	2	

30. UROLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution.

Hospitals, 233; Residencies, 769

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	F. E. Cook, Jr.	29	734#	4	75	4,097	1	1	1	1	4	...	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	E. L. Lewis.....	25	1,153	11	55	4,023	1	1	1	0	3	...	FM	
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	C. B. Hewitt.....	37	567	17	76	11,738	1	1	1	0	3	...	...
HAWAII														
Tripler Army, Honolulu.....	C. A. Moore.....	29	901	5	80	5,794	2*	1	1	0	4	...	...
TEXAS														
Brooke General, San Antonio.....	J. K. Mantell.....	39	1,090	15	93	6,505	1	1	1	0	3	...	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	M. S. Curtis.....	35	687	7	85	5,229	1	1	0	1	3	...	...
U. S. Naval, San Diego.....	J. R. Dillon, Jr.	69	1,307	19	68	8,879	1	1	2	1	5	...	...
MARYLAND														
U. S. Naval, Bethesda.....	A. A. Galuska.....	60	550	3	67	9,801	1	1	1	2	5	...	...
NEW YORK														
U. S. Naval, New York City (St. Albans).....	C. W. Lewis, Jr.	25	380	5	100	3,123	1	1	1	1	4	...	...
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	J. A. Syslo.....	18	607	20	45	2,600	1	1	1	1	4	...	...
UNITED STATES PUBLIC HEALTH SERVICE														
NEW YORK														
U. S. Public Health Service, New York City.....	C. D. Miller.....	54	1,052	8	63	8,490	1	1	2	0	4	...	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	R. F. Jones.....	14	521	22	41	2,915	0*	1	1	1	3	305-417	PM	
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	H. Hudson	11	545	11	37	...	1	0	0	0	1	250-300	FM	
University of Alabama Medical Center .....	...	...	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic.....	B. Barclare	36	573	8	50	2,189	1	1	0	0	2	113-118	FM	
Veterans Admin.	S. W. Shirley.....	27	307	4	75	517	1	0	0	0	1	271-347	O	
ARKANSAS														
Little Rock														
University	J. W. Headstream.....	14	634	8	3	4,032	1	1	1	1	4	170-333	O	
CALIFORNIA														
Arlington														
General Hospital of Riverside County—See White Memorial, Los Angeles .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Bakersfield														
Kern County General.....	D. Falk	224	12	67	2,865	1	0	1	0	2	350-425	O		

Numerical and other references are listed on pages 811 through 814.

30. UROLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month		Main-PM O	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.	Min.	Max.		
CALIFORNIA—Continued														
Long Beach														
Veterans Admin.	A. J. Bischoff	46	497	14	86	2,870	1	1	1	1	=	4	271-462	O
Los Angeles														
Kaiser Foundation	J. F. Cooper	15	1,224	15	60	7,967	1	1	0	0	=	2	275-325	PM
Los Angeles County ⁸⁵	L. Lombardo, R. Barnes	81	2,423	176	35	17,611	2	2	2	2	=	8	273-319	PM
University of California Medical Center														
University of California	W. E. Goodwin	15	560	14	93	2,313	1	1	1	1	=	4	240-314	FPO
Veterans Admin.	W. E. Goodwin	62	1,179	56	77	2,950	3	2	2	1	=	8†	293-463	PM
Harbor General (Torrance)	C. Winter, R. Turner	25	542#	47	41	3,532	1	1	1	1	=	4	273-319	PM
White Memorial ⁶	T. Bergman	9	474	9	67	5,268	1	1	1	1	=	4	215-280	PM
General Hospital of Riverside County (Arlington)														
Oakland														
Highland-Alameda County	H. J. Kay	14	412	18	44	2,373	1	1	1	0	=	3	200-295	FM
San Diego														
San Diego County General	S. G. Peck	20	429	35	68	2,619	1	1	1	0	=	3	300-400	FM
San Francisco														
Presbyterian Medical Center	H. M. Weyrauch	10	465	1	100	2,899	1	1	1	0	=	3	100-175	PM
Southern Pacific General	T. E. Gibson	18	7,048	4	...	41,359	1	0	1	0	=	2	200-325	FM
University of California Hospitals														
San Francisco General	F. Himman, Jr.	30	591	54	39	...	1	1	1	0	=	3	220-360	O
University of California	D. R. Smith	16	674	7	86	4,553	3	3	3	0	=	9	220-412	...
Veterans Admin.	D. R. Smith													
	H. M. Weyrauch	21	321	8	75	1,138	1	1	1	0	=	3	271-462	O
Torrance														
Harbor General	See University of California Medical Center, Los Angeles													
COLORADO														
Denver														
University of Colorado Medical Center														
Colorado General	O. G. Stonington	10	367	3	...	2,232	1	1	1	0	=	3	180-205	O
Denver General	D. E. Newland		525#	27	63	...							179-205	...
Veterans Admin.	O. G. Stonington	32	454	13	100	...	1	0	0	0	=	1	271-293	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center														
Grace-New Haven Community	B. M. Hayward	33	1,080	23	50	1,887	0	2	1	0	=	3	75-125	PM
Veterans Admin. (West Haven)	J. F. Walsh						0	1	0	0	=	1	293-293	...
Waterbury														
Waterbury	A. G. Stocking	16	556	14	36	179	1	0	0	0	=	1	225-275	PM
DELAWARE														
Wilmington														
Delaware	J. H. Furlong	17	489#	15	87	894	1	0	1	0	=	2	220-260	FP
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	R. Baker, L. Culbertson	13	354	28	25	2,480	2	1	1	0	=	4	233-283	O
Veterans Admin.—Georgetown University ¹³⁵														
Georgetown University														
Veterans Admin.	G. A. Higgins	17	303#	11	64	706	0	2	1	0	=	3	271-347	O
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics														
Jacksonville														
Duval Medical Center—St. Vincent's														
Duval Medical Center	W. A. Van Nortwick	10	355	13	31	2,946	0	1	1	0	=	2	225-250	PM
St. Vincent's	W. A. Van Nortwick	13	674#	7	43	...	1	0	0	0	=	1	325-375	PM
Miami														
Jackson Memorial	G. R. Prout		1,179	38	29	5,045	2	2	3	0	=	7	225-335	PM
Orlando														
Orange Memorial	J. L. Campbell	33	1,208	33	54	...	1	1	1	1	=	4	325-400	O
Tampa														
Tampa General														
Veterans Admin. (Bay Pines)														
GEORGIA														
Atlanta														
Grady Memorial	C. Rieser	29	469	14	43	8,371	2	2	2	0	=	6	125-200	FM
Veterans Admin.	E. Hultiwanger	20	314	12	42	...	1	0	1	0	=	2	293-462	PM
St. Joseph's Infirmary ¹⁴⁶	H. P. McDonald	22	1,031	7	85	2,101	2	1	1	0	=	4	270-305	PM
Augusta														
Medical College of Georgia Hospitals														
Eugene Tahnadge Memorial	E. Rinker	14	358	11	82	1,348	0	1	0	1	=	2	333-500	O
University	W. Lucas	15	663	16	13	1,077	1	1	0	0	=	2	200-250	O
Savannah														
Memorial Hospital of Chatham County	P. L. Scardino	13	533	12	67	795	1	1	1	0	=	3	...-350	FM
ILLINOIS														
Chicago														
Cook County	J. L. Wilkey	59	874	65	37	3,768	2	2	1	0	=	5	140-140	FM
Mercy	E. Wilson	16	522	18	11	2,484	1	1	1	0	=	3	225-300	FM
Michael Reese ¹⁵⁶	L. J. Shapiro	30	1,136	35	77	1,638	1	1	1	0	=	3	125-175	FP
Mount Sinai	H. S. Lakin	16	411	14	28	1,021	0	1	1	1	=	3	225-300	PM
Northwestern University Medical Center														
Chicago Wesley Memorial	V. J. O'Connor	19	664	18	67	2,730	1	0	1	0	=	2	125-150	FM
Passavant Memorial	J. T. Grayhack	11	653	4	100	...							225-275	PM
Veterans Admin. Research	V. J. O'Connor	36	641	24	79	...	0	1	0	1	=	2	271-462	O
Presbyterian—St. Luke's	E. C. Graf	25	1,002	10	80	2,300	1	1	1	0	=	3	125-200	FM
University of Chicago Clinics	C. W. Vermeulen	13	491	8	50	6,446	1	1	1	1	=	4	250-305	O
University of Illinois Research and Educational Hospitals	J. H. Kiefer													
	J. H. McDonald	17	371	9	88	5,013	0	0	1	0	=	1	160-245	PM
Hines														
Veterans Admin. ¹⁶⁵	F. Lloyd	74	795	49	51	1,256	0	3	3	3	=	9	293-412	O

Numerical and other references are listed on pages 811 through 814.

30. UROLOGY—Continued

Indiana	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-Tenance FM O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
INDIANA													
Indianapolis													
Indiana University Medical Center ¹⁷⁰	R. A. Garrett	65	1,104	46	63	5,815	2	2	2	0	6	225-300	FM
Indiana University Medical Center	J. W. Hendricks	14	395	17	59	2,697	1	1	1	1	4	269-348	FM
Marion County General	R. A. Garrett	...	...	...	...	...	...	...	...	...	2	271-462	O
Veterans Admin.	W. E. Sutton	52	2,142	29	41	237	1	1	1	1	4	290-380	FM
Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...
IOWA													
Des Moines													
Veterans Admin. ⁴⁵	L. J. Arduino	27	802	26	66	872	1	1	1	0	3	271-412	FM
Iowa City													
State University of Iowa Hospitals	R. H. Flocks	68	2,050	87	56	7,653	3	3	3	0	9	200-255	FM
KANSAS													
Kansas City													
University of Kansas Medical Center	W. Valk	31	878	35	40	2,488	2	2	2	0	6	125-271	FM
Veterans Admin. (Kansas City, Mo.)	W. L. Valk	20	390	12	83	...	...	...	...	...	2	271-271	O
KENTUCKY													
Lexington													
Good Samaritan-St. Joseph	...	...	...	...	...	...	...	...	...	...	...	...	...
Good Samaritan	D. E. Scott	22	901	17	24	...	1	1	0	0	2	220-240	FM
St. Joseph	E. H. Ray	17	664	16	56	177	1	1	1	0	3	220-240	FP
Louisville													
University of Louisville Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisville General	R. Lieb, Jr.	10	289	11	64	5,423	0	1	1	1	3	141-166	FM
Veterans Admin.	H. J. Bernan	21	314	20	70	877	1	1	0	0	2	270-347	O
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Unit	H. T. Beacham	27	898	38	41	7,599	2	2	2	0	6	125-175	FM
Tulane University Unit	J. Schlegel	32	995	54	53	7,288	2	2	2	2	8	125-175	FM
Ochsner Foundation ¹⁸⁰	E. Burns	14	515	9	44	8,879	1	1	1	0	3	225-...	FM
Veterans Admin. ¹⁰	E. Burns	31	599	18	83	661	0	1	1	0	2	270-348	O
Touro Infirmary ¹⁰	G. Tomskey	...	889	16	50	1,924	1	0	0	0	1	125-125	FP
Shreveport													
Confederate Memorial Medical Center	R. K. Womack	30	1,458	29	31	5,504	1	1	1	1	4	125-300	FM
MARYLAND													
Baltimore													
Johns Hopkins	W. W. Scott	33	1,024#	23	48	7,071	4	0	0	4	8	160-185	FM
Sinai ⁴⁷	B. S. Abeshouse	28	666	29	55	1,059	2	2	1	0	5	130-300	FM
Fordham ⁴⁷ (New York City)	L. Smiley	15	212	15	15	901	1*	0	0	0	1†	145-195	...
University	J. D. Young, Jr.	25	891	22	68	3,906	2	2	2	0	6	200-250	FM
Fort Howard													
Veterans Admin. ¹⁸⁸	H. Meisel	15	150	13	54	63	1	0	0	0	1	271-...	O
MASSACHUSETTS													
Boston													
Beth Israel ⁴⁸	G. C. Prather	...	...	...	...	...	...	...	...	...	2	167-250	O
Lawrence F. Quigley Memorial ⁴⁸	...	...	...	...	...	...	...	...	...	...	...	...	...
Soldiers' Home (Chelsea)	...	...	...	...	...	...	...	...	...	...	...	...	...
Boston City	G. Austen, Jr.	35	621	29	41	7,356	2	1	1	0	4	208-248	FM
Massachusetts General	W. P. Leadbetter	...	...	...	...	5,583	1	1	2	0	4	108-183	FM
Massachusetts Memorial ⁵⁸	D. B. Stearns	11	438	7	43	921	1	1	1	0	3	175-275	O
Lynn ⁵⁸ (Lynn)	J. Lipton	13	532	21	33	330	...	...	...	...	...	...	...
New England Center	B. G. Clarke	3	141	...	...	889	1	1	1	0	3	237-262	O
Peter Bent Brigham ¹¹	J. H. Harrison	...	...	...	...	...	0	0	2	1	3	62-62	FM
Veterans Admin. ¹¹ (West Roxbury)	H. T. Talbot	16	288	11	64	1,038	1	1	1	0	3	237-375	O
Veterans Admin. (Jamaica Plain) ²⁰⁴	R. Chute	25	857	25	19	1,396	1	1	1	0	3	...	...
MICHIGAN													
Ann Arbor													
University ²⁰⁸	R. M. Nesbit	27	1,392	17	59	4,879	0	3	3	3	9	215-275	O
Detroit													
Grace	M. N. Stewart	33	1,267	22	59	681	1	1	1	0	3	275-350	FP
Harper	F. B. Bicknell	37	1,320#	21	42	1,237	1	1	1	0	3	300-350	FM
Henry Ford	A. W. Bohne	22	998	11	73	13,242	2	2	2	0	6	265-365	FM
Receiving	D. Jaffar	25	600	19	65	5,209	0	0	0	2	2	325-400	FM
Eloise													
Wayne County General Hospital and Infirmary	J. Lapidus	32	483	37	38	827	1	0	0	0	1	403-490	FM
MINNESOTA													
Minneapolis													
Minneapolis General-St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...
Minneapolis General	T. H. Sweetser	10	302	12	83	2,477	1	1	1	1	4	235-235	FP
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Minnesota Hospitals ²¹⁰	C. D. Creevy	22	808	17	82	2,070	1	1	1	1	4	244-244	...
Veterans Admin. ²²¹	C. D. Creevy	37	968	18	100	4,080	2	3	1	1	7	271-462	O
Rochester													
Mayo Foundation ²²²	G. J. Thompson	...	3,444	20	65	...	5	5	5	5	20	200-333	FM
St. Paul													
Ancker-Charles T. Miller ⁶⁴	...	...	...	...	...	...	...	...	...	...	...	...	...
Ancker	F. E. B. Foley	13	312	15	60	2,349	1	1	1	0	3	335-335	FM
Charles T. Miller	...	15	633#	7	71	654	0	1	0	0	1	350-350	FM
MISSISSIPPI													
Jackson													
University of Mississippi Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
University	T. Alnsworth	9	283#	10	40	1,379	1	1	1	0	3	250-300	O
Veterans Admin.	S. A. Sabatini	20	364#	12	75	1,188	0	0	1	0	1	270-462	...

Numerical and other references are listed on pages 811 through 814.

30. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962				Stipend Per Month Min.-Max.	Main-tenance PM O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year			Total All Yrs.
MISSOURI													
Columbia													
University of Missouri Medical Center													
Kansas City													
Kansas City General	A. L. Stockwell	21	316	15	40	3,621	1	1	1	1	4	220-320	PM
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas												
St. Louis													
Barnes ²⁰¹	J. Cordonnier	38	1,117	15	73	3,704	2	2	2	0	6	50-150	FM
Homer G. Phillips	M. Abrams	30	355	30	20	2,671	0	1	1	1	4	285-314	FM
Missouri Pacific	A. E. Vitt	16	472	9	55	2,103	1	1	1	0	3	200-250	FM
St. Louis City	C. Wattenberg, W. Melick	21	356	23	52	3,243	0	2	2	2	6	234-314	PM
St. Mary's Group of Hospitals of St. Louis University	W. F. Melick	24	1,050	20	71	2,209	1	1	1	0	3	150-170	FM
Veterans Admin.	J. P. Altheide	18	348	16	50		1	1	1	0	3	271-462	O
NEW HAMPSHIRE													
Hanover													
Dartmouth Medical School Affiliated Hospitals													
Mary Hitchcock Memorial	L. J. Morin	22	696	16	75	1,977	1	1	1	0	3	218-273	
Veterans Admin. (White River Jet., Vt.)	L. J. Morin	22	696	16	75	1,977	1	1	1	0	3	218-273	
NEW JERSEY													
Bayonne													
Bayonne Hospital and Dispensary ²⁴⁸	A. J. Balsamo	18	960	12	33	367	1	1	1	0	3	175-175	FM
East Orange													
Veterans Admin. ²⁴⁵	M. Malament	44	582	29	59	609	1	1	1	0	3	270-462	
Jersey City													
Jersey City Medical Center	E. J. Daly	34	782	41	25	1,574	1	1	1	0	3	146-200	FM
Newark													
Harrison's Martland Medical Center	E. Seidman	21	494	44	20		1	1	1	0	3	160-212	FM
NEW YORK													
Albany													
Albany ²⁴⁸	W. Milner	21	901#	22	45	577	1	1	1	0	3	195-275	PM
Buffalo													
Buffalo General	O. J. Oberkircher	34	1,035#	13	46	1,500	1	1	1	0	3	175-200	FP
Roswell Park Memorial	W. J. Staubitz	28	275	26	100	3,044	0	1	1	0	2	334-381	O
Edward J. Meyer Memorial ²⁵⁷	W. J. Staubitz	28	337	31	42	1,352	2	2	1	0	5	252-332	PM
Millard Fillmore	P. A. Greco	23	920	5	80		1	1	1	0	3	238-323	PM
Hempstead													
Meadowbrook	C. J. Schmidlapp	26	609	29	45	1,699	1	1	1	0	3	275-275	FM
New York City													
Bellevue Hospital Center													
Div. II—Cornell University ²⁶⁴	J. W. Draper	53	510	32	28	6,371	1	1	1	1	4	145-195	
Div. IV—New York University Post-Graduate Medical School ²⁶⁷	R. S. Hotchkiss	39	608	37	30	3,048	4*	2	2	0	8	145-195	
Beth Israel	L. A. Orkin	37	890	16	31	1,247	1	1	1	0	3	175-225	PM
Bronx Municipal Hospital	H. R. Newman	26	545	38	50	2,662	2	2	2	0	6	215-...	FM
City Hospital at Elmhurst	W. L. P. Ferber	25	316	20	48	2,207	1	1	1	0	3	145-195	
Fordham	See Sinai Hospital, Baltimore												
Francis Delafield	J. K. Lattimer	32	362	27	50	1,689	2	1	1	1	5	145-195	
French	P. B. Snyder	20	585	8	25	948	1	1	1	0	3	120-145	FM
Jewish	A. Segal, P. Katzen		610	14	21	1,451	1	0	1	0	2	100-125	FM
Kings County Hospital Center ²⁸³	F. C. Hamu	56	1,160	88	28	5,581	1	2	2	0	5	145-195	
Brooklyn ³¹													
Lincoln ¹²	F. P. Twinem					2,499	1	1	0	0	2	145-195	FM
Hackensack ¹² (Hackensack, N. J.)	F. P. Twinem	14	555	9	44	237	1	0	0	0	1	150-200	PM
Long Island College	H. C. Harlin	19	759	22	9	956	0	1	1	0	2	164-191	PM
Maimonides	H. Hermann			36	36	1,185	0	1	1	1	3	100-150	PM
Morrisania City ²⁸⁴	H. Kenyon	17	444	14	36	1,667	1	2	1	0	4	145-195	
Mount Sinai	G. D. Oppenheimer	43	1,106	32	25	3,074	4	1	1	0	6	100-100	FM
New York	V. Marshall	44	1,233	26	62	9,698	2	2	1	1	6	185-263	PM
New York Medical College—Metropolitan													
Medical Center													
Metropolitan	G. R. Nagamatsu	23	601	21	36	5,920	2	2	2	0	6	145-195	FM
New York Polyclinic Medical													
School and Hospital	F. A. Beneventi	23	834	12	50	2,677	1	1	1	1	4	150-225	FM
Presbyterian	J. K. Lattimer	52	1,541	31	45	9,203	4	2	2	0	8	267-308	PM
Queen's Hospital Center													
Roosevelt	S. A. Beisler	28	615	16	25	2,309	1	1	1	0	3	191-275	PM
St. Clare's	G. A. Fiedler	12	311	11	36	589	1	1	1	0	3	125-150	PM
St. Luke's	J. A. Taylor	34	681	19	42	4,111	1	1	1	0	3	125-175	FM
Veterans Admin. (Bronx)	J. K. Lattimer	65	980	22	77	249	2	1	2	0	5	293-462	O
Veterans Admin. (Brooklyn) ²⁷⁴	W. J. Samellas	38	415	25	44	780	2	1	1	0	4	203-412	O
Veterans Admin. (Manhattan) ²⁹⁶	A. H. Ulm	54	696	31	52	631	0	3	1	0	4	271-348	O
Rochester													
Strong Memorial—Rochester Municipal	D. F. McDonald	19	753#	4	75	1,458	0	2	2	1	5	166-291	O
Syracuse													
State University of New York													
Upstate Medical Center	E. Harbach	66	1,752	32	47	674	0	1	1	1	3	284-350	O
Veterans Admin.	W. L. Parry	25	378				1	0	1	0	2	271-347	
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	P. L. Bunce	8	376	6	100	2,364	0	0	1	0	1	266-266	O
Charlotte													
Charlotte Memorial	R. McKay	32	1,389#	5	40	1,169	1	1	1	0	3	295-345	PM
Durham													
Duke University Affiliated Hospitals													
Duke	E. P. Alvea	19	724	12	25	5,151	2	2	2	0	6	43-200	FM
Veterans Admin.	E. R. Alvea	20	408#	11	64		1	1	0	1	3	270-402	O
Watts ²⁰	L. C. Roberts	13	645	5	80	383	1	1	0	0	2	300-350	FM
Winston-Salem													
North Carolina Baptist	F. K. Garvey	29	1,285#	9	44	2,943	1	1	0	0	2	166-208	PM

Numerical and other references are listed on pages 811 through 814.

30. UROLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-PM O	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
OHIO													
Akron													
Akron City	D. E. Banks	29	1,258	...	...	505	1	1	1	0	= 3	300-375	FP
Cincinnati													
University of Cincinnati College of Medicine Hospital Group	T. B. Wayman	29	744	33	36	4,074	2	2	2	0	= 6	75-250	FM
Cincinnati General	B. Wayman	21	331	16	50	520	...	...	...	...	...	271-462	O
Veterans Admin.													
Cleveland													
Cleveland Clinic	C. C. Higgins	35	1,468	37	51	15,071	2	2	2	0	= 6	275-300	...
Cleveland Metropolitan General	H. R. Trattner	10	259	7	57	3,003	1	1	1	0	= 3	183-258	FM
Huron Road	V. C. Laughlin	24	613	7	57	247	1	1	1	0	= 3	215-230	FP
University Hospitals of Cleveland	L. Persky	23	1,157	12	83	2,610	0	1	1	1	= 3	183-250	PM
Veterans Admin.	L. Persky	28	619	17	70	368	1	1	1	0	= 3	271-462	PM
Columbus													
Ohio State University Hospitals	W. M. Taylor	25	730	16	81	5,726	0	2	2	1	= 5	202-277	PM
University													
Dayton													
Veterans Admin.	G. Block	29	225	21	48	619	1	1	1	0	= 3	293-412	O
Toledo													
St. Vincent's ¹⁴	E. A. Ockuly	21	1,000#	10	40	127	1	0	0	0	= 1	275-325	FP
Maumee Valley ¹⁴	E. A. Ockuly	7	192	15	40	574	0	0	1	0	= 1	285-350	FP
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center	D. W. Branham	10	...	...	...	1,983	1	2	1	0	= 4	...	PM
University Hospitals		23	260	10	70	250	...	...	...	...	...	...	...
Veterans Admin.													
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	64	1,320	44	70	3,242	2	2	2	2	= 8	165-215	FM
Veterans Admin.	C. V. Hodges	33	484	19	79	910	0	0	2	0	= 2	271-412	PM
PENNSYLVANIA													
Danville													
George F. Geisinger Memorial	W. I. Buchert	24	1,039	15	53	8,436	1	0	0	0	= 1	175-225	FM
Erie													
Hamot	R. C. Lyons	13	606	17	35	413	1	1	1	1	= 4	250-300	FM
St. Vincent	A. F. Kaminsky	25	1,049	24	55	1,178	2*	1	1	0	= 4	275-325	FM
Harrisburg													
Harrisburg	R. E. Allyn	...	674	28	36	1,961	1	1	0	0	= 2	250-...	FP
Philadelphia													
Albert Einstein Medical Center	M. Muschat	61	1,331	35	51	970	2	1	0	0	= 3	125-200	FM
Episcopal	G. D. Shoup	13	377	9	56	897	1	1	0	0	= 2	150-150	FM
Graduate Hospital of the University of Pennsylvania ¹⁵	H. M. Burros	5	257	4	75	1,870	1	1	1	0	= 3	100-100	FM
Mercy ¹⁵ (Wilkes-Barre)	C. Burns	...	263	2	50	970	1	0	0	0	= 1	300-300	FM
Hahnemann Medical College and Hospital	J. M. Howard	28	672	13	30	1,595	2	2	1	1	= 6	75-75	FM
Hospital of the University of Pennsylvania	B. Hughes	30	1,025	20	60	2,507	1	1	1	0	= 3	200-400	PM
Jefferson Medical College	T. R. Fetter	54	1,361	31	33	5,117	1	1	2	1	= 5	100-150	PM
Pennsylvania	B. Haylar	...	448	10	50	2,385	2	0	0	0	= 2	20-40	FM
Philadelphia General	J. Gislason, P. Lebermann	22	322	31	52	3,717	2	2	1	0	= 5	128-265	FM
Temple University	K. B. Conger	20	928	21	62	2,082	1	1	1	0	= 3	175-225	PM
Veterans Admin.	M. Bogash	29	550	16	63	...	1	1	1	0	= 3	292-462	O
Pittsburgh													
Allegheny General	J. L. Hamilton	22	805	16	31	575	1	0	0	0	= 1	200-250	FM
Mercy	C. C. Altman	27	712	15	40	507	1	1	1	0	= 3	235-285	FM
Health Center Hospitals of the University of Pittsburgh School of Medicine	J. J. Lee	18	567	13	54	...	1	1	1	1	= 4	125-175	FM
Presbyterian-Woman's	C. A. Kuehn	26	552	34	82	...	0	1	1	1	= 3	270-412	O
Veterans Admin.													
Sayre													
Robert Packer	W. Baurys	17	1,007	14	42	879	1	0	0	0	= 1	235-325	PM
Wilkes-Barre													
Wilkes-Barre General	W. J. Daw	15	506	20	55	888	0	1	0	0	= 1	...-225	...
PUERTO RICO													
San Juan													
San Juan City	L. Sanjurjo	19	325	5	80	5,509	0	1	1	0	= 2	250-325	FM
RHODE ISLAND													
Providence													
Rhode Island	E. K. Landsteiner	20	922	38	45	2,428	1	1	1	0	= 3	125-175	FM
SOUTH CAROLINA													
Charleston													
Teaching Hospitals of the Medical College of South Carolina	P. W. Sanders, Jr.	12	498	7	...	1,520	...	...	...	...	...	138-168	...
Medical College		...	...	...	...	...	...	...	...	...	...	...	...
Roper		...	...	...	...	...	...	...	...	...	...	...	...
Orangeburg													
Orangeburg Regional	L. P. Thackston	40	1,028	14	86	10,226	0	1	1	0	= 2	300-500	FM
TENNESSEE													
Memphis													
City of Memphis Hospitals ¹⁶	S. L. Raines	...	683	35	50	5,103	3	2	1	0	= 6	150-200	FP
Baptist Memorial ¹⁶⁻⁴⁴	W. H. Walker	46	824	21	90	2,595	1	1	1	0	= 3	271-347	PM
Veterans Admin.													
Nashville													
George W. Hubbard	D. V. Bradley	6	86	...	...	945	1	1	1	0	= 3	125-175	FM
Vanderbilt University	A. P. Harris	10	338	3	33	2,023	1	0	0	0	= 1	100-125	FM

Numerical and other references are listed on pages 811 through 814.

30. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths			Residencies Offered 1961-1962					Stipend Per Month Min.-Max.	Main-tenance FM PM O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	Total All Yrs.			
TEXAS														
Dallas														
Parkland Memorial	H. Spence	16	478	15	27	4,818	0	1	1	1	1	3	150-225	PM
Veterans Admin. ³⁶⁴	P. A. Duff	40	582	30	90	3,500	1	0	0	1	1	2	293-412	PM
Galveston														
University of Texas Medical Branch Hospitals	C. Hooks	24	653	13	46	5,497	1	1	1	0	0	3	160-160	FP
Houston														
Baylor University College of Medicine Affiliated Hospitals														
Jefferson Davis	A. Leader	19	482	19	36	6,425	1	1	1	0	0	3	125-165	FM
Methodist													100-175	FM
St. Luke's Episcopal	T. H. Guthrie	41	2,297	14	48		2	0	0	0	0	2	125-125	FM
Texas Children's	T. H. Guthrie	7	590			248								
Veterans Admin.	R. Scott	37	965	16	88		2	2	2	0	0	6	270-412	PM
Hermann ³⁶⁶	C. M. Crigler	32	1,854	15	60	3,252	1	1	1	1	1	4	125-200	FM
VERMONT														
Burlington														
University of Vermont Medical School														
Affiliated Hospitals														
DeGoesbriand Memorial	P. R. Powell	5	280#	5	50	151							208-208	
Mary Fletcher	P. R. Powell	9	418	9	78	284	1	0	0	0	0	1	100-166	FMO
VIRGINIA														
Charlottesville														
University of Virginia	A. J. Paquin	12	463	11	55	3,035	2	0	0	1	1	3	75-150	FM
Danville														
Memorial	R. R. Landes	17	962	8	75	825	1	1	1	0	0	3	350-450	PM
Richmond														
Medical College of Virginia—Hospital Division	A. J. Dodson, Jr.	24	789	18	28	2,732	1	1	1	0	0	3	125-175	FM
Veterans Admin.	R. C. Bunts	33	799	20	73	1,758	1	1	1	0	0	3	271-412	PM
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals														
King County Hospital Unit No. 1 (Harborview) ¹⁷	J. S. Ansell	16	533#	22	64	4,987	1	1	1	0	0	3	200-250	FM
University	J. Ansell		10#			34	1	1	1	1	1	4	180-355	PM
Veterans Admin. ¹⁷	J. S. Ansell			11	100									
WISCONSIN														
Madison														
Madison General	P. R. Kundert	23	883	16	69		1	1	1	0	0	3	200-250	FP
University Hospitals	J. B. Wear	17	460	11	45	1,025	2	1	1	1	1	5	100-200	FM
Milwaukee														
Milwaukee County	R. S. Irwin	26	615	32	56	2,595	1	1	1	1	1	4	229-434	
Veterans Admin. (Wood)	R. S. Irwin	44	868	21	74	3,124	2	1	1	0	0	4	271-412	PM

Numerical and Other References

- Appointments restricted to men only.
- U. S. Citizenship required.
- Appointments not available to graduates of foreign medical schools.
- Training at the third-year level only.
- May include one-year fellowships in the Department of Cardiology.
- May include one year of training at Cook County Hospital, Chicago, by special arrangement.
- May include one year of surgical research at Louisiana State University School of Medicine.
- Includes fellowships.
- Coordinated three-year programs: White Memorial Hospital affords two years, General Hospital of Riverside County, one year. Residents should apply to White Memorial Hospital.
- In addition to three intramural years at Veterans Administration Hospital, coordinated three-year program: Touro Infirmary affords one year, Veterans Administration Hospital final two years. Residents should apply to Veterans Administration Hospital.
- Coordinated three-year program: Peter Bent Brigham Hospital affords 18 months. Veterans Administration Hospital, West Roxbury, Mass., 18 months. Residents should apply to either hospital.
- In addition to three intramural years at Lincoln Hospital, coordinated three-year program: Lincoln Hospital affords two years; Hackensack Hospital, one year. Residents should apply to Lincoln Hospital.
- Approved Category I. Residents interested should consult Requirements for Certification.
- Coordinated three-year program: St. Vincent Hospital affords two years; Maumee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
- In addition to three intramural years at Graduate Hospital of the University of Pennsylvania, coordinated three-year program: Graduate Hospital affords two years, final year at Mercy Hospital. Residents should apply to Graduate Hospital.
- In addition to three intramural years at City of Memphis Hospitals, coordinated three-year program: City of Memphis Hospitals affords two years; Baptist Memorial Hospital, one year. Residents should apply to City of Memphis Hospitals.
- In addition to three intramural years at King County Hospital, Unit No. 1 (Harborview), coordinated three-year program. King County Hospital affords two years, final year at Veterans Administration Hospital, Seattle. Residents should apply to King County Hospital.
- Training limited to Contagious Diseases.
- In addition to three years in Internal Medicine, one year of training in Hematology is available.
- Coordinated three-year program. Watts Hospital affords two years, North Carolina Memorial Hospital affords one year. Residents should apply to Watts Hospital.
- Combined integrated program—Bellevue Div. II (Cornell and Memorial Cancer Center).
- Training in pediatric psychiatry (third-year level).
- To include one year of affiliate training at the second-year level at the University Hospitals (Lakeside) Cleveland.
- This one year of training is equivalent to one year of basic science as a part of an approved three-year program.
- One year of clinical investigation available.
- An additional one year of fellowship training in cardio-pulmonary laboratory is available.
- Includes one year of training at Veterans Administration Hospital, Iowa City.
- Provides training at the third-year level, affiliate training with University of Minnesota Hospitals, Minneapolis.
- Approved for affiliate training only.
- Obstetrical and Gynecological Pathology only.
- Coordinated three-year program: two years at Kings County Hospital Center, one year at Brooklyn Hospital. Residents should apply to Kings County Hospital Center.
- Approved Category P. Residents interested should consult Requirements for Certification.
- La Rabida Sanitarium, Lewis Memorial Maternity Hospital, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Hospital, Chicago.
- Methodist Hospital and St. Francis Hospital Divisions.
- Children's Hospital, Los Angeles County Hospital, Los Angeles.
- Six months of training is afforded at University Hospitals, Iowa City.
- In addition to the three-year program at Bellevue Medical Center, Division I, another program has been approved for two years of training which includes rotation on the following services: Columbia University Division and Medical Chest Service; Bellevue Hospital, Columbia Research Division, Goldwater Memorial Hospital, Medical Service, Francis Delafield Hospital.

38. Includes one year of training at Parkland Memorial Hospital, Dallas, Texas.
39. Approved for training at the first-year level.
40. Previous internship not required.
41. Approved Category H. Residents interested should consult Requirements for Certification.
42. Approved Category J. Residents interested should consult Requirements for Certification.
43. Includes one-year fellowship in the cardio-pulmonary laboratory.
44. Provides one year of training at third year level as part of three-year program at City of Memphis Hospitals.
45. Includes one year of training at State University of Iowa Hospitals, Iowa City.
46. One year of approved resident training in Pulmonary Diseases is offered at each; the University of Kansas Medical Center, Kansas City, Kansas, and the Veterans Administration Hospital, Kansas City, Mo.
47. In addition to three intramural years at Sinai Hospital, Baltimore, coordinated three-year program: Sinai Hospital affords first two years, Fordham Hospital one year (third year). Residents should apply to Sinai Hospital.
48. Coordinated three-year program: Bayonne Hospital and Dispensary affords two years; Jersey City Medical Center, Jersey City, one year. Residents should apply to Bayonne Hospital and Dispensary.
49. Coordinated three-year program: Beth Israel Hospital affords two years, Lawrence F. Quigley Memorial Hospital affords one year. Residents should apply to Beth Israel Hospital.
50. Joint program—West Jersey Hospital, Cooper Hospital, Our Lady of Lourdes Hospital, Camden, N. J.
51. A second year of training available at Massachusetts General Hospital.
52. In addition to a three-year intramural residency, a rotating residency which provides six months training on each of the following services: Columbia University Division, Bellevue Hospital; Medical Chest Service, Bellevue Hospital; Columbia Research Division, Goldwater Memorial Hospital, and Medical Service, Francis Delafield Hospital, is afforded.
53. Coordinated three-year program: Massachusetts Memorial Hospital affords two years, Lynn Hospital affords one year (second year). Residents should apply to Massachusetts Memorial Hospital.
54. Combined three-year program: Two years afforded at Ancker Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to Ancker Hospital.
55. Combined program of Pediatrics and Contagious Diseases.
56. Three-year coordinated program, all of which may be at Army Medical Center or Brooke General Hospital, or may be two years at one of these plus a year at Fitzsimons General Hospital or Letterman General Hospital.
57. Duration of complete program greater than 36 months. Entire program of more than 36 months must be completed in order to obtain three years of obstetrics and gynecology.
58. Program offers a year or more of additional training in the specialty beyond the basic two years required to fulfill the residency requirement of the Board.
59. Emory University Affiliated Hospitals, Atlanta, Ga.
76. Medical College of Alabama Hospitals, Birmingham, Alabama.
77. University of Arkansas Medical Center, Little Rock, Ark.
78. Valley Children's Hospital, Fresno, Calif.
79. Veterans Administration Mental Hygiene Clinic, Los Angeles.
80. Harbor General Hospital, Torrance, Calif.
81. Memorial Hospital of Long Beach, Calif.; Children's Hospital, Los Angeles.
82. Los Angeles County Hospital, Los Angeles.
83. John Wesley County Hospital, Los Angeles.
84. Children's Hospital, Los Angeles Eye and Ear Hospital, Los Angeles.
85. Hospital of the Good Samaritan, Children's Hospital, Los Angeles.
86. University of California Hospital, Los Angeles.
87. Cedars of Lebanon Hospital, Los Angeles; Harbor General Hospital, Torrance, Calif.
88. Children's Hospital, Los Angeles; St. John's Hospital, Santa Monica, Calif.
89. Veterans Administration Hospital, San Fernando, Calif.
90. Glendale Sanitarium and Hospital, Glendale, Calif.
91. Glendale Sanitarium and Hospital, Glendale, Calif.; Olive View Sanatorium and Hospital, Olive View, Calif.
92. Glendale Sanitarium and Hospital, Glendale, Calif.; Rancho Los Amigos Hospital, Hondo, Calif.
93. Rancho Los Amigos Hospital, Hondo, Calif.
94. Children's Hospital, Los Angeles.
95. Samuel Merritt Hospital, Oakland, Calif.
96. Santa Barbara General Hospital, Santa Barbara, Calif.
97. University of Southern California, Los Angeles.
98. San Francisco General Hospital, San Francisco.
99. Sacramento County Hospital, Sacramento, Calif.; San Francisco General Hospital, Southern Pacific Hospital, San Francisco; Santa Clara County Hospital, San Jose, Calif.
100. Southern Pacific Hospital, San Francisco; Veterans Administration Hospital, Ft. Miley, Calif.
101. San Francisco General Hospital, San Francisco Mills Memorial Hospital, San Mateo, Calif.
102. Franklin Hospital, San Francisco General Hospital, San Francisco.
103. San Francisco General Hospital, Veterans Administration Hospital, San Francisco.
104. St. Luke's Hospital, San Francisco.
105. University of California Hospitals, San Francisco.
106. Langley Porter Neuropsychiatric Institute, San Francisco; Sun Joaquin County Mental Health Clinic, Stockton, Calif.
107. Langley Porter Neuropsychiatric Institute, San Francisco.
108. Veterans Administration Hospital, University of Colorado Medical Center, Denver.
109. St. Luke's Hospital, Denver.
110. Colorado State Hospital, Pueblo, Colorado.
111. Children's Hospital, Denver.
112. University of Colorado Medical Center, Denver.
113. St. Joseph's Hospital, Denver.
114. Penrose Cancer Hospital, Colorado Springs, Colo.
115. St. Joseph's Hospital, Denver; Parkview Hospital, Pueblo, Colo.
116. St. Mary-Corwin Hospital, Pueblo, Colorado.
117. St. Mary-Corwin Hospital, Pueblo, Colorado; St. Joseph's Hospital, Denver.
118. Memorial Hospital for Cancer and Allied Diseases, New York City.
119. John J. McCook Hospital, Hartford, Conn.
120. John J. McCook Hospital, Hartford, Conn.; Memorial Hospital for Cancer and Allied Diseases, New York City.
121. Laurel Heights Hospital, Shelton, Conn.
122. Grace-New Haven Community Hospital, New Haven, Conn.
123. Norfolk Community Hospital, Norfolk, Va.; Soldiers' Home Hospital, Chelsea, Mass.
124. District of Columbia General Hospital, Washington, D. C.; U. S. Public Health Service Hospital, Staten Island, N. Y.; Norfolk Community Hospital, Norfolk, Va.
125. District of Columbia General Hospital, Washington, D. C.
126. District of Columbia General Hospital, Washington, D. C.; St. Mary's Hospital, Rochester, N. Y.; Arlington Hospital, Arlington, Va.
127. District of Columbia General Hospital, Veterans Administration Hospital, Washington, D. C.
128. Armed Forces Institute of Pathology, Washington, D. C.
129. District of Columbia General Hospital, Veterans Administration Hospital, Washington, D. C.
130. Walter Reed Army Hospital, Washington, D. C.
131. Armed Forces Institute of Pathology, Children's Hospital, District of Columbia General Hospital, St. Elizabeth's Hospital, Washington, D. C.
132. District of Columbia General Hospital, St. Elizabeth's Hospital, Veterans Administration Hospital, Washington, D. C.
133. Armed Forces Institute of Pathology, Georgetown Univ. Hospital, Washington, D. C.
134. Georgetown University Hospital, Washington, D. C.
135. George Washington University Hospital, Washington, D. C.
136. Georgetown University Hospital, George Washington University Hospital, Naval Medical Center, Walter Reed Army Hospital, Children's Hospital, Washington, D. C.
137. Georgetown University Hospital, George Washington University Hospital, Naval Medical Center, Washington, D. C.
138. District of Columbia General Hospital, Children's Hospital, Washington, D. C.
139. Children's Hospital, Washington, D. C.
140. Duval Medical Center, Jacksonville, Fla.
141. Brewster Hospital, Jacksonville, Fla.; Memorial Hospital for Cancer and Allied Diseases, New York City.
142. Mount Sinai Hospital, Miami Heart Institute, Miami, Fla.
143. Veterans Administration Hospital, Coral Gables, Fla.
144. Veterans Administration Hospital, Coral Gables, Fla.; Kendall Hospital, South Miami, Fla.
145. Jackson Memorial Hospital, Miami, Fla.
146. Cincinnati General Hospital, Cincinnati.
147. Grady Memorial Hospital, Emory University Hospital, Atlanta, Ga.
148. Grady Memorial Hospital, Atlanta, Ga.
149. Eugene Talmadge Memorial Hospital, Augusta, Ga.
150. Veterans Administration Hospital, Atlanta, Ga.
151. Cook County Hospital, Chicago.
152. Veterans Administration Hospital, Hines, Ill.
153. Lewis Memorial Hospital, Chicago.
154. Municipal Tuberculosis Sanitarium, Chicago.
155. Veterans Administration Hospital (West Side), Chicago.
156. Chicago State Hospital, Chicago.
157. Cook County Hospital, Mount Sinai Hospital, Chicago.
158. University of Illinois Research and Education Hospital, Michael Reese Hospital, Chicago.
159. Veterans Administration Hospital, Hines, Ill.; Henrotin Hospital, Presbyterian-St. Luke's Hospital, Chicago.
160. Veterans Administration Hospital, Hines, Ill.
161. University of Illinois Research and Education Hospital, Chicago.
162. Cook County Hospital, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago.
163. Illinois Eye & Ear Infirmary, Chicago.
164. Passavant Memorial Hospital, Chicago.
165. Children's Memorial Hospital, Chicago; Methodist Hospital, Peoria, Ill.
166. Methodist Hospital, Peoria, Ill.
167. Silver Cross Hospital, Joliet, Ill.
168. Children's Memorial Hospital, Chicago.
169. Veterans Administration Hospital, Indianapolis, Ind.
170. Methodist Hospital, Indianapolis, Ind.
171. Broadlawns-Polk County Hospital, Des Moines, Ia.
172. In addition to a program of three intramural years at University Hospitals, a separate three-year program of two years at University Hospitals and one year at Veterans Administration Hospital is afforded.
173. Veterans Administration Mental Hygiene Clinic, Children's Service of the Menninger Clinic, Topeka, Kan.
174. University of Kansas Medical Center, Kansas City, Kan.
175. Good Samaritan Hospital, Lexington, Ky.
176. Final year of the 4-year program at Ochsner Foundation Hospital, New Orleans.
177. Charity Hospital, Veterans Administration Hospital, New Orleans.
178. E. A. Conway Memorial Hospital, Monroe, La.
179. Crippled Children's Hospital, Charity Hospital (Tulane Service), New Orleans; E. A. Conway Memorial Hospital, Monroe, La.
180. E. A. Conway Memorial Hospital, Monroe, La.; Huey P. Long Charity Hospital, Pineville, La.
181. Charity Hospital of Louisiana, (Louisiana State University Unit) New Orleans.
182. Charity Hospital of Louisiana, New Orleans.
183. Charity Hospital (Tulane Service), Eye, Ear, Nose, and Throat Hospital, New Orleans.
184. Touro Infirmary, New Orleans.
185. Boston Floating Hospital, Boston.
186. University Hospital, Baltimore.
187. Johns Hopkins Hospital, Baltimore.
188. Six months affiliated training afforded at University Hospital, Baltimore, Md.
189. Johns Hopkins Hospital, University Hospital, Baltimore.
190. Beth Israel Hospital, Boston.

191. Chelsea Soldier's Home, Chelsea, Mass.; Boston State Hospital, Mattapan; Pondville State Hospital, Walpole, Mass.
192. Lahey Clinic, Boston.
193. Soldiers' Home, Chelsea, Mass.
194. Beth Israel Hospital, Boston; Beverly Hospital, Beverly, Mass.; Mount Auburn Hospital, Cambridge, Mass.; North Shore Babies' Hospital, Salem Hospital, Salem, Mass.; Wrentham State Hospital, Wrentham, Mass.
195. Children's Hospital Medical Center, Boston.
196. Boston City Hospital, Children's Medical Center, Boston.
197. Children's Hospital, Boston; Veterans Administration Hospital, West Roxbury, Mass.
198. Veterans Administration Hospital, West Roxbury, Mass.
199. Pondville Hospital, Walpole, Mass.
200. Carney Hospital, St. Elizabeth Hospital, Boston; Beth Israel Hospital, Brookline, Mass.; Newton-Wellesley Hospital, Newton Lower Falls, Mass.
201. Lemuel Shattuck Hospital, Boston; Newton-Wellesley Hospital, Newton Lower Falls, Mass.
202. Faulkner Hospital, Boston.
203. Lemuel Shattuck Hospital, Massachusetts General Hospital, Boston.
204. Massachusetts General Hospital, Boston.
205. Newport Hospital, Newport, R. I.
206. Boston City Hospital, Boston.
207. Six to twelve months affiliated training at Pondville Hospital, Walpole, Mass.
208. Veterans Administration Hospital, Ann Arbor, Michigan.
209. Community Hospital, Battle Creek, Michigan.
210. Children's Hospital, Detroit Receiving Hospital, Detroit; Wayne County General Hospital, Eloise, Mich.
211. Children's Hospital, Women's Hospital, Detroit.
212. Children's Hospital, Detroit.
213. Detroit Orthopedic Clinic, Detroit.
214. University Clinic, Ann Arbor, Mich.
215. Lafayette Clinic, Detroit.
216. Veterans Administration Hospital, Minneapolis.
217. Shriners Hospital for Crippled Children, Minneapolis.
218. Veterans Administration Hospital, Minneapolis General Hospital, Minneapolis; Ancker Hospital, St. Paul, Minn.
219. Veterans Administration Hospital, Minneapolis.
220. University of Minnesota Hospital, Minneapolis; Ancker Hospital, St. Paul, Minn.
221. University of Minnesota Hospitals, Minneapolis.
222. Rochester Methodist Hospital, St. Mary's Hospital, Rochester, Minn.
223. Child Guidance Clinic, Jackson, Miss.
224. Veterans Administration Hospital, Gulfport, Miss.
225. Kuhn Memorial Hospital, Vicksburg, Miss.
226. Children's Mercy Hospital, Kansas City, Mo.
227. Boston City Hospital, Boston; Bellevue Medical Center, New York City.
228. Koch Hospital, Koch, Mo.; Barnes Hospital, Veterans Administration Hospital, St. Louis, Mo.
229. St. Louis Maternity Hospital, St. Mary's Hospital, St. Louis, Mo.
230. Cardinal Glennon Hospital, St. Louis, Mo.
231. Renard Hospital, St. Louis State Hospital, St. Louis, Mo.
232. Cardinal Glennon Hospital, St. Mary's Hospital, St. Louis, Mo.
233. Barnes Hospital, St. John's Hospital, St. Louis State Hospital, St. Louis, Mo.
234. St. Luke's Hospital, St. Louis, Mo.
235. St. Louis City Hospital, St. Mary's Group of Hospitals, St. Louis, Mo.
236. Ellis Fischel State Cancer Hospital, Columbia, Mo.; Cardinal Glennon Memorial Hospital, St. Louis, Mo.
237. St. Louis City Hospital, St. Louis, Mo.
238. Douglas County Hospital, Nebraska Methodist Hospital, Bishop Clarkson Memorial Hospital, Omaha, Neb.
239. University of Nebraska Hospital, Omaha, Neb.
240. St. Joseph's Hospital, University of Nebraska Hospital, Omaha, Neb.
241. Nebraska Methodist Hospital, University of Nebraska Hospital, Omaha, Neb.
242. St. Joseph's Hospital, Omaha, Neb.
243. Jefferson Medical College Hospital, Philadelphia.
244. Includes one year of training at Montefiore Hospital, New York City.
245. Flower and Fifth Avenue Hospitals, Metropolitan Medical Center, New York City.
246. St. Christopher's Hospital for Children, Philadelphia.
247. Children's Hospital, Philadelphia.
248. Veterans Administration Hospital, Albany, N. Y.
249. Anthony N. Brady Memorial Hospital, Albany, N. Y.
250. Children's Hospital, Veterans Administration Hospital, Buffalo, N. Y.
251. Children's Hospital, Roswell Park Memorial Hospital, Buffalo, N. Y.
252. Children's Hospital, Buffalo, N. Y.
253. Roswell Park Memorial Hospital, Buffalo, N. Y.
254. Buffalo General Hospital, Children's Hospital, Buffalo, N. Y.
255. Roswell Park Memorial Hospital, Sisters of Charity Hospital, Buffalo, N. Y.
256. Buffalo Eye & Ear Hospital, Buffalo, N. Y.
257. Millard Fillmore Hospital, Roswell Park Memorial Hospital, Buffalo, N. Y.
258. Includes one year affiliated training at Georgetown University Hospital, Washington, D. C.
259. Buffalo General Hospital, Children's Hospital, Buffalo, N. Y.; J. N. Adam Memorial Hospital, Perryburg, N. Y.
260. Buffalo General Hospital, Edward J. Meyer Memorial Hospital, Millard Fillmore Hospital, Buffalo, N. Y.
261. Presbyterian Hospital, New York City.
262. Memorial Hospital, New York Hospital, New York City.
263. Triboro Hospital, Jamaica, N. Y.; North Shore Hospital, Manhasset, N. Y.
264. New York Hospital, New York City.
265. Knickerbocker Hospital, University Hospital, New York City.
266. Goldwater Memorial Hospital, Institute of Physical Medicine and Rehabilitation, Hospital for Joint Diseases, St. Vincent's Hospital, University Hospital, Veterans Administration Hospital (Manhattan), New York City; Grasslands Hospital, Valhalla, N. Y.; New York State Rehabilitation Hospital, West Haverstraw, New York.
267. University Hospital, New York City.
268. University Hospital, Veterans Administration Hospital (Manhattan), New York City.
269. Knickerbocker Hospital, University Hospital, Veterans Administration Hospital (Manhattan), New York City.
270. Central Islip State Hospital, Central Islip, N. Y.; University Hospital, Veterans Administration Hospital (Manhattan), New York City.
271. Meadowbrook Hospital, Hempstead, N. Y.; University Hospital, Veterans Administration Hospital (Manhattan), New York City.
272. Mount Sinai Hospital, New York City.
273. Bellevue Medical Center, New York City.
274. Kings County Hospital Center, New York City (Brooklyn).
275. Hospital for Joint Diseases, New York City.
276. Triboro Hospital, Jamaica, N. Y.
277. Queen Hospital Center, Jamaica, N. Y.
278. New York Hospital-Cornell Medical Center, New York City.
279. One year of affiliated training provided on a continuing basis at Beekman-Downtown Hospital or Jewish Hospital of Brooklyn.
280. Long Island College Hospital, Maimonides Hospital (Brooklyn), New York City.
281. Long Island College Hospital (Brooklyn) New York City.
282. St. John's Episcopal Hospital, New York City (Brooklyn).
283. Veterans Administration Hospital (Brooklyn), New York City.
284. Montefiore Hospital, New York City.
285. Morrisania City Hospital, New York City.
286. Margaret Hague Hospital, Jersey City, N. J.
287. Columbia-Presbyterian Medical Center, New York City.
288. Francis DeLafield Hospital, Goldwater Memorial Hospital, New York City.
289. New York State Psychiatric Institute, New York City.
290. Bronx Municipal Hospital, New York City.
291. Jewish Hospital, Maimonides Hospital (Brooklyn), New York City.
292. Meadowbrook Hospital, Hempstead, N. Y.; Bellevue Hospital, New York City.
293. Bellevue Hospital, Presbyterian (Babies) Hospital, New York City.
294. Beekman-Downtown Hospital, Memorial Center, Presbyterian Hospital, St. Luke's Hospital (Women's Division), New York City.
295. Lenox Hill Hospital, New York City.
296. New York University Medical Center, New York City.
297. Children's Hospital, Buffalo, N. Y.; Strong Memorial Hospital, Rochester, N. Y.
298. Genesee Hospital, Rochester, N. Y.
299. Genesee Hospital, Highland Hospital, Rochester, N. Y.
300. Veterans Administration Hospital, Durham, N. C.
301. Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, N. C.
302. Duke Hospital, Durham, N. C.
303. Veterans Administration Hospital, Cincinnati, Ohio.
304. Longview State Hospital, Cincinnati, Ohio.
305. Children's Hospital, Cincinnati, Ohio.
306. St. Vincent's Charity Hospital, Cleveland.
307. Cleveland Metropolitan General Hospital, Cleveland.
308. University Hospitals, Cleveland.
309. Cleveland Guidance Center, Cleveland.
310. Veterans Administration Hospital, Brecksville, Ohio; Cleveland Metropolitan General Hospital, University Hospital, Cleveland.
311. Veterans Administration Hospital, Brecksville, Ohio, University Hospitals, Cleveland.
312. Veterans Administration Hospital, Brecksville, Ohio, Sunny Acres-Cuyahoga County Tuberculosis Hospital, Cleveland General Hospital, Mount Sinai Hospital, Cleveland.
313. St. Ann's Hospital for Women, Columbus, Ohio.
314. Veterans Administration Hospital, Dayton, Ohio.
315. Miami Valley Hospital, Dayton, Ohio.
316. Ohio State University Hospitals, Columbus, Ohio.
317. Veterans Administration Hospital, Oklahoma City.
318. Central State Hospital, Norman, Okla.
319. St. Anthony's Hospital, Oklahoma City.
320. Wesley Hospital, Oklahoma City.
321. Wesley Hospital, Oklahoma City; St. John's Hospital, Tulsa, Okla.
322. Central State Hospital, Norman, Okla., Mercy Hospital, Oklahoma City; St. John's Hospital, Tulsa, Okla.
323. Veterans Administration Hospital, Portland, Ore.
324. Shriners Hospital for Crippled Children, Spokane, Wash.
325. Norristown State Hospital, Norristown, Pa.
326. Eastern Pennsylvania Psychiatric Institute, Philadelphia; Children's Service Center of Wyoming Valley Hospital, Wilkes-Barre, Pa.
327. Allegheny General Hospital, Pittsburgh.
328. Children's Hospital, Pennsylvania Hospital, Philadelphia.
329. Lankenau Hospital, Philadelphia.
330. Our Lady of Lourdes, Camden, N. J.; Lankenau Hospital, Philadelphia.
331. Philadelphia General Hospital, Philadelphia.
332. St. Luke's and Children's Medical Center, Philadelphia.
333. Monmouth Medical Center, Long Branch, N. J.; Lancaster General Hospital, Lancaster, Pa.; Philadelphia General Hospital, Philadelphia.
334. Veterans Administration Hospital, Philadelphia.
335. Episcopal Hospital, Philadelphia.
336. Veterans Administration Hospital, Coatesville, Pa.; Fitzgerald-Mercy Hospital, Darby, Pa.; St. Christopher's Hospital for Children, Philadelphia.
337. St. Christopher's Hospital for Children, Philadelphia.
338. Eastern Pennsylvania Psychiatric Institute, Philadelphia; Carrier Clinic, Belle Mead, N. J.
339. Allegheny General Hospital, Children's Hospital, University of Pittsburgh Medical Center, Philadelphia.
340. University of Pittsburgh Medical Center, Pittsburgh.
341. Western Psychiatric Institute, Pittsburgh.
342. Allegheny General Hospital, Children's Hospital, Pittsburgh.
343. San Juan City Hospital, San Juan, P. R.
344. Clinica Dr. E. Fernandez Garcia, Clinica Dr. M. Julia, San Juan, P. R., Veterans Administration Hospital, New York (Bronx); N. Y.
345. San Juan City Hospital, Dr. I. Gonzalez Martinez Oncologic Hospital, San Juan, P. R.
346. Boston City Hospital, Boston.
347. East Tennessee Children's Hospital, Knoxville, Tenn.
348. East Tennessee Tuberculosis Hospital, Knoxville, Tenn.

349. John Gaston Hospital, Hospital for Crippled Adults, Crippled Children's Hospital, Memphis, Tenn.
 350. Memphis Eye, Ear, Nose and Throat Hospital, Memphis, Tenn.
 351. City of Memphis Hospitals, Memphis, Tenn.
 352. John Gaston Hospital, Memphis, Tenn.
 353. Jackson-Madison County Hospital, Jackson, Tenn.; Cancer Clinic, Memphis.
 354. Lahey Clinic, Boston; John Gaston Hospital, Memphis.
 355. Arkansas Children's Home and Hospital, Little Rock, Ark.
 356. John Andrew Memorial Hospital, Tuskegee, Ala.
 357. Nashville General Hospital, Nashville, Tenn.
 358. Vanderbilt University Hospital, Nashville, Tenn.
 359. Parkland Memorial Hospital, Dallas, Tex.
 360. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 361. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N. M.
 362. Baylor University Hospital, Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 363. Children's Medical Center, Gaston Hospital, Parkland Memorial Hospital, Dallas, Texas.
 364. Baylor University Hospital, Parkland Memorial Hospital, Dallas, Texas.
 365. Jefferson Davis Hospital, Methodist Hospital, Texas Children's Hospital, Veterans Administration Hospital, Houston, Texas.
 366. M. D. Anderson Hospital for Cancer Research, Southern Pacific Hospital, Houston, Texas.
 367. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
 368. University of Texas Medical Branch Hospitals, Galveston, Texas.
 369. Veterans Administration Hospital, Temple, Texas.
 370. Los Angeles Tumor Institute, Los Angeles.
 371. Thomas D. Dee Memorial Hospital, Ogden, Utah; Holy Cross Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Veterans Administration Hospital, Salt Lake City.
 372. Boston Lying-In Hospital, Boston.
 373. University of Virginia Hospital, Charlottesville, Va.; Lynchburg General Hospital, Lynchburg, Va.
 374. Medical College of Virginia-Hospital Division, Richmond, Va.
 375. University Hospital, Seattle.
 376. Children's Orthopedic Hospital, Seattle.
 377. University of Washington Affiliated Hospitals, Seattle.
 378. Madison General Hospital, Madison, Wis.
 379. Veterans Administration Hospital, Madison, Wis.
 380. Milwaukee County General Hospital, Milwaukee.
 381. Milwaukee Children's Hospital, Milwaukee; Veterans Administration Hospital, Milwaukee (Wood).
 382. Milwaukee Children's Hospital, Milwaukee.
 383. Milwaukee Hospital, Milwaukee.
 384. Martha Washington Hospital, Milwaukee County Hospital, Milwaukee.
 385. Wisconsin General Hospital, Madison, Wis.; Milwaukee Children's Hospital, Milwaukee; Veterans Administration Hospital, Milwaukee (Wood).
 386. House of God Shepherd, Mount Sinai Hospital, Milwaukee.
 387. Milwaukee County Blood Center, Milwaukee; Veterans Administration Hospital, Milwaukee (Wood).
 388. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
 389. University of California Hospital, San Francisco.
 390. Columbia Hospital, Milwaukee County General Hospital, Milwaukee.
 391. Veterans Administration Hospital, St. Louis, Mo.

The Educational Council for Foreign Medical Graduates

Planned in 1955 and 1956 and established in 1957, the ECFMG has grown rapidly and is already beginning to fulfill the functions set up for it by its four sponsoring agencies, the American Hospital Association, the American Medical Association, the Association of the American Medical Colleges, and the Federation of State Medical Boards of the United States.

Its chief purposes are (1) to provide information to foreign medical graduates seeking graduate training as interns or residents in United States hospitals, (2) to provide foreign medical graduates while still in their own countries with an opportunity to establish their qualifications for assuming intern or resident positions in U. S. hospitals.

The Problem of Language Difficulty

Since no foreign medical graduate can serve effectively as an intern or resident in a U. S. hospital without a satisfactory command of English, the ECFMG English Test has been included, from the first, as a part of each American Medical Qualification Examination. Foreign medical graduates who consider themselves not yet capable of passing this test will obviously defer application until their command of English is such as to enable them to

The above statement was taken largely from the Annual Report of the ECFMG.

listen to the twice-reading in English of a typical medical history in the words of the patient followed by the summarizing in English of the main points of that history as one would record it in a hospital medical chart.

Foreign medical graduates whose entire training has been in English, such as graduates of the schools of the United Kingdom, India, and the Philippines have little or no difficulty with the English Test.

This problem of language appears to be a particularly important one for those candidates taking the test in Turkey, Iran, Spain, Peru, and Thailand.

The Problem Created by Lack of Experience with Multiple Choice Examinations

Though the ECFMG places in the hands of each candidate its Examination Brochure, explaining, describing, and giving examples of each of the four types of multiple-choice questions used in its American Medical Qualification Examination, candidates not infrequently complain that the hazards of the multiple-choice method of examining worried them more than did the deficiencies in their knowledge of the subject matter.

This complaint is understandable and probably has some basis in fact. It should be pointed out, however, that the multiple-choice objective-type, machine-scored examination with its 360 questions

makes it possible to sample the knowledge in medicine, surgery, pediatrics, obstetrics and gynecology, and the medical basic sciences all in one day; that it enables the ECFMG to hold the examination on the same day in 100 or more examination centers around the world, twice each year and have the scores accurately and objectively determined within five weeks after each examination; that it enables the ECFMG to notify all candidates of their accomplishment in the examination in the fifth week after the examination.

The advantages of this objective type of examination are so essential to the ECFMG certification plan that it could be said that without this objective machine-scoring mechanism it would not be feasible to operate the ECFMG certification plan at all.

Lest the impression be given that unfamiliarity with multiple-choice questions is too serious a stumbling block, it should be recorded, however, that the graduates of certain schools in Europe, the Middle East, and the Far East do very well indeed in our American Medical Qualification Examination, though in their training in their own country they have included little or no experience with the multiple-choice question.

The Problem of the Graduates of Unrecognized Medical Schools

There are listed in the *1957 World Directory of Medical Schools* as published by the World Health Organization 533 medical schools outside the United States. Several of these schools are quite limited in staff and facilities and their graduates are not recommended for full registration as physicians in the general practice of medicine without further medical training. The graduates of all these schools are, however, considered eligible for admission to our American Medical Qualification Examination provided they have had at least 18 years of formal education.

On the other hand, there are schools for training native practitioners in Korea, China, India, and many other countries that make no claim of meeting modern standards of scientific medical education. When such schools, as the Ayurvedic, Tibi-Unani, or Homeopathic schools of India incorporate sufficient modern, scientific medicine in their curriculum to merit the approval of the Medical Council of India and win a listing in the WHO World Directory of Medical Schools, the ECFMG can consider their graduates for admission to its American Medical Qualification Examination. Until such time, however, their graduates will perforce have to be excluded as failing to meet the ECFMG basic requirement for graduation from and at least four credit years in a "recognized medical school."

Graduates of American osteopathic or chiropractic schools who apply for admission to the American Medical Qualification Examination upon the basis

of a diploma won from a recognized foreign medical school after only one or two years of work there because of advanced credit granted for the work previously done in the American osteopathic or chiropractic schools, are not considered eligible. They too fail to meet the basic requirement of at least four credit years in a "recognized medical school."

The Problem of Orientation of the Foreign Medical Graduate

The training in medicine varies considerably among the 3,300 foreign medical graduates coming each year into our internship and residency training program.

Some have had the advantage of a considerable amount of bedside small-group instruction and have had an opportunity to develop reasonable proficiency in auscultation, blood-pressure determination, blood counting, intravenous injections, spinal punctures, and the like. Others have had almost entirely lecture-room and textbook instruction in large classes and have had little if any opportunity to develop skills, and to "learn by doing" under close supervision. For the latter group an orientation course varying in length and content with the needs of the individual is definitely indicated. Aseptic technique, injection procedures, laboratory values, draping procedures essential in physical examination, the prescribing and administration of the commonly used antibiotics, and immunizing inoculations may all require reviewing; and the "orientation course" may require, in some instances, several months.

In those instances in which the command of English is a serious handicap the local public school system in many of the large cities has been able to offer significant help in providing practice and instruction oftentimes in the hospital setting.

In charge of the orientation course is frequently the Director of Medical Education in the hospital. Basic to his efforts is the establishment of the understanding: that the first objective of the hospital must be service to patients; that teaching in the hospital, though important, must of necessity take second place to the service function; that comparatively little of the teaching will be formal or didactic, much of it will take the form of rounds, bedside instruction, and small-group conferences.

Many Directors of Medical Education have found it helpful to encourage their interns and residents to keep an individual record book in which they set down the specific facts they learn day by day about the various diseases, tests, techniques, and dosages. This self-compiled record book, if properly indexed, has often proved very useful for review and ready reference both in the hospital and later in practice outside the hospital.

Foreign medical graduates who are working as residents in the various specialty fields such as

radiology, pathology, psychiatry, preventive medicine, and others often find it difficult to find the time required to properly prepare for the American Medical Qualification Examination by making a review of a modern text in each of the clinical subjects of medicine, surgery, pediatrics, and obstetrics and gynecology. This review is essential since approximately 35% of the A. M. Q. Examination questions come from medicine, 25% from surgery, 15% from pediatrics, 15% from obstetrics and gynecology. Though only 10% of the questions come directly from the basic sciences, it is also true that the key to many of the clinical questions lies in the basic sciences. Some hospitals have found that specially designed review courses serve admirably to give motivation, incentive, and a practical means of accomplishing this essential review.

A Look Ahead

It would appear that:

1. The knowledge of and acceptance of the ECFMG plan of certifying foreign medical graduates for internship and residency appointments in U. S. hospitals is expanding world-wide at a satisfactory rate, and will continue to do so.

2. Between 50% and 60% of foreign medical graduates taking the American Medical Qualification

Examination abroad will continue to qualify for internships and residencies in U. S. hospitals.

The Over-All Results

As of Aug. 15, 1960, the credentials of over 20,000 foreign medical graduates have been evaluated and 12,011 of these graduates have taken the Council's American Medical Qualification Examination. Of the 12,011 foreign graduates taking the American Medical Qualification Examination, 7,473 (62.2%) have qualified, with scores of 70% or above.

Standard ECFMG Certificates, based on scores of 75% or above, have been issued to 4,705 candidates. Temporary (two-year) Certificates, based on scores of from 70% to 74% have been issued to 2,768 candidates.

Preliminary figures indicate a registration for the Sept. 21, 1960, examination of approximately 10,000.

The next examination will be given on April 4, 1961. Admission to the examination will be granted only to candidates who have had their credentials evaluated and approved, and who have completed registration by the deadline date of January 4, 1961. Examinations are given in 47 examination centers in the United States and Canada and in 58 foreign centers. The address of the Educational Council for Foreign Medical Graduates is 1710 Orrington Ave., Evanston, Ill.

Special Announcements and Notices

Financial Assistance for Graduate Training in Medicine

It has been six years since the Association of American Medical Colleges last compiled information on the above subject under the title "Fellowships, Funds and Prizes Available for Graduate Medical Work in the United States and Canada." A new publication entitled "Financial Assistance for Graduate Training in Medicine" is now available at a cost of \$2.50 per copy from the Association of American Medical Colleges, 2530 Ridge Ave., Evanston, Ill. There has been no compilation of information on loans from banks and similar organizations, since these are usually individually arranged on a basis of many local considerations.

National Intern Matching Program and the Foreign Medical Graduate

At the spring 1960 meeting of the Board of Directors of the National Intern Matching Program, it was voted unanimously by representatives of all participating groups that the academic year from

1961 to 1962 would be the last year for which participating hospitals would be permitted to offer internship appointments to foreign medical graduates who do not participate in the Matching Program.

For appointments beginning from 1962 to 1963 and thereafter, foreign graduates will be required to compete for internships on the same basis as U. S. and Canadian graduates, and member hospitals will no longer be free to offer them direct appointments during times covered by matching program dates. In other words, the appointment of foreign graduates to internships in NIMP member hospitals will be covered by the same rules and dates that have always applied to U. S. and Canadian graduates. After completion of the March matching, member hospitals will be free to fill remaining internship vacancies by the appointment of graduates of foreign medical schools as well as those of the United States and Canada. By that time it is anticipated that there should be no foreign medical graduates in this country or planning to come to this country who have not secured certi-

fication from the Educational Council for Foreign Medical Graduates. A foreign medical graduate may not participate in the NIMP unless he is certified by ECFMG.

Requirements for American Specialty Board Certification

Attention is called to the fact that various announcements have been made in the past two years about the changing requirements for certain of the Specialty Boards. These are included in detail in the special section of this issue containing the qualification requirements of each Board which section appears in the bound volumes of the Directory and is available as a separate reprint. The significant items are emphasized below.

Forensic Pathology.—The Council on Medical Education and Hospitals, in concurrence with the American Board of Pathology is now accepting applications for provisional approval of residencies in Forensic Pathology. Such approval can be given on the basis of data submitted by the institution requesting approval, full approval to be considered on the basis of later visit and review.

The requirements for approval of one year of training in forensic pathology, in addition to the general requirements set out in the Essentials of Approved Residencies are:

Minimum: 150 medico-legal autopsies annually, of which 25 or more are on bodies of persons known or suspected to have died by homicide. Laboratory facilities for the usual medical problems of anatomic and clinical pathology. In addition, closely affiliated laboratory facilities and personnel for studies in photography, toxicology, general police science, bacteriology, immunology, etc., as applied directly in forensic pathology. It is highly desirable that the director of the training program be a legally constituted medical examiner or the equivalent. The program should include formal lectures, seminars, conferences, preceptorship type training, and an adequate library.

Requests for information forms should be addressed to the Council on Medical Education and Hospitals, 535 N. Dearborn St., Chicago 10, Ill.

Internal Medicine.—At the request of the American Board of Internal Medicine, the Council on Medical Education and Hospitals has agreed to discontinue approving residency training programs in the four subspecialties of internal medicine. The corresponding subspecialty boards are not discontinuing certification in these subspecialties however, and the requirements for subspecialty certification will be found published

in detail in the appropriate section of this issue. Note that candidates are not eligible for admission to examination in a subspecialty until three years after certification in internal medicine. New applications for approval of residency training programs in the subspecialties will no longer be accepted. Currently approved residency programs in the subspecialties may affiliate with general medical residencies provided they wish to have their training programs identified in that manner.

Obstetrics and Gynecology.—Announcement was carried in THE JOURNAL, Nov. 7, 1959, describing the policies and procedures of the Residency Review Committee for Obstetrics and Gynecology. Special attention was called to the fact that, beginning July 1, 1962, there would no longer be approval for one-year programs in obstetrics and/or gynecology, two-year programs in obstetrics and/or gynecology, or two-year programs in gynecology only and in obstetrics only. Institutions having such partially approved programs must thereafter either qualify for fully approved programs of three or more years duration or affiliate with programs providing complete training in the specialty. A minimum of 18 months in obstetrics and 18 months in gynecology is a requirement.

Orthopedic Surgery.—After Jan. 1, 1962, limited certification will be discontinued. It is the policy of the Residency Review Committee that by that date hospitals will no longer be approved for training in adult orthopedics or fractures unless they can provide training in all branches of the specialty intramurally or through confirmed affiliations.

Otolaryngology.—After July 1, 1960, residencies shall 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.

Pediatrics.—In addition to certification in pediatric allergy, the American Board of Pediatrics has established certification in pediatric cardiology as a subspecialty of pediatrics. Information with regard to requirements for certification, application forms and training programs may be obtained from the Executive Secretary of the American Board of Pediatrics, 6 Cushman Rd., Rosemont, Pa.

Psychiatry and Neurology.—Subspecialty certification in child psychiatry is now being granted by the American Board of Psychiatry and Neurology.

Radiology.—In THE JOURNAL, Oct. 10, 1959, it

was announced that the Residency Review Committee for Radiology was approving residency training programs for three years in radiology, diagnostic roentgenology, or therapeutic radiology. It was announced that further information would be published as developed by the Residency Review Committee. This announcement was premature inasmuch as the Residency Review Committee has not yet developed the necessary specific information for those hospitals wishing to offer only special training in one or another of the above fields of radiology. At the present moment then, programs are being approved only for three years in radiology, and must offer training in both diagnostic roentgenology and therapeutic radiology. Subcommittees are presently working on revised requirements which, if acceptable to the Board and the Council, will become the basis for the new policy. It is expected these new requirements will be developed during the next year, and appropriate announcement will be made not only in THE JOURNAL but individual notification will go to each hospital with a currently approved program.

Eligibility of Foreign Medical Graduates.—All specialty boards will now accept the foreign medical graduate under certain circumstances. The different circumstances are quite variable, so all communications should be addressed to the board concerned and not to the Council.

Changes in Listing Approved Residency Programs

Subspecialties of Internal Medicine.—The lists of approved programs in the medical specialties of allergy, cardiovascular diseases, gastroenterology, and pulmonary diseases carry the captions that the programs listed are approved until June 30, 1961. They will not be listed in future directories. The Board considers that candidates for subspecialty training are sufficiently mature to select their own types and locations for such training and expects that candidates and insti-

tutions can plan the kinds of programs needed after study of the requirements for qualification of candidates published elsewhere in this issue. Further advice regarding subspecialty training must be secured by correspondence with the Secretary of the American Board of Internal Medicine.

Child Psychiatry.—The initial list of approved programs in child psychiatry is published in this issue.

Revision of the Essentials of an Approved Internship

The Essentials of an Approved Internship are published in total in this issue of THE JOURNAL, including all revisions approved by the House of Delegates of the American Medical Association since Dec. 5, 1958. The major change pertains to a clarification and elaboration of the content and conditions under which a mixed internship may be offered.

Revision of the Essentials of Approved Residencies

The Essentials of Approved Residencies are likewise published in total in bound volumes of the Directory and as a separate reprint available upon request. Minor or major changes have been made in the standards of training for the following specialties: anesthesiology, dermatology, neurological surgery, obstetrics and gynecology, otolaryngology, pathology, pediatrics, physical medicine, plastic surgery, psychiatry and neurology, child psychiatry, and surgery.

The section on internal medicine will be revised at a subsequent date to remove any reference to separate residency training in the subspecialties of allergy, cardiovascular diseases, gastroenterology, and pulmonary diseases other than as portions of residency programs in internal medicine.

Appropriate sections on pediatric allergy, pediatric cardiology, and thoracic surgery are now undergoing development and revision.

INTERNSHIP IN RELATION TO LICENSURE.—One year of internship, as a requirement for licensure, is required by 38 licensing boards. Seven boards specify that the internship must be a rotating service, but only two boards specify the content of the rotating service. In the majority of states, physicians serving internships are not required to be licensed in the state in which the internship is being served. Thirty-two boards require that physicians serving as residents in those states must either be licensed or meet specific registration requirements. Detailed information on requirements for licensure and annual statistics are presented in the State Board Number of THE JOURNAL. Reprints of the data published in the State Board Number of May 28, 1960, are available in a pamphlet entitled "Medical Licensure Statistics—1959." Single copies of the reprint may be obtained from the Council on Medical Education and Hospitals, American Medical Association, 535 N. Dearborn St., Chicago 10.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical division of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training, in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

- | | |
|-------------------------------------|--|
| 1. Anesthesiology | 13. Pediatrics |
| 2. Dermatology | Allergy ¹ |
| 3. General Practice | Cardiology ¹ |
| 4. General Surgery | 14. Physical Medicine and Rehabilitation |
| 5. Internal Medicine | 15. Plastic Surgery ¹ |
| Allergy ¹ | 16. Preventive Medicine |
| Cardiovascular Disease ¹ | Aviation Medicine |
| Gastroenterology ² | Occupational Medicine |
| Pulmonary Diseases ² | Public Health |
| 6. Neurological Surgery | 17. Proctology |
| 7. Neurology | 18. Psychiatry and Neurology |
| 8. Obstetrics and Gynecology | Child Psychiatry ³ |
| 9. Ophthalmology | 19. Radiology |
| 10. Orthopedic Surgery | 20. Thoracic Surgery ⁴ |
| 11. Otolaryngology | 21. Urology |
| 12. Pathology | |

*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. Applicants must fulfill the certification requirements of the American Board of Internal Medicine before they are eligible for examination in the subspecialty.

3. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

4. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house officers to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

1. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and

graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned, to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. Staff

There should be an organized staff of ethical licensed physicians holding the degree of doctor of medicine from medical schools acceptable to the Council on Medical Education and Hospitals of the American Medical Association. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other

hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff meetings at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers, are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section II).

2. Department of Radiology

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. Department of Pathology

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no responsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space

and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section II.)

4. Medical Library

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available

for ready reference, whether or not accessory facilities are available.

5. Medical Records Department

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indexes. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the *Standard Nomenclature of Diseases and Operations* is recommended for all medical records. Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, 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 and Hospitals of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital. (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

[Beyond July 1, 1960, 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,
2. are in their final six months of training,
3. have secured a standard or temporary certificate from ECFMG, or
4. *have been given a contingent appointment for not more than six months based on their having been accepted for the September, 1960, American Medical Qualification Examination of the ECFMG.* Extension of the appointment beyond Dec. 31, 1960, will be dependent upon the appointee re-

ceiving temporary or standard certification from ECFMG as a result of this examination.

After July 1, 1960, 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.

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

7. Training Program

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e. g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the

consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several

departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An under-

standing of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. Collaborating and Affiliating Programs

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. Basic Science Training

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. There-

fore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should

and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

II. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

The director of the department shall be a licensed physician qualified in the field of anesthesiology, and who is competent to supervise the educational and technical activities of the department. Competency will be judged upon the basis of past experience and instruction in anesthesiology and upon the basis of clinical proficiency, teaching capabilities, and administrative ability. The staff should include an adequate number of trained anesthesiologists in accordance with the needs of the service. In this respect, the primary consideration shall be supervised instruction of residents rather than the demands of clinical service.

Equipment must be satisfactory for the teaching of modern methods of anesthesiology. Likewise, the clinical material must be sufficient to afford residents adequate experience in the various methods

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and types of anesthesia now commonly employed. Residencies in anesthesiology should provide systematic clinical and technical instruction supplemented by appropriate seminars, lectures, and demonstrations.

Time Requirement.—An approved residency shall consist of a minimum of two full years (24 months). There shall be permitted a vacation period of approximately two weeks per year.

Residency training is considered a full time endeavor. Accordingly, the resident shall not engage in practice or other work outside the residency program.

Two full years of clinical experience is felt to be the minimum essential to attaining an acceptable degree of competency. Time devoted to full time research, such as a research fellowship, cannot be accredited toward the two years of clinical training. However, should a residency program consist of three years, one year of research if contained therein may be accredited as stated below.

Additional residency training in anesthesiology is desirable where facilities are adequate to merit the same. Continuation of clinical training, experience in departmental organization and teaching, occupation with experimentation and research, or a combination of these may constitute the curriculum. An exchange residency relationship between hospitals of equal caliber may be desirable and acceptable.

The additional training may be accredited to five calendar years limited to anesthesiology required of a candidate desiring certification by the Board.

Collaborating and Affiliating Programs.—The above mentioned clinical training shall include adequately supervised experience in all acceptable techniques and currently approved practices relative to the specialty. A given hospital having adequate facilities and clinical material for the greater part of an approved training program may be deficient in some particular aspect thereof which can be provided in another hospital of acceptable caliber. In such instances the former may become the parent institution to the latter and collaborate with the same to provide a well rounded and complete training program. 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 affiliated services as well as when he is serving in the parent hospital. Under arrangements of this nature it is not intended that the resident be assigned to the affiliating services without direct supervision even though he may obtain extensive experience in this manner.

Applied Basic Sciences.—The importance of the basic sciences as applicable to anesthesiology shall be emphasized. A thorough understanding of physics and chemistry, anatomy, physiology, pharmacology, and pathology as related to the specialty is prerequisite to proficiency. Acceptable residency

programs must provide for such training, stressing clinical application as applied to anesthesiology. To insure adequate coverage a comprehensive outline should be drawn up and followed, whether the material therein be presented in a didactic manner or as an integrated part of staff conferences. This does not mean that a special course in basic sciences is required.

Correlation between clinical material and such intimately associated aspects of medical practice, as for example electrocardiography, roentgenology, clinical pathology, and related subjects, is necessary to the experience of a resident.

Anesthetic Procedures.—There should be a broad experience and instruction in all fields of anesthesiology, including:

(a) Nerve Block Procedures. Diagnostic and therapeutic nerve block procedures are considered part of a trainee's program; these in addition to local and regional anesthetics administered for surgery.

(b) Inhalation Therapy. Training shall be given in the indications for and uses of gases and vapors, and the various types of equipment used therewith.

(c) Fluid Therapy. In order that all possible demands be met, not only in the care of surgical patients, but in other circumstances which may arise, the competent anesthesiologist must understand the physiology of body fluids and the underlying principles of replacement therapy. In hospitals where such functions are under the supervision of other departments, it is desirable that the resident acquaint himself with the procedures.

(d) Resuscitation and Shock Therapy. The resident staff shall be instructed adequately in the principles and methods of resuscitation and shock therapy.

Preoperative and Postoperative Rounds.—The importance of preoperative and postoperative rounds must be stressed.

Records.—An adequate anesthetic record form should be kept for each patient. This record shall be executed during the administration of the anesthetic, or other procedure, and thereafter shall be available for future reference and study.

Equipment.—Competency in the use of various types of equipment and apparatus is mandatory. This assumes understanding of the mechanics and underlying physical principles of various anesthetic machines, their respective advantages and disadvantages, plus various types of apparatus and instruments employed by the anesthesiologist.

Explosion and Fire Hazard.—Knowledge of the physics of explosions and of the constituents of fire and explosion hazards, both in the operating theater and in the handling and storage of anesthetic materials is obligatory. Proper preventive measures should be understood and used.

Consultation Service.—A consultation service for assistance to and benefit of all other physicians and departments of the hospital should function on a 24-hour daily basis. Such service should be addi-

tional to that concerned with anesthetic procedures for surgery, and should be concerned with resuscitation measures, inhalation therapy, pain control, sedation, treatment of delirium, convulsions, asthma, heat disturbances, and such other conditions which will enhance the resident's knowledge and benefit the patient.

Staff Conferences and Seminars.—There shall be regularly scheduled staff conferences, supervised by the departmental staff. The conferences constitute the core of didactic effort.

More than one such conference weekly is considered necessary in order to maintain teaching at a satisfactory level.

A residency training center must have access to a well stocked library, and literature should be reviewed regularly.

Each resident must be afforded sufficient time for study and for attendance at staff conferences, seminars, and lectures.

Staff Organization.—A well organized and well qualified staff of experienced anesthesiologists is one of the most important requisites if a hospital is to be approved for residency training. It is a primary factor in the development and approval of a graduate training program.

The educational effectiveness of a residency depends largely on the quality and extent of supervision of the residents by experienced anesthesiologists. Although the exact ratio of residents to experienced anesthesiologists (those who have had at least two years of acceptable training) can be evaluated only on an individual hospital basis, there should be a sufficient number of qualified anesthesiologists available to conduct a satisfactory residency training program. An ideal situation would be one teacher for each resident. A ratio higher than two residents to one teacher will be acceptable only in special circumstances.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lectures, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and

immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration. In a two-year residency, the first year should be devoted to general medicine: *i.e.*, internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The second year may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, traumatic surgery, fractures, and operative gynecology. Any service offered during this second year must be of at least three months' duration. Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized outpatient department should provide the resident with an opportunity to compensate for this deficiency, such as that provided in a home care program or preceptorship.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

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

4. 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 and Hospitals, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions

acceptable to the board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole

training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. 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 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.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient outpatient services where they exist and by

well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

5. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to furnish instruction in the various specialties which combine to form the foundation of practice in internal medicine. Accordingly, the service should not be limited entirely to internal medicine and its subdivisions, allergy, cardiovascular disease, gastroenterology, metabolic diseases, contagious diseases, and pulmonary diseases, but should include instruction in psychiatry and neurology, and might well include a reasonable amount of training in dermatology and pediatrics, now organized as independent specialties.

In institutions offering residencies in internal medicine, and in the special fields of allergy, cardiovascular disease, gastroenterology or pulmonary diseases, emphasis should be placed on the educational features of the service and residents should receive regular instruction from members of the staff in methods of clinical study and diagnostic and therapeutic procedures. Of particular importance is the study of etiology, pathogenesis, symptomatology, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as in a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies with postmortem pathology, review medical literature and take an active part in weekly teaching rounds, departmental seminars, and clinical-pathologic conferences.

Quantitative Requirements.—For approval a residency in internal medicine should have at least 400 annual admissions.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

ESSENTIALS OF APPROVED RESIDENCIES*

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Special Fields of Internal Medicine.—Residencies may be offered in the special fields of allergy, cardiovascular disease, gastroenterology or pulmonary diseases. Residencies in these fields should follow the general pattern described above for internal medicine as well as the following:

Allergy (See also allergy under pediatrics).—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. A residency in allergy should comprise at least one though preferably two years of full time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy, 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 not under the department of medicine, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the general medical (or pediatric) services through ward rounds, clinical-pathological conferences, staff meetings, and so forth. The service should admit 200-300 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-immunologic, 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 Internal Medicine or Pediatrics. 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 internal medicine or pediatrics, including the examination.

Cardiovascular Disease.—In general, residencies in this field should follow the general pattern of residencies in internal medicine. There should be opportunities and facilities for the study of all types of cardiovascular disease, both acute and chronic. It is important that there be adequate opportunity for the study of such cardiac disorders in childhood as rheumatic heart disease and congenital abnormalities. There should be pro-

visions for experience with peripheral vascular disease and electrocardiography. Clinical or experimental investigation should be encouraged. The number of patients admitted to this service may not be an accurate index of the available clinical material, since a large part of the material is commonly supplied on a consultation basis.

Certification in cardiovascular disease is granted only to those who have previously been certified in internal medicine and whose applications have been approved by the Advisory Board in Cardiovascular Disease and who have passed the oral examination in this sub-specialty.

Gastroenterology.—Training in gastroenterology should take place not only in the hospital but also in the outpatient clinic. A hospital service of at least 10 beds or 200 admissions a year and work in a well organized gastroenterologic clinic for ambulatory patients admitting at least 200 patients a year should be considered sufficient, provided the service and its staff are acceptable. The resident, in addition to working in the department, should have careful instruction in actual care of patients and the following diagnostic and therapeutic measures: (a) fluoroscopy and the interpretation of roentgenograms of the gastrointestinal tract and its accessory organs; (b) endoscopy, including proctoscopy, gastroscopy and peritoneoscopy; (c) laboratory procedures, including analysis of gastric contents, bile and feces, tests of hepatic and pancreatic function, and the evaluation of these and ancillary laboratory findings with respect to their bearing on disease and disorders of the gastrointestinal and biliary tract; (d) the surgical aspects of gastrointestinal diseases, including consultation with surgeons, recognition of indications for operation, familiarity with operative procedures, and presence at operations on gastroenterologic patients wherever possible; and (e) medical care of gastrointestinal diseases, including careful study of diet and nutrition, and the effects of drugs and other therapeutic measures on the gastrointestinal tract.

Original research work in gastroenterology could well be included in the previous residency in internal medicine and continued in the gastroenterologic residency only so far as it would not interfere with the essential training program outlined above.

Certification in gastroenterology is granted only to those who have previously fulfilled all the requirements for certification in internal medicine, including the examination.

Pulmonary Diseases.—Training in pulmonary diseases should not be limited to tuberculosis but should include sufficient experience with other pulmonary diseases so as to insure proficiency in their differential diagnosis and management. The training should be of such a character that residents may become thoroughly familiar with the various phases of institutional service in pulmonary diseases as well as the community aspects of tuberculosis control. This necessitates a well organized

program of instruction with rotating assignments in the admitting department, infirmaries, convalescent and ambulatory wards and the outpatient clinics. Careful instruction should be provided in diagnosis interpretation of roentgenograms, therapeutic procedures, and general sanatorium care. It is particularly important that the residents become fully acquainted with the use of air or gas injection and the technique of the initial induction as well as the subsequent refills. If a surgical department is maintained, the operative service may be combined with the general training in pulmonary diseases or it may form the basis of a separate residency in thoracic surgery.

It must be emphasized that residencies in pulmonary diseases are educational in character and that of the full time sanatorium staff only those physicians who serve primarily on an educational basis come within the residency classification of the Council.

The clinical material must be adequate in kind and amount. Approximately 125 inpatients a year may be sufficient for a residency in pulmonary diseases.

Certification in pulmonary diseases is granted only to those who have previously fulfilled all the requirements for certification in internal medicine, including the examination.

6. Special Requirements for Residency Training in Neurological Surgery

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

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

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the

diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

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

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

7. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

8. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of New-born Infants.

ESSENTIALS OF APPROVED RESIDENCIES*

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 nonoperative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

9. 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 Hospitals, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology,

biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active

outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

11. 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 and Hospitals of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should

include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The

residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

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.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

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

Residents who plan to seek certification by an American

board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both

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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 director by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to function efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical specimens, and for the performance of autopsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with an autopsy percentage of less than 25 will not ordinarily be approved, and those institutions with percentages between 25 and 40 will be given special scrutiny.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical

pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—As indicated in the following categories, no hospital with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved, except as outlined in the following paragraphs. It is believed that less material than this is inadequate for the training of a pathologist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient absolute 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.

In the field of anatomic pathology, a deficiency in either autopsies of surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens.

If a hospital meets the minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in anatomic pathology, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

Category A. In both anatomic pathology and clinical pathology for four years.

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category B. In both anatomic pathology and clinical pathology for three years.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. An additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

Category C. In both anatomic pathology and clinical pathology for two years.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category D. In both anatomic pathology and clinical pathology for one year.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category E. In anatomic pathology only, for three or more years.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. An additional resi-

dent for each 50 autopsies, or 500 surgical specimens.

Category F. In anatomic pathology only, for two years.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. An additional resident for each 50 autopsies or 500 surgical specimens.

Category G. In anatomic pathology only, for one year.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. An additional resident for each 50 autopsies or 500 surgical specimens.

Category H. For post-mortem part of anatomic pathology for two years. Credit is never allowed for more than two years, and this is given only toward certification in anatomic pathology. Candidates taking training in institutions having an approved program in Category H must pursue further training as follows: (1) for anatomic pathology only, an additional year in an institution in Category A, B, C, E, F, or G with full-time assignment in surgical pathology, (2) for certification in anatomic and clinical pathology, one year in surgical pathology as outlined above and two years in clinical pathology in an institution in Category A, B, C, L, or M.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

Category I. For post-mortem part of anatomic pathology for one year: 75 autopsies for one resident.

Category J. Surgical pathology part of anatomic pathology for one year.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

Category K. Special pathology as part of anatomic pathology.

Category L. Clinical pathology for three or more years.

Minimum: 100,000 tests in clinical pathology for three residents. An additional resident for each 50,000 tests.

Category M. Clinical pathology for two years.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

Category N. Clinical pathology for one year.

Minimum: 50,000 tests in clinical pathology for one resident.

Category O. Special clinical pathology as part of clinical pathology.

Category P. Research: Residence in certain institutions in which full-time is devoted to research with a direct application to the practice of anatomic pathology or clinical pathology. This category is only for those wishing to do full-time research.

Category Q. Forensic pathology for one year.

Minimum: 150 medico-legal autopsies annually, of which 25 or more are on bodies of persons known or suspected to have died by homicide. Laboratory

facilities for the usual medical problems of anatomic and clinical pathology. In addition, closely affiliated laboratory facilities and personnel for studies in photography, toxicology, general police science, bacteriology, immunology, etc., as applied directly in forensic pathology. It is highly desirable that the director of the training program be a legally constituted medical examiner or the equivalent. The program should include formal lectures, seminars, conferences, preceptorship type training, and an adequate library.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in 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 Sections 1 to 9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appro-

priate board, as listed in Section V, to be certain regarding the full requirements for certification.

Allergy. (See also Allergy under Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

14. 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. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

Quantative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patients visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

15. 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 and Hospitals of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education and Hospitals of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experi-

ence 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 hand, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Preventive Medicine

Residencies in preventive medicine are approved by the Council on Medical Education and Hospitals and the American Board of Preventive Medicine in three fields: Aviation Medicine, Occupational Medicine, and Public Health. Residency programs in these fields ordinarily include an academic phase, such as that offered in a school of public health or of occupational medicine, and an additional year or two of practical training. While the provisions of the section on "General Requirements" (Sections 1 to 9) are not directly pertinent to residencies in preventive medicine since they relate more specifically to the clinical specialties, the principles underlying them do apply to programs in all three fields of preventive medicine.

Aviation Medicine

A residency in aviation medicine should be of one or more years' duration and should include training and experience in the following areas: selection and care of flying personnel, flying safety, including accident prevention and investigation, human engineering as related to aircraft and air-

craft equipment design, the principles of air-transportation of the sick including contraindications, necessary precautions and essential equipment for such transportation, the maintenance of an efficient system of records, and industrial or occupational aspects of preventive medicine, such as toxicological and mechanical hazards and other related areas.

The agency responsible for residency training may be either a governmental or a civilian organization or institution. It should be responsible for the maintenance of the health of a sufficiently large number of flying and ground maintenance personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aviation-medicine clinical 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.

Residency training in the specialty should be under the direction of a qualified physician trained in aviation medicine. His professional qualifications should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of personnel trained not only in aviation medicine but also in related medical fields to offer a comprehensive training in the specialty.

The training program should include instruction and experience in the preventive and clinical aspects of aviation medicine and closely related fields. The program should provide experience in the planning administration, and supervision of health programs for both flying and ground maintenance personnel. An opportunity should be given the resident to participate in the investigation of aircraft accidents and to conduct studies on problems relating to the proficiency of flying personnel. The resident's hospital and outpatient experience should afford him an opportunity to study and treat conditions which are common in flying and ground crew personnel. Emphasis should be placed on the resident's responsibility for the care and treatment of inpatients having conditions peculiar to flight. Adequate opportunities must be provided for the residents to engage in flying activities with the flying personnel for whose medical care they are responsible.

Eligibility of Applicants. In addition to the qualifications required for applicants in the other special-

ties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aviation medicine should have completed at least two academic years of graduate study in preventive medicine and aviation medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

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

One of these years must have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved school of Public Health (or other similar training and study satisfactory to the Board). Another year must have been spent in graduate education in aviation medicine or in a closely related field acceptable to the Board.

At least one of the remaining four years must have been in an approved aviation medicine residency program. The remaining years must have been limited to the practice of aviation medicine preferably under the supervision of a well-qualified specialist in that field.

Occupational Medicine

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

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

I. Content of Intramural Training Program.

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationships 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 dis-

eases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. Research. Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication based on his own study.

II. Type and Contents of Training in Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Professional and Facilities.

1. *Personnel.* An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygienic problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

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

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

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

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

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

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee.

The information on the respective occupations, hygienic problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

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

Eligibility of Applicants.—In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of

Master of Public Health or have had equivalent training. In some cases, residency training may precede the year of formal academic training.

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

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

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

Public Health

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

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

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

*For a method of evaluating the scope and quality of a public health program see "Health Practice Indices," 1950

edition, and the "Evaluation Schedule," November, 1947, published by the American Public Health Association, 1790 Broadway, New York 19.

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

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

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

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

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

The provisions of the section General Requirements (pages 6 to 14) must also be met for approval.

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

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining three years must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Proctology

The scope of training in proctology should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of proctologic patients should be available. Under ordinary circumstances, a general hospital, to support a proctologic residency, should have annual admissions to the proctologic department 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 proctologist, preferably one who is certified by the American Board of Proctology. 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 proctology is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized proctologists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The resident should have access to the records of all proctologic cases 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 proctologic clinics and demonstrations.

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 proctologic subjects. 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 I to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in the care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine, and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a

reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have a 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 residents must be acquainted with the major trends and movements in psychiatric thought, theory, and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education and Hospitals is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other

than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.

- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema, and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.

- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and

their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatric facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic

status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with fam-

ilies, as well as directly with children. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

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

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

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

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some

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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 get some teaching in the areas of administration, etc., which would be appropriate.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology

Residencies of three years' duration should provide training in all divisions of the specialty—diagnostic roentgenology, therapeutic radiology, including the use of radioactive substances (intracavitary and interstitial), and isotopes. Without attempting to define a detailed plan of instruction, it can be suggested that the first year be devoted principally to pathology, roentgenological technic, and general orientation to the radiological field. In the second and third years the clinical applications of radiology should be emphasized with at least one year or the equivalent assigned exclusively to radiotherapy. In view of importance of pathology as a basis for radiological diagnosis and therapy, it is recommended that a minimum of six months be devoted to pathological anatomy, particularly the study of gross pathology and tumors. Instruction in radiation physics and radiobiology may well run concurrently with the training in radioactive substances and isotopes, therapy, and therapeutic roentgenology.

Residencies in a restricted field of radiology can likewise be modeled on this plan. The training should be systematic and progressive in character with gradual assignment of responsibility in both diagnosis and therapy. It should also include an active participation in radiological conferences, staff meetings, and joint conferences with other departments. An adequate amount of clinical material must be available in the divisions of radiology in which residency training is offered.

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

Quantitative Requirements.—The quantitative requirements in this field depend upon the field of radiology in which training is undertaken. In residencies covering the entire field of radiology, it is desirable that there be a minimum of approximately 3,500 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems), 1,500 roentgen therapeutic procedures (which include at least superficial and deep therapy), and approximately 25 radium treatments, exclusive of intrauterine applications (the radium treatments should at least include treatments with moulds and implantation with needles and radon). The caliber of the training program in a fairly wide field is of more importance than the number of examinations and therapeutic procedures.

Applied Basic Science Instruction.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, radiation physics, and radiobiology. Such work should be closely related with clinical experience. See Sections 1 to 9 of these Essentials for a discussion of applied basic medical science instruction.

Board Requirements.—The American Board of Radiology certifies physicians in (a) the entire field of radiology, (b) diagnostic roentgenology, and (c) therapeutic radiology. An applicant for the certification examination must have completed a period of study after the internship of at least three years in an institution approved for radiological training. This period of specialized training should include an active experience in clinical radiology of not less than thirty months and residency instruction in pathological anatomy, radiation physics, and radiobiology.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

Pending revision of the requirements for approval in thoracic surgery, the Sections on General

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Requirements and General Surgery may be considered pertinent.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be sup-

plemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

III. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

IV. MISCELLANEOUS

Contract for Appointment.—It is considered desirable that the candidate for residency and the hospital enter into a formal contract at the time of the appointment. Contracts for one year, renewable by mutual consent, are preferable. Once made, the terms of the contract should be honorably fulfilled by both parties. The contract may be terminated following failure of one or the other parties to carry out its terms of the contract or by mutual agreement. Violations of contract may be made a matter of record in the hospital's or individual's file of the American Medical Association.

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

V. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education and Hospitals 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 and Hospitals, the various American Boards responsible for

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the examination and certification of the specialists, and the Advisory Board for Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approved Examining Boards in Specialties.")

American Board of Anesthesiology
Forrest E. Leffingwell, M.D., Secretary-Treasurer
217 Farmington Ave., Hartford 5, Conn.

American Board of Dermatology
Maurice J. Costello, M.D., Secretary
1 Haven Ave., New York 32, N. Y.

American Board of Internal Medicine
W. A. Werrell, M.D., Secretary-Treasurer
1 W. Main St., Madison 3, Wis.

American Board of Neurological Surgery
Donald D. Matson, M.D., Secretary-Treasurer
300 Longwood Ave., Boston 15, Mass.

American Board of Obstetrics and Gynecology
Robert L. Faulkner, M.D., Secretary-Treasurer
2105 Adelbert Rd., Cleveland 6, Ohio

American Board of Ophthalmology
Merrill J. King, M.D., Secretary-Treasurer
Box 236, Cape Cottage Branch, Portland, Maine

American Board of Orthopaedic Surgery
Sam W. Banks, M.D., Secretary-Treasurer
116 S. Michigan Ave., Chicago 3, Ill.

American Board of Otolaryngology
Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa

American Board of Pathology
Edward B. Smith, M.D., Secretary-Treasurer
Indiana University Medical Center
1100 W. Michigan St., Indianapolis 7, Ind.

American Board of Pediatrics
John McK. Mitchell, M.D., Executive Secretary
6 Cushman Rd., Rosemont, Pa.

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S. W., Rochester, Minn.

American Board of Plastic Surgery
Reed O. Dingman, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis 8, Mo.

American Board of Preventive Medicine, Inc.
Tom F. Whayne, M.D., Secretary-Treasurer
University of Pennsylvania School of Medicine
36th and Hamilton Walk, Philadelphia 4, Pa.

American Board of Proctology
Stuart T. Ross, M.D., Secretary
520 Franklin Ave., Garden City, N. Y.

American Board of Psychiatry and Neurology
David A. Boyd, Jr., M.D., Secretary-Treasurer
102 Second Ave., S. W., Rochester, Minn.

American Board of Radiology
H. Dabney Kerr, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn.

American Board of Surgery
John B. Flick, M.D., Secretary-Treasurer
1617 Pennsylvania Blvd., Philadelphia 3, Pa.

American Board of Urology
Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minneapolis 26, Minn.

Board of Thoracic Surgery
Wm. H. Tuttle, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit 2, Mich.

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American Board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

VI. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For two specialties, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually in the Internship and Residency Number of the Journal of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies and fellowships under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Three boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy and cardiology. The American Board of Psychiatry and Neurology certifies candidates in child psychiatry. Certification in the primary field is a requirement for certification in the subspecialties. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology, a combination of these two fields, anatomic pathology and clinical microbiology, clinical microbiology and clinical chemistry, neuropathology, clinical microbiology, hematology, clinical chemistry, and forensic pathology. The American Board of Preventive Medicine issues certificates in public health, aviation medicine, and occupational medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neurology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, radium therapy, radiologic physics, roentgen ray and radium physics, and medical nuclear physics.

Table 1 was assembled primarily as an aid to graduates of foreign medical schools, and indicates that each specialty board will accept the foreign graduate under certain condi-

tions. This table is far from complete because of the varying requirements of the boards.

The majority of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of *THE JOURNAL*, there are published, with the consent of each board concerned, sections from the booklets containing the requirements for certification in the specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any specific inquiry concerning certification by a specialty board should be addressed to the board secretary, or executive secretary, whose name and address will be found in this issue of *THE JOURNAL*.

Table 2 contains a list of the approved specialty boards, the year of activation, and the total number of candidates certified through June 30, 1960. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

A corrected total of 77,427 physicians was reported certified by the 19 specialty boards to July 1, 1959. From this date through June 30, 1960, 3,985 physicians were certified, bringing the total to 81,412 certifications on June 30, 1960. In the subspecialties, 234 physicians were certified, bringing that total to 1,860 on the same date.

Table 3 indicates the total number of physicians certified each year for the past 19 years by all specialty boards. The total number certified on June 30, 1960, was 81,412.

The ninth edition of the *Directory of Medical Specialists*, compiled by the Advisory Board for Medical Specialties and published in 1959 by the *Marquis-Who's Who*, Chicago, contains biographical information on the educational background of each living specialist (including those retired from practice) certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

FREDERICK P. HAUGEN, President, Portland, Ore.
HARVEY C. SLOCUM, Vice President, Washington, D. C.
RICHARD H. BARRETT, Hanover, N. H.
DONALD L. BURDICK, New York City
STUART C. CULLEN, San Francisco
ROBERT D. DRIPPS, Philadelphia
ALBERT FAULCONER, Rochester, Minn.
E. M. PAPPER, New York City
MILTON C. PETERSON, Kansas City, Mo.
SCOTT M. SMITH, Salt Lake City
FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena, Calif., Office of the Board, 217 Farmington Avenue, Hartford 5, Conn.

METHOD OF MAKING APPLICATION

Application for certification may be made after a physician has completed one year of approved training. Application must be made to the Secretary on a form prescribed

MEDICAL SPECIALTIES

by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association, or have been screened by organizations acceptable to the Board; and

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. *Written Examination.*—Eligible applicants may take this examination upon completion of two years of clinical training in a program approved by the Board. Written examinations are held annually in approximately 18 locations throughout the United States on the last Friday in June.

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian, or Puerto Rico Medical Schools										Foreign Medical Graduates Special or Additional Requirements					Total Fee
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	
Anesthesiology	x	x	x	x	2	3	..	..	..	..	x	x	..	x	50	150
Dermatology	x	x	x	x	3	1	x	x	x	..	x	x	x	..	25	150
Internal Medicine ¹	x	x	x	x	3	2	x	x	x	..	x	x	x	x	60	135
Neurological Surgery	..	x	..	x	4	2	x	..	..	..	x	..	x	..	25	150
Obstetrics and Gynecology	x	x	x	x	3	2	x	x	..	x	x	..	x	..	35	160
Ophthalmology	x	x	x	x	3	1	..	x	x	x	x	x	..	x	100	150
Orthopedic Surgery	x	x	x	x	4	2	x	x	..	..	x	x	x	..	15	145
Otolaryngology ²	..	x	..	x	4	..	..	..	..	x	x	..	x	..	75	150
Pathology	..	x	x	..	4	1	x	x	x	..	x	..	..	..	100	100
Pediatrics ³	..	x	x	x	2	2	x	x	..	..	x	x	x	..	125	125
Physical Medicine and Rehabilitation	..	x	x	x	3	2	x	..	x	..	x	x	..	x	75	125
Plastic Surgery	x	x	..	x	5	2	x	x	x	..	x	x	x	..	50	175
Preventive Medicine	..	x	x	x	3	3	x	..	..	..	x	..	x	..	25	125
Proctology	x	x	x	x	4-5	..	x	..	..	..	x	x	..	x	25	175
Psychiatry and Neurology ⁴	..	x	x	x	3-5	2-1	x	..	..	x	x	x	..	..	50	125
Radiology	x	x	x	x	3	1	..	x	..	..	x	x	..	x	150	150
Surgery	..	x	x	x	3-4	2-0	x	x	..	..	x	..	..	x	25	175
Thoracic Surgery ⁵	..	x	..	x	2	..	x	..	..	..	x	..	..	x	15	100
Urology	..	x	x	x	4	2	x	..	..	..	x	x	..	x	75	175

1. Also certifies in the subspecialties of Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.

2. Limited certification granted at the discretion of the Board.

3. Also certifies in subspecialties of Allergy and Cardiology.

4. Also certifies in subspecialty of Child Psychiatry.

5. Certification by American Board of Surgery prerequisite.

NOTE: In this table, those items are marked "x" on which the Board makes a 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.

2. Establish in a manner satisfactory to the Board that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing; and

3. Submit proof to the Board that (a) he has had a minimum of two years of approved clinical training, (b) he has engaged in practice acceptable to the Board for a period of not less than three years over and above the period of training; and

4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology; and

5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify; and

6. In July of each year submit annual reports of anesthesia experience on forms provided by the Board.

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

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

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

MEDICAL SPECIALTIES

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Total Certificates Awarded to June 30, 1960	Year of Activation
American Board of Anesthesiology	2,263	1937
American Board of Dermatology	2,020	1932
American Board of Internal Medicine	12,778	1936
American Board of Neurological Surgery	875	1940
American Board of Obstetrics and Gynecology	6,214	1930
American Board of Ophthalmology	5,155	1915
American Board of Orthopaedic Surgery	3,331	1934
American Board of Otolaryngology	5,447	1924
American Board of Pathology	4,354	1936
Anatomic Pathology	2,230	
Anatomic Pathology and Clinical Microbiology	1	
Anatomic Pathology and Clinical Pathology	1,297	
Clinical Chemistry	10	
Clinical Microbiology	23	
Clinical Microbiology and Clinical Chemistry	1	
Clinical Pathology	679	
Forensic Pathology	78	
Hematology	10	
Neuropathology	25	
American Board of Pediatrics	7,486	1933
American Board of Physical Medicine and Rehabilitation	393	1947
American Board of Plastic Surgery	462	1937
American Board of Preventive Medicine	2,111	1948
Aviation Medicine	387	
Occupational Medicine	378	
Public Health	1,346	
American Board of Proctology	294	1949
American Board of Psychiatry and Neurology	6,815	1934
Psychiatry	5,352	
Neurology	481	
Psychiatry and Neurology	982	
American Board of Radiology	6,829	1934
Diagnostic Roentgenology	791	
Medical Nuclear Physics	6	
Radiological Physics	59	
Radiology	4,710	
Radium Therapy	8	
Roentgen Ray and Radium Physics	17	
Roentgenology	1,012	
Therapeutic Radiology	221	
Therapeutic Roentgenology	5	
American Board of Surgery	10,849	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1,039	1949
American Board of Urology	2,697	1935
Totals	81,412	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy	172	
Cardiovascular Disease	631	
Gastroenterology	429	
Pulmonary Diseases	272	
Total	1,504	
American Board of Pediatrics		
Allergy	110	
Cardiology	...	
Total	110	
American Board of Psychiatry and Neurology		
Child Psychiatry	165	
American Board of Surgery		
Proctology	81*	
Total	246	
Grand Total	1,860	
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics	24	
Gynecology	15	
Total	39	
American Board of Otolaryngology		
Endoscopy	4	

* Independent board established in 1949.

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

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

TABLE 3.—Annual Specialty Board Certification, 1942-1960

Year (Ended March)	No. of Boards in Existence	No. Certified	Cumulative Totals
1942	15	1,756	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,002	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	4,552	44,356
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,464
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	81,412

* One board, the American Board of Proctology, did not certify any candidates during this period.

A fee of fifty dollars (\$50) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of reexamination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examination, his application will be declared void and reapplication will not be allowed.*

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred fifty dollars (\$150). At least fifty dollars (\$50) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and con-

*The reapplication privilege may still be granted those who filed their original application prior to February, 1953, if they submit proof of an additional year of approved clinical training.

MEDICAL SPECIALTIES

ducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Forrest E. Leffingwell, M.D., 217 Farmington Ave., Hartford 5, Conn.

AMERICAN BOARD OF DERMATOLOGY

BEATRICE MAHER KESTEN, President, New York City
CLINTON W. LANE, Vice President, St. Louis
LOUIS A. BRUNSTING, Rochester, Minn.
MARCUS R. CARÒ, Chicago
EDWARD P. CAWLEY, Charlottesville, Va.
WALTER C. LOBITZ, JR., Portland, Ore.
WILEY M. SAMS, Miami, Fla.
J. WALTER WILSON, Los Angeles
MAURICE J. COSTELLO, Secretary, Office of the Board: One Haven Ave., New York City

GENERAL REQUIREMENTS

Preliminary Registration forms are acceptable after the applicant has met the following requirements:

1. High ethical and professional standing.
2. Graduation from an approved medical school in the United States of America or Canada. Graduates of other schools are required to pass Part I and Part II of the examination of the National Board of Medical Examiners.
3. Satisfactory completion of an approved internship.
4. A state license to practice medicine in the United States of America or Licentiate of Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or regular status in the Armed Forces of the United States or Canada.
5. Citizenship in the United States or citizenship by birth in Canada.
6. Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of an approved residency in dermatology are eligible for nonresident certification. (See section on Graduates of Foreign Medical Schools.)

SPECIAL REQUIREMENTS

The preferred method of training is a three-year well-lished for admission to examination:

Formal training in dermatology and related subjects of not less than three years. This training may be obtained as a resident, fellow, or graduate student in the institutions recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the joint Residency Review Committee for Dermatology. One month in each year may be taken as a vacation. Vacations may not be postponed to accumulate from one year to another.

The formal training shall include: At least one year full-time in an institution approved for three-year training in dermatology. Graduate training in the basic medical sciences; and carefully supervised laboratory and clinical work which should include the direct responsibility for inpatient care in dermatology.

METHODS OF TRAINING

The preferred method of training is a 3-year well-integrated and continuing program in an institution approved for the full training period.

Apart from the required full-time year in such an institution, the additional training requirements may be fulfilled by training in institutions approved for one year or two years or in part as a preceptee.

Training must be completed within five years except where military service or other compelling circumstances shall intervene.

Suggestions for the study of dermatology are given in the *Syllabus of Graduate Training*.

CREDIT FOR MILITARY SERVICE

Candidates who have served in the Armed Forces of the United States or Canada as physicians may submit credentials for possible credit toward training or experience. The *Supplementary Application* form for Military Training should be submitted with the *Preliminary Registration* form or at the termination of military service.

CREDIT FOR GRADUATE TRAINING IN OTHER SPECIALTIES

Candidates who are Diplomates of other specialty boards or who have taken formal training in part toward such certification may submit credentials for possible credit toward training or experience.

RESPONSIBILITY

It is the candidate's responsibility to make early contact with the Board, to ascertain and observe its regulations, and to file the *Preliminary Registration* and the *Application for Certification* forms. Candidates must meet all requirements before applying for certification.

Directors of training are responsible for submitting an *Annual Graduate Training* form on each candidate.

Approved preceptors, in conjunction with the director of training of the institution in which the candidate spends half his training time, are responsible for submitting an *Annual Graduate Training* form on each preceptee.

PRELIMINARY REGISTRATION

Each candidate *must file a Preliminary Registration form with the Board* at the beginning of training, whether or not plans are complete at the time. This establishes his identity and status as a candidate and begins his permanent file. It also enables the Board to detect any possible deficiencies in the plan of training. No fee is involved at this time.

ESTIMATES OF STATUS

Decisions as to the status of candidates who ask for an estimate of the further training needed can be made only by the Committee on Requirements upon submission of an *Estimate of Status* form for the Board acts as a body and only through duly constituted committees. The twenty-five dollars (\$25) *registration* fee, which will be credited toward the application for certification, must accompany this form.

APPLICATION FOR CERTIFICATION

Each candidate must file an *Application for Certification* form after completion of formal training and before the closing date regularly published in the Examination and Licensure column of THE JOURNAL of the American Medical Association. Dates of examinations are also published here. Application will be considered with the accompanying *registration* fee of twenty-five dollars (\$25), which will not be refunded. When all supporting documents have been received the application is submitted to the Committee on Requirements, which appraises the qualifications of the candidate and decides as to his eligibility for examination. An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his application is acceptable to the Board. The loan sets of histopathology slides are then available from the Armed Forces Institute of Pathology.

The total fee of one hundred fifty dollars (\$150) has been carefully computed and is used entirely for administrative purposes. Members of the Board receive no compensation except for actual expenses connected with the examinations.

EXAMINATIONS

Examinations are designed to ascertain the breadth of the candidate's knowledge in the basic as well as the clinical aspects of dermatology, to test his familiarity with the

MEDICAL SPECIALTIES

literature, and to gauge his general qualifications as a specialist in this branch of medicine.

All applicants for certification must pass a comprehensive written examination before they are eligible for the oral test. The written examination is held simultaneously in major cities. Applicants are then required to pass the oral clinical and laboratory examination. Cases will be seen and discussed with each candidate, and the examiners will seek to ascertain his knowledge of dermatology as well as of various related subjects.

Candidates whose applications have been accepted may take the examination if they will have completed one year of credit toward experience by the date of the next oral examination.

Except in special circumstances an applicant shall take the examination within two years following the filing of application. A candidate once accepted for an examination will henceforth remain eligible for only two succeeding examinations, unless some compelling circumstance, such as military service, shall intervene.

Candidates who have signified their intention of taking the examination and who fail to appear, or who cancel their request after the final notice has gone out, shall forfeit the examination fee.

The Board's records are confidential throughout. Examination marks will not be divulged. The findings of the Board are subject to its discretion and are final. Applications are accepted with this understanding.

REEXAMINATIONS

A candidate who fails or is conditioned will be eligible for the second examination without further formal application. A reexamination fee of fifty dollars (\$50) must accompany the notification.

If a candidate fails to complete successfully all or part of the examination on two occasions, he must take at least six months' additional full-time training, or a year's half-time training in an institution approved for three years, before being eligible for further examination. He must then file a new application and pay another examination fee of one hundred fifty dollars (\$150).

A candidate who fails this third examination will be eligible for a fourth examination without formal application.

All candidates seeking reexamination must notify the Board before the closing date for filing applications and enclose the necessary registration fee.

If a candidate who has failed or has been conditioned does not appear for reexamination before the expiration of three years, he must make a new application and pay an additional fee of one hundred fifty dollars (\$150) before he can be reexamined.

A certificate is issued when the candidate has: (1) successfully completed his three years of formal training; (2) completed one year of experience before taking the oral examinations; and (3) successfully passed the written and oral examinations.

Certificates are issued only to physicians who practice in the United States of America and its possessions or in Canada.

Membership in the local and state medical societies as well as the American Medical Association is strongly recommended.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

A—Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of approved residency in dermatology are eligible for nonresident certification.

REQUIREMENTS

1. High ethical and professional standing.
2. Graduation from a medical school listed in the *World Directory of Medical Schools*, World Health Organization.

3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates.

4. Citizenship in the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of (a) three full years of training in an institution or institutions approved for graduate training in dermatology; (b) the written and oral examinations given by the American Board of Dermatology.

RULES AND REGULATIONS

A *Preliminary Registration* form should be filed with the office of the Secretary as soon as requirements 2, 3, and 4 have been fulfilled, accompanied by photostatic copies of (a) medical diploma, (b) standard certificate of E. C. F. M. G.; and (c) a license to practice medicine.

The *Application for Nonresident Certification* form together with the twenty-five dollars (\$25) application fee is acceptable on completion of three full years of training in institutions approved for graduate training in dermatology. The final date for filing applications is published semi-monthly in the Examination and Licensure column of *THE JOURNAL of the American Medical Association*.

Each applicant must present a sworn statement that his application for this Special Certificate is based upon his intention to return to the nation where he intends to practice and if he returns to practice in the United States of America or Canada, under visa, exchange, immigration quota, or by any other means, he will surrender his Special Certificate and accept any further consideration from this Board under all of the regulations applying to a regular applicant from the United States of America or Canada.

An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his Application for Certification is acceptable to the Board.

All examinations will be given in the United States of America.

A special certificate suitable for framing will be awarded after fulfilling the above requirements and successfully passing the examinations.

B—Graduates of foreign medical schools who are citizens of the United States of America or Canada and who will practice in the States or Provinces are eligible for certification after meeting the General and Special Requirements.

CHANGE IN INSTITUTIONAL STATUS

When the term of approval of an institution changes, a candidate is given credit by the Board for the training year already in progress. Further work will be credited according to the new status. With change of directorship of dermatological training (new Directors are requested to notify the Board of their appointment), a provisional period is given to that service, during which time application for approval of residency training is required before the institution is re-appraised by the joint Residency Review Committee for Dermatology. Application blanks for approval of residency training programs in Dermatology are obtained from the *Secretary of the Joint Residency Review Committee for Dermatology, Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn St., Chicago, Ill.*

PRECEPTORS AND PRECEPTEE TRAINING

Preceptors are Diplomates of the Board of at least five years standing in active practice; recognized teachers of professorial rank, on the active staff of an institution approved for three years of graduate training in dermatology.

Precepteeships are granted for one year of graduate training. The preceptee must not spend more than one half of his time in the preceptor's office. The remaining half-time is to be spent under supervision of the preceptor in an institution approved for three years of graduate training in dermatology. His work program should be based on not

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less than a 40-hour week. Although preceptorships may be taken during any one of the years of training, it is recommended that the preceptee have at least one year of dermatologic training previous to a preceptorship.

A *Preceptee Work Plan* is filed by the preceptor with the Secretary of the Board previous to the appointment of each preceptee. Following the preceptorship the preceptor, in conjunction with the director of training of the institution in which the candidate spends half his training time, submits an *Annual Graduate Training* form on each preceptee.

Each dermatologist who wishes to become a preceptor must file an *Application for Preceptorship* form with the Board. Detailed qualifications, rules and regulations as well as duties and rights of preceptors and preceptees will be sent to dermatologists on request.

AMERICAN BOARD OF INTERNAL MEDICINE

HOWARD P. LEWIS, Chairman, Portland, Ore.
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THOMAS H. BREM, Los Angeles
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GEORGE A. PERERA, New York City
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VICTOR W. LOGAN, Librarian, Rochester, N. Y.
WILLIAM A. WERRELL, Executive Secretary-Treasurer
One W. Main St., Madison 3, Wis.

GENERAL QUALIFICATIONS

1. All candidates must be citizens of the United States or Canada. (For exceptions see "Graduates of Foreign Medical Schools not citizens of the United States or Canada, who are returning to their homeland.")

2. All candidates must be licensed to practice medicine in a state, territory, province, or possession of the United States or Canada.

3. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

2. Satisfactory completion of an approved internship of not less than 12 months.*

3. Satisfactory completion of residency training according to the following Plans A, B, or C. (Graduates of foreign medical schools may qualify only under Plan A.)

QUALIFICATIONS FOR EXAMINATION

Plan A

Written Examination: Graduates of approved Medical Schools in the United States or Canada and Graduates of Foreign Medical Schools** may apply for admission to the written examination after five (5) years have elapsed since the completion of an approved internship.*** Three (3) of these years must be spent in a full-time formal training program as follows:

*During the period in which the 9-9-9 program was in effect an approved internship of 9 months will satisfy the requirement of 12 months. A residency of 9 months is considered as 9 months only.

**See other requirements for Graduates of Foreign Medical Schools.

***See "Application, (Paragraph 1)," p. 5.

1. Three years of residency training in the broad field of internal medicine in a program approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education and Hospitals of the American Medical Association, or

2. *Two years* of residency training in the broad field of internal medicine in an approved program as described in paragraph 1, and a *third year* of full-time graduate education in a field related to internal medicine, provided the assignment is in an approved medical school or medical school hospital or in a hospital approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine. If a candidate selects an institution different from those described above, the Board will evaluate such training on an individual basis after adequate description of the training program, unless this is already well known to the Board. Assignments for this year of graduate education may be devoted to: (a) basic or clinical research, (b) assignments in basic science department of approved medical schools in the United States or Canada, (c) subspecialty training, or (d) 12 months of formal study in internal medicine in a recognized Postgraduate medical school in the United States or Canada.

The remaining two years of experience in internal medicine may be devoted to work in any clinical, investigative or basic science area related to internal medicine.

Obligated military service in the Armed Forces of the United States or Canada or in the United States Public Health Service may be applied as experience but not as formal training.

Such assignments in the Armed Forces, as well as other experience in internal medicine, may be applied at any interval in the five-year requirement.

Oral Examination: The oral examination may be taken 12 months or more after passing the written examination. Candidates will be examined in the broad field of internal medicine without regard to specialty training. The Board has found that candidates do best when they have had wide clinical experience in the care of patients.

Plan B

Written Examination: Graduates of approved medical schools in the United States or Canada, but not graduates of foreign medical schools, who are not eligible under Plan A, may qualify under Plan B after completion of the following graduate education and experience:

1. (a) One year of approved internship. (b) Two years of approved graduate education in the broad field of internal medicine. (c) Five years of experience in areas related to internal medicine.

2. (a) One year of approved internship. (b) One year of approved graduate education in the broad field of internal medicine. (c) Eight years of experience in areas related to internal medicine.

3. (a) One year of approved internship. (b) Eleven years of experience in areas related to internal medicine provided the candidate is identified as an internist by his colleagues in his community.

Obligated military service may be applied as in Plan A.

Oral Examination: The oral examination may be taken 12 months or more after passing the written examination.

Plan C

Written Examination: Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of this Board. This plan is exclusive. It is reserved for the use of *Chairmen of Departments of Medicine, in approved medical schools in the United States and Canada*, who may wish to recommend for admission to examination certain men who have planned a career in *academic medicine* but whose training has not satisfied the requirements of the other "Plans" authorized by the Board.

MEDICAL SPECIALTIES

Candidates themselves may not elect Plan C. Specific recommendation that a candidate be qualified under this plan must be made by a *Chairman of a Department of Medicine in a Class A Medical School in the United States or Canada*. This recommendation must assure that the candidate has been under the jurisdiction and guidance of him or other persons whom he has selected or recommended during a five-year period of training after internship; that at the time of application this training has been completed and has been shaped with the idea that the candidate has been preparing for an academic career; and that during the training period the candidate has had *adequate direct responsibility* for patient care in the broad field of internal medicine. Obligated military service, as described in Plan A, *may not* be included as a part of the five-year period of training. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will may be that the Head of the Department will require additional years of training beyond the minimum before recommending the candidate to the Board. A candidate qualifying under the foregoing provisions will be examined by the Board in the broad field of internal medicine.

The *Oral Examination* may be taken *12 months or more* after passing the Written Examination.

Please see "Definitions" as applied to the requirements of this Board.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

WHO ARE CITIZENS OF THE UNITED STATES OR CANADA REQUIREMENTS

1. Candidates in this classification not licensed to practice in a state, territory, province, or possession of the United States or Canada prior to Sept. 1, 1959, or who have not passed the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany application for admission to examination.

2. All candidates are required to complete an internship of one year approved by the Council on Medical Education and Hospitals of the American Medical Association.

3. All candidates are required to complete the appropriate graduate training and subsequent experience in internal medicine after internship in accordance with the provisions of Plan A.

4. Two years of obligated service in the armed forces of the United States or Canada after internship may be applied in satisfying the time element but not the graduate training requirements.

5. A candidate may take the *oral examination* 12 months or more after passing the written examination.

6. Please see "Definitions" as applied to requirements of this Board.

GRADUATES OF FOREIGN MEDICAL SCHOOLS NOT CITIZENS OF THE UNITED STATES OR CANADA WHO WILL RETURN TO THEIR HOMELAND AFTER COMPLETION OF AN APPROVED INTERNSHIP FOLLOWED BY THREE YEARS OF APPROVED RESIDENCY IN INTERNAL MEDICINE

1. Candidates in this classification are required to complete an internship of 12 months approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. Candidates must have passed the examination of the Educational Committee for Foreign Medical Graduates and have received a permanent certificate regardless of time or

school of graduation. A photostatic copy of the certificate must accompany application for admission to examination.

3. Candidates are required to complete 36 months of approved residency and two additional years of experience after internship in accordance with the requirements of Plan A.

4. Candidates who are accepted for the Written Examination may take this examination in the United States or at designated installations of the United States in foreign countries.

5. Candidates who pass the written examination will receive from the Board a statement that they have passed the written examination and will be eligible to apply for admission to the oral examination after satisfying the remaining requirements under Plan A. All oral examinations will be given in the United States.

6. Candidates passing the oral examination of this Board will receive from the Board a statement that they have passed the written and oral examinations of the American Board of Internal Medicine. This "statement" may take the form of a document suitable for framing.

7. The Board reserves unto itself the right to reject any and all applications.

8. All candidates must be citizens of the country to which they are returning and licensed to practice medicine in that country.

9. The "statement" referred to in paragraph 6 *may not* be exchanged for a certificate of the Board in the event the candidate should return to the United States or Canada and qualify for citizenship.

10. Please see "Definitions" as applied to the requirements of this Board.

DEFINITIONS

As Applied to Requirements of This Board

1. An *approved internship* is defined as an internship of not less than one year (rotating or straight internship in internal medicine) approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. An *approved residency* in internal medicine is defined as graduate training approved by the Residency Review Committee in Internal Medicine.

3. *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."

4. *Graduate education* as referred to in the requirements includes an approved internship and approved residencies and fellowships.

5. *Postgraduate training* includes formal training and study in recognized graduate schools of medicine or basic science.

CREDIT FOR SERVICE IN THE MEDICAL CORPS OF THE ARMED FORCES OF THE UNITED STATES OR CANADA

Active duty as a commissioned officer in the Medical Corps for the periods Dec. 7, 1941 to Jan. 1, 1947, and June 1, 1950 to July 1, 1954, may be applied as one year of residency credit or one year of clinical experience regardless of assignment.

GRADUATES OF THE CHICAGO MEDICAL SCHOOL AND THE MIDDLESEX SCHOOL OF MEDICINE

Graduates of the Chicago Medical School prior to the approval of the Council on Medical Education and Hospitals of the American Medical Association, in 1949, may apply under the provisions of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

Graduates of the Middlesex School of Medicine, who received their degree in medicine prior to Jan. 1, 1951, may apply under the provisions of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

MEDICAL SPECIALTIES

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in medicine.

Preparation must be based on years of continuous, thoughtful study. Therefore, in outlining its requirements, the Board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The Board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology. Such knowledge is essential to the continued progress of any internist. The Board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three-year residency program.

The Board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the Board.

METHOD OF EXAMINATION

1. *The Written Examination* is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into morning and afternoon periods of three hours each. The questions are of the multiple choice type, framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. *The Oral Examinations* are held near the time and place of the annual meeting of the American College of Physicians and at such other times and places as the Board may designate. Announcement of all oral examinations will appear in the *Annals of Internal Medicine* and *THE JOURNAL of the American Medical Association*. Applications will be accepted as soon as the schedule is announced and cannot be accepted after the closing date published. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected, and are conducted at the bedside of patients assigned each candidate.

Candidates will be expected to present in a concise, orderly fashion pertinent facts in the history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion and to any other aspects of internal medicine. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret objective demonstrations of roentgenologic, pathologic, hematologic, electrocardiographic, and other abnormalities.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Secretary-Treasurer.

The closing date for acceptance of applications is May 1 of the year concerned.

The application must be accompanied by a recent, signed photograph of the candidate and the registration and examination (written) fee of sixty (\$60) dollars. Forty-five dollars (\$45) will be refunded if the application is disapproved.

The oral examination fee of sixty-five dollars (\$65) is due when applying for admission to the oral examination.

The certificate fee of ten dollars (\$10) is due after notification of certification is received.

REEXAMINATION

I. *Written Examination*

1. The interval between written examinations will be not less than one year.

2. A fee of thirty-five dollars (\$35) is due upon application for reexamination.

3. The number of written examinations for which a candidate may apply is not limited.

II. *Oral Examination*

1. The interval between oral examinations will be not less than one year.

2. A fee of sixty-five dollars (\$65) is due upon application for reexamination.

3. Candidates failing three (3) oral examinations, one or more of which occurred after Feb. 1, 1958, must apply for and pass another written examination before admission to further oral examinations.

NOTE: Candidates are not required to repeat the examinations within the specified time limits. A longer interval may be elected between both written and oral examinations. Candidates who elect an interval of three years or more between written examinations must file new applications.

CANCELLATIONS

A candidate who cancels his assignment for examination will be required to pay a special fee before admission to a subsequent examination. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made and the expense incident thereto.

Written Cancellation Fee \$25.00

Oral Cancellation Fee \$65.00

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the Articles of Incorporation and the By-Laws and shall be signed by the members of the Board and shall bear the official seal of the Board.

Certificates of the Board will be issued to candidates who have passed the written and oral examinations and have been officially certified by the Board.

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease are recognized subspecialties.

The Subspecialty Boards of the American Board of Internal Medicine will no longer list approved training programs in *THE JOURNAL of the American Medical Association*. Each candidate is expected to meet the requirements of the individual Board by which he desires to be examined.

Candidates are not eligible to apply for admission to examination in a subspecialty until *three (3) years after certification* in Internal Medicine. Each subspecialty application is individually considered, and a candidate is not eligible for admission to examination until his application has been approved by the Subspecialty Board concerned and the approval confirmed by this Board.

Announcement of the dates and places of subspecialty examinations will appear in *THE JOURNAL of the American Medical Association* and the *Annals of Internal Medicine*.

Application forms will be forwarded upon request to the office of the Executive Secretary-Treasurer.

MEDICAL SPECIALTIES

SUBSPECIALTY BOARD FOR ALLERGY

GEORGE I. BLUMSTEIN, Philadelphia
STANLEY F. HAMPTON, St. Louis
HOWARD J. LEE, Milwaukee
MAX SAMTER, Chicago
WILLIAM B. SHERMAN, New York City

RECOMMENDATIONS CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION

A. Prerequisite

The applicant must previously have been certified by the American Board of Internal Medicine. Three years must have elapsed following such certification before he is eligible to apply for admission to the subspecialty board examination.

B. Training

The candidate should have devoted at least two years full-time in an acceptable residency or fellowship in allergy. Such training should be in a hospital approved for residency training in internal medicine preferably under the supervision of a certified allergist. An acceptable alternative is one year full-time acceptable residency or fellowship in allergy plus two additional years of part-time training, at least 200 hours each year in an acceptable allergy clinic where training is supervised by a qualified allergist. A second alternative would be five years part-time training and experience, at least 200 hours each year, in such an acceptable allergy clinic. Other programs of training and experience may be accepted if, in the opinion of the members of the Board, they are equivalent to those outlined.

Preceptorship alone is not acceptable as training, but supervised training in the private office of a qualified allergist may form a part (50% or less) of a full-time training program of an acceptable hospital or clinic, provided the preceptorship and clinic training run concurrently. All such programs will be individually considered by the Board.

Before admission to the certifying examination in allergy, a candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that he has special ability in allergy and has adequate knowledge of all phases of science underlying this specialty as well as proficiency in its clinical practice. He must be prepared for examination in the aspects of anatomy, chemistry, microbiology, immunology, pathology, physiology, and pharmacology relating to allergy and in the laboratory procedures pertinent to their diagnosis and treatment.

C. References

A candidate should give as references names of physicians who are familiar with his training and experience in the field of allergic diseases. Such information will allow the Board to give a fair appraisal of his qualifications. The application must be approved by all members of this Board.

SUBSPECIALTY BOARD FOR CARDIOVASCULAR DISEASE

CHARLES A. R. CONNOR, New York City
A. CARLTON ERNSTENE, Cleveland
FRANKLIN D. JOHNSTON, Ann Arbor, Mich.
CALVIN F. KAY, Philadelphia
FRANK B. KELLY, Chicago
CARTER SMITH, Atlanta, Ga.
JOSEPH B. VANDER VEER, Philadelphia

RECOMMENDATIONS CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION

A. Prerequisite

The applicant must previously have been certified by the American Board of Internal Medicine. Three years must

have elapsed following such certification before he is eligible to apply for admission to the subspecialty board examination.

B. Training

The candidate should have devoted at least one full year to postgraduate education in cardiovascular disease, preferably under the guidance of a person known to be experienced and sound. An acceptable alternative is a residency or fellowship in a medical residency program approved by the Residency Review Committee and under the direction of a department head qualified in cardiovascular disease, in which cardiovascular problems constitute a substantial part of the regular medical service. Under the program the period of training should be at least one year longer than the minimum required for certification in internal medicine.

Before admission to the certifying examination in cardiovascular disease, the candidate must possess certain specialized knowledge and to have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must have an intimate knowledge of the normal and pathological anatomy and normal and pathological physiology of the circulatory system; be adept in history taking and in the physical examination; be proficient in the interpretation of electrocardiograms and in cardiovascular roentgen diagnosis; and be familiar with the special procedures and techniques used in the study of cardiovascular problems. Above all, he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of the pharmacology and therapeutic applications of drugs used in the treatment of cardiovascular diseases and an intelligent comprehension of the place of and indications for other forms of treatment, especially surgery.

C. References

The candidate should give as references the names of physicians sufficiently familiar with his training and experience in the field of cardiovascular disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. Information limited chiefly to the candidate's character, or to his professional standing in his community, or to his qualifications as an internist but not specifically endorsing him as a specialist in cardiovascular disease, are not likely to influence the Board to admit the candidate to the examination.

SUBSPECIALTY BOARD FOR GASTROENTEROLOGY

JOSEPH B. KIRSNER, Chicago
THOMAS E. MACHELLA, Philadelphia
H. MARVIN POLLARD, Ann Arbor, Mich.
JULIAN M. RUFFIN, Durham, N. C.
C. WILMER WIRTS, Philadelphia

RECOMMENDATIONS CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION

A. Prerequisite

The applicant must previously have been certified by the American Board of Internal Medicine. Three years must have elapsed following such certification before he is eligible to apply for admission to the subspecialty board examination.

B. Training

The candidate should have devoted at least one full year to postgraduate education in gastrointestinal disease, during which time his training program should preferably be under the supervision of a certified gastroenterologist. Following this the candidate should participate actively for at least two years in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted under the supervision of a qualified gastroenterologist.

In the absence of the postgraduate education required in the above paragraph the candidate may, at the discretion

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of the Subspecialty Board of Gastroenterology, be accepted for examination after five years of active participation in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted, preferably under the supervision of a certified gastroenterologist.

Before admission to the certifying examination in gastroenterology the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that his training has given him special ability in gastroenterology and adequate understanding of the basic sciences underlying this branch of internal medicine as well as proficiency in its clinical practice. He will be expected to demonstrate familiarity with the literature of gastroenterology and must submit proof of adequate supervised training in the recognized gastroenterological procedures and in gastrointestinal radiology (film interpretation).

The candidate must be able to assimilate information obtained from all these sources in such a way as to lead logically to the correct diagnosis and proper treatment. He must have a thorough knowledge of the pharmacological and therapeutic application of drugs used in the treatment of gastrointestinal diseases and an intelligent comprehension of the place and indications for other forms of treatment, especially surgery.

C. References

The candidate must submit at least three letters from recognized internists. At least one of these must be from a certified gastroenterologist who has served as the candidate's director during a significant portion of his training in gastroenterology. These letters should attest to the candidate's professional qualifications and ethical standing. They should also contain specific information regarding the degree of the candidate's specialization in gastroenterology and the work that he has done in this field.

SUBSPECIALTY BOARD FOR PULMONARY DISEASE

THEODORE L. BADGER, Boston
CARL MUSCHENHEIM, New York City
ARTHUR M. OLSEN, Rochester, Minn.
WILLIAM W. STEAD, Gainesville, Fla.
JAMES A. WIER, Denver

RECOMMENDATIONS CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION

A. Prerequisite

The applicant must previously have been certified by the American Board of Internal Medicine. Three years must have elapsed following such certification before he is eligible to apply for admission to the subspecialty board examination.

B. Training

The candidate should have devoted at least one full year to postgraduate education in a tuberculosis or a general hospital with the facilities for the care of tuberculosis, and at least another year in the practice of internal medicine with pulmonary disease as a major element of such practice.

Before admission to the certifying examination in pulmonary diseases, a candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must have a thorough and intimate knowledge of normal and pathological anatomy and physiology of the pulmonary system; to be adept in history taking and in physical examination; to be proficient in interpretation of pulmonary function tests; proficient in interpretation of roentgen diagnosis of thoracic conditions; and to be familiar with special procedures and techniques used in the study of pulmonary diseases.

Above all he must be able to assimilate the information obtained from all of these sources in such a way as to lead

logically to the correct diagnosis. He must also have a thorough knowledge of pharmacological and therapeutic application of drugs used in the treatment of pulmonary diseases and an intelligent comprehension of the place and indications for other forms of treatment, especially surgery.

C. References

The candidate should give as references names of physicians who are familiar with his training and experience in the field of pulmonary disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. The application must be approved by all members of the Subspecialty Board in Pulmonary Diseases.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

E. JEFFERSON BROWDER, Chairman, Brooklyn, N. Y.
WILLIAM T. PEYTON, Vice Chairman, Minneapolis
EDWIN B. BOLDREY, San Francisco
E. HENRY BOTTERELL, Toronto, Canada
DEAN H. ECHOLS, New Orleans
W. JAMES GARDNER, Cleveland
FRANK H. MAYFIELD, Cincinnati
FRANCIS MURPHEY, Memphis, Tenn.
J. LAWRENCE POOL, New York City
JOHN RAAF, Portland, Ore.
BARNES WOODHALL, Durham, N. C.
DONALD D. MATSON, Secretary-Treasurer, 300 Longwood Ave., Boston 15, Mass.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the Board of Directors.

2. It shall be discretionary with the Board to accept for examination candidates who have been in neurosurgical practice more than six years but whose formal training fails to meet full requirements.

3. 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 of America or Canada may apply for certification by the American Board of Neurological Surgery.

4. A special certificate may be issued to foreign (not United States of America or Canadian citizens) candidates who have received their training in neurological surgery in the United States of America or Canada and who are returning to their own country at the end of their training period, upon passing successfully the regular examinations of the Board, without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school that is acceptable to the American Board of Neurological Surgery.

2. (a) Completion of a surgical internship of not less than one year in a hospital acceptable to the Board, or its equivalent in the opinion of the Board, plus a period of graduate study of not less than four years beyond the year of general surgical training in an approved hospital, or in a recognized graduate school of medicine, acceptable to the American Board of Neurological Surgery. Of this training period, at least thirty (30) months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training be had in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

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OR

(b) Completion of a rotating internship of not less than one year in a hospital acceptable to the Board of its equivalent in the opinion of the Board, plus a period of graduate study of not less than four years beyond the year of rotating internship in an approved hospital, or in an accredited school of medicine acceptable to the American Board of Neurological Surgery. Of this training a period of at least six months must be in an approved clinical program in general surgery, and at least thirty (30) months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training be had in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

Furthermore, the candidate must prepare himself to pass a Board examination in general surgery, organic neurology, neuropathology, neuroanatomy, neurophysiology, and neuro-radiology.

The Board does not accept training by preceptorship.

An additional period of not less than two years of satisfactory independent practice of neurological surgery.

The above represents only the minimum requirements of eligibility for examination for certification by the Board.

APPLICATIONS

An application on the official application blank must be in the hands of the Secretary-Treasurer not less than nine months before the date of probable examination, since each applicant must have his graduate training reviewed by the Credentials Committee and acted upon by the members of the American Board of Neurological Surgery at a regular meeting. If his training is approved, the applicant may then take his examination, if the schedule will permit, at the next meeting of the Board which follows completion of two years of independent practice of neurological surgery. Examinations are given twice yearly, in the spring and fall.

PRACTICE REQUIREMENTS

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 during the two years immediately preceding examination. This list 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 where applicable all complications and autopsy findings.

PAYMENT OF FEES

The fee for certification shall be one hundred fifty dollars (\$150). 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 on one hundred twenty-five dollars (\$125) to the Secretary-Treasurer at least two weeks before the date of the examination.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

F. BAYARD CARTER, President, Durham, N. C.
R. GORDON DOUGLAS, Vice President, New York City
DANIEL G. MORTON, Vice President, Los Angeles
LAWRENCE M. RANDALL, Secretary-Treasurer, Rochester,
Minn.

CURTIS J. LUND, Assistant Secretary, Rochester, N. Y.
JOHN L. PARKS, Washington, D. C.
CONRAD G. COLLINS, New Orleans
CARL P. HUBER, Indianapolis
JOHN I. BREWER, Chicago
CHARLES L. BUXTON, New Haven, Conn.
CLYDE L. RANDALL, Buffalo
S. LEON ISRAEL, Philadelphia
ROBERT L. FAULKNER, Executive Secretary-Treasurer, 2105
Adelbert Rd., Cleveland 6, Ohio.

REQUIREMENTS

Each candidate, before he may become eligible to apply for evaluation of qualifications by the Credentials Committee, must establish the following facts:

1. The possession of the degree of Doctor of Medicine from an institution of learning acceptable to the Council on Medical Education and Hospitals of the American Medical Association.

2. That he is a full citizen of the United States or Canada, has an unlimited license to practice medicine in either country, is a member of a County or District Medical Society, and is of high ethical and professional standing.

3. The completion of at least one year of intern service in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association or the Canadian Council on Hospital Accreditation. The Board accepts the fifth or "intern" medical school year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.

4. The completion of six years of training and practice after the first intern year to include three years minimum of progressive residency training in clinical obstetrics-gynecology in approved institutions.

5. Preceptorship training, approved and commenced prior to July 1, 1960, under the regulations then in force, and completed by June 30, 1962, may be substituted in part for residency training. *Applications for preceptorship training will not be approved after June 30, 1960.*

6. After July 1, 1962, this Board will require a minimum of three years of approved progressive residency training to complete the requirements for admission to examination.

7. The completion of two years of posttraining practice, limited to the specialty, before application can be made for admission to examination.

8. That he is limiting his practice to obstetrics and gynecology and intends to continue to do so.

9. In addition, the candidate must offer as sponsors two Diplomates of this Board from his community currently acquainted with his ability in the practice of the specialty.

SPECIAL CREDITS AND RULINGS

1. Applicants on service in obstetrics-gynecology under orders in hospitals of the Army, Navy, Air Force, and Public Health Service will receive residency training credit if such hospitals are officially approved for training in this specialty.

When the hospital is not approved, credit may be allowed for Preceptorship approved and commenced prior to July 1, 1960, and completed by June 30, 1962.

2. Posttraining practice within the specialty may occur as an assistant, an associate, as independent practice, or practice in obstetrics and gynecology when on service in the Armed Forces.

Periods of residency in obstetrics and gynecology in excess of the required three years will not be accepted as a substitute for any part of the required two years of posttraining practice in the specialty. Candidates who have completed residency requirements and advance to full-time teaching appointments in medical schools and who have served two years in such capacity will have completed posttraining requirements. The importance of this posttraining experience is emphasized as an opportunity for colleague ap-

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praisal of the candidate's ability when working on his own responsibility.

3. Physicians otherwise qualified who were graduated before Jan. 1, 1939, whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Knowledge of both obstetrics and gynecology is required.

4. Applicants who possess a certificate from another Board may retain such certificate provided they agree to confine their future practice to obstetrics and gynecology or both.

5. The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except when this is related to active military duty.

6. It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in Emergency Care.

7. Foreign-born applicants must supply with the application a notarized statement, not original citizenship papers, attesting full citizenship in the United States or Canada. Such candidates will not be eligible to apply for admission to examination until three years from the date of unlimited licensure to practice medicine in the United States or Canada.

8. The Board will accept a period of nine "accelerated" months as a year in satisfying the requirements for each of three years of residency training. Such allowances can be made only for services during the 1943-1946 wartime period of the official "accelerated program."

9. Any physician who formally obligates himself to enter a residency training program approved by the Residency Review Committee who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be declared ineligible for examination for certification at the discretion of the Board.

FIRST APPLICATION AND FEES

Application forms may be obtained from the Executive Secretary. When completed they must be returned to him not later than August 1 of each year, accompanied by the application fee of thirty-five dollars (\$35) which is not returnable.

The application for admission to examination must also be accompanied by a certified typewritten list of all the candidate's patients admitted to each hospital where he practices during the year preceding the application. This list should be made on unbound paper 8½-by-11 in. in size and correspond in format and content to the last page of this Bulletin.

Candidates applying for the first time in 1960 are no longer required to submit the twenty (20) Case Reports as part of the Part I Examination. However, candidates eligible to take Part II Examinations, are required to bring to the place of examination, a duplicate list of their hospital admissions as submitted with their application.

If the application is approved the candidate will be notified of admission to examination. This should be acknowledged immediately accompanied by remittance of the examination fee of one hundred twenty-five dollars (\$125) which is not returnable.

Applicants declared eligible but who fail to exercise the privilege of examination within three years of the date of filing application will be requested to file a new and current application and to pay a new application fee.

When the Board declares the candidates ineligible for admission to examination or postpones this admission, a request for re-opening of the application may be made within two years of the original date of application without payment of additional fee. This request must be accompanied by evi-

dence that the reasons for ineligibility and postponement or both have been corrected. As a general rule the Board will not reconsider the application in less than two years.

Following two ineligibility or postponement rulings on the original application, an entirely new application must be submitted with the fee of thirty-five dollars (\$35).

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expense. Directors and Associate Examiners serve as such without compensation other than actual expense.

REGULATIONS AND FEES CONCERNING ADMISSIONS TO REEXAMINATIONS

Reexaminations, owing to failure in Part I, may be taken after one year but must be taken within three years after first failure without payment of an additional fee.

When application for reexamination in Part I is necessary, owing to failure in the Case Reports, a new set of 20 reports must be submitted.

Reexamination in Part II does not include repetition of Part I examination. One reexamination may be taken on the original application within three years of the first examination and first failure without submission of a new application. Requests for this re-opening of the original application and first admission to reexamination in Part II must be accompanied by a fee of thirty-five dollars (\$35).

Failure to exercise the privilege of reexamination within three years requires the submission of a new application with payment of the usual fees for application and examination.

Following two failures in either Part I or Part II the candidate may submit a second application under the same regulations as applied to the original application and may be admitted to reexaminations but once. Exceptions to this ruling can only be made by action of the entire Board of Directors.

All applications for reexaminations must be made prior to Aug. 1 of each year.

EXAMINATIONS

Part I scheduled for Jan. 13, 1961, consists of a comprehensive written examination in obstetrics and gynecology and related basic sciences limited to three hours.

Arrangements will be made for candidates to report in a convenient city where there is a Diplomate of this Board who will supervise the examination sent to him under sealed cover.

Special arrangements will be made with senior officers to supervise the examination for candidates in military service. Such candidates must keep the Executive Secretary informed of their addresses.

Each applicant accepted for Part I examination will be required to achieve a passing grade of 75% before becoming eligible for the Part II examination.

Part II scheduled for April 8-15, 1961, is conducted by the Directors of the Board and Associate Examiners and consists of:

1. An oral examination to determine the general qualifications of the candidate as a specialist in obstetrics and gynecology, the extent of his experience in clinical obstetrics and gynecology and related basic sciences, and his familiarity with recent obstetrical and gynecologic literature.

2. An oral examination in obstetrical and gynecologic pathology. The candidate is expected to identify and discuss gross and microscopic preparations.

Examiners report on each candidate to the assembled Board and Associate Examiners. The candidate is then passed or failed by the vote of the entire Board of Directors.

The passing grade in each part of the examination is 75%.

RESIDENCY TRAINING IN OBSTETRICS AND GYNECOLOGY

Graduate training programs in obstetrics and gynecology are passed upon by a Residency Review Committee spon-

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sored jointly by the American Board of Obstetrics and Gynecology, the Council on Medical Education and Hospitals of the American Medical Association, and the American College of Surgeons. The Committee is composed of 12 Diplomates of the Board who have had experience in the organization and supervision of sound programs for graduate education and training in this field. The sponsors have reviewed and approved the policies of the Committee and delegated to it full authority to act.

Programs are approved to provide for the resident an educational and training opportunity that is progressive in experience and responsibility. All programs should achieve a balance between the educational activities and the training acquired through the care of patients. The total number of residents should be such that the maximal education and training can be afforded the individual resident.

The American Board of Obstetrics and Gynecology requires three years of progressive experience composed of 18 months in clinical obstetrics and 18 months in clinical gynecology for admission to examination for certification.

Programs may be arranged for approval of more than three years provided there is no dilution of resident experience in clinical obstetrics and gynecology or no decrease in the time requirements mentioned previously.

Education and training in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to the medical and surgical care of the patient. Special emphasis is to be placed on endocrinology, oncology, and the principles of irradiation treatment.

Since July 1, 1958, this Board has not allowed credit within the required three years of training for separately organized basic science courses which remove the candidate from clinical training in obstetrics and gynecology.

Exchange of residents within the specialty between approved programs is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such service is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement is to be attested in the hospital information form supplied to the Residency Review Committee.

Following July 1, 1962, the Board will require a minimal three years of approved progressive *residency* training to fulfill the qualifications for admission to examination. After that date residency programs not including, either intramurally or by affiliation, 36 months of progressive clinical training in the specialty will no longer be approved. Thus the one-year programs approved only for the first year in obstetrics and gynecology or both will not be approved thereafter. The institutions involved are urged to affiliate with programs offering full training. In the programs offering affiliation, approval will be given only to the parent program. Two-year residencies in obstetrics only or gynecology only will not be approved thereafter and should affiliate to produce a combined program that can be approved. Two-year residencies in obstetrics and gynecology likewise will not be approved thereafter and are encouraged to expand to three years or affiliate with a full program.

The chief of service should be a Diplomate of this Board in the interest of proper organization of the department and the teaching of the combined specialty. At least one additional senior member of the staff should be similarly qualified. In the absence of such certification the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty and one additional senior member is similarly qualified. When obstetrics and gynecology are not a combined department the chief of each division and at least one of his associates must be Diplomates of this Board or

otherwise qualified as mentioned above. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. In the instance of separately approved programs, training credit for the resident requires that there be rotation between obstetrics and gynecology in order to secure equal training in each branch of the specialty.

Applications for residency approval must be made in triplicate. Special forms may be secured from the Secretary of the Council on Medical Education and Hospitals of the American Medical Association. The hospital should retain a duplicate of all documents relating to the application. When completed the application and all papers pertaining thereto should be submitted to the Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn St., Chicago 10, Ill. Following inspection of the proposed program by a representative of the Council, the application will be submitted to the Residency Review Committee for consideration and action.

For further information, a copy of the Essentials of Approved Residencies and Fellowships, published by the Council, should be available to all who participate in the activities of a training program.

AMERICAN BOARD OF OPHTHALMOLOGY

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PREREQUISITES

1. High ethical and professional standing.
2. Full citizenship in the country where the candidate practices.
3. A degree from a medical school of high standing, satisfactory to the Board and approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Completion of an internship of not less than one year in a hospital approved by the same Council.
5. Individuals who have completed 36 months of formal ophthalmological training (residency and basic science courses) may apply for the written qualifying test after completion of 12 months of practice or 12 months of institutional work, a total of 48 months. All other individuals, with less formal training, may apply for the written test after 60 months in ophthalmology or 72 months of combined ophthalmology and otolaryngology. A basic course is recognized as equivalent in time to residency training. *All time requirements must be completed by the date of the written test.*

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.
2. Fee of one hundred dollars (\$100) remitted with application.
3. A list of papers or books published.
4. Written qualifying test.

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5. Practical examination.
6. Special review of ophthalmic surgery.
7. Licensure in the state, province or country where the candidate practices.
8. Certificate of the ECFMG of graduates from foreign medical schools (except Canadian).

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology; particularly: anatomy, histology, embryology, optics, physiological optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skillful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp, and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology, especially in refraction.
2. Active clinical experience in approved hospitals, clinics, dispensaries, and private practice. Library and laboratory facilities should be utilized for the intensive study of cases.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a written test to ascertain their qualifications. The questions may cover any part of ophthalmology. The written test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent clinical examination in ophthalmology.

BASIC STUDIES

Anatomy and Histology of the Normal Eye
Embryology and Developmental Abnormalities
Biochemistry
Pathology
Microbiology and Immunology
Optics and Physiological Optics
Ocular Physiology
Medical Ophthalmology
Pharmacology
Neuro-Ophthalmology
Principles of Ophthalmic Surgery

CLINICAL EXAMINATION

1. External Diseases
2. Ophthalmoscopy
3. Histopathology
4. Refraction
5. Motility
6. Principles of Ophthalmic Surgery
7. Perimetry

SPECIAL REVIEW OF SURGICAL CASES

The Board now requires of all candidates a list of ophthalmic operations performed within two years prior to examination. This list to be presented with application should be typed on 8½-by-11 in. paper.

- (a) A separate list of operations where candidate assisted only.
- (b) A separate list of operations where candidate performed surgery himself. (Include name of hospital where surgery was performed and obtain confirmation of surgery or signature on lists by competent authority in hospital or by surgeons assisted.)
- (c) A separate sheet giving summary and total of each type of operation.

REEXAMINATION

Candidates may be reexamined as often as they desire on satisfactory evidence of adequate additional preparation and

payment of reexamination fee. When a candidate is conditioned in one or more subjects the Committee on Examinations shall decide on the merits of the case and the length of time that must elapse before reexamination in these subjects. A minimum of two years additional preparation is required of candidates who fail in all subjects. The Board may, at its discretion, deny the candidate the privilege of reexamination.

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REQUIREMENTS FOR PART I EXAMINATION

1. Citizenship in the United States or Canada, or possession of papers showing intent to become full citizen.

2. Graduation with a degree of Doctor of Medicine from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a foreign school on the list of institutions surveyed by the aforementioned Council at the time the application is received. NOTE: Graduates of foreign medical schools who pass the examination of the Educational Council for Foreign Medical Graduates will be acceptable to the Board on the same basis as others possessing the degree of Doctor of Medicine as herein stated. Send inquiries to the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill. The Board will not accept completion of the examinations of the National Board of Medical Examiners in lieu of the examinations of the Educational Council for Foreign Medical Graduates.

3. Completion of an internship of not less than one year in a hospital approved at that time by the aforementioned Council, or if trained abroad, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.

4. Completion, in addition to the above, of one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

NOTE: This minimum year of training in general surgery may also be satisfied in one of the following alternate ways, subject to approval by the American Board of Orthopaedic Surgery, and can be accomplished at any time during the total period of residency training.

- (a) A second year of surgical internship.
- (b) Time spent in supervised research pertaining to orthopaedic surgery.
- (c) Time spent on services which have overlapping interest with orthopaedic surgery.
- (d) A fourth year of orthopaedic training, consisting of either 12 months of adult orthopaedic surgery or 6 months of such surgery and 6 months of fractures and related trauma.

(e) Surgical work in private practice—candidates will present a list of independent surgery prepared by the hospital record librarian and supplemented by letters from at least two colleagues evaluating the candidate's experiences.

(f) Surgical work in military service—credit is granted only after termination of military service and presentation of

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the Professional Training Record and letters from Chiefs of Services.

5. Two of the required three years of resident training in orthopaedic surgery under a program approved by the Residency Review Committee. (See list of approved services in the *Internship and Residency Number of THE JOURNAL of the American Medical Association.*)

FILING OF APPLICATION FOR PART I EXAMINATION

1. Application blanks for this examination are obtainable from the office of the Board. They must be returned to the office before January 1 of the year preceding the examination and must be accompanied by the registration fee of fifteen dollars (\$15), a nonrefundable fee.

2. The Committee on Eligibility is the sole arbiter in deciding whether the application is acceptable or not. Questions only as to rules and procedures may be answered by the Secretary.

3. Notification of acceptance is mailed to eligible applicants in March of the year of the examination.

4. A fee of forty dollars (\$40) is payable on receipt of said notification. The fee is not refunded if the candidate fails to appear at the scheduled examination, unless in response to his written request the Committee on Eligibility rules otherwise.

5. An application which has been accepted by the Committee on Eligibility remains valid for three years, after which time a new application and fee are required.

6. The date and place of the scheduled examination are announced in *THE JOURNAL of the American Medical Association* and also in the *Journal of Bone and Joint Surgery*. The examination is usually held in June in three cities strategically located in the eastern, central, and western sections of the country.

SCOPE OF PART I EXAMINATION

The examination is in two parts—written and oral.

The written part covers such subject matter as: fundamental principles of surgery, elementary fractures and related trauma, orthopaedic surgery, history taking, physical diagnosis and also anatomy, pathology, and physiology and biochemistry, insofar as related to the specialty.

The oral portion covers the following five subjects: (1) anatomy; (2) pathology; (3) physiology and biochemistry; (4) surgery, and (5) fractures, related trauma and orthopaedic surgery.

RESULTS OF PART I EXAMINATION

1. Notification of the results of the Part I Examination is mailed by the Secretary of the Board to both successful and unsuccessful candidates.

NOTE: No information respective to the results is obtainable prior to the date of said notification. Furthermore, no certificate is issued to successful candidates of Part I Examination.

2. Successful candidates may make application to the Board for admission to the Part II Examination.

3. Unsuccessful applicants may repeat the Part I Examination in each of the two ensuing years, as necessary, and may do so without additional training requirements or the filing of a new application. They are, moreover, automatically reconsidered for examination by the Committee on Eligibility during the additional two years their application remains valid.

4. On receipt of the Committee's approval of his eligibility to repeat the examination, the applicant must pay to the Board the fee of forty dollars (\$40).

5. After the third and subsequent failures to pass the Part I Examination, the Committee on Eligibility may require the unsuccessful candidate to obtain the equivalent experience of one year of residency training acceptable to the Committee. A new application with a fee of fifteen dollars (\$15) must then be submitted for each additional

examination, and this must, in turn, be followed by payment to the Board of the fee of forty dollars (\$40) on receipt of notification from the Committee.

REQUIREMENTS FOR PART II EXAMINATION

NOTE: Successful completion of the Part I Examination does not automatically enjoin the Board to declare the candidate eligible for the Part II Examination. Certain additional requirements as well as the approval of the Committee on Eligibility are requisite.

1. Part II Examination must be taken within the five-year period following completion of the Part I Examination. After this lapse of time it will be necessary to take the Part I Examination over again before eligibility for the Part II Examination can be considered. In some cases the Committee on Eligibility may extend this time beyond five years because of problems presented by service in the military forces.

2. The *Formal Requirements* leading to either "Full" or "Limited"* Certification by the Board are as follows:

(a) Full citizenship in the United States or Canada.

(b) License to practice medicine in the United States or Canada.

(c) High ethical and professional standards and satisfactory moral standing in the community.

3. *Training Requirements*.—The requirements for "Full Certification" (including the training completed prior to Part I Examination) are as follows:

(a) One year of general surgery or its equivalent.

(b) One year of adult orthopaedic surgery.

(c) Six months of fractures and related trauma.

(d) Six months of basic science training.

(e) One year of children's orthopaedic surgery.

NOTES: The training requirements for "Limited Certification" are identical with those for "Full Certification" except for the one year devoted to children's orthopaedic surgery. In its stead there is in addition to the above requirements—items 3a through 3d—a choice between the following two alternatives:

(a) Twelve months of training in adult orthopaedic surgery, or

(b) Six months of training in adult orthopaedic surgery and six months in fractures and related trauma.

PRACTICE REQUIREMENTS

These are:

1. All practice requirements must be satisfied after completion of the formal training requirements.

2. Practice must be limited to orthopaedic surgery for two years, except as other therapy may be required in the care of patients on emergency services.

3. Candidates in private practice must spend 14 of the 24 months immediately prior to application for the Part II Examination in one locality to permit the Committee on Eligibility to evaluate the candidate's competence in practice.

4. A candidate employed full time in institutions may satisfy practice requirements by serving a minimum of two years. The minimum requirement of two years of practice limited to orthopaedic surgery cannot be satisfied by mixing full time institutional work with preceding or subsequent time in private practice unless the Committee on Eligibility rules otherwise.

FILING OF APPLICATION FOR PART II EXAMINATION

1. Applications for admission to the Part II Examination must be received in the office of the Secretary of the American Board of Orthopaedic Surgery before July 1 of the year preceding the examination. Each application must be accompanied by payment of the nonrefundable fee of fifteen dollars (\$15).

*Training leading to Limited Certification will be discontinued after Jan. 1, 1962.

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2. An application remains valid for three years, after which time a new application and fee must be submitted.

3. On notification from the Committee on Eligibility of approval of the candidate's application, a fee of seventy-five dollars (\$75) must be paid to the Board. The notification is mailed out by the Secretary during the month of November preceding the Part II Examination.

4. Failure to appear for the scheduled examination entails forfeiture of the fee unless upon written request from the candidate the Committee rules otherwise.

SCOPE OF PART II EXAMINATION

1. The examination consists of two parts—written and oral.

2. The written part covers advanced work in all phases of orthopaedic surgery and trauma related to the muscular skeletal system in which the candidate has been trained.

3. The oral portion covers the following five items: (a) anatomy; (b) pathology; (c) children's orthopaedic surgery; (d) fractures and related trauma, and (e) adult orthopaedic surgery.

NOTE: Candidates for "Limited Certification" will not be examined in children's orthopaedic surgery, but will be tested personally in adult orthopaedic surgery, and fractures and related trauma by two different groups of examiners.

RESULTS OF PART II EXAMINATION

A.—Successful Candidates

1. Candidates who have successfully passed the Part II Examination and who are otherwise acceptable to the Board on the basis of full requirements, receive appropriately a "Full" or a "Limited" Certificate, stating that they have been found qualified to practice the Specialty of Orthopaedic Surgery in those fields in which they have been trained and examined.

2. Candidates who obtain "Limited Certification" are expected to delete children's orthopaedic surgery from their practice because of lack of approved training. They may subsequently become fully certified by completing one year of approved resident training in children's orthopaedic surgery and passing the Board examination in that field. A practice period of one year should intervene between the completion of the additional training and the examination. The examination fee is twenty-five dollars (\$25).

B.—Unsuccessful Candidates

1. Candidates unsuccessful in the Part II Examination are so informed by the Secretary.

2. Candidates who fail one oral examination or the written examination will be required to repeat this portion of the examination within three years upon payment of a fee of twenty-five dollars (\$25).

3. Candidates who fail two oral interviews or one oral and the written test must repeat the entire examination as described in paragraph 4.

4. The examination may be repeated on two subsequent occasions without requirement for further training or the filing of a new application. The eligibility of the candidate for reexamination receives automatic consideration from the Committee, and results will be made known to him. On notification of his approval by the Committee on Eligibility, payment of the fee of seventy-five dollars (\$75) must be made to the Board.

5. After the third or subsequent failure to pass Part II Examination, the candidate may apply to the Committee on Eligibility for permission to repeat the examination. The Committee may require the candidate to gain additional experience equivalent to one year of resident training. A new application and fee of fifteen dollars (\$15) must be submitted for each additional examination and this must be followed by payment to the Board of the fee of seventy-five dollars (\$75) on receipt of Committee approval of the candidate's eligibility.

MILITARY SERVICE

1. Medical officers who have elected service in the military forces as their life career compete for certification on the same basis as do doctors in civilian practice; that is, they must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopaedic surgery.

2. Medical officers on temporary or permanent status with the armed services who serve in military hospitals approved by the Residency Review Committee, obtain credit on the same basis as do residents on approved services in civilian hospitals.

3. Applicants who serve in military hospitals not approved by the Council for resident orthopaedic training, but whose experience is judged by the Board to have been equal to that obtained on the approved orthopaedic programs, may be granted the maximum credit of one year of resident orthopaedic training.

4. Applicants requesting such credit must submit completed "Professional Training Records" in addition to lists of operations performed by them, and letters from chiefs of services with evaluations of their experience.

5. Medical officers assigned to residency programs in civilian institutions on the approved list for orthopaedic training receive the same credit as do civilian candidates.

RECORDS OF SURGICAL CASES AND INSPECTIONS

1. Records of a specified number of consecutive surgical cases may be requested by the Board in order to evaluate properly the work of an applicant.

2. A representative of the Board may visit a community in order to evaluate properly the work of an applicant.

APPROVED RESIDENCIES

1. Training in the United States must be taken in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee.

The latter is made up of representatives of the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Orthopaedic Surgery.

A complete list of approved institutions is published annually in the *Internship and Residency Number of THE JOURNAL of the American Medical Association*. The list is not obtainable from the office of the Board.

2. The integral parts of approved residencies are designated in the list by the following symbols: A—Adult Orthopaedic Surgery; C—Children's Orthopaedic Surgery; F—Fracture Surgery and related Trauma. Training in the basic sciences is given either as an integral part of these services or as a separate course. The length of training in various approved institutions is also indicated.

3. Candidates electing an additional year of training in adult orthopaedic surgery and surgery of fractures and related trauma in lieu of a year of children's orthopaedic surgery for the "limited certificate" may satisfy requirements by continuing their training in institutions approved for adult orthopaedic surgery, or adult orthopaedic surgery and fractures and related trauma.

4. Credit for time spent in institutional resident training will be granted only for the period the institutions are on the approved list. Credit may be given from the start of the resident training period if the institution becomes approved during the time the candidate is in training and the program is found to be satisfactory.

5. Candidates engaged in resident training in institutions which become disapproved in whole or in part receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" 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 per-

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forming resident training for credit must not exceed the number approved by the Residency Review Committee for a given program.

7. Institutions approved for resident training in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for resident training by the aforementioned Committee, provided that:

(a) The resident spends at least half of the minimum time required in each category of training in institutions approved for that type of training by the Council.

(b) The training supplements services in the same categories in which the institutions responsible for the training are approved.

(c) Whenever the supplemental service is used for six months of training, the program is inspected and is subject to approval by the Residency Review Committee.

NOTE: Services thus approved may request that they be included under the appropriate training program in the official list of residencies of the Council on Medical Education and Hospitals of the American Medical Association. Services giving five months or less of training are subject to approval but not necessarily inspection by the Residency Review Committee; they are not included in the official list of residencies of the Council.

(d) A maximum of three months is spent on services devoted to rehabilitation.

REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full three-year programs and including all parts of the training requirements may integrate all parts so that they may be given concurrently.

2. Institutions now approved for less than three years of resident orthopaedic training must make cooperative arrangements with other approved institutions so as to provide complete three-year programs for all of the residents by January 1962.

3. The minimum requirements of resident orthopaedic training programs are as follows:

(a) One year of training in adult orthopaedic surgery.

(b) Six months of training in the basic sciences.

(c) Six months of training in fractures and related trauma.

(d) One year of training in children's orthopaedic surgery if "Full Certification" is the aim, or else a second year of adult orthopaedic training in surgery, fractures, and related trauma if "Limited Certification" is elected.

(To be discontinued after Jan. 1, 1962.)

4. Candidates who take an additional year of training in adult orthopaedic surgery and fracture surgery in place of a year of children's orthopaedic surgery may satisfy the requirements by devoting the additional year either solely to training in adult orthopaedic surgery or by taking six months of adult orthopaedic surgery and six months of fractures and related trauma. But the entire year must not be devoted solely to training in fractures and related trauma.

5. Training in adult and children's orthopaedic surgery must include observation and first-hand experience in diagnosis, treatment, and operative and postoperative care of orthopaedic problems.

6. Training in fracture surgery and related trauma must similarly include observation and first-hand experience in diagnosis, conservative and operative treatment, and post-operative care of recent and old fractures as well as other forms of related trauma.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry, insofar as these relate to orthopaedic surgery.

8. Candidates may complete the residency requirements by training in several approved institutions, provided that all of the aforementioned requirements are satisfied.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except as noted in Section XIV-7c.

10. Candidates in resident training may not engage in private practice of their own or receive credit for time spent in private office practice of others.

ADDENDUM TO THE RULES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

Training on Hand Services:

Six months of credit may be granted toward adult orthopaedic surgery for time spent on full-time Hand Services as they pertain to orthopaedic surgery in approved hospitals. The Residency Review Committee is also empowered to approve for training certain Hand Services on which residents are not necessarily full time in an approved hospital.

Canadian Applicants:

Candidates trained in Canada or elsewhere except in the United States and practicing in Canada are required to pass the qualifying examination in Canada before they can apply for the examination of the American Board of Orthopaedic Surgery.

Eligibility for Examinations of Foreign Graduates with Approved Residency Training in Orthopaedic Surgery Who Do Not Hold Citizenship in the United States or Canada:

Foreign doctors who complete approved training in Orthopaedic Surgery in the United States and who return to their own countries to practice, may take the examinations of the American Board of Orthopaedic Surgery under specific rules and regulations. For further information, write to the Secretary of the Board.

Candidates for Part II Examinations:

Each application must be accompanied by an unbound list of all of his patients admitted to the hospitals in which he has practiced for the year immediately preceding the execution of his application form, or the year just prior to the reopening of his application.

Rules Pertaining to the Sequence of Examinations. (To Become Effective as of 1962):

Part I Examination must be taken within three years after the completion of training unless there is a reason acceptable to the Committee on Eligibility, or candidate will be required to take an additional year of training on an approved residency program to qualify:

Candidates must repeat Part I Examination after failure within a three-year period unless there is a reason acceptable by the Committee on Eligibility, or they will be required to take an additional year of training on an approved residency program to qualify.

Candidates must repeat Part II after failure within a three-year period unless there is a reason acceptable by the Committee on Eligibility, or they will have to repeat Part I Examinations.

If Part I is not then repeated within one year after this, the candidate must take an additional year of approved training before Part I can be taken and the candidate is not "Board eligible" until this is accomplished.

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GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the Board:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. A candidate shall have been graduated *five* years or more from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association or of the Canadian Medical Association.
3. A candidate must have had an internship of at least one year approved by the Council on Medical Education and Hospitals of the American Medical Association or the Canadian Medical Association.
4. A candidate from the United States or Canada must be a member of the American Medical Association or the Canadian Medical Association and their constituent local medical societies.
5. A candidate who has received his premedical or medical instruction outside of the United States or Canada shall present documented evidence of this instruction.
6. A candidate from a country outside of the United States or Canada who has received acceptable foreign premedical and medical training and who has served an approved residency in otolaryngology in the United States or Canada is eligible for examination provided he meets all other requirements of the Board.
7. A candidate who has received his premedical, medical, and residency training outside the United States or Canada will be considered on an individual basis by the Board.

SPECIAL REQUIREMENTS

1. Four years of graduate training in addition to the internship. This period must include three years of training in an approved residency in otolaryngology and a year of general surgery in an approved hospital or training center.
2. It should be understood that training must include:
 - (a) studies in the basic sciences—*anatomy, biochemistry, embryology, microbiology, pathology, and physiology*—as they relate to otolaryngology.
 - (b) training in the fundamental principles of medicine and surgery.
3. The Board recognizes the value of general surgical experience in the training of an otolaryngologist and therefore urges all candidates to obtain such training.
4. A candidate may be examined at the conclusion of his training without time spent in practice.

In exceptional circumstances certain candidates who do not meet all the prescribed general or special requirements may be accepted for examination but only by special action of the Board.

LIMITED CERTIFICATION

At the discretion of the Board, a limited certificate may be issued to one who practices one branch of the specialty exclusively.

APPLICATION FOR EXAMINATION

1. A candidate for examination shall complete and submit the application forms supplied by the Secretary of the Board. It shall contain a record of the following: premedical

and medical training, internships, residencies, and other postgraduate study, hospital and dispensary appointments, teaching positions, service in the armed forces, membership in medical societies, list of personal publications, if any, and any additional information considered of value to the Board's consideration of his qualifications.

The application shall be signed by two Diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two unmounted, autographed and recent, dated, 4-by-3½ in. photographs, (b) three letters of endorsement from responsible citizens, (c) a list of operations and assists performed by the candidate during his residency training, (d) verification of training, and (e) the application fee.

The application shall be filed with the Secretary not less than nine months prior to the probable date of the examination with the exception of the list of operations which must be submitted three months prior to the termination of the residency.

2. An accepted application remains active for three years. If a candidate fails to appear for examination within three years, the application fee is forfeited and re-application will be necessary.

3. The Board reserves the right to reject any application and such action shall not require explanation by the Board.

4. No statement indicating a prospective candidate's eligibility for examination by the Board can be given until after formal application is made.

FEES

The fee for the examination is one hundred fifty dollars (\$150). Of this sum seventy-five dollars (\$75) must accompany the application. No part of this seventy-five dollars (\$75) is returnable. No application will be acted upon until the seventy-five dollars (\$75) application fee is received. The remaining seventy-five dollars (\$75) of the fee of one hundred fifty dollars (\$150) must be paid to the Secretary immediately upon notification of acceptance for examination. No part of this second seventy-five dollars (\$75) is returnable once the candidate has been accepted for examination. A reexamination fee of one hundred fifty dollars (\$150) is required of candidates who request re-examination.

NOTE: The examination fee is computed entirely on a basis of actual cost and is used wholly for administrative and examination expenses.

Candidates whose credentials have been found satisfactory and who have met the requirements of the Board will be so notified as early as possible prior to the probable date of examination. Because the number of candidates who can be admitted to any examination is limited, appointments are made in the order in which the applications are received and accepted.

EXAMINATION

The time and place of the examination will be determined by the Board. Advance notices of examinations are published in *THE JOURNAL of the American Medical Association* and certain journals devoted to the specialty of otolaryngology. Insofar as is possible examinations will be held at or near the time and place of the annual meetings of the American Academy of Ophthalmology and Otolaryngology and of the senior Ear, Nose and Throat Societies, or both. Time allotted for these examinations is from three to five days.

The examination encompasses all phases of otolaryngology including peroral endoscopy, maxillofacial surgery, and surgery of the neck (excluding the thyroid gland), and includes the following sections:

1. Oral examinations covering all phases of otolaryngology.
2. Basic sciences as applied to otolaryngology.
3. Gross pathology and histopathology.
4. Clinical examinations of patients (history taking, physical examination, observation, functional tests, laboratory and x-ray data, a discussion of differential diagnosis, etc.)

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Unless otherwise specified all examinations will be conducted orally.

REEXAMINATION

A candidate who fails one examination may be admitted to a subsequent examination after a waiting period of one year (but within three years of the date of his first application) provided such a reexamination is approved by the Board and an additional fee of one hundred fifty dollars (\$150) is paid. Nine months' notice of intention to appear for such a reexamination is required.

Candidates who have failed in a second examination may be accepted for a third examination upon recommendation of the Credentials Committee. However, satisfactory evidence of further study and progress will be required, and a new application must be filed. The fee for the third examination for such candidates is one hundred fifty dollars (\$150), seventy-five dollars (\$75) of which must accompany the application. The balance of the fee, seventy-five dollars (\$75), will be due upon notification of acceptance.

A candidate who is being reexamined must take the complete examination.

CERTIFICATION

A certificate is granted by the Board to a candidate who has met all the Board's requirements and passed its examination.

AMERICAN BOARD OF PATHOLOGY

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Medical Center, 1100 W. Michigan St., Indianapolis 7.

GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.
2. Permanent, unlimited license to practice medicine.
3. The applicant must devote his time primarily and principally to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from medical schools in other countries acceptable to the Board.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board; or

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic

pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed 12 months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of anatomic pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. It is immaterial whether the candidate holds the title of resident or of fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship, in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctor's degree in a special field of clinical pathology (bacteriology, immunology, chemistry, parasitology, or hematology) may obtain time credit for not more than 12 to 24 months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(c) *Anatomical pathology and clinical pathology:*

(1) Four years of supervised study and training divided as follows: (a) two years of supervised study and training in anatomic pathology as outlined in the preceding paragraph 2-(a)-(1), (b) two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(b)-(1).

(2) One additional year, which may be a continuation of the preceding or may be independent practice of both anatomic pathology and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

Note: As outlined in the preceding paragraphs, the total time requirements of the Board are five years of study or practice after graduation from medical school, with exceptions noted in section 2-(a)-(1) and 2-(b)-(1).

3. The specific requirements for those acceptable after 11 years are as follows: (a) The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For those candidates in this category who have had some special study and training in anatomic pathology or clinical pathology acceptable under paragraphs 2-(a), (b), or (c), double time credit will be allowed. Thus, if a person has two years of acceptable supervised study and training, only seven years of practice are required.

CREDIT FOR MILITARY SERVICES

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience

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or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

SPECIAL FIELDS OF PATHOLOGY, CLINICAL CHEMISTRY, CLINICAL MICROBIOLOGY, HEMATOLOGY, NEUROPATHOLOGY, AND FORENSIC PATHOLOGY

(IN FORCE AFTER JAN. 1, 1959)

The trustees of the American Board of Pathology have adopted the following requirements for certification in special fields of pathology, effective July 1, 1954.

Candidates who have met all general requirements and have had special training and experience that is acceptable to the Board in a special field of anatomic pathology or clinical pathology may apply to the Board for certification in that special field: The Board, at its discretion, may approve this application, and, after the candidate has successfully passed a prescribed examination or has fulfilled certain special qualifications (see below, section D), will issue a certificate designating the special field.

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. Permanent, unlimited license to practice medicine.

3. The applicant must devote his time primarily and principally to the practice of pathology or the special field of pathology in which he is requesting certification.

B. Professional Education:

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a medical school in other countries acceptable to the Board.

C. Special Training and Experience:

The board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had either of the following types of training.

1. Applicants already holding a certificate of the Board in clinical pathology or the combined certificate in anatomic pathology and clinical pathology (for qualification in clinical chemistry, clinical microbiology, and hematology), or in anatomic pathology (for qualification in neuropathology)—two additional years of supervised training in the special field of their choice in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board.

Certification in anatomic pathology (either anatomic pathology only, or anatomic pathology and clinical pathology) is a prerequisite for admission to the examination for certification in the special field of forensic pathology. A candidate who is certified in anatomic pathology may be eligible to apply for examination in forensic pathology if he presents evidence of an additional 12 months of approved full-time training in forensic pathology.

2. Applicants not holding a certificate in anatomic pathology or clinical pathology—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the particular specialty in a hospital approved by the

American Medical Association or in other institutions acceptable to the Board.

The above paragraph does not apply to forensic pathology. For further details, write to the Secretary of the Board.

D. Special Qualifications—Certification Without Examination:

Prior to Jan. 1, 1962 the Board at its discretion may certify candidates without examination in forensic pathology if the following conditions have been met as of July 1, 1959:

1. That the candidate has been for a period of five years of professorial rank in the special field of his choice and in an approved medical school, or

2. That the candidate has been practicing forensic pathology as a recognized expert in the field for a period of ten years, and holds a certificate from the American Board of Pathology in anatomic pathology, or in anatomic pathology and clinical pathology, or, under special circumstances, in clinical pathology.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is one hundred dollars (\$100). If the candidate fails in his examination he will be admitted to a second examination after one year. The applicant must pay an additional fee of fifty dollars (\$50) before a second examination will be given.

The application fee of one hundred dollars (\$100) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Examinations will be held at the discretion of the Board.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation, and technique. The applicant may apply for certification in anatomic pathology only, clinical pathology only, anatomic pathology and clinical pathology, or a special field.

The examinations in anatomic pathology consist of a written test, an oral examination on gross pathology, and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, immunology, and clinical microscopy.

DEFINITIONS

Pathology is defined as that specialty of the practice of medicine dealing with the causes and nature of disease, which contributes to diagnosis, prognosis and treatment through knowledge gained by laboratory applications of the biologic, chemical or physical sciences to man, or material obtained from man.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satis-

factory for this supervised study and training. Lists of these hospitals are published in the *Internship and Residency Number* of THE JOURNAL of the American Medical Association each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 sq. ft. of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.

4. Equipment for the laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Autopsy percentage:

No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

(a) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the Board that less material than this is inadequate for the training of a pathologist.

(b) In the field of clinical pathology, there should be a reasonable diversification of tests, and in each category there should be sufficient absolute 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.

(c) In the field of anatomic pathology, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens. Thus, in a hospital approved for one year in anatomic pathology and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in anatomic pathology, or clinical pathology or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both anatomic pathology and clinical pathology for four years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. Additional resident for each 50 autopsies or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY B. In both anatomic pathology and clinical pathology for three years. This meets all requirements of the Board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or anatomic pathology in another

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hospital that is approved for the deficiency of training required.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. Additional residents for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY C. In both anatomic pathology and clinical pathology for two years. Candidates taking two years in these institutions must have an additional year (two years after July 1, 1952) in an institution in category A, B, or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. Additional resident for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY D. In both anatomic pathology and clinical pathology for one year. Candidates taking training in these institutions must have an additional two years (three years after July 1, 1952) in institutions that are approved for the deficiency of training required.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY E. In anatomic pathology only, for three or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (two years after July 1, 1952) is taken in clinical pathology in institutions that are approved for the deficiency of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In anatomic pathology only, for two years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (two years after July 1, 1952) in institutions that are approved for the deficiency of training required, and will be eligible in anatomic pathology only if another year is taken in another institution that is approved for one or more years in anatomic pathology.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In anatomic pathology only, for one year. Candidates training in these institutions will not be eligible in both anatomic pathology and clinical pathology unless they take an additional year in anatomic pathology and an additional year (two years after July 1, 1952) in institutions that are approved for these periods of training. Candidates seeking certification in anatomic pathology only must study an additional two years in institutions that are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of anatomic pathology for two years. Credit is never allowed for more than two years. Candidates taking training in these institutions may pursue further training as follows: (1) For anatomic pathology only. An additional year in an institution in Category A, B, C, E, F, or G with assignment to surgical pathology principally. (2) For anatomic pathology and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology and one-half year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

CATEGORY I. For postmortem part of anatomic pathology for one year. Candidates taking training in these institutions may pursue further training as follows: (1) For an-

atomic pathology only. An additional two years in an institution in Category A, B, C, E, F, or G with general assignments. (2) For anatomic pathology and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology; and one year to an institution in Category A, B, C, E, F, G.

Minimum: 75 autopsies for one resident.

CATEGORY J. Surgical pathology part of anatomic pathology for one year. Credit is never allowed for more than one year, and the director of the laboratory must hold the certificate of the American Board of Pathology in anatomic pathology or be eligible for certification. Candidates training in these institutions may pursue further training as follows: (1) For anatomic pathology only. An additional two years in an institution in Category H or in an institution in Category A, B, or C with assignment to postmortem pathology only. (2) For anatomic pathology and clinical pathology an additional year (two years after July 1, 1952) in an institution in Category A, B, C; L, M, or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G, or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

CATEGORY K. Special pathology as part of anatomic pathology. Credit for not to exceed one-fourth the time credit (one year if seeking certification in anatomic pathology only, six months if seeking both anatomic pathology and clinical pathology) of candidates applying in anatomic pathology may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the Board.

CATEGORY L. Clinical pathology for three or more years. Candidates taking three years of training in these institutions will not be eligible for anatomic pathology unless they take an additional two years in institutions approved for anatomic pathology.

Minimum: 100,000 tests in clinical pathology for three residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for two years. Candidates taking two years training in these institutions must take the same additional training as in Category L to be eligible for anatomic pathology also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for one year. Candidates taking training in these institutions must take an additional two years in an institution in Category A, B, C, L, or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in anatomic pathology and clinical pathology, an additional two years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for one resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of one-quarter of the training period (one year if seeking certification in clinical pathology only, six months if seeking both anatomic pathology and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, immunology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the Board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of anatomic pathology or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical intern-

ship, 16 months if a clinical internship was taken). The Board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full-time research.

AMERICAN BOARD OF PEDIATRICS

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 6 Cushman Rd., Rosemont, Pa.

REQUIREMENTS FOR ADMISSION TO EXAMINATION

GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates for examination for certification must meet the following requirements:*

1. Graduation from an approved medical school.
2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.
3. One year of rotating, pediatric, or other internship in an approved hospital.
4. Two years of specialized residency-type training in an approved pediatric center.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency or internship in an approved institution. The second year of required residency training may be met in the ways listed below, although the Board recommends that whenever possible candidates complete the two years as regular residents.

(a) 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 children. The Board believes further that this purpose can be accomplished only through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or postgraduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

(b) Three months' credit will be allowed for full-time residency type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services.

A maximum of six months' credit may be granted for training in these fields through prior arrangement with the Credentials Committee. All appointments must be served in programs approved for general pediatric residency training or for the pediatric subspecialty in question.

5. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year

*Booklet of Information presenting in more detail the data published here, may be obtained from the Executive Secretary of the Board. To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with that office. Whenever possible, this should be done before entering upon the appointment in question.

toward this requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to completion of residency training is eighteen months.

Attention is invited to the fact that the primary duty of the resident must be the care of patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies or fellowships which involve little or no clinical training are creditable for only three months toward completion of requirements. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching appointments may not be substituted for residency training appointments.

Both research residencies and teaching appointments are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of a research residency not applicable for residency credit may thus be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but may be accepted toward the practice requirement.

The Board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes graded responsibility for care of patients on ward and outpatient services, experience with newborn, including premature infants, and both therapeutic and preventive pediatrics. It is expected that such service will include adequate graduate training in the basic medical sciences, as well as in the clinical, laboratory, and public health aspects of this specialty.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States.—Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They are graduates of a foreign medical school acceptable to this Board, or hold the certificate of the Educational Council for Foreign Medical Graduates.
2. They hold a license to practice in the United States.
3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries.—Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the residency training requirements listed above in the United States or Canada may apply for examination for special certification by the American Board of Pediatrics.

Candidates who complete their residency training requirements subsequent to Dec. 31, 1960, must pass the Qualification Examination of the Educational Council for Foreign Medical Graduates before being admitted to Board Examination.

Such foreign candidates who are returning to their own country at the end of their training period may be examined without completion of two full years in the practice of pediatrics.

MEDICAL SPECIALTIES

A special certificate, appropriately identified to distinguish it from the regular certificate of this Board, will be issued to such candidates who have passed successfully the examinations of this Board after they have completed such a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

Articles on the written examination will be found in *Pediatrics* (November, 1958, and November, 1959). Details concerning conduct and content of the oral examination were published in *Pediatrics* (October, 1959). Reprints will be distributed in advance of the examinations.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

PART II—ORAL

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility, and proximity to the examination site.

APPLICATION

Application must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of contemplated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEES

The application fee is one hundred twenty-five dollars (\$125). The full fee must be remitted with the application. Fees are subject to change at any time.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

All fees are subject to change at any time.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is

declared acceptable in advance by the Credentials Committee of the Board.

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however, be utilized in final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific data, the candidate must be prepared to demonstrate that he has a working knowledge of these.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

WILLIAM C. DEAMER, Chairman, San Francisco
SUSAN DEES, Durham, N. C.
JEROME GLASER, Rochester, N. Y.
GEORGE B. LOGAN, Rochester, Minn.
HARRY L. MUELLER, Boston
RICHARD H. TODD, Washington, D. C.

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATION

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

All fees are subject to change effective January 1 of any year.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

(1) Certification in Pediatrics.

(2) Two years of full-time training in an approved allergy clinic and its associated hospital. At least half of such training must be in pediatric allergy. Three types of allergy clinics have been approved: (a) pediatric, (b) adult, and (c) mixed.

Two years of training in clinics of type (a) or (c), or one year in each, is acceptable. One year in (b) and the other in (c) is not acceptable. Please see *Internship and Residency Number* of THE JOURNAL for listing of approved hospitals and associated clinics. In place of (2) the candidate may take (3).

(3) One year full-time training in an approved allergy clinic plus two years part-time training of at least 200 hours each year in an approved allergy clinic and hospital.

MEDICAL SPECIALTIES

At least one-half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify.

OR

(4) Five years, part-time, of at least 200 hours each year, in an approved pediatric or mixed allergy clinic and its activities.

Research: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two. Accredited research must run concomitantly with clinical training in allergy.

Preceptorship: Preceptorship alone is not acceptable, but part of a full-time training program (50% or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptorship and clinic training run concomitantly.

Credit for Courses: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 40 hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infections, drug allergy, autoimmune disease, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment and the pharmacology of drugs and physiology of respiration as they relate to allergy and asthma. In controversial matters, they should be familiar with arguments on both sides of such questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric allergy and will be listed as a specialist in pediatric allergy.

Prospective applicants for certification in the subspecialty of pediatric allergy may apply to the executive secretary of the American Board of Pediatrics.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition clinics of the following hospitals have been approved for part-time training:

D. C. General Hospital, Washington, D. C., B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks, G. Berg; Children's Memorial Hospital, Chicago, G. Lanoff; University of Kansas Medical Center, Kansas City, F. Speer; Long Island Jewish Hospital, New York City, D. Pearlman; Metropolitan Hospital, New York City, New York Medical College, S. Untracht; Mt. Sinai Hospital, New York City, H. Rappaport; New York Hospital, New York City, P. DeGara; Children's Memorial Hospital, University of Oklahoma, Oklahoma City, C. Pounders; University of Oregon Medical School Hospital, Portland, M. Moore; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

CERTIFICATION IN SUBSPECIALTY OF CARDIOLOGY

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics. The Sub-Board of Pediatric Cardiology is now in the process of organization.

Information with regard to requirements for certification, application forms, and training programs may be obtained from the Executive Secretary of the American Board of Pediatrics, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

ROBERT L. BENNETT, Chairman, Warm Springs, Ga.
WILLIAM H. SCHMIDT, Vice Chairman, Philadelphia
ARTHUR S. ABRAMSON, New York City
DONALD A. COVALT, New York City
THOMAS F. HINES, New Haven, Conn.
O. LEONARD HUDDLESTON, Santa Monica, Calif.
H. WORLEY KENDELL, Peoria, Ill.
A. B. C. KNUDSON, Washington, D. C.
FREDERIC J. KOTTE, Minneapolis
DONALD L. ROSE, Kansas City, Kan.
EARL C. ELKINS, Secretary-Treasurer, 200 First St., S. W., Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

Foreign graduates who have completed three years of approved residency training in this country and who are returning to their native country to practice may be declared eligible for examination without the aforementioned licensure.

C. Graduation from a medical school approved by the Council on Medical Education and Hospitals or graduation from a foreign medical school which, in the opinion of the Board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than three years in a residency approved by the above-mentioned Council. This period of study shall include graduate training in basic science as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities, related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

Any foreign medical graduate who has received approved residency training in this country and who wishes to be certified by the American Board of Physical Medicine and Rehabilitation, must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for examination and subsequent certification.

E. An additional period of not less than two years in full-time practice of physical medicine and rehabilitation.

Training in approved residency programs in closely allied medical-surgical fields may be acceptable in part (for D above), but such credit is limited and based on individual interpretation by the Board.

In selected cases, a candidate may be deemed eligible for examination on the basis of eight years of full-time practice in physical medicine and rehabilitation (as a substitute for D and E above).

MEDICAL SPECIALTIES

EXAMINATION

The examination for certification is given in two parts. Part 1 is written, Part 2, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full-time practice in the specialty. The application shall be accompanied by a fee of seventy-five dollars (\$75) if the candidate is applying for Part 1 only, and by a fee of one hundred twenty-five dollars (\$125) if applying for Parts 1 and 2. (In case of rejection of the application, evaluation fee of twenty-five dollars [\$25] will be retained by the Board, and the examination fee will be refunded.)

CERTIFICATION

Certificates of the Board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

TRUMAN G. BLOCKER, JR., Chairman, Galveston, Texas
FRANK McDOWELL, Vice Chairman, St. Louis
LESLIE H. BACKUS, Buffalo
HERBERT CONWAY, New York City
JOHN B. ERICH, Rochester, Minn.
WILLIAM H. FRACKELTON, Milwaukee
JAMES B. JOHNSON, Beverly Hills, Calif.
CLIFFORD L. KIEHN, Cleveland
EDWARD A. KITLOWSKI, Baltimore
J. J. LONGACRE, Cincinnati
DOUGLAS W. MACOMBER, Denver
KENNETH L. PICKRELL, Durham, N. C.
HENRY P. ROYSTER, Philadelphia
CHARLES F. STEISS, San Francisco
REED O. DINGMAN, Secretary-Treasurer, Ann Arbor, Mich.
MRS. ESTELLE E. HILLERICH, Corresponding Secretary, 4647
Pershing Ave., St. Louis 8, Mo.

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full citizens of the United States of America or citizens by birth in Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery, beyond the internship year, as a resident or an assistant resident in a hospital approved by the same Council. Of the required three years of approved training in general surgery, a minimum of 24 months must be in clinical surgery, which may include a few months each of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery, as well as general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the same Council, or in a preceptorship approved by the Board. In fulfilling this requirement, there is a limit of one year's credit given for all work done in all governmental plastic surgery residencies (Army, Navy, Veterans Administration Hospital, etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in a civilian residency or preceptorship.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its discretion, give credit toward the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the Board office).

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry, and bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by

any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education and Hospitals of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the committee being a member of the Council on Medical Education and Hospitals of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery, % Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn St., Chicago 10. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semi-annual meeting of the Residency Review Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is published annually in the *Internship and Residency Number* of THE JOURNAL of the American Medical Association and in the *Bulletin of the American College of Surgeons*. The list may also be obtained from the office of the Board, but the Board assumes no responsibility for placing men who wish to enter training and does not keep a list of training programs. Such men should apply directly to the chiefs of residency programs in which they might be interested, or to the chiefs of preceptorship programs, to ascertain if openings exist and if they will be accepted to fill such openings.

Preceptorships.—In certain instances the Board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship program approved by the Board. A list of the existing preceptorship programs may be obtained from the Office of the Board. The chiefs of these preceptorship programs have been urged to convert the programs into approved residencies when the local situation permits, since the aim of the Board is to approve training in residencies only and not in preceptorship programs.

All trainees, whether residents or preceptees, must submit an annual report to the Board of the training being received. Report forms for this purpose may be obtained from the office of the Board upon request.

It should be kept in mind by all that the primary interest of the Board is to encourage well-rounded training in plastic

surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the Board, both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the Board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the Board, that is, three years of residency training in general surgery after the internship year.

The training in plastic and maxillofacial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, as to both type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and aesthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the Board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits, and the amount of credit allowed is determined by the Board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the surgeons general of the armed services with the assistance of the Council on Medical Education and Hospitals of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

Upon approval by the Board of a candidate's application for certification, each candidate is required to submit to the Board 35 or more case reports illustrative of his independent work in the field of general plastic surgery.

Candidates are admitted to examination only after submitting case reports that meet the required standards of the Board and that have been approved by the Committee on Credentials and Requirements.

Case reports must be submitted within one year from the time of such request; otherwise a new application must be filed. The case reports shall conform to conditions which the Board may from time to time specify.

Case reports should be prepared during the required two years of private practice and be ready to submit to the Board upon completion of the two years. The deadline date for submission of the case reports for the annual May examinations is October 1.

MEDICAL SPECIALTIES

The 35 case reports must be of a diversified nature and must be submitted to the office of the Board together with before and after photographs. They should be of the following distribution:

1. Cleft lip: 1 to 3 cases
2. Cleft palate: 1 to 3 cases
3. Traumatic defects requiring reconstructive surgery:
 - (a) Face and neck: 2 to 4 cases
 - (b) Body: 1 to 4 cases
 - (c) Extremities: 1 to 6 cases
4. Acute burns: 2 to 4 cases
5. Fracture of facial bones, excepting nasal fractures: 1 to 3 cases
6. Aesthetic operations of sufficient variety: 6 to 12 cases
7. Plastic surgery of the hand: 2 to 4 cases
8. Malignancies or conditions prone to malignancies (eradication and repair):
 - (a) Face: 2 to 4 cases
 - (b) Body: 1 to 3 cases
 - (c) Extremities: 2 to 4 cases
9. Congenital anomalies: 1 to 6 cases
 - (a) Examples:
 - (1) Syndactylism
 - (2) Congenital absence (partial or total) of external ear
 - (3) Hypospadias
 - (4) Bands (constricting)
 - (5) Thyroglossal duct cyst
 - (6) Extensive nevi, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of 35 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last three days. These centers will be the city in which the meeting of this organization is held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the Examination Committee.

A written examination will consume all of the first day and half of the second day. An oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are (1) theory and practice of plastic surgery, (2) applied anatomy, applied physiology, (3) pathology, bacteriology, clinical laboratory methods (pharmacology), (4) reaction of tissue to injury, surgical accidents, anesthesia. A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiner will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technique, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and to tabulate in the order of their importance the methods of treatment. Microscope slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates, and they will be asked to write a description and diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution of fifteen dollars (\$15) from Diplomates after the first year's certification to help defray expenses.

THE AMERICAN BOARD OF PREVENTIVE MEDICINE

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MEDICAL SPECIALTIES

TOM F. WHAYNE, Secretary-Treasurer, Office of the Dean, School of Medicine, University of Pennsylvania, Philadelphia 4, Pa.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, or Occupational 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 REQUIREMENTS¹

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 and Hospitals of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education and Hospitals of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a state, territory, commonwealth, or possession of the United States or in a province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and Hospitals and the Board; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of public health;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching or practice of public health as a specialty.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive medicine and aviation medicine, one year of which graduate study shall be in a school of public health accredited for the purpose of such graduate study by the American Public Health Association and one year of which shall be in a school of aviation medicine accredited for the purpose of such graduate study by the Council on Medical Education

¹At its annual meeting in June, 1960, the American Board of Preventive Medicine approved a proposal to issue special certificates to appropriately qualified foreign medical graduates who pass the examination. Eligibility and other requirements will be announced.

and Hospitals of the American Medical Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. Residency (after internship) of at least one year of supervised experience in aviation medical practice, which included planned instruction, observation, and active participation in a comprehensive, organized program of aviation medicine;
3. Supervised practice of aviation medicine (after internship) of not less than one year, in addition to 1 and 2 above, of special training in or teaching or practice of aviation medicine;
4. A period (after internship) of not less than two years, in addition to 1, 2, and 3 above, of special training in or teaching, research, or practice of aviation medicine;
5. Three years of the experience outlined in 2, 3, and 4 above, must have been obtained within the five-year period immediately prior to application for certification; and
6. Limitation of practice to full-time teaching of, research in, or practice of aviation medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be accredited for such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Completion (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization, which shall have provided planned instruction, observation, and active participation in a comprehensive program of occupational medicine; or a period of experience deemed by the Board to be substantially equivalent to such year of supervised experience;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of occupational medicine;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching of, research in, or practice of occupational medicine.

APPLICATIONS FOR EXAMINATION AND REEXAMINATION

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, ordinarily not less than 90 days prior to the date of examination. It must be accompanied by the required documentation, application fee, and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

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.

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

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years of the date of the filing of his application 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 reexamination within a specified period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty may apply for certification in another affiliated specialty; however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES

The application fee is twenty-five dollars (\$25). It must be submitted with application and is not refundable.

The examination fee is one hundred dollars (\$100). It is payable when applicant is notified of acceptance for examination; if paid prior thereto, it is not refundable after such notification has been given.

No additional fee is payable for the issuance of a certificate.

Reexamination fees are: each part taken, twenty-five dollars (\$25); examination fees, additional affiliated specialty, each fifty dollars (\$50).

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The written examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part two is a comprehensive written examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral or practical examination is also required, which usually will be held at the completion of the written examination. An endeavor will be made to adapt the details of the oral or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written examination relating specifically to such field.

The examiners will report upon each candidate to the assembled Board, by which the result of the examination will be considered.

AMERICAN BOARD OF PROCTOLOGY

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FREDERICK B. CAMPBELL, Vice-President, Kansas City, Mo.
J. EDWIN ALFORD, Buffalo, New York City
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H. R. REICHMAN, Salt Lake City
KARL ZIMMERMAN, Pittsburgh

STUART T. ROSS, Secretary, 520 Franklin Ave., Garden City, N. Y.

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.
2. He shall possess a license to practice medicine in the country of his residence.
3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Candidates who have graduated from foreign medical schools are required to possess the certificate of the Educational Council for Foreign Medical Graduates prior to acceptance in an approved proctologic residency.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:
 - (a) Two years of a proctologic residency approved by the Board; or
 - (b) Two years of a proctologic preceptorship approved by the Board.
2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in proctology.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's 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 application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

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Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Proctology, candidates who have been certified by the American Board of Surgery and who have completed required training in proctology may not be required to take Part 1 of the examinations of the American Board of Proctology.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part-3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEES

Application fee: A fee of \$25 shall accompany the application.

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

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Proctology and shall be sent to the Secretary.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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DAVID A. BOYD, JR., Executive Secretary-Treasurer, 102-110
Second Ave. S. W., Rochester, Minn.

APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board *not less than 90 days* before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to

time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

- (a) He is a physician duly licensed by law to practice medicine.
- (b) He is of acceptable ethical and professional standing.
- (c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.
- (d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS CLASS A

Applicants who graduated from an approved medical school before the foundation of the Board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the Board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations. For such graduates the Board will consider ten years of full-time acceptable experience in psychiatry or neurology in lieu of the formal training requirements. Should the candidate then apply for supplementary certification, the Credentials Committee will require five years of additional acceptable experience in the supplementary field.

CLASS B

Applicants who graduated from an approved medical school after 1934 shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics, or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years

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of training and experience, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice, with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in psychiatry or neurology under the regulations relating to training credit and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function, and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents, sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence, with appropriate documentary support, may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The Board will give not more than six months of credit for not less than six months of training in an approved training center for internal medicine or pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology but not to candidates for certification in both psychiatry and neurology.

The Board will give credit for one year of training in child psychiatry provided it is the third year of the required three years of special training required by the Board and provided it is taken in a center approved by this Board for training in child psychiatry. After July 1, 1956, training credit for work in the field of child psychiatry may be gained only by participation in a hospital residency training program that is regularly approved. After that date, all independent training approval of psychiatric clinics for children is discontinued.

The lists of training programs approved by this Board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issue of the *Internship and Residency Number* of *THE JOURNAL of the American Medical Association*.

TRAINING IN THE ARMED FORCES

For military duty after Jan. 1, 1954, only experience credit will be granted for full-time psychiatric or neurologic duties, or both. Training credit will be granted for residency assignments in regularly approved training programs.

Training credit for full-time psychiatric or neurologic assignments, or both, in unapproved military programs or services between the dates of Jan. 1, 1950, and Jan. 1, 1954, was terminated as of Jan. 1, 1959.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in *THE JOURNAL of the American Medical Association*, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, in the *Archives of Neurology* and in the *Archives of General Psychiatry*.

Although 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 according to the certificate he seeks. The examinations will be of such a type that no adequately trained person will fail, yet they will be sufficiently searching that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences, with special regard to their clinical implications. Written examination may be given at the discretion of the Board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

PAYMENT OF FEES

The candidate upon filing his application shall accompany it with an application fee of \$50, which is not returnable. If a preliminary written examination has been decreed, an additional \$25 fee will be required at the time of the applicant's acceptance. When notified by the Secretary that he is accepted for the oral and practical examination, the candidate shall send to the Secretary an examination fee of \$75. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of \$75.

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A candidate who has failed in one examination is eligible for reexamination within one year upon payment of a re-examination fee of \$75. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and \$50 fee, present evidence of further training, and pay an examination fee of \$75.

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year upon payment of a reexamination fee of \$50. After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of an application fee of \$50. If admitted to the examination, he must pay a new examination fee of \$75.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

Beginning Jan. 1, 1958, all unused examination fees, or portions of examination fees, on deposit in the Board office will be forfeited by the candidate to the Board when the application lapses by going out of date. Further, all unused examination fees, or partial, unused examination fees, deposited before the date of Jan. 1, 1952, were automatically forfeited by the candidate to the Board on Jan. 1, 1958.

[COMMENT ON TRAINING WHICH FULFILLS THE SPECIALIZED REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirement may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in approved general program will count only toward training credit in general psychiatry, unless the program is concurrently approved by the Committee on Certification in Child Psychiatry of this Board.

(Institutions identified with an asterisk in this JOURNAL hold dual approvals: 1) for one year of training in child psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in child psychiatry offered independently.)]

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An application in duplicate on official forms, in order to be considered at any meeting of the Committee, must be in the office of the Secretary of the Board not less than 90 days before the date of such meeting. The proper application forms may be obtained from the Secretary of the Board. Applications will be formally considered only when accom-

panied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable, after which he shall forward the application to the Committee on Credentials in Child Psychiatry. This Committee shall consider the application and any other information available and notify the Secretary whether the application is accepted. The certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for Certification in Child Psychiatry must establish that:

(a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.

(b) He is of acceptable ethical and professional standing.

(c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology (see "Classes of Applicants").

(d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

CLASSES OF APPLICANTS CLASS A

Psychiatrists who have been continuously in the full-time practice of child psychiatry since July 1, 1950, or before, may apply for certification on record (without examination). If the major interest and activities of their practice is with children or adolescents, this will be regarded as full-time practice of child psychiatry. Applicants must have been previously certified in Psychiatry by the American Board of Psychiatry and Neurology except in those instances where this requirement has been waived by the Board for good and sufficient reasons.

This certification is for those who are currently in the specialty of child psychiatry and not for those who have been in the field in the past. Applicants who have previously practiced in the field of child psychiatry, but who have left this specialty for other types of practice, must show that in the two years preceding application their major interest and activities have been in the field of child psychiatry.

The Committee will consider the application and ascertain if the qualifications of the applicant warrant his certification on record. If all is in order, such certification will be recommended. Those applicants not qualifying for such certification will then be evaluated by the Committee for eligibility for examination. All applications for certification on record must be in the office of the Secretary of the Board on or before two years after the first examination. All psychiatrists applying two years after the first examination will be considered as applying for certification by examination regardless of whether they could have qualified for certification on record by earlier application.

APPLICATION AND FEES

Class A applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of \$50. This fee is not refundable.

Those applicants who are accepted for certification on record will be notified. An official diploma of Certification in Child Psychiatry will then be issued after payment of a certifying fee of \$75.

CLASS B

Those child psychiatrists not qualifying under the above rules and regulations will be considered as applicants for certification by examination. Such applicants must satisfy the Committee of the adequacy of their specialized training

MEDICAL SPECIALTIES

and experience in child psychiatry. Further, their major interest and activities in their current practice must be devoted to psychiatric problems of children and adolescents. Should they have left the field of child psychiatry for other types of practice but otherwise fulfill the training and experience requirements, they must show that the two years prior to application have been in specialized practice of child psychiatry.

TRAINING AND EXPERIENCE REQUIREMENTS

Class-B applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology. Admission to examination requires a total of six years of psychiatric training and experience, of which two years shall be approved training in child psychiatry in programs acceptable to the Committee. It is advisable that those seeking the certificate as specialists in child psychiatry who receive their primary training in psychiatry should have training in the pediatric aspects of general medicine. Such training may be offered in lieu of two years of practice experience.

In the third year of basic training in psychiatry, the applicant may complete one year of the two years of specialized training in child psychiatry. After completion of basic psychiatric training, a minimum of one year of specialized child psychiatry training must be secured in training centers acceptable to the Committee. Enough further training in child psychiatry in approved specialty programs to total a minimum of two years is required. At least the second year of training in child psychiatry should be secured in a child psychiatry training program approved for two years of training in the specialty. Any excess training in child psychiatry over the required two years or approved residency training in pediatrics may be applied to the experience requirements. Otherwise the applicant must have a minimum of two years of specialized practice in child psychiatry. In the interim he must have achieved certification in psychiatry by the American Board of Psychiatry and Neurology.

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 or a series of case reports of children treated by the applicant, or both.

APPLICATION AND FEES

Class-B applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of \$50. This fee is not refundable.

Those applicants accepted for certification by examination will be notified and scheduled for examination. The examination fee of \$75 is payable when such payment is requested by the 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 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 or written examinations, or both, and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, etiological mechanisms, and therapeutic measures and planning. Knowledge of the history and literature of child psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel, and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be reexamined within one year after payment of a \$75 reexamination fee. If he does not appear for reexamination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of \$50.

Should the candidate not be successful in reexamination, he must wait for two years before submitting a new application. During these two years, he must remain in full-time practice of child psychiatry as defined above and undertake such further preparation as 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 months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three years from the date of submission of application shall be required to submit a new application and pay the attendant fee. All unused examination fees on deposit in the Board Office will be forfeited by the candidate to the Board when the application lapses by going out of date.

THE AMERICAN BOARD OF SURGERY

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REQUIREMENTS FOR ADMISSION TO EXAMINATION GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner and expects candidates to have

Knowledge of the basic principles applied in the management of fractures, head injuries, or other forms of trauma, and of the more common problems in gynecologic, neurologic, orthopedic, pediatric, plastic, thoracic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, the Board requires that the candidate have had this senior year in order to become eligible for examination. Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical, as well as other forms of education, the Examination Committee of the Board is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board reserves the right to require a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP 1 PROGRAM

Completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four years of training by the Conference Committee on Graduate Training in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four years by the Conference Com-

mittee. The senior year must have been spent in the parent institution holding the approval of the Conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special consideration by the Examination Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

GROUP 2 PROGRAM

Completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Two additional years of training beyond the three years of residency to complete a total of five are necessary to meet the requirements for examination. These may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement with a preceptor acceptable to the Board who should inform the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B.: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MEDICAL SPECIALTIES

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

FOREIGN-TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Examination Committee of the Board may grant some credit for foreign graduate training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If, after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates are urged to file the Evaluation Form several months before completing their training requirements if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada, and those requesting some credit for foreign graduate training (see above), must submit the Evaluation form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications should be returned by Aug. 1 if consideration is desired for examination in Part 1 in December of the same year.

Candidates completing their training requirements after Sept. 30 must await consideration for admission to the December Part I examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part 2 examination until they have made a passing grade in Part 1.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART 1

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half-day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May. These examinations are conducted by members of the Board and selected Diplomates acting as guest examiners.

The Part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in Clinical Surgery and in Basic Sciences, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of gross and microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

PART 1: Candidates who fail Part 1 are required to wait one year before they can be eligible for reexamination.

PART 2: Candidates who fail Part 2 in its entirety or in Clinical Surgery are required to wait one year before they can be eligible for reexamination. Those who fail only in Basic Sciences are required to wait six months.

Should a candidate fail a reexamination in Part 1, or a reexamination in Part 2 in its entirety or in Clinical Surgery, the Examination Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

Candidates who fail a reexamination in Basic Sciences are required to wait one year before they can be eligible for further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 is seventy-five dollars (\$75). Fees for reexamination in Part 2 are as follows: seventy-five dollars (\$75) for reexamination in Part 2 in its entirety, and fifty dollars (\$50) for reexamination in Clinical Surgery only, or in Basic Sciences only.

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. William M. Tuttle, 1151 Taylor Ave., Detroit 2, Mich. This Board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

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 HERBERT C. MAIER, Vice Chairman, New York City
 HENRY T. BAHNSON, Baltimore
 LYMAN A. BREWER, III, Los Angeles
 ANTHONY R. CURRERI, Madison, Wis.
 ROLLIN A. DANIEL, JR., Nashville, Tenn.
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 ROBERT R. SHAW, Dallas
 JOHN W. STRIEDER, Boston
 WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Ave., Detroit 2, Mich.

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Two years' training in thoracic surgery approved by the Board of Thoracic Surgery, or meritorious contributions to thoracic surgery. One of these two years may be spent during the four years of training in surgery required by the American Board of Surgery.
3. Written and oral examination.

Definition of what is considered acceptable training in Thoracic Surgery.—To qualify for the examination in thoracic surgery, the candidate shall have had two years of training in an active, well-integrated thoracic surgical clinic or clinics, or the equivalent amount of thoracic surgical training, on a mixed service consisting of thoracic and nonthoracic surgical cases. Adequate training in both the tuberculous and non-tuberculous aspects of thoracic surgery is expected. In order to obtain this objective, combined residencies between institutions of different types may be advantageous. It is also required that the candidate be familiar with the basic sciences as related to thoracic surgery. Recently there have been a considerable number of applications in which the training has consisted largely of thoracic-cardiovascular surgery. It was decided by the Board some time ago that only six months' credit would be given for training in thoracic-cardiovascular surgery regardless of the time actually spent in this aspect of thoracic surgery. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the Board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, x-ray interpretation, and pathology.

Part I.—This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Part II.—In order to be eligible for Part II a candidate must have successfully completed Part I. Examinations in Part II are conducted in certain centers of the country selected by the Board.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after Oct. 26, 1955, who are certified by the American Board of Surgery, will be required to take only the oral examination given by the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to Oct. 26, 1955, will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

REEXAMINATIONS

Those individuals who fail Part I or Part II will be required to wait one year before they can retake the part which they failed. Those who fail twice will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to reexamination. A candidate must give at least 60 days' notice requesting reconsideration for examination. Candidates who are unsuccessful at three attempts will be required to wait three years before requesting reconsideration. The Board may at its discretion deny the candidate the privilege of reexamination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Also a candidate who has failed in an examination (Part I or Part II) and who does not apply for reexamination within three years shall be required to make a new application and pay a new examination fee.

FEES

For the special examination in thoracic surgery and the issuing of a certificate the fee will be one hundred dollars (\$100). Fifteen (\$15) dollars of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination. The fee for reexamination will be fifty dollars (\$50).

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of three forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice radiology in one of the following categories: (a) diagnostic roentgenology; (b) therapeutic radiology.

MEDICAL SPECIALTIES

3. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in all of its branches.

4. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in one of the following categories: (a) roentgen ray and radium physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, radium, and radioactive isotopes.

2. *Diagnostic Roentgenology* is that branch of radiology which deals with the diagnostic application of roentgen rays.

3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, radium, and radioactive isotopes.

4. *Radiologic Physics* is that branch of physics which deals with the medical application of roentgen rays and the radiations from radioisotopes, nuclear reactions, and particle accelerators.

5. *Roentgen Ray and Radium Physics* is that branch of radiologic physics which deals with roentgen rays and radium.

6. *Medical Nuclear Physics* is that branch of radiologic physics which deals with radioisotopes, nuclear reactions, and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATES IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements:

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or country in which he resides.

3. Assurance that the applicant holds himself out to be a specialist in radiology or one of its branches as defined under "Definitions" and that he limits his practice within the field of radiology.

4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.

2. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same Council.

C. Special Training:

1. After completion of the internship there shall be a period of special training in radiology in clinics, hospitals, or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have three years' formal residency training in an approved department of radiology.

2. Candidates beginning their training *on* July 1, 1956, or thereafter must have three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice.

3. The three-year training period must include the equivalent of six months (total) in pathology and isotopes. Candidates not wishing to be examined in nuclear medicine must have three months' pathology.

DIAGNOSTIC ROENTGENOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology, and the equivalent of six months of this time must have been devoted to pathology.

2. Candidates beginning their training *on* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

3. Candidates beginning their training *on* July 1, 1957, or thereafter must have three years' formal residency training, in an approved department of radiology, plus an additional year of either further training or practice. The three-year training period must include the equivalent of three months' training in pathology. Candidates applying for diagnostic roentgenology may expect to be examined in physics.

THERAPEUTIC RADIOLOGY

1. For candidates beginning their training *before* July 1, 1956, *on* July 1, 1956, or July 1, 1957, the *time* requirements are the same as for diagnostic roentgenology (see above). After July 1, 1957, a candidate must have three months' training in pathology and three months' training in isotopes. Candidates applying for therapeutic radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources as well as proficiency in roentgen therapy.

EXAMINATIONS

Generally the Board holds two examinations each year—in the spring and in the fall. The policy of the Board is to give oral examinations.

Appointments are offered to candidates in the following order of priority:

1. American citizens.

2. Foreign candidates who intend to return to their country of citizenship.

3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation; problems regarding the clinical applications of roentgen rays, radium, and radioactive isotopes; and questions in pathology, physiology, radiobiology, and radiophysics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF UROLOGY

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or

MRS. RUBY L. GRIGGS, Executive Secretary, 30 Westwood Road, Minneapolis 26, Minn.

MEDICAL SPECIALTIES

REQUIREMENTS FOR ALL APPLICANTS

A. *Application for Certification Must Be Made on a Special Form* provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by seventy-five dollars (\$75) of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to Urology; or one-year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in Urology, leading to competency in all its phases.

Any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full-time practice of Urology.

FEEs

The examination fee is one hundred seventy-five dollars (\$175). (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) Seventy-five dollars (\$75) must accompany the application. One hundred dollars (\$100) must be paid when the application has been processed. Neither fee is returnable.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give sixty days' notice of his intention to appear for reexamination. A new group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has been failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include: evidences of hospital practice including the presentation of reports of twenty-five representative (not necessarily consecutive) major urologic cases from practice, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc.; a written examination; pathology and oral-clinical examinations.

A. Evidences of Hospital Practice and Case Reports.

An index, in consecutive order, of all major and minor urologic surgery (including endoscopy) done during the last two years of practice must be presented. This index must be verified by the various hospital administrators.

The candidate must present twenty-five records of major urological cases completed since the candidate's residency training with hospital, names (or initials) and record numbers, in which the candidate has had complete charge, responsibility and activity in all phases of the patient's care. These reports must be typewritten on 8½-by-11-in. paper and in duplicate, but need not be on any special form. *Please file the duplicate in your own office.* The second copy will be called for when and if it is needed.

Complete index lists must accompany the reports. If they are obtained from more than one hospital, a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name (or initials) of the patient, the hospital number and the name and date of operation. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

The candidate must *personally* prepare the case reports, remembering that these are documentary evidence of his ability and that the material in them and the manner of presentation are important evidence of his competence as an Urologist.

The case reports must be received on or before Aug. 1.

The case reports must be prepared as follows. Those not conforming to this outline will be returned for correction.

1. Heading: including identification of patient, hospital number and name or initial, age, marital status, sex, occupation, diagnosis, dates of hospitalization, date and name of operation, and outcome.

2. Complete history, including chief complaint, present and past history, family history, review of symptoms, etc.

3. Complete physical examination, including temperature, pulse, respiration and blood pressure, upon admission.

4. Initial laboratory and X-ray examinations must be recorded in detail.

5. Admitting diagnosis, based on above, with reasons for making this diagnosis.

6. Indications for further management and description of same in chronological order, together with finding and outcome, as they occurred. This should include detailed description of all subsequent laboratory and X-ray findings, final preoperative diagnosis and reasons for same.

7. Major and minor surgical procedures shall be described in detail. A detailed description of all other treatment and findings such as administration of drugs and fluids, morbidity, complications, consultations, use of special drainage, etc., shall be recorded.

8. A detailed description of the postoperative course, including complications and outcome shall be given. If autopsy is done this should be reported.

9. An adequate follow-up of patient's course after dismissal from the hospital.

10. Final summary of the case.

This must include the candidate's interpretation of the record in terms of pathology; the basis for diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; and a critical discussion of the knowledge gained from the management of the case.

11. The entire record should be compiled as chronologically as possible and *must* contain dates of all data.

12. The candidate will be required to include a statement that he has personally prepared and edited the case reports. B. *Written Examination.*

The written examination is designed to test the candidate's preparation in and his knowledge of the whole field of Urology, including the subjects: clinical urology, pathol-

MEDICAL SPECIALTIES

ogy, anatomy, physiology, embryology, bacteriology, physiological chemistry, and endocrinology. These may be held on certain dates simultaneously in different parts of the country at places convenient for candidates.

C. *Pathology.*

The examinations in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. It will be held at the time of the oral examination.

D. *Oral-clinical examination.*

This will consist of discussion of urological problems. The subjects forming the basis of this examination are urography;

diseases of the genital organs, including the prostate and each portion of the urinary tract and the adrenals. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of Urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

Communications should be addressed to the Secretary-Treasurer. Checks should be made payable to: the American Board of Urology, Inc.