

Directory of Approved Internships and Residencies

1966

THE NATIONAL INTERN MATCHING PROGRAM FOR 1967
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED
STATES

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ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

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Graduate Medical Education in the United States

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The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-28 appears in the November 21, 1966, (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA

For the detailed work in preparing the lists of internships, residencies, specialty board requirements, and tables of statistics, the Council staff is especially indebted to Miss Valeda Carboneau, Miss Yolanda Dioguardi, Miss Rita Hammes, Miss Kathleen McCaffrey, Mrs. Anne Rowe, and Miss Theresa Squeo.

dated December 26, 1966.

The other material published in this Directory does not appear in the November 21, 1966, issue of JAMA, but will be indexed in the December 26 issue of JAMA with the reference abbreviation of "Dir." The DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES can thus be bound as a part of the November 21 issue, along with the regular copies of JAMA that make up Volume 198.

Annual Report on Graduate Medical Education in the United States

This is the 40th annual Report on Graduate Medical Education in the United States. It consists of a statistical and narrative analysis of the distribution and performance of approved internship and residency programs for the academic year 1965-1966. Except where otherwise specified, the data reported here were secured from hospitals as of September 1, 1965, and therefore provide performance data one year ago. Most tables contain a column listing the projected positions offered for the academic year 1967-1968.

The material in this Annual Report, plus the following section on Special Reports, Announcements, and Notices, will also be published in the Education Number of *The Journal* for November 21, 1966. Thus, the special Education Number of *The Journal* will contain only those two portions of the full Directory of Approved Internships and Residencies, as the Directory itself is too large to be included in the special issue of *The Journal*. This Directory is intended to be a complete manual of all information pertaining to internships and residencies, and includes, in addition, a consolidated list of hospitals and other institutions approved for graduate training, detailed lists of all approved internship programs, detailed lists of all residency programs by specialty, the Essentials of an Approved Internship, the Essentials of Approved Residencies, the requirements of the American Specialty Boards, full details of the National Intern Matching Program (NIMP), and an extract on medical licensure requirements taken from the annual State Board Number of *The Journal* for June 6, 1966.

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

Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service for the Council on Medical Education in distributing "tear-sheets" of lists of the approved internships and residencies to interested foreign physicians upon inquiry. Reprints of the Directory, as well as of the separate Essentials and Board requirements are available on request.

Additional special data are provided relating to the origin of foreign-trained physicians in graduate education in a "Special Study on Foreign Medical Graduates" in a section following this Annual Report in the Education Number of JAMA. These data have reference to December 31, 1965, rather than September 1, 1965, as do the standard data published in this Report. Data on licensure of foreign graduates are contained in the State Board Number of *The Journal*.

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

Internship Programs

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

During the year ending June 30, 1966, the Internship Review Committee reviewed 321 programs, of

which 278 had been surveyed by the field representatives. Of this number, continued full approval was given to 246 programs, progress reports were accepted on 20, approval was withheld on two new applications, approval was withdrawn on 17 programs previously placed on probation, 32 were placed or continued on probation, and four newly approved programs were added to the list. Approximately 100 additional programs were provisionally approved by direct Council action.

Table 1.—Number of Internships, 1956-1965

	No. of Hospitals	No. of Internship Positions Offered	No. of Internship Positions Filled	Percentage of Positions Filled
1956-1957	852	11,895	9,893	83
1957-1958	867	12,325	10,198	83
1958-1959	853	12,469	10,352	83
1959-1960	866	12,580	10,253	82
1960-1961	864	12,547	9,115	73
1961-1962	816	12,074	8,173	68
1962-1963	789	12,024	8,805	73
1963-1964	765	12,229	9,636	79
1964-1965	757	12,728	10,097	79
1965-1966	772	12,954	9,670	75

Table 1 shows the ten-year trend relating to internship supply and demand. While for the past four years there has been a steady increase in the number of internship positions offered, there was a reversal of the progressive trend for the previous three years of decreasing numbers of hospitals each year. For the year 1965-1966, there was an increase of 15 hospitals, and an increase of 226 positions offered over the previous year. There were, however, 427 less positions filled than the previous year, with the result that the percentage of positions filled fell to 75%.

These data can also be used to calculate the number of American graduates not serving internships. As there were 7,409 graduates of all U.S. schools in the year 1964-1965, this number subtracted from the total of 9,670 filled internships should leave a figure reflecting the number of foreign medical graduates filling internships. The figure resulting from this subtraction is 2,261, but, the actual number of foreign graduates on duty, as of September 1, was 2,361. This means, therefore, that approximately 100 of the 1964-1965 U.S. medical school graduates were not serving internships during the year 1965-1966. For the previous year, the figure calculated by this method was approximately 60 U.S. graduates not engaged in intern training.

Internships by Type of Service

Table 2 adopts the format of last year, indicating the division of types of internships between hospitals affiliated with medical schools and those not affiliated.

While there was an increase of 15 hospitals, there was an increase of 112 internship programs. Rotating internships decreased by 17, while mixed internships increased by 62, and straight internships increased by 64. Data were available on three additional family practice and general practice pilot programs.

Table 2.—Number of Internships by Type of Service

Type of Internship	Affiliated Status	Number of Internships				Total Positions Offered 1967-1968	
		No. of Approved Programs	Total Positions Offered Sept. 1, 1965	Positions Filled Sept. 1, 1965	Positions Vacant Sept. 1, 1965		Percentage Positions Filled
ROTATING	Affiliated	206	3,520	2,724	796	77	3,316
	Non-Affiliated	435	5,244	3,566	1,679	68	5,418
	Total	641	8,764	6,289	2,475	72	8,734
MIXED	Affiliated	174	753	601	152	80	1,104
	Non-Affiliated	77	311	251	60	81	423
	Total	251	1,064	852	212	80	1,527
STRAIGHT Internal Medicine	Affiliated	134	1,211	1,124	87	93	1,353
	Non-Affiliated	40	268	214	54	80	309
	Total	174	1,479	1,338	141	90	1,662
Surgery	Affiliated	103	671	538	133	80	763
	Non-Affiliated	36	185	115	70	62	197
	Total	139	856	653	203	76	960
Pediatrics	Affiliated	90	382	290	92	76	483
	Non-Affiliated	19	101	78	23	77	106
	Total	109	483	368	115	76	589
Pathology	Affiliated	80	170	97	73	57	204
	Non-Affiliated	18	33	17	16	52	40
	Total	98	203	114	89	56	244
Obstetrics and Gynecology	Affiliated	7	13	3	10	23	17
	Non-Affiliated	4	11	9	2	82	13
	Total	11	24	12	12	50	30
Total Straight	Affiliated	414	2,447	2,052	395	84	2,820
	Non-Affiliated	117	598	433	165	72	665
	Total	531	3,045	2,485	560	82	3,485
FAMILY PRACTICE AND GENERAL PRACTICE PROGRAMS	Affiliated	7	32	15	17	47	32
	Non-Affiliated	10	49	29	20	59	41
	Total	17	81	44	37	54	73
GRAND TOTALS	Affiliated	801	6,752	5,392	1,360	80	7,272
	Non-Affiliated	639	6,202	4,278	1,924	69	6,547
	Total	1,440	12,954	9,670	3,284	75	13,819

As will be seen in later tables, significant numbers of hospitals formerly not affiliated with medical schools have now arranged affiliation, so that, whereas formerly 61% of all approved internship programs were in non-affiliated hospitals, as of September 1, 1965, only 44% of all internship positions were in non-affiliated hospitals.

For all programs, there was an increase of 289 in the affiliated hospitals, and a decrease of 177 in the non-affiliated hospitals. For straight internships, the affiliated hospitals gained 139 programs, while the non-affiliated hospitals lost 75 programs. For rotating programs, the affiliated hospitals gained 63, and the non-affiliated lost 80. All of this is largely explained by the shift of non-affiliated hospitals at the time of the previous year's report to affiliated status for the year 1965-1966.

Of all the approved programs, non-affiliated hospitals accounted for 68% of the rotating programs, 31% of the mixed, and 22% of the straight internship programs. Rotating internships accounted for 83% of the filled positions in non-affiliated hospitals, and only 51% in the affiliated hospitals. Mixed internships accounted for 6% of the non-affiliated and 11% of the affiliated hospitals' filled positions. Straight internships accounted for only 10% of the filled positions in non-affiliated hospitals, but 38% of those positions filled in affiliated hospitals.

For both groups of hospitals, rotating internships accounted for 45% of the approved programs, 68% of the available positions, and 65% of the available

interns. Mixed internships comprised 17% of the approved programs, 8% of the available positions, and 9% of the available interns. Straight internships constituted 37% of the total of approved programs, provided 24% of the available positions, and obtained 26% of the available interns.

The three types of internships approved by the Council are (1) rotating, which includes training for 12 to 24 months on medicine, surgery, pediatrics, and obstetrics-gynecology; (2) mixed, providing training in two or three of the above four major clinical services as well as in pathology or psychiatry (in a mixed internship, the assignment to the major service must be not less than 6 nor more than 8 months, and the hospital must have a fully approved residency program in that specialty); and (3) straight, providing training on a single medical, surgical, pediatrics, obstetrics-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty. The action forecast by the Council in its report last year, relating to a more flexible definition of the rotating internship, has gone into effect as of July 1, 1966. This change, however, came too late to affect the statistics for the year 1965-1966, but it will alter the tables for next year by eliminating mixed internships as a separately identified type of program.

For 1965-1966, the average number of intern positions available per hospital was 16.7. Since there may be multiple types of internship programs in one hospital, the average number of positions available per program is 8.9, and the theoretical average of interns actually on duty per program was 6.7.

The ceaseless quest for interns continues unabated, as indicated by the last column in Table 2, projecting positions to be offered for 1967-1968. The figure of 13,189 is 438 more than was offered September 1, 1965.

Table 3.—Types of Internship Programs Offered, 1956-1965

	Types of Programs								Totals
	Rotating		Mixed		Straight		Family and General Practice		
	Num-ber	Per-centage	Num-ber	Per-centage	Num-ber	Per-centage	Num-ber	Per-centage	
1956-57...	840	76	42	4	219	20	...	...	1,101
1957-58...	842	77	34	3	217	20	...	...	1,093
1958-59...	822	75	38	3	239	22	...	...	1,099
1959-60...	816	75	33	3	246	22	...	...	1,097
1960-61...	817	70	69	6	276	24	5	...	1,167
1961-62...	737	61	107	9	359	30	9	...	1,212
1962-63...	697	56	133	11	391	32	14	1	1,235
1963-64...	661	52	153	12	432	34	17	1	1,263
1964-65...	658	50	180	14	467	35	14	1	1,328
1965-66...	641	45	251	17	531	37	17	1	1,440

Table 3 is similar to last year's table, indicating the trend toward progressive shifts in proportion between the major types of internship, which began to be apparent in 1960-1961. Both straight internships and mixed internships have been increasing at a fairly steady rate, while the rotating internships have continued their steady decline—to the point at which for the year 1965-1966 rotating internships for the first time constituted less than 50% of all internship programs.

Family Practice and General Practice Programs

These programs, conducted on a pilot basis, are continuing under study by the Council, and it is not expected that more than the present 20 pilot programs will be approved in the near future. Further decision is being deferred until after the report of the ad hoc Committee on Education for Family Practice has been submitted to the Council and to the House of Delegates.

These pilot programs are organized to afford two unified years of education to the new medical school graduates and to represent the equivalent of a one-year internship and a subsequent one-year residency. If the trainee changes his mind and wishes to discontinue the program at the end of one year, it is Council's policy that he can be given a certificate of satisfactory performance of a one-year internship. These programs were listed with the NIMP as if they were internships, since they do represent the initial year of graduate training. The index of internships by type of service, which follows the list of approved internships in this Directory, identifies the 20 pilot programs.

Two-Year Internships

In accord with the sentiment of the House of Delegates, the Council staff has continued to emphasize the possibility of establishing two-year internships in those hospitals having fully approved one-year internships, particularly hospitals interested in preparing young physicians for general practice, and yet not eligible for designation for a pilot program in family practice or general practice. The number approved on this basis has increased to 22, in comparison to the total of four such programs approved and listed five years ago. These hospitals are identified in the list of approved internships by a special footnote indicating that the hospital may offer some appointments of longer than 12 months' duration. Thus, the hospitals are not bound to offer any specific number of two-year internships, nor are they bound to offer a full additional 12-month appointment after the initial 12-month internship, if the trainee desires appointment for a lesser period. All such hospitals approved in this manner will continue to be listed by the NIMP as offering a 12-month rotating internship, as the NIMP is not concerned with appointments beyond the initial 12-month period.

Internships by Type of Hospital Control

Table 4 indicates that each of the major groups of hospitals contributed to the over-all increase of 15 hospitals to a new total of 772. As has been true for previous years, the governmental hospitals which are non-federal are generally larger in size, so that, while they comprised only 18% of the number, they offered 27% of the programs with 32% of the available positions, and they obtained 34% of

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

Control	No. of Hospitals	No. of Approved Programs	Number of Internships			
			Total Offered Sept. 1, 1965	Filled Sept. 1, 1965	Vacant Sept. 1, 1965	Per-centage Filled 1967-1968
Special Group 5 and 7	1	4	24	18	6	75
Totals	1	4	24	18	6	75
Federal						
U. S. Air Force	6	6	106	106	0	100
U. S. Army	7	7	196	196	0	100
U. S. Navy	13	13	176	176	0	100
U. S. Public Health Service	7	12	103	101	2	98
Veterans Administration	8	9	111	93	18	84
Other Federal	3	3	58	37	21	64
Totals	44	50	750	709	41	95
Governmental (Non-federal)						
State	37	172	1,150	876	274	76
County	42	88	1,268	1,099	169	87
City	43	101	1,338	961	377	72
City-County	12	19	305	249	56	82
Hospital District	4	8	115	108	7	94
Totals	138	388	4,178	3,293	883	79
Nongovernmental Nonprofit						
Church Related	239	369	3,008	1,864	1,142	62
Non-profit Corporation	344	619	4,938	3,741	1,197	76
Totals	583	988	7,944	5,605	2,339	71
Proprietary						
Individual Partnership	1	1	8	2	6	25
Corporation	3	3	24	15	9	63
Miscellaneous	2	6	28	28	0	100
Totals	6	10	60	45	15	75
Grand Totals	772	1,440	12,954	9,670	3,284	75

the available interns. The Federal Government hospitals comprised 6% of the hospitals offered, 3% of the programs, 6% of the positions, and obtained 7% of the interns. The non-governmental, non-profit group has 76% of the hospitals, 67% of the approved programs, 61% of the available positions, and obtained 58% of the available interns.

The hospitals of all three of the armed forces filled all their positions. This has not happened for several years, and possibly reflects the present military posture of the United States. The USPHS also shared in this, as its percentage of filled positions increased by 19% over the previous year. The number of hospitals in the Veterans Administration offering internships has increased from 4 to 8, with a resulting increase of 61 positions offered. V.A. internships were 84% filled.

The non-governmental, non-profit group of hospitals had a poorer record than the other two large groups of hospitals, and its own recruitment performance was less by 7% than the previous year, having fallen from 78% to 71% over-all. Although 8 additional hospitals were added to the church-related group, they recruited 320 less than the previous year. Hospitals in the non-profit corporation group recruited 242 less interns. Although the over-all number of filled positions as of September 1, 1965, was 427 less than the previous year, the non-governmental, non-profit group of hospitals together recruited 562 less than the previous year.

Internships by Medical School Affiliation and Bed Capacity

Table 5 again indicates the shift of non-affiliated hospitals into the category of hospitals affiliated with medical schools, since the 469 non-affiliated hospitals represent 80 hospitals less than the pre-

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

Classification	No. of Hospitals	No. of Programs	Number of Internships			
			Total Offered Sept. 1, 1965	Filled Sept. 1, 1965	Vacant Sept. 1, 1965	Per-centage Filled 1967-1968
Nonaffiliated						
Special Group 5 and 7	3	6	36	20	16	56
Less than 200 beds	37	34	257	159	98	82
200-299	137	155	1,291	826	465	64
300-499	216	286	2,722	1,784	938	66
500-over	76	158	1,896	1,489	407	79
Totals	469	639	6,202	4,278	1,924	89
Affiliated						
Special Group 5 and 7	18	30	130	88	42	68
Less than 200 beds	54	108	628	464	164	74
200-299	114	268	1,926	1,433	493	74
300-499	117	395	4,068	3,407	661	84
Totals	303	801	6,752	5,392	1,360	80
Grand Totals	772	1,440	12,954	9,670	3,284	75

vious year, even though they still constitute 61% of the total. The affiliated group of hospitals comprises 39% of the total, and it represents 95 more hospitals than had affiliated status the previous year.

While the over-all percentage of filled positions was 75%, the non-affiliated group filled only 69%, a figure well below that of the previous year.

The hospitals with more than 500 beds had better recruitment records than smaller ones, whether affiliated or non-affiliated, but the only group which increased its recruitment success over the previous year was the group of affiliated hospitals with less than 200 beds. While the hospitals with more than 500 beds comprised 16% of the non-affiliated group, they comprised 39% of the affiliated group. Furthermore, 353 or 75% of the non-affiliated hospitals are of more than 200 but less than 500 beds, while 231 or 76% of the affiliated hospitals have 300 or more beds. The total of positions offered for 1967-1968 is 865 more than was offered September 1, 1965.

Internships by Census Region and State

Table 6 again indicates that the five states of Alaska, Idaho, Montana, Nevada, and Wyoming do not offer any approved internship programs. The over-all percentage of total positions filled was 75% or a loss of 4% over the year before. In the individual regions, the drop was 10% in the territories and possessions and 8% in the New England and Middle Atlantic regions. Only in the West South Central and in the Pacific regions was the percentage of filled positions better than the previous year.

This table affords a comparison of the distribution of foreign graduates, and indicates that 90% were located in the first four listed regions, which include the entire Atlantic seaboard states, plus Vermont and West Virginia, and the East North Central states of Illinois, Michigan, Ohio and Wisconsin.

There were no foreign graduates on duty as interns in the states of New Hampshire, Indiana, North and South Dakota, Alabama, Mississippi, Arkansas, Oklahoma, and New Mexico.

Since the total number of foreign-trained interns

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

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Internships				Foreign Interns		Total Positions Offered 1967-1968
			Total Offered Sept. 1, 1965	Filled Sept. 1, 1965	Vacant Sept. 1, 1965	Percentage Filled	Number on Duty Sept. 1, 1965	Percentage in Filled Positions	
New England									
Connecticut.....	28	20	254	194	60	76	100	52	273
Maine.....	3	3	24	16	8	67	1	6	24
Massachusetts.....	53	28	408	323	85	79	79	24	428
New Hampshire.....	3	1	16	16	...	100	...	...	16
Rhode Island.....	8	7	78	54	24	69	34	63	82
Vermont.....	8	2	31	19	12	61	1	5	29
Totals.....	103	61	811	622	189	77	215	35	852
Middle Atlantic									
New Jersey.....	57	38	515	350	165	68	256	73	547
New York.....	243	100	2,048	1,609	439	79	590	37	2,167
Pennsylvania.....	111	74	966	708	258	73	214	30	1,047
Totals.....	411	212	3,529	2,667	862	76	1,060	40	3,761
South Atlantic									
Delaware.....	2	2	20	12	8	60	9	75	20
District of Columbia.....	31	11	264	196	68	74	38	19	261
Florida.....	29	19	275	213	62	77	58	27	308
Georgia.....	35	14	258	175	83	68	5	3	257
Maryland.....	52	21	362	308	54	85	90	29	389
North Carolina.....	25	10	192	132	60	69	6	5	197
South Carolina.....	11	6	102	57	45	56	1	2	105
Virginia.....	27	14	221	160	61	72	36	23	266
West Virginia.....	12	7	88	48	40	55	14	29	90
Totals.....	224	104	1,782	1,301	481	73	257	20	1,893
East North Central									
Illinois.....	73	37	771	661	110	86	243	37	818
Indiana.....	18	11	150	107	43	71	...	...	175
Michigan.....	46	37	572	372	200	65	112	30	634
Ohio.....	90	53	837	570	267	68	191	34	871
Wisconsin.....	27	14	206	136	70	66	46	34	226
Totals.....	254	152	2,536	1,646	890	73	592	32	2,724
West North Central									
Iowa.....	15	7	102	63	39	62	9	14	116
Kansas.....	15	5	86	52	34	60	7	13	92
Minnesota.....	17	14	254	188	66	74	29	15	256
Missouri.....	42	19	376	224	152	60	24	11	392
Nebraska.....	19	9	114	70	44	61	1	1	114
North Dakota.....	1	1	12	3	9	25	...	...	12
South Dakota.....	2	2	13	13	...	100	...	...	12
Totals.....	111	57	957	613	344	64	70	11	994
East South Central									
Alabama.....	13	5	124	66	58	53	...	...	128
Kentucky.....	15	7	119	76	43	64	11	14	145
Mississippi.....	9	3	47	29	18	62	...	...	53
Tennessee.....	29	12	275	189	86	69	2	1	277
Totals.....	66	27	565	360	205	64	13	4	603
West South Central									
Arkansas.....	9	3	62	45	17	73	...	...	62
Louisiana.....	27	8	219	147	72	67	4	3	227
Oklahoma.....	13	8	89	60	29	67	...	...	97
Texas.....	45	27	426	362	64	85	13	4	484
Totals.....	94	46	796	614	182	77	17	3	870
Mountain									
Arizona.....	9	8	96	59	37	61	20	34	96
Colorado.....	19	13	187	137	50	73	15	11	193
New Mexico.....	2	1	18	18	...	100	...	...	22
Utah.....	13	6	99	67	32	68	1	1	99
Totals.....	43	28	400	281	119	70	36	13	410
Pacific									
California.....	90	53	1,113	1,031	82	93	41	4	1,209
Hawaii.....	5	4	72	70	2	97	12	17	75
Oregon.....	9	6	98	65	33	66	5	8	98
Washington.....	19	13	190	145	45	76	14	10	200
Totals.....	123	76	1,473	1,311	162	89	72	5	1,582
Territories & Possessions									
Canal Zone.....	1	1	16	9	7	56	1	11	16
Puerto Rico.....	10	6	89	46	43	52	28	61	114
Totals.....	11	7	105	55	50	52	29	53	130
Non-Inpatient Institutions*		2	...	...	...	...	...	...	...
Grand Totals	1,440	772	12,954	9,670	3,284	75	2,361	12	13,819

*In these cases the approved program is in the name of an activity other than a hospital, although the facilities of other hospitals are also available.

on duty as of September 1, 1965, was 460 less than the previous year, the percentage of foreign graduates in filled intern positions dropped from 28% to 24%, with the largest single loser being the New England region, with a drop from 46% to 35% foreign graduates in filled positions.

As was true in previous years, the Middle Atlantic states of New Jersey, New York and Pennsylvania attracted the largest total number, 1,060, of foreign graduates. These foreign-trained interns comprised 45% of all the foreign graduates serving as interns in the United States, and also comprised 40% of the 2,667 interns serving in these three states.

New York state had the largest single number of 590 on duty, and this was 25% of all foreign graduates serving as interns. The state of Delaware had the distinction of having the highest proportion of foreign graduates serving as interns with 9 of the 12 or 75% having been foreign-trained. Of the states with larger numbers of foreign graduates on duty, the state of New Jersey has the highest proportion with 256 of 350, or 73%, foreign graduates. The states with more than 200 on duty were New Jersey, New York, Pennsylvania, and Illinois. Connecticut, Michigan, and Ohio had 100 or more.

The states of New Hampshire, South Dakota, and New Mexico, each filled 100% of their positions, with only four hospitals involved. Hawaii, with four hospitals, filled 97% of the available positions. Again, there were seven states, including the Canal Zone and Puerto Rico, with 60% or less of the positions filled. These range from North Dakota with only three out of 12, or 25%, of positions filled through Puerto Rico, West Virginia, South Carolina, Canal Zone, to Kansas and Missouri with 60% filled in each state.

National Intern Matching Program

The Directory of Approved Internships and Residencies serves also as the Directory for the National Intern Matching Program, and carries a full description of the operation of the program, copies of the hospital and student agreements, and the dates for the operation of the Matching Program for 1967.

Matching Program XV, for 1966-1967, as concluded in March of 1966, offered 13,463 internships of the total of 13,538 advertised in the Directory. There were 7,836 participants, of whom 7,588 or 96.8% were matched. Two hundred and forty-eight or 3.2% were unmatched. The number of foreign medical graduates participating increased from 313 the previous year to 406 last year, and the 354 matched comprised 87% of the total participating. Of this group of foreign medical graduates matched through the program, approximately 50% were matched to major teaching hospitals.

Of the 728 participating hospitals, 107 received 100% of their complement, 203 received 50-99%. 93 received 25-49%, 119 received 1-24%, and 206 or 28%

of the participating hospitals received none through the Matching Program. Eighty-one per cent of students received their first or second choice, while 8% were matched to their third-choice hospital. Seventy-one per cent of the hospitals received their first or second choice of interns, and 15% received third choice. Of the total of 7,588 U.S., Canadian, and foreign graduates matched, 4,946 or 65% were matched to hospitals affiliated with medical schools, while 2,056 or 27% were matched to non-affiliated hospitals; and 586 or 8% were matched to hospitals in the federal service.

Of the 180 participating hospitals with major medical school affiliations, 152 or 84% received over 50% of their interns through the NIMP. Of the 481 participating non-affiliated hospitals, only 124, or 26% received over 50% of their interns through that program.

Foreign Medical Graduates and Hospital Affiliation

Of the 772 hospitals with approved internship programs, 429, or 56%, accepted foreign-trained physicians. These included 130, or 43%, of the affiliated hospitals and 299, or 64%, of the non-affiliated hospitals. In the affiliated hospitals 644 foreign-trained physicians comprised 27% of all foreign-trained interns, but constituted only 12% of all interns on duty in affiliated hospitals.

In the non-affiliated hospitals, the 1,770 foreign-trained interns made up 73% of all foreign-trained interns, but comprised 40% of all interns on duty in non-affiliated hospitals, the same as for the year before.

The ratio of U.S. and Canadian interns to foreign-trained interns is approximately 7.4:1 in affiliated hospitals, and 1.5:1 in non-affiliated hospitals.

Internship Salaries

The average salaries paid interns and published in this Directory annually represent the averages of the salaries actually reported as being offered by each hospital to its interns. No attempt is made to calculate the equivalent value of board and room or laundry, and information is not sought as to other forms of extra-curricular activities which produce income. These averages are therefore approximations, but they do allow an annual comparison of the over-all change.

In comparison with the previous year, the over-all average of \$3,797 is an increase of \$268 annually. The average salary for affiliated hospitals was \$3,578 or \$333 more, while for the non-affiliated hospitals the average was \$4,071, or an increase of \$364 per year.

Table 7 lists the annual internship salaries in affiliated and non-affiliated hospitals by increments of \$500 per year. Data were not available on 75 of the programs, so that calculations relate to 1,365 programs.

Table 7.—Annual Internship Salaries

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available.....	35	40	75
0-500.....	0	0	0
501-1,000.....	0	0	0
1,001-1,500.....	6	0	6
1,501-2,000.....	0	0	0
2,001-2,500.....	37	9	46
2,501-3,000.....	148	34	182
3,001-3,500.....	107	37	144
3,501-4,000.....	242	173	415
4,001-4,500.....	120	121	241
4,501-5,000.....	34	91	125
Over 5,000.....	72	134	206
Totals.....	801	639	1,440

For the affiliated group of hospitals, 81% offer salaries between \$2,500 and \$4,500 annually. In that same range, the non-affiliated hospitals offered such salaries in only 61% of the cases. On the other hand, salaries above \$3,500 were paid in 61% of the affiliated hospitals, but in 87% of the non-affiliated hospitals. Because there were 134 or 21% of the non-affiliated hospitals, offering over \$5,000 per year, it will be necessary to change the reporting procedure next year in order to ascertain the extent of the range above \$5,000.

Residency Programs

Since 1962, and based on the continued interest of the House of Delegates of the American Medical Association, these Annual Reports have included considerable additional material regarding the evaluation and approval process for residency programs. The Annual Report for 1962 carried a detailed description of the process by which these programs are evaluated.

Table 8 lists the 26 different specialties in which residency programs are evaluated through the mechanism of a Residency Review Committee. In the specialties of pathology and thoracic surgery, there have been no Residency Review Committees in the past, although a Residency Review Committee will be formed for thoracic surgery in the coming year. There were 19 individual Residency Review Committees which held 37 separate meetings between July 1, 1965, and June 30, 1966.

The only public expression of the work of these Residency Review Committees is the annual publication of the list of approved programs. By comparing the annual list with that published in previous years, one can determine additions and deletions in the lists. Otherwise, no public announcement is made of much of the critical and constructive review efforts of the Committees, which are communicated directly to program directors and hospital administrators by the Committees' Secretaries.

A total of 2,143 individual residency programs were reviewed. Approval was withheld from 53 applications, approval was withdrawn from 110 programs, 180 were placed on or continued on confidential probation, increases or decreases in length of approval were granted to 51 programs, 109 new programs were added to the approved list, and 1,003 programs were granted continued approval.

Table 9 indicates the survey activities of the eight physicians comprising the field representatives of the Council over the past five years. For the academic year 1965-66, 1,020 or 71% of all approved

Table 8.—Activity of Residency Review Committees—July 1, 1965, to June 30, 1966

Specialty	No. of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Granted Increased or Decreased Approval	Programs on which Further Data were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology.....	2	4	56	10	10	14	11	9	1	115
Aerospace Medicine.....	2**	0	0	0	0	1	0	0	0	1
Colon and Rectal Surgery.....	1	0	3	0	1	0	1	0	0	5
Child Psychiatry.....	2**	5	38	0	1	13	0	1	3	61
Dermatology.....	1	0	5	1	1	2	2	0	0	11
General Practice.....	2	6	50	2	1	10	8	9	0	86
General Preventive Medicine.....	2**	2	0	0	2	5	0	1	0	10
Internal Medicine.....	3	14	124	0	14	87	33	32	7	311
Neurological Surgery.....	2	3	27	0	5	8	0	1	1	45
Neurology.....	2**	3	31	0	5	10	3	1	4	57
Obstetrics-Gynecology.....	3	5	105	14	29	48	13	9	8	231
Occupational Medicine (Academic).....	2**	0	1	0	0	2	0	0	0	3
Occupational Medicine (In Plant).....	2**	2	8	0	1	5	1	3	0	20
Ophthalmology.....	2	2	55	0	2	6	1	0	1	67
Orthopedic Surgery.....	2	7	42	3	8	14	11	0	2	87
Otolaryngology.....	2	5	23	0	10	22	7	4	1	72
Pediatric Allergy.....	2**	3	8	2	7	2	1	0	1	24
Pediatric Cardiology.....	2**	9	1	0	0	1	0	0	3	14
Pediatrics.....	2**	3	70	1	7	24	21	5	4	135
Physical Medicine and Rehabilitation.....	2	2	23	0	6	6	6	3	0	46
Plastic Surgery.....	2	6	26	3	6	7	3	4	2	57
Psychiatry.....	2**	8	62	1	6	39	0	4	3	123
Public Health.....	2**	1	4	0	0	2	1	0	0	8
Radiology.....	2	9	30	0	12	60	14	9	7	141
Surgery.....	3	8	152	14	11	50	35	14	4	288
Urology.....	2	2	59	0	10	44	8	1	1	125
Totals*.....	37	109	1,003	51	155	482	180	110	53	2,143

*Residencies in Pathology and in Thoracic Surgery are approved in collaboration with the American Board of Pathology and the Board of Thoracic Surgery, respectively, with review committees.

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

Table 9.—Survey Activities of the Field Staff

Year Ending June 30	1962	1963	1964	1965	1966
Hospitals Visited	845	922	1,115	1,152	1,020
Internships Reviewed	328	329	364	290	278
Residencies Reviewed	2,121	1,967	2,008	2,068	1,827
Total Programs Reviewed	2,449	2,296	2,372	2,358	2,105

hospitals were visited, 278 or 19% of all approved internships were surveyed, and 1,827 or 37% of all approved residencies were reviewed.

Table 10, enumerating the number of residencies by specialty, contains, along with Table 26, the data, on the additional 82 programs approved in the fields of preventive medicine and forensic pathology, which are not primarily based in hospitals. Except for these two tables, the others pertain to residencies which are conducted within hospitals, and therefore, they omit 211 positions filled in 82 approved programs outside of hospitals.

The total of 5,012 approved programs is a decrease of 512 over the previous year, and a decrease of approximately 1,350 over the previous two years. This decrease is greater than is reflected in the summary of residency review committee actions, and is explained largely by the increasing trend for independently approved programs to combine into single, integrated programs.

Residencies by Specialty

Table 10 lists the 29 specialty fields in which training is offered, including 23 conducted primarily in hospitals. The 10 major specialties offering more than 1,000 residency positions each comprised 85% of all positions offered, a figure identical with that of the previous year. In order of decreasing size, these specialties were: surgery at 6,735; internal medicine, 6,460; psychiatry, 4,495; pathology, 3,444; obstetrics and gynecology, 2,824; pediatrics, 2,397; radiology, 2,048; anesthesiology, 1,740; orthopedic surgery, 1,632; and ophthalmology, 1,105. There were six specialties with 90% or more of the positions filled, only one, dermatology, being non-surgical. The others in this group were neurological surgery, ophthalmology, orthopedic surgery, otolaryngology, and plastic surgery. It will be noted that these also have low or relatively low proportions of foreign graduates compared with many of the other specialties. Those specialties with less than 70% of the positions filled range from anesthesiology with 68% filled to pediatric allergy with 48% filled, and included colon and rectal surgery, general practice, pathology, pediatric cardiology, physical medicine, and child psychiatry. With the exception of the specialty of child psychiatry, each of the above

Table 10.—Number of Residencies, by Specialty

Specialty	Number of Approved Programs	Total Appointments (All Years)					Positions Vacant Sept. 1, 1965	Percentage of Positions Filled	Percentage of Foreign Graduates in Filled Positions	Total Positions Offered 1967-1968
		Total Offered Sept. 1, 1965	Filled by Non-Foreign Graduates Sept. 1, 1965	Filled by Foreign Graduates Sept. 1, 1965	Total Filled Sept. 1, 1965					
Anesthesiology	229	1,740	635	550	1,185	555	68	46	1,875	
Colon and Rectal Surgery	12	24	5	9	14	10	58	64	25	
Dermatology	84	455	370	50	420	35	92	12	469	
General Practice	162	833	168	326	494	339	59	66	893	
Internal Medicine	462	6,460	4,036	1,564	5,600	860	87	28	6,844	
Neurological Surgery	102	504	401	81	482	22	96	17	528	
Neurology	105	679	425	137	562	117	83	24	740	
Obstetrics and Gynecology	402	2,824	1,844	682	2,526	298	89	27	2,922	
Ophthalmology	171	1,105	957	97	1,054	51	95	9	1,162	
Orthopedic Surgery	281	1,632	1,307	194	1,501	131	92	13	1,742	
Otolaryngology	118	759	600	80	680	79	90	12	847	
Pathology	689	3,444	1,261	824	2,085	1,359	61	40	3,560	
Pediatrics	297	2,397	1,215	828	2,043	354	85	41	2,557	
Pediatric Allergy	33	48	15	8	23	25	48	35	57	
Pediatric Cardiology	45	89	27	32	59	30	66	54	108	
Physical Medicine	79	401	112	87	199	202	50	44	456	
Plastic Surgery	64	197	145	39	184	13	93	21	208	
Psychiatry	265	4,495	2,620	945	3,565	930	79	27	4,720	
Psychiatry-Child	100	505	259	75	334	171	66	23	572	
Radiology	278	2,048	1,343	288	1,631	417	80	18	2,202	
Surgery	641	6,735	4,066	1,944	6,010	725	89	32	6,909	
Thoracic Surgery	97	259	141	85	226	33	87	38	271	
Urology	214	925	622	188	810	115	88	23	973	
Totals	4,930	36,558	22,574	9,113	31,687	6,871	82	29	40,640	
Other than hospitals:										
Aerospace Medicine	3	86	68	4	72	6	84	5	90	
General Preventive Medicine	8	55	34	4	38	17	70	10	55	
Occupational Medicine (Academic)	8	81	30	1	31	50	38	3	81	
Occupational Medicine (In-Plant)	20	31	8	1	9	22	29	17	31	
Public Health	26	138	46	2	48	90	35	4	139	
Forensic Pathology	17	30	5	8	13	17	43	61	31	
Totals	82	421	191	20	211	203	51	9	427	
Grand Totals	5,012	38,979	22,765	9,133	31,898	7,074	82	27	41,057	

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

Specialty	Number of Approved Programs	Total Appointments (All Years)					Positions Vacant Sept. 1, 1965	Percentage of Positions Filled	Percentage Foreign Graduates in Filled Positions	Total Positions Offered 1967-1968
		Total Offered Sept. 1, 1965	Filled by Non-Foreign Graduates Sept. 1, 1965	Filled by Foreign Graduates Sept. 1, 1965	Total Filled Sept. 1, 1965	Total Offered Sept. 1, 1965				
Affiliated										
Anesthesiology.....	139	1,179	450	384	834	345	71	47	1,262	
Colon and Rectal Surgery.....	7	13	2	4	6	7	46	67	14	
Dermatology.....	64	323	251	43	294	29	91	15	337	
General Practice.....	25	128	46	10	56	72	44	18	128	
Internal Medicine.....	237	3,865	2,665	769	3,434	431	89	22	4,117	
Neurological Surgery.....	67	308	243	53	296	12	96	18	309	
Neurology.....	76	479	312	89	401	78	84	22	522	
Obstetrics and Gynecology.....	196	1,655	1,177	325	1,502	153	91	22	1,690	
Ophthalmology.....	114	720	629	51	680	40	94	8	753	
Orthopedic Surgery.....	158	958	771	106	877	81	92	12	1,034	
Otolaryngology.....	79	490	401	44	445	45	91	10	534	
Pathology.....	303	1,852	807	432	1,239	613	67	35	1,933	
Pediatrics.....	158	1,581	837	514	1,351	230	86	38	1,679	
Pediatric Allergy.....	25	37	9	6	15	22	41	40	45	
Pediatric Cardiology.....	40	79	22	30	52	27	66	58	100	
Physical Medicine.....	62	286	77	65	142	144	50	46	331	
Plastic Surgery.....	37	118	89	21	110	8	93	19	121	
Psychiatry.....	144	2,456	1,650	393	2,043	413	83	19	2,571	
Psychiatry-Child.....	52	287	179	39	218	69	76	18	323	
Radiology.....	161	1,373	957	201	1,158	215	84	17	1,465	
Surgery.....	281	3,684	2,509	847	3,356	328	91	25	3,779	
Thoracic Surgery.....	57	139	82	36	118	21	85	31	148	
Urology.....	128	557	396	103	499	58	90	21	582	
Totals.....	2,610	22,567	14,561	4,565	19,126	3,441	85	24	23,777	
Non-Affiliated										
Anesthesiology.....	90	561	185	166	351	210	63	47	613	
Colon and Rectal Surgery.....	5	11	3	5	8	3	73	63	11	
Dermatology.....	20	132	119	7	126	6	96	6	132	
General Practice.....	137	705	122	316	438	267	62	72	765	
Internal Medicine.....	225	2,595	1,371	795	2,166	429	84	37	2,727	
Neurological Surgery.....	35	196	158	28	186	10	95	15	219	
Neurology.....	29	200	113	48	161	39	81	30	218	
Obstetrics and Gynecology.....	206	1,169	667	357	1,024	145	88	35	1,232	
Ophthalmology.....	57	385	328	46	374	11	97	12	409	
Orthopedic Surgery.....	123	674	536	88	624	50	93	14	708	
Otolaryngology.....	39	269	199	36	235	34	87	15	313	
Pathology.....	386	1,592	454	392	846	746	53	46	1,627	
Pediatrics.....	139	816	378	314	692	124	85	45	878	
Pediatric Allergy.....	8	11	6	2	8	3	73	25	12	
Pediatric Cardiology.....	5	10	5	2	7	3	70	29	8	
Physical Medicine.....	17	115	35	22	57	58	50	39	125	
Plastic Surgery.....	27	79	56	18	74	5	94	24	87	
Psychiatry.....	121	2,039	970	552	1,522	517	75	36	2,149	
Psychiatry-Child.....	48	218	80	36	116	102	53	31	249	
Radiology.....	117	675	386	87	473	202	70	18	737	
Surgery.....	360	3,051	1,557	1,097	2,654	397	87	41	3,130	
Thoracic Surgery.....	40	120	59	49	108	12	90	45	123	
Urology.....	86	368	226	85	311	57	85	27	391	
Totals.....	2,320	15,991	8,013	4,548	12,561	3,430	79	36	16,863	
Grand Totals.....	4,930	38,558	22,574	9,113	31,687	6,871	82	29	40,640	

listed specialties with low percentages of filled positions over-all also reflected high proportions of foreign graduates, ranging from 35% in pediatric allergy to 66% in general practice.

While the specialty of general practice did not have the poorest record in terms of positions filled, there were only two other specialties with fewer positions filled, and the proportion of foreign graduates was the highest of any specialty. The unpopularity of these programs for American and Canadian graduates is thus again emphasized, with only 168 or 0.7%, selecting this field.

It is to be noted that the total of foreign graduates increased by 980 over the previous year, and the trend over the past eight years is reflected in Table 27.

Table 11 permits analysis of the distribution of residents by specialty according to whether the hospitals are affiliated with medical schools. As a reflection of the increased trend toward integration of programs, the reduction in total number of approved programs observed for the past several years was continued, with 510 less listed than the previous year. There was a change, however, in that the reduction in non-affiliated programs of 679 programs was partially offset by a gain of 169 programs in the affiliated hospitals. This is taken to mean that the increased tempo of reclassification of non-affiliated to affiliated hospitals has led to a reapportionment, wherein the 2,610 programs in affiliated hospitals comprised 53% of the total. This redistribution in favor of the affiliated hospitals is

further reflected in the remaining data, which indicate that the affiliated hospitals offered 59% of the available positions, obtained 60% of all the available residents, obtained 65% of the non-foreign graduates, and accepted exactly 50% of the available foreign graduates. While 85% of the positions were filled in affiliated hospitals, only 79% were filled in the non-affiliated; the over-all total percentage of residencies filled was 82%. In affiliated hospitals, the foreign graduates comprised 24%, while in the non-affiliated they comprised 36% of those in filled positions.

For the succeeding year, the total number of positions to be offered represents a further increase of 600 to a new grand total of 40,640 residencies. Of these, 59% will again be in the affiliated hospital group.

The fact that the non-affiliated hospitals are generally smaller accounts for there being more individual programs in non-affiliated than in affiliated hospitals in the four fields of general practice, obstetrics-gynecology, pathology, and surgery. In each of these fields, however, the total of positions available is greater for the affiliated than the non-affiliated hospital group.

As for last year, the principal field in which the total number of foreign graduates exceeded the number of non-foreign graduates was general practice in non-affiliated hospitals, with 316 foreign graduates comprising 72% of all those on duty in such programs. The specialty of colon and rectal surgery in both affiliated and non-affiliated hospitals

also has more foreign than non-foreign graduates, but the totals are so small as to be of minor significance in comparison to the performance of the major specialty fields.

Residencies by Type of Hospital Control

In comparison with the previous year, there were 112 more hospitals participating, for a total of 1,429, but there were 510 less approved programs offered, for a total of 4,930. In an effort to further refine the data reported, 143 hospitals are identified by the term "Special Group." This is a result of the increasing tendency for individual approved training programs to be supported through a combination of the resources of several hospitals. It is not always possible to apportion one program to one hospital, and therefore, Table 12 shows the "Special Group" with 143 hospitals offering 558 programs. These cannot be apportioned among the four major control groups because one approved program may utilize the resources of a hospital in more than one of the control groups.

Because of identification of the "Special Group" of hospitals, comprising 10% of the total, the Table is not strictly comparable with that of previous years. Nevertheless, the non-governmental, non-profit group of hospitals is still the largest, comprising 55% of the total, offering 53% of the approved programs, 44% of the available positions, and obtaining 42% of the available residents. Thirty-six per cent of the filled residencies in this group of hospitals were made up of foreign graduates. The

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

Control	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Residents		Total Residencies Offered 1967-1968
			Total Offered Sept. 1, 1965	Filled Sept. 1, 1965	Vacant Sept. 1, 1965	Percentage Filled	No. on Duty	Percentage in Filled Positions	
Special Group 5 & 7	143	558	6,650	5,828	822	88	1,147	20	7,159
Totals	143	558	6,650	5,828	822	88	1,147	20	7,159
Federal									
U.S. Air Force	4	7	6	4	2	67	...	..	16
U.S. Army	16	87	687	631	56	92	18	3	707
U.S. Navy	9	75	431	407	24	94	...	..	466
U.S. Public Health Service	14	43	217	178	39	82	1	1	257
Veterans Administration	87	284	2,257	1,753	504	78	396	23	2,345
Other Federal	4	24	191	132	59	69	40	30	190
Totals	134	520	3,789	3,105	684	82	455	15	3,981
Governmental (nonfederal)									
State	173	518	5,228	4,216	1,012	81	1,049	25	5,529
County	64	268	2,354	2,031	323	86	490	24	2,491
City	56	240	2,412	2,062	350	85	942	46	2,513
City-County	14	42	253	189	64	75	33	17	239
Hospital District	11	29	241	203	38	84	39	19	251
Totals	318	1,097	10,488	8,701	1,787	83	2,553	29	11,023
Nongovernmental nonprofit									
Church Related	284	827	4,147	2,955	1,192	71	1,362	46	4,342
Non-profit Corporation	508	1,809	12,715	10,467	2,248	82	3,466	33	13,266
Totals	792	2,636	16,862	13,422	3,440	80	4,828	36	17,608
Proprietary									
Individual	1	...	...	...	...	..	...	..	...
Partnership	1	1	4	3	1	75	...	..	4
Corporation	14	15	77	55	22	71	32	58	90
Miscellaneous	26	103	688	573	115	83	98	17	775
Totals	42	119	769	631	138	82	130	21	869
Grand Totals	1,429	4,930	38,558	31,687	6,871	82	9,113	29	40,640

hospitals of the Federal Government again comprised 9% of the total, and 11% of the approved programs, offered 10% of the total positions, and obtained 10% of the available residents. Foreign graduates comprised only 15% of those on duty in the federal hospitals. Within the group of 134 federal hospitals, the 87 V.A. hospitals comprised 65%. They offered 60% of the total federal residencies, and obtained 56% of all those on duty in federal hospitals. The 1,753 V.A. residencies filled comprised only 6% of all the filled positions in the country.

The 9,113 foreign graduates on duty represented an increase of 12% over the figure for the previous year, and, as has been true for past years, the greater numbers of foreign graduates were distributed between the state, city, church-related, and non-profit corporation hospitals.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 also includes the "Special Group" of hospitals described in Table 12, some of which fall into both the affiliated and non-affiliated group of hospitals. These data indicate, as was discernable with internships, that there has been a reclassification of non-affiliated hospitals to affiliated status, so that the 873 non-affiliated hospitals now comprise 61% of the total, a figure less by 11% than the previous year. The total of 556 affiliated hospitals represents a gain of 190, which is actually a 52% increase over the number of affiliated hospitals listed the previous year.

While the non-affiliated group comprised 61% of the hospitals, they obtained only 40% of all the residents, and the affiliated group, comprising 39% of the hospitals, obtained 60% of the residents.

Study of this table, and particularly of the group identified as "Special Group," indicates that for the non-affiliated hospitals, 130 or 15% are in this category, and provide 29% of the residency positions in non-affiliated hospitals. While the proportion of foreign graduates among all those filled in non-

affiliated hospitals was 36%, the proportion in this "Special Group" was only 18%, and ranged from 34% in the hospitals of over 500 beds to 62% in the hospitals of between 200-300 beds. This would appear to indicate that programs organized through the combination of the resources of more than one hospital are the most successful of any of the non-affiliated hospital programs, since the percentage filled is 85%, highest for the group, and the proportion of foreign graduates is lowest for the group. This would appear to suggest that utilization of the resources of more than one hospital enables a program to attract a higher proportion of non-foreign graduates than does limitation of a program to the resources of one hospital.

For the affiliated hospitals, the proportion of foreign graduates ranged from 19% in the hospitals of less than 200 beds to 32% in the hospitals between 300-500 beds. The over-all totals indicate the proportion of foreign graduates in the affiliated hospital group is 24%, while it is only 21% for the "Special Group" hospitals. In other words, the utilization of the resources of more than one hospital produced a higher recruitment figure for both the non-affiliated group and for the affiliated group, when they are compared with the other groups according to bed size in each category. Over-all recruitment in the non-affiliated hospitals rose from 77% to 79% of positions filled, while in the affiliated group it rose from 84%-85% of positions filled. The over-all average of all hospitals rose from 80% the previous year to 82% last year.

Residencies by Census Region and State

In Table 14, as in Table 6, a new category has been added entitled "Non-Inpatient Institutions," to denote the fact that approved programs may be approved in the name of a group or other activity, even though hospital facilities are also utilized in the training program. There are 146 such institutions out of the total of 1,429 hospitals.

As before, the Middle Atlantic states of New Jersey, New York and Pennsylvania had 26% of the

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies					Percentage Filled	Total Positions Offered 1967-1968
			Total Offered Sept. 1, 1965	Filled Non-Foreign Sept. 1, 1965	Filled Foreign Sept. 1, 1965	Total Filled Sept. 1, 1965	Vacant Sept. 1, 1965		
Nonaffiliated									
Special Group 5 & 7.....	130	417	4,610	3,205	711	3,916	694	85	4,985
Less than 200 beds.....	147	148	721	293	283	576	145	80	801
200-299.....	177	338	1,509	434	707	1,141	368	76	1,570
300-499.....	254	805	3,997	1,380	1,463	2,843	1,154	71	4,201
500-over.....	165	612	5,154	2,701	1,384	4,085	1,069	79	5,306
Totals.....	873	2,320	15,991	8,013	4,548	12,561	3,430	79	16,863
Affiliated									
Special Group 5 & 7.....	72	306	3,707	2,601	696	3,297	410	89	3,914
Less than 200 beds.....	80	98	548	345	82	427	121	78	591
200-299.....	79	225	1,270	751	266	1,017	253	80	1,347
300-499.....	143	692	4,576	2,496	1,180	3,676	900	80	4,931
500-over.....	182	1,289	12,466	8,368	2,341	10,709	1,757	86	12,994
Totals.....	556	2,610	22,587	14,561	4,585	19,126	3,441	85	23,777
Grand Totals.....	1,429	4,930	38,558	22,574	9,113	31,687	6,871	82	40,640

GRADUATE MEDICAL EDUCATION

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

Census Region and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Residents		Total Residencies Offered 1967-1968
			Total Offered Sept. 1, 1965	Filled Sept. 1, 1965	Vacant Sept. 1, 1965	Percentage Filled	Number on Duty Sept. 1, 1965	Percentage in Filled Positions	
New England									
Connecticut.....	30	108	670	561	109	84	222	40	708
Maine.....	3	11	43	23	20	53	2	9	42
Massachusetts.....	70	228	1,856	1,637	219	88	458	28	1,949
New Hampshire.....	1	10	65	52	13	80	8	15	64
Rhode Island.....	13	30	153	105	48	69	45	43	160
Vermont.....	4	14	74	71	3	96	14	20	94
Totals.....	121	401	2,861	2,449	412	86	749	31	3,017
Middle Atlantic									
New Jersey.....	61	143	745	587	158	79	398	68	779
New York.....	170	757	6,985	6,187	798	89	2,730	44	7,195
Pennsylvania.....	99	386	2,586	1,977	609	76	572	29	2,787
Totals.....	330	1,286	10,316	8,751	1,565	85	3,700	20	10,761
South Atlantic									
Delaware.....	5	17	78	45	33	58	28	62	82
District of Columbia.....	18	114	989	825	164	83	233	28	1,037
Florida.....	28	116	740	647	93	87	219	34	831
Georgia.....	22	81	658	500	158	76	94	19	668
Maryland.....	34	137	1,078	958	120	89	368	38	1,183
North Carolina.....	18	86	701	582	119	83	39	7	708
South Carolina.....	5	31	173	113	60	65	23	20	198
Virginia.....	30	89	621	480	141	77	136	28	679
West Virginia.....	11	39	188	119	69	63	69	58	201
Totals.....	171	710	5,226	4,269	957	82	1,209	28	5,587
East North Central									
Illinois.....	57	260	1,975	1,658	317	84	660	40	2,082
Indiana.....	17	49	381	273	108	72	11	4	387
Michigan.....	53	202	1,832	1,532	300	84	525	34	1,914
Ohio.....	75	293	2,326	1,862	464	80	764	41	2,403
Wisconsin.....	27	78	653	476	177	73	91	19	670
Totals.....	229	882	7,167	5,801	1,366	81	2,051	35	7,456
West North Central									
Iowa.....	12	32	342	301	41	88	34	11	365
Kansas.....	10	40	411	323	88	79	75	23	443
Minnesota.....	24	100	1,239	1,078	161	87	191	18	1,332
Missouri.....	35	149	1,159	849	310	73	251	30	1,220
Nebraska.....	14	29	174	106	68	61	16	15	188
North Dakota.....	4	6	18	12	6	67	8	67	18
South Dakota.....	2	2	7	5	2	71	...	...	7
Totals.....	101	358	3,350	2,674	676	80	575	22	3,573
East South Central									
Alabama.....	10	45	318	208	110	65	10	5	326
Kentucky.....	18	49	357	250	107	70	68	27	405
Mississippi.....	5	22	137	103	34	75	3	3	156
Tennessee.....	23	99	649	540	109	83	68	13	725
Totals.....	56	215	1,461	1,101	360	75	149	14	1,612
West South Central									
Arkansas.....	6	24	189	136	53	72	23	17	190
Louisiana.....	16	90	722	537	185	74	25	5	727
Oklahoma.....	12	39	288	189	99	66	19	10	288
Texas.....	46	168	1,357	1,122	235	83	178	16	1,408
Totals.....	80	321	2,556	1,984	572	78	245	12	2,613
Mountain									
Arizona.....	9	23	136	102	34	75	56	55	136
Colorado.....	18	77	512	425	87	83	54	13	546
New Mexico.....	7	21	112	74	38	66	15	20	122
Utah.....	9	30	180	133	47	74	11	8	182
Totals.....	43	151	940	734	206	78	136	19	986
Pacific									
Alaska.....	1	1	...	...	...	..	...	..	10
California.....	105	448	3,487	2,957	530	85	96	3	3,705
Hawaii.....	9	20	138	122	16	88	22	18	142
Oregon.....	8	37	277	223	54	81	18	8	290
Washington.....	19	57	450	395	55	88	46	12	495
Totals.....	142	563	4,352	3,697	655	85	182	5	4,642
Territories and Possessions									
Canal Zone.....	1	8	31	21	10	68	6	29	31
Puerto Rico.....	9	35	298	206	92	69	111	54	362
Totals.....	10	43	329	227	102	69	117	52	393
Non-Inpatient Institutions*.....	146	...	...	...	...	..	...	..	...
Grand Totals.....	1,283	4,930	38,558	31,667	6,871	4	9,113	29	40,640

*In these cases the approved program is in the name of an activity other than a hospital, although the facilities of other hospitals are also available.

approved programs in 23% of the hospitals, offered 20% of the available positions, and secured 28% of the available residents.

Only Vermont filled more than 90% of the positions offered, but there were 12 states, including the Canal Zone and Puerto Rico, which filled less than 70% of their positions. These were Maine, 53%; Delaware, 58%; Nebraska, 61%; West Virginia, 63%; South Carolina, 65%; Alabama, 65%; Oklahoma, 66%; New Mexico, 66%; North Dakota, 67%; the Canal Zone, 68%; Puerto Rico and Rhode Island, 69%.

Of the 9,113 foreign medical graduates serving as residents, 85% were located in the New England, Middle Atlantic, South Atlantic, and East North Central regions. As before, in the Middle Atlantic states of New Jersey, New York and Pennsylvania, the 3,700 foreign graduates on duty as residents constitute 42% of all the positions filled in those three states and comprise 41% of all foreign graduates serving as residents throughout the United States. Those states with more than 50% of the resident staff composed of foreign graduates consist of the leader, New Jersey at 68%, followed by North Dakota 67%, Delaware 62%, West Virginia 58%, Arizona 55% and the Commonwealth of Puerto Rico 54%.

Residency Salaries

An annual calculation is made of the theoretic average beginning salary advertised in the Directory as available in affiliated hospitals and in non-affiliated hospitals. No attempt is made to calculate the value of partial or full maintenance or of other fringe benefits. The average of all beginning salaries reported was \$3,931 annually, or a decrease of \$58, compared with the previous year. The average in affiliated hospitals was \$3,818, or an increase of \$43 over the previous year, while for non-affiliated, it was \$4,059 or a decrease of \$104 annually.

Table 15.—Annual Salaries Offered Residents, 1967-1968

Annual Salary Offered	Programs In Affiliated Hospitals	Programs In Non-affiliated Hospitals	Total Programs
Data not Available.....	402	465	867
0- 500.....	...	...	...
501- 1,000.....	1	...	1
1,001- 1,500.....	5	...	5
1,501- 2,000.....	3	2	5
2,001- 2,500.....	16	3	19
2,501- 3,000.....	111	39	150
3,001- 3,500.....	133	42	175
3,501- 4,000.....	503	270	773
4,001- 4,500.....	655	386	1,041
4,501- 5,000.....	281	340	621
5,001- 5,500.....	151	259	410
5,501- 6,000.....	178	217	395
6,001- 6,500.....	59	82	141
6,501- 7,000.....	47	63	110
7,001- 7,500.....	27	56	83
7,501- 8,000.....	15	39	54
8,001- 8,500.....	5	19	24
8,501- 9,000.....	7	11	18
9,001- 9,500.....	3	3	6
9,501-10,000.....	1	14	15
10,001-10,500.....	2	4	6
10,501-11,000.....	3	1	4
11,001-11,500.....	...	2	2
Over 11,500.....	2	3	5
Totals.....	2,610	2,320	4,930

Table 15 lists the range of salaries in both categories of hospitals tabulated by \$500 increments. Note that for 15% of the affiliated hospitals and 20% of the non-affiliated hospitals, salary data were not provided. For 2,012 or 77% of the affiliated hospitals, the salaries offered ranged from \$2,501 to \$6,000 annually. For non-affiliated hospitals there were 1,472 or 63% offering salaries between \$3,501 and \$6,000. There were 7 affiliated and 10 non-affiliated hospitals offering more than \$10,000 annually.

During the year 1965-1966, a questionnaire survey of administrative policies relating to the remuneration of house officers was conducted as announced in the 1966 Annual Report. This questionnaire survey was a five-year follow-up to one performed in August of 1960, and represents further studies of the Liaison Committee of the Council on Medical Education and the Council on Medical Service, which is studying the best mechanisms by which House of Delegates' recommendations may be accomplished to improve remuneration of house officers.

It is anticipated that the Liaison Committee of the two Councils will draw on that survey for further recommendations it expects to make at the 1966 Clinical Session of the American Medical Association, in relation to several resolutions dealing with the impact of Medicare on residency programs.

Foreign Medical Graduates

In this report the data on foreign medical graduates have been listed along with those for other graduates, under the various paragraph headings.

Graduates of Canadian medical schools are not regarded as foreign medical graduates, as those schools are accredited by the same mechanism used for accreditation of medical schools in the United States and Puerto Rico. There is no requirement that graduates of Canadian medical schools must have ECFMG certification.

As has been announced repeatedly, the Council on Medical Education has assumed the responsibility of reporting more definitive data on foreign medical graduates. These data are assembled by the Circulation and Records Department of the American Medical Association. A special study by that department is now available with reference to the date of December 31, 1965. Because that date is different than the September 1, 1965, date on which most of the data in these tables apply, the Special Report on Foreign Medical Graduates is included in the Education Number of JAMA, separately from other information on graduate education.

Table 27, at the end of this report, is a tabulation of the distribution of foreign medical graduates over the past eight years, and contains data for the past four years having to do with the numbers in training situations, other than internships and resi-

dencies. These data, therefore, apply generally to the September 1 date each year, used by the Council in its annual questionnaire. They must not be confused with data provided by the Circulation and Records Department as of December 31 each year. Whenever these data are cited, the date upon which they are based should also be cited. It should be noted, furthermore, that the data of the Circulation and Records Department also include a small number of positions reported as interns or residents who are in non-approved programs.

It will be seen from Table 27 that in the year 1965-1966 at least 13,829 foreign graduates were studying in the United States, which was the largest total ever recorded. Furthermore, there was a decline in the intern total of 460 foreign graduates, but a gain in the resident total of 960. This suggests that perhaps increasing numbers of foreign graduates are being appointed directly to residency programs in the United States on a basis of their previous specialty training elsewhere.

Hand tabulation of the status of Canadian and foreign graduates from the census of the Circulation and Records Department as of July 30, 1965, indicates that 1,266 of the foreign graduates serving in U.S. hospitals were U.S. citizens who had attended medical schools outside Canada, the United States, and Puerto Rico. The interns and residents who were foreign citizens and graduates of U.S. schools totalled 219, as compared with 243 for the previous year; and those who were graduates of Canadian schools totalled 301 as compared with 304 the previous year.

Of the 931 graduates of Canadian medical schools serving in the United States, 77 were serving as interns, 717 as residents, and 137 in other positions, as described in Table 16. As compared with the previous year, those Canadian medical school graduates serving as interns decreased by 73, those as residents decreased by 86, while those in other positions increased by 58.

Educational Council for Foreign Medical Graduates

An excellent summary of the activities of the ECFMG was published on pp. 879 and 881 of the state Board number of the JAMA for June 6, 1966. This announced the move of the ECFMG offices from Evanston, Illinois, to the new building of the National Board of Medical Examiners at 3930 Chestnut Street, Philadelphia, Pennsylvania, 19104 (telephone, Area 215: 386-1300).

On March 1, 1966, all state boards of medical examiners, U.S. hospitals, and others concerned, received a memorandum from the ECFMG containing the new information booklet and additional explanatory material regarding the nature of the ECFMG Standard Certificate and the ECFMG Interim Certificate.

The Interim Certificate provides a mechanism whereby successful candidates who have passed the examination and completed documenting their medical credentials, may apply for and accept appointments to approved graduate programs even though they may not have cleared up their financial obligations with the ECFMG. The Interim Certificate is good for six months after the candidate arrives in the United States, Puerto Rico, or Canada, and permits the candidate to clear his financial account and receive the Standard Certificate thereafter. The last of the temporary ECFMG certificates expired on June 30, 1966, and are no longer issued.

Other Graduate Trainees by Specialty

Table 16 lists the physicians reported in graduate training activities, such as research, teaching fellowships, clinical traineeships, or other types of appointments leading toward specialization and possibly specialty board certification. The total of 5,725 is a gain of 742 or 15% over the figure reported the previous year. The 2,355 foreign graduates represent an increase of 430 or a 22% gain over the figure reported the previous year. Foreign graduates comprised 41% of all trainees in these categories.

Table 16.—Other Graduate Trainees by Specialty

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology.....	68	79	147	54
Colon and Rectal Surgery.....	3	...	3	...
Dermatology.....	39	12	51	24
General Practise.....	24	59	83	71
Internal Medicine.....	1,239	638	1,877	34
Neurological Surgery.....	33	5	38	13
Neurology.....	65	28	93	30
Obstetrics and Gynecology.....	110	85	195	44
Ophthalmology.....	89	39	128	31
Orthopedic Surgery.....	134	35	169	21
Otolaryngology.....	29	21	50	42
Pathology.....	230	224	454	49
Pediatrics.....	269	294	563	52
Pediatric Allergy.....	18	2	20	10
Pediatric Cardiology.....	23	16	39	41
Physical Medicine.....	24	31	55	56
Plastic Surgery.....	12	4	16	25
Psychiatry.....	384	325	709	46
Psychiatry-Child.....	30	16	46	35
Radiology.....	90	58	148	39
Surgery.....	383	328	711	46
Thoracic Surgery.....	18	30	48	63
Urology.....	56	26	82	32
Totals.....	3,370	2,355	5,725	41

Hospital Autopsy Rates

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

ious Review Committees regard the hospital autopsy rate as a very important index of the interest of the hospital staff in conducting an educational program with high academic standards.

Table 17.—Hospitals with Highest Autopsy Rates

Federal Hospitals		%
1. William Beaumont General Hospital, El Paso, Texas.....	95	
2. Oak Ridge Institute of Nuclear Studies, Medical Division, Oak Ridge, Tenn..	93	
3. U. S. Naval Hospital, Bethesda, Md.....	91	
4. National Institutes of Health-Clinical Center, Bethesda, Md.....	91	
5. Veterans Administration Hospital, Seattle, Wash.....	90	
6. Fitzsimons General Hospital, Denver, Colo.....	90	
7. Wilford Hall U. S. A.F. Hospital, San Antonio, Texas.....	88	
8. Letterman General Hospital, San Francisco, Calif.....	88	
9. Veterans Administration Hospital, Albuquerque, N. M.....	87	
10. Tripler General Hospital, Honolulu, Hawaii.....	87	
11. U. S. Naval Hospital, Oakland, Calif.....	87	
12. U. S. Naval Hospital, Great Lakes, Ill.....	87	
13. Veterans Administration Hospital, Denver, Colo.....	86	
14. U. S. Air Force Hospital, Biloxi, Miss.....	86	
15. Veterans Administration Hospital, Portland, Ore.....	85	
16. Veterans Administration Hospital, Palo Alto, Calif.....	85	
17. Madigan General Hospital, Tacoma, Wash.....	85	
18. U. S. Public Health Service Hospital, Boston, Mass.....	85	
19. U. S. Air Force Hdqs., Wright-Patterson AFB, Dayton, Ohio.....	85	
20. Brooke General Hospital, San Antonio, Texas.....	84	
Nonfederal Hospitals (Children's Hospitals)		%
1. St. Christopher's Hospital for Children, Philadelphia, Pa.....	96	
2. Driscoll Foundation Children's Hospital, Corpus Christi, Texas.....	96	
3. Children's Hospital of Los Angeles, Los Angeles, Calif.....	94	
4. Children's Hospital, Denver, Colo.....	92	
5. Crippled Children's Hospital, Phoenix, Ariz.....	92	
6. Kaulikealani Children's Hospital, Honolulu, Hawaii.....	91	
7. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.....	91	
8. Texas Children's Hospital, Houston, Texas.....	90	
9. Children's Hospital Medical Center of Northern California, Oakland, Calif.....	89	
10. Children's Memorial Hospital, Omaha, Neb.....	89	
11. Milwaukee Children's Hospital, Milwaukee, Wis.....	87	
12. Children's Hospital of Pittsburgh, Pittsburgh, Pa.....	85	
13. Children's Hospital, Washington, D. C.....	85	
14. Children's Memorial Hospital, Chicago, Ill.....	84	
15. Children's Hospital of Akron, Akron, Ohio.....	84	
16. Children's Hospital of Philadelphia, Philadelphia, Pa.....	83	
17. Children's Hospital of Buffalo, Buffalo, N. Y.....	82	
18. Children's Hospital Medical Center, Boston, Mass.....	81	
19. Children's Hospital, Cincinnati, Ohio.....	80	
20. Children's Mercy Hospital, Kansas City, Mo.....	80	
Nonfederal Hospitals (Other than Children's Hospitals)		%
1. Roswell Park Memorial Institute, Buffalo, N. Y.....	100	
2. Los Alamos Medical Center, Los Alamos, N. M.....	100	
3. University of Kansas Medical Center, Kansas City, Kan.....	93	
4. Free Hospital for Women, Brookline, Mass.....	91	
5. Texas Institute for Rehabilitation and Research, Houston, Texas.....	91	
6. National Jewish Hospital, Denver, Colo.....	90	
7. Orange County General Hospital, Orange, Calif.....	87	
8. University of Missouri Medical Center, Columbia, Mo.....	87	
9. Pacific State Hospital, Pomona, Calif.....	87	
10. University of Colorado Medical Center, Denver, Colo.....	86	
11. Mary Hitchcock Memorial Hospital, Hanover, N. H.....	86	
12. Topeka State Hospital, Topeka, Kan.....	85	
13. University of Minnesota Hospitals, Minneapolis, Minn.....	84	
14. Georgetown University Hospital, Washington, D. C.....	84	
15. San Joaquin General Hospital, Stockton, Calif.....	84	
16. Peter Bent Brigham Hospital, Boston, Mass.....	83	
17. University of Oregon Medical School Hospitals and Clinics, Portland, Ore.....	81	
18. H. C. Moffitt-University of California Hospitals, San Francisco, Calif.....	81	
19. City of Hope Medical Center, Duarte, Calif.....	79	
20. Columbia Hospital, Milwaukee, Wis.....	79	

Director of Medical Education

Tables 18 and 19 continue the data reported in past years regarding geographic and specialty dis-

tribution of directors of medical education. The total identified by hospitals is amazingly consistent, since the total of 964 is identical with the figure reported two years earlier, and only six less than the figure reported last year. The distribution is changed slightly in that 547 or 57% are now listed as full-time salaried, while 29% are part-time salaried. There were no directors of medical education and no approved programs reported from Idaho, Nevada, Montana, or the Virgin Islands, while North Dakota reported only one employed on a non-salaried, part-time basis.

Table 18.—Directors of Medical Education by State

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama.....	2	4	..	1	7
Alaska.....	1	..	..	..	1
Arizona.....	6	1	..	1	8
Arkansas.....	3	2	..	..	5
California.....	57	17	..	2	76
Canal Zone.....	1	..	..	..	1
Colorado.....	10	5	..	2	17
Connecticut.....	12	9	..	4	25
Delaware.....	1	1	..	1	3
District of Columbia	7	4	..	2	13
Florida.....	18	5	..	..	23
Georgia.....	12	2	..	..	14
Hawaii.....	3	4	..	..	7
Illinois.....	26	14	..	5	45
Indiana.....	6	5	..	..	11
Iowa.....	8	4	..	..	12
Kansas.....	5	4	..	..	9
Kentucky.....	7	2	..	2	11
Louisiana.....	9	3	..	..	12
Maine.....	2	..	..	..	2
Maryland.....	14	6	1	2	23
Massachusetts.....	20	22	1	4	47
Michigan.....	23	10	3	8	44
Minnesota.....	11	5	1	1	18
Mississippi.....	3	2	..	..	5
Missouri.....	13	7	1	..	21
Nebraska.....	3	6	..	1	10
New Hampshire.....	1	..	..	..	1
New Jersey.....	23	21	4	6	54
New Mexico.....	3	2	..	1	6
New York.....	62	34	2	20	118
North Carolina.....	7	1	..	2	10
North Dakota.....	..	..	..	1	1
Ohio.....	34	18	2	9	63
Oklahoma.....	3	2	..	3	8
Oregon.....	5	2	1	..	8
Pennsylvania.....	45	23	2	13	83
Puerto Rico.....	5	..	..	1	6
Rhode Island.....	7	1	..	1	9
South Carolina.....	3	1	..	..	4
South Dakota.....	..	2	..	1	3
Tennessee.....	11	5	..	1	17
Texas.....	23	5	1	5	34
Utah.....	3	3	..	1	7
Vermont.....	..	3	..	..	3
Virginia.....	12	5	1	3	21
Washington.....	6	6	..	2	14
West Virginia.....	4	2	1	1	8
Wisconsin.....	7	3	..	6	16
Totals.....	547	283	21	113	964

According to specialty, as reported before, internal medicine predominated with 36% of all directors of medical education in that category. Psychiatry followed next with 13%, surgery reported 12%, and 12% fell into a miscellaneous group not classifiable

Table 19.—Directors of Medical Education by Specialty

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Anesthesiology.....	3	3	1	2	9
Colon and Rectal Surgery...	1	1	..	..	2
Dermatology.....	1	1	..	1	3
General Practice.....	11	13	..	4	28
Internal Medicine.....	198	117	5	28	348
Neurological Surgery.....	1	..	..	..	1
Neurology.....	1	2	..	..	3
Obstetrics-Gynecology.....	13	9	2	9	33
Ophthalmology.....	3	..	2	3	8
Orthopedic Surgery.....	9	15	2	4	30
Otolaryngology.....	1	1	..	..	2
Pathology.....	13	13	2	8	36
Pediatrics.....	33	11	..	3	47
Pediatric Allergy.....	..	1	..	..	1
Pediatric Cardiology.....	..	1	..	..	1
Physical Med. and Rehab....	5	..	1	1	7
Plastic Surgery.....	..	..	..	..	..
Psychiatry.....	102	20	..	4	126
Psychiatry-Child.....	8	6	..	..	14
Radiology.....	3	1	2	2	8
Surgery.....	57	42	1	20	120
Thoracic Surgery.....	4	5	1	3	13
Urology.....	3	5	..	..	8
Miscellaneous.....	77	16	2	21	116
Totals.....	547	283	21	113	964

under the standard medical and surgical specialties. Of the 23 specialties in which hospital residencies exist, only the field of plastic surgery did not contribute a director of medical education.

Hospital Staffing Patterns

Table 20 indicates the degree to which full-time directors of residency programs are employed in hospitals. The annual questionnaire was redesigned, so that this item was easier to identify, and furthermore, a definition was supplied defining the concept of full-time in contrast to geographic full time, part time, and volunteer. This may have accounted for the decrease of 179 directors in comparison to the

Table 20.—Full-Time Directors of Residency Programs

Specialty	In Affiliated Hospitals	In Nonaffiliated Hospitals	Totals	Percentage in all Programs
Anesthesiology.....	125	63	188	82
Colon and Rectal Surgery.....	1	2	3	25
Dermatology.....	36	13	49	58
General Practice.....	6	40	46	28
Internal Medicine.....	180	105	285	62
Neurological Surgery.....	42	19	61	60
Neurology.....	64	23	87	83
Obstetrics and Gynecology.....	100	55	155	39
Ophthalmology.....	48	22	70	41
Orthopedic Surgery.....	69	36	105	37
Otolaryngology.....	44	18	62	53
Pathology.....	276	306	582	84
Pediatrics.....	120	58	178	60
Pediatric Allergy.....	5	5	10	30
Pediatric Cardiology.....	29	3	32	71
Physical Medicine.....	49	13	62	78
Plastic Surgery.....	17	10	27	42
Psychiatry.....	116	94	210	79
Psychiatry-Child.....	38	32	70	70
Radiology.....	137	91	228	82
Surgery.....	173	118	291	45
Thoracic Surgery.....	39	27	66	68
Urology.....	62	35	97	45
Totals.....	1,776	1,188	2,964	60

previous year's report. The definition used was that used by the Residency Review Committee in Internal Medicine, which states:

"Full-time—receives all of his income as a salaried staff member, either from hospital or university sources, or both; has no clinical office outside the hospital, and/or medical school; and devotes a substantial proportion of his time to personal contact with the house staff."

By way of contrast, geographic full time was defined as:

"Geographic Full-time—spends full time at the medical school and its teaching hospital, but devotes part of his time to medical school activities and part to private practice, conducted on the premises, which provide part or all of his income."

Of the total of 2,964 full-time directors of residency programs, 1,776 or 60% were based in affiliated hospitals, and the remaining 40% in non-affiliated hospitals.

Of the 4,930 approved programs, the 2,964 with full-time directors comprised 60% of all approved residency programs.

There were six specialties in which over 75% of all the approved programs reported full-time directors. These were pathology 84%, neurology 83%, anesthesiology and radiology 82% each, psychiatry 79%, and physical medicine 78%. Except for colon and rectal surgery, with an excessively small number of programs, the specialty with the lowest proportion of programs directed by full-time men was general practice with 46 of 162 or 28% under full-time direction.

Miscellaneous Data

The Consolidated List in the Directory contains a column listing footnote identification of those hospitals with particular restrictions on the appointment of interns and residents. The requirements for internship appointment were that men only were accepted in 11 or 1%, U.S. citizenship was required in 85 or 10%, and foreign medical graduates were not eligible in 67 or 8%. For residency appointments, 19 or 2% of the hospitals restricted appointments to men only, 152 or 13% required U.S. citizenship, and 66 or 6% did not accept foreign graduates.

As reported by 1,495 hospitals, there were 553 dental interns and 434 dental residents on duty. Two hundred and fifty-three or 17% of the hospitals reported appointments available for dental interns, but only 187 or 13% of the hospitals reported available appointments to dental residents.

Supply and Demand

Since 1962, this Annual Report has contained additional information on supply and demand in the specialty fields in the United States as a response to the expressed interest of the House of

Delegates. It was at the June, 1964, Annual Convention that the Reference Committee on Medical Education and Hospitals commented on the difficulty and complexity of attempting to define the terms "supply" and "demand" in an ever-changing field such as medical practice.

It has been customary to utilize the quarterly tables of distribution of physicians by types of practice, as prepared by the AMA Directory Report Service, in constructing a table to indicate the relation and proportion of residents to all physicians in the ten leading specialty fields plus general practice. The Council data relate to September 1, 1965, and therefore the quarterly tables of distribution report for October 4, 1965, are used. It must be remembered, therefore, that the data on residents in Table 21 were obtained by the Council through its own channels, while the data on all physicians were obtained by the Directory Report Service through different channels, and were recorded approximately one month later.

The grand total of all physicians in all categories, according to primary specialty, including both those in private practice and not in private practice, as well as those in internship and residency training programs, as of October 4, 1965, was 293,257. This was a gain of 10,581 or 3.7% over the same period for the previous year.

In spite of this over-all gain, the most striking change is a decline in the number of total physicians listed in general practice from 73,144 in 1964 to 71,816 in 1965. This decrease of 1,328 is a decrease of 1.8% in one year, and reduces the percentage of general practitioners to 24% of all physicians, as shown in Table 21. The increase in general

for registration to vote in the Section meetings at the Annual Conventions of the AMA. Each of the other ten leading specialties increased over the preceding year, by approximately 1,700 in the largest specialties to approximately 400 in the smallest.

Except for general practice, the percentage represented by physicians in each of the other specialties as compared to the total of all physicians was identical with the previous year. Internists represent 13%; surgeons 9%, psychiatrists and obstetricians, 6% each, pediatricians, 5%, and radiologists, ophthalmologists, anesthesiologists, pathologists and orthopedic surgeons each represented approximately 3% of the total.

The remaining columns pertaining to residents are strikingly similar to the previous year. While the total of residents on duty in the 11 fields is 802 greater, they again constituted 12% of all physicians in those fields and 11% of all physicians in all fields. The residents on duty in these 11 fields comprised 87% of all residents.

Whereas residents in general practice comprised only 0.5% of all general practitioners for 1964, the figure for 1965 rose to only 0.7%. Thus, the residents in general practice comprised only 1.6% of all residents in all fields.

In the field of pathology, which represents 3% of all physicians, including those in practice and those in training, exactly 25% of the pathologists were residents in training. This is the highest proportion for any of the specialties in which the range, except for general practice, was down to 13% of all pediatricians and all ophthalmologists who were residents. While pathology recorded only 61% of all residencies filled, this specialty, nevertheless, reported 7% of all residents on duty in all fields, exceeded only by internal medicine, surgery, psychiatry, and obstetrics-gynecology. This means that the low percentage of residencies filled in pathology does not reflect a dearth of residents, but does in fact reflect a disproportionate excess of approved residencies in that field. Pathology ranks first among specialties when measured by the proportion of residents in the total of all pathologists. It ranks fifth among all specialties in terms of total residents on duty.

Only in the specialty of ophthalmology is the proportion of residents in comparison with the total of all residents (3%) the same as the proportion of ophthalmologists to all physicians (3%). In each of the other fields, except general practice, the proportion of residents to other residents is higher than the proportion of all specialists in each field to all physicians. For instance, 13% of all physicians are internists, while 18% of all residents are internists. Nine per cent of all physicians are general surgeons, while 19% of all residents are in this category.

Through the courtesy of the staff of the Physi-

Table 21.—Distribution of Physicians in the U.S.—
1965-1966

Specialty	All Physicians (as of Oct. 4, 1965)		All Residents (as of Sept. 1, 1965)			
	Number in Specialty	Per- centage of Total Physi- cians	Num- ber on Duty	Per- centage of Total Physi- cians in this Field	Per- centage of Total Resi- dents on Duty	Per- centage of Resi- dencies Filled in this Field
General Practice.....	71,816	24	494	0.7	1.6	59
Internal Medicine.....	37,916	13	5,600	15.0	18.0	87
General Surgery.....	27,460	9	6,010	22.0	19.0	89
Psychiatry.....	17,102	6	3,565	21.0	11.0	79
Obstetrics-Gynecology.....	16,815	6	2,526	15.0	8.0	89
Pediatrics.....	15,399	5	2,043	13.0	6.0	85
Radiology.....	9,502	3	1,631	17.0	5.0	80
Anesthesiology.....	8,597	3	1,185	14.0	4.0	68
Ophthalmology.....	8,427	3	1,054	13.0	3.0	95
Pathology.....	8,323	3	2,085	25.0	7.0	61
Orthopedic Surgery.....	7,521	3	1,501	20.0	5.0	92
Totals.....	228,878	78	27,694	12.0	87.0	..
Others.....	64,379	22	3,993	6.0	13.0	..
Grand Totals.....	293,257	100	31,687	11.0	100.0	..

practitioners in the reports of the previous two years are attributable partly to the new requirements of the AMA, regarding specialty listing of members in the AMA Directory as a requirement for eligibility

cians' Placement Service of the AMA Department of Health Education, additional data bearing on the problem of supply and demand are reported here. These data are derived from the Summary of Registration with the AMA Physicians' Placement Service, in which comparisons are made between applications of physicians seeking placement and the opportunities to practice medicine, received from communities, institutions, and other organizations and individuals. For 1965, there were 2,849 applications processed from physicians seeking opportunities, while there were 2,670 opportunities for practice registered. It should be remembered this is a limited sample, and may not reflect accurately conditions throughout the United States. It is almost impossible to obtain comprehensive data describing actual supply and demand.

Table 22.—Annual Statistical Report, Physicians' Placement Service

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
TOTAL	2,917	100%	2,617	100%
General Practice.....	390	13	990	38
Anesthesiology.....	71	2	49	2
Dermatology.....	58	2	26	1
ENT—EENT.....	55	2	137	5
Internal Medicine.....	520	18	315	12
Miscellaneous*.....	228	8	234	9
Neuro-Surgery.....	27	1	16	**
Obstetrics-Gynecology.....	295	10	101	4
Ophthalmology.....	113	4	108	4
Orthopedics.....	128	4	95	4
Pathology.....	96	3	28	1
Pediatrics.....	178	6	217	8
Psychiatry, Neurology and Neuro-Psychiatry.....	84	3	94	4
Radiology.....	110	4	62	2
Surgery.....	454	16	82	3
Urology.....	110	4	63	2

*This file contains applications for industrial medicine and institutional practice as well as some specialties in which there are few registrations: allergy, plastic surgery, aerospace medicine, medical writing, school health, physical medicine and rehabilitation, research, insurance and pharmaceutical medicine.

**Less than 1/2 of one percent.

Table 22, as provided by the Physicians' Placement Service, permits a comparison between the numbers of physicians in the various specialties who are seeking locations and the number of opportunities in the various specialties in which a physician is desired. This table lists 15 specialty fields, plus general practice, and miscellaneous fields, including industrial, institutional, public health, and school health practice, as well as some other less common categories such as plastic surgery, aerospace medicine, medical writing, insurance and pharmaceutical medicine, etc.

As has been true for the past several years, the two great imbalances continue to be an over-demand and under-supply of general practitioners, and over-supply and under-demand for general surgeons. The two categories with moderate over-supply were obstetrics-gynecology and internal medicine. The fields with a slight over-demand in

contrast to supply were otolaryngology and pediatrics. In the fields of pathology, radiology, and urology, there was a slight increase in supply over demand.

From the standpoint of geographic preference of physicians, the report indicates that an increasing number of physicians indicate some willingness to go almost anywhere, with the determining factors being the professional opportunities available and the possibility of obtaining a license.

There is no dearth of openings in any geographic region of the country. Most applicants were under 40 years of age, were American citizens and graduates of American schools, and a significant number had completed their military obligation. In the majority of specialties, the openings required the candidate to be Board-eligible in about 75% of the cases, and that they be Board-certified in well over a third of the cases.

The Placement Service maintains liaison with the Sears Roebuck Foundation's Community Medical Assistance Program, with particular reference to the placement of general practitioners in communities participating in the Sears program.

A new activity for the Placement Service was the coordination of international and overseas requests. For the past calendar year, there had been 200 initial inquiries from physicians wishing to go outside the country and 60 current openings listed. The service reported that opportunities in Europe are rare because of the generally adequate supplies of competent medical personnel. The greatest need appears to lie in the developing areas, such as Asia, Africa, and Latin America. The service compiles and updates a list of "group projects" for short one-month programs for physician volunteers to needed overseas areas.

The Physicians' Placement Service in the Department of Health Education of the American Medical Association does not place interns or residents in training sites, but serves only licensed physicians who wish locations for practice. Inquiries regarding internship or residency appointments which are addressed to the Placement Service are automatically referred to the Council on Medical Education.

Hospital Facilities

Tables 23 and 24 show the relationship between the educational programs, medical school affiliations and hospital beds in the United States hospitals. The official data for total hospital beds and for total hospitals were secured from the August, 1965 Guide Issue of the Journal "Hospitals."

For 1965 the grand total of hospitals listed by the American Hospital Association was 7,123, or four less than the previous year, and the grand total of beds was 1,703,522, or an increase of 7,483 over the previous year.

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

	Hospitals		Hospital Beds	
	Number of Hospitals	% of Total	Number of Beds	% of Total
Hospitals with Approved Programs:				
Major Medical School Affiliation.....	275	4	171,753	10
Limited Medical School Affiliation.....	141	2	87,815	5
Medical School Affiliation (Intern and/or Resident Programs).....	101	1	43,685	2
No Medical School Affiliation.....	850	12	469,488	28
Totals.....	1,367	19	772,741	45
Hospitals without Approved Training Programs.....				
.....	5,756	81	930,781	55
Grand Totals (A.H.A.).....	7,123	100	1,703,522	100

As was indicated in several earlier tables, the tendency to organize individual training programs through using the resources of several hospitals has made it very difficult to arrange the data as if each hospital were an individual educational entity.

The data are quite similar to last year, except that Table 23 does indicate that the trend toward medical school affiliation has reduced the proportion of hospitals without medical school affiliation from 14% the previous year to 12% the past year. The 275 hospitals with major medical school affiliation represent an increase of 47% for such hospitals over the previous year. The increase in hospital beds has been entirely in non-teaching hospitals.

The proportion of hospital beds in the 1,367 teaching hospitals was less than the previous year, but still represents 45% of all the nation's hospital beds. Thus, 55% of the nation's hospital beds are in the 81% of hospitals without approved educational programs for interns and/or residents.

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

	Hospitals		Hospital Beds		
	No.	% of Total	No.	% of Teaching Hosp. Beds	% of All Hosp. Beds
Hospitals with:					
Internships Only.....	62	5	17,503	2	1
Residencies Only.....	596	43	421,216	55	25
Internships and Residencies.....	709	52	334,022	43	19
Grand Totals.....	1,367	100	772,741	100	45

As for the previous year, Table 24 indicates that 5% of the teaching hospitals conduct internships only, involving 2% of the teaching hospital beds, or only 1% of all the beds in the country. Of all the teaching hospitals, 596 or 43% limit their teaching activities to residencies only, and this involved 55% of the teaching hospital beds or 25% of all the nation's hospital beds. The remaining 709 teaching hospitals or 52%, conduct both internships and residencies, and utilize 43% of the teaching hospital beds and 19% of the beds in the country.

Present Status of Graduate Training Programs

Table 25 is a repeat of the table published for the previous year, showing the distribution of house

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

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

officers on duty in hospitals according to the location of the school and the status of hospital affiliation. As of September 1, 1965, there were 41,347 interns and residents on duty in all hospitals. Of this total, the affiliated hospitals secured 59%, and the non-affiliated hospitals secured 41%, in contrast to 52% of the total in non-affiliated hospitals the previous year.

Interns constituted 25% of all house officers in the non-affiliated hospitals, and 22% of those in affiliated hospitals.

For the previous year, 54% of all U.S. and Canadian graduates were serving as house officers in affiliated hospitals, but for the past year 19,306 or 65% of the 29,873 U.S. and Canadian graduates serving as interns and residents were in affiliated hospitals.

Of the 11,474 graduates of foreign medical schools, serving as interns and residents, 5,209 or 45% were in affiliated hospitals, and 6,265 or 55% in non-affiliated hospitals. Twenty-one per cent of all interns and residents in affiliated hospitals were graduates of foreign schools, whereas graduates of these schools constituted 37% of all interns and residents in non-affiliated hospitals.

Table 26 is the cumulative table showing the status of internships and residencies since World War II. Along with Table 10, this is the only other table which indicates the total number of residencies offered and filled both in hospitals and outside of hospitals. The total of internships and residencies offered both in hospitals and otherwise, was 51,933, while 41,568 or 80% of these positions were filled. Chart I is a graphic representation of the data in Table 26. It shows not only the increase in internships and residencies offered, but the increase in residencies filled and the decrease in internships filled, as compared with the previous year.

Table 27.—Foreign Medical Graduates in Training Programs

	1958-59	1959-60	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66
Interns... ..	2,324	2,545	1,753	1,273	1,689	2,566	2,821	2,361
Residents... ..	6,068	6,912	8,182	7,723	7,062	7,052	8,153	9,113
Others... ..	...	...	...	...	1,024	1,791	1,925	2,355
Totals... ..	8,392	9,457	9,935	8,996	9,755	11,409	12,899	13,829

Table 27 is an eight-year summary of the distribution of foreign medical graduates between internship positions, residency positions, and other types of traineeships. This latter category was first documented for the year 1962-1963 and has been

GRADUATE MEDICAL EDUCATION

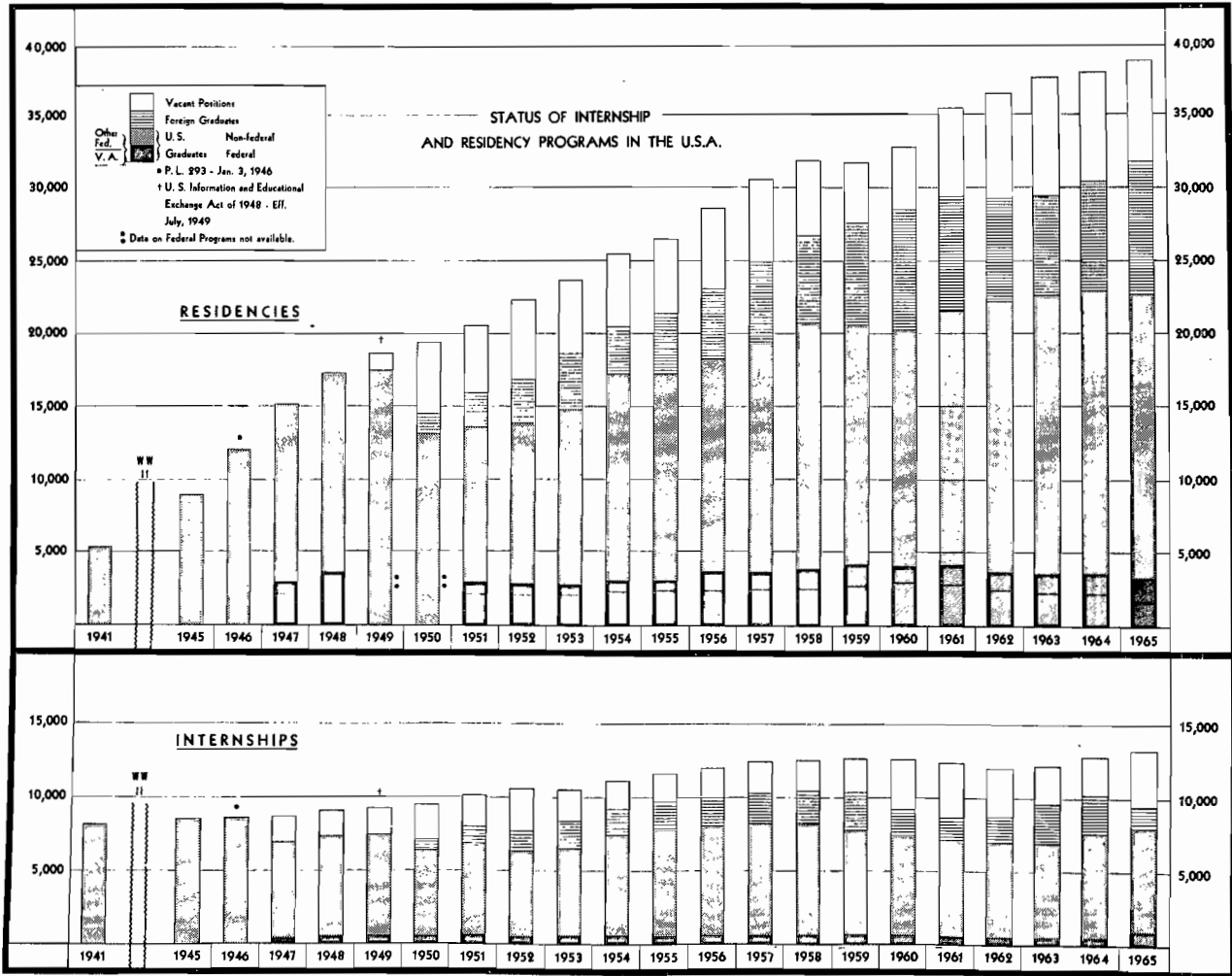


Chart I.—Status of Internship and Residency Programs in the U.S.A.

Table 26.—Status of Internship and Residency Programs in the United States

	Total		Internships				Total		Residencies				Total Vacant	
	Offered	Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal V.A.	Filled Federal Services* Other	Vacant	Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal V.A.		Filled Federal Services* Other
1965-1966	12,954	9,670	7,309	2,361	93	613	3,284	38,979	31,898	22,765	9,133	1,753	1,352	7,074
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723	2,602	1,249	5,766
1960-1961	12,547	9,115	7,362	1,753	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,760	1,116	71	472	2,178	20,845	15,851	13,618	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	..	435	2,340	19,364	14,495	13,145	1,350	..	..	4,869
1949-1950	9,124	7,313	..	†	..	..	1,811	18,669	17,490	..	†	..	..	1,179
1948-1949	9,027	7,248	..	..	..	..	1,779	17,293	..	..	..	..	..	..
1947-1948	8,683	6,902	..	..	..	..	1,781	15,172	..	..	..	..	..	..
1946-1947	8,584	..	..	..	..	..	..	12,003	..	..	..	..	..	..
1945-1946	8,429	..	..	..	..	..	..	8,930	..	..	..	..	..	..
World War II	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1941-1942	8,182	..	..	..	..	..	..	5,256	..	..	..	..	..	..

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

increasing each year thereafter. The total as of September 1, 1965, for all categories of foreign physicians in training in the United States is 13,829, of whom 11,474 or 83%, are interns and residents.

Table 28 is a summary table indicating the totals of U.S. and foreign graduates divided according to internship, residency, or other types of graduate training. It will be noted that the 33,253 U.S. and Canadian graduates constitute 71% of the 47,082 total trainees on duty. Foreign graduates constitute 29%. Interns, both U.S. and foreign, comprise 21%, residents make up 67%, and 12% of the 47,082 are contributed by the U.S. and foreign graduates in the various types of clinical training, other than internships and residencies.

Projection for the Future

A comparison of the house officer positions offered in the 1965 Directory for the academic year 1966-1967, and the positions offered in the 1966 Directory for the academic year 1967-1968 indicates that the new total of 54,459 offered for July 1, 1967, is an increase of 1,038 or only 1.9% over the positions offered for July 1, 1966, as projected in 1965.

Whereas last year it was shown that the affiliated hospitals were offering less, and the non-affiliated hospitals were offering more positions, this trend has now been reversed as increasing numbers of previously non-affiliated hospitals are being transferred to the affiliated columns. Thus, internships and residencies in affiliated hospitals, for July 1, 1967, will total 31,049 positions, for 57% of the total. In the non-affiliated hospitals, there will be 23,410 available positions for interns and residents, or 5,066 less than were offered the previous year. The increase in 6,104 more internships and residencies offered by affiliated hospitals for July 1, 1967, as compared to July 1, 1966, relates to the data in Table 23, showing that there are 148 additional hospitals affiliated with medical schools, and 167 less with no medical school affiliation than reported for the previous year.

The ratio of interns and residents who were U.S. and Canadian graduates to those who were foreign medical school graduates changed to 3.7:1 from 4.7:1 in the affiliated hospitals as compared with the previous year, and the ratio in non-affiliated hospitals changed to 1.7:1 from 1.8:1 the previous year.

Special Reports, Announcements, and Notices

I. REVISIONS OF STANDARDS

A. Agreement Between Intern or Resident and Hospital

Reproduced below is the text of the latest revision of the "Essentials of an Approved Internship" relating to the agreement signed by the hospital and the intern. A similar revision is included in the "Essentials of Approved Residencies," except that the additional statement has been included as follows: "Contracts for one year, renewable by mutual consent, are preferable."

Sample forms as recommended by the AMA Law Department have already been distributed to hospitals for local reproduction or modification to meet local requirements. The Council does not provide supplies of these forms for use by hospitals.

Revision of "Essentials of an Approved Internship"

The Hospital-Intern Agreement:

A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of an internship be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the internship.
2. The salary.
3. The conditions under which living quarters, meals, and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the intern, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.
5. Whether the hospital will provide hospitalization and health insurance for the intern and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the internship, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The internship agreement imposes ethical, moral, and legal obligations upon both the hospital and the intern. No internship should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the intern may be justified in terminating an internship prior to the expiration of its term. If the intern fails to perform the normal and customary services of an internship or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to op-

portunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the internship.

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

B. Revision of Definition of a Rotating Internship

By action of the House of Delegates of the American Medical Association at its meeting in June, 1966, the definition of a rotating internship was revised, and the following definition appears in the 1966 version of the "Essentials of an Approved Internship:"

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

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

In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

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

Because of the closeness of the date of action by the House of Delegates to the deadline date for publication of the 1966 Directory of Approved Internships and Residencies, hospitals were asked to send a special report not later than August 1, 1966, designating the type of rotating internship to be offered. This information is included in these

pages which have been preprinted, and which will also appear in the 1966 Directory of Approved Internships and Residencies when the complete book is ready for distribution in November, 1966.

REQUIREMENTS FOR LISTING TYPES OF ROTATING INTERNSHIPS

All rotating internships must contain a mandatory assignment of not less than four, nor more than six, months to the internal medicine service (except for a medicine major) plus an assignment to at least one other service. Each rotating internship will be listed with a footnote which will identify the additional service to which special "major" emphasis is given as indicated by an assignment of four or more months. A rotating internship may consist of a mandatory four-month assignment to internal medicine with other assignments of less than four months' duration each, so that there is no "major" of special emphasis. A hospital is not limited to one variety of rotation, but may list several, each with different majors. For the initial listing, it was not necessary to specify the electives that will complete the 12-month internship, but these will need to be described when the program is surveyed.

Hospitals that prefer to continue to offer a rotation limited to the four major clinical services of internal medicine, surgery, obstetrics-gynecology, and pediatrics, and without a specific "major" may use the designation "Rotating⁰" for such programs, in addition to programs that follow the pattern listed below for "Rotating⁰." Those few hospitals approved for rotating internships of longer than 12 months' duration will be listed as "Rotating⁰⁰."

Under this manner of listing, a maximum of ten footnotes can be published, as follows:

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

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

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

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

Rotating 2—A mandatory assignment of four to six months on internal medicine, plus at least four months

of major emphasis on *surgery*, but not more than two other assignments of at least two months each. Examples:

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

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

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

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

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

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

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

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

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

Medicine 5, Psychiatry 5, Elective 2
 Medicine 5, Psychiatry 4, Elective 3
 Medicine 6, Psychiatry 6
 Medicine 6, Psychiatry 4, Elective 2
 Medicine 5, Psychiatry 7

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

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

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

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

As has been the custom previously in listing mixed internships in the Directory, the hospital has the option of asking either for a separate NIMP Code Number for each type of rotating internship offered, or for one code number to cover several types of rotating internships as a group. If a hospital offers nine types of internships, as listed above, the program would be listed as "Rotating⁹" (rather than "Rotating^{0, 1, 2, 3, 4, 5, 6, 7, 8}").

STRAIGHT INTERNSHIP

It is still required that, in order to offer a straight internship, the hospital must have a concurrent, fully approved residency in the specialty. In addition, in order to request approval for a new straight internship, it is necessary that the hospital provide detailed information, including a narrative description of the proposed program, the specific assignments for the interns, statistics on the clinical material available to the interns, and other appropriate documentation of the request.

C. Revision of Essentials of Approved Residencies

At the June, 1966, Annual Convention, the House of Delegates approved further revisions in the "Essentials of Approved Residencies" as proposed by the Council on Medical Education as follows:

1. Colon and Rectal Surgery

After conference with representatives of the American Board of Colon and Rectal Surgery and the American College of Surgeons, the Council recommended a slight change in the portion of the "Essentials of Approved Residencies" relating to,

2. "Special Requirements for Residency Training in Colon and Rectal Surgery." A sentence in this Section was revised, adding the italicized words as follows:

"Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital."

2. Psychiatry and Child Psychiatry (See Section D., following)

D. Standards for Residency Programs in Neurology and Psychiatry

On August 1, 1966, the following memorandum relating to recent and future revisions of the *Essentials*, as well as to present policies of the Residency Review Committee, as approved by the Council and the Board, was mailed by the Secretary of the Council on Medical Education to all directors of residency programs in psychiatry and neurology and their related hospital administrators:

Attached to this memorandum are announcements of two actions taken during the recent Annual Convention of the American Medical Association in June, 1966. This information will also be included in the Special Announcements section of the annual Education Number of the JAMA, to be published in November.

The House of Delegates approved a revision of the "Essentials of Approved Residencies," with reference to the section relating to residencies in psychiatry and child psychiatry. This material was published in advance in the May 9, 1966, JAMA on p. 514, and will be incorporated in the next published version of the *Essentials*. It is attached to this memorandum as Item A.

The material marked as Item B, relating to statements of the Residency Review Committee for Psychiatry and Neurology, has been approved by both the American Board of Psychiatry and Neurology and the Council on Medical Education, and is being distributed to all program directors at this time for their information. Certain portions of this statement will be incorporated at a later date in a revision of the "Essentials of Approved Residencies," while other portions of the statement should serve to guide program directors in the organization and conduct of residency programs.

Item A.—Revisions of "Essentials of Approved Residencies"

Residencies in Psychiatry—After conference with members of the American Board of Psychiatry and Neurology, the Council recommends a slight change in a portion of the "Essentials of Approved Residencies" relating to residencies in psychiatry, to add the words "is essential" to paragraph E, so that this paragraph will now read (with the additional words italicized):

E. Sufficient experience in child psychiatry *is essential* for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and

childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imported through formal didactic instruction and through supervised clinical experience with children.

Residencies in Child Psychiatry—After conference with the American Board of Psychiatry and Neurology, the Council on Medical Education recommends the following additions to the portion of the "Essentials of Approved Residencies" relating to residencies in child psychiatry.

It is recommended that the present third paragraph of the requirements for child psychiatry be preceded by a new paragraph and that the present one-sentence third paragraph be expanded, so that the third and fourth paragraphs will then be as follows:

Whenever feasible, the career Child Psychiatrist should receive a block of two years of training in Child Psychiatry following his two years in general psychiatry. However, to achieve greater flexibility in the sequence of training for the career Child Psychiatrist, and to assist in recruitment, the training experience for a career Child Psychiatrist may be initiated in any of the three years of General Psychiatric residency training provided that the training be full-time, a block of time spent at any one time is not less than six months, and that if a six-month block is chosen it be followed at another time by not less than an 18-month block of full-time training in Child Psychiatry; two separate 12-month full-time blocks in Child Psychiatry may also be chosen.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training. *After July 1, 1968, training programs approved in Child Psychiatry must be an integral part of a General Psychiatric training program approved for three years or must have a formal educational affiliation with such a program. The written agreement of such affiliation must be signed by the training directors of both programs, and a copy of it filed with the Executive Secretary-Treasurer of the American Board of Psychiatry and Neurology, Inc.*

The italicized portions of the above two paragraphs indicate the additions to the requirements for child psychiatry.

Item B.—Statement of the Residency Review Committee for Psychiatry and Neurology, approved by the American Board of Psychiatry and Neurology and the Council on Medical Education of the American Medical Association:

Neurology.

1. The Committee reaffirmed the principle that the prime consideration of a training program is that it will be a rich educational experience for the resident in training.

2. Only programs of demonstrated quality and excellence will be given continuing approval.

3. Only with reasonable expectation of excellence will new programs be given any length of approval; only those which provide a reasonable expectation of a complete experience in clinical and basic neurology will be given three years of approval. This approval will be entitled "provisional." This will require that the director be an experienced neurologist and educator, that he have a staff of quality and number sufficient to handle the responsibilities for service and training, that resources for basic science and ancillary clinical training be available and utilized. To gain "provisional" approval, it is expected that there be a reason to believe that these goals will be attained.

4. The Committee has given serious consideration to the wisdom of further approval of two-year programs. The Committee recommends efforts to strengthen all two-year programs to bring them to the level of three-year approval.

5. The rare one-year program will be approved only on the basis of unique circumstances.

Psychiatry.

I. What Constitutes a One-Year Program.

The analysis of one-year approved programs revealed that they fell in several categories.

a. A number of programs that were specialized and could be considered as suitable for the third year of residency.

b. Certain psychiatric programs in Child Psychiatry.

c. Programs that were equivalent to the first year of residency training—many with the hope of increasing the duration of their approval.

The Committee recommends the following:

a. That those programs that are specialized and qualified for training of third-year residents be continued and be so designated and that other programs suitable for the first year of training also be so designated.

b. For those programs that are basic first-year programs, the Committee recommends one of three courses of action.

(1) That the program be improved to where it can become a two- or three-year training program.

(2) That a one-year program be affiliated with an approved three-year program.

(3) If a one-year program approved for the first year only cannot be improved so that at least an additional year of approval is warranted, and cannot become affiliated with a three-year program within a three-year period, then the one-year program should have its approval withdrawn.

c. That the previously listed special child psychiatric programs given one-year accreditation for general psychiatry be dropped.

II. What Constitutes a Two-Year Program and

III. What Should be the Content of This Program.

There are two different types of two-year programs. One group of programs is oriented toward training at the first and second years of residency. Another group of programs is oriented toward training at the second and third years.

The Committee would like to recommend the following:

a. That all two-year programs should be clearly designated for training limited to the area of their competence, i.e., for the first and second years, or for the second and third years.

b. Every attempt should be made to establish an affiliation with another program, or hospital, for the year that is lacking, i.e., those programs qualified for training in the first and second years should be affiliated with programs qualified for training in the third year, and in reverse, those programs qualified for training in the second and third years should be affiliated with those programs qualified for training in the first year.

c. In reviewing the content of a two-year program, one notes that attempts are often made by those responsible to force into the two-year period all experiences recommended for the three years of approval.

For approval of a two-year program, all areas of specialized experience need not be available. It is the responsibility of the educational director to advise his residents of future placements that will allow them to obtain a rounded educational experience.

d. In all first and second year training programs, all those clinical methods which are essential in reaching a diagnostic formulation, such as anamnesis, mental status, use of other diagnostic procedures, psychopathology, psychodynamics, and nosology, as well as theories of personality development should be taught in the first year. The principle underlying and sequence of training is that of increasing responsibility for patient care. The sequence of services and experience should be left to the judgment and responsibility of the educational director.

IV. The Committee Considered the Question of the Need to Divorce the Responsibilities of the Faculties for Service from those of Education.

No divorcement of service from education is arbitrarily possible, nor would it be desirable in many settings. The Committee feels strongly that additional teaching personnel should be added as needed to complement the service personnel of the institution.

V. This Question Revolves Around the Definition of "Experience with Chronic Psychotic Patients."

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

VI. This statement is Concerned with New Regulations Regarding the Approval of Residency Training Programs in Child Psychiatry.

Approved training programs in child psychiatry shall be affiliated with, or be constituted as an integral part of, a hospital department of psychiatry which holds a three-year accreditation for residency training in general psychiatry. Affiliation means a fully implemented agreement between the child psychiatric residency training program and the general psychiatric residency training program. This implementation shall involve coordination of the two educational programs and shall include instructional collaboration between the two affiliates. In the case of affiliations wherein the two parties are not constituent elements of a single institution (university or hospital), written documentation of the affiliation shall be presented by the affiliating training program directors.

II. RESIDENCY PROGRAM GUIDES

As was announced last year, the Guides for residency programs in the fields of otolaryngology and plastic surgery have now been prepared and distributed. There has been a further delay in the preparation of the Guide Book for Orthopedic Surgery.

Guides in the fields of pediatrics and internal medicine are now being revised, and will be distributed when available. All Guides in these and other fields described in the Education Number of The JAMA for November 16, 1963, are furnished without charge upon request.

III. SPECIALTY BOARD POLICIES

A. Statements on Internships by the American Board of Pediatrics

On December 31, 1965, the President of the American Board of Pediatrics sent the following letter to directors of all pediatric residency programs to clarify the Board recommendations for three years of pediatric training:

1. The American Board of Pediatrics has made the following changes in the training requirements for admission to examination. These changes are designed to provide a greater flexibility in the manner through which the requirements may be fulfilled.

2. The core of pediatric training is a period of two years spent in intensive, closely supervised work with both sick and well children in a hospital setting. Thereafter, the Board feels that pediatric training may properly take different paths.

3. A total of three years of hospital work is required, one of which must be an approved internship. However, the Board strongly recommends that if the internship is other than a straight pediatric internship, a full three years of training in pediatrics be secured.

4. The examination may be taken five years after graduation from medical school. In addition to the three years of internship and residency, two years are assigned to the practice of pediatrics or its equivalent.

5. Thus, the straight pediatric intern can complete both his required and his recommended hospital experience by serving two years in pediatric residency after his internship. At the end of this period he should be well informed about pediatrics, although his general medical competence may be narrow. The rotating intern will, after two years of pediatric residency, have had a broader exposure but his pediatric experience may be somewhat limited. For such a physician we recommend, but do not require, an additional year of pediatric training.

6. For the man who intends a career in the practice of pediatrics, many skills are needed beyond those which are gained in the two core years of hospital care of the sick. We recommend for him an additional year spent in the problems of behavior, of school and family life, of chronic and handicapping illness, and in contact with other community health resources. This type of program should be emphasized for the final year of the trainee who starts with a straight pediatric internship. The man who starts with a rotating internship is advised to seek an additional year of this type to supplement his two years of pediatric residency.

7. Sub-specialization is another important career avenue, whether the candidate intends to become a practitioner, teacher, investigator, psychiatrist, neurologist, cardiologist or to enter the special fields of pediatric public health, mental retardation or rehabilitation. Training for approved sub-specialty areas such as cardiology, allergy, etc., usually requires at least two years. The Board permits sub-specialty training (usually in the form of a fellowship) to begin after the two core years of pediatric internship and/or residency. In the case of the straight pediatric intern, the first year of the fellowship may be concurrent with the required third year of hospital training, providing that the sub-specialty continues for two or more years and that at least one-half the work is clinical work with children. The rotating intern can begin his sub-specialty training after his two core years of pediatric training, i.e., after the completion of Board requirements for hospital training. Program directors are encouraged to submit their plans for incorporating the equivalent of the third year of hospital training in pediatrics into the two or more years of the sub-specialty program, to the American Board of Pediatrics for review and advice.

8. The individual who chooses to specialize in a laboratory research field, and whose fellowship assignment does not include an assignment of at least fifty per cent of the trainee's time in work with patients, must complete the required clinical training before taking the examination.

9. Trainees who are expecting to sub-specialize may interrupt their required pediatric residency for this purpose, providing the requirements are eventually met, and provided the program proposed is approved by the training director.

10. Exceptionally, a physician may have worked in a pediatric field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The

Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

11. The Board recognizes that situations may arise which are not clearly covered in the foregoing statement. In such cases, the program director should present his question to the Executive Secretary who will submit any problem to the Credentials Committee of the Board for its consideration.

At the June, 1966, meeting of the American Board of Pediatrics, the revised definition of the rotating internship was considered, and on July 15, 1966, the Board mailed a memorandum to all pediatric residency program directors, indicating a change in its regulations regarding credit for the rotating internship as follows:

(1) The recent revision of the "Essentials of an Approved Internship" described in a brochure distributed early in July, 1966, by the Council on Medical Education of the American Medical Association, provides for a wide variety of rotating internship plans.

(2) In recognition of the fact that these changes greatly liberalize the scope of the rotating internship, the American Board of Pediatrics has made the following change in its regulation regarding credit for the rotating internship described below:

(a) A Rotating Internship consisting of 8 months of medical pediatrics and 4 months of internal medicine shall be accepted as the equivalent of a straight pediatric internship and granted the privileges accorded to that internship under the present regulations of the American Board of Pediatrics.

(3) Your attention is invited to the above regulation and you are requested to make its provisions known to prospective interns as well as those now on service.

N.B., The above rotation will be found under "Rotating⁴" in the Memorandum published July 1, 1966, by the Council on Medical Education.

B. Credit for Military Service

Statements on credit for military service have been issued by two specialty boards as follows:

1. American Board of Psychiatry and Neurology:

The Credentials Committee is authorized to accept for training credit a maximum of four months of full-time military assignment in psychiatry or neurology providing the trainee has been drafted by Selective Service in the final months of his residency training. If the deficit in training credit is greater than four months, the training period of 36 months must be completed in full.

2. American Board of Urology:

When trainees lacking from one to six months of completion of their training in urology are called to active duty in the armed forces, it is recommended that close to the completion of their military service they write to the Board, giving information about their activities while on duty in the service. The Credentials Committee would then be inclined to waive the deficiency and accept them as candidates for the examinations, provided military assignments would be acceptable, rather than to require them to take an additional period of one to six months of training following their military experience.

C. Eligibility of Former Osteopaths for Certification

At the February 5, 1966, meeting of the Liaison Committee for Specialty Boards, representing the

Advisory Board for Medical Specialties and the Council on Medical Education, it was announced that at least seven specialty boards had arrived at policy decisions as to the acceptability of former osteopaths who have received M.D. degrees from the California College of Medicine. Questions as to eligibility of such individuals for certification examination should therefore be directed to the Secretaries of the following American Medical Specialty Boards: Anesthesiology, Internal Medicine, Ophthalmology, Pathology, Pediatrics, Psychiatry and Neurology, and Surgery.

D. Change in Examination Procedure of American Board of Psychiatry and Neurology

On June 6, 1966, the American Board of Psychiatry and Neurology, Inc., mailed the following notice to all directors of approved residency programs:

After March 1, 1967, all candidates for certification by the American Board of Psychiatry and Neurology, Inc., must successfully complete the written examination several months before they will be scheduled for the oral examination. Candidates who have failed or conditioned the examination in May, 1966; October, 1966; December, 1966; or February, 1967 will be permitted to appear for re-examination following the same format used at these examinations.

Written examinations will be given annually on a regional basis, the first one to be held in May, 1967. Every effort will be made to schedule written examinations nearby where the candidate resides, but this may not always be possible. The candidate will not be permitted to select the site of his written examination.

To cover the cost of the written examination, it will be necessary for each candidate appearing after March 1, 1967, to pay a written examination fee of \$25.00. This will be billed by the Executive Offices.

Candidates who successfully complete the written examination will be notified by the Executive Offices and scheduled for the first available place in an oral examination schedule.

E. Internship Requirements of American Board of Psychiatry and Neurology for Former Doctors of Osteopathy

In lieu of one year of internship the Board will accept from those graduates from the California College of Medicine who have acquired their education before 1962, one year of approved residency training in either internal medicine or pediatrics, prior to the beginning of their psychiatric or neurological residency.

IV. RESIDENT MATCHING PROGRAMS

On January 7, 1966, the deans of all medical schools received notice of the establishment of a National Psychiatric Residency Matching Program, involving 81 training centers which had been experimenting for the previous seven years with the development of uniform procedures for appointing first-year residents in psychiatry. It had been finally concluded that an actual matching program, similar to the National Intern Matching Program was the solution, and accordingly, on the above date,

medical school deans were supplied with a notice suitable for posting, for the attention of medical students and interns.

On February 10 and March 30, 1966, further notices were distributed as to the details of the operation of the program, and an official directory of participating institutions, with matching code numbers was published June 15, 1966, with an addendum published on July 15, 1966.

While the mechanical details of the matching operation are handled through the facilities of the National Intern Matching Program, the provision of information and other administrative details are centered presently in the National Psychiatric Residency Matching Program, 4200 East Ninth Avenue, Denver, Colorado 80220.

The NPRMP is effective as of November 1, 1966, with notification of matching results to be mailed to hospitals and applicants by approximately December 15, 1966.

Because of the interests of numerous other groups in the possibility of delaying the date for selection of interns for future residencies, the Council has appointed an ad hoc committee for interested groups, and expects to submit a report to the House of Delegates at the 1966 Clinical Session.

V. FOREIGN MEDICAL GRADUATES

A. Significance of ECFMG Certification

For many years, it has been customary to include in the Annual State Board Number of *The Journal*, a statement on the relationship of ECFMG certification to the medical knowledge of graduates of foreign medical schools who are so certified.

On a basis of consultation with the Board of Trustees of the ECFMG, the Liaison Committee on Medical Education, and the Executive Council of the Association of American Medical Colleges, the Council has approved the following revised statement for inclusion in future State Board Numbers of *The Journal*:

The two Councils now recommend that agencies in the United States concerned with medical qualifications of graduates of foreign medical schools consider certification by the ECFMG as evidence that recipients of such certification have medical knowledge at least comparable to the minimum expected of graduates of approved medical schools in the United States and Canada.

B. Amendments to the Immigration and Nationality Act, 1965

While recent amendments may simplify immigration of physicians to the United States, there is no provision in the law requiring certification of such physicians by the Educational Council for Foreign Medical Graduates. The Council is pleased to note that the United States Department of State has instructed all visa offices overseas that, for all physicians expecting to practice in this country, permanent or immigrant visas should not be granted

until the physicians have been certified by the ECFMG.

VI. MEDICARE AND GRADUATE MEDICAL EDUCATION

In July of 1966, the Department of Health, Education and Welfare issued a leaflet dealing with the provisions for payment under the Medicare program for services rendered to beneficiaries by interns and residents and by attending physicians supervising interns and residents.

The section in this leaflet causing the most concern is entitled, "Services of Attending Physicians Supervising Interns and Residents," and states:

Physicians' services rendered to beneficiaries are covered under the supplementary medical insurance program, and the payment of such services is on the basis of reasonable charges.

This basis of payment is applicable to the professional services rendered to a beneficiary by his attending physician where the attending physician provides personal and identifiable direction to interns or residents who are participating in the care of his patients. In the case of major surgical procedures, as defined by the Joint Commission on Accreditation of Hospitals, and other complex and dangerous procedures or situations, such personal and identifiable direction must include supervision in person by the attending physician. In no case will the attending physician be reimbursed under the medical insurance program for the direction of residents and interns in the care of his patients unless the attending physician has carried out his responsibility to his patient by confirming the diagnosis and determining that the treatment was necessary, specifying the nature of the treatment to be performed and assuring that any supervision needed by the interns and residents was furnished.

The Liaison Committee of the Council on Medical Service and the Council on Medical Education anticipates making a report to the House of Delegates at the 1966 Clinical Session on the subject of graduate medical education and the remuneration of house officers, and this will include an evaluation of the impact of Public Law 89-97.

VII. PLANNING GUIDE FOR PHYSICIANS' MEDICAL FACILITIES

On April 4, 1966, the Secretary of the Council mailed the following memorandum to all medical schools and hospitals with approved programs of graduate medical education:

On February 1st, the Executive Vice President of the American Medical Association distributed copies of this Planning Guide to all constituent and component medical societies. It was intended to be of help to established physicians wishing to develop new facilities, and particularly to new physicians just beginning practice.

This Planning Guide was first published in 1955, and through the cooperative efforts of the Sears Foundation, it has been completely revised and reprinted.

As in the past, quantity orders can be filled without charge, and should be directed to the Department of Health Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

VIII. INDEX TO SIGNIFICANT POLICIES AND OTHER STATEMENTS ON GRADUATE MEDICAL EDUCATION

Introduction.—This index is intended to facilitate identification of the significant policy developments in the field of Graduate Medical Education over the past ten years. Prior to 1961, The JAMA carried an annual issue devoted to Graduate Medical Education, and identified as the Internship and Residency number of *The Journal*. In 1961, with alteration of the format of the *Directory of Approved Internships and Residencies*, it became no longer possible to include the *Directory* in one issue of *The Journal*. As a result, the first 24 pages comprising the Annual Report for 1960-1961 were not published in *The Journal*, and will only be found in medical libraries if the entire *Directory* was bound or filed with Vol. 177 of *The Journal*.

Since 1962, after discontinuance of the Internship and Residency Number, the Annual Reports have been incorporated into the Education Number of *The Journal*, as well as appearing as the first two dozen pages of the *Directory*. The section on Special Reports, Announcements, and Notices follows immediately after the pages of the Annual Report. Many of the statements in that section relate to policies of the AMA and other organizations.

Accordingly, the following index to the JAMA refers either to the Internship and Residency Numbers prior to 1961, the *Directory of Approved Internships and Residencies* for 1961, or the Education Numbers of *The Journal* from 1962 through 1965.

1. Affiliation Between Hospitals and Medical Schools.
 - a. Policy on Identifying Hospital Affiliation with Medical Schools.
JAMA 194:788, Nov. 15, 1965
 2. Clinical Records Forms.
 - a. Utilization of Short Form Clinical Record in Teaching Hospitals.
JAMA 194:787, Nov. 15, 1965.
 3. Director of Medical Education.
 - a. Hospital Director of Medical Education. Editorial.
JAMA 171:845, Oct. 10, 1959.
JAMA 177:641, Sept. 2, 1961
 - b. Functions and Status of Director of Medical Education.
JAMA 177:614-619, Sept. 2, 1961;
JAMA 192:1055-1060, June 21, 1965.
 4. Economic Factors in Graduate Medical Education.
 - a. Special Report on Stipends, Maintenance, Health and Malpractice Insurance.
JAMA 171:671, Oct. 10, 1959;
JAMA 174:578, Oct. 8, 1960;
JAMA 177:6, 9, Sept. 2, 1961.
 - b. What Price Whistles. Editorial.
JAMA 174:572, Oct. 8, 1960.
 - c. Policy of Pennsylvania State Board of Medical Education and Licensure on Moonlighting.
JAMA 194:789, Nov. 15, 1965.
 - d. Economic Factors in Graduate Medical Education. Editorial.
JAMA 177:23, Sept. 2, 1961.
 - e. Policy on Outside Employment of Interns and Residents.
JAMA 177:17, Sept. 2, 1961.
 - f. AMA Policy Statement on Financial Support of Interns and Residents.
JAMA 177:16, Sept. 2, 1961. (Directory of Approved Internships and Residencies);
JAMA 190:631, Nov. 16, 1964.
 - g. Costs and Financing of Graduate Training Programs.
JAMA 177:13-14, Sept. 2, 1961 (Directory of Approved Internships and Residencies).
 - h. Financial Assistance for Graduate Study in Medicine.
JAMA 194:788, Nov. 15, 1965.
 - i. Compensation of House Officers—Special Report of Council on Medical Service and Council on Medical Education. Proceedings of the House of Delegates, June 16-20, 1963, pp. 76-80.
5. Externships.
 - a. Externships for Foreign Medical Students.
JAMA 194:782-783, Nov. 15, 1965;
Memorandum, April 4, 1966 (Directory of Approved Internships and Residencies, 1966).
 - b. Employment of Medical Students as Externs. (Legal Aspects)
JAMA 194:789, Nov. 15, 1965;
JAMA 196:adv. pp. 327-328, April 4, 1966.
 6. Family Practice.
 - a. Establishment of Family Practice Programs.
JAMA 171:582-583, Oct. 10, 1959.
 - b. Report on Preparation for Family Practice.
JAMA 177:19-22, Sept. 2, 1961 (Directory of Approved Internships and Residencies);
JAMA 182:775-777, Nov. 17, 1962.
 7. Foreign Medical Graduates.
 - a. Responsibility of Sponsors for Program Transfers and Broken Contracts.
JAMA 186:687-688, Nov. 16, 1963;
JAMA 190:639, Nov. 16, 1964.
 - b. Relation of ECFMG Certification to California Licensure Requirements.
JAMA 190:638-639, Nov. 16, 1964.
 - c. Discontinuance of Temporary ECFMG Certificate.
JAMA 190:639, Nov. 16, 1964.
 - d. ECFMG Requirements for Foreign Medical Faculty Members.
JAMA 194:783, Nov. 15, 1965.
 8. Graduate Training Outside the United States.
JAMA 190:639, Nov. 16, 1964.
 9. Legal Obligations of Hospital and House Staffs.
 - a. Responsibility of Hospital Staff to House Officers and Service Patients. Editorial.
JAMA 182:812, Nov. 17, 1962.
 - b. Malpractice Insurance for Interns and Residents.
JAMA 193:55-60, July 5, 1965.
 10. Osteopaths.
 - a. Policy on Participation of Osteopaths in Approved Graduate Training Programs.
JAMA 182:779, Nov. 17, 1962;

- JAMA 190:639-640, Nov. 16, 1964;
JAMA 194:783, Nov. 15, 1965.
11. Residency Review Committee Policies and Procedures.
 - a. Background and Development of Residency Review and Conference Committees.
JAMA 165:60-64, Sept. 7, 1957.
 - b. Policy of Conference Committee on Graduate Education in Surgery on 3-4 Year Programs in Surgery. Editorial.
JAMA 171:843-844, Oct. 10, 1959.
 - c. Guides for Residency Programs in Specialties.
JAMA 186:687, Nov. 16, 1963.
 - d. Policy on Approval of Thoracic Surgery Residencies.
JAMA 186:689, Nov. 16, 1963;
JAMA 190:642, Nov. 16, 1964.
 - e. Responsibility of Residency Program Director for Statistics.
JAMA 186:689, Nov. 16, 1963.
 - f. Definition of "Responsible Surgeon."
JAMA 190:641, Nov. 16, 1964.
 - g. Internal Medicine Subspecialty Residencies Discontinued.
JAMA 174:817-818, Oct. 8, 1960;
JAMA 177:18, Sept. 2, 1961;
JAMA 182:778, Nov. 17, 1962.
 12. Role of the Council on Medical Education.
 - a. Relation Between Accreditation by Joint Commission on Accreditation of Hospitals and by Council on Medical Education.
JAMA 190:638, Nov. 16, 1964.
 - b. Activities and Accomplishments of the American Medical Association in the Field of Graduate Medical Education.
J. Med. Educ. 36:1210-1217, Sept., 1961.
 - c. The Role of the Council on Medical Education and Hospitals of the American Medical Association.
J. Med. Educ. 34:819-825, Aug., 1959.
 13. Selective Service.
 - a. Relation of Internship to Selective Service Requirements.
JAMA 182:779, Nov. 17, 1962.
 14. Status of the Internship.
 - a. Policy on Straight Internships in Obstetrics-Gynecology.
JAMA 165:458, Oct. 5, 1957.
 - b. Future of the Internship. Editorial.
JAMA 165:604, Oct. 5, 1957.
 - c. No Single Panacea for the Internship. Editorial.
JAMA 168:693, Oct. 4, 1958.
 - d. Policy on Approval of Internships.
JAMA 171:846-847, Oct. 10, 1959.
 15. Specialty Boards.
 - a. Essentials for Approval of Examining Boards in Medical Specialties—Revision.
JAMA 186:688, Nov. 16, 1963;
JAMA 194:784-786, Nov. 15, 1965.
 - b. Approved and Non-Approved Speciality Boards. Editorial.
JAMA 194:823, Nov. 15, 1965.
 - c. Policy of American Board of Surgery on 1-2 Year Programs.
JAMA 186:688-689, Nov. 16, 1963.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 30, 1966

Hospitals, 1,367

Internship Programs, 1,440

Residency Programs, 5,012

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

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

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

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

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

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

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

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

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

Footnote¹—Appointments are restricted to men only.

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

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

Footnote⁴—Dental internships are available.

Footnote⁵—Dental residencies are available.

Footnote⁷—Two-year family practice program.

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

Footnote⁹—Two-year pilot general practice program.

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

The number of graduates of foreign medical schools serving in each hospital for 1965-1966 is shown as a separate figure for interns and residents. This information was provided by the individual hospitals, on the annual questionnaire completed for this Directory, and should reflect the number on duty as of September 1, 1965. The numbers published do not include graduates of foreign medical schools who were listed as serving in the hospital in capacities other than those of intern or resident. The number of nonforeign members of the house staff was also taken from the same source of information, and also does not include those listed in capacities other than those of intern or resident. In a few cases, the numbers shown may include interns or residents serving in the hospital on September 1, 1964, on a rotation but appointed by another hospital or program. In other cases, numbers have not been published because specific figures could not be obtained.

The numbers shown for the positions offered indicate the number of internships and residencies being offered for the 1967-1968 year; the total number of positions reflects the training potential for each hospital. Some of these positions represent duplications in situations in which several hospitals participate in combined training programs.

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

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

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

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

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty			Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign	Non-Foreign		
ALABAMA												
Birmingham												
Birmingham Baptist Hospitals 708 Tuscaloosa Ave., 35211		Church	...	350	9	28	8	4	1	1	5	Res: Path., Rad.
Carraway Methodist Hospital 1615, 25th St., N., 35234		Church	...	311	7	50	16	0	0	6	14	Int: Rotating; 24 Res: GP, ObG., Path., Surg., Urol.
Children's Hospital 1601, 6th Ave., S., 35233	M-10#	NPCorp	4-5	128	5	66	0	0	...	...	...	Res: Neurosurg., Ped.
Crippled Children's Clinic and Hospital 620 S. 19th St., 35233	L-10	NPGorp	5	100	17	50	0	0	0	3	4	Res: Neur., Ortho.
Eye Foundation Hospital 1720 8th Ave. S., 35233		NPCorp	...	56	...	...	...	0	2		2	Res: Oph.
St. Vincent Hospital 2701 9th Court South, 35205		Church	...	192	8	39	11	3	0	5	8	Int: Rotating
University of Alabama Hospitals and Clinics 619 S. 19th St., 35233	M-10X	State	2-3-4-5	604	9	57	59	11	0	26	59	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 214 Res: Derm., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 700 S. 19th St., 35233	M-10#	VA	2-5	479	26	63	0	0	...	...	...	Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Fairfield												
Lloyd Noland Hospital P. O. Box 538, 35064		NPCorp	...	310	8	41	23	1	0	9	14	Int: Rotating; 31 Res: Anes., Derm., Med., ObG., Ortho., Path., Ped., Surg.
Mobile												
Mobile General Hospital Stanton Rd. at Fillingim St., 36617	G-10	CyCo	...	247	7	63	53	3	0	20	20	Int: Rotating; 33 Res: Med., ObG., Ortho., Path., Ped., Surg.
Tuscaloosa												
Druid City Hospital 809 Birmingham Rd., 35401		CyCo	...	363	7	24	36	3	0	1	1	Res: Path.
Tuskegee												
Veterans Administration Hospital, 36083		VA	4-5	1,789	143	52	0	0	4	2	21	Res: Med., Oph., PMR, Surg.
ALASKA												
Anchorage												
U. S. Public Health Service, Alaska Native Medical Center 3rd and Gambell Sts., Box 7-741, 99501		USPHS	2	381	25	55	5	1	0	10	10	Res: GP Surg.
ARIZONA												
Phoenix												
Barrow Neurological Institute St. Joseph's Hospital, 85013		Church	...	...	...	...	...	3	3		9	Res: Neurosurg., Neur.
Crippled Children's Hospital 1825 East Garfield St., 85006	G-16	State	2-3	91	16	92	0	0	0	3	3	Res: Ortho., Plast.
Good Samaritan Hospital 1033 E. McDowell Rd., 85006		Church	...	433	7	43	51	15	0	10	20	Int: Rotating; 22 Res: GP, ObG., Path., Ped., Surg.
Maricopa County General Hospital 3435 W. Durango St., 85009		County	...	444	11	31	52	9	5	11	24	Int: Rotating; 41 Res: Med., ObG, Path., Ped., Surg.
Memorial Hospital 1200 S. 5th Ave., 85003		NPCorp	...	145	7	47	0	0	1	0	10	Int: Rotating
St. Joseph's Hospital 350 W. Thomas Rd., 85013		Church	...	420	7	60	37	21	2	7	18	Int: Rotating; 23 Res: Med., ObG, Path., Ped., Surg.
U. S. Public Health Service Indian Hospital 1550 E. Indian School Rd., 85014		USPHS	2	137	14	79	0	0	0	3	4	Res: Ped., Surg.
Tucson												
Pima County General Hospital 2900 S. 6th Ave., 85713		County	...	160	12	46	0	0	...	...	...	Int: Rotating, St. Med., St. Surg.; Res: GP, Med., Surg.
St. Mary's Hospital St. Mary's Rd., 85703		Church	...	265	6	54	16	4	...	...	...	Int: Rotating, St. Med., St. Surg.; Res: GP, Med., Surg.
Tucson Hospitals Medical Education Program St. Mary's Hospital, 85703			...	...	...	...	...	12	6	24	Int: Rotating, St. Med., St. Surg.; 34 Res: GP, Med., Surg.	
Tucson Medical Center Grant Rd. and Beverly Blvd., 85716		NPCorp	...	472	6	63	23	11	...	...	...	Int: Rotating, St. Med., St. Surg.; Res: Med., Surg.
ARKANSAS												
Little Rock												
Arkansas Baptist Medical Center 1700 W. 13th St., 72202		Church	...	434	7	35	20	1	0	10	18	Int: Rotating; 8 Res: Oph., Path., Rad., Surg.
Arkansas Children's Hospital 804 Wolfe St., 72202	G-11	NPCorp	...	70	18	39	0	0	0	2	2	Res: Ortho.
Arkansas State Hospital 4313 W. Markham, 72201	L-11	State	...	3,483	448	24	0	0	0	13	12	Res: Psych.
St. Vincent Infirmary Markham St. and University Ave., 72201		Church	...	365	6	33	22	5	0	8	14	Int: Rotating
University Hospital 4301 W. Markham St., 72205	M-11X	State	...	329	10	55	68	68	0	27	32	Int: Rotating, St. Med., St. Ped., St. Path., St. ObG; 150 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 300 E. Roosevelt Rd., 72206	M-11#	VA	2	471	28	65	0	0	...	...	...	Res: Derm., Med., Oph., Ortho., Path., Surg., Thor.
North Little Rock												
Veterans Administration Hospital, 72114		VA	2	2,062	331	69	0	0	0	4	13	Res: Path., Psych.
CALIFORNIA												
Bakersfield												
Kern County General Hospital 1830 Flower St., 93305		County	...	593	10	65	40	24	0	5	19	Int: Rotating, St. Med.; 42 Res: GP, Med., ObG, Oph., Path., Forensic Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign			Non-Foreign
CALIFORNIA—Continued											
Berkeley											
East Bay State Mental Hygiene Clinic... 2045 Dwight Way, 94704	G-16	State	2	...	...	...	...	0	2	4 Res: Child Psych.	
Herriek Memorial Hospital... 2001 Dwight Way, 94704		NPCorp	...	205	8	46	20	19	1	7	10 Int: Rotating;
State of California Dept. of Public Health... 2151 Berkeley Way, 94704		...	...	...	...	...	...	...	0	13	20 Res: GP, Path., Psych., Surg.
University of California School of Public Health, 94720		State	...	...	...	...	...	...	...	7	12 Res: Public Health
Burbank											
St. Joseph Hospital... 501 S. Buena Vista St., 91503		Church	...	368	6	44	18	10	1	1	8 Res: Path.
Camarillo											
Camarillo State Hospital... Box A, 93010		State	2	5,963	464	65	0	0	2	18	25 Res: Psych.
Camp Pendleton											
U.S. Naval Hospital, 92055		Navy	2-4	702	17	58	23	13	0	10	11 Int: Rotating
Costa Mesa											
Fairview State Hospital... 2501 Harbor Blvd., 92626		State	...	2,622	209	68	0	0	...	...	Res: Ortho.
Daly City											
Mary's Help Hospital...		Church	...	157	...	...	...	...	...	...	8 Int: Rotating; Res: ObG, Ortho., Surg.
Downey											
Rancho Los Amigos Hospital... 7601 E. Imperial Hwy., 90242	M-95, L-12, County G-14	County	...	1,634	361	53	0	0	...	...	Res: Neurosurg., Ortho., Urol.
Duarte											
City of Hope Medical Center... 1500 E. Duarte Rd., 91010	L-95, G-12	NPCorp	...	171	20	79	0	0	5	5	8 Res: Path., Surg., Thor.
Eldridge											
Sonoma State Hospital... Arnold Dr., 95431	G-16	State	2	3,455	...	85	0	0	...	...	Res: Ortho., Psych.
Fairfield											
David Grant U.S.A.F. Hospital, Travis AFB, 94535		USAF	1-2-3-4	385	16	79	19	12	0	12	12 Int: Rotating; 8 Res: Med., ObG, Ped., Rad., Surg.
Fontana											
Kaiser Steel Corporation, 92335		...	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Fort Ord											
U.S. Army Hospital, 93941		Army	1-2-3-4	500	9	81	21	14	0	0	5 Res: Surg.
U.S. Army, 6th Army Hdqts. Preventive Medicine Division, 93941		Army	...	...	...	...	...	...	...	...	Res: Public Health
Fresno											
Fresno County General Hospital... 445 S. Cedar Ave., 93702		County	5	619	13	60	47	12	0	21	21 Int: Rotating; 37 Res: Med., ObG., Oph., Ped., Surg.
Glendale											
Glendale Adventist Hospital... 1509 E. Wilson Ave., 91206		Church	...	380	8	45	24	8	3	3	12 Int: Rotating; 13 Res: Med., ObG, Path., Surg.
Imola											
Napa State Hospital... Box A, 94558		State	...	5,200	...	...	...	...	...	...	Res: Ortho., Psych.
La Jolla											
Scripps Memorial Hospital... 3770 Miramar Rd., 92028		NPCorp	...	172	...	...	...	...	0	0	1 Res: Path.
Loma Linda											
Loma Linda University Hospital... 11055 Anderson St., 92354	M-12X	Church	...	186	8	55	10	6	2	4	9 Int: Rotating, St. Med., St. Path., St. Surg.; 52 Res: Anes., Med., ObG., Path., Psych., Surg.
Long Beach											
Memorial Hospital of Long Beach... 2801 Atlantic Ave., 90801	L-95	NPCorp	...	444	7	47	33	14	0	16	18 Int: Rotating; 12 Res: GP, Med., ObG., Path., Ped., Rad., Surg.
St. Mary's Long Beach Hospital... 509 E. 10th St., 90813		Church	...	357	6	54	34	21	2	6	12 Int: Rotating; 4 Res: Path., Rad.
Veterans Administration Hospital... 5901 E. 7th St., 90804	M-95	VA	2-4-5	1,581	50	67	0	0	5	102	133 Res: Derm., Med., Neurosurg., Oph, Ortho., Otol., Path., PMR., Psych., Rad., Surg., Urol.
Los Angeles											
California Babies' and Children's Medical Center... 1415 S. Grand Ave., 90015		NPCorp	...	24	36	100	9	8	2	0	3 Res: Ped.
California Hospital... 1414 S. Hope St., 90015		Church	...	304	7	45	9	8	3	3	8 Int: Rotating; 10 Res: Path., Surg.
Cedars-Sinai Medical Center (includes Cedars of Lebanon Hospital Division, 4833 Fountain Ave.; Mount Sinai Hospital Division, 8720 Beverly Boulevard)...	L-13	...	...	...	...	...	...	...	...	...	...
4833 Fountain Avenue, 90029		...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon Hospital Division... 4833 Fountain Ave., 90029	L-13	NPCorp	...	493	8	52	33	8	1	20	23 Int: Rotating; 65 Res: Med., ObG, Path., Ped., Psych., Rad., Surg.
Chief Medical Examiner-Coroner County of Los Angeles		County	...	...	...	...	...	...	0	0	6 Res: Forensic Path.
Childrens Hospital of Los Angeles... 4614 Sunset Blvd., 90027	M-14#	NPCorp	...	232	7	94	0	0	0	6	10 Int: Rotating, St. Ped.; 49 Res: Ortho., Path., Ped., Ped. Card.
Hollywood Presbyterian Hospital—Olmsted Memorial... 1322 N. Vermont Ave., 90027		Church	...	236	6	31	17	4	1	10	10 Res: ObG, Oph., Otol.
Hospital of the Good Samaritan Medical Center... 1212 Shatto St., 90017		Church	...	403	9	51	8	2	1	8	10 Int: Rotating; 17 Res: Med., Path., Surg.
Kaiser Foundation Hospital... 4867 Sunset Blvd., 90027		NPCorp	...	357	6	50	38	20	1	17	30 Res: Med., ObG, Path., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
CALIFORNIA, Los Angeles—Continued												
Los Angeles County General Hospital, Unit I, 1200 N. State St., 90033	M-12#-14#	County	5	2,331	7	37	330	57	0	176	198	Int: Rotating, St. Med., St. Ped.; 377 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Los Angeles County General Hospital, Unit II, 1200 N. State St., 90033	M-95#	County	3	520	8	44	72	68	0	41	42	Int: Rotating; St. Med., St. Ped.; 55 Res: Anes., Med., ObG, Oph., Ortho., Ped., Surg., Urol.
Mount Sinai Hospital Division, 8720 Beverly Blvd., 90048	L-13	NPCorp	...	232	10	51	0	0	0	7	7	Int: St. Med.; 7 Res: St. Med.
Orthopaedic Hospital, 2400 S. Flower St., 90007	G-14	NPCorp	3	162	9	57	...	0	0	25	25	Res: Med., Path., Psych., Child Psych.
Queen of Angels Hospital, 2301 Bellevue Ave., 90026	...	Church	...	384	5	45	37	18	2	8	12	Int: Rotating; 38 Res: Colon-Rectal, Med., ObG., Path., Ped., Rad., Surg.
Reiss-Davis Child Study Center, 9760 W. Pico Blvd., 90035	...	NPCorp	3	0	0	0	0	0	0	3	8	Res: Child Psych.
Santa Fe Coast Lines Hospital, 610 S. St. Louis St., 90023	L-14	NPCorp	...	189	11	41	0	0	1	2	9	Int: Rotating; 3 Res: Surg.
Shriners Hospital for Crippled Children, 3160 Geneva St., 90005	...	NPCorp	...	60	64	100	0	0	1	2	3	Res: Ortho.
University of California Hospital, The Medical Center, 90024	M-13X	NPCorp	...	305	7	85	35	33	0	30	36	Int: St. Med., St. Surg., St. Ped., St. Path.; 188 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of California School of Medicine, Division of Occupational Health, Dept. of Preventive Medicine and Public Health, 90024	...	State	...	...	...	...	...	...	0	5	16	Res: Occup. Med.
Veterans Administration Center, General Medical and Surgical Hospital (Wadsworth), Wilshire and Sawtelle Blvds., 90025	M-13	VA	2-4-5	1,368	40	74	0	0	0	30	30	Int: Rotating, St. Med.; 188 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.
Veterans Administration Center, Brentwood Neuropsychiatric Hospital, Wilshire and Sawtelle Blvds., 90073	G-13	VA	2	1,981	434	71	0	0	3	17	36	Res: Psych.
Veterans Administration Hospital (Sepulveda), 16111 Plummer St., 91343	...	VA	2	956	74	63	0	0	0	9	12	Res: Psych., Surg.
White Memorial Medical Center, 1720 Brooklyn Ave., 90033	M-95, L-12	Church	...	267	8	64	30	30	0	17	14	Int: Rotating, St. Ped.; 81 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Martinez												
Contra Costa County Hospital, 2500 Alhambra Ave., 94553	...	County	3	390	11	57	15	4	0	10	10	Res: GP
Veterans Administration Hospital, 150 Muir Rd., 94553	...	VA	2-4	498	31	78	0	0	2	22	34	Res: Med., Neur., Path., Surg., Urol.
Modesto												
Stanislaus County Hospital, 830 Scenic Dr., 95350	...	County	2	297	10	42	8	4	0	7	8	Res: GP
Mountain View												
El Camino Hospital, 2500 Grant Rd., 94040	...	District	2-3	319	6	61	23	4	0	2	4	Res: Path.
Norwalk												
Metropolitan State Hospital, 11400 S. Norwalk Blvd., 90650	L-95	State	2	3,715	328	35	0	0	3	22	34	Res: Psych.
Oakland												
Children's Hospital Medical Center of Northern California, 51st and Grove Sts., 94609	L-16	NPCorp	4-5	142	5	89	0	0	0	3	4	Int: St. Ped. 18 Res: Ortho., Path., Ped., Ped. Card., Thor.
Highland General Hospital, 2701 14th Ave., 94606	G-16	County	2-4-5	436	7	65	50	18	0	34	39	Int: Rotating; 74 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Surg., Thor., Urol.
Kaiser Foundation Hospital, 280 W. MacArthur Blvd., 94611	...	NPCorp	...	285	7	53	45	37	1	24	37	Res: Med., ObG, Path., Ped., Surg.
Samuel Merritt Hospital, Hawthorne and Webster, 94609	G-16	NPCorp	...	265	9	50	16	4	0	1	4	Res: Ortho., Path.
U. S. Naval Hospital, 8750 Mountain Blvd., 94627	...	Navy	2-4-5	750	16	87	15	10	0	17	17	Int: Rotating; 68 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Western Laboratories, 353, 30th St., 94609	...	...	...	...	...	...	...	...	0	0	1	Res: Forensic Path.
Olive View												
Olive View Hospital, 91330	...	NPCorp	3	800	142	57	0	0	0	4	4	Res: Thor.
Orange												
Childrens Hospital of Orange County, 1109 W. LaVeta St., 92666	...	Church	...	50	5	69	0	0	...	...	...	Res: Ortho.
Orange County General Hospital, 101 Manchester Ave., 92666	L-95	County	4	554	9	87	33	33	0	32	36	Int: Rotating; 54 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
Palo Alto												
Palo Alto-Stanford Hospital Center, 300 Pasteur Dr., 94304	M-15#	NPCorp	3	481	8	67	33	30	0	33	39	Int: St. Med., St. Surg., St. Ped., St. Path.; 269 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.
Veterans Administration Hospital, 3801 Junipero Serra Blvd., 94304	M-15#	VA	2-4	2,123	239	85	0	0	...	...	...	Int: St. Med.; ... Res: Anes., Derm., Med., Neur., Neurosurg., Oph., Otol., Path., Plast., Psych., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
CALIFORNIA—Continued												
Pasadena												
Huntington Memorial Hospital.....		NPCorp	...	395	8	47	16	15	0	12	12 Int: Rotating;	
100 Congress St., 91105									1	4	20 Res: Med., Neurosurg., Path., Plast., Surg.	
Pasadena Child Guidance Clinic.....		NPCorp	...						1	0	3 Res: Child Psych.	
56 Waverly Dr., 91105												
Patton												
Patton State Hospital.....	M-12#	State	2	3,865	537	33	0	0	0	12	18 Res: Psych.	
26802 Highland Ave., 92369												
Pomona												
Pacific State Hospital.....	L-12	State	...	2,850	2,709	87	0	0	0	6	6 Res: Psych.	
3530 Pomona Blvd., 91766												
Redwood City												
Sequoia Hospital.....		District	...	348	6	51	12	5	0	0	2 Res: Path.	
Whipple and Alameda, 94062												
Riverside												
Riverside County General Hospital.....	M-12#	County	2	447	11	58	19	8	0	14	16 Int: Rotating;	
9851 Magnolia Ave., 92503									0	8	10 Res: Anes., GP, Med., ObG. Path., Surg., Urol.	
Sacramento												
Mercy Hospital.....		Church	2-3	311	5	29	32	20	0	1	4 Res: Path.	
4001 J St., 95819												
Sacramento County Hospital.....	G-16	County	...	621	15	55	43	36	0	7	32 Int: Rotating;	
2315 Stockton Blvd., 95817									1	12	35 Res: GP, Path., Surg.	
Sutter Community Hospitals.....		NPCorp	...	541	7	42	35	13	0	2	7 Res: Path., Rad.	
2820 L Street, 95816												
Salinas												
Monterey County Hospital.....		County	...	363	18	65	15	9	0	7	10 Res: GP	
1330 Natividad Rd., P. O. Box 1611, 93903												
San Bernardino												
San Bernardino County General Hospital.....	L-12	County	1	470	12	56	46	20	0	22	22 Int: Rotating;	
780 E. Gilbert St., 92404									0	8	13 Res: Anes., Path., Surg.	
San Diego												
Childrens Hospital.....		NPCorp	3	90	4	90	0	0	0	2	... Res: Ortho.	
8001 Frost St., 92123												
Donald N. Sharp Memorial Community Hospital.....		Church	...	290	6	50	46	37	0	0	3 Res: Ortho., Path.	
7901 Frost St., 92123												
Mercy Hospital.....		Church	2-3	299	6	55	25	6	0	12	12 Int: Rotating;	
4099 Hillcrest Dr., 92103									2	7	15 Res: Anes., Med., ObG, Ortho., Path., Surg.	
San Diego County-University Hospital.....		County	...	766	4	51	21	15	1	24	36 Int: Rotating, St. Med., St. Surg.;	
225 W. Dickinson St., 92103									1	29	45 Res: Anes., Med., ObG, Ortho., Path., Ped., Surg., Urol.	
U. S. Naval Hospital.....		Navy	2-4-5	1,958	19	64	44	33	0	24	26 Int: Rotating;	
Park Blvd., 92134									0	84	106 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.	
San Francisco												
Children's Hospital and Adult Medical Center of San Francisco.....	L-16	NPCorp	...	278	7	64	20	17	2	4	14 Int: Rotating, St. Ped.;	
3700 California St., 94119									5	7	20 Res: Anes., Med., Neur., Ortho., Path., Ped., Child Psych., Rad.	
Community Mental Health Services.....		CyCo	...						0	0	7 Res: Psych.	
101 Grove St., 94102												
Franklin Hospital.....	G-16	NPCorp	...	244	10	36	0	0	...	...	... Res: Neurosurg., Ortho., Plast.	
14th and Noe Sts., 94114												
French Hospital.....		NPCorp	...	214	8	41	4	3	3	1	8 Int: Rotating;	
4131 Geary Blvd., 94118									0	0	2 Res: Path., Surg.	
H. C. Moffitt-University of California Hospitals.....	M-16X	State	4-5	567	10	81	24	17	0	38	37 Int: St. Med., St. Surg., St. Ped., St. Path.;	
3rd and Parnassus Aves., 94122									3	273	308 Res: Anes., Dcrm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Rad., Surg., Thor., Urol.	
Headquarters, 6th Army.....		Army	...								... Res: Public Health	
Presidio												
Kaiser Foundation Hospital.....	G-16	NPCorp	...	244	6	63	24	24	1	17	26 Int: Rotating, St. Med., St. Surg., St. Path.;	
2425 Geary Blvd., 94115									2	24	36 Res: Med., ObG, Path., Ped., Surg.	
Langley Porter Neuropsychiatric Institute.....	M-16#	State	...	105	64	100	0	0	0	50	67 Res: Psych., Child Psych.	
401 Parnassus Ave., 94122												
Letterman General Hospital.....		Army	2-4-5	804	21	88	14	13	0	28	28 Int: Rotating;	
Presidio, 94129									3	96	104 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.	
Mary's Help Hospital—See Daly City												
Mount Zion Hospital and Medical Center.....	L-16	NPCorp	4	372	9	53	16	16	2	18	24 Int: Rotating;	
1800 Divisadero St., 94115									2	37	55 Res: Med., Path., Psych., Child Psych., Rad., Surg.	
Presbyterian Medical Center.....	L-16	NPCorp	...	242	8	76	14	9	11	1	20 Int: Rotating;	
Clay and Webster Sts., 94115									4	50	60 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Surg., Urol.	
St. Francis Memorial Hospital.....		NPCorp	...	332	9	37	9	5	0	6	10 Res: Anes., Path., Plast., Psych.	
900 Hyde St., 94109												
St. Joseph's Hospital.....		Church	...	215	8	50	9	2	2	0	6 Int: Rotating;	
355 Buena Vista Ave., 94117									0	2	4 Res: Ortho., Path., Surg.	
St. Luke's Hospital.....		Church	...	250	7	53	11	10	0	4	8 Int: Rotating;	
1580 Valencia St., 94110									2	2	15 Res: Med., ObG, Path., Ped.	
St. Mary's Hospital.....		Church	...	428	9	57	19	10	0	15	15 Int: Rotating;	
2200 Hayes St., 94117									2	24	44 Res: Med., ObG, Ortho., Path., Ped., Psych., Child Psych., Rad., Surg.	
San Francisco General Hospital.....	M-16#	CyCo	2-4-5	935	13	76	34	22	0	60	60 Int: Rotating;	
1001 Potrero Ave., 94110									0	77	84 Res: Anes., Med., Neurosurg., ObG, Ortho., Otol., Path., Ped., PMR, Plast., Rad., Surg., Urol.	
Shriners Hospital for Crippled Children.....	G-16	NPCorp	2	60	80	0	0	0	...	...	... Res: Ortho.	
1651, 19th Ave., 94122												
Southern Pacific Memorial Hospital.....	G-16	NPCorp	...	450	12	70	0	0	0	24	25 Int: Rotating;	
1400 Fell St., 94117									0	23	25 Res: Med., Path., Surg., Urol.	

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
COLORADO, Denver—Continued											
Porter Memorial Hospital 2525 S. Downing, 80210		Church	...	290	7	62	11	10	0	2	12 Int: Rotating; 4 Res: Path.
Presbyterian Hospital E. 19th Ave. and Gilpin St., 80218		Church	...	290	8	58	13	7	0	17	20 Int: Rotating; 17 Res: Med., ObG, Path., Rad., Surg.
St. Anthony Hospital W. 16th Ave., and Raleigh St., 80204		Church	...	441	6	46	29	10	2	6	10 Int: Rotating; 4 Res: Path.
St. Joseph Hospital 1835 Franklin St., 80218		Church	7	536	7	62	31	2	1	7	22 Int: Rotating, Family Practice; 34 Res: GP, Med., ObG, Path., Rad., Surg.
St. Luke's Hospital 601 E. 19th Ave., 80203		Church	...	449	8	52	18	2	0	2	8 Int: Rotating; 19 Res: Path., Rad., Surg.
University of Colorado Medical Center 4200 E. Ninth Ave., 80220	M-17X	State	...	388	9	86	27	21	0	37	43 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 252 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph, Ortho., Otol., Path., Ped., Ped. All., PMR, Child Psych., Psych., Rad., Surg., Urol.
Veterans Administration Hospital 1055 Clermont, 80220	M-17#	VA	2-3	528	22	86	0	0	...	...	Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Greeley											
Weld County General Hospital 16th St. at 17th Ave., 80631		County	...	320	7	57	29	12	0	0	6 Int: Rotating
Pueblo											
Colorado State Hospital 1600 W. 24th St., 81003	G-17	State	...	3,400	837	63	0	0	13	2	29 Res: Psych., Surg.
St. Mary-Corwin Hospital 1008 Minnequa, 81004		Church	...	445	...	...	...	...	...	...	Res: Path.
CONNECTICUT											
Bridgeport											
Bridgeport Hospital 267 Grant St., 06602		NPCorp	...	427	7	49	40	8	11	1	14 Int: Rotating; 30 Res: GP, Med., ObG, Path., Rad., Surg.
St. Vincent's Hospital 2820 Main St., 06606		Church	...	358	7	48	38	11	0	4	12 Int: Rotating, St. Surg.; 25 Res: Med., ObG, Path., Rad., Surg.
Bristol											
Bristol Hospital Newell Rd., 06012		NPCorp	...	189	6	34	14	3	7	0	7 Int: Rotating
Danbury											
Danbury Hospital 95 Locust Ave., 06813		NPCorp	...	287	8	45	24	14	2	0	12 Int: Rotating; 12 Res: GP, Path., Surg.
Derby											
Griffin Hospital Seymour Ave. and Division St., 06418		NPCorp	...	186	8	44	15	11	2	0	9 Int: Rotating; 1 Res: Path.
Greenwich											
Greenwich Hospital Perryridge Rd., 06830		NPCorp	...	266	10	73	13	9	0	12	12 Int: Rotating; 8 Res: Med., Path., Surg.
Hartford											
Hartford Hospital 80 Seymour St., 06115		NPCorp	4	800	8	54	74	16	0	18	26 Int: Rotating, St. Path.; 84 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Institute of Living 400 Washington St., 06102		NPCorp	...	402	254	67	0	0	5	30	40 Res: Psych.
Institute of Living—Children's Clinic 17 Essex St., 06102		NPCorp	...	...	...	...	...	...	1	0	2 Res: Child Psych.
Mount Sinai Hospital 500 Blue Hills Ave., 06112		NPCorp	...	189	8	41	16	2	10	0	11 Int: Rotating
St. Francis Hospital 114 Woodland St., 06105		Church	4-5	654	10	49	39	4	1	6	12 Int: Rotating; 42 Res: Anes., Med., ObG, Path., Ped., Surg.
Manchester											
Manchester Memorial Hospital 71 Haynes St., 06040		NPCorp	...	264	7	56	23	7	5	0	6 Int: Rotating; 2 Res: Path.
Meriden											
Meriden Hospital 181 Cook Ave., 06453		NPCorp	...	255	8	40	20	16	8	0	8 Int: Rotating; 1 Res: Path.
Middletown											
Connecticut Valley Hospital Silver St., 06458		State	...	2,300	90	39	0	0	10	8	28 Res: Psych.
Middlesex Memorial Hospital 28 Crescent St., 06457		NPCorp	...	254	6	...	14	12	7	0	7 Int: Rotating; 2 Res: Path.
New Britain											
New Britain General Hospital 100 Grand St., 06050		NPCorp	...	352	7	53	28	13	8	1	9 Int: Rotating; 18 Res: Med., ObG, Path., Surg.
New Haven											
Hospital of St. Raphael 1450 Chapel St., 06511	L-18	Church	6	477	8	38	27	17	7	1	21 Int: Rotating, St. Med., St. Ped.; 57 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor.
Yale-New Haven Hospital 789 Howard Ave., 06504	M-18#	NPCorp	4-5	717	9	65	62	48	0	49	53 Int: St. Med., St. Surg., St. Ped., St. Path.; 201 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Rad., Surg., Thor., Urol.
Yale University Child Study Center 333 Cedar St., 06510		NPCorp	2	0	0	0	0	0	1	3	6 Res: Child Psych.
Newington											
Newington Hospital for Crippled Children 181 E. Cedar St., 06111		NPCorp	...	167	48	100	0	0	0	1	1 Res: Ortho.
Veterans Administration Hospital 555 Willard Ave., 06111		VA	2	250	29	70	0	0	0	0	2 Res: Med., Path., Surg.
New London											
Lawrence and Memorial Hospitals 365 Montauk Ave., 06320		NPCorp	...	327	7	47	31	11	5	0	8 Int: Rotating; 7 Res: ObG, Surg.
Newtown											
Fairfield Hills Hospital Box W, 06470		State	3	3,146	28	37	0	0	20	3	38 Res: Psych.
Norwalk											
Norwalk Hospital 24 Stevens St., 06852		NPCorp	...	354	7	48	25	23	7	0	18 Int: Rotating; 25 Res: Anes., Med., Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Foreign	Non-Foreign		
CONNECTICUT—Continued											
Norwich											
Norwich Hospital, Box 508, U. S. Route 12, 06361		State	...	2,970	34	32	0	0	6	6	18 Res: Psych.
Shelton											
Laurel Heights Hospital, 06484	L-18	State	...	134	176	57	0	0	...	...	Res: Med.
Stamford											
St. Joseph's Hospital, 128 Strawberry Hill Ave., 06904		Church	...	198	...	...	...	...	...	...	6 Int: Rotating
Stamford Hospital, 190 W. Broad St., 06902		NPCorp	...	315	9	58	13	12	12	2	18 Int: Rotating; 13 Res: ObG, Path., Surg.
Waterbury											
St. Mary's Hospital, 56 Franklin St., 06702		Church	4	398	10	36	25	4	5	0	12 Int: Rotating; 24 Res: Anes., Med., Path., Rad., Surg.
Waterbury Hospital, 64 Robbins St., 06720		NPCorp	4	394	8	42	24	16	5	0	7 Int: Rotating; 18 Res: Med., Path., Ped., Surg., Urol.
West Haven											
Veterans Administration Hospital, West Spring St., 06516	M-18#	VA		823	60	82	0	0	1	4	8 Res: Med., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
DELAWARE											
Dover											
Delaware State Board of Health, Federal St., 19901		State	...	...	...	...	...	...	0	1	2 Res: Public Health
New Castle											
Delaware State Hospital, 19720		State	...	1,618	...	...	...	...	...	...	Res: Psych.
Wilmington											
Alfred I. du Pont Institute of the Nemours Foundation, Rockland Rd., 19899		NPCorp	...	65	47	...	...	...	1	2	3 Res: Ortho., Plast.
Delaware Division, 501 W. 14th St., 19899		NPCorp	6	340	13	55	36	19	2	3	Int: Rotating, St. Med.; 33 Res: Med., ObG, Path., Ped., Plast., Rad., Surg. Urol.
E. I. du Pont de Nemours and Co., Inc., 19898		Corp	...	...	...	...	...	...	0	2	2 Res: Occup. Med.
Memorial Division, 1501 N. Van Buren St., 19899		NPCorp	4	360	7	56	22	9	7	0	Int: Rotating; 15 Res: Med., Path., Surg.
Veterans Administration Hospital, 19805		VA	...	300	33	70	0	0	3	1	10 Res: Ortho., Surg.
Wilmington General Division, Chestnut at Broom St., 19899		NPCorp	4	317	8	45	36	13	6	0	21 Res: GP, ObG, Path., Ped., Plast.
Wilmington Medical Center, Box 1668, 19801		...	...	...	...	...	...	...	...	...	18 Int: Rotating, St. Med.
DISTRICT OF COLUMBIA											
Washington											
Armed Forces Institute of Pathology, 20305		Fed	2-5	...	...	...	...	...	0	0	20 Res: Path., Forensic Path.
Army Medical Center (See Walter Reed General Hospital)		...	...	...	...	...	...	...	...	...	...
Catholic University of America, 4th and Michigan Ave. N.E., 20017		...	...	...	...	...	...	...	...	...	Res: Child Psych.
Children's Hospital, 2125 13th St. N.W., 20009	M-19-20	NPCorp	4-5	216	4	85	0	0	15	28	6 Int: St. Ped.; 47 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Child Psych., Surg., Urol.
Columbia Hospital for Women, 2425 L St. N.W., 20037		NPCorp	...	152	5	60	64	53	7	2	9 Res: ObG
District of Columbia General Hospital, 19th St. and Massachusetts Ave., S.E., 20003	M-19#-20-21	City	4-5	1,121	15	56	125	121	5	34	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 139 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Thor., Urol.
Doctors Hospital, 1815 Eye St. N.W., 20006		Corp	...	307	10	59	0	0	8	2	17 Res: Med., Path., Rad.
Eastern Dispensary and Casualty Hospital, 708 Massachusetts Ave. N.E., 20002		NPCorp	...	250	10	37	0	0	8	0	13 Res: GP, Surg.
Freedmen's Hospital, 6th and Bryant Sts. N.W., 20001	M-21#	H.E.W.	4	437	13	49	86	12	1	25	32 Int: Rotating; 99 Res: Anes., Derm., Med., ObG, Oph., Ortho., Path., Ped., Psych., Surg., Urol.
Georgetown University Hospital, 3800 Reservoir Rd., 20007	M-19X	Church	6	397	8	84	28	12	2	21	29 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 175 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
George Washington University Hospital, 901 23rd St. N.W., 20037	M-20X	NPCorp	...	431	7	61	33	30	0	22	30 Int: St. Med., St. Surg., St. Path.; 117 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Government of the District of Columbia Department of Public Health, 20001											
Providence Hospital, 1150 Varnum St. N.E., 20017	G-19	Church	4	365	6	58	43	12	7	2	1 Res: Public Health 22 Int: Rotating, St. Med., St. Surg.; 30 Res: Anes., Med., ObG, Path., Ped., Surg.
St. Elizabeths Hospital, 2800 Nichols Ave., S.E., 20032	M-20	H.E.W.	4	6,824	1,613	50	0	0	1	1	12 Int: Rotating; 38 Res: Path., Psych.
Sibley Memorial Hospital, 5255 Loughboro Rd. N.W., 20016	G-19	Church	...	335	8	61	12	0	3	0	9 Int: Rotating; 7 Res: Oph., Path., Surg.
U. S. Air Force Hospital, Andrews A.F.B., Camp Springs, 20331	L-20	Air Force	1-2-3-4-5	250	12	81	20	19	0	4	12 Int: Rotating; 6 Res: GP; Surg.
U. S. Public Health Service, Division of Occupational Health, Bureau of State Services, 20003		USPHS	...	...	...	...	...	...	0	0	2 Res: Occup. Med.
Veterans Administration Hospital, 50 Irving St. N.W., 20422	M-19#, -20#, L-21	VA	4-6	560	22	66	0	0	5	33	51 Res: Med., Neurosurg., Neur., Oph., Path., Rad. Surg., Urol.
Walter Reed Army Institute of Research, Walter Reed Army Medical Center, 20012		Army	...	...	...	...	...	...	0	2	2 Res: Gen. Prev. Med.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
DISTRICT OF COLUMBIA—Continued												
Walter Reed General Hospital 6825 16th St. N.W., 20012	M-19, L-20	Army	2-4-5	1,485	30	79	19	14	0	30	30 Int: Rotating; 198 Res: Anes., Derm., Med., Neurosurg., Neur., ObG Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Washington Hospital Center 110 Irving St., N.W., 20010	M-20#	NPCorp	4-5	813	8	64	57	46	18	13	36 Int: Rotating, St. Med., St. Surg.; 94 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Rad., Surg., Urol.	
FLORIDA												
Bartow												
Polk County Hospital 2010 E. Georgia St., 33830		County	3	158	11	39	9	0	...	...	Int: Rotating; Res: Surg.	
Bay Pines												
Veterans Administration Hospital, 33504		VA	2	660	36	34	0	0	...	...	Res: Urol.	
Coral Gables												
Veterans Administration Hospital 1200 Anastasia Ave., 33134	M-23	VA	2	450	26	61	0	0	15	18	40 Res: Med., Path., PMR, Surg.	
Daytona Beach												
Halifax District Hospital Lake Shore Dr., 32014		District	...	380	8	32	15	4	0	0	8 Int: Rotating; 10 Res: GP	
Fort Lauderdale												
Broward General Hospital 1600 S. Andrews Ave., 33316		District	...	462	8	38	52	19	3	0	6 Res: Path., Surg.	
Gainesville												
William A. Shands Teaching Hospital and Clinics, 32601	M-22X	State	...	381	10	77	18	19	0	21	25 Int: St. Med., St. Surg., St. Ped., St. Path.; 182 Res: Anes., Med., Neurosurg., Neur., ObG, Oph. Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Hollywood												
Memorial Hospital 3501 Johnson St., 33021		District	3	350	7	38	38	7	0	1	2 Res: Path.	
Jacksonville												
Baptist Memorial Hospital 800 Miami Rd., 32207		Church	...	408	7	48	24	5	2	0	12 Int: Rotating; 6 Res: Med., ObG, Ortho., Path., Ped., Surg.	
Duval Medical Center 2000 Jefferson St., 32206		County	...	256	8	56	86	12	2	20	30 Int: Rotating, St. Med.; 11 Res: GP, Med., ObG, Ortho., Path., Ped., Plast. Rad., Surg., Urol.	
Florida State Board of Health P. O. Box 210, 32202		State	...	...	...	...	...	...	0	0	5 Res: Public Health	
Hope Haven Children's Hospital 5720 Atlantic Blvd., 32207		NPCorp	3	60	7	66	0	0	...	...	Res: Ortho.	
Jacksonville Hospitals Educational Program 2000 Jefferson St., 32206		...	...	...	...	...	...	...	...	...	Res: Med., ObG, Ortho., Ped., Plast., Surg.	
St. Luke's Hospital 1900 Boulevard, 32206		NPCorp	...	237	7	31	27	5	...	...	Res: Med., ObG, Ped., Surg.	
St. Vincent's Hospital Barrs and St. Johns Ave., 32203		Church	...	362	7	43	24	8	3	0	19 Int: Rotating; 7 Res: Med., ObG, Path., Ped., Plast., Surg., Urol.	
U. S. Naval Hospital U. S. Naval Air Station, 32214		Navy	2	489	...	75	14	2	0	9	9 Int: Rotating; 6 Res: GP	
Lake City												
Veterans Administration Hospital S. Marion St., 32055		VA	...	468	29	65	0	0	...	...	Res: Ortho., Surg., Urol.	
Lakeland												
Lakeland General Hospital P. O. Box 448, 33801		NPCorp	2	444	7	33	11	4	0	8	16 Int: Rotating; 4 Res: Surg.	
Miami												
Baptist Hospital of Miami 8900 N. Kendall Dr., 33156		Church	...	306	...	...	...	...	0	0	2 Res: Path.	
Jackson Memorial Hospital 1700 N.W. 10th Ave., 33136	M-23#	County	4-5	1,251	12	43	102	32	8	55	88 Int: Rotating, St. Med., St. Surg., St. Ped.; 286 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.	
Office of the Medical Examiner, Dade County Jackson Memorial Hospital, 33136		County	...	...	...	...	...	...	0	0	1 Res: Forensic Path.	
Variety Children's Hospital 6125 S.W. 31st St., 33155	L-23	NPCorp	...	150	7	79	...	...	0	0	6 Int: St. Ped.; 24 Res: Ortho., Ped.	
Miami Beach												
Mount Sinai Hospital of Greater Miami 4300 Alton Rd., 33140		NPCorp	...	435	10	48	24	19	16	2	26 Int: Rotating; 33 Res: Med., ObG, Ortho., Path., Surg., Urol.	
St. Francis Hospital 250 W. 63rd St., 33141		Church	...	250	8	34	4	1	12	0	12 Int: Rotating; 2 Res: Surg.	
Orlando												
Florida Sanitarium and Hospital 601 E. Rollins St., 32803		Church	2	320	9	40	13	7	0	0	4 Res: Path.	
Orange Memorial Hospital 1416 S. Orange Ave., 32806		NPCorp	...	579	7	37	53	23	7	0	18 Int: Rotating; 49 Res: Med., ObG, Ortho., Path., Ped., Plast., Surg., Urol.	
Pensacola												
Baptist Hospital 1000 W. Moreno St., 32501		Church	...	336	6	49	21	...	...	...	Int: Rotating; 2 Res: GP, ObG, Path., Surg.	
Escambia General Hospital 1200 W. Leonard St., 32501		County	...	143	6	47	25	0	...	...	Int: Rotating; Res: GP, ObG, Surg.	
Pensacola Educational Program 1000 W. Moreno St., 32501		NPCorp	...	...	...	...	...	...	1	6	18 Int: Rotating; 9 Res: GP, ObG, Surg.	
Sacred Heart Hospital 5151 N. 9th Ave., 32504		Church	...	250	6	39	4	0	...	...	Int: Rotating; Res: GP, ObG, Surg.	
U. S. Naval Hospital, 32512		Navy	2	225	10	59	12	5	0	6	7 Int: Rotating	
U. S. Naval Aerospace Medical Institute, U. S. Naval Aviation Center, 32512		Navy	0	4	12 Res: Aerospace Med.	

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								Autopsies on Stillborn	Foreign		
FLORIDA—Continued											
St. Petersburg											
American Legion Children's Hospital.....	G-27	NPCorp	...	50	11	100	0	0	0	1	1 Res: Ortho.
2350 Lakeview Ave. S., 33712											
Mound Park Hospital.....		City	...	648	9	30	25	9	2	11	18 Int: Rotating; 12 Res: GP, ObG, Path., Surg.
701 Sixth St. S., 33701											
Tampa											
Tampa General Hospital.....		City	...	604	7	48	58	9	0	19	18 Int: Rotating; 57 Res: Anes., Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Davis Islands, 33606									17	32	
Tarpon Springs											
Anclote Manor.....		NPCorp	...	70	239	0	0	0	...	...	Res: Psych.
P. O. Box 1224, 33563											
West Palm Beach											
St. Mary's Hospital.....		Church	...	254	7	30	27	4	5	2	8 Int: Rotating
900 49th St., 33407											
GEORGIA											
Albany											
Phoebe Putney Memorial Hospital.....		CyCo	2	284	7	23	27	1	0	0	8 Int: Rotating; 4 Res: GP
417 Third Ave., 31702											
Atlanta											
Crawford W. Long Memorial Hospital... ..	G-23X	Church	...	450	7	41	35	20	2	0	12 Int: Rotating; 36 Res: Med., ObG, Path., Rad., Surg. 34 Int: St. Med., St. Surg., St. Path.;
35 Linden Ave. N.E., 30308									20	4	
Emory University Hospital.....	M-25X	NPCorp	3	341	9	66	6	3	0	22	129 Res: Anes., Med., Neurosurg., Ortho., Otol., Path., PMR, Psych., Child Psych., Rad., Surg., Thor.
1364 Clifton Rd. N.E., 30322									13	71	
Georgia Baptist Hospital.....		Church	...	475	6	46	48	8	0	13	17 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; 28 Res: Med., ObG, Ortho., Surg.
300 Boulevard N.E., 30312									2	22	
Grady Memorial Hospital.....	M-25#	County	5	789	9	53	132	...	0	64	72 Int: Rotating, St. Med., St. Surg., St. Ped. 163 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card. Psych., Rad., Surg., Thor., Urol.
80 Butler St. S.E., 30303									3	129	
Henrietta Eggleston Hospital for Children.	M-25#	NPCorp	...	100	5	78	0	0	...	...	Res: Neurosurg., Otol., Ped.
1405 Clifton Rd. N.E., 30333											
Piedmont Hospital.....		NPCorp	...	275	7	48	24	7	0	8	10 Int: Rotating; 12 Res: Med., ObG, Path., Surg.
1968 Peachtree Rd. N.W., 30309									3	8	
St. Joseph's Infirmary.....		Church	...	303	7	52	27	12	0	0	10 Int: Rotating, St. Med., St. Surg., St. Path.;
265 Ivy St. N.E., 30303									14	4	23 Res: Med., ObG, Path., Ped., Surg., Urol.
State of Georgia Dept. of Public Health..		State	...	...	...	...	...	...	...	...	Res: Public Health
47 Trinity Ave., 30334											
Veterans Administration Hospital.....	L-25#	VA	5	300	19	63	0	0	...	...	Int: St. Med.;
4158 Peachtree Rd. N.E., 30319									1	35	42 Res: Med., Path., Rad., Surg., Urol.
Augusta											
Eugene Talmadge Memorial Hospital....	M-24X	State	...	500	14	75	53	43	1	11	24 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;
1120 15th St., 30902									6	101	129 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
University Hospital.....	L-24	County	...	454	7	32	47	1	0	9	16 Int: Rotating; 4 Res: Med., Neurosurg., ObG, Ortho., Path., Ped., Surg.
University Place, 30902									0	0	
Veterans Administration Hospital.....	M-24#	VA	2	1,744	115	60	0	0	1	2	9 Res: Med., Neurosurg., Psych., Surg.
Wrightsboro Rd., 30904											
Columbus											
Medical Center.....		City	...	285	7	31	53	3	1	8	16 Int: Rotating; 8 Res: GP
710 Center St., 31902									0	6	
Decatur											
Scottish Rite Hospital for Crippled Children.....		NPCorp	2-3-5	60	59	0	0	0	0	1	2 Res: Ortho.
321 W. Hill St., 30030											
Fort Benning											
Martin Army Hospital, 31905.....		Army	2-4-5	500	11	63	29	3	0	6	6 Res: Surg.
Macon											
Macon Hospital.....		CyCo	2-3-9	501	6	22	67	2	0	20	22 Int: Rotating, General Practice Program; 15 Res: ObG, Surg.
777 Hemlock St., 31201									0	13	
Milledgeville											
Milledgeville State Hospital.....		State	...	12,000	90	16	0	0	25	5	35 Res: Psych.
P. O. Box 325, 31061											
Rome											
Batley State Hospital, 30161.....		State	...	610	166	64	0	0	1	0	1 Res: Thor.
Floyd Hospital.....		County	...	252	5	20	41	0	0	7	9 Int: Rotating; 2 Res: GP
Turner McCall Blvd., 30161									0	0	
Savannah											
Memorial Hospital of Chatham County..		Distriet	...	250	7	34	39	0	1	9	13 Int: Rotating; 14 Res: Med., ObG, Path., Surg., Urol.
Waters Ave. and 63rd St., 31405									1	6	
Warm Springs											
Georgia Warm Springs Foundation, 31830		NPCorp	...	120	48	0	...	...	0	1	12 Res: PMR
HAWAII											
Honolulu											
Kaiser Foundation Hospital.....		NPCorp	...	148	6	79	14	13	0	0	1 Res: Path.
1697 Ala Moana Blvd., 96815											
Kapiolani Maternity and Gynecological Hospital.....		NPCorp	...	104	4	71	35	17	...	...	Res: ObG
1611 Bingham St., 96814											
Kauikoolani Children's Hospital.....		NPCorp	...	101	4	91	0	0	5	2	7 Res: Ped.
226 N. Kuakini St., 96817											
Kuakini Hospital and Home.....		NPCorp	...	178	8	50	0	0	9	1	12 Int: Rotating; 4 Res: Path., Surg.
347 N. Kuakini St., 96817									2	0	
Queen's Hospital.....		NPCorp	4	431	7	54	18	16	1	5	15 Int: Rotating; 35 Res: Med., ObG, Path., Psych., Rad., Surg.
1301 Punchbowl, 96813									12	21	
St. Francis Hospital.....		Church	4	260	7	45	20	8	2	10	12 Int: Rotating; 9 Res: Med., ObG, Path., Surg.
2260 Liliha St., 96817									1	5	
Shriners Hospital for Crippled Children..	G-16	NPCorp	2	32	94	0	0	0	0	4	4 Res: Ortho.
1310 Punahou St., 96814											
Tripler General Hospital.....		Army	2-4-5	1,000	13	87	29	27	0	36	36 Int: Rotating; 66 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Moanalua Gardens, 96438									2	61	

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								Autopsies on Stillborn	Foreign	Non-Foreign		
HAWAII—Continued												
Kaneohe												
Hawaii State Hospital, Kealahala Rd., 96744		State		728	196	66	0	0				Res: Psych.
IDAHO												
Idaho Falls												
U. S. Atomic Energy Commission, Idaho Operations Office, P. O. Box 2108		AEC							0	0		1 Res: Occup. Med.
ILLINOIS												
Bellefonte												
U. S. Air Force Hospital, Scott AFB, 62226		USAF	2-3-4	300	18	75	6	2	0	12	12	Int: Rotating
Berwyn												
MacNeal Memorial Hospital, 3249 S. Oak Park Ave., 60403		NPCorp		400	8	48	27	6	11	1	16	18 Int: Rotating; 18 Res: GP, ObG, Path., Surg.
Chicago												
American Hospital, 850 W. Irving Park Rd., 60613		NPCorp		168	9	30	11	10	5	0	6	Res: Path., Surg.
Augustana Hospital, 411 W. Dickens Ave., 60614		Church		350	10	43	11	8	9	0	12	Int: Rotating; 2 Res: Path.
Charles H. and Rachel M. Schwab Rehabilitation Hospital, 1401 S. California Ave., 60608		NPCorp		88	62	0	0	0	3	1	8	Res: PMR
Chicago Maternity Center, 1336 S. Newberry Ave., 60608	L-27	NPCorp										Res: ObG
Chicago State Hospital, 6500 W. Irving Park Rd., 60634		State		4,256		22	0	0				Res: Psych.
Chicago State Tuberculosis Sanitarium, 1919 W. Taylor St., 60612		State		345	173	37	0	0	1	0	1	Res: Thor.
Chicago Wesley Memorial Hospital, 250 E. Superior St., 60611	M-27#	Church		655	11	66	37	31	0	33	33	Int: Rotating, St. Med., St. Path.; 94 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital, 707 W. Fullerton Ave., 60614	M-27#	NPCorp	4-6	231	7	84	0	0	0	4	4	Int: St. Ped.; 43 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. Card., Rad., Surg., Urol.
City of Chicago Municipal Tuberculosis Sanitarium, 5601 N. Pulaski Rd., 60646	L-28	City		1,129	169	46	1	1	1	3	4	Res: Thor.
Columbus Hospital, 2520 N. Lakeview Ave., 60614		Church	1	408	6	53	12	12	16	0	24	Int: Rotating; 16 Res: Path., Rad., Surg.
Cook County Hospital, 1825 W. Harrison St., 60612	M-27-28-30, L-28, G-29	County	5	2,747	9	52	314	284	21	122	147	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 271 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Edgewater Hospital, 5700 N. Ashland Ave., 60626		NPCorp		332	8	38	30	23	20	0	24	Int: Rotating; 7 Res: Path., Ped.
Englewood Hospital, 6001 S. Green St., 60621		NPCorp		159	7	41	10	8	0	0	2	Res: Path.
Frank Cuneo Hospital, 750 W. Montrose Ave., 60613		Church	1	174	10	51	26	26				Int: Rotating; Res: Surg.
Grant Hospital, 551 W. Grant Pl., 60614		NPCorp		339	9	40	26	20	12	0	12	Int: Rotating;
Hospital of St. Anthony de Padua, 2875 W. 19th St., 60623		Church		208	9	32	17	7	1	0	13	Res: GP, Path., Ped., Surg. 1 Res: Surg.
Illinois Central Hospital, 5800 Stony Island Ave., 60637	L-30	NPCorp		299	11	46	7	4	4	1	10	Int: Rotating; 6 Res: Path., Surg.
Illinois Eye and Ear Infirmary, 1855 W. Taylor St., 60612		State		124	8	50			2	3		Res: Oph., Otol.
Illinois Masonic Hospital, 836 Wellington Ave., 60657		NPCorp		600	9	50	25	20	10	20	30	Int: Rotating; 11 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Illinois State Psychiatric Institute, 1601 W. Taylor St., 60612	M-28, L-27-30	State		360	108	100	0	0	35	25	64	Res: Psych.
Institute for Juvenile Research, 907 S. Wolcott Ave., 60612	L-30	State							3	4	12	Res: Child Psych.
Jackson Park Hospital, 7531 Stony Island Ave., 60649		Corp		184	9	50	16	15	0	0	10	Res: GP, Path.
Loretto Hospital, 645 S. Central Ave., 60644	L-28	Church	2-3	165	9	43	17	15	0	0	4	Res: Psych.
Louis A. Weiss Memorial Hospital, 4646 Marine Dr., 60640		NPCorp		250	10	47	12	10	1	6	12	Int: Rotating; 15 Res: GP, Med., Path.
Mercy Medical Center, 2537 S. Prairie Ave., 60616	G-28	Church		355	11	47	14	12	9	4	17	Int: Rotating, St. Med., St. Surg., St. Path.; 50 Res: Med., Neurosurg., ObG, Path., Ped., Rad., Surg., Urol.
Michael Reese Hospital and Medical Center, 2839 S. Ellis Ave., 60616	M-26, G-27	NPCorp	4	1,000	13	59	44	24	9	42	54	Int: Rotating, St. Med., St. Surg., St. Ped.; 159 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Urol.
Mount Sinai Hospital, 2750 W. 15th Pl., 60608	M-26	NPCorp		391	10	53	51	41	17	1	20	Int: Rotating, St. Med., St. Surg., St. Path.; 90 Res: Anes., Med., ObG, Path., Ped., PMR, Psych., Surg., Urol.
Northwestern University Medical Center, 303 E. Chicago Ave., 60611		Misc.										Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Norwegian-American Hospital, 1044 N. Francisco Ave., 60622		NPCorp		218	9	31	12	5	5	0	12	Int: Rotating; 15 Res: GP, Surg.
Passavant Memorial Hospital, 303 E. Superior St., 60611	M-27#	NPCorp		348	10	68	11	9	3	16	24	Int: Rotating, St. Med., St. Surg., St. Path.; 40 Res: Anes., Med., ObG, Oph., Ortho., Path., Psych., Rad., Surg., Urol.
Presbyterian-St. Luke's Hospital, 1753 W. Congress Pkwy., 60612	M-30#	NPCorp		846	11	70	48	39	1	31	40	Int: St. Med., St. Surg., St. Ped., St. Path.; 141 Res: Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.

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								Autopsies on Stillborn	Foreign		
ILLINOIS, Chicago—Continued											
Ravenswood Hospital 1931 W. Wilson Ave., 60640		NPCorp	...	275	8	36	20	15	6	0	8 Int: Rotating; 10 Res: GP, Path., Surg.
Rehabilitation Institute of Chicago 401 E. Ohio St., 60611	L-27	NPCorp	...	66	...	...	...	...	...	...	Res: PMR
Resurrection Hospital 7435 W. Talcott Ave., 60631		Church	1	260	8	51	18	12	11	1	12 Int: Rotating
St. Anne's Hospital 4950 W. Thomas St., 60651	G-27	Church	...	381	8	29	20	6	10	0	12 Int: Rotating; 10 Res: Ortho., Path., Surg.
St. Elizabeth's Hospital 1431 N. Claremont St., 60622		Church	...	317	...	...	...	...	...	...	12 Int: Rotating; 4 Res: Surg.
St. Joseph Hospital 2900 Lake Shore Dr., 60657	G-28	Church	...	487	9	45	27	15	7	6	18 Int: Rotating; 28 Res: Med., ObG, Path., Surg.
St. Mary of Nazareth Hospital 1120 N. Leavitt St., 60622		Church	...	280	10	29	14	9	11	4	2 Res: Path.
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 60635		NPCorp	2	68	68	0	0	0	0	3	3 Res: Ortho.
South Chicago Community Hospital 2320 E. 93rd St., 60617		NPCorp	...	300	9	28	31	26	7	0	12 Int: Rotating
Swedish Covenant Hospital 5145 N. California Ave., 60625		Church	...	240	10	37	7	7	7	1	12 Int: Rotating; 12 Res: GP, Path.
University of Chicago Hospitals and Clinics 950 E. 59th St., 60637	M-29X	NPCorp	4	695	11	75	43	43	5	40	45 Int: St. Med., St. Surg., St. Ped., St. Path.; 180 Res: Anes., Derm., Med., Neurosurg., Neur., ObG Oph., Ortho., Otol., Path., Ped., Ped. Card., Psych., Child Psych., Rad., Surg., Urol.
University of Illinois Research and Educational Hospitals 840 S. Wood St., 60612	M-30X	State	4-5	605	14	81	61	53	3	30	36 Int: St. Med., St. Surg., St. Ped., St. Path.; 185 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.
Veterans Administration Research Hospital 333 E. Huron St., 60611	M-27	VA	4	505	23	70	0	0	8	50	72 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 60612	M-30, L-26	VA	4	525	27	77	0	0	10	33	69 Res: Med., Ortho., Path., PMR, Psych., Surg.
Decatur											
Decatur and Macon County Hospital 2300 N. Edward St., 62526		NPCorp	2-3	363	8	49	11	3	0	4	9 Int: Rotating; 6 Res: Path.
Des Plaines											
Holy Family Hospital 100 N. River Rd., 60016		Church	...	236	...	...	...	...	...	...	Res: Path.
Downey											
Veterans Administration Hospital, 60064	L-27	VA	2	2,487	454	76	0	0	3	6	13 Res: Psych.
Evanston											
Evanston Hospital 2650 Ridge Ave., 60201	M-27#	NPCorp	4	472	9	71	28	27	5	22	33 Int: Rotating, St. Med., St. Path.; 42 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg.
St. Francis Hospital 355 Ridge Ave., 60202	G-27	Church	2	343	8	61	25	3	13	1	20 Int: Rotating; 24 Res: Med., ObG, Ortho., Path., Ped., Plast., Surg.
Evergreen Park											
Little Company of Mary Hospital 2800 W. 95th St., 60642	L-28	Church	...	560	9	44	64	13	7	0	24 Int: Rotating; 26 Res: ObG, Ped., Rad., Surg.
Galesburg											
Galesburg State Research Hospital North Seminary St., 61401		State	...	1,843	241	31	0	0	1	0	4 Res: Psych.
Great Lakes											
U. S. Naval Hospital, 60088		Navy	2-4-5	1,117	18	87	15	15	0	12	12 Int: Rotating; 8 Res: Med., ObG, Surg.
Hines											
Veterans Administration Hospital 5th Ave. and Roosevelt Rd., 60141	M-28, L-30, G-27	VA	2-4	2,079	47	57	0	0	31	81	152 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Hinsdale											
Hinsdale Sanitarium and Hospital 120 N. Oak St., 60521		Church	...	345	9	54	12	9	6	5	14 Int: Rotating
Suburban Cook County Tuberculosis Sanitarium 55th and County Line Rd., 60521		District	...	206	130	78	0	0	1	0	1 Res: Thor.
Joliet											
St. Joseph Hospital 333 N. Madison St., 60435		Church	...	389	7	18	27	8	3	1	8 Res: Anes.
Oak Lawn											
Christ Community Hospital 4440 W. 95th St., 60453		Church	...	348	8	40	39	39	11	0	20 Int: Rotating
Oak Park											
West Suburban Hospital 518 N. Austin Blvd., 60302		NPCorp	...	387	9	50	17	5	9	0	22 Int: Rotating; 29 Res: GP, ObG, Ortho., Path., Rad.
Park Ridge											
Lutheran General Hospital 1775 Dempster St., 60068		NPCorp	...	325	9	61	29	22	1	0	4 Res: Ortho., Path.
Peoria											
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave., 61603		NPCorp	...	142	33	0	0	0	1	0	3 Res: PMR
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave., 61603		Church	...	497	10	41	27	14	9	0	15 Res: GP, Path., Surg.
St. Francis Hospital 530 N. E. Glen Oak Ave., 61603		Church	3	634	10	49	22	11	0	5	28 Int: Rotating; 37 Res: GP, Med., ObG, Ortho., Path., Ped., Rad., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
ILLINOIS—Continued											
Rockford											
Rockford Memorial Hospital.....		NPCorp	...	263	7	62	24	17	0	8	13 Int: Rotating, St. Path.;
2400 N. Rockton Ave., 61101									0	1	2 Res: Path.
St. Anthony Hospital.....		Church	...	252	7	54	13	6	0	0	4 Res: Path.
6666 E. State St., 61108											
Springfield											
Illinois State Department of Health, 62706		State	...	...	...	...	...	...	0	0	10 Res: Public Health
Urbana											
Carle Memorial Hospital.....		NPCorp	...	156	7	41	9	5	...	...	Res: Path.
602 W. University Ave., 61801											
INDIANA											
Elkhart											
Elkhart General Hospital.....		NPCorp	...	221	7	23	11	2	...	...	Res: Path.
600 East Blvd., 46518											
Evansville											
St. Mary's Hospital.....		Church	3	372	9	31	23	10	0	0	6 Int: Rotating;
3700 Washington Ave., 47715									0	1	7 Res: GP, ObG, Path.
Fort Wayne											
Lutheran Hospital of Fort Wayne.....		Church	2-3	464	8	40	37	24	0	0	6 Int: Rotating;
3024 Fairfield, 46807									0	2	5 Res: Ortho., Surg.
St. Joseph's Hospital of Fort Wayne.....		Church	...	280	8	36	14	2	1	0	5 Res: Path.
700 Broadway, 46802											
Gary											
Methodist Hospital.....		Church	2	370	7	39	75	0	0	0	8 Int: Rotating;
1800 W. 6th Ave., 46402									1	0	4 Res: Path.
Indianapolis											
Indiana University Hospitals.....	M-31X	State	4-5	521	10	68	20	11	0	29	46 Int: St. Med., St. Surg., St. Ped., St. Path.;
1100 W. Michigan St., 46207									4	190	251 Res: Anes., Derm., Med., Neurosurg., Neur., ObG Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Urol.
Larue D. Carter Memorial Hospital.....	L-31#	State	2	235	155	50	0	0	...	...	Res: Psych., Child Psych.
1315 W. 10th S. 46207											
Marion County General Hospital.....	M-31#	CyCo	4-5	611	11	47	59	7	0	35	35 Int: Rotating;
960 Locke St., 46207									2	12	22 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Methodist Hospital of Indiana.....		Church	...	870	10	53	58	11	0	23	30 Int: Rotating, St. Med., St. Surg., St. Path.;
1604 N. Capitol Ave., 46207									0	40	56 Res: GP, Med., ObG, Ortho., Otol., Path., Ped., Rad., Surg., Urol.
St. Vincent's Hospital.....		Church	2-3	330	8	51	23	16	0	10	11 Int: Rotating, St. Path.;
120 W. Fall Creek Pkwy., 46207									0	10	18 Res: Med., ObG, Ortho., Path., Rad., Surg.
Veterans Administration Hospital.....	M-31#	VA	2-4	671	29	70	0	0	...	...	Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
1481 W. 10th St., 46207											
Lafayette											
St. Elizabeth Hospital.....		Church	...	341	8	38	6	2	1	0	4 Res: Path.
1501 Hartford St., 47901											
Mishawaka											
St. Joseph Hospital.....		Church	...	101	7	25	10	0	...	...	Res: Path.
215 W. 4th St., 46544											
Muncie											
Ball Memorial Hospital.....		NPCorp	3	450	9	39	29	12	0	3	12 Int: Rotating
2401 University Ave., 47303									1	0	6 Res: Path., Surg.
South Bend											
Memorial Hospital of South Bend.....		NPCorp	3	374	8	39	22	6	0	6	12 Int: Rotating;
615 N. Michigan St., 46601									...	...	Res: Path.
St. Joseph's Hospital.....		Church	2-3	344	8	35	23	20	0	1	9 Int: Rotating;
811 E. Madison St., 46622									...	...	Res: Path.
South Bend Medical Foundation Hospitals		NPCorp	...	...	...	...	...	...	0	0	2 Int: St. Path.;
531 N. Main St., 46601									1	7	8 Res: Path.
IOWA											
Cedar Rapids											
Mercy Hospital.....	L-32	Church	...	314	7	48	9	3	0	6	Int: Rotating
835, 6th Ave., S. E. 52403											
St. Luke's Methodist Hospital.....	L-32	Church	...	400	8	46	17	5	0	6	Int: Rotating;
1026 A Ave., N. E., 52402									0	0	4 Res: Path.
Cherokee											
Mental Health Institute.....		State	...	714	...	51	0	0	2	11	18 Res: Psych.
1200 W. Cedar, 51012											
Des Moines											
Broadlawn Polk County Hospital.....	L-32	County	...	198	8	54	9	6	0	15	12 Int: Rotating, General Practice Program;
18th and Hickman Rd., 50314									0	0	4 Res: GP, Surg.
Des Moines Child Guidance Center.....		NPCorp	...	0	180	0	0	0	0	0	2 Res: Child Psych.
1206 Pleasant St., 50309											
Iowa Lutheran Hospital.....	L-32	Church	...	316	9	37	7	3	3	9	14 Int: Rotating
716 Parnell Ave., 50316											
Iowa Methodist Hospital.....	L-32	Church	...	555	9	54	13	4	0	2	10 Int: Rotating
1200 Pleasant St., 50308									3	10	22 Res: Path., Ped., Rad., Surg.
Mercy Hospital.....	L-32	Church	...	300	7	31	24	12	6	0	16 Int: Rotating, St. Path.;
5th and Ascension Sts., 50314									1	1	5 Res: Path.
Veterans Administration Hospital.....	G-32	VA	...	386	21	51	0	0	5	9	15 Res: Path., Surg., Urol.
30th St. and Euclid Ave., 50308											
Independence											
Mental Health Institute.....		State	...	720	160	47	0	0	4	8	16 Res: Psych.
Box 111, 50644											
Iowa City											
State Psychopathic Hospital.....	M-32X	State	...	85	56	0	0	0	2	21	30 Res: Psych., Child Psych.
600 Newton Rd., 52241											
University Hospitals.....	M-32X	State	5	1,192	10	68	35	29	0	22	44 Int: Rotating, St. Med., St. Ped., St. Path.;
Newton Rd., 52240									11	126	153 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Veterans Administration Hospital, 52241..	M-32#	VA	4-5	484	20	75	0	0	4	28	4 Res: Anes., Med., Neurosurg., Neur., Otol., Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Non-Foreign		
KANSAS											
Halstead											
Halstead Hospital.....		Church		193				0	0	1 Res: Path.	
328 Poplar St., 67056											
Kansas City											
Bethany Hospital.....		Church	3	205	8	43	10	2	1	2	8 Int: Rotating
51 N. 12th St., 66102											
University of Kansas Medical Center.....	M-33X	State		522	9	93	30	20	2	25	30 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;
39th and Rainbow Blvd., 66103											
203 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.											
Topeka											
C. F. Menninger Memorial Hospital.....		NPCorp		150	213	0	0	0	5	9	16 Res: Psych., Child Psych.
3617 W. Sixth St., 66601											
Topeka State Hospital.....		State		1,055		85	0	0			Res: Psych.
2700 W. Sixth St., 66606											
Veterans Administration Hospital.....		VA		1,011	139	77	0	0			Res: Psych.
2200 Gage Blvd., 66622											
Wadsworth											
Veterans Administration Hospital, 66089.....		VA	4-5	724	96	72	0	0	0	6	8 Rcs: Surg., Urol.
Wichita											
St. Francis Hospital.....	G-33	Church		800	9	36	20	9	4	1	22 Int: Rotating, St. Med., St. Surg.;
929 N. St. Francis Ave., 67214											
St. Joseph Hospital and Rehabilitation Center.....		Church		321	7	28	13	0	0	4	10 Int: Rotating;
3400 Grand Ave., 67218											
Sedgwick County Hospital and Clinic.....		County		150	11	25	9	3	0	0	4 Res: GP, Path.
1001 N. Minneapolis St., 67214											
Veterans Administration Center.....	G-33	VA		252	31	60	0	0	4	6	Res: ObG, Urol.
5500 E. Kellogg, 67218											
Wesley Medical Center.....	G-33	Church		544	8	45	27	22	0	13	20 Int: Rotating;
550 N. Hillside Ave., 67214											
18 Rcs: GP, Med., Ortho., Path., Surg.											
KENTUCKY											
Anchorage											
Central Hospital (See Louisville)											
Covington											
St. Elizabeth Hospital.....		Church	3	374	7	26	35	3	0	0	12 Int: Rotating;
21st St. and Eastern Ave., 41014											
1 Res: Path.											
Fort Campbell											
U. S. Army Hospital, 42223.....		Army		300	9	62	19	4	0	4	3 Res: Surg.
Fort Knox											
Ireland Army Hospital, 40121.....		Army	4-5	500		62	18	9	0	0	4 Res: Surg.
Harlan											
Harlan Appalachian Regional Hospital.....		NPCorp		179	9	25	13	3	14	2	22 Res: Med., Path., Surg.
Martins Fork Rd., 40831											
Lexington											
Good Samaritan Hospital.....		Church		234	7	21	8	0	1	0	7 Int: Rotating;
310 S. Limestone St., 40508											
St. Joseph Hospital.....		Church		285	7	53	12	2			Res: Ortho., Urol.
1400 Harrodsburg Rd., 40504											
Shriners Hospital for Crippled Children.....	G-27	NPCorp		50	50	0	0	0	1	1	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.;
1900 Richmond Rd., 40502											
U. S. Public Health Service Hospital.....		USPHS	2-4-5	1,086	168	0	0	0			7 Res: Ortho., Path., Ped., Surg., Urol.
Leestown Pike, 40501											
University Hospital.....	M-34X	State	4-5	264	11	60	14	5	0	33	2 Res: Ortho.
800 W. Rose St., 40504											
46 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;											
54 Res: Anes., Med., Neurosurg., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.											
University of Kentucky College of Medicine, Department of Community Medicine, 40508.....											
12 Res: Gen. Prev. Med.											
Veterans Administration Hospital.....	L-34#	VA		1,156	279	70	0	0			Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;
Leestown Pike, 40507											
Res: Psych., Surg., Urol.											
Louisville											
Central Hospital, 40223.....		State		1,647	136	56	0	0			Res: Psych.
Children's Hospital.....	M-35	NPCorp		140	6	65	0	0			Int: St. Ped.;
226 E. Chestnut St., 40202											
Jewish Hospital.....	M-35	NPCorp		260	7	34	25	6			Res: Anes., Neurosurg., Oph., Path., Ped., Surg., Thor.
217 E. Chestnut St., 40202											
John N. Norton Memorial Infirmary.....	L-35	NPCorp		310	8	36	15	1	6	0	6 Int: Rotating;
231 W. Oak St., 40203											
Kosair Crippled Children Hospital.....	G-35	NPCorp		100	40	0	0	0	5	0	6 Res: Neurosurg., Psych., Surg.
982 Eastern Pkwy., 40217											
Louisville Area Mental Health Center.....		NPCorp									Res: Ortho.
231 W. Oak St., 40203											
Louisville Child Guidance Clinic.....		NPCorp		0		0	0	0	0	0	4 Res: Psych., Child Psych.
206 E. Chestnut St., 40202											
Louisville General Hospital.....	M-35#	CyCo	4-5	405	9	63	39	16	2	19	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;
323 E. Chestnut St., 40202											
18 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.											
Rehabilitation Center.....		NPCorp		24							Res: PMR
220 E. Madison St., 40202											
St. Joseph Infirmary.....		Church		483	7	43	31	1	0	14	24 Int: Rotating;
735 Eastern Pkwy., 40217											
Veterans Administration Hospital.....	M-35#	VA	4-5	496	23	54	0	0	2	3	17 Res: ObG, Ped., Rad., Surg.
Mellwood and Zorn Aves., 40202											
12 Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.											
LOUISIANA											
Alexandria											
Veterans Administration Hospital, 71301.....	G-37	VA	2	498	47	55	0	0			Res: Urol.
Independence											
Lallie Kemp Charity Hospital.....	M-37#	State		132							Res: Surg.
Hwy. 51, Box 7, 70443											

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
LOUISIANA—Continued											
Jackson											
East Louisiana State Hospital, 70748		State	2	3,857	606	8	0	0	0	1	4 Res: Psych.
Lafayette											
Lafayette Charity Hospital, 311 W. St. Mary Blvd., 70501	G-36X	State	...	371	7	40	129	7	3	11	Int: General Practice Program; 16 Res: GP, Surg.
Lake Charles											
Lake Charles Charity Hospital, 900 Walters St.	G-36#	State	...	120	...	...	...	...	...	...	Int: General Practice Program
Mandeville											
Southeast Louisiana Hospital, 70448	G-37#	State	...	450	80	0	0	0	0	2	10 Res: Psych.
Monroe											
E. A. Conway Memorial Hospital, 4801 South Grand St., 71201		State	5	212	7	12	77	3	7	5	17 Res: GP, Ortho., Surg., Thor.
New Orleans											
Charity Hospital of Louisiana, 1532 Tulane Ave., 70140	M-36#- M-37#, G-65	State	4-5	2,602	14	55	266	227	1	115	126 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., Gen. Prac. Prog.; 360 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Eye, Ear, Nose and Throat Hospital, 145 Elk Pl., 70112	G-37	NPCorp	...	108	4	0	0	0	0	15	15 Res: Oph., Otol.
Ochsner Foundation Hospital, 1516 Jefferson Hwy., 70121	L-37	NPCorp	4-5	348	9	73	13	0	0	3	10 Int: Rotating, St. Med.; 71 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Southern Baptist Hospital, 2700 Napoleon Ave., 70115	L-37	Church	...	472	8	40	33	6	4	8	24 Int: Rotating; 23 Res: Med., ObG, Path., Surg.
Touro Infirmary, 1400 Foucher St., 70115	L-37	NPCorp	2-3	530	8	43	22	4	0	9	25 Int: Rotating, St. Med., St. Surg., St. ObG; 31 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg.
Tulane University School of Medicine, 1430 Tulane Ave., 70112		Misc.	...	...	...	...	...	...	...	...	Res: Child Psych., Gen. Prev. Med.
U. S. Public Health Service Hospital, 210 State St., 70118	L-37	USPHS	2-4	403	18	77	0	0	0	16	20 Int: Rotating; 35 Res: Med., ObG, Oph., Ortho., Path., Rad., Surg.
Veterans Administration Hospital, 1601 Perdido St., 70140	L-36#-37#	VA	...	492	27	64	0	0	1	27	53 Res: Anes., Med., Neurosurg., Oph., Ortho., Path., Plast., Psych., Surg., Urol.
Pineville											
Huey P. Long Charity Hospital, Hospital Blvd., 71360	M-37#	State	2	288	6	33	48	15	0	0	6 Int: General Practice Program; 1 Res: Ortho., Surg.
Shreveport											
Confederate Memorial Medical Center, 1541 Kingshighway, 71101	G-37	State	2-3-4-5	830	8	40	74	0	0	20	40 Int: Rotating; 80 Res: Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Shriners Hospital for Crippled Children, Kingshighway and Samford Ave., 71103	G-37	NPCorp	2-3	60	86	0	0	0	0	2	2 Res: Ortho.
MAINE											
Bangor											
Eastern Maine General Hospital, 489 State St., 04401		NPCorp	...	326	9	38	14	3	1	3	6 Int: Rotating; 3 Res: Path., Urol.
Lewiston											
Central Maine General Hospital, 300 Main St., 04240		NPCorp	...	217	8	60	19	10	0	0	6 Int: Rotating; 3 Res: Path., Surg.
Portland											
Maine Medical Center, 22 Bramhall St., 04102	M-42	NPCorp	...	400	8	60	0	0	0	12	12 Int: Rotating; 36 Res: Anes., GP, Med., Path., Ped., Rad., Surg.
MARYLAND											
Army Chemical Center											
U. S. Army Environmental Hygiene Agency (Edgewood), 21010		Army	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Baltimore											
Baltimore City Hospitals, 4940 Eastern Ave., 21224	M-38-39	City	4-5-7	1,729	...	53	62	54	8	24	31 Int: Rotating, St. Med., St. Surg., St. Ped., Family Practice; 73 Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Surg.
Baltimore Eye, Ear and Throat Charity Hospital, 1214 Eutaw Pl., 21217	G-39	NPCorp	2	60	3	...	0	0	0	4	3 Res: Oph., Otol.
Bon Secours Hospital, 2025 W. Fayette St., 21223		Church	...	260	7	37	27	3	4	0	14 Int: Rotating; 13 Res: ObG, Surg.
Children's Hospital, 3825 Greenspring Ave., 21211		NPCorp	4-5	150	15	100	0	0	...	...	Res: Ortho.
Church Home and Hospital, 100 N. Broadway, 21231		Church	...	286	10	43	7	4	8	5	18 Int: Rotating, St. Med., St. Surg.; 21 Res: Med., ObG, Surg.
Franklin Square Hospital, 100 N. Calhoun St., 21223		NPCorp	...	171	9	38	19	11	7	0	8 Int: Rotating; 9 Res: ObG, Surg.
Greater Baltimore Medical Center, 6701 N. Charles Street, 21204 (New facilities for Hospital for Women of Maryland and Presbyterian Eye, Ear & Throat Charity Hospital) Hospital for the Women of Maryland (See Greater Baltimore Medical Center)	G-38	NPCorp	2	190	6	43	1	1	10	2	16 Int: Rotating, St. Med.; 28 Res: Med., ObG, Oph., Otol., Ped.
James Lawrence Kernan Hospital, Windsor Mill Rd., 21207	G-39	Corp	...	114	32	0	0	0	1	3	4 Res: Ortho.
Johns Hopkins Community Pediatrics Program			...	...	...	...	...	...	0	8	9 Int: St. Ped.; 24 Res: Ped.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
MARYLAND, Baltimore—Continued											
Johns Hopkins Hospital, 601 N. Broadway, 21205	M-38#	NPCorp	4-5	1,147	10	69	70	69	0	64	62 Int: Pvt. Med., St. Med., St. Surg., St. Ped., St. Path., St. ObG;
Johns Hopkins University School of Hygiene and Public Health, 21205											17 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Urol.
Lutheran Hospital of Maryland, 730 Ashburton St., 21216		Church	4	211	8	27	28	7	8	0	15 Res: Gen. Prev. Med.
Maryland General Hospital, 827 Linden Ave., 21201	L-39	Church		386	10	42	36	18	0	6	10 Int: Rotating;
Mercy Hospital, 301 St. Paul Pl., 21202	M-39	Church	4	333	8	44	33	9	5	5	12 Res: ObG, Surg.
Office of the Chief Medical Examiner, Maryland State Dept. of Post Mortem Examiners, 700 Fleet St., 21202		State									17 Int: Rotating;
Presbyterian Eye, Ear, and Throat Charity Hospital (See Greater Baltimore Medical Center)											5 Res: Med., ObG, Path., Surg.
Provident Hospital, 1514 Division St., 21217		NPCorp	4	135	8	31	47	5	1	0	18 Int: Rotating;
St. Agnes Hospital, 1000 Caton Ave., 21229		Church		384	8	35	26	4	6	6	29 Res: Med., ObG, Path., Surg.
St. Joseph's Hospital, 7620 York Rd., 21204		Church	1	231	9	29	16	0	8	0	15 Int: Rotating;
Seton Psychiatric Institute, 6420 Reisterstown Rd., 21215		Church		300	262	0	0	0	3	6	23 Res: ObG, Path., Surg.
Sinai Hospital of Baltimore, Belvedere Ave. at Greenspring, 21215	L-38	NPCorp	4	479	8	58	46	19	1	22	12 Res: Psych.
South Baltimore General Hospital, 1213 Light St., 21230		NPCorp		184	8	49	15	1	0	7	24 Int: Rotating, St. Med., St. Surg., St. Ped.;
Spring Grove State Hospital, Wade Ave., 21228		State	4	2,734	300	24	0	0	13	2	73 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg. Urol.
State of Maryland Dept. of Health, 301 W. Preston St., 21201		State								1	12 Int: Rotating;
Union Memorial Hospital, 33rd and Calvert Sts., 21218	G-38	NPCorp		414	10	48	10	8	10	13	11 Res: Med., Surg.
U. S. Public Health Service Hospital, Wyman Park Dr. and 31st St., 21211		USPHS	2-4-5	300	19	84	0	0	0	12	18 Int: Rotating, St. Med.;
University Hospital, Redwood and Greene Sts., 21201	M-39X	State	4-5	675	12	53	29	4	0	29	32 Res: Med., Oph., Path., Rad., Surg.
University of Maryland School of Medicine, 21201											30 Int: St. Med., St. Surg., St. Ped., St. Path.;
Veterans Administration Hospital, 3900 Loch Raven Blvd., 21218	G-38	VA	2	291	102	67	0	0	0	0	212 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Bethesda											
National Institutes of Health-Clinical Center, 9000 Wisconsin Ave., 20014	L-20	USPHS	2-5	516	33	91	0	0	0	17	Res: Gen. Prev. Med.
Suburban Hospital, 8600 Old Georgetown Rd., 20014		NPCorp		245	6	55	15	10	2	0	4 Res: Derm., Neur., Path., Psych., Rad.
U. S. Naval Hospital, Rockville Pike, 20014	M-19, L-20	Navy	2	650	7	91	16	15	0	17	6 Int: Rotating;
Cheverly											
Prince George's General Hospital, 20784		County		393	7	57	63	29	16	0	12 Res: GP, Path., Surg.
Crownsville											
Crownsville State Hospital, 21032		State	4	1,985	180	28	0	0	3	5	17 Int: Rotating;
Fort Howard											
Veterans Administration Hospital, 21052		VA	2	377	40	58	0	0	9	4	20 Res: Med., Surg., Urol.
Hagerstown											
Washington County Hospital, King and Antietam Sts., 21740		NPCorp	3	305	8	30	20	1	1	0	3 Res: Rad.
Perry Point											
Veterans Administration Hospital, 21902		VA	2	1,445	80	77	0	0	5	3	11 Res: Psych., Surg.
Rockville											
Chestnut Lodge, 500 W. Montgomery Ave., 20850		Corp		90	188		0	0	1	0	4 Res: Psych.
Sykesville											
Springfield State Hospital, 21784		State		3,150		34	0	0	6	5	15 Res: Psych.
Takoma Park											
Washington Sanitarium and Hospital, 7600 Carroll Ave., 20012		Church		282	8	57	15	5	1	15	16 Int: Rotating
Towson											
Sheppard and Enoch Pratt Hospital, York Road, 21204		NPCorp		265	282	25	0	0	1	17	21 Res: Psych.
MASSACHUSETTS											
Bedford											
Veterans Administration Hospital, 200 Springs Rd., 01730	M-42	VA		1,469	651	59			0	0	3 Res: Psych.
Belmont											
Beaverbrook Guidance Center, 1075 Pleasant Street, 02179		State									Res: Child Psych.
McLean Hospital, 1075 Pleasant St., 02178	M-41#	NPCorp		278	168	57	0	0	2	18	23 Res: Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Contro	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS—Continued											
Beverly											
Beverly Hospital Heather and Herrick Sts., 01915		NPCorp	...	245	8	59	11	0	0	0	10 Int: Rotating; 5 Res: Path., Surg.
Boston											
Beth Israel Hospital 330 Brookline Ave., 02115	M-41#-42	NPCorp	4	372	10	60	18	7	0	18	19 Int: St. Med., St. Surg., St. Path.; 73 Res: Anes., Med., ObG, Path., Psych., Child Psych., Rad., Surg.
Boston City Hospital 818 Harrison Ave., 02118	M-40-41-42#	City	4-5	1,257	11	63	76	16	0	78	76 Int: St. Med., St. Surg., St. Ped., St. Path.; 288 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho. Otol. Path., Ped., Psych., Rad., Surg., Thor., Urol.
Boston Dispensary and Rehabilitation Institute (see New England Medical Center Hospitals)											
Boston Floating Hospital (see New England Medical Center Hospitals)											
Boston Lying-in Hospital 221 Longwood Ave., 02115	M-41#	NPCorp	...	174	5	88	77	71	...	...	Res: ObG, Path.
Boston Sanatorium 249 River St., Mattapan 02126	L-40	City	...	...	...	...	...	...	...	...	Res: Thor.
Boston State Hospital 591 Morton St., 02124	M-42, L-40	State	...	2,512	...	50	0	0	4	31	42 Res: Psych.
Boston University-Boston City Hospital Guidance Center 80 E. Concord St., 02118	M-40	City	...	0	...	...	...	0	1	2	7 Res: Child Psych.
Carney Hospital 2100 Dorchester Ave., 02124	M-42, L-40	Church	...	334	10	53	0	0	7	0	12 Int: Rotating; 42 Res: Med., ObG, Ortho., Path., Surg.
Children's Hospital Medical Center 300 Longwood Ave., 02115	M-41#	NPCorp	4-5	343	9	81	0	0	1	5	11 Int: St. Ped., St. Path.; 99 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Child Psych., Rad., Surg.
Commonwealth of Massachusetts—											
Department of Public Health											
State House, 02133		State	...	...	...	...	...	...	1	3	4 Res: Public Health
Douglas A. Thom Clinic for Children 315 Dartmouth St., 02116		NPCorp	...	...	...	...	...	...	0	0	4 Res: Child Psych.
Faulkner Hospital 1153 Centre St., Jamaica Plain 02130	L-40	NPCorp	...	152	9	47	8	4	0	1	1 Res: Med., Path.
Harvard Medical School Dept. of Legal Medicine 25 Shattuck St., 02115		NPCorp	...	...	...	...	...	...	1	1	2 Res: Forensic Path.
Harvard University School of Public Health 665 Huntington Ave., 02115		NPCorp	...	...	...	...	...	...	1	9	24 Res: Occup. Med., Gen. Prev. Med.
James Jackson Putnam Children's Center 244 Townsend St., 02121		NPCorp	...	...	...	0	0	0	0	1	4 Res: Child Psych.
Joseph P. Kennedy Jr. Memorial Hospital 30 Warren St. (Brighton), 02135		Church	...	125	44	100	0	0	1	1	3 Res: Ortho.
Judge Baker Guidance Center 295 Longwood Ave., 02115		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
Lahey Clinic 605 Commonwealth Ave., 02215		NPCorp	...	...	...	...	...	...	37	37	74 Res: Anes., Colon-Rectal, Med., Neurosurg., Ortho., Otol., Rad., Surg., Urol.
Lemuel Shattuck Hospital 170 Morton St., 02130	M-42, L-40-41	State	...	437	63	59	...	...	13	5	21 Res: Med., Path., Rad.
Long Island Hospital Long Island, 02169	L-41	City	3	500	...	48	0	0	6	1	12 Res: Med.
Massachusetts Eye and Ear Infirmary 243 Charles St., 02114	M-41#, L-42	NPCorp	...	180	6	25	0	0	0	32	38 Res: Oph., Otol.
Massachusetts General Hospital Fruit St., 02114	M-41#	NPCorp	4-5	1,083	12	63	0	0	0	31	35 Int: St. Med., St. Surg., St. Ped., St. Path.; 19 160 210 Res: Anes., Derm., Med., Neurosurg., Neur., Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals (see University Hospital)											
Massachusetts Mental Health Center 74 Fenwood Rd., 02115	M-41	State	2	236	74	0	0	0	3	70	79 Res: Psych., Child Psych.
New England Deaconess Hospital Deaconess Rd., 02215	L-41	NPCorp	...	368	11	65	0	0	17	20	43 Res: Anes., Med., Path., Rad., Thor., Urol.
New England Medical Center Hospitals (Includes Boston Dispensary and Rehabilitation Institute, Boston Floating Hospital, New England Center Hospital)											
171 Harrison Ave., 02111	M-42#, L-40-41	NPCorp	...	...	...	...	...	...	1	23	24 Int: St. Med., St. Surg., St. Ped., St. ObG; 14 61 103 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Peter Bent Brigham Hospital 721 Huntington Ave., 02115	M-41#	NPCorp	4	309	12	83	0	0	0	20	21 Int: St. Med., St. Surg., St. Path.; 8 80 91 Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
St. Elizabeth's Hospital 736 Cambridge St. (Brighton), 02135	M-42#	Church	...	420	9	48	37	7	0	16	18 Int: Rotating; 9 31 54 Res: Anes., Med., Neur., ObG, Path., Ped., Surg.
St. Margaret's Hospital 90 Cushing Ave., 02125	M-42#	Church	1	122	5	50	72	32	...	...	Res: ObG
Tufts-New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital) 20 Ash St., 02111		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
U. S. Public Health Service Hospital 77 Warren St. (Brighton), 02135	L-40	USPHS	2-4	211	15	85	0	0	1	9	12 Int: Rotating; 0 6 7 Res: Med., Surg.
University Hospital 750 Harrison Ave., 02118	M-40	NPCorp	4	240	11	56	11	7	1	16	18 Int: St. Med., St. Surg., St. Path.; 14 14 87 Res: Anes., Derm., Med., Neur., ObG, Oph., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (Jamaica Plain)											
150 S. Huntington Ave., 02130	M-40-42	VA	4	920	29	64	0	0	11	101	121 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Roxbury)											
1400 Veterans of Foreign Wars Pkwy., 02132	L-41	VA	2	300	143	80	0	0	2	4	8 Res: Med., Ortho., Path., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS—Continued											
Stockbridge											
Auster Riggs Center Main St., 01262		NPCorp	2	42	222	0	0	0	1	7	7 Res: Psych.
Taunton											
Taunton State Hospital Hodges Ave. Extension, 02781		State	...	1,768	...	35	...	6	0	6	6 Res: Psych.
Waltham											
Metropolitan State Hospital 475 Trapelo Rd., 02154	M-42	State	...	1,912	70	38	0	0	1	3	8 Res: Psych., Child Psych.
Middlesex County Sanatorium 775 Trapelo Rd., 02154	L-41	County	...	220	117	74	0	0	...	...	Res: Med.
Walter E. Fernald State School 200 Trapelo Rd., 02179		State	2-3	2,507	365	77	0	0	0	0	1 Res: Psych.
Waltham Hospital Hope Ave., 02154	L-40	NPCorp	...	236	8	42	13	2	4	0	7 Int: Rotating
Westfield											
Western Massachusetts Hospital 91 E. Mountain Rd., 01085		State	4	70	20	44	0	0	2	1	3 Res: Surg.
West Roxbury											
Veterans Administration Hospital—See Boston											
Worcester											
Memorial Hospital 119 Belmont St., 01605		NPCorp	4	350	8	52	26	10	11	0	12 Int: Rotating; 19 Res: Med., Ortho., Path., Surg.
St. Vincent Hospital 25 Winthrop St., 01604	G-19	Church	...	562	10	65	16	5	2	4	21 Int: Rotating, St. Med., St. Surg.;
Worcester City Hospital 26 Queen St., 01610		City	4	448	9	41	8	6	8	0	39 Res: Anes., Med., Ortho., Path., Ped., Surg.
Worcester State Hospital 305 Belmont St., 01604	M-42	State	4	1,422	...	24	2	0	8	3	22 Int: Rotating, St. Surg.;
Worcester Youth Guidance Center 275 Belmont St., 01604		NPCorp	...	...	...	...	...	...	2	2	37 Res: GP, Med., Ortho., Path., Ped., Surg. 14 Res: Psych.
MICHIGAN											
Ann Arbor											
St. Joseph Mercy Hospital 326 N. Ingalls St., 48104	M-43	Church	...	522	8	77	21	11	0	18	20 Int: Rotating; 36 Res: Med., ObG, Ortho., Path., Plast., Surg.
University Hospital 1405 E. Ann St., 48104	M-43X	State	5	931	12	70	19	14	2	34	41 Int: St. Med., St. Surg., St. Ped., St. Path.;
University of Michigan, Institute of Industrial Health, Medical Center Veterans Administration Hospital 2215 Fuller Rd., 48105	M-43#	State VA	1-4-5	486	29	82	0	0	...	...	22 369 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad. Surg., Thor., Urol.
Dearborn											
Ford Motor Co. Medical Dept., 48127 Oakwood Hospital 18101 Oakwood Blvd., 48123		Corp NPCorp	...	399	8	46	46	20	4	10	8 Res: Occup. Med. 18 Int: Rotating;
Veterans Administration Hospital Southfield Rd. and Outer Dr., 48121	M-44#	VA	4-5	890	36	60	0	0	...	...	17 Res: GP, ObG, Path., Surg. Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Path., Plast., Rad., Surg., Thor., Urol.
Detroit											
Alexander Blain Hospital 2200 Jefferson Ave. E., 48207		NPCorp	...	110	10	27	0	0	1	0	4 Res: Surg.
Children's Center of Wayne County 5475 Woodward Ave., 48202		...	...	...	...	...	...	...	0	0	4 Res: Child Psych.
Children's Hospital 5224 St. Antoine St., 48202	M-44#	NPCorp	...	215	8	71	0	0	0	6	8 Int: St. Ped.;
Crittenton Hospital 1554 Tuxedo Ave., 48206		NPCorp	...	179	7	39	48	12	5	1	17 42 Res: Ortho., Otol., Path., Ped., Ped. All., Surg. 8 Res: ObG
Detroit General Hospital 1326 St. Antoine St., 48226	M-44#	City	6	697	11	...	0	0	1	28	50 Int: Rotating, St. Med., St. Surg.;
Detroit Memorial Hospital 1420 St. Antoine St., 48226		NPCorp	...	337	9	59	31	23	12	0	87 151 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Evangelical Deaconess Hospital 3245 E. Jefferson Ave., 48207		Church	...	198	8	35	17	7	5	1	20 Int: Rotating; 22 Res: Derm., Med., Neurosurg., Neur., ObG Path., Rad., Surg.
General Motors Corporation 3044 W. Grand Blvd., 48202		Corp	...	...	...	...	...	...	0	2	8 Int: Rotating; 10 Res: GP, Surg. 10 Res: Occup. Med.
Grace Hospital 4160 John R. St., 48201	M-44#	NPCorp	...	806	9	54	47	20	10	5	30 Int: Rotating; 65 Res: Med., Neurosurg., ObG, Oph., Ortho., Path., Plast., Rad., Surg., Urol.
Harper Hospital 3825 Brush St., 48201	M-44#	NPCorp	...	711	10	48	38	14	2	7	26 Int: Rotating; 40 Res: Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital 2799 W. Grand Blvd., 48202		NPCorp	5	1,055	12	62	28	0	0	26	26 Int: Rotating; 70 202 303 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Herman Kiefer Hospital 1151 Taylor St., 48202		City	...	707	160	52	0	0	4	2	7 Res: Path., Rad., Thor.
Hutzel Hospital 432 E. Hancock Ave., 48201	M-44#	NPCorp	...	293	8	38	77	14	1	0	14 Int: Rotating, St. ObG; Res: Med., ObG, Path., Surg.
Lafayette Clinic 951 E. Lafayette, 48207	M-44#	State	...	142	68	...	0	0	9	28	50 Res: Neur., Psych., Child Psych.
Metropolitan Hospital 1800 Tuxedo Ave., 48206		NPCorp	...	160	7	55	33	8	2	0	9 Res: Med., Surg.
Mount Carmel Mercy Hospital 6071 W. Outer Dr., 48235		Church	4-5	526	9	47	60	21	0	0	24 Int: Rotating; 28 7 36 Res: Med., ObG, Path., Surg.
Receiving Hospital (see Detroit General Hospital) Rehabilitation Institute 261 Mack Blvd., 48201	L-44#	NPCorp	...	84	424	...	0	0	0	1	6 Res: PMR

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								Autopsies on Stillborn	Foreign		
MICHIGAN, Detroit—Continued											
St. John Hospital 22101 Moross Rd., 48236		NPCorp	...	292	7	46	70	31	10	0	18 Int: Rotating; 23 Res: Med., ObG, Surg.
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 48211		Church	...	275	9	41	14	2	7	0	9 Int: Rotating; 7 Res: ObG, Surg.
Sinai Hospital of Detroit 6767 W. Outer Dr., 48235	M-44#	NPCorp	4-5	390	9	57	40	36	1	15	16 Int: Rotating; 53 Res: Anes., Med., ObG, Oph., Path., Psych., Rad., Surg.
U. S. Public Health Service Hospital 14700 Riverside Dr., 48215		USPHS	2	147	15	44	0	0	0	0	6 Res: GP
Wayne County Medical Examiner's Office 400 E. Lafayette Ave., 48226		County	...	...	...	...	...	...	1	1	2 Res: Forensic Path.
Woman's Hospital (see Hutzel Hospital)											
Eloise Wayne County General Hospital and Infirmary, 48132	G-44, M-43#	County	4-5	424	12	41	28	22	16	14	36 Int: Rotating; 49 Res: Med., Neurosurg., ObG, Ortho., Path., Psych. Rad., Surg., Urol.
Fliht											
Hurley Hospital 6th Ave. and Begole St., 48502		City	...	716	9	42	50	11	0	4	25 Int: Rotating; 42 Res: GP, Med., ObG, Path., Ped., Rad., Surg.
McLaren General Hospital 401 Ballenger Hwy., 48502		NPCorp	...	318	8	42	31	11	2	5	12 Int: Rotating; 23 Res: GP, Med., Path., Rad., Surg.
St. Joseph Hospital 302 Kensington Ave., 48502		Church	...	408	8	43	31	16	7	2	14 Int: Rotating; 18 Res: GP, Path.
Grand Rapids											
Blodgett Memorial Hospital 1840 Wealthy St. S.E., 49506		NPCorp	...	420	8	70	32	29	0	16	17 Int: Rotating, St. Path; 30 Res: Med., ObG, Ortho., Path., Rad., Surg.
Butterworth Hospital 100 Michigan St. N.E., 49503		NPCorp	...	467	8	59	47	18	1	12	20 Int: Rotating, St. Surg.; 33 Res: Med., ObG, Path., Ped., Plast., Rad., Surg.
Ferguson-Droste-Ferguson Hospital 72 Sheldon Ave., S.E., 49502		NPCorp	...	92	9	56	0	0	0	1	2 Res: Colon-Rectal
St. Mary's Hospital 201 Lafayette Ave. S.E., 49503		Church	...	399	7	36	32	1	0	4	14 Int: Rotating; 15 Res: ObG, Ortho., Path., Surg.
Grosse Pointe											
Bon Secours Hospital 468 Cadioux Rd., 48230		Church	...	160	7	44	20	6	6	2	10 Int: Rotating; 6 Res: Surg.
Grosse Pointe Farms											
Cottage Hospital 159 Kercheval Ave. 48236		NPCorp	...	107	7	35	18	11	5	0	6 Res: GP
Highland Park											
Highland Park General Hospital 369 Glendale Ave., 48203		City	...	283	9	48	31	6	12	3	14 Int: Rotating; 23 Res: Med., ObG, Surg.
Kalamazoo											
Borgess Hospital 1521 Gull Rd., 49001		NPCorp	...	340	8	48	17	2	0	6	10 Int: Rotating; 11 Res: GP, Ortho., Path., Ped., Surg.
Bronson Methodist Hospital 252 E. Lovell St., 49006		Church	...	315	8	48	25	0	0	12	15 Int: Rotating; 9 Res: Ortho., Ped., Surg.
Lansing											
Edward W. Sparrow Hospital 1215 E. Michigan Ave., 48912	L-98	NPCorp	...	361	7	46	20	12	0	4	10 Int: Rotating; 6 Res: Path. Surg.
Ingham Medical Hospital 401 W. Greenlawn Ave., 48910		County	1	161	6	36	7	4	0	2	2 Res: Thor.
Michigan Dept. of Health Hwy. M-174, 48914		State	...	...	...	...	...	...	0	1	2 Res: Public Health
St. Lawrence Hospital 1210 W. Saginaw St., 48914		Church	...	325	7	47	32	22	1	1	2 Res: Path.
Midland											
Midland Hospital 4005 Orchard Dr., 48640		NPCorp	...	224	7	56	9	6	0	2	10 Int: Rotating
Muskegon											
Hackley Hospital 1700 Clinton St., 49443		NPCorp	...	297	8	46	17	3	0	2	10 Int: Rotating
Northville											
Hawthorn Center 18471 Haggerty Rd., 48167		State	5	64	290	...	0	0	0	5	12 Res: Child Psych.
Northville State Hospital 41001 Seven Mile Rd., 48167		State	...	2,231	...	40	1	1	9	6	18 Res: Psych.
Pontiac											
Pontiac General Hospital Seminole at West Huron St., 48053		City	...	401	8	49	42	12	3	1	20 Int: Rotating; 25 Res: Med., ObG, Path., Ped., Surg.
Pontiac State Hospital 140 Elizabeth Lake Rd., 48053		State	...	2,844	...	50	0	0	11	3	18 Res: Psych.
St. Joseph Mercy Hospital 900 Woodward Ave., 48053		Church	2-3	330	7	55	25	24	0	5	12 Int: Rotating; 29 Res: Med., ObG, Path., Ped., Rad., Surg.
River Rouge											
Sidney A. Sumbly Memorial Hospital 234 Visger Rd., 48218		NPCorp	...	78	7	60	6	0	5	0	5 Res: GP
Royal Oak											
William Beaumont Hospital 3601 W. 13 Mile Rd., 48072		NPCorp	...	357	7	54	19	17	0	0	12 Int: Rotating; 53 Res: Med., ObG, Path., Surg., Urol.
Saginaw											
Saginaw General Hospital 1447 N. Harrison St., 48605		NPCorp	...	300	7	50	21	6	1	3	6 Int: Rotating; 13 Res: Med., ObG, Path., Ped., Surg.
Saginaw Valley Child Guidance Clinic 3253 Congress St., 48002		Misc.	...	...	...	...	...	...	7	4	1 Res: Child Psych.
St. Luke's Hospital 705 Cooper St., 48605		Church	...	259	8	49	18	4	3	5	10 Int: Rotating
St. Mary's Hospital 830 S. Jefferson Ave., 48601		Church	...	242	8	38	22	8	4	0	9 Int: Rotating
Southfield											
Providence Hospital 16001 Nine Mile Rd., 48076		Church	...	401	9	54	22	4	2	4	12 Int: Rotating; 28 Res: Anes., Med., ObG, Path., Surg.

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								Autopsies on Stillborn	Foreign Non-Foreign		
MICHIGAN—Continued											
Traverse City											
James Decker Munson Hospital 6th and Madison Sts., 49684		NPCorp	2-3	250	8	41	13	1	0	4	8 Int: Rotating
Traverse City State Hospital Elmwood and 11th, 49684		State	...	2,825	...	35	0	0	9	7	20 Res: Psych.
Ypsilanti											
Ypsilanti State Hospital 3501 Willis Rd., 48197		State	...	3,750	98	41	0	0	5	6	24 Res: Psych.
MINNESOTA											
Duluth											
St. Luke's Hospital 915 E. First St., 55805		NPCorp	...	474	9	60	13	13	0	10	15 Int: Rotating; 4 Res: Path.
St. Mary's Hospital 407 E. Third St., 55805		Church	...	425	10	69	15	15	0	12	12 Int: Rotating; 4 Res: Path.
Minneapolis											
Fairview Hospital 2312 South 6th St., 55406		Church	...	531	8	32	18	12	6	0	8 Res: GP
Hennepin County General Hospital 619 S. 5th St., 55415	M-45	County	6	404	11	68	27	14	1	41	48 Int: Rotating; 51 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Urol.
Kenny Rehabilitation Institute 1800 Chicago Ave., 55404	G-45	NPCorp	...	80	35	100	0	0	...	...	Res: PMR
Mount Sinai Hospital 737 E. 22nd St., 55404	G-45	NPCorp	...	305	8	55	7	5	3	0	14 Int: Rotating; 18 Res: Med., Path., Surg.
Northwestern Hospital 810 E. 27th St., 55407		NPCorp	...	395	9	65	16	12	2	0	12 Int: Rotating, St. Med.; 27 Res: Med., Path., Surg.
St. Barnabas Hospital 714 9th Ave. S., 55415		Church	...	238	6	69	22	12	5	0	Int: Rotating; 2 Res: Path., Surg.
St. Mary's Hospital 2414 S. 7th St., 55406		Church	...	505	7	61	60	31	1	12	14 Int: Rotating; 2 Res: Path.
Shriners Hospital for Crippled Children 2025 E. River Rd., 55414		NPCorp	...	60	60	0	0	0	0	2	2 Res: Ortho.
State of Minnesota Dept. of Health University Campus, 55455		State	...	...	...	...	...	...	0	0	4 Res: Public Health
Swedish Hospital 914 S. 8th St., 55404		Church	...	465	6	47	33	29	5	0	Int: Rotating; 2 Res: Path., Rad., Surg.
University of Minnesota Hospitals 412 S. E. Union St., 55455	M-45X	State	6	753	14	84	22	22	1	40	42 Int: St. Med., St. Ped., St. Surg.; 25 88 138 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 48th Ave. and 54th St. S., 55417	M-45	VA	2-4-5	1,014	32	81	0	0	4	48	76 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Rochester											
Mayo Graduate School of Medicine 200 First St. S.W., 55901		...	...	...	...	...	...	...	91	536	702 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Rochester Methodist Hospital 1 First Ave. N. W., 55901		Church	...	473	8	73	0	0	...	...	(See Mayo Graduate School of Medicine)
St. Mary's Hospital 1216 Second St. S. W., 55901		Church	...	900	11	75	19	12	...	...	(See Mayo Graduate School of Medicine)
St. Paul											
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave., 55104		Misc.	...	...	...	...	...	...	1	0	3 Res: Child Psych.
Ancker Hospital (See St. Paul-Ramsey Hospital)											
Bethesda Lutheran Hospital 559 Capitol Blvd., 55101		Church	...	276	8	44	22	13	2	5	10 Int: Rotating
Charles T. Miller Hospital 125 W. College Ave., 55102	G-45	NPCorp	...	387	9	48	23	11	0	5	12 Int: Rotating; 15 Res: Med., ObG, Oph., Path., Rad., Surg., Urol.
Children's Hospital 311 Pleasant Ave., 55102	G-45	NPCorp	...	...	...	...	...	...	0	0	2 Res: Ped.
Gillette State Hospital for Crippled Children 1003 E. Ivy Ave., 55106	G-45	State	...	156	42	100	0	0	...	...	Res: Anes., Ortho.
St. Joseph's Hospital 69 W. Exchange St., 55102	G-45	Church	...	407	8	34	27	10	1	1	14 Int: Rotating; 4 Res: ObG, Path., Surg.
St. Luke's Hospital 300 Pleasant Ave., 55102		NPCorp	...	360	11	40	14	7	8	0	12 Int: Rotating; 8 Res: GP
St. Paul-Ramsey Hospital 640 Jackson St., 55101	M-45	CyCo	2	583	15	62	13	12	0	33	32 Int: Rotating; 13 Res: Anes., Derm., Med., Neur., ObG, Oph., Otol., Path., Ped., Surg., Urol.
MISSISSIPPI											
Biloxi											
U. S. Air Force Hospital Keesler Air Force Base, 39534	L-37	USAF	4	325	15	86	10	6	0	11	12 Int: Rotating
Veterans Administration Hospital Gulfport Division, 39531		VA	2	904	464	69	0	0	0	1	6 Res: Psych.
Jackson											
Mental Health Services—Mississippi State Board of Health 440 E. Woodrow Wilson Ave., 39216		State	...	...	...	...	...	...	...	...	Res: Psych.
Mississippi Baptist Hospital 1199 N. State St., 39201		Church	2-3	359	7	40	21	12	0	4	12 Int: Rotating; 6 Res: Ortho.
State of Mississippi Dept. of Health, 39216		State	...	...	...	...	...	...	...	...	Res: Public Health
University Hospital 2500 N. State St., 39216	M-46X	State	...	346	8	63	78	43	0	16	29 Int: Rotating, St. Med., St. Ped., St. Surg., St. Path.; 0 96 154 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 1500 E. Woodrow Wilson Dr., 39216	M-46	VA	2	498	35	69	0	0	...	...	Res: Anes., Med., Neurosurg., Oph., Ortho., Otol., Plast., Psych., Rad., Surg., Thor., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
MISSISSIPPI—Continued											
Sanatorium											
Mississippi State Sanatorium, 39112	G-46	State	...	434	175	43	0	0	...	...	Res: Thor.
Whitfield											
Mississippi State Hospital, 39193	L-46	State	...	5,074	...	...	...	...	...	...	Res: Psych.
MISSOURI											
Clayton											
St. Louis County Hospital, 601 S. Brentwood Blvd., 63105		County	...	355	9	46	17	8	0	4	10 Int: Rotating; 17 Res: Med., ObG, Surg.
Columbia											
Ellis Fischel State Cancer Hospital, Highway 40 and Garth Ave., 65201	L-47, G-48	State	...	104	17	48	0	0	1	3	4 Res: Surg.
University of Missouri Medical Center, 807 Stadium Rd., 65201	M-47X	State	...	441	13	87	14	4	0	12	19 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 152 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.
Kansas City											
Children's Mercy Hospital, 1710 Independence Ave., 64106	M-33#, G-47#	NPCorp	5	100	9	80	0	0	1	0	6 Int: St. Ped.; 8 Res: Anes., Ortho., Ped., Rad.
Greater Kansas City Mental Health Foundation, 2200 McCoy St., 64108		Misc.	...	...	...	...	...	...	...	...	Res: Psych., Child Psych.
Kansas City General Hospital and Medical Center, 24th and Cherry Sts., 64108	L-47#, G-33	City	5	443	9	36	67	13	1	28	30 Int: Rotating; 64 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Plast., Surg., Urol.
Menorah Medical Center, 4949 Rockhill Rd., 64110	G-33	NPCorp	...	341	10	46	12	11	0	9	16 Int: Rotating, St. Path.; 27 Res: GP, Med., Path., Rad., Surg.
Research Hospital and Medical Center, Meyer Blvd. at Prospect Ave., 64132		NPCorp	...	517	10	48	17	11	1	0	4 Res: Path., Rad.
St. Joseph Hospital, 2510 E. Linwood Blvd., 64128		Church	...	300	8	40	20	9	0	0	4 Res: Path.
St. Luke's Hospital, Wornall Rd. at 44th St., 64111		Church	...	419	8	55	22	22	0	14	20 Int: Rotating; 36 Res: Anes., Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Mary's Hospital, 101 Memorial Dr., 64108		Church	...	385	8	51	19	4	0	0	1 Res: Path.
Trinity Lutheran Hospital, 3001 Wyandotte St., 64108		Church	...	207	8	44	7	3	7	0	8 Int: Rotating; 4 Res: GP
Veterans Administration Hospital, 4801 Linwood Blvd., 64128	M-33#	VA	4-5	501	24	65	0	0	...	...	Res: Med., Neurosurg., Neur., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Kirkwood											
St. Joseph Hospital, 525 Couch Ave., 63122		Church	...	214	7	39	15	4	4	0	4 Res: GP
Mount Vernon											
Missouri State Sanatorium, 65712		State	...	548	122	43	0	0	2	0	2 Res: Thor.
St. Louis											
Barnes Hospital, 600 S. Kingshighway Blvd., 63110	M-49#	NPCorp	...	1,014	10	68	50	9	3	51	63 Int: Rotating; St. Med., St. Surg., St. Path., St. ObG; 244 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Thor., Urol.
Deaconess Hospital, 6150 Oakland Ave., 63139		Church	...	361	11	50	10	4	0	0	16 Int: Rotating; 13 Res: Med., Surg.
DePaul Hospital, 2415 N. Kingshighway Blvd., 63113		Church	...	374	8	40	7	0	3	1	4 Res: Path.
Homer G. Phillips Hospital, 2601 N. Whittier St., 63113	L-49#	City	4-5	511	8	28	97	0	1	11	20 Int: Rotating; 78 Res: Med., ObG, Oph., Otol., Path., Ped., Surg., Urol.
Jewish Hospital of St. Louis, 216 S. Kingshighway Blvd., 63110	L-49	NPCorp	4	523	11	55	45	36	0	17	19 Int: St. Med., St. Surg.; 57 Res: Anes., Med., ObG, Path., PMR, Psych., Rad., Surg.
Lutheran Hospital, 2639 Miami St., 63118		Church	...	388	9	44	12	1	5	0	12 Int: Rotating; 9 Res: GP
Malcolm Bliss Mental Health Center, 1420 Grattan St., 63104	L-49#	State	...	210	31	100	0	0	15	16	24 Res: Psych.
Missouri Baptist Hospital, 3015 N. Ballas Rd., 63131		Church	...	390	10	44	9	1	6	0	9 Int: Rotating; 14 Res: Path., Surg.
St. John's Mercy Hospital, 615 S. New Ballas Rd., 63141	L-48	Church	...	464	8	60	43	13	0	12	18 Int: Rotating; 30 Res: Anes., Med., ObG, Path., Surg.
St. Louis Children's Hospital, 600 S. Kingshighway Blvd., 63110	M-49#	NPCorp	...	163	8	77	0	0	0	3	5 Int: St. Ped.; 29 Res: Ped., Ped. Card.
St. Louis City Hospital, 1515 Lafayette Ave., 63104	M-48-49#	City	...	679	10	60	73	32	2	14	44 Int: Rotating, St. Med., St. Surg., St. Ped.; 88 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
St. Louis-Little Rock Hospitals, 1755 S. Grand Blvd., 63123		NPCorp	1	375	11	55	0	0	14	0	16 Res: Surg.
St. Louis State Hospital, 5400 Arsenal St., 63139	M-48	State	...	2,991	375	57	0	0	20	2	24 Res: Psych.
St. Louis University Group of Hospitals, 1402 S. Grand Blvd., 63104	M-48#	Church	...	921	10	66	42	19	0	8	45 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 127 Res: Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Urol.
St. Luke's Hospital, 5535 Delmar Blvd., 63112	L-49, G-47	Church	...	352	9	53	14	2	0	16	16 Int: Rotating; 22 Res: Med., Neurosurg., ObG, Path., Surg.
St. Mary's Hospital, 6420 Clayton Rd., 63117	M-48	Church	...	500	10	51	42	16	0	3	24 Int: Rotating, St. Med. 18 Res: Med.
Shriners Hospital for Crippled Children, 2001 S. Lindbergh Blvd., 63131		NPCorp	3-3	100	39	...	0	0	0	4	4 Res: Ortho.
Veterans Administration Hospital, 915 N. Grand Blvd., 63116	M-48, L-49#, G-47	VA	...	513	28	71	0	0	1	13	29 Res: Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
William Greenleaf Eliot Division of Child Psychiatry-Washington University, 369 N. Taylor Ave., 63108		NPCorp	...	...	35	...	0	0	4	3	8 Res: Child Psych.
Springfield											
St. John's Hospital, 1235 E. Cherokee, 65804		Church	3-3	455	7	27	15	...	0	1	2 Res: Anes.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
NEBRASKA											
Lincoln											
Bryan Memorial Hospital of the Methodist Church 4848 Sumner St., 68506		Church	...	257	7	54	13	8	0	7	10 Int: Rotating
Lincoln General Hospital 2315 S. 17th St., 68502		NPCorp	...	163	7	50	9	6	0	2	6 Int: Rotating; 1 Res: Path.
Nebraska Orthopedic Hospital 1047 South St., 68502		State	2-3	85	28	100	0	0	0	2	2 Res: Ortho.
St. Elizabeth Hospital 1145 South St., 68502		Church	...	257	7	30	7	2	0	6	8 Int: Rotating; 2 Res: Surg.
Veterans Administration Hospital 600 S. 70th St., 68501	L-50#	VA	...	250	31	70	0	0	0	1	9 Res: Ortho., Surg.
Omaha											
Bishop Clarkson Memorial Hospital Dewey Ave. at 44th St., 68105	M-51	Church	...	293	7	63	15	11	0	12	12 Int: Rotating; 4 Res: Med., Path.
Childrens Memorial Hospital 44th and Dewey Ave., 68105	M-50-51	NPCorp	2-5	136	5	89	0	0	0	0	2 Int: St. Ped.; 5 Res: Ped.
Creighton Memorial St. Joseph's Hospital 2305 S. 10th St., 68108	M-50#	Church	2	589	11	44	32	19	0	19	32 Int: Rotating; 26 Res: Med., ObG, Path., Ped., Rad., Surg.
Douglas County Hospital 4201 Woolworth Ave., 68105	M-50#-51#	County	...	246	...	...	...	...	...	...	Res: Med., Oph., Surg.
Immanuel Hospital 36th and Meredith Ave., 68111	M-51	Church	...	176	6	40	11	4	0	6	10 Int: Rotating
Nebraska Methodist Church 3612 Cumming St., 68131	M-51	Church	3	250	7	61	9	9	1	11	14 Int: Rotating, St. Path.; 7 Res: Path.
Nebraska Psychiatric Institute 602 S. 44th Ave., 68105	M-51X	State	...	21	110	...	0	0	0	15	30 Res: Psych., Child Psych.
University of Nebraska Hospital 42nd and Dewey Ave., 68105	M-51#	State	...	172	10	66	17	6	0	6	22 Int: Rotating, St. Med., St. Surg., St. Path., General Practice Program
Veterans Administration Hospital 4101 Woolworth Ave., 68105	M-50#-51#	VA	2-4	486	28	70	0	0	5	34	52 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg. 15 Res: Med., Oph., Path., Psych., Rad., Surg.
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial Hospital 2 Maynard St., 03755	M-52#	NPCorp	...	263	10	86	10	9	0	16	16 Int: Rotating, St. Med., St. Surg.; 63 Res: Anes., Derm., Med., Neurosurg., Ortho., Path., Ped., Rad., Surg., Urol.
NEW JERSEY											
Atlantic City											
Atlantic City Hospital 1925 Pacific Ave., 08401		NPCorp	3	352	9	44	24	4	10	2	15 Int: Rotating; 13 Res: Med., Path., Rad., Surg.
Bayonne											
Bayonne Hospital and Dispensary 29 E. 29th St., 07002		NPCorp	...	266	10	22	11	2	2	0	3 Res: Urol.
Brown Mills											
Deborah Hospital Trenton Rd., 08015		NPCorp	...	132	...	...	...	...	...	...	Res: Thor.
Camden											
Cooper Hospital Sixth and Stevens Sts., 08103	M-73	NPCorp	2	605	9	50	30	20	0	15	15 Int: Rotating; 16 Res: Med., ObG, Ped., Surg.
Our Lady of Lourdes Hospital 1600 Haddon Ave., 08103		Church	...	302	9	38	31	8	0	3	10 Int: Rotating; 5 Res: Path., Rad.
West Jersey Hospital Mt. Ephraim and Atlantic Aves. 08104		NPCorp	4	360	8	32	29	5	1	6	12 Int: Rotating; 9 Res: Anes., Path., Surg.
Cedar Grove											
Essex County Overbrook Hospital 1 Fairview Ave., 07009	L-53	County	...	3,860	...	33	0	0	3	3	12 Res: Psych.
East Orange											
East Orange General Hospital 300 Central Ave., 07019		NPCorp	1	178	8	33	25	9	2	0	6 Int: Rotating; 1 Res: Path.
Veterans Administration Hospital Tremont Ave. and S. Center St., 07019	M-53	VA	2-4	950	47	61	0	0	23	13	50 Res: Med., Neur., Ortho., Path., PMR, Plast., Surg., Urol.
Eatontown											
Children's Psychiatric Center 59 Broad St., 07724		Misc.	...	...	...	...	...	...	1	1	4 Res: Child Psych.
Elizabeth											
Elizabeth General Hospital and Dispensary 925 E. Jersey St., 07201		NPCorp	...	313	9	31	21	0	12	0	14 Int: Rotating; 2 Res: Path.
St. Elizabeth Hospital 225 Williamson St., 07207	M-53	Church	...	313	8	44	41	8	13	7	20 Int: Rotating, St. Med.; 18 Res: Med., Path.
Englewood											
Englewood Hospital 350 Engle St., 07631		NPCorp	4	364	8	42	24	8	6	0	8 Int: Rotating; 19 Res: Med., Path., Surg.
Flemington											
Hunterdon Medical Center Route 69, 08822	M-60-73, L-75	NPCorp	7	132	7	55	8	2	0	2	4 Int: Family Practice; 6 Res: GP, Path.
Fort Dix											
First Army Headquarters, Fort Dix Health Center, 08640		Army	...	...	...	...	...	...	1	1	2 Res: Public Health
Walson Army Hospital, 08640		Army	1-2-4-5	475	9	80	14	10	0	8	12 Res: GP, Surg.
Greystone Park											
New Jersey State Hospital, 07961		State	...	5,000	808	26	0	0	5	0	12 Res: Psych.
Hackensack											
Hackensack Hospital 22 Hospital Pl., 07601		NPCorp	4	413	7	39	29	3	10	4	16 Int: Rotating; 17 Res: Anes., Med., Path., Surg.
Hammononton											
New Jersey State Hospital at Ancora, 08037		State	4	2,436	...	38	0	0	0	3	15 Res: Psych.
Hoboken											
St. Mary Hospital 4th St. and Willow Ave., 07030		Church	...	359	11	40	10	4	14	0	15 Int: Rotating; 2 Res: Path.

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								Autopsies on Stillborn	Foreign		
NEW JERSEY—Continued											
Jersey City											
B. S. Pollak Hospital for Chest Diseases... 100 Clifton Pl., 07304		County	a	616	55	19	0	0	0	2	2 Res: Thor.
Christ Hospital... 176 Palisade Ave., 07306		Church		347	10	30	18	5	10	0	12 Int: Rotating; 3 Res: Path.
Jersey City Medical Center... 50 Baldwin Ave., 07304		City	a-b	974	18	36	0	0	11	11	45 Int: Rotating; St. Med., St. Surg., St. Ped.; 88 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Plast., Surg., Urol.
Margaret Hague Maternity Hospital... 88 Clifton Pl., 07304		County		249	5	63	141	32	9	9	24 Res: ObG
St. Francis Hospital... 25 E. Hamilton Pl., 07302		Church		249							12 Int: Rotating
Livingston											
St. Barnabas Medical Center... 94 Old Short Hills Rd., 07039		NPCorp		500	9	40	9	9	13	0	16 Int: Rotating; 16 Res: Path., Plast., Surg.
Long Branch											
Monmouth Medical Center... 3rd and Pavilion Aves., 07740		NPCorp	a	429	9	58	37	24	7	5	17 Int: Rotating, St. Surg.; 18 Res: Med., Ortho., Path., Surg.
Lyons											
Veterans Administration Hospital, 07939	L-59	VA	a	2,009	845	61	0	0	7	0	12 Res: Psych.
Marlboro											
New Jersey State Hospital, 07746		State		2,234	154	41	0	0	1	4	9 Res: Psych.
Montclair											
Mountainside Hospital... Bay and Highland Aves., 07042		NPCorp	a	372	9	64	20	11	2	4	15 Int: Rotating; 17 Res: GP, Med., Path., Surg.
Morristown											
Morristown Memorial Hospital... 100 Madison Ave., 07960	L-53	NPCorp		355	7	60	26	22	6	2	12 Int: Rotating; 12 Res: GP, Path., Surg.
Mount Holly											
Burlington County Memorial Hospital... 175 Madison Ave., 08060		County		243	9	47	16	7	1	0	8 Int: Rotating; 8 Res: ObG, Path.
Neptune											
Fitkin Memorial Hospital... Corlies Ave., 07753		NPCorp		339	7	55	27	14	8	6	14 Int: Rotating; 8 Res: ObG, Path., Ped., Surg.
Newark											
Babies' Hospital... 15 Roseville Ave., 07107		NPCorp		84	6	77	0	0	16	0	16 Res: Ped., Surg.
Eye and Ear Infirmary... 77 Central Ave., 07102		NPCorp		65	4	32	0	0	0	3	3 Res: Oph., Otol.
Hospital for Crippled Children... 89 Park Ave., 07104	G-59	NPCorp		112	14	13	0	0	2	3	5 Res: Ortho.
Newark Beth Israel Hospital... 201 Lyons Ave., 07112		NPCorp		416	6	39	51	45	3	10	15 Int: Rotating; 22 Res: Anes., Med., ObG., Path., Ped., Rad., Surg.
Newark City Hospital... 65 Bergen St., 07107	M-53	City	a	762	11	64	116	78	14	3	50 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; 66 Res: Med., ObG., Ortho., Otol., Path., Ped., Surg., Urol.
Presbyterian Hospital... 27 S. Ninth St., 07107		NPCorp		289	9	39	21	15	5	0	10 Int: Rotating; 6 Res: Path., Surg.
St. Barnabas Medical Center... (See Livingston, N. J.)									3	0	
St. Michael Hospital... 306 High St., 07102		Church		405	8	51	36	17	5	11	22 Int: Rotating, St. Med., Family Practice; 35 Res: Med., ObG, Path., Ped., Surg.
United Hospitals of Newark— See: Babies Hospital; Eye and Ear Infirmary; Hospital for Crippled Children; Presbyterian Hospital.									19	17	
New Brunswick											
Middlesex General Hospital... 180 Somerset St., 08901		NPCorp		278	8	46	18	5	4	1	9 Int: Rotating; 17 Res: Med., Path., Surg.
St. Peter's General Hospital... 260 Easton Ave., 08903		Church		350	7	46	36	18	8	0	16 Int: Rotating; 19 Res: Med., Path., Surg.
Orange											
Hospital Center at Orange (includes: New Jersey Orthopaedic Hospital and Orange Memorial Hospital)											Res: Ortho.
New Jersey Orthopaedic Hospital... 289 Central Ave., 07050		NPCorp		62	15	60	0	0	3	3	6 Res: Ortho.
Orange Memorial Hospital... 188 S. Essex Ave., 07051		NPCorp	a	320	9	43	21	4	9	0	10 Int: Rotating; 13 Res: Med., Ortho., Path., Surg.
Paramus											
Bergen Pines County Hospital... E. Ridgewood Ave., 07652		County		735	36	43	0	0	3	0	16 Int: Rotating; 16 Res: Med., Path.
Passaic											
Passaic General Hospital... 350 Boulevard, 07055		NPCorp		260	7	30	22	11	5	1	8 Int: Rotating; 2 Res: Path.
St. Mary's Hospital... 211 Pennington Ave., 07055		Church		228	7	35	21	8	8	0	8 Int: Rotating; 2 Res: Path.
Paterson											
Barnert Memorial Hospital... 680 Broadway, 07514		NPCorp		150	7	41	23	23	0	0	2 Res: Path.
Paterson General Hospital... 528 Market St., 07501		NPCorp		278	8	29	26	11	3	0	12 Int: Rotating; 4 Res: Path.
St. Joseph's Hospital... 703 Main St., 07503	G-59	Church		449	9	52	42	18	8	0	16 Int: Rotating, General Practice Program; 30 Res: Anes., Med., Ortho. Path., Surg.
Perth Amboy											
Perth Amboy General Hospital... 530 New Brunswick Ave., 08861		NPCorp		471	8	43	29	15	17	0	19 Int: Rotating, St. Path; 8 Res: GP, Path.
Phillipsburg											
Warren Hospital... 185 Roseberry St., 08865		NPCorp		219	8	29	13	2	6	0	6 Res: GP
Plainfield											
Muhlenberg Hospital... Park Ave. and Randolph Rd., 07061		NPCorp		444	7	56	47	24	13	1	18 Int: Rotating; 14 Res: Med., Path., Ped.
Union County Psychiatric Clinic... 111 East Front St., 07060		County							2	0	5 Res: Child Psych.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW JERSEY—Continued											
Princeton											
New Jersey Neuro-Psychiatric Institute... Box 1000, 08540		State	...	1,027	600	74	0	0	6	2	12 Res: Psych.
Princeton Hospital... 253 Witherspoon St., 08450		NPCorp	...	188	...	...	...	...	...	...	Res: GP
Somers Point											
Shore Memorial Hospital... New York and Sunny Aves., 08244		NPCorp	...	200	8	31	11	7	8	0	8 Res: GP
Somerville											
Somerset Hospital... Rehill Ave., 08876		NPCorp	...	268	6	47	15	3	9	0	12 Int: Rotating; 4 Res: GP
Summit											
Overlook Hospital... 193 Morris Ave., 07901	L-53	NPCorp	...	342	8	46	16	5	4	4	14 Int: Rotating; 8 Res: GP, Path.
Trenton											
Child Guidance Center of Mercer County... 532 West State St., 08618		NPCorp	...	...	...	...	...	...	0	0	4 Res: Child Psych.
Helene Fuld Hospital... 750 Brunswick Ave., 08638		NPCorp	...	265	9	34	23	4	0	0	9 Int: Rotating
Mercer Hospital... 446 Bellevue Ave., 08607		NPCorp	...	375	8	40	28	11	10	1	12 Int: Rotating; 2 Res: Path.
New Jersey State Hospital... Station A, 08625	L-53-75	State	...	3,620	433	25	0	0	6	3	12 Res: Psych.
St. Francis Hospital... 601 Hamilton Ave., 08629		Church	...	432	8	41	35	10	9	0	12 Int: Rotating; 17 Res: ObG, Path., Ped., Surg.
Vineland											
Newcomb Hospital... 66 S. State St., 08360		NPCorp	...	160	7	27	23	8	1	0	1 Res: Path.
Westwood											
Pascack Valley Hospital... Old Hook Road		NPCorp	...	110	7	35	6	3	...	...	Res: Path.
NEW MEXICO											
Albuquerque											
Bataan Memorial Methodist Hospital... 5400 Gibson Blvd., S. E., 87108	G-96	Church	...	216	7	49	6	0	2	4	21 Res: Med., Path., Rad., Surg.
Bernalillo County-Indian Hospital... 2211 Lomas Blvd., N. E., 87106	M-96#	County	...	204	9	49	24	6	0	20	19 Int: Rotating; St. Med.; 63 Res: Med., ObG, Ortho., Path., Ped., Psych., Surg.
Veterans Administration Hospital... 2100 Ridgecrest Dr. S. E., 87101	M-96#	VA	...	500	35	87	0	0	0	0	10 Res: Med., Ortho., Path., Psych., Surg.
Gallup											
U. S. Public Health Service Indian Hospital... Box 1337, 87301		USPHS	24	200	15	34	10	0	0	8	8 Res: GP, Surg.
Las Vegas											
New Mexico State Hospital... Hot Springs Blvd., 87701		State	...	1,098	...	...	...	...	0	0	3 Res: Psych.
Los Alamos											
Los Alamos Medical Center... 3917 West Rd., 87544		NPCorp	2	102	5	100	2	2	0	1	2 Res: GP
Truth or Consequences											
Carrie Tingleys Crippled Children's Hospital... 1400 S. Broadway, 87901	G-17-96	State	...	100	64	0	0	0	0	4	5 Res: Ortho.
NEW YORK											
Albany											
Albany Child Guidance Center... 213 Ontario St., 12203		Misc	...	...	...	...	...	...	...	...	Res: Child Psych.
Albany Medical Center Hospital... New Scotland Ave., 12208	M-54#	NPCorp	4	...	12	67	40	21	6	33	46 Int: Rotating, St. Med., St. Surg., St. Path.; 95 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast. Psych., Rad., Surg., Thor., Urol.
A. N. Brady Hospital... 30 N. Main Ave., 12203	M-54#	Church	...	61	5	...	0	0	...	...	Res: ObG, Path.
Bender Laboratory Hospitals... 136 S. Lake Ave., 12208		Misc	...	...	...	...	...	...	2	0	1 Res: Path.
Child's Hospital... 25 Hackett Blvd., 12208		Church	...	69	61	23	0	0	...	...	Res: Oph.
Memorial Hospital... Northern Blvd., 12204		NPCorp	...	233	10	35	9	8	4	0	12 Int: Rotating; 3 Res: Path., Surg.
St. Peter's Hospital... 632 New Scotland Ave., 12208		Church	...	296	11	49	0	0	12	0	20 Int: Rotating; 9 Res: Path., Ped., Plast., Surg.
State of New York Dept. of Health... 84 Holland Ave., 12208		State	...	...	...	...	...	...	1	4	36 Res: Gen. Prev. Med., Path., Public Health
Veterans Administration Hospital... 113 Holland Ave., 12208	M-54#	VA	45	1,005	41	74	0	0	3	37	55 Res: Med., Neurosurg., Neur., Oph., Path., PMR Plast., Psych., Rad., Surg., Urol.
Binghamton											
Binghamton General Hospital... 25 Park Ave., 13903		City	...	362	...	...	...	...	...	...	Res: Path.
Binghamton State Hospital... 425 Robinson St., 13901		State	...	2,684	120	24	0	0	7	0	9 Res: Psych.
Bronxville											
Lawrence Hospital... 55 Palmer Ave., 10708		NPCorp	...	264	9	35	14	4	9	0	12 Int: Rotating; 2 Res: Path.
Brooklyn—See New York City											
Buffalo											
Buffalo Eye and Ear Hospital and Wetlaufer Clinic, Division of Deaconess Hospital... 52 Maple St., 14204		NPCorp	...	14	5	0	0	0	1	2	3 Res: Oph.
Buffalo General Hospital... 100 High St., 14203	M-55#	NPCorp	45	732	11	55	36	23	7	25	36 Int: Rotating, St. Med., St. Surg.; 114 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Path., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
NEW YORK, Buffalo—Continued											
Buffalo State Hospital.....		State	4	2,870	260	19	0	0	7	8	15 Res: Psych.
400 Forest Ave., 14213											
Children's Hospital of Buffalo.....	M-55#	NPCorp	4-5	320	5	82	34	31	2	5	9 Int: St. Ped.; 33 Res: Neurosurg., ObG, Ortho., Path., Ped., Ped. All., Ped. Card., Surg., Urol.
219 Bryant St., 14222									11	16	
Deaconess Hospital of Buffalo.....		NPCorp	...	395	10	35	26	19	6	0	16 Int: Rotating; 19 Res: ObG, Oph., Path., Rad., Surg.
1001 Humboldt Pkwy., 14208									4	2	
Edward J. Meyer Memorial Hospital....	M-55#	County	4	877	18	55	18	13	1	16	30 Int: Rotating, St. Med., St. Surg., St. Ped.; 107 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.
462 Grider St., 14215									23	57	
Emergency Hospital of the Diocese of Buffalo.....		Church	3	158	12	25	0	0	...	...	Res: Surg.
108 Pine St., 14204											
Mercy Hospital.....	G-19	Church	...	350	9	48	49	26	4	12	21 Int: Rotating; 16 Res: GP, Med., Path., Surg.
565 Abbott Rd., 14220									6	1	
Millard Fillmore Hospital.....	L-55#	NPCorp	4-5	526	10	50	43	19	3	7	18 Int: Rotating; 47 Res: Anes., Colon-Rectal, GP, Med., ObG, Path., Rad., Surg., Urol.
3 Gates Circle, 14209									12	24	
Roswell Park Memorial Institute.....	L-55	State	...	301	20	100	0	0	3	10	39 Res: Derm., ObG, Path., Plast., Rad., Surg., Urol.
666 Elm St., 14203											
Sisters of Charity Hospital.....		Church	...	444	10	49	36	13	5	0	18 Int: Rotating; 18 Res: ObG, Path., Surg., Urol.
2157 Main St., 14214									16	1	
Veterans Administration Hospital.....	L-55#	VA	2-4-5	951	52	64	0	0	20	17	49 Res: Med., Ortho., Path., PMR, Surg., Thor., Urol.
3495 Bailey Ave., 14215											
Central Islip											
Central Islip State Hospital.....		State	...	9,374	...	28	0	0	8	14	40 Res: Psych.
Carleton Ave., 11722											
Clifton Springs											
Clifton Springs Hospital and Clinic.....		NPCorp	...	165	10	30	1	0	0	0	2 Res: Surg.
Main St., 14432											
Cooperstown											
Mary Imogene Bassett Hospital.....	M-57, L-54	NPCorp	...	96	11	72	7	7	0	10	10 Int: Rotating, St. Med., St. Surg.; 18 Res: Anes., Med., ObG, Path., Ped., Psych., Surg.
Atwell Rd., 13326									0	10	
East Meadow											
Meadowbrook Hospital.....		County	5	577	10	48	43	33	23	14	46 Int: Rotating, St. Med., St. Surg.; 93 Res: Anes., Med., ObG, Ortho., Path., Ped., Plast., Psych., Rad., Surg., Urol.
Carman Ave. and Bethpage Turnpike, 11554									47	36	
Elmhurst—See New York City											
Elmira											
Arnot-Ogden Memorial Hospital.....		NPCorp	...	258	...	...	...	...	1	0	1 Res: Path.
Roe Ave., 14905											
Far Rockaway—See New York City											
Flushing—See New York City											
Glen Cove											
Community Hospital at Glen Cove.....		NPCorp	...	228	7	54	17	7	5	0	8 Int: Rotating; 7 Res: GP, ObG, Path.
St. Andrews Lane, 11542									7	0	
Glen Oaks—See New York City											
Glens Falls											
Glens Falls Hospital.....		NPCorp	...	371	7	36	30	11	0	0	9 Int: Rotating
100 Park St., 12801											
Governors Island—See New York City											
Harrison											
St. Vincent's Hospital and Medical Center of New York, Westchester Branch.....		Church	...	200	49	...	...	...	...	...	Res: Psych.
240 North St., 10528											
Helmuth											
Gowanda State Hospital, 14079.....		State	...	3,013	365	25	0	2	0	0	6 Res: Psych.
Jamaica—See New York City											
Johnson City											
Charles S. Wilson Memorial Hospital....		NPCorp	...	413	9	41	10	5	12	0	14 Int: Rotating; 24 Res: Med., ObG, Path., Rad., Surg.
33-57 Harrison St., 13790									14	0	
Kenmore											
Kenmore Mercy Hospital.....	G-19	Church	...	277	9	48	16	4	8	0	12 Int: Rotating
2950 Elmwood Ave., 14217											
Kings Park											
Kings Park State Hospital, 11764.....	L-59	State	...	8,453	...	20	0	0	21	9	30 Res: Psych.
Kingston											
Benedictine Hospital, 12401.....		Church	...	183	7	23	22	0	...	...	Res: Path.
Kingston Hospital, 12401.....		NPCorp	...	200	7	30	8	1	...	...	Res: Path.
Kingston Laboratory Hospitals.....		NPCorp	...	...	...	...	...	...	0	0	2 Res: Path.
400 Broadway, 12401											
Lewiston											
Mount St. Mary's Hospital.....		Church	...	214	8	46	4	2	4	0	8 Int: Rotating; 1 Res: Path.
5300 Military Rd., 14092									1	0	
Manhasset											
North Shore Hospital.....		NPCorp	...	288	8	59	23	13	16	5	28 Res: Med., ObG, Path., Ped., Surg.
Valley Rd., 11030											
Marcy											
Marcy State Hospital, 13403.....		State	...	3,294	...	31	0	0	9	1	15 Res: Psych.
Middletown											
Middletown State Hospital.....		State	5	3,116	...	37	0	0	15	1	16 Res: Psych.
Monhagen Ave., Box 1453, 10941											
Mineola											
Nassau Hospital.....	G-59	NPCorp	...	418	8	54	36	14	12	3	14 Int: Rotating; 26 Res: Med., ObG, Ortho., Path., Surg.
First St., 11501									11	5	
Montrose											
Veterans Administration Hospital, 10548..		VA	2-4	1,900	1,657	75	0	0	0	0	9 Res: Psych.
Mount Kisco											
Northern Westchester Hospital.....		NPCorp	...	212	7	43	14	4	6	0	6 Int: Rotating; 4 Res: Path.
E. Main St., 10549									3	0	
Mount Vernon											
Mount Vernon Hospital.....		NPCorp	...	309	9	37	33	9	8	0	16 Int: Rotating; 8 Res: ObG, Path., Surg.
12 N. 7th Ave., 10550									8	0	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK—Continued											
Newburgh											
St. Luke's Hospital 70 Dubois St., 12550		NPCorp		243	7	50	20	16	6	0	8 Int: Rotating; 4 Res: Path., Surg.
New Hyde Park											
Long Island Jewish Hospital 270-05 76th Ave., 11043	L-61#	NPCorp	4	268	8	65	23	20	0	16	24 Int: Rotating; 36 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg., Urol.
New Rochelle											
New Rochelle Hospital 16 Guion Pl., 10802		NPCorp	4	343	8	42	12	4	2	6	15 Int: Rotating; 9 Res: Med., Path., Surg.
New York City—includes all hospitals located within the five boroughs:											
Bronx-Bronx County (Mailing address: New York)											
Brooklyn-Kings County (Mailing address: Brooklyn)											
Manhattan-New York County (Mailing address: New York)											
Queens-Queens County (Mailing addresses: Far Rockaway, Flushing, Glen Oaks, Jamaica, Long Island City)											
Richmond-Richmond County (Mailing address: Staten Island)											
American Telephone and Telegraph Company and subsidiaries 195 Broadway, 10007											
Beekman-Downtown Hospital 170 William St., 10038		NPCorp		200	14	50	0	0	5	1	8 Int: Rotating, St. Med., St. Surg.; 18 Res: Med., Path., Surg.
Bellevue Hospital Center First Ave. and 27th St., 10016	M-57# 58#-60#	City	4-5-8	2,482	17	44	65	33			Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Division I—Columbia University	M-57#								0	18	18 Int: St. Med., St. Surg.; 30 Res: Med., Surg., Thor.
Division II—Cornell University	M-58#								0	34	34 Int: Rotating, St. Med., St. Surg.; 50 Res: Med., Neur., Surg., Urol.
Division III—New York University	M-60#								4	44	48 Int: St. Med., St. Surg., St. Ped., St. Path.; 140 Res: Anes., Med., Neurosurg., Neur., ObG, Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
Division IV—New York University Post-Graduate Medical School											Int: St. Med., St. Surg.; Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Plast., Surg.
Beth Israel Hospital 10 Nathan D. Perlman Pl., 10003		NPCorp	4	392	11	52	26	25	1	23	28 Int: Rotating, St. Med.; 62 Res: Anes., Med., ObG, Path., Ped., Plast., Surg., Urol.
Bird S. Coler Memorial Hospital and Home Welfare Island, 10017	M-59#	City		1,847	752	40	0	0			Res: Med., Neur., PMR, Surg.
Booth Memorial Hospital (See Salvation Army Booth Memorial Hospital)											
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 10457		NPCorp		50	3		0	0	1	6	9 Res: Oph.
Bronx-Lebanon Hospital Center (Concourse Division and Fulton Division) 1276 Fulton Ave., 10456		NPCorp	4	557	10	41	24	22	8	6	27 Int: Rotating, St. Med., St. Ped., St. Surg.; 66 Res: Med., ObG, Path., Ped., Rad., Surg.
Bronx Municipal Hospital Center Pelham Pkwy. and Eastchester Rd., 10461	M-56	City	4-5-8	1,282	16	54	74	50	1	63	87 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 353 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Brookdale Hospital Center Linden Blvd. and Rockaway Pkwy., Brooklyn, 11212	G-57	NPCorp		362	10	46	28	15	3	23	40 Int: Rotating, St. Med.; 39 Res: Med., ObG, Ortho., Path., Ped., Surg.
Brooklyn Eye and Ear Hospital 29 Greene Ave., Brooklyn, 11238		NPCorp		142	3	25	0	0	7	7	18 Res: Oph., Otol.
Brooklyn Hospital 121 De Kalb Ave., Brooklyn, 11201	M-61#	NPCorp	4-5	373	10	40	32	9	8	0	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; Res: Med., ObG, Path., Ped., Surg., Urol.
Brooklyn Psychiatric Centers 129 Montague St., 11201		NPCorp	2						0	3	4 Res: Child Psych.
Brooklyn State Hospital 681 Clarkson Ave., Brooklyn, 11203	G-61	State		3,033	996	7	0	0	14	6	17 Res: Psych.
Brooklyn Womens Hospital 1395 Eastern Pkwy., Brooklyn, 11233		NPCorp		71	4	53	33	17	6	0	6 Res: ObG
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst, 11373		City	4-5-8	941	20	47	49	4	24	1	36 Int: Rotating, St. Med., St. Surg.; 102 Res: Anes., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Columbus Hospital 227 E. 19th St., 10003		Church	4	282	14	38	14	11	13	0	14 Int: Rotating; 15 Res: Med., Ortho., Surg.
Coney Island Hospital Ocean and Shore Pkwy., Brooklyn, 11235		City	4-8	594	13	35	36	1	5	4	19 Int: Rotating; 74 Res: Med., ObG, Ortho., Path., Ped., Surg.
Creedmoor State Hospital 80-45 Wincheater Blvd., Queens Village, 11427		State				29	0	0	19	7	31 Res: Psych.
Cumberland Hospital 39 Auburn Pl., Brooklyn, 11205	M-61#	City	4-5-8	303	9	45	89	39			Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; Res: Med., ObG, Path., Ped., Surg., Urol.
Doctors Hospital 170 E. End Ave., 10028		NPCorp		274	9	49	26	14	0	0	2 Res: Path.
Flushing Hospital and Medical Center 44-14 Parsons Blvd., Flushing, 11355	G-59	NPCorp	4	330	9	48	23	5	16	0	16 Int: Rotating; 30 Res: Anes., Med., ObG, Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
NEW YORK, New York City—Continued											
Fordham Hospital Southern Blvd. and Crotona Ave., 10458		City	4-8	416	13	54	33	14	10	0	24 Int: Rotating; 38 Res: Anes., Med., ObG, Path., Ped., Surg. 11 Res: Med., Path., Surg., Urol.
Francis Delafield Hospital 99 Ft. Washington Ave., 10032	M-57#	City	8	259	27	45	0	0	7	4	
French Hospital 330 W. 30th St., 10001	G-59	NPCorp	...	240	10	52	9	4	9	0	12 Int: Rotating St. Surg.; 8 Res: ObG, Surg. 5 Res: PMR
Goldwater Memorial Hospital Welfare Island, 10017	M-57# G-60	City	4-8	1,284	661	32	0	0	6	0	
Greenpoint Hospital 300 Skillman Ave., Brooklyn, 11211		City	4-5-8	178	9	46	59	24	1	0	4 Int: Rotating; Res: Anes., Med., ObG, Path., Ped., Surg. 3 Res: Oph.
Harlem Eye and Ear Hospital 2099 Lexington Ave., 10035		NPCorp	...	45	1	0	0	0	2	1	
Harlem Hospital Center 532 Lenox Ave., 10037	G-57	City	4-5-8	898	13	35	226	28	8	2	62 Int: Rotating, St. Med., St. Surg., St. Ped.; 136 Res: Anes., Med., ObG, Path., Ped., Psych., Surg. Res: Public Health
Headquarters, First U. S. Army Governors Island, 10004		Army	...	...	...	...	...	...	...	...
Hillside Hospital 75-59 263rd St., Glen Oaks, 11004		NPCorp	...	201	201	100	0	0	6	28	42 Res: Psych.
Hospital for Joint Diseases and Medical Center 1919 Madison Ave., 10035		NPCorp	4-5	310	16	45	0	0	0	6	6 Int: Rotating; 43 Res: Anes., Med., Ortho., Path., Surg. 24 Res: Ortho.
Hospital for Special Surgery 535 E. 70th St., 10021	L-58#	NPCorp	2-3	204	21	71	0	0	0	20	
House of St. Giles the Cripple 1346 President St., Brooklyn, 11213		NPCorp	...	44	...	0	0	0	2	1	4 Res: Ortho.
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., 10461	L-56	...	...	...	...	...	...	...	...	...	Res: Med., Neur., Otol., Rad.
Huntington Hospital 270 Park Ave., 11743		NPCorp	...	295	6	28	40	18	0	0	2 Res: Path.
Jamaica Hospital 89th Ave. and Van Wyck Expsy., Jamaica, 11418	G-59	NPCorp	...	282	8	54	55	15	10	1	23 Res: Med., ObG, Path., Surg.
Jewish Chronic Disease Hospital 86 E. 49th St., Brooklyn, 11203	G-61	NPCorp	4-5	775	93	39	0	0	30	2	34 Res: Med., Ortho., Path., PMR, Surg.
Jewish Hospital of Brooklyn 555 Prospect Pl., Brooklyn, 11238	L-61#	NPCorp	4	597	11	40	54	10	7	29	36 Int: Rotating, St. Med., St. Surg., St. Ped.; 119 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
Jewish Memorial Hospital Broadway and 196th St., 10040		NPCorp	4	199	8	46	38	34	8	0	8 Int: Rotating; 26 Res: Med., ObG, Path., Ped., Surg.
Kings County Hospital Center 451 Clarkson Ave., Brooklyn, 11203	M-61#	City	4-5-8	2,701	15	38	808	10	5	119	132 Int: Rotating, St. Med., St. Surg., St. Path.; 447 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Knickerbocker Hospital 70 Convent Ave., 10027		NPCorp	...	221	16	63	0	0	7	0	13 Int: Rotating, St. Med., St. Surg.; 22 Res: Med., ObG, Path., Surg.
Lenox Hill Hospital 100 E. 77th St., 10021		NPCorp	4	571	11	42	23	20	2	22	32 Int: Rotating; 51 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Lincoln Hospital 320 Concord Ave., 10454	G-56	City	4-5-8	345	9	50	86	4	1	7	16 Int: St. Med., St. Ped.; 72 Res: Med., ObG, Otol., Path., Ped., Surg., Urol.
Long Island College Hospital 340 Henry St., Brooklyn, 11201	M-61#	NPCorp	4	561	11	36	31	8	8	24	30 Int: Rotating, St. Med., St. Surg., St. Ped.; 48 Res: Med., Neurosurg., ObG, Oph., Otol., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 11220	G-59	Church	...	289	11	42	14	11	8	0	11 Int: Rotating; 21 Res: ObG, Path., Ped., Surg.
Madeleine Borg Child Guidance Institute 120 W. 57th St., 10019		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
Maimonides Hospital of Brooklyn 4802 10th Ave., Brooklyn, 11219	M-61#	NPCorp	...	564	11	42	67	34	1	41	55 Int: Rotating, St. Med., St. Surg., St. Ped.; 80 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Manhattan Eye, Ear and Throat Hospital 210 E. 64th St., 10021		NPCorp	...	169	5	57	0	0	5	25	33 Res: Oph., Otol., Plast.
Manhattan State Hospital Ward's Island, 10035		State	...	3,690	...	30	0	0	11	9	21 Res: Psych.
Mary Immaculate Hospital 152-11 89th Ave., Jamaica, 11432		Church	4	283	8	41	28	13	10	0	12 Int: Rotating; 14 Res: Path., Ped., Surg.
Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital 444 E. 68th St., 10021	G-21 L-58#	NPCorp	4-5	513	17	61	0	0	40	70	116 Res: Med., Neur., Path., Rad., Surg.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 11215	L-61	Church	...	464	10	38	39	7	15	0	21 Int: Rotating, St. Med., St. Surg.; 51 Res: Anes., Med., ObG, Path., Ped., Surg.
Metropolitan Hospital 1901 First Ave., 10029	M-59#	City	4-5-8	2,817	19	44	254	25	...	...	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Surg., Thor., Urol.
Misericordia Hospital 600 E. 233rd St., 10466		Church	4	326	12	40	48	14	12	4	18 Int: Rotating; 38 Res: Anes., Med., ObG, Ped., Surg.
Montefiore Hospital and Medical Center 111 E. 210th St., 10467	M-56	NPCorp	4	656	17	48	0	0	1	55	57 Int: Rotating, St. Ped.; 214 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Morrisania City Hospital 168th St. and Gerard Ave., 10452		City	4-8	402	11	46	160	9	...	...	Int: Rotating, St. Ped.; Res: Anes., Med., ObG, Ortho., Path., Ped., PMR, Plast., Rad., Surg., Urol.
Mount Sinai Hospital 11 E. 100th St., 10029	M-57	NPCorp	3-4-5	1,227	13	51	80	73	0	33	33 Int: St. Med., St. Surg.; 273 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
New York City Dept. of Health 125 Worth St., 10013		State	...	...	...	...	...	...	0	9	9 Res: Public Health
New York Eye and Ear Infirmary 218 2nd Ave., 10003		NPCorp	...	175	6	17	0	0	6	22	36 Res: Oph., Otol.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
New York Hospital 525 E. 68th St., 10021	M-58#	NPCorp	4-5	1,123	12	72	46	40	1 26	45 162	47 Int: St. Med., St. Surg., St. Ped., St. Path.; 203 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Urol.
New York Infirmary Stuyvesant Sq. E. and 15th St., 10003		NPCorp	...	247	10	33	15	10	9 21	0 0	15 Int: Rotating; 25 Res: Med., ObG, Ped., Surg.
New York Medical College-Flower and Fifth Ave. Hospitals 1 E. 105th St., 10029	M-59X	NPCorp	...	403	10	44	38	33	...	...	102 Int: St. Med., St. Surg., St. Ped., St. Path.; 242 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Surg., Thor., Urol.
New York Polyclinic Medical School and Hospital 345 W. 50th St., 10019		NPCorp	4	329	9	50	17	15	15 32	0 4	13 Int: Rotating, St. Med., St. ObG; 40 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Surg., Urol.
New York State Psychiatric Institute 722 W. 168th St., 10032	M-57#	State	...	183	210	0	0	0	3	42	40 Res: Psych., Child Psych.
New York University Medical Center- University Hospital 560 First Ave., 10016	M-60X	NPCorp	4-5	626	12	38	8	6	6	5	15 Res: Anes., Derm., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Urol.
Office of the Chief Medical Examiner 520 First Avenue, 10016		City	...	...	...	...	...	...	0	2	2 Res: Forensic Pathology
Payne Whitney Psychiatric Clinic (See New York Hospital)		...	...	...	...	...	...	...	...	...	Res: Psych.
Postgraduate Center for Mental Health Clinic for Children and Adolescents 124 E. 28th St., 10016		NPCorp	2	...	...	...	...	...	...	...	Res: Child Psych.
Presbyterian Hospital 622 W. 168th St., 10032	M-57#	NPCorp	4	1,531	12	58	602	68	0 24	27 266	27 Int: St. Med., St. Surg., St. Path.; 304 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All. Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 11432		City	4-5-8	1,320	20	40	0	0	38	0	36 Int: Rotating; Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Roosevelt Hospital 428 W. 59th St., 10019	M-57	NPCorp	4	515	14	53	0	0	0 15	18 39	25 Int: Rotating, St. Med., St. Surg., St. Ped.; 72 Res: Derm., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
St. Charles Hospital 277 Hicks St., Brooklyn, 11201		Church	...	45	20	...	0	0	0	4	4 Res: Ortho.
St. Clare's Hospital 415 W. 51st St., 10019		Church	...	409	13	38	20	20	15 27	2 1	23 Int: Rotating, St. Med., St. Surg.; 33 Res: Med., ObG, Path., Surg.
St. Francis Hospital 525 E. 142nd St., 10454		Church	...	380	12	42	25	16	9 9	0 1	12 Int: Rotating; 32 Res: Med., ObG, Path., Ped., Surg.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 11213	G-59	Church	...	282	10	48	37	13	12 20	0 0	14 Int: Rotating, St. ObG; 22 Res: ObG, Path., Ped., Surg.
St. John's Queens Hospital 90-02 Queens Blvd., Elmhurst, 11373		Church	...	314	9	37	13	6	0	0	16 Int: Rotating
St. Luke's Hospital Center Amsterdam Ave. at 114th St., 10025	M-57	NPCorp	3-4-5	746	12	57	33	33	0 38	22 78	23 Int: St. Med., St. Surg., St. Ped.; 119 Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
St. Mary's Hospital 1298 St. Marks Ave., Brooklyn, 11213		Church	...	237	10	46	46	3	3 3	0 1	8 Int: Rotating; 5 Res: ObG, Path.
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St., 10011	L-53, L-60	Church	...	825	14	53	24	7	0 24	40 79	45 Int: Rotating, St. Med., St. Surg.; 122 Res: Anes., Med., ObG, Oph., Path., Ped., Ped. All., PMR, Psych., Rad., Surg.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10310	G-59	Church	...	310	9	44	9	9	12 20	0 4	14 Int: Rotating; 31 Res: Med., Ortho., Path., Ped., Child Psych., Rad., Surg.
Salvation Army Booth Memorial Hospital 56-45 Main St., Flushing, 11355		Church	...	250	8	48	34	31	6 20	0 2	16 Int: Rotating; 22 Res: Med., ObG, Path., Surg.
State University Hospital of the Downstate Medical Center 445 Lenox Rd., Brooklyn, 11203	M-61X	State	...	350	...	...	...	...	...	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Derm., Neurosurg., ObG, Oph., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Surg., Thor., Urol.
Staten Island Hospital 101 Castleton Ave., Staten Island, 10301		NPCorp	...	275	9	46	33	4	12 2	0 0	14 Int: Rotating; 2 Res: Path.
Staten Island Mental Health Center 657 Castleton Ave., 10301		...	...	...	...	...	...	...	...	...	Res: Child Psych.
Sydenham Hospital 565 Manhattan Ave., 10027		City	4-8	218	10	47	45	3	1 5	0 0	9 Int: Rotating; 6 Res: ObG, Surg.
U. S. Naval Hospital (See St. Albans, N. Y.)		...	...	...	...	...	...	...	...	...	...
U. S. Public Health Service Hospital Bay and Vanderbilt Sta., Staten Island, 10304	L-53, G-21	USPHS	2-4-6	708	23	66	5	5	0 1	34 53	34 Int: Rotating, St. Med., St. Surg.; 77 Res: Anes., Derm., Med., Oph., Ortho., Path., Rad., Surg., Urol.
Unity Hospital 1545 St. Johns Pl., Brooklyn, 11213		NPCorp	...	220	8	40	25	22	7 10	1 0	10 Int: Rotating; 10 Res: ObG, Surg.
University Hospital (See New York University Medical Center—University Hospital)		...	...	...	...	...	...	...	...	...	...
Veterans Administration Hospital (Bronx) 130 W. Kingsbridge Rd., Bronx, 10468	L-56	VA	6	1,245	40	56	0	0	46	87	156 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital (Brooklyn) 800 Poly Place, Brooklyn 11209	L-61#	VA	2-3-4	1000	40	50	0	0	0 42	0 30	28 Int: St. Med., St. Surg.; 89 Res: Anes., Derm., Med., Neur., Oph., Ortho., Path., Surg., Thor., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
Veterans Administration Hospital (Manhattan)..... 1st Ave. at E. 24th St., 10010	L-60	VA	2-4-5	1,218	41	48	0	0	41	46	115 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Woman's Hospital-Division of St. Luke's Hospital (See St. Luke's Hospital Center)											
Wyckoff Heights Hospital..... 374 Stockholm St., Brooklyn, 11237	G-59	NPCorp		431	10	57	24	5	6	0	12 Int: Rotating; 41 Res: Med., ObG, Path., Ped., Surg.
Niagara Falls											
Mount St. Mary's Hospital..... (See Lewiston, N. Y.)											
Niagara Falls Memorial Hospital..... 621 Tenth St., 14302		NPCorp		375	9	49	23	22	9	0	13 Int: Rotating
Northport											
Veterans Administration Hospital, 11768		VA	2	2,272	702	36	0	0	0	0	6 Res: Psych.
Oceanside											
South Nassau Communities Hospital..... 2445 Oceanside Road, 11572		NPCorp		230	8	34	15	5	1	0	2 Res: Path.
Ogdensburg											
St. Lawrence State Hospital..... Station A, 13669		State		1,750	852	39	0	0	0	0	8 Res: Psych.
Orangeburg											
Rockland State Hospital, 10902		State	5	6,408		28	0	0	22	7	31 Res: Psych.
Port Chester											
High Point Hospital..... Upper King St., 10573		Corp		45	120		0	0	6	0	6 Res: Psych.
United Hospital..... 406 Boston Post Rd., 10574		NPCorp		237	8	41	8	8	2	0	8 Int: Rotating; 3 Res: Path., Surg.
Port Jefferson											
St. Charles Hospital..... 200 Belle Terre Rd., 11777		Church		164	5	24	11	7	2	0	4 Res: Ortho.
Poughkeepsie											
Hudson River State Hospital..... Branch B, 12601		State	5	4,782		17	1	0	16	2	18 Res: Psych.
St. Francis Hospital..... North Rd., 12601		Church		252	9	32	14	4	7	0	10 Int: Rotating; 1 Res: Path.
Vassar Brothers Hospital..... Reade Place, 12601		NPCorp		255	7	40	35	17	7	1	12 Int: Rotating; 4 Res: Path.
Queens Village—See New York City											
Rhinebeck											
Astor Home for Children..... 36 Mill St., 12572		Church							2	0	4 Res: Child Psych.
Rochester											
Eastman Kodak Company..... 343 State St., 14608		Corp							0	2	2 Res: Occup. Med.
Genesee Hospital..... 224 Alexander St., 14607	L-62#	NPCorp	4	330	7	73	34	34	0	18	19 Int: Rotating, St. Med., St. Surg.; 34 Res: Anes., Med., ObG, Path., Ped., Surg.
Highland Hospital of Rochester..... South Ave. at Bellevue Dr., 14620	L-62#	NPCorp		264	7	54	42	8	3	7	12 Int: Rotating, St. Med.; 23 Res: Med., ObG, Path., Surg.
Rochester Child Guidance Clinic..... 31 Gibbs St., 14604		NPCorp							0	0	4 Res: Child Psych.
Rochester General Hospital..... 1425 Portland Ave., 14621	L-62#	NPCorp	4	416	7	59	33	26	9	7	22 Int: Rotating, St. Med., St. Surg., St. Ped.; 42 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rochester St. Mary's Hospital of the Sisters of Charity..... 89 Genesee St., 14611		Church	4	294	8	57	19	0	0	0	15 Int: Rotating; 23 Res: Anes., GP, Med., ObG, Oph., Surg.
Rochester State Hospital..... 1600 South Ave., 14620		State	5	3,523		31	0	0	7	1	7 Res: Psych.
Strong Memorial Hospital of the University of Rochester..... 260 Crittenden Blvd., 14620	M-62X	NPCorp	4-5	662	10	89	43	0	0	56	56 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., St. ObG; 198 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry, Dept. of Preventive Medicine and Community Health, 14620		NPCorp							0	2	8 Res: Occup. Med.
Rockville Centre											
Mercy Hospital..... 1000 N. Village Ave., 11570		Church		279	7	41	26	12			Res: ObG
Roslyn											
St. Francis Hospital..... Port Washington Blvd., 11576		Church		140	18	53	0	0	4	0	4 Res: Thor.
St. Albans—See also New York City											
U. S. Naval Hospital..... 179th St. and Linden Blvd., 11425		Navy	2-4-5	878	25	80	11	11	0	16	17 Int: Rotating; 38 Res: Anes., Med., ObG, Path., Rad., Surg., Thor., Urol.
Schenectady											
Ellis Hospital..... 1101 Nott St., 12308	L-54	NPCorp		475	9	54	20	9	7	0	22 Int: Rotating; 18 Res: ObG, Ortho., Path., Surg.
St. Clare's Hospital..... 600 McClellan St., 12304		Church		243	8	36	8	3	6	0	12 Int: Rotating; Res: ObG
Schenectady County Child Guidance Center..... 821 Union St., 12308		NPCorp							0	0	2 Res: Child Psych.
Sunnyview Rehabilitation Center..... 1270 Belmont Ave., 12308		NPCorp		76	43	0	0	0	0	2	2 Res: Ortho.
Staten Island—See New York City											
Syracuse											
St. Joseph's Hospital..... 301 Prospect Ave., 13203	M-63	Church		329	7	47	30	6	2	12	16 Int: Rotating, Family Practice Program; 16 Res: Anes., ObG, Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
NEW YORK, Syracuse—Continued												
State University of New York Upstate Medical Center, 766 Irving Ave., 13210	M-63X	NPCorp	4	1,929	8	45	110	29	4	43	54 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., Family Practice Program;	
Syracuse Psychiatric Hospital, 708 Irving Ave., 13210	M-63	State	...	80	47	...	0	0	...	...	202 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital, Irving Ave. and University Pl., 13210	M-63#	VA	2	488	27	73	0	0	0	1	4 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.	
Thiells												
Letchworth Village, 10984	...	State	...	4,457	...	54	0	0	0	1	1 Res: Psych.	
Troy												
Samaritan Hospital, Peoples and Burdett Aves., 12180	...	NPCorp	...	227	8	29	12	9	13	0	16 Int: Rotating; 2 Res: Path.	
Utica												
Children's Hospital Home of Utica, 1675 Bennett St., 13502	G-63	NPCorp	...	54	16	25	0	0	0	1	2 Res: Ortho.	
Utica State Hospital, 1213 Court St., 13502	...	State	...	2,106	...	35	0	0	11	0	11 Res: Path., Psych.	
Vathalla												
Blythedale Children's Hospital, Bradhurst Ave., 10595	...	NPCorp	...	72	...	...	...	...	...	...	...	Res: PMR
Grasslands Hospital, 10595	L-60	County	4-5	511	23	55	4	3	12	0	18 Int: Rotating, St. Surg.; 73 Res: Anes., Med., Oph., Path., Ped., PMR, Psych., Surg.	
West Brentwood												
Pilgrim State Hospital, Box A, 11717	...	State	5	13,576	...	26	0	0	24	2	30 Res: Psych.	
West Haverstraw												
New York State Rehabilitation Hospital, Route 9W, 10993	G-60	State	...	204	115	50	0	0	0	5	5 Res: Ortho.	
West Islip												
Good Samaritan Hospital, 1000 Montauk Hwy., 11795	...	Church	...	189	...	...	...	...	2	0	12 Int: Rotating	
White Plains												
New York Hospital-Cornell Medical Center (Westchester Division), 21 Bloomingdale Rd., 10605	...	NPCorp	...	350	120	67	0	0	2	9	16 Res: Psych.	
White Plains Hospital, 41 E. Post Rd., 10601	...	NPCorp	...	212	...	...	...	...	...	...	8 Int: Rotating; Res: Surg.	
Willard												
Willard State Hospital, 14588	...	State	...	3,095	90	22	0	0	9	0	9 Res: Psych.	
Wingdale												
Harlem Valley State Hospital, 12594	...	State	...	4,633	...	25	0	0	5	2	12 Res: Psych.	
Yonkers												
St. John's Riverside Hospital, 967 N. Broadway, 10701	G-59	NPCorp	...	285	9	32	22	3	5	0	14 Int: Rotating; 2 Res: Path.	
St. Joseph's Hospital, 127 S. Broadway, 10701	...	Church	...	175	10	25	16	9	8	0	12 Int: Rotating	
Yonkers General Hospital, 127 Ashburton Ave., 10701	...	NPCorp	...	185	8	45	9	4	6	0	8 Int: Rotating; 3 Res: GP	
NORTH CAROLINA												
Asheville												
Memorial Mission Hospital, 509 Biltmore Ave., 28801	...	NPCorp	3	329	7	28	29	0	1	1	8 Int: Rotating	
Butner												
John Umstead Hospital, 27509	L-64	State	...	1,950	32	42	0	0	1	8	15 Res: Psych.	
Camp Lejeune												
U. S. Naval Hospital, 28542	...	Navy	...	878	...	...	...	...	...	...	Res: Surg.	
Chapel Hill												
North Carolina Memorial Hospital, Pittsboro Rd., 27515	M-64X	State	...	421	11	64	26	8	0	38	41 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 9 131 178 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Charlotte												
Charlotte Memorial Hospital, 1000 Blythe Ave., 28203	...	NPCorp	2-3-4	631	9	53	45	16	0	12	12 Int: Rotating; 9 18 36 Res: GP, Med., ObG, Ortho., Path., Ped., Surg., Thor., Urol.	
Durham												
Duke Hospital, 27706	M-65X	NPCorp	4-5	656	10	59	39	23	1	60	63 Int: St. Med., St. Surg., St. Ped., St. Path.; 5 225 251 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.	
Durham Child Guidance Clinic, Duke University Medical Center, 27705	...	NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.	
McPherson Hospital, 1110 W. Main St., 27701	G-64	Indiv	...	37	5	0	0	0	0	3	3 Res: Oph.	
Veterans Administration Hospital, Fulton St. and Erwin Rd., 27705	M-65#	VA	2-5	489	23	65	0	0	0	7	14 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Urol.	
Watts Hospital, Broad St. and Club Blvd., 27705	L-64, G-65	NPCorp	...	301	8	39	20	13	3	4	22 Int: Rotating, St. Med., St. Surg., St. Ped.; 4 0 13 Res: Med., Path., Ped., Surg.	
Fort Bragg												
U. S. Army, 3rd Army Hdqts., Preventive Medicine Division, 28307	...	Army	...	...	...	...	...	...	0	1	2 Res: Public Health	
Womack Army Hospital, 28307	...	Army	2-4-5	450	10	77	33	13	0	5	5 Res: Surg.	
Gastonia												
North Carolina Orthopedic Hospital, New Hope Rd., 28052	...	State	1-2-3	140	198	...	0	0	0	2	2 Res: Ortho.	

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								Autopsies on Stillborn	Foreign Non-Foreign		
NORTH CAROLINA—Continued											
Greensboro											
Moses H. Cone Memorial Hospital 1200 N. Elm St., 27402		NPCorp	...	380	8	60	14	8	0	0	12 Int: Rotating; 4 Res: Path.
Oteen											
Veterans Administration Hospital, 28805		VA	...	850	46	...	0	0	0	4	4 Res: Thor.
Raleigh											
Dorothea Dix Hospital Station B, Box 7597, 27602	L-64	State	...	2,744	...	50	0	0	1	22	27 Res: Psych.
Memorial Hospital of Wake County 3000 New Bern Ave., 27603	L-64	County	...	315	7	33	44	16	0	3	3 Res: ObG, Ped.
North Carolina State Board of Health, 27603		State	...	...	...	...	...	...	0	3	8 Res: Public Health
Wilmington											
Babies' Hospital 7225 Wrightsville Ave., 28403		NPCorp	...	70	5	40	0	0	2	0	2 Res: Ped.
James Walker Memorial Hospital N. 10th St., 28401		NPCorp	...	277	7	32	17	2	1	0	12 Int: Rotating; 6 Res: Path., Surg.
Winston-Salem											
Forsyth Memorial Hospital 3333 Silas Creek Pkwy., 27103	G-66	City	3	542	8	39	24	3	0	1	6 Int: Family Practice Program; 11 Res: Surg.
Kate Biting Reynolds Memorial Hospital 1101 E. 7th St., 27101		City	2	168	8	21	25	0	0	0	8 Int: Rotating; 5 Res: Surg.
North Carolina Baptist Hospitals 300 S. Hawthorne Rd., 27103	M-66#	Church	4-6	531	8	72	21	12	0	19	27 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 119 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
NORTH DAKOTA											
Bismarck											
Bismarck Hospital 323 - 6th St., 58501		Church	1	192	8	38	10	1	3	0	9 Res: Rad., Surg.
St. Alexius Hospital 9th and Thayer Sts., 58501		Church	...	240	7	44	17	4	0	0	3 Res: Rad.
Fargo											
St. Luke's Hospital 5th St. North at Mills Ave., 58102	G-45	NPCorp	...	242	7	51	14	0	0	3	12 Int: Rotating; 5 Res: ObG, Surg.
Grand Forks											
Grand Forks Deaconess Hospital 212 S. 4th St., 58201	M-97	Church	...	150	8	51	8	2	...	...	Res: Path.
St. Michael's Hospital 501 Columbia Rd., 58201	M-97	Church	...	150	...	...	...	...	...	...	Res: Path.
OHIO											
Akron											
Akron City Hospital 525 E. Market St., 44309		NPCorp	9	520	11	51	34	19	0	19	26 Int: Rotating, St. Med., St. Surg., General Practice Program; 12 31 53 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Akron General Hospital 400 Wabash Ave., 44307		NPCorp	9	452	11	53	47	10	0	21	21 Int: Rotating, General Practice Program; 53 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Children's Hospital of Akron Buchtel Ave. at Bowery St., 44308		NPCorp	3	247	5	84	0	0	0	2	4 Int: St. Ped.; 27 Res: Ortho., Path., Ped.
St. Thomas Hospital 444 N. Main St., 44310		Church	9	298	9	60	34	15	4	0	18 Int: Rotating, General Practice Program; 37 Res: GP, Med., ObG, Path., Surg.
Barberton											
Barberton Citizens Hospital Tuscora Park, 44203		NPCorp	...	310	8	43	21	6	6	0	12 Int: Rotating; 8 Res: GP, Path.
Canton											
Aultman Hospital 825 Clarendon Ave., S.W., 44710		NPCorp	...	518	8	38	29	12	2	0	8 Int: Rotating; 18 Res: Path., Surg.
Mercy Hospital 723 Market Ave., N., 44702		Church	...	438	8	45	33	12	1	0	7 Int: Rotating; 11 3 18 Res: ObG, Surg.
Cincinnati											
Bethesda Hospital Oak St. and Reading Rd., 45206		Church	...	352	9	37	73	0	0	4	12 Int: Rotating; 14 Res: Anes., ObG, Path.
Central Psychiatric Clinic Cincinnati General Hospital, 45229	M-67X	City	...	...	...	...	...	...	...	...	Res: Child Psych.
Child Guidance Home of the Jewish Hospital 3140 Harvey Ave., 45229	L-67	NPCorp	...	16	730	0	0	0	1	11	14 Res: Child Psych.
Children's Hospital Elland and Bethesda Aves., 45229	M-67#	Church	4-5	215	6	80	0	0	...	...	Res: Anes., Neurosurg., Ortho., Path., Ped., Ped. All., Ped. Card., Rad., Surg.
Christ Hospital 2139 Auburn Ave., 45219		NPCorp	...	600	10	44	28	23	0	10	21 Int: Rotating, St. Surg.; 23 Res: Anes., GP, Neurosurg., Plast. Surg.
Cincinnati General Hospital 3231 Burnet Ave., 45229	M-67X	City	4-5	766	11	50	53	53	1	51	64 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
Convalescent Hospital for Children Auburn Ave. & Wellington Pl., 45219	G-67#	NPCorp	4	100	...	...	0	0	...	...	Res: Ped. All.
Daniel Drake Memorial Hospital Galbraith Rd. and Vine St., 45216	G-67#	County	...	940	569	48	0	0	8	1	15 Res: Med.
Good Samaritan Hospital 3217 Clifton Ave., 45220		Church	...	718	11	53	52	24	15	4	29 Int: Rotating, St. Surg., St. Ped.; 52 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Jewish Hospital 3208 Burnet Ave., 45229		NPCorp	...	500	9	44	55	46	2	7	17 Int: Rotating, St. Med.; 34 Res: Med., Ortho., Path., Ped., Rad., Surg.
Longview State Hospital 6600 Paddock Rd., 45216		State	...	3,298	96	24	0	0	...	...	Res: Surg.
National Lead Company of Ohio P. O. Box 39158, Mt. Healthy Station, 45239		Corp	...	...	...	...	...	...	1	0	1 Res: Occup. Med.
Rollman Psychiatric Institute 3009 Burnet Ave., 45219		State	...	162	42	0	0	0	11	9	32 Res: Psych.

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								Autopsies on Stillborn	Foreign Non-Foreign		
OHIO, Cincinnati—Continued											
St. Mary Hospital 830 Lincoln Park Dr., 45214		Church		166	10	29	0	0			Res: Surg.
University of Cincinnati Hospitals Group (includes positions at the Child Guidance Home, Children's Hospital, Cincinnati General Hospital, Convalescent Hospital for Children, Daniel Drake Memorial Hospital, Institute of Veterans Administration)									19	199	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 236 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Child Psych., Rad., Surg., Urol.
University of Cincinnati Institute of Environmental Health, Kettering Laboratory, 45219	G-67X	NPCorp							1	4	20 Res: Occup. Med.
Veterans Administration Hospital 3200 Vine St., 45220	M-67#	VA	2	717	62	59	0	0			Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Surg., Urol.
Cleveland											
Cleveland Clinic Hospital 2020 E. 93rd St., 44106		NPCorp		525	10	61	9	4	1	23	28 Int: Rotating, St. Med., St. Path.; 189 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Cleveland Metropolitan General Hospital 3395 Scranton Rd., 44109	M-68#	County	4-5	539	13	69	66	50	2	29	38 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 137 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Rad., Surg., Thor., Urol.
Cleveland Psychiatric Institute 1708 Aiken Ave., 44109		State		260	81	44	0	0	4	4	24 Res: Psych.
Cuyahoga County Coroner's Office 2121 Adelbert Rd., 44106									1	1	2 Res: Forensic Path.
Evangelical Deaconess Hospital 4229 Pearl Rd., 44109		Church		232	8	43	12	2	5	0	8 Int: Rotating; 9 Res: Path., Surg.
Fairhill Psychiatric Hospital 12200 Fairhill Rd., 44120		State		161	62	1	0	0	6	5	18 Res: Psych.
Fairview General Hospital 18101 Lorain Ave., 44111		NPCorp		330	7	48	26	8	14	0	18 Int: Rotating; 42 Res: Anes., GP, Med., ObG, Path., Ped., Surg.
Highland View Hospital 3901 Ireland Dr., 44122	L-68#	County	4	340	99	51	0	0	3	0	6 Res: Neur., PMR
Huron Road Hospital 13951 Terrace Rd., 44112		NPCorp		378	10	47	14	5	12	0	13 Int: Rotating; 40 Res: Anes., Med., ObG, Path., Surg., Urol.
Lutheran Hospital 2609 Franklin Blvd., 44113		Church		338	10	61	24	8	11	0	12 Int: Rotating; 34 Res: Med., Path., Surg.
Marymount Hospital 12300 McCracken Rd., 44125		Church		230	9	41	11	2	12	0	12 Int: Rotating; 8 Res: Anes., Path.
Mount Sinai Hospital of Cleveland University Circle, 44106		NPCorp	4-5	532	10	48	28	20	3	21	24 Int: Rotating, St. Med.; 56 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Polyclinic Hospital 6606 Carnegie Ave., 44103		NPCorp		144	9	35	3	1	8	0	8 Res: GP
St. Alexis Hospital 5163 Broadway, 44127		Church		334	10	44	15	5	4	0	8 Int: Rotating; 18 Res: Anes., Path., Surg.
St. Ann Hospital 2475 E. Boulevard, 44120		Church		95	6	45	26	10			Res: ObG
St. John's Hospital 7911 Detroit Ave., 44102		NPCorp		266	10	38	19	6	1	0	6 Int: Rotating; 18 Res: GP, ObG
St. Luke's Hospital 11311 Shaker Blvd., 44104		Church	4	468	9	57	29	23	1	9	20 Int: Rotating, St. Med., St. Ped.; 43 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg.
St. Vincent Charity Hospital 2222 Central Ave., 44115		Church	5	404	13	52	0	0	1	7	12 Int: Rotating; 30 Res: Anes., Med., Ortho., Path., Surg., Thor.
Sunny Acres Cuyahoga County Tuberculosis Hospital 4310 Richmond Rd., 44122	L-68#	County		365	170	26	0	0	3	0	6 Res: Med., Thor.
University Hospitals of Cleveland 2065 Adelbert Rd., 44106	M-68#	NPCorp	4	942	9	65	70	46	0	41	48 Int: St. Med., St. Surg., St. Ped., St. Path.; 253 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 10701 East Blvd., 44106	M-68#	VA	4	790	46	61	0	0	5	22	50 Res: Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.
Cleveland Heights											
Doctors Hospital 12345 Cedar Rd., 44106		NPCorp		199	10	31	0	0	13	0	8 Res: GP
Columbus											
Children's Hospital 17th St. at Livingston Park, 43205	M-69	NPCorp	4-5	304	6	76	0	0	10	22	37 Res: Neurosurg., Ortho., Otol., Path., Ped., Ped. Card., Surg.
Columbus State Hospital 1960 W. Broad St., 43223		State		2,286	70	34	0	0	7	14	24 Res: Psych.
Grant Hospital 309 E. State St., 43215	M-69	NPCorp		410	9	40	24	8	3	4	16 Int: Rotating; 4 Res: Path.
Mount Carmel Hospital 793 W. State St., 43222	M-69	Church		419	9	52	36	18	1	12	18 Int: Rotating; 21 Res: GP, Med., ObG, Ortho., Surg.
Ohio State Department of Health Division of Industrial Hygiene 65 S. Front St., 43215		State							0	0	2 Res: Occup. Med.
Ohio State University, Department of Preventive Medicine, 43210		State							4	11	24 Res: Aerospace Med., Occup. Med.
Ohio State University Hospitals 410 W. 10th Ave., 43210	M-69X	State	4-5	767	10	71	48	41	1	32	40 Int: St. Med., St. Surg., St. Ped., St. Path.; 238 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Forensic Path., PMR, Psych., Rad., Surg.; Thor., Urol.
Ohio Tuberculosis Hospital 406 W. 10th Ave., 43210	L-69	State	4	200	169	71	0	0			Res: Thor.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
OHIO, Columbus—Continued											
Riverside Methodist Hospital 3535 Olentangy River Rd., 43214	M-69	Church	...	500	9	49	40	15	0	21	24 Int: Rotating; 27 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Surg.
St. Ann's Hospital for Women 1555 Bryden Rd., 43205	L-69	Church	...	90	4	29	43	9	2	19	Res: ObG
Dayton											
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County 141 Firwood Dr., 45419		Misc	...	84	116	...	0	0	0	0	4 Res: Child Psych.
Good Samaritan Hospital 1425 W. Fairview Ave., 45406		NPCorp	...	455	8	55	33	4	1	10	13 Int: Rotating; 16 Res: GP, Med., ObG, Surg.
Miami Valley Hospital 1 Wyoming St., 45409		NPCorp	4-7	680	9	44	50	9	1	13	16 Int: Rotating, Family Practice Program; 35 Res: GP., Med., ObG, Path., Rad., Surg.
St. Elizabeth Hospital 49 Hopeland St., 45408		Church	...	469	9	38	35	14	9	10	12 Int: Rotating
U. S. Air Force Headquarters, Air Force Logistics Command, 45433 Wright-Patterson Air Force Base		USAF	...	350	14	85	14	0	0	0	2 Res: Occup. Med.
U. S. Air Force Hospital Wright-Patterson Air Force Base, 45433		USAF	1-2-3-4-5	350	14	85	14	14	0	12	12 Int: Rotating; 2 Res: Surg.
Veterans Administration Hospital 4100 W. Third St., 45428	G-69	VA	3	779	50	80	0	0	19	5	41 Res: Med., Path., Rad., Surg.
Elyria											
Elyria Memorial Hospital 630 E. River St., 44035		NPCorp	...	341	7	43	25	5	8	12	12 Int: Rotating; 22 Res: GP, Ortho., Path., Rad., Surg.
Euclid											
Euclid-Glenville Hospital E. 185th St. and Lake Erie, 44119		NPCorp	...	287	9	35	30	4	7	0	14 Int: Rotating; 12 Res: GP,
Kettering											
Charles F. Kettering Memorial Hospital 3535 Southern Blvd., 45429		Church	...	400	...	...	...	...	...	...	12 Int: Rotating
Lakewood											
Lakewood Hospital 14519 Detroit Ave., 44107		City	...	301	8	49	21	4	6	0	10 Int: Rotating; 18 Res: Med., Surg.
Lima											
St. Rita's Hospital 801 W. High St., 45801		Church	...	284	7	28	22	2	0	0	12 Int: Rotating; 4 Res: Path.
Lorain											
St. Joseph Hospital 205 W. 20th St., 44052		Church	...	269	8	40	23	6	6	0	12 Int: Rotating; 10 Res: GP, Path., Rad.
Mansfield											
Mansfield General Hospital 335 Glessner Ave., 44903		NPCorp	...	342	8	37	34	7	5	0	6 Res: Surg.
Ravenna											
Robinson Memorial Portage County Hospital 449 S. Meridian St., 44266		County	...	233	6	35	13	6	10	0	10 Res: GP
Springfield											
Community Hospital of Springfield and Clark County Box 1102		CyCo	2-3	275	8	43	14	4	0	5	10 Int: Rotating; 2 Res: Path.
Mercy Hospital 1343 N. Fountain Blvd., 45501		Church	...	371	8	43	26	10	0	6	10 Int: Rotating
Springfield City Hospital (See Commu- nity Hospital of Springfield and Clark County)											
Stuebenville											
Ohio Valley Hospital 380 Summit Ave., 43952		NPCorp	...	248	8	36	16	0	5	0	10 Int: Rotating
Toledo											
Flower Hospital 3350 Collingwood Blvd., 43610		Church	...	189	8	26	14	4	6	0	9 Int: Rotating; 1 Res: Surg.
Maumee Valley Hospital 2025 Arlington Ave., 43609		County	...	234	12	62	20	20	0	2	12 Int: Rotating; 30 Res: Med., ObG, Ortho., Path., Surg., Urol.
Mercy Hospital 2221 Madison Ave., 43624		Church	...	350	8	35	14	7	4	0	14 Int: Rotating; 10 Res: Path., Ped.
Riverside Hospital 1609 Summit St., 43604		NPCorp	3	186	8	27	8	0	7	1	11 Int: Rotating
St. Charles Hospital 2600 Navarre Ave., 43616		Church	...	235	9	31	17	12	3	0	9 Int: Rotating; 4 Res: GP
St. Vincent Hospital 2213 Cherry St., 43608		Church	...	420	8	46	33	13	2	2	12 Int: Rotating; 21 Res: ObG, Ortho., Path., Surg., Urol.
Toledo Hospital 2142 N. Cove Blvd., 43606		NPCorp	...	448	8	53	53	43	0	3	16 Int: Rotating; 12 Res: Anes., GP, ObG, Path.
Warren											
St. Joseph's Riverside Hospital 1400 Tod Ave. N.W., 44485		Church	...	156	7	32	8	0	6	0	6 Res: GP
Trumbull Memorial Hospital 1350 E. Market St., 44482		NPCorp	...	323	7	39	33	12	8	2	12 Int: Rotating; 24 Res: Med., ObG, Path., Ped., Surg.
Worthington											
Harding Hospital 445 E. Granville Rd., 43085		Corp	...	125	71	0	0	0	0	5	9 Res: Psych.
Youngstown											
St. Elizabeth Hospital 1044 Belmont Ave., 44505		Church	4	537	9	49	33	2	2	4	21 Int: Rotating; 46 Res: Anes., GP, Med., ObG, Path., Rad., Surg.
Youngstown Hospital South Unit, Oak Hill and Francis St., 44501		NPCorp	4	814	9	40	26	6	21	1	36 Int: Rotating, St. Med., St. Surg.; 54 Res: Anes., Med., Ortho., Path., Rad., Surg.
North Unit, Gypsy Lane and Goleta Ave., 44501									19	16	
OKLAHOMA											
Fort Sill											
U. S. Army Hospital, 73504		Army	1-2	250	7	70	0	6	0	3	4 Res: Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
OKLAHOMA—Continued												
Norman												
Central State Griffin Memorial Hospital... Reed and Main Sts., P. O. Box 151, 73069	G-70#	State	...	2,310	48	12	0	0	5	7	16 Res: Psych.	
Oklahoma City												
Baptist Memorial Hospital... 5800 N.W. Grand Blvd., 73112	L-70#	Church	2-3	306	7	40	19	8	0	2	7 Int: Rotating; 3 Res: Path.	
Bone and Joint Hospital... 605 N.W. 10th St., 73103	G-70#	Corp	1-2-3	74	10	13	0	0	0	3	4 Res: Ortho.	
Mercy Hospital Oklahoma City General... 501 N.W. 12th St., 73103	L-70#	Church	2	225	8	40	22	1	0	8	12 Int: Rotating; 1 Res: Path.	
Presbyterian Hospital... 300 N.W. 12th St., 73103	L-70#	Part	2	197	7	41	10	5	0	2	12 Int: Rotating; 4 Res: Rad., Surg.	
St. Anthony Hospital... 601 N.W. 9th St., 73102	L-70#	Church	2-4	514	8	39	78	2	0	14	14 Int: Rotating; 19 Res: Neurosurg., ObG, Ortho., Path., Ped., Rad. Surg.	
State of Oklahoma Dept. of Health... 800 N.E. 13th St., 73104		State	...	...	...	...	...	...	0	1	6 Res: Public Health	
University of Oklahoma Hospitals... 800 N.E. 13th St., 73104	M-70X	State	4-5	455	12	43	28	0	0	11	36 Int: Rotating, St. Med., St. Surg., St. Ped.; 205 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.	
University of Oklahoma School of Medicine... 800 N.E. 13th St., 73104		State	...	...	...	...	...	...	0	7	20 Res: Child Psych., Gen. Prev. Med., Occup. Med., Public Health	
Veterans Administration Hospital... 921 N.E. 13th St., 73104	M-70#	VA	2-5	488	25	71	0	0	...	...	Int: Rotating; St. Med., St. Surg., Res: Anes., Derm., Med., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.	
Tulsa												
Children's Medical Center... 4818 South Lewis, 74105	G-70#	NPCorp	...	40	68	0	0	0	1	2	4 Res: Child Psych.	
Hillcrest Medical Center... 1120 S. Utica St., 74104		NPCorp	2-3	510	8	42	31	14	0	5	12 Int: Rotating; 19 Res: ObG, Path., Ped., Surg.	
St. Francis Hospital... 6161 S. Yale Ave., 74135		Church	...	275	...	...	...	...	...	...	12 Int: Rotating	
St. John's Hospital... 1923 S. Utica St., 74104		Church	2	610	9	35	23	0	0	10	12 Int: Rotating; 13 Res: ObG, Path., Ped., Surg.	
OREGON												
Portland												
Emanuel Hospital... 2801 N. Gantenbein Ave., 97227	G-71	Church	...	480	7	52	42	33	2	9	14 Int: Rotating; 21 Res: Med., ObG, Ortho., Path., Surg.	
Good Samaritan Hospital... 1015 N.W. 22nd Ave., 97210		Church	...	470	7	57	16	13	2	8	17 Int: Rotating, St. Med., St. Surg., St. Path.; 28 Res: Med., Neurosurg., Neur., Oph., Path., Surg.	
Portland Sanitarium and Hospital... 6040 S.E. Belmont St., 97215		Church	...	270	7	1	27	15	0	2	10 Int: Rotating	
Providence Hospital... 700 N.E. 47th Ave., 97213		Church	...	317	7	59	0	0	1	5	12 Int: Rotating; 12 Res: Med., Path., Surg.	
St. Vincent Hospital... 2447 N.W. Westover Rd., 97210	G-71	Church	...	361	7	47	9	4	0	0	10 Int: Rotating;	
Shriners Hospital for Crippled Children... N.E. 82nd and Sandy Blvd., 97220	G-71	NPCorp	...	80	63	100	0	0	...	...	Res: Ortho.	
State of Oregon Dept. of Health... 1400 S.W. 5th Ave., 97201		State	...	...	...	...	...	...	0	2	10 Res: Public Health	
University of Oregon Medical School Hospitals and Clinics... 3181 S.W. Sam Jackson Park Rd., 97201	M-71X	State	...	697	15	81	52	23	0	36	36 Int: Rotating; 167 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.	
Veterans Administration Hospital... Sam Jackson Park, 97207	M-71#	VA	4	555	30	85	0	0	0	26	34 Res: Med., Neurosurg., Ortho., Otol., Path., PMR, Surg., Urol.	
Oregon State Hospital... Center St., N.E., 97310		State	...	2,734	732	49	0	0	2	12	14 Res: Psych.	
PENNSYLVANIA												
Abington												
Abington Memorial Hospital... 1200 York Rd., 19001		NPCorp	4-5	379	8	51	51	10	0	8	15 Int: Rotating; 29 Res: Med., ObG, Path., Rad., Surg.	
Allentown												
Allentown Hospital... 17th and Chew Sts., 18102		NPCorp	...	562	10	47	29	0	0	2	16 Int: Rotating; 17 Res: Colon-Rectal, ObG, Path., Plast., Surg.	
Allentown State Hospital... Hanover Ave. and Quebec Sts., 18103		State	...	1,847	1,451	37	0	0	0	2	8 Res: Psych.	
Sacred Heart Hospital... 4th and Chew Sts., 18102		Church	...	450	10	31	21	7	1	3	10 Int: Rotating; 9 Res: Path., Rad., Surg.	
Altoona												
Altoona Hospital... 700 Howard Ave., 16603		NPCorp	...	329	9	34	29	7	5	5	12 Int: Rotating; 15 Res: GP, ObG, Path., Surg.	
Bethlehem												
St. Luke's Hospital... 801 Ostrum St., 18015	G-73	NPCorp	...	452	11	50	32	18	1	11	14 Int: Rotating; 17 Res: Med., ObG, Path., Surg.	
Bristol												
Lower Bucks County Hospital... Bath Rd. and Orchard Ave., 19007		NPCorp	2-3	222	6	49	52	8	0	2	8 Int: Rotating; 4 Res: GP	
Bryn Mawr												
Bryn Mawr Hospital... Bryn Mawr Ave., 19010		NPCorp	...	358	9	46	25	3	0	12	14 Int: Rotating; 30 Res: Med., Path., Rad., Surg.	
Chester												
Crozer-Chester Medical Center... 15th St. and Upland Ave., 19013	G-72	NPCorp	...	479	9	34	44	3	2	0	8 Int: Rotating; 10 Res: GP, Path.	
Coatesville												
Veterans Administration Hospital, 19320...		VA	2	1,602	526	80	0	0	2	3	14 Res: Neur., Psych.	

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
PENNSYLVANIA—Continued											
Danville											
Danville State Hospital, 17821		State	...	2,472	94	19	0	0	1	3	10 Res: Psych.
Geisinger Medical Center, 17821		NPCorp	4-5	355	8	57	14	5	1	11	15 Int: Rotating;
									6	30	60 Res: Derm., Med., ObG, Oph., Ortho., Otol., Path. Ped., Rad., Surg., Urol.
Darby											
Thomas M. Fitzgerald Mercy Hospital	M-72#	Church	...	350	8	50	36	11	3	9	14 Int: Rotating;
Lansdowne Ave. and Baily Rd., 19023									2	6	16 Res: Med., ObG, Path., Rad.
Drexel Hill											
Delaware County Memorial Hospital		NPCorp	...	242	9	39	18	4	7	0	8 Int: Rotating;
501 N. Lansdowne Ave., 19026									...	...	Res: GP
Easton											
Easton Hospital		NPCorp	...	287	9	43	22	7	5	0	10 Int: Rotating;
21st and Lehigh Sts., 18043									8	0	6 Res: Path., Surg.
Elizabethtown											
State Hospital for Crippled Children, 17022	G-73	State	...	194	275	...	0	0	0	3	3 Res: Ortho.
Erie											
Hamot Hospital		NPCorp	...	438	8	37	26	5	4	5	12 Int: Rotating;
4 E. 2nd St., 16512									8	4	14 Res: ObG, Ortho., Path., Surg., Urol.
St. Vincent Hospital		NPCorp	...	473	7	39	45	9	2	0	10 Int: Rotating;
232 W. 25th St., 16512									5	1	12 Res: ObG, Path., Surg., Urol.
Greensburg											
Westmoreland Hospital		NPCorp	...	270	8	34	24	1	5	0	8 Int: Rotating
532 W. Pittsburgh St., 15601											
Harrisburg											
Harrisburg Hospital	M-72	NPCorp	4-5	635	10	43	57	3	0	10	32 Int: Rotating;
Front and Mulberry Sts., 17101									5	15	31 Res: Med., ObG, Path., Ped., Surg.
Harrisburg Polyclinic Hospital		NPCorp	...	647	10	40	26	4	0	8	23 Int: Rotating;
Third and Radnor Sts., 17105									0	7	13 Res: Med., Ped., Surg.
Harrisburg State Hospital		State	...	2,347	90	40	0	0	2	0	6 Res: Psych.
Cameron and Maclay Sts., 17105											
Pennsylvania Dept. of Health, P. O. Box 90, 17108		State	...	...	...	...	...	...	0	4	7 Res: Occup. Med., Public Health
Hazleton											
Hazleton State General Hospital		State	...	171	10	23	11	0	2	1	4 Res: Surg.
E. Broad St., 18201											
St. Joseph Hospital		Church	...	200	8	30	6	0	0	1	4 Res: Surg.
687 N. Church St., 18201											
Johnstown											
Conemaugh Valley Memorial Hospital		NPCorp	3	444	10	35	19	8	7	1	12 Int: Rotating;
1086 Franklin St., 15905									4	2	12 Res: Anes., Path., Surg.
Mercy Hospital of Johnstown		Church	...	240	8	38	16	3	0	1	6 Int: Rotating
1020 Franklin St., 15905											
Lancaster											
Lancaster General Hospital	G-75	NPCorp	...	493	8	40	29	6	1	2	12 Int: Rotating;
525 N. Duke St., 17602									0	2	6 Res: GP, Path.
McKeesport											
McKeesport Hospital		NPCorp	...	540	10	34	54	1	12	0	12 Int: Rotating;
1500 Fifth Ave., 15132									3	1	4 Res: Surg.
Norristown											
Montgomery County Mental Health Clinics		NPCorp	...	...	...	...	...	...	0	0	4 Res: Child Psych.
1115 Powell St., 19401											
Montgomery Hospital		NPCorp	...	251	7	39	23	6	0	1	6 Int: Rotating;
Powell and Furnace Sts., 19401									3	0	10 Res: GP, Path.
Norristown State Hospital		State	...	4,778	...	40	0	0	6	14	30 Res: Psych.
Stanbridge and Sterigere Sts., 19401											
Sacred Heart Hospital		Church	...	208	8	42	9	5	5	1	10 Res: GP, Surg.
1430 DeKalb St., 19401											
Philadelphia											
Albert Einstein Medical Center	M-74	NPCorp	4-5	938	11	44	92	28	23	22	48 Int: Rotating, St. Med., St. Surg.;
York and Tabor Rds., 19141									45	39	113 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Northern Division	M-74	...	...	...	...	...	...	...	...	...	...
York and Tabor Rds., 19141											
Southern Division	...	...	...	...	...	...	...	...	...	...	...
Fifth and Reed Sts., 19141											
Chestnut Hill Hospital	M-73	NPCorp	2-3	225	8	57	22	3	0	6	9 Int: Rotating, St. Path.;
8835 Germantown Ave., 19118									2	0	2 Res: Path., Surg.
Child Study Center of Philadelphia		Misc	...	...	...	...	...	...	0	2	7 Res: Child Psych.
110 N. 48th St., 19139											
Children's Hospital of Philadelphia	M-75#	NPCorp	4	164	6	83	0	0	0	7	8 Int: St. Ped.;
1740 Bainbridge St., 19146									5	24	33 Res: Anes., Neurosurg., Neur., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Surg.
Eastern Pennsylvania Psychiatric Institute											
Institute	M-72-73-76#	State	...	145	95	0	0	0	7	9	21 Res: Psych., Child Psych.
Henry Ave. and Abbottsford Rd., 19129											
Episcopal Hospital											
Front St. and Lehigh Ave., 19125	M-74	NPCorp	5	379	10	40	24	3	0	0	12 Int: Rotating, St. Med., St. Surg.;
Frankford Hospital											
4940 Frankford Ave., 19124	L-76#	NPCorp	...	201	8	52	31	18	8	0	28 Res: Med., Neurosurg., ObG, Path., Rad., Surg., Urol.
Germantown Dispensary and Hospital											
E. Penn and E. Wister Sts., 19144	L74-76	NPCorp	...	313	11	50	24	7	1	7	9 Int: Rotating;
Graduate Hospital of the University of Pennsylvania											
19th and Lombard Sts., 19146	M-75X	NPCorp	...	356	12	57	0	0	8	1	12 Int: Rotating;
Hahnemann Medical College and Hospital											
230 N. Broad St., 19102	M-72X	NPCorp	4-5	553	11	51	38	10	0	15	21 Int: St. Med., St. Surg., St. Ped., St. Path.;
									23	68	123 Res: Anes., Derm., Med., ObG, Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Thor., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
PENNSYLVANIA, Philadelphia—Continued											
Hospital of the University of Pennsylvania 3400 Spruce St., 19104	M-75X	NPCorp	4-5	936	11	65	38	14	0	40	40 Int: St. Med., St. Surg.; 169 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Urol.
Hospital of the Woman's Medical College of Pennsylvania 3300 Henry Ave., 19129	M-76X	NPCorp	...	203	8	71	37	37	0	6	14 Int: Rotating, St. Med., St. Surg., St. Path., St. Ped.; 40 Res: Med., ObG, Path., Ped., Surg.
Institute of the Pennsylvania Hospital 111 N. 49th St., 19139	...	NPCorp	...	260	55	50	0	0	0	22	24 Res: Psych.
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center) Ford Rd. and Monument Ave., 19131	L-75	...	...	...	...	...	...	...	0	1	3 Res: Child Psych.
Jeanes Hospital Hartel and Hasbrook Aves., 19111	G-75	Church	...	145	10	38	0	0	1	3	4 Res: Surg.
Jefferson Medical College Hospital 11th and Walnut Sts., 19107	M-73X	NPCorp	4-5	763	12	53	49	23	2	26	30 Int: Rotating, St. Med., St. Surg.; 101 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital Lancaster and City Line Aves., 19151	M-73	NPCorp	...	402	10	52	18	10	0	12	12 Int: Rotating; 23 Res: Med., ObG, Ortho., Path., Surg.
Magee Memorial Hospital for Convalescents—Rehabilitation Center 1513 Race St., 19102	G-73	NPCorp	...	66	50	0	0	0	0	1	3 Res: PMR
Memorial Hospital 5800 Ridge Ave., 19128	...	NPCorp	...	179	9	35	11	1	3	0	6 Int: Rotating
Mercy-Douglas Hospital 5000 Woodland Ave., 19143	L-75	NPCorp	4	310	9	51	6	0	6	0	8 Int: Rotating; 12 Res: Med., Psych., Surg.
Methodist Hospital 2301 S. Broad Street, 19148	M-73	Church	...	249	9	33	13	2	0	8	8 Int: Rotating; 3 Res: ObG, Surg.
Misericordia Hospital 54th St. and Cedar Ave., 19143	M-73, L-72-75	Church	4	400	10	47	43	9	4	11	15 Int: Rotating, St. Med.; 24 Res: Med., ObG, Path., Rad., Surg.
Moss Rehabilitation Hospital 12th St. and Tabor Rd., 19141	L-74	NPCorp	...	124	40	33	0	0	...	...	Res: PMR
Nazareth Hospital 2601 Holme Ave., 19152	...	Church	...	314	8	34	29	4	2	6	18 Int: Rotating; 21 Res: Med., Path., Rad., Surg.
Northeastern Hospital of Philadelphia 2301 E. Allegheny Ave., 19134	...	NPCorp	2	160	9	33	11	3	4	1	8 Int: Rotating
Office of the Medical Examiner Department of Public Health 13th and Wood Sts., 19107	...	...	...	...	...	...	...	...	0	0	2 Res: Forensic Path.
Pennsylvania Hospital 8th and Spruce Sts., 19107	M-75#	NPCorp	5	424	9	38	55	20	0	18	18 Int: Rotating; 59 Res: Anes., Med., Neur., ObG, Ortho., Path., Plast., Rad., Surg., Urol.
Philadelphia Child Guidance Clinic 1700 Bainbridge St., 19146	...	Misc	...	...	...	...	...	...	2	1	8 Res: Child Psych.
Philadelphia General Hospital 34th and Curie Ave., 19104	M-72#, M-73#, M-74#, M-75#, M-76#	City	4-5	1,747	16	50	147	8	2	88	90 Int: Rotating; 147 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Philadelphia Psychiatric Center Ford Rd. and Monument Ave., 19131	L-75	NPCorp	...	154	35	75	0	0	3	15	26 Res: Psych., Child Psych.
Philadelphia State Hospital Roosevelt Blvd., 19114	...	State	...	6,785	...	15	0	0	6	2	30 Res: Psych.
Presbyterian-University of Pennsylvania Medical Center 51 N. 39th St., 19104	M-75#	Church	5	325	10	54	34	0	4	7	16 Int: Rotating, St. Med., St. Surg.; 13 Res: Anes., Med., ObG, Path., Surg., Thor.
St. Agnes Hospital 1900 S. Broad St., 19145	...	Church	...	247	8	29	14	4	0	0	10 Int: Rotating; 4 Res: GP
St. Christopher's Hospital for Children 2600 N. Lawrence St., 19133	M-74#	NPCorp	4-5	150	8	96	0	0	0	0	4 Int: St. Ped.; 29 Res: Neur., Path., Ped., Ped. All., Ped. Card., Child Psych., Surg., Thor.
St. Joseph's Hospital 16th St. and Girard Ave., 19130	...	Church	...	200	11	38	10	2	6	0	6 Int: Rotating; 3 Res: Surg.
St. Luke's and Children's Medical Center Girard Ave. and 8th St., 19122	...	NPCorp	...	278	9	31	9	0	7	0	10 Int: Rotating
St. Mary's Franciscan Hospital 1567 E. Palmer St., 19125	...	Church	...	226	9	35	11	2	3	0	8 Int: Rotating; 4 Res: GP, Surg.
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd., 19152	G-74	NPCorp	...	100	132	0	0	0	0	4	4 Res: Ortho.
Temple University Hospital 3401 N. Broad St., 19140	M-74X	NPCorp	4	787	11	51	65	63	0	12	22 Int: Rotating, St. Med.; 193 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital 17th St. and Pattison Ave., 19145	M-73	Navy	2-4-5	1,000	26	62	21	13	0	18	18 Int: Rotating; 83 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital University and Woodland Aves., 19104	M-73#, M-76#, L-72-74#-75	VA	2-4	488	28	65	0	0	3	54	64 Res: Med., Oph., Ortho., Path., PMR, Rad., Surg., Urol.
Wills Eye Hospital 1601 Spring Garden St., 19130	M-73, L-76	City	...	242	9	0	0	0	0	22	24 Res: Oph.
Pittsburgh											
Allegheny General Hospital 320 E. North Ave., 15212	G-77	NPCorp	2-5	573	11	47	48	16	0	5	16 Int: Rotating; 53 Res: Anes., Med., ObG, Ortho., Path., Rad., Surg., Thor., Urol.
Children's Hospital of Pittsburgh 125 De Soto St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	5	280	9	85	0	0	...	...	Int: St. Ped.; Res: Anes., Neurosurg., Ortho., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Surg., Thor.
Eye and Ear Hospital of Pittsburgh 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	...	142	...	...	...	...	...	...	Res: Anes., Oph., Otol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
PENNSYLVANIA, Pittsburgh—Continued												
Health Center Hospitals of the University of Pittsburgh School of Medicine 3550 Terrace St., 15213 (includes: Children's Hospital of Pittsburgh, Eye and Ear Hospital of Pittsburgh, Magee-Women's Hospital, Presbyterian-University Hospital, Veterans Administration Hospital, Western Psychiatric Institute and Clinic)	M-77#	...	4-5	...	...	...	...	...	0	32	49	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Med., Neurosurg., ObG, Oph., Ortho. Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Jones and Laughlin Steel Corporation (Pittsburgh Works Division) 3 Gateway Center, 15230		Corp	...	...	...	...	...	...	0	0	1	Res: Occup. Med.
Magee-Womens Hospital Forbes Ave. and Halket St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	6	420	8	51	80	54	...	...	...	Res: Anes., Med., ObG, Rad.
Mercy Hospital 1400-30 Locust St., 15219	G-77	Church	...	584	...	49	33	5	7	8	24	Int: Rotating; Res: Anes., Med., Neurosurg., ObG, Otol., Path., Rad., Surg., Urol.
Montefiore Hospital 3459 Fifth Ave., 15213	L-77	NPCorp	4-5	417	10	42	0	0	0	6	19	Int: Rotating, St. Med.; Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Rad., Surg.
Pittsburgh Hospital 6555 Frankstown Ave., 15206		NPCorp	...	245	9	25	27	10	6	0	30	Res: Anes., Med., Oph., Path., Rad., Surg.
Presbyterian-University Hospital 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	...	381	13	65	0	0	3	0	6	Int: Rotating; Res: ObG Int: St. Med., St. Surg., St. Path.; Res: Anes., Med., Neurosurg., Ortho., Path., Plast., Rad., Surg., Thor., Urol.
St. Francis General Hospital 408 45th St., 15201	G-77	NPCorp	...	782	14	45	27	0	18	2	22	Int: Rotating; Res: Med., ObG, Ortho., Path., PMR, Rad., Surg., Thor.
St. Joseph's Hospital and Dispensary 2117 Carson St., 15203		Church	...	170	11	21	17	3	3	0	6	Int: Rotating
St. Margaret Memorial Hospital 265 46th St., 15201		Church	...	215	11	46	4	1	0	6	8	Int: Rotating; Res: Path., Surg.
Shadyside Hospital 5230 Centre Ave., 15232		NPCorp	5	373	10	35	13	1	3	0	10	Int: Rotating; Res: Med., Path., Thor.
South Side Hospital S. 20th and Jane Sts., 15203		NPCorp	6	364	9	39	28	8	5	3	9	Int: Rotating; Res: ObG, Path.
University of Pittsburgh Graduate School of Public Health, Dept. of Occupational Health, 15213		NPCorp	...	...	...	...	...	...	0	2	8	Res: Occup. Med.
Veterans Administration Hospital University Dr., 15240 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	VA	4-5	1,176	28	62	0	0	...	...	...	Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Urol.
Western Pennsylvania Hospital 4800 Friendship Ave., 15224		NPCorp	5	615	10	47	55	52	11	0	24	Int: Rotating, St. Med., St. Surg., St. Path.; Res: Med., ObG, Path., Rad., Surg., Urol.
Western Psychiatric Institute and Clinic 3811 O'Hara St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	...	150	56	0	0	0	2	41	42	Res: Psych., Child Psych.
Pottsville												
A. C. Milliken Hospital E. Norwegian and Tremont Sts., 17901		Church	...	222	9	26	22	6	6	0	6	Res: GP
Pottsville Hospital Mauch Chunk and Jackson Sts., 17901		NPCorp	...	255	11	40	21	3	5	0	6	Int: Rotating; Res: GP
Reading												
Reading Hospital, 19602	G-75	NPCorp	...	572	11	52	33	30	0	9	14	Int: Rotating, St. Surg.; Res: Med., ObG, Ortho., Path., Rad., Surg.
St. Joseph's Hospital 215 N. 12th St., 19603		Church	4	300	9	38	22	10	1	0	6	Int: Rotating; Res: GP, Path.
Sayre												
Robert Packer Hospital 200 S. Wilbur Ave., 18840		NPCorp	...	301	8	63	10	6	9	9	12	Int: Rotating; Res: Anes., Med., Ortho., Path., Ped., Rad., Surg.
Sharon												
Sharon General Hospital 740 E. State St., 16147		NPCorp	...	300	7	28	17	2	2	2	4	Res: GP
Uniontown												
Uniontown Hospital 500 W. Berkeley St., 15401		NPCorp	...	278	10	32	29	4	6	1	7	Int: Rotating; Res: Surg.
Warren												
Warren State Hospital Box 240, 16365		State	...	2,538	120	30	0	0	2	13	27	Res: Psych.
Washington												
Washington Hospital 155 Wilson Ave., 15301		NPCorp	...	467	10	40	40	4	0	5	12	Int: Rotating
West Chester												
Chester County Hospital 500 E. Marshall St., 19380		NPCorp	3-4	186	7	30	32	1	3	...	6	Int: Rotating
West Reading												
Reading Hospital (See Reading, Pa.)		...	...	...	...	...	...	...	...	...	...	...
Wilkes-Barre												
Childrens Service Center of Wyoming Valley 335 South Franklin St., 18702		Misc	...	20	365	0	0	0	0	0	4	Res: Child Psych.
Mercy Hospital 196 Hanover St., 18703		NPCorp	...	274	9	29	19	3	4	0	6	Int: Rotating
Veterans Administration Hospital East End Blvd., 18703	G-72-74	VA	...	500	52	54	0	0	...	...	...	Res: Surg.
Wilkes-Barre General Hospital N. River and Auburn Sts., 18702		NPCorp	...	361	10	38	30	10	2	0	10	Int: Rotating; Res: Path., Surg., Urol.
Wilksburg												
Columbia Hospital 312 Penn Ave., 15221		NPCorp	...	278	10	30	26	6	5	0	6	Int: Rotating; Res: ObG, Surg.

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA—Continued											
Williamsport											
Williamsport Hospital.....		NPCorp	...	311	9	26	11	1	0	0	8 Int: Rotating; 3 Res: Surg.
777 Rural Ave., 17704											
York											
York Hospital.....	L-39	NPCorp	...	550	7	53	41	12	0	16	22 Int: Rotating; 28 Res: Med., ObG, Path., Surg.
1001 S. George St., 17403											
PUERTO RICO											
Aguadilla											
Aguadilla District Hospital.....		State	...	280	...	...	...	...	0	0	1 Res: Path.
Carr.											
Arecibo											
Arecibo District Hospital.....		State	2-4-5	280	...	...	...	...	...	...	Res: GP
Lares Rd., 00613											
Bayamon											
Puerto Rico Institute of Psychiatry.....		NPCorp	...	275	101	0	0	0	6	0	8 Res: Psych.
P. O. Box 127, 00620											
Fajardo											
Fajardo District Hospital.....		NPCorp	...	280	...	...	...	...	...	...	Res: Ped.
General Valero Ave., 00648											
Hato Rey											
Hospital Auxilio Mutuo.....		NPCorp	...	154	7	30	4	2	0	0	16 Int: Rotating, General Practice Program
Ave. Ponce de Leon, 00918											
I. Gonzalez Martinez Oncologic Hospital.	G-78	NPCorp	...	100	17	55	0	0	...	...	Res: Path., Rad., Surg.
Box 1811, 00919											
Ponce											
Hospital de Damas.....		Church	...	153	7	31	18	2	1	0	7 Int: Rotating; 6 Res: Anes., Surg.
Concordia St., 00731											
Ponce District General Hospital.....		State	...	412	12	46	166	1	3	0	20 Int: Rotating; 46 Res: Med., ObG, Path., Ped., Surg.
Bo Machuelo, 00732											
Rio Piedras											
Industrial Hospital.....		...	...	...	...	...	...	...	...	...	Res: Rad.
Institute of Legal Medicine.											
University of Puerto Rico.....											
Caparra Heights Branch, 00935											
Psychiatric Center for Training and Research.....	M-78#	State	...	1,359	153	33	0	0	5	4	11 Res: Psych., Child Psych.
Monacillo Rd.											
Rio Piedras Municipal Hospital.....		City	...	183	...	...	...	...	...	...	9 Int: Rotating; Res: ObG, Ped.
Pifeiro St., 00928											
University District Hospital, 00935.....	M-78#	State	4-5	317	11	69	124	0	0	18	39 Int: Rotating, St. Med., St. Surg., St. Ped.; 146 Res: Anes., Derm., Med., Neur., ObG, Oph., Path., Ped., Rad., Surg., Urol.
23											
56											
San Juan											
Presbyterian Hospital.....		NPCorp	...	201	7	22	30	7	4	1	8 Int: Rotating; 2 Res: Ped., Surg.
1451 Ashford Ave., 00907											
San Juan City Hospital.....	L-78	City	...	387	10	61	87	0	14	0	23 Int: Rotating, St. Ped.; 96 Res: Med., ObG, Oph., Otol., Path., Ped., Rad., Surg., Urol.
De Diego Ave., Stop 22, 00908											
Veterans Administration Hospital.....	M-78#	VA	2-4	200	18	84	0	0	13	7	33 Res: Med., Oph., Path., PMR, Rad., Surg.
520 Ponce de Leon Ave., 00901											
RHODE ISLAND											
Howard											
State of Rhode Island Medical Center—		State	...	3,322	...	37	0	0	11	2	18 Res: Psych.
Institute of Mental Health.....											
Box 5, 02834											
Newport											
Newport Hospital.....		NPCorp	...	246	10	31	19	8	2	0	8 Int: Rotating; 1 Res: Path.
Friendship St., 02840											
U. S. Naval Hospital.....		Navy	2	477	12	84	21	19	0	6	7 Int: Rotating
3rd and Cypress Sts., 02840											
North Providence											
Our Lady of Fatima Hospital.....		Church	...	275	13	28	0	0	2	0	Res: Path.
200 High Service Ave., 02904											
Pawtucket											
Memorial Hospital.....		NPCorp	...	226	7	32	12	2	7	0	8 Int: Rotating; 10 Res: GP, Med., Path.
Prospect St., 02860											
Providence											
Charles V. Chapin Hospital.....		City	...	214	13	42	0	0	3	0	4 Res: Ped.
153 Eaton St., 02908											
Miriam Hospital.....		NPCorp	...	160	10	45	0	0	8	0	12 Int: Rotating; 1 Res: Med.
154 Summit Ave., 02906											
Providence Child Guidance Clinic.....		NPCorp	...	...	...	...	...	...	1	0	3 Res: Child Psych.
333 Grotto Ave., 02908											
Providence Lying-in Hospital.....	M-42	NPCorp	...	212	5	57	93	47	0	2	2 Res: ObG
50 Maude St., 02908											
Rhode Island Hospital.....		NPCorp	4	678	10	41	0	0	4	14	28 Int: Rotating, St. Med.; 87 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Rad., Surg., Urol.
593 Eddy St., 02902											
Roger Williams General Hospital.....		NPCorp	...	258	9	42	13	5	3	0	8 Int: Rotating; 5 Res: Ped.
825 Chalkstone Ave., 02908											
St. Joseph's Hospital.....		Church	...	315	9	2	20	12	10	0	12 Int: Rotating; 2 Res: Path.
21 Peace St., 02907											
Veterans Administration Hospital.....	L-40	VA	...	393	37	44	0	0	5	10	24 Res: Med., Surg.
Davis Park, 02908											
Riverside											
Emma Pendleton Bradley Hospital.....		NPCorp	...	57	1,050	...	0	0	2	0	5 Res: Psych., Child Psych.
1011 Veterans Memorial Pkwy., 02915											

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								Autopsies on Stillborn	Foreign Non-Foreign		
SOUTH CAROLINA											
Charleston											
Charleston County Hospital 326 Calhoun St., 29401	M-79#	County	Res: Med., Oph., Surg.
Medical Center Hospitals (Medical College Hospital, Charleston County Hospital and Roper Hospital) 55 Doughty St., 29401	M-79X	State	...	463	14	53	61	6	0	21	40 Int: Rotating, St. Med., St. Surg., St. Ped.; 149 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital Naval Base, 29408		Navy	2	573	15	67	21	10	0	8	8 Int: Rotating
Veterans Administration Hospital	G-79	VA	...	...	...	...	...	...	...	...	Res: Oph., Surg.
Columbia											
Columbia Hospital of Richland County 2020 Hampton St., 29204		County	...	532	9	35	58	5	0	0	15 Int: Rotating; 12 Res: ObG, Ortho., Ped., Surg.
South Carolina State Hospital, Columbia Unit 2100 Bull St., 29202		State	...	3,058	...	...	...	...	3	2	12 Res: Psych.
Florence											
McLeod Infirmary 121 W. Cheves St., 29501		NPCorp	1-2-3	327	8	21	24	1	0	6	6 Int: Rotating
Greenville											
Greenville General Hospital 100 Mallard St., 29601		NPCorp	...	625	8	38	42	2	1	16	18 Int: Rotating; 22 Res: GP, ObG, Ortho., Path., Ped., Surg.
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr., 29609		NPCorp	...	60	...	0	0	0	0	3	3 Res: Ortho.
Spartanburg											
Spartanburg General Hospital 855 N. Church St., 29303		County	2-3	479	7	27	51	3	0	5	17 Int: Rotating; 10 Res: Path., Surg.
SOUTH DAKOTA											
Sioux Falls											
McKenna Hospital 800 E. 21st St., 57101	M-80	Church	2-3	279	7	35	17	5	0	6	6 Int: Rotating
Sioux Valley Hospital 1123 S. Euclid Ave., 57105	M-80	NPCorp	...	287	7	45	20	8	0	7	6 Int: Rotating; 4 Res: Path.
Yankton											
Sacred Heart Hospital West 4th St., 57078	M-80	Church	...	189	6	37	8	1	0	3	3 Res: Surg.
TENNESSEE											
Chattanooga											
Baroness Erlanger Hospital 261 Wiedl St., 37403		CyCo	2-3-5	794	7	37	53	30	0	14	14 Int: Rotating; 52 Res: Anes., Med., ObG, Oph., Ortho., Path., Rad., Surg.
Newell Hospital 707 Walnut St., 37402		Corp	1	58	6	...	0	0	0	0	3 Res: Surg.
T. C. Thompson Children's Hospital 1001 Glenwood Dr., 37406		CyCo	...	100	6	53	0	0	5	2	8 Res: Ortho., Ped.
Tennessee Valley Authority Division of Health and Safety 715 Edney Building		TVA	...	...	...	...	...	...	0	1	1 Res: Occup. Med.
Knoxville											
East Tennessee Children's Hospital 1912 Laurel Ave., 37916		NPCorp	...	52	5	40	0	0	0	2	7 Res: Ortho., Path., Ped.
Fort Sanders Presbyterian Hospital 1909 Clinch Ave. S. W., 37916		Church	...	383	...	...	...	...	0	0	1 Res: Path.
St. Mary's Memorial Hospital Oakhill Ave., 37917		Church	...	350	8	20	20	2	0	0	0 Res: Ortho., Surg.
University of Tennessee Memorial Research Center and Hospital Alcoa Highway, 37920		State	4-5	305	8	45	24	3	1	17	18 Int: Rotating; 35 Res: Anes., GP, Med., ObG, Ortho., Path., Ped., Rad., Surg.
Memphis											
Baptist Memorial Hospital 899 Madison Ave., 38103	M-81	Church	...	1,077	8	46	19	12	0	25	34 Int: Rotating, St. Med., St. Surg.; 54 Res: Med., Neurosurg., ObG, Path., Ped., Rad., Surg.
Campbell Clinic and Hospital 809 Madison Ave., 38104		Corp	1	80	...	...	...	...	0	14	20 Res: Ortho.
City of Memphis Hospitals 860 Madison Ave., 38103	M-81#	City	4-5	615	9	56	221	117	0	51	62 Int: Rotating, St. Med., St. Surg., St. Ped.; 217 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Le Bonheur Children's Hospital 848 Adams Ave., 38103	L-81	NPCorp	...	79	4	68	...	...	...	...	Res: Ped., Ped. Card.
Memphis and Shelby County Mental Health Center 3628 Summer Ave., 38122		Misc	...	...	...	...	...	...	...	...	Res: Child Psych.
Methodist Hospital 1265 Union Ave., 38104	L-81	Church	2	522	8	44	37	9	0	7	16 Int: Rotating; 34 Res: Med., Neurosurg., ObG, Oph., Path., Rad., Surg.
St. Joseph Hospital 220 Overton Ave., 38101	L-81	Church	...	425	7	50	15	6	0	4	23 Int: Rotating; 9 Res: ObG, Path., Surg.
Tennessee Psychiatric Hospital and Research Institute 865 Poplar Ave., 38105	L-81	State	...	165	57	...	0	0	1	14	21 Res: Psych.
University of Tennessee Institute of Pathology 858 Madison Ave., 38102		State	...	...	...	...	...	...	0	1	2 Res: Forensic Path.
Veterans Administration Hospital Park Ave. and Getwell St., 38115	M-81	VA	2-4-5	1,256	39	76	0	0	0	...	Res: Med., Neurosurg., Neur., Oph., Otol., Path., Rad., Surg., Thor., Urol.
West Tennessee Tuberculosis Hospital 842 Jefferson Ave., 38103	L-81	State	...	325	149	61	0	0	...	...	Res: Med., Thor.
Nashville											
Baptist Hospital 2000 Church St., 37203		Church	...	365	6	44	37	2	0	12	16 Int: Rotating; 36 Res: Med., ObG, Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
TEXAS, Houston—Continued												
Ben Taub General Hospital 1502 Taub Loop, 77025	M-86#	CyCo	4-5	625	9	48	171	58	1	33	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Hermann Hospital 1203 Ross Sterling Ave., 77025	L-86#	NPCorp	5	687	7	44	82	38	0	18	18 Int: Rotating; 54 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.	
Houston State Psychiatric Institute 1300 Moursund Ave., 77025	L-86#	State	5	43	43	0	0	0	1	2	8 Res: Psych., Child Psych.	
Jefferson Davis Hospital 1801 Allen Pkwy., 77019		CyCo									Res: ObG	
Memorial Baptist Hospital 1100 Louisiana, 77002		Church		1,054	6	30	49	17	1	5	8 Int: Rotating; 6 Res: GP	
Methodist Hospital 6516 Bernier Ave., 77025	M-86#	Church	5	794	10	70	30	15			Int: St. Med., St. Surg.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor.	
St. Joseph's Hospital 19 th La Branch, 77002		Church		563	7	43	30	11	0	0	9 Int: Rotating; 22 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.	
St. Luke's Episcopal Hospital 6720 Bernier Ave., 77025	M-86#	Church		297	8	59	25	2	2	2	2 Res: Anes., ObG, Path., Surg., Urol.	
Southern Pacific Hospital 2015 Thomas St., 77009		NPCorp		125	11	42	0	0	1	2	2 Res: Surg.	
Texas Children's Hospital 6621 Fannin St., 77025	M-86#	NPCorp		106	6	90	0	0	0	5	Int: St. Ped., St. Path.; 2 Res: Anes., Path., Ped., Ped. All., Plast., Surg., Urol.	
Texas Institute for Rehabilitation and Research 1333 Moursund Ave., 77025	M-86#	NPCorp	2	55	29	91	0	0			Res: PMR	
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bernier Ave., 77025	G-85-86	State	5	280	14	73	0	0	7	18	39 Res: Anes., Med., Path., Rad., Surg.	
Veterans Administration Hospital 2002 Holcombe Blvd., 77031	M-86#	VA	4-5	1,242	42	49	0	0			Int: St. Med., St. Surg.; Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.	
Lubbock												
Methodist Hospital 3615 19th St., 79410		Church	2	313	6	36	5	1	0	0	1 Res: Path.	
Midland												
Midland Memorial Hospital 2200 W. Illinois Ave., 79704		NPCorp	1	151	6	56	14	8	0	0	2 Res: GP	
San Antonio												
Baptist Memorial Hospital 111 Dallas St., 78205		Church		486	6	34	61	37	4	2	12 Int: Rotating; 13 Res: GP, Path., Rad.	
Brooke General Hospital Fort Sam Houston, 78234		Army	2-4-5	900	17	84	13	11	0	30	32 Int: Rotating; 126 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.	
Robert B. Green Memorial Hospital 527 N. Leona St., 78207		District	4-5	288	7	50	64	20	3	21	24 Int: Rotating; 63 Res: Anes., Med., ObG, Oph., Path., Ped., Plast., Rad., Surg.	
Santa Rosa Medical Center 745 W. Houston St., 78207		Church		675	7	40	69	16	0	0	15 Int: Rotating; Res: Ortho., Path., Ped., Plast., Rad.	
Wilford Hall U.S.A.F. Hospital Lackland Air Force Base, 78236		USAF	2-4-5	1,100	19	88	22	17	0	47	50 Int: Rotating; 125 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Surg., Thor., Urol.	
Temple												
Scott and White Memorial Hospital 2401 S. 31st St., 76501		NPCorp		379	8	42	15	4	2	0	8 Int: Rotating; 48 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.	
Veterans Administration Hospital South First Street, 76501		VA		800	81	48	0	0			Res: Surg.	
Terrell												
Terrell State Hospital Box 70, 75160	G-84	State		2,700	285	29	0	0	2	0	4 Res: Psych.	
UTAH												
Ogden												
St. Benedict's Hospital 3000 Polk Ave., 84403		Church		188	6	57	15	6	0	6	10 Int: Rotating	
Thomas D. Dee Memorial Hospital 2440 Harrison Blvd., 84402	L-87	Church		275	5	52	17	10	0	2	14 Int: Rotating 9 Res: GP, ObG, Path., Surg.	
Provo												
Utah State Hospital E. Center St., Box 270, 84601	L-87	State	3	671	150	8	0	0			Res: Psych.	
Salt Lake City												
Holy Cross Hospital 1045 E. 1st South St., 84102	L-87	Church	5	300	7	49	27	10	0	7	8 Int: Rotating; 9 Res: Anes., ObG, Path., Rad., Surg.	
Latter-day Saints Hospital 325 8th Ave., 84103	L-87	Church		440	7	54	43	16	0	21	20 Int: Rotating; 39 Res: GP, Med., Ortho., Path., Ped., Plast., Rad., Surg., Thor.	
Primary Children's Hospital 320 12th Ave., 84103	L-87	Church	2-3	94	5	71	0	0	0	2	2 Res: Anes., Ortho., Ped.	
St. Mark's Hospital 803 N. 2nd St., W., 84103	L-87	Church		260	7	49	10	3	0	2	8 Int: Rotating; 1 Res: Anes., Ortho., Rad., Surg.	
Shriners Hospital for Crippled Children Fairfax Ave. at Virginia St., 84103	L-87	NPCorp	3	60	74	0	0	0			Res: Anes., Ortho., Ped.	
University Hospital Medical Center Drive, 84112	M-87#	State	5	275	10	68	8	8	1	28	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 124 Res: Anes., Med., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 500 Foothill Dr., 84113	M-87#	VA		628	59	83	0	0	1	28	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Med., Neur., Ortho., Otol., Path., Psych., Rad., Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
VERMONT												
Bennington												
Henry W. Putnam Memorial Hospital... Dewey St., 05201		NPCorp	...	110	6	45	8	4	0	2	4	Res: GP
Burlington												
DeGoesbriand Memorial Hospital... S. Prospect St., 05401	M-88#	Church	4	267	8	61	18	13	1	3	13	Int: Rotating, St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Mary Fletcher Hospital... Colechester Ave., 05401	M-88#	NPCorp	4	319	9	76	11	8	0	16	17	Int: Rotating, St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
White River Junction												
Veterans Administration Hospital... N. Hartland Rd., 05001	M-52#	VA	2	188	24	94	0	0	...	...	...	Res: Med., Neurosurg., Ortho., Surg., Urol.
VIRGINIA												
Alexandria												
Alexandria Hospital... 4320 Seminary Rd., 22314		NPCorp	...	313	6	37	61	22	2	0	6	Res: Ped., Surg.
Arlington												
National Orthopaedic and Rehabilitation Hospital... 2455 Army-Navy Dr., 22206		NPCorp	2	110	13	80	0	0	0	3	4	Res: Ortho.
Charlottesville												
University of Virginia Hospital... Jefferson Park Avenue, 22903	M-89X	State	...	551	10	51	37	11	0	37	37	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 154 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Psych., Rad., Surg., Thor., Urol.
Clifton Forge												
Chesapeake and Ohio Railway Employees' Hospital... Ridgeway St., 24422	G-89	NPCorp	...	205	7	36	9	4	...	...	...	Res: Surg.
Danville												
Memorial Hospital... 142 S. Main St., 24540		NPCorp	...	325	7	41	25	8	4	2	10	Res: Anes., Path., Urol.
Falls Church												
Fairfax Hospital... 3300 Gallows Rd., 22046	M-20#	NPCorp	...	282	7	49	34	16	1	4	12	Int: Rotating; Res: ObG
Fort Belvoir												
DeWitt Army Hospital... Building 808, 22060		Army	2-3	249	8	73	28	24	0	4	4	Res: Surg.
Lynchburg												
Lynchburg General Hospital... Tate Springs Rd., 24504		NPCorp	...	252	6	28	30	12	...	...	...	Res: Surg.
Newport News												
Riverside Hospital... J. Clyde Morris Blvd., 23606		NPCorp	...	397	7	35	40	5	11	0	12	Int: Rotating; 9 Res: GP, ObG, Surg.
Norfolk												
DePaul Hospital... Kingsley Lane and Granby St., 23505		Church	...	300	7	52	36	22	8	0	12	Int: Rotating;
King's Daughters Children's Hospital... 809 Colley Ave., 23507		Church	...	100	5	61	0	0	2	1	21	Res: GP, Med., ObG, Path., Rad., Surg. 6 Res: Ped.
Norfolk Community Hospital... 2539 Corprew Ave., 23504	G-21	NPCorp	...	114	8	28	26	4	1	0	4	Res: GP
Norfolk General Hospital... 600 Gresham Dr., 23507		NPCorp	4	506	8	40	67	31	1	13	16	Int: Rotating; 37 Res: GP, Med., ObG, Path., Plast., Rad., Surg., Urol.
Norfolk Naval Shipyard... U. S. Public Health Service Hospital... 6500 Hampton Blvd., 23508		Navy USPHS	2-4	210	15	73	0	0	0	8	8	Res: Occup. Med. 8 Int: Rotating; 6 Res: GP
Petersburg												
Central State Hospital... Box 271, 23804		State	...	5,557	1,002	9	0	0	13	1	15	Res: Psych.
Petersburg General Hospital... Mount Erin and Adams Sts., 23834		NPCorp	...	308	9	40	19	3	0	3	12	Int: Rotating; 6 Res: GP, Path.
Portsmouth												
Maryview Hospital... 3636 High St., 23707		Church	...	210	...	...	...	...	0	0	2	Res: Path.
Portsmouth General Hospital... 900 Leckie St., 23704		NPCorp	...	252	8	31	26	5	6	0	6	Res: GP
U. S. Naval Hospital, 23708		Navy	2-4-5	1,150	16	73	59	38	0	21	23	Int: Rotating; 45 Res: Med., ObG, Ortho., Ped., Surg.
Richmond												
Crippled Children's Hospital... 2924 Brook Rd., 23220		NPCorp	...	100	69	...	0	0	0	1	1	Res: Ortho.
Johnston-Willis Hospital... 2908 Kensington Ave., 23221		Corp	...	265	10	44	18	4	9	1	14	Int: Rotating; 7 Res: Surg.
Medical College of Virginia— Hospital Division... 1200 E. Broad St., 23219	M-90X	State	4-5	1,173	10	53	152	13	2	56	93	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 266 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Rad., Surg., Urol.
Memorial Guidance Clinic... 3001 5th Ave., 23222		NPCorp	...	...	...	...	...	...	...	...	...	Res: Child Psych.
Office of the Chief Medical Examiner... 404-06 N. 12th St., 23219		...	...	...	...	...	...	...	1	1	2	Res: Forensic Path.
Richmond Memorial Hospital... 1300 Westwood Ave., 23227		NPCorp	...	430	9	40	36	8	0	0	12	Int: Rotating; 11 Res: Path., Surg.
St. Elizabeth's Hospital... 617 W. Grace St., 23220		Corp	...	70	11	47	...	...	1	0	3	Res: Surg.
State of Virginia Dept. of Public Health, 23219		State	...	...	...	...	...	...	0	0	2	Res: Public Health
Veterans Administration Hospital... 1201 Broad Rock Rd., 23225	M-90	VA	4	945	...	64	0	0	5	10	29	Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Rad., Surg., Thor., Urol.
Virginia Treatment Center for Children... 515 N. 10th St., 23201	L-90	...	2	40	147	0	0	0	2	3	6	Res: Child Psych.

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								Autopsies on Stillborn	Foreign Non-Foreign		
VIRGINIA—Continued											
Roanoke											
Community Hospital of Roanoke Valley (formerly Jefferson Hospital and Lewis-Gale Hospital), Box 1244											Int: Rotating; Res: Surg.
Jefferson Hospital (to be included in Community Hospital of Roanoke Valley), 1313 Franklin Rd., S.W., 24016		Corp		151	8	39	7	0	4	1	6 Int: Rotating
Lewis-Gale Hospital (to be included in Community Hospital of Roanoke Valley), 3d St. and Luck Ave. S.W., 24007		Corp		180	8	50	10	2	0	0	6 Int: Rotating; 3 Res: Surg.
Roanoke Memorial Hospitals, Bellevue and Lake Aves., 24014		NPCorp		475	11	34	39	6	0	11	20 Int: Rotating; 11 Res: Path., Surg.
Suffolk											
Louise Obici Memorial Hospital, Windsor Rd., 23434		NPCorp		204	7	25	37	2	5	0	5 Res: GP
WASHINGTON											
Fort Steilacoom											
Western State Hospital, 98332		State		2,274	68	57	0	0	2	6	12 Res: Psych.
Olympia											
State of Washington Dept. of Health, Public Health Bldg.		State							0	5	8 Res: Public Health
Richland											
Hanford Occupational Health Foundation, 99352		NPCorp							0	0	1 Res: Occup. Med.
Seattle											
Boeing Company, P. O. Box 3707, 98111		Corp							0	0	2 Res: Occup. Med.
Children's Orthopedic Hospital and Medical Center, 4800 Sand Point Way N.E., 98105	M-91	NPCorp		210	5	91	0	0			Int: St. Ped.; Res: Anes., Ortho., Otol., Path., Ped., Ped. All.
Doctors Hospital, 909 University St., 98101		NPCorp		187	5	52	19	11	1	3	8 Int: Rotating; 3 Res: Path., Surg.
Group Health Hospital, 201-16th Ave., East, 98102		NPCorp		140					0	0	2 Int: General Practice Program; 1 Res: Path.
King County Hospital, 325 9th Ave., 98104	M-91	County		556	9	54	12	12	0	45	39 Int: Rotating, St. Med., St. Surg.; Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Ped. All., PMR, Psych., Rad., Surg., Urol.
Providence Hospital, 17th and E. Jefferson St., 98122	G-91	Church		299	6	55	22	4	3	0	21 Int: Rotating, St. Med.; 20 Res: Anes., GP, Med., Path., Surg.
St. Frances Xavier Cabrini Hospital, 920 Terry Ave., 98104		Church		226	6	62	6	3	0	1	2 Res: Path.
Swedish Hospital Medical Center, 1212 Columbia St., 98104	G-91	NPCorp		389	6	53	15	6	0	4	12 Int: Rotating; 29 Res: Anes., ObG, Ortho., Path., Rad., Surg.
U. S. Public Health Service Hospital, 1131 14th Ave. S., 98114	L-91	USPHS	2-4-5	290	16	75	0	0	0	16	20 Int: Rotating; 21 Res: Med., Ortho., Otol., Path., Surg.
University Hospital, 1959 N. E. Pacific Ave., 98105	M-91X	State		262	8		16	13			Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington Affiliated Hospitals (includes positions at the Children's Orthopedic Hospital and Medical Center, King County Hospital, University Hospital, Veterans Administration Hospital)									0	24	33 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 303 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington School of Medicine, 98105									3	6	18 Res: Gen. Prev. Med.
Veterans Administration Hospital, 4435 Beacon Ave. S., 98108	M-91	VA	2-4	320	24	90	0	0			Res: Anes., Med., Neurosurg., Neur., Ortho., Path., PMR, Psych., Rad., Surg., Urol.
Virginia Mason Hospital, 1111 Terry Ave., 98101	L-91	NPCorp		228	6	74	16	7	1	7	16 Int: Rotating, St. Med.; 31 Res: Anes., Med., Path., Rad., Surg.
Sedro-Woolley											
Northern State Hospital, Box 309, 98284		State		1,173		28	0	0	5	4	9 Res: Psych.
Spokane											
Deaconess Hospital, 800 W. 5th Ave., 99210		Church	3	294	5	54	22	9	0	7	12 Int: Rotating; 2 Res: Path.
Sacred Heart Hospital, 101 W. 8th Ave., 99204		Church		485	6	47	20	3	1	8	14 Int: Rotating; 18 Res: GP, Med., ObG, Path., Rad., Surg.
St. Luke's Hospital, 830 N. Summit Blvd., 99210		NPCorp		152	5	35	8	6	6	0	8 Int: Rotating; 2 Res: GP
Shriners Hospital for Crippled Children, 820 N. Summit Blvd., 99201	G-91	NPCorp	2-3	40	67		0	0			Res: Ortho.
Tacoma											
Madigan General Hospital, Fort Lewis, 98431	L-91	Army	2-4-5	584	10	85	27	26	0	24	24 Int: Rotating; 42 Res: Med., ObG, Path., Ped., Surg.
Pierce County Hospital, 215 S. 36th St., 98408		County	4	205	9	30	10	7	2	3	8 Int: Rotating; Res: Path.
Tacoma General Hospital, 315 South K St., 98405	G-91	NPCorp		237	6	39	16	8	1	3	4 Res: Anes., Path., Forensic Path.
WEST VIRGINIA											
Beckley											
Beckley Appalachian Regional Hospital, Stanaford Rd., P. O. Box 1149, 25801		NPCorp		215	9	55	5	2	18	4	23 Res: Med., Path., Ped., Surg.
Charleston											
Charleston General Hospital, Brooks St. and Elmwood Ave., 25325		NPCorp		285	9	34	10	5	3	0	8 Int: Rotating; 21 Res: GP, Med., Path., Plast., Surg., Urol.

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								Autopsies on Stillborn	Foreign	Non-Foreign		
WEST VIRGINIA, Charleston—Continued												
Memorial Hospital 3200 Noyes Ave., S.E., 25304		NPCorp	...	292	7	56	38	32	0	11	19 Int: Rotating, St. Med.; 20 Res: Med., ObG, Path., Ped., Plast., Surg., Urol.	
Huntington												
Cabell Huntington Hospital 1340 16th St., 25701		NPCorp	2-3-4	280	7	49	21	3	0	2	8 Int: Rotating; 2 Res: Path.	
Chesapeake and Ohio Hospital 1801 6th Ave., 25701		NPCorp	...	177	11	25	1	0	...	...	Res: Surg.	
St. Mary's Hospital 2900 1st Ave., 25702		Church	...	375	8	29	24	13	4	0	14 Int: Rotating; 8 Res: Path., Surg.	
Martinsburg												
Veterans Administration Center, 25401...	L-20	VA	2	840	55	58	0	0	0	0	4 Res: Path.	
Morgantown												
West Virginia University Medical Center Medical Center, 26506	M-92X	State	4-5	391	12	66	5	5	0	16	22 Int: St. Med., St. Surg., St. Ped., St. Path.; 94 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.	
Philippi												
Broadus Hospital College Hill, 26417		NPCorp	...	102	8	57	8	4	2	1	3 Res: Surg.	
Wheeling												
Ohio Valley General Hospital 2000 Eoff St., 26003		NPCorp	5	423	10	35	29	1	0	3	15 Int: Rotating; 28 Res: Anes., ObG, Path., Rad., Surg.	
Wheeling Hospital 109 Main St., 26003		Church	6	240	9	30	10	3	7	2	10 Int: Rotating; 4 Res: GP	
WISCONSIN												
Eau Claire												
Luther Hospital 310 Chestnut St., 54701		NPCorp	...	332	8	51	4	2	3	1	3 Res: Path.	
La Crosse												
Lutheran Hospital, Gundersen Clinic 1836 South Ave., 54601		Church	...	350	8	47	9	1	0	2	8 Int: Rotating; 3 Res: Ped., Surg.	
Madison												
Childrens Treatment Center 3814 Harper Road, 53700		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.	
Madison General Hospital 925 Mound St., 53715	M-93	NPCorp	...	421	8	53	22	18	2	0	6 Int: Rotating; 10 Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.	
Mendota State Hospital 301 Troy Dr., 53704	L-93	State	...	783	...	...	...	...	...	...	Res: Psych.	
St. Mary's Hospital 720 S. Brooks St., 53715	M-93	Church	...	290	7	54	34	11	...	...	Res: ObG, Ortho., Ped.	
State of Wisconsin Board of Health, 53702		State	...	...	...	...	...	...	...	...	Res: Public Health	
University Hospitals 1300 University Ave., 53706	M-93X	State	...	771	13	76	6	6	0	23	43 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 2500 Overlook Terrace, 53705	M-93#	VA	...	475	27	83	0	0	...	...	Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Surg., Urol.	
Wisconsin Diagnostic Center 1552 University Ave., 53705	L-93	NPCorp	...	58	42	0	0	0	...	...	Res: Child Psych.	
Marshfield												
Marshfield Clinic 650 S. Central Ave., 54449		NPCorp	...	...	...	...	...	...	...	...	Res: Derm.	
St. Joseph's Hospital 611 St. Joseph's Ave., 54449		Church	...	351	8	52	8	1	0	6	8 Int: Rotating; 6 Res: Path., Surg.	
Milwaukee												
Columbia Hospital 3321 N. Maryland Ave., 53211	G-94	NPCorp	2	265	10	79	14	13	2	7	13 Int: Rotating; 11 Res: Med., Ortho., Path., Rad., Surg.	
Evangelical Deaconess Hospital 620 N. 19th St., 53233		Church	...	312	8	47	17	15	18	0	18 Int: Rotating; 19 Res: GP, Path., Rad., Surg.	
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave., 53233	L-94	Church	...	352	8	51	15	10	...	...	12 Int: Rotating; Res: ObG, Oph., Path., Rad., Surg.	
Milwaukee Children's Hospital 1700 W. Wisconsin Ave., 53233	M-94	NPCorp	5	200	6	87	0	0	0	1	5 Int: St. Ped.; 5 Res: Oph., Ortho., Path., Ped., Ped. Card., Psych., Psych., Child Psych., Surg., Thor.	
Milwaukee County General Hospital 8700 W. Wisconsin Ave., 53226	M-94	County	4	819	8	58	43	30	0	39	54 Int: Rotating, St. Med., St. Surg., St. Path.; 60 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Surg., Thor., Urol.	
Milwaukee County Mental Health Center—North Division 8844 Watertown Plank Rd., 53226	L-94	County	...	848	9	0	0	0	1	7	22 Res: Psych., Child Psych.	
Mount Sinai Hospital (See Lutheran Hospital of Milwaukee)												
Mount Sinai Hospital 948 N. 12th St., 53233		NPCorp	...	333	8	46	38	26	10	3	17 Int: Rotating; 19 Res: Med., ObG, Path., Surg.	
St. Francis Hospital 3237 S. 16th St., 53215		Church	2	267	9	33	9	6	0	0	12 Res: GP, Path.	
St. Joseph's Hospital 5000 W. Chambers St., 53210	L-94	Church	...	356	7	54	44	5	0	11	12 Int: Rotating; 21 Res: ObG, Path., Rad., Surg.	
St. Luke's Hospital 2900 W. Oklahoma Ave., 53215		NPCorp	2	309	8	61	31	19	9	0	12 Int: Rotating; 22 Res: GP, Path., Rad., Surg.	
St. Mary's Hospital 2320 N. Lake Dr., 53211		Church	...	311	9	43	16	2	0	0	10 Int: Rotating; 3 Res: Path.	
St. Michael Hospital 2400 W. Villard Ave., 53209		Church	...	307	8	50	18	4	9	0	12 Int: Rotating; 12 Res: GP	
Veterans Administration Hospital S. 54th and National Ave. (Wood), 53193	M-94	VA	4-6	1,108	45	74	0	0	8	41	58 Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., PMR, Psych., Surg., Thor., Urol.	
Wauwatosa												
Milwaukee Psychiatric Hospital 1220 Dewey Ave., 53213	L-94	NPCorp	...	147	89	50	0	0	...	...	18 Res: Psych.	
West Allis												
Allis-Chalmers Mfg. Co., 53214		Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.	
Winnebago												
Winnebago State Hospital Box H, 54986		State	...	815	...	...	...	...	...	...	Res: Psych.	

ABBREVIATIONS AND NOTES

1. Appointments restricted to men only.
2. U. S. citizenship required for appointment.
3. Foreign medical graduates not eligible for appointment.
4. Dental internships available.
5. Dental residencies available.
7. Two-year family practice program.
8. Hospital operated by the New York City Department of Hospitals.
9. Two-year pilot general practice program.

X Hospital owned by medical school.

Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.

‡ Discharges (instead of admissions) in internship and residency lists.

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

Abbreviations for Specialties:

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

Medical School Affiliations

Footnotes 10 to 98 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

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

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

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

The National Intern Matching Program

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

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

to a hospital the student should address the Chairman of the Intern Committee except where otherwise noted.

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

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

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

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

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

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

WHAT THE PARTICIPATING STUDENT DOES

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

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

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 13, 1967.

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 January 10, 1967.

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. 23, 1967. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 10, 1967, 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. 16, 1967, 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 information presented here is offered that you might avoid the costly errors of past applicants. This is intended merely for orientation, however, and will not substitute for a detailed reading of the Plan. Briefly, the plan will serve you as follows:

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

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

Advantages and Common Fallacies—

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

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

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

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

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

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

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

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

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Chicago to arrive by January 23.

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

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

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

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

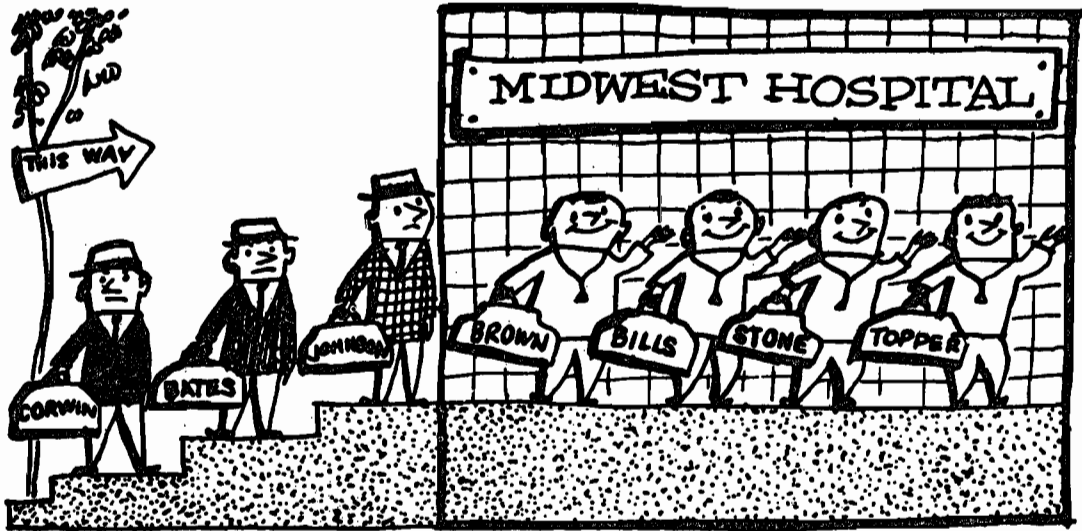
Defined simply, the principles of matching from your standpoint are these:

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

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

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

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



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

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

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

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

**Example
Student Confidential Preference Lists**

- | | | |
|--------------|--------------|---------------|
| <i>Green</i> | <i>Smith</i> | <i>Jones</i> |
| 1. Mt. Sinai | 1. Mt. Sinai | 1. Internia |
| 2. Internia | 2. Internia | 2. St. Joseph |
| | | 3. Mt. Sinai |

Hospital Preference Lists

- | | | |
|----------------------|---------------------|-----------------------|
| <i>Mt. Sinai (2)</i> | <i>Internia (1)</i> | <i>St. Joseph (1)</i> |
| 1. Jones | 1. Smith | 1. Jones |
| 2. Smith | 2. Jones | |
| 3. Green | 3. Green | |

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

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

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

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

Student Lists

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

Hospital Lists

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

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

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

Student Lists

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

Hospital Lists

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

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

a. More than one hospital, or

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

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

5. There are many more internships offered than there are students to take them (13,000 vs. 7,000). Therefore many internships are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an internship at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 5,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 23. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

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

Last year this happened to less than 4% (248) of the students in the program. They were very quickly taken by the 621 (out of 728) hospital units which sought, but failed to get, 5,875 interns through the Matching Program.*

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

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

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

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

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

*Figures apply to the 15th matching program in 1966.

NATIONAL INTERN MATCHING PROGRAM

2530 Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N.I.M.P. Office by June 15, 1966

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

I, _____, a student at

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE

_____ Medical School, plan to apply for an internship to start between April 1 and December 31, 1967. I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in September, 1966.

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

3. To abide by the official schedule, including ranking the internships for which I have applied and returning my confidential ranking form before January 24, 1967.

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

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 15, 1966.

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

DATE

SIGNATURE

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

Please return the Student Agreement and fee to your Dean or the N.I.M.P. Office by June 15, 1966.

NATIONAL INTERN MATCHING PROGRAM, INC.

2530 Ridge Avenue, Evanston, Illinois

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

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

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

(Medical School)

(Signature of one)

(Date)

(Signature of other)

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

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1967-68
(Starting between April 1, and December 31, 1967)

Name of Hospital _____

Location of Hospital _____

Street

City

Zone

State

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern Matching Program for appointment of interns for first-year Internships for 1967-1968 (starting service from April 1 through December 31, 1967).

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

1. Offer all of its approved internship programs through N.I.M.P. No internship programs may be withheld to which interns may be appointed outside the framework of N.I.M.P.
2. Offer internship appointment to all applicants matched with this hospital by the matching program, the matched students being the highest ranked students on this hospital's confidential ranking form who wish to intern here more than at any other hospital available to them.
3. Restrict internship appointment of United States and Canadian trained applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.
4. Make or require no commitments or contracts with United States or Canadian trained applicants prior to the notification of the selections made through the matching program.
5. Abide by the official schedule including accepting no application from participants in the matching plan after January 21, 1967; rating applicants and returning rating form by January 23, 1967; offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1967.
6. Not accept an intern who was matched elsewhere and subsequently not released.
7. For service fee requirement, contact National Intern Matching Program, Inc.

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

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

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

Signed _____

Official Position _____

Date _____

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

NATIONAL INTERN MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS

FOR FIRST YEAR INTERNSHIPS FOR 1967-1968

1. SEPTEMBER, 1966. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital.
2. OCTOBER, 1966. Student directory published containing name and medical school for each participating student.
3. OCTOBER 1, 1966–JANUARY 10, 1967. Period for students to make application for internship to hospitals. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1966. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1966.
4. OCTOBER 1, 1966–JANUARY 10, 1967. The deans may send letters of recommendation to the hospitals at any time after October 1, 1966, but in so far as possible letters should be sent by December 10, 1966, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 23, 1967. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as early as the senior has definitely decided about the exact rank order of the hospitals.
6. FEBRUARY 10, 1967. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 16, 1967. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 20, 1967. Matching operation begins.
9. MARCH 9, 1967. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 13, 1967. Results are given to students by Deans. Hospitals receive results.
11. MARCH 13–31, 1967. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1966

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

Directory of Approved Internships

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to July 30, 1966

Hospitals 781*

Internships 14,314*

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

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

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

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

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

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

The affiliated services are indicated by footnotes and the hospitals involved are identified by name on page 113 at the end of this list.

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

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

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

Footnotes for rotating internships (major component) are: °Rotating without major, °medicine, °surgery, °obstetrics, °pediatrics, °pathology, °psychiatry, °radiology, °anesthesiology. See the description of the rotating internship in the "Essentials."

All internships in the approved list are of 12 months' duration unless carrying footnote⁹⁰. Footnote⁹⁰ indicates the hospital may offer some intern appointments longer than 12 months in duration.

Footnote¹⁰ indicates the internship equivalent is included in the two-year Family Practice Program.

Footnote¹² indicates that mixed internship is first year of approved 2-year program in general practice.

Footnote¹³ indicates that the internship equivalent is included in the 2-year approved pilot program in general practice.

Footnote¹⁴ indicates that the program includes positions creditable as the first year of a 2-year approved pilot program in general practice, of which the internship is the first year.

Footnote¹⁵ indicates the hospital does not participate in NIMP. Hospitals not participating in the Matching Program can be identified in three ways—by footnote number, 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.

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

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

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

The number and types of internships as listed represent appointments offered for the intern year 1967-1968, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1965.

*The figures given for the number of hospitals and of internships vary from those given in the Annual Report on Graduate Training, as the statistics used in compiling the tables are those that apply to programs as of September 1, 1965.

APPROVED INTERNSHIPS

FEDERAL

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
FEDERAL													
UNITED STATES ARMY—Hospitals, 7; Internships, 198													
CALIFORNIA													
San Francisco													
Letterman General		477	9,593	209	276,325	37,122	...	...	...	28	Rot. ²	..	
COLORADO													
Denver													
Fitzsimons General		588	10,169	145	...	...	...	...	...	24	Rot. ²	..	198 Rotating ² 00413 Office of the Surgeon General Department of the Army, Washington, D.C. 20315 Attn: Director Personnel and Training
DISTRICT OF COLUMBIA													
Washington													
Walter Reed General		1,465	15,589	400	331,060	43,654	...	125	...	30	Rot. ²	..	
HAWAII													
Honolulu													
Tripler General		588	16,590	211	256,899	...	...	...	...	36	Rot. ²	..	
TEXAS													
El Paso													
William Beaumont General		379	12,036	149	357,942	42,121	...	...	...	24	Rot. ²	..	
San Antonio													
Brooke General		863	13,766	397	...	...	...	...	...	32	Rot. ²	..	
WASHINGTON													
Tacoma													
Madigan General		375	13,024	139	183,987	51,816	76,844	...	...	24	Rot. ²	..	
UNITED STATES AIR FORCE—Hospitals, 6; Internships, 110													
CALIFORNIA													
Fairfield													
David Grant U. S. Air Force, Travis AFB		318	7,211	98	257,791	24,066	70	...	...	12	Rot. ^{0,1,2,3,4}	..	
DISTRICT OF COLUMBIA													
Washington													
U. S. Air Force, Andrews AFB		253	7,798	88	367,674	73,828	549	...	...	12	Rot. ^{0,1,2,3,4}	..	104 Rotating ^{0,1,2,3,4} 00320 6 Rotating ^{5,6,7,8} 00340 Hq U. S. Air Force, Office of the Assistant Surgeon General for Staffing and Education, Randolph AFB, Randolph AFB, Texas 78148
ILLINOIS													
Belleville													
U. S. Air Force, Scott AFB		235	5,717	70	253,905	22,126	...	133	...	12	Rot. ^{0,1,2,3,4}	..	
MISSISSIPPI													
Biloxi													
U. S. Air Force, Keesler AFB		288	7,873	89	284,381	47,451	...	...	...	12	Rot. ^{0,1,2,3,4}	..	
OHIO													
Dayton													
U. S. Air Force, Wright-Patterson AFB		297	7,490	74	319,132	49,633	...	...	...	12	Rot. ^{0,1,2,3,4}	..	
TEXAS													
San Antonio													
Wilford Hall U. S. Air Force, Lackland AFB		912	20,667	273	646,372	26,151	...	...	...	44 6	Rot. ^{0,1,2,3,4} Rot. ^{5,6,7,8}	..	
UNITED STATES NAVY—Hospitals, 13; Internships, 184													
CALIFORNIA													
Camp Pendleton													
U. S. Naval		432	10,091	92	277,396	39,612	...	...	...	11	Rot. ²	..	
Oakland													
U. S. Naval		606	13,842	158	163,597	55,099	...	...	...	17	Rot. ²	..	
San Diego													
U. S. Naval		1,511	27,203	633	516,832	...	...	...	...	26	Rot. ²	..	
FLORIDA													
Jacksonville													
U. S. Naval		370	8,342	113	128,663	22,810	...	...	...	9	Rot. ²	..	
Pensacola													
U. S. Naval Hospital		204	7,425	103	173,833	5,862	...	...	...	7	Rot. ²	..	184 Rotating ² 00213 Bureau of Medicine and Surgery Department of the Navy, Washington, D.C. 20390
ILLINOIS													
Great Lakes													
U. S. Naval		583	11,847	100	127,625	9,654	...	...	...	12	Rot. ²	..	
MARYLAND													
Bethesda													
U. S. Naval		594	11,411	233	238,294	11,969	...	...	...	17	Rot. ²	..	
MASSACHUSETTS													
Chelsea													
U. S. Naval		369	6,890	126	100,804	9,745	...	...	...	12	Rot. ²	..	
NEW YORK													
St. Albans													
U. S. Naval		678	9,522	142	119,409	...	45,671	204	...	17	Rot. ²	..	
PENNSYLVANIA													
Philadelphia													
U. S. Naval		852	12,221	447	120,801	33,344	...	...	...	18	Rot. ²	..	

FEDERAL

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP.	NIMP Code
RHODE ISLAND													
Newport													
U. S. Naval		210	6,022	51	94,355	17,774				7	Rot. ²		
SOUTH CAROLINA													
Charleston													
U. S. Naval		403	8,847	130	127,222	30,668				8	Rot. ²		
VIRGINIA													
Portsmouth													
U. S. Naval		988	20,044	256	213,146		249,786			23	Rot. ²		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 132													
CALIFORNIA													
San Francisco													
U. S. Public Health Service		269	5,557	109				115		14	Rot. ^{0,2}		
										4	St. Med.		
										2	St. Surg.	114	Rotating ^{0,2}
													00120
LOUISIANA													
New Orleans													
U. S. Public Health Service		309	6,186	144				148		20	Rot. ^{0,2}		12 St. Medicine
													00132
													6 St. Surgery
													00133
MARYLAND													
Baltimore													
U. S. Public Health Service	N. C. Leone	230	4,455	133				150		16	Rot. ^{0,2}		U. S. Public Health Service,
										2	St. Med.		H.E.W.,
													Bureau of
													Medical Services,
													7915 Eastern
													Avenue,
													Silver Spring,
													Md. 20910;
													Attn.: Chairman,
													Committee on
													Medical
													Residencies and
													Internships
MASSACHUSETTS													
Boston													
U. S. Public Health Service		136	3,298	100				159		12	Rot. ^{0,2}		
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service		607	9,515	169				205		24	Rot. ^{0,2}		
										6	St. Med.		
										4	St. Surg.		
VIRGINIA													
Norfolk													
U. S. Public Health Service		169	4,086	96				245		8	Rot. ^{0,2}		
WASHINGTON													
Seattle													
U. S. Public Health Service		226	5,088	105	87,375	52		275		20	Rot. ^{0,2}		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 44													
DISTRICT OF COLUMBIA													
Washington													
Freedmen's	C. S. Ireland	40	11,639	541	54,165	47,893			5594 O	18	Rot. ⁰	18	79811
										4	Rot. ¹	4	79812
										4	Rot. ²	4	79813
										3	Rot. ³	3	79815
										2	Rot. ⁴	2	79814
										1	Rot. ⁵	1	79876
										12	Rot. ⁰	12	80411
St. Elizabeths	W. Whitmore	6,148	1,965	393	13,704				5594 O				
OTHER FEDERAL—Hospitals, 1; Internships, 16													
CANAL ZONE													
Balboa Heights													
Gorgas	L. M. Jackson	262	8,612	159	31,345	13,745	90,123		7310 O	16	Rot. ²	16	80613
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA—Hospitals, 5; Internships, 115													
Birmingham													
Carraway Methodist	C. M. Tyndal	246	12,002	229	100,841	12,010			4200 P	10	Rot. ⁰	10	00611
										2	Rot. ¹	2	00612
										2	Rot. ²	2	00613
St. Vincent	E. B. Glenn	175	8,301	202	3,347	2,828	360		5100 F	2	Rot. ¹	2	85112
										3	Rot. ²	3	85113
										2	Rot. ³	2	85115
										1	Rot. ³	1	85177
University of Alabama Hospitals and Clinics	K. W. Berry, Jr.	552	18,795	670	50,121	30,881	50,121	100	3600 P	10	Rot. ¹	10	00712
										8	Rot. ²	8	00713
										4	Rot. ³	4	00715
										8	Rot. ⁴	8	00714
										3	Rot. ⁵	3	00786
										1	Rot. ⁶	1	00776
										1	Rot. ⁸	1	00777
										12	St. Med.	12	00732
										4	St. Surg.	4	00733
										4	St. Ped.	4	00734
										4	St. Path.	4	00736
Fairfield													
Lloyd Noland	R. W. Grady	229	10,112	311	117,285	38,068			3600 F*	14	Rot. ⁰	14	00811
Mobile													
Mobile General	C. W. Daniels	212	10,162	466	53,161	36,811			4020 F*	20	Rot. ²	20	85213

Numerical and other references are listed on pages 112 through 114.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
ARIZONA—Hospitals, 7; Internships, 96													
Phoenix													
Good Samaritan	H. L. Reger	402	22,106	538	5,825	27,103	19,150	102	4800 P	20	Rot. ⁰	20	01111
Maricopa County General	R. Ganelin	356	11,104	899	103,464	45,032	...	...	5700 P	24	Rot. ^{0,00}	24	89820
Memorial	J. S. Lenzner	82	4,061	109	20,204	12,598	2,285	105	4200 F*	10	Rot. ^{0,00}	10	01320
St. Joseph's	R. E. T. Stark	363	18,750	444	18,551	17,070	25,170	...	4500 F	12	Rot. ⁰	12	01211
										6	Rot. ¹	6	01212
Tucson													
Tucson Hospitals Medical Education Program	E. G. Ramsay	...	...	...	...	...	...	...	4200 F*	10	Rot. ⁰	10	01411
										4	Rot. ¹	4	01412
										4	Rot. ²	4	01413
										2	Rot. ⁴	2	01414
										2	St. Med.	2	01432
										2	St. Surg.	2	01433
Pima County General		119	3,680	223	18,472	18,503	26,527	...	...	...	...	...	...
St. Mary's		181	10,236	239	7,058	8,617	2,510	...	...	...	...	...	...
Tucson Medical Center		356	20,253	426	8,324	8,711	13,532	...	...	...	...	...	...
ARKANSAS—Hospitals, 3; Internships, 64													
Little Rock													
Arkansas Baptist Medical Center	W. G. Cooper, Jr.	345	18,734	472	1,985	15,961	10,721	103	5700 F	16	Rot. ⁰	16	01611
										1	Rot. ⁵	1	01686
										1	Rot. ⁷	1	01642
St. Vincent Infirmary	G. M. Thorn	341	17,003	334	2,462	14,273	...	103	5700 F	14	Rot. ^{0,1,2}	14	01720
University		266	9,518	488	66,586	18,984	...	104	3600 O	6	Rot. ⁰	6	01811
										6	Rot. ²	6	01813
										6	Rot. ⁴	6	01814
										5	St. Med.	5	01832
										4	St. ObG	4	01835
										3	St. Ped.	3	01834
										2	St. Path.	2	01836
CALIFORNIA—Hospitals, 50; Internships, 1,126													
Bakersfield													
Kern County General	M. S. Curtis	390	8,875	557	65,991	44,198	...	...	5100 P*	16	Rot. ²	16	92113
										3	St. Med.	3	92132
Berkeley													
Herrick Memorial	E. B. McLean	158	6,836	177	13,521	13,061	27,110	106	4200 P	10	Rot. ⁰	10	02011
Daly City													
Mary's Help		...	...	...	...	...	...	...	...	3	Rot. ⁰	3	05311
										5	Rot. ¹	5	05312
Fresno													
Fresno County General	F. M. Hebert	381	10,413	617	81,185	44,691	0	...	5844 P	21	Rot. ⁰	21	02211
Glendale													
Glendale Adventist	P. O. Shearer	326	14,317	357	17,810	10,300	10,077	...	5105 P	12	Rot. ⁰	12	02311
Loma Linda													
Loma Linda University	R. C. Rosenquist	154	7,729	126	90,000	7,735	30,980	...	4873 O	2	Rot. ¹	2	02412
										1	Rot. ³	1	02415
										1	Rot. ⁸	1	02477
										1	St. Med.	1	02432
										2	St. Surg.	2	02433
										2	St. Path.	2	02436
Long Beach													
Memorial Hospital of Long Beach	S. Ede	366	18,485	454	8,710	15,868	...	...	5100 P	18	Rot. ⁰	18	02711
St. Mary's Long Beach	L. Irwin	268	17,625	359	1,319	11,804	29,382	...	4800 F	12	Rot. ⁰	12	02511
Los Angeles													
California	K. L. Senter	227	11,847	313	6,605	2,166	54,910	...	3900 F*	8	Rot. ⁰	8	02911
Cedars-Sinai Medical Center		...	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon Hospital Division	P. Rubenstein	399	17,897	579	103,653	...	...	...	3600 F*	15	Rot. ⁰	15	03011
										4	Rot. ¹	4	03012
										2	Rot. ²	2	03013
										2	Rot. ⁴	2	03014
Mount Sinai Hospital Division	P. Rubenstein	211	7,720	234	34,310	1,230	10,287	...	3600 F*	7	St. Med.	7	95232
Childrens Hospital of Los Angeles	R. Ward	182	9,951	236	67,933	32,901	7,897	109	3000 P*	10	St. Ped.	10	03134
Hospital of the Good Samaritan		...	...	...	...	...	...	...	...	...	...	...	...
Medical Center	P. H. L. Sargent	337	13,671	448	...	426	38,128	110	4200 FP	10	Rot. ^{0,1,2,3,5}	10	03220
Los Angeles County General, Unit I	W. E. Nerlich	2,007	96,122	5,467	636,002	200,416	...	...	5700 P	168	Rot. ⁰	168	03311
										24	St. Med.	24	03332
										6	St. Ped.	6	03334
										32	Rot. ⁰	32	86211
										7	St. Med.	7	86232
										3	St. Ped.	3	86234
Queen of Angels	J. W. Bisenius	289	16,384	438	16,399	...	3,899	...	3600 F	4	Rot. ¹	4	03612
										4	Rot. ²	4	03613
										2	Rot. ³	2	03615
										2	Rot. ⁴	2	03614
Santa Fe Coast Lines Hospital-Childrens													
Hospital of Los Angeles	R. Tyler	...	...	...	...	...	...	...	...	9	Rot. ⁰	9	03811
Santa Fe Coast Lines		146	4,987	136	...	...	...	109	4800 F	...	...	...	...
Childrens Hospital of Los Angeles		182	9,951	236	67,933	32,901	7,897	...	3000 P*	...	...	...	...
University of California Affiliated Hospitals	G. M. Kalmanson	...	...	...	...	...	...	...	4090 P	24	Rot. ⁰	24	98311
University of California	D. G. Mulder	259	12,710	351	97,385	27,862	9,242	...	3600 O	...	...	...	...
Veterans Admin. Center-Wadsworth	G. M. Kalmanson	1,319	11,899	1,113	32,269	0	0	...	4090 O	...	...	...	...
Los Angeles County Harbor General (Torrance)	H. Mazur	555	19,819	1,138	170,412	52,041	0	...	5700 P	...	...	...	...
University of California	D. G. Mulder	259	12,710	351	97,385	27,862	9,242	...	3600 O	14	St. Med.	14	95632
										11	St. Surg.	11	95633
										8	St. Ped.	8	95634
										3	St. Path.	3	95636
Veterans Admin. Center-Wadsworth	G. M. Kalmanson	1,319	11,899	1,113	32,269	0	0	...	4090 P	6	St. Med.	6	03932
White Memorial Medical Center	W. E. Macpherson	205	10,467	340	105,918	17,849	533	...	4200 P	12	Rot. ⁰	12	04011
										2	St. Ped.	2	04034
Oakland													
Children's Hospital Medical Center of Northern California	J. A. Knowles	91	6,921	94	29,658	11,230	...	...	3000 F*	4	St. Ped.	4	93934
Highland General	W. Mandel	323	16,722	624	107,586	56,424	0	...	4800 F*	36	Rot. ⁰	36	04111
										3	Rot. ⁵	3	04176

Numerical and other references are listed on pages 112 through 114.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code	
CALIFORNIA—Continued														
Orange														
Orange County General	B. G. Anderson	369	10,680	743	60,299	57,626	121	4620	P	36	Rot. ⁰	36	04311	
Palo Alto														
Palo Alto-Stanford Hospital Center	R. A. Chase N. Kretschmer	418	20,279	511	86,846	15,795		3300	O	12	St. Surg. 6 St. Ped. 4 St. Path.	12	82033 82034 82036	
Stanford University Affiliated Hospitals		418	20,279	511	86,846	15,795		3300	O	17	St. Med.	17	89932	
Palo Alto-Stanford Hospital Center		1,978	3,735	330	32,175			4090	O					
Veterans Admin.														
Pasadena														
Huntington Memorial	R. M. Shelton	298	13,759	491	28,340	12,487	47,873	110	4800	F*	12	Rot. ²	12	04413
Riverside														
Riverside County General	H. A. Roth	276	9,029	429	24,995	33,053	1,704		P	16	Rot. ⁰	16	85011	
Sacramento														
Sacramento County	B. G. Wagner	586	15,516	916	74,991	55,735			P	32	Rot. ⁰	32	04611	
San Bernardino														
San Bernardino County General	J. E. Cunningham	392	9,864	739	47,110	48,760			F	22	Rot. ⁰	22	04711	
San Diego														
Mercy	W. Perkins	246	15,080	364	32,972	9,158	13,434		F	12	Rot. ⁰	12	04811	
University of California Affiliated Hospitals		465	15,191	489	63,320	27,710			P	14	Rot. ⁰ 10 St. Med. 12 St. Surg.	14	04911 04932 04933	
San Diego County-University	J. Stokes III													
San Francisco														
Children's Hospital and Adult Medical Center	F. W. Spicer	214	10,526	183	46,580	11,268	70,809		F	12	Rot. ⁰ 2 St. Ped.	12	05011 05034	
French	C. G. Clegg	170	7,296	250	32,082	864	112		F*	2	Rot. ⁰ 3 Rot. ¹ 3 Rot. ²	2	05211 05212 05213	
H. C. Moffitt-University of California Hospitals		463	16,905	397	128,981	16,112			O	12	St. Med. 12 St. Surg. 10 St. Ped.	12	06232 06233 06234	
Kaiser Foundation	A. H. Lieberman	212	12,131	350	548,361	24,180	419,223		P*	21	Rot. ⁰ 2 St. Med. 2 St. Surg. 1 St. Path.	21	95911 95932 95933 95936	
Mary's Help—see Daly City, Calif.														
Mount Zion Hospital and Medical Center	H. Weinstein	323	13,017	327	55,813	12,531	22,439	111	3480	P*	24	Rot. ⁰	24	05420
Presbyterian Medical Center	J. J. Kelly	200	8,945	215	42,494	9,739			P	12	Rot. ⁰ 4 Rot. ¹ 4 Rot. ²	12	06111 06112 06113	
St. Joseph's	J. H. Heald	161	6,762	197	1,336	2,661	5,081	276	2100	FP*	6	Rot. ⁰	6	05511
St. Luke's	A. Butler	198	10,332	3	28,858	6,156	18,350		F	8	Rot. ^{0,1,2,3,4}	8	05620	
St. Mary's	C. B. Favour	341	13,947	325	28,334	7,278	33,690		F	5	Rot. ⁰ 5 Rot. ¹ 5 Rot. ²	5	05711 05712 05713	
San Francisco General	T. K. Hunt	788	20,854	1,168	60,114	45,006			P	48	Rot. ⁰ 12 Rot. ¹	48	05811 05812	
Southern Pacific Memorial	B. Kaufman	283	7,583	286	79,583		114		F	25	Rot. ²	25	06013	
San Jose														
O'Connor		213	15,187	203		15,159				1	St. Path.	1	04536	
Santa Clara County Hospital and Medical Center	R. M. Manson	416	10,732	789	125,152	44,038			F	32	Rot. ⁰	32	06311	
Santa Barbara														
Santa Barbara County General-Cottage Hospitals	S. B. Chirman							107	3300	F	10	Rot. ⁰ 3 Rot. ¹ 3 Rot. ²	10	06411 06412 06413
Santa Barbara Cottage		202	11,909	235										
Santa Barbara County General		194	2,892	158	15,291	8,409								
Santa Monica														
Santa Monica	D. Nelson	200	12,456	312	13,363	22,069	35,716	116	3900	F	12	Rot. ⁰	12	06611
Stockton														
San Joaquin General	J. D. Bernard	221	7,498	497	75,246	47,916			P	18	Rot. ⁰	18	02111	
Torrance														
Los Angeles County Harbor General	H. Mazur	555	19,819	1,138		52,041			F	33	Rot. ^{0,1,2,3,4} 8 St. Med. 8 St. Surg. 1 St. Path.	33	06720 06732 06733 06736	
COLORADO—Hospitals, 11; Internships, 179														
Denver														
Children's	F. J. Cozzetto	168	12,932	141	3,519	7,791	7,806	254	3300	P	4	St. Ped.	4	88934
Denver General	D. L. Cowen	309	9,215	562	136,471	41,694		117	3360	P	30	Rot. ² 3 Rot. ⁰	30	07713 07776
General Rose Memorial	J. S. Harris	347	14,773	319	6,256	8,816	14,837	118	6000	P	10	Rot. ^{0,1}	10	06920
Mercy	H. H. Goldstein	261	12,358	208	6,270	9,210	12,721		P*	11	Rot. ²	11	92213	
Porter Memorial	R. S. Brittain	186	9,904	146	2,366	6,583	12,485	113	3900	P	12	Rot. ⁰	12	07111
Presbyterian Medical Center	M. A. Lubchenco	244	11,544	314	4,167	10,277	23,436	120	3600	P	20	Rot. ²	20	07213
St. Anthony	R. E. Boyle	383	21,023	334	2,420	13,941	14,559		P	10	Rot. ⁰	10	07311	
St. Joseph	M. E. McDowell	400	19,841	341	8,360	7,503	10,624	119	3600	P	16	Rot. ^{0,1,2} 6 Family Practice ¹⁰	16	07420 07418
St. Luke's	R. S. Liggett	403	16,949	422	2,041	16,116	6,017	120	3600	P	8	Rot. ²	8	07513
University of Colorado Medical Center	G. S. Tyner	258	10,532	446	116,616	35,053	18,846		P	4	Rot. ¹	4	07615	
										12	St. Med.	12	07632	
										10	St. Surg.	10	07633	
										9	St. Ped.	9	07634	
										8	St. Path.	8	07636	
Greeley														
Weld County General	W. Mangum	244	13,275	308	9,140	9,111			P	6	Rot. ²	6	85313	

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
CONNECTICUT—Hospitals, 21; Internships, 288													
Bridgeport													
Bridgeport	N. P. R. Spinelli	18,041	669	13,079	18,692	27,063	3600 F*	14	Rot. ⁰	14	07911		
St. Vincent's	W. H. Curley	295	15,588	534	7,567	18,973	5400 P	10	Rot. ⁰	10	08011		
								2	St. Surg.	2	08033		
Bristol													
Bristol	M. J. Seide	171	9,041	272	6,501	12,439	4,763	5146 O	7	Rot. ⁰	7	92311	
Danbury													
Danbury	J. L. Belsky	217	9,398	377	5,026	16,125	18,251	3600 F	10	Rot. ¹	10	08112	
								2	Rot. ²	2	08113		
Derby													
Griffin	V. A. DeLuca, Jr.	175	7,657	275	5,694	15,019	14,901	3900 P	9	Rot. ^{0,1,2}	9	97720	
Greenwich													
Greenwich	F. J. Christie	226	9,283	282	8,434	16,485	16,601	2700 F*	12	Rot. ^{1,2}	12	08220	
Hartford													
Hartford	D. Babbott	793	30,495	1,058	36,717	42,974	3600 P	18	Rot. ⁰	18	08311		
	R. F. Reinfrank							4	Rot. ¹	4	08312		
	F. J. Flynn							2	Rot. ⁴	2	08314		
	R. Tennant							2	St. Path.	2	08936		
	C. Polivy	164	7,706	154	1,592	9,988	1,313	122	3900 F*	2	Rot. ¹	2	85412
										7	Rot. ²	7	85413
										2	Rot. ³	2	85415
										12	Rot. ⁰	12	08511
St. Francis	W. J. Lahey	579	23,346	692	32,701	25,975	21,109	3600 F	6	Rot. ⁰	6	85511	
Manchester													
Manchester Memorial	M. Duke	235	12,056	266	2,095	13,279	25,889	4500 F	8	Rot. ⁰	8	03611	
Meriden													
Meriden	M. J. Seide	209	10,084	360	2,211	9,954	6,570	5146 O	7	Rot. ⁰	7	03711	
Middletown													
Middlesex Memorial	M. J. Seide	191	10,183	374	30,000	10,669	5146 O	9	Rot. ⁰	9	03811		
New Britain													
New Britain General	H. Levine	320	14,736	471	6,781	23,545	21,938	5040 F	15	Rot. ⁰	15	09011	
New Haven													
Hospital of St. Raphael	P. F. D'Elia	374	16,105	670	14,227	24,652	17,090	4700 P*	2	Rot. ²	2	09013	
										2	St. Med.	2	09032
										2	St. Ped.	2	09034
Yale-New Haven Medical Center		592	25,327	923	103,494	49,955	49,852	3000 P	17	St. Med.	17	08932	
Yale-New Haven									16	St. Surg.	16	08933	
									11	St. Ped.	11	08934	
									9	St. Path.	9	08936	
New London													
Lawrence and Memorial Hospitals	E. Gipstein	251	13,120	397	2,864	21,723	39,590	4800 F	8	Rot. ^{0,00}	8	09220	
Norwalk													
Norwalk	A. M. Margold	272	13,730	527	16,910	22,080	41,851	3600 F	12	Rot. ⁰	12	09311	
									2	Rot. ²	2	09313	
									2	Rot. ³	2	09315	
									2	Rot. ⁴	2	09314	
Stamford													
St. Joseph's	G. G. Allard	175	8,032	160	3,000	8,839	3480 FP	6	Rot. ⁰	6	09111		
Stamford	L. M. Smith	260	10,595	384	14,860	18,851	14,181	3480 FP	18	Rot. ^{0,1,2,3,4,5}	18	09520	
Waterbury													
St. Mary's	W. Finkelstein	334	11,968	543	17,995	18,863	10,273	3600 FP*	8	Rot. ⁰	8	09611	
									2	Rot. ¹	2	09612	
									2	Rot. ²	2	09613	
Waterbury	O. J. Bizozero	294	13,008	496	17,925	13,416	49,574	3600 F	7	Rot. ⁰	7	09711	
DELAWARE—Hospitals, 2; Internships, 18													
Wilmington													
Wilmington Medical Center	R. O. Y. Warren							4800 P	14	Rot. ^{0,1,2,4}	14	09920	
									4	St. Med.	4	09932	
Delaware Division		320	13,732	561	35,477	33,181	60,899	4800 P					
Memorial Division		234	11,691	348	16,508	18,563	45,440	4800 P					
DISTRICT OF COLUMBIA—Hospitals, 7; Internships, 184													
Washington, D. C.													
Children's	D. W. Delaney	170	13,168	151	59,657	29,731	3200 P*	6	St. Ped.	6	07034		
District of Columbia General		1,202	22,571	1,477	158,831	57,826	3500 P*						
Program I—Georgetown University	C. M. Martin								10	St. Med.	10	79932	
Program II—Georgetown University	C. M. Martin								4	Rot. ¹	4	79912	
Program III—See Georgetown University													
Program IV—George Washington Univ.	M. J. Romansky								8	St. Med.	8	79957	
Program V—George Washington Univ.	M. J. Romansky								6	Rot. ¹	6	79929	
Program VI—See George Washington University-District of Columbia General													
Program VII—Howard University	E. C. Nash								4	St. Med.	4	79925	
Program VIII—Howard University	E. C. Nash								10	Rot. ¹	10	79926	
Program IX—Howard University	M. W. Spellman								2	St. Surg.	2	79927	
Program X—Howard University	M. W. Spellman								4	Rot. ²	4	79913	
Program XI—District of Columbia General	T. E. Reichelderfer								4	St. Ped.	4	79934	
Georgetown University	L. H. Kyle	397	12,492	320	98,111	13,069	3278 P	12	St. Med.	12	80132		
	P. L. Calgano								2	St. Ped.	2	80134	
	A. Golden								3	St. Path.	3	80136	
	L. H. Kyle								2	Rot. ⁴	2	80114	
Georgetown University-D. C. General	R. H. Coffey								10	St. Surg.	10	81733	
Georgetown University		397	12,492	320	98,111	13,069	3278 P						
District of Columbia General		1,202	22,571	1,477	158,831	57,826	3500 P*						
George Washington University	J. M. Evans	378	15,859	448	35,337	19,657	1,301	3000 P	16	St. Med.	16	80232	
	T. M. Peery								2	St. Path.	2	80236	
George Washington University-D. C. Gen.	B. B. Blades								12	St. Surg.	12	81833	
George Washington University		378	15,859	448	35,337	19,657	1,301	3000 P					
District of Columbia General		1,202	22,571	1,477	158,831	57,826	3500 P*						
Providence	T. H. Curtin	325	17,922	379	30,499	21,835	19,050	3000 FP*	8	Rot. ⁰	8	80311	
									8	Rot. ^{1,2,3,4}	8	80320	
									4	St. Med.	4	80332	
									2	St. Surg.	2	80333	

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
DISTRICT OF COLUMBIA—Washington,—Continued													
Sibley Memorial	W. Battaile	80	11,742	313	1,149	6,594			2120	F	3 Rot. ² 3 Rot. ⁵ 3 Rot. ⁷	3	80513 80586 80542
Washington Hospital Center	J. A. Curtin	682	31,870	770	67,467	40,276	30,713		3900	P	15 Rot. ^{0,1,2,3} 12 St. Med. 6 St. Surg.	15	80020 80032 80033
FLORIDA—Hospitals, 18; Internships, 322													
Bartow													
Polk County—see Lakeland General Hospital—Polk County, Lakeland, Fla.													
Daytona Beach													
Halifax District		326	14,994	561	6,111	22,099					8 Rot. ⁰	8	62911
Gainesville													
William A. Shands Teaching Hospital and Clinics		271	10,230	405	68,021	11,546			3200	O	9 St. Med. 9 St. Surg. 5 St. Ped. 2 St. Path.	9	82432 82433 82434 82436
Jacksonville													
Baptist Memorial		320	17,198	345	3,921	17,652	183		5100	O	12 Rot. ⁰	12	97011
Duval Medical Center	A. T. Fachtel	231	10,453	488	135,348	74,238			5100	P	26 Rot. ⁹ 4 St. Med.	26	10120 10132
St. Vincent's	S. M. Day, Jr.	331	17,715	328	10,237	19,531	69,567		5100	P	19 Rot. ^{0,1,2,3,4,5,7,8}	19	10320
Lakeland													
Lakeland General Hospital—Polk County	J. F. Dominick										8 Rot. ⁰ 8 Rot. ²	8	83311 83313
Lakeland General		384	17,682	227	24,146	35,364	2,460		4800	F			
Polk County (Bartow, Fla.)		145	5,020	259	36,408				3600	F			
Miami													
Jackson Memorial	O. L. Churney	1,081	28,733	1,907	187,315	121,127	14,963	257	2940	P*	6 Rot. ¹ 12 Rot. ³ 3 Rot. ⁴ 10 Rot. ⁶ 32 St. Med. 18 St. Surg. 7 St. Ped. 6 St. Ped.	6	10412 10415 10414 10476 10432 10433 10434 11034
Variety Children's	D. G. Traggis	101	5,189	81	16,896	19,436		279	3960*				
Miami Beach													
Mount Sinai Hospital of Greater Miami		388	14,849	558	34,883	24,096	14,000		4000	P	12 Rot. ⁰ 8 Rot. ¹ 6 Rot. ²	12	10511 10512 10513
St. Francis	D. G. Stannus	178	7,544	326	4,145	7,795	28,188	128	3600	P*	12 Rot. ²	12	10613
Orlando													
Orange Memorial	F. H. Cary	493	24,494	734	12,605				4800	P	3 Rot. ¹ 9 Rot. ² 3 Rot. ³ 3 Rot. ⁴	3	10712 10713 10715 10714
Pensacola													
Pensacola Educational Program	W. C. White								4800	P	6 Rot. ¹ 6 Rot. ² 3 Rot. ³ 3 Rot. ⁴	6	82612 82613 82615 82614
Baptist		270	16,152	257		20,001	26,105						
Escambia General		121	6,138	244	23,088	11,457							
Sacred Heart		115	6,229	132		8,518	14,776						
St. Petersburg													
Mound Park	K. E. McIntyre	498	20,118	1,191	16,318	21,610	12,690		4940	P	18 Rot. ⁰	18	91111
Tampa													
Tampa General	R. B. Smith	584	26,297	728	34,062	35,546	1,919		3600	FP*	18 Rot. ^{0,1,2,3,4}	18	10920
West Palm Beach													
St. Mary's	D. W. Martin	167	9,039	361	4,814	14,278	10,291		4200	F	8 Rot. ^{0,00}	8	91420
GEORGIA—Hospitals, 14; Internships, 263													
Albany													
Phoebe Putney Memorial	M. S. Bruckner	233	13,025	356	10,820	11,993			6000	P	8 Rot. ⁰	8	83411
Atlanta													
Crawford W. Long Memorial	H. S. Ramos	392	18,201	454	6,825	8,236	1,824	127	3900	P	6 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 8 St. Surg. 4 St. Path.	6	11111 11112 11113 11933 11936
Emory University		295	11,423	351		7,156		129	2700	P	22 St. Med.	22	11732
Emory University Affiliated Hospitals									4090	O			
Emory University	J. W. Hurst	295	11,423	351		7,156							
Veterans Admin.	J. C. Crutcher	271	5,059	315	21,760								
Georgia Baptist	J. G. Barrow	402	23,530	399	10,061	10,013	7,399		4200	O	12 Rot. ^{0,1,2,3,4} 1 St. Med. 1 St. Surg. 2 St. Ped. 1 St. ObG	12	11220 11232 11233 11234 11235
Grady Memorial		614	24,160	1,151	308,516	177,698		132	2700	P	8 Rot. ² 10 Rot. ³ 10 Rot. ⁴ 4 Rot. ⁵ 2 Rot. ⁷ 2 Rot. ⁸ 18 St. Med. 12 St. Surg. 6 St. Ped.	8	11313 11315 11314 11386 11342 11377 11332 11333 11334
Piedmont	W. L. Bloom	275	13,083	215	5,206	12,799	39,844		4800	P	2 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 1 Rot. ³ 1 Rot. ⁴	2	11411 11412 11413 11415 11414

Numerical and other references are listed on pages 112 through 114.

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GEORGIA, Atlanta—Continued													
St. Joseph's Infirmary.....	P. C. Shea, Jr.....	250	12,462	280	12,346	6,420	1,508	...	4800 P	2	Rot. ⁰	2	11511
										2	Rot. ³	2	11513
										1	Rot. ³	1	11515
										1	Rot. ⁴	1	11514
										1	St. Med.	1	11532
										2	St. Surg.	2	11533
										1	St. Path.	1	11536
Augusta													
Eugene Talmadge Memorial.....	W. H. Moretz.....	398	8,636	328	36,565	...	...	...	3000 P	6	Rot. ⁰	6	98520
										8	St. Med.	8	98532
										4	St. Surg.	4	98533
										2	St. Ped.	2	98534
										4	St. Path.	4	98536
										16	Rot. ⁰	16	11611
University.....	J. Mitchener.....	366	18,208	535	30,834	29,760	...	...	4800 P	16	Rot. ⁰	16	11611
Columbus													
Medical Center.....	W. P. Jordan.....	260	13,001	453	30,072	39,900	...	...	3900 F	16	Rot. ³	16	11813
Macon													
.....	.....	474	24,560	583	51,697	30,093	...	...	4800 F	18	Rot. ^{0,11,15}	...	...
										4	Gen. Prac. Pro. ^{15,16}	...	...
Rome													
Floyd.....	W. M. Gilbert.....	231	15,917	330	8,847	29,563	17,928	256	8400 P	9	Rot. ⁰	9	99211
Savannah													
Memorial Hospital of Chatham County...	D. B. Cox.....	205	10,162	403	33,192	20,887	...	...	4500 F	13	Rot. ⁰	13	97111
HAWAII—Hospitals, 3; Internships, 39													
Honolulu													
Kuakini.....	E. Y. Yamada.....	153	55,912	232	51,299	10,572	11,659	130	6000 P	12	Rot. ²	12	80713
Queen's.....	D. Bassatt.....	351	18,400	498	51,299	21,252	...	...	6000 O	7	Rot. ¹	7	80812
	V. Waite.....									8	Rot. ³	8	80813
St. Francis.....	H. H. C. Fong.....	197	10,736	220	25,813	7,796	41,791	131	6000 O	12	Rot. ⁰	12	80911
ILLINOIS—Hospitals, 35; Internships, 829													
Berwyn													
MacNeal Memorial.....	J. F. Neskodny.....	318	14,907	586	6,827	18,640	48,672	...	4800 F	10	Rot. ⁰	10	12111
										2	Rot. ¹	2	12112
										2	Rot. ³	2	12113
										2	Rot. ³	2	12115
Chicago													
Augustana.....	T. B. Longabaugh.....	283	10,329	399	5,646	3,808	...	...	7200 P	12	Rot. ⁰	12	12411
Columbus-Cuneo Medical Center.....	J. R. Nora, E. Amaral.....								5400 FP*	24	Rot. ⁰	24	12611
Columbus.....		335	11,537	425	12,042	764	42,493	...	...	...	...	...	...
Frank Cuneo.....		119	6,511	137	3,232	1,746	5,164	...	...	...	...	...	...
Cook County.....	S. S. Waldstein.....	2,164	79,011	4,773	286,064	355,753	...	...	3900 F*	94	Rot. ^{0,1,2,3,4}	94	12720
										2	Rot. ⁵	2	12786
										2	Rot. ⁶	2	12776
										2	Rot. ⁷	2	12742
										2	Rot. ⁸	2	12777
										12	St. Med.	12	12732
										24	St. Surg.	24	12733
										6	St. Ped.	6	12734
										3	St. Path.	3	12736
Edgewater.....	S. Brownstein.....	298	12,217	332	6,548	6,805	...	...	4800 F	2	Rot. ¹	2	12812
										18	Rot. ²	18	12813
										2	Rot. ³	2	12815
										2	Rot. ⁴	2	12814
Grant.....	D. H. Welker.....	304	10,721	305	13,606	4,909	11,248	...	4800 P	12	Rot. ⁰	12	13211
Illinois Central.....	J. M. Johnson.....	224	7,285	248	36,491	3,506	...	134	5400 F*	10	Rot. ¹	10	13612
Illinois Masonic.....	N. J. Iglitzen.....	430	16,111	452	68,040	9,156	31,275	...	6000 FP*	30	Rot. ^{0,1,2}	30	13720
Louis A. Weiss Memorial.....	H. E. Bessinger.....	233	8,257	296	4,404	8,225	40,878	135	6000 P	12	Rot. ^{0,1,2,3,4,5,7,8}	12	84620
Mercy Medical Center.....	W. R. Thompson.....	292	9,981	285	50,917	8,074	8,490	...	4200 P	6	Rot. ⁰	6	14111
										3	Rot. ¹	3	14112
										2	Rot. ²	2	14113
										2	St. Med.	2	14132
										2	St. Surg.	2	14133
										2	St. Path.	2	14136
Michael Reese Hospital and Medical Center.....	M. C. Creditor.....	811	23,260	840	123,604	48,912	...	...	3300 P*	18	Rot. ¹	18	14212
										8	Rot. ²	8	14213
										6	Rot. ⁴	6	14214
										16	St. Med.	16	14232
										4	St. Surg.	4	14233
										2	St. Ped.	2	14234
Mount Sinai.....	J. L. Whitehill.....	328	11,644	390	56,760	14,745	56,468	...	4200 P*	12	Rot. ⁰	12	14411
										1	Rot. ⁵	1	14486
										3	St. Med.	3	14432
										3	St. Surg.	3	14433
										1	St. Path.	1	14436
Northwestern University Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chicago Wesley Memorial.....	J. R. Suker.....	596	19,227	460	...	23,556	21,711	135	2700 P	24	Rot. ⁰	24	16211
										4	Rot. ⁴	4	16214
										4	St. Med.	4	16232
										1	St. Path.	1	16236
Children's Memorial.....	R. B. Lawson.....	169	8,431	203	66,786	19,818	...	255	3600 P	4	St. Ped.	4	84234
Evanston (Evanston).....	J. A. McLaren.....	389	15,169	304	14,353	21,209	21,015	138	2700 P	14	Rot. ⁰	14	16711
										4	Rot. ²	4	16713
										12	St. Med.	12	16732
										3	St. Path.	3	16736
Passavant Memorial.....	M. C. Anderson.....	313	10,114	222	25,285	8,213	...	138	3600 P	13	Rot. ¹	13	14612
										1	Rot. ²	1	14615
										5	St. Med.	5	14632
										4	St. Surg.	4	14633
										1	St. Path.	1	14636
Norwegian-American.....	.....	166	6,408	209	3,165	2,501	...	...	5000 O	12	Rot. ²	12	14513
Presbyterian-St. Luke's.....	723	23,604	726	88,499	14,546	132,841	...	3600 P	20	St. Med.	20	14732
										16	St. Surg.	16	14733
										2	St. Ped.	2	14734
										2	St. Path.	2	14736

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ILLINOIS, Chicago—Continued													
Ravenswood	H. L. Browns	229	10,175	325	3,511	7,434	5,265	...	5752 P	8	Rot. ⁰	8	14911
Resurrection		225	10,122	326	0	10,706	41,389	...	6000 P	12	Rot. ^{0,1,2}	12	93720
St. Anne's	A. Francona	302	13,442	553	7,399	9,342	28,577	...	6000 O	12	Rot. ²	12	15213
St. Elizabeth's	L. Khedroo	267	11,012	322	4,809	12,433	...	...	6000 F	12	Rot. ⁰	12	15311
St. Joseph	R. W. Zalar	357	13,040	347	6,682	4,910	12,138	...	3600 FP	10	Rot. ⁰	10	15511
										2	Rot. ¹	2	15512
										4	Rot. ²	4	15513
										2	Rot. ³	2	15515
South Chicago Community Hospital	L. H. Davis	281	11,813	380	...	10,936	26,520	...	4800 F	12	Rot. ⁰	12	15811
Swedish Covenant	J. H. Erickson	191	7,288	342	4,654	11,031	35,624	136	3900 F	4	Rot. ⁰	4	15911
										2	Rot. ¹	2	15912
										6	Rot. ²	6	15913
University of Chicago Hospitals and Clinics	R. H. Palmer	484	16,671	494	171,777	27,226	...	...	3360 P	22	St. Med.	22	16032
	R. Menguy									15	St. Surg.	15	16033
	A. Dorfman									6	St. Ped.	6	16034
	R. W. Wissler									2	St. Path.	2	16036
University of Illinois Research and Educational Hospitals		454	11,840	374	191,988	28,305	...	...	2820 FP*	14	St. Med.	14	15032
										14	St. Surg.	14	15033
										6	St. Ped.	6	15034
										2	St. Path.	2	15036
Decatur													
Decatur and Macon County	R. B. Olstad	303	14,564	420	4,534	17,827	37,539	137	5400 P*	9	Rot. ⁰	9	85711
Evanson													
Evanson—See Northwestern University Medical Center, Chicago													
St. Francis	J. H. Mason	327	13,285	405	33,873	14,287	33,873	...	6000 F*	14	Rot. ⁰	14	16811
										3	Rot. ¹	3	16812
										3	Rot. ²	3	16813
Evergreen Park													
Little Company of Mary	D. W. Posner	505	20,487	679	5,394	26,046	114,401	...	6000 P	18	Rot. ⁰	18	16911
										2	Rot. ²	2	16913
										2	Rot. ⁵	2	16986
										2	Rot. ⁷	2	16942
Hinsdale													
Hinsdale Sanitarium and Hospital	C. L. Dale	266	11,472	260	9,991	10,715	58,550	...	4140 P	14	Rot. ⁰	14	99311
Oak Lawn													
Christ Community Hospital	V. Pianelli	334	14,829	359	4,764	20,512	40,533	...	6000 F	20	Rot. ²	20	13113
Oak Park													
West Suburban	R. C. Muehrcke	331	13,915	524	2,562	16,872	49,947	...	6600 O*	16	Rot. ^{0,1,2}	16	17320
										2	Rot. ³	2	17315
										1	Rot. ⁴	1	17314
										2	Rot. ⁷	2	17342
										1	Rot. ⁸	1	17377
Peoria													
St. Francis	N. K. Furlong	525	20,097	595	11,771	16,974	23,268	...	4800 F*	24	Rot. ^{0,1,2,3,4}	24	17520
										1	Rot. ⁵	1	17586
										1	Rot. ⁶	1	17576
										1	Rot. ⁷	1	17542
										1	Rot. ⁸	1	17577
Rockford													
Rockford Memorial	M. O. Alexander	226	12,324	294	3,542	22,797	48,320	...	3600 P	12	Rot. ^{0,1,2,3,4}	12	17720
										1	St. Path.	1	17736
INDIANA—Hospitals, 11; Internships, 177													
Evansville													
St. Mary's	D. M. Hare	337	13,591	343	1,054	12,935	10,417	139	4800 P	6	Rot. ⁰	6	94111
Fort Wayne													
Lutheran Hospital of Fort Wayne	W. Griest	414	14,924	524	1,142	13,117	35,340	...	3900 P	6	Rot. ⁰	6	18311
Gary													
Methodist	H. L. Cohen	324	16,312	326	21,401	12,252	...	...	4800 P	8	Rot. ⁰	8	17411
Indianapolis													
Indiana University Hospitals	W. D. Close	403	13,131	601	75,022	13,242	...	140	3100 P	20	St. Med.	20	18732
										16	St. Surg.	16	18733
										6	St. Ped.	6	18734
										4	St. Path.	4	18736
Marion County General	J. W. Hickman	590	12,284	763	132,474	46,661	1,320	...	3654 P	35	Rot. ^{0,00}	35	18620
Methodist Hospital of Indiana	J. H. Hall	758	28,124	910	18,487	33,282	42,030	...	4800 P*	20	Rot. ⁰	20	18811
										4	Rot. ⁰⁰	4	18816
										2	St. Med.	2	18832
										2	St. Surg.	2	18833
										2	St. Path.	2	18836
St. Vincent's	T. J. Lord	277	12,717	327	3,980	10,083	20,834	...	5220 P	10	Rot. ⁰	10	18911
										1	St. Path.	1	18936
Muncie													
Ball Memorial	L. J. Lawson	399	16,887	628	...	16,489	47,396	...	5400 P	12	Rot. ⁰	12	19211
South Bend													
Memorial Hospital of South Bend	D. T. Olson	316	13,885	474	1,484	19,957	23,880	...	4800 F	12	Rot. ⁰	12	19311
St. Joseph's	A. J. Backs	307	12,188	386	1,330	19,145	1,178	...	4800 F	5	Rot. ⁰	5	19411
										4	Rot. ¹	4	19412
South Bend Medical Foundation Hospitals	J. R. Bennett	...	40,459	1,400	4,367	61,717	68,162	...	...	2	St. Path.	2	17136
IOWA—Hospitals, 7; Internships, 119													
Cedar Rapids													
Cedar Rapids Internships	F. R. Peterson	...	...	...	...	...	...	...	5400 F	20	Rot. ⁰	20	19611
										3	Rot. ⁰⁰	3	19616
Mercy		230	11,918	274	2,707	20,217	13,247	...	...	...	...	...	...
St. Luke's Methodist		340	16,660	379	6,231	20,471	31,351	...	...	...	...	...	...
Des Moines													
Broadlawn Polk County	W. H. Sigalove	131	6,104	217	23,651	35,841	...	...	4200 F	8	Rot. ⁰	8	19911
										4	Gen. Prac. Pro. ¹³	4	19917
Iowa Lutheran	C. H. Johnston	258	10,644	257	3,710	9,010	4,000	141	6000 P	14	Rot. ⁰	14	20011
Iowa Methodist	L. F. Staples	459	18,907	457	...	26,332	3,645	142	6000 F	10	Rot. ⁰	10	20111
Mercy	H. G. Ellis	308	15,195	336	7,839	10,354	10,735	...	5400 F	14	Rot. ^{0,1,2,3,4,5,7,8}	14	20220
										2	St. Path.	2	20236

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IOWA—Continued													
Iowa City													
University Hospitals.....	C. P. Goplerud.....	903	30	823	185,095	...	30,315	...	3500 P	8	Rot. ¹	8	20312
										12	Rot. ²	12	20313
										6	Rot. ³	6	20315
										2	Rot. ⁴	2	20314
										10	St. Med.	10	20332
										4	St. Ped.	4	20334
										2	St. Path.	2	20336
KANSAS—Hospitals, 5; Internships, 90													
Kansas City													
Bethany.....	R. R. Morff.....	192	9,221	295	...	10,719	9,016	...	6300 P	8	Rot. ⁰	8	20511
University of Kansas Medical Center.....	J. D. Walker.....	414	16,708	403	162,504	16,864	20,333	258	3000 P	12	Rot. ⁹	12	20820
										9	St. Med.	9	20832
										4	St. Surg.	4	20833
										3	St. Ped.	3	28034
										2	St. Path.	2	20836
Wichita													
St. Francis.....	V. D. Schwartz.....	609	25,791	588	2,207	24,108	10,919	143	5100 F	18	Rot. ^{0,1,2}	18	20920
										2	St. Med.	2	20932
										2	St. Surg.	2	20933
St. Joseph Hospital and Rehabilitation Center.....	L. W. Purinton.....	272	14,324	241	1,547	21,543	...	143	5100 P	10	Rot. ⁰	10	21111
Wesley Medical Center.....	W. C. Goodpasture.....	478	23,153	439	7,197	26,065	38,134	269	5100 F	20	Rot. ⁹	20	21020
KENTUCKY—Hospitals, 9; Internships, 135													
Covington													
St. Elizabeth.....	L. C. Hess.....	298	14,871	520	...	14,954	15,617	...	6000 F	12	Rot. ⁰	12	21311
Lexington													
Good Samaritan.....	J. Keith.....	188	10,150	285	1,075	18,807	18,626	...	4200 F	7	Rot. ³	7	21413
University of Kentucky Medical Center.....	W. R. Willard.....	...	...	...	...	...	...	144	3360 P	20	Rot. ^{0,1,2,3,4,5}	20	84820
										8	St. Med.	8	84832
										14	St. Surg.	14	84833
										2	St. Ped.	2	84834
										2	St. Path.	2	84836
University.....	...	199	6,630	286	36,515	11,371	542	...	...	...	...	...	...
St. Joseph.....	...	248	13,579	257	19,359	12,535	...	...	...	...	...	...	...
Veterans Admin.....	...	1,045	2,523	165	11,740	...	...	...	...	...	...	...	...
Louisville													
John N. Norton Memorial Infirmary.....	C. B. Rankin.....	276	11,654	204	445	7,200	14,400	145	5400 FP*	6	Rot. ⁰	6	21811
Louisville General.....	H. Cheng.....	326	13,184	615	102,837	86,905	...	151	4200 P	14	Rot. ⁰	14	21711
										8	St. Med.	8	21732
										8	St. Surg.	8	21733
										2	St. Path.	2	21736
										8	St. Ped.	8	21634
University of Louisville Affiliated Hospitals	W. M. Edwards.....	...	...	...	...	...	...	...	4200 P	...	...	...	...
Children's.....	...	115	7,017	133	13,007	13,800	...	...	...	...	...	...	...
Louisville General.....	...	326	13,184	615	102,837	86,905	...	...	...	...	...	...	...
St. Joseph Infirmary.....	R. D. Wolfe.....	483	20,239	445	9,842	22,134	9,170	...	4620 P	18	Rot. ⁰	18	22011
										1	Rot. ¹	1	22012
										2	Rot. ²	2	22013
										1	Rot. ³	1	22015
										1	Rot. ⁴	1	22014
										1	Rot. ⁷	1	22042
LOUISIANA—Hospitals, 8; Internships, 231													
Lafayette													
Charity Hospitals of Louisiana General Practice Program	...	...	...	...	...	...	...	...	...	...	...	...	...
Lafayette Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Lake Charles													
Charity Hospital of Louisiana General Practice Program	...	...	...	...	...	...	...	...	...	...	...	...	...
Lake Charles Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.....	...	...	...	...	...	...	...	...	...	...	...	...	...
New Orleans													
Charity Hospital of Louisiana.....	L. Burroughs.....	1,901	45,060	3,073	754,539	70,645	...	...	2400 F	...	...	...	...
Louisiana State University Division.....	N. S. Gilbert.....	...	...	...	...	...	...	...	...	36	Rot. ⁰	36	22441
Charity Hospitals of Louisiana General Practice Programs at Lafayette Charity Hospital and Lake Charles Charity Hospital, are 2-year general practice programs with 22 first-year positions included in rotating internships under NIMP Code 22441.....	...	...	...	...	...	...	...	...	...	10	Rot. ¹	10	22452
										4	Rot. ²	4	22453
										4	Rot. ⁴	4	22454
										2	Rot. ⁵	2	22456
										2	St. Med.	2	22442
										4	St. Ped.	4	22443
										1	St. Path.	1	22436
Charity Hospital of Louisiana.....	L. Burroughs.....	1,901	45,060	3,073	754,539	70,645	...	...	2400 F	...	...	...	...
Tulane University Division.....	R. D. Sparks.....	1,901	45,060	3,073	754,539	70,645	...	...	2400 F	28	Rot. ⁰	28	22411
										8	Rot. ¹	8	22412
										6	Rot. ²	6	22413
										2	Rot. ³	2	22415
										6	Rot. ⁴	4	22414
										1	Rot. ⁵	1	22486
										4	St. Med.	4	22432
										6	St. Surg.	6	22433
										2	St. Ped.	2	22434
Ochaner Foundation.....	K. K. Meyer.....	306	11,991	289	311,634	16,616	...	...	2280 P	6	Rot. ^{0,1,2,4,5,8}	6	96620
Southern Baptist.....	J. H. Collins.....	418	20,211	613	5,900	18,838	12,004	...	3720 P	4	St. Med.	4	96632
										8	Rot. ⁰	8	22811
										4	Rot. ¹	4	22812
										4	Rot. ²	4	22813
										4	Rot. ³	4	22815
										4	Rot. ⁴	4	22814

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
LOUISIANA, New Orleans—Continued													
Touro Infirmary	B. S. Gallaher	491	17,923	496	32,013	24,031	30,600	...	3900 F	6	Rot. ⁰	6	22911
										3	Rot. ¹	3	22912
										2	Rot. ²	2	22913
										2	Rot. ³	2	22915
										2	Rot. ⁴	2	22914
										2	Rot. ⁵	2	22986
										2	Rot. ⁷	2	22942
										2	St. Med.	2	22932
										2	St. Surg.	2	22933
										2	St. ObG	2	22935
Pineville													
Charity Hospitals of Louisiana General Practice Program:													
Huey P. Long Charity Hospital (Tulane Univ. Unit)	R. D. Sparks	154	6,759	296	86,685	2,106	0	...	4800 P	6	Gen. Pract. Pro. ¹⁸	6	22317
Shreveport													
Confederate Memorial Medical Center	R. F. Brabham	578	23,694	771	143,092	9,122	...	...	2400 F	40	Rot. ⁰	40	23211
MAINE—Hospitals, 3; Internships, 24													
Bangor													
Eastern Maine General	T. H. Palmer, Jr.	249	9,217	318	5,899	8,644	54,157	...	3600 F*	6	Rot. ⁰	6	23311
Lewiston													
Central Maine General	J. W. Carrier	186	7,486	252	4,028	7,560	24,315	...	6000 F	6	Rot. ⁰	6	23411
Portland													
Maine Medical Center	M. S. Bacastow	325	14,442	534	32,467	31,303	...	...	3120 FP*	12	Rot. ⁰	12	23611
MARYLAND—Hospitals, 19; Internships, 364													
Baltimore													
Baltimore City Hospitals		297	11,707	1,030	110,120	31,345	0	149	4000 O	2	Rot. ¹	2	23712
										3	Rot. ²	3	23713
										2	Rot. ⁴	2	23714
										13	St. Med.	13	23732
										6	St. Surg.	6	23733
										3	St. Ped.	3	23734
										2	Family Practice ¹⁰	2	23718
Bon Secours	J. F. Hartman	223	9,866	272	8,934	19,673	5,534	...	6000 P	14	Rot. ^{0,1,2,3}	14	23820
Church Home and Hospital	J. M. Zimmerman	237	8,738	256	13,807	13,006	10,341	150	5500 P	12	Rot. ⁰	12	23911
										4	St. Med.	4	23932
										2	St. Surg.	2	23933
Franklin Square	J. Sindelar	132	4,538	142	10,405	8,084	233	...	4900 F	8	Rot. ²	8	24013
Greater Baltimore Medical Center	T. E. Prout	52	748	13	802	251	...	...	6000 P	2	Rot. ¹	2	24112
										6	Rot. ²	6	24113
										6	Rot. ³	6	24115
										2	St. Med.	2	24132
Johns Hopkins	A. H. Harvey	872	27,624	945	319,883	93,004	...	...	3000 P*	15	St. Med.	15	24232
	P. A. Tumulty									11	St. Med. (Pvt.)	11	24238
	G. D. Zuidema									13	St. Surg.	13	24233
	R. E. Cooke									13	St. Ped.	13	24234
	R. H. Morgan									4	St. Path.	4	24236
	A. C. Barnes									6	St. ObG	6	24235
Johns Hopkins Community Pediatric Program (includes Baltimore City Hospitals, Greater Baltimore Medical Center, Johns Hopkins Hospital, Sinai Hospital of Baltimore, Union Memorial Hospital)													
Lutheran Hospital of Maryland	A. J. Schaffer	183	8,746	218	13,246	22,623	...	...	3000 P*	9	St. Ped.	9	22734
Maryland General	S. Rossello	322	11,560	405	4,889	6,949	4,974	150	6000 P	10	Rot. ⁰	10	24311
	E. F. Cotter									9	Rot. ⁰	9	24411
										4	Rot. ¹	4	24412
										2	Rot. ²	2	24413
										2	Rot. ³	2	24415
										2	Rot. ³	2	24415
Mercy	J. A. Mead, Jr.	287	12,961	356	26,547	19,880	55,971	...	6000 P	14	Rot. ¹	14	24512
										2	Rot. ²	2	24513
										2	St. Med.	2	24532
Provident	J. D. Carr	103	5,039	258	11,082	19,475	1,391	...	4800 F	6	Rot. ⁰	6	24611
St. Agnes	J. H. Touhy	349	14,960	480	10,076	36,894	37,832	...	6000 P	12	Rot. ²	12	24713
St. Joseph	W. J. Supik	195	7,191	360	14,340	20,390	2,534	150	6000 P	10	Rot. ⁰	10	24811
Sinai Hospital of Baltimore	E. Kaplan	396	17,279	540	69,517	47,810	3,098	...	4400 P	5	Rot. ^{1,2,3,4}	5	24820
										3	Rot. ⁰	3	24911
										8	Rot. ¹	8	24912
										2	Rot. ²	2	24913
										2	Rot. ⁴	2	24914
										6	St. Med.	6	24932
										1	St. Surg.	1	24933
										2	St. Ped.	2	24934
South Baltimore General	S. L. Fox	150	5,515	224	15,038	19,611	1,422	150	5700 F	12	Rot. ⁰	12	25011
Union Memorial	W. W. Wurzbacher	357	13,311	626	28,229	40,025	15,858	...	6000 P	9	Rot. ²	9	25113
										8	St. Med.	8	25132
										5	St. Surg.	5	25133
University	J. G. Wiswell	510	15,757	713	144,689	42,227	40,459	...	3200 P	13	St. Med.	13	25232
										10	St. Surg.	10	25233
										6	St. Ped.	6	25234
										1	St. Path.	1	25236
Bethesda													
Suburban	W. O. Teichmann	213	12,572	361	3,423	20,652	16,905	...	3120 F	6	Rot. ²	6	25313
Cheverly													
Prince George's General	E. J. Jensen	350	17,906	642	16,061	42,326	35,765	...	3600 F	18	Rot. ^{0,1,2,3,4}	18	90520
Takoma Park													
Washington Sanitarium and Hospital	K. Cruze	245	10,943	276	7,436	18,969	37,690	260	3900 F	16	Rot. ⁰	16	25411
MASSACHUSETTS—Hospitals, 27; Internships, 412													
Beverly													
Beverly	F. G. Soule, Jr.	177	7,458	277	6,342	4,605	9,194	...	3300 F	10	Rot. ⁰	10	25520
Boston													
Beth Israel	J. Kasten	305	12,165	449	62,229	18,568	92,926	...	3000 O	12	St. Med.	12	25632
										6	St. Surg.	6	25633
										1	St. Path.	1	25636

Numerical and other references are listed on pages 112 through 114.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MASSACHUSETTS, Boston—Continued													
Boston City	Committee on Examinations	855	29,501	1,710	361,693	139,376	...	...	3000 O	...	...	...	...
				I and III	Medical Tufts					16	St. Med.	16	25793
				II and IV	Medical Harvard					16	St. Med.	16	25794
				V and VI	Medical Boston University					16	St. Med.	16	25795
				I	Surgical Tufts					8	St. Surg.	8	25796
				III	Surgical Boston University					8	St. Surg.	8	25798
				V	Surgical Harvard					8	St. Surg.	8	25703
					Straight Specialties, Boston University					6	St. Ped.	6	25704
					Pathology					4	St. Path.	4	25736
Carney	J. P. Mahoney	294	11,274	391	17,349	29,037	46,678	155	4620 P	12	Rot. ²	12	25613
Children's Hospital Medical Center	T. E. Cone	289	11,412	344	95,290	44,538	...	280	1200 F	9	St. Ped.	9	25934
	S. Farber									2	St. Path.	2	25936
Massachusetts General		990	28,647	1,445	210,302	57,000	...	...	3000 O	17	St. Med.	17	26132
										12	St. Surg.	12	26133
										5	St. Ped.	5	26134
										1	St. Path.	1	26136
New England Medical Center Hospitals	S. Proger	310	10,419	330	52,389	1,785	...	158	3000 O	10	St. Med.	10	26332
	R. A. Deterling, Jr.									6	St. Surg.	6	26333
	M. B. Kreidberg									6	St. Ped.	6	26334
	H. E. MacMahon									2	St. Path.	2	26336
Boston Floating New England Center													
Peter Bent Brigham		265	7,875	419	56,461	15,993	...	...	3000 P	13	St. Med.	13	26532
										7	St. Surg.	7	26533
										1	St. Path.	1	25636
St. Elizabeth's	W. H. Garvin, Jr.	324	12,472	403	9,600	16,751	...	...	3000 F	9	Rot. ⁰	9	26611
										9	Rot. ¹	9	26612
University	R. W. Wilkins	203	7,519	216	55,601	...	11,299	...	3000 O	10	St. Med.	10	26232
	R. H. Eg Dahl									7	St. Surg.	7	26233
	I. Gore									1	St. Path.	1	26236
Cambridge													
Cambridge City	E. Hellman	165	5,583	304	27,448	18,708	...	...	3850 P	12	Rot. ^{0,1,2,4}	12	26620
Mount Auburn	D. Hurwitz	243	9,254	362	7,635	17,623	47,732	...	3000 P	9	Rot. ¹	9	26612
										1	St. Path.	1	26936
Fall River													
Union	J. C. Corrigan	237	8,960	356	4,213	10,692	...	...	3600 F*	9	Rot. ⁰	9	86411
Framingham													
Framingham Union	C. G. Tedeschi	181	10,857	271	982	17,650	...	...	3900 FP*	8	Rot. ⁰	8	81211
										1	St. Path.	1	81236
Lawrence													
Lawrence General	J. H. Nicholson	191	9,652	336	4,582	18,291	6,710	...	3600 F*	6	Rot. ⁰	6	27411
Lynn													
Lynn	B. Appel	247	10,551	422	11,236	24,161	719	...	3420 F	6	Rot. ^{0,1,3,4,5,7}	6	27820
Malden													
Malden	N. S. Stearns	224	10,163	277	2,094	15,151	25,225	...	3600 F	6	Rot. ²	6	82713
Newton													
Newton-Wellesley	N. S. Stearns	203	9,063	347	6,273	14,720	27,482	...	3600 P	8	Rot. ²	8	28013
Pittsfield													
Pittsfield Affiliated Hospitals	G. L. Haidak	326	13,984	325	15,477	15,222	49,806	...	3600 FP*	14	Rot. ^{0,1,2,3,4,6}	14	28120
Pittsfield General													
St. Luke's													
Salem													
Salem	D. Dove	223	8,927	377	6,138	17,098	13,136	...	3600 F	8	Rot. ^{0,1,2,3}	8	28420
Springfield													
Springfield	V. Grover	391	13,400	490	10,486	20,545	19,324	161	4920 P*	12	Rot. ²	12	28613
Waltham													
Waltham	N. S. Stearns	171	8,161	266	2,397	17,549	22,707	160	4500 P	7	Rot. ²	7	28813
Worcester													
Memorial	R. L. Beals	281	12,622	362	9,535	19,142	2,018	...	3600 P	12	Rot. ⁰	12	28911
St. Vincent	A. Shuster	456	15,799	559	4,108	12,505	33,122	...	3600 P	10	Rot. ^{1,2,4}	10	29020
										8	St. Med.	8	29032
										3	St. Surg.	3	29033
Worcester City	V. P. DiDomenico	376	13,070	685	37,876	32,754	6,234	...	3756 F	18	Rot. ^{0,1,2,4,5}	18	29120
										4	St. Surg.	4	29133
MICHIGAN—Hospitals, 37; Internships, 634													
Ann Arbor													
St. Joseph Mercy	R. G. Lovell	439	19,111	331	7,807	25,461	76,163	170	5100 O	20	Rot. ⁰	20	29211
University	R. B. Nelson	802	20,881	737	249,606	20,226	...	170	3240 O	16	St. Med.	16	29332
										16	St. Surg.	16	29333
										7	St. Ped.	7	29334
										2	St. Path.	2	29336
Dearborn													
Oakwood	E. W. Durham	373	16,922	437	1,020	22,979	15,372	...	4200 F	18	Rot. ⁰	18	94611
Detroit													
Children's	P. V. Woolley, Jr.	188	9,160	315	69,667	24,376	...	164	4680 O	8	St. Ped.	8	84334
Detroit General	E. E. Kohold	620	18,836	1,212	260,836	125,507	5,091	...	5000 P	36	Rot. ⁰	36	29511
										8	St. Med.	8	29532
										6	St. Surg.	6	29533
Detroit Memorial	C. J. France	279	10,901	324	17,001	4,028	34,529	167	6000 P	20	Rot. ²	20	29613
Evangelical Deaconess	W. P. Curtiss	162	7,523	277	2,366	9,099	8,674	...	6000 P	8	Rot. ⁰	8	29711
Grace	G. S. Wilson, J. L. Posch	767	27,349	959	27,136	10,342	11,553	166	3960 FP*	30	Rot. ⁰	30	29811
Harper	K. L. Krabbenhoft	604	22,256	678	47,813	15,349	20,464	166	3600 FP*	26	Rot. ^{0,1,2,3,4,5,7}	26	29920
Henry Ford	R. E. Birk	971	29,534	1,274	776,228	48,176	...	277	4620 P	26	Rot. ⁰	26	30011
Hutzel	R. E. Mack	280	12,820	367	5,946	5,284	...	...	5400 O	12	Rot. ⁰	12	30511
										2	St. ObG	2	30535
Mount Carmel Mercy	J. W. Moses	498	20,660	597	6,843	30,392	16,954	...	5100 P	24	Rot. ⁰	24	30211
St. John	C. M. Shors	279	15,058	363	8,786	28,955	26,207	...	5280 FP*	18	Rot. ^{0,1,2,3,5,7,8}	18	91520
St. Joseph Mercy	V. J. von Berg	218	8,660	285	5,284	11,382	1,647	167	5460 P	9	Rot. ⁰	9	30411
Sinai Hospital of Detroit	H. A. Ravin	361	14,309	348	48,740	17,574	51,740	166	4200 P	12	Rot. ⁰	12	92611
										4	Rot. ²	4	92613
Eloise													
Wayne County General Hospital and Infirmary	B. A. Bercu	336	10,297	752	42,607	27,159	...	168	5167 F	36	Rot. ⁰	36	30611

APPROVED INTERNSHIPS

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MICHIGAN—Continued													
Flint													
Hurley	P. E. Schroeder	642	24,822	744	8,288	21,064	18,805	5400 FP	25	Rot. ⁰		25	30711
McLaren General	J. D. Wheeler	299	13,964	312	3,613	23,172	9,656	5400 O	12	Rot. ⁰		12	86611
St. Joseph	J. D. McAlindon	367	16,020	343	1,850	32,171		6000 P	14	Rot. ⁰		14	30811
Grand Rapids													
Blodgett Memorial	C. E. Booher	340	16,383	507	5,576	15,771	60,348	4200 F	16	Rot. ^{0,1,2,3,4}		16	30920
Butterworth	L. Birch	381	17,659	550	7,112	22,610	54,475	4200 F	18	Rot. ²		18	31013
St. Mary's	J. C. Peirce	290	14,448	506	7,760	23,018	12,583	169 4500 F	14	Rot. ^{0,1,2,3,4,5}		14	31120
Grosse Pointe													
Bon Secours	R. C. Connelly	147	7,833	188	4,107	9,486	24,643	4500 F	10	Rot. ⁰		10	90611
Highland Park													
Highland Park General	S. C. Werch	250	10,465	384	6,946	20,950	29,933	261 5158 P	14	Rot. ⁰		14	31211
Kalamazoo													
Borgess	I. J. Martens	254	14,123	387	3,815	12,589	5,155	5400 F	10	Rot. ⁰		10	31311
Bronson Methodist	H. D. DePree	242	10,958	368	5,869	13,275	18,886	5400 F	15	Rot. ⁰		15	31411
Lansing													
Edward W. Sparrow	H. J. Schmidt	353	15,742	375	1,943	17,564		6000 P	10	Rot. ⁰		10	31511
Midland													
Midland	R. E. Bowsler	167	9,267	189	1,475	8,351	20,261	170 4200 FP*	10	Rot. ⁰⁰		10	96116
Muskegon													
Hackley	P. H. Frandsen, H. V. Sanden	261	10,412	321		15,443	41,650	6600 P	10	Rot. ⁰		10	81511
Pontiac													
Pontiac General	R. L. Tupper	390	18,899	506	2,578	37,568		6000 FP	20	Rot. ^{0,1,2,3,4,5}		20	31820
St. Joseph Mercy	D. C. Overy	307	15,988	431	9,290	25,174	18,927	6000 P*	12	Rot. ⁰		12	31920
Royal Oak													
William Beaumont	I. J. Mader	355	14,558	461	913	36,702	33,004	5400 P	12	Rot. ⁰		12	97811
Saginaw													
Saginaw General	D. L. Woomer	242	11,405	241	4,202	10,283	22,142	6000 FP	6	Rot. ⁰		6	32011
St. Luke's	J. R. Young	203	9,445	180	1,019	16,690	19,225	6000 O	10	Rot. ^{0,00}		10	32120
St. Mary's	D. B. Heilbronn	211	10,194	272	1,872	13,497	19,405	7200 P	6	Rot. ⁰		6	32211
									3	Rot. ⁰⁰		3	32216
Southfield													
Providence	W. J. Briggs	301	8,152	200	2,691	6,531	167	4500 O	6	Rot. ⁰		6	30311
									3	Rot. ¹		3	30312
									3	Rot. ²		3	30313
Traverse City													
James Decker Munson	M. S. Pelto	202	9,295	227	1,376	7,761	25,177	4800 P*	8	Rot. ^{0,1,2,4}		8	32320
MINNESOTA—Hospitals, 14; Internships, 261													
Duluth													
St. Luke's	V. G. Goldschmidt	434	12,809	472	8,000	12,083	28,651	171 3600 F	15	Rot. ⁰		15	32411
St. Mary's	D. M. Larson	384	13,317	364	6,366	12,672	12,153	171 3600 F	12	Rot. ⁰		12	32511
Minneapolis													
Hennepin County General	R. B. Baile	304	10,699	614	92,944	61,957		2520 FP*	48	Rot. ⁰		48	32911
Mount Sinai	J. B. Phillips	221	10,364	207	8,469	3,318	3,563	3600 FP*	10	Rot. ¹		10	86812
									4	Rot. ²		4	86813
									6	Rot. ⁰		6	33011
									6	St. Med.		6	33032
									24	Rot. ²		24	33113
St. Barnabas-Swedish Hospitals													
St. Barnabas	L. J. Hay	238	13,542	284	2,674	8,674	14,727	2920 F					
Swedish		371	17,228	497	1,507	4,939	10,258						
St. Mary's	W. F. Mazzitello	430	20,832	446	6,910	12,544	9,030	3000 F	14	Rot. ⁰		14	33211
University of Minnesota Hospitals		623	15,180	725	104,403	18,653		173 3000 PO	14	St. Med.		14	33432
									15	St. Surg.		15	33433
									13	St. Ped.		13	33434
St. Paul													
Bethesda Lutheran	R. G. B. Bjornson	224	10,338	258	2,996	14,707	172	3600	10	Rot. ⁰		10	33611
Charles T. Miller	D. L. Martin	298	12,036	261	36,966	1,669	4,352	175 3600 F	12	Rot. ^{0,1,2,3,4,5,7}		12	33720
St. Joseph's	J. B. Phillips	326	14,637	228	2,746	7,259	12,087	3600 P	14	Rot. ^{1,3,7}		14	33820
St. Luke's	C. E. Turbak	274	10	290	31,912	4,599	2,940	175 3600 F	12	Rot. ²		12	33913
St. Paul-Ramsey	J. F. Perry	433	9,821	622	106,389	37,811		3600 F	32	Rot. ⁰		32	33511
MISSISSIPPI—Hospitals, 2; Internships, 41													
Jackson													
Mississippi Baptist	C. D. Brannan	343	16,191	371	2,927	22,656	11,649	4200 P	12	Rot. ⁰		12	34011
University	H. H. Timmis	282	12,294	486	60,414	24,106		3000 O	17	Rot. ^{0,1,2,3}		17	95720
									6	St. Med.		6	95732
									2	St. Surg.		2	95733
									3	St. Ped.		3	95734
									1	St. Path.		1	95736
MISSOURI—Hospitals, 19; Internships, 400													
Clayton													
St. Louis County	K. B. Coldwater	218	5,818	440	43,280	35,710		3300 F	10	Rot. ²		10	34213
Columbia													
University of Missouri Medical Center	V. E. Wilson	319	8,839	291	65,612	7,638		3300 P	4	Rot. ⁴		4	99414
									5	St. Med.		5	99432
									4	St. Surg.		4	99433
									2	St. Ped.		2	99434
									4	St. Path.		4	99436
Kansas City													
Children's Mercy	N. W. Smull	84	3,522	101	74,722	3,193		3000 F*	6	St. Ped.		6	98834
Kansas City General Hospital and Medical Center													
	R. G. Muth	330	9,952	915	97,449	30,135		177 3900 P	30	Rot. ⁰		30	34311
Menorah Medical Center	A. D. Freedman	309	10,849	257	2,862	5,784	9,441	177 5100 P	14	Rot. ^{0,1,2,3,4,5,6,7}		14	34520
									2	St. Path.		2	34536
									7	Rot. ⁰		7	34811
									9	Rot. ¹		9	34812
									2	Rot. ²		2	34813
									1	Rot. ³		1	34815
									1	Rot. ⁵		1	34886
Trinity Lutheran	J. H. Hill	169	7,157	226	1,150	5,224	177	5100 P*	8	Rot. ²		8	35013

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MISSOURI—Continued													
St. Louis													
Barnes.....		795	28,785	668	118,483	16,523	...	179	3000 O	12	Rot. ⁰	12	35311
										19	St. Med. (prvt.)	19	35347
										12	St. Med. (ward)	12	35332
										12	St. Surg.	12	35333
										6	St. Path.	6	35336
										2	St. ObG	2	35335
										4	Rot. ⁰	4	35611
										2	Rot. ¹	2	35612
										10	Rot. ²	10	35613
Deaconess.....	J. H. Woodbridge.....	329	11,560	374	23,368	13,173	34,931	180	4800 F	20	Rot. ⁰	20	35711
										12	St. Med.	12	35832
Homer G. Phillips.....	H. P. Venable.....	416	17,156	672	96,312	82,197	...	...	4157 P	7	St. Surg.	7	35833
Jewish Hospital of St. Louis.....	S. Wessler.....	451	15,598	479	26,277	16,322	32,083	...	3400 P*	2	Rot. ⁰	2	35911
	M. D. Pareira.....									2	Rot. ¹	2	35912
Lutheran.....	G. A. Koehler.....	328	13,735	444	6,726	6,827	11,496	183	4800 F	6	Rot. ²	6	35913
										2	Rot. ³	2	35915
										9	Rot. ²	9	36013
Missouri Baptist.....	F. Catanzaro.....	253	8,315	250	4,843	2,322	3,888	183	3600 F*	18	Rot. ^{0,1,2}	18	36220
St. John's Mercy.....	W. T. Donovan.....	383	17,652	420	9,292	10,936	3,014	182	3000 F	5	St. Ped.	5	86934
St. Louis Children's.....	D. Goldring.....	143	5,897	160	30,874	9,034	4,755	...	2858 P*	24	Rot. ^{0,1,2,3,4,5,8}	24	36320
St. Louis City.....	L. V. Mulligan.....	481	16,400	766	85,181	91,307	...	181	4157 O	6	St. Med. (Unit I)	6	36332
										8	St. Med. (Unit II)	8	36394
										2	St. Surg. (Unit I)	2	36333
										2	St. Surg. (Unit II)	2	36397
										2	St. Ped.	2	36334
St. Louis University Group of Hospitals...	R. J. Dames.....	700	29,894	684	71,117	22,698	21,642	184	2820 O	10	Rot. ⁰	10	36511
										4	Rot. ¹	4	36512
										1	Rot. ⁴	1	36514
										10	St. Med.	10	36532
										8	St. Surg.	8	36533
										8	St. Ped.	8	36534
										4	St. Path.	4	36536
St. Luke's.....	R. Paine.....	302	11,781	401	18,625	14,508	7,023	182	3600 F	16	Rot. ^{0,1,2,3}	16	36420
St. Mary's.....	J. A. Nuetzel.....	452	16,969	387	51	6,575	24,055	183	3600 FP	16	Rot. ⁰	16	99911
	W. A. Knight.....									8	St. Med.	8	99932
NEBRASKA—Hospitals, 9; Internships, 116													
Lincoln													
Bryan Memorial Hospital of the Methodist Church.....	L. R. Lee.....	210	11,625	254	...	12,891	12,996	...	4800 F	6	Rot. ⁰	6	36811
										3	Rot. ¹	3	36812
										1	Rot. ²	1	36813
Lincoln General.....	R. W. Ehrlich.....	122	6,236	168	1,050	2,479	959	...	4800 F	6	Rot. ⁰	6	36911
St. Elizabeth.....	F. Neumayer.....	180	9,281	310	593	9,835	8,709	...	3600 F	8	Rot. ^{0,1}	8	37020
Omaha													
Bishop Clarkson Memorial.....	H. J. Lehnhoff, Jr.....	246	13,478	259	...	4,804	16,068	187	6000 O	12	Rot. ⁰	12	37111
Childrens Memorial.....	C. R. Angle.....	73	5,185	46	282	8,846	1,718	188	6000 O	2	St. Ped.	2	81034
Creighton Memorial St. Joseph's.....	J. F. Sullivan.....	499	16,373	491	12,291	10,414	...	...	4500 PO*	7	Rot. ⁰	7	37211
										12	Rot. ¹	12	37212
										6	Rot. ²	6	37213
										2	Rot. ³	2	37215
										4	Rot. ⁴	4	37214
										1	Rot. ⁵	1	37286
Immanuel.....	K. C. Hoffman.....	142	8,132	210	1,449	8,191	7,146	190	6000 P	10	Rot. ⁰	10	37311
Nebraska Methodist.....	J. R. Schenken.....	233	11,155	274	742	8,584	...	190	6000 P	12	Rot. ²	12	37413
										2	St. Path.	2	37436
										8	Rot. ⁰	8	37611
										2	Rot. ¹	2	37612
										2	Rot. ²	2	37613
										1	Rot. ⁴	1	37614
										1	Rot. ⁵	1	37677
										2	St. Med.	2	37692
										2	St. Ped.	2	37694
										2	St. Path.	2	37696
										2	Gen. Frac. Pro. ¹³	2	37617
NEW HAMPSHIRE—Hospitals, 1; Internships, 16													
Hanover													
Mary Hitchcock Memorial.....	R. D. Baughman.....	229	8,235	286	87,808	6,873	...	...	3000 P	12	Rot. ⁰	12	37711
										2	St. Med.	2	37732
										2	St. Surg.	2	37733
NEW JERSEY—Hospitals, 39; Internships, 574													
Atlantic City													
Atlantic City.....	J. P. Pappas.....	281	11,350	610	13,097	26,910	2,276	...	4200 F	15	Rot. ⁰	15	37811
Camden													
Cooper.....		565	19,358	763	31,242	24,837	6,405	...	3950 F	15	Rot. ^{0,00}	15	38020
Our Lady of Lourdes.....	F. W. Floyd.....	254	10,236	342	3,426	12,486	4,475	...	4800 P	10	Rot. ⁰	10	93311
West Jersey.....	J. C. Breme.....	293	12,304	438	10,913	16,309	...	...	3900 F	8	Rot. ⁰	8	38111
										2	Rot. ¹	2	38112
										1	Rot. ²	1	38113
										1	Rot. ³	1	38115
East Orange													
East Orange General.....	A. Grunberg.....	151	6,491	304	8,370	11,497	6,861	192	4200 F	6	Rot. ⁰	6	38211
Elizabeth													
Elizabeth General Hospital and Dispensary.....	R. S. Sibey.....	257	10,501	437	11,202	14,119	7,288	...	4200 F	14	Rot. ⁰	14	38411
St. Elizabeth.....	E. O. MacDonald.....	288	10,868	344	41,038	18,439	1,780	...	5000 F	16	Rot. ⁰	16	38511
										4	St. Med.	4	38532
Englewood													
Englewood.....	C. Wierum.....	291	12,424	336	11,111	19,421	36,200	...	3660 F*	8	Rot. ^{0,2}	8	38620
Flemington													
Hunterdon Medical Center.....	R. R. Henderson.....	99	5,089	213	38,935	5,750	...	...	3600 F*	4	Family Practice ¹⁰	4	83818
Hackensack													
Hackensack.....	T. J. Lynch.....	344	15,235	469	13,418	23,870	15,514	...	3600 F	16	Rot. ^{0,1,2,3,4,5,7,8}	16	38720

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NEW JERSEY—Continued													
Hoboken													
St. Mary	J. J. Nobile, C. L. Quagliari	296	9,833	427	11,095	9,236			3600 F*	15	Rot. ²	15	38813
Jersey City													
Christ	A. Yager	289	10,124	381	4,088	7,399			3900 F	12	Rot. ⁰	12	38911
Jersey City Medical Center		752	15,065	1,250	72,987	70,104		193	3000 FP*	17	Rot. ⁰	17	39011
										7	Rot. ¹	7	39012
										6	Rot. ²	6	39013
										2	Rot. ³	2	39015
										2	Rot. ⁴	2	39014
										3	St. Med.	3	39032
										4	St. Surg.	4	39033
										4	St. Ped.	4	39034
St. Francis										12	Rot. ⁰	12	39111
Livingston													
St. Barnabas Medical Center	A. H. Islami	281	9,689	223	3,615	3,456	5,700	194	3600 F*	16	Rot. ⁰	16	39611
Long Branch													
Monmouth Medical Center	W. S. Vaun	349	13,436	520	19,410	17,948	7,802		4000 F*	16	Rot. ⁰	16	39211
										1	St. Surg.	1	39233
Montclair													
Mountainside	E. T. Anderson	301	12,176	342	14,227	15,115	46,696		3300 F	5	Rot. ⁰	5	39311
										7	Rot. ¹	7	39312
										3	Rot. ²	3	39313
Morristown													
Morristown Memorial	T. R. Holland	284	13,472	339	12,730	11,306	61,320		5500 F	12	Rot. ²	12	39413
Mount Holly													
Burlington County Memorial	J. Stokes, Jr.	175	6,901	317	9,965	22,421	21,058		3600 F	8	Rot. ⁰	8	38311
Neptune													
Fitkin Memorial	A. F. Verga	297	12,752	390	16,353	17,357	999		3600 F	14	Rot. ⁰	14	39511
Newark													
Newark Beth Israel	S. Parent	362	14,943	480	27,690	19,665	27,910		2400 F	15	Rot. ²	15	39713
Newark City	A. Maron	562	19,763	968	48,200	58,000	42,410		3720 P*	18	Rot. ⁰	18	39811
										18	St. Med.	18	39832
										4	St. Surg.	4	39833
										4	St. ObG	4	39835
										6	St. Ped.	6	39834
St. Michael	L. G. Smith	333	13,369	381	37,855	12,351			3600 FP*	16	Rot. ⁰	16	39911
										4	St. Med.	4	39932
										2	Family Prac. Pro. ¹⁰²	2	39918
										10	Rot. ⁰	10	87211
United Hospitals of Newark-Presbyterian	J. J. McGuire	256	8,664	385	10,233	5,532	1,155	192	3600 FP	10	Rot. ⁰	10	87211
New Brunswick													
Middlesex General	M. Smith, Sr.	221	10,664	377	12,067	14,847	18,147		4600 P	9	Rot. ²	9	97913
St. Peter's General	G. J. Aitken, Jr.	341	15,176	450	14,715	18,464			4280 F	16	Rot. ⁰	16	40011
Orange													
Orange Memorial	D. B. Swerdlow	280	8,879	493	11,078	18,189	28,769	192	4200 F	6	Rot. ⁰	6	40111
										2	Rot. ¹	2	40112
										2	Rot. ²	2	40113
Paramus													
Bergen Pines County	H. E. Keller	578	5,828	914	45,525	2,270		195	3900 P*	16	Rot. ²	16	90813
Passaic													
Passaic General	S. Siegendorf	211	10,664	393	3,297	11,556	3,280		3600 F*	8	Rot. ²	8	40213
St. Mary's	J. V. Iraggi	178	8,473	301	10,411	5,702			3600 F*	8	Rot. ⁰	8	40311
Paterson													
Paterson General	H. D. Shapiro	252	10,216	448	21,890	21,557	5,738		4200 F	12	Rot. ⁰	12	40511
St. Joseph's	K. P. Lance	381	16,499	655	15,852	12,693			3900 F*	10	Rot. ⁰	10	40611
										6	Gen. Prac. Pro. ¹³	6	40617
Perth Amboy													
Perth Amboy General	J. M. Kluff	469	21	521	7,502	25,616	1,799		4200 F	18	Rot. ²	18	87313
										1	St. Path.	1	87336
Plainfield													
Muhlenberg	P. K. Johnson	399	20,561	593	10,489	23,793	11,298		3600 F*	14	Rot. ⁰	14	40711
										2	Rot. ¹	2	40712
										1	Rot. ⁴	1	40714
										1	Rot. ⁵	1	40786
Somerville													
Somerset	L. D. Troum	238	11,919	293	4,453	14,556	19,055		3900 F	12	Rot. ⁰	12	93411
Summit													
Overlook	K. Burk	333	13,987	450	2,909	11,504	2,348		4500 P*	14	Rot. ^{1,2,4}	14	40820
Trenton													
Helene Fuld	H. L. Levenson	202	8,429	327	9,080	14,101	8,547		4800 F	9	Rot. ⁰	9	41211
Mercer	A. J. Heisen	306	12,123	418	9,517	22,970	12,915		3600 F	12	Rot. ⁰	12	41011
St. Francis	J. J. Fitzpatrick	335	15,016	538	14,197	26,648	4,649		3600 F*	8	Rot. ⁰	8	41111
										4	Rot. ¹	4	41112
NEW MEXICO—Hospitals, 1; Internships, 19													
Albuquerque													
University of New Mexico Affiliated Hospitals													
Bernalillo County-Indian	R. H. Fitz	189	7,276	292	31,559	32,159		262	4900 P	12	Rot. ⁰	12	96211
										3	Rot. ²	3	96213
										4	St. Med.	4	96232
NEW YORK—Hospitals, 99; Internships, 2,279													
Albany													
Albany Medical Center	W. V. Kinnard	591	19,347	851	48,613	30,609			3800 P*	10	Rot. ⁰	10	41411
										8	Rot. ¹	8	41412
										4	Rot. ³	4	41476
										9	St. Med.	9	41432
										11	St. Surg.	11	41433
										2	St. Ped.	2	41434
										2	St. Path.	2	41436
Memorial	L. G. Jakovic	218	8,601	292	7,430	17,476	9,382		5400 FP*	12	Rot. ⁰	12	41511
St. Peter's	R. R. Del Giacco	268	9,826	352	3,662	16,419	14,892	263	3600 FP*	12	Rot. ⁰	12	41611
										8	Rot. ²	8	41613
Bronxville													
Lawrence	R. C. Swingle	204	7,864	278	2,790	7,390	25,392		3900 F	12	Rot. ⁰	12	91611

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NEW YORK—Continued													
Buffalo													
Deaconess Hospital of Buffalo.....	G. L. Sheehan.....	340	11,869	503	6,184	15,932	1,270	197	4000 FO*	6	Rot. ⁰	6	43711
										4	Rot. ¹	4	43712
										4	Rot. ²	4	43713
										2	Rot. ³	2	43715
Mercy.....	J. J. O'Brien.....	338	13,864	457	8,759	18,093	48,461	...	3600 FP*	21	Rot. ^{0,1,2,3,4}	21	43920
Millard Fillmore.....	J. F. Painton.....	482	17,891	643	15,513	16,105	49,259	196	4500 P	9	Rot. ¹	9	44012
										9	Rot. ²	9	44013
Sisters of Charity.....	C. P. Volts.....	385	14,956	553	9,514	12,567	28,586	...	4500 F*	18	Rot. ⁰	18	44111
State University of New York at Buffalo Affiliated Hospitals.....													
Buffalo General.....	V. K. Vance.....	603	18,834	721	47,772	22,173	4,464	...	3800 O	10	Rot. ¹	10	43612
	J. R. Paine.....									6	Rot. ²	6	43613
	E. Calkins.....									15	St. Med.	15	43632
	J. R. Paine.....									5	St. Surg.	5	43633
Children's Hospital of Buffalo.....	M. I. Rubin.....	241	17,115	235	54,616	3,799	...	...	3800 P	9	St. Ped.	9	96534
Children's Hospital of Buffalo— Edward J. Meyer Memorial.....	C. L. Randall.....	241	17,115	235	54,616	3,799	...	...	3800 P	4	Rot. ³	4	96515
Children's Hospital of Buffalo— Edward J. Meyer Memorial.....		692	13,827	728	124,534	19,263	...	...	4570 P	...	...	...	...
Children's Hospital of Buffalo— Edward J. Meyer Memorial.....	E. W. Noble.....	692	13,827	728	124,534	19,263	...	...	4570 P	12	Rot. ¹	12	43812
	W. G. Schenk, Jr.....									3	Rot. ²	3	43813
	E. Calkins.....									6	St. Med.	6	43832
	W. G. Schenk, Jr.....									7	St. Surg.	7	43833
	T. S. Bumbalo.....									2	St. Ped.	2	43834
Cooperstown													
Mary Imogene Bassett.....	J. Bordley, III.....	86	2,987	128	46,595	6,474	...	...	3444 P	6	Rot. ⁰	6	44211
										2	St. Med.	2	44232
										2	St. Surg.	2	44233
East Meadow													
Meadowbrook.....	P. W. Addiego.....	454	15,564	1,022	57,618	42,418	17,166	...	4299 FP*	18	Rot. ⁰	18	44811
										10	Rot. ¹	10	44812
										5	Rot. ²	5	44813
										3	Rot. ³	3	44815
										4	Rot. ⁴	4	44814
										4	Rot. ⁶	4	44876
										2	Rot. ⁷	2	44842
										6	St. Med.	6	44832
										5	St. Surg.	5	44833
Glen Cove													
Community Hospital at Glen Cove.....	F. X. Moore.....	170	8,163	275	13,581	12,804	24,789	...	4440 P*	8	Rot. ^{0,1,2,3,4}	8	44620
Glens Falls													
Glens Falls.....	J. F. Morrissey.....	317	16,187	486	2,814	7,836	12,760	...	5200 FP	9	Rot. ²	9	44713
Johnson City													
Charles S. Wilson Memorial.....	E. M. Wyso.....	355	13,684	446	103,100	8,936	26,758	...	4200 P	14	Rot. ^{0,1,2,3}	14	45220
Kenmore													
Kenmore Mercy.....	M. A. Sullivan.....	253	9,363	242	775	21,994	54,203	198	3600 FP*	12	Rot. ²	12	82913
Lewiston													
Mount St. Mary's.....	J. V. Cordaro.....	176	7,150	156	...	6,675	...	...	4800 P	8	Rot. ²	8	50313
Mineola													
Nassau.....	W. G. Hollis.....	316	15,128	507	4,390	15,175	3,490	...	3900 P	10	Rot. ⁰	10	45511
										4	Rot. ^{1,2,3,4}	4	45520
Mount Kisco													
Northern Westchester.....	A. L. Green.....	1,493	7,378	218	1,561	10,285	45,424	264	4800 F	6	Rot. ²	6	45613
Mount Vernon													
Mount Vernon.....	I. D. Stein.....	262	10,421	385	19,501	15,532	...	...	4200 FP	16	Rot. ⁰	16	45711
Newburgh													
St. Luke's.....	G. Flaum, III.....	197	8,619	360	8,830	22,525	22,205	...	4200 FP*	8	Rot. ⁰	8	45811
New Hyde Park													
Long Island Jewish Hospital Training Program.....													
Long Island Jewish.....	P. E. Lear.....	253	11,465	332	28,415	17,205	6,300	...	4000 O	24	Rot. ⁰	24	96311
Queens Hospital Center (New York).....	G. M. Saypol.....	1,097	19,108	1,807	183,869	81,318	...	...	3720 F	36	Rot. ⁰	36	45111
New Rochelle													
New Rochelle.....	A. J. Mannix, Jr.....	299	11,728	441	11,372	27,285	4,653	...	3600 F*	15	Rot. ⁰	15	45911
New York City													
Albert Einstein College of Medicine Affiliated Hospitals.....													
Bronx Municipal Hospital Center.....	I. M. London.....	983	22,030	1,367	289,396	131,811	...	265	4500 FP*	4	Rot. ¹	4	93112
	H. L. Barnett.....									4	Rot. ⁴	4	93114
	I. M. London.....									16	St. Med.	16	93132
	D. State.....									25	St. Surg.	25	93133
	H. L. Barnett.....									14	St. Ped.	14	93134
	A. A. Angrist.....									4	St. Path.	4	93136
Lincoln.....		292	11,975	340	196,913	188,373	...	...	4020 F	12	St. Med.	12	48432
										4	St. Ped.	4	48434
Beekman-Downtown.....		174	4,542	245	19,232	19,069	27,500	...	4300 P*	2	Rot. ^{1,2}	2	89020
										3	St. Med.	3	89032
										3	St. Surg.	3	89033
Bellevue Hospital Center.....		2,013	42,818	1,515	430,744	94,207	...	...	4260 F	...	...	...	...
First Medical Division—Columbia University.....	C. A. Ragan, Jr.....									12	St. Med.	12	46032
First Surgical Division—Columbia University.....	J. M. Ferrer, Jr.....									6	St. Surg.	6	46133
Second Medical Division—Cornell University.....	T. P. Almy.....							209	...	3	Rot. ¹	3	46212
										21	St. Med.	21	46232
Second Surgical Division—Cornell University.....	R. C. Karl, II.....									10	St. Surg.	10	46333
Third and Fourth Medical Divisions— New York University.....	S. J. Farber.....									22	St. Med.	22	46432
Third and Fourth Surgical Divisions— New York University.....	F. C. Spencer.....									10	St. Surg.	10	46533
Third Division Department of Pediatrics —New York University.....	S. Krugman.....							210	...	12	St. Ped.	12	92934
Third Division Department of Pathology —New York University.....	M. Kuschner.....									3	St. Path.	3	93036

APPROVED INTERNSHIPS

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NEW YORK, New York City—Continued													
Beth Israel	L. N. Sussman	337	11,082	339	199,878	44,835			4150 P	26	Rot. ⁰	26	47011
Bronx-Lebanon Hospital Center	M. J. Goodfriend	470	16,796	642	105,242	36,591			4500 P	17	Rot. ^{0,1,2,3,4,5,7}	17	47120
										4	St. Med.	4	47132
										4	St. Med.	4	47133
										2	St. Ped.	2	47134
Brookdale Hospital Center	F. Wroblewski	312	11,867	425	47,337	42,647	2,021		4000 P	12	Rot. ⁰	8	41011
										15	Rot. ¹	15	41912
										3	St. Med.	3	41932
Brooklyn-Cumberland Medical Center	S. Bergen								5160 P	5	Rot. ⁰	5	42011
										12	Rot. ¹	12	42012
										4	Rot. ²	4	42013
										3	Rot. ⁴	3	42014
										2	Rot. ⁵	2	42086
										6	St. Med.	6	42032
										3	St. Surg.	3	42033
										4	St. Ped.	4	42034
										2	St. Path.	2	42036
Brooklyn		330	11,972	450	33,071	24,810							
Cumberland		260	10,571	440	195,887	88,182							
Columbus	M. R. Bazzini	270	6,108	327	16,226	9,080	2,828		4200 F*	14	Rot. ²	14	47213
Flushing Hospital and Medical Center	L. Delli-Pizzi	297	11,016	375	11,514	23,337	358		3720 FP*	16	Rot. ^{0,1,2,3,4}	16	44520
Fordham (Misericordia Hospital Training Program)	T. Cacci	339	9,148	568	100,833	68,019			5430 F	24	Rot. ^{0,1,2,3,4,5,7,8}	24	47420
French	J. R. Harnes	180	6,321	200	18,152	15,713	3,194	199	4200 FP*	4	Rot. ⁰	4	47511
										2	Rot. ¹	2	47512
										2	Rot. ²	2	47513
										2	Rot. ³	2	47515
										2	St. Surg.	2	47533
Harlem Hospital Center	S. K. Fineberg	712	19,526	1,114	262,330	119,856			4260 F	33	Rot. ⁰	33	47820
										13	St. Med.	13	47832
										13	St. Surg.	13	47833
										4	St. Ped.	4	47834
Hospital for Joint Diseases and Medical Center	S. Reichman	278	6,290	130	52,137	14,882			4000 P	6	Rot. ²	6	47013
Jewish Hospital of Brooklyn	M. Goldner	511	17,843	696	78,302	24,756			4500 O	11	Rot. ¹	11	42512
										5	Rot. ²	5	42513
										1	Rot. ³	1	42515
										5	Rot. ⁴	5	42514
										8	St. Med.	8	42532
										3	St. Surg.	3	42533
										3	St. Ped.	3	42534
Greenpoint Division		137	5,573	231	170,632	59,757			4500 FP	4	Rot. ⁰	4	42411
Jewish Memorial	A. Schwarz	162	6,864	284	22,696	11,332	2,296		3600 F	8	Rot. ⁰	8	48011
Knickerbocker		192	4,208	485	27,003	26,831			4500 FP	6	Rot. ⁰	6	48111
										1	Rot. ¹	1	48112
										3	St. Med.	3	48132
										3	St. Surg.	3	48133
Lenox Hill	W. W. Fischer	485	15,775	542	55,634	18,248			3900 P	24	Rot. ⁰	24	48311
										4	Rot. ¹	4	48312
										4	Rot. ²	4	48313
Long Island College	W. G. Mullin	470	15,898	750	45,007	29,112	17,014		4000 P	15	Rot. ⁰	15	42711
										12	St. Med.	12	42732
										3	St. Ped.	3	42734
Lutheran Medical Center	G. F. Cucolo	222	8,649	289	17,495	16,329	1,632		3600 F	11	Rot. ⁰	11	43011
Maimonides Hospital Training Program	D. Grob	509	181,579	874	65,612	26,592			4000 P	18	Rot. ¹	18	42812
										6	Rot. ²	6	42813
										18	St. Med.	18	42832
										6	St. Surg.	6	42833
										7	St. Ped.	7	42834
Coney Island	J. L. Sherman, Jr.	514	11,957	985	108,495	70,887			4000 P	19	Rot. ⁰	19	42211
Mary Immaculate	V. G. Tosti	251	9,466	317	16,843	25,372	11,837		3900 FP*	12	Rot. ⁰	12	45011
Methodist Hospital of Brooklyn	J. J. Smith	379	13,381	447	38,438	29,184	7,864		4500 P	18	Rot. ²	18	42913
										2	St. Med.	2	42932
										1	St. Surg.	1	42933
Misericordia	T. Cacci	283	9,871	397	18,010	15,860			5430 F	18	Rot. ^{0,1,2,3,4,5,7,8}	18	48620
Montefiore Hospital Training Program	T. Lawyer, Jr.								4120 P	48	Rot. ¹	48	48712
										9	St. Ped.	9	48734
Montefiore Hospital and Medical Center		625	13,250	961	54,066	18,527	199						
Morrisania City		317	10,324	713	138,573	105,174							
Mount Sinai Hospital Training Program													
Mount Sinai	A. E. Kark	990	27,640	1,014	192,275	96,925			4000 P	24	St. Med.	24	49032
										9	St. Surg.	9	49033
City Hospital Center at Elmhurst	G. Seckler	822	14,930	1,162	197,654	76,405			4900 FP	18	Rot. ⁰	18	49111
										12	St. Med.	12	49132
										6	St. Surg.	6	49133
New York		916	27,142	752	224,692	31,425			3500 P	19	St. Med.	19	49232
										17	St. Surg.	17	49233
										8	St. Ped.	8	49234
										3	St. Path.	3	49236
										15	Rot. ⁰	15	87511
New York Infirmiry	H. Taube	207	6,856	232	20,847	3,657	1,787	203	4200 F				
New York Medical College-Metropolitan Hospital Center	W. F. Bowers								4260 FP	42	St. Med.	42	47332
										36	St. Surg.	36	47333
										19	St. Ped.	19	47334
										5	St. Path.	5	47336
Unit 1—Flower and Fifth Avenue		252	7,411	267	11,243								
Unit 2—Metropolitan Hospital Center		414	6,621	891	194,206	113,719							
New York Polyclinic Medical School and Hospital	L. Wertheimer	276	10,265	220	39,072	14,159	2,471		4100 P	9	Rot. ⁰	9	49411
										2	St. Med.	2	49432
										2	St. ObG	2	49435
Presbyterian	S. E. Bradley	1,273	39,880	955	359,496	39,496			4400 O	12	St. Med.	12	49532
	G. H. Humphreys									12	St. Surg.	12	49533
	D. G. McKay									3	St. Path.	3	49536

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NEW YORK, New York City—Continued													
Queens Hospital Center—See Long Island Roosevelt.....	Jewish Hospital, New Hyde Park, New York G. Gambuti.....	432	12,362	503	82,552	51,838	2,456	...	3800 O	2	Rot. ²	2	49613
										10	St. Med.	10	49632
										10	St. Surg.	10	49633
										3	St. Ped.	3	49634
St. Clare's.....	J. T. Daniels.....	323	9,144	392	25,757	18,756	4,424	...	5100 F	17	Rot. ⁰	17	49711
										2	St. Med.	2	49732
										4	St. Surg.	4	49733
St. Francis.....	W. D. O'Sullivan.....	269	8,220	248	36,851	35,742	1,058	...	5000 P*	12	Rot. ²	12	49813
St. John's Episcopal.....	J. E. Mulé.....	240	8,659	239	39,977	15,671	...	...	4500 F*	12	Rot. ⁰	12	43211
										2	St. ObG	2	43235
St. John's Queens.....	E. F. Kalina.....	202	7,920	327	359	14,023	585	...	7200 F*	16	Rot. ⁰	16	52211
St. Luke's Hospital Center.....		595	18,218	439	135,237	68,329	12,281	...	4000 P	11	St. Med.	11	49932
										8	St. Surg.	8	49933
										4	St. Ped.	4	49934
St. Mary's.....	G. N. Izzo.....	168	6,355	169	28,707	26,908	968	...	4200 F	8	Rot. ^{0,1,2,3,4,5}	8	43320
St. Vincent's Hospital and Medical Center of New York.....	R. J. Boller.....	800	19,278	876	100,454	45,457	22,708	...	5000 P	25	Rot. ⁰	25	50020
										10	St. Med.	10	50032
										10	St. Surg.	10	50033
St. Vincent's Hospital of the Borough of Richmond.....	J. J. Amari.....	275	10,460	376	13,988	14,034	16,975	...	4800 P	14	Rot. ⁰	14	51411
Salvation Army Booth Memorial.....	L. R. Cohen.....	193	9,144	271	9,604	7,981	6,149	...	5700 O	16	Rot. ^{0,1,2,3,5}	16	82220
State University-Kings County Medical Center.....	M. Metz.....	...	...	...	...	...	...	...	4260 F	48	Rot. ^{1,2,3,4,5}	48	42620
	L. W. Eichna.....	...	...	...	...	...	...	...	...	37	St. Med.	37	42632
	C. Dennis.....	...	...	...	...	...	...	...	...	30	St. Surg.	30	42633
	J. T. Lanman.....	...	...	...	...	...	...	...	...	14	St. Ped.	14	42634
	P. J. Fitzgerald.....	...	...	...	...	...	...	...	...	3	St. Path.	3	42636
Kings County Hospital Center.....		2,130	50,325	3,019	382,520	288,562	...	...	4260 F	...	...	...	...
State University.....		...	...	...	...	...	...	...	...	...	...	...	...
Staten Island.....	T. G. McGinn.....	230	9,923	311	9,948	12,216	7,000	...	6000 FP*	12	Rot. ⁰	12	51511
										2	Rot. ¹	2	51512
Sydenham.....	A. Distenfeld.....	150	5,565	106	...	33,917	...	...	4260 FP	9	Rot. ⁰	9	50111
Unity.....	V. Ginsberg.....	176	7,841	181	18,802	25,694	...	...	4200 F	10	Rot. ²	10	43413
Veterans Admin. (Brooklyn).....	W. Dock.....	919	7,294	731	...	...	...	200	5250 O	16	St. Med.	16	50232
										12	St. Surg.	12	50233
Wyckoff Heights.....	A. Kaufman.....	326	11,280	478	11,141	29,945	...	...	3900 F	12	Rot. ⁰	12	43511
Niagara Falls													
Niagara Falls Memorial Hospital.....	L. B. Kramer.....	321	12,576	340	252	18,354	14,877	...	4800 P	13	Rot. ²	13	93513
Port Chester													
United.....	D. A. W. Wilson.....	213	9,179	329	7,815	16,605	11,692	...	4200 P*	8	Rot. ⁰	8	50411
Poughkeepsie													
St. Francis.....	R. D. H. Flaherty.....	209	9,125	290	3,227	11,836	36,103	...	3600 F	5	Rot. ⁰	5	50511
										5	Rot. ²	5	50513
Vassar Brothers.....	A. E. Apfel.....	282	11,581	380	5,202	23,682	35,934	...	4200 F	12	Rot. ^{0,1,2,3}	12	50620
Rochester													
Genesee.....	R. S. Meltzer.....	271	13,505	453	20,407	29,821	22,240	...	4400 FP*	2	Rot. ⁰	2	50711
										8	Rot. ¹	8	50712
										2	Rot. ²	2	50713
										1	Rot. ⁴	1	50714
										4	St. Med.	4	50732
										2	St. Surg.	2	50733
Highland Hospital of Rochester.....	J. W. Holler.....	211	10,861	321	7,888	9,596	30,582	...	4000 P	10	Rot. ^{0,1,2}	10	50820
										2	St. Med.	2	50832
Rochester General.....	P. F. Griner.....	383	20,597	601	12,814	31,790	39,400	...	3120 F	15	Rot. ^{0,1,2,4}	15	50920
										5	St. Med.	5	50932
										1	St. Surg.	1	50933
										1	St. Ped.	1	50934
Rochester St. Mary's Hospital of the Sisters of Charity.....	G. E. Eckert.....	240	11,704	275	1,097	20,170	...	208	4700 P	15	Rot. ⁰	15	51020
Strong Memorial Hospital of the University of Rochester.....		572	18,352	847	103,606	50,951	...	...	3300 O	2	Rot. ²	2	51113
										2	Rot. ³	2	51115
										2	Rot. ⁴	2	51114
										16	St. Med.	16	51132
										14	St. Surg.	14	51133
										6	St. ObG	6	51135
										10	St. Ped.	10	51134
										4	St. Path.	4	51136
Schenectady													
Ellis.....	G. D. Vlahides.....	393	16,553	506	7,393	19,753	...	...	4200 F*	6	Rot. ⁰	6	51211
										4	Rot. ¹	4	51212
										4	Rot. ²	4	51213
										2	Rot. ³	2	51215
										2	Rot. ⁴	2	51214
										1	Rot. ⁵	1	51286
										1	Rot. ⁶	1	51276
										1	Rot. ⁷	1	51242
										1	Rot. ⁸	1	51277
St. Clare's.....	J. C. Sherman.....	204	8,786	317	3,996	11,041	18,600	...	4200 FP*	12	Rot. ^{0,1,2}	12	51320
Syracuse													
St. Joseph's.....	F. S. Caliva.....	295	13,031	364	21,853	18,159	15,462	...	4200 F	12	Rot. ⁰	12	51811
St. Joseph's Hospital-State University of New York Upstate Medical Center.....	F. S. Caliva, W. A. Harris.....	295	13,031	364	21,853	18,159	15,462	...	3700 O	4	Family Practice ¹⁰	4	51718
St. Joseph's.....		295	13,031	364	21,853	18,159	15,462	...	...	...	...	...	...
State University of New York Upstate Medical Center.....		1,675	62,625	1,963	48,279	49,636	92,481	...	...	...	...	...	...
State University of New York Upstate Medical Center.....	W. A. Harris.....	1,675	62,625	1,963	48,279	49,636	92,481	...	3700 O	10	Rot. ²	10	51813
										4	Rot. ⁴	4	51614
										6	Rot. ⁵	6	51876
										16	St. Med.	16	51832
										9	St. Surg.	9	51833
										7	St. Ped.	7	51834
										2	St. Path.	2	51836

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NEW YORK—Continued													
Troy													
Samaritan	E. A. Reed	194	8,918	281	2,074	12,174	36,696	...	5400 F*	16	Rot. ^{0,1,2,3,4,7}	16	52020
Valhalla													
Grasslands	W. R. Dalziel	420	6,731	23	66,264	16,159	149	...	4500 FP	14	Rot. ⁰	14	52111
										2	Rot. ¹	2	52112
										2	St. Surg.	2	52133
West Islip													
Good Samaritan	W. J. Clarkson, Jr.	...	...	...	...	...	...	...	3600 F*	6	Rot. ⁰	6	49311
										3	Rot. ²	3	49313
										3	Rot. ⁴	3	49314
White Plains													
White Plains	A. B. Lowenfels	169	8,630	265	9,562	15,212	232	...	5000 P	4	Rot. ^{0,00}	4	52320
										4	Rot. ²	4	52313
Yonkers													
St. John's Riverside	A. Nowicki, Jr.	227	9,403	284	8,206	7,658	12,910	...	4800 F*	14	Rot. ⁴	14	52414
St. Joseph's	B. P. Lustgarten	143	5,371	181	16,836	12,874	12,927	...	4800 P	12	Rot. ^{0,2}	12	52520
Yonkers General	M. J. Eisen	146	5,736	205	13,032	9,146	17,013	...	3900 FP*	8	Rot. ²	8	52613
NORTH CAROLINA—Hospitals, 10; Internships, 211													
Asheville													
Memorial Mission	A. Maitland, III	283	14,088	484	13,331	21,338	6,738	...	4800 P	8	Rot. ⁰	8	94911
Chapel Hill													
North Carolina Memorial		343	11,481	434	105,291	11,462	...	...	2690 O	9	Rot. ¹	9	90012
										12	St. Med.	12	90032
										10	St. Surg.	10	90033
										5	St. Ped.	5	90034
										5	St. Path.	5	90036
Charlotte													
Charlotte Memorial	B. L. Galusha	570	22,115	538	50,546	40,246	19,724	...	4140 P	12	Rot. ⁰	12	52711
Durham													
Duke		562	20,320	633	122,601	13,902	...	...	2880 P	27	St. Med.	27	52932
										18	St. Surg.	18	52933
										12	St. Ped.	12	52934
										6	St. Path.	6	52936
										2	Rot. ⁰	2	87711
										6	Rot. ¹	6	87712
										4	Rot. ²	4	87713
										2	Rot. ⁴	2	87714
										4	St. Med.	4	87732
										3	St. Surg.	3	87733
										1	St. Ped.	1	87734
Greensboro													
Moses H. Cone Memorial		311	14,084	422	25,000	16,513	...	...	4200 P	12	Rot. ^{0,00,4}	12	94320
Wilmington													
James Walker Memorial (included in New Hanover Memorial)	L. B. Mason	232	11,984	293	6,615	20,477	15,327	...	4200 FP*	12	Rot. ^{0,00,1,3,4}	12	53420
Winston-Salem													
Forsyth Memorial	W. A. Lambeth, Jr.	342	13,574	412	7,281	17,294	12,828	...	4800 P	6	Family Practice ¹⁰	6	53518
Kate Bitting Reynolds Memorial	J. G. Gordon	139	6,497	373	8,995	19,951	12,369	...	4800 F	8	Rot. ²	8	53613
North Carolina Baptist Hospitals	E. Alexander, Jr.	391	17,079	497	62,308	17,074	17,145	...	2700 P	4	Rot. ⁴	4	53714
										8	St. Med.	8	53732
										7	St. Surg.	7	53733
										3	St. Ped.	3	53734
										5	St. Path.	5	53736
NORTH DAKOTA—Hospitals, 1; Internships, 12													
Fargo													
St. Luke's	J. S. Gillam	187	8,603	229	...	9,230	...	...	4500 F	12	Rot. ⁰	12	53911
OHIO—Hospitals, 51; Internships, 881													
Akron													
Akron City	T. R. Kelly	543	17,312	751	16,190	23,580	85,761	212	3600 FP	22	Rot. ^{0,1,2,3}	22	54120
										2	St. Med.	2	54132
										2	St. Surg.	2	54133
											Gen. Prac. Pro. ¹³		
Akron General	R. T. Allison, Jr.	423	13,932	631	13,560	16,845	47,588	212	4200 FP*	21	Rot. ^{0,1,2,3,4,14}	21	54220
Children's Hospital of Akron	J. D. Kramer	208	14,794	120	11,735	33,384	3,675	213	3600 FP*	4	St. Ped.	4	89534
St. Thomas	E. A. Simendinger	285	10,935	384	7,382	14,204	47,734	212	...	16	Rot. ⁰	16	54311
										2	Gen. Prac. Pro. ¹³	2	54317
Barberton													
Barberton Citizens	R. Littlejohn	264	12,100	301	4,065	21,225	27,831	...	3600 F*	12	Rot. ²	12	96413
Canton													
Aultman	I. F. Nikishin	436	19,356	558	6,922	20,123	73,094	...	3600 FP	8	Rot. ⁰	8	54411
Mercy	A. Raftery	373	17,371	502	4,758	26,763	74,215	...	3900 F*	7	Rot. ⁰	7	54511
Cincinnati													
Bethesda	J. N. Freyhof	322	13,830	366	22,108	4,084	...	214	6000 P	12	Rot. ⁰	12	54611
Christ	R. Wurzelbacher	539	19,780	664	5,195	26,884	27,546	214	4200 F	18	Rot. ^{0,1,2}	18	54720
										3	St. Surg.	3	54733
Good Samaritan	J. J. Cranley	662	25,757	642	8,515	17,969	...	...	5100 P*	24	Rot. ⁰	24	55020
										3	St. Surg.	3	55033
										2	St. Ped.	2	55034
Jewish	E. G. Margolin	463	18,198	579	12,947	23,057	58,512	...	4200 FP	12	Rot. ^{0,1,2}	12	55120
										5	St. Med.	5	55132
University of Cincinnati Hospital Group	J. Lindner, Jr.	551	15,995	1,005	182,665	88,757	...	278	3600 F	36	Rot. ⁰	36	54811
	R. W. Vilter									12	St. Med.	12	54832
	W. A. Altmeier									8	St. Surg.	8	54833
	E. L. Pratt									6	St. Ped.	6	54834
	E. A. Gall									2	St. Path.	2	54836
Cleveland													
Cleveland Clinic	W. J. Zeiter	446	16,443	560	234,700	6,839	47,475	211	3600 F	10	Rot. ¹	10	96812
										8	Rot. ²	8	96813
										8	St. Med.	8	96832
										2	St. Path.	2	96836

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OHIO, Cleveland—Continued													
Cleveland Metropolitan General	D. A. Miller	420	11,748	630	194,560	32,289			3500 FP*	4	Rot.4	4	55314
										16	St. Med.	16	55332
										6	St. Surg.	6	55333
										8	St. Ped.	8	55334
										4	St. Path.	4	55336
Evangelical Deaconess	B. Albainy	213	9,087†	319	408	15,332	396		4200 F	8	Rot.9	8	90911
Fairview General	J. A. Grauel	296	14,930	391	14,156	20,305			4800 F	18	Rot.9	18	55413
Huron Road	E. M. Goyette	338	12,107	395	9,704	21,709	56,054	215	3900 F*	6	Rot.9	6	57111
										3	Rot.1	3	57112
										2	Rot.2	2	57113
										1	Rot.3	1	57115
										1	Rot.5	1	57180
Lutheran	D. W. Schultz	282	10,257	297		16,005	55,503	216	3600 F	12	Rot.2	12	55613
Marymount	N. G. DePiero	206	8,269	219	1,505	16,356	5,810	217	4800 F	12	Rot.9	12	57211
Mount Sinai Hospital of Cleveland	S. Wolpaw	474	17,131	552	44,137	28,292	27,790		3600 P*	20	Rot.9	20	55720
										4	St. Med.	4	55732
St. Alexis	J. R. Paradise	296	10,442	474	6,219	13,823	8,956		4600 F	8	Rot.2	8	55813
St. John's	J. P. Barrett	229	8,354	318	3,389	14,600	13,704		4700 FP*	8	Rot.9	8	55911
										3	Rot.1	3	55912
										3	Rot.9	3	55913
St. Luke's	J. C. Jones	404	16,146	494	45,008	25,482	21,440		4500 P	8	Rot.9	8	56011
										4	Rot.2	4	56012
										2	Rot.4	2	56014
										1	Rot.5	1	56086
										4	St. Med.	4	56032
										1	St. Ped.	1	56034
St. Vincent Charity	R. Rogoff	334	9,734	413	34,923	19,211	20,469	219	3600 P*	12	Rot.9	12	56120
University Hospitals of Cleveland	A. S. Weisberger	640	24,905	801	180,393	39,310	26,501	220	3000 P	16	St. Med.	16	56232
	W. D. Holden									14	St. Surg.	14	56233
	W. M. Wallace									10	St. Ped.	10	56234
	S. Koletsky									8	St. Path.	8	56236
Columbus													
Grant	W. G. Harding, II	405	16,278	515	3,967	19,094	16,400	217	5100 FP	16	Rot.9	16	56420
Mount Carmel	M. A. Anthony	384	14,797	417	15,235	16,810	23,488	217	4980 F	18	Rot.9	18	56520
Ohio State University Hospitals	N. J. Teteris	697	21,556	756	95,021	24,120			3000 F	18	St. Med.	18	56632
										8	St. Surg.	8	56633
										10	St. Ped.	10	56634
										4	St. Path.	4	56636
Riverside Methodist	F. P. Kintz	463	19,278†	492	4,531	20,392	1,587	217	4980 P	24	Rot.9,1,2,3	24	56720
Dayton													
Good Samaritan	M. Block	447	19,901	567	5,227	21,859	6,580		3600 F	13	Rot.9	13	56811
Miami Valley	R. K. Bartholomew	670	23,207	751	22,767	35,998	16,894		5700 P	12	Rot.9	12	56911
St. Elizabeth	J. S. Surdyk	394	16,966	532	5,697	27,026	5,669		3600 F	4	Family Practice ¹	4	56918
										12	Rot.9	12	57011
Elyria													
Elyria Memorial	R. J. Schork	253	13,668	338	12,786	19,866	55,908		4200 F	12	Rot.2	12	90113
Euclid													
Euclid-Glenville	J. L. Whitaker	260	9,669	308	1,661	18,998	21,063		4200 F	6	Rot.9	6	55511
										2	Rot.1	2	55512
										6	Rot.2	6	55513
Kettering													
Charles F. Kettering Memorial	E. C. Hedrick	234	10,288							12	Rot.9,1,2,3,5	12	57620
Lakewood													
Lakewood	K. C. Wells	270	11,396	348	4,780	19,320	19,750		3900 FP*	2	Rot.1	2	57412
										8	Rot.2	8	57413
Lima													
St. Rita's	C. L. Blumstein	267	12,881	388	109	8,271	30,367		3300 P	12	Rot.9	12	57511
Lorain													
St. Joseph	C. Chesner	239	10,334	377	2,760	20,908	41,292		4200 F	12	Rot.9	12	97311
Springfield													
Community Hospital of Springfield and Clark County		211	9,969	309	3,752	15,996	50,271		4200 P	10	Rot.9	10	57711
Mercy	G. P. Anderson	297	12,561	449	929	15,678	19,065		5400 P	10	Rot.9	10	87811
Steubenville													
Ohio Valley	J. Y. Bevan	232	11,013	381	637	14,362	1,250		3900 F	10	Rot.9	10	92711
Toledo													
Flower	R. P. Shean	179	8,080	257	1,858	12,381	11,986	217	3000 F	4	Rot.9	4	57811
										1	Rot.1	1	57812
										4	Rot.2	4	57813
Maumee Valley	C. R. Tittle, Jr.	202	6,368	414	25,883	16,975	3,997			12	Rot.2,3,4,5	12	57920
Mercy	F. C. Clifford	327	15,453	346	6,674	13,636	11,604		3600 FP*	14	Rot.9,2,3,4,5,7,8	14	58020
Riverside	T. D. Geraciotti	167	7,613	198	655	9,405	6,198		4200 F	9	Rot.9	9	58111
										2	Rot.1	2	58112
										2	Rot.5	2	58186
St. Charles	J. F. Brunner	232	9,044	232	3,428	12,481			4500 F	9	Rot.9,1,2,3,6	9	95120
St. Vincent	H. S. Madigan	420	16,413	616	24,166	25,910			3600 F	12	Rot.2	12	58213
Toledo	F. F. Snyder	461	17,740	510	10,876	29,602	26,784		6000 F	11	Rot.9,1	11	58320
										2	Rot.3	2	58313
										1	Rot.3	1	58315
										1	Rot.4	1	58314
										1	Rot.5	1	58386
Warren													
Trumbull Memorial	R. W. Juvancic	332	14,428	440	3,994	18,563	31,197		3600 F	12	Rot.9	12	98011
Youngstown													
St. Elizabeth	S. Siquicquero	489	21,237	510	12,226	20,423	21,456		3900 FP	21	Rot.9,1,2,3,4	21	58420
Youngstown	R. W. Rummell	730	26,146	831	11,585	38,003	100,354		3900 F	30	Rot.1,2,3,4,5,7,8	30	58520
										4	St. Med.	4	58532
										2	St. Surg.	2	58533
OKLAHOMA—Hospitals, 9; Internships, 105													
Oklahoma City													
Baptist Memorial	R. C. Brown	180	9,848	213	433	12,820			8100 O	7	Rot.9	7	83011
Mercy Hospital Oklahoma City General	B. F. Smith	208	9,752	356	7,320	15,353	6,222	233	4800 P	12	Rot.9	12	58611
St. Anthony	S. Hendren	442	20,953	591	21,306	23,074			5100 P	14	Rot.9	14	58711
University of Oklahoma Medical Center		351	10,397	432	115,285	9,842							
University of Oklahoma Hospitals	T. N. Lynn								3600 P	4	St. Ped.	4	58834

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OKLAHOMA, Oklahoma City—Continued													
University of Oklahoma Hospitals—													
Presbyterian.....	T. N. Lynn.....	351	10,397	432	115,285	9,842	4800 P	12	Rot. ⁰	12	59011
University of Oklahoma Hospitals.....	R. A. Marshall.....	170	9,347	227	5,082	3,658	.....	.....	.....	.....	.....	.....	.....
University of Oklahoma Hospitals—													
Veterans Admin.....									3600 P	12	St. Med.	12	58932
										8	St. Surg.	8	58933
University of Oklahoma Hospitals.....	T. N. Lynn.....	351	10,397	432	115,285	9,842	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	A. N. Springall.....	385	5,656	335	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tulsa													
Hillcrest Medical Center.....		346	16,167	436	19,382	18,415	.....	.....	6800 P	12	Rot. ^{0,00}	12	59120
St. Francis.....	E. L. Moore.....	230	10,853	156	1,396	8,861	.....	.....	6000 F	12	Rot. ⁰	12	59311
St. John's.....	J. G. Moore.....	84	20,776	610	11,173	20,399	.....	.....	6000 P	12	Rot. ^{0,2}	12	59220
OREGON—Hospitals, 6; Internships, 89													
Portland													
Emanuel.....	W. J. Kuhl, Jr.....	392	18,647	437	10,783	14,254	25,896	.....	5100 P	14	Rot. ^{1,2,3,4,5,7,8}	14	59420
Good Samaritan.....	S. S. Meighan.....	338	16,848	336	9,157	10,802	23,541	.....	5100 P	14	Rot. ⁰	14	59520
										1	St. Med.	1	59532
										1	St. Surg.	1	59533
										1	St. Path.	1	59536
Portland Sanitarium and Hospital.....	C. E. Syphers.....	173	9,588	227	.....	15,129	.....	.....	3900 F	10	Rot. ⁰	10	59611
Providence.....	J. F. Lane.....	246	12,138	292	2,227	10,302	6,543	226	5100 P	12	Rot. ^{0,1}	12	59720
St. Vincent.....	D. B. Miller, Jr.....	287	13,470	394	1,535	6,930	9,328	227	5100 P	10	Rot. ⁰	10	59811
University of Oregon Medical School Hospitals and Clinics.....	C. N. Holman.....	583	13,993	679	128,100	17,292	.....	.....	2400 F*	36	Rot. ⁰	36	59911
PENNSYLVANIA—Hospitals, 73; Internships, 1,057													
Abington													
Abington Memorial.....	P. M. Roediger.....	356	14,112	488	41,628	18,917	133,637	.....	3600 F	15	Rot. ⁰	15	60011
Allentown													
Allentown.....	F. D. Fister.....	496	17,336	664	16,375	14,521	3,500	.....	5000 P	6	Rot. ⁰	6	60111
										6	Rot. ¹	6	60112
										4	Rot. ²	4	60113
Sacred Heart.....	E. K. Sipes.....	365	12,295	439	8,233	21,458	35,524	.....	3600 F*	8	Rot. ⁰	8	60211
										1	Rot. ¹	1	60212
										1	Rot. ²	1	60213
Altoona													
Altoona.....	J. M. Stowell.....	287	11,636	506	13,610	6,843	5,288	.....	6000 F	12	Rot. ⁰	12	60311
Bethlehem													
St. Luke's.....	M. L. Sheppeck.....	381	12,819	553	8,081	16,976	48,211	.....	3600 FP	14	Rot. ^{0,1,2}	14	60520
Bristol													
Lower Bucks County.....	S. Vine.....	219	12,498	270	4,684	21,560	34,100	.....	6000 FP*	8	Rot. ⁰	8	97411
Bryn Mawr													
Bryn Mawr.....	J. McK. Mitchell.....	298	12,437	434	10,432	19,268	135,559	.....	3600 F	14	Rot. ²	14	60613
Chester													
Crozer-Chester Medical Center.....	A. H. Silvers.....	360	14,873	507	9,678	19,505	39,888	.....	4800 FP	8	Rot. ^{0,2,3,4}	8	60720
Danville													
Geisinger Medical Center.....	W. I. Buchert.....	307	13,978	389	127,598	10,724	.....	.....	3000 P	15	Rot. ^{0,1,2}	15	60820
Darby													
Thomas M. Fitzgerald Mercy.....	D. J. Hilferty.....	286	12,956	334	15,128	20,492	26,062	.....	3000 F	14	Rot. ^{0,1,2,3,4}	14	60920
Drexel Hill													
Delaware County Memorial.....	E. D. Arshat.....	200	7,778	368	5,607	17,092	20,699	.....	6000 FP	8	Rot. ²	8	55813
Easton													
Easton.....	W. K. Harlan.....	265	9,198	446	15,867	15,907	25,953	.....	4200 F	10	Rot. ⁰	10	61011
Erie													
Hamot.....	G. J. D'Angelo.....	347	15,297	523	31,297	18,011	.....	.....	3600 FP*	12	Rot. ⁰	12	61111
St. Vincent.....	J. F. Hartman.....	365	17,653	546	24,807	18,940	108,792	.....	3600 FP	10	Rot. ²	10	61213
Greensburg													
Westmoreland.....	W. B. Courtney.....	231	10,842	398	1,062	12,028	47,409	.....	7200 P	8	Rot. ²	8	61313
Harrisburg													
Harrisburg.....	G. L. Jackson.....	603	21,812	902	44,215	22,432	15,479	.....	3720 P	32	Rot. ⁰	32	61420
Harrisburg Polyclinic.....	W. Bates.....	518	16,820	667	16,637	12,182	10,513	.....	4200 F	23	Rot. ^{0,1,2,3,4}	23	61520
Johnstown													
Conemaugh Valley Memorial.....	S. Goldblatt.....	403	14,798	558	11,784	37,941	18,550	.....	4800 F	12	Rot. ^{0,1}	12	61620
Mercy Hospital of Johnstown.....	D. C. Borecky.....	199	8,084	208	582	11,134	12,981	.....	4800 F	6	Rot. ²	6	81611
Lancaster													
Lancaster General.....	H. W. Miller.....	386	16,789	532	14,192	14,752	85,849	.....	3600 F	12	Rot. ⁰	12	61811
McKeesport													
McKeesport.....	J. E. McClenahan.....	496	16,467	779	16,644	33,186	36,972	.....	4800 FP*	12	Rot. ⁰	12	62011
Norristown													
Montgomery.....	R. E. Carlson.....	206	10,987	297	23,009	30,634	26,665	.....	4200 F*	6	Rot. ⁰	6	62111
Philadelphia													
Albert Einstein Medical Center.....	N. H. Moss.....	825	2,863	1,263	76,581	42,462	48,462	.....	2400 FP*	34	Rot. ^{2,3,4,5,6,7,8}	34	63120
										10	St. Med.	10	63132
										2	St. Surg.	2	63133
Chestnut Hill.....	C. R. Brown, Jr.....	177	7,751	225	6,262	9,826	73,946	.....	4200 F	8	Rot. ^{0,1,2}	8	91020
										1	St. Path.	1	91036
Children's Hospital of Philadelphia.....	R. Kaye.....	124	7,053	183	70,906	4,813	18,564	.....	1500 F*	8	St. Ped.	8	86334
Episcopal.....	H. A. Hanno.....	283	9,125	439	34,994	25,883	.....	.....	3960 O	8	Rot. ⁰	8	62311
										2	St. Med.	2	62332
										2	St. Surg.	2	62333
										9	Rot. ²	9	62413
										12	Rot. ^{0,1,2,3,4,5,7,8}	12	62520
Frankford.....	G. E. Mark.....	169	7,733	233	12,630	21,722	.....	.....	4800 F	.....	.....	.....	.....
Germanatown Dispensary and Hospital.....	J. Stiffel.....	277	9,604	496	22,341	22,783	8,939	.....	3300 FP*	12	Rot. ⁰	12	62611
Graduate Hospital of the University of Pennsylvania.....	D. J. Daley.....	255	7,956	349	44,558	13,939	9,823	228	3600 FP*	12	Rot. ⁰	12	62732
Hahnemann Medical College and Hospital.....	W. Oaks.....	432	15,297	610	62,108	25,809	32,887	.....	2700 P	10	St. Med.	10	62733
	E. Coppola.....									6	St. Surg.	6	62734
	M. Baren.....									3	St. Ped.	3	62736
	J. Imbriglia.....									2	St. Path.	2	62736
Hospital of the University of Pennsylvania.....	J. L. Elliott.....	764	22,330	733	111,653	24,793	.....	.....	1200 FP*	20	St. Med.	20	62832
										20	St. Surg.	20	62833
Hospital of the Woman's Medical College of Pennsylvania.....													
	Department Chairman.....	171	6,388	143	27,173	12,836	.....	.....	3800 P	2	Rot. ¹	2	84912
										2	Rot. ⁴	2	84914
										3	St. Med.	3	84932
										4	St. Surg.	4	84933
										1	St. Ped.	1	84934
										2	St. Path.	2	84936

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PENNSYLVANIA, Philadelphia—Continued													
Jefferson Medical College	J. M. Hunter	617	19,365	586	92,204	19,818	3000 O	12	Rot. ⁰	12	63020
										12	St. Med.	12	63032
										6	St. Surg.	6	63033
Lankenau	A. P. Angelides	332	12,617	420	22,595	15,748	...	...	3600 FP*	12	Rot. ⁰	12	63211
Memorial	A. W. Waddington	155	6,009	259	2,712	7,154	20,014	...	4200 F	6	Rot. ⁰	6	63311
Mercy-Douglass	A. R. Thomas	120	4,975	138	13,972	8,549	2,953	...	5100 F*	8	Rot. ⁰	8	63411
Methodist	J. F. McCloskey	204	8,013	250	18,605	13,788	9,540	229	5400 P	8	Rot. ⁰	8	63511
Misericordia	J. A. Hesch	295	10,464	433	21,256	21,942	13,868	...	3000 F	6	Rot. ⁰	6	63611
										5	Rot. ¹	5	63612
										3	Rot. ²	3	63613
										1	St. Med.	1	63632
Nazareth	C. J. Schreder	282	11,325	322	15,612	19,363	45,239	...	3900 F	18	Rot. ^{0,1,2,3,4,5}	18	63820
Northeastern Hospital of Philadelphia	R. W. Smith	131	5,302	189	13,808	12,350	6,208	230	6000 F	8	Rot. ²	8	97513
Pennsylvania	S. L. Israel	364	14,213	689	69,453	20,783	51,723	229	2700 O	18	Rot. ²	18	63913
Philadelphia General	N. H. Einhorn	1,239	24,738	2,018	247,828	83,578	...	...	3650 F*	30	Rot. ¹	30	64012
Presbyterian-University of Pennsylvania Medical Center	A. P. Crosley, Jr.	265	9,914	412	28,517	22,239	24,402	231	3480 P	60	Rot. ⁰	60	64020
										1	Rot. ²	1	64113
										1	Rot. ³	1	64115
										1	Rot. ⁴	1	64114
										1	Rot. ⁵	1	64186
										1	Rot. ⁷	1	64142
										1	Rot. ⁸	1	64177
										8	St. Med.	8	64132
										2	St. Surg.	2	64133
St. Agnes	J. H. Loucks	172	7,262	225	14,793	12,414	3,110	232	5100 F*	10	Rot. ⁰	10	64211
St. Christopher's Hospital for Children	V. C. Vaughan, III	122	5,610	109	47,991	24,093	...	...	3300 P	4	St. Ped.	4	65334
St. Joseph's	T. J. Maye	163	5,988	182	13,944	8,594	12,434	...	4800 F*	6	Rot. ²	6	64313
St. Luke's and Children's Medical Center	J. H. Davidson	182	6,957	235	23,579	18,597	...	...	6000 F	2	Rot. ⁰	2	64411
										2	Rot. ¹	2	64412
										2	Rot. ²	2	64413
										2	Rot. ³	2	64415
										2	Rot. ⁴	2	64414
St. Mary's Franciscan	A. M. Alberico	162	6,089	254	9,247	9,968	5,201	232	4800 P	8	Rot. ²	8	64513
Temple University	T. M. Durant	628	22,775	673	141,681	41,491	30,217	...	2700 P	8	Rot. ⁰	8	64611
										16	St. Med.	16	64632
Pittsburgh													
Allegheny General	A. G. Bickelmann	426	15,566	609	30,410	43,609	47,833	...	3600 F*	10	Rot. ¹	10	64812
										6	Rot. ²	6	64813
Health Center Hospitals of the University of Pittsburgh Medical School		...	...	...	...	...	...	...	...	...	...	...	...
Children's Hospital of Pittsburgh	J. D. Myers	212	8,435	203	53,540	20,105	1,022	...	3600 O	12	St. Ped.	12	65234
Presbyterian-University	V. C. Vaughan, III	386	10,458	453	58,031	5,458	...	...	4100 O	24	St. Med.	24	65232
	H. T. Bahnon									8	St. Surg.	8	65233
	R. H. Fennell, Jr.									5	St. Path.	5	65236
Mercy	F. J. Luparello	511	17,737	673	31,069	21,726	66,397	...	5100 P	9	Rot. ¹	9	64912
										8	Rot. ²	8	64913
										1	Rot. ³	1	64915
										1	Rot. ⁴	1	64914
										1	Rot. ⁵	1	64986
										1	Rot. ⁷	1	64942
										1	Rot. ⁸	1	64977
Montefiore	L. Lubic	363	12,948	535	24,350	13,448	23,495	...	3900 O	9	Rot. ⁰	9	65020
	P. Troen									10	St. Med.	10	65032
Pittsburgh	R. N. McGarvey	195	7,537	251	6,600	15,422	36,308	...	5400 F	6	Rot. ⁰	6	65111
St. Francis General	E. W. Martz	728	18,269	560	32,829	20,472	36,616	...	8100 F	10	Rot. ⁰	10	88111
										12	Rot. ^{1,2}	12	88120
St. Joseph's Hospital and Dispensary	G. Pavlic	138	5,833	246	...	15,196	...	...	7200 F	6	Rot. ⁰	6	65511
St. Margaret Memorial	P. W. Dishart	187	5,904	169	3,094	7,779	12,948	233	7200 F	8	Rot. ⁰	8	65611
Shadyside	P. R. Ritter	327	10,766	472	4,044	10,122	27,512	...	4200 F	10	Rot. ⁰	10	65711
South Side	L. M. Rosenbach	293	10,880	452	12,906	19,621	21,363	...	7200 F	9	Rot. ⁰	9	65811
Western Pennsylvania	F. M. Mateer	525	20,392	512	26,836	17,989	30,445	...	5400 F	12	Rot. ⁰	12	65911
										5	St. Med.	5	65932
										5	St. Surg.	5	65933
										2	St. Path.	2	65936
Pottsville													
Pottsville	E. W. Cubler	238	8,354	277	8,164	8,689	...	...	6000 F	2	Rot. ⁰	2	84711
										2	Rot. ¹	2	84712
										2	Rot. ²	2	84713
Reading													
Reading	J. R. McShane	533	18,246	668	18,398	14,748	...	...	3300 F	12	Rot. ^{0,1}	12	66120
										2	St. Surg.	2	66133
St. Joseph's		258	9,971	394	...	...	...	...	4200 F	6	Rot. ⁰	6	66211
Sayre													
Robert Packer	E. S. Robinson, Jr.	226	10,057	250	66,355	15,398	...	...	2700 P	12	Rot. ^{0,1,2}	12	66420
Uniontown													
Uniontown	C. A. Zammerilla	235	8,885	500	7,042	16,920	...	...	4800 F*	7	Rot. ⁰	7	66811
Washington													
Washington		378	13,567	590	5,846	39,344	61,871	...	6000 F	12	Rot. ^{0,00}	12	66920
West Chester													
Chester County	H. Broder	143	6,992	206	5,149	11,851	35,083	...	6000 F	6	Rot. ⁰	6	88211
Wilkes-Barre													
Mercy	J. F. Dreier	219	7,840	294	7,500	5,667	7,794	...	4800 F	6	Rot. ²	6	67013
Wilkes-Barre General	P. J. Corey	287	9,534	482	9,143	8,081	31,451	...	4200 F	10	Rot. ⁰	10	67111
Wilkesburg													
Columbia		223	8,365	345	5,871	34,221	51,179	...	4800 F	6	Rot. ⁰	6	67211
Williamsport													
Williamsport	D. L. McMorris	262	11,273	420	6,981	9,132	8,431	...	4800 FP*	8	Rot. ⁰	8	67311
York													
York	R. L. Evans	485	20,248	669	...	...	...	...	4200 P	22	Rot. ^{0,2,3,4}	22	67420
PUERTO RICO—Hospitals, 7; Internships, 132													
Hato Rey													
Auxilio Mutuo	D. R. Franceschi	91	5,077	87	23,003	3,702	...	...	3600 F	10	Rot. ^{0,15}	...	...
										6	Gen. Prac.	...	...
											Pro. ^{15,15}	...	...

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
PUERTO RICO—Continued													
Ponce													
Hospital de Damas		126	7,099	98	5,064	4,820			3600 F	7	Rot. ¹⁵		
Ponce District General		383	11,563	836	61,651	26,548				20	Rot. ^{0,15}		
Rio Piedras													
Rio Piedras Municipal										9	Rot. ^{0,15}		
San Juan City	M. A. de Jesus	340	12,827	462	92,705	8,914			2700 F	27	Rot. ^{0,15}		
University District	C. Armstrong-Ressy	314	11,295	750	80,068	28,536		236	4800F	24	Rot. ⁰		
										6	St. Ped. ¹⁵		
										6	St. Med.		
										6	St. Surg.		
										3	St. Ped.		
San Juan													
Presbyterian	M. Levin	198	10,557	164	3,491	13,251			4800 F	8	Rot. ⁰		
RHODE ISLAND—Hospitals, 6; Internships, 76													
Newport													
Newport	M. A. Chernow	185	6,947	257	2,131	10,477	14,459		7200 F	8	Rot. ⁰	8	67511
Pawtucket													
Memorial	G. P. Paparo	213	10,126	455	12,021	22,916			3600 FP*	6	Rot. ⁰	6	67611
										1	Rot. ¹	1	67612
										1	Rot. ²	1	67613
Providence													
Miriam Hospital	A. M. Burgess	183	6,805	222	5,198	9,472	6,300	237	3600 FP*	12	Rot. ⁰	12	95311
Rhode Island		601	22,058	1,096	57,466	46,253	37,542	234	4300 P	10	Rot. ^{0,00}	10	67720
										6	Rot. ¹	6	67712
										6	Rot. ²	6	67713
										6	St. Med.	6	67732
Roger Williams General	H. E. Darrah	219	8,562	365	5,048	17,430	18,722		3600 F	8	Rot. ^{1,2,4,7}	8	67820
St. Joseph's	S. I. Magalini	168	6,563	229	10,015	16,230	935		3900 FP*	12	Rot. ⁰	12	67911
SOUTH CAROLINA—Hospitals, 5; Internships, 96													
Charleston													
Medical College of South Carolina													
Teaching Hospitals													
Medical College		357	14,329†	588	92,647				2730 F*	22	Rot. ⁰	22	68020
										6	St. Med.	6	68032
										8	St. Surg.	8	68033
										2	St. Ped.	2	68034
										2	St. Path.	2	68036
Columbia													
Columbia Hospital of Richland County	R. K. Moxon	429	17,375	581	27,671	29,902	49,304		6000 P	7	Rot. ^{0,00}	7	68120
										8	Rot. ²	8	68113
Florence													
McLeod Infirmary	E. W. Taylor	269	11,954	466	7,471	3,960	8,360		3600 P	6	Rot. ⁰	6	68211
Greenville													
Greenville General	L. P. Andrews	541	240†	666	31,445	36,371	56,346		4200 P	18	Rot. ⁰	18	68311
Spartanburg													
Spartanburg General		409	20,321	542	20,905	20,520	53,031		4800 FP	2	Rot. ⁰⁰	2	68516
										15	Rot. ²	15	68513
SOUTH DAKOTA—Hospitals, 2; Internships, 12													
Sioux Falls													
McKenna	C. A. Stern	234	10,549	265	12,705	6,923		235	4200 F	6	Rot. ⁰	6	68611
Sioux Valley	R. E. Nelson	211	11,337	309					4200 F	6	Rot. ⁰	6	68711
TENNESSEE—Hospitals, 11; Internships, 273													
Chattanooga													
Baroness Erlanger	W. H. Marsh	565	28,799	861	74,931	40,536			4500 F	14	Rot. ^{0,2}	14	68920
Knoxville													
University of Tennessee Memorial Research Center and Hospital	W. J. Acuff	226	9,769	427	40,752	21,260			4128 F	18	Rot. ⁰	18	83911
Memphis													
Baptist Memorial	J. D. Upshaw, Jr.	924	40,151	863	11,113	19,251	124,515		3900 F	26	Rot. ⁰	26	69420
										4	St. Med.	4	69432
										4	St. Surg.	4	69433
										36	Rot. ⁰	36	84411
										8	Rot. ¹	8	84412
										8	St. Med.	8	84432
										4	St. Surg.	4	84433
										6	St. Ped.	6	84434
Methodist	T. V. Stanley, Jr.	511	22,870	529	9,519	22,965			3600 F	16	Rot. ⁰	16	69611
St. Joseph	E. J. Spiotta	406	18,309	424	8,224	13,416			3600 F	18	Rot. ⁰	18	69711
										2	Rot. ¹	2	69712
										2	Rot. ²	2	69713
										1	Rot. ³	1	69715
										1	Rot. ⁴	1	69714
										1	Rot. ⁵	1	69786
Nashville													
Baptist	H. H. Shoulders, Jr.	311	17,625	324	7,973	16,560			5400 F	12	Rot. ⁰	12	69911
										2	Rot. ¹	2	69912
										1	Rot. ²	1	69913
										1	Rot. ³	1	69915
George W. Hubbard Hospital of The Meharry Medical College		166	6,109	297	39,390	15,521			3000 F*	14	Rot. ⁰		
										1	St. Med.		
										1	St. Surg.		
										2	St. Ped.		
										4	Rot. ⁰	4	70111
										2	Rot. ¹	2	70112
										2	Rot. ²	2	70113
										2	Rot. ³	2	70115
										2	Rot. ⁴	2	70114
										1	Rot. ⁵	1	70186
										1	Rot. ⁷	1	70142
										1	Rot. ⁸	1	70177

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code	
TENNESSEE, Nashville—Continued														
Vanderbilt University Affiliated Hospitals	J. L. Shapiro	...	...	...	...	...	...	266	2520 P	22	St. Med.	22	70232
										18	St. Surg.	18	70233	
										10	St. Ped.	10	70234	
										5	St. Path.	5	70236	
										2	St. ObG	2	70235	
Nashville Metropolitan General		156	6,560	330	57,730	28,527	...	...	...	...	...	...	...
Vanderbilt University		418	16,882	456	78,382	31,814	...	...	...	...	...	...	...
TEXAS—Hospitals, 24; Internships, 380														
Austin														
Brackenridge	R. W. Pape	247	11,644	480	22,250	25,080	...	...	4800 FP	14	Rot. ⁰	14	70411
Corpus Christi														
Memorial Medical Center	Intern Committee	226	12,281	346	34,460	16,605	...	239	4800 P	10	Rot. ⁰	10	70511	
Dallas														
Baylor University Medical Center	R. Tompsett	679	33,975	825	15,851	21,645	50,891	240	4800 O	15	Rot. ^{0,00,1,2}	15	70620	
										2	St. Med.	2	70632	
										2	St. Path.	2	70636	
										6	St. Ped.	6	95534	
Children's Medical Center	H. Eichenwald	94	5,251	151	62,191	25,368	...	241	3000 P	18	Rot. ²	18	70713	
Methodist Hospital of Dallas	J. W. Davidson, Jr.	345	21,707	378	13,743	15,591	132	...	4200 F	6	St. Path.	6	70736	
										1	St. Path.	1	70736	
Parkland Memorial		612	22,295	964	205,704	117,589	...	...	2880 P	30	Rot. ⁰	30	70811
										12	St. Med.	12	70832	
										10	St. Surg.	10	70833	
										2	St. Path.	2	70836	
St. Paul	D. A. Sutherland	417	21,717	401	19,637	16,437	5,995	...	4200 P	14	Rot. ²	14	70913	
										1	St. Path.	1	70936	
Veterans Admin.	S. Eisenberg	734	8,993	607	...	...	...	242	4090 P	12	St. Med.	12	88732
El Paso														
R. E. Thomason General	G. W. Iwen	165	5,585	303	33,750	24,220	...	...	4800 P	9	Gen. Prac. Pro. ^{1,3}	9	71017
Fort Worth														
Harris Hospital-Fort Worth Medical Center	R. S. Capper	435	19,618	459	2,015	10,373	368	267	5400 P	1	St. Path.	1	71236	
John Peter Smith	W. W. Goldman, Jr.	170	8,546	467	66,753	44,120	...	...	3600 FPO	12	Rot. ⁰	12	71111
										6	Gen. Prac. Pro. ^{1,4}	6	71117	
St. Joseph	W. S. Lorimer, Jr.	251	13,645	403	6,062	8,827	1,638	268	4800 F	12	Rot. ⁰	12	71311	
Galveston														
University of Texas Medical Branch Hospitals		860	16,643	694	108,167	20,799	89,618	...	3300 P	6	Rot. ²	6	71415	
										1	Rot. ²	1	71486	
										5	Rot. ²	5	71476	
										3	Rot. ²	3	71477	
										12	St. Med.	12	71432	
										8	St. Surg.	8	71433	
										7	St. Ped.	7	71434	
Houston														
Baylor University Affiliated Hospitals		477	17,681	1,079	223,389	52,387	...	...	...	26	Rot. ²	26	71620
Ben Taub General	G. L. Jordan, Jr.	477	17,681	1,079	223,389	52,387	...	...	...	2	St. Path.	2	71636
										6	St. Surg.	6	71633	
Ben Taub General Hospital-Methodist		477	17,681	1,079	223,389	52,387	...	...	...	...	...	...	...
Ben Taub General	G. L. Jordan, Jr.	477	17,681	1,079	223,389	52,387	...	...	...	...	...	...	...
Methodist	G. D. Rountree	684	25,564	578	106,711	18,848	...	...	...	...	...	...	...
Ben Taub General Hospital-Texas Children's		477	17,681	1,079	223,389	52,387	...	...	...	6	St. Ped.	6	71634
Ben Taub General	G. L. Jordan, Jr.	477	17,681	1,079	223,389	52,387	...	...	...	...	...	...	...
Texas Children's	R. J. Blattner	88	5,759	149	11,427	4,101	5,917	...	...	...	...	...	...
Ben Taub General Hospital-Veterans Admin.		477	17,681	1,079	223,389	52,387	...	...	...	12	St. Med.	12	71632
										6	St. Surg.	6	71697	
Ben Taub General	G. L. Jordan, Jr.	477	17,681	1,079	223,389	52,387	...	...	...	...	...	...	...
Veterans Admin.		1,170	10,933	796	39,078	27,871	...	...	...	...	...	...	...
Methodist	G. D. Rountree	684	25,564	578	106,711	18,848	270	4200 P	6	St. Med.	6	71732
Hermann		549	27,863	514	79,795	22,163	5,301	...	3600 P	18	Rot. ⁰	18	71511	
Memorial Baptist	M. F. Strashun	537	31,988	529	9,277	12,891	14,958	269	6000 P	8	Rot. ⁰	8	98211	
St. Joseph	J. E. Dailey	373	21,026	350	6,657	10,579	14,328	...	4800 P	9	Rot. ⁰	9	71811	
Texas Children's	R. J. Blattner	88	5,759	149	11,427	4,101	5,917	...	3900 O	1	St. Path.	1	83136	
San Antonio														
Baptist Memorial	R. B. Wait	407	24,288	580	5,723	19,007	11,533	...	4800 P	12	Rot. ⁰	12	72111	
Santa Rosa Medical Center	O. R. Hollan	517	32,587	753	34,581	27,538	...	...	4200 F	15	Rot. ⁰	15	72311
University of Texas, South Texas Medical School Affiliated Hospitals		208	8,996	574	102,225	65,316	...	...	4200 FP*	18	Rot. ⁰	18	72211
Robert B. Green Memorial	G. Prazak	208	8,996	574	102,225	65,316	...	...	...	3	Rot. ¹	3	72212
										3	Rot. ²	3	72213	
Temple														
Scott and White Memorial Hospital	H. E. LeBus	254	11,874†	246	66,351	9,586	...	...	3600 P	8	Rot. ⁰	8	72511
UTAH—Hospitals, 7; Internships, 100														
Ogden														
St. Benedict's Hospital	W. P. Daines	141	8,854	155	2,470	7,181	10,557	271	4800 P	10	Rot. ⁰	10	72711	
Thomas D. Dee Memorial	F. M. Calton	212	14,499	285	3,292	13,701	23,374	...	3300 P	14	Rot. ⁰	14	72811	
Salt Lake City														
Holy Cross	H. W. Marshall	242	13,042	253	2,226	9,352	26,052	243	3600 P	8	Rot. ^{0,1,2,3}	8	73020	
Latter-day Saints	C. N. Peterson	416	21,152	515	8,262	19,482	1,062	243	3300 P*	20	Rot. ⁰	20	72911	
St. Mark's	C. D. Behrens	212	10,369	188	975	2,574	18,087	243	3900 F	2	Rot. ¹	2	73112	
										6	Rot. ²	6	73113	
University of Utah Affiliated Hospitals		176	5,330	332	47,593	22,645	...	272	3840 P	3	Rot. ⁰	3	73211	
University	F. H. Tyler	176	5,330	332	47,593	22,645	...	272	3840 P	9	Rot. ²	9	73213	
										7	Rot. ⁴	7	73214	
										11	St. Med.	11	73232	
										5	St. Surg.	5	73238	
										3	St. Ped.	3	73234	
										2	St. Path.	2	73236	
Veterans Admin.	F. H. Tyler	454	2,898	227	4090 P	

APPROVED INTERNSHIPS

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VERMONT—Hospitals, 2; Internships, 30													
Burlington													
DeGoesbriand Memorial	H. L. Martin	182	7,555	228	7,775	14,316	40,639	...	3600 FP	8	Rot. ¹	8	73412
										3	Rot. ²	3	73413
										1	Rot. ⁴	1	73414
Mary Fletcher	E. L. Amidon	280	11,442	304	14,165	14,258	24,819	...	2750 FP	15	St. Path.	15	73436
										2	Rot. ⁰	2	73511
										2	St. Path.	2	73536
VIRGINIA—Hospitals, 12; Internships, 252													
Charlottesville													
University of Virginia	W. Parson	446	16,326†	582	101,613	23,087	6,106	...	3900 O	6	Rot. ³	6	73713
										6	Rot. ⁴	6	73714
										10	St. Med.	10	73732
										10	St. Surg.	10	73733
										4	St. Ped.	4	73734
										1	St. Path.	1	73736
Falls Church													
Fairfax	E. H. Hill	262	14,215	285	2,162*	26,737	7,905	...	3600 P	12	Rot. ³	12	73313
Newport News													
Riverside	M. L. Rubin	304	15,457	336	5,837	20,610	...	...	6000 FP*	12	Rot. ⁰	12	73911
Norfolk													
De Paul	J. D. Lea	261	13,954	339	18,473	23,621	56,525	...	6000 F	12	Rot. ⁰	12	74011
Norfolk General	D. Drew	452	17,661	657	45,312	34,478	...	244	6600 P	16	Rot. ⁰	16	74111
Petersburg													
Petersburg General	R. H. Warren	272	11,372	307	7,370	7,760	...	...	6000 FP	12	Rot. ⁰	12	99611
Richmond													
Johnston-Willis	J. P. O'Brien	240	8,685	278	6,436	6,657	3,330	273	4800 F	14	Rot. ^{2,00}	14	74220
Medical College of Virginia-Hospital Division	G. Hilkovits	983	30,246	1,224	146,670	49,062	...	...	2400 F	6	Rot. ⁰	6	74311
										18	Rot. ¹	18	74312
										6	Rot. ²	6	74313
										10	Rot. ³	10	74315
										6	Rot. ⁴	6	74314
										2	Rot. ⁵	2	74386
										3	Rot. ⁶	3	74376
										2	Rot. ⁸	2	74377
										16	St. Med.	16	74332
										12	St. Surg.	12	74333
										8	St. Ped.	8	74334
										4	St. Path.	4	74336
Richmond Memorial	B. Decker	403	15,664	570	3,162	28,370	370	...	4200 F	12	Rot. ²	12	74513
Roanoke													
Jefferson	M. J. Moore	151	6,937	181	6,549	4,791	...	...	7200 P	6	Rot. ²	6	74613
Lewis-Gale	F. A. Wade	173	8,173	205	103,273	...	...	...	6000 F	6	Rot. ⁰	6	74711
Roanoke Memorial	C. R. Young	492	17,004	424	19,342	20,625	8,481	...	4200 F*	10	Rot. ⁰	10	74811
										2	Rot. ¹	2	74812
										4	Rot. ²	4	74813
										4	Rot. ³	4	74815
WASHINGTON—Hospitals, 12; Internships, 173													
Seattle													
Children's Orthopedic Hospital and Medical Center-University of Washington Hospital	J. M. Docter	...	...	...	...	...	...	...	...	10	St. Ped.	10	99034
Children's Orthopedic Hospital and Medical Center-University		117	8,192	135	42,507	6,705	629	...	3300 O	...	...	...	...
Doctors	C. S. Powell	200	7,382	228	80,273	11,318	80,273	...	3300 P	8	Rot. ²	8	75113
Group Health	J. J. Quinn	126	8,913	186	...	4,849	...	246	3600 F*	2	Gen. Prac. Pro. ¹³	2	81117
King County	D. C. Figge	399	12,576	813	73,085	26,970	...	...	2400 F	29	Rot. ⁰	29	75211
										6	St. Med.	6	75232
										4	St. Surg.	4	75233
Providence	L. E. Morris	204	11,859	328	4,064	7,745	...	...	3600 F*	5	Rot. ⁰	5	75311
										5	Rot. ¹	5	75312
										5	Rot. ²	5	75313
										1	Rot. ³	1	75315
										1	Rot. ⁵	1	75386
										1	Rot. ⁷	1	75342
										1	Rot. ⁹	1	75377
										2	St. Med.	2	75332
Swedish Hospital Medical Center-University of Washington (see also Children's Orthopedic Hospital and Medical Center)	J. L. Wright	316	18,300	543	35,908	5,623	5,635	246	4200 FP	12	Rot. ⁰	12	75611
										6	Rot. ⁰	6	91811
										8	St. Med.	8	91832
										6	St. Surg.	6	91833
										3	St. Path.	3	91836
Virginia Mason	G. H. Lawrence	185	10,655	241	...	5,107	...	246	3000 FP*	14	Rot. ^{0,4}	14	75620
										2	St. Med.	2	75632
Spokane													
Deaconess	J. P. Shields	234	16,264	398	...	15,305	2,470	...	3600 F*	12	Rot. ²	12	75713
Sacred Heart	C. F. Baxter	367	22,156	525	5,160	19,542	4,340	...	3600 F*	14	Rot. ^{0,1,2,3,5,7}	14	75820
St. Luke's	L. C. Pence	72	6,166	136	1,661	6,782	...	...	3000 F	8	Rot. ⁰	8	75911
Tacoma													
Pierce County	C. Allison	116	5,008	406	15,154	5,350	...	...	4800 FP*	8	Rot. ⁰	8	76011
WEST VIRGINIA—Hospitals, 7; Internships, 96													
Charleston													
Charleston General	H. Glass, Jr.	240	10,304	260	13,156	10,580	31,492	...	3900 FP	4	Rot. ⁰	4	76411
										2	Rot. ¹	2	76412
										2	Rot. ²	2	76413
Memorial	D. Hamaty	259	12,897	297	14,997	16,798	...	...	3300 F	16	Rot. ^{0,00,1,5,6}	16	90220
										3	St. Med.	3	90232
Huntington													
Cabell Huntington	W. S. Sheils	237	12,732	351	5,218	18,668	9,891	...	4200 F	6	Rot. ⁰	6	97611
										2	Rot. ¹	2	97612
St. Mary's	H. D. Proctor	328	15,422	372	3,119	8,364	11,298	...	3600 FP*	14	Rot. ^{0,1}	14	76620

Numerical and other references are listed on pages 112 through 114.

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WEST VIRGINIA—Continued													
Morgantown													
West Virginia University Medical Center..	R. Vosburg.....	288	7,956	385	44,314	13,759	2700 P	14	Rot. ⁹	14	83720
										2	St. Med.	2	83732
										2	St. Surg.	2	83733
										2	St. Ped.	2	83734
										2	St. Path.	2	83736
Wheeling													
Ohio Valley General.....	R. O. Strauch.....	343	12,610	488	5,970	12,960	...	...	6000 P	15	Rot. ^{0,1,2,3,4}	15	76920
Wheeling.....	G. M. Kellas.....	180	7,349	230	3,086	6,559	5,271	...	4800 F	7	Rot. ⁰	7	77011
										1	Rot. ²	1	77013
										1	Rot. ³	1	77015
										1	Rot. ⁴	1	77014
WISCONSIN—Hospitals, 14; Internships, 230													
La Crosse													
Lutheran Hospital-Gundersen Clinic.....	S. E. Sivertson.....	193	9,007	216	121,330	11,276	...	...	4200 F	8	Rot. ^{0,1,2,4}	8	77420
Madison													
Madison General.....	P. G. Piper.....	338	14,767	406	2,283	9,940	20,759	...	3600 F	4	Rot. ⁰	4	77611
										2	Rot. ¹	2	77612
University Hospitals.....		609	16,654	503	156,421	8,697	34,729	249	3150 P	10	Rot. ¹	10	77912
										6	Rot. ⁴	6	77914
										10	St. Med.	10	77932
										10	St. Surg.	10	77933
										3	St. Ped.	3	77934
										4	St. Path.	4	77936
Marshfield													
St. Joseph's.....	J. W. Manier.....	242	10,128	284	3,114	4,651	...	...	3600 F*	8	Rot. ⁰	8	78020
Milwaukee													
Columbia.....	D. G. Santer.....	216	8,045	236	1,126	8,741	28,356	250	5520 P	5	Rot. ⁰	5	78111
										8	Rot. ^{1,2}	8	78120
Evangelical Deaconess.....	W. D. Gardner.....	258	11,285	322	241	2,277	14,913	250	4800 F	18	Rot. ²	18	78213
Lutheran Hospital of Milwaukee.....	W. L. Deardorff.....	274	11,356	284	...	50,813	250	5532 P*	12	Rot. ^{0,1,2,3}	12	78520	
Milwaukee Children's.....	J. C. Peterson.....	153	9,327	103	33,528	4,453	5,097	251	...	5	St. Ped.	5	78334
Milwaukee County General.....	W. W. Engstrom.....	540	36,697	1,278	172,544	69,550	...	...	3504 P	...	...	...	...
	J. M. Cerletty.....									32	Rot. ⁰	32	78411
	W. W. Engstrom.....									8	St. Med.	8	78432
	E. H. Ellison.....									12	St. Surg.	12	78433
	J. F. Kuzma.....									2	St. Path.	2	78436
Mount Sinai.....	B. Levinson.....	323	12,805	338	18,533	1,179	638	252	4000 FP	12	Rot. ⁰	12	78711
										2	Rot. ¹	2	78712
										2	Rot. ²	2	78713
										1	Rot. ³	1	78715
St. Joseph's.....	K. E. Sauter.....	296	15,123	399	5,451	3,327	21,151	252	6000 P	9	Rot. ⁰	9	78811
St. Luke's.....	J. Gorrell.....	230	10,747	254	...	...	...	...	6000 FP*	3	Rot. ^{1,2,3}	3	78820
										6	Rot. ⁰	6	78911
										6	Rot. ³	6	78913
St. Mary's.....	M. J. Ciccantelli, D. P. Davis.....	253	10,119	347	1,552	2,346	50,040	252	6000 P	10	Rot. ^{0,1,2,3}	10	79020
St. Michael.....	F. E. Berridge.....	291	12,423	219	25,052	17,298	13,780	...	4800 FP*	12	Rot. ⁰	12	79111

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

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

This list, issued September 10, 1966, was furnished by The Canadian Medical Association.

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

ABBREVIATIONS AND NOTES

†	Discharges	Rot. ⁴	4 to 6 months on Internal Medicine; at least 4 months on Pediatrics
F	Full maintenance	Rot. ⁵	4 to 6 months on Internal Medicine; at least 4 months on Pathology
P	Partial maintenance	Rot. ⁶	4 to 6 months on Internal Medicine; at least 4 months on Psychiatry
*	Variation in salary or maintenance for married intern	Rot. ⁷	4 to 6 months on Internal Medicine; at least 4 months on Radiology
St.	Straight	Rot. ⁸	4 to 6 months on Internal Medicine; at least 4 months on Anesthesiology
Rot.	Rotating	Rot. ⁹	Hospital offers all of above rotating internships (Rot. ^{0,1,2,3,4,5,6,7,8})
Med.	Medicine	Rot. ⁰⁰	Hospital offers some appointments beyond 12 months
Surg.	Surgery	10.	Internship equivalent included in 2-year Family Practice Program
Ped.	Pediatrics	12.	Mixed internship is first year of approved 2-year program in General Practice
ObG	Obstetrics-Gynecology	13.	Internship equivalent is included in the 2-year approved pilot program in General Practice
Path.	Pathology	14.	Program includes positions creditable as the first year of a 2-year approved pilot program in General Practice, of which the internship is the first year
Psych.	Psychiatry	15.	Not participating in N.I.M.P.
Rot. ⁰	4 or 5 months on Internal Medicine; 2 or 3 months on other rotations		
Rot. ¹	6 to 8 months on Internal Medicine; elective assignments of at least 2 months' duration.		
Rot. ²	4 to 6 months on Internal Medicine; at least 4 months on Surgery		
Rot. ³	4 to 6 months on Internal Medicine; at least 4 months on Obstetrics-Gynecology		

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

100. Veterans Admin. Hospital, Birmingham, Ala.
 101. John Wesley County Hospital, Los Angeles, Calif.
 102. Maricopa County Hospital, Phoenix, Ariz.
 103. Arkansas Children's Hospital, Little Rock, Ark.
 104. Veterans Admin. Hospital, Little Rock, Ark.
 105. St. Joseph Hospital, Phoenix, Ariz.
 106. Children's Hospital Medical Center, Oakland, Calif.
 107. Children's Hospital of Los Angeles, Los Angeles, Calif.
 109. Los Angeles County General Hospital, Los Angeles, Calif.
 110. Children's Hospital, John Wesley County General Hospital, Los Angeles, Calif.
 111. Letterman General Hospital, San Francisco, Calif.
 112. Children's Hospital, San Francisco, Calif.
 113. Children's Hospital, Denver, Colo.
 114. Mary's Help Hospital, Daly City, Calif.
 115. Highland General Hospital, Oakland, Calif.
 116. California Hospital, Los Angeles, Calif.
 117. Mercy Hospital, Porter Memorial Hospital, Presbyterian Hospital, St. Anthony Hospital, St. Joseph Hospital, St. Luke's Hospital, Denver, Colo.
 118. Children's Hospital, Colorado General Hospital, Denver, Colo.
 119. Denver General Hospital, Denver, Colo.
 120. Children's Hospital, Denver General Hospital, Denver, Colo.
 121. Children's Hospital of Orange County, Orange, Calif.
 122. J. J. McCook Memorial Hospital, Hebrew Home for Aged, Hartford, Conn.
 123. Arlington Memorial Hospital, Arlington, Va.; D. C. General Hospital, Washington, D. C.
 124. District of Columbia General Hospital, Washington, D. C.
 125. De Witt Army Hospital, Fort Belvoir, Va.
 126. Children's Hospital, Washington, D. C.
 127. Grady Memorial Hospital, Atlanta, Ga.
 128. Variety Children's Hospital, Veterans Admin. Hospital, Miami, Fla.
 129. Henrietta Eggleston Hospital for Children, Atlanta, Ga.; Grady Memorial Hospital, Atlanta, Ga.
 130. Queen's Hospital, Honolulu, Hawaii.
 131. Kaulaolani Children's Hospital, Honolulu, Hawaii.
 132. Henrietta Eggleston Hospital, Atlanta, Ga.
 133. St. Louis City Hospital, St. Louis, Mo.
 134. Cook County Hospital, Chicago, Ill.; Little Company of Mary Hospital, Evergreen Park, Ill.
 135. Children's Memorial Hospital, Chicago, Ill.
 136. Lutheran General Hospital, Park Ridge, Ill.
 137. Macon County Tuberculosis Sanatorium, Decatur, Ill.
 138. Children's Memorial Hospital, Veterans Admin. Research Hospital, Chicago, Ill.
 139. Evansville State Hospital, Evansville, Ind.
 140. Veterans Admin. Hospital, Indianapolis, Ind.
 141. Broadlawns Polk County Hospital, Booth Memorial Hospital, Des Moines, Ia.
 142. Broadlawns Polk County Hospital, Des Moines, Ia.
 143. Sedgwick County Hospital, Wichita, Kan.
 144. St. Claire Medical Center, Morehead, Ky.; Veterans Admin. Hospital, St. Joseph's Hospital, Lexington, Ky.
 145. Children's Hospital, St. Joseph Infirmary, Louisville, Ky.
 146. Lallie Kemp Charity Hospital, Independence, La.
 147. Washington-St. Tammany Charity Hospital, Bogalusa, La.
 148. Charity Hospital of New Orleans, New Orleans, La.
 149. Johns Hopkins Hospital, Baltimore, Maryland
 150. University of Maryland Hospital, Baltimore, Md.
 151. Children's Hospital, Jewish Hospital, Louisville, Ky.
 155. St. Margaret's Hospital, Boston, Mass.
 158. Boston City Hospital, Boston, Mass.; Lynn Hospital, Lynn, Mass.
 159. Boston City Hospital, St. Margaret's Hospital, Boston, Mass.
 160. Boston City Hospital, Boston, Mass.
 161. Wesson Maternity Hospital, Springfield, Mass.
 164. Hutzel Hospital, Detroit, Mich.
 165. Harper Hospital, Detroit, Mich.
 166. Detroit General Hospital, Children's Hospital, Detroit, Mich.
 167. Children's Hospital, Detroit, Mich.
 168. Crittenton General Hospital, Detroit, Mich.
 169. Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich.
 170. University Hospital, Ann Arbor, Mich.
 172. Children's Hospital, St. Paul, Minn.
 173. Anoka State Hospital, Anoka, Minn.
 175. St. Paul-Ramsey Hospital, St. Paul, Minn.; Children's Hospital, Minneapolis, Minn.
 176. Veterans Admin. Hospital, Minneapolis, Minn.
 177. Children's Mercy Hospital, Kansas City, Mo.
 179. St. Louis City Hospital, St. Louis Children's Hospital, Veterans Admin. Hospital, St. Louis, Mo.
 180. Homer G. Phillips Hospital, St. Louis, Mo.
 181. Malcolm Bliss Mental Health Center, St. Louis, Mo.
 182. St. Louis Children's Hospital, St. Louis, Mo.
 183. Cardinal Glennon Memorial Hospital for Children, St. Louis, Mo.
 184. St. Mary's Hospital, Veterans Admin. Hospital, St. Louis, Mo.
 185. St. Louis County Hospital, Clayton, Mo.
 186. Children's Mercy Hospital, Jackson County Hospital, Kansas City, Mo.
 187. Douglas County Hospital, Children's Memorial Hospital, Omaha, Neb.
 188. Bishop Clarkson Memorial Hospital, Omaha, Neb.
 190. Children's Memorial Hospital, Omaha, Neb.
 191. Douglas County Hospital, Omaha, Neb.
 192. Babies Hospital, Newark, N. J.
 193. Margaret Hague Maternity Hospital, Jersey City, N. J.
 194. Newark City Hospital, Newark, N. J.
 195. Hackensack Hospital, Hackensack, N. J.; Passaic General Hospital, Passaic, N. J.
 196. Children's Hospital of Buffalo, Buffalo, N. Y.
 197. Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
 198. Georgetown University Hospital, Washington, D. C.; Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
 199. Morrisania City Hospital, New York City, N. Y.
 200. Concy Island Hospital, New York City, N. Y.
 201. Bellevue Hospital Center, New York City, N. Y.
 202. Memorial Hospital, Hospital for Special Surgery, New York, N. Y.
 203. Roosevelt Hospital, New York City, N. Y.
 204. Kings County Hospital Center, New York City, N. Y.
 205. New York Medical College-Metropolitan Hospital Center, New York City, N. Y.
 206. Strong Memorial Hospital, Rochester, N. Y.
 207. Ellis Hospital, Schenectady, N. Y.
 208. Rochester General Hospital, Rochester, N. Y.
 209. Memorial Hospital for Cancer and Allied Diseases, New York City, N. Y.
 210. University Hospital, New York City, N. Y.
 211. St. Vincent Charity Hospital, Cleveland, Ohio
 212. Children's Hospital, Akron, Ohio
 213. Akron City Hospital, Akron, Ohio
 214. Cincinnati Children's Hospital, Cincinnati, Ohio
 215. Booth Memorial Hospital, Cleveland, Ohio
 216. Cleveland Metropolitan General Hospital, Cleveland, Ohio
 217. Children's Hospital, Columbus, Ohio
 218. St. Ann's Hospital, St. Luke's Hospital, Cleveland, Ohio
 219. St. Ann's Hospital, Cleveland, Ohio
 220. Veterans Admin. Hospital, Cleveland, Ohio
 221. Polyclinic Hospital, Cleveland, Ohio
 223. Children's Memorial Hospital, Oklahoma City, Okla.
 224. Veterans Admin. Hospital, Oklahoma City, Okla.
 225. University Hospital, Oklahoma City, Okla.
 226. Good Samaritan Hospital, Portland, Ore.
 227. University of Oregon Medical School and Hospitals, Portland, Ore.
 228. Children's Hospital, Pennsylvania Hospital, Philadelphia, Pa.
 229. Children's Hospital, Philadelphia, Pa.
 230. St. Christopher Hospital, Philadelphia, Pa.
 231. Children's Hospital, Hospital of the University of Pennsylvania, Philadelphia, Pa.
 232. Hahnemann Medical College Hospital, Philadelphia, Pa.

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

233. Children's Hospital, Pittsburgh, Pa.
 234. Providence Lying-In Hospital, Providence, R. I.
 235. Veterans Admin. Hospital, Sioux Falls, S. D.
 236. Puerto Rico Oncologic Hospital, Veterans Admin. Hospital, San Juan, P. R.
 237. Charles V. Chapin Hospital, Providence Lying-In Hospital, Providence, R. I.
 238. Nashville Metropolitan General Hospital, Nashville, Tenn.
 239. Driscoll Foundation Children's Hospital, Corpus Christi, Texas.
 240. Children's Medical Center, Dallas, Texas
 241. Parkland Memorial Hospital, Dallas, Texas
 242. Parkland Memorial Hospital, Children's Medical Center, Dallas, Texas
 243. Primary Children's Hospital, Salt Lake City, Utah
 244. King's Daughter's Hospital, Norfolk, Va.
 245. U. S. Naval Hospital, Portsmouth, Va.
 246. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
 249. Madison General Hospital, Veterans Admin. Hospital, Madison, Wis.
 250. Milwaukee Children's Hospital, Milwaukee, Wis.
 251. Milwaukee County General Hospital, Milwaukee, Wis.
 252. Milwaukee County General Hospital, Milwaukee Children's Hospital, Milwaukee, Wis.
 253. Clinical and laboratory services, and educational program supervised by Mount Sinai Hospital, New York City, N. Y.
 254. University of Colorado Medical Center, Presbyterian Hospital, Denver, Colo.
 255. Evanston Hospital, Evanston, Ill.
 256. Battley State Hospital, Rome, Ga.
 257. Variety Children's Hospital, Miami; Veterans Admin. Hospital, Coral Gables, Fla.
258. Veterans Admin. Hospital, Kansas City, Mo.
 259. Booth Memorial Hospital, Sedgwick County Hospital, Wichita, Kan.
 260. District of Columbia General Hospital, Children's Hospital, Washington, D. C.
 261. Pontiac General Hospital, Pontiac, Mich.; Mount Carmel Mercy Hospital, Detroit, Mich.
 262. Veterans Admin. Hospital, Albuquerque, N. M.
 263. Brady Hospital, Albany, N. Y.
 264. Grasslands Hospital, Valhalla, N. Y.
 265. Lincoln Hospital, New York City, N. Y.
 266. Veterans Admin. Hospital, Nashville, Tenn.
 267. Fort Worth Children's Hospital, Fort Worth, Texas
 268. Cook Children's Hospital, Fort Worth, Texas
 269. Hermann Hospital, Houston, Texas
 270. Ben Taub General Hospital, Houston, Texas
 271. Shriner's Hospital for Crippled Children, Salt Lake City, Utah
 272. Veterans Admin. Hospital, Salt Lake City, Utah
 273. Medical College of Virginia-Hospital Division, Richmond, Va.
 274. Children's Orthopedic Hospital and Medical Center, King County Hospital, Veterans Admin. Hospital, Seattle, Wash.
 275. U. S. Army Hospital, Fort Lawton, Wash.
 276. Mary's Help Hospital, Daly City, Calif.
 277. Oakwood Hospital, Dearborn; William Beaumont Hospital, Royal Oak, Mich.
 278. Christian R. Holmes Hospital, Veterans Admin. Hospital, Cincinnati, Ohio
 279. Jackson Memorial Hospital, Miami, Fla.
 280. Massachusetts General Hospital, Boston, Mass.

INDEX OF INTERNSHIPS BY TYPE OF SERVICE

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

APPROVED INTERNSHIPS BY TYPE OF SERVICE

STRAIGHT INTERNSHIPS IN INTERNAL MEDICINE

University of Alabama Hospitals and Clinics	Birmingham, Ala.	Massachusetts General	Boston
Tucson Hospitals Medical Education Program	Tucson, Ariz.	New England Medical Center Hospitals	Boston
University	Little Rock, Ark.	Peter Bent Brigham	Boston
Kern County General Hospital	Bakersfield, Calif.	University	Boston
Loma Linda University	Loma Linda, Calif.	St. Vincent	Worcester, Mass.
Cedars-Sinai Medical Center	Los Angeles	University of Michigan	Ann Arbor, Mich.
Mount Sinai Hospital Division		Detroit General	Detroit
Los Angeles County General Hospital, Unit I	Los Angeles	Northwestern	Minneapolis
Los Angeles County General, Unit II	Los Angeles	University of Minnesota	Minneapolis
University of California	Los Angeles	University	Jackson, Miss.
University of California Affiliated Hospitals	Los Angeles	University of Missouri Medical Center	Columbia, Mo.
University of California Hospital		Barnes	St. Louis
Veterans Administration-General Medical and Surgical		Jewish	St. Louis
Los Angeles County Harbor General Hospital (Torrance)	Los Angeles	St. Louis City	St. Louis
Veterans Administration Center—Wadsworth	Los Angeles	Unit I	St. Louis
Stanford University Affiliated Hospitals	Palo Alto, Calif.	Unit II	
Palo Alto-Stanford Hospital Center		St. Louis University Group of Hospitals	St. Louis
Veterans Administration		St. Mary's	St. Louis
University of California Affiliated Hospitals	San Diego, Calif.	University of Nebraska	Omaha
San Diego County-University		Mary Hitchcock Memorial	Hanover, N. H.
H. C. Moffitt-University of California Hospitals	San Francisco	St. Elizabeth	Elizabeth, N. J.
Kaiser Foundation	San Francisco	Jersey City Medical Center	Jersey City, N. J.
United States Public Health Service	San Francisco	Newark City	Newark, N. J.
Los Angeles County Harbor General	Torrance, Calif.	St. Michael	Newark, N. J.
University of Colorado Medical Center	Denver	University of New Mexico Affiliated Hospitals	Albuquerque, N. M.
Hospital of St. Raphael	New Haven, Conn.	Bernalillo County-Indian	
Yale-New Haven Medical Center	New Haven, Conn.	Albany Medical Center	Albany, N. Y.
Yale-New Haven		State University of New York at Buffalo Affiliated Hospitals	Buffalo
Wilmington Medical Center	Wilmington, Del.	Buffalo General	
Delaware Division		Edward J. Meyer Memorial	
Memorial Division		Mary Imogene Bassett	Cooperstown, N. Y.
District of Columbia General	Washington, D. C.	Meadowbrook Hospital	East Meadow, N. Y.
Program I—Georgetown University		Albert Einstein College of Medicine Affiliated Hospitals	New York City
Program IV—George Washington University		Bronx Municipal Hospital Center	
Program VII—Howard University		Lincoln	
Georgetown University	Washington, D. C.	Beekman-Downtown	New York City
George Washington University	Washington, D. C.	Bellevue Hospital Center	New York City
Providence	Washington, D. C.	First Medical Division—Columbia University	
Washington Hospital Center	Washington, D. C.	Second Medical Division—Cornell Univ.	
William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.	Third and Fourth Medical Division—NYU	
Duval Medical Center	Jacksonville, Fla.	Beth Israel	New York City
Jackson Memorial	Miami, Fla.	Bronx-Lebanon Hospital Center	New York City
Emory University-Veterans Admin.	Atlanta, Ga.	Brookdale Hospital Center	New York City
Emory University		Brooklyn-Cumberland Medical Center	New York City
Veterans Administration		Harlem Hospital Center	New York City
Georgia Baptist	Atlanta, Ga.	Jewish Hospital of Brooklyn	New York City
Grady Memorial	Atlanta, Ga.	Knickerbocker	New York City
St. Joseph's Infirmary	Atlanta, Ga.	Long Island College	New York City
Eugene Talmadge Memorial	Augusta, Ga.	Maimonides Hospital Training Program	New York City
Cook County	Chicago	Maimonides Hospital of Brooklyn	
Mercy Medical Center	Chicago	Coney Island	
Michael Reese Hospital and Medical Center	Chicago	Methodist Hospital of Brooklyn	New York City
Mount Sinai	Chicago	Mount Sinai Hospital Training Program	New York City
Northwestern University Medical Center	Chicago	Mount Sinai	
Chicago Wesley Memorial		City Hospital Center at Elmhurst	
Evanston (Evanston, Ill.)		New York	New York City
Passavant Memorial		New York Medical College-Metropolitan Hospital Center	New York City
Presbyterian-St. Luke's	Chicago	Unit I—Flower and Fifth Avenue	
University of Chicago Hospitals and Clinics	Chicago	Unit II—Metropolitan Hospital Center	
University of Illinois Research and Educational Hospitals	Chicago	New York Polyclinic Medical School and Hospital	New York City
Indiana University Hospitals	Indianapolis	Presbyterian	New York City
Methodist Hospital of Indiana	Indianapolis	Roosevelt	New York City
University Hospitals	Iowa City, Iowa	St. Clare's	New York City
University of Kansas Medical Center	Kansas City, Kan.	St. Luke's Hospital Center	New York City
St. Francis	Wichita, Kan.	St. Vincent's Hospital of the City of New York	New York City
University of Kentucky Medical Center	Lexington, Ky.	State University-Kings County Medical Center	New York City
Louisville General	Louisville, Ky.	Kings County Hospital Center	
Charity Hospital of Louisiana	New Orleans	State University	
Louisiana State University Division		U. S. Public Health Service (Staten Island)	New York City
Tulane University Division		Veterans Administration Hospital (Brooklyn)	New York City
Ochsner Foundation	New Orleans	Genesee	Rochester, N. Y.
Touro Infirmary	New Orleans	Highland Hospital of Rochester	Rochester, N. Y.
Baltimore City Hospitals	Baltimore	Rochester General	Rochester, N. Y.
Church Home and Hospital	Baltimore	Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
Greater Baltimore Medical Center	Baltimore	State University of New York Upstate Medical Center	Syracuse, N. Y.
Johns Hopkins	Baltimore	Grasslands	Valhalla, N. Y.
Mercy	Baltimore	North Carolina Memorial	Chapel Hill, N. C.
Sinai Hospital of Baltimore	Baltimore	Duke	Durham, N. C.
Union Memorial	Baltimore	Watts	Durham, N. C.
United States Public Health Service	Baltimore	North Carolina Baptist	Winston-Salem, N. C.
University of Maryland	Baltimore	Akron City	Akron, Ohio
Beth Israel	Boston	Jewish	Cincinnati
Boston City	Boston	University of Cincinnati Hospital Group	Cincinnati
I and III Medical Tufts		Cincinnati General	
II and IV Medical Harvard		Cleveland Clinic	Cleveland
V and VI Medical Boston Univ.		Cleveland Metropolitan General	Cleveland
		Mount Sinai Hospital of Cleveland	Cleveland
		St. Luke's	Cleveland
		University Hospitals of Cleveland	Cleveland
		Ohio State University	Columbus, Ohio
		Youngstown	Youngstown, Ohio

University of Oklahoma Medical Center.....	Oklahoma City, Okla.	Baltimore City Hospitals.....	Baltimore
University		Church Home and Hospital.....	Baltimore
Veterans Administration		Johns Hopkins.....	Baltimore
Good Samaritan.....	Portland, Ore.	Sinai Hospital of Baltimore.....	Baltimore
Albert Einstein Medical Center.....	Philadelphia	Union Memorial.....	Baltimore
Episcopal.....	Philadelphia	University of Maryland.....	Baltimore
Hahnemann Medical College and Hospital.....	Philadelphia	Beth Israel.....	Boston
Hospital of the University of Pennsylvania.....	Philadelphia	Boston City.....	Boston
Hospital of the Woman's Medical College of Pennsylvania.....	Philadelphia	I—Surgical Tufts	
Jefferson Medical College.....	Philadelphia	III—Surgical Boston Univ.	
Misericordia.....	Philadelphia	V—Surgical Harvard	
Presbyterian-University of Pennsylvania Medical Center.....	Philadelphia	Massachusetts General.....	Boston
Temple University.....	Philadelphia	New England Medical Center Hospitals.....	Boston
Health Center Hospitals of the University of Pittsburgh		Peter Bent Brigham.....	Boston
School of Medicine.....	Pittsburgh	University Hospital.....	Boston
Presbyterian-University		St. Vincent.....	Worcester, Mass.
Montefiore.....	Pittsburgh	Worcester City.....	Worcester, Mass.
Western Pennsylvania.....	Pittsburgh	University of Michigan.....	Ann Arbor, Mich.
University District.....	Rio Piedras, P. R.	Detroit General.....	Detroit
Rhode Island.....	Providence, R. I.	Butterworth.....	Grand Rapids, Mich.
Medical College of South Carolina Teaching Hospitals.....	Charleston, S. C.	University of Minnesota.....	Minneapolis
Medical College		University.....	Jackson Miss.
Baptist Memorial.....	Memphis, Tenn.	University of Missouri Medical Center.....	Columbia, Mo.
City of Memphis Hospitals.....	Memphis, Tenn.	Barnes.....	St. Louis
George W. Hubbard Hospital of the Meharry Medical College.....	Nashville, Tenn.	Jewish Hospital of St. Louis.....	St. Louis
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.	St. Louis City.....	St. Louis
Nashville Metropolitan General		Unit I	
Vanderbilt University		Unit II	
Baylor University Medical Center.....	Dallas, Texas	St. Louis University Group of Hospitals.....	St. Louis
Parkland Memorial.....	Dallas, Texas	Mary Hitchcock Memorial.....	Hanover, N. H.
Veterans Administration.....	Dallas, Texas	Jersey City Medical Center.....	Jersey City, N. J.
University of Texas Medical Branch Hospitals.....	Galveston, Texas	Monmouth Medical Center.....	Long Branch, N. J.
Baylor University Affiliated Hospitals.....	Houston, Texas	Newark City.....	Newark, N. J.
Ben Taub General		Albany Medical Center.....	Albany, N. Y.
Methodist		State University of New York at Buffalo Affiliated Hospitals.....	Buffalo
Veterans Administration		Buffalo General	
University of Utah Affiliated Hospitals.....	Salt Lake City, Utah	Edward J. Meyer Memorial	
University		Mary Imogene Bassett.....	Cooperstown, N. Y.
Veterans Administration		Meadowbrook.....	East Meadow, N. Y.
University of Virginia.....	Charlottesville, Va.	Albert Einstein College of Medicine Affiliated Hospitals.....	New York City
Medical College of Virginia-Hospital Division.....	Richmond, Va.	Bronx Municipal Hospital Center	
King County.....	Seattle	Beekman-Downtown.....	New York City
Providence.....	Seattle	Bellevue Hospital Center.....	New York City
University of Washington.....	Seattle	I Surgical Division—Columbia University	
Virginia Mason.....	Seattle	II Surgical Division Cornell	
Memorial.....	Charleston, W. Va.	III and IV Surgical Division—NYU	
West Virginia University Medical Center.....	Morgantown, W. Va.	Bronx-Lebanon Hospital Center.....	New York City
University Hospitals.....	Madison, Wis.	Brooklyn-Cumberland Medical Center.....	New York City
Milwaukee County General.....	Milwaukee	French.....	New York City
		Harlem Hospital Center.....	New York City
		Jewish Hospital of Brooklyn.....	New York City
		Knickerbocker.....	New York City
		Lincoln.....	New York City
		Long Island College.....	New York City
		Maimonides Hospital Training Program.....	New York City
		Maimonides Hospital of Brooklyn	
		Coney Island	
		Methodist Hospital of Brooklyn.....	New York City
		Mount Sinai Hospital Training Program.....	New York City
		Mount Sinai	
		City Hospital Center at Elmhurst	
		New York.....	New York City
		New York Medical College-Metropolitan Hospital Center.....	New York City
		Unit I—Flower and Fifth Avenue	
		Unit II—Metropolitan Hospital Center	
		Presbyterian.....	New York City
		Roosevelt.....	New York City
		St. Clare's.....	New York City
		St. Luke's Hospital Center.....	New York City
		St. Vincent's Hospital and Medical Center of New York.....	New York City
		State University-Kings County Medical Center.....	New York City
		Kings County Hospital Center	
		State University	
		U. S. Public Health Service (Staten Island).....	New York City
		Veterans Administration (Brooklyn).....	New York City
		Genesee.....	Rochester, N. Y.
		Rochester General.....	Rochester, N. Y.
		Strong Memorial Hospital of the University of Rochester.....	Rochester, N. Y.
		State University of New York Upstate Medical Center.....	Syracuse, N. Y.
		Grasslands.....	Valhalla, N. Y.
		North Carolina Memorial.....	Chapel Hill, N. C.
		Duke.....	Durham, N. C.
		Watts.....	Durham, N. C.
		North Carolina Baptist Hospitals.....	Winston-Salem, N. C.
		Akron City.....	Akron, Ohio
		Christ.....	Cincinnati
		Good Samaritan.....	Cincinnati
		University of Cincinnati Hospital Group.....	Cincinnati
		Cincinnati General	
		Cleveland Metropolitan General.....	Cleveland
		St. Luke's.....	Cleveland
		University Hospitals of Cleveland.....	Cleveland
		Ohio State University Hospitals.....	Columbus, Ohio
		Youngstown.....	Youngstown, Ohio
		University of Oklahoma Medical Center.....	Oklahoma City, Oklahoma
		University	
		Veterans Administration	
		Good Samaritan.....	Portland, Ore.
		Albert Einstein Medical Center.....	Philadelphia
		Episcopal.....	Philadelphia
		Hahnemann Medical College and Hospital.....	Philadelphia
		Hospital of the University of Pennsylvania.....	Philadelphia
		Hospital of the Woman's Medical College of Pennsylvania.....	Philadelphia
		Jefferson Medical College.....	Philadelphia
		Misericordia.....	Philadelphia
		Presbyterian-University of Pennsylvania Medical Center.....	Philadelphia

STRAIGHT INTERNSHIPS IN SURGERY

University of Alabama Hospitals and Clinics.....	Birmingham, Ala.
Tucson Hospitals Medical Education Program.....	Tucson, Ariz.
University.....	Little Rock, Ark.
Loma Linda University.....	Loma Linda, Calif.
University of California.....	Los Angeles
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.
University of California Affiliated Hospitals.....	San Diego, Calif.
San Diego County-University	
U. S. Public Health Service.....	San Francisco
H. C. Moffitt-University of California Hospitals.....	San Francisco
Kaiser Foundation.....	San Francisco
Los Angeles County Harbor General.....	Torrance, Calif.
University of Colorado Medical Center.....	Denver
St. Vincent's.....	Bridgeport, Conn.
Yale-New Haven Medical Center.....	New Haven, Conn.
Yale-New Haven	
District of Columbia General	
Program IX—Howard University	
Georgetown University Hospital-D.C. General.....	Washington, D. C.
Georgetown University	
District of Columbia General	
George Washington University Hospital-D. C. General.....	Washington, D. C.
George Washington University	
District of Columbia General	
Providence.....	Washington, D. C.
Washington Hospital Center.....	Washington, D. C.
William A. Shands Teaching Hospital and Clinics.....	Gainesville, Fla.
Jackson Memorial Hospital.....	Miami, Fla.
Emory University.....	Atlanta, Ga.
Georgia Baptist.....	Atlanta, Ga.
Grady Memorial.....	Atlanta, Ga.
St. Joseph Infirmary.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Cook County.....	Chicago
Mercy Medical Center.....	Chicago
Michael Reese Hospital and Medical Center.....	Chicago
Mount Sinai.....	Chicago
Northwestern University Medical Center.....	Chicago
Passavant Memorial	
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
University of Illinois Research and Educational Hospitals.....	Chicago
Indiana University Hospitals.....	Indianapolis
Methodist Hospital of Indiana.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
St. Francis.....	Wichita, Kan.
University of Kentucky Medical Center.....	Lexington, Ky.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Tulane University Division	
Touro Infirmary.....	New Orleans

Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh
Presbyterian-University	Pittsburgh
Western Pennsylvania	Pittsburgh
Reading	Reading, Pa.
University District Hospital	Rio Piedras, P. R.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Medical College	
Baptist Memorial	Memphis, Tenn.
City of Memphis Hospitals	Memphis, Tenn.
George W. Hubbard Hospital of the Meharry Medical College	Nashville, Tenn.
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Nashville Metropolitan General	
Vanderbilt University	
Parkland Memorial	Dallas, Texas
University of Texas Medical Branch Hospitals	Galveston, Texas
Baylor University Affiliated Hospitals	Houston, Texas
Ben Taub General Hospital-Methodist	
Ben Taub General Hospital-Veterans Administration	
University of Utah Affiliated Hospitals	Salt Lake City, Utah
University	
Veterans Administration	
University of Virginia	Charlottesville, Va.
Medical College of Virginia-Hospital Division	Richmond, Va.
King County	Seattle
University of Washington	Seattle
West Virginia University Medical Center	Morgantown, W. Va.
University Hospitals	Madison, Wis.
Milwaukee County General	Milwaukee

University of Minnesota	Minneapolis
University	Jackson, Miss.
University of Missouri Medical Center	Columbia, Mo.
Children's Mercy	Kansas City, Mo.
St. Louis Children's	St. Louis
St. Louis City	St. Louis
St. Louis University Group of Hospitals	St. Louis
Children's Memorial	Omaha
University of Nebraska	Omaha
Jersey City Medical Center	Jersey City, N. J.
Newark City	Newark, N. J.
Albany Medical Center	Albany, N. Y.
State University of New York at Buffalo Affiliated Hospitals	Buffalo
Children's Hospital of Buffalo	
Edward J. Meyer Memorial	
Albert Einstein College of Medicine Affiliated Hospitals	New York City
Bronx Municipal Hospital Center	
Lincoln	
Bellevue Hospital Center	New York City
3rd Division Dept. of Pediatrics—NYU	
Bronx-Lebanon Hospital Center	New York City
Brooklyn-Cumberland Medical Center	New York City
Harlem Hospital Center	New York City
Jewish Hospital of Brooklyn	New York City
Long Island College	New York City
Maimonides Hospital Training Program	New York City
Maimonides Hospital of Brooklyn	
Montefiore Hospital Training Program	New York City
Montefiore	
Morrisania City	
New York	New York City
New York Medical College-Metropolitan Hospital Center	New York City
Unit I—Flower and Fifth Avenue	
Unit II—Metropolitan Hospital Center	
Roosevelt	New York City
St. Luke's Hospital Center	New York City
State University-Kings County Medical Center	New York City
Kings County Hospital Center	
State University	
Rochester General	Rochester, N. Y.
Strom Memorial Hospital of the University of Rochester	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial	Chapel Hill, N. C.
Duke	Durham, N. C.
Watts	Durham, N. C.
North Carolina Baptist Hospitals	Winston-Salem, N. C.
Children's Hospital of Akron	Akron, Ohio
Good Samaritan	Cincinnati
University of Cincinnati Hospital Group	Cincinnati
Cincinnati General	
Cleveland Metropolitan General	Cleveland
St. Luke's	Cleveland
University Hospitals of Cleveland	Cleveland
Ohio State University Hospitals	Columbus, Ohio
University of Oklahoma	Oklahoma City, Okla.
Children's Hospital of Philadelphia	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
St. Christopher's Hospital for Children	Philadelphia
Health Center Hospitals of the University of Pittsburgh	
School of Medicine	Pittsburgh
Children's Hospital of Pittsburgh	
University District	Rio Piedras, P. R.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Medical College	
City of Memphis Hospitals	Memphis, Tenn.
George W. Hubbard Hospital of the Meharry Medical College	Nashville, Tenn.
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Vanderbilt University	
Nashville Metropolitan General	
Children's Medical Center	Dallas, Texas
University of Texas Medical Branch Hospitals	Galveston, Texas
Baylor University Affiliated Hospitals	Houston, Texas
Ben Taub General—Texas Children's	
University of Utah Affiliated Hospitals	Salt Lake City, Utah
University	
University of Virginia	Charlottesville, Va.
Medical College of Virginia-Hospital Division	Richmond, Va.
Children's Orthopedic Hospital and Medical Center	
University of Washington	Seattle
West Virginia University Medical Center	Morgantown, W. Va.
University Hospitals	Madison, Wis.
Milwaukee Children's	Milwaukee

STRAIGHT INTERNSHIPS IN OBSTETRICS-GYNECOLOGY

University	Little Rock, Ark.
Georgia Baptist	Atlanta, Ga.
Charity Hospital of Louisiana	New Orleans
Tulane University Division	
Touro Infirmary	New Orleans
Johns Hopkins	Baltimore
Hutzel	Detroit
New England Medical Center Hospitals	Boston
Barnes	St. Louis
Newark City	Newark, N. J.
New York Polyclinic Medical School and Hospital	New York City
St. John's Episcopal	New York City
Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Nashville Metropolitan General	
Vanderbilt University	

STRAIGHT INTERNSHIPS IN PEDIATRICS

University of Alabama Hospitals and Clinics	Birmingham, Ala.
University	Little Rock, Ark.
Childrens Hospital of Los Angeles	Los Angeles
Los Angeles County General, Unit I	Los Angeles
Los Angeles County General, Unit II	Los Angeles
University of California	Los Angeles
White Memorial Medical Center	Los Angeles
Children's Hospital Medical Center of Northern California	Oakland, Calif.
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.
Children's Hospital and Adult Medical Center	San Francisco
H. C. Moffitt-University of California Hospitals	San Francisco
Children's	Denver
University of Colorado Medical Center	Denver
Hospital of St. Raphael	New Haven, Conn.
Yale-New Haven Medical Center	New Haven, Conn.
Yale-New Haven	
Children's	Washington, D. C.
District of Columbia General—Program XI	Washington, D. C.
Georgetown University	Washington, D. C.
William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
Jackson Memorial	Miami, Fla.
Variety Children's	Miami, Fla.
Georgia Baptist	Atlanta, Ga.
Grady Memorial	Atlanta, Ga.
Eugene Talmadge Memorial	Augusta, Ga.
Cook County	Chicago
Michael Reese Hospital and Medical Center	Chicago
Northwestern University Medical Center	Chicago
Children's Memorial	
Presbyterian-St. Luke's	Chicago
University of Chicago Hospitals and Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Indiana University Hospitals	Indianapolis
University Hospitals	Iowa City, Iowa
University of Kansas Medical Center	Kansas City, Kan.
University of Kentucky Medical Center	Lexington, Ky.
University of Louisville Affiliated Hospitals	Louisville, Ky.
Children's	
Louisville General	
Charity Hospital of Louisiana	New Orleans
Louisiana State University Division	
Tulane University Division	
Baltimore City Hospitals	Baltimore
Johns Hopkins	Baltimore
Johns Hopkins Community Pediatric Program	Baltimore
Sinai Hospital of Baltimore	Baltimore
University of Maryland	Baltimore
Boston City (Straight Specialties, Boston Univ.)	Boston
Children's Hospital Medical Center	Boston
Massachusetts General	Boston
New England Medical Center Hospitals	Boston
University	Ann Arbor, Mich.
Children's	Detroit

University of Minnesota	Minneapolis
University	Jackson, Miss.
University of Missouri Medical Center	Columbia, Mo.
Children's Mercy	Kansas City, Mo.
St. Louis Children's	St. Louis
St. Louis City	St. Louis
St. Louis University Group of Hospitals	St. Louis
Children's Memorial	Omaha
University of Nebraska	Omaha
Jersey City Medical Center	Jersey City, N. J.
Newark City	Newark, N. J.
Albany Medical Center	Albany, N. Y.
State University of New York at Buffalo Affiliated Hospitals	Buffalo
Children's Hospital of Buffalo	
Edward J. Meyer Memorial	
Albert Einstein College of Medicine Affiliated Hospitals	New York City
Bronx Municipal Hospital Center	
Lincoln	
Bellevue Hospital Center	New York City
3rd Division Dept. of Pediatrics—NYU	
Bronx-Lebanon Hospital Center	New York City
Brooklyn-Cumberland Medical Center	New York City
Harlem Hospital Center	New York City
Jewish Hospital of Brooklyn	New York City
Long Island College	New York City
Maimonides Hospital Training Program	New York City
Maimonides Hospital of Brooklyn	
Montefiore Hospital Training Program	New York City
Montefiore	
Morrisania City	
New York	New York City
New York Medical College-Metropolitan Hospital Center	New York City
Unit I—Flower and Fifth Avenue	
Unit II—Metropolitan Hospital Center	
Roosevelt	New York City
St. Luke's Hospital Center	New York City
State University-Kings County Medical Center	New York City
Kings County Hospital Center	
State University	
Rochester General	Rochester, N. Y.
Strom Memorial Hospital of the University of Rochester	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial	Chapel Hill, N. C.
Duke	Durham, N. C.
Watts	Durham, N. C.
North Carolina Baptist Hospitals	Winston-Salem, N. C.
Children's Hospital of Akron	Akron, Ohio
Good Samaritan	Cincinnati
University of Cincinnati Hospital Group	Cincinnati
Cincinnati General	
Cleveland Metropolitan General	Cleveland
St. Luke's	Cleveland
University Hospitals of Cleveland	Cleveland
Ohio State University Hospitals	Columbus, Ohio
University of Oklahoma	Oklahoma City, Okla.
Children's Hospital of Philadelphia	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
St. Christopher's Hospital for Children	Philadelphia
Health Center Hospitals of the University of Pittsburgh	
School of Medicine	Pittsburgh
Children's Hospital of Pittsburgh	
University District	Rio Piedras, P. R.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Medical College	
City of Memphis Hospitals	Memphis, Tenn.
George W. Hubbard Hospital of the Meharry Medical College	Nashville, Tenn.
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Vanderbilt University	
Nashville Metropolitan General	
Children's Medical Center	Dallas, Texas
University of Texas Medical Branch Hospitals	Galveston, Texas
Baylor University Affiliated Hospitals	Houston, Texas
Ben Taub General—Texas Children's	
University of Utah Affiliated Hospitals	Salt Lake City, Utah
University	
University of Virginia	Charlottesville, Va.
Medical College of Virginia-Hospital Division	Richmond, Va.
Children's Orthopedic Hospital and Medical Center	
University of Washington	Seattle
West Virginia University Medical Center	Morgantown, W. Va.
University Hospitals	Madison, Wis.
Milwaukee Children's	Milwaukee

STRAIGHT INTERNSHIPS IN PATHOLOGY

University of Alabama Hospitals and Clinics	Birmingham, Ala.
University	Little Rock, Ark.
Loma Linda University	Loma Linda, Calif.
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.
University of California	Los Angeles
H. C. Moffitt-University of California Hospitals	San Francisco
Kaiser Foundation	San Francisco
University of California Hospitals	San Francisco
O'Connor	San Jose, Calif.
Los Angeles County Harbor General	Torrance, Calif.
University of Colorado Medical Center	Denver
Hartford	Hartford, Conn.
Yale-New Haven Medical Center	New Haven, Conn.
Yale-New Haven	
Georgetown University	Washington, D. C.
George Washington University	Washington, D. C.
William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
Emory University	Atlanta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
Eugene Talmadge Memorial	Augusta, Ga.

Cook County	Chicago
Mercy	Chicago
Mount Sinai	Chicago
Northwestern University Medical Center	Chicago
Chicago Wesley Memorial	Chicago
Evanston (Evanston, Illinois)	Chicago
Passavant Memorial	Chicago
Presbyterian-St. Luke's	Chicago
University of Chicago Hospitals and Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Rockford Memorial	Rockford, Ill.
Indiana University Hospitals	Indianapolis
Methodist	Indianapolis
St. Vincent's	Indianapolis
South Bend Medical Foundation Hospitals	South Bend, Ind.
Mercy	Des Moines
University Hospitals	Iowa City, Iowa
University of Kansas Medical Center	Kansas City, Kan.
University of Kentucky Medical Center	Lexington, Ky.
Louisville General	Louisville, Ky.
Charity Hospital of Louisiana	New Orleans
Louisiana State University Division	Baltimore
Baltimore City Hospitals	Baltimore
Johns Hopkins	Baltimore
University of Maryland	Baltimore
Beth Israel	Boston
Boston City	Boston
Children's Hospital Medical Center	Boston
Massachusetts General Hospital	Boston
New England Medical Center Hospitals	Boston
Peter Bent Brigham Hospital	Boston
University	Boston
Mount Auburn	Cambridge, Mass.
Framingham Union	Framingham, Mass.
University	Ann Arbor, Mich.
Blodgett Memorial	Grand Rapids, Mich.
University	Jackson, Miss.
University of Missouri Medical Center	Columbia, Mo.
Memorial Medical Center	Kansas City, Mo.
Barnes	St. Louis
St. Louis University Group of Hospitals	St. Louis
Creighton Memorial St. Joseph's	Omaha
Nebraska Methodist	Omaha
University of Nebraska	Omaha
Perth Amboy General	Perth Amboy, N. J.
Albany Medical Center	Albany, N. Y.
Albert Einstein College of Medicine Affiliated Hospitals	New York City
Bronx Municipal Hospital Center	New York City
Bellevue Hospital Center	New York City
3d Division—Dept. of Pathology, NYU	New York City
Bronx Municipal Hospital Center	New York City
Brooklyn-Cumberland Medical Center	New York City
New York	New York City
New York Medical College—Metropolitan Hospital Center	New York City
Unit I—Flower and Fifth Avenue	New York City
Unit II—Metropolitan Hospital Center	New York City
Presbyterian	New York City
State University—Kings County Medical Center	New York City
Kings County Hospital Center	New York City
State University	Rochester, N. Y.
Genesee	Rochester, N. Y.
Strong Memorial	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial	Chapel Hill, N. C.
Duke	Durham, N. C.
North Carolina Baptist	Winston-Salem, N. C.
University of Cincinnati Hospital Group	Cincinnati
Cincinnati General	Cleveland
Cleveland Clinic	Cleveland
Cleveland Metropolitan General	Cleveland
University Hospitals of Cleveland	Cleveland
Ohio State University Hospitals	Columbus, Ohio
Good Samaritan	Portland, Ore.
Chestnut Hill	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Health Center Hospitals of the University of Pittsburgh	Pittsburgh
School of Medicine	Pittsburgh
Presbyterian-University	Pittsburgh
Western Pennsylvania	Pittsburgh
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Medical College	Nashville, Tenn.
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Vanderbilt University	Dallas, Texas
Baylor University Medical Center	Dallas, Texas
Methodist Hospital of Dallas	Dallas, Texas

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

INTERNSHIPS OFFERED WHICH MAY BE LONGER THAN TWELVE MONTHS

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

PILOT FAMILY PRACTICE PROGRAMS

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

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

PILOT GENERAL PRACTICE PROGRAMS*

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

Macon	Macon, Ga.
Broadlawns Polk County	Des Moines, Iowa
Charity Hospitals of Louisiana General	New Orleans
Practice Program (L.S.U. Unit)	New Orleans
Charity Hospitals of Louisiana General Practice Program (Tulane Unit)	Pineville, La.
Huey P. Long Hospital	Omaha
University of Nebraska	Paterson, N. J.
St. Joseph's	Akron, Ohio
Akron City	Akron, Ohio
Akron General	Akron, Ohio
St. Thomas	Akron, Ohio
Auxilio Mutuo	Hato Rey, P. R.
R. E. Thomason General	El Paso, Texas
John Peter Smith	Fort Worth, Texas
Group Health Clinic	Seattle

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

Essentials of an Approved Internship

PREFACE

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

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

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

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

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

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

I. INTRODUCTION

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

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

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

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

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

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

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

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

not be regarded as an additional year of medical school, nor as the first year of training for a specialty.

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

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

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

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

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

II. THE INTERNSHIP

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

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

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

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

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

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

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

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

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

In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

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

A straight internship is one which provides experience on a single service, although one or more related subspecialties may be included. Straight internships are approved in in-

ternal medicine, surgery, pediatrics, obstetrics-gynecology, and pathology. To offer satisfactory straight internships a hospital must be approved for residency training in the specialties involved.

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

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

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

III. SELECTION OF INTERNS

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

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

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

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

(2) have secured a standard certificate from ECFMG.

After July 1, 1961, the Council will recommend to the Internship and Residency Review Committees the disapproval of those training programs whose rosters contain

graduates of foreign medical schools who do not satisfy requirement 1 or 2 above].

IV. HOSPITALS ELIGIBLE FOR APPROVAL

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

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

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

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

Hospitals which can otherwise qualify for approval but lack adequate clinical material of certain types may augment the education afforded their interns by establishing affli-

ations with other hospitals able to provide suitable experience in these areas. Such affiliating hospitals need not themselves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual circumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

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

2. *Endorsement of Records.*—All case records must show by signature the names of the persons who have written them in whole or part. Order for treatment and for most

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

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

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

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

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

VII. PATHOLOGY

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

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

quacies in the performance of laboratory work in the hospital.

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

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

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

VIII. RADIOLOGY

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

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

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

IX. MEDICAL LIBRARY

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

It is the responsibility of the attending staff to guide the intern in his reading. This may be accomplished by requiring the intern to report current medical opinion concerning types of cases similar to those on his service or by assigning special topics or selected journals for review by the intern

at staff conferences or journal club meetings. The success of such activities will depend directly upon the stimulus and interest of the responsible staff member. If the intern is to be expected to carry out his assignment successfully, he must have adequate time for study and preparation. Requiring interns to report on current literature will serve no useful purpose if routine responsibilities are so heavy that reading assignments become onerous.

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

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

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

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

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

Each department or section should have a chairman who serves for at least one year. He should be well qualified for this position by training and experience in his special field, should be responsible for the general conduct of the clinical work in his department, and should help to formulate and execute the intern training plan. Frequent rotation of attending physicians in charge of the various services should be avoided. Assignments should be made so that the intern has ample opportunity to meet the attending physicians frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching

relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

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

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

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

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

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

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

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

of clinical conferences of good caliber is a measure of the effectiveness of the teaching program.

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

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

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

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

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

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

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

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

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

and attending staff, they may be conducted as luncheon conferences if facilities permit.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

essential to the foreign physician upon return to his own country.

XI. NATURE OF THE INTERN'S DUTIES

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

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

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

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

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

Not infrequently the intern is given the opportunity to take a part in the instruction of medical students, nurses, social workers, and others who participate with him in teaching and service activities of the hospital. Such opportunities are to be welcomed as providing a stimulus to the intern to add to his own knowledge and understanding of a subject and to organize and clarify his thinking. Such opportunities also serve admirably to introduce the intern

to the role of teacher, a role which in one capacity or another he will be called on to fill at many points in his later career.

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

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

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

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

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

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

XII. MISCELLANEOUS

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

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

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

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

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

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

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

7. *Hospital-Intern Agreement.*—A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of an internship be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the internship.
2. The salary.
3. The conditions under which living quarters, meals and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the intern, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.

5. Whether the hospital will provide hospitalization and health insurance for the intern and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the internship, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The internship agreement imposes ethical, moral, and legal obligations upon both the hospital and the intern. No internship should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the intern may be justified in terminating an internship prior to the expiration of its term. If the intern fails to perform the normal and customary services of an internship or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to opportunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the internship.

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

XIII. ADMISSION TO THE APPROVED LIST

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

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

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

XIV. WITHDRAWAL FROM THE APPROVED LIST

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

Among other major deficiencies leading to probationary status are:

- (1) Failure to maintain an autopsy rate of at least 25%.
- (2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials"

specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.

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

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

(4) Failure on the part of those responsible for the program to recognize and discharge their obligations as sponsors of Exchange-Visitor Programs with special attention to the necessary educational and cultural interchange among colleagues of diverse national origins. Internship programs will not be disapproved on the basis of specific proportions of foreign medical graduates. It is nevertheless a useful guide and meritorious objective for hospitals whose internship programs are composed predominantly of foreign-educated physicians, to strive to obtain a reasonable proportion of the total house officer complement (interns and residents) from among graduates of medical schools of the United States or Canada.

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

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

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum

of six months, and frequently longer, before re-application should be accepted.

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

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

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

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

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

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

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

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

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

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

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 30, 1966

Hospitals, 1,283

Residencies, 40,640

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

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

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1965.

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

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

Outpatient visits may include emergency room visits as well.

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

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

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

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

‡indicates discharges instead of admissions.

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APPROVED RESIDENCIES

1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology Programs, 215; Residencies, 1,896

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Yrs.	Salary Per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE												
TEXAS												
Wilford Hall U.S.A.F., San Antonio ³⁷⁰	A. J. DiGiovanni	8,119	175	3A	6	3	0	0	0	9	.....	O
UNITED STATES ARMY												
U. S. Army Coordinated Program												
Letterman General, San Francisco	G. N. Lam	4,821	36	3A	0	0	2	0	0	2	.....	...
Fitzsimons General, Denver	R. A. Rink	3,928	53	...	0	0	2	0	0	2	.....	...
Walter Reed General, Washington	J. A. Jenicek	8,609	321	...	4	4	2	0	0	10	.....	...
Brooke General, San Antonio	H. R. Hansen	6,062	131	...	3	3	2	0	0	8	.....	...
UNITED STATES NAVY												
CALIFORNIA												
U. S. Naval, Oakland ⁶⁸	D. R. Buechcl	4,768	51	2	2	2	2	0	0	6	.....	...
U. S. Naval, San Diego ⁶⁸	P. R. Knox	8,959	285	2	3	3	3	0	0	9	.....	...
MARYLAND												
U. S. Naval, Bethesda	R. Vanhouten	4,028	171	3ABC	2	2	2	0	0	6	.....	...
MASSACHUSETTS												
U. S. Naval, Chelsea	W. J. Gallagher	2,296	68	2	2	2	0	0	0	4	.....	...
NEW YORK												
U. S. Naval, St. Albans ⁶⁸⁻²⁰⁸	T. G. Doneker	2,850	50	2	2	2	1	0	0	5	.....	...
PENNSYLVANIA												
U. S. Naval, Philadelphia ⁶⁸	G. D. Mitchell	3,677	110	2	2	2	2	0	0	6	.....	...
UNITED STATES PUBLIC HEALTH SERVICE												
NEW YORK												
U. S. Public Health Service (Staten Island), New York City ⁶⁸⁻²⁰⁸	K. F. Urbach	3,102	57	2	2	2	2	0	0	6	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE												
DISTRICT OF COLUMBIA												
Freedmen's, Washington	E. E. Henley	6,216	86	2	2	0	0	0	0	2	6700-8400	O
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Fairfield												
Lloyd Noland	R. W. Grady	4,848	545	2	2	1	0	0	0	3	4200-4800	FP
ARKANSAS												
Little Rock												
University	F. E. Greifenstein	3,338	2	2	3	3	0	0	0	6	3900-4200	O
CALIFORNIA												
Loma Linda												
Loma Linda University	B. D. Briggs	3,669	134	2	6	6	0	0	0	12	5582-6048	O
Riverside County General (Riverside)	B. D. Briggs	2,228	22	...	...	...	...	...	...	...	.....	...
San Bernardino County General (San Bernardino)	...	...	...	...	...	...	...	...	...	...	.....	...
Los Angeles												
Los Angeles County General, Unit I	J. S. Denson	14,102	987	3AC	14	14	3	0	0	31	7200-7800	P
Los Angeles County General, Unit II	J. Satnick	2,340	12	2	...	...	...	...	...	...	7200-7800	P
University of California ⁶⁸	J. B. Dillon	6,530	300	2	10	10	3	0	0	23	4200-4800	O
Veterans Admin. Center-Wadsworth ⁶⁸	P. F. Shroff	5,583	93	2	5	5	5	0	0	15	4480-6280	P
White Memorial Medical Center	F. E. Leffingwell	5,018	171	3ABC	...	...	...	...	...	13	4260-5460	P
Oakland												
Highland General	C. H. Gallup	6,435	208	2	4	4	0	0	0	8	5500-6500	P
Orange												
Orange County General	C. C. Leydie, Jr.	2,682	987	2	2	2	0	0	0	4	5000-5400	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ⁶⁸	J. Bunker	...	...	2	5	5	2	0	0	12	...	...
Palo Alto-Stanford Hospital Center	J. Bunker	10,720	503	...	...	...	...	...	...	...	3900-5100	O
Veterans Admin.	W. H. Forrest	1,149	92	...	...	...	...	...	...	...	4480-8000	O
San Mateo County General (San Mateo)	R. C. Pardee	2,162	24	...	...	...	...	...	...	...	4500-4500	F
Riverside												
Riverside County General—See Loma Linda University, Loma Linda	...	...	...	...	...	...	...	...	...	...	.....	...
San Bernardino												
San Bernardino County General—See Loma Linda University, Loma Linda	...	...	...	...	...	...	...	...	...	...	.....	...
San Diego												
Mercy	E. Glazener	8,073	1,446	2	1	1	0	0	0	2	3840-5952	F
San Diego County University	G. E. Kinyon	3,222	60	2	2	2	0	0	0	4	5076-5652	P
San Francisco												
Children's Hospital and Adult Medical Center	B. Holman	6,700	137	2	...	...	...	...	...	2	3900-4200	F
Presbyterian Medical Center	P. J. Bailey	4,800	125	2	2	2	0	0	0	4	4200-4500	P
St. Francis Memorial	C. Wycoff	4,555	78	2	1	1	0	0	0	2	4800-5400	P
University of California Program in Anesthesiology	N. Guadagni	...	...	3ABC	10	10	7	0	0	27	...	...
H. C. Moffitt-University of California Hospitals	N. Guadagni	13,283	550	...	...	...	...	...	...	...	4200-5400	O
San Francisco General	E. P. Guy	3,406	550	...	...	...	...	...	...	...	4692-5856	P
San Jose												
Santa Clara County Hospital and Medical Center	P. A. Olsen	3,753	200	2	3	3	0	0	0	6	4752-5496	F
San Mateo												
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto	...	...	...	...	...	...	...	...	...	...	.....	...
Torrance												
Los Angeles County Harbor General	P. H. Lorhan	5,662	367	2	8	7	0	0	0	15	7200-7800	P

1. ANESTHESIOLOGY — Continued

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					1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO												
Denver												
University of Colorado Affiliated Hospitals.....	R. Virtue.....	3AB	6	6	2	0	0	14
University of Colorado Medical Center.....	.....	3,767	322	.....	.....	.....	.....	.....	.....	.....	3500-4500	P
Veterans Admin.....	.....	2,785	756	.....	.....	.....	.....	.....	.....	.....	4480-12510	.....
CONNECTICUT												
Hartford												
Hartford ⁵⁸	C. B. Hiecox.....	23,811	103	2	5	5	2	0	0	12	4200-4800	P
St. Francis.....	S. J. Martin.....	18,385	912	2	5	5	0	0	0	10	3900-5400	FP
New Haven												
Hospital of St. Raphael.....	M. Garafalo.....	9,307	100	2	2	2	0	0	0	4	6020-6320	P
Yale-New Haven Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yale-New Haven.....	N. M. Greene.....	15,061	1,173	3ABC	5	5	3	0	0	12	4000-5000	P
Norwalk												
Norwalk.....	E. D. Martinucci.....	12,335	14	2	3	3	0	0	0	6	4200-4800	F
Waterbury												
St. Mary's.....	W. Dewald.....	7,574	56	2	2	2	0	0	0	4	4200-4500	FP
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General ⁵⁸	M. Benzinger.....	5,457	413	2	3	3	1	0	0	7	3800-5000	P
Georgetown University ⁵⁸	T. E. MacNamara.....	7,639	90	2	3*	2	2	0	0	7†	5500-6000	P
George Washington University ⁵⁸	C. S. Coakley.....	12,650	900	2	5	5	4	0	0	14	4500-5000	P
Providence.....	W. Devlin.....	13,710	436	2	3	3	0	0	0	6	5100-5400	P
Washington Hospital Center.....	C. A. Albert.....	20,098	574	2	6	6	0	0	0	12	4500-5100	P
FLORIDA												
Gainesville												
William A. Shands Teaching Hospital and Clinics ⁵⁸	J. S. Gravenstein.....	4,371	142	2	3	3	3	0	0	9	4500-5500	O
Miami												
University of Miami Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jackson Memorial.....	F. Moya.....	12,231	207	3ABC	7	7	7	0	0	21	3180-3780	P
Tampa												
Tampa General.....	R. Hodes.....	10,417	716	2	2	2	0	0	0	4	4200-6600	FP
GEORGIA												
Atlanta												
Emory University Affiliated Hospitals.....	J. E. Steinhaus.....	.....	.....	2	6	3	0	0	0	9	.....	.....
Emory University.....	.....	6,015	.....	.....	.....	.....	.....	.....	.....	.....	.....-3300	P
Grady Memorial.....	.....	8,216	100	.....	.....	.....	.....	.....	.....	.....	5100-5100	P
Augusta												
Medical College of Georgia Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eugene Talmadge Memorial.....	P. P. Volpitto.....	3,202	46	2	5	5	2	0	0	12	3900-5100	P
ILLINOIS												
Chicago												
Cook County ⁵⁸	V. J. Collins.....	16,480	336	2	6	6	3	0	0	15	4620-5100	F
Illinois Masonic.....	R. Balagot.....	8,133	1,010	2	2	3	0	0	0	5	6000-7200	FP
Michael Reese Hospital and Medical Center.....	J. Bolgia.....	11,323	200	2	4	4	0	0	0	8	3900-5700	P
Mount Sinai.....	H. Havdala.....	5,904	184	2	3	3	0	0	0	6	4600-5300	P
Northwestern University Medical Center.....	J. Eckenhoff.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Chicago Wesley Memorial ⁵⁸	M. Karp.....	13,440	500	.....	4	4	4	0	0	12	.....	P
Passavant Memorial.....	J. Eckenhoff.....	5,052	2,026	.....	1	0	0	0	0	1	3900-4200	P
Veterans Admin. Research.....	J. A. Valunas.....	3,083	0	.....	1	1	0	0	0	2	4480-8000	O
University of Chicago Hospitals and Clinics ⁵⁸	D. A. Holaday.....	8,295	500	2	4	4	2	0	0	10	4800-5760	O
University of Illinois Research and Educational Hospitals.....	M. S. Sadove.....	9,409	.....	2	6	5	0	0	0	11†	3900-4200	P
Evanston												
Evanston.....	C. A. Baldwin.....	7,323	121	2	1	1	0	0	0	2	3300-3600	P
Hines												
Veterans Admin. ¹⁸⁷	M. S. Sadove.....	3,048	76	2	4	4	0	0	0	8	4480-5310	O
Joliet												
St. Joseph ¹⁹⁰	A. W. Hoppins.....	7,527	39	2	4	4	0	0	0	8	6000-6600	P
INDIANA												
Indianapolis												
Indiana University Medical Center.....	V. K. Stoelting.....	.....	.....	3ABC	8	8	0	0	0	16†	.....	.....
Indiana University Hospitals.....	.....	12,410	958	.....	.....	.....	.....	.....	.....	.....	3575-3900	P
Veterans Admin.....	.....	2,473	67	.....	.....	.....	.....	.....	.....	.....	4480-8000	O
Marion County General.....	G. E. Dryden.....	4,920	134	2	3	3	0	0	0	6	3863-4489	P
IOWA												
Iowa City												
State University of Iowa Affiliated Hospitals.....	.....	.....	.....	3ABC	7	9	2	0	0	18	4000-5000	P
University Hospitals.....	W. K. Hamilton.....	13,656	540	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	F. D. Staab.....	1,702	38	.....	.....	.....	.....	.....	.....	.....	.....	.....
KANSAS												
Kansas City												
University of Kansas Medical Center ⁵⁸	R. Parmley.....	6,064	603	2	4	3	1	0	0	8	4800-5400	P
Wichita												
St. Francis ⁵⁸	R. H. Robinson.....	10,500	230	2	4	4	2	0	0	10	5400-6000	F
KENTUCKY												
Lexington												
University ⁵⁸	P. P. Bosomworth.....	4,872	146	2	2	2	1	0	0	6	3960-6360	P
Louisville												
University of Louisville Affiliated Hospitals.....	E. H. Conner.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Children's.....	.....	2,773	175	.....	.....	.....	.....	.....	.....	.....	.....	.....
Louisville General.....	3,093	384	4	4	0	0	0	8	4300-5100	P

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

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					1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana	J. Adriani	22,000	980	3ABC	20	3900-4500	F
Veterans Admin.		4,545	104		..	..	..	..	..	..	4480-5310	O
Ochsner Foundation	F. X. LeTard	17,592	304	2	3	3	0	0	0	6	3300-3900	P
MAINE												
Portland												
Maine Medical Center	J. R. Lincoln	8,115	209	3AB	2	2	2	0	0	6	3300-4500	FP
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. Redding	4,853	1,178	3ABC	2	3	3	1	0	9	4500-6000	O
Johns Hopkins	D. W. Benson	17,112	320	3ABC	6	6	2	0	0	14	3500-..	P
Sinai Hospital of Baltimore	S. Roehberg	17,642	621	2	1	1	0	0	0	2	5000-6000	P
University ⁵⁸	M. Helrich	10,051	575	2	5	5	3	0	0	13	4000-5500	P
MASSACHUSETTS												
Boston												
Beth Israel	S. Gilman	7,868	197	2	1	1	0	0	0	2	3600-6000	O
Boston City	P. S. Marcus	11,855	284	2	8	7	0	0	0	15	4800-5400	O
Lahey Clinic	J. P. Crehan	5,970	850	2	4	4	0	0	0	8	3600-4800	O
Massachusetts General ⁵⁸	H. K. Beecher	15,986	533	2	9	9	4	0	0	22	3600-6000	O
New England Deaconess ⁵⁸	F. J. Audin	5,500	150	2	3	3	1	0	0	7	4200-5400	O
New England Medical Center Hospitals ⁵⁸	B. E. Etsten	3,376	87	2	3	2	2	0	0	7	3600-6000	O
Peter Bent Brigham ⁵⁸⁻²²³	L. D. Vandam	4,595	200	2	3	3	2	0	0	8	5000-5500	P
St. Elizabeth's	E. Fruggiero	12,228	754	2	2	2	0	0	0	4	3600-4200	P
University ²²⁸	E. Sneddon	4,227	100	2	3	3	0	0	0	6	3600-4200	O
Veterans Admin. (Jamaica Plain)	D. L. Mahler	2,577	200	2	1	1	0	0	0	2	4480-5310	O
Cambridge												
Cambridge City	N. P. Schepis	2,967	15	2	1	1	0	0	0	2	4235-4620	F
Mount Auburn	J. Buskirk	5,331	..	2	2	2	0	0	0	4	4800-7200	P
Pittsfield												
Pittsfield Affiliated Hospitals	J. Bruce	10,240	231	2	2	2	0	0	0	4	3900-5400	F
Pittsfield General		..	..	..	..	..	..	..	..	..	..	..
St. Luke's		..	..	..	..	..	..	..	..	..	..	..
Springfield												
Springfield	H. L. Strachan	12,926	58	2	2	2	0	0	0	4	5220-5520	P
Worcester												
St. Vincent	J. G. Koomey	12,622	250	2	3	3	0	0	0	6	4100-4400	P
MICHIGAN												
Ann Arbor												
University of Michigan Medical Center ⁵⁸		..	..	2	6	6	4	0	0	16	..	..
University	R. B. Sweet	9,385	..	..	..	..	..	..	..	..	3540-4416	O
Veterans Admin.	N. W. Thompson	2,180	55	..	..	..	..	..	..	..	4480-8000	O
Dearborn												
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit												
Detroit												
Henry Ford ⁵⁸	P. R. Dumke	17,851	307	2	7	7	4	0	0	18	4800-5400	P
Sinai Hospital of Detroit	E. M. Brown	11,525	302	2	2	2	0	0	0	4	4800-5100	P
Wayne State University Affiliated Hospitals ²⁴³	G. Dal Santo	..	..	3AB	3	4	2	0	0	9	..	..
Veterans Admin. (Dearborn)		3,291	17	..	..	..	..	..	..	..	4480-6260	O
Detroit General		9,055	240	..	..	..	..	..	..	..	5300-6200	P
Southfield												
Providence	N. M. Bittrich	4,715	..	2	2	2	0	0	0	4	5700-6300	O
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. H. Van Bergen	..	..	3ABC	16	9	9	2	0	36	4500-8000	..
Hennepin County General	V. S. Lawrence	3,505	45	..	..	..	..	..	..	..	..	P
University of Minnesota Hospitals	F. H. Van Bergen	7,187	979	..	..	..	..	..	..	..	..	O
Veterans Admin.	N. Moss	4,662	135	..	..	..	..	..	..	..	..	O
Gillette State Hospital for Crippled Children (St. Paul)	F. H. Van Bergen	776	0	..	..	..	..	..	..	..	..	..
St. Paul-Ramsey (St. Paul)	G. T. Wier	2,100	600	..	..	..	..	..	..	..	..	P
Rochester												
Mayo Graduate School of Medicine	A. Faulconer, Jr.	30,500	465	3ABC	5	5	5	0	0	15	3600-4800	P
Rochester Methodist		..	..	..	..	..	..	..	..	..	..	..
St. Mary's		..	..	..	..	..	..	..	..	..	..	..
St. Paul												
Gillette State Hospital for Crippled Children—See University of Minnesota Affiliated Hospitals, Minneapolis												
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis												
MISSISSIPPI												
Jackson												
University of Mississippi Medical Center ⁵⁸		..	..	2	7	3	1	0	0	11	..	..
University	L. W. Fabian	5,973	75	..	..	..	..	..	..	..	3600-3900	O
Veterans Admin.	H. L. Gee	1,233	22	..	..	..	..	..	..	..	4480-5310	O
MISSOURI												
Columbia												
University of Missouri Medical Center ⁵⁸	K. K. Keown	4,016	224	2	3	3	1	0	0	7	4800-5400	P
Kansas City												
Kansas City General Hospital and Medical Center ⁵⁸		3,054	123	2	2	2	1	0	0	5	4500-5700	P
Children's Mercy	E. S. Brown	1,469	90	..	..	..	..	..	..	..	..	..
St. Luke's	H. Mathewson	3,808	6	2	1	1	0	0	0	2	5100-5400	P
St. Louis												
Barnes ⁵⁸	R. B. Dodd	16,915	130	2	4	4	4	0	0	12	3900-4800	O
Jewish Hospital of St. Louis ⁵⁸	P. L. Friedman	8,176	125	2	1	1	1	0	0	3	3700-6100	P
St. John's Mercy	S. Brown	11,906	89	2	2	2	0	0	0	4	3600-4800	F
St. Louis City ²⁵⁵	A. Kozlowski	5,554	83	2	2	2	0	0	0	4	4583-5305	O
Springfield												
St. John's	O. B. Crawford	10,508	176	2	2	0	0	0	0	2	6000-6000	O

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

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					1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEBRASKA													
Omaha													
University of Nebraska	J. Jones	1,469	825	2	1	1	0	0	0	2	4300-4600	P	
NEW HAMPSHIRE													
Manchester													
Mary Hitchcock Memorial	R. H. Barrett	4,700	14,386	2	3	3	0	0	0	6	3400-3800	O	
NEW JERSEY													
Camden													
West Jersey	G. E. Covintree	8,896	198	2	1	1	0	0	0	2	3900-5400	F	
Hackensack													
Hackensack	A. R. Wollack	8,108	200	2	2	1	0	0	0	3	3900-4200	F	
Jersey City													
Jersey City Medical Center	M. Flichtefeld	4,149	155	2									
Newark													
Newark Beth Israel ⁵⁸	H. Kortis	7,095	60	2	1	1	1	0	0	3	3000-3600	F	
Paterson													
St. Joseph's	E. T. Lawless	8,279	41	2	2	2	0	0	0	4	7320-7620	P	
NEW YORK													
Albany													
Albany Medical Center	C. M. Landmesser	11,123	165	2	5	5	0	0	0	10	4000-5400	P	
Buffalo													
Buffalo General ⁵⁸	R. Terry	16,329	144	2	5	5	1	0	0	11	5500-6500	O	
Millard Fillmore	E. D. Babbage	12,178	120	2	1	1	0	0	0	2	4800-5200	P	
State University of New York at Buffalo Affiliated Hospitals													
Edward J. Meyer Memorial	B. D. King	3,160	22	3AC	3	2	2	0	0	7	4895-5545	P	
Cooperstown													
Mary Imogene Bassett	W. F. Karl	1,220	35	2	1	0	0	0	0	1	4128-5376	P	
East Meadow													
Meadowbrook	I. G. Weinberg	4,234	384	2	3	3	0	0	0	6	4850-6425	F	
New Hyde Park													
Long Island Jewish	S. Surks	7,355	209	3AC	3	3	2	0	0	8	4500-6250	O	
New York City													
Albert Einstein College of Medicine Affiliated Hospitals													
Bronx Municipal Hospital Center ⁵⁰²	L. R. Orkin	19,218	1,385	3ABC	12	12	4	0	0	28	4980-6000	FP	
Beth Israel	S. Joffe	6,898	212	2	3	4	0	0	0	7	4650-7200	P	
Flushing Hospital and Medical Center	E. Apogi	6,362	27	2	1	1	0	0	0	2	4020-4320	FP	
Harlem Hospital Center	H. Cave	4,910	490	2	3	2	0	0	0	5	4740-6160	FP	
Hospital for Joint Diseases and Medical Center	A. M. Beteher	3,635	151	2	2	2	0	0	0	4	5000-6000	P	
Jewish Hospital of Brooklyn	K. Pallin	11,299	84	2	6	5	0	0	0	11	4500-5000	O	
Greenpoint	M. Goldman	3,914									4220-5220	F	
Kings County Hospital Center	M. H. Harmel	10,629	374	3AC	9	9	9	2	0	29	4740-6160	FP	
Lenox Hill	G. W. Rich	8,738	145	2	1	1	0	0	0	2	4300-4700	P	
Maimonides Hospital of Brooklyn	P. Sechzer	10,135	95	2	2	1	0	0	0	3	5000-6250	P	
Methodist Hospital of Brooklyn	G. Wallace	10,014	211	3C	3	3	3	0	0	9	5000-5800	P	
Misericordia-Fordham Training Program	A. L. Mauro			2	2	2	0	0	0	4	5910-6930	F	
Misericordia		5,907	95										
Fordham		1,669	74										
Montefiore Hospital Training Program	F. Foldes			3AB	7	7	2	0	0	16	4620-6370	P	
Montefiore Hospital and Medical Center		5,482	505										
Morrisania City		3,486											
Mount Sinai Hospital Training Program ⁵⁸				2	6	5	1	0	0	12			
Mount Sinai	L. Rendell-Baker	15,274	92								4500-5500	P	
City Hospital Center at Elmhurst	A. Rosenthal	8,425	2,013								5400-6900	FP	
New York	J. Artusio	20,476	500	2	7	0	0	10	0	17	4800-6000	P	
New York Medical College-Metropolitan Hospital Center ⁵⁸	F. E. Fierro			2	10	9	10	5	0	34	4200-5220	F	
Unit 1—Flower and Fifth Avenue Hospitals													
Unit 2—Metropolitan		7,800	1,200		2	2	0	0	0	4			
New York Polyclinic Medical School and Hospital	J. Milowsky	6,278	277		2	2	0	0	0	4	4700-5300	P	
New York University Affiliated Hospitals ⁵⁸	V. D. B. Mazzia			3ABC	9	13	4	1	0	27†			
Bellevue Hospital Center, Divisions III and IV		10,935	350								4740-6160	FP	
University													
Veterans Admin. (Manhattan)		3,900	64								6000-6800	O	
Presbyterian	E. A. Papper	23,312	925	3ABC	13	13	1	0	0	27	4800-8000	O	
Queens Hospital Center	E. Lear	3,601	210	2	3	3	3	0	0	9	4200-5220	F	
St. Luke's Hospital Center ⁵⁸	L. S. Blancato	9,856	7	2	4	2	6	0	0	12	4500-5500	P	
St. Vincent's Hospital and Medical Center of New York ⁵⁸	R. G. Hicks	9,410	245	2	3	3	1	0	0	7†	6440-7140	P	
Veterans Admin. (Bronx)	B. J. Ciliberti	5,287	123	2	3	3	0	0	0	6	6000-8000	O	
Veterans Admin. (Brooklyn)	D. Perry	3,520	37	2	2	2	0	0	0	4	6000-8000	O	
Rochester													
Genesee	T. W. Morgan	10,032	28	2	1	1	0	0	0	2	4900-4400	P	
Rochester St. Mary's Hospital of the Sisters of Charity	V. J. Tofany	7,872	83	2	1	1	0	0	0	2	5200-5700	F	
Strong Memorial Hospital of the University of Rochester ⁵⁸	A. J. Gillies	9,856	450	2	4	3	1	0	0	8	3600-5400	O	
Syracuse													
St. Joseph's	C. Geiger	8,445	287	2	3	1	0	0	0	4	4350-4480	F	
State University of New York Upstate Medical Center ⁵⁸	A. B. Dobkin	10,784	186	2	8	6	4	0	0	18	4036-4940	O	
Veterans Admin.	A. B. Dobkin	2,011	12								4480-5310	O	
Valhalla													
Grasslands ⁵⁸	H. F. Bishop	2,091	227	2	3	3	1	0	0	7†	5100-5900	FP	
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial ⁵⁸	K. S. Sugioka	6,908	225	2	1	1	1	0	0	3	3190-6500	O	
Durham													
Duke		10,506	178	3ABC	7	7	4	0	0	18	3900-4800	P	
Veterans Admin.	E. A. C. Lloyd	3,472	176								4480-8000	O	
Winston-Salem													
North Carolina Baptist Hospitals		8,322	936	2	2	2	0	0	0	4	3000-4000	P	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO												
Cincinnati												
Bethesda	C. W. Hoyt	8,330	50	2	2	2	0	0	0	4	6240-6720	P
Christ	E. Hartenian	13,166	25	2	2	2	0	0	0	4	4500-4800	F
University of Cincinnati Hospital Group ⁶⁸	A. E. Ogden				3	3	2	0	0	8		
Children's		3,554	32									
Cincinnati General		21,130	1,314								3600-7715	F
Veterans Admin.		1,450	25								4480-8000	O
Cleveland												
Cleveland Clinic	D. E. Hale	9,769	494	2	3	3	0	0	0	6	5400-6600	P
Cleveland Metropolitan General	H. E. Kretschmer	11,006	25	2	2	2	0	0	0	4†	4000-4960	P
Fairview General ⁶⁸	B. J. O'Sullivan	10,800	3,885	2	3	3	1	0	0	7	5400-6600	F
Huron Road	J. K. Potter	7,644	125	2	4	3	0	0	0	7	4200-4500	F
Marymount ⁶⁸	N. G. DePiero	5,720	375	2	3	3	2	0	0	8†	6300-6900	F
Mount Sinai Hospital of Cleveland	S. Katz	12,333	202	2	2	2	0	0	0	4	5196-5604	P
St. Alexis	L. E. Campbell	4,208	364	2	2	2	0	0	0	4	6000-6600	F
St. Luke's	B. B. Sankey	12,228	127	2	2	2	0	0	0	4	4800-5220	P
St. Vincent Charity	D. Mendelsohn	4,390	606	2	2	2	0	0	0	4	3720-3900	P
University Hospitals of Cleveland	R. A. Hingson	17,355	475	3AB	6	6	4	0	0	16	3600-5400	P
Columbus												
Ohio State University Hospitals ⁶⁸	W. Hamelberg	21,184	300	2	5	5	5	0	0	15	4800-5400	P
Toledo												
Toledo	D. M. Katchka	11,004	135	2	1	1	0	0	0	2	6300-6900	F
Youngstown												
St. Elizabeth	A. Bayuk	12,096	506	2	4	4	0	0	0	8	4800-5400	FP
Youngstown ⁶⁸	D. W. Metcalf	15,174	231	2	4	4	2	0	0	10†	4800-5400	F
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center ⁶⁸	J. A. Cutter			2	6	6	4	0	0	16†		
University of Oklahoma Hospitals	J. A. Cutter	4,457	281								4900-6300	P
Veterans Admin.	C. A. Carmack	2,517	25									
OREGON												
Portland												
University of Oregon Medical School Hospitals and Clinics ^{68-84†}	F. P. Haugen	8,504	585	2	5	4	1	0	0	10	3000-3600	F
PENNSYLVANIA												
Johnstown												
Conemaugh Valley Memorial	P. C. Lund	9,076	1,086	2	3	3	0	0	0	6	4900-5400	F
Philadelphia												
Albert Einstein Medical Center	B. Goldstein	16,021	184	2	7	7	0	0	0	14	4800-6000	FP
Graduate Hospital of the University of Pennsylvania ⁶⁸	H. H. Stone	5,012	320	2	3	3	2	0	0	8	3600-5000	P
Hahnemann Medical College and Hospital ⁶⁸	A. Catenacci	8,908	200	2	3	3	1	0	0	7	4200-6000	P
Hospital of the University of Pennsylvania	R. Dripps	11,174	640	3ABC	15	12	8	0	0	35	3400-8000	P
Children's Hospital of Philadelphia	L. Bachman	3,432	510								2400-3600	F
Jefferson Medical College ⁶⁸	J. J. Jacoby	9,966	207	2	6	6	2	0	0	14	3350-4250	O
Pennsylvania	M. V. Troncelliti	10,838	68	2	1	1	0	0	0	2	3600-4200	O
Philadelphia General	M. V. Deming	7,506	105	2	5	3	0	0	0	9†	5507-8712	F
Presbyterian-University of Pennsylvania Medical Center	S. Schotz	4,245	136	2	2	2	0	0	0	4	3840-4140	P
Temple University	L. W. Krumpferman	9,280	73	3ABC	6	6	3	0	0	15	3960-5100	P
Pittsburgh												
Allegheny General ⁶⁸	R. L. Patterson	10,173	675	2	3	3	1	0	0	7	5400-6000	F
Health Center Hospitals of the University of Pittsburgh	P. Safar				6	6	6	0	0	18	4600-5200	
Presbyterian-University	P. Safar	5,337	524									
Children's Hospital of Pittsburgh		5,043	167									
Eye and Ear Hospital of Pittsburgh												
Magee-Womens	O. C. Phillips											
Veterans Admin.	H. Franklin	1,809	35									
Mercy ⁶⁸	E. S. Siker	10,806	510	2	4	4	1	0	0	9	5400-5700	P
Montefiore	S. Finestone	5,951	118	2	1	1	0	0	0	2	4200-4500	O
Sayre												
Robert Packer ⁶⁸	R. B. Knapp	5,892	156	2	1	1	1	0	0	3†	3000-5400	FP
PUERTO RICO												
Ponce												
Hospital de Damas	E. Colon Yordan	2,921	1,560	2	1	2	0	0	0	3	4200-4800	F
Rio Piedras												
University District ⁶⁸	N. De Jesus	5,285	106	2	4	4	3	0	0	11	6000-6600	F
RHODE ISLAND												
Providence												
Rhode Island ⁶⁸	E. Saklad	14,677	203	2	3	3	3	0	0	9	5600-6400	P
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals												
Medical College	J. Mahaffey	7,941	3,074	3ABC	4	4	2	0	0	10	2910-4200	FP
TENNESSEE												
Chattanooga												
Baroness Erlanger	R. F. Stappenbeck	11,743		2	3	3	0	0	0	6	6000-6300	F
Knoxville												
University of Tennessee Memorial Research Center and Hospital	F. Powell	5,199	49	2	1	1	0	0	0	2	5400-6000	F
Memphis												
City of Memphis Hospitals ⁶⁸	W. North	8,029	87	2	5	5	3	0	0	13	4800-5400	F
Nashville												
Vanderbilt University ⁶⁸	C. B. Pittinger	7,792	150	2	3	3	1	0	0	7†	4000-5000	P

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS												
Dallas												
Parkland Memorial.....	M. T. Jenkins.....	11,366	164	3ABC	6	6	6	0	0	18	5400-7200	P
Fort Worth												
Harris Hospital-Fort Worth Medical Center.....	A. N. Heinrichs.....	11,256	122	2	2	2	0	0	0	4	6000-6900	P
Galveston												
University of Texas Medical Branch Hospitals.....	C. R. Allen.....	8,648	337	3AB	6	6	3	0	0	15	5400-7200	P
Houston												
Baylor University Affiliated Hospitals.....	A. S. Keats.....	.....	.....	3ABC	5	5	5	0	0	15	.....	.....
Ben Taub General.....	.....	5,611	17	.....	.....	.....	.....	.....	.....	.....	3300-3900	O
Methodist.....	.....	17,214	1	.....	.....	.....	.....	.....	.....	.....	4500-5100	P
St. Luke's Episcopal.....	.....	10,461	33	.....	.....	.....	.....	.....	.....	.....	4200-4800	O
Texas Children's.....	.....	2,680	47	.....	.....	.....	.....	.....	.....	.....	4200-4800	O
Veterans Admin.....	.....	5,785	23	.....	.....	.....	.....	.....	.....	.....	4480-12510	P
Hermann.....	L. F. Schuhmacher.....	18,363	2,446	2	2	2	0	0	0	4	4200-5700	P
St. Joseph.....	C. Williams.....	10,010	720	2	1	1	0	0	0	2	5100-5400	P
University of Texas M. D. Anderson Hospital and Tumor Institute.....	W. S. Derrick.....	4,874	47	2	.....	.....	.....	.....	.....	6†	2640-10000	O
San Antonio												
University of Texas South Texas Medical School Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Robert B. Green Memorial.....	D. C. Grosskreutz.....	6,738	473	2	3	3	0	0	0	6	4500-5700	FP
Temple												
Scott and White Memorial Hospitals.....	C. H. Gillespie.....	5,481	4,181	2	.....	.....	.....	.....	.....	2	4500-5100	P
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals.....	C. M. Ballinger.....	.....	.....	3A	7	6	3	1	0	17	.....	.....
University.....	C. A. Ballinger.....	2,995	211	.....	.....	.....	.....	.....	.....	.....	4200-6600	P
Holy Cross.....	E. Simonson.....	8,064	26	.....	.....	.....	.....	.....	.....	.....	4200-5400	P
Latter-day Saints.....	R. Wever.....	12,488	532	.....	.....	.....	.....	.....	.....	.....	3900-4800	P
Primary Children's.....	W. Jordan.....	4,538	265	.....	.....	.....	.....	.....	.....	.....	4200-4200	P
St. Mark's.....	C. Jensen.....	5,028	241	.....	.....	.....	.....	.....	.....	.....	4200-5400	P
Shriners Hospital for Crippled Children.....	W. S. Jordan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4200-5400	P
Veterans Admin.....	N. A. Bergman.....	1,516	106	.....	.....	.....	.....	.....	.....	.....	4480-6260	P
VERMONT												
Burlington												
University of Vermont Affiliated Hospitals.....	J. Abajian, Jr.....	.....	.....	2	3	3	0	0	0	6	5000-5600	P
DeGoesbriand Memorial.....	.....	3,612	106	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mary Fletcher.....	.....	6,053	300†	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA												
Charlottesville												
University of Virginia.....	D. W. Eastwood.....	7,970	640	3ABC	3	3	3	0	0	9	5800-6400	O
Danville												
Memorial.....	K. O. Leonhardt.....	7,000	300	2	1	1	0	0	0	3†	5400-6600	P
Richmond												
Medical College of Virginia—Hospital Division.....	W. E. Pembleton.....	16,049	195	2	5	5	0	0	0	10	4500-4800	F
Veterans Admin.....	C. G. Lynch.....	3,790	130	2	2	2	0	0	0	4	4480-12510	P
WASHINGTON												
Seattle												
Providence.....	L. Morris.....	6,553	100	3ABC	1	1	2	0	0	4	3900-7200	FP
Swedish Hospital Medical Center.....	L. Mousel.....	12,394	1,000	2	2	2	0	0	0	4	4500-4800	F
University of Washington Affiliated Hospitals ⁵⁸⁻³⁷⁸	J. J. Bonica.....	.....	.....	2	11	11	11	2	0	35	.....	.....
Children's Orthopedic Hospital and Medical Center.....	K. F. Eather.....	3,198	196	.....	.....	.....	.....	.....	.....	.....	3660-5940	O
King County.....	J. M. Hansen.....	3,796	79	.....	.....	.....	.....	.....	.....	.....	3000-5400	F
University.....	J. J. Bonica.....	17,962	640	.....	.....	.....	.....	.....	.....	.....	3660-8700	P
Veterans Admin.....	J. J. Bonica.....	1,473	65	.....	.....	.....	.....	.....	.....	.....	4480-8000	.....
Tacoma General (Tacoma).....	P. H. Backup.....	6,022	162	.....	.....	.....	.....	.....	.....	.....	3600-9600	.....
Virginia Mason.....	D. C. Moore.....	6,485	156	2	3	3	0	0	0	6	3300-4500	FP
Tacoma												
Tacoma General—See University of Washington Affiliated Hospitals, Seattle	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
WEST VIRGINIA												
Morgantown												
West Virginia University Medical Center ⁵⁸	N. W. B. Craythorne.....	2,998	200	2	3	3	2	0	0	8	3680-4880	P
Wheeling												
Ohio Valley General.....	D. E. Greenelth.....	11,397	392	2	2	2	0	0	0	4	7200-7800	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals.....	K. Siebecker.....	.....	.....	3ABC	6	6	3	0	0	15†	.....	.....
University Hospitals.....	.....	6,240	503	.....	.....	.....	.....	.....	.....	.....	3800-5200	P
Veterans Admin.....	.....	1,155	41	.....	.....	.....	.....	.....	.....	.....	4480-5310	P
Milwaukee												
Milwaukee County General ⁵⁸	E. O. Henschel.....	4,751	252	2	3	3	3	0	0	9	4275-6035	P
Veterans Admin. (Wood) ⁵⁸	E. O. Henschel.....	3,309	268	2	5	5	5	0	0	15	4480-6260	P

2. AEROSPACE MEDICINE

The programs in Aerospace Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 223.

3. CHILD PSYCHIATRY

The programs in Child Psychiatry which have been approved by the Council on Medical Education and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 235.

APPROVED RESIDENCIES

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Colon and Rectal Surgery, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty. Programs, 11; Residencies, 29

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA	Los Angeles	Queen of Angels	G. Hugo	7	347	20	55	332	1	1	0	0	0	2	5100-5400	F
LOUISIANA	New Orleans	Ochsner Foundation	P. H. Hanley	13	426	9	66	12,542	1	1	0	0	0	2	4200-...	P
MASSACHUSETTS	Boston	Lahey Clinic	N. W. Swinton	42	824	4	25	5,210	1	1	0	0	0	2	4800-5400	O
MICHIGAN	Grand Rapids	Ferguson-Droste-Ferguson	J. A. Ferguson	82	3,279	39	56	13,039	3	3	0	0	0	6	5400-6000	F
MINNESOTA	Minneapolis	University of Minnesota Affiliated Hospitals	W. C. Bernstein						1	1	0	0	0	2		
		University of Minnesota Hospitals														
		Veterans Admin.													3600-4480-8000	O
				10	228			1,706								O
	Rochester	Mayo Graduate School of Medicine	R. J. Jackman	46	1,760	44	89	26,790	2	2	0	0	0	4	3600-3900	P
		Rochester Methodist														
		St. Mary's														
NEW YORK	Buffalo	Buffalo General	E. Alford	11	427	9	22	387	1	1	0	0	0	2	5000-5300	O
		Millard Fillmore	W. H. Bernhoft	6	269†				1	1	0	0	0	2	4800-5200	P
PENNSYLVANIA	Allentown	Allentown	G. Kratzer	23	882†	21	14	143	0	1	0	0	0	1	5500-5800	P
PHILADELPHIA	Philadelphia	Temple University	H. E. Bacon	50	648	12	33	688	3	2	0	0	0	5	3600-4200	P
TEXAS	Dallas	Baylor University Medical Center	A. Baldwin	18	749†	5	20	211	1	1	0	0	0	1	6000-6000	O

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Programs, 77; Residencies, 489

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY																	
CALIFORNIA		Letterman General, San Francisco	L. R. Mordecai	5	81	0	0	12,319	3	1	1	1	0	0	3		
DISTRICT OF COLUMBIA		Walter Reed General, Washington	L. E. Harman	10	155	0	0	16,795	3	4	4	4	0	0	12		
TEXAS		Brooke General, San Antonio	D. E. Vander Ploeg	1	71	0	0	18,905	3	3	3	3	0	0	9		
UNITED STATES NAVY																	
CALIFORNIA		U. S. Naval, San Diego	C. E. Kee	19	343	0	0	27,504	3	3	3	0	0	0	6		
PENNSYLVANIA		U. S. Naval, Philadelphia	S. Moschella	17	289	1	100	12,172	2*	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE																	
MARYLAND		National Institutes of Health-Clinical Center, Bethesda							1								
NEW YORK		U. S. Public Health Service (Staten Island), New York City ³⁰⁸	J. P. Fields	28	424	0	0	6,854	2*	2	2	2	0	0	6		

Numerical and other references are listed on pages 276 through 280.

5. DERMATOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance O	
			Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's	J. A. Kenney	1	15	0	0	3,642	2	1	1	0	0	0	2	6700-7500	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center															
University of Alabama Hospitals and Clinics	R. O. Noojin	8	1,283	2	0	22,808	3	3	2	2	0	0	7	4466-5631	P
Fairfield															
Lloyd Noland ⁴³	P. G. Reque	1	41	0	0	5,500	1	2	0	0	0	0	2	4200-4200	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	C. J. Dillaha						3	2	2	2	0	0	6		
University		1	37	0	0	2,841								4200-5575	O
Veterans Admin.		20	455	0	0	2,235								4480-6260	P
CALIFORNIA															
Long Beach															
Veterans Admin.	J. Wilson	14	352	0	0	11,038	3	3	3	3	0	0	9	5760-8520	O
Los Angeles															
Los Angeles County General, Unit I	M. Bauer	17	662	10	40	14,641	3	2	2	2	0	0	6	7200-8400	P
University of California	T. N. Sternberg					5,564	3	2	2	3	0	0	7	4200-5400	O
			8 Inc. in Int. Med.												
Veterans Admin. Center-Wadsworth ¹¹⁴	E. T. Wright	47	1,518			20,182	3	3	3	2	0	0	8	4480-6260	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ⁷⁵	E. Farber						3	3	3	3	0	0	9		
Palo Alto-Stanford Hospital Center	E. Farber	6	155†	1	100	7,272								3900-5100	O
Veterans Admin.	W. H. Gould	14	128	1	100	1,642								4480-8000	O
San Francisco															
University of California Program in Dermatology	R. B. Rees						3	2	4	4	0	0	10		
H. C. Moffitt-University of California Hospitals	R. B. Rees	5	135			10,822								4200-4800	O
Veterans Admin.	D. Tuffanelle					398								4480-8000	O
COLORADO															
Denver															
University of Colorado Affiliated Hospitals	R. W. Goltz						3	2	1	1	0	0	4		
University of Colorado Medical Center		2	57			2,998								3500-5200	P
Veterans Admin.			58	0	0	1,279								4480-8000	
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center															
Yale-New Haven	A. B. Lerner		Inc. in Int. Med.			7,081	3	2	2	2	0	0	6	3900-4300	P
FLORIDA															
Miami															
Jackson Memorial	H. Blank	8	180	3	67	7,651	3	3	3	3	0	0	9	3180-3780	P
GEORGIA															
Atlanta															
Grady Memorial	S. Olansky		Inc. in It. Med.			3,759	3	1	1	1	0	0	3	3000-4200	P
ILLINOIS															
Chicago															
Cook County	T. Cornbleet	17	211	5	25	20,104	3	2	3	1	0	0	6	4620-5100	F
Northwestern University Medical Center	S. M. Bluefarb					4,618	3	2	2	2	0	0	6	3000-6000	O
Veterans Admin. Research	S. M. Bluefarb	15	184	0	0	1,304								4480-8000	O
University of Chicago Hospitals and Clinics	A. L. Lorinez	7	179	2	50	6,090	3	3	3	3	0	0	9	4200-5160	O
University of Illinois Research and Educational Hospitals	A. Rostenberg, Jr.	4	43	1	100	9,481	3	2	2	2	0	0	6	3600-4200	P
Veterans Admin. (Hines)	A. Rostenberg, Jr.	8	138	0	0	1,302								4480-6260	O
Hines															
Veterans Admin.—See University of Illinois Research and Educational Hospitals, Chicago															
INDIANA															
Indianapolis															
Indiana University Medical Center ¹⁹⁴	V. Hackney						3	1	1	2	0	0	4		
Indiana University Hospitals	V. Hackney					869								3575-4375	P
Marion County General	R. E. Jenkins	4	26	1	100	6,971								3863-4489	P
IOWA															
Iowa City															
University Hospitals	R. G. Carney	14	466	1	100	14,700	3	2	2	3	0	0	7	4000-5000	P
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals															
Louisville General	P. Mapother	5	220	1	100	3,476	1	1	0	0	0	0	1	4300-4300	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	V. Derbes	17	258	4	25	22,568	3						10	2700-3300	F
MARYLAND															
Baltimore															
Johns Hopkins	R. G. Crouse	6	125†	0	0	3,542	3	2	2	2	0	0	6	3500-	P
University	H. M. Robinson, Jr.	1	27	1	100	9,023	3	1	2	1	0	0	4	3800-5000	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS															
Boston															
Massachusetts General	T. B. Fitzpatrick	13	323†	9	64	7,475	3	3	2	1	0	0	6	4200-5400	O
Tufts University Affiliated Hospitals	W. F. Lever						3	3	3	2	0	0	8		
Boston City		4	119	2		16,284								3600-4800	O
New England Medical Center Hospitals		1	3	0	0	2,460								3600-6000	O
University	H. Mescon					4,430	3	3	3	3	0	0	9	3600-4800	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	A. C. Curtis						3	4	4	4	0	0	12		
University	A. C. Curtis	19	514	6	83	7,216								3540-4416	O
Veterans Admin.	R. C. Bishop					277								4480-8000	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	C. L. Livingood	24	528	3	0	47,808	3	5	5	5	0	0	15	4800-5400	P
Wayne State University Affiliated Hospitals	D. Birmingham						3	4	4	4	0	0	12		
Veterans Admin. (Dearborn)		50	440	11	82	1,767								4480-6260	O
Detroit General			23			7,276								4300-6000	P
Detroit Memorial		1	32	0	0	221								4800-4800	P
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	F. W. Lynch						3	4	4	4	2	1	15		
Hennepin County General	C. W. Laymon	3	89	2	50	4,199								4500-6500	P
University of Minnesota Hospitals	F. W. Lynch	6	92	1	100	3,473								4500-5500	O
Veterans Admin.	I. Fisher	13	350			2,261								4480-8000	O
St. Paul Ramsey (St. Paul)	H. Ravits	3	48	1	0	3,933								4500-6000	P
Rochester															
Mayo Graduate School of Medicine	R. R. Kierland	32	885	3	100	29,335	3	7	7	7	0	0	21	3600-5500	P
Rochester Methodist															
St. Mary's															
St. Paul															
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSOURI															
Columbia															
University of Missouri Medical Center	N. D. Asel	4	97	4	75	3,951	2	2	2	2	0	0	6	3660-4500	P
St. Louis															
Barnes	D. J. Demis					4,685	3	3	3	3	0	0	9	3900-6700	O
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial	O. F. Jillson	9	210	0	0	10,740	3	1	1	1	0	0	3	3400-4200	O
NEW YORK															
Buffalo															
Edward J. Meyer Memorial	J. W. Jordan	2	47	0	0	4,501	3	2	1	0	0	0	3	4895-5545	P
Roswell Park Memorial Institute	H. Traenkle	3	40	0	0	3,300	1	0	0	1	0	0	1	4650-5754	O
New York City															
Mount Sinai	S. M. Peck	3	35	0	0	9,014	3	1	1	2	0	0	4	4500-5500	P
New York	F. Daniels, Jr.					10,111	3	1	1	0	0	0	2	4000-4400	P
New York Medical College-Metropolitan Hospital Center															
Unit 1—Flower and Fifth Avenue Hospitals	J. Morse						2	1	1	0	0	0	2	4200-5220	F
Unit 2—Metropolitan		3	68	1	0	11,667									
New York University Medical Center and Bellevue Hospital Center															
Bellevue Hospital Center, Division IV	R. L. Baer	31	241	3	67	23,202							18†	4740-6160	FP
University	R. L. Baer														
Veterans Admin. (Manhattan)	P. Michaelides	36	393	3	33									6000-8000	O
Presbyterian	C. T. Nelson	7	188			25,360	3	2	1	1	0	0	4	4800-6000	O
Roosevelt	R. Montgomery		6†	0	0	2,853	1	1	0	0	0	0	1	4300-6300	O
St. Luke's Hospital Center	L. P. Barker		6	0	0	5,883	2*	1	1	0	0	0	2	4500-5500	P
State University-Kings County Medical Center															
Kings County Hospital Center	L. Frank	17	347	4	75	14,627	3	2	1	1	0	0	4		
State University	L. Frank													4740-6160	FP
Veterans Admin. (Brooklyn)	G. A. Gellin	39	427	8	75										
Veterans Admin. (Brookly)	H. Shatin	44	323	2	50	2,279	2	2	2	0	0	0	4	6000-6500	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. E. Wheeler	2	40†	1	100	5,412	3	2	2	2	0	0	6	3190-6000	O
Durham															
Duke	J. L. Callaway	4	126	0	0	8,924	3	4	2	2	0	0	8	3900-4800	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Cincinnati General	L. Goldman	15	159	1	0	10,000	3	3	3	3	0	0	9	3600-5200	P
Cleveland															
Cleveland Clinic	J. R. Haserick	12	454	6	83	14,396	3	2	2	2	0	0	6	3900-4500	P
Western Reserve University Affiliated Hospitals															
Cleveland Metropolitan General	J. Pomeranz	1	41	0	0	4,359		1	1	1	0	0	3	4000-5460	P
University Hospitals of Cleveland	R. B. Stoughton	5	159	0	0	5,040		2	2	2	0	0	6	3600-5400	P
Veterans Admin.		19	138†	2	50	413								4480-6260	P
Columbus															
Ohio State University Hospitals	E. Heisel	8	200	3	0	13,441	3	1	0	0	0	0	1	3324-3624	P

Numerical and other references are listed on pages 276 through 280.

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center.....	M. A. Everett.....	...	...	...	...	...	3	...	...	...	...	...	7†	...	...
University of Oklahoma Hospitals.....	.....	4	143	1	100	4,086	...	...	...	...	...	...	...	4000-4600	P
Veterans Admin.....	.....	3	57	0	0	696	...	...	...	...	...	...	...	...	...
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics ⁴⁴	W. C. Lobitz, Jr.....	8	189	3	100	5,682	3	3	3	2	0	0	8	3000-3600	F
PENNSYLVANIA															
Danville															
Geisinger Medical Center.....	R. F. Dickey.....	1	38	1	100	18,217	3	2	2	2	0	0	6	4800-5400	P
Philadelphia															
Graduate Hospital of the University of Pennsylvania ³⁶	H. Beerman.....	1	48	1	0	4,126	3	1	1	1	0	0	3	2214-2214	P
Hahnemann Medical College and Hospital.....	P. Fleischmajer.....	Inc. in	Int. Med.	...	...	2,000	2	1	1	0	0	0	2	3000-4200	P
Hospital of the University of Pennsylvania ³⁵²	W. B. Shelley.....	10	274	2	100	4,094	3	4	4	4	0	0	12	2510-7500	O
Jefferson Medical College.....	H. Luseombe.....	3	60	2	50	2,474	2	1	1	0	0	0	2	3350-3800	O
Philadelphia General ⁹⁷	C. Burgoon, W. Shelley.....	15	235	1	...	6,567	2	...	...	...	...	...	...	4100-5100	F
Temple University.....	C. F. Burgoon.....	17	583	0	0	33,809	3	7	6	5	0	0	18	3600-4200	O
Pittsburgh															
Veterans Admin.....	R. W. Goldblum.....	10	52	0	0	...	3	1	1	1	0	0	3	4480-8000	O
PUERTO RICO															
Rio Piedras															
University District.....	V. M. Torres-Rodriguez.....	8	...	...	...	...	1	1	0	0	0	0	1	5700-...	F
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals.....	J. F. Mullins.....	9	129	2	50	6,510	3	2	2	2	0	0	6	4200-4200	P
Houston															
Baylor University Affiliated Hospitals ⁴³	J. M. Knox.....	22	260	0	0	8,370	3	3	3	3	0	0	9	...	...
VIRGINIA															
Charlottesville															
University of Virginia.....	E. P. Cawley.....	4	134	0	0	7,669	3	2	2	2	0	0	6	4200-5400	O
Richmond															
Medical College of Virginia-Hospital Division.....	A. W. Pepple.....	4	155	3	67	4,410	3	2	2	2	0	0	6	3000-3000	F
WASHINGTON															
Seattle															
University.....	W. Baker.....	Ine. in	Int. Med.	...	...	...	3	1	1	1	0	0	3	3660-6540	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals.....	.....	...	...	...	...	...	3	2	2	2	0	0	6	...	...
University of Wisconsin Hospitals.....	S. A. M. Johnson.....	5	125	1	100	5,452	...	...	...	...	...	...	...	3800-5200	P
Veterans Admin.....	S. A. M. Johnson.....	4	130	1	0	302	...	...	...	...	...	...	...	6260-6260	P
Marshfield Clinic (Marshfield).....	W. F. Schorr.....	6	237†	0	0	9,166	...	...	...	...	...	...	...	6000-8000	F
Marshfield															
Marshfield Clinic—See University of Wisconsin Affiliated Hospitals, Madison.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milwaukee															
Veterans Admin. (Wood) ³⁸¹	D. W. Kersting.....	6	138	1	100	11,519	3	3	3	2	1	0	9	4480-6910	P

6. FORENSIC PATHOLOGY

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

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field. Programs, 158; Residencies, 861

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
DISTRICT OF COLUMBIA															
U. S. Air Force, Washington.....	M. W. Steel, Jr.....	252	7,435	74	81	348,723	2	2	2	0	0	0	4	...	...
UNITED STATES ARMY															
NEW JERSEY															
Walson Army, Fort Dix.....	H. F. Fancy.....	428	19,477	74	75	216,857	2	4	4	0	0	0	8	...	...
UNITED STATES NAVY															
FLORIDA															
U. S. Naval, Jacksonville.....	D. Schufeldt.....	358	9,328	128	73	152,277	2	3	3	0	0	0	6	...	...

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES PUBLIC HEALTH SERVICE															
ALASKA															
U. S. Public Health Service, Alaska Native Medical Center, Anchorage.....	W. Johnson.....	317	3,210	76	55	21,980	2	4	4	2	0	0	10	.....	...
MICHIGAN															
U. S. Public Health Service, Detroit.....	K. K. Wong.....	98	2,347	27	44	33,165	2	3	3	0	0	0	6	.....	...
NEW MEXICO															
U. S. Public Health Service Indian, Gallup..	R. L. Brutsché.....	167	4,192	109	34	47,684	2	4	4	0	0	0	8	10100-11500	P
TEXAS															
U. S. Public Health Service, Galveston ³⁶⁷	P. J. Hennelly.....	124	2,319	46	67	38,578	2	4	4	0	0	0	8	.....	...
VIRGINIA															
U. S. Public Health Service, Norfolk.....	C. R. Garfield.....	169	4,086	96	73	72,998	2	3	3	0	0	0	6	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist.....	C. Neville.....	232	12,175†	207	50	100,841	2	2	2	0	0	0	4	4500-4800	P
ARIZONA															
Phoenix															
Good Samaritan.....	R. Price.....	124	7,571	125	41	14,073	2	1	1	0	0	0	2	6900-7200	P
Tucson															
Tucson Hospitals Medical Education Program	A. V. Dudley.....	119	3,680	223	51	18,472	2	2	2	0	0	4	5100-6600	FP	
Pima County General.....		181	10,236	239	54	7,058	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....															
CALIFORNIA															
Bakersfield															
Kern County General.....	M. S. Curtis.....	234	8,488	513	70	98,084	2	2	2	0	0	0	4	6000-6900	P
Berkeley															
Herrick Memorial.....	W. Marsh.....	13	1,335	.....	.....	4,050	2	3	2	0	0	0	5	10500-10800	P
Long Beach															
Memorial Hospital of Long Beach.....	E. F. Kesling.....	390	20,952	459	42	0	2	1	1	0	0	0	2	6000-6600	P
Martinez															
Contra Costa County.....	G. Degnan.....	320	14,620	514	57	36,047	2	10	0	0	0	0	10	8940-8940	P
Modesto															
Stanislaus County.....	W. A. Todd, Jr.....	161	4,880	257	42	54,148	2	4	4	0	0	0	8	12000-12000	P
Riverside															
Riverside County General.....	H. A. Roth.....	292	8,908	494	52	22,707	2	2	2	0	0	0	4	5624-6720	P
Sacramento															
Sacramento County.....	G. G. Snively.....	586	15,516	916	55	74,991	2	6	6	0	0	0	12	7000-8460	P
Salinas															
Monterey County.....	C. J. Leonard.....	231	4,783	266	65	40,099	2	5	5	0	0	0	10	7800-9000	F
San Luis Obispo															
San Luis Obispo County General.....	R. L. Anderegg.....	134	3,259	222	41	12,626	2	4	1	0	0	0	5	9600-11400	F
Santa Barbara															
Santa Barbara County General-Cottage Hospitals.....	D. M. Caldwell.....	.....	.....	.....	.....	.....	2	3	3	0	0	0	6	5700-5700	F
Santa Barbara Cottage.....		90	965	36	38	0	.....	.....	.....	.....	.....	.....	.....	.....	.....
Santa Barbara County General.....		84	1,257	95	63	4,612	.....	.....	.....	.....	.....	.....	.....	.....	.....
Santa Cruz															
County of Santa Cruz General.....	C. B. Fowler.....	121	2,560	215	44	9,443	2	4	2	0	0	0	6	7200-8400	F
Santa Rosa															
Sonoma County.....	W. J. Rudee.....	210	4,459	160	29	37,842	2	5	5	0	0	0	10	6900-7200	P
Ventura															
General Hospital Ventura County.....	J. A. Daly.....	235	5,577	329	33	56,691	2	6	5	0	0	0	11	8400-9600	F
COLORADO															
Colorado Springs															
St. Francis.....	K. R. Lovell.....	124	5,712	65	57	9,608	2	1	1	0	0	0	2	6600-7200	F
Denver															
Denver General.....	B. E. Pollock.....	256	9,215	562	67	176,187	2	1	1	0	0	0	2	3672-3896	P
Mercy ¹⁴⁴	C. Flaxer.....	268	13,346	140	67	17,593	2	2	1	0	0	0	3	7200-7800	P
St. Joseph.....	M. E. McDowell.....	378	18,048	315	61	13,076	2	1	1	0	0	0	2	4320-4620	P
University of Colorado Medical Center.....	C. W. Eisele.....	258	12,128	446	86	175,015	2	4	4	0	0	0	8	3500-4000	P
CONNECTICUT															
Bridgeport															
Bridgeport.....	F. P. A. Williams.....	407	20,900	669	49	16,757	2	2	2	0	0	0	4	3900-5100	FP
Danbury															
Danbury.....	J. L. Belsky.....	217	10,660†	377	45	39,402	2	3	3	0	0	0	6	4200-4800	F
DELAWARE															
Wilmington															
Wilmington Medical Center.....															
Wilmington General Division.....	E. Resnick.....	222	10,611†	318	43	11,313	2	6	6	0	0	0	12	4200-6600	FP
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty.....	J. H. Choi.....	86	3,168	124	37	4,707	2	3	3	0	0	0	6	5000-5600	F
FLORIDA															
Daytona Beach															
Halifax District.....	G. DeLaughter.....	326	14,994	561	32	.....	2	5	5	0	0	0	10	6600-6600	P
Jacksonville															
Duval Medical Center.....	A. M. Manson.....	231	10,453	488	57	209,586	2	1	1	0	0	0	2	5400-5700	P
St. Vincent's.....	C. Burke.....	343	17,706†	292	44	.....	2	1	1	0	0	0	2	5400-5700	P

Numerical and other references are listed on pages 276 through 286

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued															
Pensacola															
Pensacola Educational Program	W. C. White	270	18,152	257	49	23,088	2	3	3	0	0	0	6	5100-5400	P
Baptist		121	6,138	244	47										
Escambia General		115	6,229	132	39										
Sacred Heart															
St. Petersburg															
Mound Park	O. T. Ayer	191	6,800	946	24	10,704	2	2	2	0	0	0	4	5564-5876	P
GEORGIA															
Albany															
Phoebe Putney Memorial	L. T. Crimmins	233	13,025	356	23	10,820	2	2	2	0	0	0	4	6000-7200	P
Columbus															
Medical Center	W. P. Jordan	260	13,001	453	31	69,972	2	4	4	0	0	0	8	4800-5400	F
Rome															
Floyd	W. M. Gilbert	231	15,894	330	20	8,447	2	1	1	0	0	0	2	9000-9000	P
ILLINOIS															
Berwyn															
MacNeal Memorial	N. Pracyk	318	14,907	586	47	6,827	2	4	4	0	0	0	8	5400-8000	FP
Chicago															
Grant	K. Gustin	149	4,209	203	34	4,687	2	2	2	0	0	0	4	5400-5400	P
Jackson Park	M. I. Shapiro	159	6,089	149	50	1,700	2	4	4	0	0	0	8	5400-6000	F
Louis A. Weiss Memorial	H. E. Bessinger	233	8,257	304	47	4,404	2	8	7	0	0	0	15	6600-6900	P
Norwegian-American	L. Dolan	91	4,218	142	31	3,332	2	6	6	0	0	0	12	9000	O
Ravenswood	H. L. Browns	235	10,175	325	36	3,511	2	4	4	0	0	0	8	6352-7636	O
Swedish Covenant	J. Erickson	205	8,341	342	37	4,654	2	4	4	1	0	0	9	4800-5700	F
Oak Park															
West Suburban	R. C. Muehrcke	539	16,033†	524	50	2,562	2	6	6	0	0	0	12	6600-7200	O
Peoria															
Methodist Hospital of Central Illinois	J. Aronoff	299	11,660	363	39	2,393	2	4	4	0	0	0	8	5400	F
St. Francis	J. C. O'Brian						2	1	1	0	0	0	2	5100-5400	F
INDIANA															
Evansville															
St. Mary's	D. Hare	337	13,591	343	31	24,406	2	1	1	0	0	0	2	5400-6000	P
Indianapolis															
Methodist Hospital of Indiana	L. Kammen	577	22,607†	702	54	33,282	2	2	2	0	0	0	4	5400-8060	P
IOWA															
Des Moines															
Broadlawn Polk County	R. Carlson	144	6,880	217	54	59,492	2	2	2	0	0	0	4	4500-4800	FP
KANSAS															
Wichita															
St. Francis	C. C. Schopf						2	3	3	0	0	0	6	5400-5700	F
St. Joseph Hospital and Rehabilitation Center	L. W. Marshall	272	14,324	241	28	21,543	2	2	2	0	0	0	4	5400-5700	P
Wesley Medical Center	J. Tiller	475	30,542	419	43	7,197	2	2	2	0	0	0	4	5400-5700	F
LOUISIANA															
Lafayette															
Lafayette Charity	N. Gilbert		13,357	413	36	85,926	1	0	16	0	0	0	16	6000-8000	P
Monroe															
E. A. Conway Memorial	M. S. Coon	48	3,587	222	18	34,601	2	6	6	0	0	0	12	7200-7800	P
MAINE															
Portland															
Maine Medical Center	R. H. Pawle						2	1	1	0	0	0	2	3300-4200	FP
MARYLAND															
Bethesda															
Suburban	W. S. Murphy	230	12,998	361	55	3,212	2	2	2	0	0	0	4	3720-4020	F
MASSACHUSETTS															
Lowell															
Lowell General	H. Black, V. Letsou	218	9,406	299	33	12,600	2	2	2	0	0	0	4	...-6000	F
Worcester															
Worcester City	J. de Marco	205	8,106	504	52	17,672	2	2	2	0	0	0	4	4550-4883	FP
MICHIGAN															
Dearborn															
Oakwood	N. H. Schwocho	360	16,922†	437	46	223	2	3	3	0	0	0	6	4800-5100	F
Detroit															
Evangelical Deaconess	W. P. Curtiss	162	7,523	252	35	11,465	2	4	4	0	0	0	8	6240-6900	P
Flint															
Hurley	C. B. Kimbrough						2	2	2	0	0	0	4	5700-6000	P
McLaren General	J. W. MacKenzie	299	14,264	285	40	1,790	2	3	3	0	0	0	6	5700-6000	P
St. Joseph	J. D. McAlindon	367	16,020	343	43	1,850	2	8	7	0	0	0	15	9000-10800	F
Grosse Pointe Farms															
Cottage	W. F. Kujawski	99	5,149	118	35	5,636	2	4	2	0	0	0	6	7200-7200	P
Kalamazoo															
Borgess	J. Breneman	254	14,123	387	49	3,815	2	1	1	0	0	0	2	5700-6000	FP
River Rouge															
Sidney A. Sumbly Memorial		62	2,672	15	60	0	2	3	3	0	0	0	5	7200-7200	FP
MINNESOTA															
Minneapolis															
Fairview	H. D. Miller	366	14,698	315	32	34,143	2	4	4	0	0	0	8	4800-5520	F
St. Paul															
St. Luke's	C. E. Turbak	274	11,016	290	40	31,912	2	4	4	0	0	0	8	4200-4800	FP
MISSOURI															
Columbia															
University of Missouri Medical Center	A. S. Baker		Inc. in Int. Med.				2	1	1	0	0	0	2	3680-4080	P

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent				1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI—Continued																
Kansas City																
Menorah Medical Center	W. Mundy							2	1	1	0	0	0	2	5400-6300	P
Trinity Lutheran	J. H. Hill	169	7,157	226	44	1,150		2	2	2	0	0	4	6000-7200	P	
Kirkwood																
St. Joseph	J. R. Nelson	180	9,770	186	39			2	2	2	0	0	4	6000-6300	F	
St. Louis																
Lutheran	G. A. Koehler	328	15,142	444	44	25,049		3	4	5	0	0	9	5280-5580	F	
NEW JERSEY																
Flemington																
Hunterdon Medical Center	R. R. Henderson	98	5,089	213	55	38,935		2	2	2	0	0	4	3600-3900	F	
Montclair																
Mountainside ²⁷⁰	J. T. Mason	273	10,238†			13,201		2	2	2	0	0	4	3900-4200	F	
Morristown																
Morristown Memorial	R. Rushmore	278	15,143	339	60	13,002		2	2	2	0	0	4	6000-6300	F	
Perth Amboy																
Perth Amboy General	E. Hirsch							2	3	1	0	0	4	4920-5640	F	
Phillipsburg																
Warren	W. K. Peters	165	7,582	334	29	3,167		2	3	3	0	0	6	3600-4800	FP	
Princeton																
Princeton	J. J. Chandler							3	3	3	1	0	7			
Somers Point																
Shore Memorial	G. Keates	148	7,598	245	31	3,020		2	4	4	0	0	8	6600-7200	FP	
Somerville																
Somerset	L. D. Troum	237	13,679	342	23	4,866		2	2	2	0	0	4	4500-4800	F	
Summit																
Overlook	K. Burk	333	16,276	450	46	2,911		2	2	2	0	0	4	5100-5700	P	
NEW MEXICO																
Los Alamos																
Los Alamos Medical Center	H. T. Wadstrom	35	2,581	22	100	2,535		2	1	1	0	0	2	7200-7200	O	
NEW YORK																
Buffalo																
Mercy	C. Banas	338	13,864	457	48	3,556		2	3	0	0	0	3	5200-6500	FP	
Millard Fillmore	M. Cheplove	261	11,385†	328	50	10,713		2	1	1	0	0	2	4800-5200	P	
Glen Cove																
Community Hospital at Glen Cove	F. X. Moore	150	8,163	275	54	15,874		2	1	1	0	0	2	4940-5240	P	
Rochester																
Rochester St. Mary's Hospital of the Sisters of Charity	G. Eckert							2	1	1	0	0	2	5200-5700	F	
Yonkers																
Yonkers General	M. J. Eisen	146	6,505	205	45	13,032		2	2	1	0	0	3	5700-6900	FP	
NORTH CAROLINA																
Charlotte																
Charlotte Memorial	B. L. Galusha							2	2	2	0	0	4	4620-4860	P	
OHIO																
Akron																
Akron City	P. E. Cheek	387	12,604	670	53	14,603		2	2	2	0	0	4	4200-5700	FP	
Akron General	D. W. McCoy	391	14,026	593	57	13,570		2	3	3	0	0	6	4680-5100	FP	
St. Thomas	R. R. Zeno	320	13,292	384	60	5,385		2	2	2	0	0	4	4900-5100	FP	
Barberton																
Barberton Citizens	W. B. Bianconi	112	5,512	226	44	3,260		2	3	3	0	0	6	4200-4800	F	
Cincinnati																
Christ	C. Warner	130	3,461	414	40	1,242		2	4	4	0	0	8	4500-4800	F	
Good Samaritan	D. C. Fischer							2	2	2	0	0	4	5400-6600	P	
Cleveland																
Fairview General	V. Geiss	296	14,630	350	49	34,461		2	2	2	0	0	4	5400-6000	F	
Polyclinic	R. V. Bachman	123	4,783	122	35	0		3					8	4500-7500	FP	
St. John's	J. L. Modic	229	8,354	329	37	17,989		3	6	6	3	0	15	5100-6000	F	
Cleveland Heights																
Doctors	D. B. Sodee	192	6,604	141	31	4,342		2	4	4	0	0	8	4800-5400	F	
Columbus																
Mount Carmel	J. L. Henry	384	14,786†	417	52	15,235		2	3	0	0	0	3	5280-5580	F	
Riverside Methodist	W. Hutchison	30	1,409	57	51	0		2	1	1	0	0	2	5160-5340	P	
Dayton																
Good Samaritan	R. Kahn	447	19,619	557	55	4,218		2	2	2	0	0	4	3900-4500	F	
Miami Valley	J. Worthman	616	23,183†	679	43	11,362		2	2	2	0	0	4	6300-6600	P	
Elyria																
Elyria Memorial	R. J. Schork	161	6,795	181	31	2,589		2	3	3	0	0	6	4800-5100	F	
Euclid																
Euclid-Glenville	J. L. Whitaker	260	9,669	308	39	1,661		3	4	4	4	0	12	4800-5400	F	
Lorain																
St. Joseph	C. Butrey	239	10,334	377	40	2,192		2	4	4	0	0	8	4800-5100	F	
Ravenna																
Robinson Memorial Portage County	R. Glasgow	174	9,225	267	35	14,513		2	5	5	0	0	10	5400-6000	F	
Toledo																
Mercy	J. R. Jones	327	15,453	346	32	6,674		2	2	2	0	0	4	4800-5400	FP	
St. Charles	J. F. Brunner	179	7,957	231	31	15,909		2	2	2	0	0	4	5700-6000	F	
Toledo	L. R. Sataline							2	1	1	0	0	2	6300-6900	F	
Warren																
St. Joseph's Riverside	F. P. Vargo	151	7,854	176	32	0		2	3	3	0	0	6	6600-7200	F	
Youngstown																
St. Elizabeth	L. Gasser	489	21,237	510	49	12,226		2	1	1	0	0	2	4800-5100	FP	
OKLAHOMA																
Oklahoma City																
University of Oklahoma Hospitals ³⁴²	I. H. Brown							2	4	4	0	0	8	4900-5200	P	
OREGON																
Portland																
St. Vincent	D. B. Miller	279	14,575	406	52	17,793		2	2	2	0	0	4	5400-5520	P	

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance O
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA															
Altoona	J. B. English	285	11,307	481	34	11,300	2	3	3	0	0	0	6	6420-6840	F
Bristol	S. Edden	219	12,529	237	49	4,684	2	2	2	0	0	0	4	9000-9000	FP
Chester	A. H. Silvers	396	13,364	451	34	69,236	2	4	4	0	0	0	8	5100-5700	F
Drexel Hill	E. D. Arsh	200	7,778	368	39	5,607	2	2	2	0	0	0	4	7200-7200	F
Lancaster	H. W. Miller	166	5,651	327	26	4,512	2	2	2	0	0	0	4	4200-4800	F
Norristown	R. E. Carlson	206	10,987	297	39	80,308	2	4	4	0	0	0	8	4800-5400	F
Philadelphia	B. R. Marger	112	5,013	141	37	4,158	2	4	2	0	0	0	6	5400-6000	FP
Pottsville	J. H. Loucks	172	7,262	225	29	14,793	2	2	2	0	0	0	4	7200-7200	F
Reading	B. B. Axelrod	171	6,783	254	35	24,416	2	1	1	0	0	0	2	5400-...	P
Sharon	N. M. Wall	202	8,461	314	26	25,359	2	3	3	0	0	0	6	7200-7200	FP
Sharon	E. W. Cubler	230	7,164	397	40	16,853	2	2	2	0	0	0	4	7200-8400	F
Sharon	J. J. Williams	278	11,277	398	40	27,260	2	3	3	0	0	0	6	6000-6000	F
Sharon	R. E. Sass	234	12,000	333	28	4,269	2	2	2	0	0	0	4	6000-6000	F
PUERTO RICO															
Arecibo							2								
RHODE ISLAND															
Pawtucket	E. Butler	213	10,219	455	32	7,542	2	2	2	0	0	0	4	4800-5400	F
SOUTH CAROLINA															
Greenville	K. B. Young	541	24,035†	644	38	31,445	2	3	1	0	0	0	4	4500-4800	P
TENNESSEE															
Knoxville	J. Saffold					17,987	2	1	1	0	0	0	2	4392-4512	F
TEXAS															
Houston	M. F. Strashun	537	31,988	482	29		2	3	3	0	0	0	6	6300-6600	P
Midland	D. B. Connery	108	6,823	132	56	22,167	2	1	1	0	0	0	2		F
San Antonio	W. F. Pipes	407	24,288	580	34	5,723	2	2	2	0	0	0	4	5400-6000	P
UTAH															
Ogden	I. C. Taylor						2	2	0	0	0	0	2	3900-4500	P
Salt Lake City	F. W. Taylor	416	21,152	515	54	11,945	2	1	1	0	0	0	2	3900-4500	P
VERMONT															
Bennington	A. Faris	85	4,319	159	45	11,482	2	2	2	0	0	0	4	10000-10000	P
VIRGINIA															
Newport News	H. L. Kraus	122	7,499	191	43	2,877	2	2	2	0	0	0	4	7200-8400	FP
Norfolk	R. C. Reed	261	13,954	339	74	18,473	2	1	1	0	0	0	2	6000-6300	F
Norfolk	J. L. Green	112	5,228	248	28	18,055	2	2	2	0	0	0	4	6000-6000	F
Norfolk	J. Gross	118	4,387	427	35	4,047	2	4	4	0	0	0	8	6900-7800	P
Petersburg	R. Warren	272	11,372	307	39	7,370	2	2	2	0	0	0	4	7000-7000	P
Portsmouth	E. M. Hanbury, Jr.		9,825	310	34	10,313	2	3	3	0	0	0	6		
Suffolk	L. D. Soper	141	6,672	272	25	755	2	3	2	0	0	0	5	6000-7200	FP
WASHINGTON															
Seattle	W. Lacy	191	11,855	312	55	2,226	2	1	1	0	0	0	2	3900-4350	FP
Spokane	C. F. Baxter	367	22,116	525	47	5,150	2	2	2	0	0	0	4	4200-4500	FP
Spokane	G. Bell	80	1,487†	95	41	0	2	1	1	0	0	0	2	3600-4200	F
WEST VIRGINIA															
Charleston	W. Pushkin						2	1	1	0	0	0	2	3900-4800	F
Wheeling	W. E. McNamara	46	2,173	84	35		2	2	2	0	0	0	4	5100-5400	F
WISCONSIN															
Milwaukee	T. F. Garland	117	5,328†	233	42	15,154	3	2	2	2	0	0	6	5400-6000	F
Milwaukee	J. F. Zimmer	214	9,681	309	33	29,017	2	4	4	0	0	0	8	5400-5700	P
Milwaukee	N. Bauch	291	12,423	219	50	31,078	2	6	6	0	0	0	12	5100-5400	F

APPROVED RESIDENCIES

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Programs, 431; Residencies, 6,988

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
CALIFORNIA															
David Grant U.S.A.F., Fairfield	J. Thorpe	97	1,516	40	83	14,896	2	0	0	0	0	2			
TEXAS															
Wilford Hall U.S.A.F., San Antonio	R. B. Stonehill	274	6,146	108	85	72,453	7	7	7	0	0	21			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	H. F. Hurd	122	2,099	123	84	56,488	5	5	5	2	0	17			
COLORADO															
Fitzsimons General, Denver	E. L. Overholt	340	2,861	64	89	58,992	5	5	5	3	0	18			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	L. F. Parmley	388	4,012	139	83	97,279	8	8	8	0	0	24			
HAWAII															
Tripler General, Honolulu	J. A. Orbison	172	3,878	101	82	34,495	5	5	5	0	0	15			
TEXAS															
William Beaumont General, El Paso	R. H. Moser	102	2,890	65	85	80,030	4	4	4	0	0	12			
Brooke General, San Antonio	R. H. Forrester	178	3,957	208	83	59,581	10	8	8	0	0	26			
WASHINGTON															
Madigan General, Tacoma	R. L. Miller	117	2,547	55	85	28,013	5	5	5	0	0	15			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ²⁵	A. J. Draper	130	2,686	74	87	27,171	3	3	3	0	0	9			
U. S. Naval, San Diego	G. H. Tarr, Jr.	599	6,966	336	87	65,608	4	4	4	2	0	14			
ILLINOIS															
U. S. Naval, Great Lakes	W. J. Jacoby	175	3,227	36	86	22,787									
MARYLAND															
U. S. Naval, Bethesda	H. A. Sparks	161	2,634	71	94	58,571	4	4	4	1	1	14			
MASSACHUSETTS															
U. S. Naval, Chelsea	H. A. Schlang	85	1,726	36	72	15,200	2	2	2	0	0	6			
NEW YORK															
U. S. Naval, St. Albans	D. C. Kent	228	2,709	82	72	39,447	2	2	2	1*	0	7			
PENNSYLVANIA															
U. S. Naval, Philadelphia	H. L. Jones	205	3,516	216	68	25,000	4	4	4	1*	0	13			
VIRGINIA															
U. S. Naval, Portsmouth	J. J. Dempsey	236	3,877	88	69	52,655	4	4	4	0	0	12			
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	W. M. Smith	125	2,345	76	76	10,720	5	3	2	0	0	10			
LOUISIANA															
U. S. Public Health Service, New Orleans ²⁰⁷	S. J. Herbert	140	2,432	75	75	15,618	3	3	3	0	0	9			
MARYLAND															
U. S. Public Health Service, Baltimore ²¹⁴	N. P. Sinaly	82	1,893	30	87	6,146	3	3	3	0	0	9			
MASSACHUSETTS															
U. S. Public Health Service, Boston	D. Crosby	54	1,592	80	86	10,124	1	1	1	0	0	3			
NEW YORK															
U. S. Public Health Service (Staten Island), New York City	N. J. Galluzzi	179	2,924	105	57	19,421	6	6	6	0	0	18			
WASHINGTON															
U. S. Public Health Service, Seattle	M. R. Davis	75	1,897	70	77	7,080	3	3	2	0	0	8			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	W. L. Henry	1	1,842	228	37	1,618	11	6	5	2	0	24	6700-8400	O	
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balhoa Heights	T. L. Robbins	110	2,547	91	54	15,936	2	2	2	0	0	6	8400-10000	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	W. B. Frommeyer, Jr.	307	5,808	443	55	35,692	9	9	6	2	0	26			
University of Alabama Hospitals and Clinics	W. B. Frommeyer, Jr.												3840-4800	P	
Veterans Admin.	B. R. Boshell												4480-8000	O	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
ALABAMA—Continued														
Fairfield														
Lloyd Noland	C. E. Porter	99	3,831	227	39	47,003	2	2	2	0	0	6	4200-5400	FP
Mobile														
Mobile General	W. Atkinson	54	2,100	200	74	14,105	2	2	2	0	0	6	4200-6000	FP
Tuskegee														
Veterans Admin.	D. J. Thompson	208	1,487	172	52	1,450	2	2	2	0	0	6	4480-6260	O
ARIZONA														
Phoenix														
Maricopa County General	D. R. Long	228	3,979	617	25	16,295	4	3	2	2	0	11	6900-8100	P
St. Joseph's	W. L. Bunting	60	3,039†	170	62	4,323	2	2	2	0	0	6	5400-6000	F
Tucson														
Tucson Hospitals Medical Education Program ⁹⁵	J. Silverman						6	6	6	0	0	18	5100-6900	FP
Pima County General	L. A. Baker	25	1,078	173	46	13,070								
St. Mary's	D. Ben-Ashar	73	3,774	167	55	891								
Tucson Medical Center	S. Schneider	129	6,000	266	60	2,157								
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	H. R. Hipp						7	7	7	0	0	21		
University	R. V. Ebert	39	1,411	126	58	14,555							3900-5500	O
Veterans Admin.	H. R. Hipp	234	2,371	239	69	2,908							4480-6260	P
CALIFORNIA														
Bakersfield														
Kern County General	E. L. Coodley	97	2,504	361	55	41,120	4	3	1	0	0	8	6000-7800	P
Fresno														
Fresno County General	R. Larson	223	1,772	375	52	17,649	4	4	4	0	0	12	7152-8088	P
Glendale														
Glendale Adventist	L. Fisher	177	6,038	290	42	7,036	1	1	2	0	0	4	4980-6060	P
Loma Linda														
Loma Linda University	V. J. Johns	77	3,472†	101	58	924	4	4	2	0	0	10	5582-6648	O
Long Beach														
Memorial Hospital of Long Beach	J. C. Lungren	131	6,393	319	41	1,230	2	1	1	0	0	4	6000-7200	P
Veterans Admin.	D. W. Leik	511	5,917	646	65	52,943						40	5760-8520	O
Los Angeles														
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	C. R. Kleeman	316	12,674	349	52	5,869	4	4	4	1	0	13	4500-6600	P
Mount Sinai Hospital Division	C. R. Kleeman	211	7,720	234	51		2	2	2	1	0	7	4500-6600	P
Hospital of the Good Samaritan Medical Center	W. P. Thompson	121	4,548	307	51	13,211	3*	2*	1	0	0	6	4800-5600	FP
Kaiser Foundation	M. Yettra	99	3,576	267	43	158,524	3	3	2	0	0	8	5400-6600	P
Los Angeles County General, Unit I	T. Brem	779	32,499	3,021	40	116,093	26	26	26	0	0	78	7200-8400	P
Los Angeles County General, Unit II	J. E. Berk	196	4,243†	522	50	23,095	5	5	5	0	0	16	7200-8400	P
Queen of Angels	J. Johnson	73	3,608	262	48	4,077	2	2	2	0	0	6	4200-4800	F
University of California	W. N. Valentine	80	3,105	177	79	19,136	8	8	2	0	0	18	4200-5400	O
Veterans Admin. Center-Wadsworth ¹¹¹	L. Fred	846	9,965	748	75	35,703	16	24	20	2	2	64	4480-8000	P
White Memorial Medical Center	W. E. MacPherson	46	1,835	118	54	22,502	3	3	3	0	0	10†	4260-5460	P
Martinez														
Veterans Admin. ¹¹⁰	E. R. Movitt	195	2,317	212	76	16,224	3	3	3	1	0	10	4480-6260	O
Oakland														
Highland General	K. W. Benson	118	6,968	505	48	35,625	4	3	3	0	0	10	5500-6500	P
Kaiser Foundation	L. Hollander	74	2,615	250	63	141,421	4	3	2	0	0	9	4220-5490	FP
Orange														
Orange County General	L. W. Heather	61	2,670	410	86	12,679	4	4	4	0	0	12	5000-6360	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	H. Holman						12	6	8	3	0	29†		
Palo Alto-Stanford Hospital Center	H. Holman	47	1,885†	82	78	14,312							3900-5700	O
Veterans Admin.	F. L. Eldridge	115	1,014	185	86	12,154							4480-8000	O
San Mateo County General (San Mateo)	E. Rubenstein	54	1,768	251	65	17,002							3900-5500	F
Pasadena														
Huntington Memorial ¹²³	W. J. Mitchell	116	4,403	399	43	14,839	2	2	2	0	0	6	6000-7200	FP
Riverside														
Riverside County General	D. John	170	3,258	349	50	9,467	2	2	2	0	0	6	5624-6720	P
San Diego														
Merrey	D. Landale	78	3,906	238	51	7,354	1	1	1	0	0	3	3840-5952	F
San Diego County-University	W. J. Kuzman	88	2,451	609	44	16,904	4	3	2	0	0	9	5076-6324	P
San Francisco														
Children's Hospital and Adult Medical Center	C. Noble	43	1,391	80	50	8,699						4	3900-5100	F
Kaiser Foundation	B. J. Sams, Jr.	59	2,035	212	53	236,712	5	3	3	0	0	11	4410-5700	P
Mount Zion Hospital and Medical Center	H. M. Fishbon	145	4,793†	255	47	17,579	6	4	2	0	0	12	4080-6540	FP
Presbyterian Medical Center	J. J. Kelly	56	2,595	112	64	7,722	3	3	1	0	0	7	4200-5100	P
St. Luke's	D. Burnham	68	3,123	200	45	9,997	3	2	1	0	0	6	4200-5400	FP
St. Mary's	J. M. Elliott	121	2,868	247	57	10,354	2	2	1	0	0	5	3600-4800	F
Southern Pacific Memorial	J. J. McGinnis	134	4,786	130	77	21,896						9	3900-5100	F
University of California Program in Internal Medicine	L. H. Smith, Jr.						16	12	8	4	0	40		
H. C. Moffitt-University of California Hospitals	L. H. Smith, Jr.	102	3,665	155	75	31,726							4200-7400	O
San Francisco General	H. Brainerd	342	6,942	816	57								4692-7836	P
Veterans Admin.	M. J. Goldman	152	1,730	169	78	2,575	10	8	6	5	0	29	4480-8000	O
San Jose														
Santa Clara County Hospital and Medical Center	R. A. O'Reilly	133	2,732	527	69	32,204	6	3	3	1	0	13	4752-6372	F
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Santa Barbara														
Santa Barbara County General-Cottage Hospitals	S. B. Chirman						3	2	1	0	0	6	3900-5100	F
Santa Barbara Cottage		66	2,739	121	57	0								
Santa Barbara County General		38	751	83	49	3,651								
Stockton														
San Joaquin General	L. Armanino	68	2,023	337	65	10,919	3	2	2	0	0	7	5076-6144	P
Torrance														
Los Angeles County Harbor General	D. Solomon	162	7,395	816	46	18,468	9	9	9	0	0	27	7200-8400	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance P U O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Denver General	B. E. Pollock	108	2,542	357	60	30,951	4	4	2	0	0	10	3672-4392	P
Presbyterian	E. P. Sheridan	92	4,447†	212	57	3,890	2	2	2	0	0	6	4200-4800	P
St. Joseph	R. L. McKenna	144	6,329	217	60	3,815	2	2	2	0	0	6	4320-5220	P
University of Colorado Affiliated Hospitals							11	10	6	0	0	27		
University of Colorado Medical Center	G. Meiklejohn	60	2,740	193	83	5,203							3500-4500	
Veterans Admin.	D. Jenkins	153	2,871	228	83	23,473							4480-8000	
CONNECTICUT														
Bridgeport														
Bridgeport	M. Kaufman	130	4,721	428	48	6,044	3	3	2	0	0	8	3900-5400	FP
St. Vincent's	V. A. Lynch	115	4,205†	364	44	2,886	2	2	2	0	0	6	5700-6300	P
Greenwich														
Greenwich	F. C. Weber, Jr.	87	3,095†	131	64	5,806						4	3300-5700	FP
Hartford														
Hartford	R. Reinfrank	238	7,647	735	53	8,412	14	8	4	0	0	26	4200-5400	P
Veterans Admin. (Newington)	P. Lipton	105	1,749	131	75	1,285							4480-6260	P
St. Francis	J. J. Moher	170	4,679	423	48	6,546	4	2	2	0	0	8	3900-5700	FP
New Britain														
New Britain General	G. P. Perakos	128	4,870	337	50	3,985	2	2	1	0	0	5	5355-5985	F
New Haven														
Hospital of St. Raphael	D. Dock	116	3,521	451	30	9,865	8	5	3	0	0	16	6200-6920	P
Laurel Heights (Shelton)	K. S. Howlett, Jr.	131	251	21	57	1,530							6400-8300	P
Yale-New Haven Medical Center	P. K. Bondy						11	12	1	0	0	24		
Yale-New Haven	P. K. Bondy	180	5,083	574	61	18,380							3900-6000	P
Veterans Admin. (West Haven)	P. K. Bondy	83	1,893	159	91	4,000								
Newington														
Veterans Admin.—See Hartford Hospital, Hartford														
Norwalk														
Norwalk	H. Skluth	56	3,044	300	45	7,897	2	2	2	0	0	6	4200-5400	F
Shelton														
Laurel Heights—See Hospital of St. Raphael, New Haven														
Waterbury														
St. Mary's	W. Finkelstein	111	3,947	424	36	10,498	2	2	2	0	0	6	4200-4800	FP
Waterbury	A. J. Cappelletti	125	3,572	388	39	6,767	2	1	1	0	0	4	4200-5400	FP
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center														
Delaware Division	R. B. Flinn	100	2,736	146	45	7,309	2	2	2	0	0	6	5400-7800	P
Memorial Division	L. P. Lang	78	2,470	255	50	4,677	2	1	1	0	0	4	5400-6600	P
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General						27,027							3800-5000	P
Georgetown University Service	C. M. Martin	77	1,728	352	51		8	6	1	0	0	15		P
George Washington University Service	M. J. Romansky	85	1,723	383	60		11	3	1	0	0	15		P
Howard University Service	W. L. Henry	42	873	211	46		4	2	2	0	0	8		P
Doctors	C. W. Jones	107	3,066	186	59	1,376	2	2	2	0	0	6	7200-8400	P
Georgetown University	L. H. Kyle	126	3,008	142	89	11,198	12	6	0	0	1	19	3720-4630	P
George Washington University	J. M. Evans	119	3,981	252	58	22,327	8	4	4	1	0	17	3900-4800	P
Providence	T. E. Curtin	98	3,499	225	57	6,170	2	2	2	0	0	6	4200-4800	P
Veterans Admin.	S. Katz	157	2,730†	313	68	6,072						36	4480-8000	
Washington Hospital Center	T. W. Mattingly	197	6,083	463	65	14,276	4	4	4	0	0	12	4080-4440	P
FLORIDA														
Coral Gables														
Veterans Admin.	G. L. Baum	250	3,374	430	61	17,780	11	11	11	0	0	33†	4480-6260	O
Gainesville														
William A. Shands Teaching Hospital and Clinics	W. C. Thomas, Jr.	14	1,836	88	76	5,741	8	6	6	0	0	20	3600-6600	O
Jacksonville														
Jacksonville Hospitals Educational Program	K. B. Hanson						6	4	4	0	0	14		
Baptist Memorial	N. Jones	107	4,154	212	46	751							5400-6000	O
Duval Medical Center	J. J. Lowenthal	47	1,603	268	46	61,491								
St. Luke's	J. L. Borland	56	2,225	182	26	0							5100-6000	O
St. Vincent's	D. Moomaw	112	3,862†	144	41	2,004							5400-6000	P
Miami														
Jackson Memorial ⁶³	W. Harrington	230	2,765	1,106	43	25,171	16	16	8	4	0	44	3180-4380	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. Kaplan	189	6,152	394	36	8,954	4	4	1	0	0	9	4500-6000	P
Orlando														
Orange Memorial	F. C. Bone	127	5,464	367	36	5,188	3	3	1	0	0	7	5100-5700	P
Tampa														
Tampa General	L. Kahana	194	8,116	461	44	7,555	3	3	3	0	0	9	4200-7200	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	S. Ramos	102	5,218	289	35	5,666	4	3	2	0	0	9	4500-5100	P
Emory University Affiliated Hospitals	J. W. Hurst						12*	6	2	0	0	20†		
Emory University	J. W. Hurst	115	4,331†	206	66	0							3000-3900	P
Veterans Admin.	J. C. Crutcher	129	2,485	228	67	13,889							4480-8000	
Georgia Baptist	D. B. Peacock	97	3,552	202	50	2,182	2	2	2	0	0	6	4500-4860	O
Grady Memorial	J. W. Hurst	113	3,432	603	54	155,384	12	12	1	0	0	25	3000-4200	P
Piedmont	C. Smith	70	2,916	138	46	1,240	1	1	1	0	0	3	5040-5520	P
St. Joseph's Infirmary	N. Hill	69	2,421	152	54	2,760	1	1	1	0	0	3	5160-5760	P
Augusta														
Medical College of Georgia Hospitals	T. Findley						6	6	6	1	0	19		
Eugene Talmadge Memorial	T. Findley	87	1,611	113	68	4,117							3900-6000	P
University	J. D. Gray	74	2,953	288	32	12,285								
Veterans Admin.	M. E. Morgan	263	1,580	119	59	983							4480-8000	P

Numerical and other references are listed on pages 276 through 280.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
GEORGIA—Continued															
Savannah															
Memorial Hospital of Chatham County	J. C. Metts, Jr.	64	2,718†	256	33	16,139	3	5100-6000	F
HAWAII															
Honolulu															
Queen's	M. Berk	81	5,865	331	53	37,249	4	3	1	0	0	8	6600-7800	..	
St. Francis	B. J. B. Yim	59	2,791	119	41	11,616	2	2	1	0	0	5	6600-7800	O	
ILLINOIS															
Chicago															
Cook County	S. Waldstein	510	16,324	3,079	45	58,262	18	18	18	4	0	58†	4620-6300	F	
Illinois Masonic	L. L. Braun	177	5,427	308	52	8,680	4	4	4	0	0	12	6000-7200	FP	
Louis A. Weiss Memorial	H. E. Bessinger	125	3,784	247	44	2,212	4	4	4	0	0	12	6600-6900	P	
Mercy Medical Center	G. F. O'Brien	57	1,685	105	31	78,143	4	3	1	0	0	8	4500-5100	P	
Michael Reese Hospital and Medical Center	E. Reiss	343	7,320	508	59	23,644	12	12	12	0	0	36	3600-5700	P	
Mount Sinai ¹⁹	G. Snider	122	4,174	231	46	10,140	10	4	2	1	0	17	4600-6100	P	
Northwestern University Medical Center ⁶	D. P. Earle	..	..	..	..	23,954	..	..	..	..	..	..	..	..
Chicago Wesley Memorial	P. Rhoads	200	5,255	269	65	..	4	4	3	0	0	11	3600-4200	P	
Passavant Memorial	O. Paul	111	3,173†	157	70	3,965	3	3	3	1	0	10	3900-4500	P	
Veterans Adm. Research	C. W. Borden	180	3,240	305	74	20,724	8	6	6	1	0	21	4480-8000	O	
Evanston (Evanston)	L. F. Jourdonais	171	5,160	283	71	9,310	5	4	3	1	0	13	3300-6700	P	
Presbyterian-St. Luke's	J. S. Graettinger	275	7,753	420	64	24,443	14	8	8	0	0	30	4000-4600	P	
St. Joseph	I. Steek	135	5,116	242	49	2,124	6	4	2	0	0	12	5400-6000	F	
University of Chicago Hospitals and Clinics	H. H. Hecht	151	4,084	209	72	42,472	12	12	8	0	0	32	4200-5160	O	
University of Illinois Research and Educational Hospitals ¹⁸⁸	H. F. Dowling	78	1,506	120	78	37,021	7	4	4	0	0	15†	3600-4200	P	
Veterans Adm. (West Side) ¹⁷⁹	L. B. Bernstein	218	2,544	272	79	70,608	10	10	9	3	2	34	4480-8000	O	
Evanston															
Evanston—See Northwestern University Medical Center, Chicago	T. Heffernan	95	3,044	301	60	6,679	..	..	..	..	..	6	6780-7020	FP
Hines															
Veterans Adm. ¹⁷⁸	A. Littman	510	6,042	658	60	11,529	12	10	10	5	2	39	4480-8000	O	
Peoria															
St. Francis	H. A. Warren	227	5,935	363	46	34,660	3	3	3	0	0	9	5100-5700	F	
INDIANA															
Indianapolis															
Indiana University Medical Center	J. B. Hiekam	..	..	..	..	..	20*	10	10	0	0	40	..	..
Indiana University Hospitals	J. B. Hiekam	87	2,218	160	63	6,133	..	..	..	..	..	..	3575-4375	P
Marion County General	C. E. Test	130	2,394	466	40	53,914	..	..	..	..	..	..	3863-6000	P
Veterans Adm.	J. B. Hiekam	337	3,495	358	72	2,645	..	..	..	..	..	..	4480-8000	O
Methodist Hospital of Indiana	W. E. Coggeshall	277	6,001†	513	52	5,602	4	3	3	0	0	10	5400-6360	P	
St. Vincent's	J. H. Doran	103	3,037	219	53	1,264	1	1	1	0	0	3	5700-6600	P	
IOWA															
Iowa City															
State University of Iowa Affiliated Hospitals ⁴⁴	..	..	..	..	..	..	14	12	8	0	0	34	..	..
University Hospitals	W. B. Bean	155	5,532	293	72	35,799	..	..	..	..	..	..	4000-5000	P
Veterans Adm.	R. D. Eekhardt	182	3,518	224	80	6,157	..	..	..	..	..	..	4480-8000	P
KANSAS															
Kansas City															
University of Kansas Medical Center	M. Delp	131	4,106	201	71	28,393	14	14	14	0	0	42	3240-6100	P	
Veterans Adm. (Kansas City, Mo.)	W. G. Calkins	202	2,957	353	61	1,840	..	..	..	..	..	..	4480-6260	O
Wichita															
Veterans Adm.	D. Givner	120	1,524	118	63	1,029	4	4	4	0	0	12	4480-6260	F	
St. Francis	T. J. Luellen	221	10,252	409	33	196	..	..	..	..	..	..	5400-6260	F
West Medical Center	E. W. Crow	212	12,253	294	40	4,270	..	..	..	..	..	..	5400-6000	F
KENTUCKY															
Harlan															
Harlan Appalachian Regional	J. H. Willard	74	2,785	124	24	31,428	3	3	2	0	0	8	6400-8000	P	
Lexington															
University ²⁰⁰	E. D. Pellegrino	66	1,821	143	59	10,455	8	8	6	4	0	26	3960-5760	P	
Louisville															
University of Louisville Affiliated Hospitals	B. Towery	..	..	..	..	..	12	6	4	2	0	24	..	..
Jewish	B. Towery	87	3,944	197	38	17,922	..	..	..	..	..	..	4800-5400	P
Louisville General	B. Towery	80	2,373	427	48	17,957	..	..	..	..	..	..	4300-4600	P
Veterans Adm.	J. R. Gott, Jr.	159	2,381	266	51	10,975	..	..	..	..	..	6	4480-6910	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	C. B. Kennedy	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana State University Division	E. Hull	112	3,285	607	53	52,065	..	..	..	..	..	28	2700-3300	F
Tulane University Division	G. Burch	107	2,935	623	54	64,208	..	..	..	..	..	26	2700-3300	FP
Ochsner Foundation	W. R. Arrowsmith	125	4,746	153	71	62,155	4	4	4	0	0	12	3300-3900	P	
Southern Baptist	E. O. Comer	169	5,177	396	37	2,052	2	2	2	0	0	6	4800-5400	P	
Touro Infirmary ²⁰²	T. Bloch	126	4,288	283	40	12,437	2	2	2	0	0	6†	4500-5100	P	
Veterans Adm. ²⁰⁷	H. A. Buechner	228	3,123	331	59	19,823	8	8	8	2	1	27	4480-8000	O	
Shreveport															
Confederate Memorial Medical Center	H. D. Tucker	96	4,646	368	43	13,817	3	3	3	0	0	9	2700-3300	F	
MAINE															
Portland															
Maine Medical Center	A. Aranson	113	4,087	356	41	9,986	3	3	3	0	0	9	3300-4500	FP	
MARYLAND															
Baltimore															
Baltimore City Hospitals	J. Krevans	139	3,038	519	73	38,961	7*	7	1	0	0	15	4500-6500	O	
Church Home and Hospital ²¹³	J. D'Antonio	57	2,746	179	44	3,200	5	2	1	0	0	8	5750-6500	P	
Greater Baltimore Medical Center	T. E. Prout	5	101	7	43	122	0	3	3	1	1	8	6300-7200	P	
Johns Hopkins	A. H. Harvey, P. A. Tumulty	223	6,336†	547	65	56,429	10	2	0	4	1	17	3500-...	P	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND, Baltimore—Continued														
Maryland General	E. F. Cotter	119	3,002	305	36	1,357	4	1	2	0	0	6	6100-6300	P
Mercy	V. M. Smith	91	2,268	202	44	9,422	4	3	2	0	0	9	6300-6600	
St. Agnes	L. P. Gundry	110	3,057	293	37	2,880	3	3	3	0	0	9	6300-6900	
Sinai Hospital of Baltimore	A. I. Mendeloff	120	2,681	301	48	20,561	10	6	2	0	0	18†	5000-6000	
South Baltimore General	R. T. Parker	55	1,621	156	51	3,669	1	1	1	0	0	3	5700-6900	
Union Memorial	J. E. Howard	128	3,410	438	50	3,449	5	3	1	1	0	10	6240-7200	
University	T. E. Woodward	125	2,817	318	90	36,388	10	8	4	1	1	24	3800-5000	P
Cheverly														
Prince George's General	N. D. Comeau	161	5,233	423	55	6,424	2	2	2	0	0	6	3900-4500	F
Fort Howard														
Veterans Admin. ²¹⁵	I. Freeman	209	1,669	255	63	1,526	4	3	3	0	0	10	4480-6260	P
MASSACHUSETTS														
Boston														
Beth Israel	H. Hiatt	135	3,594	317	51	23,102	10	5	1	0	0	16	3600-6000	O
Boston City														
I and III Medical Service (Tufts)	F. Biguria	80	3,276	390	48	23,180	10*	5*	1	0	0	16†	3600-4800	O
II and IV Medical Service (Harvard)	M. Finland	93	3,445	425	60	24,079	17	6	1	0	0	24	3600-4800	O
V and VI Medical Service (Boston University)	F. J. Ingelfinger	95	3,274	439	50	23,773	11	6	1	0	0	18†	3600-4800	O
Long Island	J. E. Mackie	500	2,492	80	48	5,200	8	3	1	0	0	12	5200-5200	O
Carney ²¹⁹	F. L. Colpoys	97	3,425	263	49	3,068	5	3	2	0	0	10	5522-6420	P
Lahay Clinic	D. I. Rutledge	223	7,314	159	68	77,416	12	8	11	0	0	31	3600-4800	O
Lemuel Shattuck	T. C. Chalmers	161	1,274	282	56	6,018	8	9	1	0	0	18	4414-5538	P
Faulkner	J. R. Graham	61	1,739	129	44	1,440							4414-5163	P
Massachusetts General	A. Leaf	245	7,680†	782	61	21,017	14	8	1	0	0	23	3600-6000	O
Middlesex County Sanatorium (Waltham)	K. T. Bird	147	452	48	60	24,902								
New England Deaconess	J. L. Tullis	198	10,825	248	61	31,710	12	5	2	0	0	19	3600-6000	P
New England Medical Center Hospitals	S. Proger	107	4,438	121	63	14,396	9	4	1	0	0	14	3600-6000	O
Peter Bent Brigham	G. W. Thorn	116	3,669	253	79	30,437	14	0	6	1	0	21	3600-6000	P
Veterans Admin. (West Roxbury)	T. A. Warthin	81	1,253	105	78	2,188							4480-8000	O
St. Elizabeth's	F. Stohman, Jr.	95	2,753	223	48	4,669	7	7*	2	0	0	16	3600-4800	O
University	R. W. Wilkins	45	1,928	104	54	13,032	5	3	1	0	0	9	3600-4800	F
Veterans Admin. (Jamaica Plain)	M. B. Strauss	260	5,216	442	65	7,122	18	11	11	0	0	40	4480-8000	O
Chelsea														
Lawrence F. Quigley Memorial Hospital—Malden	A. I. De Friez						3	2	2	0	0	7		
Lawrence F. Quigley Memorial—Malden (Malden)	A. I. De Friez	62	1,080	108	58	19,437							4800-6600	P
	E. G. Thorp	78	2,602	178	38	625	3	3	2	0	0	7	4200-5600	F
Malden														
Malden—See Lawrence F. Quigley Memorial Hospital—Malden, Chelsea														
Newton Lower Falls														
Newton-Wellesley-Tufts Affiliated Residency	A. D. Baldwin	87	3,573	264	35	2,012	4	3	2	0	0	9	3900-4500	P
Pittsfield														
Pittsfield Affiliated Hospitals	C. Rosen	127	4,038	209	50	8,240	2	2	2	0	0	6	3900-5700	F
Pittsfield General														
St. Luke's														
Springfield														
Springfield	V. Grover	117	3,305†	346	89	3,292	3	3	2	0	0	8	5220-5820	P
Waltham														
Middlesex County Sanatorium—See Massachusetts General, Boston														
Worcester														
Memorial	R. W. Robinson	135	4,743	243	54	5,582	3	3	6	1	0	7	4200-5100	P
St. Vincent	J. T. Brosnan	166	4,221	321	54	1,690	4	3	2	0	0	9	4100-4700	P
Worcester City	W. MacDonald	132	3,761	460	38	17,672	6	3	1	0	0	10	4550-5468	FP
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	R. E. Reichert	181	6,102	303	53	49,778	5	5	5	0	0	15	5400-6000	O
University of Michigan Medical Center	W. D. Robinson						22	20	16	0	0	58		
University	W. D. Robinson	197	4,919	285	75	79,999							3540-5451	O
Veterans Admin.	R. C. Bishop	177	2,317	179	83	8,464							4480-8000	O
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Detroit Memorial	J. T. McHenry	91	2,953	144	64	4,136	2	2	2	0	0	6	6300-7200	P
Grace	G. S. Fisher	264	7,993†	654	53	12,376	5	5	5	0	0	15	4260-4860	FP
Harper	R. J. Schneck	192	4,844	381	41	21,057	5	4	3	0	0	12	3900-5700	FP
Henry Ford	C. M. McColl	425	11,559	897	54	260,279	26	25	25	16	5	97	4800-5400	O
Metropolitan	S. Schuchter	67	2,043	129	51	85,696	2	2	2	0	0	6	4380-6000	F
Mount Carmel Mercy	J. M. Shuey	166	4,975†	429	43	2,310	4	4	4	0	0	12	5700-6300	P
St. John	T. J. McBryan	97	2,399	170	43	2,679	3	3	3	0	0	9	5610-6270	P
Sinai Hospital of Detroit	H. A. Ravin	128	3,116	226	53	4,933	6*	4	2	0	0	12	4800-5400	P
Wayne State University Affiliated Hospitals	R. J. Bing						41	9	3	0	0	53		
Veterans Admin. (Dearborn)	G. W. Bissell	420	3,116	327	56	10,970							4480-6260	O
Detroit General	R. J. Bing	141	2,726	544	46	47,592							5300-6200	P
Hutzel	R. E. Mack	114	3,215	223	36	2,622							5700-6300	O
Eloise														
Wayne County General Hospital and Infirmary	B. A. Bereu	118	3,593	540	42	17,318	6	4	6	1	0	17	6167-7667	F
Flint														
Hurley	G. E. Drewyer	238	6,838†	525	38	2,959	3	3	3	0	0	9	5700-6900	P
McLaren General ²⁴¹	H. V. Sparks	108	3,823	157	40	588	1	1	1	0	0	3	5700-6300	P
Grand Rapids														
Blodgett Memorial	N. L. Avery, Jr.	96	3,843	164	62	1,256	2	2	1	0	0	5	5700-6000	P
Butterworth	A. VandenBerg	106	3,433†	307	55	2,270	2	2	2	0	0	6	5700-6000	P
Highland Park														
Highland Park General	L. Jaffe	117	3,390	261	45	2,321	2	2	2	0	0	6	5481-6682	P
Pontiac														
Pontiac General	D. Smith	102	3,666†	296	48	860	2	2	2	0	0	6	6300-7500	FP
St. Joseph Mercy	F. McCain	84	3,123	233	48	3,057	2	2	2	0	0	6	6300-6900	P

Numerical and other references are listed on pages 276 through 280.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MICHIGAN—Continued														
Royal Oak														
William Beaumont.....	I. Mader.....	90	3,105	311	47	1,890	6	6	6	0	0	18	5880-6900	P
Saginaw														
Saginaw General.....	T. O. Lohr.....	88	3,614	160	46	912	1	1	1	0	0	3	6360-6960	FP
Southfield														
Providence.....	F. M. Wilner.....	73	1,440†	155	52	370	2	2	2	0	0	6	5700-6300	O
MINNESOTA														
Minneapolis														
Hennepin County General.....	A. L. Schultz.....	81	2,537	306	61	21,987	4	4	4	0	0	12	4500-6500	P
Mount Sinai ²⁵⁴	A. L. Schultz.....	84	3,360	145	50	6,201	3	3	3	1	0	10	5880-7500	P
Northwestern.....	C. J. Watson.....	...	3,118	113	64	2,100	6	6	6	0	0	18	5000-6000	O
University of Minnesota Affiliated Hospitals.....	M. E. Jacobson.....	...	...	...	...	...	10	8	8	8	4	38	...	...
University of Minnesota Hospitals.....	M. E. Jacobson.....	110	2,666	233	80	14,630	...	...	...	...	...	...	4500-8500	O
Veterans Admin.....	W. H. Hall.....	417	4,534	363	80	28,278	...	...	...	...	...	...	4480-8000	O
St. Paul-Ramsey (St. Paul).....	F. Tiffany.....	145	2,593	310	62	17,600	...	...	...	...	...	...	4500-6000	P
Rochester														
Mayo Graduate School of Medicine.....	R. D. Miller.....	341	22,385	470	68	414,068	60	60	50	25	10	205	3600-4800	P
Rochester Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Paul														
Charles T. Miller.....	E. H. Karon.....	86	3,233	146	46	14,632	1	1	1	0	0	3	4200-5400	FP
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center.....	H. K. Hellems.....	...	...	...	...	...	8	6	4	0	0	18	...	...
University.....	B. B. Johnson.....	79	2,842	237	62	14,391	...	...	...	...	...	...	3600-4500	O
Veterans Admin.....	J. F. Busey.....	244	2,320	206	71	1,784	...	...	...	...	...	...	4480-6260	O
MISSOURI														
Clayton														
St. Louis County.....	R. O. Muether.....	54	1,735	262	49	25,607	2	2	2	0	0	6	3900-5100	F
Columbia														
University of Missouri Medical Center.....	C. T. Ray.....	84	2,284	162	65	10,885	9	8	6	0	0	23	3660-4500	P
Kansas City														
Kansas City General Hospital and Medical Center.....	J. Arnold.....	130	2,531	555	35	27,504	5	5	5	0	0	15	4500-5700	P
Menorah Medical Center ⁷⁴	A. Freedman.....	147	4,507	173	39	1,741	4	4	4	0	0	12	5400-6900	P
St. Luke's.....	A. W. Robinson.....	151	5,917	326	55	10,809	3	3	3	1	0	10	5100-6300	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Louis														
Barnes.....	C. V. Moore.....	198	6,861	368	71	27,241	24	8	2	0	0	34	3900-5000	O
Deaconess.....	J. H. Woodbridge.....	179	5,301	279	48	47,459	3	2	1	0	0	6	5400-6600	F
Homer G. Phillips.....	F. Alexander.....	114	3,835	566	19	45,668	6	6	6	0	0	18	4584-5571	P
Jewish Hospital of St. Louis.....	S. Wessler.....	160	5,401†	309	54	8,530	8	5	1	0	0	14	3700-6100	P
St. John's Mercy.....	R. Reider.....	129	4,505	257	58	4,222	4	4	2	0	0	10	3600-4800	F
St. Louis City														
Unit I—Washington University Medical Service.....	G. T. Perloff.....	87	2,274	303	67	17,957	4*	2	1	1	0	8†	4583-5848	O
Unit II—St. Louis University Medical Service ²⁶⁷	R. A. Kinsella, Jr.....	87	2,275	303	67	17,957	6*	4	3	1	0	14†	4583-5848	O
St. Louis University Group of Hospitals.....	T. F. Frawley.....	160	3,677	316	78	17,764	10	10	2	0	0	22	4440-4680	O
St. Luke's.....	R. Paine.....	125	4,323	240	52	11,889	4	2	1	0	0	7	4200-5400	F
St. Mary's.....	W. A. Knight, Jr.....	150	4,696	248	51	51	8	6	4	0	0	18	4200-5400	FP
NEBRASKA														
Omaha														
Creighton University Affiliated Hospitals.....	R. P. Heaney.....	...	...	...	...	...	8	6	4	0	0	18	...	...
Creighton Memorial St. Joseph's.....	R. P. Heaney.....	182	5,395	368	38	9,851	...	...	...	...	...	...	4800-6000	P
Douglas County.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.....	J. F. Sullivan.....	203	3,026	242	71	1,604	...	...	...	...	...	...	4480-8000	O
University of Nebraska Affiliated Hospitals ⁸⁰	F. F. Paustian.....	...	...	...	...	...	6	6	4	0	0	16	...	...
University of Nebraska.....	R. Grissom.....	28	581	39	74	13,395	...	...	...	...	...	...	4300-4900	P
Bishop Clarkson Memorial.....	F. F. Paustian.....	246	4,323	187	56	...	...	...	...	...	...	...	4300-4900	O
Douglas County.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.....	J. F. Sullivan.....	203	3,026	242	71	1,604	...	...	...	...	...	...	4480-8000	O
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals.....	.....	...	...	...	...	...	8	6	4	0	0	18	...	...
Mary Hitchcock Memorial.....	J. B. Burnett.....	77	3,257	161	86	36,886	...	...	...	...	...	...	3400-4200	O
Veterans Admin. (White River Junction, Vt.).....	J. L. Grant.....	79	1,420	91	92	3,825	...	...	...	...	...	...	4000-5600	P
NEW JERSEY														
Atlantic City														
Atlantic City.....	J. F. Gleason.....	132	4,404	466	44	4,950	3	1	1	0	0	5	4800-5700	F
Camden														
Cooper.....	E. N. Murray.....	142	4,190	533	47	8,336	2	1	1	0	0	4	4200-4800	F
East Orange														
Veterans Admin. ²⁹⁶	H. A. Weiner.....	200	1,802	305	64	2,187	6	6	3	2	0	17	4480-8000	O
Elizabeth														
St. Elizabeth ²⁸⁷	C. Ream.....	106	3,490	264	40	12,635	5	3	2	0	0	10	5500-6500	P
Englewood														
Englewood.....	G. Barlow.....	75	2,333	240	37	5,950	3	3	3	0	0	9	3960-4560	F
Hackensack														
Hackensack.....	G. O. Helden.....	97	3,056	303	41	9,021	3	1	1	0	0	5	3900-4500	F
Jersey City														
Jersey City Medical Center.....	H. Jeghers.....	244	4,881	839	43	18,466	14	10	3	1	1	29	3400-7500	F
Long Branch														
Monmouth Medical Center.....	J. Feldman.....	144	4,441	354	55	5,400	3	1	1	0	0	5	4200-4800	F

APPROVED RESIDENCIES

8. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NEW JERSEY—Continued														
Montclair														
Mountainside	A. D. Teaze	125	3,676	432	41	6,531	3	2	2	0	0	7	3900-4500	F
Newark														
Newark Beth Israel	E. Klosk	109	3,196	343	31	10,540	2	1	1	0	0	4	3000-3600	F
Newark City	H. J. Jeghers	272	6,695	839	53	10,314	12	6	1	0	0	31	5000-7500	F
St. Michael	L. G. Smith	133	3,530	249	57	7,341	6	6	2	0	0	14	3900-6880	F
New Brunswick														
Middlesex General	G. Pickar	79	2,900	228	45	5,137	4	2	1	0	0	7	4920-5568	P
St. Peter's General	G. J. Aitken, Jr.	113	3,497	294	43	5,644	4	2	2	0	0	8	4560-6360	F
Orange														
Orange Memorial	D. T. Kieswetter	96	3,041	347	43	4,415	1	1	1	0	0	3	4500-5100	FP
Paramus														
Bergen Pines County	S. F. Alexander	429	4,155	772	42	20,105	6	6	4	0	0	16	4200-4800	P
Paterson														
St. Joseph's	K. P. Lance	99	2,893	421	47	3,271	3	2	2	0	0	7	7320-7920	P
Plainfield														
Muhlenberg	R. Brokaw	122	3,929	410	54	10,700	2	2	1	0	0	5	4020-5400	FP
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	R. U. Massey	79	4,386	130	49	56,297							4200-7000	P
University of New Mexico Affiliated Hospitals	S. Papper						8	8	8	0	0	24		
Bernalillo County-Indian	S. Papper	48	17,445	178	49	9,076							5500-6100	P
Veterans Admin.	A. N. Longfield	365	3,205	191	87	1,256							4480-8000	O
NEW YORK														
Albany														
Albany Medical School Affiliated Hospitals	R. T. Beebe							14	8	8	2	0	32	
Albany Medical Center		141	4,954	446	69	12,941							4000-5600	P
Veterans Admin.		332	3,175	375	69	3,148							4480-6260	O
Buffalo														
Buffalo General	E. Calkins	238	6,040	405	58	19,480	14	7	3	0	0	24	4100-4700	O
Edward J. Meyer Memorial	D. K. Miller	343	4,928	522	46	48,287	8	8	8	2	0	26	4895-6410	P
Mercy ⁴⁵	J. O'Brien	144	3,191	332	45	3,730	3	3	3	0	0	9	5200-6500	FP
Millard Fillmore	J. F. Painton	163	4,764	326	49	6,690	3	3	3	0	0	9	4800-5600	P
Veterans Admin. ²⁷⁹	J. T. Aquilina	409	3,392	331	66	31,487	16	4	2	5	0	27	4480-6910	O
Cooperstown														
Mary Imogene Bassett	M. I. Page	29	951	86	71	14,067	2	1	1	0	0	4	4128-5376	P
East Meadow														
Meadowbrook	A. W. Freireich	131	4,441	713	42	8,306	12	7	2	0	0	21	4859-6985	F
Johnson City														
Charles S. Wilson Memorial ¹²⁰	E. M. Wyso	148	4,682	338	41	72,419	3	2	2	0	0	7	4500-5100	P
Manhasset														
North Shore	W. J. Messinger	62	2,162	180	33	3,002	5	3	2	0	0	10	4980-6220	F
Mineola														
Nassau	W. C. Hollis	113	3,897	387	60	2,238	2	2	2	1	0	7	4800-5400	P
New Hyde Park														
Long Island Jewish Hospital Training Program	E. Meilman						16	12	7	0	0	35		
Long Island Jewish	E. Meilman	84	2,461	195	58	6,097							4500-6250	O
Queens Hospital Center (New York City)	A. H. Douglas	770	6,055	1,367	32	52,313							4200-5220	F
New Rochelle														
New Rochelle	H. A. Ranges	97	3,257	235	38		1	1	1	0	0	3	3900-6500	F
New York City														
Albert Einstein College of Medicine Affiliated Hospitals														
Bronx Municipal Hospital Center	I. M. London	450	6,000	721	48	65,000	16	16	6	0	0	38	4980-6000	FP
Hospital of the Albert Einstein College of Medicine														
Beekman-Downtown	J. Flynn	83	2,070	197	46	10,215	6	2	1	0	0	9	5600-6500	P
Bellevue Hospital Center														
Div. I—Columbia University ⁵⁷	C. A. Ragan, Jr.	95	1,724	192	48	21,825	12	5	1	0	0	18	4740-6160	FP
Div. II—Cornell University ⁵¹	T. P. Almy	198	3,483	461	64	48,352	14	10	2	2	0	28	4740-6160	FP
Divisions III and IV—New York University	L. Thomas	200	3,000	406	44	49,775	20	14	4	0	0	38	4740-6160	FP
Beth Israel	A. M. Fishberg	109	2,347	225	54	21,790	6	6	1	0	0	13	4650-5650	P
Bronx-Lebanon Hospital Center	E. Fischel	202	5,129	480	37	46,874	7	7	4	0	0	18	5000-6400	P
Brookdale Hospital Center	F. Wroblewski	99	1,971	274	47	16,323	8	4	2	0	0	14	4500-5500	P
Brooklyn-Cumberland Medical Center	J. P. Mueller	103	2,646	318	38	9,523							5640-6660	P
Brooklyn		76	2,016	291	26	60,017							5640-5640	P
Columbus	J. Florio	71	1,548	202	36	10,832	2	2	2	0	0	6	4800-5000	F
Flushing Hospital and Medical Center	C. Cramer	95	2,474	251	45	6,971	3	3	3	0	0	9	4020-4700	FP
Francis Delafield ⁵²	A. Gallhorn	60	567	146	41	6,671	1	0	4	0	1	6	4740-6160	FP
Harlem Hospital Center	A. White	272	6,411	1,089	23	99,463	10	10	6	3	0	29	4740-6160	FP
Hospital for Joint Diseases and Medical Center	J. Grossman	51	1,139	75	41	24,583	2	2	1	0	0	5	4500-5500	P
Jamaica	E. E. Keet	71	2,440	269	49	5,980	2	2	2	0	0	6	4800-6000	F
Jewish Chronic Disease ⁶²	E. E. Mandel	598	2,555	603	40	7,652	6	6	4	1	0	17	4800-6300	F
Jewish Hospital of Brooklyn	M. Goldner	181	3,619	486	32	21,856	13	7	4	0	0	24	4500-5000	O
Greenpoint	B. Gusoff	38	691	129	30	34,913							4220-5220	F
Jewish Memorial	A. C. DeGraff	48	1,865	180	38	9,185	3	3	2	0	0	8	4200-5400	F
Kings County Hospital Center	L. W. Eichna	787	9,366	794	38	30,522	20	19	9	7	0	55	4740-6160	FP
Knickerbocker	M. S. Bruno	80	1,479	266	67	6,693	3	3	2	0	0	8	4800-6060	FP
Lenox Hill	I. Graef	212	5,226	394	40	21,582	4	4	4	0	0	12	4300-5100	P
Lincoln	I. M. London	57	1,416	226	39	54,723	9	8	4	0	0	21	4740-6160	F
Long Island College	J. N. Edson	232	5,627	349	38	6,450	4	4	4	0	0	12	4000-6250	P
Maimonides Hospital Training Program	D. Grob						24	12	4	2	15	57		
Maimonides Hospital of Brooklyn	D. Grob	203	4,414	640	40	21,646							4500-6250	P
Coney Island	J. L. Sherman	185	3,464	794	33	13,668							4000-6250	P
Memorial Hospital for Cancer and Allied Diseases-James Ewing ²¹	R. W. Rawson	113	1,683	361	59	20,352	13	11	7	1	0	32	6100-10500	O
Methodist Hospital of Brooklyn	J. J. Smith	154	2,956	275	36	11,362	4	4	3	0	0	11	5000-5800	P
Misericordia-Fordham Training Program														
Misericordia	R. F. Gomprecht	106	2,296	252	52	6,563	6*	4	3	2	0	15	5910-6930	F
Fordham	R. F. Gomprecht	128	2,733	544	55	33,475	8	8	6	1	0	23	5910-6930	F

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NEW YORK, New York City—Continued														
Montefiore Hospital Training Program	L. Leiter	228	4,944	543	40	15,372	30	22	8	0	0	60	4620-6370	P
Montefiore Hospital and Medical Center		121	2,747	580		30,363								
Morrisania City														
Mount Sinai Hospital Training Program														
Mount Sinai	A. B. Gutman	245	7,015	504	50	42,704	12	6	7	0	0	35	4500-6000	F
City Hospital Center at Elmhurst	S. G. Seckler	315	5,000	807	46	45,873	10	10	7	4	0	31	5400-6900	FP
New York	D. Thompson	122	2,336	220	62	52,579	12	3	3	2	0	25	4000-7000	F
New York Infirmary	M. L. Gelfand	75	1,986	141	27	9,034	4	3	2	0	0	9	4850-5500	F
New York Medical College-Metropolitan Hospital Center	R. Levine	107	2,785	172	29	1,598	16	15	11	0	0	42	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals		207	3,812	782	31	133,371								
Unit 2—Metropolitan														
Unit 3—Bird S. Coler Memorial Hospital and Home		1,478	586	400										
New York Polyclinic Medical School and Hospital	R. Wallach	74	1,615	124	54	14,800	4	2	2	0	0	8	4700-5300	P
Presbyterian	S. Bradley	230	6,672	226	63	57,437	13	6	3	1	0	23	4800-8000	O
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park														
Queens Hospital Center (Mary Immaculate Hospital Div.)	W. D'Angelo	85	2,075	400	35	14,564	7	5	3	0	0	15	4200-5000	F
Roosevelt	N. P. Christy	157	3,618†	373	42	8,942	8	4	2	0	0	14	4300-6300	O
St. Clare's	V. C. Ancona	95	2,267	222	32	11,673	3	3	2	0	0	8	5400-6600	F
St. Francis	P. W. Brickner	108	1,753	156	34	14,227	6	4	4	0	0	14	5600-7400	P
St. Luke's Hospital Center	T. B. Van Itallie	181	3,746	249	57	35,447	8	6	6	0	0	20	4500-5500	P
St. Vincent's Hospital and Medical Center of New York	W. J. Grace	231	4,963	533	48	29,069	8	8	3	0	0	19	5500-6500	P
St. Vincent's Hospital of the Borough of Richmond	T. J. Quigley	84	2,474†	284	37	4,196	4	2	2	0	0	8	5700-6600	P
Salvation Army Booth Memorial	I. R. Cohen	70	2,013	197	46	5,432	4	3	2	0	0	9	6000-7500	O
Veterans Admin. (Bronx) ²⁹⁵	J. Wolf	470	4,050	520	46	10,994	16	16	8	2	2	44†	6000-8000	O
Veterans Admin. (Brooklyn)	W. Dock	416	4,751	479	52	5,348	17	15	10	4	0	46	6000-8000	O
Veterans Admin. (Manhattan)	R. H. Green	410	2,401	409	48		18	12	7	2	1	40	6000-8000	O
Wyckoff Heights	V. J. Adams	120	2,513	412	43	4,204	5	4	3	0	0	12	4080-5400	F
Rochester														
Genesee	H. L. Segal	87	2,546	295	71	6,519	5	4	1	0	0	10	4900-6400	P
Highland Hospital of Rochester	J. W. Holler	65	2,039	221	54	790	4	3	1	0	0	8	6100-7600	O
Rochester General ²¹⁹	S. B. Troup	116	3,065	206	57	4,732	6	4	2	0	0	12	3620-4620	FP
Rochester St. Mary's Hospital of the Sisters of Charity	J. Carroll	92	2,033†	234	52	3,057	2	2	1	0	0	5	5200-6200	F
Strong Memorial Hospital of the University of Rochester	L. E. Young	149	4,347	362	71	28,071	15	8	2	0	0	25	3600-5400	O
Syracuse														
State University of New York Upstate Medical Center	R. H. Lyons	284	7,204	558	49	25,662	13*	13	8	0	0	34	4036-4940	O
Veterans Admin.	A. T. Ladd	159	2,903	212	74	1,960							4480-6260	O
Valhalla														
Grasslands	B. J. Sobol	177	2,153	427	51	19,185	6	6	6	4	0	22†	5100-5900	FP
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	L. G. Welt	78	2,335†	133	62	14,187	8	10	1	0	0	19	3190-6500	O
Charlotte Memorial (Charlotte)	L. Kelly	107	3,981	202	61	12,346							4620-5520	P
Charlotte														
Charlotte Memorial—See North Carolina Memorial, Chapel Hill														
Durham														
Duke University Affiliated Hospitals							19	12	2	0	0	33		
Duke	E. A. Stead, Jr.	155	4,899	257	59	38,557							3900-4800	P
Veterans Admin.	K. H. Kilburn	178	2,698	253	65								4480-8000	O
Watts	J. P. McCracken	96	3,750†	203	37	3,379	2	2	1	0	0	5	3900-4800	F
Winston-Salem														
North Carolina Baptist Hospitals	E. Yount	135	5,725	282	61	9,207	7	6	2	0	0	15	3000-4000	P
OHIO														
Akron														
Akron City	A. H. Loomis	179	3,217	506	51	9,005	3	3	3	0	0	9	4200-6600	FP
Akron General	W. M. Bartholomae	125	3,523	449	51	8,782	4	4	3	0	0	11	4680-5640	FP
St. Thomas	J. J. Murphy	106	3,485	266	57	3,644	3	3	3	0	0	9	4900-5640	FP
Cincinnati														
Daniel Drake Memorial	S. Goodman	907	1,087	388	48	10,343	9	4	2	0	0	15	4800-6000	F
Good Samaritan	D. C. Fischer	168	4,489	467	50	2,609	3	3	2	0	0	8	5400-6900	P
Jewish	E. G. Margolin	168	3,663†	472	40	6,476	8*	4	1	0	0	13	4500-5700	FP
University of Cincinnati Hospital Group	R. W. Vilter						15	12	14	5	0	46		
Cincinnati General		116	2,481	273	58	40,172							4000-7500	F
Veterans Admin.		119	1,739	194	68								4480-8000	O
Cleveland														
Cleveland Clinic	H. Van Ordstrand	105	5,954	269	51	102,460	20	18	18	10	0	66	3900-4500	P
Cleveland Metropolitan General	C. H. Rammelkamp	160	2,804	387	60	51,986	12*	8	4	0	0	24†	4000-5900	P
Cleveland Metropolitan General Hospital-Lutheran	C. H. Rammelkamp, Jr., M. E. Bobey						8	8	4	0	0	20†	3900-5100	FP
Cleveland Metropolitan General		160	2,804	387	60	51,986								
Lutheran		123	3,381	218	59									
Fairview General	R. Watts	86	2,794	252	50	12,772	3	3	3	1	0	10	5400-7200	F
Huron Road	E. M. Goyette	130	3,969	291	41	5,692	2	2	2	0	0	6	4200-4800	F
Mount Sinai Hospital of Cleveland	V. Vertes	216	5,418	402	44	17,693	8	4	1	0	0	13	3996-4800	P
St. Luke's	A. D. Nichol	126	3,121	314	50	16,971	3	3	3	0	0	9	4800-5820	P
St. Vincent Charity	R. R. Bartunek	141	3,845	256	51	14,379	6	4	4	0	0	14	3720-4020	P
University Hospitals of Cleveland	A. Weisberger	143	4,144	424	61	48,928	12	15	15	1	0	43†	3600-4800	P
Sunny Acres Cuyahoga County Tuberculosis	H. B. Kelly	283	405	58	26	92,779							7500-7500	FP
Veterans Admin. ³²⁶	D. L. Horrigan	387	2,124†	302	61	2,478	15	15	8	3	0	41	4480-6260	P

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Out-patient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued														
Columbus														
Mount Carmel	P. T. Knies	115	2,762†	201	61	6,440	2	2	2	0	0	6	5280-5880	F
Ohio State University Hospitals	J. V. Warren	210	6,791	430	72	38,433	14	14	2	1	0	31	3324-8268	P
Riverside Methodist	T. J. Williams	185	5,936	265	49	6,970	3	2	2	0	0	7	5160-5520	P
Dayton														
Good Samaritan	M. Block	187	4,827	402	57	2,583	2	2	2	0	0	6	3900-4500	F
Miami Valley ²³⁸	R. K. Bartholomew	290	7,949†	500	42	4,846	2	2	2	0	0	6	6300-6900	P
Veterans Admin. ²³⁷	J. T. Taguchi	264	2,479	288	80	3,049	..	..	..	..	..	20	4480-8000	O
Lakewood														
Lakewood	L. Sataline	115	3,420	262	47	2,835	4	4	1	0	0	9	3900-4800	FP
Toledo														
Maumee Valley	C. R. Tittle	93	2,696	244	59	14,619	4	4	4	0	0	12	4644-5126	FP
Warren														
Trumbull Memorial	J. R. McKay	100	3,808	260	34	818	3	2	1	0	0	6	4200-5400	F
Youngstown														
St. Elizabeth	E. Kessler	204	5,900	242	43	5,958	3	3	3	0	0	9	4800-5400	FP
Youngstown	F. S. Coombs	308	9,174	592	39	6,673	6	3	3	0	0	12	4800-6000	F
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center ²³⁹	S. G. Wolf	..	..	..	..	..	..	..	..	..	..	24†	..	..
University of Oklahoma Hospitals	S. G. Wolf	62	1,640	177	51	26,600	..	..	..	..	..	..	4395-6910	P
Veterans Admin.	W. O. Smith	147	2,442	217	78	19,860	..	..	..	..	..	..	..	..
OREGON														
Portland														
Emanuel	G. M. Robins	144	5,715	282	51	8,158	2	2	2	0	0	6	5400-6300	P
Good Samaritan	O. C. Page	122	5,211	230	52	1,997	2	2	2	0	0	6	5400-6300	P
Providence	E. W. Gourley	90	4,514	239	49	27,484	2	2	2	0	0	6	5400-6300	P
St. Vincent	S. W. Mays	93	4,328	304	43	26,423	2	2	2	0	0	6	5400-6300	P
University of Oregon Medical School Hospitals and Clinics ²⁴⁴	H. P. Lewis	126	3,583	348	67	25,286	5	5	5	0	0	15	3000-3600	F
Veterans Admin. ²⁴³	J. R. Walsh	259	3,440	264	72	4,103	8	8	7	0	0	23	4480-6260	P
PENNSYLVANIA														
Abington														
Abington Memorial	J. R. Kitchell	109	3,032	287	48	5,873	3	2	2	0	0	7	3900-4500	F
Bethlehem														
St. Luke's	R. K. Shields	168	3,874	429	44	7,649	2	1	1	0	0	4	3720-4320	FP
Bryn Mawr														
Bryn Mawr	J. A. Wagner	126	3,281†	274	42	5,287	2	2	2	0	0	6	3900-4500	F
Danville														
Geisinger Medical Center	J. A. Collins	81	3,201	180	55	18,070	3	3	2	0	0	8	4800-5400	P
Darby														
Thomas M. Fitzgerald Mercy	D. J. Hilferty	92	2,376	199	48	4,998	1	1	1	0	0	3	3600-4800	F
Harrisburg														
Harrisburg	C. W. Smith	209	5,120	551	44	13,782	3	3	3	0	0	9	5856-6756	P
Harrisburg Polyclinic	A. W. Cowley	208	4,648	432	37	7,395	2	2	2	0	0	6	5400-6000	F
Philadelphia														
Albert Einstein Medical Center	N. Berk, T. Mendell	364	8,912†	944	40	22,813	9	8	4	0	0	21	2700-3300	FP
Episcopal	W. I. Geftor	114	2,301	269	32	4,497	2	2	2	0	0	6	4200-4680	O
Germantown Dispensary and Hospital	R. W. Mays	126	3,187	336	49	19,477	2	1	1	0	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	66	2,095	204	60	12,741	3	4	5	3	2	17	3210-4710	P
Hahnemann Medical College and Hospital	J. Moyer	189	7,224	448	50	10,094	14	14	4	0	0	32	3000-3600	P
Hospital of the University of Pennsylvania	F. C. Wood	249	6,196	348	60	4,479	12	8	1	0	0	21	3600-6600	P
Hospital of the Woman's Medical College of Pennsylvania	H. W. Harris	52	1,364	85	59	9,589	6	4	2	0	0	12	4400-5000	P
Jefferson Medical College	R. I. Wise	209	4,627	361	52	5,058	8	6	3	1	0	18	3350-4700	O
Lankenau ²⁴⁶	M. W. Miller	..	..	..	..	..	..	..	..	..	..	..	..	..
Mercy-Douglass	D. B. Pierson	138	3,477	290	53	5,220	2	2	2	0	0	6	3900-4500	FP
Misericordia	E. E. Holloway	74	2,415	74	62	4,280	3	2	1	0	0	6	5400-6000	F
Nazareth	G. N. French	122	3,070	279	45	1,876	3	2	1	0	0	6	3600-4800	F
Pennsylvania	S. J. Skromak	95	2,610	243	33	10,642	3	3	2	0	0	8	4500-5400	F
Philadelphia General	J. W. Frost	144	3,632	294	45	19,318	4	4	4	0	0	12	3600-4800	O
Philadelphia General	D. A. Cooper	..	..	..	..	..	..	..	..	..	..	..	..	..
Philadelphia General	C. Thompson	284	5,486	1,031	49	42,966	12	8	8	0	0	28	4100-5100	F
Presbyterian-University of Pennsylvania Medical Center	H. L. Conn	121	3,259†	267	50	8,961	4	3	2	0	0	9	3840-4440	P
Temple University	T. M. Durant	250	6,075	440	50	22,542	7	6	5	0	0	18	3600-4200	P
Veterans Admin. ²⁵²	H. P. Close	235	3,940	382	63	3,888	7	7	8	0	0	22	4480-6260	O
Pittsburgh														
Allegheny General	A. G. Bickelmann	128	3,324†	346	46	12,833	3	3	3	0	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	J. D. Myers	..	..	..	..	..	16	16	9	2	0	43	4600-5400	..
Magee-Womens	D. H. Mintz	..	..	..	..	..	..	..	..	..	..	..	..	..
Presbyterian-University	J. D. Myers	156	3,946	260	72	24,504	..	..	..	..	..	..	..	..
Veterans Admin.	G. A. Edwards	203	1,937	310	62	..	..	..	..	..	..	..	..	..
Mercy	R. F. Kleinschmidt	173	4,676	419	47	16,038	4	3	2	0	0	9	5400-6000	P
Montefiore	P. Troen	212	5,392	404	41	13,626	6	4	2	0	0	12	4200-5700	O
St. Francis General	F. C. Duffy	199	4,250	350	36	7,470	4	2	2	0	0	8	8400-8400	F
Shadyside	W. B. Tuttle	135	3,933	312	36	743	3	2	1	0	0	6	7200-8100	FO
Western Pennsylvania	F. R. Franke	203	6,833	287	43	8,042	2	2	2	0	0	6	5700-6300	FP
Reading														
Reading	R. C. Hoyt	172	3,010	438	51	2,346	2	2	0	0	0	4	4800-5700	F
Sayre														
Robert Packer	J. B. Cady	75	4,519	148	57	23,425	2	2	2	0	0	6	3000-6000	FP
York														
York	J. L. Atkins	151	4,219	499	53	7,931	2	2	2	0	0	6†	4800-5400	P
PUERTO RICO														
Ponce														
Ponce District General	H. Rodriguez	84	2,259	293	43	26,106	4	4	4	0	0	12	3900-5700	F

8. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
PUERTO RICO—Continued														
Rio Piedras														
University District.....	M. Garcia Palmieri.....	67	1,486	270	72	27,427	8	8	8	6	2	32	6000-7200	F
San Juan														
San Juan City.....	E. J. Marchand.....	54	1,224	216	60	19,369	6	6	6	0	0	18	5700-6900	..
Veterans Admin. ³⁶⁵	E. A. Ramirez.....	89	1,431	62	88	29,321	4	4	4	0	0	14†	4700-6570	O
RHODE ISLAND														
Pawtucket														
Rhode Island Affiliated Hospitals.....														
Memorial.....	E. Lovering.....	58	1,955	347	32	2,832	1	1	0	0	0	2	4800-5400	F
Miriam (Providence).....	A. M. Burgess.....	83	1,706†	176	43	1,480	0	0	1	0	0	1	4800-4800	FP
Providence														
Miriam—See Rhode Island Affiliated Hospitals, Pawtucket														
Rhode Island.....	M. W. Hamolsky.....	159	4,543	643	38	17,870	8	6	4	0	0	18	4000-5400	P
Veterans Admin. ³²¹	J. D. Eyre.....	195	1,766	233	38	3,294	4	4	2	2	0	12	4480-8000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....	J. A. Boone.....	100	2,633	277	51	15,090	15	8	2	0	0	25	2910-4500	FP
Medical College.....														
Charleston County.....		20	575	72	19	0							2910-4560	FP
TENNESSEE														
Chattanooga														
Baroness Erlanger.....	H. B. Henning.....	152	7,493	501	35	15,915	2	2	2	0	0	6	4800-5400	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital.....	R. B. Wood.....	75	2,804	239	44	4,817	2	2	2	0	0	6	4392-4632	F
Memphis														
Baptist Memorial.....	P. Milnor, Jr.....	290	9,949	424	43	2,826	3	3	3	0	0	9	4200-4800	F
Methodist.....	J. P. Conway.....	128	6,308†	299	40	3,820	1	1	1	0	0	3	4500-5400	F
University of Tennessee Affiliated Hospitals.....	G. Stollerman.....													
City of Memphis Hospitals.....	G. Stollerman.....	125	2,367	539	55	21,146	10	8	5	0	0	23	3660-3780	F
Veterans Admin.....	F. S. Dietrich.....	319	4,546	308	72	3,243						21†	4480-8000	O
West Tennessee Tuberculosis.....	E. P. Bowerman.....	197	870	73	56	2,333							6360-6720	F
Nashville														
Baptist.....	M. Kochitzky.....	65	2,881	149	44	1,082	5	5	2	0	0	12	6000-6600	F
George W. Hubbard Hospital of the Meharry Medical College.....	R. S. Anderson.....	56	1,503	171	48	13,431	2	2	2	0	0	6	3300-3900	F
St. Thomas.....	R. M. Roy.....	82	3,070	239	54	1,260	3	3	1	0	0	7	3900-4500	F
Vanderbilt University Affiliated Hospitals.....	D. E. Rogers.....						17	10	3	2	0	32		
Nashville Metropolitan General.....	T. F. Paine.....	37	1,258	167	48	19,396							3000-3600	P
Vanderbilt University.....	D. E. Rogers.....	113	4,260	218	65	25,844							3000-3600	P
Veterans Admin.....	R. M. Des Prez.....	264	2,818	248	65								4470-6260	O
TEXAS														
Dallas														
Baylor University Medical Center.....	R. Tompsett.....	158	6,689†	481	42	5,240	3	2	1	0	0	6	5100-5700	O
Methodist Hospital of Dallas.....	J. C. Ogle.....	73	3,347	196	35	7,182	2	2	2	0	0	6	4500-5400	FP
Farkland Memorial.....	D. W. Seldin.....	188	3,864	533	59	80,606	18	8	5	0	0	26†	3180-3780	P
St. Paul.....	J. S. Krakusin.....	105	4,647†	227	42	4,879	2	2	2	0	0	6	4600-5100	P
Veterans Admin.....	S. Eisenberg.....	290	4,315	376	60	761	6	6	5	1	0	18	4480-6260	P
Galveston														
University of Texas Medical Branch Hospitals ¹⁹	R. Gregory.....	224	4,501	172	51	24,280	14*	7	5	0	0	26	4200-6000	P
St. Joseph (Houston).....	S. Schnur.....	99	5,002	150	37	277							5100-5700	P
University of Texas M. D. Anderson Hospital and Tumor Institute (Houston).....	C. D. Howe.....	71	1,306	248	71	15,204							5000-10000	O
Houston														
Baylor University Affiliated Hospitals.....	R. D. Pruitt.....						16	12	10	4	0	42†		
Ben Taub General.....		80	2,146	502	49	51,825							3300-3900	O
Methodist.....		174	6,262†	243	57	1,005							4500-5100	P
Veterans Admin.....		359	2,628	513	46	32,664							4480-6260	P
Hermann.....	L. R. Rodgers.....	159	6,057	315	43	23,158	3	3	3	0	0	9	3900-4800	P
St. Joseph—See University of Texas Medical Branch Hospitals, Galveston														
University of Texas M. D. Anderson Hospital and Tumor Institute—See University of Texas Medical Branch Hospitals, Galveston														
San Antonio														
University of Texas South Texas Medical School Affiliated Hospitals.....														
Robert B. Green Memorial.....	L. B. Reppert.....	41	1,137	278	58	39,353	3	3	3	0	0	9	4500-6300	FP
Temple														
Scott and White Memorial.....	J. G. Rodarte.....	108	5,483†	187	51							12	4500-5100	P
UTAH														
Salt Lake City														
Latter-day Saints.....	R. J. Nelson.....	112	4,594	330	69	7,810	2	2	2	0	0	6	3900-4800	P
University of Utah Affiliated Hospitals.....	M. M. Wintrobe.....						9	4	4	0	0	17		
University.....		46	1,379	195	67	24,678							4200-6000	P
Veterans Admin.....		143	1,067	146	80								4480-6260	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals.....	W. A. Tisdale.....						8	6	2	0	0	16	4500-6300	P
De Goesbriand Memorial.....		71	2,025	143	60	4,952								
Mary Fletcher.....		78	2,853†	144	73	2,346								
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.														
VIRGINIA														
Charlottesville														
University of Virginia.....	W. Parson.....	119	3,720	279	53	2,617	6	6	2	0	0	14	4200-5400	O
Norfolk														
De Paul.....	V. Cofer.....	103	4,878	233	81	9,131	1	1	1	0	0	3	6000-6600	F
Norfolk General.....	B. Miller.....	118	4,397	427	35	7,146	1	1	1	0	0	3	6900-7800	P

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA—Continued														
Richmond														
Medical College of Virginia Affiliated Hospitals.							16	16	0	0	0	32		
Medical College of Virginia-Hospital Division	W. T. Thompson, Jr.	182	5,549	568	51	22,800	0	0	6	0	0	6	2400-6900	F
Veterans Admin.	J. J. Kelly, III	330	4,057	304	61	5,416	0	0	10	0	0	10	6260-8000	F
WASHINGTON														
Seattle														
Providence.	P. Hardy	59	3,202	218	56	1,106	3	2	2	0	0	7	3900-4800	FP
University of Washington Affiliated Hospitals ²⁷⁹	R. G. Petersdorf						19	19	5	1	0	44		
King County	J. T. Dowling	72	2,386	455	60	18,591							3000-5400	
University	R. G. Petersdorf	22	1,218†	64	91	9,391							3660-7680	P
Veterans Admin.	R. S. Evans	112	1,984	232	88	2,850							4480-8000	
Virginia Mason	R. King	60	3,451	126	75	48,161	4	2	1	0	0	7	3300-5100	FP
Spokane														
Sacred Heart	C. F. Baxter	123	7,394	384	43	514	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	A. D. Kistin	70	2,347	156	54	28,888	3	2	2	0	0	7	6400-8000	P
Charleston														
Charleston General	W. Pushkin	89	3,295	161	36	1,684	1	1	1	0	0	3	3900-4800	F
Memorial ³⁸⁰	A. B. C. Ellison	93	3,057	148	52	3,063	1	1	1	0	0	3	3600-4200	F
Morgantown														
West Virginia University Medical Center	E. B. Flink	87	2,493	86	64	13,593	6	4	2	0	0	12	3680-4880	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	R. F. Schilling						16	10	4	0	0	30		
Madison General		78	2,740†	236	52								3800-5200	P
University Hospitals		151	5,258	183	72	59,987							3800-5200	P
Veterans Admin.		233	3,449	179	85	10,085							4480-6260	P
Milwaukee														
Columbia ⁷³	H. W. Pohle	92	2,922	137	73	10,734	2	2	2	0	0	6	5820-6420	P
Marquette University Affiliated Hospitals	W. W. Engstrom						15	15	15	2	0	47†		
Milwaukee County General	W. W. Engstrom	163	6,932†	953	48	65,161							4275-6665	P
Veterans Admin. (Wood) ²⁵	J. J. Levin	274	2,951	369	69	6,770							4480-6260	P
Mount Sinai	I. Becker	112	4,064	242	38	4,475	2	2	2	0	0	6	4500-5500	FP

9. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty. Programs, 85; Residencies, 537

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	P. W. Myers	69	1,180	26	86	9,017	1	1	1	1	1	5		O
UNITED STATES ARMY														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	G. J. Hayes	124	1,195	50	82	1,365	0	1	1	1	1	4		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	J. G. Galbraith	54	1,882	129	46	1,175	1	1	1	1	0	4		
Children's														
University of Alabama Hospitals and Clinics	J. G. Galbraith												3840-4800	P
Veterans Admin.	H. D. Brown												4480-8000	O
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital	J. R. Green	38	1,265†	55	64	834	1	1	1	1	1	5	5400-6600	F
CALIFORNIA														
Downey														
Rancho Los Amigos—See White Memorial Medical Center, Los Angeles														
Long Beach														
Veterans Admin. ¹⁰⁸	J. D. French	35	512	26	62	1,615	1	1	1	1	1	5	5760-8520	O
Los Angeles														
Los Angeles County General, Unit I	T. Kurze	59	2,095	225	12	3,120	2	2	2	2	2	10	7200-9600	P
University of California Medical Center ¹³⁰	W. E. Stern						1	1	1	1	1	5		
University of California	W. E. Stern	22	511	24	55	1,087							4200-7656	O
Veterans Admin. Center-Wadsworth	G. F. Hoessly	27	626	26	69	1,202							4480-8000	P
White Memorial Medical Center ¹⁰⁸	K. H. Abbot	21	617	21	65	5,622	1	1	1	1	1	5	4260-8660	P
Rancho Los Amigos (Downey)	P. J. Vogel					273							5220-7740	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	J. Hanbery						1	2	1	2	1	7†		
Palo Alto-Stanford Hospital Center	J. Hanbery	22	618†	25	88	1,770							3900-6300	O
Veterans Admin.	J. A. Aguilar	19	203	20	93	378							4480-8000	O

Numerical and other references are listed on pages 276 through 280.

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
CALIFORNIA—Continued														
Pasadena														
Huntington Memorial	C. H. Sheldon	21	666	24	57	750	1	1	1	1	0	4	6600-8400	FP
San Francisco														
University of California Program in Neurological Surgery	J. E. Adams	...	...	...	...	...	0	2	2	2	2	8	...	...
H. C. Moffitt-University of California Hospitals	J. E. Adams	26	804	24	83	1,427	...	...	...	...	...	...	4800-7400	O
Franklin	O. W. Jones	20	1,019	6	100	...	...	...	...	...	...	...	4200-6000	O
San Francisco General	E. B. Boldrey	12	273	55	22	...	...	...	...	...	...	...	6468-6468	...
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	K. Welch	...	...	...	...	...	1	1	1	1	0	4	...	...
University of Colorado Medical Center	...	13	646	20	60	849	...	...	...	...	...	...	3500-4500	P
Veterans Admin.	...	11	219	10	90	447	...	...	...	...	...	...	4480-8000	...
CONNECTICUT														
Hartford														
Hartford—See Yale-New Haven Medical Center and Hartford Hospital, New Haven														
New Haven														
Yale-New Haven Medical Center and Hartford Hospital	...	...	...	...	...	...	2	2	2	2	0	8	...	...
Hartford (Hartford)	W. B. Scoville	32	1,148	68	76	363	...	...	...	...	...	...	4800-6000	P
Yale-New Haven	W. J. German	25	836	30	60	1,815	...	...	...	...	...	...	4100-4500	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	A. J. Luessenhop	...	...	...	...	...	1	1	1	1	0	4	3720-4240	P
Children's	...	5	75	0	0	645	...	...	...	...	...	...	...	...
District of Columbia General	...	24	326	58	81	655	...	...	...	...	...	...	...	...
Georgetown University	...	12	355	19	90	125	...	...	...	...	...	...	...	...
Veterans Admin.	...	18	78	4	75	102	...	...	...	...	...	...	...	...
George Washington University Affiliated Hospitals ⁶²	J. W. Watts	...	...	...	...	...	1	1	1	1	0	4	...	...
Children's	...	6	101	7	71	1,423	...	...	...	...	...	...	4020-4620	P
District of Columbia General	...	28	326	50	77	1,894	...	...	...	...	...	...	...	...
George Washington University	J. W. Watts	21	577	31	84	559	...	...	...	...	...	...	3900-4800	P
Veterans Admin.	...	17	125	7	71	200	...	...	...	...	...	...	...	...
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics	H. L. Roberts	18	332	29	72	1,140	1	1	1	1	0	4	3600-6000	O
Miami														
University of Miami Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jackson Memorial ⁶³	D. Reynolds	31	932	109	31	826	1	1	1	2	0	5	3420-4800	P
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	E. F. Fincher	...	...	...	...	...	3	3	3	3	0	12	...	...
Emory University	E. F. Fincher	18	619	31	74	0	...	...	...	...	...	...	3000-3900	P
Grady Memorial	...	14	374	58	48	1,349	...	...	...	...	...	...	3900-5100	P
Henrietta Eggleston Hospital for Children	...	4	154	11	90	0	...	...	...	...	...	...	2870-3180	P
Augusta														
Medical College of Georgia Hospitals	M. B. Allen	...	...	...	...	...	1	1	1	1	0	4	...	...
Eugene Talmadge Memorial	M. Allen	23	493	32	83	1,963	...	...	...	...	...	...	4500-7000	P
University	L. O. Manganiello	35	1,339	52	35	283	...	...	...	...	...	...	...	...
Veterans Admin.	M. B. Allen	31	336	6	100	612	...	...	...	...	...	...	4480-8000	P
ILLINOIS														
Chicago														
Cook County	A. J. Raimondi	58	956	74	31	1,972	1	1	1	1	1	5	4620-6300	F
Mercy Medical Center	H. C. Voris	29	595	26	54	273	1	1	1	1	1	5	4500-5700	P
Veterans Admin. (Hines)	E. Oldberg, H. Voris	33	435	57	56	853	...	...	...	...	...	...	4480-8000	O
Northwestern University Medical Center	P. C. Bucy	...	...	...	...	2,595	3	3	3	3	3	15	...	...
Chicago Wesley Memorial	P. C. Bucy	25	632	32	75	...	...	...	...	...	...	...	3600-4800	P
Children's Memorial	L. V. Amador	12	282	9	56	380	...	...	...	...	...	...	4200-5400	P
Veterans Admin. Research	D. Ruge	19	264	26	69	538	...	...	...	...	...	...	4480-8000	O
Evanston (Evanston)	J. A. Tarkington	6	171	12	93	156	...	...	...	...	...	...	3300-3900	...
University of Chicago Hospitals and Clinics	J. P. Evans	18	446	43	72	1,742	2	2	2	2	2	10	4200-6500	O
University of Illinois Affiliated Hospitals	E. Oldberg, M. M. Cohen	...	...	...	...	...	3	3	2	2	0	10	...	...
Presbyterian-St. Luke's	E. Oldberg	4	216	30	70	247	...	...	...	...	...	...	4300-4600	P
University of Illinois Research and Educational Hospitals	E. Oldberg, M. M. Cohen	37	664	36	89	10,656	...	...	...	...	...	...	3900-4800	P
Veterans Admin. (Hines)	E. Oldberg, H. Voris	33	435	57	56	853	...	...	...	...	...	...	4480-8000	O
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin.—See Mercy Medical Center, Chicago; University of Illinois Affiliated Hospitals, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center	R. Campbell	...	...	...	...	...	1	1	2	2	0	6	...	...
Indiana University Hospitals	R. Campbell	42	753	57	54	1,038	...	...	...	...	...	...	3575-4700	P
Veterans Admin.	R. L. Campbell	20	304	22	72	276	...	...	...	...	...	...	4480-8000	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals	...	...	...	...	...	...	1	1	2	1	0	5	4000-5500	P
University Hospitals	G. E. Perret	44	823	57	77	2,488	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
KANSAS														
Kansas City														
University of Kansas Medical Center	C. Brackett	17	574	33	76	1,655	1	1	1	1	0	4	4400-6000	P
Veterans Admin. (Kansas City, Mo.)	C. Brackett	14	257	21	71	216	...	...	...	...	...	...	4480-8000	O

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
KENTUCKY														
Lexington														
University	C. Wilson	...	...	...	...	...	1	1	1	1	0	4	4560-5760	P
Louisville														
University of Louisville Affiliated Hospitals	E. G. Grantham	...	...	...	...	...	1	1	1	1	0	4	...	...
Children's	...	12	240	16	80	253	...	...	...	...	...	...	...	...
John N. Norton Memorial Infirmary	...	3	96	3	67	0	...	...	...	...	...	...	2500-3000	P
Louisville General	...	8	212	40	58	338	...	...	...	...	...	...	4165-6910	P
Veterans Admin.	...	19	183	15	73	416	...	...	...	...	...	...	4480-6910	O
LOUISIANA														
New Orleans														
Tulane University Affiliated Hospitals	R. C. Llewellyn	...	...	...	...	...	1	2	1	2	0	6	...	...
Charity Hospital of Louisiana	R. C. Llewellyn	18	367	76	20	1,141	...	...	...	...	...	...	3900-3900	F
Ochsner Foundation	H. D. Kirgis	22	815	26	62	4,786	...	...	...	...	...	...	3300-3900	P
Veterans Admin.	R. C. Llewellyn	18	264	20	55	350	...	...	...	...	...	...	6260-8000	O
MARYLAND														
Baltimore														
Johns Hopkins	A. E. Walker	30	430†	48	50	1,078	2	1	1	1	1	8†	3500-...	P
Baltimore City Hospitals	A. E. Walker	...	Inc. in Surgery	...	...	...	...	...	...	...	...	...	...	...
University	J. G. Arnold	37	1,015	32	41	559	2	2	2	2	2	10	3800-5000	P
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center-Peter Bent Brigham	D. D. Matson	...	...	...	...	...	1	1	1	1	0	4	...	...
Children's Hospital Medical Center	...	24	688	23	86	1,329	...	...	...	...	...	...	3000-5250	F
Peter Bent Brigham	...	...	Inc. in Surgery	...	...	...	...	...	...	...	...	...	4800-4800	P
Massachusetts General	W. H. Sweet	55	1,289†	67	63	870	2	2	2	2	1	9	3600-6000	O
Veterans Admin. (Jamaica Plain)	J. H. Drew	24	474	36	75	721	...	...	...	...	...	...	4480-8000	O
New England Medical Center Hospitals	B. Selverstone	24	427	23	76	834	1	1	1	1	0	4	3600-6000	O
Lahey Clinic	E. F. Lang, Jr.	49	1,287	18	78	3,514	...	...	...	...	...	...	3600-5400	O
Rhode Island (Providence, R.I.)	J. Stoll, Jr.	43	1,111	83	48	633	...	...	...	...	...	...	5400-6000	P
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	E. A. Kahn	...	...	...	...	...	2	2	2	1	0	7	...	...
University	E. A. Kahn	30	810	74	59	2,731	...	...	...	...	...	...	3840-5451	O
Veterans Admin.	J. A. Taren	...	Inc. in Surgery	10	70	444	...	...	...	...	...	...	4480-8000	O
Wayne County General Hospital and Infirmary (Eloise)	J. A. Taren	9	290	26	27	671	...	...	...	...	...	...	6167-7667	F
Detroit														
Henry Ford	R. S. Knighton	32	744	48	79	4,085	2	2	2	2	0	8	4800-6000	P
Wayne State University Affiliated Hospitals	E. S. Gurdjian	...	...	...	...	...	1	1	1	1	1	6†	...	...
Detroit General	...	14	531	84	50	889	...	...	...	...	...	...	5300-6200	P
Detroit Memorial	...	11	164	2	0	4	...	...	...	...	...	...	...	...
Grace	...	23	457†	25	68	208	...	...	...	...	...	...	4260-5160	FP
Eloise														
Wayne County General Hospital and Infirmary	—See University of Michigan Affiliated Hospitals, Ann Arbor													
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	L. A. French	...	...	...	...	...	2	2	1	2	1	8	...	...
University of Minnesota Hospitals	...	23	794	33	85	1,047	...	...	...	...	...	...	4500-...	O
Veterans Admin.	...	36	374	24	75	936	...	...	...	...	...	...	4480-8000	O
Rochester														
Mayo Graduate School of Medicine ²⁵³	C. S. MacCarty	60	3,145	74	77	6,527	7	7	7	7	6	34	3600-5400	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	O. J. Andy	...	...	...	...	...	1	1	1	1	1	5	...	...
University	...	25	889	50	50	919	...	...	...	...	...	...	3600-5100	O
Veterans Admin.	...	24	328	14	79	1,013	...	...	...	...	...	...	4480-8000	O
MISSOURI														
Columbia														
University of Missouri Medical Center	S. P. W. Black	12	381	25	72	1,726	1	1	1	1	0	4	4080-5640	P
St. Luke's (St. Louis)	C. Lischer	21	777	43	55	12	...	...	...	...	...	...	...	...
Kansas City														
Veterans Admin.	—See University of Kansas Medical Center, Kansas City, Kansas													
St. Louis														
Barnes	H. G. Schwartz	32	787	53	60	987	1	1	1	1	1	5	3900-6000	O
St. Luke's	—See University of Missouri Medical Center, Columbia													
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	R. G. Fisher	...	...	...	...	...	1	1	1	1	0	4	...	...
Mary Hitchcock Memorial	...	23	765	40	93	1,939	...	...	...	...	...	...	3800-5000	O
Veterans Admin. (White River Junction, Vt.)	...	8	109	9	100	537	...	...	...	...	...	...	4000-6400	P
NEW YORK														
Albany														
Albany Affiliated Hospitals	R. A. Lende	...	...	...	...	...	1	1	1	1	0	4	...	...
Albany Medical Center	...	31	1,066	59	54	144	...	...	...	...	...	...	4200-8000	P
Veterans Admin.	R. A. Lende	13	245	16	75	468	...	...	...	...	...	...	4480-6260	O
Buffalo														
State University of New York at Buffalo Affiliated Hospitals	L. Bakay	...	...	...	...	...	1	1	1	1	0	4	...	...
Buffalo General	...	29	739	37	59	278	...	...	...	...	...	...	4300-5300	O
Children's Hospital of Buffalo	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Edward J. Meyer Memorial	...	11	184	29	41	178	...	...	...	...	...	...	4895-5870	P

Numerical and other references are listed on pages 276 through 280.

9. NEUROLOGICAL SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O			
			Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year						
NEW YORK—Continued																
New York City																
Albert Einstein College of Medicine Affiliated Hospitals																
Bronx Municipal Hospital Center			H. L. Rosomoff	22	565	21	84	477	0	1	0	2	2	5†	4980-6220	FP
Montefiore Hospital and Medical Center			E. Feiring	19	602	47	44	208	2	1	0	0	0	3	5120-6370	P
Mount Sinai Hospital Training Program			S. W. Gross						2	2	2	2	0	8	4500-6500	P
Mount Sinai City Hospital Center at Elmhurst				40	580	16	75	600							5400-6900	FP
New York City Hospital Center at Elmhurst			B. S. Ray	19	527	66	74	687							4000-7000	P
New York University Affiliated Hospitals			J. Ransohoff	18	310	31	68		0	1	1	2	0	4	4000-7000	FP
Bellevue Hospital Center, Divisions III and IV			J. Ransohoff						2	2	2	2	2	10	4740-6160	FP
University of Medicine and Dentistry of New Jersey			J. Ransohoff	55	608	57	68	348							4740-6160	FP
Veterans Admin. (Manhattan)			J. Schachter	13	14	9	44								6800-8000	O
Presbyterian			J. L. Pool	59	1,637	62	44	16,088	2	2	3	2	0	9	5100-6000	O
State University-Kings County Medical Center			A. W. Cook						0	2	1	2	1	6	4740-6160	FP
Kings County Hospital Center			A. W. Cook	70	908	151	25	1,616							4740-6160	FP
Long Island College																
State University																
Veterans Admin. (Bronx) ⁹⁸⁸			J. E. Scarff	39	448	20	65	148	2	1	1	1	0	5	6000-8000	O
Rochester																
Strong Memorial Hospital of the University of Rochester			F. P. Smith	23	649			139	1	1	1	1	0	4	3600-5400	O
Syracuse																
State University of New York Upstate Medical Center			R. B. King	38	880	59	56	418	0	2	2	2	2	8	4488-5730	O
Veterans Admin.			R. B. King	9	111	8	75	299							4480-6910	O
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial			G. S. Dugger	15	496†	46	63	844	1	1	1	1	0	4	3190-5700	O
Durham																
Duke University Affiliated Hospitals			G. L. Odum						3	1	1	1	1	7	3900-4800	P
Duke				41	1,186	80	49	1,676							3900-4800	P
Veterans Admin.				29	350	35	92								4480-8000	O
Winston-Salem																
North Carolina Baptist Hospitals			E. Alexander	23	724	49	63	1,370	1	1	1	1	0	4	3000-4000	P
OHIO																
Cincinnati																
University of Cincinnati Hospital Group									2	2	2	1	0	7		
Children's			R. L. McLaurin		239	13	69	103								
Christ			F. Mayfield	30	705	46	73	338								
Cincinnati General			R. L. McLaurin	14	294	35	36	511							3600-5400	F
Good Samaritan			F. Mayfield	54	720	19	63	466							5400-6600	P
Veterans Admin.			R. L. McLaurin	9	135	8	13								4480-8000	O
Cleveland																
Cleveland Clinic			W. B. Hamby	36	1,236	37	78	5,743	2	2	2	2	0	8	4200-6000	P
Western Reserve University Affiliated Hospitals			F. E. Nulsen						1	2	1	2	0	6		
Cleveland Metropolitan General			R. J. White	13	270	23	44	776							4500-6460	P
University Hospitals of Cleveland			F. E. Nulsen	17	560	27	70	633							4200-6000	P
Veterans Admin.				20	137†	14	79	199							4480-6260	P
Columbus																
Ohio State University Affiliated Hospitals			W. E. Hunt						0	2	2	2	2	8		
Ohio State University Hospitals			W. E. Hunt	25	650	50	69	1,100							3824-5724	P
Children's			M. P. Sayers	24	771	28	86	2,066								
Riverside Methodist			J. N. Meagher	39	1,059	46	56	0							5340-5340	P
OKLAHOMA																
Oklahoma City																
University of Oklahoma Medical Center			J. D. Herrmann						1	1	1	1	0	4		
St. Anthony				27	1,022	45	33	64								
University of Oklahoma Hospitals				7	232	31	23	725							4000-7800	P
OREGON																
Portland																
Good Samaritan			J. Raaf	38	1,243	35	86	627	1	1	1	1	1	5	5400-7500	P
University of Oregon Affiliated Hospitals			G. Austin						2	1	1	1	1	6		
University of Oregon Medical School Hospitals and Clinics				19	425	23	87	939							3000-3600	F
Veterans Admin.				15	240	20	95	475							4480-8000	P
PENNSYLVANIA																
Philadelphia																
Episcopal			H. Shenkin	24	773	57	44	461	1	1	1	1	0	4	4200-4920	O
Hospital of the University of Pennsylvania			R. Groff	24	497	32	75	409	2	2	2	2	0	8	1800-1800	P
Children's Hospital of Philadelphia			K. Shulman	9	232	8	75	303							1200-2400	F
Graduate Hospital of the University of Pennsylvania				12	387	18	61	351							1800-1800	P
Philadelphia General			R. A. Groff	17	288	65	64	5,222								
Jefferson Medical College			P. D. Gordy	15	750	35	63	357	1	1	1	1	0	4	3350-4700	O
Temple University Medical Center			M. Scott						2	2	1	1	0	6		
Temple University			M. Scott	60	929	54	67	808							3600-4500	P
Albert Einstein Medical Center (Northern Division)			P. Lin	8	126	6	33	67								
Pittsburgh																
Health Center Hospitals of the University of Pittsburgh			S. Goldring						0	2	1	1	2	6	5000-5600	
Children's Hospital of Pittsburgh					469	21	4	1,296								
Presbyterian-University			S. Goldring	28	660	50	46	155								
Veterans Admin.			H. Rosomoff	15	300	31	48									
Mercy			G. H. Gray	30	782	38	63	467	1	1	1	1	0	4	5400-6300	P

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Deaths			Outpatient Visits	Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
			Admissions (Include Transfers)	Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
RHODE ISLAND														
Providence														
Rhode Island—See New England Medical Center Hospitals, Boston, Mass.														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	J. Youmans	27	574	59	58	0	2	2	2	2	8	3084-4500	FP	
Medical College														
Roper														
TENNESSEE														
Memphis														
Methodist	C. D. Hawkes	47	1,462†	62	70	369	1	1	1	1	0	4	4500-5400	F
Veterans Admin.	C. D. Hawkes	22	274	25	92	761							4480-8000	O
University of Tennessee Affiliated Hospitals	F. Murphey						2	2	2	2	0	8		
Baptist Memorial		126	4,374	105	53	581							4200-5100	F
City of Memphis Hospitals		17	442	78	35	730							3660-3780	F
Nashville														
Vanderbilt University Affiliated Hospitals	W. F. Meacham						2	2	2	0	0	6		
Nashville Metropolitan General														
Vanderbilt University	W. F. Meacham	41	1,109	52	52	543							3000-3600	P
Veterans Admin.														
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	K. Clark						2	2	1	0	0	5		
Children's Medical Center			39	11	45	69								O
Parkland Memorial		17	456	33	56	1,589							3480-4440	P
St. Paul														
Galveston														
University of Texas Medical Branch Hospitals	S. R. Snodgrass	31	565	53	62	1,424	1	1	1	1	0	4	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	G. Ehni						2	2	2	2	0	8		
Ben Taub General		8	240	59	28	730							3300-4200	O
Methodist		52	1,645†	67	69	34							4500-5400	P
Veterans Admin.		32	228	52	63	870							4480-6910	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. M. P. Donaghy						1	1	1	1	0	4	5000-7500	O
DeGoesbriand Memorial		5	117	12	75	148								
Mary Fletcher		19	651†	28	80	858								
Lahey Clinic (Boston, Mass.)	E. F. Lang, Jr.	49	1,287	18	78	3,514							3600-5400	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	W. G. Crutchfield	30	906	36	44	551	2	2	1	1	0	6	4200-5400	O
Richmond														
Medical College of Virginia Affiliated Hospitals							2	1	2	1	0	6		
Medical College of Virginia—Hospital Division	W. F. Collins, Jr.	41	944	81	53	1,775							2400-3300	F
Veterans Admin.	J. L. Ulmer	13	195	14	71	585							4480-8000	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	A. A. Ward						2	2	2	2	2	10		
King County		14	343	46	33	644							3900-3900	F
University		13	432†	21	81	996							3660-8640	P
Veterans Admin.													4480-8000	
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	B. M. Bloor	29	838	67	67	2,393	1	1	1	1	1	5	3680-5480	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals							1	1	1	1	1	5		
University Hospitals	M. Javid	29	571	40	75	1,138							3800-6600	F
Veterans Admin.	W. Langheim	3	37	5	80	34							6260-8000	P

10. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level).
Programs, 77; Residencies, 679

	Chief of Service or Program Director	Average Daily Census	Deaths			Outpatient Visits	Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
			Admissions (Include Transfers)	Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco ¹⁸⁵	H. H. Schwamb	25	262	14	86	2,481	1	1	1	0	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	A. J. Levens	53	797	16	81	5,826	3	3	3	0	0	9		

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Los Angeles County General, Unit I	H. Barrows	78	3,424	541	26	6,241	2	2	2	0	0	6	7200-8400	P
University of California	A. Rose	20	588	12	75	6,538	3	3	3	0	0	8	4200-5400	O
Veterans Admin. Center-Wadsworth ¹⁰⁰	R. N. Baker	28	732	17	65	1,588	3	3	3	0	0	9	4480-8280	P
White Memorial Medical Center	E. D. Fisher	11	324	10	56	4,339						2	4260-5460	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	F. Morrell						4	4	4	0	0	12		
Palo Alto-Stanford Hospital Center	F. Morrell	12	497†	2	100	1,634							4700-8000	O
Veterans Admin.	W. W. Hofmann	67	201	21	83	546							4480-8000	O
San Francisco														
University of California Program in Neurology	R. B. Aird						2	4	2	0	0	8		
H. C. Moffitt-University of California Hospitals	R. B. Aird	16	853	3	67	3,034							4525-7000	O
Veterans Admin.	H. D. Siedler	23	210	7	86	710								
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	J. Stephens	11	428	28	77	2,612	2	2	2	0	0	6		
University of Colorado Medical Center	E. Lewin	61	558	48	83	1,906							3500-7000	P
Veterans Admin.													4480-8000	
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	G. H. Glaser						3	2	2	0	0	7		
Yale-New Haven	G. H. Glaser	10	286			2,093							5000-7000	P
Veterans Admin. (West Haven)	L. Levy	35	542	23	75	700								
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DISTRICT OF COLUMBIA														
Washington														
Georgetown University	D. O'Doherty	7	185	3	100	1,400	2	3	1	0	0	6	4400-7700	P
Veterans Admin.	J. Kurtzke	45	574†	23	70	975							4480-8000	
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics	M. Greer	13	563	13	69	1,710	3	3	3	0	0	9	5000-8000	O
Miami														
Jackson Memorial	P. Scheinberg	37	1,083	101	46	2,467	5	4	4	1	0	14†	3300-4560	P
GEORGIA														
Atlanta														
Grady Memorial	H. Karp	5	132	17	59	2,511	2	1	1	0	0	4	3000-4200	P
ILLINOIS														
Chicago														
Northwestern University Medical Center	B. Boshes					2,959								
Chicago Wesley Memorial	B. Boshes	19	577	12	75		2	1	1	0	0	4	3600-4200	P
Veterans Admin. Research	H. Koenig	24	247	2	0	881	1	1	2	0	0	4	4480-5000	O
Veterans Admin. (Hines)	K. D. Barron	202	1,200	137	61	1,127								O
University of Chicago Hospitals and Clinics	S. Schulman	8	284	9	44	3,467	3	1	0	0	0	4	4200-7000	O
University of Illinois Affiliated Hospitals	E. Oldberg, M. M. Cohen													
Presbyterian-St. Luke's	M. M. Cohen	6	148	7	71	292							5000-6500	P
University of Illinois Research and Educational Hospitals	E. Oldberg, M. M. Cohen	37	664	36	89	10,656							3800-4200	P
Hines														
Veterans Admin.—See Northwestern University Medical Center, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center	A. T. Ross						3	3	3	0	0	9		
Indiana University Hospitals		7	244	24	13	3,064							3575-4375	P
Marion County General		18	285	108	38	1,264							3803-4489	P
Veterans Admin.		30	484	29	79	174							4480-8000	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals ⁸⁵	A. L. Sabs						3	3	3	1	0	10		
University Hospitals	A. L. Sabs	44	1,558	35	57	7,646							4000-5000	P
Veterans Admin.	E. W. Sybil	18	286	15	40	66							4480-8000	O
KANSAS														
Kansas City														
University of Kansas Medical Center	A. T. Steegman	11	433	8	63	1,788	4	4	2	0	0	10	3240-7500	P
Veterans Admin. (Kansas City, Mo.)	V. Matovich	22	264	15	40	220							4480-6260	O
KENTUCKY														
Louisville														
University of Louisville Affiliated Hospitals	E. Roseman						2	2	2	0	0	6		
Louisville General	E. Roseman	43	1,052	195	58	3,002							4300-5600	P
Veterans Admin.	I. O. Dein	39	327	42	67	306							4480-6910	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	R. Paddison	34	561	34	59	5,763							2700-3300	F
Louisiana State University Division	R. G. Heath	33	702	52	56	5,237							2700-3300	F
Tulane University Division														
MARYLAND														
Baltimore														
Johns Hopkins Hospital-Baltimore City Hospitals	J. W. Magladery						2	2	2	0	0	6		
Baltimore City Hospitals		90	382	75	60	581							4500-5000	O
Johns Hopkins		40	900†	80	62	5,791							3500-	P
University	E. Nelson	14	276	45	48	1,963	2	2	1	0	0	5	3800-5000	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS														
Boston														
Boston City	D. Denny-Brown	19	256	13	77	4,065	5	5	4	1	0	15	3600-5400	O
Children's Hospital Medical Center-Peter Bent Brigham	C. Barlow	18	760	22	60	4,364	3	3	3	0	0	9	4200-4200	P
Children's Hospital Medical Center ⁴⁹	C. Barlow	10	521	3	100	3,007							5000-6500	P
Peter Bent Brigham	H. R. Tyler	8	239	19	54	1,357							4200-4200	P
Massachusetts General	R. D. Adams	50	1,370†	92	61	5,667	6	5	4	0	0	15	4200-7000	O
New England Medical Center Hospitals	J. F. Sullivan	12	552	5	40	2,181	5	3	1	0	0	9	3600-6000	O
St. Elizabeth's	R. Flynn	8	203	17	41	314							3600-3600	P
Veterans Admin. (Jamaica Plain)	N. Geschwind	122	776	64	55	1,083	4	4	4	2	1	15	4480-12510	O
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	R. N. DeJong						5	5	5	0	0	15		
University	R. N. DeJong	28	713	30	50	7,583							3540-4416	O
Veterans Admin.	E. R. Feringa	19	301	11	36	420							4480-8000	O
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Henry Ford	L. D. Proctor	12	340	22	50	7,909	1	1	1	0	0	3	4800-5400	P
Wayne State University Affiliated Hospitals	J. S. Meyer						6	6	3	0	1	16	5500-12553	P
Veterans Admin. (Dearborn)	J. S. Meyer	31	374	51	50	273								O
Detroit General	J. S. Meyer	15	302	147	52	3,348								O
Detroit Memorial	J. S. Meyer	6	152	10	30									O
Harper	J. S. Meyer	8	222	18	50	919								O
Lafayette Clinic	E. A. Rodin	22	182	1		2,419								O
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	A. B. Baker						8	8	8	2	0	26		
Hennepin County General	M. G. Ettinger	20	629	95	67	2,658							4500-6500	P
University of Minnesota Hospitals	A. B. Baker	23	664	10	90	2,503							4000-6500	O
Veterans Admin.	R. C. Gray	82	680	20	75	1,544							4480-8000	O
St. Paul-Ramsey (St. Paul)	R. Gummit	20	456	63	57	2,399								P
Veterans Admin. ²⁵²	R. C. Gray	82	680	20	75	1,544						6	4480-8000	O
Rochester														
Mayo Graduate School of Medicine	J. R. Brown	50	5,166	33	70	16,604	8	8	8	0	0	24	3600-5500	P
Rochester Methodist														
St. Mary's														
St. Paul														
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis														
MISSISSIPPI														
Jackson														
University ²⁵⁷	R. D. Currier	7	215	15	67	1,179	1	1	1	0	0	3	5000-6000	O
MISSOURI														
Kansas City														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes	J. O'Leary	38	1,106	20	50	2,909	4	4	3	0	0	11	4500-5500	P
NEW JERSEY														
East Orange														
Veterans Admin. ⁹⁸	J. Sobin	220	1,001	165	40	402	2	2	2	0	0	6	4480-12510	O
NEW YORK														
Albany														
Albany Medical School Affiliated Hospitals	F. H. Hesser						3	3	2	0	0	8		
Albany Medical Center		15	624	14	71	683							4000-6260	P
Veterans Admin.		80	337	18	83	282							4480-6260	O
Buffalo														
Edward J. Meyer Memorial	B. H. Smith	21	638	47	40	2,618	2	2	2	1	0	7	4895-5545	P
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	L. C. Scheinberg						9	6	5	1	0	21†		
Bronx Municipal Hospital Center	L. C. Scheinberg	54	1,224	171	44	3,012							4980-6000	FP
Montefiore Hospital and Medical Center	T. Lawyer, Jr.	35	468	40	49	1,060							4620-6370	P
Hospital of the Albert Einstein College of Medicine														
Cornell Medical Center Affiliated Hospitals	F. Plum						5	2	3	0	0	10		
New York	F. Plum	22	591	31	49	2,764							4000-7000	P
Bellevue Hospital Center, Div. II	F. McDowell	38	400	24	67	4,146							4740-6160	FP
Memorial Hospital for Cancer and Allied Diseases-James Ewing														
Kings County Hospital Center	E. F. Vastola	20	204	173	21	2,903	2	2	1	1	0	6	4740-6160	FP
Veterans Admin. (Brooklyn)	M. E. Margulies	119	541	69	45	311							6000-8000	O
Mount Sinai Hospital Training Program							9	4	6	1	0	20		
Mount Sinai	M. B. Bender	130	1,900	108	47	4,500							4500-6500	P
City Hospital Center at Elmhurst	N. Christoff	28	565	157	34	2,116							5400-6900	FP
New York Medical College-Metropolitan Hospital Center	R. Strobos						1	2	1	0	0	4	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals														
Unit 2—Metropolitan		11	212	21	31	1,645								
Unit 3—Bird S. Coler Memorial Hospital and Home		40	32	14	86								5640-8060	
New York University Medical Center and Bellevue Hospital Center	C. T. Randt						9	4	4	0	0	17		
Bellevue Hospital Center, Division III	C. T. Randt	66	716	43	58	2,131							4740-6160	FP
University	S. B. Wortis	16	243	18	52								5800-6300	O
Veterans Admin. (Manhattan)		98	467	48	55								6000-7715	O
Presbyterian (Neurological Institute)	H. H. Merritt	134	3,029	105	49	16,088	5	5	4	0	0	14	4800-8000	O
Veterans Admin. (Bronx)	C. B. Booth	56	313	43	53	200	2	2	2	0	0	6	6000-12510	O
Rochester														
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	15	335	27	33	2,020	2	2	2	0	0	6	3600-5400	O

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
Syracuse														
State University of New York Upstate Medical Center	G. Ross	43	798	12	63	1,665	2	2	2	0	0	6	4036-4940	O
Veterans Admin.	J. M. Watson	29	350	10	60	626							4480-6910	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	T. W. Farmer	14	452†	36	56	1,764	2	2	2	0	0	6	3190-6000	O
Durham														
Duke University Affiliated Hospitals							4	3	1	0	0	8		
Duke	A. Heyman	16	498	15	47	1,692	4	3	1	0	0	8	3900-4800	P
Veterans Admin.	J. W. Stiefel	17	355	45	62								4480-8000	O
Winston-Salem														
North Carolina Baptist Hospital	J. Toole	18	659	8	50	898	2	1	1	0	0	4	5000-6000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	C. D. Aring						2	2	2	0	0	6		
Cincinnati General		18	387	58	34	3,558							4200-8000	F
Veterans Admin.		19	293	22	77								4480-8000	O
Cleveland														
Cleveland Clinic	G. H. Williams	20	415	11	63	7,376	2	2	2	0	0	6	3800-4500	P
Cleveland Metropolitan General	M. Victor	15	325	23	78	2,285	3	3	3	0	0	9†	5000-7500	P
University Hospitals of Cleveland	J. M. Foley						4	4	4	0	0	12		
University Hospitals		18	458	18	69	3,075							4500-6000	P
Highland View	S. Horenstein	39	268	22	80	25								P
Veterans Admin.		38	147†	26	62	288								P
Columbus														
Ohio State University Hospitals	N. Allen	5	202	4	50	1,410	2	2	2	0	0	6	3324-4224	P
OREGON														
Portland														
Good Samaritan	R. S. Dow	14	1,162	22	100	1,132	2	2	2	0	0	6	5400-6300	P
University of Oregon Medical School Hospitals and Clinics ³⁴⁴	R. L. Swank	5	131	1	100	2,214	2	2	2	0	0	6	3000-3600	F
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	G. M. Shy	32	670	24	71	3,275	4	4	4	0	0	12	4500-6500	O
Jefferson Medical College ³⁵²	R. A. Chambers	25	602	28	55	2,640	4	3	3	0	0	10	4500-5500	O
Pennsylvania	F. A. Elliott	15	392	38	40	1,514	2	2	2	0	0	6	3600-6500	O
Temple University Affiliated Hospitals	G. Haase						2	2	2	0	0	6		
Philadelphia General		176	1,002	311	45									
St. Christopher's Hospital for Children														
Temple University		10	154	20	60	903							3600-4200	P
PUERTO RICO														
Rio Piedras														
University District	L. P. Sanchez Longo	8	400	35	80	2,432	2	2	2	2	0	8	6000-7200	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	O. Talbert	12	461	23	70	1,647	3	3	3	0	0	9	5500-5500	P
Medical College														
Roper														
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	R. A. Utterback						3	3	2	0	0	8		
City of Memphis Hospitals	R. A. Utterback	17	391	65	60	2,723							3660-3780	F
Veterans Admin.	J. W. Nelson	24	363	14	36	156							4480-12510	O
TEXAS														
Houston														
Baylor University Affiliated Hospitals	S. H. Frazier, Jr.						3	3	3	0	0	9		
Ben Taub General		10	260	78	40	4,169							3300-3900	O
Methodist		11	304†	4	75	2,849							4500-5100	P
Veterans Admin.		59	270	70	40	1,627							8961-12510	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	L. W. Jarcho						2	2	2	0	0	6†		
University		10	332	14	64	2,126							4200-6000	P
Veterans Admin.		42	202	18	94								4480-6260	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	G. A. Schumacher						4	1	1	0	0	6	4500-7500	O
DeGoesbriand Memorial		10	287	14	85	268								
Mary Fletcher		9	323†	11	73	744								
VIRGINIA														
Charlottesville														
University of Virginia	T. R. Johns	26	753	31	61	2,505	4	4	4	2	0	14	5000-7500	O
Richmond														
Medical College of Virginia Affiliated Hospitals	C. G. Suter													
Medical College of Virginia—Hospital Division		26	740	125	54	2,798	3	3	3	3	0	12†	3000-7500	F
Veterans Admin.		40	302	9	67	316	1	1	1	0	0	3	4480-12510	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ³⁷⁶	A. G. Swanson						3	3	2	0	0	8		
King County		13	434	45	38	1,556							3000-3000	F
University	A. G. Swanson	6	324†	11	100	452							3660-6540	P
Veterans Admin.	H. Leffman												4480-8000	
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	H. G. Thompson	10	377	8	37	1,383	2	2	2	0	0	6	3680-4880	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

10. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals.....							5	4	4	1	0	14		
University Hospitals.....	F. M. Forster.....	27	696	2	50	4,803							3800-5500	
Veterans Admin.....	B. Messert.....	36	392	24	83	307							4480-6260	P
<p>Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)</p> <p style="text-align: center;">Programs, 12; Residencies, 46</p>														
UNITED STATES PUBLIC HEALTH SERVICE														
MARYLAND														
National Institutes of Health-Clinical Center, Bethesda.....														
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	S. C. Little.....	11	293	6	67	1,460	3	2	0	0	0	5		
Crippled Children's Clinic and Hospital.....														
University of Alabama Hospitals and Clinics.....	S. C. Little.....												3840-4080	
Veterans Admin.....	I. Lewis.....												4480-8000	O
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital.....							2	2	0	0	0	4	5400-5700	F
ARKANSAS														
Little Rock														
University.....	J. Bornhofen.....	8	81	5	100	1,330	1	1	0	0	0	2	3900-4200	O
CALIFORNIA														
Martinez														
Veterans Admin.—See Presbyterian Medical Center and Affiliated Hospitals, San Francisco														
San Francisco														
Presbyterian Medical Center and Affiliated Hospitals.....	K. Finley.....						2	2	0	0	0	4		
Presbyterian Medical Center.....	K. Finley.....	7	186	0	0	423							4200-4500	P
Children's Hospital and Adult Medical Center Veterans Admin. (Martinez).....	K. Finley..... C. S. Ushiro.....	38	377	44	80	652							4480-12510	O
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General.....		18	184	73	77	2,615	2	2	1	0	0	5	3800-5000	P
MISSOURI														
Columbia														
University of Missouri Medical Center.....	J. Somers.....	8	229	6	50	1,404	1	1	0	0	0	2	3660-4080	P
Kansas City														
Kansas City General Hospital and Medical Center.....	C. Poser.....	13	261	23	43	929	2	2	2	1	0	7	4500-6500	P
St. Louis														
St. Louis University Group of Hospitals.....	L. Tureen.....	11	280	9	66	1,953	1	1	0	0	0	2	4440-4680	O
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center.....	S. Thompson.....						2	2	0	0	0	4†		
University of Oklahoma Hospitals.....	S. G. Wolf.....	6	137	5	20	895								P
Veterans Admin.....	S. W. Thompson.....	20	401	38	53	1,056								
PENNSYLVANIA														
Coatesville														
Veterans Admin.....	R. A. Farmer.....	75	468	25	84	201	2	2	2	0	0	6	4480-12510	O
TEXAS														
Galveston														
University of Texas Medical Branch Hospitals..	T. R. Calverley.....	18	391	14	50	2,168	1	1	0	0	0	2	5200-6000	P
WISCONSIN														
Milwaukee														
Milwaukee County General.....	P. T. White.....	16	430†	19	68	1,321	1	1	1	0	0	3	4275-6035	P
<p>Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)</p> <p style="text-align: center;">Programs, 5; Residencies, 11</p>														
NONFEDERAL AND VETERANS ADMINISTRATION														
DISTRICT OF COLUMBIA														
Washington														
Children's.....	R. Paine.....	7	414†	9	77	1,423	2	0	0	0	0	2†	6000-6000	O
ILLINOIS														
Chicago														
Children's Memorial.....	J. G. Millichap.....	7	254	9	67	1,046	1	2	1	0	0	4	7500-10000	O
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center.....	C. Barlow.....	10	521	3	100	3,007	0	0	1	0	0	1	5000-6500	P
University.....	C. Kane.....	12	229	5	80	835	0	0	1	0	0	1	4800-4800	O
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia.....	C. Kennedy.....	3	163	5	80	357	3	0	0	0	0	3	5000-7500	O

11. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Obstetrics and Gynecology and the American College of Surgeons, through the Residency Review Committee for Obstetrics and Gynecology, as offering full training in the specialty. Programs, 373; Residencies, 2,928

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
CALIFORNIA															
David Grant U.S.A.F., Fairfield	J. Wesp	22	1,595	1	100	20,628	3	1	0	0	0	0	1		
TEXAS															
Wilford Hall U.S.A.F., San Antonio	C. E. Gibbs	60	3,191	6	83	37,871	4	2	2	2	2	0	8		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	W. A. Boyson	32	1,915	9	89	32,149	3	0	2	2	2	0	6		
COLORADO															
Fitzsimons General, Denver ¹⁴²	G. P. Foley	31	2,196	2	100	26,048	3	0	2	2	2	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	E. A. Zimmermann	63	2,290	12	92	27,933	4	0	3	3	3	0	9		
HAWAII															
Tripler General, Honolulu	J. S. Zelenik	56	5,057	4	100	43,799	3	0	3	3	3	0	9		
TEXAS															
William Beaumont General, El Paso	S. N. Schanzer	44	3,241	3	100	40,856	3	3	3	3	3	0	12		
Brooke General, San Antonio	J. P. Perrine	38	2,533	3	66	30,660	3	0	2	2	2	0	6		
WASHINGTON															
Madigan General, Tacoma	W. L. Pickhardt	46	4,178	2	100	44,140	3	0	3	3	3	0	9		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	J. P. Semmens	35	2,983	5	100	18,176	3	2	2	2	0	0	6		
U. S. Naval, San Diego	T. B. Leberz	67	5,954	10	40	64,938	3	3	3	3	0	0	9		
ILLINOIS															
U. S. Naval, Great Lakes	G. J. Taylor	30	2,292	2	100	24,788	3	1	1	1	0	0	3		
MARYLAND															
U. S. Naval, Bethesda	D. A. Callagan	41	2,628	5	100	30,662	3	2	2	2	0	0	6		
MASSACHUSETTS															
U. S. Naval, Chelsea	R. K. Barton	24	1,303	1	100	13,200	3	1	1	1	0	0	3		
NEW YORK															
U. S. Naval, St. Albans	C. B. Sigel	28	1,983	4	50	15,568	3	1	1	1	0	0	3		
PENNSYLVANIA															
U. S. Naval, Philadelphia	J. H. Lee	37	2,227	5	60	22,483	3	1	1	1	0	0	3		
VIRGINIA															
U. S. Naval, Portsmouth	J. W. Huston	73	6,476	3	66	42,586	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans ²⁰⁶	J. Baugh	18	1,248	1	100	11,793	3	1	1	1	0	0	3		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	J. F. Clark	67	5,889	27	26	6,199	4	4	4	2	4	0	14	6700-8400	O
District of Columbia General (Howard University Service), Washington	J. F. Clark	88	7,961	14	36	16,190								3800-5000	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	A. Sholk	34	1,791	4	75	13,847	3	1	1	1	0	0	3	8400-10000	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	T. M. Boulware	37	2,456†	0	0	12,936	3	1	1	1	0	0	3	4500-5700	P
University of Alabama Medical Center															
University of Alabama Hospitals and Clinics	W. N. Jones	63	5,358	9	33	8,880	3	3	3	3	0	0	9	3840-4320	P
Fairfield															
Lloyd Noland	J. P. Hardy	24	1,611	4	25	17,382	3	1	1	1	0	0	3	4200-5400	FP
Mobile															
Mobile General	O. M. Otts	39	3,336	16	56	11,094	3	2	2	2	0	0	6	4200-6000	FP
ARIZONA															
Phoenix															
Good Samaritan	E. Sattenspiel	108	6,573	8	38	12,562	3	2	2	2	0	0	6	6900-7500	P
Marcopa County General	W. Crisp	41	4,277	16	50	4,682	3	2	2	2	0	0	6	6900-8100	P
St. Joseph's	R. J. Jennett	67	5,561†	2	100	3,343	3	2	2	2	0	0	6	5400-6000	F
ARKANSAS															
Little Rock															
University	W. E. Brown	59	3,382	12	58	13,055	3	4	4	4	4	0	16	3900-5500	O

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Bakersfield															
Kern County General	L. E. Smale	30	2,702	8	75	18,179	3	2	2	2	0	0	6	6000-7800	P
Fresno															
Fresno County General	H. Tieche	40	4,070	12	83	15,123	3	2	2	2	0	0	6	7152-8088	P
Glendale															
Glendale Adventist	J. B. Brown	34	2,915	2	50	8,107	3	1	1	1	0	0	3	4980-6080	P
Loma Linda															
Loma Linda University Affiliated Hospitals	W. G. Slate	17	1,400†	2	100	2,184	3	2	2	2	0	0	6	5582-6848	O
Loma Linda University	W. G. Slate	22	1,880	1	0	5,562	3	2	2	2	0	0	6	5624-6720	P
Riverside County General (Riverside)	W. W. Brown, Jr.														
Long Beach															
Memorial Hospital of Long Beach	P. Carney	67	5,410	4		4,341	3	1	1	1	0	0	3	6000-7200	P
Los Angeles															
Cedars-Sinai Medical Center	A. Helfond, G. Harris	6	3,093	1	100	4,898	3	2	2	2	0	0	6	4500-5700	P
Cedars of Lebanon Hospital Division ²²															
Hollywood Presbyterian Hospital-Olmsted Memorial	H. A. Lusk	10	3,543†			4,198	3	2	2	2	0	0	6	6000-6600	O
Kaiser Foundation	T. H. Baker	71	6,334†	9	56	71,371	3	4	4	4	0	0	12	5400-6800	P
Los Angeles County General, Unit I	G. Anderson	202	22,094	176	20	29,041	4	6	6	6	0	0	24	7200-9000	P
Los Angeles County General, Unit II	J. H. McClure	59	6,034†	21	30	11,755	3	4	4	4	0	0	13	7200-8400	P
Queen of Angels	C. Alden	49	4,417	8	87	6,479	3	3	3	3	0	0	9	4200-4800	F
University of California ¹⁰⁰	D. G. Morton	34	3,124	6	100	13,722	4	3	3	2	2	0	10	4200-7400	O
White Memorial Medical Center	S. Zerue	35	3,272	12	75	17,742	3	3	3	3	0	0	9	4260-5460	P
Oakland															
Highland General ¹³⁶	R. N. Nelson	35	4,288	10	60	17,166	3	3	3	3	0	0	9	5500-6500	P
Kaiser Foundation	S. C. Thomas	115	4,499	8	25	30,601	3	3	3	3	0	0	9	4220-5490	FP
Orange															
Orange County General	R. A. Hayden	28	3,077	4	100	11,846	3	2	2	1	0	0	5	5000-6360	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	C. E. McLennan						3	4	4	4	2	0	14		
Palo Alto-Stanford Hospital Center	C. E. McLennan	52	4,405†	3	100	12,604								3900-5700	O
San Mateo County General (San Mateo)	N. Morrison, Jr.	17	1,425†	2	50	8,484								3900-5500	F
Riverside															
Riverside County General—See Loma Linda University Affiliated Hospitals, Loma Linda															
San Diego															
Mercy ¹³²	T. Slate	39	4,106	3	0	15,539	3	1	1	1	0	0	3	3840-5952	F
San Diego County-University ¹³¹	P. L. Martin	23	2,432	8	57	8,327	3	2	2	2	0	0	6	5076-6324	P
San Francisco															
Kaiser Foundation ²²	H. B. Nelson	44	4,403	2		42,216	3	2	2	2	1	0	7	4410-7380	P
Presbyterian Medical Center ³⁴	W. D. Clark	22	1,700	0	0	3,849	3	2	2	2	0	0	6	4200-5100	P
St. Luke's	J. P. Shively	13	2,066	1	0	5,668	3	1	1	1	0	0	3	4200-5400	FP
San Francisco Catholic Hospitals ¹⁰⁴	G. P. O'Hara	89	7,172	9	67	12,978	3	3	3	3	0	0	9		
Mary's Help Hospital															
St. Mary's	G. P. O'Hara													3600-4800	F
University of California Program in Obstetrics and Gynecology	E. W. Page						4	4	3	2	3	0	12		
H. C. Moffitt-University of California Hospitals	E. W. Page	50	3,379	5	40	20,814								4200-7400	O
San Francisco General	E. Overstreet	40	3,096	3	100	10,093								5304-7836	P
San Jose															
Santa Clara County Hospital and Medical Center ¹³⁷	A. M. Guderian	23	604	6	50	18,374	3	3	3	3	0	0	9	4752-6372	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Santa Clara															
Kaiser Foundation	J. C. Portnuff		3,455			36,000	4	2	2	2	2	0	8		
Stockton															
San Joaquin General	D. Harrington	25	2,181	7	85	16,920	3	2	2	2	0	0	6	5076-6144	P
Torrance															
Los Angeles County Harbor General ⁹⁹	E. Quilligan	64	6,275	23	57	10,939	4	3	3	3	3	0	12	7200-9000	P
COLORADO															
Denver															
Denver General	H. E. Thompson	36	2,860	6	50	17,777	3	2	2	2	0	0	6	3672-4392	P
General Rose Memorial	B. Lerner	45	3,282			2,061	3	1	1	1	0	0	3	6600-6960	P
Presbyterian	M. C. Waddell	37	3,143†	5	20	3,477	3	1	1	1	0	0	3	4200-4800	P
St. Joseph ¹⁴³	C. H. Alexander	64	4,918	1	0	5,076	3	1	1	1	0	0	3	4320-5220	P
University of Colorado Medical Center	E. S. Taylor	31	2,659	9	89	3,901	3	3	3	3	0	0	9	3500-4500	P
CONNECTICUT															
Bridgeport															
Bridgeport	M. P. Pitock	52	4,483	4	0	3,867	3	1	1	1	0	0	3	3900-5400	FP
St. Vincent's	F. S. Kinder	51	4,708†			1,899	4	1	1	1	1	0	4	5700-6600	P
Hartford															
Hartford ²⁷	L. F. Middlebrook	124	9,034	8	75	7,554	3	2	2	2	0	0	6	4200-5400	P
St. Francis	J. Carangelo	96	6,562	14	35	7,189	3	2	2	2	0	0	6	3900-5700	FP
New Britain															
New Britain General	R. C. Wright	42	4,036	0	0	1,623	3	1	1	1	0	0	3	5355-5985	F
New Haven															
Hospital of St. Raphael	D. F. Conway	51	3,927	4	50	4,657	3	2	2	2	0	0	6	6020-6920	P
Yale-New Haven Medical Center															
Yale-New Haven	C. L. Buxton	91	7,243	22	68	12,887	3	4	4	4	2	0	14	3900-6000	P
New London															
Lawrence and Memorial Hospitals	W. J. Morse	45	3,440†	3	33	1,556	3	1	1	1	0	0	3	5400-6000	F
Stamford															
Stamford	H. K. Miller	33	1,943	1	100	3,260	3	1	1	1	0	0	3	4080-4680	FP
DELAWARE															
Wilmington															
Wilmington Medical Center															
Delaware Division	M. V. Anderson	56	4,453	3	50	3,959	3	2	2	1	0	0	5	5400-7800	P
Wilmington General Division	A. Seeger	37	3,043†	2	50	2,758	3	1	1	1	0	0	3	4200-6600	FP

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

District	Hospital/Clinic	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA																
Washington																
	Columbia Hospital for Women	A. I. Robins	121	9,739	5	60	11,967	3	3	3	3	0	0	9	4800-5400	P
	District of Columbia General—See Freedmen's Hospital, Department of Health, Education and Welfare															
	Georgetown University ¹⁵⁶	A. Marchetti	54	4,045	3	100	6,668	3	3	3	3	0	0	9	3720-4630	P
	George Washington University ¹⁵⁶	R. H. Barter	86	6,027	9	35	2,427	3	4	4	4	0	0	12	3900-4800	P
	Fairfax (Falls Church, Va.)	P. Soyster	35	4,906	1	0	1,384								3900-4800	P
	Providence	J. Paquin	70	6,490	4	50	3,885	3	2	2	2	1	0	6	4200-5100	P
	Washington Hospital Center	C. K. Fraser	90	6,879	5	40	8,818	4	2	2	2	2	0	10	4080-4620	P
FLORIDA																
Gainesville																
	William A. Shands Teaching Hospital and Clinics	H. Prystowsky	40	3,000	6	100	13,000	4	3	2	2	2	0	9	3210-5778	O
Jacksonville																
	Jacksonville Hospitals Educational Program	J. C. Taylor						3	5	5	5	0	0	15		
	Baptist Memorial	R. M. Mein	48	4,049	4	75	1,877								5400-6000	O
	Duval Medical Center	R. W. McDowell	33	3,845	8	35	27,001									
	St. Luke's	R. W. McDowell	31	2,533	4	50	3,025								5100-6000	O
	St. Vincent's	J. Coudon	51	3,952	3	0	2,871								5400-6000	P
Miami																
	Jackson Memorial	D. Cavanagh	83	5,694	24	75	13,042	4	5	5	5	5	0	20	3180-4380	P
Miami Beach																
	Mount Sinai Hospital of Greater Miami	H. Kraff	34	2,685	2	67	5,395	3	1	1	1	0	0	3	4500-6000	P
Orlando																
	Orange Memorial	J. E. Startzman, J. P. Michaels	76	6,536	13	39	1,366	3	2	2	2	0	0	6	5100-5700	P
Pensacola																
	Pensacola Educational Program	J. W. Douglas						3	1	1	1	0	0	3	5100-5700	P
	Baptist		50	3,638	4	25										
	Escambia General		5	1,836	4	50	1,617									
	Sacred Heart		6	387	2	50										
St. Petersburg																
	Mound Park	E. V. Pollard	57	4,310	9	11	8,654	3	1	1	1	0	0	3	5564-6240	P
Tampa																
	Tampa General	R. Withers	72	6,421	5	80	9,515	3	2	2	2	0	0	6	4200-7200	FP
GEORGIA																
Atlanta																
	Crawford W. Long Memorial	R. K. Hancock	79	4,022	16	63	4,585	3	2	2	2	0	0	6	4500-5100	P
	Georgia Baptist	E. D. Colvin	72	7,041	7	43	5,030	3	2	2	2	0	0	6	4500-4860	O
	Grady Memorial	J. D. Thompson	124	9,565	23	100	32,252	3	10	12	4	0	0	26	3000-4200	P
	Piedmont	C. B. Upshaw	45	3,554	1	100	1,966	3	1	1	1	0	0	3	5040-5520	P
	St. Joseph's Infirmary	V. Skiles	31	2,242	1	100	4,193	3	1	1	1	0	0	3	5160-5760	P
Augusta																
	Medical College of Georgia Hospitals	W. A. Scoggin						4	4	4	4	4	0	16		
	Eugene Talmadge Memorial	W. A. Scoggin	54	2,357	4	50	8,836								3900-6000	P
	University	W. G. Watson	49	3,248	8	38	3,043									
Macon																
	Macon	G. W. Jackson	74	6,062	10	30	13,752	3	2	2	2	0	0	6	6300-7500	F
Savannah																
	Memorial Hospital of Chatham County	J. H. Angell	28	2,498	6	67	5,375	3						3	5100-6000	F
HAWAII																
Honolulu																
	Kapiolani Maternity and Gynecological Hospital—Queen's-St. Francis	J. A. Krieger						3	2	3	3	0	0	8	6600-7800	O
	Kapiolani Maternity and Gynecological—Queen's	J. A. Krieger	58	6,448	3	33	3,032									
	Queen's	J. A. Krieger	21	3,436	7	57	4,067									
	St. Francis	S. Saiki	20	2,072			2,131									
ILLINOIS																
Berwyn																
	MacNeal Memorial	F. J. Fara	53	3,932	6	50	896	3	1	1	1	0	0	3	5400-6600	FP
Chicago																
	Cook County ¹⁷	A. Webster, J. Fitzgerald	313	30,794	77	51	23,996	3	8	8	8	4	0	28	4620-5700	F
	Illinois Masonic	J. Deutsch	43	3,218	2	50	4,392	4	1	1	1	1	0	4	6000-7200	FP
	Mercy Medical Center	J. E. Towne	49	2,909	12	42	6,788	3	2	2	2	0	0	6	4500-5100	P
	Michael Reese Hospital and Medical Center	E. Friedman	92	5,722	11	82	17,450	4	4	4	4	4	0	16	3600-6000	P
	Mount Sinai	M. N. Wacker	45	3,301	7	57	6,868	3	2	2	2	0	0	6	4600-5700	P
	Northwestern University Medical Center	D. N. Danforth					4,523									
	Chicago Wesley Memorial	D. N. Danforth	63	3,506	2	100		4	2	2	2	2	0	8	3600-4500	P
	Chicago Maternity Center	B. E. Tucker														
	Passavant Memorial	J. Brewer	46	2,469	7	86	1,332	3	2	2	2	0	0	6	3900-4500	P
	Evanston (Evanston)	T. W. McElin	51	3,420	5	60	4,119	3	1	1	1	1	0	4	3300-6700	P
	Presbyterian-St. Luke's	H. Boysen	90	5,112	3	100	14,596	3	3	3	3	0	0	9	4000-4600	P
	St. Joseph	C. J. Geiger	38	3,041	7	71	2,154	3	2	2	2	0	0	6	5400-6000	F
	University of Chicago Hospitals and Clinics	F. P. Zuspan	73	4,369	9	89	33,555	3	6	5	4	2	1	18	4200-6700	O
	Billings															
	Chicago Lying-In															
	University of Illinois Research and Educational Hospitals	W. F. Mengert	57	3,876	7	57	25,031	3	3	3	3	0	0	9	3600-4200	P
Evanston																
	Evanston—See Northwestern University Medical Center, Chicago															
	St. Francis	J. H. Isaacs	46	3,210	3	33	2,620	3	1	1	1	0	0	3	6780-7020	FP
Evergreen Park																
	Little Company of Mary	M. J. Bulfin	76	6,766	3	67	907	3	3	3	3	0	0	9	7200-7800	P
Oak Park																
	West Suburban ¹⁷¹	C. M. Carey	50	3,367	12	16	492	4	2	2	2	2	0	8	5800-7600	O
Peoria																
	St. Francis	R. Vandenberg	56	4,251	14	50	1,506	3	1	1	1	0	0	3	5100-5700	F
INDIANA																
Evansville																
	St. Mary's	E. Engel	20	1,931	0	0	1,054	3	1	1	1	0	0	3	5400-6600	P

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA—Continued															
Indianapolis															
Indiana University Medical Center	C. P. Huber	56	3,664	10	20	8,217	4	4	4	4	0	16	3575-4700	P	
Indiana University Hospitals	C. P. Huber	60	4,454	18	44	18,430	4	3	3	3	1	10	3863-6000	P	
Marion County General	F. P. Lloyd	57	5,216†	8	63	6,153	4	3	3	3	1	10	5400-6660	P	
Methodist Hospital of Indiana	F. P. Lloyd	57	5,216†	8	63	6,153	4	3	3	3	1	10	5400-6660	P	
St. Vincent's	P. F. Muller	24	2,358	0	0	1,285	3	1	1	1	0	3	5700-6600	P	
IOWA															
Iowa City															
University Hospitals	W. C. Keettel	130	4,839	19	63	26,712	3	4	4	4	0	12	4000-5000	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	K. Krantz	36	3,530	20	75	27,462	3	4	4	4	0	12	4600-4800	P	
Wichita															
St. Francis	W. T. West	54	3,633	5	60	304	3	1	1	1	0	3	5400-6000	F	
Sedgwick County Hospital and Clinic	W. T. West	6	613	1	100	2,860	3	1	1	1	0	3	5400-6000	F	
KENTUCKY															
Lexington															
University	J. W. Greene	22	1,408	3	100	7,219	3	2	2	2	0	6	3960-5160	P	
Louisville															
St. Joseph Infirmary	O. J. Hayes	58	4,009	5	20	4,003	3	1	1	1	0	3	4740-5040	P	
University of Louisville Affiliated Hospitals	D. M. Haynes	50	3,823	6	50	11,188	3	3	3	3	0	9	4300-4600	P	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	A. Michal	90	6,886	27	17	29,046	3	2	2	2	0	25	2700-3300	F	
Louisiana State University Division	C. G. Collins	87	6,528	21	52	27,677	3	2	2	2	0	18	2700-3300	F	
Tulane University Division	J. C. Weed	24	1,749	3	100	20,832	3	2	2	2	0	6	3300-3900	P	
Ochsner Foundation ²⁰³	O. R. Depp	53	6,779	6	50	2,439	3	2	2	2	0	6	4800-5400	P	
Southern Baptist	I. Dyer, C. H. Weinberg	96	3,614	4	50	6,490	3	2	2	2	0	6†	4600-5100	F	
Touro Infirmary	I. Dyer, C. H. Weinberg	96	3,614	4	50	6,490	3	2	2	2	0	6†	4600-5100	F	
Shreveport															
Confederate Memorial Medical Center	E. E. Dilworth	46	5,139	1	100	18,521	3	3	3	3	0	9	2700-3300	F	
MARYLAND															
Baltimore															
Baltimore City Hospitals ²¹	D. F. Kaltreider	56	4,646	6	75	14,945	3	4	4	4	0	16	4500-6500	O	
Bon Secours	H. D. McNally	48	3,490	5	20	7,903	4	2	2	2	0	8	6600-8400	P	
Church Home and Hospital	N. Kohlerman	50	2,617	7	71	4,127	3	1	1	1	0	3	5750-6500	P	
Franklin Square	I. A. Siegel	22	1,787	0	0	7,159	3	1	1	1	0	3	5500-5900	F	
Greater Baltimore Medical Center ²¹³	J. E. Savage, E. S. Diggs	11	583	0	0	637	4	3	1	2	3	9	6300-7200	P	
Johns Hopkins ²¹	A. C. Barnes	100	6,343†	30	70	26,665	3	4	4	4	2	18	3600-5000	P	
Lutheran Hospital of Maryland	N. Levin, J. Shell	40	3,542†	1	100	6,228	3	2	2	2	0	6	5700-6300	P	
Maryland General	D. M. Dixon, T. Kardash	47	3,797	4	50	1,927	3	2	2	2	0	6	6100-6300	P	
Mercy	H. Beck, F. Morris	53	3,999	4	25	5,254	3	2	2	2	0	6	6300-6600	P	
St. Agnes	J. Valderas, J. C. Dumler	56	4,464	4	25	3,376	3	2	2	2	0	6	6300-6900	P	
St. Joseph	S. Alessi	22	1,756	2	50	1,871	3	2	1	1	0	4	6240-6720	P	
Sinai Hospital of Baltimore	J. Seitchik	85	7,301	6	67	16,798	3	3	3	2	0	9	5000-6000	P	
Union Memorial ²¹¹	J. M. Haws	37	2,816	1	100	7,321	4	2	2	2	0	8	6240-7200	P	
University	A. L. Haskins	50	4,016	11	9	15,503	4	4	4	4	0	16	3800-5000	P	
Cheverly															
Prince George's General	J. F. Warren	40	5,168	2	100	4,896	4	1	1	1	1	0	4	3900-4500	F
MASSACHUSETTS															
Boston															
Beth Israel ²¹	H. Rubin	52	3,804	0	0	7,983	3	2	2	2	0	6	3600-6000	O	
Boston City	B. Santamarina	92	6,676	24	46	36,601	3	5	6	4	0	15	3600-4800	O	
Boston Lying-in Hospital—Free Hospital for Women	D. E. Reid	125	8,517	74	88	21,627	3	6	4	4	0	14	4800-6000	P	
Boston Lying-in	D. E. Reid	125	8,517	74	88	21,627	3	6	4	4	0	14	4800-6000	P	
Free Hospital For Women (Brookline)	G. V. Smith	66	3,438	35	91	14,192	3	3	3	3	0	9	5522-6420	P	
Carney Hospital—St. Margaret's	D. J. McSweeney	17	914	6	33	1,108	3	1	1	1	0	3	4440-5280	O	
Carney	E. L. Carey	17	914	6	33	1,108	3	1	1	1	0	3	3600-6000	O	
St. Margaret's	D. J. McSweeney	101	7,855	2	50	7,820	3	2	2	2	0	6	3600-4800	F	
New England Medical Center Hospitals	G. W. Mitchell, Jr.	6	374	1	0	1,554	3	1	1	1	0	3	3600-6000	O	
St. Elizabeth's	T. E. Cavanaugh, Jr.	84	4,008	2	100	3,159	3	2	2	2	0	6	3600-4800	F	
University	D. Hawkins	23	1,415	9	67	4,793	3	2	2	2	0	6	3600-4800	O	
Brookline															
Free Hospital for Women—See Boston Lying-in Hospital—Free Hospital for Women, Boston															
Cambridge															
Cambridge City	P. P. McGovern	22	1,766	0	0	3,632	3	1	1	1	0	3	4235-5390	F	
Pittsfield															
Pittsfield Affiliated Hospitals	T. W. Jones	41	2,889	0	0	3,392	4	2	1	1	1	0	5	3900-6000	F
Pittsfield General															
St. Luke's															
Springfield															
Springfield Hospital-Wesson Maternity							4	1	1	1	1	0	4		
Springfield	R. J. Carpenter	20	1,052†	1	0	976	3	1	1	1	0	4	5220-6120	P	
Wesson Maternity	L. C. Clarke	65	5,113	0	0	3,785	3	1	1	1	0	4	3900-4800	F	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	C. W. Newton	50	3,565	3	33	5,062	3	1	1	1	0	3	6000-6600	O	
University of Michigan Medical Center	J. R. Willson	65	3,745	36	64	19,494	4	5	5	5	5	20	3540-4876	O	
University	J. R. Willson	65	3,745	36	64	19,494	4	5	5	5	5	20	3540-4876	O	
Wayne County General Hospital and Infirmary (Eloise)	D. G. Anderson	31	2,197	14	64	6,682	3	1	1	1	0	3	6187-7667	F	
Dearborn															
Oakwood ²⁴⁴	C. A. Navori	78	5,936†	6	45	698	3	2	2	2	0	6	4800-5400	F	

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued															
Detroit															
Crittenton	A. C. Rutzen	10	3,713	4	75	13,684	4	2	2	2	2	0	8	5700-6600	P
Detroit Memorial	R. G. Walkowiak	35	2,791	2	50	9,776	4	2	2	2	2	0	8	6300-7200	P
Grace	R. E. Bogue	120	6,880†	12	75	3,865	3	4	4	4	0	0	12	4260-4860	FP
Henry Ford	C. P. Hodgkinson	85	3,691	24	46	38,877	4	3	3	3	3	0	12	4800-6000	P
Mount Carmel Mercy	J. W. Pichette	55	5,864†	4	0	1,913	4	2	2	2	2	0	8	5700-6600	P
St. John	P. C. DiLoreto	98	5,177	1	100	2,482	3	2	2	2	2	0	6	5610-6270	P
St. Joseph Mercy	F. E. Check	35	2,062	7	43	1,754	4	1	1	1	1	0	4	5760-6660	P
Sinai Hospital of Detroit	D. Feld	67	5,173	0	0	4,348	3	2	2	2	0	0	6	4800-5400	P
Wayne State University Affiliated Hospitals	T. N. Evans						4	6	6	6	6	0	24		
Detroit General	T. N. Evans	47	1,767	6	33	6,431								5300-6200	P
Harper	L. P. Heath	78	4,832	9	55	3,035								4200-6000	FP
Hutzel	T. N. Evans	103	7,097	8	0	2,914								5700-6600	O
Eloise															
Wayne County General Hospital and Infirmary—See University of Michigan Medical Center, Ann Arbor															
Flint															
Hurley	J. I. Collins	76	4,663†	8	75	1,506	3	2	2	2	0	0	6	5700-6900	P
Grand Rapids															
Blodgett Memorial	A. L. H. Verwys	44	3,294	1	100	935	3	1	1	1	0	0	3	5700-6000	P
Butterworth	R. Lang	66	4,881	5	25	1,686	3	1	2	2	0	0	5	5700-6000	P
St. Mary's	C. F. Webb	53	4,039†	4	0	2,373	3	1	1	1	0	0	3	5200-6000	P
Highland Park															
Highland Park General	J. Teshima	36	2,603	4	75	1,389	3	1	1	1	0	0	3	5481-6682	P
Pontiac															
Pontiac General	H. Furlong	79	5,934†	10	30	1,017	3	2	2	2	0	0	6	6300-7500	FP
St. Joseph Mercy	T. J. Sansone	44	3,809	1	100	9,956	3	2	2	2	0	0	6	6300-6900	P
Royal Oak															
William Beaumont	H. Longyear	46	4,827	4	75	190	3	4	4	4	0	0	12	5880-6900	P
Saginaw															
Saginaw General	L. Bruggers	47	2,895	9	33	786	3	1	1	1	0	0	3	6360-6960	FP
Southfield															
Providence	J. Watts	61	2,457†	2	100	2,066	3	2	2	2	0	0	6	5700-6300	O
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	J. L. McKelvey						3								
Hennepin County General	M. T. Mitchell	33	2,539	2	100	10,777		1	1	1	1	0	4	4500-6500	P
University of Minnesota Hospitals	J. L. McKelvey	49	1,807	29	76	6,695		1	1	1	1	0	4	4500-4500	O
Charles T. Miller (St. Paul)	J. B. Phillips	39	2,619	2	50	5,491		0	1	0	0	0	1	4200-5400	FP
St. Joseph's (St. Paul)	J. B. Phillips	55	3,925	4	75	2,746		0	1	0	0	0	1	7320-7320	P
St. Paul-Ramsey (St. Paul)	E. Hakanson	23	1,528	1	100	8,205		0	1	1	0	0	2	4500-6000	P
St. Luke's (Fargo, N.D.)	J. S. Gillam	31	1,575	1	0	18,055		1	0	1	0	0	2	5014-6934	F
Rochester															
Mayo Graduate School of Medicine ¹⁷⁷	R. B. Wilson	73	4,319	15	73	42,378	4	4	4	4	4	0	16†	3600-4800	P
Rochester Methodist															
St. Mary's															
St. Paul															
Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis															
St. Joseph's—See University of Minnesota Affiliated Hospitals, Minneapolis															
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center															
University	M. Newton	39	3,272	6	67	11,614	3	3	3	3	0	0	9	3600-4200	O
MISSOURI															
Clayton															
St. Louis County	F. J. Valach	15	1,151	3	67	7,184	3	1	1	1	0	0	3	3900-5100	F
Columbia															
University of Missouri Medical Center	D. G. Hall	33	1,676	8	25	8,375	4	2	2	2	2	0	8	3660-5040	P
Kansas City															
Kansas City General Hospital and Medical Center	H. Gainey	57	4,155	16	19	17,499	3	3	3	3	0	0	9	4500-5700	P
St. Luke's	R. Newman	63	3,701	2	50	3,873	3	1	1	1	0	0	3	5100-6300	P
St. Louis															
Barnes ²⁶⁶	W. Allen	95	5,326	12	42	18,380	4	4	4	4	4	0	16	3900-4800	O
Homer G. Phillips	S. Monat	91	5,454	37	29	9,004	3	3	3	3	0	0	9†	4584-5849	P
Jewish Hospital of St. Louis	D. Rothman	67	4,532†	6	17	6,677	4	2	2	2	2	0	8	3700-6700	P
St. John's Mercy	R. Muckerman	88	5,682	4	50	1,191	3	2	2	2	0	0	6	3600-4800	F
St. Louis City	A. T. Esslinger	61	4,707	13	64	9,990	3	3	3	3	0	0	9	4583-5570	O
St. Louis University Group of Hospitals	D. Cavanagh	78	7,452	6	66	6,636	3	2	2	2	0	0	6	4440-4680	O
St. Luke's	G. Wulff	42	2,587	2	50	4,028	3	1	1	1	0	0	3	4200-5400	F
NEBRASKA															
Omaha															
Creighton University Medical Center															
Creighton Memorial St. Joseph's	A. B. Lorincz	37	2,766			9,478	3	2	2	2	0	0	6	4800-6000	P
University of Nebraska	W. Pearse	24	1,669	7	57	9,752	3	2	2	2	0	0	6	4300-4900	P
NEW JERSEY															
Camden															
Cooper	H. Johnson, L. Rose	95	5,641	12	42	8,704	3	2	2	1	0	0	5	4200-4800	F
Jersey City															
Margaret Hague Maternity Hospital-Jersey City Medical Center							3								
Margaret Hague Maternity	J. P. Donnelly	147	11,204	10	66	28,037		8	6	6	4	0	24	3600-4500	F
Jersey City Medical Center	H. Riva	46	919	17	12	3,105		2	1	0	1	0	4	3400-4600	F
Mount Holly															
Burlington County Memorial	R. H. Van Meter	36	3,935	2	50	3,375	3	1	1	1	0	0	3	4200-4800	F
Neptune															
Fitkin Memorial	R. Jacobus	46	3,514	3	33	689	3	1	1	1	0	0	3	4200-5400	F

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued															
Newark															
Newark Beth Israel	I. Perlmutter	90	4,721	4	25	3,894	3	1	1	1	0	0	3	3000-3600	F
Newark City	J. L. Breen	132	5,000	26	62	36,156	3	4	5	4	0	0	16†	5000-7500	F
St. Michael	E. J. Slowinski	47	3,298	2	0	4,344	3	2	2	2	0	0	6	3900-6880	F
Trenton															
St. Francis	J. R. Harman	52	3,964	0	0	3,926	3	1	1	1	0	0	3	4200-5100	F
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated Hospitals Bernalillo County-Indian	R. A. Munsick	25	2,074	3	0	6,191	3	2	1	1	0	0	4	5500-5900	P
NEW YORK															
Albany															
Albany Medical Center	E. J. Plots	72	4,722	9	56	4,690	3	4	4	4	1	0	13	4000-5600	P
A. N. Brady	J. G. Hayes	26	2,093	0	0	2,578	3							4400-4800	P
Buffalo															
Deaconess Hospital of Buffalo	N. G. Courey	52	3,168	3	33	2,359	4	1	1	1	1	0	4	4300-4900	F
Millard Fillmore	R. Collins	98	6,616†	2	100	4,023	3	3	3	3	0	0	9	4800-5600	P
State University of New York at Buffalo Affiliated Hospitals	C. L. Randall	70	3,932	10	78	9,526	5	4	4	4	4	4	20	4100-5300	O
Buffalo General	C. L. Randall	56	5,505	1	0	500	3							4100-5300	P
Children's Hospital of Buffalo	C. L. Randall	31	1,672	8	38	11,213	3							4895-6410	P
Edward J. Meyer Memorial	J. B. Graham	33	845	41	100	8,643	4							4650-5754	O
Roswell Park Memorial Institute	C. J. Woepfel	64	4,375	10	50	3,467	4							4620-6480	FP
Sisters of Charity ²⁷⁹													8		
Cooperstown															
Mary Imogene Bassett	O. J. Severud	7	495	3	67	5,902	3	0	0	1	0	0	1	4128-5376	P
East Meadow															
Meadowbrook	W. S. C. Dolan	42	3,073	14	57	8,840	4	2	2	2	2	0	8	4859-7545	F
Mercy (Rockville Centre)	G. T. Lilly	65	4,732	2	0	433	3							4859-7545	F
Glen Cove															
Community Hospital at Glen Cove	H. Mayberger	20	2,175	2	100	1,239	3	1	1	1	0	0	3	4940-5740	P
Johnson City															
Charles S. Wilson Memorial	S. Nagyfy	26	2,022	4	50	5,160	3	1	1	1	0	0	3	4500-5100	P
Manhasset															
North Shore	A. N. Fenton	54	4,006	1		1,953	4	2	2	2	2	0	8	4980-6220	F
Mineola															
Nassau	J. Mellow	59	4,440	3	33	2,252	3	1	1	1	0	0	3	4800-5400	P
Mount Vernon															
Mount Vernon	N. M. Weinrod	20	1,704	8	63	3,020	3	1	1	1	0	0	3	4800-5700	FP
New Hyde Park															
Long Island Jewish Hospital Training Program	A. H. Rosenthal						3	3	3	3	1	0	10		
Long Island Jewish		47	3,851	1		1,684								4500-6250	O
Queens Hospital Center (New York City)		65	4,228	11	75	22,621								4200-5220	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center ²⁹²	S. L. Romney	68	4,372	21	48	27,072	4	6	4	4	4	0	18	4980-6220	FP
Bellevue Hospital Center, Division III	G. W. Douglas	105	4,045	8	88	31,225	4	6	6	6	6	0	24	4740-6160	FP
Knickerbocker	W. Decker	17	624	0	0	1,362	3							5760-5760	FP
University	G. W. Douglas	57	3,475	4	25	18,253	4	3	3	3	2	0	11	4650-6150	P
Beth Israel	G. Blinick	85	5,429	5	20	13,460	3	3	3	3	0	0	9	5000-6400	P
Bronx-Lebanon Hospital Center	S. Birnbaum	75	4,948	3	33	6,892	4	2	2	2	2	0	8	4500-6000	P
Brookdale Hospital Center	V. Tricomi	61	3,950	14	57	2,137	4	5	5	5	5	0	20		
Brooklyn		57	4,402	9	23	29,567	3	2	2	2	0	0	6	5640-6660	P
Cumberland		42	3,002	30	53	11,879	3	2	2	2	0	0	6	4800-5400	F
Brooklyn Womens	M. Rosenfeld	60	3,587	5	60	21,417	3	2	2	2	0	0	6	5400-6900	FP
City Hospital Center at Elmhurst	E. J. Rovinsky	43	3,245	2	100	3,208	4	1	1	1	1	0	4	4020-5000	FP
Flushing Hospital and Medical Center	J. Veprovsky	34	1,971	6	50	2,420	3	2	1	1	0	0	4	4800-5700	FP
French	M. L. Tancer	123	6,633	24	27	84,441	4	6	6	6	6	0	24	4740-6160	FP
Harlem Hospital Center	D. Swartz	65	3,510	5	60	5,860	3	1	1	1	0	0	3	4800-6000	F
Jamaica	M. Abitbol	99	6,843	15	43	10,805	4	5	5	5	5	0	20	4500-6000	O
Jewish Hospital of Brooklyn	M. Schiffer	41	3,035	6	83	28,313	3	1	1	1	0	0	3	4200-5200	F
Greenpoint	R. Landeaman	37	2,642	1	100	2,428	3	1	1	1	0	0	3	4200-5400	F
Jewish Memorial	H. R. K. Barber	61	3,458	7	43	7,291	4	2	2	2	2	0	8	4300-5500	P
Lenox Hill ²⁹⁹	J. J. Smith	64	5,353	0	0	39,886	3	5	5	5	5	0	20	4740-6160	F
Lincoln	H. Freedman	52	3,698	5	20	6,982	4	2	2	2	2	0	8	4000-6250	P
Long Island College	A. S. MacGregor	39	2,576	2	50	4,151	3	2	2	2	0	0	6	4500-5100	F
Lutheran Medical Center							4								
Maimonides Hospital Training Program	W. Pomerance	84	5,831†	7	43	11,424		4	4	4	4	0	16	4500-6250	P
Maimonides Hospital of Brooklyn	A. Vasicka	30	1,919	2	100	2,886		2	1	1	4	0	8	4000-6250	P
Coney Island	R. Mansell	68	4,669	3	0	10,883	4	2	2	2	2	0	8	5000-6100	P
Methodist Hospital of Brooklyn	S. G. Burgess						3	4	4	4	0	0	12		
Misericordia-Fordham Training Program															
Misericordia		36	2,635	6	67	13,297								5910-6930	F
Fordham		39	3,680	6	83	21,435	4	2	2	2	2	0	8	4620-6370	P
Montefiore Hospital Training Program	A. Tamis														
Montefiore Hospital and Medical Center															
Morrisania City		132	6,527	9	56	31,000	4	5	6	4	5	0	20	4500-6500	P
Mount Sinai	S. B. Gusberg	140	8,712	13	50	33,684	3	5	6	6	4	2	23	4000-7000	P
New York	F. F. Fuchs	44	2,860	11	45	5,688	3	2	2	2	1	0	7	4850-5500	F
New York Infirmary	A. J. Wittner														
New York Medical College-Metropolitan Hospital Center	M. L. Stone	73	4,357	2	50	3,839	4	10	7	6	6	0	29	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals		407	5,677	20	50	76,037									
Unit 2—Metropolitan															
New York Polyclinic Medical School and Hospital	L. J. Caruso	35	2,045	2	50	4,918	3	1	1	1	0	0	3	4700-5300	P
Presbyterian ²⁹⁴	J. G. Moore	154	9,311	4	25	49,310	3	5	8	5	2	2	22†	4800-8000	O

Numerical and other references are listed on pages 276 through 280.

11. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park														
Roosevelt	35	1,705†	4	25	5,594	3	2	2	2	0	0	6	4300-6300	O
St. Clare's ²⁷¹	27	1,579	7	43	3,474	4	2	2	2	2	0	8	5400-7200	F
St. Francis	52	2,940	2	100	9,682	3	1	1	1	0	0	3	5600-8000	P
St. John's Episcopal	66	3,349	7	33	12,503	4	2	2	2	2	0	8	4680-5700	FP
St. Luke's Hospital Center	99	5,437	10	33	19,539	4	6	6	6	2	0	20	4500-6000	P
St. Mary's	44	3,176	9	33	10,304	3	1	1	1	0	0	3	5100-5700	F
St. Vincent's Hospital and Medical Center of New York	70	4,298	14	36	11,289	4	3*	2	2	2	0	9	5500-7000	P
Salvation Army Booth Memorial	44	3,572	1	...	4,471	3	1	1	1	0	0	3	6000-7500	O
State University-Kings County Medical Center														
Kings County Hospital Center	133	13,068	50	40	41,055	4	12	8	8	8	0	36	4740-6160	FP
State University	35	2,005	2	50	4,920	3	1	1	1	0	0	3	...	...
Sydenham	37	2,578	2	50	6,314	3	2	2	2	0	0	6	4800-5400	F
Unity														
Woman's Hospital—See St. Luke's Hospital Center														
Wyckoff Heights	51	3,397	2	0	2,447	3	2	2	2	0	0	6	4080-5400	F
Rochester														
Genesee	53	4,549	1	100	4,335	3	2	2	2	0	0	6	4900-6400	P
Highland Hospital of Rochester	47	3,801	3	33	2,133	3	2	2	2	0	0	6	6100-7800	P
Rochester General	48	4,451	2	0	2,554	3	1	1	1	0	0	3	3620-4620	FP
Rochester St. Mary's Hospital of the Sisters of Charity	22	3,470†	...	...	801	3	1	1	1	0	0	3	5200-6200	F
Strong Memorial Hospital of the University of Rochester	57	4,007	5	40	10,727	4	3	3	3	3	0	12	3600-5400	O
Rockville Center														
Mercy—See Meadowbrook, East Meadow														
Schenectady														
Schenectady Affiliated Program	36	2,608	7	43	2,615	4	1	1	1	1	0	4	4500-5400	FP
Ellis	13	1,186	1	0	951	...	...	...	...	...	...	...	...	F
St. Clare's														
Syracuse														
State University of New York Upstate Medical Center	87	6,906	6	33	9,576	4	4	4	4	1	0	13†	4036-4940	O
St. Joseph's														
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial ³²¹	35	2,289†	6	84	14,457	4	3	3	3	3	0	12	3190-5700	O
Charlotte														
Charlotte Memorial	78	5,665	7	29	9,168	3	2	2	2	0	0	6	4620-5520	P
Durham														
Duke	52	3,215	18	39	16,903	4	6	5	2	2	0	15	3900-4800	P
Raleigh														
Memorial Hospital of Wake County	31	2,652	5	60	6,069	3	1	1	1	0	0	3	3600-4800	F
Winston-Salem														
North Carolina Baptist Hospitals	50	3,191	3	0	7,750	4	2	2	2	2	0	8	3000-4000	P
NORTH DAKOTA														
Fargo														
St. Luke's—See University of Minnesota Affiliated Hospitals, Minneapolis														
OHIO														
Akron														
Akron City	75	4,873	6	33	3,936	4	2	2	2	2	0	8	4200-6600	FP
Akron General	66	4,464	5	40	2,168	3	2	2	2	0	0	6	4680-5640	FP
St. Thomas	60	3,704	4	50	821	4	2	2	2	2	0	8	4900-6240	FP
Canton														
Mercy Hospital-St. Ann														
Mercy	62	4,235	1	100	1,035	3	3	3	3	0	0	9	4200-6000	F
St. Ann (Cleveland)	58	3,769	2	100	2,707	...	...	...	...	...	...	...	3900-5400	FP
Cincinnati														
Bethesda	95	6,629	12	58	6,898	3	2	2	2	0	0	6	6240-6720	P
Good Samaritan	108	7,585	5	60	2,441	3	2	2	2	0	0	6	5400-6900	P
University of Cincinnati Hospital Group														
Cincinnati General	70	5,400	5	100	12,000	4	2	2	2	2	0	8	3600-3600	F
Cleveland														
Cleveland Metropolitan General	57	4,714	7	20	32,202	4	4	4	4	4	0	16	4000-6400	P
Fairview General	74	4,653	5	20	4,924	4	1	1	1	1	0	4	5400-7200	F
Huron Road	44	2,504	5	20	1,085	3	2	2	2	0	0	6	4200-4800	F
Mount Sinai Hospital of Cleveland	65	4,553	7	72	7,196	4	2	2	2	2	0	8	3996-4800	P
St. Ann—See Mercy Hospital-St. Ann, Canton														
St. John's	44	2,316	6	67	874	3	1	1	1	0	0	3	5100-6000	F
St. Luke's	61	3,720	9	75	5,739	4	1	1	1	1	0	4	4800-6600	P
University Hospitals of Cleveland	95	6,718	10	80	30,229	4	4	4	4	4	0	16	3600-5400	P
Columbus														
Mount Carmel	50	4,526†	0	0	6,705	4	1	1	1	1	0	4	5280-6180	F
Ohio State University Hospitals	96	5,212	11	88	17,244	4	3	3	3	3	0	12	3500-7000	P
Riverside Methodist Hospital-St. Ann's Hospital for Women														
Riverside Methodist	56	4,083	4	0	1,590	4	2	2	2	2	0	8	5160-5700	P
St. Ann's Hospital for Women	62	5,525	5	60	4,206	...	...	...	...	...	...	...	3552-4380	F
Dayton														
Good Samaritan	70	4,185	6	100	900	3	1	1	1	0	0	3	3900-4500	F
Miami Valley	71	5,418†	6	83	3,086	4	2	2	2	2	0	8	6300-7500	P
Toledo														
Maumee Valley	26	1,283	8	75	3,026	3	1	1	1	0	0	3	4644-5126	FP
St. Vincent	48	2,886	5	60	2,950	3	1	1	1	0	0	3	3900-4500	F
Toledo	70	4,261	3	33	3,349	3	1	1	1	0	0	3	6300-6900	F
Warren														
Trumbull Memorial	47	3,399	6	0	1,931	3	1	1	1	0	0	3	4200-5400	F
Youngstown														
St. Elizabeth	44	4,828	9	22	2,781	3	2	2	2	0	0	6	4800-5400	FP

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
St. Anthony	J. B. Eskridge, Jr.	89	6,178	14	38	4,305	3	1	1	1	0	0	3	5400-6000	P
University of Oklahoma Medical Center	J. A. Merrill	46	2,907	8	25	15,861	3	3*	2	2	2	0	9†	4000-5600	P
University of Oklahoma Hospitals ²⁴⁰															
Tulsa															
Hillcrest Medical Center	A. Vammen	23	2,257	0	0	5,250	3	2	1	1	0	0	4	7200-8100	P
St. John's	W. F. Thomas	66	4,335	1	0	3,587	3	1	1	2	0	0	4	6300-6900	P
OREGON															
Portland															
Emanuel	C. L. Fearl	80	6,245	61	73	5,460	3	2	2	2	0	0	6	5400-6300	P
University of Oregon Medical School Hospitals and Clinics ¹⁷⁰	R. C. Benson	40	2,917	10	60	17,090	4	3	3	3	3	0	12	3000-3600	F
PENNSYLVANIA															
Abington															
Abington Memorial	A. L. Brenner, C. M. Turman	64	4,858	4	25	2,931	3	1	1	1	0	0	3	3900-4500	F
Allentown															
Allentown	F. C. Schaeffer	97	4,033†	11	35	2,418	3	2	2	2	0	0	6	5200-5800	P
Altoona															
Altoona	J. S. Taylor, Jr.	42	2,741	2	50	2,661	3	1	1	1	0	0	3	6420-7200	F
Bethlehem															
St. Luke's	F. S. Flor	40	2,517	3	33	1,169	3	1	1	1	0	0	3	3720-4320	FP
Danville															
Geisinger Medical Center	C. T. Beecham	28	1,433	11	55	13,356	3	1	1	1	0	0	3	4800-5400	P
Darby															
Thomas M. Fitzgerald Mercy	L. McGowan	70	4,843	3	33	3,376	3	2	2	2	0	0	6	3600-4800	F
Erie															
Hamot Hospital-St. Vincent	D. B. McNeill						4	1	1	1	1	0	4		
Hamot	G. P. Bohlender	32	2,569	3	33	2,324								5400-7200	FP
St. Vincent	J. J. DeMarco	50	3,954†	6	83	2,327								4200-5400	FP
Harrisburg															
Harrisburg	C. K. Fetterhoff	72	4,814	3	0	8,677	3	2	2	2	0	0	6	5856-6756	P
Philadelphia															
Albert Einstein Medical Center	A. First, G. Weinstein	113	7,425†	10	90	11,060	3	4	4	3	0	0	11	2700-3300	FP
Episcopal	R. Hyatt	33	2,485	4	50	5,039	3	1	1	1	0	0	3	4200-4680	O
Germantown Dispensary and Hospital	W. M. Heyl	27	1,913	4	25	5,393	3	0	1	1	0	0	2	3600-5100	FP
Graduate Hospital of the University of Pennsylvania-Pennsylvania Hospital	S. L. Israel						3	4	4	4	0	0	12		
Graduate Hospital of the University of Pennsylvania		13	396	2	50	1,164								3600-4800	P
Hahnemann Medical College and Hospital ²⁴⁶	G. Lewis	86	5,391	71	73	19,782								3600-4800	O
Hospital of the University of Pennsylvania	L. Mastroianni	35	3,084	5	60	8,700	3	4	4	4	0	0	12	3000-3600	P
Hospital of the Woman's Medical College of Pennsylvania	E. R. Carrington	48	2,706	4	75	8,145	3	2	2	2	3	0	9	4400-5300	P
Jefferson Medical College	R. G. Holly	97	5,504	6	50	21,405	3	3	2	3	2	0	10	3350-4700	O
Lankenau	J. D. Corbit, Jr.	45	2,729	7	71	2,677	3	1	1	1	0	0	3	3900-4500	FP
Methodist	J. B. Montgomery	36	2,408	0	0	3,188	3	1	1	1	0	0	3	5400-5400	O
Misericordia	J. E. Lynch	35	2,537	0	0	4,059	4	1	1	1	1	0	4	3600-5100	F
Philadelphia General	J. P. Emich, Jr., P. Bowers	114	7,424	21	45	25,975	3	6	5	4	0	0	15	4100-5100	F
Presbyterian-University of Pennsylvania Medical Center	W. D. Chamblin	28	1,696†	2	0	5,010	3	1	1	1	0	0	3	3840-4440	P
Temple University	R. R. deAlvarez	100	4,501	10	70	13,780	3	5	5	5	0	0	15	3600-4200	P
Pittsburgh															
Allegheny General	J. Gilmore	67	3,361†	6	67	2,807	3	1	1	1	0	0	3	3900-4800	F
Health Center Hospitals of the University of Pittsburgh															
Magee-Womens	D. L. Hutchinson	185	10,976	27	30	39,239	4	5	5	5	5	0	20	4300-5200	O
Mercy	G. J. Carlin	57	3,006	7	43	2,876	3	1	1	1	0	0	3	5400-6300	P
Pittsburgh	R. N. McGarvey	35	2,020	4	50	1,768	3	1	1	1	0	0	3	5700-6300	F
Columbia (Wilkinsburg)	W. E. Gibson	40	1,697	2	0	1,730									
St. Francis General	M. A. Guthrie	49	2,646	4	50	1,879	3	1	1	1	0	0	3	8400-8400	F
South Side	J. A. New, H. W. Thomas	44	2,371	1	0	1,831	3	1	1	1	0	0	3	7200-7200	F
Western Pennsylvania	L. E. Laufe	71	3,807	13	38	4,075	3	2	2	2	0	0	6	5700-6300	FP
Reading															
Reading	F. B. Nugent	97	3,482	13	46	2,636	3	1	1	1	0	0	3	4800-5700	F
Wilkinsburg															
Columbia—See Pittsburgh Hospital, Pittsburgh															
YORK															
York	J. S. Monk	52	4,028	6	66	4,120	3	2	2	2	0	0	6	4800-5400	P
PUERTO RICO															
Ponce															
Ponce District General	A. Tamm	59	3,919	13	92	7,910	3	3	3	3	0	0	9	3900-5700	F
Rio Piedras															
Rio Piedras Municipal							3								
University District	I. Pelegrina	92	4,989	12	66	8,399	3	6	6	6	0	0	18	6000-7200	
San Juan															
San Juan City	D. Chafey	89	5,892	16	44	14,659	3	6	6	6	0	0	18	5700-6900	
RHODE ISLAND															
Providence															
Providence Lying-In Hospital-Rhode Island	H. C. McDuff, Jr.						4	2	2	2	2	0	8		
Providence Lying-In Rhode Island	F. W. Ripley, Jr.	124	10,177	230	57	9,467								4600-5400	
	H. C. McDuff, Jr.	20	835	14	50	3,390								4600-6000	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. Hester	37	3,666	10	30	20,664	4	3	3	3	3	0	12	2910-4500	FP
Medical College															
Roper															

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
SOUTH CAROLINA—Continued															
Columbia															
Columbia Hospital of Richland County	J. D. Bunch, Jr.	63	4,346	15	7	7,248	3	1	1	1	0	0	3	6240-6720	P
Greenville															
Greenville General	S. M. King	71	5,014†	9	44	4,420	3	2	1	1	0	0	4	4500-5200	P
TENNESSEE															
Chattanooga															
Baroness Erlanger	C. L. Suggs	83	5,620	10	33	9,594	3	2	2	2	0	0	6	4800-5400	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	31	2,171	10	40	4,429	3	2	1	1	0	0	4	4392-4632	F
Memphis															
Baptist Memorial ⁵³	L. C. Henry	93	6,763	8	50	2,328	4	1	1	2	0	0	4	4200-4800	F
City of Memphis Hospitals	P. Schreier	102	9,426	22	45	24,287	3	4	4	4	0	0	12	3660-3780	F
Methodist	H. James	79	5,514†	4	50	1,616	4	1	1	1	1	0	4	4500-5400	F
St. Joseph ⁵⁵	W. F. Mackey	66	2,648	7	43	2,976	3	1	1	1	0	0	3	4200-4800	F
Nashville															
Baptist	R. Birmingham	61	4,827	4	0	61	3	2	2	2	0	0	6	6000-6600	F
George W. Hubbard Hospital of the Meharry Medical College ⁶⁴	W. F. B. James	30	2,261	6	67	7,057	3	2	2	2	0	0	6	3300-3900	F
St. Thomas ¹⁸	C. G. Peerman, Jr.	51	3,910	3	33	2,800	3	1	1	1	0	0	3	3900-4500	F
Vanderbilt University Affiliated Hospitals	W. A. Bonney, Jr.	36	2,487	6	33	14,532	3	5	5	5	0	0	15	3000-3600	P
Vanderbilt University	W. A. Bonney, Jr.	36	2,487	6	33	14,532	3	5	5	5	0	0	15	3000-3600	P
Nashville Metropolitan General	F. E. Whitacre	74	1,772	2	0	9,220	3	..	..	..	..	..	..	3780-4500	F
TEXAS															
Dallas															
Baylor University Medical Center	W. K. Strother	132	11,246†	11	54	4,313	3	3	3	3	0	0	9	5100-5700	O
Methodist Hospital of Dallas ⁶⁶	J. E. Wilke	52	4,723	3	33	3,655	3	2	2	2	0	0	6	4500-5400	FP
Parkland Memorial	J. A. Pritchard	116	9,889	23	17	47,589	3	5	5	5	0	0	15	3180-3780	P
St. Paul	H. I. Kantor	64	5,192†	5	60	7,392	3	2	1	1	0	0	4	4500-5100	P
Galveston															
University of Texas Medical Branch Hospitals ²⁴	W. McGanity	61	3,219	13	70	11,568	4	3	3	3	3	0	12	4200-6000	P
Houston															
Baylor University Affiliated Hospitals	S. H. Wills	..	..	..	..	..	3	6	6	6	1	0	19†	..	..
Ben Taub General	..	74	7,480	14	50	24,831	..	..	..	..	..	..	..	3300-3900	O
Jefferson Davis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Methodist	..	61	4,164†	5	40	2,907	..	..	..	..	..	..	..	4500-5100	P
St. Luke's Episcopal	..	51	3,522	1	0	1,042	..	..	..	..	..	..	..	4200-4800	O
Hermann	T. G. Gready, Jr.	100	7,746	12	75	18,565	3	2	2	2	0	0	6	3900-4800	P
University of Texas Post-Graduate Medical School Affiliated Hospitals ²⁴	..	..	..	..	..	..	3	2	2	2	0	0	6	..	..
St. Joseph	J. Lucci	42	3,975	0	0	4,105	..	..	..	..	..	..	..	5100-5700	P
University of Texas Medical Branch Hospitals (Galveston)	W. McGanity	61	3,219	13	70	11,568	..	..	..	..	..	..	..	4200-6000	P
San Antonio															
University of Texas South Texas Medical School Affiliated Hospitals	..	..	..	..	..	..	3	3	3	3	0	0	9	4500-6300	FP
Robert B. Green Memorial	G. G. Passmore	51	4,980	15	53	12,130	3	3	3	3	0	0	9	4500-6300	FP
Temple															
Scott and White Memorial	W. F. Baden	20	1,555†	3	66	..	3	1	1	1	0	0	3	4500-5100	P
UTAH															
Ogden															
Thomas D. Dee Memorial	T. M. Feeny	18	3,139	0	0	1,081	3	1	1	2	0	0	4	3900-4800	P
Salt Lake City															
Holy Cross ²⁷⁴	A. F. Latteier	39	3,157	2	100	904	3	1	1	1	0	0	3	3600-4800	P
University	I. H. Kaiser	24	1,215	8	88	6,328	3	4	1	1	0	0	6	4200-5400	P
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	J. V. S. Maack	..	..	..	..	..	4	1	1	1	1	0	4	4500-7300	O
DeGoesbriand Memorial	..	18	1,521	1	0	1,362	..	..	..	..	..	..	..	..	..
Mary Fletcher	..	25	1,979†	1	100	2,861	..	..	..	..	..	..	..	..	..
VIRGINIA															
Charlottesville															
University of Virginia	W. N. Thornton	26	2,144	8	0	10,174	4	1	2	2	3	0	8	4200-5400	O
Falls Church															
Fairfax—See George Washington University, Washington, D. C.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Newport News															
Riverside	J. Q. Hatten	51	2,648	1	100	1,557	3	1	1	1	0	0	3	7200-8400	FP
Norfolk															
De Paul	W. N. Reingold	53	4,007	5	80	4,404	3	1	1	1	0	0	3	6000-6600	F
Norfolk General	M. Andrews	76	5,685	14	43	11,821	3	1	2	1	0	0	4	6900-7800	P
Richmond															
Medical College of Virginia—Hospital Division	H. H. Ware, Jr.	113	9,402	17	35	10,190	3	5	5	5	2	0	17†	2400-3000	F
WASHINGTON															
Seattle															
Swedish Hospital Medical Center	P. Rollins	36	3,417†	1	100	3,393	3	1	1	1	0	0	3	4500-5700	F
University of Washington Affiliated Hospitals	C. A. Hunter	..	..	..	..	..	3	4	3	3	3	0	13	..	..
King County	D. C. Figue	23	1,740	9	66	7,095	..	..	..	..	..	..	..	3000-6000	F
University	C. A. Hunter	17	1,604†	1	..	11,337	..	..	..	..	..	..	..	3660-7680	P
Spokane															
Sacred Heart	C. F. Baxter	45	4,067	4	50	3,956	3	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA															
Charleston															
Memorial	D. A. Mairs	39	1,850	2	0	3,469	3	2	1	1	0	0	4	3600-4200	F

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA—Continued															
Morgantown															
West Virginia University Medical Center	N. W. Fugo	22	991	9	78	6,319	4	1	1	1	1	0	4	3680-5480	P
Wheeling															
Ohio Valley General	P. H. Cope	39	2,693	6	83	1,576	3	1	1	1	0	0	3	7200-8400	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	B. M. Peckham						3	3	3	3	3	0	12	3800-5800	P
Madison General		45	3,043†	7	86										
St. Mary's		49	3,816	2	0										
University Hospitals		30	1,417	3	100	9,837									
Milwaukee															
Lutheran Hospital of Milwaukee ²⁸³	F. J. Hofmeister	54	3,387	7	29	2,814	3	2	2	2	0	0	6	5824-7051	P
Milwaukee County General ²⁸¹	R. F. Mattingly	69	4,465†	13	77	22,560	3	3	3	3	2	0	11	4275-6665	P
Mount Sinai	J. Larkey	61	4,254	3	100	3,326	3	1	1	1	0	0	3	4500-5500	FP
St. Joseph's	J. A. Klieger	81	6,113	8	75	1,386	3	2	2	2	0	0	6	6300-7200	P

12. OCCUPATIONAL MEDICINE

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

13. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE OR MORE years of acceptable training in the specialty. Programs, 160; Residencies, 1,205.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
Wilford Hall U.S.A.F., San Antonio ²⁷¹	G. P. Johnston	30	843	0	0	11,511	3	2	2	2	0	0	6		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	F. C. Williams	11	256	0	0	19,516	3	1	1	1	0	0	3		
COLORADO															
Fitzsimons General, Denver	R. A. Skeehan	20	307	0	0	19,890	3	1	1	1	0	0	3		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	J. W. Passmore	47	697	0	0	46,637	3	3	3	4	0	0	10		
TEXAS															
Brooke General, San Antonio ²⁶⁹	C. O. Rixey	15	533	0	0	16,951	3	3	3	3	0	0	9		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	R. P. Nadbath	15	373	0	0	14,087	3	2	2	2	0	0	6		
U. S. Naval, San Diego	F. R. Preston	39	851	0	0	31,553	3	3	3	3	0	0	9		
MARYLAND															
U. S. Naval, Bethesda	R. Stevenson	16	347	0	0	12,158	3	2	2	2	0	0	6		
PENNSYLVANIA															
U. S. Naval, Philadelphia ²⁶³	J. M. Sanderlin	15	371	2	100	17,352	3	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco ⁷²	W. W. Richards	7	171	0	0	6,631	3	1	1	1	0	0	3		
LOUISIANA															
U. S. Public Health Service, New Orleans	C. Monroe	8	193	0	0	6,870	3	1	1	1	0	0	3		
MARYLAND															
U. S. Public Health Service, Baltimore	W. E. Newby	15	304	0	0	7,242	3	2	2	1	0	0	5		
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ²⁶⁶	R. H. Aronstam	29	335	0	0	8,031	3	2	2	2	0	0	6		

Numerical and other references are listed on pages 276 through 280.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ¹⁰⁶	C. L. Cowan	4	104	0	0	4,935	3	1	2	1	0	0	4	6700-8300	O
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	R. H. Rupp	6	196	0	0	10,182	3	1	1	1	0	0	3	8400-10000	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Eye Foundation	A. Callahan	26	847				3	2	2	2	0	0	6	2400-3300	P
University of Alabama Medical Center	C. P. Grant, S. J. Kelly	25	1,221	0	0	6,782	3	2	2	4	0	0	8		P
University of Alabama Hospitals and Clinics	C. P. Grant, S. J. Kelly													3840-4320	P
Veterans Admin.	S. J. Kelly													4480-8000	O
Tuskegee															
Veterans Admin. ⁶⁶	C. A. Green	8	148	1	0	2,682	3	1	1	1	0	0	3	4480-6260	O
ARKANSAS															
Little Rock															
University of Arkansas Medical Center							3	2	2	2	0	0	6		
Arkansas Baptist Medical Center	J. Smith	12	738	0	0										
University	J. L. Smith	7	189	0	0	2,635								3900-4500	O
Veterans Admin.	J. M. Fulmer	10	184	0	0	1,021								4480-6260	P
CALIFORNIA															
Bakersfield															
Kern County General	J. E. Perez		160†	0	0	2,446	3	1	1	0	0	0	2	6000-7800	P
Fresno															
Fresno County General	R. Whitten	7	180	0	0	7,485	3	1	1	1	0	0	3	7152-8088	P
Long Beach															
Veterans Admin.	R. E. Christensen	19	300	0	0	6,525	3						4	5760-8520	O
Los Angeles															
Hollywood Presbyterian Hospital-Olmsted Memorial	S. Rome	8	2,452†			5,024	3	1	1	1	0	0	3	6000-6600	O
Los Angeles County General, Unit I ¹⁰⁶	R. Shearer	31	1,346	1	100	29,456	3	4	4	4	0	0	12	7200-8400	P
Los Angeles County General, Unit II	S. Ludmerer	5	219†	0	0	6,801	3	1	1	1	0	0	3	7200-8400	P
University of California	B. R. Straatsma	14	1,014	0	0	15,771	3	3	3	2	0	0	8	4200-7656	O
Veterans Admin. Center-Wadsworth ¹⁰⁹	R. E. Bartlett	22	879			5,047	3	2	1	1	0	0	4	4480-6910	P
White Memorial Medical Center ⁹⁷	G. K. Kambara	5	385	0	0	50	3	2	2	2	0	0	6	4260-5460	P
Oakland															
Highland General ¹⁰⁶	E. H. Brugge	7	270	1	0	9,850	3	1	1	1	0	0	3	5500-6500	P
Orange															
Orange County General	J. G. Tirico	3	165	0	0	3,394	3						2	5000-6360	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ⁹⁸							3	0	4	2	0	0	6		
Palo Alto-Stanford Hospital Center	F. Winter	9	474†			5,117								3900-5100	O
Veterans Admin.	F. Winter	6	97			2,261								4480-8000	O
San Mateo County General (San Mateo)	R. O. Sherwood	2	112			2,986								5500-5500	F
San Francisco															
Presbyterian Medical Center ¹²⁰	J. Bettman	8	625	1	100	4,212	3	2	2	2	0	0	6	4200-5100	P
University of California Program in Ophthalmology															
H. C. Moffitt-University of California Hospitals ¹⁰⁰															
Veterans Admin. ¹⁰⁵	M. J. Hogan	15	747	1	100	12,418	4	8	8	8	3	0	27	4200-7500	O
	D. O. Jesberg	11	268	1	100	2,399	3								
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Torrance															
Los Angeles County Harbor General	I. Pilger	5	268	1	0	9,331	3	2	1	1	0	0	4	7200-8400	P
COLORADO															
Denver															
Denver General	P. Kimball	4	165	0	0	11,415	3	2	1	1	0	0	4	3672-4392	P
University of Colorado Affiliated Hospitals ¹⁴⁰							3	3	3	3	0	0	9		
University of Colorado Medical Center	P. Ellis	4	238			12,575								3500-4500	P
Veterans Admin.	C. W. Whistler	4	158	0	0	1,120								4480-8000	
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center															
Yale-New Haven ¹⁰⁰	M. L. Sears	14	895	0	0	8,457	3	2	2	2	0	0	6	3900-4500	P
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Medical Center	P. Evans						4	4	4	4	0	0	12		
District of Columbia General	J. J. O'Rourke	11	267	2	50	7,798									P
Georgetown University	J. J. O'Rourke	5	126	0	0	860								4000-6700	P
Sibley Memorial	A. M. Reynolds	6	203	1	0	1,567									
Veterans Admin.	R. D. Ralph	7	121†	0	0	972								4480-8000	
George Washington University	J. W. McTigue	10	211	0	0	975	3	3	3	3	0	0	9	3900-4800	P
Washington Hospital Center	W. D. Foote	39	1,774	1	100	17,685	3	3	3	3	0	0	9	4080-4440	P
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	H. E. Kaufman	15	744	0	0	8,226	3	3	3	3	1	0	10	3600-5400	O
Miami															
University of Miami Affiliated Hospitals															
Jackson Memorial	E. Norton	38	1,909	0	0	21,255	3	5	5	5	0	0	15†	3180-3780	P

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA															
Atlanta															
Grady Memorial ¹⁸⁶	F. P. Calhoun	14	517	0	0	20,674	3	3	3	3	0	0	9	3000-4200	P
Augusta															
Medical College of George Hospitals															
Eugene Talmadge Memorial	J. Fair	12	375	0	0	2,137	3	1	1	1	0	0	3	4500-6000	P
ILLINOIS															
Chicago															
Cook County	T. Zekman	28	788	0	0	25,567	3	3	3	3	0	0	9	4620-5100	F
Michael Reese Hospital and Medical Center	M. Stillerman	21	930	1	0	5,553	3	3	2	2	0	0	7	3600-5700	P
Northwestern University Medical Center	D. T. Vail					6,089	3								
Chicago Wesley Memorial	W. Mann	14	503	2	50			1	1	1	0	0	3	3600-4200	P
Passavant Memorial	D. T. Vail	12	426	0	0	583		1	1	1	0	0	3	3900-4500	P
Veterans Admin. Research	D. T. Vail	15	257	1	0	2,097		1	1	1	0	0	3	4480-8000	O
Presbyterian-St. Luke's	W. F. Hughes	22	516	0	0	3,157	3	1	2	1	0	0	4	4000-4600	P
University of Chicago Hospitals and Clinics	F. W. Newell	10	482	2	50	8,569	3	1	1	1	0	0	3	4200-5160	O
University of Illinois Affiliated Hospitals	P. C. Kronfeld						3	7	7	7	0	0	21		
Illinois Eye and Ear Infirmary	P. C. Kronfeld	47	1,494	0	0	52,342									
University of Illinois Research and Educational Hospitals	P. C. Kronfeld	6	316	0	0	6,946								3600-4200	P
Evanston															
Evanston	C. V. Barrett	9	500	0	0	906	3	1	1	1	0	0	3	3300-3900	P
Hines															
Veterans Admin.	W. A. Mann	25	482	3	67	7,789	3	2	2	2	0	0	6	4480-6260	O
INDIANA															
Indianapolis															
Indiana University Medical Center	F. M. Wilson						3	6	6	6	0	0	18		
Indiana University Hospitals	F. M. Wilson	13	768	1	100	11,512								3575-4375	P
Marion County General	M. Mann	14	190	0	0	9,094								3863-4489	P
Veterans Admin.	F. M. Wilson	6	97			1,272								4480-8000	O
IOWA															
Iowa City															
University Hospitals	A. E. Braley	41	2,412	2	50	25,640	3	5	5	5	5	0	20†	4000-5000	P
KANSAS															
Kansas City															
University of Kansas Medical Center ²⁸³	A. Lemoine	11	759	0	0	6,169	3	2	2	2	0	0	6	3840-5920	P
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals	R. MacDonald						4	3	3	3	3	1	13		
Louisville General		6	292			6,423								4300-5282	P
Children's		3	204	0	0	1,900									
Veterans Admin.		8	285	1	100	1,828								4480-6910	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	G. M. Haik	16	712	2	0	19,927	4						6	2700-3300	F
Tulane University Division	J. H. Allen	15	746	0	0	16,405	3						6	2700-3300	F
Eye, Ear, Nose and Throat	J. Allen	8	462	0	0	19,239	3	0	5	5	0	0	10	2700-3000	F
Ochsner Foundation ²⁰⁴	R. A. Schimek	6	275	0	0	10,851	3	2	1	1	0	0	4	3300-3900	P
Veterans Admin.	J. H. Allen	12	278	0	0	2,488	3	1	1	1	0	0	3	4480-6910	O
Shreveport															
Confederate Memorial Medical Center	L. F. Gray	13	603	1	0	7,411	3	2	2	2	0	0	6	2700-3300	F
MARYLAND															
Baltimore															
Baltimore Eye, Ear and Throat Charity	A. Kremen	9	998			12,206	3	2	1	1	0	0	3	4200-5400	F
Greater Baltimore Medical Center	R. E. Hoover	22	69	0	0	956	3	2	2	2	0	0	6	6300-7200	P
Johns Hopkins ²¹⁰	A. E. Maumenee	62	2,713†	4	75	26,545	3	5	5	5	5	1	21	3500-	P
Sinai Hospital of Baltimore	H. K. Goldberg	5	309			2,977	3	1	0	1	0	0	2	5000-6000	P
University	R. D. Richards	9	382	1	100	5,015	3	2	2	2	0	0	6	3800-5000	P
MASSACHUSETTS															
Boston															
Boston City	D. R. Alpert	20	483	1		20,188	3	3	3	3	0	0	9	3600-4800	O
Massachusetts Eye and Ear Infirmary	C. C. Johnson	152	5,540	2	50	49,092	3	8	8	7	0	0	23	3600-4800	P
University	E. Friedman	4	286			3,724	3	2	2	2	0	0	6	3600-4800	O
Veterans Admin. (Jamaica Plain)	B. J. Sachs	16	351	2	100	3,618		0	1	1	0	0	2	4480-8000	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	F. B. Fralick						3	6	6	6	0	0	18		
University	F. B. Fralick	19	1,079	1		15,339								3540-4416	O
Veterans Admin.	J. R. Wolter			Inc. in Surgery	0	845								4480-8000	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Grace ²⁴⁷	L. J. Croll	20	747†	1	0	2,618	3						4	4260-4860	FP
Harper	W. S. Davies	28	1,058	3	33	6,242	3	2	2	2	0	0	6	3900-5700	FP
Henry Ford	J. S. Guyton	24	909	2	0	24,005	3	4	4	4	0	0	12	4800-6000	P
Sinai Hospital of Detroit	S. Sugar	8	752	1	100	4,119	3	1	1	1	0	0	3	4800-5400	P
Wayne State University Affiliated Hospitals	A. D. Ruedemann						3	6	6	6	0	0	18		
Veterans Admin. (Dearborn)		8	139	1	100	808								-6260	O
Detroit General		17	589			29,244								5300-6200	P

Numerical and other references are listed on pages 276 through 280.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	J. E. Harris						3	5	5	5	3	0	18		
Hennepin County General	K. E. Sandt	3	159			6,183								4500-6500	P
University of Minnesota Hospitals	J. E. Harris	13	535	0	0	10,616								4500-8000	O
Veterans Admin.	J. E. Harris	10	225			2,261								4480-8000	O
St. Paul-Ramsey (St. Paul)	R. Monahan	5	216	1	100	7,318								4500-6000	P
Charles T. Miller (St. Paul)	T. J. Edwards	12	753	0	0	2,912								4200-5400	FP
Rochester															
Mayo Graduate School of Medicine	J. W. Henderson	17	1,016	1	0	68,167	3	8	8	8	0	0	24	3600-4200	P
Rochester Methodist															
St. Mary's															
St. Paul															
Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis															
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center ²⁵⁶	S. B. Johnson						3	0	1	1	0	0	2		
University	S. B. Johnson	2	160	1	0	2,895								3900-4200	O
Veterans Admin.	S. B. Johnson	5	112	1	0	2,926								5310-6260	O
MISSOURI															
Columbia															
University of Missouri Medical Center	J. A. Buesseler	8	376	0	0	6,665	3	4	4	4	0	0	12	3660-4500	P
Kansas City General Hospital and Medical Center (Kansas City)	J. Irvine	5	213	1	0	5,161									
Kansas City															
Kansas City General Hospital and Medical Center—See University of Missouri Medical Center, Columbia															
St. Louis															
Barnes	B. Becker	65	3,092	1	0	29,000	3	5	5	5	1	1	17	3900-4500	O
Homer G. Phillips	H. P. Venable	12	370	1	0	8,409	3	3	2	3	0	0	8	4584-5571	P
St. Louis City ²⁶⁴	D. Bisno	12	422	1	0	9,308	3	2	2	2	0	0	6	4583-5570	O
St. Louis University Group of Hospitals	R. D. Mattis	18	892	0	0	8,097	3	4	4	4	4	0	16	4440-4680	O
Veterans Admin.	H. D. Rosenbaum	9	389	0	0	980	3	1	1	1	0	0	3	4480-6260	O
NEBRASKA															
Omaha															
University of Nebraska Affiliated Hospitals							3	2	1	1	0	0	4		
Douglas County		2	85												
University of Nebraska	H. Gifford	4	123	1	100	3,985								4300-4900	P
Veterans Admin.	G. T. Alliband	4	86	0	0	0								5125-6665	
NEW JERSEY															
Jersey City															
Jersey City Medical Center	A. Cinotti	30	603	0	0	3,641	3	2	1	0	1	0	4	3400-4600	F
Newark															
United Hospitals of Newark-Eye and Ear Infirmary	W. Hahn	21	1,378	3	0	11,444	3	0	1	2	0	0	3	4200-4500	F
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals	J. E. Miller						3	3	3	3	0	0	9		
Albany Medical Center		4	185			4,050								4000-5600	P
Child's		10	498	0	0	0								4000-4400	FP
Veterans Admin.		8	141	0	0	634								4480-6260	O
Buffalo															
Buffalo General ²⁷⁸	M. Riwehun	44	1,223	1	100	7,771	3	2	2	1	0	0	5	4100-4700	O
Deaconess Hospital of Buffalo															
Buffalo Eye and Ear Hospital and Wettlaufer Clinic	E. P. Olmsted	9	578	0	0	19,104	3	1	1	1	0	0	3	3900-4200	FP
Edward J. Meyer Memorial	W. Y. Jones	7	185	0	0	11,444	3	2	2	2	0	0	6	4895-5545	P
New Hyde Park															
Long Island Jewish Hospital Training Program	P. Ballen						3	2	2	2	0	0	6		
Long Island Jewish														4500-6250	O
Queens Hospital Center (New York City)		6	194	3	0	8,768								4200-5220	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center	M. Chamlin	15	400	0	0	20,545	3	3	2	1	0	0	6	4980-6000	FP
Bronx Eye and Ear Infirmary	S. S. Epstein	18	1,254	0	0	19,792	3	3	3	3	0	0	9	2400-4200	F
Brooklyn Eye and Ear	M. A. Lasky	36	2,854	3	33	44,160	3	3	3	3	0	0	9	3600-4800	F
Harlem Eye and Ear	P. Muller	8	843	0	0	14,408	3	1	1	1	0	0	3	3000-4200	F
Jewish Hospital of Brooklyn	M. Lasky	6	226	0	0	4,863	3	1	1	1	0	0	3	4500-5500	O
Lenox Hill	J. Sauer	17	650	1	0	6,277	3	1	1	1	0	0	3	4300-5100	P
Manhattan Eye, Ear and Throat	F. H. Constantine	73	4,257	1	100	54,139	3	6	6	6	0	0	18	4200-5400	P
Montefiore Hospital and Medical Center	S. Gartner					5,268		3	1	1	1	0	3	4620-6370	P
Mount Sinai Hospital Training Program							3	4	4	4	0	0	12		
Mount Sinai	I. H. Leopold	32	800	1	100	21,763								4500-6000	P
City Hospital Center at Elmhurst	A. Safr	50	200	2	100	5,790								5400-6900	FP
New York Eye and Ear Infirmary	H. H. Romaine	96	4,538	2	50	58,428	3	7	7	7	0	0	21	3600-4800	P
New York	J. M. McLean	28	1,159	0	0	15,977	4	2	2	2	2	0	8	4000-7000	P
New York Medical College-Metropolitan Hospital Center	B. Friedman						3	1	2	1	0	0	4	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals															
Unit 2—Metropolitan		11	196	0	0	20,678									
New York Polyclinic Medical School and Hospital	S. Schutz	7	265	0	0	4,020	3	1	1	1	0	0	3	4700-5300	P
New York University Medical Center and Bellevue Hospital Center	G. M. Breinin						4	5	5	5	0	0	15		
Bellevue Hospital Center, Division IV	G. M. Breinin	25	433	2		22,677								4740-6160	FP
University															
Veterans Admin. (Manhattan)	H. B. Taterka	14	264	0	0									6000-8000	O

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued															
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe	75	3,964	1	0	28,403	3	3	3	3	0	0	9	4800-6000	O
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	H. Eggers	13	591	0	0	8,649	3	1	1	1	0	0	3	4500-5500	P
St. Luke's Hospital Center	R. Castroviejo	13	353	0	0	6,377	3	1	1	1	0	0	3	5500-6500	P
St. Vincent's Hospital and Medical Center of New York	R. C. Troutman	26	629	4	0	17,601	3	5	3	5	1	0	14	4740-6160	FP
State University-Kings County Medical Center ²⁸⁴	R. C. Troutman	Inc. in Surgery												4000-6250	P
Kings County Hospital Center	A. Levine	12	219	0	0	1,381	3	1	1	1	0	0	3	6000-8000	O
Long Island College	A. Haft	17	299	0	0	3,701	3	1	1	1	0	0	3	6000-8000	O
State University															
Veterans Admin. (Brooklyn)															
Veterans Admin. (Bronx)															
Rochester															
Rochester St. Mary's Hospital of the Sisters of Charity	S. Ianacone	8	404†			1,250	3	1	1	1	0	0	3	5200-6200	F
Strong Memorial Hospital of the University of Rochester	A. C. Snell	12	561	0	0	6,300	3	1	2	1	1	0	5	3600-5400	O
Syracuse															
State University of New York Upstate Medical Center	J. L. McGraw	13	586			5,311	3	2	2	2	0	0	6	4036-4940	O
Veterans Admin.	J. L. McGraw	4	81			380								4480-6910	O
Valhalla															
Grasslands	A. W. Forrest	5	200	3	0	5,306	3	1	1	1	0	0	3	5100-5900	FP
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial Hospital-McPherson	S. D. McPherson						3	2	2	2	0	0	6		
North Carolina Memorial		7	360†	0	0	7,120								3190-5700	O
McPherson (Durham)		18	914	1	0	26,554								3000-4200	P
Durham															
Duke University Affiliated Hospitals							3	3	3	3	1	0	10		
Duke	J. Wadsworth	15	659	1	0	7,289								3900-4800	P
Veterans Admin.	B. Anderson, Sr.	10	348	1	0									4480-8000	O
McPherson Hospital-North Carolina Memorial	S. D. McPherson						3	2	2	2	0	0	6		
McPherson		18	914	1	0	26,554								3000-4200	P
North Carolina Memorial (Chapel Hill)		7	360†	0	0	7,120								3190-5700	O
Winston-Salem															
North Carolina Baptist Hospitals	W. Roberts	11	576	1	100	6,672	4	2	1	1	0	0	4	4200-5200	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Cincinnati General	T. Asbury	7	315	2	50	10,029	3	2	2	2	1	0	7	3600-5400	F
Cleveland															
Cleveland Clinic ²⁸³	R. J. Kennedy	8	504	2	50	17,299	3	2	3	2	0	0	7	3900-4500	P
Cleveland Metropolitan General	R. J. Nicholl	5	167	0	0	11,219	3	2	2	2	0	0	6	4000-5460	P
St. Luke's	G. T. Schwarz	10	476	0	0	3,858								5220-5220	P
Mount Sinai Hospital of Cleveland	J. Gans	11	714	0	0	5,290	3	1	1	1	0	0	3	3996-4800	P
University Hospitals of Cleveland	C. I. Thomas	17	787	0	0	8,720	3	3	3	3	0	0	9	3600-5400	P
Veterans Admin.		17	251†	3	33	1,217								4480-6260	P
Columbus															
Ohio State University Hospitals	T. A. Makley	15	863	0	0	10,000	3	5	5	5	0	0	15	3000-4200	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	T. O. Coston						3	2	2	2	0	0	6		
University of Oklahoma Hospitals	T. O. Coston	9	403	1	0	6,049								4300-4700	P
Veterans Admin.	D. W. Bishop	9	282	3	67	2,388									
OREGON															
Portland															
Good Samaritan	M. J. Reeh	23	1,257	4	50	6,199	3	1	1	1	0	0	3	5400-6300	P
University of Oregon Medical School Hospitals and Clinics	K. C. Swan	15	587	0	0	11,790	3	3	3	3	0	0	9	3000-3600	F
PENNSYLVANIA															
Danville															
Geisinger Medical Center	J. Curtis	7	402	0	0	13,520	3	2	1	1	0	0	4	4800-5400	P
Philadelphia															
Graduate Hospital of the University of Pennsylvania	R. Trueman	14	457	1	100	3,019	3	1	1	1	0	0	3	2010-2610	P
Hospital of the University of Pennsylvania	H. G. Scheie	32	1,223	2	50	5,906	3	6	5	5	0	0	16	3000-4500	O
Children's Hospital of Philadelphia	H. G. Scheie	1	85			1,342								3000-4500	O
Philadelphia General														3000-4500	F
Veterans Admin.	H. G. Scheie													4480-6910	O
Jefferson Medical College	W. C. Frayer	7	301			5,300	3	2	2	2	0	0	6	3350-4250	O
Philadelphia General		7	232	3	67	7,741	3	2	2	2	0	0	6	4100-5100	F
Temple University Service	F. Sutliff														
University of Pennsylvania Service															
Temple University	G. G. Gibson	25	470	0	0	5,625	3	4	4	4	0	0	12	3600-4200	P
Wills Eye	W. L. Erdbrink	9	6,466	9	0	75,972	3	8	8	8	0	0	24	900-2400	F
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh							3	3	3	4	0	0	10	4600-5200	
Eye and Ear Hospital of Pittsburgh	M. F. McCaslin						3	3	3	4	0	0	10	4600-5200	
Montefiore	S. Goldberg	21	814	2	0	3,965	3	1	1	1	0	0	3	4200-5100	O
Veterans Admin.	R. N. Lehman	18	288	3	67		3	2	2	2	0	0	6	4480-8000	O
PUERTO RICO															
Rio Piedras															
University of Puerto Rico Affiliated Hospitals	G. Pico						3	4	4	4	0	0	12		
University District		8	310	0	0	7,052								6000-7200	
San Juan City (San Juan)	G. Pico	14	557	0	0	17,473								6000-7200	F
Veterans Admin. (San Juan)		4	173			2,114								6570-6570	O
San Juan															
San Juan City—See University of Puerto Rico Affiliated Hospitals, Rio Piedras															
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras															

Numerical and other references are listed on pages 276 through 280.

13. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND															
Providence															
Rhode Island	H. F. Stephens	14	1,105	...	...	4,357	3	1	1	1	0	0	3	4600-5400	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	P. Jenkins	11	474	0	0	5,112	3	2	2	2	0	0	6	2910-4200	FP
Medical College	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2910-4200	FP
Charleston County	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TENNESSEE															
Chattanooga															
Baroness Erlanger	S. Lawwill	16	831	1	0	3,783	3	1	1	1	0	0	3	4800-5400	F
Memphis															
University of Tennessee Affiliated Hospitals	P. M. Lewis	.....	.....	.....	.....	.....	3	3	3	3	0	0	9	3660-3780	F
City of Memphis Hospitals	P. M. Lewis	13	286	0	0	10,062	.....	.....	.....	.....	.....	.....	.....	3660-3780	F
Methodist	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	A. C. Krause	16	107	0	0	3,097	.....	.....	.....	.....	.....	.....	.....	4480-8000	O
Nashville															
Vanderbilt University ³⁶¹	J. H. Elliott	15	861	0	0	3,547	3	3	3	2	0	0	8	3000-3600	P
TEXAS															
Dallas															
Parkland Memorial ¹⁶⁶	J. R. Lynn	9	305	1	0	10,646	3	3	3	3	0	0	9	3180-3780	P
Veterans Admin.	S. B. Gostin	19	422	0	0	4,486	3	1	1	1	0	0	3	4480-6260	P
Galveston															
University of Texas Medical Branch Hospitals	E. C. Ferguson, III	13	429	0	0	4,569	3	2	2	2	0	0	6	4200-5400	P
Houston															
Baylor University Affiliated Hospitals	L. J. Girard	.....	.....	.....	.....	.....	3	5	5	5	0	0	15	.....	.....
Ben Taub General	.....	6	270	0	0	8,774	.....	.....	.....	.....	.....	.....	.....	3300-3900	O
Veterans Admin.	.....	13	300	1	100	3,681	.....	.....	.....	.....	.....	.....	.....	4480-6260	P
Hermann	T. L. Royce	24	1,445	3	33	4,773	3	1	1	1	0	0	3	3900-4800	P
San Antonio															
University of Texas South Texas Medical School Affiliated Hospitals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Robert B. Green Memorial	D. Russell	6	270	0	0	7,330	3	1	1	1	0	0	3	4500-6300	FP
Temple															
Scott and White Memorial ¹⁷³	E. R. Veirs	14	661†	1	.....	.....	3	1	1	1	0	0	3	4500-5100	P
VIRGINIA															
Charlottesville															
University of Virginia	M. K. Humphries	9	438	0	0	5,006	3	1	2	1	0	0	4	4200-5400	O
Richmond															
Medical College of Virginia—Hospital Division	D. Guerry, III	10	496	0	0	14,289	3	3	3	3	0	0	9	2400-3000	F
Veterans Admin.	E. W. Perkins	12	262	0	0	2,428	3	1	2	1	0	0	4	4480-6260	P
WASHINGTON															
Seattle															
King County	B. Brugman	2	146	2	50	3,586	3	1	1	1	0	0	3	5400-5400	F
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	R. R. Trotter	3	128	0	0	5,343	3	2	2	1	0	0	5	3680-4880	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	P. A. Duehr	.....	.....	.....	.....	.....	3	3	3	3	0	0	9	.....	.....
University Hospitals	.....	20	710	0	0	5,282	.....	.....	.....	.....	.....	.....	.....	3800-5200	P
Veterans Admin.	.....	4	135	1	0	569	.....	.....	.....	.....	.....	.....	.....	6260-6260	P
Milwaukee															
Marquette University Affiliated Hospitals	R. O. Schultz	.....	.....	.....	.....	.....	3	6	6	6	0	0	18	.....	.....
Milwaukee County General	R. O. Schultz	14	314†	4	25	18,788	.....	.....	.....	.....	.....	.....	.....	4275-6665	P
Lutheran Hospital of Milwaukee	J. B. Hitz	7	319	0	0	17	.....	.....	.....	.....	.....	.....	.....	.....	.....
Milwaukee Children's	A. C. Kissling	2	379	0	0	2,016	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin. (Wood)	R. H. Lehman	19	283	1	100	9,240	.....	.....	.....	.....	.....	.....	.....	4480-6260	P

14. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 000 and 000. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery. Programs, 277; Residencies, 1,807

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE																
TEXAS																
Wilford Hall U.S.A.F., San Antonio	G. H. Chambers	ACF	120	161	3,320	2	50	21,702	4	4	4	4	0	16
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco	H. S. McBurney	AF	40	114	1,169	10	70	11,322	0	3	3	3	0	9

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
COLORADO																	
Fitzsimons General, Denver	R. D. Anderson	AF	65, 100	97	896	0	0	21,348	0	2	2	2	0	6			
DISTRICT OF COLUMBIA																	
Walter Reed General, Washington	C. W. Metz, Jr.	ACF	...	290	1,592	8	85	21,104	0	3	3	3	0	9			
HAWAII																	
Tripler General, Honolulu	J. D. Ashby	ACF	86	130	1,664	1	100	38,254	0	3	3	3	0	9			
TEXAS																	
William Beaumont General, El Paso ²⁷⁵	W. F. MacDonald	AF	96	92	1,572	3	66	24,197	0	2	2	2	0	6			
Brooke General, San Antonio	P. A. Deffer	ACF	117	129	1,710	16	81	15,330	0	3	3	3	0	9			
UNITED STATES NAVY																	
CALIFORNIA																	
U. S. Naval, Oakland	D. D. Goldthwaite	AF	20	122	1,521	3	100	15,887	2	2	2	0	0	6			
U. S. Naval, San Diego	W. S. Stryker	ACF	...	183	2,190	8	80	20,776	2	2	2	0	0	6			
MARYLAND																	
U. S. Naval, Bethesda	R. H. Brown	AF	20	100	1,172	3	100	12,744	2	2	2	0	0	6			
MASSACHUSETTS																	
U. S. Naval, Chelsea	E. L. Bingham	AF	20	88	1,006	1	100	7,720	1	1	1	0	0	3			
PENNSYLVANIA																	
U. S. Naval, Philadelphia	M. C. Wilber	AF	20	145	1,214	21	62	9,296	2	2	2	0	0	6			
VIRGINIA																	
U. S. Naval, Portsmouth	J. W. McRoberts	AF	20	219	2,420	1	100	46,079	2	2	2	0	0	6			
UNITED STATES PUBLIC HEALTH SERVICE																	
CALIFORNIA																	
U. S. Public Health Service, San Francisco	R. E. Burky	AF	110	45	1,320	0	0	6,670	1	1	1	1	0	4			
LOUISIANA																	
U. S. Public Health Service, New Orleans	L. R. Thompson	AF	...	41	614	1	100	5,585	1	1	2	1	0	5			
NEW YORK																	
U. S. Public Health Service (Staten Island), New York City	A. A. Michele	AF	116	86	1,396	2	100	13,825	2	2	2	2	0	8			
WASHINGTON																	
U. S. Public Health Service—See University of Washington Affiliated Hospitals, Seattle																	
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																	
DISTRICT OF COLUMBIA																	
Freedmen's, Washington	C. H. Epps	AF	115	18	466	8	38	2,915	1	1	0	0	0	2	6700-7500	O	
OTHER FEDERAL																	
CANAL ZONE																	
Gorgas, Balboa Heights	S. Walton	ACF	...	35	979	4	25	9,354	0	1	1	1	0	3	8400-10900	O	
NONFEDERAL AND VETERANS ADMINISTRATION																	
ALABAMA																	
Birmingham																	
University of Alabama Medical Center	C. L. Yelton	...	44	132	2,541	21	53	11,411	3	3	3	3	0	12			
Crippled Children's Clinic and Hospital	J. D. Sherrill, Sr.	C	44, 68, 75	53	1,021	4	50	4,853	0	0	2	2	0	4	3600-3900	P	
University of Alabama Hospitals and Clinics	C. L. Yelton	ACF	44	...	...	...	...	...	...	...	...	...	...	...	3840-4800	P
Veterans Admin.	J. Higginbotham	AF	44	...	...	...	...	...	...	...	...	...	...	...	4480-8000	O
Fairfield																	
Lloyd Noland	C. H. Wilson, W. T. Tarpley	AF	68	21	898	5	40	17,410	1	1	1	1	0	4	4200-10800	FP	
Mobile																	
Mobile General	R. T. King	ACF	...	19	712	12	50	4,368	1	1	1	1	0	5	4200-6900	FP	
ARIZONA																	
Phoenix																	
Crippled Children's	W. Colton	C	40, 96	25	370	1	100	4,488	0	0	0	3	0	3	6900-6900	P	
ARKANSAS																	
Little Rock																	
University of Arkansas Medical Center	W. Selakovich	C	94	21	460	0	0	2,205	3	3	3	2	0	11			
Arkansas Children's	B. W. Drompp	AF	94	13	633	9	22	3,431	0	0	0	2	0	2	5000-5000	P	
University	B. W. Drompp	AF	94	42	485	3	33	2,038	...	...	...	...	...	...	3900-7800	O
Veterans Admin.	B. W. Drompp	AF	94	42	485	3	33	2,038	...	...	...	...	...	...	4480-6910	P
CALIFORNIA																	
Costa Mesa																	
Fairview State—See Orange County Pediatric Orthopedic Program, Orange																	
Downey																	
Rancho Los Amigos	V. L. Nickel	AC	111	...	...	...	...	5,414	...	...	...	...	...	...	5220-7740	P
Eldridge																	
Sonoma State—See University of California Program in Orthopaedic Surgery, San Francisco																	
Imola																	
Napa State—See San Francisco Combined Program for Orthopedic Residency Training, San Francisco																	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

State	City	Institution	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance
								Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
CALIFORNIA—Continued																		
Long Beach																		
		Veterans Admin.	R. H. Hutchinson	AF	64	45	540	12	100	3,278	2	2	2	2	0	8	5760-8520	O
Los Angeles																		
		Childrens Hospital of Los Angeles	J. C. Wilson, Jr.	C	111	15	558	1	100	5,143	0	0	3	0	0	3	6420-7080	O
		Los Angeles County General, Unit I	P. Harvey	ACF	111	192	6,404	183	7	38,733	6	6	6	6	0	24	7200-9000	O
		Los Angeles County General, Unit II	R. Rosenfeld	ACF		20	531†	18	33	7,834	1	1	1	1	0	4	7200-9000	P
		Orthopaedic	J. V. Luck	ACF	20, 119	136	5,394	7	57	51,452	0	3	3	9	0	15	4800-6300	P
		Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 40, 90	54	300	1	100	2,431	0	0	0	3	0	3		P
		University of California	C. O. Bechtol	AF	90, 118	18	791	5	40	7,795	2	2	2	0	0	6	4200-6000	O
		Veterans Admin. Center-Wadsworth	R. Mazet, Jr.	AF	119	66	1,279	28	46	3,934	3	3	3	0	0	9	5310-8000	P
		White Memorial Medical Center ¹⁰³	O. J. Neufeld	ACF	111	16	525	1	0	5,346	2	2	2	2	0	8	4260-6060	P
Oakland																		
		Children's Hospital Medical Center of Northern California—See University of California Program in Orthopaedic Surgery, San Francisco																
		Highland General	R. Jameson	AF	1, 2, 3	42	1,192	45	11	10,427	2	3	0	0	0	5	6000-7000	P
		Samuel Merritt—See University of California Program in Orthopaedic Surgery, San Francisco																
Orange																		
		Orange County Pediatric Orthopaedic Program	S. Anzel	C	64						1	1	1	1	0	4		
		Childrens Hospital of Orange County			64		212			90								
		Orange County General	S. Anzel		64	27	573	22	96	3,553							6192-8580	F
		Fairview State (Costa Mesa)	H. K. Sachs		64	40	169	0	0	624								F
Palo Alto																		
		Palo Alto-Stanford Hospital Center ¹²⁷	C. H. Hatcher	ACF		41	1,485†	5	80	3,554	2	2	2	2	0	8	3900-5700	O
San Diego																		
		San Diego Orthopaedic Residency Training Program	F. B. Kimball		109						2	2	2	2	0	8		
		San Diego County-University	F. B. Kimball	AF	109	55	797	46	29	4,582							5075-7032	P
		Childrens	C. K. Barta	C	109	10	349			1,815							6328-7036	P
		Donald N. Sharp Memorial Community	P. H. Dickinson	AF	109						1	0	0	0	0	1	3600-3600	O
		Mercy	H. Wiggins	AF	109	27	1,217	11	0	658							5078-7032	O
San Francisco																		
		Presbyterian Medical Center	D. E. King	AF	1	28	1,083	7	0	1,134	1	1	1	0	0	3	4500-...	P
		San Francisco Combined Program for Orthopaedic Residency Training ¹²⁸	L. W. Taylor		108	160	4,513	38	46	10,961	5	2	2	0	0	9		
		Mary's Help		ACF	108													
		St. Joseph's	R. Soto-Hall	ACF	108	29	1,086	3	66	4,006								
		St. Mary's	L. W. Taylor	AF	108												4200-5400	F
		Napa State (Imola)		AF	108													
		University of California Program in Orthopaedic Surgery ⁹⁷	D. B. Lucas		2						6	9	9	8	0	32		
		H. C. Moffitt-University of California Hospitals	D. B. Lucas	ACF	2	37	917	7	43	5,570							4200-7400	O
		Children's Hospital and Adult Medical Center	L. Larsen	C	2	37	1,068	5	20	1,571								
		Franklin	E. Schottstaedt	A	2	42	1,241	1		1,804							4200-6000	P
		San Francisco General	E. G. Bovill	AF	2	81	1,388	44	18	19,550							5304-7836	
		Shriners Hospital for Crippled Children	E. R. Schottstaedt	C	2, 40	53	252	0	0	2,940								P
		Veterans Admin.	F. H. Jergesen	AF	2, 3	37	209			1,442								
		Sonoma State (Eldridge)	R. L. Samilson	C	2	60	214	1	100	3,871							4752-4752	O
		Children's Hospital Medical Center of Northern California (Oakland)	J. A. Blosser	C	2	9	469	0	0	1,208							3300-4200	FP
		Highland General (Oakland) See Highland General, Oakland	R. Jameson	AF	1, 2, 3	46	2,124	12	17									P
		Samuel Merritt (Oakland)	D. F. Bellamy	AF	2													
		Shriners Hospital for Crippled Children (Honolulu)	I. J. Larsen	C	2, 86	32	120	0	0	3,511	0	0	0	4	0	4		
Torrance																		
		Los Angeles County Harbor General	D. Street	AF	90, 119	56	1,002	69	46	18,729	2	2	2	2	0	8	7200-9000	P
COLORADO																		
Denver																		
		Children's	W. Stanek	C	4, 65, 100	14	830†			4,258						3	3500-4500	P
		Denver General ¹⁴¹	F. Matchett	AF	100	29	574	33	54	5,412	4	3	2	0	0	9	3672-4392	P
		University of Colorado Affiliated Hospitals ⁶⁰			4	18	743	3	100	5,115	2	3	3	2	0	10		
		University of Colorado Medical Center	J. S. Miles	AF	4												3500-4500	P
		Veterans Admin.	M. E. Gibbens	AF	4	32	627	4	100	3,897							4480-8000	P
CONNECTICUT																		
Hartford																		
		Hartford—See Yale-New Haven Medical Center, New Haven																
New Haven																		
		Hospital of St. Raphael	W. S. Perham	AF	79	32	775	21	24	5,957	1	1	1	1	0	4	6020-6920	P
		Yale-New Haven Medical Center			5													
		Yale-New Haven	B. O. Southwick	AF	5	51	1,475	12	50	4,981	3	0	3	0	0	6	4100-4500	P
		Hartford (Hartford)	B. H. Curtis	AF	5	49	1,293	16	50	55	0	1	1	1	0	3	4800-6000	P
		Newington Hospital for Crippled Children (Newington)	B. H. Curtis	C	5	104	562	0	0	6,831	0	0	1	0	0	1	4100-4500	P
		Veterans Admin. (West Haven)	W. O. Southwick	AF	5	28	378	2	0	1,142	0	0	1	1	0	2		
Newington																		
		Newington Hospital for Crippled Children—See Yale-New Haven Medical Center, New Haven																
West Haven																		
		Veterans Admin.—See Yale-New Haven Medical Center, New Haven																
DELAWARE																		
Wilmington																		
		Alfred I. duPont Institute of the Nemours Foundation	A. R. Shanda, Jr.	C	20	47	404	0	0	7,123	0	3	0	0	0	3	3600-...	F
		Veterans Admin. ²⁰	D. McHale	A	77	33	371	2	100	4,500	0	0	1	0	0	1	4480-8000	O
DISTRICT OF COLUMBIA																		
Washington																		
		Children's	T. Foley	C	54	10	314†	0	0	2,079	0	2	0	0	0	2		
		District of Columbia General	C. H. Epps	ACF	14, 115	53	447	25	24	4,101	0	3	0	5	0	8	3800-5000	P
		Georgetown University	G. W. Hyatt	AF	14	21	549	8	50	11,480	2	3	3	3	1	12	3720-4240	P
		George Washington University ¹⁶⁰	J. P. Adams	AF	14	26	1,097	10	50	742	0	2	2	2	0	6	4200-4800	P
		Washington Hospital Center	J. S. Neviasser	AF	54	51	1,200	22	50	2,342	2	2	2	0	0	6	4260-4620	P

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary (per Year) Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA																
Gainesville																
William A. Shands Teaching Hospital and Clinics	W. F. Enneking	ACF	123	24	627	5	40	6,540	2	2	2	2	0	8	3200-5800	O
Veterans Admin. (Lake City)	W. F. Enneking	AF	123	36	323	5	75	844							4480-8000	O
Jacksonville																
Jacksonville Hospitals Educational Program	J. Hocker		62			7			2	2	2	0	0	6		
Baptist Memorial	G. I. Raybin	AF	62	24	1,035	7	28	45							5400-6000	O
Duval Medical Center	J. Q. U. Thompson	AF	62	18	559	14	36	7,455								
Hops Haven Children's	J. Hocker	C	62	11	234	0	0	3,364							5700-6300	O
Lake City																
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville																
Miami																
Jackson Memorial	W. Miller	AF	76	131	2,264	50	28	6,621	5	5	5	0	0	15	3420-4380	P
Variety Children's	R. P. Keiser	C	43, 76	19	531	1	0	7,076	0	0	4	0	0	4	4080-4080	P
Miami Beach																
Mount Sinai Hospital of Greater Miami	L. A. Russin	AF	43, 118	33	885	6	46	1,048	1	1	1	0	0	3	4500-8000	P
Orlando																
Orange Memorial	R. Miller	ACF	20	51	1,988	7	29	1,100	2	2	2	2	0	8	5100-8000	P
St. Petersburg																
American Legion Children's	C. L. Farrington	C	7	6	217	2	100	2,625	0	0	1	0	0	1	2400-2400	F
Tampa																
Tampa General	D. Boling	AF		51	1,953	17	41	3,080	1	1	1	0	0	3	4200-7800	FP
GEORGIA																
Atlanta																
Emory University	R. P. Kelly	A	39	16	490†	2	100	0	0	1	0	0	0	1		3300
Georgia Baptist	W. W. Lovell	AF	113	36	1,428	10	30	346	1	1	1	1	0	4	4500-5040	P
Grady Memorial ¹⁰⁹	R. P. Kelly	ACF	39	58	1,264	22	23	14,700	3	3	3	0	0	9	3300-4200	P
Augusta																
Eugene Talmadge Memorial	F. Bliven	ACF	114	33	645	7	86	2,375	2	2	2	0	0	6	4500-6000	P
University	J. L. Chandler	A	114	30	1,037	8	38	687								
Dacula																
Scottish Rite Hospital for Crippled Children	W. W. Lovell	C	113	32	181	0	0	3,719	0	2	0	0	0	2	4200-4200	P
HAWAII																
Honolulu																
Shriners Hospital for Crippled Children—See University of California Program in Orthopaedic Surgery, San Francisco																
ILLINOIS																
Chicago																
Children's Memorial	M. O. Tachdjian	C	121	28	1,260			5,027	0	0	2	2	0	4	3900-5100	P
Michael Reese Hospital and Medical Center	J. Finder	ACF		58	1,386	9	22	16,307	2	2	2	2	0	8	3600-6000	P
Northwestern University Medical Center—Cook County	E. L. Compere		7					2,324								
Chicago Wesley Memorial	E. L. Compere	ACF	7	78	2,025	11	45		4	2	2	2	0	10	3600-4500	P
Cook County	J. Stevens	ACF	7	190	7,125	152	13	28,010							4820-5700	F
Passavant Memorial	J. Stack	A	7	35	978†	4	50	2,861	2	0	0	0	0	2	3900-4800	P
St. Anne's	J. J. Callahan	A	7	48	1,223	19	61	967	1	1	0	0	0	2	6800-6600	O
Veterans Admin. Research	E. L. Compere	AF	7	33	518	3	100	3,122	0	1	1	0	0	2	4480-8000	O
Evanston (Evanston)	N. C. Mead	AF	7	51	1,568	9	33	9,689	1	1	1	0	0	3	3300-3900	P
St. Francis (Evanston)	J. J. Fahey	AF	7	56	1,345	1		7,293						3	6780-7020	FP
Presbyterian-St. Luke's	R. D. Ray	AF	47	27	653	5	80	1,277	0	0	0	4	0	4	4000-5000	P
Shriners Hospital for Crippled Children	E. A. Millar	C	50	63	337	0	0	4,712	0	0	0	1	0	4		P
University of Chicago Hospitals and Clinics	R. D. Moore	ACF		30	835	5	60	7,529	2	0	1	0	1	4	4200-6500	O
University of Illinois Research and Educational Hospitals	R. D. Ray	ACF	47	75	1,215	4	50	15,098	3	3	3	4	0	13	3600-4800	P
Veterans Admin. (West Side)	C. J. O'Neill	AF	50	41	121	0	0	617	1	0	0	1	0	2	4480-8000	O
Evanston																
Evanston—See Northwestern University Medical Center-Cook County, Chicago																
St. Francis—See Northwestern University Medical Center-Cook County, Chicago																
Hines																
Veterans Admin.	B. W. Carr	AF	50	76	843	28	46	4,263	3	3	3	3	0	12	4480-6910	O
Oak Park																
West Suburban	H. A. Sofield	AF	50	42	1,043†	4	0	7,255						2	5400-6000	O
Park Ridge																
Lutheran General	R. Lidge	F	50	19	642	3	67	4,303								P
Peoria																
St. Francis	J. J. Flaherty	ACF		64	2,507	2		3,680	1	1	1	1	0	4	5100-6000	F
INDIANA																
Fort Wayne																
Lutheran Hospital of Fort Wayne ¹⁹²	F. W. Brown	ACF		61	1,841	17	59	8,606	0	1	1	1	0	3	4500-5400	FP
Indianapolis																
Indiana University Medical Center	G. J. Garceau		8						2	2	3	0	0	7		
Indiana University Hospitals	G. J. Garceau		8	18	531	5	80	7,745							3575-4375	P
James Whitcomb Riley		C	8, 20, 101													
Robert W. Long		AF	8, 101													
Veterans Admin.	G. J. Garceau	AF	8	34	616	6	16	1,108							4480-8000	O
Marion County General	R. Brueckmann	ACF		58	542	47	95	7,695	1	1	1	1	0	4	3863-6000	P
Methodist Hospital of Indiana	D. Hadley	AF	8	80	1,783†	32	44	1,320	2	1	1	1	0	5	5400-6660	P
St. Vincent's	G. J. Garceau	AF	8	39	948	5	20	1,260	1	1	0	0	0	2	5700-6000	P
IOWA																
Iowa City																
University Hospitals	C. Larson	ACF		84	2,798	23	57	13,223	2	4	4	4	0	14	4000-5500	P
KANSAS																
Kansas City																
University of Kansas Medical Center	L. Peltier	ACF		20	783	5	60	8,081	2	1	1	1	0	5	4400-4920	P
Wichita																
St. Francis	H. O. Marsh	ACF	106	68	1,964	13	15	1,470	2	2	2	1	0	7	5400-6300	F
Veterans Admin.	H. O. Marsh	AF	106	19	253	3	66	494	0	0	1	0	0	1	6260-6260	F
Wesley Medical Center	H. O. Anderson	AC	106	45	2,118	16	13	1,086							5400-6300	F

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
KENTUCKY																
Lexington																
Good Samaritan ¹⁰⁰	K. R. Thompson	ACF	59	31	1,445	18	22	1,075							3300-4200	F
St. Joseph	W. K. Massie	ACF	59	31	1,314	7	43	596	2	2	2	0	0	6	3960-5760	F
Shriners Hospital for Crippled Children	T. D. Yocum	C	7, 59	50	365	0	0	3,113	0	0	0	2	0	2		P
Louisville																
University of Louisville Affiliated Hospitals	K. A. Fischer	C		77	980	1		13,074		5	5	5	4	0	19	
Kosair Crippled Children	K. A. Fischer	C	9	25	534	20	35	4,662							3600-3600	F
Louisville General	K. A. Fischer	AF	9	38	517	8	75	1,812							4165-6910	P
Veterans Admin.	O. J. Hurt	AF	9												4480-6910	O
LOUISIANA																
Monroe																
E. A. Conway Memorial	A. Altenberg	A	56	12	361	10	10	3,589	2	0	0	0	0	2	7800-7800	P
New Orleans																
Charity Hospital of Louisiana	I. Cahen	ACF		64	1,313	47	22	16,474						13	2700-3600	F
Louisiana State University Division	J. K. Wickstrom	ACF		61	1,405	32	35	15,644						14	2700-3600	F
Tulane University Division	H. D. Morris	ACF	56	25	817	7	57	13,107	2	1	1	1	0	5	3300-4200	P
Ochsner Foundation ⁹⁸	H. L. Soboloff	ACF	10, 56	51	1,871	3	33	1,796	1	1	1	1	0	4	2400-5400	F
Touro Infirmary	R. H. Aldredge	AF	10	35	574	10	50	1,783	2	2	2	2	0	8	4480-6910	O
Veterans Admin.																
Pineville																
Huey P. Long Charity	J. Wickstrom	AF	10		357	5	40	3,339	0	0	0	1	0	1	7800-7800	P
Shreveport																
Confederate Memorial Medical Center	C. R. Reed, Jr.	ACF	70	53	1,902	10	30	6,674	2	2	2	2	0	8	2700-4500	F
Shriners Hospital for Crippled Children	B. H. Young	C	70	60	257	0	0	1,866	0	0	2	2	0	2		O
MARYLAND																
Baltimore																
Children's	G. O. Eaton	C	57	71	1,107	1	100	1,885								
James Lawrence Kernan	A. F. Voshell	C	20, 88	89	1,037	0	0	8,735	0	0	4	0	0	4	3800-4800	F
Johns Hopkins	R. A. Robinson	ACF	57	42	1,139†	8	50	8,495	0	4	4	4	0	12	3500	P
Baltimore City Hospitals	R. A. Robinson	AF	57					5,699								O
University	G. N. Austin	AF	88	19	469	8	50	5,475	1	1	2	3	0	7	3800-5000	P
MASSACHUSETTS																
Boston																
Boston City	C. Woodhouse	AF	13, 45, 66	82	1,837	46	20	53,353	6	6	4	2	0	18	3600-5400	O
Carney	R. M. Kilfoyle	AF	45	37	1,007	9	44	2,715	2	2	2	0	0	6	5522-6420	P
Children's Hospital Medical Center	W. T. Green	C	11	54	1,427	0	0	13,802	8	0	5	1	0	14	3000-5200	F
Joseph P. Kennedy Jr. Memorial	T. F. Broderick, Jr.	C	78, 79	70	158	1	100	748	0	0	2	1	0	3	4358-4598	FP
Lahey Clinic	G. Hammond	A	66	40	620	1	0	9,103	4	4	4	0	0	12	4200-4800	O
Massachusetts General ²³²	M. J. Glimcher	ACF		150	2,673†	46	54	6,960	0	8	2	2	0	12	4800-6000	O
Peter Bent Brigham	W. Green	AF	11						0	0	2	0	0	2	5400-5400	P
Veterans Admin. (Jamaica Plain) ²³⁴	A. Thihodeau	AF	13	41	725	9	55	2,658	2	2	2	1	0	7	4480-8000	O
Veterans Admin. (West Roxbury) ²⁰	W. T. Green	A	11	14	156	0	0	976	0	0	0	1	0	1	4480-8000	O
Canton																
Massachusetts Hospital School	P. L. Norton	C	13, 45, 66	114	53	0	0	159	0	0	2	0	0	2	10031-13120	O
Lakeville																
Lakeville	P. Norton	C	13, 45, 66	163	274	13	23	235						2	9594-12214	O
Springfield																
Shriners Hospital for Crippled Children	J. Fisher	C	66	61	325	0	0	3,840	0	2	0	0	0	2		F
Worcester																
Worcester City	W. Eddy	ACF	78	45	954	18	28	8,905	2	2	2	0	0	6	4883-5468	FP
Memorial	V. Johnson	AF	78	33	910	13	23	261	1	0	0	0	0	1	4200-4200	P
St. Vincent	P. V. Shannon	AF	78	36	743	16	50	311							4380-4680	P
MICHIGAN																
Ann Arbor																
St. Joseph Mercy	G. Bauer	A	74	60	1,672	13	38	12,421							6000-8000	O
University	W. S. Smith	ACF	74	64	1,605	14	57	9,743	5	5	5	0	0	15	3840-4376	O
Dearborn																
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit																
Detroit																
Henry Ford	C. L. Mitchell	ACF		53	1,469	12	42	20,310	4	4	4	0	0	12	4800-6000	P
Wayne State University Affiliated Hospitals	H. E. Pedersen	C	12													
Veterans Admin. (Dearborn)	R. H. Ramsey	A	12	34	353	4	75	1,235							8260	O
Children's	A. J. Day	C	12	10	400	0	0	2,943	0	0	4	0	0	4	4800-6000	P
Detroit General	H. E. Pedersen	AF	12	26	927	16	31	11,732	0	1	1	2	0	4	5300-6200	P
Grace	W. H. Blodgett	A	12	55	2,165†	10	40	655							4560-4560	FP
Harper	A. J. Day	A	12	36	936	9	33	1,185	2	0	0	0	0	2	4200-5400	FP
Etolos																
Wayne County General Hospital and Infirmary	J. Hayes	F	74	57	836	26	31	4,981							6167-7667	F
Grand Rapids																
Blodgett Memorial	A. B. Swanson	ACF	20	47	1,527	21	57	2,101	1	1	1	2	0	5	5700-6300	P
St. Mary's	G. T. Aitken	ACF		48	1,594†	32	31	1,374	1	1	1	0	0	3	5200-6000	P
Kalamazoo																
Borgess-Bronson Hospitals Orthopedic Residency	C. M. Hanson		126													
Borgess		ACF	126	61	2,218	27	62	824	2	1	1	1	0	5	5700-6600	F
Bronson Methodist		ACF	126	27	58	14	50	505	1	1	1	1	0	4	5700-6600	F
MINNESOTA																
Minneapolis																
Hennepin County General	M. K. Nydahl	A	89	7	312			3,368	0	0	1	0	0	1	4500-6500	P
Shriners Hospital for Crippled Children	D. R. Lannin	C	16	51	323	0	0	1,792						2		
University of Minnesota Hospitals ²⁵⁵	J. H. Moe	ACF	89	24	639	7	57	2,556	2	4	4	2	0	12†	4350	O
Veterans Admin.	R. Premer	AF	16	59	871	6	66	3,710	3	3	3	3	0	12	4480-8000	O
Rochester																
Mayo Graduate School of Medicine ²⁸	M. B. Coventry		121	172	6,945	28	89	73,244	14	14	14	14	0	56	3600-4800	P
Rochester Methodist		ACF	121													
St. Mary's		ACF	121													
St. Paul																
Gillette State Hospital for Crippled Children	J. H. Moe	C	16, 89	107	973	5	100	22,188							4944-5944	

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSISSIPPI																
Jackson																
Mississippi Baptist	T. C. Turner	ACF	...	48	1,696	16	44	1,702	1	1	1	1	0	4	4200-5200	P
University of Mississippi Medical Center	B. Spell	...	...	...	...	...	...	...	2	2	1	1	0	6	...	...
University	P. S. Derian	ACF	6	14	626	7	57	3,350	...	...	...	...	...	...	3600-4500	O
Veterans Admin.	B. Spell	AF	6	25	232	3	67	2,034	...	...	...	...	...	...	4480-6910	O
MISSOURI																
Columbia																
University of Missouri Medical Center	L. Litton	ACF	61	23	551	8	88	4,230	1	1	1	1	0	4	4080-5640	P
Kansas City																
Children's Mercy	P. W. Meyer	C	18	...	198	0	0	3,542	...	...	...	...	...	...	3300-3600	FP
Kansas City General Hospital and Medical Center	R. H. Kiene	AF	18	35	525	47	38	5,213	3	3	3	3	0	12	5100-6300	P
St. Luke's	R. H. Kiene	ACF	18	56	1,503	21	19	6,520	3	0	0	0	0	3	5100-6600	P
Veterans Admin.	J. L. Barnard	AF	18	25	579	3	0	1,046	...	...	...	...	...	...	4480-6910	O
St. Louis																
Barnes	F. Reynolds	ACF	60	49	1,533	7	75	4,106	4	4	4	4	0	16	3900-4800	O
St. Louis City	H. Morgan, R. Lord	F	...	18	462	17	60	2,539	...	...	...	...	...	...	4583-5848	O
St. Louis University Group of Hospitals	R. O'Brien	ACF	46	49	1,517	10	40	3,649	3	2	1	0	0	6	4440-4680	O
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	93	855	0	0	7,412	0	0	1	3	0	4	...	...
Veterans Admin.	O. P. Hampton, Jr.	A	61	34	482	12	75	731	0	1	1	2	0	4	5310-6910	O
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	33, 100	64	832	3	100	4,325	0	0	2	0	0	2	4020-4020	F
Veterans Admin.	W. T. Ferguson	AF	33	18	255	0	0	1,773	1	1	1	0	0	3	4480-8000	...
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals	O. S. Staples	...	...	...	...	...	...	...	1	1	1	0	0	3	...	...
Mary Hitchcock Memorial	...	AF	82	36	807	5	80	5,573	...	...	...	...	...	...	3800-4200	O
Veterans Admin. (White River Junction, Vt.)	...	AF	82	22	179	2	100	1,190	...	...	...	...	...	...	4800-6400	P
NEW JERSEY																
East Orange																
Veterans Admin.	J. J. Amster	A	122	38	221	4	75	696	0	0	0	1	0	1	6260-8000	O
Jersey City																
Jersey City Medical Center	V. Scudese	ACF	...	39	783	62	...	4,563	1	2	1	1	1	6	3400-4600	F
Long Branch																
Monmouth Medical Center	B. Halbstein	ACF	...	43	1,177	21	43	1,434	2	1	1	0	0	4	4200-5000	F
Newark																
Newark City	A. J. D'Agostini	F	97	51	865	34	15	3,575	0	1	1	0	0	2	6000-7200	F
United Hospitals of Newark-Hospital for Crippled Children	H. Kessler	AC	69, 97, 116	75	1,985	8	13	6,049	0	2	2	1	0	5	4200-4800	P
Orange																
Hospital Center at Orange	C. I. Nadel	ACF	122	67	1,669	25	84	26,513	2	2	2	0	0	6	4800-5400	FP
New Jersey Orthopaedic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Orange Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paterson																
St. Joseph's	R. R. Goldenberg	ACF	...	53	1,990	30	57	1,910	2	2	1	0	0	5	7320-7920	P
NEW MEXICO																
Albuquerque																
University of New Mexico Affiliated Hospitals	J. K. Weaver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bernalillo County-Indian	J. K. Weaver	AF	93	19	577	10	70	2,432	2	2	2	2	0	8	5500-6100	P
Veterans Admin.	J. K. Weaver	AF	93	30	590	3	100	2,500	2	2	2	2	0	8	4480-8000	O
Truth or Consequences																
Carrie Tingley Crippled Children's	D. W. McKay	C	4, 93	78	466	0	0	4,134	0	0	5	0	0	5	4200-4200	P
NEW YORK																
Albany																
Albany Medical Center ³⁵	C. Campbell	ACF	...	57	1,404	11	64	2,085	2	1	1	1	0	5	4200-8000	P
Buffalo																
Buffalo General	B. Obletz	AF	24	41	912	19	32	1,019	2	2	2	2	0	8	4100-5000	O
Children's Hospital of Buffalo	J. D. Godfrey	C	24, 107	17	580	...	...	9,053	0	0	4	0	0	4	4100-5300	...
Edward J. Meyer Memorial	E. Mindell	AF	83, 107	15	210	10	30	1,659	2	2	2	0	0	6	4895-5870	P
Veterans Admin.	R. B. Erickson	AF	24, 107	66	616	5	60	2,890	0	0	0	2	0	2	6910-8000	O
East Meadow																
Meadowbrook	O. C. Hudson	F	38	66	1,269	4	50	2,865	0	0	2	2	0	4	4859-7545	F
Mineola																
Nassau	C. Freese	AF	38	29	1,391	18	44	7,566	1	1	1	0	0	3	5100-6000	P
New York City																
Albert Einstein College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronx Municipal Hospital Center ^{30a}	A. J. Helfet	ACF	...	69	839	6	33	11,460	4	4	4	4	0	16	4980-6220	FP
Brookdale Hospital Center	A. Kennin	F	84	18	552	0	0	3,148	1	0	0	0	0	1	4500-4500	P
Columbia-Presbyterian Medical Center (New York Orthopaedic Hospital)	F. Stinchfield	ACF	...	132	3,300	8	0	35,557	6	6	10	2	0	24†	5100-8000	O
Columbus	M. Stella	F	51	53	888	14	50	3,949	1	0	0	0	0	1	5400-6000	O
Hospital for Joint Diseases and Medical Center	J. E. Milgram	ACF	125	162	3,469	12	67	29,456	6	6	6	1	0	19	5000-6000	P
Hospital for Special Surgery	R. L. Patterson, Jr.	ACF	22	171	3,052	17	71	52,544	6	6	6	6	0	24	5000-6000	P
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	25	145	0	0	8,629	0	1	3	0	0	4	4200-4500	F
Jewish Chronic Disease	M. Schneider	C	84	27	226	9	22	1,996	0	1	2	0	0	3	4800-6300	F
Jewish Hospital of Brooklyn	L. Koven	AF	84	33	682	10	0	4,288	2	2	2	0	0	6	4500-5500	O
Kings County Hospital Center ^{39a}	R. F. Warren	ACF	...	47	540	33	50	10,106	2	3	2	2	0	9	4740-6160	FP
Lenox Hill	S. S. Gaynor	AF	103	46	1,142	3	67	2,441	1	1	1	0	0	3	4700-5500	P
Maimonides-Coney Island Affiliated Hospitals																
Maimonides Hospital of Brooklyn	H. S. Pearlman	...	...	...	...	...	...	...	1	1	1	0	0	3	...	...
Coney Island	H. S. Pearlman	AF	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 276 through 280.

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary Per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NEW YORK, New York City—Continued																
Montefiore Hospital Training Program	B. B. Greenberg	AF	125						3	3	3	0	0	9	4620-6370	P
Montefiore Hospital and Medical Center	B. B. Greenberg	AF	125													
Morrisania City		AF		43	415	39		6,828								
Inc. in Surgery																
Mount Sinai Hospital Training Program	R. S. Siffert	ACF		52	532	6	35	8,700	2	2	2	2	0	8	4500-6000	P
Mount Sinai City Hospital Center at Elmhurst	A. Schein	AF		60	686	36	20	7,468							5400-6900	FP
New York Medical College-Metropolitan Hospital Center	A. A. Michele		67						2	3	5	0	0	10	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals		AF	67													
Unit 2—Metropolitan		ACF	67	11	197	0	0	10,388								
New York Polyclinic Medical School and Hospital	J. W. Fielding	AF	26	22	418	6	33	1,251	1	1	0	0	0	2	4700-5300	P
New York University Medical Center and Bellevue Hospital Center ²⁵¹	W. A. L. Thompson		51	45	493	2		5,491	7	7	7	0	0	21	4740-6160	FP
Bellevue Hospital Center, Division IV	W. A. L. Thompson	ACF	51	69	676	4	25								6500-8000	O
Veterans Admin. (Manhattan)	G. Truchly	AF	51													
New York State Rehabilitation (West Haverstraw)	J. C. McCauley	C	51	78	218	1	100	2,786						5	4979-5938	P
Queens Hospital Center ²⁵⁷	J. B. Manly	AF	69	51	937	72	32	6,549	2	2	2	0	0	6	4200-5220	F
St. Charles	D. J. Magilligan	C	20, 52, 103	30	358	0	0	8,807	4	0	0	0	0	4	4200-4200	P
St. Luke's Hospital Center	F. R. Thompson	ACF	41	64	1,233	16	68	7,612	2	2	2	0	0	6	5000-6000	P
St. Vincent's Hospital of the Borough of Richmond	E. M. Winant	AF	26	34	697†	15	100	1,020	2	0	0	0	0	2	5700-6800	P
Veterans Admin. (Bronx)	B. Jacobs	AF	22	54	774	12	87	2,866	2	0	2	0	0	4	6500-8000	O
Veterans Admin. (Brooklyn) ²⁵⁹	A. G. Smith	AF	52	79	730	12	42	2,019	2	2	2	0	0	6	6000-8000	O
Port Jefferson																
St. Charles	J. S. Consoli	C	38	15	583	2	50	3,857	0	0	4	0	0	4	3600-3600	F
Rochester																
Rochester General	L. Callin	A	31	24	840	4	50	558							4620-4620	FP
Strong Memorial Hospital of the University of Rochester ²¹⁸	R. B. Duthie	ACF	31	47	1,286	15		4,216	2	2	2	0	0	8	3600-5400	O
Schenectady																
Ellis Hospital-Sunnyview Rehabilitation Center		ACF	104													
Ellis	W. A. Dunham		104	50	2,014	17	20	4,869	1	1	1	0	0	3	4500-5400	FP
Sunnyview Rehabilitation Center	W. E. Gazeley		104	52	449	0	0	9,116	0	0	2	0	0	2	4500-4800	F
Syracuse																
State University of New York Upstate Medical Center	J. Wray	ACF	48	100	2,339	41	32	4,170	0	3	2	2	0	7	4488-5391	O
Good Shepherd			48													
Syracuse Memorial			48													
Veterans Admin.	R. O. Becker		48	40	419	6	83	878							4480-6910	O
Utica																
Children's Hospital Home of Utica	J. B. Wray	C	48	42	1,034	4	25	1,400	0	0	2	0	0	2	5000-5500	O
West Haverstraw																
New York State Rehabilitation—See New York University Medical Center and Bellevue Hospital Center, New York City																
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	R. B. Raney	ACF	81	23	613†	0	0	7,475	2	2	1	0	0	5	3190-5700	O
Charlotte																
Charlotte Memorial	F. W. Lee	ACF		88	2,780	23	35	3,259	1	2	2	2	0	7	4620-5700	P
Durham																
Duke University Affiliated Hospitals									6	5	4	4	2	21		
Duke	L. D. Baker	ACF	19, 20	30	1,471	2	50	6,944							3900-4800	P
Veterans Admin.	D. E. McCollum	AF	19	28	384	6	67								4480-8000	O
Gastonia																
North Carolina Orthopedic	W. M. Roberts	C	19, 81	131	279	0	0	7,062	0	0	2	0	0	2	3800-3800	P
Winston-Salem																
North Carolina Baptist Hospitals	E. Martinate	ACF	77	27	874	7	43	3,864	4	4	4	0	0	12	3000-4000	P
OHIO																
Akron																
Akron City	W. A. Hoyt, Jr.	AF	15	71	1,664	17	35	775	0	2	2	2	0	6	4500-6600	FP
Akron General	H. W. O'Dell	AF	58	56	1,231	17	52	682	2	2	2	2	0	8	4680-6240	FP
Children's Hospital of Akron	W. A. Hoyt	C	15, 58	35	1,336	1	100	3,006	0	2	2	0	0	4	4500-4800	FP
Cincinnati																
Good Samaritan	N. Giannestras	C	118	94	2,507	28	39	435	1	0	1	0	0	2	5400-6900	P
Jewish	I. M. Zelig	AF	17	45	1,044†	16	19	545							4500-4800	FP
University of Cincinnati Hospital Group	J. Freiberg		17						0	2	2	2	2	8		
Children's		C	17	7	242	1	100	966								
Cincinnati General		AF	17	12	210			3,973								
Veterans Admin.		AF	17	23	190	5	80								4480-8000	O
Cleveland																
Cleveland Clinic	J. I. Kendrick	ACF	42	37	901	2		11,268	2	2	2	0	0	6	4200-5400	P
Cleveland Metropolitan General	F. W. Rhineland	CF	105	19	333	8	71	5,763	0	1	1	1	0	3†	4500-5960	P
Mount Sinai Hospital of Cleveland	A. Tramer	AF	101	44	1,252	5	80	3,240	1	1	1	0	0	3	4404-5196	P
St. Luke's	J. E. Brown	ACF		43	1,161	11	80	2,268	1	1	1	1	0	4	4800-6600	P
St. Vincent Charity	K. S. Alfred	F	42	14	393	2	50	1,777	1	1	0	0	0	2	4200-5400	P
University Hospitals of Cleveland	C. H. Herndon	ACF	27	56	1,288	6	87	6,981	3	3	3	0	0	9†	4200-5400	P
Veterans Admin.		A	27, 105	55	431†	12	42	1,324							4480-6260	P
Columbus																
Children's	P. Curtiss	C	25, 98, 99	20	682	0	0	4,313	0	0	3	0	0	3	4800-4800	P
Mount Carmel	H. B. Lacey	AF	25	52	1,413†	15	40	761	1	1	1	0	0	3	5280-5580	F
Ohio State University Hospitals	P. H. Curtiss	AF	99	26	690	2	50	2,692	2	2	2	2	0	8	3624-5724	P
Riverside Methodist	J. T. Leach	AF	98	61	1,583	9	22	1,139	1	2	0	0	0	3	5160-5520	P
Elyria																
Elyria Memorial	J. M. Strong	ACF		23	1,392	23	74	9,720	1	1	1	0	0	3	5100-5700	F
Toledo																
Maumee Valley	J. Gosman	AF	102	18	471	16	50	1,974	0	0	0	1	0	1	5424-5424	FP
St. Vincent	J. W. Millis	ACF	102	36	1,186	16	44	1,742	1	1	1	1	0	4	3900-4800	F
Youngstown																
Youngstown	G. W. Cook	AF	71	54	1,521	28	29	692	1	1	1	1	0	4	4800-5700	F

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Year Min.-Max.	Maintenance		
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years	
OKLAHOMA																
Oklahoma City																
University of Oklahoma Medical Center...	D. H. O'Donoghue...	AF	53	55	2,070	8	13	25,893	4	4	4	4	0	16†	4800-5700	P
Bone and Joint.....	J. P. Bell.....	AF	53	62	2,504	24	20	1,880								
St. Anthony.....	D. H. O'Donoghue...	AF	53	41	935	6	67	7,651							4400-6910	P
University of Oklahoma Hospitals.....	D. H. O'Donoghue...	ACF	53	41	935	6	67	7,651								
Veterans Admin.....	G. R. Frank.....	AF	53	26	591	4	25	3,576								
OREGON																
Portland																
Emanuel.....	L. Noall.....	AF	28	96	2,979	11	55	4,750							5400-6900	P
Shriners Hospital for Crippled Children.....	E. G. Chumard.....	C	28	78	480	1	100	3,427								
University of Oregon Medical School Hospitals and Clinics.....	W. Snell.....	AF	28	51	920	34	59	7,056	3	3	3	3	0	12	3000-3600	F
Veterans Admin.....	R. C. Merrifield.....	AF	91	55	700	3	100	1,560	1	2	1	1	0	5	4480-8000	P
PENNSYLVANIA																
Danville																
Geisinger Medical Center.....	L. F. Bush.....	ACF	...	20	762	9	23	15,920	1	1	1	1	0	4	4800-5700	P
Elizabethtown																
State Hospital for Crippled Children.....	T. Outland.....	C	21, 92	138	225	0	0	4,790	0	0	3	0	0	3	7407-7407	P
Erie																
Hamot.....	J. J. Euliano.....	ACF	...	67	2,177	17	30	1,669	1	1	1	1	0	4	5400-7200	FP
Philadelphia																
Albert Einstein Medical Center ²¹²	I. Stein.....	ACF	...	59	1,615†	31	26	5,074	2	2	2	2	0	8	2700-3600	FP
Children's Hospital of Philadelphia.....	J. T. Nicholson.....	C	23, 72, 87	9	504	...	...	2,592							2400-3000	F
Graduate Hospital of the University of Pennsylvania.....	J. T. Nicholson.....	A	23	13	398	2	100	1,967	2	2	2	2	0	8	3510-4410	P
Hahnemann Medical College and Hospital.....	O. Corn.....	AF	92	21	638	10	50	4,359	2	2	2	0	0	6	3000-3600	P
Hospital of the University of Pennsylvania.....	E. L. Raiston.....	ACF	...	59	1,117	5	60	5,092	3	3	3	3	0	12	3200-3800	P
Jefferson Medical College ²⁵²	A. F. DePalma.....	ACF	21	68	1,253	11	45	4,434	3	3	3	3	3	15	3350-4700	O
Lankenau.....	J. T. Nicholson.....	AF	23	29	746	1	0	2,179							3510-4410	P
Pennsylvania.....	J. T. Nicholson.....	F	23, 87	22	424	12	58	1,545							3600-5400	O
Philadelphia General, Division A.....	A. DePalma.....	...	...	...	...	...	...	...	
Shriners Hospital for Crippled Children.....	J. Lachman.....	ACF	...	53	811	67	73	9,114	2	2	2	2	0	8	4100-5100	F
Temple University.....	H. H. Steel.....	C	29, 105	95	267	0	0	2,790	0	0	3	3	0	6	...	F
Veterans Admin.....	J. E. Nixon.....	A	87	35	392	8	75	1,693	1	1	1	0	0	3	5310-6910	O
Pittsburgh																
Allegheny General.....	R. F. Botkin.....	ACF	71, 83	94	2,237†	24	42	19,075	2	2	3	2	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh.....	A. B. Ferguson, Jr.....	...	...	...	...	...	...	...	0	7	7	6	0	20	5000-5400	...
Children's Hospital of Pittsburgh.....	A. B. Ferguson, Jr.....	C	30	...	1,232	1	100	7,601							4200-4500	O
Presbyterian-University.....	A. B. Ferguson, Jr.....	AF	30	58	1,510	13	41	3,114								
St. Francis General.....	M. S. De Roy.....	A	30	32	708	12	33	446								
Veterans Admin.....	P. G. Laine.....	AF	30	64	528	11	82	...								
Reading																
Reading.....	E. J. Morrissey.....	AF	72	56	980	13	65	471	2	2	2	2	0	8	4800-6000	F
Sayre																
Robert Packer.....	D. R. Baker.....	ACF	...	29	1,041	13	40	8,021	1	1	1	1	0	4†	3000-6000	FP
RHODE ISLAND																
Providence																
Rhode Island.....	A. A. Savastano.....	ACF	...	93	1,807	29	28	7,401	2	2	2	2	0	8	4600-6000	P
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals.....	J. Siegling.....	ACF	...	16	423	10	0	5,407	0	3	3	2	0	8	2910-4500	FP
Medical College.....	...	...	...	...	...	...	...	...
Roper.....	...	...	...	...	...	...	...	...
Columbia																
Columbia Hospital of Richland County.....	J. T. Green.....	ACF	...	86	2,579	19	26	4,104	1	1	1	1	0	4	6240-6960	P
Greenville																
Greenville General.....	R. M. Knight.....	AF	77	67	1,902†	20	40	3,500	0	1	1	0	0	2	4800-5200	P
Shriners Hospital for Crippled Children.....	F. H. Stelling.....	C	19, 77	59	460	0	0	4,859	0	0	0	3	0	3	...	O
TENNESSEE																
Chattanooga																
Baroness Erlanger.....	J. J. Killeffer.....	ACF	80	67	2,484	27	33	5,137	2	2	2	0	0	6	5100-5700	F
T. C. Thompson Children's.....	J. J. Killeffer.....	C	80	...	193	0	0	3,019	0	2	0	0	0	2	5400-5400	F
Knoxville																
East Tennessee Children's.....	R. G. Brashear.....	C	85	11	462	1	0	5,860	0	2	2	2	0	6	4512-4752	F
St. Mary's Memorial.....	R. G. Brashear.....	AF	85	50	1,722	1	0	...	1	0	0	0	0	1	3720-3720	F
University of Tennessee Memorial Research Center and Hospital.....	R. G. Brashear.....	AF	85	25	1,001	15	53	1,809	0	2	2	2	0	6	4392-4632	F
Memphis																
Campbell Clinic and Hospital.....	T. L. Waring.....	ACF	...	63	2,358	7	14	30,336	8	6	6	0	0	20	1800-2400	P
Nashville																
Vanderbilt University ³⁶¹	J. W. Hillman.....	ACF	...	42	1,566	5	...	4,236	0	4	4	4	0	12	3000-3600	P
TEXAS																
Dallas																
Baylor University Medical Center.....	M. Knight.....	AF	32	73	3,617†	21	38	639	1	1	1	0	0	3	5400-6000	O
Parkland Memorial.....	C. F. Gregory.....	AF	32	41	1,043	24	46	7,796	1	1	2	2	0	6	3180-4080	P
Texas Scottish Rite Hospital for Crippled Children.....	B. Carrell.....	C	32	46	682	0	0	6,018							5100-6000	FP
Veterans Admin. ²⁷⁵	V. M. Bryant.....	AF	75	64	832	8	50	2,416	2	2	2	2	0	8	4480-6910	P
Fort Worth																
Fort Worth Children's Hospital- Fort Worth Medical Center.....	J. J. Innis.....	C	...	6	473	0	0	1,100	0	0	0	2	0	2	4800-5400	F
Galveston																
University of Texas Medical Branch Hospitals.....	E. B. Evans.....	ACF	...	51	1,096	10	40	5,740	3	2	2	2	0	9	4200-4200	P

Numerical and other references are listed on pages 276 through 280.

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary Per Year Min.-Max.	Maintenance P O
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
TEXAS—Continued																
Houston																
Baylor University Affiliated Hospitals	R. H. Eppright			35	869	14	36	8,208	0	5	5	5	0	15	3300-4200	O
Ben Taub General		ACF	49	56	1,723†	6	67	72							4500-5400	P
Methodist		AF	49	45	510	6	100	6,554							4480-8910	P
Veterans Admin.		A		69	2,111	13	23	6,650	2	2	2	2	0	8	3900-5100	P
Hermann	E. T. Smith	ACF														
San Antonio																
Santa Rosa Medical Center	J. J. Hinchey	C	117, 120		2,643	26	33	5,867								
Temple																
Scott and White Memorial ¹⁷³	R. A. Murray	ACF		50	1,835†	4	50							6	4500-5100	P
UTAH																
Salt Lake City																
Letter-day Saints	W. E. Hess	AF	63	57	2,277	17	50	982	0	1	1	1	0	3	4200-5100	P
Primary Children's	W. E. Hess	C	63	16	543	0	0	2,068	0	2	0	0	0	2	4200-4200	P
University of Utah Affiliated Hospitals	S. S. Coleman								1	1	1	2	0	5		
University	S. S. Coleman	AF	34	12	273	6	83	4,121							4200-6000	P
St. Mark's	B. G. Holbrook	AF	34	41	1,712	4	25	530							4205-6440	F
Shriners Hospital for Crippled Children	S. S. Coleman	C	34	48	239	0	0	1,715								P
Veterans Admin.	S. S. Coleman	AF	34												5310-8910	P
VERMONT																
Burlington																
University of Vermont Affiliated Hospitals	R. F. Kuhlmann, C. B. Rust		124						1	1	1	1	0	4	5000-7600	O
DeGoesbriand Memorial		AF	124	13	400	5	40	446								
Mary Fletcher		ACF	124	32	868†	3	67	1,968								
White River Junction																
Veterans Admin.	—See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.															
VIRGINIA																
Arlington																
National Orthopaedic and Rehabilitation	F. W. Rook	ACF		85	2,296	15	80	26,775	1	1	1	1	0	4	3000-4800	F
Charlottesville																
University of Virginia	J. H. Allan	ACF		31	956	4	25	6,563	2	2	2	2	0	8	4200-5400	O
Richmond																
Crippled Children's	J. T. Tucker, M. J. Hoover	C	35	87	525	1	0	1,420	0	1	0	0	0	1	3300-3300	P
Medical College of Virginia Affiliated Hospitals			35						3	3	3	3	0	12		
Medical College of Virginia—Hospital Division	M. J. Hoover	AF	35	50	1,426	18	39	6,320							2400-3300	F
Veterans Admin.	R. D. Butterworth	A	35	24	352	6	66	971							4480-8000	P
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals	D. K. Clawson		36						0	4	4	4	4	16		
Children's Orthopedic Hospital and Medical Center	J. I. Tuell	C	36	18	865			4,571							3660-6980	O
King County	L. R. Fry	AF	36	30	952	30	33	5,147							5400-6000	F
Swedish Hospital Medical Center	J. Stewart	AF	36	78	3,309†	18	22	0							4800-5400	F
U. S. Public Health Service	D. K. Clawson	AF	36	43	746	2	50	4,247								
University	D. K. Clawson	AF	36	19	570†	1	100	5,186							4800-8640	P
Veterans Admin.	D. K. Clawson	A	36		Inc. in Surgery										4480-8000	
Shriners Hospital for Crippled Children (Spokane)	N. R. Brown	C	36, 91	40	213	0	0	2,254								
Spokane																
Shriners Hospital for Crippled Children	—See University of Washington Affiliated Hospitals, Seattle															
WEST VIRGINIA																
Morgantown																
West Virginia University Medical Center	J. C. Pickett	ACF		20	433	6	16	3,501	2	2	2	2	0	8	3680-5480	P
WISCONSIN																
Madison																
University of Wisconsin Affiliated Hospitals	H. W. Wirka	ACF							3	3	3	0	0	9		
Madison General				41	1,428†	23	52								3800-5800	P
St. Mary's				19	664	10	50								3800-5800	P
University Hospitals				56	1,150	13	77	7,168							3800-5800	P
Veterans Admin.				37	444	2	0	1,265							6260-6910	P
Milwaukee																
Marquette University Affiliated Hospitals	W. P. Blount		37						0	4	4	4	0	12		
Columbia	A. C. Schmidt	AF	37	27	602	4	75	3,074							4480-6910	P
Milwaukee Children's	W. P. Blount	C	37	17	564	0	0	2,069								
Milwaukee County General	W. P. Blount	AF	37	42	936†	40	45	10,094							5100-8665	P
Veterans Admin. (Wood)	P. L. Carnesale	AF	37	46	706	7	86	4,259							4480-6910	P

Numerical and other references are listed on pages 276 through 280.

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Shriners Hospital for Crippled Children	Los Angeles	21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Highland General Hospital	Oakland, Calif.		Jefferson Medical College Hospital	Philadelphia
	Presbyterian Medical Center	San Francisco	22.	Hospital for Special Surgery	New York City
2.	Sonoma State Hospital	Eldridge, Calif.		Veterans Admin. Hospital (Bronx)	New York City
	Children's Hospital Medical Center of Northern California	Oakland, Calif.	23.	Children's Hospital of Philadelphia	Philadelphia
	Highland General Hospital	Oakland, Calif.		Graduate Hospital of the University of Pennsylvania	Philadelphia
	Samuel Merritt Hospital	Oakland, Calif.		Lankenau Hospital	Philadelphia
	Children's Hospital and Adult Medical Center	San Francisco		Pennsylvania Hospital	Philadelphia
	Franklin Hospital	San Francisco	24.	Buffalo General Hospital	Buffalo
	San Francisco General Hospital	San Francisco		Children's Hospital of Buffalo	Buffalo
	Shriners Hospital for Crippled Children	San Francisco		Veterans Admin. Hospital	Buffalo
	H. C. Moffitt-University of California Hospitals	San Francisco	25.	Children's Hospital	Columbus, Ohio
	Veterans Admin. Hospital	San Francisco		Mount Carmel Hospital	Columbus, Ohio
	Shriners Hospital for Crippled Children	Honolulu, Hawaii	26.	House of St. Giles the Cripple (Brooklyn)	New York City
3.	Shriners Hospital for Crippled Children	Los Angeles		New York Polyclinic Medical School and Hospital	New York City
	Highland General Hospital	Oakland, Calif.		St. Vincent's Hospital of the Borough of Richmond (Staten Island)	New York City
	Veterans Admin. Hospital	San Francisco	27.	University Hospitals of Cleveland	Cleveland
4.	Children's Hospital	Denver		Veterans Admin. Hospital	Cleveland
	University of Colorado Medical Center	Denver	28.	Emanuel Hospital	Portland, Ore.
	Veterans Admin. Hospital	Denver		Shriners Hospital for Crippled Children	Portland, Ore.
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.		University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
5.	Hartford Hospital	Hartford, Conn.	29.	Shriners Hospital for Crippled Children	Philadelphia
	Yale-New Haven Hospital	New Haven, Conn.		Temple University Hospital	Philadelphia
	Newington Hospital for Crippled Children	Newington, Conn.	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Veterans Admin. Hospital	West Haven, Conn.		Presbyterian-University Hospital	Pittsburgh
6.	University Hospital	Jackson, Miss.		St. Francis General Hospital	Pittsburgh
	Veterans Admin. Hospital	Jackson, Miss.		Veterans Admin. Hospital	Pittsburgh
7.	Chicago Wesley Memorial Hospital	Chicago	31.	Rochester General Hospital	Rochester, N. Y.
	Cook County Hospital	Chicago		Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
	Passavant Memorial Hospital	Chicago	32.	Baylor University Medical Center	Dallas, Texas
	St. Anne's Hospital	Chicago		Parkland Memorial Hospital	Dallas, Texas
	Veterans Admin. Research Hospital	Chicago		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Evanston Hospital	Evanston, Ill.	33.	Nebraska Orthopedic Hospital	Lincoln, Neb.
	St. Francis Hospital	Evanston, Ill.		Veterans Admin. Hospital	Lincoln, Neb.
	Shriners Hospital for Crippled Children	Lexington, Ky.	34.	St. Mark's Hospital	Salt Lake City
	American Legion Children's Hospital	St. Petersburg, Fla.		Shriners Hospital for Crippled Children	Salt Lake City
8.	James Whitcomb Riley Hospital	Indianapolis		University Hospital	Salt Lake City
	Methodist Hospital of Indiana	Indianapolis		Veterans Admin. Hospital	Salt Lake City
	Robert W. Long Hospital	Indianapolis	35.	Crippled Children's Hospital	Richmond, Va.
	St. Vincent's Hospital	Indianapolis		Medical College of Virginia-Hospital Division	Richmond, Va.
	Veterans Admin. Hospital	Indianapolis		Veterans Admin. Hospital	Richmond, Va.
9.	Kosair Crippled Children Hospital	Louisville, Ky.	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Louisville General Hospital	Louisville, Ky.		King County Hospital	Seattle
	Veterans Admin. Hospital	Louisville, Ky.		Swedish Hospital Medical Center	Seattle
10.	Charity Hospital of Louisiana	Louisville, Ky.		U.S. Public Health Service Hospital	Seattle
	Tulane University Division	New Orleans, La.		University Hospital	Seattle
	Touro Infirmary	New Orleans, La.		Veterans Admin. Hospital	Seattle
	Veterans Admin. Hospital	New Orleans, La.		Shriners Hospital for Crippled Children	Spokane, Wash.
	Huey P. Long Charity Hospital	Pineville, La.	37.	Columbia Hospital	Milwaukee
	Shriners Hospital for Crippled Children	Shreveport, La.		Milwaukee Children's Hospital	Milwaukee
11.	Children's Hospital Medical Center	Boston		Milwaukee County General Hospital	Milwaukee
	Massachusetts General Hospital	Boston		Veterans Admin. Hospital (Wood)	Milwaukee
	Peter Bent Brigham Hospital	Boston	38.	Meadowbrook Hospital	East Meadow, N. Y.
	Veterans Admin. Hospital (West Roxbury)	Boston		Nassau Hospital	Mineola, N. Y.
12.	Veterans Admin. Hospital	Dearborn, Mich.		St. Charles Hospital	Port Jefferson, N. Y.
	Children's Hospital	Detroit	39.	Emory University Hospital	Atlanta, Ga.
	Detroit General Hospital	Detroit		Grady Memorial Hospital	Atlanta, Ga.
	Grace Hospital	Detroit	40.	Crippled Children's Hospital	Phoenix, Ariz.
	Harper Hospital	Detroit		Shriners Hospital for Crippled Children	Los Angeles
13.	Boston City Hospital	Boston		Letterman General Hospital	San Francisco
	Veterans Admin. Hospital (Jamaica Plain)	Boston		Shriners Hospital for Crippled Children	San Francisco
	Massachusetts Hospital School	Canton, Mass.	41.	House of St. Giles the Cripple (Brooklyn)	New York City
	Lakeville Hospital	Lakeville, Mass.		St. Luke's Hospital Center	New York City
14.	District of Columbia General Hospital	Washington, D.C.	42.	Cleveland Clinic Hospital	Cleveland
	Georgetown University Hospital	Washington, D.C.		St. Vincent Charity Hospital	Cleveland
	George Washington University Hospital	Washington, D.C.	43.	Variety Children's Hospital	Miami, Fla.
15.	Akron City Hospital	Akron, Ohio		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
	Children's Hospital of Akron	Akron, Ohio	44.	Crippled Children's Clinic and Hospital	Birmingham, Ala.
16.	Shriners Hospital for Crippled Children	Minneapolis		University of Alabama Hospitals and Clinics	Birmingham, Ala.
	Veterans Admin. Hospital	Minneapolis		Veterans Admin. Hospital	Birmingham, Ala.
	Gillette State Hospital for Crippled Children	St. Paul, Minn.	45.	Boston City Hospital	Boston
17.	Children's Hospital	Cincinnati		Carney Hospital	Boston
	Cincinnati General Hospital	Cincinnati		Massachusetts Hospital School	Canton, Mass.
	Jewish Hospital	Cincinnati	46.	Lakeville Hospital	Lakeville, Mass.
	Veterans Admin. Hospital	Cincinnati		St. Louis City Hospital	St. Louis
18.	Children's Mercy Hospital	Kansas City, Mo.		St. Louis University Group of Hospitals	St. Louis
	Kansas City General Hospital and Medical Center	Kansas City, Mo.	47.	Presbyterian-St. Luke's Hospital	Chicago
	St. Luke's Hospital	Kansas City, Mo.		University of Illinois Research and Educational Hospitals	Chicago
	Veterans Admin. Hospital	Kansas City, Mo.	48.	Good Shepherd Hospital	Syracuse, N. Y.
19.	Duke Hospital	Durham, N. C.		State University of New York Upstate Medical Center	Syracuse, N. Y.
	Veterans Admin. Hospital	Durham, N. C.		Syracuse Memorial Hospital	Syracuse, N. Y.
	North Carolina Orthopedic Hospital	Gastonia, N. C.		Veterans Admin. Hospital	Syracuse, N. Y.
	Shriners Hospital for Crippled Children	Greenville, S. C.		Children's Hospital Home of Utica	Utica, N. Y.
20.	Orthopaedic Hospital	Los Angeles	49.	Ben Taub General Hospital	Houston, Texas
	U.S. Naval Hospital	Oakland, Calif.		Methodist Hospital	Houston, Texas
	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.		Veterans Admin. Hospital	Houston, Texas
	Orange Memorial Hospital	Orlando, Fla.	50.	Shriners Hospital for Crippled Children	Chicago
	James Whitcomb Riley Hospital	Indianapolis		Veterans Admin. Hospital (West Side)	Chicago
	James Lawrence Kernan Hospital	Baltimore		Veterans Admin. Hospital	Hines, Ill.
	U.S. Naval Hospital	Bethesda, Md.		West Suburban Hospital	Oak Park, Ill.
	U.S. Naval Hospital	Chelsea, Mass.		Lutheran General Hospital	Park Ridge, Ill.
	Blodgett Memorial Hospital	Grand Rapids, Mich.	51.	Bellevue Hospital Center, Division IV-New York University	New York City
	St. Charles Hospital (Brooklyn)	New York City		Columbus Hospital	New York City
	Duke Hospital	Durham, N. C.		Veterans Admin. Hospital (Manhattan)	New York City
	U.S. Naval Hospital	Philadelphia		New York State Rehabilitation Hospital	West Haverstraw, N. Y.
	U.S. Naval Hospital	Portsmouth, Va.			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
52.	St. Charles Hospital (Brooklyn)	New York City	90.	Shriners Hospital for Crippled Children	Los Angeles
	Veterans Admin. Hospital (Brooklyn)	New York City		University of California Hospital	Los Angeles
53.	Bone and Joint Hospital	Oklahoma City		Los Angeles County Harbor General Hospital	Torrance, Calif.
	St. Anthony Hospital	Oklahoma City	91.	Veterans Admin. Hospital	Portland, Ore.
	University of Oklahoma Hospitals	Oklahoma City		Shriners Hospital for Crippled Children	Spokane, Wash.
	Veterans Admin. Hospital	Oklahoma City	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
54.	Children's Hospital	Washington, D.C.		Hahnemann Medical College and Hospital	Philadelphia
	Washington Hospital Center	Washington, D.C.	93.	Bernalillo County-Indian Hospital	Albuquerque, N. M.
56.	E. A. Conway Memorial Hospital	Monroe, La.		Veterans Admin. Hospital	Albuquerque, N. M.
	Ochsner Foundation Hospital	New Orleans		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
	Touro Infirmary	New Orleans	94.	Arkansas Children's Hospital	Little Rock, Ark.
57.	Baltimore City Hospitals	Baltimore		University Hospital	Little Rock, Ark.
	Children's Hospital	Baltimore		Veterans Admin. Hospital	Little Rock, Ark.
	Johns Hopkins Hospital	Baltimore	96.	Crippled Children's Hospital	Phoenix, Ariz.
58.	Akron General Hospital	Akron, Ohio		William Beaumont General Hospital	El Paso, Texas
	Children's Hospital of Akron	Akron, Ohio	97.	Newark City Hospital	Newark, N. J.
59.	Good Samaritan Hospital	Lexington, Ky.		United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.
	St. Joseph Hospital	Lexington, Ky.	98.	Children's Hospital	Columbus, Ohio
	Shriners Hospital for Crippled Children	Lexington, Ky.		Riverside Methodist Hospital	Columbus, Ohio
60.	Barnes Hospital	St. Louis	99.	Children's Hospital	Columbus, Ohio
	St. Louis City Hospital	St. Louis		Ohio State University Hospitals	Columbus, Ohio
	Shriners Hospital for Crippled Children	St. Louis	100.	Children's Hospital	Denver
61.	University of Missouri Medical Center	Columbia, Mo.		Denver General Hospital	Denver
	Veterans Admin. Hospital	Jacksonville, Fla.		Fitzsimons General Hospital	Denver
62.	Baptist Memorial Hospital	Jacksonville, Fla.		Nebraska Orthopedic Hospital	Lincoln, Neb.
	Duval Medical Center	Jacksonville, Fla.	101.	James Whitcomb Riley Hospital	Indianapolis
	Hope Haven Children's Hospital	Jacksonville, Fla.		Robert W. Long Hospital	Indianapolis
63.	Latter-day Saints Hospital	Salt Lake City		Mount Sinai Hospital of Cleveland	Cleveland
	Primary Children's Hospital	Salt Lake City	102.	Maumee Valley Hospital	Toledo, Ohio
	Veterans Admin. Hospital	Long Beach, Calif.		St. Vincent Hospital	Toledo, Ohio
64.	Orange County Pediatric Orthopedic Program	Orange, Calif.	103.	Lenox Hill Hospital	New York City
	Orange County General Hospital	Orange, Calif.		St. Charles Hospital (Brooklyn)	New York City
	Children's Hospital of Orange County	Orange, Calif.	104.	Ellis Hospital	Schenectady, N. Y.
	Fairview State Hospital	Costa Mesa, Calif.		Sunnyview Rehabilitation Center	Schenectady, N. Y.
65.	Children's Hospital	Denver	105.	Cleveland Metropolitan General Hospital	Cleveland
	Fitzsimons General Hospital	Denver		Veterans Admin. Hospital	Cleveland
66.	Boston City Hospital	Boston		Shriners Hospital for Crippled Children	Philadelphia
	Lahey Clinic	Boston	106.	St. Francis Hospital	Wichita, Kans.
	Massachusetts Hospital School	Canton, Mass.		Veterans Admin. Hospital	Wichita, Kans.
	Lakeville Hospital	Lakeville, Mass.		Wesley Medical Center	Wichita, Kans.
	Shriners Hospital for Crippled Children	Springfield, Mass.	107.	Children's Hospital of Buffalo	Buffalo
67.	New York Medical College—Metropolitan Hospital Center	New York City		Edward J. Meyer Memorial Hospital	Buffalo
	Unit 1—Flower and Fifth Avenue Hospitals	New York City		Veterans Admin. Hospital	Buffalo
	Unit 2—Metropolitan Hospital	New York City	108.	Napa State Hospital	Imola, Calif.
68.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		Mary's Help Hospital	San Francisco
	Lloyd Noland Hospital	Fairfield, Ala.		St. Joseph's Hospital	San Francisco
69.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.		St. Mary's Hospital	San Francisco
	Queens Hospital Center	New York City	109.	Children's Hospital	San Diego, Calif.
70.	Confederate Memorial Medical Center	Shreveport, La.		Donald N. Sharp Memorial Community Hospital	San Diego, Calif.
	Shriners Hospital for Crippled Children	Shreveport, La.		Mercy Hospital	San Diego, Calif.
71.	Youngstown Hospital	Youngstown, Ohio		San Diego County-University Hospital	San Diego, Calif.
	Allegheny General Hospital	Pittsburgh	110.	U. S. Public Health Service Hospital	San Francisco
72.	Children's Hospital of Philadelphia	Philadelphia		Charity Hospital of Louisiana	New Orleans
	Reading Hospital	Reading, Pa.		Tulane University Division	New Orleans
74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.	111.	Rancho Los Amigos Hospital	Downey, Calif.
	University Hospital	Ann Arbor, Mich.		Children's Hospital of Los Angeles	Los Angeles
	Wayne County General Hospital and Infirmary	Eloise, Mich.		Los Angeles County General Hospital, Unit I	Los Angeles
75.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		White Memorial Medical Center	Los Angeles
	Veterans Admin. Hospital	Dallas, Texas	113.	Georgia Baptist Hospital	Atlanta, Ga.
76.	Jackson Memorial Hospital	Miami, Fla.		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Variety Children's Hospital	Miami, Fla.	114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.
77.	Veterans Admin. Hospital	Wilmington, Del.		University Hospital	Augusta, Ga.
	North Carolina Baptist Hospitals	Winston-Salem, N. C.	115.	District of Columbia General Hospital	Washington, D.C.
	Shriners Hospital for Crippled Children	Greenville, S. C.		Freedmen's Hospital	Washington, D.C.
	Greenville General Hospital	Greenville, S. C.	116.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.
78.	Joseph P. Kennedy Jr. Memorial Hospital	Boston		U. S. Public Health Service Hospital (Staten Island)	New York City
	Memorial Hospital	Worcester, Mass.	117.	Brooke General Hospital	San Antonio, Texas
	St. Vincent Hospital	Worcester, Mass.		Santa Rosa Medical Center	San Antonio, Texas
	Worcester City Hospital	Worcester, Mass.		University of California Hospital	Los Angeles
79.	Hospital of St. Raphael	New Haven, Conn.		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
	Joseph P. Kennedy Jr. Memorial Hospital	Boston		Good Samaritan Hospital	Cincinnati
80.	Baroness Erlanger Hospital	Chattanooga, Tenn.	119.	Orthopaedic Hospital	Los Angeles
	T. C. Thompson Children's Hospital	Chattanooga, Tenn.		Veterans Admin. Center—Wadsworth Hospital	Los Angeles
81.	North Carolina Memorial Hospital	Chapel Hill, N. C.		Los Angeles County Harbor General Hospital	Torrance, Calif.
	North Carolina Orthopedic Hospital	Gastonia, N. C.	120.	Santa Rosa Medical Center	San Antonio, Texas
82.	Newington Hospital for Crippled Children	Newington, Conn.		Wilford Hall U.S.A.F. Hospital	San Antonio, Texas
	Mary Hitchcock Memorial Hospital	Hanover, N. H.	121.	Children's Memorial Hospital	Chicago
	Veterans Admin. Hospital	White River Jct., Vt.		Mayo Graduate School of Medicine	Rochester, Minn.
83.	Edward J. Meyer Memorial Hospital	Buffalo		Rochester Methodist Hospital	Rochester, Minn.
	Allegheny General Hospital	Pittsburgh		St. Mary's Hospital	Rochester, Minn.
84.	Brookdale Hospital Center (Brooklyn)	New York City	122.	Veterans Admin. Hospital	East Orange, N. J.
	Jewish Chronic Disease Hospital (Brooklyn)	New York City		Hospital Center at Orange	Orange, N. J.
	Jewish Hospital of Brooklyn (Brooklyn)	New York City	123.	William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
85.	East Tennessee Children's Hospital	Knoxville, Tenn.		Veterans Admin. Hospital	Lake City, Fla.
	St. Mary's Memorial Hospital	Knoxville, Tenn.	124.	DeGoesbriand Memorial Hospital	Burlington, Vt.
	University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.		Mary Fletcher Hospital	Burlington, Vt.
86.	Shriners Hospital for Crippled Children	Honolulu, Hawaii	125.	Hospital for Joint Diseases	New York City
	Tripler General Hospital	Honolulu, Hawaii		Montefiore Hospital and Medical Center	New York City
87.	Children's Hospital of Philadelphia	Philadelphia		Morrisania City Hospital	New York City
	Pennsylvania Hospital	Philadelphia	126.	Borgess Hospital	Kalamazoo, Mich.
	Veterans Admin. Hospital	Philadelphia		Bronson Methodist Hospital	Kalamazoo, Mich.
88.	James Lawrence Kernan Hospital	Baltimore			
	University Hospital	Baltimore			
89.	Hennepin County General Hospital	Minneapolis			
	University of Minnesota Hospitals	Minneapolis			
	Gillette State Hospital for Crippled Children	St. Paul, Minn.			

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty. Programs, 103; Residencies, 853.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary Per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio.....	H. Eastwood.....	35	1,237	1	0	12,521	1	1	0	0	0	2	.....	...
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver.....	D. J. Joseph.....	19	629	0	0	13,645	0	1	1	1	0	3	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	H. W. McCurdy.....	55	1,332	2	50	10,501	0	3	3	3	0	9	.....	...
TEXAS														
Brooke General, San Antonio ²⁷²	A. K. Brown.....	25	667	7	85	10,329	0	2	2	2	0	6	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	F. J. Sweeney.....	38	1,190	1	100	13,136	1	1	1	1	0	4	.....	...
U. S. Naval, San Diego.....	L. E. Wible.....	40	1,119	10	30	15,330	2	2	2	2	0	8	.....	...
MARYLAND														
U. S. Naval, Bethesda.....	G. W. Taylor.....	32	859	4	75	13,675	2	2	2	2	0	8	.....	...
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	G. R. Hart.....	38	946	14	57	13,509	2	2	2	2	0	8	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
WASHINGTON														
U. S. Public Health Service, Seattle—See University of Washington Affiliated Hospitals, Seattle														
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	J. J. Hicks.....	21	943	4	67	4,318	3	3	3	3	0	12	.....	...
University of Alabama Hospitals and Clinics.....													3840-4800	P
Veterans Admin.....													4480-8000	O
CALIFORNIA														
Long Beach														
Veterans Admin.....	A. Swirsky.....	43	331	25	64	3,184	2	2	2	2	0	8	5760-8520	O
Los Angeles														
Hollywood Presbyterian Hospital-Olmsted Memorial.....	A. H. Miller.....	6	1,957†	2	...	2,088	0	0	1	0	0	1	6000-6600	O
Los Angeles County General, Unit I.....	C. Whitaker.....	28	2,204	16	19	25,079	4	4	4	4	0	16	7200-9000	P
University of California.....	J. J. Pressman.....	9	810	1	100	8,586	2	2	2	2	0	8	4200-7400	O
Veterans Admin. Center-Wadsworth ²²³	M. J. Acquarelli.....	36	1,115	12	75	5,014	3	3	3	0	0	9	4480-8000	P
White Memorial Medical Center ¹¹²	L. R. House.....	9	963	4	25	6,090	2	1	1	1	0	5	4260-6060	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	F. B. Simmons.....						2	2	2	0	0	6	.....	...
Palo Alto-Stanford Hospital Center.....	F. B. Simmons.....	3	152†			4,451							3900-6300	O
Veterans Admin.....	W. F. Baxter.....	8	155	3	67	2,258							4480-8000	O
Santa Clara County Hospital and Medical Center (San Jose).....	F. B. Simmons.....	6	430	4	25	5,533							.....	...
San Francisco														
University of California Program in Otolaryngology.....	F. A. Sooy.....						4	4	4	0	0	12	.....	...
H. C. Moffitt-University of California Hospitals ¹²⁴	F. A. Sooy.....	12	1,045	1	100	8,223							4200-6000	O
San Francisco General.....	E. S. Hopp.....												6468-6468	
Veterans Admin.....	J. A. T. Ross.....	18	382	7	86	1,542	1	1	1	0	0	3	4480-8000	O
San Jose														
Santa Clara County Hospital and Medical Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
COLORADO														
Denver														
University of Colorado Affiliated Hospitals.....							2	3	2	0	0	7	.....	...
University of Colorado Medical Center.....	W. G. Hemenway.....	7	685	1	100	5,932							3500-4500	P
Veterans Admin.....	C. W. Whistler.....	10	445	0	0	2,055							4480-8000	...
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center.....							2	2	2	0	0	6	4100-4500	P
Yale-New Haven.....	J. A. Kirchner.....	14	1,284	1	100	7,542							.....	...
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals.....	A. G. Di Biasio.....						3	3	3	1	0	10†	.....	...
Georgetown University.....		1	142	0	0	924							3720-4630	P
District of Columbia General.....		11	319	1	0	2,582							3800-5000	P
Washington Hospital Center ¹⁶⁰	J. A. Sabri.....	34	4,970	12	67	7,416	3	3	3	0	0	9	4280-4820	P
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics.....	G. T. Singleton.....	6	480	0	0	4,461	2	2	2	2	0	8	3600-8000	O
Miami														
University of Miami Affiliated Hospitals.....							2	2	2	0	0	6	3420-4380	P
Jackson Memorial.....	J. Chandler.....	12	732	9	67	5,060							.....	...
Tampa														
Tampa General.....	W. Dunn.....	19	1,997	7	29	4,188	2	2	2	0	0	6	4800-7800	FP

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals.....	J. S. Turner.....	...	...	...	...	...	3	3	3	3	0	12	...	...
Emory University.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Grady Memorial.....	.....	6	332	1	100	5,003	...	...	...	...	...	...	3300-4200	P
Henrietta Eggleston Hospital for Children.....	.....	6	1,016	0	0	0	...	...	...	...	...	...	3000-4000	P
ILLINOIS															
Chicago															
Northwestern University Medical Center.....	G. W. Allen.....	...	...	...	...	2,546	...	...	...	...	...	...	...	...
Chicago Wesley Memorial.....	G. Allen.....	22	2,154	5	20	...	1	1	0	0	0	2	3600-4500	P	
Cook County.....	J. A. Weiss.....	26	907	23	17	28,470	...	...	...	...	...	...	4620-5700	F
Michael Reese Hospital and Medical Center.....	N. Leshin.....	13	1,358	6	67	1,667	0	0	1	0	0	1	3900-5100	P	
Veterans Admin. Research.....	G. W. Allen.....	9	220	4	50	1,421	1	0	1	0	0	2	4480-8000	O	
University of Chicago Hospitals and Clinics.....	R. F. Naunton.....	15	1,008	7	57	12,287	2	2	2	2	0	8	4200-5800	O	
University of Illinois Affiliated Hospitals.....	F. L. Lederer.....	...	...	...	...	...	0	4	6	6	0	16	...	...
Illinois Eye and Ear Infirmary.....	F. L. Lederer.....	21	1,451	6	50	31,699	...	...	...	...	...	...	...	...
Presbyterian-St. Luke's.....	S. A. Friedberg.....	18	1,059	3	100	2,975	...	...	...	...	...	...	4000-4600	P
University of Illinois Research and Educational Hospitals.....	F. L. Lederer.....	12	687	7	85	8,694	...	...	...	...	...	...	3900-4800	P
Illnes															
Veterans Admin. ¹⁸¹	B. J. Soboroff.....	24	706	14	79	8,278	2	0	2	2	0	6	4480-6910	O	
INDIANA															
Indianapolis															
Indiana University Medical Center.....	D. E. Brown.....	...	...	...	...	...	3	3	3	0	0	9	...	...
Indiana University Hospitals.....	D. E. Brown.....	10	662	8	25	6,118	...	...	...	...	...	...	3575-4375	P
Marion County General.....	R. E. Lingeman.....	10	183	7	43	4,590	...	...	...	...	...	...	3863-4854	P
Methodist Hospital of Indiana.....	D. E. Brown.....	16	2,795†	4	25	468	...	...	...	...	...	...	...	...
Veterans Admin.....	D. E. Brown.....	9	102	3	66	626	...	...	...	...	...	...	4480-8000	O
IOWA															
Iowa City															
State University of Iowa Affiliated Hospitals... University Hospitals.....	B. F. McCabe.....	67	3,502	22	45	22,324	5	5	5	5	5	25	4000-5500	P	
Veterans Admin.....	F. D. Staab.....	12	830	0	0	1,791	...	...	...	...	...	...	...	...
KANSAS															
Kansas City															
University of Kansas Medical Center.....	G. O. Proud.....	10	763	2	50	10,783	2	2	1	1	0	6	3240-3600	P	
Veterans Admin. (Kansas City, Mo.).....	H. A. Knauff.....	12	322	12	50	1,143	...	...	...	...	...	...	4480-6260	O
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals.... Louisville General.....	G. I. Uhde.....	...	...	...	...	...	4	4	2	1	0	11	...	...
Veterans Admin.....	H. Oppenheim.....	7	214	3	33	790	...	...	...	...	...	...	4165-6910	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division.....	I. M. Blatt.....	14	670	1	100	9,819	8	2700-3600	F
Tulane University Division.....	H. G. Tabb.....	13	916	6	17	9,164	8	2700-3600	F
Eye, Ear, Nose and Throat.....	H. Tabb.....	5	636	3	0	8,925	0	2	2	1	0	5	2400-3000	F	
Shreveport															
Confederate Memorial Medical Center.....	J. W. Pou.....	13	1,027	9	34	4,412	1	1	1	1	0	4	2700-4500	F	
MARYLAND															
Baltimore															
Johns Hopkins Affiliated Hospitals Program... Johns Hopkins.....	J. E. Bordley.....	26	1,853†	1	0	21,642	3	3	3	3	3	15†	3500-...	P	
Baltimore City Hospitals.....	J. E. Bordley.....	...	...	...	...	3,497	...	...	...	...	...	...	...	...
Greater Baltimore Medical Center.....	A. P. Wenger.....	5	323	0	0	1,631	...	...	...	...	...	...	6300-7200	P
University of Maryland Affiliated Hospitals.... University.....	C. L. Blanchard.....	14	882	11	60	6,902	3	3	3	3	0	12	3800-5000	P	
Baltimore Eye, Ear and Throat Charity.....	.....	25	2,570	2	0	6,948	...	...	...	...	...	...	4200-5400	...
MASSACHUSETTS															
Boston															
Boston City.....	A. J. Gorney.....	25	1,174	13	23	19,974	0	2	2	2	0	6†	4200-5400	O	
Boston University Affiliated Hospitals... University.....	M. S. Strong.....	9	455	2	50	1,266	0	2	2	2	0	6	4200-5400	O	
Lahey Clinic.....	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Jamaica Plain).....	.....	7	245	1	100	1,258	...	...	...	...	...	...	4480-8000	O
Massachusetts Eye and Ear Infirmary.....	H. F. Schuknecht.....	152	4,781	10	20	21,439	5	5	5	0	0	15	3600-4800	P	
MICHIGAN															
Ann Arbor															
University.....	W. P. Work.....	24	1,034	13	33	11,208	4	4	4	4	0	16	3840-5451	O	
Detroit															
Henry Ford.....	J. L. Dill.....	18	1,271	3	67	28,190	2	2	2	2	0	8	4800-6000	P	
Wayne State University Affiliated Hospitals... Children's.....	G. J. Beekhuis.....	...	...	...	...	...	2	2	2	0	0	6	...	...
Detroit General.....	L. G. Waggoner.....	4	769	0	0	1,443	...	...	...	...	...	...	5800-6200	P
Harper.....	G. J. Beekhuis.....	8	753	...	...	8,102	...	...	...	...	...	...	3900-6000	FP
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals... Hennepin County General.....	L. R. Boies.....	6	424	1	...	3,432	4	4	4	4	0	16	4500-6500	P	
University of Minnesota Hospitals.....	M. E. Sigel.....	8	496	4	100	6,813	...	...	...	...	...	...	4500-6665	O
Veterans Admin.....	H. Williams.....	20	452	9	66	2,454	...	...	...	...	...	...	4480-8000	O
St. Paul-Ramsey (St. Paul).....	A. Hohmann.....	6	370	3	66	3,676	...	...	...	...	...	...	4500-6000	P

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MINNESOTA—Continued														
Rochester														
Mayo Graduate School of Medicine ²⁰⁹	K. M. Simonton	33	1,289	1	0	52,188	4	4	4	4	0	16	3600-4800	P
Rochester Methodist														
St. Mary's														
St. Paul														
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	G. E. Arnold						0	2	2	2	0	6		
University		5	329	2	50	2,454							3600-4500	O
Veterans Admin.		8	121	6	67	2,108							4480-6910	O
MISSOURI														
Kansas City														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Homer G. Phillips	J. W. West	10	349	10	22	3,768	2	2	2	0	0	6	4584-5849	P
St. Louis University Group of Hospitals	W. Harkins	12	1,455	3	66	3,645	0	1	1	1	0	3	4440-4680	O
Washington University Hospitals							5	5	5	5	5	25		
Barnes	J. H. Ogura	39	3,254	16	63	8,388							3900-4500	O
Veterans Admin.	J. H. Ogura													
NEW JERSEY														
Newark														
United Hospitals of Newark, Eye and Ear Infirmary-Newark City	W. F. Keim						2	2	2	0	0	6		
United Hospitals of Newark, Eye and Ear Infirmary	E. Cardwell, W. F. Keim	15	1,585	16	37	4,034							4300-5700	F
Newark City	W. F. Keim	13	541	20	50	3,851							4450-5850	
NEW YORK														
Albany														
Albany Medical Center ²⁷⁷	F. Goffin	9	613	3	67	1,570	1	1	1	0	0	3	4000-6260	P
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	E. Rock						3	1	1	0	0	5		
Bronx Municipal Hospital Center		18	600	1	0	5,500							5580-6220	FP
Hospital of the Albert Einstein College of Medicine														
Lincoln														
Brooklyn Eye and Ear	I. Kuritzky	44	6,227	5	20	29,364	3	3	3	0	0	9	4740-6160	F
Long Island College	I. A. Polisar	5	647	1	0	1,775	1	0	1	1	0	3	3600-4800	F
Manhattan Eye, Ear and Throat	R. J. Bellucci	53	4,986	6	50	41,445	5	5	5	0	0	15	4000-6250	P
Mount Sinai Hospital Training Program	J. L. Goldman						3	4	3	2	0	12	4200-5400	P
Mount Sinai		34	2,208	2	50	8,642							4500-6000	FP
City Hospital Center at Elmhurst		9	455	3	67	5,065							5400-6900	FP
New York Eye and Ear Infirmary	D. G. Voorhees	27	2,957	4	0	25,983	5	5	5	0	0	15	3600-4800	P
New York	J. A. Moore	17	1,631	1	0	9,104	1	1	1	2	0	5	4000-7000	P
New York University Affiliated Hospitals	J. F. Daly						4	4	4	4	0	16		
Bellevue Hospital Center, Division IV	J. F. Daly	33	1,275	9	56	22,969							4740-6160	FP
University	J. F. Daly	15	882	3	67									
Veterans Admin. (Manhattan)	F. Kwok	16	370	12	50								6500-8000	O
Presbyterian	D. C. Baker	27	2,090	4	50	16,413	3	3	2	0	0	8	5100-6000	O
St. Luke's Hospital Center	S. Whitfield	13	1,097	6	17	8,530	1	1	1	0	0	3	5000-6000	P
State University-Kings County Medical Center ²⁹¹	L. A. Mazzarella						3	3	3	3	0	12		
Kings County Hospital Center	L. A. Mazzarella	37	1,157	11	20	10,898							4740-6160	FP
State University														
Veterans Admin. (Bronx) ²⁹⁰	H. Kolson	20	456	9	55	2,898	1	1	1	0	0	3	6500-8000	O
Rochester														
Strong Memorial Hospital of the University of Rochester ³¹⁸	J. P. Frazer	9	921			3,665	2	2	2	2	0	8	3600-5400	O
Syracuse														
State University of New York Upstate Medical Center	G. Reed	22	2,130	18	61	4,756	0	3	3	2	0	8	4488-5391	O
Veterans Admin.	D. L. Poushter	7	157	13	69	746							4480-6910	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. D. Fischer	11	724†	2	50	6,596	1	1	1	0	0	3	3190-8000	O
Durham														
Duke University Affiliated Hospitals	W. R. Hudson						2	2	2	2	0	8		
Duke		13	887	3	66	6,453							3900-4800	P
Veterans Admin.		10	346	0	0								4480-8000	O
Winston-Salem														
North Carolina Baptist Hospitals	J. Harrill	10	798	5	60	7,950	1	1	1	1	0	4	3000-4000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group														
Cincinnati General ³²⁴	V. Fischbach	18	806	12	50	5,994	3	3	3	1	0	10	3600-4800	F
Cleveland														
Cleveland Clinic ³⁴³	H. E. Harris	10	702	5	20	13,212	2	3	2	0	0	7	3900-4500	P
Cleveland Metropolitan General	S. C. Missal	4	265	5	40	4,135	0	1	1	1	0	3	4500-6460	P
St. Luke's	F. Alexander	17	2,412	8	57	2,383	1	1	1	1	0	4	4800-6600	P
University Hospitals of Cleveland	W. H. Maloney	12	1,315	1	100	3,468	2	2	2	0	0	6	4200-5400	P
Veterans Admin.		15	255†	8	75	372							4480-6260	P
Columbus														
Ohio State University Affiliated Hospitals	W. H. Saunders						3	3	3	3	0	12		
Ohio State University Hospitals		8	500	0	0	8,000							4200-6300	P
Children's		22	3,992	1	100	2,019								

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	J. B. Snow	11	596	4	25	5,868	0	2	2	2	0	6†	5150-6650	P
University of Oklahoma Hospitals		12	274	5	60	2,484								
Veterans Admin.														
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	D. D. DeWeese	16	1,084	9	100	7,647	3	3	3	3	0	12	3000-3600	F
Veterans Admin.	T. G. Ten Eyck	10	220	1	100	1,535							5310-8000	P
PENNSYLVANIA														
Danville														
Geisinger Medical Center	J. M. Cole	20	1,941	4	25	19,202	2	2	2	2	0	8	4800-5700	P
Philadelphia														
Hospital of the University of Pennsylvania	P. A. Marden	10	834	3	67	3,668	2	2	2	2	0	8	1800-3000	O
Jefferson Medical College ³⁵¹	F. Harbert	48	9	63	30	50	3	3	3	3	1	13	3800-4700	O
Temple University	B. J. Ronis	30	1,392	9	44	4,441	3	3	3	0	0	9	3600-4500	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	R. E. Jordan						3	3	4	5	0	15	4600-5400	
Eye and Ear Hospital of Pittsburgh	R. E. Jordan													
Veterans Admin.	C. S. Dimling	17	310	15	47								4180-8000	O
Mercy	J. T. Dickinson	35	2,650	17	47	2,164	1	2	1	1	0	5	5400-6300	P
PUERTO RICO														
San Juan														
San Juan City	J. Pico	15	816	2	50	6,478	3	3	3	0	0	9	5700-6900	
RHODE ISLAND														
Providence														
Rhode Island	R. W. Pearson	22	3,367	13	8	3,184	1	1	1	1	0	4	4600-6000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	R. Hanckel	8	679	4	25	2,744	0	2	2	2	0	6	2910-4500	FP
TENNESSEE														
Memphis														
City of Memphis Hospitals	S. H. Sanders	15	447	7	43	7,714	3	2	2	2	0	9	3660-3780	F
Veterans Admin.	T. A. Maguda	24	505	6	83	4,607	1	1	1	0	0	3	4480-8000	O
Nashville														
Vanderbilt University	P. H. Ward	5	478	0	0	2,342	2	2	2	0	0	6	3000-3600	P
TEXAS														
Dallas														
Parkland Memorial	C. D. Winborn	4	386	5	60	4,676	0	2	1	1	0	4	3480-4080	P
Veterans Admin.	D. A. Corgill	35	721	15	40	5,911	0	3	3	3	0	9	4480-6910	P
Galveston														
University of Texas Medical Branch Hospitals	J. M. Robinson	9	518	2	50	3,043	1	1	1	0	0	3	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	H. H. Harris						0	4	4	4	0	12		
Ben Taub General		8	419	4	25	5,774							3300-4200	O
Methodist		11	1,444	1	0	391							4500-5400	P
Veterans Admin.		14	294	12	17	2,904							4480-6910	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	D. A. Dolowitz						1	1	1	1	0	4		
University		10	404	0	0	5,018							4200-6000	P
Veterans Admin.													5310-6910	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. C. Morrow						1	1	1	1	0	4		
DeGoesbriand Memorial		3	459	1	100	1,180							4000-6800	P
Mary Fletcher		7	674	5	80	1,154							4500-7300	O
VIRGINIA														
Charlottesville														
University of Virginia	G. S. Fitz-Hugh	20	1,165	3	0	5,479	0	2	2	2	0	6	4200-5400	O
Richmond														
Medical College of Virginia Affiliated Hospitals	P. N. Pastore													
Medical College of Virginia—Hospital														
Division		18	1,729	3		10,737	4	4	4	4	2	18†	2100-3300	F
Veterans Admin.		12	278	3	66	1,759							4480-8000	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	J. A. Donaldson						3	3	3	0	0	9		
University	J. A. Donaldson		55†			338							3660-6540	P
Children's Orthopedic Hospital and Medical Center	A. J. Novack	4	832	0	0	848							3660-5940	O
U. S. Public Health Service	A. L. Cain	6	463	0	0	6,571								
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	P. M. Sprinkle	15	324	0	0	3,936	2	2	2	0	0	6	3680-5480	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. Bennett						2	2	2	0	0	6		
University Hospitals		12	653	5	60	4,753							3800-5800	P
Madison General		14	1,724†										3800-5800	P
Veterans Admin.		3	83	3	100	350							6260-6260	P
Milwaukee														
Veterans Admin. (Wood) ³⁸²	R. H. Lehman	20	302	20	60	10,192	3	3	3	3	0	12	4480-6910	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

16. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A—pathologic anatomy only; C—clinical pathology only; P—pathologic anatomy and clinical pathology; SP—special pathology is a separate category. Programs, 689; Residencies, 3,808

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	R. W. Morissey	287	1,344,592	12,063	12,063	4P	1	2	0	2	0	5		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. R. Beck	5,201	538,701	229	229	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver ¹⁴²	P. A. Palmer	164	461,443	3,887	3,880	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington	E. B. Helwig	15,935		30,127	30,127	1A	0	0	10	10	0	20		
Walter Reed General, Washington	P. C. LeGolvan	381	1,833,655	8,923	8,923	4P	3	3	3	3	0	12		
HAWAII														
Tripler General, Honolulu	S. M. Dozier	262	626,526	8,452	8,439	4P	2	2	2	2	0	8		
TEXAS														
William Beaumont General, El Paso	G. D. Lundberg	245	1,056,000	5,633	5,222	4P	1	2	1	2	0	6		
Brooke General, San Antonio	H. B. Hoefler	419	1,166,905	6,311	6,290	4P	2	2	2	2	0	8		
WASHINGTON														
Madigan General, Tacoma	H. F. Sproat	162	1,242,757	6,256	6,133	4P	1	1	1	1	0	4		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	D. B. Rulon	181	426,153	6,954	6,600	4P	1	1	1	1	0	4		
U. S. Naval, San Diego	R. M. Dimmette	458	1,125,255	14,306	12,200	4P	2	2	2	2	0	8		
MARYLAND														
U. S. Naval, Bethesda	J. Humes	349	753,655	7,665	7,665	4P	2	2	2	2	0	8		
NEW YORK														
U. S. Naval, St. Albans	J. E. Szakacs	124	511,130	5,668	5,668	4P	2	1	2	1	0	6		
PENNSYLVANIA														
U. S. Naval, Philadelphia	J. E. Wilson	276	418,227	4,965	4,485	4P	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans	A. L. Steplock	202	335,305	4,921	4,921	4P	1	1	1	1	0	4		
MARYLAND														
U. S. Public Health Service, Baltimore	R. Y. Katase	112	297,358	2,802	2,796	4P	2	2	2	2	0	8		
National Institutes of Health-Clinical Center, Bethesda	G. Williams, H. Stewart	229	1,060,440	4,329	4,329	4P						14		
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	R. A. Jordan	117	534,558	4,564	4,218	4P	2	1	1	1	0	5		
WASHINGTON														
U. S. Public Health Service, Seattle—See Swedish Hospital Medical Center-U. S. Public Health Service, Seattle, Wash.														
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	C. Sampson	234	330,161	5,067	5,067	4P	1	1	1	1	0	4	6700-8400	O
St. Elizabeths, Washington	P. A. Athanasiadou	197	302,191	986	986	1A	1	1	0	0	0	2	6941-8599	O
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	L. Hieger	236	328,243	4,030	3,542	4P	1	1	1	1	0	4	8400-10900	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	A. E. Casey	253	735,344	12,097	12,097	4P	2	0	0	1	0	3	4500-6300	FP
Carraway Methodist	J. Beard	114	26,933	3,112	3,112	4P	2	0	0	0	0	2	4500-5100	P
University of Alabama Medical Center	C. H. Lupton, Jr.	663	1,371,504	9,411	9,411	4P	6	6	5	5	2	24		
University of Alabama Hospitals and Clinics	C. H. Lupton, Jr.												3840-5040	P
Veterans Admin.	B. Hathaway												4480-8000	O
Fairfield														
Lloyd Noland	H. G. Davis, Jr.	131	153,261	3,700	3,572	4P	1	1	0	0	0	2	4200-10800	FP
Mobile														
Mobile General	E. Brown	293	320,379	6,051	3,446	3A	1	1	1	0	0	3	4200-6000	FP
Tuscaloosa														
Druid City	J. S. P. Beck	109	284,414	4,631	3,432	1A	1	0	0	0	0	1		O
ARIZONA														
Phoenix														
Good Samaritan	M. Richter	297	298,873	10,702	8,570	4P	2	2	1	1	0	6	6900-7800	P
Maricopa County General	F. Vigil	278	342,222	2,987	2,806	4P	2	2	2	2	0	8	6900-8700	P
St. Joseph's	L. A. Stapley	316	293,605	8,610	5,706	4P	1	1	1	1	0	4	5400-6300	F

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARKANSAS														
Little Rock														
Arkansas Baptist Medical Center	R. A. Burger, D. E. Young	165	275,399	6,076	4,480	4P	1	1	1	0	0	3	6300-6600	P
University	T. D. Norman	401	287,050	5,452	5,452	4P	2	2	2	2	1	9	3900-10000	O
Veterans Admin. Hospitals ⁹⁶	H. L. Richardson, C. F. Shukers	293	518,763	3,473	3,473	4P						4	4480-12945	O
Veterans Admin.														
Veterans Admin. (North Little Rock)														
North Little Rock														
Veterans Admin.—See Veterans Admin. Hospitals, Little Rock														
CALIFORNIA														
Bakersfield														
Kern County General	R. W. Huntington	813	355,099	12,461	5,194	4P	1	1	1	1	0	4	6000-8400	P
Berkeley														
Herrick Memorial	W. J. Wedemeyer	125	111,848	2,629	2,403	4P	1	1	1	1	0	4	4800-6000	P
Burbank														
St. Joseph	R. Straus	171	135,562	7,759	6,169	4P	2	2	2	2	0	8	4800-9600	O
Duarte														
City of Hope Medical Center	G. D. Amromin	212	196,014	3,816	3,816	2P	0	0	0	1	1	2	6000-9600	P
Glendale														
Glendale Adventist	H. Harder	190	198,037	6,956	5,419	4P	1	1	1	1	0	4	4980-6660	P
La Jolla														
Scripps Memorial	P. L. Gausewitz					2P						2	4800-6000	O
Loma Linda														
Loma Linda University Hospital-Riverside County General	W. P. Thompson	121	300,000	4,340	3,649	4P	2	3	0	2	0	7	5582-7248	O
Loma Linda University	W. P. Thompson	257	248,033	2,090	1,781									
Riverside County General (Riverside)	G. Dybdahl													
Long Beach														
Memorial Hospital of Long Beach	E. R. Jennings	223	352,123	9,930	8,123	4P	2	0	1	2	0	5	6000-7800	P
St. Mary's Long Beach	T. Kiddie	244	232,332	6,768	4,586	4P	1	1	0	0	0	2	6000-9500	P
Veterans Admin. ¹³⁹	I. M. Reingold	792	903,808	4,509	4,173	4P	3	3	2	2	0	10	5760-12510	O
Los Angeles														
California	P. H. Jernstrom	159	111,092	6,013	4,026	4P	1	1	1	1	0	4	4320-5220	FP
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	N. Friedman	309	348,640	8,761	8,639	4P	2	2	2	2	1	9	4500-6600	P
Mount Sinai Hospital Division	L. Kaplan	133	266,314	3,707	3,296	4P	1	1	1	0	0	3	4500-7500	P
Childrens Hospital of Los Angeles	B. Landing	246	222,974	3,222	1,596	1A						4	3900-5400	O
Hospital of the Good Samaritan Medical Center	L. J. Tragerman	278	143,526	5,374	4,036	4P	1	0	1	0	0	2	4800-5600	FP
Kaiser Foundation	J. Gordon	278	1,200,000	18,500	16,000	4P	1	1	1	1	0	4	5400-7200	P
Los Angeles County General, Unit I	P. Beamer	2,192	2,663,696	19,713	15,037	4P	6	6	6	6	0	24	7200-9000	P
Queen of Angels	J. Cremin	226	134,706	5,473	4,314	4P	1	1	1	1	0	4	4200-5100	F
University of California	S. C. Madden	445	311,900	7,217	6,424	4P						15	4200-7400	O
Veterans Admin. Center-Wadsworth ¹¹²	B. G. Fishkin	852	975,121	9,294	9,179	4P	5	5	4	4	0	18	4480-8910	P
White Memorial Medical Center	O. B. Pratt	233	591,852	6,545	5,549	4P	1	1	1	1	0	4	4260-6060	P
Martinez														
Veterans Admin.	P. J. Melnick	315	260,381	2,604	2,590	4P	2	2	1	1	0	6	4480-12510	O
Mountain View														
El Camino	C. A. Peterson	154	360,932	6,914	4,778	4P	1	1	1	1	0	4	4800-8400	O
Oakland														
Children's Hospital Medical Center of Northern California	C. Witzleben	85	113,755	2,361	614	1A						1	3600-5100	FP
Highland General	R. J. Parsons	405	260,702	5,990	5,524	3A	2	1	1	0	0	4	5500-8500	P
Kaiser Foundation	N. L. Morgenstern	469	820,000	12,797	10,230	4P	1	1	1	1	0	4	4220-7110	FP
Samuel Merritt	C. P. Baker	177	212,843	6,259	5,194	4P	1	1	1	1	0	4	4092-6510	P
Orange														
Orange County General	U. T. Slager	646	493,144			4P						4	5000-7800	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	H. K. Weinbren					4P	4	4	4	3	0	15		
Palo Alto-Stanford Hospital Center	H. K. Weinbren	391	442,690	8,052	6,480								3900-5700	O
Veterans Admin.	B. Gerstl	295	582,579	4,569	4,569								4480-8000	O
Pasadena														
Huntington Memorial	D. S. Shillam	312	342,415	10,342	8,679	4P	1	1	1	1	0	4	6000-7200	FP
Redwood City														
Sequoia	S. Lindsay	140	153,879	6,369	5,962	4P						2	4200-4860	P
Riverside														
Riverside County General—See Loma Linda University Hospital-Riverside County General, Loma Linda														
Sacramento														
Mercy	S. Friedlander	113	309,311	12,208	8,491	4P	1	1	1	1	0	4	7200-9600	O
Sacramento County	R. Hardré	499	375,357	2,947	2,693	4P	1	1	1	1	0	4	7000-8460	P
Sutter Community Hospitals	C. M. Blumenfeld	240	301,495	8,897	8,449	4P	1	1	1	1	0	4	5220-6120	O
San Bernardino														
San Bernardino County General	C. H. Lee	441	234,473	5,086	4,547	4P	1	1	1	1	0	4	4200-6000	F
San Diego														
Donald N. Sharp Memorial Community	H. R. Irwin	216	251,364	9,778	7,076	4P						3	3600-5400	O
Mercy	D. DeSanto	199	271,012	17,120	13,468	4P	1	1	1	1	0	4	3840-5952	F
San Diego County-University	S. Saltzstein	649	399,784	3,228	2,733	4P	1	1	1	1	0	4	5076-7032	P
San Francisco														
Children's Hospital and Adult Medical Center	S. T. Nerenberg	145	222,430	4,115	2,010	4P						4	3900-5100	F
French	G. A. Watson	102	109,935	2,950	2,653	2P	1	1	0	0	0	2	4200-5400	FP
Kaiser Foundation	M. L. Baasis	308	533,773	10,811	9,600	4P						4	4140-7380	P
Mount Zion Hospital and Medical Center	G. R. Biskind	209	251,034	6,155	4,345	4P	1	1	1	1	0	4	4080-5540	FP
Presbyterian Medical Center	R. J. Kleinhenz	174	176,527	3,743	3,550	4P	1	1	1	1	0	4	4200-5700	P
St. Francis Memorial	L. Zundell	135	300,000	5,200	4,000	4P	1	1	0	0	0	2	3600-3600	P
St. Joseph's	C. M. McCandless	129	92,583	2,619	2,009	2P	1	1	0	0	0	2	4800-5400	FP
St. Luke's	M. B. Black	145	169,806	3,575	2,751	4P	1	1	1	1	0	4	4200-6000	FP
St. Mary's	R. A. Jeffrey	186	274,249	7,821	6,922	4P	1	1	1	1	0	4	3600-5400	F
Southern Pacific Memorial	V. L. Cull	214	235,378	4,192	3,922	4P							4800-6000	F

Numerical and other references are listed on pages 276 through 280.

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, San Francisco—Continued														
University of California Program in Pathology	H. D. Moon, O. N. Rambo	...	...	...	...	4P	6	7	9	4	0	26	...	...
H. C. Moffitt-University of California														
Hospitals	H. D. Moon, O. N. Rambo	311	244,984	7,491	7,491	...	...	...	...	...	...	...	4200-7400	O
San Francisco General	J. L. Carr, M. Pollycove	696	245,488	3,178	3,043	...	...	...	...	...	...	...	4692-7836	P
Veterans Admin.	S. H. Choy, P. R. Jensen	205	297,734	2,566	2,566	...	...	...	...	...	...	...	...	...
San Jose														
O'Connor	L. R. Grams	163	256,757	7,703	5,720	4P	1	1	1	1	0	4	4800-8400	O
Santa Clara County Hospital and Medical Center	D. L. Alcott	574	873,865	4,057	3,576	4P	2	2	2	2	0	8	4752-7380	F
San Pablo														
Brookside	G. H. DeMay, C. Rolle	141	221,268	3,886	2,841	4P	1	1	1	1	0	4	6000-6000	O
Santa Barbara														
Santa Barbara Cottage	D. R. Dickson	187	135,052	4,894	4,002	4P	1	0	0	1	0	2	3900-5700	F
Santa Monica														
St. John's	G. J. Hummer	107	193,884	9,827	8,819	2A	...	...	...	...	...	...	...	...
Stockton														
San Joaquin General	H. Schneider	415	299,126	3,558	3,142	3A	1	1	0	0	0	2	5076-6144	P
Torrance														
Los Angeles County Harbor General	D. L. Moyer	626	345,302	6,529	6,281	4P	3	3	2	2	0	10	7200-9000	P
COLORADO														
Colorado Springs														
Penrose	M. Berthrong, J. Rice	267	244,216	5,471	4,440	4P	1	1	1	1	0	4	4800-6000	FP
Denver														
Children's	E. Beatty	135	349,472	3,445	997	2P	...	...	...	...	...	2	4800-5700	P
Denver General	E. S. Johnson	908	479,877	3,883	2,858	4P	1	1	1	1	1	5	3672-5256	P
General Rose Memorial	J. Minckler	192	333,127	6,381	6,131	4P	1	1	1	1	0	4	6600-7140	P
Mercy	R. L. Hawley	157	214,042	8,198	7,901	4P	1	1	1	1	0	4	7200-8400	P
Porter Memorial	J. Denst	91	130,237	4,158	4,070	4P	1	1	1	1	0	4	3600-7200	O
Presbyterian	A. E. Lubcheno	206	251,533	5,535	4,042	4P	1	1	1	1	0	4	4200-5100	P
St. Anthony	S. K. Kurland	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph	R. E. Herrmann	171	253,126	11,778	7,106	4P	1	1	1	1	0	4	4800-6000	P
St. Luke's	H. E. Shuey	216	384,947	10,961	8,556	4P	1	1	1	1	0	4	4320-5520	P
University of Colorado Affiliated Hospitals	W. C. Black	253	241,685	9,626	7,896	4P	2	2	2	2	0	8	4200-4800	P
University of Colorado Medical Center	D. W. King	419	322,856	4,196	4,178	...	5	4	5	5	1	20	...	...
Veterans Admin.	C. W. Anthony	324	503,978	2,047	2,040	...	...	...	...	...	...	...	3500-6000	P
Pueblo														
St. Mary-Corwin	G. E. McKinnon	...	...	...	...	4P	...	...	...	...	...	...	4480-12510	...
CONNECTICUT														
Bridgeport														
Bridgeport	R. H. Pope	348	376,732	7,349	5,815	4P	1	1	1	1	0	4	3900-5700	FP
St. Vincent's	D. H. Lobdell	280	304,428	6,199	4,467	4P	1	1	1	1	0	4	5700-6600	P
Danbury														
Danbury	N. Herrera	169	212,059	4,155	3,094	4P	1	1	1	1	0	4	4200-6000	F
Derby														
Griffin	D. F. Miller	122	134,481	3,017	2,217	4P	1	0	0	0	0	1	5000-6000	F
Greenwich														
Greenwich	D. W. Benninghoff	234	155,438	5,311	4,443	4P	...	...	...	...	...	1	3300-6000	FP
Hartford														
Hartford	R. Tennant	818	570,728	14,510	13,418	4P	2	2	2	2	0	8	4200-6000	P
St. Francis	J. E. Thayer	375	433,529	10,076	9,199	4P	1	1	1	1	0	4	3900-6300	FP
Manchester														
Manchester Memorial	F. P. Becker	169	148,317	5,484	3,769	2A	1	1	0	0	0	2	5100-6500	F
Meriden														
Meriden	R. E. Katzenstein	151	216,586	3,889	2,606	1A	1	0	0	0	0	1	5000-6000	F
Middletown														
Middlesex Memorial	C. McLeod	210	143,418	4,449	3,800	4P	1	1	0	0	0	2	5146-5146	O
New Britain														
New Britain General	P. D. Rosahn	274	280,736	7,802	6,246	4P	1	1	1	1	0	4	5355-6300	F
New Haven														
Hospital of St. Raphael	R. Nesbit	245	319,778	6,454	5,730	4P	1	1	1	1	0	4	6020-6920	P
Yale-New Haven Medical Center	A. A. Liebow, D. Seligson	...	...	...	...	...	...	...	...	...	...	...	...	...
Yale-New Haven	A. A. Liebow, D. Seligson	771	730,997	12,673	10,864	4P	10	4	3	2	0	19	3900-6000	P
Veterans Admin. (West Haven)	R. Yesner	268	636,376	3,802	3,422	4P	3	1	1	1	0	6	4480-8000	...
Newington														
Veterans Admin.	R. G. Olivetti	136	168,168	1,556	1,479	2P	1	1	0	0	0	2	4480-6260	P
Norwalk														
Norwalk	R. N. Barnett	251	250,812	5,789	3,938	4P	1	1	1	1	0	4	4200-6000	F
Stamford														
Stamford	E. S. Breakel	268	292,989	3,569	2,895	4P	1	1	1	1	0	4	4080-4980	FP
Waterbury														
St. Mary's	M. E. Cox	222	289,540	4,630	3,571	4P	1	1	1	1	0	4	4200-5100	FP
Waterbury	J. O. Collins	200	287,803	6,758	6,758	4P	1	1	1	1	0	4	4200-6000	FP
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center														
Delaware Division	J. W. Howard	345	526,085	7,819	6,517	4P	1	1	1	1	0	4	5400-7800	P
Memorial Division	J. W. Abbiss	260	358,927	6,676	4,787	4P	3	1	1	1	0	6	5400-7800	P
Wilmington General Division	J. V. Casella	155	303,567	5,542	4,083	4P	1	1	1	1	0	4	4200-6600	FP
DISTRICT OF COLUMBIA														
Washington														
Children's	J. Patrick	138	252,246	1,032	1,024	1A	1	1	0	0	0	2	3420-4320	P
District of Columbia General	L. F. Misanik	957	1,413,099	4,598	4,598	4P	4	3	3	2	0	12	3800-5000	P
Doctors Hospital-Sibley Memorial	O. B. Hunter, Jr.	...	...	...	...	4P	...	...	...	...	...	...	...	...
Doctors		164	290,388	5,780	4,934	...	1	1	1	1	0	4	4800-7200	P
Sibley Memorial		204	215,067	7,046	6,397	...	1	1	1	1	0	4	4000-6000	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA, Washington—Continued														
Georgetown University	A. Golden	375	479,838	4,641	4,641	4P	2	2	2	2	0	8	4230-5630	P
George Washington University	T. M. Peery	319	432,421	9,531	9,331	4P	2	2	2	2	0	8	3900-4800	P
Providence	K. McCoy	245	351,042	7,050	6,887	4P	1	1	1	1	0	4	4200-5100	P
Veterans Admin. ¹⁸⁹	M. Matthews	248	535,000	4,200	4,200	4P						6	4480-12510	P
Washington Hospital Center	V. E. Martens	572	545,567	13,576	12,519	4P	2	2	2	2	0	8	4080-4620	P
FLORIDA														
Coral Gables														
Veterans Admin.	R. M. Clark	339	466,237	4,243	4,154	4P	1	1	1	1	0	4	4480-6910	O
Fort Lauderdale														
Broward General	R. J. Poppiti	339	397,188	6,562	4,601	4P	1	1	1	1	0	4	6000-7800	P
Gainesville														
William A. Shands Teaching Hospital and Clinics	J. L. Edwards	297	454,742	11,070	11,070	4P	4	4	4	2	1	15	3200-7000	O
Hollywood														
Memorial	J. Mickley	231	345,640	5,384	4,789	4P						2		
Jacksonville														
Baptist Memorial	A. G. Foraker	160	285,071	7,658	6,212	4P	1	1	1	1	0	4	5400-6300	O
Duval Medical Center	E. K. Miller	301	285,471	3,260	3,212	4P	1	1	1	1	0	4	5400-6300	P
St. Vincent's	C. M. Whorton	140	292,017	8,365	6,586	4P	1	1	1	1	0	4	5400-6300	P
Miami														
Baptist Hospital of Miami	W. E. Riemer	103	252,444	5,571	3,702	2P	1	1	0	0	0	2	4800-8400	F
University of Miami Affiliated Hospitals														
Jackson Memorial	W. Anderson	906	1,328,200	29,270	27,096	4P	4	4	4	4	1	17	3180-4800	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	J. Benson	285	441,600	6,162	5,468	4P	1	1	1	1	0	4	4500-6000	P
Orlando														
Florida Sanitarium and Hospital	J. Jones	155	119,003	3,143	2,396	2P	2	2	0	0	0	4	6000-6900	P
Orange Memorial	C. G. Butt	314	586,560	7,358	6,251	4P	2	2	1	1	0	6	5700-5600	P
Pensacola														
Baptist	G. V. Squires	125	160,122	5,830	3,701	4P	1	0	0	1	0	2	5100-6000	P
St. Petersburg														
Mound Park	I. C. Evans	425	454,311	8,736	6,831	4P	1	1	1	1	0	4	5584-6604	P
Tampa														
Tampa General	E. Ruffolo	638	395,447	12,404	10,608	4P	2	2	2	2	0	8	4200-7800	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	J. F. Olley	228	294,480	6,626	6,227	4P	3	2	2	1	0	8	4500-5400	P
Emory University Affiliated Hospitals	J. T. Ellis						4	4	3	3	0	14		
Emory University	J. T. Ellis	397	309,805	13,676	13,676								3600-6000	P
Veterans Admin.	J. Mendeloff	198	279,265	1,608	1,488								4480-8000	P
Grady Memorial	J. T. Ellis	613	960,919	8,428	8,428	4P	3	3	3	1	0	10	3000-4200	P
Piedmont	R. Vincenzi	126	162,262	9,499	9,499	4P	1	1	0	0	0	2	5040-5280	P
St. Joseph's Infirmary	J. T. Godwin	188	307,218	8,149	8,149	4P	1	1	1	1	0	4	5160-6200	P
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	L. D. Stoddard	304	708,812	4,310	4,310	4P	2	2	2	2	1	9	3900-7000	P
University	M. Ihnen	172	264,600	6,026	4,846	4P	1	1	1	1	0	4	3900-6000	P
Savannah														
Memorial Hospital of Chatham County	W. S. Medart	137	135,323	3,301	3,239	4P	1	0	0	1	0	2	5100-5100	F
HAWAII														
Honolulu														
Kaiser Foundation	J. G. Bennett	113	320,176	3,889	3,424	1A	1	0	0	0	0	1	7200-7200	P
Kuakini	G. Stemmermann	122	115,983	4,968	3,514	4P							6600-7200	P
Queen's	D. Will	325	328,455	7,069	6,075	4P	1	1	2	1	0	5	6600-8400	P
St. Francis	Y. K. Paik	134	168,639	3,988	3,709	4P	1	1	1	1	0	4	6600-8400	O
ILLINOIS														
Berwyn														
MacNeal Memorial	B. H. Neiman	275	311,249	7,448	5,903	4P	1	1	1	1	0	4	5400-7200	FP
Chicago														
American	W. E. Eisenstaedt													
	F. J. Bicknell	51	78,644	1,473	1,387	2P	1	1	0	0	0	2	4800-4800	F
Augustana	G. Milles	172	251,001	3,366	3,058	4P	0	1	1	0	0	2	7500-7500	F
Children's Memorial	J. Boggs	177	230,543	1,609	1,609	2P	2	0	0	0	0	2	3900-5100	P
Columbus	E. F. Hirsch	212	400,837	6,002	5,478	4P	1	1	1	1	0	4	5700-6600	F
Cook County	P. B. Szanto	2,321	1,154,649	27,565	27,402	4P	8	4	2	2	0	16	4820-7620	F
Edgewater	L. G. Gamboa	150	192,363	5,017	4,859	4P	2	1	1	0	0	4	6600-7200	F
Englewood	M. Swerdlow	62	72,455	1,684	1,253	2P	1	1	0	0	0	2	4800-4800	F
Grant	C. Mason	128	189,900	5,205		4P	1	1	1	1	0	4	5400-5400	P
Illinois Central	W. P. Mavrelis	114	113,262	4,269	3,469	1A	1	1	0	0	0	1	5856-5978	FP
Illinois Masonic	G. Gyori	287	480,021	5,769	5,301	4P	1	1	1	1	0	4	6000-7200	FP
Jackson Park	M. A. Swerdlow	75	128,948	2,157	1,875	2P	1	1	0	0	0	2	5400-6000	F
Louis A. Weiss Memorial	W. Drwiega	138	246,166	4,249	4,118	4P	4	0	0	0	0	4	6600-6900	P
Mercy Medical Center	G. W. Changus	146	369,957	4,802	4,802	4P	2	2	1	1	0	6	4500-5400	P
Michael Reese Hospital and Medical Center	C. Pirani	542	1,480,510	10,825	9,342	4P	2	2	3	3	2	12†	3900-6000	P
Mount Sinai	A. I. Rubenstone	255	564,773	4,831	4,420	4P	3	3	3	3	0	12	4600-6100	P
Northwestern University Medical Center	W. B. Wartman													
Chicago Wesley Memorial	T. Laipply	366	449,458	13,378	13,378	4P	2	2	2	2	0	8		P
Passavant Memorial	W. Wartman, J. Sherrick	152	283,003	4,343	4,343	4P	1	1	1	0	0	3	3900-4800	P
Veterans Admin. Research	H. Yokoo	350	486,287	2,800	2,800	4P	2	0	0	1	0	3	4480-8000	O
Evanston (Evanston)	C. B. Taylor	283	402,096	6,415	5,452	4P	1	1	1	1	0	4	3300-4200	P
Presbyterian-St. Luke's	G. M. Hass	510	865,582	9,561	8,898	4P	2	2	1	2	2	9	4800-8000	P
Ravenswood	H. H. Hetz	117	181,786	5,830	5,398	1A	1	0	0	0	0	1	6352-6352	P
St. Anne's	J. B. Hartney	161	273,682	5,001	4,736	4P	1	1	1	1	0	4	6600-8600	O
St. Joseph	J. Kraft	156	228,043	4,813	4,453	4P	1	1	1	1	0	4	5400-6300	F
St. Mary of Nazareth	M. C. Godwin	119	105,225	4,295	3,391	1A	2	0	0	0	0	2	6800-7200	P
Swedish Covenant	J. B. McCormick	127	153,231	2,867	2,346	4P	1	2	0	0	0	3	4900-6000	F
University of Chicago Hospitals and Clinics	R. W. Wissler	398	1,115,411	7,796	7,646	4P	2	3	4	3	0	12	4200-5800	O
University of Illinois Research and Educational Hospitals	C. A. Krakower	368	1,268,938	15,396	15,396	4P	3	3	3	1	0	10	3900-4800	P
Veterans Admin. (West Side)	B. Chomet	321	733,600	2,593	2,578	4P	2	0	1	1	0	4	4480-12510	O

Numerical and other references are listed on pages 276 through 280.

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	O'w Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS,—Continued														
Decatur														
Decatur and Macon County	O. C. Brosius	203	217,746	5,530	4,145	4P	0	6	0	0	0	6	5100-6900	F
Des Plaines														
Holy Family	R. C. Greene					2P								
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
St. Francis	G. A. Nedzel	245	190,718	5,928	4,426	4P						4	6780-7020	FP
Hines														
Veterans Admin. ¹⁸⁴	M. E. Rubnitz	796	961,550	4,917	4,739	4P	3	3	3	3	0	12	4480-6910	O
Oak Park														
West Suburban	G. Kent, F. I. Volini	281	237,744	6,258	5,498	4P	2	1	0	1	0	4	5800-7600	O
Park Ridge														
Lutheran General	J. Valaitis	260	305,787	5,513	4,108	4P	1	1	1	1	0	4	4800-7200	P
Peoria														
Methodist Hospital of Central Illinois	H. I. Brown	291	228,440	5,731	4,621	4P	1	1	1	1	0	4	5400-7200	F
St. Francis	K. R. Sohberg	319	335,829	5,752	5,696	4P	2	1	2	1	0	6	5100-6000	F
Rockford														
Rockford Memorial	M. O. Alexander	261	248,000	4,881	3,780	4P	2	0	0	0	0	2		F
St. Anthony	A. R. K. Matthews	202	164,784	4,345	4,065	4P	1	1	1	1	0	4	4800-7200	P
Urbana														
Carle Memorial						1A								
INDIANA														
Elkhart														
Elkhart General—See South Bend Medical Foundation Hospitals, South Bend														
Evansville														
St. Mary's	F. Porro	162	211,739	5,224	3,677	2P	1	1	0	0	0	2	5400-6000	P
Fort Wayne														
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	203	245,562	11,438	9,907	4P	2	1	1	1	0	5	5400-7000	P
Gary														
Methodist	W. P. Loh	217	218,890	8,011	6,513	4P	1	1	1	1	0	4	5000-7200	FP
Indianapolis														
Indiana University Medical Center														
Indiana University Hospitals	F. Vellios	426	869,015	5,900	5,900	4P	3	3	3	3	0	12	4000-6000	P
Marion County General	T. A. Randall	685	343,968	3,344	3,285	4P	1	1	1	1	0	4	3863-6000	P
Methodist Hospital of Indiana	L. H. Hoyt	552	1,437,623	21,891	14,061	4P	2	2	2	2	0	8	5400-6660	P
St. Vincent's	L. N. Foster	225	423,484	6,566	5,641	4P	1	1	1	1	0	4	5700-7500	P
Veterans Admin.	D. Rosenbaum	372	334,427	7,783	7,783	2P	1	1	0	0	0	2	4480-8000	O
Lafayette														
St. Elizabeth	H. T. Russell	132	170,490	4,411	3,471	4P	1	1	1	1	0	4	4800-4800	F
Mishawaka														
St. Joseph—See South Bend Medical Foundation Hospitals, South Bend														
Muncie														
Ball Memorial	L. G. Montgomery	311	176,715	8,979	6,747	4P	1	1		1	0	4	5700-6600	P
South Bend														
South Bend Medical Foundation Hospitals	J. R. Bennett	548	526,439	17,946	13,070	4P	2	2	2	2	0	8	6000-6600	O
Elkhart General (Elkhart)														
St. Joseph (Mishawaka)														
Memorial Hospital of South Bend														
St. Joseph's														
IOWA														
Cedar Rapids														
St. Luke's Methodist	R. F. Looker	234	350,419	7,733	4,750	4P	1	1	1	1	0	4	5700-6600	F
Des Moines														
Iowa Methodist	J. W. Green	248	267,066	8,320	6,806	4P	1	1	1	1	0	4	6300-7200	F
Mercy	J. Song	123	207,736	4,303	4,228	4P	1	1	1	1	1	5	6300-7200	F
Veterans Admin.	T. E. Corcoran	174	239,777	2,778	2,778	1A	1	0	0	0	0	1	4480-8000	P
Iowa City														
University Hospitals	E. D. Warner	589	750,289	11,158	11,158	4P	3	3	3	3	0	14†	4000-5500	P
Veterans Admin.	K. R. Cross	271	345,142	2,075	1,912	4P	1	1	1	1	0	4	4480-8000	O
KANSAS														
Halstead														
Halstead						2P								
Kansas City														
University of Kansas Medical Center	J. Carter	504	1,009,164	10,695	7,820	4P	4	4	4	4	4	20	4000-6000	P
Veterans Admin. (Kansas City, Mo.)	H. P. Fink	355	538,906	2,735	2,434	4P							4480-6910	O
Wichita														
St. Francis	W. P. Callahan	415	1,183,269	12,380	9,282	4P	1	1	1	1	0	4	5400-6300	F
St. Joseph Hospital and Rehabilitation Center-Veterans Admin.	W. J. Reals					4P	1	1	1	1	0	4		
St. Joseph Hospital and Rehabilitation Center	W. J. Reals	215	262,108	7,858	6,554								5400-6120	P
Veterans Admin.	M. Barnes	113	175,144	1,024	999								5310-6910	O
Wesley Medical Center	B. E. Stofor	205	555,072	11,924	8,977	4P	1	1	1	1	0	4	5400-6300	F
KENTUCKY														
Covington														
St. Elizabeth	R. J. Ritterhoff	138	146,848	5,603	4,527	1A						2	3900-5700	P
Harlan														
Harlan Appalachian Regional	J. J. Salter	199	89,065	4,305	3,766	4P	1	1	1	1	0	4	6400-8800	P
Lexington														
St. Joseph	J. T. McClellan	137	322,576	7,846	7,846	1A	1	0	0	0	0	1	3960-4560	P
University	W. B. Stewart	240	369,200	5,100	5,100	4P	1	1	1	1	0	4	3960-6360	P
Louisville														
University of Louisville Affiliated Hospitals	W. M. Christopherson					4P	2	2	3	1	1	9		
Children's		80	98,289	1,630	643									
Louisville General		554	618,858	5,651	5,651								4300-	P
Veterans Admin.	W. G. Broghamer	251	293,415	2,805	2,770	4P						4	4480-12510	O

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	E. Moss, C. E. Dunlap													
Ochsner Foundation	J. P. Strong	1,865	1,194,575	15,809	15,809	4P					16	2700-3600	F	
Ochsner Foundation	G. M. Carrera	221	530,280	7,723	7,723	4P	1	1	1	0	4	3300-4200	P	
Southern Baptist	M. Beeler	221	530,280	7,723	7,723	3C	1	1	1	0	3	3300-3900	P	
Touro Infirmary	S. R. Staggers	248	558,622	15,575	15,575	4P	1	1	1	1	0	4	4800-5400	P
Veterans Admin.	A. I. Hertzog	224	313,214	7,045	7,045	4P	1	1	1	1	0	4	4500-5400	P
	J. Ziskind	286	392,303	2,313	2,298	4P	1	1	1	1	0	4	4480-13380	O
Shreveport														
Confederate Memorial Medical Center	W. R. Mathews	355	447,104	6,538	6,538	4P	1	1	1	1	0	4	2700-4500	F
MAINE														
Bangor														
Eastern Maine General	R. C. Wadsworth	183	190,060	9,063	7,055	3A	2	1	0	0	0	3	4000-4500	F
Lewiston														
Central Maine General	C. F. Branch	248	95,577	6,661	6,300	4P	1	0	0	0	0	1	6000-7800	F
Portland														
Maine Medical Center	J. E. Porter	323	392,935	6,327	4,976	4P	1	1	1	1	0	4	3300-4920	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	A. D. Pollack	622	566,796	4,982	4,982	4P	2	2	1	1	1	7	4500-6500	O
Johns Hopkins	I. L. Bennctt	764	1,019,095	15,127	15,127	3A	4	3	3	1	1	12	3300	P
Maryland General	W. B. King, Jr.	184	514,438	9,008	7,770	4P	1	1	0	0	0	2	6100-6400	P
Mersey	W. Merkel, R. Lancaster	169	716,072	8,355	7,524	3A	1	1	0	0	0	2	6300-6300	P
Provident	H. L. Tseng	81	137,062	2,195	1,880	1A	1	0	0	0	0	1	5400-5400	F
St. Agnes	E. M. Rehak	169	292,396	9,090	9,069	3A	2	1	0	0	0	3	6300-6900	P
St. Joseph	W. B. VandeGrift	103	214,533	5,758	4,772	1A	1	1	0	0	0	2	6240-6480	P
Sinai Hospital of Baltimore	T. Weinberg	351	566,829	21,372	20,052	4P	3	2	2	2	0	9†	5000-6500	P
Union Memorial	F. H. Shipkey	309	369,000	7,543	7,361	4P	1	1	1	1	0	4	6240-7200	P
University	H. I. Firminger	375	605,955	9,428	8,880	4P	2	4	2	2	0	10	4000-5800	P
Bethesda														
Suburban	J. S. Shaver	334	400,244	6,325	4,686	4P	1	1	1	1	0	4	3720-4620	F
Cheverly														
Prince George's General	C. J. Burns	512	275,298	6,161	5,759	2P						2	3900-4200	F
MASSACHUSETTS														
Beverly														
Beverly	R. Fienberg	165	201,157	2,224	2,224	4P	1	0	0	1	0	2	3600-4200	F
Boston														
Beth Israel ²⁹	D. Freiman	270	360,000	5,748	5,748	4P	2	2	1	1	0	6	3600-6000	O
Boston City ²⁹	S. L. Robbins	1,078	128,573	8,201	8,047	4P	6	6	3	3	0	18	3600-5400	O
Boston Lying-in Hospital														
for Women ²⁹	J. M. Craig					1A	2	0	0	0	0	2	4800-6000	P
Boston Lying-in ³⁰		65	147,680	6,690	6,690									
Free Hospital For Women (Brookline)		32	25,829	5,476	5,476									
Carney	H. J. Christian	212	324,374	5,032	4,354	4P	1	1	1	1	0	4	5522-7020	P
Children's Hospital Medical Center	S. Farber	280	184,788	2,418	2,410	2P	3	1	2	4	2	12	1200-5250	F
Faulkner	P. M. LeCompte	135	97,658	4,383	3,929	2P	1	1	1	0	0	1	3500-4500	F
Lemuel Shattuck ⁴⁰	G. W. Curtis	194	178,364	869	869	SP	3	0	0	0	0	3	4414-5538	P
Massachusetts General ²⁹	B. Castleman	1,162	15,812	16,401	16,401	4P	3	3	3	3	0	12	3600-5400	O
New England Deaconess	W. A. Meissner	373	456,378	11,216	10,547	4P						12	3600-6000	O
New England Medical Center Hospitals	H. E. MacMahon	265	852,162	4,007	3,975	2A	2	1	1	0	0	4	3600-6000	O
Peter Bent Brigham ²⁹⁻²²⁴	G. J. Dammin	384	427,939	4,367	4,367	3A	3	3	2	0	0	8	3600-6000	P
St. Elizabeth's	J. H. Graham	196	249,315	7,093	6,344	4P	2	2	2	2	0	8	3600-5400	F
University	I. Gore	120	232,547	5,583	5,533	4P	1	1	1	1	1	5	3600-6000	O
Veterans Admin. (Jamaica Plain)	R. A. Cote	486	646,735	4,550	4,550	4P	2	2	2	2	0	8	4480-8000	O
Veterans Admin. (West Roxbury)	H. J. White	120	278,819	1,648	1,648	2P	1	1	1	1	0	4	4480-8000	O
Brockton														
Brockton	G. R. Dickersin	116	192,167	3,797	2,636	2A	2	2	0	0	0	4	3610-3810	F
Brookline														
Free Hospital For Women—See Boston Lying-in Hospital for Women, Boston														
Cambridge														
Cambridge City	F. O. Young	166	168,309	1,794	1,769	4P						4	4235-5940	F
Mount Auburn	H. A. Bird	209	257,611	3,929	3,620	3A	2	1	1	0	0	4	3600-4800	P
Fall River														
Truesdale	W. Freeman	82	103,146	6,040	4,795	1A						2	5100-5100	F
Fitchburg														
Burbank	H. J. Sparling	127	153,359	2,504	2,504	2P	1	1	0	0	0	2	4800-8000	F
Framingham														
Framingham Union	C. G. Tedeschi	329	185,874	7,262	5,450	4P	2	2	0	0	0	4	4500-6300	F
Holyoke														
Holyoke	H. P. Wakefield	138	109,839	4,366	3,114	1A	1	0	0	0	0	1	4000-4000	F
Lawrence														
Lawrence General	L. S. Jolliffe	155	120,579	3,305	2,358	4P	2	0	0	0	0	2	4500-5400	FP
Lynn														
Lynn	H. G. Olken	207	229,775	3,689	3,689	4P	3	3	0	0	0	6	3600-8000	P
Malden														
Malden	M. MacKenzie	148	128,696	123,584	117,404	2P						2	3900-5100	F
Newton Lower Falls														
Newton-Wellesley	A. E. O'Dea	167	237,831	6,353	4,555	4P	1	1	1	1	0	4	3900-4800	P
Norfolk														
Pondville	R. L. McAuley	132	84,299	1,665	1,605	2P	0	0	1	2	0	3	4414-9594	O
Pittsfield														
Pittsfield Affiliated Hospitals	W. Beautyman	173	370,236	8,865	6,050	4P	1	1	1	1	0	4	3900-5700	F
Pittsfield General														
St. Luke's														
Quincy														
Quincy City	R. Street	128	188,418	6,506	4,554	4P	1	1	1	1	0	4	3610-4600	F
Salem														
Salem	D. A. Nickerson	160	166,858	4,445	3,949	4P	1	1	1	1	0	4	4200-6000	F
Springfield														
Springfield	W. Kaufmann	332	299,308	8,057	6,306	4P	2	2	1	1	0	6	5220-6120	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residences Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Malt-tenure	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS—Continued														
Worcester														
Memorial	R. C. Sniffen	191	185,827	4,711	4,281	3A	1	1	1	0	0	3	4200-5100	P
St. Vincent	G. Kwass	333	455,163	7,932	5,925	4P	2	1	1	1	0	5	4100-5000	P
Worcester City	W. MacGillivray	282	296,506	4,271	3,734	4P	1	1	1	1	0	4	4550-5468	FP
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	H. C. Bryant	311	367,489	9,337	9,260	4P	1	1	1	1	0	4	5400-6300	O
University of Michigan Affiliated Hospitals	A. J. French	...	...	...	...	4P	9	9	5	5	1	29	...	...
University	A. J. French	515	874,167	21,185	21,185	...	...	...	...	...	...	...	3540-5451	O
Veterans Admin.	P. W. Gikas	249	308,030	2,217	2,217	...	...	...	...	...	...	...	4480-8000	O
Wayne County General Hospital and Infirmary (Eloise)	R. W. Schmidt	338	473,599	3,460	3,460	...	...	...	...	...	...	...	6167-7667	F
Dearborn														
Oakwood—See Wayne State University Affiliated Hospitals, Detroit														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Children's	W. W. Zuelzer	209	204,814	2,318	993	1A	0	0	0	0	2	2	4800-6000	P
Grace	G. D. Stobbe	533	565,614	16,868	16,434	4P	1	1	1	1	0	4	4280-5160	FP
Henry Ford	R. C. Horn	785	1,037,112	14,454	13,889	4P	4	4	4	4	0	16	4800-6000	P
Herman Kiefer	D. Deitch	111	609,630	2,985	2,985	1A	1	0	0	0	0	1	6406-6954	P
Mount Carmel Mercy	L. W. Gardner	360	404,169	19,814	18,616	4P	2	1	2	1	0	6	5700-6600	P
Sinai Hospital of Detroit	S. D. Kobernick	197	393,797	9,430	6,075	4P	1	1	1	1	0	4	4480-5700	P
Wayne State University Affiliated Hospitals	J. D. Langston	...	...	...	...	...	9	9	6	4	0	35	...	...
William Beaumont (Royal Oak)	H. Linn	361	270,159	5,325	4,840	4P	...	...	...	...	...	...	5880-7500	P
Oakwood (Dearborn)	R. L. Mainwaring	220	394,634	7,424	7,087	4P	...	...	...	...	...	...	4800-5700	F
Veterans Admin. (Dearborn)	J. Shrager	360	495,875	3,025	3,025	4P	...	...	...	...	...	...	4480-6910	O
Detroit General	J. Chason	533	799,313	7,042	6,338	4P	...	...	...	...	...	...	5300-6200	P
Detroit Memorial	J. D. Langston	215	249,848	4,326	4,053	4P	...	...	...	...	...	...	6300-7200	P
Harper	J. R. McDonald	325	770,203	10,318	9,885	4P	...	...	...	...	...	...	3900-6000	FP
Hutzel	E. Booth	158	328,675	5,073	5,019	4P	...	...	...	...	...	...	5700-6600	O
Eloise														
Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor														
Flint														
Hurley	F. V. Hodges	436	278,294	7,500	7,300	4P	1	1	1	1	0	4	5700-7200	P
McLaren General	E. G. Murphy	147	293,194	6,189	4,993	4P	1	1	1	1	0	4	5700-6600	P
St. Joseph	W. L. Eaton	181	315,345	5,950	5,080	4P	2	1	0	0	0	3	5100-6000	F
Grand Rapids														
Blodgett Memorial	C. A. Payne	524	295,340	9,664	8,432	4P	2	2	1	1	0	6	5700-6300	P
Butterworth	J. Mann	353	293,868	10,301	8,313	4P	1	1	1	1	0	4	5700-6300	P
St. Mary's	H. E. Bowman	247	327,319	9,084	8,570	4P	1	1	1	1	0	4	5200-6000	P
Kalamazoo														
Borgess	F. Cox	186	191,751	5,133	3,857	2P	1	1	0	0	0	2	5700-6000	FP
Lansing														
Edward W. Sparrow	J. Dunkel	171	162,268	21,349	19,545	4P	1	1	1	1	0	4	6600-7800	P
St. Lawrence	L. W. Walker	136	168,464	6,381	6,381	4P	1	0	1	0	0	2	6000-7200	P
Pontiac														
Pontiac General	W. Dito	344	577,464	7,870	6,894	4P	1	1	1	1	0	4	6300-7800	FP
St. Joseph Mercy	R. E. Olsen, J. Rutzky	268	192,625	6,774	4,533	4P	1	1	1	1	0	4	6300-6900	P
Royal Oak														
William Beaumont—See Wayne State University Affiliated Hospitals, Detroit														
Saginaw														
Saginaw General	E. C. Heinmiller	121	174,250	4,410	4,294	4P	1	1	0	0	0	2	6360-7260	FP
Southfield														
Providence	E. Knights	134	133,607	3,926	3,465	4P	2	1	1	2	0	6	5700-6300	O
MINNESOTA														
Duluth														
St. Luke's	A. H. Wells	745	335,211	11,561	10,200	4P	1	1	1	1	0	4	4200-5400	FP
St. Mary's	A. C. Aufderheide	324	275,064	5,910	4,184	4P	1	1	1	1	0	4	4200-6000	P
Minneapolis														
Hennepin County General	J. I. Coe	416	474,029	4,420	3,982	4P	1	1	1	1	0	4	4500-6500	P
Mount Sinai	L. Weiss	113	362,550	3,920	3,000	2A	1	1	0	0	0	2	5880-6180	P
Northwestern	F. Lott	202	235,123	5,539	4,264	4P	4	2	1	0	0	7	5000-6000	O
St. Barnabas	W. Chadborn	173	134,095	9,576	7,727	1A	0	1	1	0	0	2	3720-4920	F
St. Mary's	W. Subby	261	296,571	6,234	4,652	4P	1	1	0	0	0	2	3600-4500	F
Swedish	A. Jay	270	337,500	7,130	5,540	3A	1	1	1	0	0	3	3720-4920	F
University of Minnesota Hospitals	E. S. Benson	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. ²⁴⁹	J. R. Dawson, Jr.	608	843,681	5,103	4,978	4P	6	5	7	0	0	18†	4500-...	PO
Rochester	D. F. Gleason	576	765,279	4,719	4,506	4P	2	2	2	2	0	8	4480-8000	O
St. Paul														
Mayo Graduate School of Medicine	J. L. Titus	969	1,614,871	36,427	36,000	4P	8	8	8	8	0	32	3600-4800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
Charles T. Miller	J. E. Edwards	126	183,337	4,961	4,218	4P	1	1	1	1	0	4	4200-6000	FP
St. Joseph's	E. James	93	177,541	5,707	5,098	1A	1	0	0	0	0	1	6000-6000	P
St. Paul-Ramsey	B. W. Lyne	420	433,127	2,014	2,014	1A	...	...	...	...	...	...	...	...
MISSISSIPPI														
Jackson														
University	W. N. Bell, J. G. Brunson	304	675,000	5,463	5,463	4P	4	3	4	3	1	15	4200-5100	O
MISSOURI														
Columbia														
University of Missouri Medical Center	F. V. Lucas	258	463,364	21,151	21,151	4P	3	3	3	3	0	12	4800-6300	P
Kansas City														
Kansas City General Hospital and Medical Center	D. Mark	360	576,875	3,286	3,004	4P	2	2	2	2	0	8	4500-6300	P
Menorah Medical Center	H. Cohen	149	212,345	4,446	3,876	4P	1	1	0	2	0	4	5400-7500	P
Research Hospital and Medical Center	H. K. B. Allebach	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph	J. M. Flynn	161	322,237	9,334	5,867	4P	1	1	1	1	0	4	3600-5400	F
St. Joseph	V. B. Buhler	241	356,428	6,605	5,545	4P	1	1	1	1	0	4	4200-6000	F

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	O P F FP
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI, Kansas City—Continued														
St. Luke's	F. C. Helwig	347	470,356	29,223	26,301	4P	2	2	1	1	0	6	5100-6600	P
St. Mary's	A. Lapi	171	508,443	6,927	5,248	4P	1	0	0	0	1	6000-8400	P	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes	P. E. Lacy	646	840,814	16,632	12,096	3A	4	4	4	3	0	15	3900-6500	O
Veterans Admin.	R. C. Ahlvin	386	407,992	3,328	3,328								4480-6260	O
DePaul	J. D. Bauer	181	292,408	6,352	5,802	4P						4	5400-7200	P
Homer G. Phillips	M. Menendez	218	431,992	3,380	3,142	3A	2	1	1	0	0	4	4584-5571	P
Jewish Hospital of St. Louis	J. Hasson	314	407,692	7,118	5,700	4P	1	1	1	1	0	4	3700-6700	P
Missouri Baptist	W. R. Platt	209	130,663	10,841	10,141	4P	1	1	1	1	0	4	4200-6000	F
St. John's Mercy	W. L. Drake, Jr.	253	308,345	6,732	4,991	4P	1	1	1	1	0	4	3600-4800	F
St. Louis City	V. Bleisch	480	615,910	3,656	3,651	4P	3	2	2	2	0	9	4583-8917	F
St. Louis University Group of Hospitals ²⁹⁸	F. Germuth	452	1,396,039	14,284	11,612	4P	4	4	4	4	0	16	3600-5400	O
St. Luke's	R. Ogilvie	238	258,195	5,823	4,717	3A	1	1	1	0	0	3	4200-5400	F
NEBRASKA														
Lincoln														
Lincoln General	H. B. Miller	83	135,317	5,862	4,614	1A	1	0	0	0	0	1	6600-6600	F
Omaha														
Bishop Clarkson Memorial	M. E. Foster	183	422,493	7,658	6,607	4P	1	1	1	1	0	4	7200-8400	O
Creighton Memorial St. Joseph's	T. L. Perrin	241	250,514	6,051	5,811	4P	2	2	2	2	0	8	4800-6000	P
Nebraska Methodist	J. R. Schenken	268	235,000	9,974	9,702	4P	2	1	2	1	1	7	6300-7200	O
University of Nebraska	C. McWhorter	83	224,218	2,120	2,120	4P	1	1	1	1	0	4	4300-5500	P
Veterans Admin.	D. M. Fitch	249	349,909	2,763	2,505	3A	1	1	1	0	0	3	4480-8000	O
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. K. House	249	233,154	4,098	3,889	4P	1	1	1	1	0	4	3400-4600	O
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ackerman	408	206,043	3,986	3,350	2A	1	1	0	0	0	2	4800-5700	F
Camden														
Our Lady of Lourdes	R. L. Breckenridge	142	214,599	4,150	3,168	4P	1	1	0	0	0	2	4800-6600	P
West Jersey	W. V. McDonnell	140	256,179	8,391	8,136	4P	1	1	1	1	0	4	5100-6600	FP
East Orange														
East Orange General	H. L. Goodman	101	128,064	3,073	2,719	1A	1	0	0	0	0	1	4800-6000	F
Veterans Admin ²⁷²	M. H. Field	531	469,161	2,305	2,305	4P	2	2	2	2	0	8	4480-8000	O
Elizabeth														
Elizabeth General Hospital and Dispensary	J. P. Gresley	134	160,755	4,700	3,543	4P	2	0	0	0	0	2	4500-5400	F
St. Elizabeth	D. H. Dreizin	176	201,250	3,523	3,515	2A	2	2	2	2	0	8	5500-7500	P
Englewood														
Englewood	S. R. Gambino	141	275,477	9,547	8,837	4P	1	1	1	1	0	4	3960-4860	F
Flemington														
Hunterdon Medical Center	E. Olmstead	127	102,148	1,801	1,320	2P	1	1	0	0	0	2	4700-5500	F
Hackensack														
Hackensack	D. E. Brown	184	266,311	6,213	5,592	4P	1	1	1	1	0	4	3900-4800	F
Hoboken														
St. Mary	A. Ehrlich	152	124,943	3,084	2,843	2A	1	1	0	0	0	2	4800-7200	F
Jersey City														
Christ	A. J. Gitlitz	129	266,187	10,372	7,835	2P	1	1	1	0	0	3	5100-6300	F
Jersey City Medical Center	A. Gnassi	348	392,348	7,576	7,576	4P	0	3	0	3	0	6	3800-6000	F
Livingston														
St. Barnabas Medical Center	W. G. Bernhard	90	185,072	4,517	913	4P	1	1	1	1	0	4	3900-4800	F
Long Branch														
Monmouth Medical Center	M. Rush	331	265,868	5,826	4,702	4P	1	1	1	1	0	4	4200-5000	F
Montclair														
Mountainside	H. H. Stumpf	230	321,418	7,164	6,824	4P	1	1	1	1	0	4	3900-4800	F
Morristown														
Morristown Memorial	H. F. Luddecke	217	387,755	7,850	7,850	4P	2	2	1	1	0	6	6000-7000	F
Mount Holly														
Burlington County Memorial	C. Catanzaro	158	190,576	3,278	3,086	1A	1	1	0	0	0	2	4200-4500	F
Neptune														
Fitkin Memorial	R. Conover	309	167,518	4,153	4,150	4P	1	0	1	0	0	2	4200-5400	F
Newark														
Newark Beth Israel	L. Goldman	219	175,317	7,106	7,106	4P	1	1	1	1	0	4	3000-3600	F
Newark City	E. H. Albano	616	710,090	4,200	4,200	3A	2	2	2	0	0	6	5000-7500	F
St. Michael	R. E. Carnes	196	289,871	3,624	3,624	4P	1	1	1	1	0	4	3900-6880	F
United Hospitals of Newark-Presbyterian	S. S. Sarkisian	152	258,192	5,588	4,862	3A	1	1	1	0	0	3	3900-4200	O
New Brunswick														
Middlesex General	S. E. Moolten	174	162,096	4,008	3,335	2P	2	0	0	0	0	2	4920-5568	P
St. Peter's General	V. Galdi	211	284,714	7,907	5,940	4P	1	1	1	1	0	4	4560-6360	F
Orange														
Orange Memorial	J. B. Gere	221	167,502	4,150	3,327	3A	1	1	1	1	0	4	4500-5100	FP
Paramus														
Bergen Pines County Hospital-Pascack Valley		391	207,375	887	869	1A	2	0	0	0	0	2	4200-4200	P
Bergen Pines County	D. J. MacPherson	42	65,568	2,836	2,551									
Pascack Valley (Westwood)	V. H. Gilson													
Passaic														
Passaic General	J. R. Gannon	116	145,111	2,946	2,865	2P	2	0	0	0	0	2	4800-5700	FP
St. Mary's	R. Brill	117	122,731	4,261	4,173	2P	1	1	0	0	0	2	5400-8400	F
Paterson														
Barnert Memorial	J. Churg	102	163,790	4,300	3,711	1A	1	1	0	0	0	2	6000-7000	O
Paterson General	J. J. Halleron	178	94,964	5,284	3,808	2P	1	1	1	1	0	4	4800-6000	F
St. Joseph's	P. Steinlauf	350	341,771	7,685	6,969	4P	1	1	1	1	0	4	7320-8220	P
Perth Amboy														
Perth Amboy General	H. Pribor	243	406,410	7,229	6,014	4P	1	1	1	1	0	4	7200-9360	P
Plainfield														
Muhlenberg	B. H. Hyun	332	406,327	6,969	6,969	4P	2	2	2	1	0	7	4020-6000	FP
Summit														
Overlook	G. L. Erdman	213	262,407	7,819	6,768	4P	1	1	1	1	0	4	5100-6900	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued														
Trenton														
Mercer	T. K. Rathmell	188	285,029	4,933	3,831	2P	1	1	0	0	0	2	2400-4200	O
St. Francis	F. Campo	218	430,985	11,514	11,260	4P	1	1	1	1	0	4	4200-5280	F
Vineland														
Newcomb	M. Solomon	92	102,920	3,267	2,988	1A	1	0	0	0	0	1	5400-7200	P
Westwood														
Pascaek Valley—See Bergen Pines County Hospital-Pascaek Valley, Paramus														
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	T. L. Chiffelle	90	293,002	3,469	2,632	4P	1	1	1	1	0	4	4200-5400	P
University of New Mexico Affiliated Hospitals	R. Stone					4P	3	3	3	2	0	11		
Bernalillo County-Indian	R. Stone	142	349,184	1,749	1,627								5500-6100	P
Veterans Admin.	W. Hentel	199	300,415	2,108	2,033								4480-8000	P
NEW YORK														
Albany														
Albany Medical Center	W. Thomas	657	754,803	7,433	7,433	4P	3	2	1	1	0	7	5000-6800	O
Bender Laboratory Hospitals	J. J. Clemmer	434	766,884	12,974	12,974	4P	0	0	0	1	0	1	6000-7200	O
A. N. Brady Memorial														
St. Peter's														
New York State Department of Health	A. H. Harris	0	301,082	4,116	4,116	1C								
Veterans Admin.	W. Thomas	412	534,757	2,152	2,141	4P	1	1	1	1	0	4	10619-12510	O
Binghamton														
Binghamton General						4P								
Bronxville														
Lawrence	J. M. Budinger	120	121,452	2,504	2,180	2P	1	1	0	0	0	2	5400-5400	F
Buffalo														
Buffalo General	J. Brennan	415	647,811	7,528	7,144	4P	2	2	2	2	0	8	4100-5000	O
Children's Hospital of Buffalo	K. Aterman	233	3,107	2,874	2,585	1A	2	1	0	0	0	3	4100-5300	P
Deaconess Hospital of Buffalo	J. Sheffer, B. Fisher	169	225,676	5,650	5,528	4P	1	1	2	1	0	5	4300-4900	F
Edward J. Meyer Memorial	D. Boehme	526	5,420	5,420	5,420	4P	2	2	2	2	0	6	4895-5870	FP
Mercy	A. Constantine	217	245,860	7,807	6,516	3A	1	0	0	0	0	1	5200-6500	P
Millard Fillmore	A. V. Postoloff	358	437,038	9,605	8,469	4P	1	1	1	1	0	4	4800-6000	P
Roswell Park Memorial Institute	J. W. Pickren	489	603,322	11,031	11,031	4P	1	1	2	2	2	8	4650-5754	O
Sisters of Charity	C. F. Becker	286	235,222	6,188	5,931	3A						2	4620-6360	FP
Veterans Admin.	G. Fazekas	309	489,967	3,020	2,869	3A	1	1	1	0	0	3	4480-6910	O
Cooperstown														
Mary Imogene Bassett	C. V. Z. Hawn	116	179,562	1,675	1,666	1A	2	0	0	0	0	2	4128-5376	P
East Meadow														
Meadowbrook	V. S. Palladino	486	792,933	4,908	4,815	4P	2	2	2	2	0	8	4859-7545	F
Elmira														
Arnot-Ogden Memorial	W. D. Kelly		260,000	4,845	3,702	1A	0	0	0	1	0	1		
Glen Cove														
Community Hospital at Glen Cove	T. Robertson	136	165,209	4,500	3,491	4P	1	0	0	1	0	2	4940-6240	P
Johnson City														
Charles S. Wilson Memorial	A. Kosinski	215	248,192	5,161	3,344	4P	1	1	1	1	0	4	4500-5100	P
Kingston														
Kingston Laboratory Hospitals	H. Derman	198	374,732	13,178	12,252	2P	1	0	0	1	0	2	5000-10000	O
Benedictine														
Kingston														
Lewiston														
Mount St. Mary's	T. T. Bronk	72	142,252	7,552	6,716	1A	1	0	0	0	0	1	5100-5100	FP
Manhasset														
North Shore	S. Gross	150	463,763	5,581	5,180	4P	1	1	1	1	0	4	4980-6220	F
Mineola														
Nassau	L. R. Ferraro	276	232,223	6,468	4,958	4P	1	1	1	1	0	4	4800-6000	P
Mount Kisco														
Northern Westchester	R. A. Fox	93	186,060	3,871	2,969	4P	3	1	0	0	0	4	4500-8000	P
Mount Vernon														
Mount Vernon	J. G. Sharnoff	151	228,532	4,983	4,785	2P	1	1	0	0	0	2	4800-5700	FP
Newburgh														
St. Luke's	T. P. B. Payne	212	189,612	4,310	3,244	1A	1	0	0	0	0	1	4800-4800	F
New Hyde Park														
Long Island Jewish Hospital Training Program	J. I. Berkman					4P								
Long Island Jewish	J. I. Berkman	232	598,675	7,427	6,927							6	4500-6250	O
Queens Hospital Center (New York City)	G. Silverman	717	1,043,926	13,261	13,261							6	4200-5220	F
New Rochelle														
New Rochelle	W. Schraft, Jr.	207	277,297	4,001	3,127	4P	1	1	1	0	0	3	3900-6500	F
New York City														
Albert Einstein College of Medicine Affiliated Hospitals														
Bronx Municipal Hospital Center	A. A. Angrist	738	1,665,783	6,632	6,632	4P	5	4	4	4	0	17	4980-6220	FP
Beckman-Downtown	C. Karpas	119	269,880	1,473	1,412	1A	2	0	0	0	0	2	5600-7100	P
Bellevue Hospital Center, Div. III—New York University	M. Kusehner, R. T. McCluskey	661	1,507,229	9,586	9,586	4P	5	5	5	5	0	20	4740-6160	FP
University		207	356,303	8,966	7,089								6680-8710	O
Beth Israel	W. Antopol	177	893,967	7,305	7,305	4P	2	2	1	1	0	6	4650-6150	P
Bronx-Lebanon Hospital Center	L. Reiner	327	365,365	6,687	6,449	4P	2	2	2	2	0	8	5000-6800	P
Brookdale Hospital Center	D. Spain	195	518,863	8,290	8,250	3A	2	0	0	0	0	2	4500-5500	P
Brooklyn-Cumberland Medical Center	J. Klavins					4P	2	2	2	2	0	8		
Brooklyn		178	217,288	4,577	3,577								5640-6660	P
Cumberland		182	286,015	2,920	2,750								5640-5640	P
City Hospital Center at Elmhurst	W. Mautner	542	675,240	3,922	3,878	4P	4	4	4	4	0	16	5400-6900	FP
Coney Island	H. Pink	384	594,097	2,823	2,823	4P	4	2	2	2	0	10	4000-6250	P
Doctors	F. C. Collier	128	159,797	3,907	3,830	1A	2	0	0	0	0	2	8004-	F
Flushing Hospital and Medical Center	I. Garrow	181	262,912	4,380	3,518	4P	1	1	1	1	0	4	4020-5000	FP
Harlem Hospital Center	T. W. Roberts	388	585,660	137,678	127,893	4P	3	3	2	2	0	10	4740-6160	FP
Hospital for Joint Diseases and Medical Center	H. D. Dorfman	58	171,179	2,865	2,565	1A	2	0	0	0	0	2	5000-5500	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Mash-temans O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Huntington	C. A. McNicol	134	238,652	7,757	5,849	2P	2	0	0	0	0	2	5200-6000	P
Jamaica	E. Khayat	230	400,000	4,500	4,500	4P	2	2	1	1	0	6	6000-7800	FP
Jewish Chronic Disease ²⁰¹	B. W. Volk	270	385,188	1,351	1,271	4P	1	1	2	1	0	5	4800-6300	F
Jewish Hospital of Brooklyn	A. Allen	323	740,223	7,208	7,143	4P	2	2	1	1	0	6	4500-6000	F
Greenpoint	L. Papadakis	103	381,161	2,147	2,140	4P	1	1	1	1	0	4	4220-5220	O
Jewish Memorial	A. Schwarz	130	205,102	2,786	2,452	4P	1	1	1	1	0	4	4200-5400	F
Knickerbocker	W. B. Ober	228	187,412	2,114	1,994	4P	1	1	0	0	0	2	4800-5100	FP
Lenox Hill	S. R. Opler	229	550,784	6,416	6,343	4P	1	1	1	1	0	4	4300-5500	F
Lincoln	H. Lepow	171	544,161	4,008	3,877	3A	2	2	2	0	0	6	4740-6160	P
Long Island College	T. G. Morrione	274	712,381	6,533	6,010	4P	1	1	1	1	0	4	4000-6250	F
Lutheran Medical Center	I. Diamond	120	135,873	3,933	3,823	2P	2	1	0	0	0	3	6000-6000	P
Maimonides Hospital of Brooklyn	A. R. Kantrowitz	369	902,925	9,991	9,921	4P	2	2	1	1	0	6	4500-6250	P
Mary Immaculate	P. Remigio	133	165,437	5,344	4,259	4P	1	1	1	1	0	4	4200-6000	FP
Memorial Hospital for Cancer and Allied Diseases—James Ewing	F. W. Foote	450	16,328	15,878	15,878	3A	0	0	11	11	11	11	7200-10500	O
Methodist Hospital of Brooklyn	B. Herr	167	289,424	4,490	4,490	2P	2	2	0	0	0	4	5000-5500	P
Misericordia-Fordham Training Program	P. E. Kalish	320	621,589	2,097	2,097	3A	1	1	1	0	0	3	5910-6930	F
Fordham	H. M. Zimmerman	477	656,320	10,501	10,501	4P	6	4	3	3	0	16	4620-6370	P
Montefiore Hospital Training Program		312	437,314	3,052	2,981	4P	1	1	1	1	0	4	4800-6000	F
Montefiore Hospital and Medical Center		591	857,737	13,228	13,228	4P	2	2	2	2	0	8	4500-6500	P
Morrisania City	A. W. Branwood	538	828,779	12,022	11,023	3A	4	4	2	1	0	11	4000-5300	P
Mount Sinai		591	857,737	13,228	13,228	4P	2	2	2	2	0	8	4500-6500	P
New York		538	828,779	12,022	11,023	3A	4	4	2	1	0	11	4000-5300	P
New York Medical College—Metropolitan Hospital Center	B. Wagner	449	75,629	6,813	5,195	4P	6	2	3	0	0	11	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals		449	75,629	6,813	5,195	4P	6	2	3	0	0	11	4200-5220	F
Unit 2—Metropolitan		449	75,629	6,813	5,195	4P	6	2	3	0	0	11	4200-5220	F
New York Polyclinic Medical School and Hospital	W. E. Finkelstein	109	190,299	4,278	4,150	3A	1	1	1	0	0	3	4700-5300	P
Presbyterian	D. G. McKay	601	922,900	11,965	11,965	4P	4	4	4	1	0	13	4800-6000	O
Francis Delafield	D. G. McKay	191	193,643	1,455	1,455	4P	1	1	1	1	0	4	4740-6160	FP
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park		271	449,820	5,718	5,508	4P	2	2	1	1	0	6	4300-6300	O
Roosevelt	R. Garret	145	258,836	4,598	4,542	2P	1	1	0	0	0	2	5400-6000	F
St. Clare's	J. M. Ravid	104	218,226	5,933	5,906	4P	1	1	0	0	0	2	5600-8000	P
St. Francis	T. Ehrenreich	115	248,967	8,174	8,174	2P	1	1	0	0	0	2	4680-5280	FP
St. John's Episcopal	C. E. Begg	273	505,203	6,467	6,467	4P	2	2	1	1	0	6	4500-6000	P
St. Luke's Hospital Center	I. Almenoff	77	192,274	3,836	3,836	2P	1	1	0	0	0	2	5100-5400	F
St. Mary's		77	192,274	3,836	3,836	2P	1	1	0	0	0	2	5100-5400	F
St. Vincent's Hospital and Medical Center of New York	A. Rottino	462	600,292	5,845	5,845	4P	1	1	1	1	0	4	6440-8000	P
St. Vincent's Hospital of the Borough of Richmond	V. Kogan	174	298,184	5,137	4,616	1A	2	0	0	0	0	2	5700-6600	P
Salvation Army Booth Memorial	A. Blaustein	158	176,884	3,669	3,669	4P	1	1	1	1	0	4	6000-7500	O
State University—Kings County Medical Center	P. J. Fitzgerald	1,155	1,505,285	11,998	11,998	4P	7	7	6	5	1	26	4740-6160	FP
Kings County Hospital Center	P. J. Fitzgerald	1,155	1,505,285	11,998	11,998	4P	7	7	6	5	1	26	4740-6160	FP
State University		1,155	1,505,285	11,998	11,998	4P	7	7	6	5	1	26	4740-6160	FP
Staten Island	V. Altmann	132	165,000	3,313	2,850	2P	2	0	0	0	0	2	6500-7700	F
Veterans Admin. (Bronx) ²⁰⁹	B. S. Gordon	444	870,841	4,293	4,293	4P	2	2	2	2	0	8	6000-12510	O
Veterans Admin. (Brooklyn)	F. A. Jimenez	363	619,941	3,799	3,799	4P	1	1	1	1	0	4	6000-8000	O
Veterans Admin. (Manhattan)	S. L. Wilens	356	659,766	4,304	4,154	4P	2	2	3	3	0	10	6000-8000	O
Wyckoff Heights	A. Statsinger	270	223,823	5,010	4,780	4P	0	0	1	0	0	1	4080-5400	F
Oceanside														
South Nassau Communities	E. Solaric	121	165,844	3,835	3,493	2P	1	1	0	0	0	2	6000-6500	P
Port Chester														
United	C. J. Alexander	134	229,779	3,760	3,760	1P	1	0	0	0	0	1	4800-6900	FP
Poughkeepsie														
St. Francis	J. Gioia	93	145,830	5,701	3,912	1A	1	0	0	0	0	1	6000-6000	F
Vassar Brothers	M. L. Dreyfus	181	198,085	6,041	3,316	4P	1	1	1	1	0	4	5400-7200	F
Rochester														
Genesee	J. N. Abbott	377	437,277	8,163	8,130	4P	1	1	1	1	0	4	4900-6400	P
Highland Hospital of Rochester	J. H. Peers	172	4,395	4,223	3,724	3A	1	1	1	0	0	3	6100-7600	P
Rochester General	M. Bohrod	415	343,155	11,580	7,178	4P	2	2	2	2	0	8	3620-5120	FP
Strong Memorial Hospital of the University of Rochester	J. L. Orbison	750	450,000	8,300	8,300	4P	4	4	4	4	0	16	3600-5400	O
Schenectady														
Ellis	G. Parkhurst	334	330,000	7,791	6,702	4P	1	1	1	1	0	4	4500-5400	FP
Syracuse														
St. Joseph's	N. Cohen	173	299,104	4,385	4,000	4P	1	0	1	0	0	2	4350-5391	F
State University of New York	J. H. Ferguson, J. Henry	307	268,266	3,165	3,072	4P	2	2	2	2	2	10	4036-5391	O
Upstate Medical Center	J. A. Schaefer	246	296,134	1,795	1,735	4P	1	1	1	1	0	4	4480-6910	O
Veterans Admin.		246	296,134	1,795	1,735	4P	1	1	1	1	0	4	4480-6910	O
Troy														
Samaritan	A. P. Gewanter	203	140,574	3,926	3,066	1A	2	0	0	0	0	2	6000-8000	F
Utica														
Utica State	N. M. Levine	103	49,122	176	176	2A	0	1	0	0	0	1	7512-8475	O
Valhalla														
Grasslands	V. A. Bradess	335	435,571	3,198	2,964	4P	1	1	1	1	0	4	5100-6200	FP
Yonkers														
St. John's Riverside	C. D. DeAngelis	91	176,513	2,544	2,073	2P	1	1	0	0	0	2	6000-7200	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	K. M. Brinkhous	409	619,331	12,799	12,799	4P	3	3	3	3	1	13	4200-...	O
Charlotte														
Charlotte Memorial	J. T. Cuttino	330	377,412	7,515	7,515	4P	1	1	1	1	0	4	4620-6700	P
Durham														
Duke University Affiliated Hospitals														
Duke	T. D. Kinney	373	1,616,897	9,007	9,007	4P	3	2	2	2	0	9	3900-4800	P
Veterans Admin.	A. W. Musser	261	401,397	5,026	5,026	4P	3	3	2	2	0	10	4480-8000	O
Watts	J. U. Gunter	114	266,699	7,335	7,335	3A	0	1	0	0	0	1	4200-4200	F
Greensboro														
Moses H. Cone Memorial	H. Z. Lund	271	203,856	13,783	13,011	4P	0	1	1	1	1	4	5400-8000	O

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
NORTH CAROLINA—Continued															
Wilmington															
James Walker Memorial	H. P. Singletary	146	189,486	7,493	6,244	2P	0	0	1	1	0	2	4800-6000	FP	
Winston-Salem															
North Carolina Baptist Hospitals	R. Morehead	371	647,139	32,465	32,465	4P	4	4	3	1	1	13	3000-5750	P	
NORTH DAKOTA															
Grand Forks															
University of North Dakota															
Affiliated Hospitals	W. A. Wasdahl	100	70,000	6,000	5,500	4P	1	1	1	1	0	4	4800-8400	O	
Grand Forks Deaconess	W. A. Wasdahl														
St. Michael's															
OHIO															
Akron															
Akron City	J. G. Lim	428	455,496	9,348	9,161	4P						4	4200-6600	FP	
Akron General	G. R. Dochat	359	603,789	7,128	5,741	4P	1	1	1	1	0	4	4680-6240	FP	
Children's Hospital of Akron	M. Baker	104	416,848	2,032	1,316	2P	0	0	1	0	0	1	4800-4800	FP	
St. Thomas	G. G. Proskauer	249	317,418	4,800	4,084	4P	1	1	1	1	0	4	4900-6240	FP	
Barberton															
Barberton Citizens	M. L. Snell	162	291,125	4,908	4,729	3A	1	1	0	0	0	2	4200-6000	F	
Canton															
Aultman	F. G. Germuth	233	396,307	8,409	7,872	4P	1	1	1	1	0	4	4200-6000	FP	
Cincinnati															
Bethesda	J. Hamblet	135	186,049	6,237	5,394	4P	1	1	1	1	0	4	6240-6720	P	
Good Samaritan	L. Gordon	365	461,895	12,126	12,126	4P	1	1	1	1	0	4	5400-7200	P	
Jewish	P. Wasserman	268	422,031	10,089	8,419	3P	1*	1	1	0	0	3	4500-5100	FP	
University of Cincinnati Hospital Group							1A	5	3	2	2	13			
Children's	A. J. McAdams	103	4,104	4,104	2,503	1A	0	1	0	1	0	2	3800-4200	F	
Cincinnati General	E. A. Gall	596	379,054	8,804	8,804	4P							3600-4500	F	
Veterans Admin.	E. A. Gall	280	352,803	1,943	1,901								4480-8000	O	
Cleveland															
Cleveland Clinic	J. B. Hazard	378	1,004,490	9,754	9,754	4P	2	3	2	3	0	10	5400-7200	P	
Cleveland Metropolitan General	W. S. Morgan	469	1,331,096	4,049	4,049	4P	6	4	4	2	0	16†	4000-6400	P	
Evangelical Deaconess	V. Hirsch	137	161,795	3,456	3,284	3A	0	1	1	0	0	2	4500-5100	F	
Fairview General	H. Peterjohn, H. McCorkle	190	211,002	7,222	4,841	2P	1	1	0	0	0	2	5400-6600	F	
Huron Road	W. O. Reid	229	255,244	6,520	5,286	4P	1	1	1	1	4	4	4200-5700	F	
Lutheran	W. Sinclair	182	246,554	4,682	4,502	2P	2	0	0	0	0	2	3900-4200	F	
Mount Sinai Hospital of Cleveland	H. Gold	307	727,368	17,154	17,064	4P	1	1	1	1	0	4	5196-6396	P	
St. Alexis	A. F. Naji	240	198,463	3,714	3,640	3A	2	1	1	0	0	4	6000-7200	F	
St. Luke's-Marymount Hospitals							4P	2	2	2	2	0	8		
St. Luke's	A. J. Segal	333	415,320	8,356	6,444								4800-6600	P	
Marymount	E. E. Siegler	86	197,230	4,196	3,297								6300-6600	F	
St. Vincent Charity ³²⁵	J. S. Mackrell	241	347,773	4,944	3,785	4P	1	1	1	1	0	4	3720-4200	P	
University Hospitals of Cleveland	S. Koletsky	590	1,049,194	9,990	9,990	4P	5	5	5	5	0	20	3600-5400	P	
Veterans Admin.	J. R. Kahn	366	717,135	6,054	5,794	4P	2	2	1	1	0	6	4480-6910	P	
Columbus															
Children's	W. A. Newton	230	209,019	5,684	5,670	1A	3	0	0	0	0	3	4200-4200	P	
Grant	B. Hurd	268	215,465	7,001	6,999	4P	1	1	1	1	0	4	6000-7800	P	
Ohio State University Hospitals	E. von Haam	1,131	1,143,509	8,341	8,176	4P	4	4	4	4	0	16	3324-5724	P	
Riverside Methodist	R. J. Johansmann	243	369,627	10,185	9,162	4P	1	1	1	1	0	4	5160-5700	P	
Dayton															
Miami Valley	J. W. Funkhouser	743	805,114	9,768	9,768	4P	2	2	2	2	0	8	6300-7500	P	
Veterans Admin. ³³⁶	H. A. Campana	422	370,336	2,000	1,918	4P	1	1	1	1	0	4	4480-8000	P	
Elyria															
Elyria Memorial	R. G. Thomas	347	276,396	11,250	11,250	4P	1	1	1	1	0	4	4800-6000	F	
Lima															
St. Rita's	C. L. Blumstein	160	196,441	8,941	4,151	4P	1	1	1	1	0	4	4800-5700	P	
Lorain															
St. Joseph	C. Chesner	150	222,151	2,683	2,238	4P	1	1	0	0	0	2	4800-5700	F	
Springfield															
Community Hospital of Springfield and Clark County	G. W. Sichel	134	161,120	4,128	3,468	2A	1	1	0	0	0	2	3600-3600	F	
Toledo															
Maumee Valley	G. B. Stansell	305	255,424	2,192	2,030	4P	1	1	1	1	0	4	4644-5424	FP	
Mercy	D. J. Hanson	151	262,599	7,154	5,308	4P	1	1	1	1	0	4	4800-6600	FP	
St. Vincent	M. F. Vidoli	284	323,164	5,590	4,042	4P	1	1	1	1	0	4	3900-4800	F	
Toledo	W. A. Nordin	353	252,137	7,536	5,897	4P	1	1	1	1	0	4	6300-6900	F	
Warren															
Trumbull Memorial	J. D. Culherson	219	266,457	5,222	4,961	4P	1	1	1	0	0	3	4200-6000	F	
Youngstown															
St. Elizabeth	B. Taylor	391	407,193	8,389	6,282	4P	1	1	1	1	0	4	4800-5700	FP	
Youngstown	A. E. Rappoport	431	662,099	9,032	7,592	4P	2	2	2	2	0	8	4800-5700	F	
OKLAHOMA															
Oklahoma City															
Baptist Memorial	J. P. Dewar	84	257,945	4,838	3,546	4P	2	1	0	0	0	3	7200-9300	P	
Mercy Hospital Oklahoma City General	H. A. Stout	160	148,000	3,600	3,200	1A	1	0	0	0	0	1	5400-5400	P	
St. Anthony	W. T. Snoddy	232	559,487	8,929	7,114	4P	1	1	1	1	0	4	5400-6300	P	
University of Oklahoma Medical Center	A. L. Dee						2	2	1	1	0	6†			
University of Oklahoma Hospitals	A. L. Dee	186	334,695	8,109	7,103								4000-6910	P	
Veterans Admin.	R. C. MacKay	228	324,338	3,108	2,121										
Tulsa															
Hillcrest Medical Center	L. Lowbeer	286	256,161	7,119	6,119	4P	2	1	1	1	0	5	7200-8100	P	
St. John's	E. Palik	238	344,661	9,633	7,788	4P	1	1	1	1	0	4	6300-7200	P	
OREGON															
Portland															
Emanuel	V. D. Sneed, N. Pickering	278	262,454	11,811	10,093	4P	1	1	1	1	0	4	5400-6900	P	
Good Samaritan	M. Heimann	230	355,817	7,232	5,820	4P	1	1	1	1	0	4	5400-6900	P	
Providence	T. Cochran	175	216,979	7,569	6,824	4P	1	1	1	1	0	4	5400-5400	P	
St. Vincent	J. Nohlgren	310	280,141	9,872	8,051	4P	2	2	2	2	0	8	5400-5760	P	

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON, Portland—Continued														
University of Oregon Medical School Hospitals and Clinics	S. R. Wellings, T. T. Hutchens	546	591,278	6,367	6,367	4P	6	6	0	0	0	12	3000-3600	F
Veterans Admin.	D. S. Sarkaria	353	363,276	3,050	3,050	3A							4480-6260	P
PENNSYLVANIA														
Abington														
Abington Memorial	J. W. Eiman	283	345,885	7,636	6,849	4P	2	2	1	1	0	6	3900-4800	F
Allentown														
Allentown	A. Klees	315	371,806	7,603	6,916	4P	1	1	1	1	0	4	6600-6600	P
Sacred Heart	D. Stader	174	271,732	9,029	8,299	3A	1	1	1	0	0	3	4800-5100	FP
Altoona														
Altoona	R. C. MacDuffee	206	216,773	4,068	3,409	4P	1	1	1	1	0	4	6420-7620	F
Bethlehem														
St. Luke's	E. J. Benz	324	303,745	7,434	6,330	4P	1	1	1	1	0	4	3720-4620	FP
Bryn Mawr														
Bryn Mawr	M. M. Strumia	234	421,574	7,107	6,673	4P	3	1	1	1	0	6	3900-4800	F
Chester														
Crozer-Chester Medical Center	C. L. Lehman	137	211,314	6,019	6,019	4P	1	1	0	0	0	2	3000-4800	F
Danville														
Geisinger Medical Center	C. P. Barnett	249	332,977	4,799	4,147	4P	1	1	1	1	0	4	4800-5700	P
Darby														
Thomas M. Fitzgerald Mercy	W. H. Miller	184	346,825	4,381	4,365	4P	1	1	1	1	0	4	3600-4800	F
Easton														
Easton	J. C. Gaulin	223	131,697	4,368	3,679	2P	1	1	0	0	0	2	4800-5400	FP
Erie														
Hamot	J. A. Fust	248	433,953	9,482	7,228	4P	1	0	1	0	0	2	5400-7200	FP
St. Vincent	R. B. Eisenberg	228	408,383	7,084	7,043	4P	1	1	1	1	0	4	4200-5400	FP
Harrisburg														
Harrisburg	F. W. Brason	470	598,402	13,076	11,741	4P	1	0	0	1	0	2	5856-7056	P
Johnstown														
Conemaugh Valley Memorial	S. Goldblatt	202	334,683	5,303	4,215	4P	1	1	1	1	0	4	4800-5400	F
Lancaster														
Lancaster General	W. M. O'Donnell	270	276,105	6,504	6,504	2P	1	1	0	0	0	2	4800-6000	F
Norristown														
Montgomery	H. T. Tamaki	115	144,756	3,594	3,444	2P	1	1	0	0	0	2	4800-5400	F
Philadelphia														
Albert Einstein Medical Center	H. Brody	630	798,323	16,764	15,513	4P	4	4	3	3	0	14	2700-3600	FP
Chestnut Hill	S. B. Rose	127	172,450	3,942	3,277	4P	2	0	0	0	0	2	4800-4800	F
Children's Hospital of Philadelphia	W. C. Yakovac	152	151,624	1,514	950	1A	1	1	0	0	0	1	2400-2400	F
Epicopal	S. Burrows	184	192,869	3,280	2,657	4P	1	1	0	0	0	2	4200-4920	O
Frankford	C. Q. Griffith	172	168,322	3,289	2,911	2P								F
Germanatown Dispensary and Hospital	F. Fite	287	185,600	3,876	3,489	4P	1	1	1	1	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	A. V. Dapena	184	220,462	4,269	3,900	4P	1	1	1	1	0	4	3210-4410	P
Hahnemann Medical College and Hospital	J. Imbriglia	310	477,254	6,294	6,294	4P	2	2	2	2	1	9	3000-4200	P
Hospital of the University of Pennsylvania	R. F. Norris, H. T. Enterline	506	762,041	9,723	9,141	4P	4	2	3	3	0	12	3000-4200	P
Hospital of the Woman's Medical College of Pennsylvania	I. N. Dubin, M. M. Porter	179	219,795	2,538	2,535	4P	1	1	1	1	0	4	4400-5300	P
Jefferson Medical College	P. A. Herbut	390	772,609	10,018	10,018	4P	2	2	2	2	0	8	3350-4700	O
Lankenau	C. E. Brown	228	227,242	5,080	5,080	4P	1	1	1	1	0	4	3900-4800	FP
Misericordia	H. E. Marx	243	268,828	3,459	3,459	4P	1	0	0	0	0	1	3600-5400	F
Nazareth	E. F. Ciccone	110	329,476	10,821	4,687	4P	1	1	1	1	0	4	4500-6000	F
Pennsylvania	A. R. Crane	292	428,212	5,151	5,151	4P	2	2	2	2	0	6	3600-6500	O
Philadelphia General	W. Ehrlich, H. Schwarz	1,026	1,198,895	9,889	9,889	4P						13†	4100-5100	F
Presbyterian-University of Pennsylvania Medical Center	R. P. Custer, J. Butcher	237	218,408	3,156	2,824	4P	2	1	1	1	0	5	3840-4860	P
St. Christopher's Hospital for Children	J. H. Arey	113	120,294	1,607	644	1A	0	0	0	1	0	1	3600-3600	FP
Temple University	E. E. Aegerter	681	718,107	7,041	7,041	4P	3	3	3	3	0	12	3600-4500	P
Veterans Admin.	P. V. Skerrett	348	427,513	4,019	4,019	4P	3	2	1	2	0	8	4480-6910	O
Pittsburgh														
Allegheny General	R. C. Grauer	303	338,201	5,630	5,630	4P	1	1	1	1	0	4		F
Health Center Hospitals of the University of Pittsburgh														
Children's Hospital of Pittsburgh	G. H. Fetterman	192	161,961	2,560	2,560	2P	2	1	0	1	0	4	3900-4500	O
Presbyterian-University	R. H. Fennell, Jr.	318	520,552	7,084	7,084	4P	3	3	2	2	0	10	4600-5400	
Veterans Admin.	E. R. Fisher	448	735,433	5,906	5,906	4P	2	2	1	0	0	5	4480-8000	O
Mercy	M. M. Bracken	336	603,937	11,930	8,016	4P	1	1	1	1	0	4	5400-6300	P
Montefiore	H. Mendelow	222	303,040	7,347	7,347	4P	1	1	1	1	0	4	4200-5400	O
St. Francis General	R. C. Hamilton	250	363,070	6,106	5,251	4P	1	1	1	1	0	4	8400-8400	F
St. Margaret Memorial	J. E. Kurtz	87	156,199	4,216	3,882	1A	1	0	0	0	0	1	7200-7200	F
Shadyside	E. L. Heller	180	175,000	1,053	1,053	4P	1	1	1	1	0	4	4800-5700	F
South Side	L. Goodman	175	227,952	4,301	4,085	4P	0	1	1	0	0	2	7200-7200	F
Western Pennsylvania	R. G. McManus	294	523,690	8,655	7,084	4P	2	2	2	2	0	8	5700-6600	FP
Reading														
Reading	W. P. Jennings	415	633,321	8,980	8,980	4P	2	2	2	2	0	8	4800-6000	F
St. Joseph's	G. P. Desjardins	201	206,129	5,152	4,871	4P	1	1	1	1	0	4	4200-5400	FP
Says														
Robert Packer	V. E. Whiteside, C. A. Jaramillo	157	215,000	3,503	3,503	4P	1	1	1	1	0	4	3000-6600	FP
Wilkes-Barre														
Wilkes-Barre General	C. E. Rodriguez	171	152,562	3,475	3,093	4P	1	1	1	1	0	4	4200-5400	F
York														
York	F. A. McKeon, T. J. Burkart	463	320,116	8,141	7,835	4P	1	2	2	2	0	6	4800-6000	P
PUERTO RICO														
Aguadilla														
Aguadilla District	D. A. Jutz	431	222,000	2,583	2,200	1A	1	0	0	0	0	1	4200-4200	P
Hato Rey														
I. Gonzalez Martinez Oncologic*	R. Marcial Rojas	32	31,452	3,377	3,315	1A	0	0	1	0	0	1	4800-4800	F

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO—Continued														
Ponce														
Ponce District General.....	E. Rivera.....	509	314,429	4,085	3,676	3A	3	0	0	0	0	3	3900-5700	F
Rio Piedras														
University District.....	R. Marcial.....	497	728,555	5,092	5,092	4P	3	3	3	3	0	12	6000-7800	F
San Juan														
San Juan City.....	M. A. De Jesus.....	284	340,261	5,174	.....	3A	1	1	1	0	0	3	.....	.....
Veterans Admin.....	F. M. Reyes.....	84	207,633	1,410	1,410	1A	1	0	0	0	0	1	4700-7250	O
RHODE ISLAND														
Newport														
Newport.....	M. A. Chernow.....	92	146,072	3,689	3,254	1A	1	0	0	0	0	1	7800-7800	FP
North Providence														
Our Lady of Fatima—See St. Joseph's Hospital—Our Lady of Fatima, Providence														
Pawtucket														
Memorial.....	G. P. Paparo.....	145	409,815	16,833	11,809	4P	1	1	1	1	0	4	4800-6000	F
Providence														
Rhode Island.....	H. Fanger.....	460	803,387	9,716	9,601	4P	2	2	2	2	0	8	6600-8900	FP
St. Joseph's Hospital—Our Lady of Fatima.....	S. R. Allegra.....	193	339,594	6,036	5,238	2A	1	1	0	0	0	2	4800-6000	F
Our Lady of Fatima (North Providence).....		108	170,487	2,559	2,317	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Joseph's.....														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....	G. Hennigar.....	314	5,154	5,199	4,377	4P	2	2	2	2	0	8	2910-4500	FP
Medical College.....														
Roper.....														
Greenville														
Greenville General.....	E. A. Dreskin.....	264	272,314	8,828	6,305	4P	1	1	1	1	0	4	4500-5500	P
Spartanburg														
Spartanburg General.....	M. F. Patton.....	258	263,233	10,371	8,297	4P	1	1	1	1	0	4	6000-6600	P
SOUTH DAKOTA														
Sioux Falls														
Sioux Valley.....	K. H. Wegner.....	150	138,948	3,432	2,543	4P	1	1	1	1	0	4	5100-6000	P
TENNESSEE														
Chattanooga														
Baroness Erlanger.....	J. W. Adams.....	501	461,571	23,157	23,131	4P	2	1	1	1	0	5	4800-5700	F
Knoxville														
Fort Sanders Presbyterian.....	B. B. Bellomy.....	.....	.....	.....	.....	1C	1	0	0	0	0	1	.....	.....
East Tennessee Children's.....	B. B. Bellomy.....	8	27,165	786	220	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of Tennessee Memorial Research Center and Hospital.....	F. S. Jones.....	213	384,964	4,907	4,488	4P	1	1	1	1	0	4	5400-6000	F
Memphis														
Baptist Memorial.....	E. E. Muirhead.....	410	688,391	18,361	14,554	4P	3	3	3	3	0	12	4200-5100	F
City of Memphis Hospitals.....	D. Sprunt.....	1,282	571,631	10,362	10,362	4P	7	6	3	2	0	18	3660-3780	F
Methodist.....	J. Duckworth.....	240	329,830	9,699	7,627	4P	2	2	2	1	0	8	4500-5400	F
St. Joseph.....	L. C. Prieto.....	215	313,352	7,043	5,936	4P	1	1	0	0	0	2	5100-6000	FP
Veterans Admin. ³⁵⁹	J. M. Young.....	513	657,580	3,385	3,101	4P	2	2	2	2	2	10	4480-12510	O
Nashville														
Baptist.....	F. Womack.....	145	278,035	7,856	5,784	4P	1	1	1	1	0	4	6000-6900	F
George W. Hubbard Hospital of the Meharry Medical College.....	H. M. Frazier.....	228	2,331	1,645	1,645	4P	1	1	1	0	0	3	3300-6500	F
St. Thomas.....	D. K. Gotwald.....	192	277,751	6,208	4,509	4P	.....	.....	.....	.....	.....	2	3900-4500	F
Vanderbilt University Affiliated Hospitals.....	J. L. Shapiro.....	.....	.....	.....	.....	.....	3	3	3	3	0	12	.....	.....
Nashville Metropolitan General.....	R. P. Buchanan.....	164	296,154	3,071	2,808	.....	.....	.....	.....	.....	.....	.....	3000-3600	P
Vanderbilt University.....	J. L. Shapiro.....	318	471,539	6,847	6,715	.....	.....	.....	.....	.....	.....	.....	3000-3600	P
Veterans Admin.....	N. Ende.....	223	566,272	2,968	2,788	4P	0	0	2	1	0	3	4470-6910	O
Oak Ridge														
Oak Ridge Institute of Nuclear Studies, Medical Division ³²	B. M. Nelson.....	25	448	48	48	1A	0	0	0	1	0	1	5400-5400	O
TEXAS														
Austin														
Brackenridge.....	A. Da Silva.....	197	229,846	3,881	3,371	4P	1	1	1	1	0	4	5400-7200	F
Dallas														
Baylor University Medical Center.....	G. Race.....	406	655,350	15,268	13,941	4P	3	3	2	2	0	10	5100-6000	O
Methodist Hospital of Dallas.....	G. Noteboom.....	152	366,457	8,483	7,050	4P	1	1	1	1	0	4	4500-5700	FP
Parkland Memorial.....	C. T. Ashworth.....	533	1,134,912	53,435	53,435	4P	4	3	2	2	1	12	3180-4080	P
St. Paul.....	J. H. Childers.....	213	546,536	8,106	6,484	4P	1	1	1	1	0	4	4500-5400	P
Veterans Admin.....	H. L. Reinhart.....	355	717,870	5,790	5,796	4P	4	0	0	0	0	4	4480-12510	P
Fort Worth														
Harris Hospital—Fort Worth Medical Center.....	C. Mitchell.....	237	242,251	7,790	6,831	4P	1	1	1	1	0	4	6000-6900	P
St. Joseph.....	O. J. Wollenman.....	157	257,825	6,024	5,175	4P	1	1	1	1	0	4	5100-6000	F
Galveston														
University of Texas Medical Branch Hospitals.....	F. L. Jennings.....	465	849,947	6,991	6,882	4P	3	3	3	3	0	12	4200-6000	P
Houston														
Baylor University Affiliated Hospitals.....	R. M. O'Neal.....	.....	.....	.....	.....	4P	5	5	6	5	0	21	.....	.....
Ben Taub General.....	R. M. O'Neal.....	515	915,000	7,500	0	.....	.....	.....	.....	.....	.....	.....	3300-4200	O
Methodist.....	R. M. O'Neal.....	425	1,269,848	18,724	9,751	.....	.....	.....	.....	.....	.....	.....	4500-5400	P
Texas Children's.....	H. S. Rosenberg.....	208	242,676	2,837	2,837	.....	.....	.....	.....	.....	.....	.....	4200-5100	O
Veterans Admin.....	F. Gyorkey.....	394	696,903	6,200	6,080	.....	.....	.....	.....	.....	.....	.....	8951-12510	P
Hermann.....	W. G. Brown.....	287	844,529	16,682	16,477	4P	1	1	1	1	0	4	4200-6500	P
St. Joseph.....	P. Marcuse.....	184	447,738	9,044	7,125	4P	1	1	1	1	0	4	5100-6000	P
St. Luke's Episcopal.....	W. T. Hill.....	188	413,887	7,343	7,223	4P	2	0	0	0	0	2	4200-5100	O
University of Texas M. D. Anderson Hospital and Tumor Institute.....	W. O. Russell.....	347	321,621	9,637	9,637	4P	.....	.....	.....	.....	.....	11†	5000-10000	O
Lubbock														
Methodist.....	W. H. Long.....	120	210,000	5,200	4,900	4P	1	0	0	0	0	1	3600-4800	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968						Total All Years	Salary Per Year Min.-Max.	O	
							1st Year	2nd Year	3rd Year	4th Year	5th Year					
TEXAS—Continued																
San Antonio																
Baptist Memorial	A. O. Severance	223	375,473	8,098	7,476	4P						6	5400-7200	P		
University of Texas South Texas Medical School Affiliated Hospitals	D. L. Galindo	377	554,454	14,539	14,539	4P	2	2	2	2	0	8	4500-6300	FP		
Robert B. Green Memorial	D. L. Galindo	284	449,019	8,787	8,696											
Santa Rosa Medical Center	N. Jacob	154	440,245	8,237	8,237	4P	0	1	1	0	0	2	4500-5100	P		
Temple																
Scott and White Memorial	J. C. Stinson	112	173,309	6,700	5,386	4P	1	1	1	1	0	1	3900-5100	P		
UTAH																
Ogden																
Thomas D. Dee Memorial	J. L. Verner	142	283,202	7,147	5,493	4P	1	1	0	2	0	4	3600-4800	P		
Salt Lake City																
Holy Cross	C. McNeil	289	675,486	10,016	8,218	4P	1	1	1	1	0	4	3900-5100	P		
Latter-day Saints	J. H. Carlquist	300	250,000	2,400	2,300	4P	4	2	2	2	0	10	4200-8000	P		
University of Utah Affiliated Hospitals	W. H. Carnes	180	275,000	1,500	1,400								4480-6910	P		
Veterans Admin.	W. F. Coulson															
	W. H. Carnes															
VERMONT																
Burlington																
University of Vermont Affiliated Hospitals	R. W. Coon	177	110,215	3,535	2,738	4P	4	2	2	2	0	10	4500-6300	O		
DeGoesbriand Memorial		298	205,718	6,333	5,412											
Mary Fletcher																
VIRGINIA																
Charlottesville																
University of Virginia	O. B. Bobbitt, D. E. Smith	467	601,425	9,917	9,917	4P	5	5	2	0	0	12	4200-5400	O		
Danville																
Memorial	T. J. Moran	263	185,681	6,035	6,035	4P	1	1	1	1	0	4	4800-6600	P		
Norfolk																
De Paul	R. J. Faulconer	255	283,326	7,755	7,398	4P	1	1	1	1	0	4	6000-6900	F		
Norfolk General	R. Shuman, E. Levy	373	345,250	7,755	7,450	4P	1	1	1	1	0	4	6900-7800	P		
Petersburg																
Petersburg General	S. Russi	118	139,596	4,247	3,800	3A	1	1	0	0	0	2	7000-7000	P		
Portsmouth																
Maryview	J. F. McCabe	102	140,000	2,800	2,400	2A	1	1	0	0	0	2	6000-8000	P		
Richmond																
Medical College of Virginia-Hospital Division	F. Goodale	844	1,046,823	11,964	10,117	4P	6	6	5	5	2	24†	3600-6000	F		
Richmond Memorial	W. Monroe	244	445,032	6,800	5,850	4P	1	1	1	1	0	4	4800-6800	F		
Veterans Admin.	J. R. Kris	290	630,553	4,862	4,862	4P	1	1	1	1	0	4	4480-6910	P		
Roanoke																
Roanoke Memorial Hospitals	C. Gale	171	290,511	9,806	7,995	4P	1	1	1	1	0	4	5400-6000	F		
WASHINGTON																
Seattle																
Doctors	R. Ellis	112	161,593	4,521	3,619	1A	2	0	0	0	0	2	5400-5400	FP		
Group Health	C. E. Marshall	181	134,045	5,294	3,627	3A	1	1	0	0	0	2	4800-4800	P		
Providence	D. Mason	110	70,352	3,020	2,650	2P	1	1	0	0	0	2	3900-4800	FP		
St. Frances Xavier Cabrini	G. D. LaZerte						1	1	0	0	0	2	3600-4200	O		
Swedish Hospital Medical Center—U. S. Public Health Service						4P	1	1	1	1	2	6				
Swedish Hospital Medical Center	P. K. Lund	313	282,583	13,572	12,985								4500-6500	F		
U. S. Public Health Service	P. K. Lund, B. S. Eggertsen	145	190,857	4,496	4,165											
University of Washington Affiliated Hospitals	N. K. Mottet					4P	6	4	4	4	0	18				
Children's Orthopedic Hospital and Medical Center	S. A. Creighton	122	190,962	961	919								3660-6980	O		
King County	I. I. Schulberg	438	350,364	5,130	4,601								3000-6000	F		
University	N. K. Mottet	256	149,330	3,012	3,012								3660-7680	P		
Veterans Admin.	D. V. Brown	255	179,432	2,637	2,637								4480-8000	P		
Virginia Mason	H. W. Jones	186	274,734	6,002	4,958	4P	1	1	1	0	0	3	3300-5100	FP		
Spokane																
Deaconess	T. E. Ludden	213	292,178	8,091	6,233	4P	2	2	2	2	0	2	4800-6600	O		
Sacred Heart	J. E. Hill	320	219,282	7,803	7,612	4P	2	0	1	0	0	3	4200-5700	FP		
Tacoma																
Tacoma General	C. P. Larson, M. J. Wicks	340	250,025	14,376	10,401	4P	1	1	1	1	0	4	4200-6000	F		
Pierce County	C. P. Larson, T. Apa	120	111,413	1,067	864								4200-6000	P		
WEST VIRGINIA																
Beckley																
Beckley Appalachian Regional	W. A. Laqueur	187	255,824	4,318	4,101	4P	1	1	0	1	0	3	6400-8800	P		
Charleston																
Charleston General	P. Ladewig, W. D. Garrard	157	166,923	6,159	6,121	4P	1	1	0	1	0	3	3900-4800	F		
Memorial	G. B. Swoyer	262	176,157	8,234	7,784	3A	1	1	1	0	0	3	3600-4200	F		
Huntington																
Cabell Huntington	S. Werthammer	177	223,966	9,998	9,708	3A	1	0	1	0	0	2	4800-...	F		
St. Mary's	D. S. O'Connor	130	309,098	6,923	6,507	4P	1	1	1	1	0	4	6000-7200	P		
Martinsburg																
Veterans Admin.	C. Hoch-Ligeti	168	285,029	1,064	1,058	2P	2	2	0	0	0	4	4480-8000	O		
Morgantown																
West Virginia University Medical Center	W. S. Albrink	333	271,449	5,644	5,644	4P	3	2	2	1	0	8	3900-6000	O		
Wheeling																
Ohio Valley General	H. G. Little	186	210,479	5,096	4,463	4P	1	1	1	1	0	4	7200-9000	P		
WISCONSIN																
Eau Claire																
Luther	W. Aronson	130	166,566	3,737	3,120	3A	1	1	1	0	0	3	4200-7200	O		
Madison																
Madison General	P. G. Piper	269	245,385	7,862	6,150	4P	1	1	1	1	0	4	3900-4800	F		
University of Wisconsin Affiliated Hospitals																
University Hospitals	D. M. Angevine	382	450,316	5,579	5,333	4P	2	2	2	2	0	8	3800-5800	P		
Veterans Admin.	F. C. Larson, W. Jaeschke	238	285,747	1,788	1,765	4P	1	1	1	1	0	4	4480-6910	P		
	J. M. B. Bloodworth, Jr.															

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
WISCONSIN—Continued														
Marshfield														
St. Joseph's.....	C. I. Bowerman.....	178	158,749	4,836	2,991	4P	1	1	1	1	0	4	3600-5400	F
Milwaukee														
Columbia.....	G. Ritchie.....	189	158,519	4,813	3,428	4P	1	1	1	1	0	4	5820-6420	P
Milwaukee Children's.....	S. R. McCreadie.....	101	127,164	2,748	847								6035-6035	FP
Evangelical Deaconess.....	R. S. Hau Kohl.....	150	181,329	5,282	4,486	4P	1	1	1	1	0	4	5400-6300	FP
Lutheran Hospital of Milwaukee.....	E. A. Birge.....	160	220,541	6,599	5,173	4P	1	1	1	0	0	3	5824-7342	P
Marquette University Affiliated Hospitals.....														
Milwaukee County General.....	J. F. Kuzma.....	900	724,478	5,126	4,410	4P	6	3	3	3	1	16	4275-8665	P
Veterans Admin. (Wood).....	K. Pintar.....	469	476,660	3,346	3,202	4P	4	1	1	2	0	8	4480-6910	FP
Mount Sinai.....	N. Enzer.....	193	362,373	5,264	5,005	4P	1	1	1	1	0	4	4500-5800	FP
St. Francis.....	J. D. Cardy.....	95	136,130	4,134	3,815	4P	1	1	1	1	0	4	4300-5500	FP
St. Joseph's.....	C. H. Altshuler.....	223	344,088	36,420	24,477	4P	1	1	1	1	0	4	6300-7200	FP
St. Luke's.....	R. A. Scheidt.....	156	199,884	4,702	3,678	4P	2	2	2	2	0	0	7200-9700	FP
St. Mary's.....	D. Carlson.....	157	226,432	6,295	5,148	4P	1	1	1	0	0	3	6300-7300	P

PATHOLOGY, FORENSIC

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

Physician in Charge		Total Medicolegal Autopsies	Autopsies on Homicides	Autopsies, Toxicological Tests Made	Autopsies, Body Examined at Scene by Pathologist
CALIFORNIA					
Bakersfield					
Kern County General.....	R. W. Huntington, Jr.....	442	16	442	0
Los Angeles					
Office of Chief Medical Examiner-Coroner County of Los Angeles.....	T. J. Curphey.....	5,578	377	5,847	...
Oakland					
Western Laboratories.....	G. S. Loquvam.....	1,650	41	930	8
COLORADO					
Denver					
Denver General.....	G. I. Ogura.....	...	...	...	...
DISTRICT OF COLUMBIA					
Washington					
Armed Forces Institute of Pathology.....	C. J. Stahl.....	467	41	349	14
FLORIDA					
Miami					
Office of Medical Examiner of Dade County.....	J. H. Davis.....	1,612	128	1,041	150
MARYLAND					
Baltimore					
Office of the Chief Medical Examiner-Maryland Medical-Legal Foundation.....	R. S. Fisher.....	1,869	164	1,395	55
MASSACHUSETTS					
Boston					
Harvard Medical School Dept. of Legal Medicine.....	S. Warren.....	326	63	320	60
MICHIGAN					
Detroit					
Wayne County Medical Examiner's Office.....	F. S. Zawadzki.....	1,932	255	2,642	1,620
NEW YORK					
New York City					
Office of the Chief Medical Examiner-City of New York.....	M. Helpert.....	7,500	650	4,500	5,000
OHIO					
Cleveland					
Cuyahoga County Coroner's Office.....	L. Adelson, S. R. Gerber.....	1,730	128	1,272	100
Columbus					
Ohio State University Hospitals.....	E. von Haam.....	449	41	315	0
PENNSYLVANIA					
Philadelphia					
Office of the Medical Examiner, Department of Public Health.....	J. W. Spelman.....	1,403	200	1,693	100
PUERTO RICO					
Rio Piedras					
Institute of Legal Medicine, University of Puerto Rico.....	R. A. Marcial Rojas.....	1,866	281	1,257	67
TENNESSEE					
Memphis					
University of Tennessee-Institute of Pathology.....	J. T. Francisco.....	361	61	311	10
VIRGINIA					
Richmond					
Office of the Chief Medical Examiner, Commonwealth of Virginia Dept. of Health.....	G. T. Mann.....	1,609	246	1,043	635
WASHINGTON					
Tacoma					
Tacoma General.....	C. P. Larson.....	53	4	19	10

17. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 215.

18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i.e., TWO or more years).
Programs, 244; Residencies, 2,421

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
CALIFORNIA															
David Grant U.S.A.F., Fairfield	K. S. Shepard							1	1	0	0	0	2		
TEXAS															
Wilford Hall U.S.A.F., San Antonio	T. M. Holcomb	33	5	1,279	52	94	40,740	4	4	0	0	0	8		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. B. Giffin	17	13	507	15	87	16,090	3	3	0	0	0	6		
COLORADO															
Fitzsimons General, Denver	D. J. Plunket	48	20	1,637	20	95	56,134	3	3	0	0	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	J. P. Fairchild	61	18	1,833	53	91	26,883	4	4	0	0	0	8		
HAWAII															
Tripler General, Honolulu	E. J. Tomsovic	21	40	983	25	96	29,417	3	3	0	0	0	6		
TEXAS															
William Beaumont General, El Paso	T. A. Hanson	13	37	1,875	17	89	63,174	3	3	0	0	0	6		
Brooke General, San Antonio	J. M. Louro	26	16	2,684	16	87	33,327	3	3	0	0	0	6		
WASHINGTON															
Madigan General, Tacoma	J. E. Buess	29	22	1,893	3	100	51,535	3	3	0	0	0	6		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	D. J. Pascoe	21	17	1,480	27	93	17,507	2	2	0	0	0	4		
U. S. Naval, San Diego	E. R. Peters	39	40	2,199	31	84	57,533	3	3	0	0	0	6		
MARYLAND															
U. S. Naval, Bethesda	A. Margileth	21	20	1,274	46	90	32,443	2	2	0	0	0	4		
MASSACHUSETTS															
U. S. Naval, Chelsea ²⁴⁴	J. Imburg	20	17	1,096	33	97	21,249	2	2	0	0	0	4		
PENNSYLVANIA															
U. S. Naval, Philadelphia ²⁴⁷	J. E. Schanberger	39	22	1,148	27	80	28,118	2	2	0	0	0	4		
VIRGINIA															
U. S. Naval, Portsmouth	M. Museles	38	41	2,089	25	84	40,303	3	3	0	0	0	6		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's	R. B. Scott	27	40	4,897	125	67	3,119	4	3	1	0	0	8	6700-8300	O
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	D. Hirschl	18	11	876	8	100	3,505	1	1	0	0	0	2	8400-9200	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	H. P. Bentley, Jr.	98	66	7,574	132	66	28,331	3	3	3	3	0	12	3840-4320	P
Children's															P
University of Alabama Hospitals and Clinics	H. P. Bentley, Jr.														P
Fairfield															
Lloyd Noland	G. C. McCullough	22	11	1,316	11	45	31,487	2	2	0	0	0	4	4200-4800	FP
Mobile															
Mobile General	D. F. Sullivan	22	31	1,010	34	77	10,250	1	1	0	0	0	3	4200-5100	FP
ARIZONA															
Phoenix															
Good Samaritan	H. Lipow	51	46	3,332	27	81	6,360	2	2	0	0	0	4	6900-7200	P
Maricopa County General	R. Ganelin	29	34	3,816	95	87	15,347	3	3	0	0	0	6	8900-7500	P
St. Joseph's	M. L. Cohen	42	44	3,056†	29	76	3,452	2	2	0	0	0	4	5400-5700	F
ARKANSAS															
Little Rock															
University	T. C. Panos	39	27	1,355	88	59	9,707	5	5	1	0	0	11	3900-5500	O

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Bakersfield															
Kern County General.....	R. Cohen.....	48	28	835	25	69	19,430	2	2	0	0	0	4	6000-7200	P
Fresno															
Fresno County General.....	W. Ziering.....	35	32	1,384	36	78	7,675	2	2	0	0	0	4	7152-7704	P
Los Angeles															
California Babies' and Children's Medical Center.....	D. C. Shelby.....	19	13	917	4	100	38,366	2	1	0	0	0	3	6000-6600	P
Cedars-Sinai Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cedars of Lebanon Hospital Division.....	B. Kagan.....	24	31	1,847	.....	.....	5,876	3	3	0	0	0	6	4500-5100	P
Childrens Hospital of Los Angeles.....	R. Ward.....	149	.....	9,375	155	85	100,834	10	15	17	0	0	42	3000-6900	P
Los Angeles County General, Unit I.....	P. Wehrle.....	114	161	6,582	154	64	53,173	12	12	0	0	0	24	7200-7800	P
Los Angeles County General, Unit II.....	T. Nelson.....	49	38	1,042	19	44	8,861	4	4	0	0	0	8	7200-7800	P
Queen of Angels.....	D. Chambers.....	15	24	1,558	9	77	2,913	2	2	0	0	0	4	4200-4500	P
University of California.....	R. A. Ulstrom.....	44	22	4,022	71	89	26,024	4	5	4	0	0	13	4200-7400	O
White Memorial Medical Center.....	T. L. Nelson.....	17	17	1,051	33	87	3,977	2	2	1	0	0	5	4260-4860	P
Oakland															
Children's Hospital Medical Center of Northern California.....	M. A. Holliday, J. A. Knowles.....	42	6	3,134	72	90	5,513	6	7	1	0	0	14	3600-6300	FP
Highland General.....	A. Hatoff.....	25	32	4,334	72	57	7,367	2	1	0	0	0	3	5500-6500	P
Kaiser Foundation.....	A. King.....	14	29	837	13	85	73,967	2	2	0	0	0	4	4220-5490	FP
Orange															
Orange County General ¹²²	M. J. Carson.....	36	17	1,711	37	94	6,039	3	3	0	0	0	6	5000-5400	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ¹²⁵	N. Kretschmer.....	.....	.....	.....	.....	.....	.....	9	9	2	0	0	20	.....	.....
Palo Alto-Stanford Hospital Center.....	N. Kretschmer.....	41	29	2,702	65	94	9,105	.....	.....	.....	.....	.....	.....	3900-5100	O
San Mateo County General (San Mateo).....	G. F. Williams.....	22	11	1,354	25	96	6,212	.....	.....	.....	.....	.....	.....	3900-5500	F
San Diego															
San Diego County-University.....	J. B. Welsh.....	28	19	830	88	84	2,574	2	2	0	0	0	4	5076-5652	P
San Francisco															
Children's Hospital and Adult Medical Center.....	J. J. Piel.....	49	26	2,623	25	88	18,867	.....	.....	.....	.....	.....	7	3900-4500	F
Kaiser Foundation.....	H. R. Shinefield.....	18	31	1,376	11	64	80,662	2	2	0	0	0	4	4410-5400	P
Presbyterian Medical Center.....	L. Luz.....	15	12	843	2	100	3,556	2	2	0	0	0	4	4200-4500	P
St. Luke's.....	D. Haskin.....	16	13	657	9	89	5,318	1	1	0	0	0	2	4200-4800	FP
St. Mary's.....	R. T. Terry.....	22	16	2,130	6	100	4,745	1	1	0	0	0	2	3600-4200	F
University of California Program in Pediatrics.....	M. M. Grumbach.....	.....	.....	.....	.....	.....	.....	6	6	2	0	0	14	.....	.....
H. C. Moffitt-University of California Hospitals.....	M. M. Grumbach.....	26	34	1,233	64	89	11,942	.....	.....	.....	.....	.....	.....	4200-7400	O
San Francisco General.....	M. Grossman.....	46	.....	1,709	26	65	16,593	.....	.....	.....	.....	.....	.....	4692-7836	P
San Jose															
Santa Clara County Hospital and Medical Center.....	J. R. Maloney.....	39	29	2,011	28	89	20,493	4	3	0	0	0	7	4752-5496	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stockton															
San Joaquin General.....	W. West.....	19	23	901	12	92	4,089	1	1	0	0	0	2	5076-6144	P
Torrance															
Los Angeles County Harbor General.....	J. W. St. Geme, Jr....	58	53	2,397	52	65	16,464	4	4	0	0	0	8	7200-7800	P
COLORADO															
Denver															
Children's.....	F. Cozzetto.....	95	15	6,490	115	89	5,984	.....	.....	.....	.....	.....	15	3500-4500	P
Denver General.....	J. R. Connell.....	22	4	1,205	22	95	20,244	3	3	0	0	0	6	3672-3996	P
University of Colorado Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of Colorado Medical Center.....	W. E. Hathaway.....	52	21	1,259	31	94	4,357	2	10	3	0	0	15	3500-4500	P
CONNECTICUT															
Hartford															
Hartford ¹³³	F. L. Flynn.....	51	74	3,723	32	62	2,001	1	1	0	0	0	2	4200-4800	P
St. Francis.....	J. Cullina.....	50	54	3,211	11	82	5,877	2	2	0	0	0	4	3900-5400	FP
New Haven															
Hospital of St. Raphael.....	J. C. Dower.....	23	32	2,208	9	33	3,166	4	3	0	0	0	7	6020-6920	P
Yale-New Haven Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yale-New Haven.....	C. D. Cook.....	77	72	1,252	52	88	12,152	6	6	2	0	0	14	3900-6000	P
DELAWARE															
Wilmington															
Wilmington Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delaware Division.....	W. R. Johnson.....	35	33	4,873	49	77	6,297	2	4	0	0	0	6	5400-6000	P
DISTRICT OF COLUMBIA															
Washington															
Children's.....	R. H. Parrott.....	83	20	3,456	93	80	69,249	13	13	1	0	0	27	3420-5700	P
District of Columbia General.....	T. E. Reichelderfer.....	75	76	7,999	223	83	40,028	5	7	3	0	0	15	.....	P
Georgetown University.....	P. L. Calcagno.....	19	33	1,247	14	93	6,093	4	3	1	0	0	8	3720-4630	P
Providence.....	L. Cross.....	24	53	2,369	9	44	1,186	1	1	0	0	0	2	4200-4500	P
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics.....	R. T. Smith.....	43	10	2,124	95	86	5,487	6	6	1	0	0	13	3500-6100	O
Jacksonville															
Jacksonville Hospitals Educational Program.....	H. A. Carrithers.....	.....	.....	.....	.....	.....	.....	7	7	0	0	0	14	.....	.....
Baptist Memorial.....	J. G. Lane.....	37	.....	3,219	5	40	996	.....	.....	.....	.....	.....	.....	5400-5700	O
Duval Medical Center.....	J. K. David.....	30	37	1,309	34	79	37,025	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's.....	J. K. Moss.....	14	14	592	3	67	0	.....	.....	.....	.....	.....	.....	5100-8000	O
St. Vincent's.....	E. M. Frame.....	31	23	2,695	9	56	1,901	.....	.....	.....	.....	.....	.....	5400-5700	P
Miami															
University of Miami Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jackson Memorial.....	W. Nyhan.....	52	69	5,428	176	49	18,169	7	6	1	0	0	14	3180-3780	P
Variety Children's.....	D. G. Traggis.....	57	.....	2,805	59	90	15,080	10	10	0	0	0	20	4200-4440	P
Orlando															
Orange Memorial.....	A. W. Townes, Jr....	32	45	6,096	114	46	893	2	2	0	0	0	4	5100-5400	P
Tampa															
Tampa General.....	S. Wolfson.....	57	50	3,653	45	82	2,153	2	2	0	0	0	4	4200-6600	FP

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals.....								10	8	3	0	0	21		
Grady Memorial.....	R. W. Blumberg.....	56	95	2,049	49	100	16,644							3000-4200	P
Henrietta Eggleston Hospital for Children.....	J. H. Patterson.....	64		4,948	86	77	0							2400-3000	P
St. Joseph's Infirmary.....	C. D. Fowler.....	14	17	2,511	28	64	4,339	1	1	0	0	0	2	5760-6000	P
Augusta															
Medical College of Georgia Hospitals.....								4	3	1	0	0	8		
Eugene Talmadge Memorial.....	G. Holman.....	25	24	644	36	72	2,953							3900-5100	P
University.....	J. Bell.....	37	67	2,392	41	32	2,054								
HAWAII															
Honolulu															
Kauikoulan Children's.....	D. Char.....	43		3,944	32	91	6,373	4	3	0	0	0	7	6000-6600	O
ILLINOIS															
Chicago															
Cook County.....	J. Greengard.....	334	237	10,575	839	87	160,635	12	12	3	0	0	27†	4620-5100	F
Illinois Masonic.....	G. George.....	27	24	2,396	15	93	4,680	2	2	0	0	0	4	6000-6600	FP
Michael Reese Hospital and Medical Center.....	J. Metcoff.....	75	58	3,992	172	92	13,246	7	7	2	0	0	16†	3600-5400	P
Mount Sinai.....	A. Grossman.....	27	34	3,673	73	84	13,755	2	2	1	0	0	5	4600-5700	P
Northwestern University Medical Center.....	R. B. Lawson.....														
Children's Memorial.....	R. B. Lawson.....	80	46	3,769	97	80	42,303	10	10	2	0	0	22	3900-5100	P
Presbyterian-St. Luke's.....	J. R. Christian.....	57	42	2,649	35	90	22,871	4	4	3	0	0	11	4000-4300	P
Stritch School of Medicine of Loyola University Affiliated Hospitals ³³															
Mercy Medical Center.....	A. W. Fleming.....	31	24	1,680	8	50	4,938	4	4	1	1	0	10	4500-5400	P
University of Chicago Hospitals and Clinics.....	A. Dorfman.....	34	45	1,222	48	77	13,728	6	6	2	0	0	14	4200-5160	O
University of Illinois Research and Educational Hospitals.....	I. Schulman.....	55	37	2,067	97	83	23,437	5	5	0	0	0	10†	3600-3900	P
Evanston															
St. Francis.....	J. B. Murphy.....	36	25	2,534	5	60	3,346	1	1	0	0	0	2	6780-7020	FP
Evergreen Park															
Little Company of Mary ¹⁸⁶	A. W. Fleming.....	60		4,394	14	71	1,209	4	4	0	0	0	8	7200-7500	P
Peoria															
St. Francis ¹⁷⁸	J. P. Callaway.....	43	53	2,001	117	70	2,141	2	2	0	0	0	4	5100-5400	F
INDIANA															
Indianapolis															
Indiana University Medical Center.....	L. T. Meiks.....							7	6	0	0	0	13		
Indiana University Hospitals.....	L. T. Meiks.....	57	31	1,942	138	76	8,133							4575-4900	P
Marion County General.....	R. M. Butler.....	40	62	386	10	80	10,029							3862-4176	P
Methodist Hospital of Indiana.....	G. J. Rosenberg.....	70	45	5,040†	43	70	3,249	2	2	0	0	0	4	5400-6060	P
IOWA															
Des Moines															
Iowa Methodist (Raymond Blank Memorial Hospital for Children).....	L. F. Hill.....	45	26	3,948	63	80	12,958	3	3	0	0	0	6	6300-6600	F
Iowa City															
University Hospitals.....	D. L. Dunphy.....	59	32	2,452	95	85	14,050	5	5	0	0	0	10	4000-4500	P
KANSAS															
Kansas City															
University of Kansas Medical Center.....	H. Miller.....	30	25	1,287	35	83	11,165	5	5	0	0	0	10	3600-4200	P
KENTUCKY															
Lexington															
University of Kentucky Medical Center.....								4	4	2	0	0	10		
St. Joseph.....	C. Wheeler.....	29	12	1,189	17	76								3960-5160	P
University.....	W. E. Wheeler.....	28	17	913	53	62	6,907							3960-5160	P
Louisville															
University of Louisville Affiliated Hospitals.....	W. M. Edwards.....							8	8	3	1	1	21	3333-5100	FP
Children's.....		63	0	3,717	79	65	21,132								
Louisville General.....		23	31	1,010	16	75	11,107								
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana.....															
Louisiana State University Division.....	R. E. L. Fowler.....	140	77	1,696	57	77	9,112						16	2700-3000	F
Tulane University Division.....	R. V. Platou.....	134	74	1,333	54	74	9,941						18	2700-3000	F
Shreveport															
Confederate Memorial Medical Center.....	C. H. Webb.....	53	53	3,021	47	66	3,649	2	2	0	0	0	4	2700-3100	F
MAINE															
Portland															
Maine Medical Center.....	P. G. Good.....	13	29	741	22	81	4,364	1	1	0	0	0	2	3300-4200	FP
MARYLAND															
Baltimore															
Baltimore City Hospitals.....	H. E. Harrison.....	65	62	1,776	34	74	27,298	8	1	1	0	0	10	4500-5500	O
Johns Hopkins.....	R. E. Cooke.....	87	52	2,273†	122	90	76,794	18	11	4	2	0	35	3500-5000	P
Johns Hopkins Community Pediatric Program.....	A. J. Schaffer.....							12	8	4	0	0	24	3500-5000	P
Baltimore City Hospitals.....	H. E. Harrison.....	65	62	1,776	34	74	27,298								
Greater Baltimore Medical Center.....	A. J. Schaffer.....	4	36	12	0	0	2								
Johns Hopkins.....	A. J. Schaffer.....	87	52	2,273†	122	90	76,794								
Sinai Hospital of Baltimore.....	E. Kaplan.....	33	55	2,259	25	80	12,448								
Union Memorial.....	W. Grubb.....	14	21	765	10	80	2,490								
Mercy.....	S. Walker.....	28	29	1,243	18	56	3,390	2	2	0	0	0	4	6300-6300	P
Sinai Hospital of Baltimore.....	E. Kaplan.....	33	55	2,259	25	80	12,448	2	4	2	0	0	8†	5000-6000	P
University.....	R. Hepner.....	38	44	1,041	45	66	20,402	7	7	1	0	0	15	3800-5000	P

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS																
Boston																
Boston City	D. Ingall	125	42	5,615	134	70	31,070	9	8	2	0	0	19	3600-5400	O	
Children's Hospital Medical Center	C. A. Janeway	60	0	3,101	216	81	72,500	14	15	9	2	0	40	1200-5250	FP	
Massachusetts General	N. B. Talbot	67	5	3,079†	61	82	5,706	5	5	1	0	0	11	3600-6000	O	
New England Medical Center Hospitals	M. B. Kriedberg	76		2,995	129	89	6,222	3	3	1	0	0	17	3600-6000	O	
St. Elizabeth's	J. J. A. Cavanaugh	27	47	706	3	100	3,208	3	3	0	0	0	6	3600-4200	F	
Worcester																
St. Vincent	P. P. Karpawieh	54	19	3,702	19	68	897	3	2	0	0	0	5	4100-4400	P	
Worcester City	J. Brem	35	22	1,511	6	67	6,032	2	2	0	0	0	4	4550-4883	FP	
MICHIGAN																
Ann Arbor																
University	J. L. Wilson	74	17	2,345	103	78	26,161	8	8	0	0	0	16	3540-3840	O	
Detroit																
Children's	P. V. Wooley	89	26	4,285	155	62	73,792	14	14	2	0	0	30	4800-8000	FP	
Harper	E. E. Martmer	34	42	1,884	11	54	1,653	5	5	0	0	0	10	3900-5400	O	
Henry Ford	R. H. High	72	21	3,825	110	48	22,281	4	4	0	0	0	8	4800-5040	P	
Flint																
Hurley	R. L. Clark	79	37	4,521†	20	75	1,311	2	2	0	0	0	4	5700-6000	P	
Grand Rapids																
Butterworth	J. Wilson	44	44	3,104†	30	87	1,532	2	1	0	0	0	3	5700-5700	P	
Pontiac																
Pontiac General	D. Trumpour	46	48	1,667†	19	79	383	1	1	0	0	0	2	6300-7200	FP	
St. Joseph Mercy	F. M. Adams	52	29	4,088	21	95	2,832	2	2	0	0	0	4	6300-6900	P	
Saginaw																
Saginaw General	R. Heavenrich	24	23	1,989	6	66	3,550	1	1	0	0	0	2	6360-6660	FP	
MINNESOTA																
Minneapolis																
University of Minnesota Affiliated Hospitals	J. A. Anderson							10	10	4	0	0	24			
Hennepin County General	R. B. Raile	31	24	1,260	17	88	20,207							4500-6500	P	
University of Minnesota Hospitals	J. A. Anderson	100	14	2,454	120	94	11,467							4500-5500	O	
St. Paul-Ramsey (St. Paul)	H. Venters	25	10	840	30	83	5,327							4944-5944	P	
Rochester																
Mayo Graduate School of Medicine	J. W. DuShane	60	20	4,382	82	88	41,629	8	8	8	0	0	24	3600-4200	P	
Rochester Methodist																
St. Mary's																
St. Paul																
Children's	M. Burke-Strickland	76	8	4,207	40	95	13,851	1	1	0	0	0	2	4500-5500	P	
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis																
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center	B. E. Batson	18	26	634	62	74	7,811	4	3	1	0	0	8	3600-4200	O	
MISSOURI																
Columbia																
University of Missouri Medical Center	R. L. Jackson	27	15	822	33	55	6,575	4	3	1	0	0	8	3660-4500	P	
Kansas City																
Children's Mercy	N. W. Smull	84	9	3,522	102	80	74,722	6	2	0	0	0	8	3300-3600	FP	
St. Louis																
Homer G. Phillips	P. J. White	64	55	3,353	48	46	14,233	6	3	0	0	0	9†	4584-5571	P	
St. Louis Children's	D. Goldring	140	2	5,897	160	77	41,264	10	10	4	2	0	26	3138-3918	P	
St. Louis City	M. Davis	51	43	2,647	34	82	7,085	3	3	0	0	0	6	4583-5305	O	
St. Louis University Group of Hospitals	A. McElfresh	116	67	6,346	104	71	20,353	4	4	2	0	0	10	4440-4680	O	
Cardinal Glennon Memorial Hospital for Children																
NEBRASKA																
Omaha																
Childrens Memorial	C. R. Angle	71	2	5,185	47	89	10,946	3	2	0	0	0	5	6300-6600	O	
Creighton Memorial St. Joseph's	J. R. Mitchell	32	24	3,561	53	83	5,641	3	3	0	0	0	6	4800-6000	P	
University of Nebraska	G. Gibbs	16	15	650	9	67	14,309	2	1	1	0	0	4	4300-4900	P	
NEW HAMPSHIRE																
Hanover																
Mary Hitchcock Memorial	S. E. Wheelock	6	6	388	13	85	6,022	1	1	0	0	0	2	3400-3800	O	
NEW JERSEY																
Camden																
Cooper	R. Bernardin	34	52	2,756	22	72	2,037	1	1	0	0	0	2	4200-4500	F	
Jersey City																
Jersey City Medical Center		75		1,507	31	58	10,420	7	5	0	1	0	13	3400-4600	F	
Neptune																
Fitkin Memorial	A. DeSpirito	38	29	2,837†	18	83	1,611	1	1	0	0	0	2	4200-5400	F	
Newark																
Newark Beth Israel	M. Fischman	35	23	1,728	15	60	862	1	1	0	0	0	2	3000-3300	F	
St. Michael	E. S. Szelewa	43	33	4,203	56	71	3,820	4	4	0	0	0	8	3900-5980	F	
United Hospitals of Newark-Babies	K. Hammond	58		3,278	46	77	19,900	6	6	3	0	0	15	4300-6200	F	
Newark City	F. C. Behrle	69	48	7,226	181	85	7,100							4450-5850	F	
Plainfield																
Muhlenberg	C. Hanson	38	43	3,167	73	77	5,286	1	1	0	0	0	2	4020-4800	FP	
NEW MEXICO																
Albuquerque																
University of New Mexico Affiliated Hospitals																
Bernalillo County-Indian	E. A. Mortimer, Jr.	23	17	875	17	71	2,235	3	3	0	0	0	6	5500-5900	P	
NEW YORK																
Albany																
Albany Medical Center	P. Patterson	27	32	1,253	38	58	4,969	3	3	1	0	0	7	4000-5400	P	
Buffalo																
Children's Hospital of Buffalo	M. I. Rubin	105	51	4,575	127	85	40,756	10	9	1	0	0	20	4100-5300	P	
Edward J. Meyer Memorial	T. Bumbalo	22		979	8	25	21,628	2	3	0	0	0	5	4895-5220	P	
East Meadow																
Meadowbrook	I. J. Olshin	28	20	459	86	73	4,114	4	4	0	0	0	8	4859-6425	F	

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued															
Manhasset															
North Shore	A. L. Florman	20	34	1,683	15	72	2,422	3	3	0	0	0	6	4980-6220	F
New Hyde Park															
Long Island Jewish Hospital Training Program	S. Karelitz								9	9	3	0	0	21†	
Long Island Jewish	S. Karelitz	33	50	2,211	86	81	6,468							4500-6250	O
Queens Hospital Center (New York City)	A. Aballi	61	47	5,648	137	87	17,093							4200-5220	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center	H. L. Barnett	120	38	3,000	61	81	52,000	15	12	2	0	0	29†	4980-5800	FP
Lincoln	A. Einhorn	72	54	2,118	41	75	35,624	14	8	3	0	0	25†	4740-6160	F
Bellevue Hospital Center, Div. III-New York University	S. Krugman	140	55	3,200	96	74	103,400	6	11	9	0	0	26	4740-6160	FP
Beth Israel	S. Blatman	28	27	1,076	2	100	9,479	3	3	0	0	0	6	4650-5650	P
Bronx-Lebanon Hospital Center	M. Davidson	35	49	1,622	18	83	24,959	6	4	4	0	0	14	5000-6000	P
Brookdale Hospital Center	R. Golinko	18	48	580	18	50	6,892	2	2	0	0	0	4	4500-5000	P
Brooklyn-Cumberland Medical Center	P. Scaglione							10	7	2	0	0	19		
Brooklyn		31	39	1,458	17	71	816							5640-6660	P
Cumberland		29	35	1,460	17	89	29,186							5640-5640	P
City Hospital Center at Elmhurst*	A. R. Rausen	46	57	1,482	75	96	44,984	4	4	2	0	0	10	5400-6900	FP
Harlem Hospital Center	E. Kahn	64	73	1,631	131	93	27,372	4	4	1	0	0	9	4740-6160	FP
Jewish Hospital of Brooklyn	C. Pryles	45	48	1,773	45	56	19,548	9	10	0	0	0	19	4500-5000	O
Greenpoint	L. Goldenberg	20	24	532	14	93	50,500							4220-5220	F
Lenox Hill	I. P. Sobel	29	32	1,176	36	78	6,821	2	2	0	0	0	4†	4300-4700	P
Long Island College	J. R. Bongiorno	31	35	1,611	57	65	5,397	3	3	0	0	0	6	4000-6250	P
Lutheran Medical Center	N. J. Chiara	19	23	1,055	5	80	4,158	2	3	0	0	0	5	4800-5100	F
Maimonides Hospital Training Program															
Maimonides Hospital of Brooklyn	H. Jocs	40	65	898†	24	67	7,715	3	3	1	0	0	7	4500-6250	P
Coney Island	F. Feldman	24	17	998	19	66	8,785	6	3	2	0	0	11	4000-6250	P
Methodist Hospital of Brooklyn	V. Larkin	32	45	1,596	54	43	8,622	4	3	0	0	0	7	5000-5500	P
Misericordia-Fordham Training Program	W. R. Stankewick							3	3	1	0	0	7	5910-6930	F
Misericordia		22	48	3,829	43	44	5,422								
Fordham		45	19	1,479	33	94	37,456								
Montefiore Hospital Training Program	L. Finberg							8	9	4	0	0	21	4620-6370	P
Montefiore Hospital and Medical Center		33	0	1,119	39	93	11,080								
Morrisania City		42	27	1,590	17	94	66,137								
Mount Sinai	H. L. Hodes	90	91	2,582	115	81	58,227	5	5	1	0	0	11	4500-5500	P
New York	W. N. McCrory	90	65	2,504	136	91	34,889	8	6	3	1	0	18	4000-7000	P
New York Infirmary	C. Lodyjensky	18	24	339	3	67	4,771	2	2	1	0	0	5	4850-5050	F
New York Medical College-Metropolitan Hospital Center	E. Wasserman							12	12	0	0	0	24	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals		22	41	741	15	80	881								
Unit 2—Metropolitan		88	54	2,088	31	71	122,451								
New York Polyclinic Medical School and Hospital	E. M. DiTolla	12	19	789	6	33	3,372	1	1	0	0	0	2	4700-5300	P
Presbyterian (Babies)	E. C. Curnen	149	93	5,560	230	86	45,017	10	12	2	0	0	24	4800-8000	O
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park															
Roosevelt	E. N. Joyner	27	8	756†	15	81	11,634	4	4	1	0	0	9	4300-6300	O
St. Francis ²⁰⁷	R. P. Drago	44	31	2,055	61	90	8,763	3	2	0	0	0	5	5600-8000	P
St. Luke's Hospital Center	S. S. Stevenson	21	34	1,261	14	64	11,770	4	4	0	0	0	8	4500-5000	P
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	49	66	1,324	74	76	6,568	4	4	0	0	0	8	5500-6000	P
St. Vincent's Hospital of the Borough of Richmond		43	38	2,058	24	56	1,969	2	2	0	0	0	4	5700-6600	P
State University-Kings County Medical Center	J. T. Lanman							15	18	4	3	0	40†		
Kings County Hospital Center	J. T. Lanman	187	104	5,300	109	64	13,706							4740-6160	FP
State University															
Rochester															
Rochester General	T. Benson	32	39	1,673	17	94	1,721	2	2	0	0	0	4	3620-4120	FP
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	69	35	1,574	103	79	16,154	7	6	2	0	0	15	3600-5400	O
Syracuse															
St. Joseph's	C. Needham	29	23	2,779	41	59	2,759	1	1	0	0	0	2	4350-4480	F
State University of New York Upstate Medical Center	J. Richmond	35	21	2,740	16	55	12,067	5	5	2	0	0	12†	4036-4940	O
Valhalla															
Grasslands	T. A. Anderson	59	10	799	31	77	5,186	3	3	0	0	0	6	5100-5600	FP
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	F. W. Denny	38	11	2,254†	83	74	10,499	5	4	1	0	0	10	3190-5700	O
Charlotte															
Charlotte Memorial	C. G. Watkins	13	44	718	18	61	9,501	1	1	0	0	0	2	4620-4860	P
Durham															
Duke	J. S. Harris	39	23	2,817	106	78	14,256	6	4	2	0	0	12	3900-4800	P
Raleigh															
Memorial Hospital of Wake County	F. T. Eastwood	21	24	2,861	42	50	1,598								
Winston-Salem															
North Carolina Baptist Hospitals	W. Kelsey	33	32	1,991	61	59	3,466	3	3	1	0	0	7	3000-4000	P
OHIO															
Akron															
Children's Hospital of Akron	N. Miller	92	57	5,563	92	82	17,600	8	8	2	0	0	18†	4200-4500	FP
Cincinnati															
University of Cincinnati Hospital Group	E. L. Pratt							12	12	1	0	0	25	3600-4200	F
Children's		96		4,825	79	81	9,901								
Cincinnati General		21		898	46	63	16,311								
Cleveland															
Cleveland Clinic	R. Mercer	19	15	1,966	19	64	8,430	2	2	0	0	0	4	3900-4200	P
Cleveland Metropolitan General ³³⁵	F. C. Robbins	33	51	1,162	41	79	49,101	6	6	0	0	0	12†	4000-5900	P
Fairview General	W. Kelley	23	46	2,334	9	89	4,914	2	2	0	0	0	4	5400-6000	F
Mount Sinai Hospital of Cleveland ³³⁵	H. Epstein	34	35	721	14	86	5,484	2	2	0	0	0	4	3996-4404	P
St. Luke's	R. G. Hodges	34	33	1,965	7	86	5,098	1	2	0	0	0	3	4800-5220	P
University Hospitals of Cleveland ³²⁹	W. M. Wallace	60	68	2,795	123	84	20,121	10	6	3	0	0	19	3600-5400	P
Columbus															
Children's	B. D. Graham	86	8	4,548	138	70	24,176	12	12	3	0	0	27	4200-4800	P

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
St. Anthony	H. V. L. Sapper	15	47	873	31	39	4,956	1	1	0	0	0	2	5400-5700	P
University of Oklahoma Hospitals ²⁴⁰	H. D. Riley	57	15	1,268	79	52	17,125						13†	4000-7500	P
Tulsa															
Hillcrest Medical Center	J. M. Hill	17	26	871	16	11	5,795	2	2	0	0	0	4	7200-8100	P
St. John's	H. Goldman	50	37	3,468	34	68	1,310	1	1	0	0	0	2	6300-6600	P
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	R. W. Olmsted	33	29	2,976	51	88	26,398	5	5	0	0	0	10	3000-3600	F
PENNSYLVANIA															
Danville															
Geisinger Medical Center	S. S. Morrison	17	8	724	24	71	10,147	1	1	0	0	0	2	4800-5700	P
Harrisburg															
Harrisburg	R. J. Tursky	42	34	4,877	61	59	7,282	2	2	0	0	0	4	5856-6756	P
Harrisburg Polyclinic	F. B. Corneal	53	27	3,113	30	77	3,647	2	2	0	0	0	4	5400-6000	F
Philadelphia															
Albert Einstein Medical Center	M. Malen	42	62	3,037†	16	69	4,698	3	3	0	0	0	6	2700-3000	FP
Children's Hospital of Philadelphia	A. M. Bongiovanni	124	11	7,053	133	82	70,906	8	12	4	1	0	25	1500-6000	F
Germanstown Dispensary and Hospital	M. W. McFadden	16	13	1,141	10	70	2,335	1	1	0	0	0	2	3600-5100	FP
Hahnemann Medical College and Hospital	C. Fischer	30	13	1,045	20	50	5,500	3	3	1	0	0	7	3000-4000	P
Hospital of the University of Pennsylvania	L. Barness	15	30	649	13	92	9,496	3	0	2	0	0	5	1800-4200	P
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	32	37	1,600	92	95	5,956	3	3	1	0	0	7	4400-5300	P
Jefferson Medical College	R. L. Brent	24	42	3,745	60	44	11,397	3	3	0	0	0	6	3350-3800	O
Philadelphia General	J. Ritter, S. Ziegler	103	81	2,945	47	83	52,302	6	5	0	0	0	12†	4100-5207	F
Temple University Medical Center	V. C. Vaughn, III							12	12	2	0	0	26		
St. Christopher's Hospital for Children		117	5	5,277	118	96	68,264							3000-3600	FP
Temple University															
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh															
Children's Hospital of Pittsburgh	D. N. Medearis, Jr.			3,260	123	3	27,244	6	14	5	0	0	25	3900-4500	O
Sayre															
Robert Packer	D. S. Motsay	20	8	1,992	27	70	7,615	1	1	1	0	0	3†	3000-5400	FP
PUERTO RICO															
Fajardo															
Fajardo District															
Ponce															
Ponce District General	M. A. Lopez-Rodriguez	116	25	3,267	412	42	8,276	3	4	0	0	0	7	3900-4500	F
Rio Piedras															
Rio Piedras Municipal															
University District	A. Ortiz	72	36	1,603	262	70	8,975	8	8	2	0	0	18	6000-6600	F
San Juan															
San Juan City	E. S. Colon Rivera	71	64	1,721	110	57	18,823	12	12	2	0	0	26	5700-6900	P
RHODE ISLAND															
Providence															
Rhode Island	B. Feinberg	51	0	1,538	27	74	4,266	3	3	0	0	0	6	4600-4900	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	J. R. Paul	61	28	2,394	96	67	10,696	4	2	1	0	0	7	2910-4200	FP
Medical College															
Columbia															
Columbia Hospital of Richland County	R. W. Gibbes	49	34	2,546	48	65	12,573	1	1	0	0	0	2	6240-6480	P
TENNESSEE															
Knoxville															
East Tennessee Affiliated Hospitals	J. Chesney							2	2	0	0	0	4	4392-4512	F
East Tennessee Children's		31		2,534	41	39	5,860								
University of Tennessee Memorial Research Center and Hospital		28	15	603	23	48	1,724								
Memphis															
University of Tennessee Affiliated Hospitals	J. Hughes							11	11	0	0	0	22		
City of Memphis Hospitals	J. Hughes	251	103	2,752	192	74	22,553							3660-3720	F
Le Bonheur Children's		63		6,168	73	68	3,919							3660-3720	F
Nashville															
Baptist	D. Sanders	17	28	983	11	55	1,465	2	1	0	0	0	3	6000-6300	F
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	22	23	897	10	100	8,143	2	2	2	0	0	6	3300-3900	F
Vanderbilt University Affiliated Hospitals	A. Christie							7	2	1	0	0	10		
Nashville Metropolitan General	W. D. Donald	19	16	440	13	69	13,159							3000-3600	P
Vanderbilt University	A. Christie	41	20	1,949	61	72	13,206							3000-3600	P
TEXAS															
Corpus Christi															
Driscoll Foundation Children's	J. M. Sloan	80	4	1,418	46	96	52,265	4	4	4	0	0	12†	3600-6600	FP
Dallas															
Children's Medical Center ³⁶⁵	H. Eichenwald	94	108	5,251	151	70	62,191	11	8	1	0	0	20	3600-4800	P
Galveston															
University of Texas Medical Branch Hospitals	C. Daeschner	124	26	2,451	130	64	11,302	6	6	2	0	0	14	4200-4200	P
Houston															
Baylor University Affiliated Hospitals	R. J. Blattner							13	12	2	0	0	27†		
Ben Taub General		43	80	1,408	91	59	50,148							3300-3600	O
Hermann		16	60	548	17	76	9,018							3900-4500	P
Methodist		1	25	30†	1	100	3,703							4500-4800	P
Texas Children's		49	0	3,427	90	90	9,364							4200-4500	O
St. Joseph	A. H. Kline	31	43	3,100	8	75	802	1	1	0	0	0	2	5100-5400	O

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued															
San Antonio															
University of Texas South Texas Medical School	J. Newton														
Affiliated Hospitals	J. Newton	39	40	1,073	53	61	19,615	4	4	0	0	0	8	4500-6300	FP
Robert B. Green Memorial	J. Newton														
Santa Rosa Medical Center	L. Geppert	114	38	6,094	138	53	6,424								
Temple															
Scott and White Memorial	H. E. LeBus	12		813†	9	33							2	4500-5100	P
UTAH															
Salt Lake City															
University of Utah Affiliated Hospitals	M. E. Lahey														
University	M. E. Lahey	23	60	1,074	19	68	20,922	5	4	1	0	0	10†	4200-5400	P
Latter-day Saints															
Primary Children's		83		5,978	44	86	5,893								
Shriners Hospital for Crippled Children															
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	R. J. McKay, Jr.														
DeGoesbriand Memorial		17	14	1,266	3	100	3,351	2	2	0	0	0	4	4500-5100	O
Mary Fletcher		12	15	687†	14	100	2,483								
VIRGINIA															
Alexandria															
Alexandria	R. L. Bregman	24	44	2,416†	69	35	4,424	1	1	0	0	0	2	3600-4200	P
Charlottesville															
University of Virginia	W. G. Thurman	20	29	875	59	48	10,457	4	4	1	0	0	9	4200-5400	O
Norfolk															
King's Daughters Children's	M. A. Warfield	57	39	4,402	36	61	32,168	3	3	0	0	0	6	3600-5100	FP
Richmond															
Medical College of Virginia—Hospital Division	W. E. Laupus	54	79	1,785	92	59	27,898	8	8	4	2	0	22†	2400-3000	F
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals	R. J. Wedgwood														
Children's Orthopedic Hospital and Medical Center	J. M. Docter	117	24	8,192	130	92	43,136	14	14	4	0	0	32	3660-4800	O
King County	N. Smith	9	17	404	11	73	6,143							3000-5400	
University	R. J. Wedgwood	6	21	360†	13	85	10,135							3660-6540	P
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional	F. A. Cornwall	10	8	692	5	20	6,196	2	1	0	0	0	3	6400-7400	P
Charleston															
Memorial	T. G. Potterfield	17	20	878	16	81	755	1	1	0	0	0	2	3600-3900	F
Morgantown															
West Virginia University Medical Center	W. G. Klingberg	37	11	1,174	58	83	5,954	3	3	0	0	0	6	3680-4280	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	C. C. Lobeck														
University Hospitals		45	8	1,161	52	87	9,364	6	6	2	0	0	14†	3800-5200	P
Madison General		30	27	2,501†	2	100								3800-5200	P
St. Mary's		29	36	2,454	7	71								3800-5200	P
Milwaukee															
Marquette University Affiliated Hospitals	J. C. Peterson														
Milwaukee Children's		93	3	5,349	64	72	13,316	7	7	2	0	0	16	3900-5580	F
Milwaukee County General		53	35	2,550†	32	68	15,313							4275-6035	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training of two years' duration through affiliation with a fully approved program.
Programs, 40; Residencies, 115

UNITED STATES PUBLIC HEALTH SERVICE

ARIZONA															
U. S. Public Health Service Indian, Phoenix ¹⁶	W. A. Carlile	36	0	1,064	8	100	17,710	2	2	0	0	0	4	...	O
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Long Beach															
Memorial Hospital of Long Beach ¹⁰⁵	M. Baecker	27	25	2,362	15	67	2,827	1	0	0	0	0	1	6000-6600	P
CONNECTICUT															
Norwalk															
Norwalk ¹⁴⁸	A. Beasley	26	29	684	3	67	1,091	2	1	0	0	0	3	4200-4800	F
Waterbury															
Waterbury ¹⁴⁹	P. Teiger	21	26	2,233	10	90	1,350	1	1	0	0	0	2	4200-4800	FP
DELAWARE															
Wilmington															
Wilmington Medical Center															
Wilmington General Division ¹⁰¹	H. Rosenblum	13	25	1,185†	6	100	4,549	1	1	0	0	0	2	4200-6600	FP
ILLINOIS															
Chicago															
Edgewater ¹⁷⁷	R. R. Katubig	17	27	1,392	2		889	2	1	0	0	0	3	5400-6600	F
Grant ¹⁷⁷	D. H. Welker	18	31	1,325	3	33	1,579	2	0	0	0	0	2	5400-5400	P
Northwestern University Medical Center															
Evanston (Evanston) ¹⁷²	H. F. Philipsborn	24	32	2,172	8	75	2,629	1	1	0	0	1	2	3300-3900	

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A. D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O	
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS—Continued																	
Evanston																	
Evanston—See Northwestern University Medical Center, Chicago																	
KENTUCKY																	
Louisville																	
		St. Joseph Infirmary ²⁰¹	J. H. Doyle	47	28	3,725	31	65	1,403	3	0	0	0	0	3	4740-4860	P
LOUISIANA																	
New Orleans																	
		Ochsner Foundation ²⁰⁷	C. H. Snyder	6	...	1,732	10	...	13,715	1	1	0	0	0	2	3300-3600	P
		Touro Infirmary ²⁰⁷	H. Rothschild	19	55	678	9	78	2,972	1	1	0	0	0	2	4500-4800	F
MARYLAND																	
Baltimore																	
		Provident ²¹⁶	E. L. White	19	14	812	4	25	1,401	2	1	0	0	0	3	5400-6000	F
MASSACHUSETTS																	
Springfield																	
		Springfield ²²⁶	T. A. Doe	34	65	1,653†	13	92	1,429	2	2	0	0	0	4	5220-5520	P
MICHIGAN																	
Detroit																	
		Detroit General ²⁴²	M. Heins	66	...	2,437	18	89	3,346	4	3	1	0	0	8	5300-6200	P
Kalamazoo																	
		Borgess ²⁴²	T. Reigel	25	17	4,122	10	80	1,697	1	1	0	0	0	2	5700-...	FP
		Bronson Methodist ²⁴¹	H. S. Heersma	36	25	2,314	19	14	2,706	1	0	0	0	0	1	5700-5700	F
NEW JERSEY																	
Trenton																	
		St. Francis ²⁴⁷	H. Davis	37	33	3,107	9	89	2,122	1	1	0	0	0	2	4200-4920	F
NEW YORK																	
Albany																	
		St. Peter's ²⁷⁶	J. E. Gainer	15	0	709	...	80	3,472	2	2	0	0	0	4	4200-5700	F
Cooperstown																	
		Mary Imogene Bassett ³⁰⁹	T. C. Goodwin	5	5	250	3	67	9,729	1	0	0	0	0	1	4128-5376	P
New York City																	
		Flushing Hospital and Medical Center ³¹⁰	H. T. Vogel	21	36	1,578	8	100	8,930	2	2	0	0	0	4	4020-4320	FP
		Jewish Memorial ³⁰⁶	W. Levy	14	27	981	7	57	1,590	2	1	0	0	0	3	4200-5400	F
		Mary Immaculate ³¹⁰	V. G. Tosti	28	27	1,294	28	64	1,993	2	2	0	0	0	4	4200-4800	FP
		St. John's Episcopal ³⁰⁰	B. H. Schulman	17	30	677	39	95	6,807	2	2	0	0	0	4	4680-5280	FP
		Wyckoff Heights ²⁸⁸	A. Eden	20	31	395	16	94	968	2	2	0	0	0	4	4080-5400	F
Rochester																	
		Genesee ³¹⁹	R. S. Meltzer	13	31	770	12	83	3,483	2	0	0	0	0	2	4900-6400	P
NORTH CAROLINA																	
Durham																	
		Watts ⁶⁵	A. H. London	15	14	1,132†	6	50	1,947	1	1	0	0	0	2	3900-4200	F
Wilmington																	
		Babies ⁶⁶	R. B. Moore	39	4	2,774	15	40	3,374	2	0	0	0	0	2	4800-4800	F
OHIO																	
Cincinnati																	
		Good Samaritan ³²⁴	D. J. Frank	56	79	4,003	9	67	2,522	3	3	0	0	0	6	5400-6600	P
		Jewish ³²⁴	G. Englander	21	37	2,286†	2	...	1,413	1	1	0	0	0	2	4500-4800	FP
Toledo																	
		Mercy ²⁴²	J. J. Tansey	44	30	3,461	5	100	2,437	2	0	0	0	0	2†	4800-4800	FP
Warren																	
		Trumbull Memorial ³²⁸	R. P. Ostergard	23	29	2,076	6	67	840	2	2	0	0	0	4	4200-4800	F
PENNSYLVANIA																	
Philadelphia																	
		Graduate Hospital of the University of Pennsylvania ¹⁹⁷	J. A. Ritter	7	0	234	3	2	308	2610-2610	P
PUERTO RICO																	
San Juan																	
		Presbyterian ³⁵⁶	A. Garcia-Rivera	16	28	1,013†	20	15	...	1	0	0	0	0	1	7200-7200	F
RHODE ISLAND																	
Providence																	
		Charles V. Chapin ²⁸⁰	M. Adelman	24	0	1,026	5	100	1,320	2	2	0	0	0	4	4712-4712	F
		Roger Williams General ³⁵⁷	R. C. Eley	25	10	1,267	13	61	759	3	2	0	0	0	5	4200-4200	F
SOUTH CAROLINA																	
Greenville																	
		Greenville General ³⁴¹	C. C. Cowan	41	44	2,845†	22	68	3,192	0	2	0	0	0	2	4800-4800	P
TENNESSEE																	
Chattanooga																	
		T. C. Thompson Children's ¹⁶⁷	J. V. Lavecchia, H. Massoud	70	34	4,284	87	53	30,481	3	3	0	0	0	6	4800-5100	F
Memphis																	
		Baptist Memorial ³⁶⁰	F. S. Hill	37	43	2,741	18	44	413	0	2	0	0	0	2	4200-4500	F
TEXAS																	
Dallas																	
		Methodist Hospital of Dallas ³⁶⁴	P. W. Schneider	24	28	2,753	51	86	2,428	2	2	0	0	0	4	3720-5100	FP
WISCONSIN																	
La Crosse																	
		Lutheran Hospital Gundersen Clinic ⁷¹	R. K. Slungaard	14	5	1,188	9	78	15,492	1	0	0	0	0	1	4800-4800	F

Numerical and other references are listed on pages 276 through 280.

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements and the explanatory footnote (*) on "Mixed," "Adult" and "Pediatric" categories below.)
Programs, 33; Residencies, 74

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
Wilford Hall U.S.A.F., San Antonio	R. E. Smith	70	4,980	1	1	0	0	0	2	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ARKANSAS											
Little Rock University of Arkansas Medical Center	V. Gordon	...	...	1	1	0	0	0	2	.....	...
CALIFORNIA											
Los Angeles Los Angeles County General, Unit I ⁷⁸	M. Benis	400	3,435	1	1	0	0	0	2	7200-7860	P
University of California	E. M. Heimlich	...	5,321	1	1	0	0	0	2	6000-8000	O
San Francisco University of California Program in Pediatric Allergy H. C. Moffitt-University of California Hospitals	W. C. Deamer	Inc. in Pediatrics	3,377	1	1	0	0	0	2	6000-6000	O
COLORADO											
Denver University of Colorado Medical Center	D. S. Pearlman	...	3,177	1	2	0	0	0	3	3500-6000	P
DISTRICT OF COLUMBIA											
Washington Children's	W. Howard	Inc. in Pediatrics	3,361	1	1	0	0	0	2	4800-4800	O
Georgetown University	R. T. Scanlon	...	...	1	1	0	0	0	2	.....	...
ILLINOIS											
Chicago Michael Reese Hospital and Medical Center*	M. Mosko, A. Matheson	4	3,089	0	0	1	1	0	2	4500-5700	P
Presbyterian-St. Luke's	J. S. Hyde	344	1,074	2	2	0	0	0	4	4600-5000	P
KANSAS											
Kansas City University of Kansas Medical Center	F. Speer	Inc. in Pediatrics	2,661	2	2	0	0	0	4	4800-5200	P
KENTUCKY											
Lexington University	W. E. Wheeler	...	...	1	0	0	0	0	1	4580-...	P
MARYLAND											
Baltimore Johns Hopkins	M. B. Rhyne	...	5,430	4	4	0	0	0	8	7000-7000	P
MASSACHUSETTS											
Boston Children's Hospital Medical Center	H. Mueller	Inc. in Pediatrics	...	1	1	0	0	0	2	3600-3600	O
MICHIGAN											
Ann Arbor University*	J. M. Sheldon	Inc. in Pediatrics	...	1	1	0	0	0	2	4416-4876	O
Detroit Children's	S. Levin	186	4,223	0	0	2	0	0	2	4800-6000	P
MINNESOTA											
Rochester Mayo Graduate School of Medicine	G. B. Logan	Inc. in Pediatrics	...	2	0	0	0	0	2	4200-4800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	.....	...
St. Mary's	...	...	...	...	...	...	...	...	...	.....	...
NEW YORK											
Buffalo Children's Hospital of Buffalo	V. Cohen	123	5,185	0	0	0	1	0	1	4100-5300	P
New York City Presbyterian (Babies)	W. Kessler	...	3,896	2	2	0	0	0	4	6600-10000	O
Roosevelt*	W. B. Sherman	4	3,086	1	0	0	0	0	1	4800-6300	O
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	...	1,340	2	0	0	0	0	2	6500-7500	O
Rochester Strong Memorial Hospital of the University of Rochester	D. E. Johnstone	10	4,200	..	..	..	..	..	..	.....	O
NORTH CAROLINA											
Durham Duke	S. C. Dees	123	1,341	1	1	0	0	0	2	3900-4800	P
OHIO											
Cincinnati University of Cincinnati Hospital Group*	J. E. Ghory	...	...	1	1	0	0	0	2	5000-5000	O
Children's	...	...	...	...	...	...	...	...	...	.....	F
Cincinnati General	...	...	...	...	...	...	...	...	...	.....	...
Convalescent Hospital for Children	...	93	997	..	..	..	..	..	..	.....	...
PENNSYLVANIA											
Philadelphia Children's Hospital of Philadelphia	H. I. Lecks	Inc. in Pediatrics	1,679	0	1	0	0	0	1	4000-4000	O
St. Christopher's Hospital for Children	L. S. Girsch	98	2,725	1	1	0	0	0	2	3600-3600	FP
Pittsburgh Children's Hospital of Pittsburgh	H. C. Mansmann, Jr.	...	...	1	1	0	0	0	2	3900-4500	O

Numerical and other references are listed on pages 276 through 280.

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND											
Providence											
Rhode Island*	G. K. Boyd	Inc. in Pediatrics	1,442	1	0	0	0	0	1	4900-5400	P
TENNESSEE											
Memphis											
City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. E. Crawford		3,500	1	1	0	0	0	2	3660-3780	F
TEXAS											
Dallas											
Children's Medical Center*	S. R. Halpern		3,584						1	5004-5004	P
Houston											
Baylor University Affiliated Hospitals											
Texas Children's	J. P. McGovern	43	931	1	1	0	0	0	2	5500-7000	O
VIRGINIA											
Charlottesville											
University of Virginia*	J. L. Guerrant		560	1	0	0	0	0	1	4500-8000	O
WASHINGTON											
Seattle											
University of Washington Affiliated Hospitals*	P. Van Arsdell, Jr.			3	3	0	0	0	6		
University Children's Orthopedic Hospital and Medical Center											
King County											

19. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics and the Sub-Specialty Board of Pediatric Cardiology, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty. Programs, 46; Residencies, 118

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
ARKANSAS															
Little Rock															
University	F. Char, W. T. Dungan						2	1	1	0	0	0	2		
CALIFORNIA															
Los Angeles															
Childrens Hospital of Los Angeles	D. Fyler	7	399	31	87	1,492	2							5500-7000	O
University of California	F. H. Adams	7	357	26	88	267	2	7	1	1	0	0	9	6000-10000	O
Oakland															
Children's Hospital Medical Center of Northern California	E. R. Duffie, Jr.	4	100			720	2	1	1	0	0	0	2	6000-6000	FP
Palo Alto															
Palo Alto-Stanford Hospital Center	N. Sissman	5	175	25	95	521	2	1	1	0	0	0	2	5500-8000	O
San Francisco															
University of California Program in Pediatric Cardiology							2								
H. C. Moffitt-University of California Hospitals															
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center	N. S. Talner	15	328			2,730	2	2	2	1	0	0	5	7000-8000	P
DISTRICT OF COLUMBIA															
Washington															
Children's	L. Scott	8	85	8	100	702	2	1	0	0	0	0	1	4800-4800	O
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	G. L. Schiebler	8	291	36	92	524	2	2	2	0	0	0	4	6000-8500	O
GEORGIA															
Atlanta															
Grady Memorial	R. W. Blumberg		Inc. in Pediatrics				2	1	1	0	0	0	2	3000-4200	P
ILLINOIS															
Chicago															
Children's Memorial	M. Paul	8	437	30	87	2,525	2	0	0	2	2	2	2	6000-6000	O
Presbyterian-St. Luke's	H. G. Bucheleres	7	257	32	95	822	2	1	0	0	0	0	1	4600-4600	P
University of Chicago Hospitals and Clinics	D. E. Cassels	88	829	11	82	5,538	2						2	5160-5800	O
University of Illinois Affiliated Hospitals	R. A. Miller						2	4	4	0	0	0	8		
Cook County		18	365	35	33	2,897								4620-8000	FP
University of Illinois Research and Educational Hospitals		4	204	15	93	1,000								3900-6000	P
INDIANA															
Indianapolis															
Indiana University Hospitals	P. Lurie	9	260	76	97	1,655	2	1	0	0	0	0	1	4375-4700	P
KANSAS															
Kansas City															
University of Kansas Medical Center	A. M. Diehl	9	416	25	96	1,049	2	2	2	1	0	0	5	4800-7600	P

18. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana							2								
Louisiana State University Division															
Tulane University Division	J. L. Reynolds	6	125	8	90	615	2	1	1	0	0	0	2	3600-4500	O
MARYLAND															
Baltimore															
Johns Hopkins	R. D. Rowe					3,411	2	2	1	0	0	0	3	5000-7500	P
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	A. Nadas	27	1,052	36	83	2,289	2	5	4	2	0	0	11	5000-7500	O
MINNESOTA															
Minneapolis															
University of Minnesota Hospitals	J. A. Anderson					1,678	2	3	3	2	0	0	8	4200-6500	O
Rochester															
Mayo Graduate School of Medicine	J. W. DuShane	13	599	41	90	2,288	2	2	2	0	0	0	4	4200-6500	P
Rochester Methodist															
St. Mary's															
MISSISSIPPI															
Jackson															
University	D. G. Watson	1	66	4	25	188	2	1	0	0	0	0	1	5000-6500	O
MISSOURI															
St. Louis															
St. Louis Children's	D. Goldring	1	462			1,393	2	1	1	1	0	0	3	4800-6000	O
NEW YORK															
Buffalo															
Children's Hospital of Buffalo	E. Lambert	20	782	63	80	2,584	2	0	0	0	3	0	3	5500-7500	
New York City															
Albert Einstein College of Medicine															
Affiliated Hospitals															
Bronx Municipal Hospital Center	G. Hait, S. Yuan					1,062	2	3	3	0	0	0	6		O
New York Hospital-Cornell Medical Center	M. Engle														
New York University Medical Center	E. F. Doyle						2								
Bellevue Hospital Center														4740-6160	FP
University	E. F. Doyle														
Presbyterian (Babies)	S. Blumenthal	25	460	21	10	1,275	2	2	2	0	0	0	4	6000-7500	O
Rochester															
University of Rochester School of Medicine															
Strong Memorial Hospital of the University of Rochester	J. A. Manning	10	350	40	95	1,100	2	1	1	0	0	0	2	3600-5400	O
Syracuse															
State University of New York Upstate Medical Center															
Syracuse Memorial							2								
NORTH CAROLINA															
Chapel Hill															
University of North Carolina School of Medicine															
North Carolina Memorial	H. Harned						2	0	0	0	1	1	2	7500	
Durham															
Duke	M. S. Spach	10	402	28	80	1,773	2	3	3	0	0	0	6	3900-4800	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Children's	S. Kaplan					1,314	2								
Cleveland															
University Hospitals of Cleveland	J. Liebman						2	1	1	0	0	0	2	5600-5600	P
Columbus															
Children's	D. Hosier	6	330	34	70	3,774	2							4200-4200	P
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	S. Friedman					952	2	0	1	0	0	0	1	4500-4500	P
St. Christopher's Hospital for Children	C. R. E. Wells	12	400	42	95	1,400	2	1	1	0	0	0	2	4200-4200	FP
Pittsburgh															
Children's Hospital of Pittsburgh	S. R. Bauersfeld		323	70		4,782	2	1	1	0	0	0	2	3900-4500	O
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals	L. E. Ainger						2	1	1	0	0	0	2		
City of Memphis Hospitals	L. E. Ainger	12	250	25	75	1,700								5000-10000	F
Le Bonheur Children's															
TEXAS															
Dallas															
Children's Medical Center	G. Fashena		914	51	84	862	2	1	1	0	0	0	2	6000-8000	P
VIRGINIA															
Charlottesville															
University of Virginia	F. Dammann					672	2							5000-8000	O
Richmond															
Medical College of Virginia—Hospital Division	C. M. McCue	24	400	42	86	1,421	2	1	1	0	0	0	2	3000-3000	F
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals															
University	W. G. Guntheroth	2	140	4	100	389	2	1	1	1	0	0	3	3660-6540	P
WISCONSIN															
Milwaukee															
Milwaukee Children's	W. J. Gallen	1	118	7	86	347	2	1	0	0	0	0	1	7100-7100	P

Numerical and other references are listed on pages 278 through 280.

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty.
Programs, 69; Residencies, 456

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco	F. J. Sheffield	5,936	73,487	14,157	1	1	1	0	0	3	.....	..
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Hospitals and Clinics	W. C. Fleming, F. Becker	1,486	60,327	4,166	2	2	2	0	0	6	3840-4320	P
Veterans Admin.	F. Becker	113	38,443	1,046	..	..	..	..	..	..	4480-6262	O
Tuskegee												
Veterans Admin.	W. B. Snow	1,944	316,450	2,384	2	2	2	0	0	6	4480-6260	O
CALIFORNIA												
Long Beach												
Veterans Admin.	L. B. Greene	2,017	114,295	5,626	3	3	3	0	0	9	5760-12510	O
Los Angeles												
Los Angeles County General, Unit I	E. Austin	100,274	230,713	26,004	1	1	1	0	0	3	7200-8400	P
University of California	R. E. Worden	15,136	16,710	8,943	3	3	3	0	0	9	4200-9000	P
Veterans Admin. Center-Wadsworth	K. H. Haase	4,564	319,570	8,227	4	4	4	0	0	12	8961-13380	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ¹²⁸												
Palo Alto-Stanford Hospital Center	D. Feldman	882	31,386	3,909	2	2	2	0	0	6	5000-9000	O
San Francisco												
University of California Program in Physical Medicine and Rehabilitation	G. Bard				2	2	2	0	0	6	.....	..
H. C. Moffitt-University of California Hospitals	G. Bard	17,650	24,549								5000-6000	O
San Francisco General	G. Bard	905	16,526	391	..	..	..	..	..	..	.....	..
Veterans Admin.					..	..	..	..	..	..	.....	..
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	S. Mead	454		11,748	1	1	1	0	0	3	4230-7109	P
Vallejo												
Kaiser Foundation Hospital and Rehabilitation Center—see University of California Program in Physical Medicine and Rehabilitation, San Francisco												
COLORADO												
Denver												
University of Colorado Medical Center	J. W. Gersten	6,563	31,876	31,876	3	2	2	0	0	7	3500-6000	P
Veterans Admin. ¹⁴³		1,228	10,917	362	..	..	..	..	..	..	4480-12510	..
CONNECTICUT												
New Haven												
Yale-New Haven Medical Center												
Yale-New Haven	R. V. Jones	22,044	45,203	589	2	2	1	0	0	5	5000-10000	P
DISTRICT OF COLUMBIA												
Washington												
Georgetown University	M. Kenrick	62	15,860	7,004	1	1	1	0	0	3	5000-6000	P
George Washington University	C. S. Wise	4,968	16,474	10,656	1	1	1	0	0	3	3900-4800	P
FLORIDA												
Coral Gables												
Veterans Admin.	B. B. Sutton	2,781	48,423	11,748	1	1	1	0	0	3	4480-6260	O
GEORGIA												
Atlanta												
Emory University—See Georgia Warm Springs Foundation-Emory University, Warm Springs												
Warm Springs												
Georgia Warm Springs Foundation-Emory University					4	4	4	0	0	12	.....	..
Georgia Warm Springs Foundation	E. D. Haak	487	66,078	1,811	..	..	..	..	..	..	5000-12000	P
Emory University (Atlanta)	R. L. Bennett	541	7,029	3,062	..	..	..	..	..	..	3000-3300	P
ILLINOIS												
Chicago												
Mount Sinai	A. M. Rosenthal	41	19,500	1,709	2	3	3	0	0	8	5000-10000	P
Charles H. and Rachel M. Schwab Rehabilitation	A. M. Rosenthal	447	76,334	1,170	..	..	..	..	..	..	5000-10000	P
Northwestern University Medical Center	L. B. Newman											
Rehabilitation Institute of Chicago	H. B. Betts	613	8,591		3	3	3	0	0	9	3600-12000	P
Veterans Admin. Research	L. B. Newman	2,001	41,756	5,722	3	1	1	0	0	5	4480-8000	O
University of Illinois Affiliated Hospitals	E. E. Gordon				2	1	1	0	0	4	.....	..
Michael Reese Hospital and Medical Center		3,965	41,010	462	..	..	..	..	..	..	3600-8000	P
University of Illinois Research and Educational Hospitals	E. E. Gordon	2,424	43,147	25,618	..	..	..	..	..	..	5000-6000	P
Veterans Admin. (West Side) ¹⁶⁰	R. Wasserman	1,968	97,525	6,273	2	2	2	0	0	6	4480-12945	O
Hines												
Veterans Admin.	W. T. Liberson	4,486	344,431	2,659	2	2	3	0	0	7	4480-6260	O
Peoria												
Institute of Physical Medicine and Rehabilitation ⁸⁴	R. O. McMorris	3,004	99,226	17,030	2	1	0	0	0	3	5000-12000	P
KANSAS												
Kansas City												
University of Kansas Medical Center	D. Rose	14,268	27,515	6,220	1	1	1	0	0	3	5000-7500	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	2,767	60,123	1,216	..	..	..	..	..	..	4480-6260	O
KENTUCKY												
Louisville												
University of Louisville Affiliated Hospitals												
Rehabilitation Center	R. M. Isasz	89	10,626		2	2	2	0	0	6
Veterans Admin.	I. Muss	7,162	85,542	501	4480-12510	O

APPROVED RESIDENCIES

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20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND												
Baltimore												
University.....	P. F. Richardson.....	12,427	29,427	6,673	1	1	1	0	0	3	5000-9000	P
MASSACHUSETTS												
Boston												
New England Medical Center Hospitals.....	H. M. Sterling.....	555	35,652	11,109	2	2	1	0	0	5	3600-6000	O
University.....	M. Freed.....	2,100	44,048	3,599	2	2	1	0	0	5	5000-6000	O
Veterans Admin. (Jamaica Plain).....	F. Friedland.....	3,158	93,424	1,681	2	2	2	0	0	6	4480-12510	O
MICHIGAN												
Ann Arbor												
University.....	J. W. Rae.....	...	32,031	5,652	2	2	2	1	1	8	3540-5451	O
Detroit												
Rehabilitation Institute.....	J. N. Schaeffer.....	2,503	82,100	31,021	2	2	2	0	0	6	5400-8000	O
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals.....	F. J. Kottke.....	...	...	...	6	6	6	3	3	24	4500-11000	P
University of Minnesota Hospitals.....	F. J. Kottke.....	4,118	125,336	783	...	...	...	...	...	...	4500-11000	P
Kenny Rehabilitation Institute.....	...	...	...	...	...	...	...	...	...	...	...	O
Veterans Admin.....	B. S. Troedsson.....	8,247	141,313	1,166	...	...	...	...	...	...	...	O
Rochester												
Mayo Graduate School of Medicine.....	G. M. Martin.....	14,918	110,099	10,687	4	4	4	0	0	12	3600-10000	P
Rochester Methodist.....	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's.....	...	...	...	...	...	...	...	...	...	...	...	...
MISSOURI												
Columbia												
University of Missouri Medical Center.....	L. E. Wolcott.....	20,488	54,928	3,304	2	2	2	0	0	6	5000-7000	P
Kansas City												
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis												
Jewish Hospital of St. Louis.....	F. U. Steinberg.....	51	27,874	1,850	1	0	0	0	0	1	3700-6700	P
NEW JERSEY												
East Orange												
Veterans Admin.....	C. R. Brooke.....	2,751	123,890	1,420	2	2	1	0	0	5	12510-12510	O
NEW YORK												
Albany												
Albany Medical Center.....	L. Policoff.....	5,827	27,077	2,552	1	1	1	0	0	3	4200-...	P
Veterans Admin.....	L. Policoff.....	1,929	123,935	4,138	1	1	1	0	0	3	10619-12510	O
Buffalo												
Veterans Admin.....	S. Machover.....	2,279	157,129	13,898	1	1	1	0	0	3	4480-8000	O
New York City												
Albert Einstein College of Medicine Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Bronx Municipal Hospital Center.....	A. S. Abramson.....	8,383	179,393	6,104	3	4	4	0	0	11	4980-9760	FP
Jewish Chronic Disease.....	J. Rogoff.....	1,053	72,442	5,385	2	2	2	0	0	6	4800-6300	F
Montefiore Hospital Training Program.....	J. Tobis.....	...	...	...	4	3	3	0	0	10	4620-6370	P
Montefiore Hospital and Medical Center.....	...	3,916	56,389	7,719	...	...	...	...	...	...	...	...
Morrisania City.....	...	1,224	19,633	631	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program.....	...	...	...	...	3	3	3	0	0	9	...	...
Mount Sinai.....	L. H. Wisham.....	6,829	75,147	5,686	...	...	...	...	...	...	6500-7500	P
City Hospital Center at Elmhurst ⁷⁰	L. Kaplan.....	1,444	40,785	1,142	...	...	...	...	...	...	5400-6900	FP
New York Medical College-Metropolitan Hospital Center.....	M. Lowenthal.....	...	...	...	4	3	0	0	0	7	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Unit 2—Metropolitan.....	...	1,937	61,434	10,906	...	...	...	...	...	...	...	...
Unit 3—Bird S. Coler Memorial Hospital and Home.....	...	382	95,485	...	...	...	...	...	...	...	...	...
New York University Medical Center and Bellevue Hospital Center ⁶⁰	H. A. Rusk.....	...	...	...	2	2	1	0	0	5	...	...
University (Institute of Physical Medicine and Rehabilitation).....	H. A. Rusk.....	...	...	...	...	...	...	...	...	...	...	...
Bellevue Hospital Center, Division III.....	H. A. Rusk.....	28,963	67,387	7,539	...	...	...	...	...	...	4740-6160	FP
Goldwater Memorial.....	M. M. Dacso.....	4,361	59,090	0	2	2	0	1	0	5	4200-5220	F
St. Vincent's Hospital and Medical Center of New York.....	...	...	...	...	...	...	...	...	...	...	...	...
Grasslands (Valhalla).....	E. Moskowitz.....	1,029	57,096	2,205	0	2	0	0	0	2	5100-5600	FP
Presbyterian.....	R. C. Darling.....	6,150	100,840	16,191	2	3	2	0	0	7	4800-6000	O
Blythedale Children's (Valhalla).....	...	...	...	...	...	...	...	...	...	...	...	...
State University-Kings County Medical Center.....	J. G. Benton.....	...	...	...	7	9	8	3	0	27	...	...
Kings County Hospital Center.....	J. G. Benton.....	10,277	170,181	14,496	...	...	...	...	...	...	4740-6160	FP
State University.....	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Bronx).....	A. Ebel.....	3,483	318,528	6,390	2	2	3	0	0	7	6000-12510	O
Veterans Admin. (Manhattan).....	A. A. Weiss.....	3,274	295,222	5,872	2	2	2	0	0	6	6000-12510	O
Valhalla												
Blythedale Children's—See Presbyterian, New York City	...	...	...	...	...	...	...	...	...	...	...	...
Grasslands—See New York University Medical Center and Bellevue Hospital Center, New York City	...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA												
Durham												
Veterans Admin.....	D. E. McCollum.....	2,649	37,453	...	2	1	1	0	0	4	4480-8000	O
OHIO												
Cleveland												
Cleveland Clinic.....	P. Nelson.....	12,895	22,128	6,650	1	1	1	0	0	3	3900-4500	P
Veterans Admin.....	R. Lowry.....	1,419	87,987	4,283	1	1	1	0	0	3	4480-6260	P
Western Reserve University Affiliated Hospitals.....	C. Long, II.....	...	...	...	2	2	2	0	0	6	...	...
Cleveland Metropolitan General.....	N. Coyne.....	2,035	93,905	11,979	...	...	...	...	...	...	4000-10000	P
Highland View.....	C. Long, II.....	104,000	130,000	2,600	...	...	...	...	...	...	5000-10000	P
Columbus												
Ohio State University Hospitals.....	E. W. Johnson.....	2,488	49,544	7,457	3	3	3	0	0	9	5000-6000	P
OREGON												
Portland												
Veterans Admin.....	E. W. Fowls.....	7,565	223,369	1,113	2	2	2	0	0	6	8961-12510	P

20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O F P
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania	W. J. Erdman	13,760	13,760	2,484	3	3	2	0	0	8	4500-8000	O
Magee Memorial Hospital for Convalescents-Rehabilitation Center	F. Pany	352	44,978	6,394	1	1	1	0	0	3	3600-8000	O
Philadelphia General	W. J. Erdman	7,622	95,891	21,123	1	1	1	0	0	3	5507-6397	F
Temple University Affiliated Hospitals	C. Levenson			7,277	3	3	3	0	0	9		
Albert Einstein Medical Center		752	45,445	4,950							5000-10000	FP
Moss Rehabilitation	C. Levenson	752	33,088	4,950							5000-10000	P
Veterans Admin.	R. A. Schlesinger	2,006	27,232	625	1	1	1	0	0	3	4480-6260	O
Pittsburgh												
St. Francis General	T. C. Hohmann	2,832	39,133	4,948	2	2	2	0	0	6	8400-8400	F
Veterans Admin.	R. S. Blanchard	6,157	144,578	1,300	1	1	1	0	0	3	4480-12075	O
PUERTO RICO												
San Juan												
Veterans Admin. ¹⁶⁹	H. J. Flax	791	35,722	6,314	2	2	2	0	0	6	4700-7250	O
TEXAS												
Dallas												
Baylor University Medical Center ¹⁶⁵	E. Krusen	54,221	144,441	86,665	1	1	1	0	0	3	5100-8000	O
Houston												
Baylor University Affiliated Hospitals	L. A. Leavitt				4	4	4	0	0	12		
Methodist		4,380	28,645	11,862							4500-5100	P
Texas Institute for Rehabilitation and Research		1,284	16,213	14,311							4325-12075	O
Veterans Admin.		9,264	166,170	1,226							8961-12510	P
VIRGINIA												
Richmond												
Medical College of Virginia—Hospital Division	J. B. Redford	6,968	130,005	49,564	2	2	2	0	0	6	2400-3000	F
Veterans Admin.	A. R. Dawson	3,840	289,000	520	2	2	2	0	0	6	8961-12510	P
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals	J. F. Lehmann				2	3	3	2	0	10		
King County	D. Silverman	5,636	16,814	954								
University	J. F. Lehmann	950	71,805	11,231							5000-12000	P
Veterans Admin.	J. F. Lehmann	7,164	25,993	1,000							4480-8000	P
WISCONSIN												
Milwaukee												
Marquette University Affiliated Hospitals	R. W. Boyle				2	2	2	0	0	6		
Milwaukee County General	R. W. Boyle	242	199,024	12,385							4275-6035	P
Veterans Admin. (Wood)	D. Mattarella	3,245	348,248	2,636							4480-6260	P

21. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. Programs, 60; Residencies, 212

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O F P
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	W. T. Tumbusch	26	414	1	100	1,873	2	2	2	0	0	0	4		
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda	W. Trier	32	373	5	100	3,765	2	1	0	0	0	0	1		
Georgetown University (Washington, D.C.)															
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Crippled Children's—See University of California Program in Plastic Surgery, San Francisco															
CALIFORNIA															
Los Angeles															
University of California Medical Center	F. L. Ashley						3	2	1	1	0	0	4		
University of California	F. L. Ashley	4	300			1,764								6000-6000	O
Veterans Admin. Center-Wadsworth	F. L. Ashley	15	475			1,171								8000-8000	P
Huntington Memorial (Pasadena)	G. V. Webster	4	321	0	0	2,042								7800-7800	FP
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	R. A. Chase						2	2	2	0	0	0	4		
Palo Alto-Stanford Hospital Center		3	253†			927								3900-6300	O
Veterans Admin.		4	75	5	80	150								4480-8000	O
Pasadena															
Huntington Memorial—See University of California Medical Center, Los Angeles															

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

21. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
San Francisco															
St. Francis Memorial	G. B. O'Connor	15	904†	3	33	1,001	3	2	1	1	0	0	4	4200-5400	P
University of California Program in Plastic Surgery	H. M. Blackfield						2	0	0	0	2	2	4		
H. C. Moffitt-University of California Hospitals.	H. M. Blackfield	6	237			822								6000-7400	O
Franklin	W. Morris	6	403	1										4200-6000	P
San Francisco General															
Crippled Children's (Phoenix, Ariz.)	R. A. Peterson	6	159	0	0	874								6900-6900	P
DELAWARE															
Wilmington															
Wilmington Medical Center	J. T. Metzger						2	1	0	0	0	0	1		
Alfred I. duPont Institute of the Nemours Foundation		6	66			416									
Delaware Division		10	316	2	100	348								7200-7200	P
Wilmington General Division															
DISTRICT OF COLUMBIA															
Washington															
Georgetown University—See U. S. Naval, Bethesda, Md.															
George Washington University	G. S. Letterman	18	730	2	100	1,500	2	1	1	0	0	0	2	4800-4800	P
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	M. J. Jurkiewicz	14	627	10	70	4,310	2	1	1	0	0	0	2	4700-5800	O
Jacksonville															
Jacksonville Hospitals Educational Program	B. L. Morgan						2	1	1	0	0	0	2		
Duval Medical Center		7	183	0	0	597									
St. Vincent's		4	232†	0	0	543								6300-6700	P
Miami															
University of Miami Affiliated Hospitals															
Jackson Memorial	G. B. Snyder	10	1,153	10	0	829	2	1	1	0	0	0	2	4200-...	P
Orlando															
Orange Memorial	J. E. O'Malley	25	420	0	0	1,127	2	1	1	0	0	0	2	6000-6300	P
ILLINOIS															
Chicago															
Cook County	O. H. Stuteville	33	3,878	25	48	20,344	2	0	0	0	2	2	6†	5700-6300	F
University of Illinois Affiliated Hospitals	J. W. Curtin						2	0	0	0	1	1	2		
Presbyterian-St. Luke's	P. W. Greeley	9	374	3	100	172								4600-5000	P
University of Illinois Research and Educational Hospitals	J. W. Curtin	9	299	2	50	2,935								4500-4500	P
Evanston															
St. Francis—See Veterans Admin., Hines															
Hines															
Veterans Admin.	W. B. Slaughter	18	365	7	43	2,615	2	2	0	0	0	0	2	8000-8000	O
St. Francis (Evanston)	W. B. Slaughter	2				2,750								8780-...	P
INDIANA															
Indianapolis															
Indiana University Medical Center	J. E. Bennett						2	2	2	0	0	0	4		
Indiana University Hospitals		22	560	15	53	2,262								4375-4700	P
Veterans Admin.		12	158	3	33	548								4480-8000	O
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Robinson	13	841	9	80	6,886	2	1	1	0	0	0	2	4400-4920	P
LOUISIANA															
New Orleans															
Louisiana State University Medical Center	G. W. Hoffman						3	1	1	1	0	0	3	6000-...	P
Charity Hospital of Louisiana		5				1,339									
Veterans Admin.		5				260									
MARYLAND															
Baltimore															
Johns Hopkins	M. T. Edgerton	24	937†	7	71	3,074	2	0	1	0	1	0	5†	4300-...	P
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	R. O. Dingman						2	2	2	0	0	0	4		
St. Joseph Mercy															
University	R. O. Dingman	9	279	0	0	1,102								5451-6141	O
Veterans Admin.	W. C. Grabb			0	0	112								4480-8000	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	A. P. Kelly	17	853	7	43	16,535	3	2	1	1	0	0	4	4800-5400	P
Wayne State University Affiliated Hospitals	W. A. Lange						2	2	2	0	0	0	4		
Veterans Admin. (Dearborn)		6	329	3	67	174								8260	O
Detroit General			139			891								5300-8200	P
Grace		10	634†	0	0	74								4860-5160	FP
Grand Rapids															
Butterworth ⁴¹	R. Blocksma	5	222†	1	100	2,141	2	1	0	0	0	0	1	5700-5700	P
MINNESOTA															
Rochester															
Mayo Graduate School of Medicine ⁷⁶	J. B. Erich	45	4,014	22	73	20,022	3	4	4	4	0	0	12	4800-7200	P
Rochester Methodist															
St. Mary's															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.						2	1	1	0	0	0	2		
University		9	437	9	33	1,396								4500-4800	O
Veterans Admin.		7	161	0	0	324								4480-8000	O

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

21. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI															
Kansas City															
Kansas City General Hospital and Medical Center.	F. J. McCoy	6	310	2	0	1,489	2	2	1	0	0	0	3	6300-6300	P
St. Louis															
Barnes.	J. B. Brown	33	1,735	5	67	2,179	2	4	4	0	0	0	8	3000-4800	O
St. Louis University Group of Hospitals.	F. Paletta	28	1,102	7	42	1,685	2	3	3	0	0	0	6	3600-5340	O
Veterans Admin.															
NEW JERSEY															
East Orange															
Veterans Admin. Hospital-Jersey City Medical Center.	D. M. Mayer						2	2	2	0	0	0	4		
Veterans Admin.		32	120			326								6910-8000	O
Jersey City Medical Center (Jersey City).		8	151	5	0	415								4600-4600	F
Jersey City															
Jersey City Medical Center—see Veterans Admin. Hospital-Jersey City Medical Center, East Orange															
Livingston															
St. Barnabas Medical Center.	L. A. Peer	22	1,116	0	0	828	3	2	2	2	0	0	6	4500-5100	F
NEW YORK															
Albany															
Albany Medical Center.	W. B. Macomber	19	616	7	86	274	2	2	1	1	0	0	4	4500-5400	O
St. Peter's.	W. B. Macomber	10	403	0	0	491								6000-7000	O
Veterans Admin.	W. B. Macomber	7	90	4	100	365								6910-8000	O
Buffalo															
Roswell Park Memorial Institute ¹⁰ .	F. S. Hoffmeister	23	342	11	100	2,430	1	0	0	0	0	3	3	4650-5754	O
East Meadow															
Meadowbrook.	L. R. Rubin	50	1,263	3	100	8,248	2	1	1	0	0	0	2	4859-7545	F
New York City															
Montefiore Hospital Training Program.	M. Lewin						2	2	2	0	0	0	4	4620-6370	P
Montefiore Hospital and Medical Center.															
Morrisania City.															
Mount Sinai ¹¹ .	B. E. Simon	14	487	0	0	1,348	3	0	0	0	2	1	3	6000-7250	P
Beth Israel.	S. Kahn	8	520			734								6150-6150	P
Bronx Municipal Hospital Center ¹² .	A. J. Barsky	11	350	0	0	1,134								6200-6420	FP
New York Hospital-Cornell Medical Center.	H. Conway	13	810	3	67	1,637	2	0	0	0	2	0	2	4700-7000	P
Veterans Admin. (Bronx).	H. Conway	15	448	6	50	329								7000-8000	O
New York University Medical Center.	J. M. Converse						2								
Bellevue Hospital Center (3rd and 4th Surg. Divisions).		15	218			1,155		1	1	0	0	0	2		
Manhattan Eye, Ear and Throat.		15	702			969		1	1	0	0	0	2		
University.		20	753	2		910		1	1	0	0	0	2		
Presbyterian.	G. Crikelair	25	704			3,689	2	3	3	0	0	0	6	5400-6000	O
St. Luke's Hospital Center.	R. B. Stark	8	621	0	0	825	2	0	0	0	1	0	1	6000-6500	P
State University-Kings County Medical Center.	B. E. Bromberg						2	0	0	3	2	0	5		
Kings County Hospital Center.	B. E. Bromberg	43	726	17	33	3,982								4740-6160	FP
State University.															
Rochester															
Strong Memorial Hospital of the University of Rochester ²⁰ .	R. M. McCormack	26	517	2	100	740	2	0	0	0	2	2	4	3600-5400	O
Syracuse															
State University of New York Upstate Medical Center.	D. B. Stark	21	721	6	33	1,231	2	0	0	0	1	1	2	5391-5730	
Veterans Admin.	D. B. Stark	8	112	1	100	392								4480-6910	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.	E. E. Peacock	10	409†	5	40	2,645	2	1	1	0	0	0	2	3190-12000	O
Durham															
Duke University Affiliated Hospitals.	K. L. Pickrell						3	2	2	2	0	0	6		
Duke.		27	1,254	12	50	2,123								3900-4800	P
Veterans Admin.		18	261	1	100									4480-8000	O
OHIO															
Cincinnati															
Christ.	J. Longacre	18	498	6	83	236	2	1	1	0	0	0	2	4500-4800	F
Cleveland															
Cleveland Clinic.	R. Anderson	19	842	1		6,795	2	1	1	0	0	0	2	5400-6000	P
University Hospitals of Cleveland ²⁰ .	C. L. Kiehn	18	659	6	67	591	2	1	1	0	0	0	2	5400-8000	P
Veterans Admin.		16	164†	7	71	197								6910-8000	P
PENNSYLVANIA															
Allentown															
Allentown.	K. Marcks	20	750†	1	100	3,020	2	1	1	0	0	0	2	5500-5800	P
Philadelphia															
Hospital of the University of Pennsylvania.	H. P. Royster	15	706	10	60	629	2	2	2	0	0	0	4	4000-6000	P
Graduate Hospital of the University of Pennsylvania.	H. P. Royster	2	70	0	0	171								3600-3800	P
Pennsylvania.	H. Lipshutz	5	334	2	100	461	2	1	1	0	0	0	2	3600-4200	O
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh.	W. L. White						2	0	0	0	3	3	6	5400-5600	
Children's Hospital of Pittsburgh.			695	4	29	557									
Presbyterian-University.		25	1,127	4	25	497									
Veterans Admin.		14	296	4	50	1,313									
RHODE ISLAND															
Providence															
Rhode Island.	R. P. Sexton	9	676	2	50	596	2	1	1	0	0	0	2	6000-6600	FP
TENNESSEE															
Memphis															
City of Memphis Hospitals.	A. J. Jerome	18	2	0	0	450	3	1	1	0	0	0	2	3660-3720	F

21. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals	S. R. Lewis	51	1,231	47	55	2,828	3	3	3	3	0	0	9	4200-5400	P
Houston															
Baylor University Affiliated Hospitals	S. B. Hardy	14	248	11	27	2,015	3	2	2	2	0	0	6	4200-4500	O
Ben Taub General		8	502†	1	100	0								4500-5700	P
Methodist		2	141	0	0	0									O
Texas Children's		15	270	2	100	1,286								6910-8000	P
Veterans Admin.															
San Antonio															
University of Texas South Texas Medical School Affiliated Hospitals	C. W. Tension	3	90	0	0	714	2	1	1	0	0	0	2	6300-6300	FP
Robert B. Green Memorial			743	5	20	1,922								4500-5700	FP
Santa Rosa Medical Center															
UTAH															
Salt Lake City															
Latter-day Saints	T. R. Broadbent	22	1,325	3	67	441	2	0	0	0	1	1	2	4800-5400	P
VIRGINIA															
Norfolk															
Norfolk General	C. Horton, H. Crawford J. Adamson	15	568	2	100	218	2	1	1	0	0	0	2	6300-7800	P
WEST VIRGINIA															
Charleston															
Charleston General Hospital-Memorial	C. Litton	9	990	1	100	4,203	3	1	1	1	0	0	3	3900-4800	F
Charleston General Memorial		9	990	0	0	4,263								3900-4500	F
WISCONSIN															
Madison															
University Hospitals	F. D. Bernard	19	525	6	83	1,477	2	0	0	0	2	2	4	5800-6600	P

22. PREVENTIVE MEDICINE

AEROSPACE MEDICINE

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

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (Year)
UNITED STATES AIR FORCE				
School of Aerospace Medicine	Brooks Air Force Base, Texas	J. B. Nuttall	2	
Other Federal affiliated training sites for the third year are: U. S. Army Aviation Center, Fort Rucker, Alabama; Civil Aeromedical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; and several other U.S.A.F. medical facilities.				
For information regarding program write to: Headquarters, USAF Office of the Surg. Gen. (AFMSMC) Randolph AFB, Texas 78148 *Program open only to members of the armed forces and employees of the federal government. Medical officers of the U. S. Army interested in this residency should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington, D.C. 20315. Employees of the Federal Aviation Agency interested in this residency should address the Civil Air Surgeon, Federal Aviation Agency, Washington, D.C. 20553. National Aeronautics and Space Administration (NASA) physicians should address Director of Center Medical Programs, NASA Manned Spacecraft Center, 2101 Webster-Seabrook Road, Houston, Texas 77058				
UNITED STATES NAVY				
U. S. Naval Aerospace Medical Institute, U. S. Naval Aviation Medical Center	Pensacola, Florida	V. E. Senter	2	
For information regarding program write to: Chief, Bureau of Medicine & Surgery (Code 5) Department of the Navy Washington, D.C. 20390				
NONFEDERAL				
Ohio State University Medical Center	Columbus, Ohio	H. V. Ellingson	3	5,200
For information regarding program write to: H. V. Ellingson, M.D., Prof. and Chairman, Dept. of Preventive Medicine, 410 W. 10th Avenue, Columbus, Ohio 43210				

22. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in General Preventive Medicine.

Institution or Agency	Physician in Charge	Areas of Training
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington Walter Reed Army Institute of Research ²³	R. L. Gauld.....	Military Preventive Medicine
NONFEDERAL		
CALIFORNIA		
Berkeley University of California School of Public Health Division of Epidemiology.....	R. A. Stallones.....	Epidemiology
KENTUCKY		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	H. S. Fulmer.....	
LOUISIANA		
New Orleans Tulane University School of Medicine.....	A. J. Patterson.....	Epidemiology
MARYLAND		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	J. C. Hume.....	Chronic Diseases, Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health
University of Maryland School of Medicine.....	G. Entwisle.....	Epidemiology
MASSACHUSETTS		
Boston Harvard University School of Public Health.....	B. MacMahon.....	Epidemiology
NEW YORK		
Albany State of New York Department of Health ⁶⁸	F. B. Amos.....	Epidemiology
OKLAHOMA		
Oklahoma City University of Oklahoma Medical Center, Department of Preventive Medicine and Public Health.....	W. W. Schottstaedt.....	Clinical Preventive Medicine
WASHINGTON		
Seattle University of Washington School of Medicine, Department of Preventive Medicine ⁷⁹	J. P. Fox.....	Epidemiology

OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

	Physician in Charge	Residencies Offered 1967-1968		
		1st Year	2nd Year	Total All Years
CALIFORNIA				
Los Angeles University of California School of Public Health.....	J. S. Felton.....	8	8	16
MASSACHUSETTS				
Boston Harvard University School of Public Health.....	J. L. Whittenberger.....	4	4	8
MICHIGAN				
Ann Arbor University of Michigan Institute of Industrial Health.....	H. J. Magnuson.....	4	4	8
NEW YORK				
Rochester University of Rochester School of Medicine and Dentistry.....	T. S. Ely.....	4	4	8
OHIO				
Cincinnati University of Cincinnati Institute of Environmental Health, Kettering Laboratory.....	L. B. Tepper.....	8	8	16
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	F. H. Shillito.....	4	4	8
OKLAHOMA				
Oklahoma City University of Oklahoma Medical Center, Institute of Environmental Health.....	C. A. Nau.....	1	1	2
PENNSYLVANIA				
Pittsburgh University of Pittsburgh, Graduate School of Public Health.....	D. Minard.....	4	4	8

22. PREVENTIVE MEDICINE—Continued

OCCUPATIONAL MEDICINE (In-Plant)

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

	Physician In Charge	Academic Affiliation	Residencies Offered 1967-1968 Total All Years
UNITED STATES AIR FORCE			
OHIO Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Dayton	J. A. Peterson	University of Cincinnati	2
UNITED STATES ARMY			
MARYLAND U. S. Army Environmental Hygiene Agency, Edgewood Arsenal	I. H. Simmons	University of Cincinnati	1
UNITED STATES ATOMIC ENERGY COMMISSION			
IDAHO U. S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls	G. L. Voelz	University of California	1
UNITED STATES NAVY			
VIRGINIA Norfolk Naval Shipyard, Norfolk	G. D. Hutchinson		2
UNITED STATES PUBLIC HEALTH SERVICE			
OHIO Cincinnati U. S. Public Health Service, Occupational Health Research and Training Facility, Cincinnati	M. M. Key	University of Cincinnati	2
UNITED STATES TENNESSEE VALLEY AUTHORITY			
TENNESSEE Tennessee Valley Authority Division of Health and Safety, Chattanooga	O. M. Derryberry	University of Pittsburgh	1
NONFEDERAL			
CALIFORNIA Fontana Kaiser Steel Corporation	H. A. Lewis	University of California	1
DELAWARE Wilmington E. I. duPont de Nemours & Company	A. J. Fleming, C. A. D'Alonzo	Ohio State University	2
MASSACHUSETTS Cambridge Harvard University Health Center Division of Environmental Health and Safety	B. G. Ferris, Jr.	Harvard School of Public Health	1
MICHIGAN Dearborn Ford Motor Company	E. A. Irvin	University of Michigan	1
Detroit General Motors Corporation	W. S. D. Steiner	University of Michigan	6
NEW YORK New York City American Telephone & Telegraph Company New York State Department of Labor, Division of Industrial Hygiene	L. H. Whitney M. Kleinfeld	New York University University of Cincinnati	1 1
Rochester Eastman Kodak Company	J. H. Sterner	University of Rochester	2
OHIO Cincinnati National Lead Company	J. A. Quigley	University of Cincinnati	1
PENNSYLVANIA Harrisburg Commonwealth of Pennsylvania Department of Health	J. Lieben	University of Pittsburgh, Ohio State University	1
Pittsburgh Jones & Laughlin Steel Corporation, Pittsburgh Works Division	R. J. Halen, E. A. McGovern	University of Pittsburgh	1
WASHINGTON Richland Hanford Occupational Health Foundation	W. D. Norwood	University of Rochester, Ohio State University	1
Seattle Boeing Airplane Company, Aerospace Division	S. M. Williamson	Harvard University School of Public Health	2
WISCONSIN West Allis Allis-Chalmers Manufacturing Company	C. Zenz	Marquette University	1

APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH

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

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
U.S. Army	6th Army Hdqrs., Fort Ord, California 1st Army Hdqrs., Fort Dix, N.J. and Governor's Island, N.Y.	D. S. Myers, Lt. Col., MC T. H. Lamson, Lt. Col., MC—Fort Dix I. S. Simmons, Col., MC—Governor's Island	Military Post—Fort Ord	100,000*	1	....
			Fort Dix Military Reservation, N.J.	75,000*	2	....
			1st U.S. Army, Governor's Island, N.Y.	100,000*	2	....
State of California	Berkeley, California	L. Breslow	Fort Bragg and environs	130,000*	1	....
			Alameda County	912,800	2	(a)
			Berkeley City	120,300*	....	....
			Contra Costa County	509,900*	....	....
			Los Angeles County	6,878,200*	....	....
			Merced County	107,200*	....	....
			Orange County	1,157,900*	....	....
			San Bernardino County	637,500*	....	....
			San Diego County	1,200,800*	....	....
			San Francisco City and County	750,500*	....	....
			San Jose	307,000*	....	....
			San Mateo County	532,200*	....	....
			Santa Clara County	891,200*	....	....
			Yolo County	79,000*	....	....
State of Delaware	Dover, Delaware	G. F. Campans	Kent County and New Castle County (b)	380,000*	2	6000 (c)
Government of the District of Columbia	Washington, D. C.	C. R. Hayman	District of Columbia	808,000*	2	....
State of Florida	Jacksonville, Florida	R. V. Schultz	Alachua-Gainesville	74,074	2	11,640
			Dade-Miami	935,047	....	....
			Hillsborough-Tampa	397,388	....	....
			Palm Beach-West Palm Beach	228,106	....	....
			Pinellas-St. Petersburg	374,665	....	....
			Florida State Board of Health (d)	....	....	....
			State of Georgia	Atlanta, Georgia	J. H. Venable	Baker-Dougherty-Lee-Worth Cobb-Douglas-Paulding Columbia-McDuffie-Richmond Bigg-Jones-Twiggs Chattahoochee-Harris-Muscogee DeKalb-Rockdale Bryan-Chatham-Liberty Fulton	112,100* 182,800* 163,000* 165,000* 166,000* 361,800* 207,500* 599,300*	2	8,136
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County (f)	1,600,000*	2 (g)	8,400 (e)
			DuPage County	370,000*	....	....
			Lake County	328,000*	....	....
			Peoria City and Peoria County (h)	194,000*	....	....
State of Maryland	Baltimore, Maryland	E. Davens	Anne Arundel County	258,360*	2	9,245
			Baltimore County	551,020*	....	....
			Baltimore City	921,150*	....	....
			Montgomery County	450,370*	....	....
			Prince George's County	516,080*	....	....
			Washington County	102,480*	....	....
State of Massachusetts	Boston, Massachusetts	F. R. Philbrook	Boston City	626,326	2 (i)	10,700
			Brookline Town	53,608	....	....
			Cambridge City	94,877	....	....
			Central District	743,530	....	....
			Newton City	88,514	....	....
			Northeastern District	1,554,983	....	....
			Southeastern District	1,406,948	....	....
			Western District	735,988	....	....
State of Michigan	Lansing, Michigan	A. E. Heustis	(j)	....	....
State of Minnesota	Minneapolis, Minnesota	R. N. Barr	Minneapolis City	....	2	6,000 (k)
			Olmsted County, incl. Rochester City	....	....	....
State of Mississippi	Jackson, Mississippi	J. A. Milne	Mississippi State Board of Health	280,740	2	9,000
New York City	New York City	R. E. Rothermel	New York City (l)	7,840,000*	2	8,400
State of New York	Albany, New York	F. B. Amos	(m)	....	2	9,500
State of North Carolina	Raleigh, North Carolina	J. W. R. Norton	Charlotte-Mecklenburg County	311,522	2	(s)
			Halifax County	59,261	....	....
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	149,994	....	....
			Gaston County	135,600	....	....
State of Oklahoma	Oklahoma City, Oklahoma	W. W. Schottstaedt	Oklahoma University Med. Center Cleveland County	51,910*	2	6,000
State of Oregon	Portland, Oregon	R. H. Wilcox	Clackamas County	134,000*	2	9,600 (n)
			Jackson County	92,100*	....	....
			Lane County	198,000*	....	....
			Marion County	145,000*	....	....
			Multnomah County	173,000*	....	....
State of Pennsylvania	Harrisburg, Pennsylvania	C. C. Kuehn	Allegheny County	1,579,000*	....	....
			Bucks County	319,000*	2 (p)	9,923
			Philadelphia	1,337,000*	....	....
			Pittsburgh	849,600*	....	....
			Philadelphia City	2,055,000*	....	....

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of Tennessee	Nashville, Tennessee	R. H. Hutcheson	Memphis-Shelby County	705,581*	2	9,480
State of Texas	Austin, Texas	J. E. Peavy		10,000,000*	2	9,900
State of Virginia	Richmond, Virginia	M. I. Shanbolts	Richmond and selected rural areas		2	10,000
State of Washington	Olympia, Washington	W. Lane	Benton-Franklin Seattle-King Tacoma-Pierce Washington State	90,000* 1,002,200* 344,300* 3,005,100*	2	9,600
State of Wisconsin	Madison, Wisconsin	E. H. Jorris	Selected local health departments		2	14,048

* Estimated.

- (a) Two state civil service residencies—\$9,036 for first year. Salaries in local health department payrolls vary.
- (b) Excludes the city of Wilmington.
- (c) To those planning to work in state.
- (d) Training in Florida State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
- (e) Automobile allowance in addition to salary.
- (f) Excludes Chicago, Evanston-North Shore (including Winnetka, Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), Oak Park, Stickney Township, all with full-time health officer.
- (g) Assistance can be arranged for securing the M.P.H. degree during or immediately after the first residency year. Appointment can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois medical license required.
- (h) Training is given under one director in both the City and County Health Departments.
- (i) Additional residency positions may become available with stipends of \$6,000 for first year, \$7,000 for second year, and \$8,000 for third year, plus tuition at a school of Public Health. With \$500 per dependent to a total of an additional \$2,000.
- (j) Reassigned to one of several qualified local training health departments.
- (k) Applicants must be citizens and have completed the academic work for the M.P.H. degree. \$6,000 for first year, \$7,000 for second, \$8,000 for third, plus \$500 per dependent, with dependent maximum of \$2,000.
- (l) Includes training at Montefiore Hospital, New York City.
- (m) Populations served by local health departments of assignment vary from 50,000 to 1,400,000 (estimated). Any one of 25 county health departments, 6 city health departments, or 10 district offices may be used. Assignments are made on an individual basis.
- (n) Program affiliated with University of Oregon Medical School permitting joint supervision from the Department of Preventive Medicine and opportunities for special clinical training in subspecialties such as maternal and child health and crippled children's programs. Residents satisfactorily completing the first year may be sponsored for academic training leading to M.P.H. degree. Options available in this residency program include assignments as (a) assistant local health officers in one of the approved field training areas; (b) assistant program directors in the Oregon State Board of Health, or (c) as residents in clinical specialties related to maternal and child health at the University of Oregon Medical School supplemented by field clinical experience in local public health clinics.

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Programs, 218; Residencies, 4,657

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	M. B. Giffin	70	956	2	50	7,211	3	3	3	0	0	9		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	T. B. Hauschild	85	826	2	100	23,274*	6	6	6	0	0	18		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	S. L. Baker	168	1,218	3	100	12,467	12	12	10	0	0	34		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	J. E. Hamill	107	1,129	0	0	11,401	3	3	3	0	0	9		
MARYLAND														
U. S. Naval, Bethesda	C. S. Mullin	92	869	15	96	12,069	4	4	7	0	0	15		
UNITED STATES PUBLIC HEALTH SERVICE														
KENTUCKY														
U. S. Public Health Service, Lexington—See University of Kentucky Medical Center, Lexington, Ky.														
TEXAS														
U. S. Public Health Service, Fort Worth—See Parkland Memorial Hospital, Dallas, Texas														

APPROVED RESIDENCIES

23. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	E. Y. Williams	20	287	4	0	2,701	2	3	1	0	0	6	6700-8300	O
St. Elizabeths, Washington	F. Waldrop	6,148	1,965	393	50	13,704	12	12	12	0	0	36	6941-8599	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	J. N. Sussex	90	1,156	4	50	7,234	6	6	6	0	0	18	4000-5600	P
University of Alabama Hospitals and Clinics	J. N. Sussex												4480-8000	O
Veterans Admin.	F. H. Linton													
ARKANSAS														
Little Rock														
Arkansas State	H. B. Molholm	646	3,179	82	24	615	4	4	4	0	0	12	7764-12000	P
University	J. E. Peters	15	183	0	0	7,996	3	3	3	1	0	10	5400-12000	O
North Little Rock														
Veterans Admin.	H. L. Lambert	1,987	1,932	91	69	0	3	3	3	0	0	9	4480-12945	O
CALIFORNIA														
Berkeley														
Herrick Memorial	F. H. Ocko	39	857	1		7,262	3	4	3	0	0	10	6000-7692	P
Camarillo														
Camarillo State	N. C. Mace	5,455	4,734	247	65	2,353	10	9	6	0	0	25	7080-16212	O
Eldridge														
Sonoma State Hospital-Napa State							10	10	10	2	2	34		
Sonoma State	J. C. Dawson	3,351	323	95	85	0							6744-12096	O
Napa State (Imola)	M. J. Ortega	4,325	3,983	373	56	4,409							7080-15432	O
Imola														
Napa State—See Sonoma State Hospital-Napa State	Eldridge													
Loma Linda														
Loma Linda University	H. S. Evans						1	0	0	0	0	1	5582-6648	O
Long Beach														
Veterans Admin.	F. C. Bowers	57	446	1	0	2,418	2	2	2	0	0	6	5760-12510	O
Los Angeles														
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	J. Gussen	7	206	10	50	4,435	3	3	3	0	0	9	4500-5700	P
Mount Sinai Hospital Division	S. Schwartz	25	170	0	0	5,583	3	3	3	0	0	9	4500-6600	P
Los Angeles County General, Unit I	E. Stainbrook	204	9,019	8	13	36,620	15	15	15	0	0	45	7200-8400	P
University of California	N. Q. Brill	84	541			23,458	15	15	15	0	0	45	3600-12896	O
Veterans Admin. Center, Brentwood	J. J. Riddle	1,901	1,881	116	71	26,776	12	12	12	0	0	36	4480-12075	O
Veterans Admin. (Sepulveda)	M. Unger	663	740	45	60	4,321	4	4	4	0	0	12	4480-12075	O
Norwalk														
Metropolitan State	H. Harris	3,100	4,153	192	35	13,148	10	9	5	0	0	34	7080-12696	O
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	T. A. Gonda													
Palo Alto-Stanford Hospital Center	T. Gonda	9	273†	1	0	12,265	12	12	12	4	4	44†	3900-5575	O
Veterans Admin.	G. Krieger	1,674	1,179	63	65	8,407							4480-8000	O
San Mateo County General (San Mateo)	J. J. Downing	27	1,282	4	75	29,089	2	6	2	0	0	10	3900-5500	F
Patton														
Patton State	B. Kovitz	3,268	2,880	280	33	3,944	5	5	5	1	2	18	7080-15432	O
San Francisco														
St. Mary's	M. Khlentzos	20	313	0	0	12,471	6	6	6	0	0	18	3600-4800	F
University of California Program in Psychiatry	A. Simon	94	750	2	100	20,745	14	14	15	10	6	59	3600-12000	O
Langley Porter Neuropsychiatric Institute														
San Jose														
Agnews State	J. E. Jeffres	3,865	3,919	362	30	7,733	8	8	8	0	0	24	7080-12000	O
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Stockton														
Stockton State	R. C. Martin	3,023	2,402	213	45	6,223	4	4	4	0	0	12	7080-15432	O
Talmage														
Mendocino State	H. N. Hook	1,793	2,227	100	74	2,402	8	8	8	1	0	25	7080-12000	O
Torrance														
Los Angeles County Harbor General	P. Castelnova-Tedesco	24	173	0	0	7,024	3	3	3	1	0	10	7200-8400	P
COLORADO														
Denver														
University of Colorado Affiliated Hospitals														
University of Colorado Medical Center	H. Gaskill	1	59			1,790	16	16	14	0	0	46	3600-8500	O
Veterans Admin.	D. E. Starrett	82	700	0	0	14,329						9	4480-12510	
CONNECTICUT														
Hartford														
Institute of Living	J. Donnelly	382	560	3	67	15,542	12	12	12	2	2	40	5000-7600	O
Middletown														
Connecticut Valley	J. Sheps	2,513	2,711	325	39	10,134	8	8	8	4	0	28	7720-8900	F
New Haven														
Yale-New Haven Medical Center														
Yale-New Haven	S. Fleck	65	182	0	0	9,028	0	14	6	0	0	20	3900-5000	P
Veterans Admin. (West Haven)	L. Fierman	169	270	0	0	2,457								
Newton														
Fairfield Hills	J. E. Oltman	2,726	3,428	143	37	7,251	15	15	8	0	0	38	7720-9260	F
Norwich														
Norwich	R. H. Kettle	2,635	2,739	322	32	6,601	6	6	6	0	0	18	7720-8540	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
New Castle														
Delaware State	T. Tausig						3	3	3	0	0	9		

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	J. A. Ryan	211	3,830	24	29	4,488	3	3	2	0	0	8		P
Georgetown University	R. A. Steinbach	0	0	0	0	11,520	11	11	11	2	0	35	3800-6000	P
George Washington University	J. E. Rankin	26	690	1	0	3,648	5	5	5	0	0	15	3900-9000	P
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics	R. L. Williams	42	136	0	0	5,093	8	8	10	3	0	29	4500-5700	O
Anclote Manor (Tarpon Springs)	T. E. Gagliano	65	103	1	1	3,838							4500-7500	P
Miami														
Jackson Memorial	J. Caldwell	181	1,701	2	100	15,152	11	8	9	0	0	28†	3540-4740	P
Tarpon Springs														
Anclote Manor—See William A. Shands Teaching Hospital and Clinics, Gainesville														
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	B. Holland						15	15	15	0	0	45		
Emory University	B. Holland	18	146†	0	0	0							6600-8600	P
Grady Memorial	B. Holland	21	365	0	0	974								
Milledgeville State (Milledgeville)	J. B. Craig	11,982	6,692	1,046	16	6,613							9000-11000	O
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	E. J. McCranie	26	315	2	100	3,401	3	3	3	0	0	9	4500-5500	P
Veterans Admin.	M. Dunn	1,233	1,938	69	52	265	3	3	3	0	0	9	8991-12945	O
Milledgeville														
Milledgeville State	J. B. Craig	11,982	6,692	1,046	16	6,613	12	12	11	0	0	35	9000-11000	O
HAWAII														
Honolulu														
Hawaii Integrated Psychiatric Training Program	F. Cottington						4	4	4	0	0	12		
Queen's		13	754			1,564							7880-9040	
Hawaii State (Kaneohe)		941	465	50	66	0							7880-8664	O
Kaneohe														
Hawaii State—See Hawaii Integrated Psychiatric Training, Honolulu														
ILLINOIS														
Chicago														
Chicago Medical School Affiliated Hospitals														
Mount Sinai	H. H. Garner	24	412	3	67	4,441	5	5	5	1	0	16	4600-12000	P
Illinois State Psychiatric Institute	R. C. Drye	278	952	1	100	13,534	20	20	20	2	2	64†	4800-8640	P
Chicago State	M. D. Gross													
Michael Reese Hospital and Medical Center	R. Grinker, Sr.	72	657	1	0	13,008	7	7	7	0	0	21	3600-5700	P
Northwestern University Medical Center	B. Boshes, J. W. Massermann													
Chicago Wesley Memorial	B. Boshes	43	391	1	0		2	2	0	0	0	5	3600	P
Passavant Memorial	J. Adams	26	380†	2	50	1,036	0	2	0	0	0	2	3900-4500	P
Veterans Admin. Research	H. D. Kurland	21	149	2	0	579	3	0	2	0	0	5	4480-8000	O
Veterans Admin. (Downey)	J. H. Masserman, V. B. Raulinaitis	2,341	2,180	155	76	11,015	1	0	0	0	0	13	4480-8000	P
Evanston (Evanston)	M. Brown	27	659	3	0	1,323	1	0	0	0	0	1	3300-3900	P
Presbyterian-St. Luke's	R. R. Bolin	56	447	0	0	1,170	5	5	5	0	0	15	6000-8000	P
Stitch School of Medicine of Loyola University	J. Luhan, J. Smith													
Affiliated Hospitals	J. Luhan	45	982	3	67	651	0	4	0	0	0	4	4200-4200	O
Loretto	D. X. Freedman	20	154	1	100	11,457	5	5	5	0	0	15	4200-7400	O
University of Chicago Hospitals and Clinics														
University of Illinois Research and Educational Hospitals	M. Sabshin	27	115	0	0	16,875	6	6	6	0	0	18	3642-5000	P
Veterans Admin. (West Side)	L. Halperin	76	528	4	75	5,175	3	3	3	0	0	9	4480-12510	O
Downey														
Veterans Admin.—See Northwestern University Medical Center, Chicago														
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin.	A. J. Houde	150	564	3	100	1,129	3	3	3	0	0	9	4480-6260	O
INDIANA														
Indianapolis														
Indiana University Medical Center	J. I. Nurnberger						13	13	13	0	9	39		
Indiana University Hospitals	J. I. Nurnberger					4,693							5400-6600	P
Larue D. Carter Memorial	D. F. Moore	122	468	2	50	1,805							6300-10200	P
Marion County General	W. A. Kissel	60	482	7	57	2,519							3863-4489	P
Veterans Admin.	J. I. Nurnberger	70	428	2	50	155							4480-8000	O
IOWA														
Cherokee														
Mental Health Institute	W. C. Brinegar	538	1,190	49	51	10,399	4	4	4	3	3	18	11400-23400	O
Independence														
Mental Health Institute	S. M. Korson	609	1,386	44	47	3,104	4	4	4	2	2	16	11400-22200	O
Iowa City														
State Psychopathic	P. E. Huston	46		0	0	9,788	8	8	8	1	1	26	5300-12000	O
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Greaves	40	383	0	0	12,166	8	8	8	0	0	24	6600-12000	P
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	58	358	2	0	486							4480-6260	O
Topeka														
Menninger School of Psychiatry	K. A. Menninger, H. Klemmer						41	43	43	0	0	127		
C. F. Menninger Memorial	W. S. Simpson	141	417	0	0	36,661							4200-12000	O
Topeka State	A. A. K. Mebed	957	1,078	65		16,212							5000-13000	O
Veterans Admin.	A. D. Cook, Jr.	961	3,039	117	77	19,527							4480-12945	O

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P or O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY														
Lexington														
University of Kentucky Medical Center	J. B. Parker						6	4	4	2	0	16		
University	J. B. Parker	13	120	0	0	2,613							3960-12000	P
Veterans Admin.	K. B. Moore	955	1,206	21	57	11,740							4480-6260	P
U. S. Public Health Service	W. Jurgensen	1,001	2,171	4	0								9817	
Louisville														
University of Louisville Affiliated Hospitals	W. K. Keller						8	7	7	2	1	25		
Central	R. H. Hayes	1,418	1,207	101	56	6,613								P
John N. Norton Memorial Infirmary	E. E. Landis	34	243	0	0	2,733							3600-12500	P
Louisville Area Mental Health Center														P
Louisville Child Guidance Clinic	J. F. Ice													P
Louisville General	N. Kateryniuk	22	1,545	3	67	1,558							4300-12500	P
Veterans Admin.	A. Guiglia	59	506	3	0	220							4480-6910	O
LOUISIANA														
Jackson														
East Louisiana State—See Tulane University Affiliated Hospitals, New Orleans														
Mandeville														
Southeast Louisiana—See Tulane University Affiliated Hospitals, New Orleans														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	C. Watkins	73	1,089	12	17	7,737							2700-3300	F
Tulane University Division	R. G. Heath	70	1,016	10	30	4,992							2700-3300	F
Tulane University Affiliated Hospitals	R. G. Heath													O
Veterans Admin.	R. L. Stone	38	295	1	0	849	1	1	1	0	0	3	4480-8000	P
East Louisiana State (Jackson)	C. A. Steele	3,281	2,869	167	8		4	0	0	0	0	4	6000-10000	P
Southeast Louisiana (Mandeville)	R. G. Heath	450	2,200	0	0	0	6	2	2	0	0	10	8000-12000	F
Shreveport														
Confederate Memorial Medical Center	W. A. McBride	18	955	2	50		3	3	3	0	0	9	10800-12000	P
MARYLAND														
Baltimore														
Johns Hopkins	J. Elkes	57	153†	0	0	10,565	8	8	9	5	3	33	3600-8000	P
Seton Psychiatric Institute	L. H. Bartheimer	258	346	4	0	498	4	4	4	0	0	12	6300-10000	P
Spring Grove State	B. Radauskas	2,494	2,790	238	24	8,318							6800-12600	P
University	R. R. Monroe	50	310	2	50	8,607	8	8	8	2	2	28	3800-8000	P
Crownsville														
Crownsville State	A. W. Pope	1,778	2,117	167	28	8,100	4	6	5	0	0	15	6800-9250	P
Perry Point														
Veterans Admin.	W. M. Harris	1,148	668	12	100	1,767	2	2	2	0	0	6	4480-12510	O
Sykesville														
Springfield State	C. Sakles	3,033	2,579	383	32	6,380	5	5	5	0	0	15	9250-12000	P
Towson														
Sheppard and Enoch Pratt	C. G. Schulz	230	527	4	25	1,732	7	7	7	0	0	21	5900-7700	P
MASSACHUSETTS														
Bedford														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston														
Boston														
Boston City	P. Solomon	26	223			4,430	3	3	4	0	0	10†	3600-5400	O
Boston State	M. Greenblatt													
	D. Limentani	1,800	2,003	239	50	3,221	10	12	12	4	4	42	4500-9594	P
Massachusetts General	J. C. Nemiah	20	457†	0	0	8,319	12	12	8	1	1	34	3600-8000	O
Massachusetts Mental Health Center	J. R. Ewalt	212	936	0	0	38,641	26	27	14	0	0	67	4500-7500	O
New England Medical Center Hospitals	P. G. Myerson	7	182	2	0	5,515	5	1	5	0	0	11	3900-8000	O
University	B. Bandler	13	186			5,900	6	6	6	2	1	21	3600-8000	O
Veterans Admin. Hospitals of the Boston Area														
Veterans Admin. (Bedford)	C. McKeon	1,400	988	98	59	19,122	3	0	0	0	0	3	4480-6260	O
Veterans Admin. (Jamaica Plain)	D. M. Holmes	155	498	4	75	33,000	5	5	1	0	0	11	4480-12510	O
Veterans Admin. (Brockton)	D. M. Banem	957	2,281	68	65	14,307	6	0	0	0	0	6	4480-6260	O
Brockton														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston														
Harding														
Medfield State	S. Mittel	894	832	54	44	6,251	6	6	6	0	0	18	9594-12214	P
Hathorne														
Danvers State	R. M. Crossfield	2,000	1,300	279	21	3,000	2	2	2	0	0	6	4414-4789	F
Worcester														
Worcester State	D. Moriarty	1,254	1,420	145	24	2,935	4	5	5	0	0	14	4419-12214	P
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	R. W. Waggoner						12	12	8	4	0	36		
University	R. W. Waggoner	62	310	2	100	10,349							5640-6780	O
Veterans Admin.	R. J. Ging	70	333	1	0	50							4480-8000	O
Detroit														
Detroit General	K. E. Pitts	118	4,017	24	29	2,834	4	4	5	0	0	13	7683-8686	P
Henry Ford	L. D. Proctor	21	466	2	100	8,598	1	1	1	0	0	3	8620-11120	P
Lafayette Clinic	J. S. Gottlieb	76	437			24,982	12	12	10	3	3	40	7830-14407	O
Sinai Hospital of Detroit	N. Rosenzweig	34	500	0	0	2,389	4	4	4	0	0	12	7200-9000	P
Eloise														
Wayne County General Hospital and Infirmary	S. B. Jenkins	2,167	1,483	136	28	12,567	6	5	5	0	0	16	7683-8686	O
Northville														
Northville State	C. Chen	2,208	724	92	40	4,728	6	6	6	0	0	18	7830-8937	P
Pontiac														
Pontiac State	C. O. Ranger	2,878	749	136	50	8,784	6	6	6	0	0	18	8354-9481	O
Traverse City														
Traverse City State	P. E. Kauffman, Ph.D.	2,659	957	179	35	4,285	8	7	5	0	0	20	9607-13012	O
Ypsilanti														
Ypsilanti State	A. P. Dukay	3,550	1,556	161	41	4,054	8	8	8	0	0	24	7830-12000	P
MINNESOTA														
Minneapolis														
Hennepin County General	W. W. Jepson	22	1,045	1	100	17,789	1	2	2	0	0	5	8100-10500	P
University of Minnesota Hospitals	D. W. Hastings	63	405	1	100	7,707	10	10	10	0	0	30	3150-12000	O
Veterans Admin.	W. Simon	92	790			18,332	4	4	4	0	0	12	4480-8000	O

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA—Continued															
Rochester															
Mayo Graduate School of Medicine	E. M. Litin	44	953	2	100	15,390	9	9	9	0	0	27	3600-12000	P	
Rochester Methodist St. Mary's															
MISSISSIPPI															
Biloxi															
Veterans Admin.	A. J. Roberts	869	1,087	45	69	7,731	2	2	2	0	0	6	4325-12510	O	
Jackson															
University of Mississippi Medical Center	J. F. Suess						4	4	4	0	0	12			
Mental Health Services, Mississippi State Board of Health	E. A. Magiera														
University	J. F. Suess	17	260	0	0	1,850							6600-12000	O	
Veterans Admin.	H. M. Denham	36	382	2	0	611							4480-6260	O	
Mississippi State (Whitfield)															
Whitfield															
Mississippi State—See University of Mississippi Medical Center, Jackson															
MISSOURI															
Columbia															
University of Missouri Medical Center	J. M. A. Weiss	14	122	0	0	3,577	5	4	3	1	1	14	7500-15000	P	
Kansas City															
Greater Kansas City Mental Health Foundation	C. B. Wilkinson						12	10	4	0	0	26	7500-9500	P	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes	E. Robins	91	1,578	3	100	7,301	14	12	10	3	2	41	7500-11800	O	
Jewish Hospital of St. Louis	A. H. Kaplan	32	342	1		4,174	3	3	3	0	0	9	6000-7000	P	
Malcolm Bliss Mental Health Center	K. Smith	152	1,762	1	100	9,723	8	8	8	0	0	24	7500-9500	P	
Missouri Institute of Psychiatry-St. Louis State	I. Sletten	2,553	683	115	57	10,165	8	8	8	0	0	24	6900-8900	O	
St. Louis University Group of Hospitals	E. Auer	40	614	0	0	2,620	5	5	5	0	0	15	4440-9500	O	
Veterans Admin.	T. D. Hartnett	81	220	2	50	1	5	5	5	0	0	15	4480-6260	O	
NEBRASKA															
Omaha															
University of Nebraska Affiliated Hospitals	L. C. Strough														
Nebraska Psychiatric Institute	L. C. Strough	67	401	1	0	12,775	8	8	8	0	0	24	8400-9600	O	
Veterans Admin.	G. W. Bartholow	82	349	3	0	249	4	4	4	0	0	12	4480-8000		
NEW JERSEY															
Cedar Grove															
Essex County Overbrook	A. Welkind	3,580	1,248	303	33	1,565	4	4	4	0	0	12	6000-9000	O	
Greystone Park															
New Jersey State	A. Crandell	4,849	1,951	606	26	4,099	4	4	4	0	0	12	7000-8000	O	
Hammonton															
New Jersey State Hospital at Ancora	H. H. Brunt	2,049	2,343	434	38	551	5	5	5	0	0	15	7000-8000	P	
Lyons															
Veterans Admin.	H. Moser	1,970	1,062	90	61	5,909	4	4	4	0	0	12	4480-12510	O	
Marlboro															
New Jersey State	R. S. Green	2,120	1,948	342	41	2,618	3	3	3	0	0	9	7000-12000	O	
Princeton															
New Jersey Neuropsychiatric Institute	M. Mendelson	868	1,545	31	74	2,670						12	7000-8000	O	
Trenton															
New Jersey State	H. W. Freymuth	3,252	2,407	339	25	2,506	4	4	4	0	0	12	7000-8000	P	
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated Hospitals	R. A. Senescu						4	4	4	0	0	12			
Bernalillo County-Indian	R. A. Senescu	14	600	0	0	181							5500-5900	P	
Veterans Admin.	W. W. Winslow	40	180	0	0	6,361							4480-8000	O	
New Mexico State (Las Vegas)	W. F. Sears	650	1,400	100	8	5,000							5500-...	P	
Las Vegas															
New Mexico State—See University of New Mexico Affiliated Hospitals, Albuquerque															
NEW YORK															
Albany															
Albany Medical Center	W. Holt	48	1,665	7	43	5,491	3	3	2	0	0	8	4000-12000	P	
Veterans Admin.	W. Holt	281	435	5	80	80	2	1	1	0	0	4	10619-12510	O	
Binghamton															
Binghamton State	C. R. Young	2,474	1,320	378	24	3,957	3	3	3	0	0	9	7512-8475	O	
Buffalo															
Buffalo State	J. J. Sconzo	2,760	1,752	556	19	9,078	5	5	5	0	0	15	7512-8475	O	
Edward J. Meyer Memorial	S. M. Small	98	2,833	28	36	10,883	4	4	4	1	0	13	6000-9000	P	
Central Islip															
Central Islip State	F. J. O'Neill	9,138	4,125	945	28	2,627	14	14	12	0	0	40	7512-8475	O	
Cooperstown															
Mary Imogene Bassett—See Columbia-Prebyterian Medical Center, New York City															
East Meadow															
Meadowbrook	J. M. Semer	51	2,472	3		11,217	4	4	4	0	0	12	6159-8845	F	
Harrison															
St. Vincent's Hospital and Medical Center of New York, Westchester Branch—See St. Vincent's Hospital and Medical Center of New York, New York City															
Kings Park															
Kings Park State	O. Von Tauber	8,268	2,811	725	20	2,050	6	13	11	0	0	30	8112-9145	P	
Marcy															
Marcy State	N. Bigelow	2,772	1,061	423	314	340	7	6	2	0	0	15	7512-12754	P	
Middletown															
Middletown State	H. Pleasure	3,214	1,289	384	37	6,376	5	5	6	0	0	16	7512-8475	P	
Montrose															
Veterans Admin.	L. H. Kashe	1,818	1,144	71	75		3	3	3	0	0	9	4480-8000	O	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center	M. Rosenbaum	94	3,607	5	40	50,568	16	16	15	4	0	50†	5580-8220	FP	

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK New York City—Continued															
Brooklyn State	N. Beckenstein	2,946	1,258	344	12		4	4	9	0	0	17	7512-8475	O	
City Hospital Center at Elmhurst	H. Weinstock	140	2,350	1	0	23,686	10	10	10	0	0	30	5400-6400	FP	
Columbia-Presbyterian Medical Center	L. C. Kolb						10	10	10	0	0	30		O	
New York State Psychiatric Institute	W. A. Horwitz	122	366	0	0	5,031							4800-8475	O	
Presbyterian	W. A. Horwitz	122	366	0	0	5,031							4800-8475	O	
Mary Imogene Bassett (Cooperstown)	H. Gurian	6	137	0	0	2,621							4128-8100	O	
Creedmoor State	H. A. La Burt	7,122	3,735	930	29	2,341	10	10	10	1	0	31†	7512-8475	O	
Harlem Hospital Center	E. Davis	44	901	0	0	7,084	4	4	4	4	0	12	4740-6160	FP	
Hillside Hospital Training Program	L. L. Robbins						14	14	12	2	0	42		O	
Hillside	M. Wachspress	192	348	1	100	12,195							5200-6200	O	
Queens Hospital Center (New York City)														O	
Manhattan State	O. K. Diamond	3,620	2,371	416	30	2,613	10	6	5	0	0	21	8112-9145	O	
Montefiore Hospital and Medical Center	M. Reiser	18	192	0	0	12,141	5	5	5	0	0	15	4620-6370	FP	
Mount Sinai	M. R. Kaufman	108	799	0	0	9,458	14	12	12	0	0	38	4500-6000	FP	
New York (Payne Whitney Psychiatric Clinic)	W. T. Lhamon	90	319	0	0	11,895	7	7	6	1	0	21	4000-7000	P	
New York Medical College-Metropolitan Hospital Center	A. M. Freedman						17	11	7	0	0	35	4200-5220	F	
Unit 1—Flower and Fifth Avenue Hospitals															
Unit 2—Metropolitan		41	596	0	0	22,930									
New York University Medical Center and Bellevue Hospital Center	S. B. Wortis						15	15	15	4	4	53		FP	
Bellevue Hospital Center, Division III	A. Zitrin	700	18,571	130	45	12,733							4740-6160	FP	
University	S. B. Wortis													P	
St. Luke's Hospital Center	J. M. Cotton	28	436	0	0	5,815	3	3	3	0	0	9		P	
State University-Kings County Medical Center	R. Dickes						0	22	22	15	0	59		FP	
Kings County Hospital Center	R. Dickes	366	9,595	86	7	32,414							4740-6160	FP	
State University															
St. Vincent's Hospital and Medical Center of New York	H. J. Tompkins	89	624	1	0	16,648	12	12	12	1	0	37†	6440-7640	P	
St. Vincent's Hospital and Medical Center of New York, Westchester Branch (Harrison)	H. J. Tompkins	179	754	15	0	2,246								P	
Veterans Admin. (Bronx)	W. Brown	140	818	7	14	550	7	7	7	0	0	21	6000-12510	O	
Veterans Admin. (Manhattan)	M. A. Goldberg	179	644	1	100		6	6	6	0	0	18	6000-12510	O	
Northport															
Veterans Admin.	I. J. Blumenthal	2,181	1,068	69	36	11,177	6	0	0	0	0	6	4480-12510	O	
Orangeburg															
Rockland State	A. M. Stanley	6,598	2,447	550	28	13,053	11	11	9	0	0	31	7512-8475	O	
Poughkeepsie															
Hudson River State	H. B. Snow	4,592	1,933	574	17	2,611	4	7	4	1	2	18	7182-8075	O	
Rochester															
Rochester State	G. M. Walters	3,228	1,603	451	31	14,794	4	2	1	0	0	7	7512-8475	P	
Strong Memorial Hospital of the University of Rochester	J. Romano	77	1,371	2	100	11,787	12	12	12	0	0	36	3600-5400	O	
Syracuse															
State University of New York Upstate Medical Center	D. Robinson	159	965	1	100	5,754	10	10	10	0	0	30	4100-8475	O	
Syracuse Psychiatric	J. H. Cumming	74	447	0	0	1,156							7512-8475	O	
Veterans Admin.	J. J. Danehy	85	518	1	100	507							4480-6260	O	
Utica															
Utica State	G. Volow	2,154	1,010	292	35	5,045	4	3	3	0	0	10	7512-8475	O	
Valhalla															
Crasslands	F. V. Rockwell	103	2,097	18	44	8,000	5	5	7	0	0	17	5700-7300	FP	
West Brentwood															
Pilgrim State	H. Brill	12,916	4,506	1,364	26	4,000	10	10	10	0	0	30	7512-10545	O	
White Plains															
New York Hospital-Cornell Medical Center (Westchester Division)	F. J. Hamilton	285	336	21	67	6,035	6	6	4	0	0	16	3600-7000	F	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	J. A. Ewing	44	508†	2	50	16,888	12	14	14	2	2	44	5000-12000	O	
Durham															
Duke University Affiliated Hospitals							12	8	8	4	4	36			
Duke	E. W. Busse	48	793	0	0	3,065							3900-4800	P	
Veterans Admin.	R. L. Green, Jr.	77	519	1	100								4480-8000	O	
Raleigh															
Dorothea Dix	W. A. Sikes	2,554	4,653	254	50	4,144	9	9	9	0	0	27	10224-11256	O	
Winston-Salem															
North Carolina Baptist Hospitals	R. Proctor	11	313	0	0	1,727	4	4	2	0	0	10	6600-12000	P	
OHIO															
Cincinnati															
Rollman Psychiatric Institute	W. R. Chambers	150	900	0	0	8,900	10	10	12	0	0	32	7560-14000	O	
University of Cincinnati Hospital Group	M. Levine						15	16	16	0	0	47†			
Cincinnati General		41	605			43,146							4500-6250	F	
Veterans Admin.		61	409	0	0								4480-8000	O	
Cleveland															
Cleveland Clinic	A. Weatherhead	21	289	1	100	3,356	1	1	1	0	0	3	4800-8400	P	
Cleveland Psychiatric Institute	F. A. Lingl	246	1,118	16	43	5,632	8	8	8	0	0	24	7560-16000	O	
Fairhill Psychiatric	D. Hartert	152	912	6	17	8,658	6	6	6	0	0	18	8000-14000	P	
University Hospitals of Cleveland	L. D. Lenkoski	67	535	0	0	9,576	8	8	8	1	0	25†	3600-5000	P	
Columbus															
Columbus State	P. Garcia	2,108	1,715	198	34	8,149	8	8	8	0	0	24	8000-12000	O	
Ohio State University Hospitals	I. Gregory	104	1,200	0	0	8,540	8	8	8	0	0	24	6000-8004	P	
Worthington															
Harding	G. T. Harding, Jr.	105	480	6	0	946	3	3	3	0	0	9	6000-12000	O	
OKLAHOMA															
Norman															
Central State Griffin Memorial	H. H. Donahue	992	2,505	16	85	616	6	5	5	0	0	16	8000-12000	O	
Oklahoma City															
University of Oklahoma Medical Center	L. J. West						8	8	8	2	0	26†			
University of Oklahoma Hospitals	L. J. West	15	19	0	0	2,629							6000-12000	P	
Veterans Admin.	H. H. Janszen	66	363	4	50	3,972									

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	21	171	0	0	4,593	3	3	3	0	0	9	3000-3600	F
Salem														
Oregon State	N. B. Jetmalani	1,774	1,997	167	81	1,058	3	5	6	0	0	14	10140-10980	O
PENNSYLVANIA														
Coatesville														
Veterans Admin.	K. Wolff	1,238	973	61	84	794	3	3	2	0	0	8	4480-12510	O
Harrisburg														
Harrisburg State	S. P. Laucks	2,325	903	144	40	1,939	2	2	2	0	0	6	8580-9454	F
Norristown														
Norristown State	P. Glowacki	3,695	871	297	40	7,664	10	10	10	0	0	30	8163-11501	F
Philadelphia														
Albert Einstein Medical Center	P. Sloane	26	548†	2	0	870	3	3	3	0	0	9	3600-5000	FP
Eastern Pennsylvania Psychiatric Institute	A. Lubizka	100	348	3	...	6,228	5	5	5	0	0	15	8580-9454	O
Hahnemann Medical College and Hospital	V. B. O. Hammett	Inc. in Int. Med.	...	...	...	3,600	3	3	3	0	0	9	3600-5000	O
Hospital of the University of Pennsylvania	H. H. Morris	13	350	0	0	8,033	9	7	6	2	0	24	4000-12000	O
Mercy-Douglass	J. H. Ewing	80	421	1	100	2,000	...	...	...	...	...	...	4600-4600	F
Institute of the Pennsylvania Hospital	W. Harvey	214	1,422	6	50	8,462	10	8	6	0	0	24	5100-6500	O
Jefferson Medical College	J. E. Davis	141	845	14	50	3,499	8	8	8	2	2	28	6000-9200	O
Philadelphia General	S. Bazilian	145	1,321	10	78	12,834	10	10	10	0	0	30	6910-8712	F
Philadelphia Psychiatric Center	M. W. Brody	120	1,320	4	75	6,614	8	8	8	2	0	26	5200-7800	F
Philadelphia State	E. R. Clarke	6,234	1,998	681	15	7,678	10	10	10	0	0	30	7055-8580	O
Temple University	R. B. Sloane	14	368	1	100	9,401	8	5	7	2	0	22	3600-7000	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh														
Western Psychiatric Institute and Clinic	L. W. Earley	123	790	0	0	22,015	12	12	12	0	0	36	4433-5200	O
Warren														
Warren State	A. Hoshino	2,426	1,245	238	30	8,079	10	9	8	0	0	27	7400-9454	F
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry	V. Bernal Del Rio	162	606	6	0	91	2	2	4	0	0	8	5400-6600	P
Rio Piedras														
Psychiatric Center for Training and Research	J. A. Rossello	1,317	3,550	63	33	67,783	3	3	3	0	0	9	4800-6000	O
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	J. Cleckley	38	984	1	0	1,520	4	4	4	0	0	12	8000-12000	P
Columbia														
South Carolina State Hospital-Columbia Unit	J. E. Freed	3,240	2,733	...	...	239	4	4	4	0	0	12	...	...
TENNESSEE														
Memphis														
Tennessee Psychiatric Hospital and Institute	G. H. Aivazian	143	882	2	0	9,381	7	7	7	0	0	21	3480-12000	FP
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	L. Elam	7	174	0	0	1,131	1	1	1	0	0	3	3300-8700	F
Vanderbilt University	W. F. Orr	10	128	1	100	3,006	4*	2	3	0	0	9†	3000-7500	P
TEXAS														
Austin														
Austin State	C. R. Miller	3,254	5,582	351	70	4,275	10	10	10	0	0	30	9250-12000	O
Dallas														
Parkland Memorial	R. L. Stubblefield	39	329	3	33	6,242	12	12	12	0	0	36	5600-8600	P
Timberlawn Sanitarium	R. L. Stubblefield	135	662	1	0	6,432	...	...	...	...	...	...	5800-5800	F
Veterans Admin.	J. D. Uloth	79	90	0	0	...	...	...	...	...	...	...	4480-12510	P
U. S. Public Health Service (Fort Worth)													...	...
Galveston														
University of Texas Medical Branch Hospitals	H. Ford	214	1,822	7	43	5,485	10	10	10	0	0	30	5200-6000	P
Houston														
Baylor University Affiliated Hospitals	S. H. Frazier, Jr.						10	10	10	0	0	30	...	...
Ben Taub General		23	395	3	75	4,201	...	...	...	...	...	...	...	O
Houston State Psychiatric Institute		24	202	0	0	5,313	...	...	...	...	...	...	5000-7000	O
Methodist		45	777†	1	0	0	...	...	...	...	...	...	4500-5400	P
Veterans Admin.		379	1,308	14	43	5,652	...	...	...	...	...	...	8961-12510	P
UTAH														
Provo														
Utah State—See University of Utah Affiliated Hospitals, Salt Lake City														
Salt Lake City														
University of Utah Affiliated Hospitals	C. H. H. Branch						5	9	2	0	0	16	...	...
University	C. H. H. Branch	21	328	0	0	4,162	...	...	...	...	...	...	4200-12000	P
Veterans Admin.	C. H. H. Branch	170	420	7	71	...	...	...	...	...	...	...	8961-12510	P
Utah State (Provo)	H. E. Beagbler	586	1,304	72	15	0	...	...	...	...	...	...	2400-3900	F
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	T. J. Boag						3	4	3	1	1	12	5000-6200	O
DeGoesbriand Memorial		9	149	0	0	1,089	...	...	...	...	...	...	...	...
Mary Fletcher		18	271†	...	...	1,570	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia	I. P. Stevenson	37	389	0	0	3,873	6	6	6	0	0	18	4200-12000	O
Petersburg														
Central State	H. Sormus	4,557	1,657	294	9	643	...	...	...	...	...	15	...	O
Richmond														
Medical College of Virginia—Hospital Division	H. D. Lederer	40	1,669	...	...	5,809	5	5	5	2	0	17†	6000-6996	F

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON														
Fort Steilacoom														
Western State	J. W. Boudwin	1,977	1,688	176	57	2,491	4	4	4	0	0	12	7860-12000	P
Seattle														
University of Washington Affiliated Hospitals	H. S. Ripley						18	19	7	0	0	44		
King County	F. M. Draper	19	1,974	2	50	2,223							3900-3900	F
University	H. S. Ripley	32	403†			15,243							3660-6540	P
Veterans Admin.	M. H. Johnson	71	497	0	0	1,471							4480-8000	
Sedro Woolley														
Northern State	S. Spiro	960	1,022	79	28		3	3	3	0	0	9	7524-12000	O
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. H. Miller						12	12	12	4	0	40	5000-9400	P
University Hospitals	M. H. Miller	36	614	1	0	19,768								
Mendota State		739	2,026	31	48	2,462								
Winnebago State (Winnebago)														
Milwaukee														
Associated Training Program of Milwaukee Hospitals	B. Jackson						6	6	6	0	0	18		
Milwaukee Children's	H. D. Sackin	0	0			1,702								
Veterans Admin. (Wood)	M. J. Primakow	192	935	17	94	8,680							4480-6260	P
Milwaukee Psychiatric (Wauwatosa)	B. Jackson	130	260	4	50	6,032							4500-12000	O
Milwaukee County Mental Health Center—North Division	C. W. Landis	800	5,289	31		11,323	7	7	6	0	0	20	4275-12000	O
Wauwatosa														
Milwaukee Psychiatric—See Associated Training Program of Milwaukee Hospitals, Milwaukee														
Winnebago														
Winnebago State—See University of Wisconsin Affiliated Hospitals, Madison														
<p>Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 16; Residencies, 170</p>														
UNITED STATES NAVY														
PENNSYLVANIA														
U. S. Naval, Philadelphia	D. E. Brown	257	1,514	9	78	7,082	3	3	0	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
San Francisco														
Community Mental Health Services	J. C. Mickle	1,660	9,486			39,048	3	2	2	0	0	7	3600-5000	P
Mount Zion Hospital and Medical Center	R. S. Wallerstein					11,380	0	7	7	0	0	14	4080-8000	FP
Presbyterian Medical Center	J. P. Kahn	8	162	0	0	7,144	3	3	3	0	0	9	3600-12000	P
ILLINOIS														
Galesburg														
Galesburg State Research	T. T. Tourientes	1,513	490	118	31	915	4	4	0	0	0	4	4200-12000	P
MASSACHUSETTS														
Belmont														
McLean	A. A. Stone	229	385	7	57	12,141	10	8	4	1	0	23†	4450-6050	P
Boston														
Beth Israel	J. Vorenberg					7,863	1	1	5	4	2	13	4200-8000	O
Waltham														
Metropolitan State	M. Asekoff	1,600	1,335	143	55	1,460	4	4	0	0	0	8	7500-9594	O
NEW YORK														
Helmuth														
Gowanda State	I. M. Roseman	2,861	896	298	25	1,817						6	7512-8475	O
New York City														
Roosevelt	R. W. Laidlaw	15	166†	0	0	9,760	2	3	3	0	0	8	4300-6300	O
Willard														
Willard State	A. N. Mustille	2,954	768	283	30	3,523						9	7512-8475	P
Wingdale														
Harlem Valley State	L. P. Roberts	4,409	787	381	25	1,556	6	6	0	0	0	12	7512-8475	O
NORTH CAROLINA														
Butner														
John Umstead	P. J. Irigaray	1,635	3,236			1,792						15	10200-11800	O
PENNSYLVANIA														
Allentown														
Allentown State	H. J. Fiedler	1,666	419	139	37	2,688	4	4	0	0	0	8	7055-7407	O
Danville														
Danville State	L. R. Angus	2,258	774	156	19	3,853	3	3	2	1	1	10	6390-9454	O
RHODE ISLAND														
Howard														
State of Rhode Island Medical Center—Institute of Mental Health	M. A. Nicotra	3,208	2,089	453	37	4,071	8	6	4	0	0	18	7000-7800	F

23. PSYCHIATRY—Continued

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 15; Residencies, 67

State	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Month Min.-Max.	Main-tenance	
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
	National Institutes of Health-Clinical Center, Bethesda														
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Pomona	Pacific State	S. F. Casalaina	2,770	491	39	87	4,326	1	4	1	0	0	6	7080-12696	O
San Francisco	St. Francis Memorial	L. J. Whitsell	19	549†	2	100	2,100	1	0	1	0	0	2	4200-5400	P
COLORADO															
Fort Logan	Fort Logan Mental Health Center	S. B. Schiff	785	1,771	3	34	10,096	0	0	3	0	0	3	...-6000	O
Pueblo	Colorado State	C. E. Meredith	3,278	2,132	264	63	2,099	5	5	5	0	0	15	7200-9600	O
MARYLAND															
Rockville	Chestnut Lodge	D. M. Bullard	81	80	0	0	2,833						4	10000-15000	O
MASSACHUSETTS															
Boston	Peter Bent Brigham	H. M. Fox						0	0	3	0	0	3	7500-7500	O
Stockbridge	Austen Riggs Center ⁶⁶	R. P. Knight	40	54	0	0	2,757	0	0	7	7	7	7	7500-10000	O
Taunton	Taunton State	W. E. Glass	1,509	956	156	35	476	8	0	0	0	0	8	9594-12215	O
Waltham	Walter E. Fernald State School	N. Bernstein	2,507	68	47	76	273						1	1800-7000	O
NEW YORK															
Ogdensburg	St. Lawrence State	J. R. Haight	1,692	722	227	39	1,048	8	0	0	0	0	8	7512-8475	O
Port Chester	High Point	A. Gralnick	40	85	0	0	0	0	2	2	3	1	6	8500-13500	O
Thiells	Letchworth Village	J. Schneider	4,250	169	78	54	183	1	0	0	0	0	1	7512-7512	F
RHODE ISLAND															
Riverside	Emma Pendleton Bradley	M. W. Laufer	59	22	0	0	4,228	0	0	1	0	0	1	8000-8000	P
TEXAS															
Terrell	Terrell State ¹⁸	R. S. Glen, H. N. Brown	60	312	0	0	0	4	0	0	0	4	2	10800-12000	P

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. (Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for Applicants published by the American Board of Psychiatry and Neurology. Programs, 110; Residencies, 582

State	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Salary per Year Min.-Max.	Main-tenance			
						1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years		
UNITED STATES ARMY															
CALIFORNIA															
	Letterman General,* San Francisco	C. K. Cordes	1	10	3,357										
DISTRICT OF COLUMBIA															
	Walter Reed General,* Washington	J. J. Gibbs			7,149	2	2	0	0	0	4				
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham	University of Alabama Medical Center*	J. N. Sussex	0	4	961	2	2	0	0	0	4	5600-7200	P		
CALIFORNIA															
Berkeley	East Bay State Mental Hygiene Clinic*	C. R. Graham	28	174	6,863	0	0	1	2	1		5000-12696	O		

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued												
Los Angeles												
Cedars-Sinai Medical Center.....												
Mount Sinai Hospital Division*.....	S. Brown.....	46	0	8,004	0	0	1	4	1	6	5000-8000	P
Los Angeles County General, Unit I*.....	E. Stainbrook.....	31	74	9,797	3	3	0	0	0	6	9000-9600	P
Reiss-Davis Child Study Center*.....	R. L. Motto.....	11	150	12,500	0	0	2	3	3	8	7000-8000	O
University of California*.....	N. Q. Brill.....	39	70	5,884	0	0	0	4	4	8	11520-12090	O
Palo Alto												
Stanford Medical Center Child Psychiatry Clinic*.....	H. Shirley.....		5	2,184	0	0	3	3	0	6	5100-8000	O
Pasadena												
Pasadena Child Guidance Clinic*.....	M. B. Durfee.....			7,018	0	0	0	2	1	3	10000-11000	O
San Francisco												
Children's Hospital and Adult Medical Center.....	J. Ryan.....			9,882								
Mount Zion Hospital and Medical Center.....	E. M. Weinschel.....			7,587	0	0	0	3	1	4	4080-8000	FP
St. Mary's.....	M. Khlentzos.....	8	156	5,445	3	3	0	0	0	6	5400-6000	F
University of California Program in Child Psychiatry.....												
Langley Porter Neuropsychiatric Institute*.....	S. A. Szurek.....	9	4	4,086	4	4	0	0	0	8	5000-8000	O
COLORADO												
Denver												
University of Colorado Medical Center*.....	H. Gaskill.....				0	0	4	4	0	8	5000-8500	P
CONNECTICUT												
Hartford												
Institute of Living-Children's Clinic*.....	F. G. Bucknam.....	14	35	5,915	0	0	0	1	1	2	8000-9000	P
New Haven												
Yale University Child Study Center*.....	A. J. Solnit.....			4,706	0	0	2	4	0	6	5000-10600	...
DISTRICT OF COLUMBIA												
Washington												
Catholic University of America*.....												
Children's.....	S. Werkman, R. Lourie.....	1	7†	2,304	0	0	5	5	0	10	5000-8000	O
Georgetown University Medical Center*.....	E. Kessler.....	0	0	3,115	0	0	3	3	0	6	6000-8000	O
FLORIDA												
Gainesville												
William A. Shands Teaching Hospital and Clinics*.....	P. Adams.....	1	97	3,700	0	0	4	4	0	8	6000-9000	O
GEORGIA												
Atlanta												
Emory University Children's Clinic*.....	R. Ward.....	0	0	7,400	0	0	0	2	2	4	...-8600	O
ILLINOIS												
Chicago												
Institute for Juvenile Research*.....	S. B. Eisen.....			4,590	6	6	0	0	0	12	6000-9480	O
Michael Reese Hospital and Medical Center*.....	J. Spurlock.....		0	2,889	0	0	2	2	0	4	4200-5700	P
Presbyterian-St. Luke's*.....	A. H. Norton.....	13	89	2,420	0	0	0	2	2	4	4600-9500	P
University of Chicago Hospitals and Clinics*.....	J. F. Kenward.....	40	10	3,235	0	0	2	2	0	4	5160-10400	O
INDIANA												
Indianapolis												
Indiana University Medical Center*.....	J. E. Simmons.....				2	2	0	0	0	4	...	...
Indiana University Hospitals.....				2,538							6600-7500	P
Larue D. Carter Memorial.....		32	50	282							7500-10200	P
IOWA												
Des Moines												
Des Moines Child Guidance Center.....	M. E. Barnes, Jr.....	16	600	6,569	0	0	1	1	0	2	7000-9000	O
Iowa City												
State Psychopathic*.....	R. L. Jenkins.....	23		253	2	2	0	0	0	4	7000-10000	O
KANSAS												
Kansas City												
University of Kansas Medical Center*.....	P. C. Laybourne.....	2	100	7,800	3	3	0	0	0	6	8000-12000	P
Topeka												
Menninger Clinic (Children's Service)*.....	J. C. Hirschberg.....	55	69	5,930	8	8	0	0	0	16	6200-12000	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic*.....	J. F. Ice.....	49	613	11,670	0	0	2	2	0	4	6200-12000	O
LOUISIANA												
New Orleans												
Tulane University School of Medicine*.....												
MARYLAND												
Baltimore												
Johns Hopkins*.....	L. Eisenberg.....			6,374	0	0	4	2	2	8	5000-8000	P
University.....	F. T. Rafferty.....	9	6	2,544	4	4	0	0	0	8	6000-8000	P
MASSACHUSETTS												
Belmont												
Beaverbrook Guidance Center—See Metropolitan-Beaverbrook Guidance Center, Waltham												
Boston												
Beth Israel (Children's Unit-Psychiatric Service).....	J. Vorenberg.....			3,184	0	0	2	2	1	5	4200-8000	O
Boston University-Boston City Hospital Guidance Center*.....	E. N. Rexford.....	27	148	5,385			3	3	4	7	6000-11000	O
Children's Hospital Medical Center*.....	G. Gardner.....			12,199	3	3	1	0	0	7	5000-8000	O
Douglas A. Thom Clinic for Children*.....	H. Weintraub.....	28	175	5,730	0	0	0	2	2	4	5000-8000	O
James Jackson Putnam Children's Center*.....	P. H. Gates.....			13,189	0	0	2	2	0	4†	5000-8000	O
Judge Baker Guidance Center*.....												
Massachusetts General*.....	J. H. Lamont.....			10	0	0	3	1	0	4	5000-8000	...
Massachusetts Mental Health Center*.....	G. Rochlin.....	8	5	5,823	0	0	4	4	4	12	5000-8000	O
Tufts-New England Medical Center*.....												

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS—Continued												
Quincy												
South Shore Mental Health Center*												
Waltham												
Metropolitan-Beaverbrook Guidance Center*	D. S. Gair				0	0	3	4	1	8	5000-9594	O
Metropolitan State		75	189	6,000								
Beaverbrook Guidance Center (Belmont)												
Worcester												
Worcester Youth Guidance Center*	J. Weinreb			1,002	0	0	0	4	4	8	7000-9500	O
MICHIGAN												
Ann Arbor												
University*	S. M. Finch	45	56	11,486	8	8	0	0	0	16	6780-9360	O
Detroit												
Children's Center of Wayne County*	H. H. Comly	51	633	12,875	0	0	2	2	0	4	7517-12589	O
Lafayette Clinic*	C. B. Simson	34	99	2,148	0	0	4	4	2	10	8937-14407	O
Northville												
Hawthorn Center	R. D. Rabinovitch	165	131	5,600	6	6	0	0	0	12	9470-15280	O
Saginaw												
Saginaw Valley Child Guidance Clinic	N. Westlund	45	346	7,377	0	0	0	1	0	1	7500-10544	
MINNESOTA												
Minneapolis												
University of Minnesota Hospitals*	R. A. Jensen	15	111	1,870	0	0	2	2	0	4	8150-10150	O
Rochester												
Mayo Graduate School of Medicine*	J. G. Delano	14	227	1,450	3	3	0	0	0	6	5500-5500	P
Mayo Clinic												
St. Paul												
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman		844	18,630						3	7400-9400	O
MISSOURI												
Kansas City												
Greater Kansas City Mental Health Foundation*	C. B. Wilkinson				0	0	3	2	1	6	8400-11800	P
St. Louis												
William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine*	E. J. Anthony	70	90	9,107	0	0	3	3	2	8	6000-11000	O
NEBRASKA												
Omaha												
Nebraska Psychiatric Institute	R. L. Cohen	12	41	2,693	3	3	0	0	0	6	5000-7000	O
NEW JERSEY												
Eatontown												
Children's Psychiatric Center	A. B. Judd	20	12	7,982	0	0	1	2	1	4	7000-12000	O
Plainfield												
Union County Psychiatric Clinic*	W. E. Ganas			12,943	0	0	2*	1	2	5	8000-9000	O
Trenton												
Child Guidance Center of Mercer County*	N. N. Boonin			7,850	0	0	2	2	0	4	7500-9500	O
NEW YORK												
Albany												
Albany Child Guidance Center												
New York City												
Albert Einstein College of Medicine Affiliated Hospitals												
Bronx Municipal Hospital Center*	J. B. Cramer	35	440	14,000	8	6	0	0	0	14	6060-8000	O
Brooklyn Psychiatric Centers*	B. L. New			15,904	0	0	0	2	2	4	7000-9000	O
Columbia-Presbyterian Medical Center*	W. S. Langford				5	5	0	0	0	10		
New York State Psychiatric Institute	W. S. Langford	14	31	1,186							8000-9000	O
Presbyterian	W. S. Langford	14	31	1,186							8000-9000	O
Madeleine Borg Child Guidance Institute*												
Mount Sinai*	A. Blau	12	50	4,180	0	0	3	3	3	9	5500-8000	P
New York Medical College-Metropolitan Hospital Center*	R. LaVietes				2	3	1	0	0	6	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals												
Unit 2—Metropolitan				2,564								
New York University Medical Center and Bellevue Hospital Center*	B. Fish				0	0	8	4	4	16		
Bellevue Hospital Center, Division III		90	1,000	5,000							4740-6160	FP
University												
Postgraduate Center for Mental Health, Clinic for Children and Adolescents	B. B. Pfeffer	50	319	7,115	2	2	0	0	0	4	8500-9000	O
St. Luke's Hospital Center*	J. M. Cotton	0	0	1,385	0	0	2	0	0	2		P
Staten Island Mental Health Center-St. Vincent's Hospital of the Borough of Richmond*												
Staten Island Mental Health Center												
St. Vincent's Hospital of the Borough of Richmond	R. M. Silberstein			1,814	0	0	2	2	2	6	6000-10000	O
State University-Kings County Medical Center*	M. Scharfman				0	0	0	5	5	12†		
Kings County Hospital Center	M. Scharfman	16	127	1,429							4740-6160	FP
State University												
Rhinebeck												
Astor Home for Children	G. Mora	52	20	600	0	0	1	2	1	4	7500-8500	FP
Rochester												
Rochester Child Guidance Clinic	W. I. Halpern	260	613	7,053	0	0	2	2	0	4	8400-9800	O
Schenectady												
Schenectady County Child Guidance Center	H. E. Karowe		205	3,020						2	7000-9000	O
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial*	R. W. Speers	2	14†	6,818	0	0	2	3	1	6	7000-8000	O
Durham												
Durham Child Guidance Clinic, Duke University Medical Center*												

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO												
Cincinnati												
University of Cincinnati Hospital Group*	O. Krug	0	0	11,259	0	0	6	6	2	14	.....	..
Central Psychiatric Clinic		13	4	5,204	..	..	..	..	..	..	.....	P
Child Guidance Home of the Jewish Hospital					..	..	..	..	..	..	.....	P
Cleveland												
University Hospitals of Cleveland*	W. D. Boaz	..	..	7,801	2	2	0	0	0	4	5000-7000	P
Dayton												
Dayton Children's Psychiatric Hospital-Child Guidance Center for Dayton and Montgomery County*	J. M. Cunningham	71	126	2,836	2	2	0	0	0	4	13500-15000	O
OKLAHOMA												
Oklahoma City												
University of Oklahoma School of Medicine*	M. D. Schechter	Inc. in Psychiatry	..	..	0	0	4	3	1	8	7200-12000	P
Tulsa												
Children's Medical Center*	J. T. Proctor	35	210	12,562	0	0	0	2	2	4	9000-12000	O
PENNSYLVANIA												
Norristown												
Montgomery County Mental Health Clinics*	S. I. Altman	0	0	5,256	2	2	0	0	0	4	5000-12000	O
Philadelphia												
Albert Einstein Medical Center	H. Kolansky	5	36†	1,774	3	3	0	0	0	6	5000-12000	FP
Child Study Center of Philadelphia	B. A. Ruttenberg	..	..	10,671	0	0	4	3	3	7	5000-12000	O
Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	8	5	2,954	3	3	0	0	0	6	9454-10432	O
Hahnemann Medical College and Hospital*	H. Belmont	..	..	2,600	2	2	0	0	0	4	7000-8000	O
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center)*	H. Herskovitz	..	..	12,122	..	..	..	..	..	3	7000-8000	P
Philadelphia Child Guidance Clinic*	C. A. Malone	..	337	5,678	3	3	2	0	0	8	5000-12000	O
Philadelphia General*	A. Arenowitz	..	..	2,524	..	..	..	..	..	2	8412-8412	F
St. Christopher's Hospital for Children*	C. S. Settlage	..	..	8,388	3	3	1	0	0	7	5000-7000	..
Pittsburgh												
Health Center Hospitals of the University of Pittsburgh*		..	..	..	..	..	..	..	..	..	.....	..
Western Psychiatric Institute and Clinic	M. Sonis	10	12	5,048	0	0	3	3	0	6	5200-7800	O
Wilkes-Barre												
Childrens Service Center of Wyoming Valley*	J. F. Robinson	40	516	4,524	0	0	2	2	2	4	5000-10000	O
PUERTO RICO												
Rio Piedras												
Psychiatric Center for Training and Research	A. Figaredo	10	..	1,200	3	3	0	0	0	6	7000-10800	..
RHODE ISLAND												
Providence												
Providence Child Guidance Clinic*	M. Laufer	..	..	5,278	0	0	1	2	0	3	8000-11000	O
Riverside												
Emma Pendleton Bradley	M. W. Laufer	59	22	4,228	0	0	0	2	2	4	10000-11000	P
TENNESSEE												
Memphis												
Memphis and Shelby County Mental Health Center*		..	..	..	..	..	..	..	..	..	.....	..
Nashville												
Vanderbilt University*	H. J. Crecraft	19	31	..	0	0	0	1	1	2	3000-7500	P
TEXAS												
Dallas												
Dallas Child Guidance Clinic	L. Claman	16	280	5,920	0	0	1	1	0	2	6000-8200	O
University of Texas Southwestern Medical School	J. Martin	..	..	5,200	2	2	0	0	0	4	6600-7000	O
Galveston												
University of Texas Medical Branch Hospitals*	H. L. Burks	27	40	1,182	0	0	2	2	2	6	6000-10000	P
Houston												
Houston State Psychiatric Institute*	D. B. Hansen	0	0	1,517	0	0	4	4	0	8	7000-8000	O
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals*		..	..	..	..	..	..	..	..	..	.....	..
University	C. H. H. Branch	..	..	3,264	..	..	..	..	..	..	4200-12000	P
VIRGINIA												
Richmond												
Memorial Guidance Clinic		..	..	..	..	..	..	..	..	..	.....	..
Virginia Treatment Center for Children*	D. Powers	35	68	2,078	3	3	0	0	0	6	8500-10000	O
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals*		..	..	..	..	..	..	..	..	..	.....	..
University	I. N. Berlin	1	11†	..	0	0	4	4	0	8	3660-7680	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals	J. C. Westman	..	..	..	0	0	3	3	0	6	7200-10200	P
Childrens Treatment Center		22	34	1,276	..	..	..	..	..	..	.....	..
University Hospitals		..	..	1,174	..	..	..	..	..	..	.....	..
Wisconsin Diagnostic Center		36	281	1,988	..	..	..	..	..	..	.....	..
Milwaukee												
Milwaukee Children's	H. D. Sackin	0	0	1,702	0	0	2	2	0	4	6000-8000	P
Milwaukee County Mental Health Center	R. Aug	30	20	5,613	2	0	0	0	0	2	7000-8000	O

24. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 225.

APPROVED RESIDENCIES

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Programs, 256; Residencies, 2,202

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE													
CALIFORNIA													
David Grant U.S.A.F., Fairfield ²²	W. Nafis	39,353	83	4,809	7,566	2	0	0	0	0	2		
TEXAS													
Wilford Hall U.S.A.F., San Antonio	R. J. Kurth	127,918	113	538	8,562	4	3	3	0	0	10		
UNITED STATES ARMY													
U. S. Army Coordinated Program													
Letterman General, San Francisco, Calif.	J. J. DuBois	69,039	25	4,692	0	3	3	3	0	0	9		
Fitzsimons General, Denver, Colo.	P. E. Siebert	70,282	28	4,865	0	2	2	2	0	0	6		
Walter Reed General, Washington, D. C.	A. J. Bauer	93,980	85	2,292	15,882	4	4	4	0	0	14		
Tripler General, Honolulu, Hawaii	R. E. Graf	71,700	59	2,992	0	2	2	0	0	0	4		
Brooke General, San Antonio, Texas	L. H. Seitzman	84,803	73	6,434	0	5	5	5	0	0	15		
UNITED STATES NAVY													
U. S. Navy Coordinated Program													
U. S. Naval, Oakland, Calif.	M. W. Olson	53,584	19	51	3,374	1	1	1	0	0	3		
U. S. Naval, San Diego, Calif.	F. H. Holmes	101,910	54	901	11,481	3	3	3	0	0	9		
U. S. Naval, Bethesda, Md.	L. Brown	56,730	29	617	5,125	2	2	2	0	0	6		
U. S. Naval, Chelsea, Mass.	W. Spicher	33,648	13	178	0	0	0	0	0	0	0		
U. S. Naval, St. Albans, N. Y.	W. F. Hansen	113,481	53	356	4,241	1	1	1	0	0	3		
U. S. Naval, Philadelphia, Pa.	W. Strunk	62,878	20	1,905	0	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE													
LOUISIANA													
U. S. Public Health Service, New Orleans—See Charity Hospital of Louisiana, New Orleans, La.													
MARYLAND													
U. S. Public Health Service, Baltimore ²¹⁴	E. T. van der Smissen	25,646	8	1,600	780	2	2	2	0	0	6		
National Institutes of Health-Clinical Center, Bethesda	B. Hathaway	42,568	1	98	4,819						1		
NEW YORK													
U. S. Public Health Service (Staten Island), New York City	C. J. Buhrow	49,475	2,488	173	0	3	3	3	0	0	9		
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist Hospitals	P. A. Morgan	26,033	46	4,809	0	2	0	0	0	0	2	6000-7800	FP
University of Alabama Medical Center	R. E. Roth	125,779	86	920	10,985	4	4	4	2	0	14		
University of Alabama Hospitals and Clinics	R. E. Roth											3840-4800	P
Veterans Admin.	R. E. Roth											4480-8000	O
ARKANSAS													
Little Rock													
Arkansas Baptist Medical Center	J. W. Lane	100	30	1	10	1	1	1	0	0	3	6000-6600	P
University	H. J. Barnhard	43,122	69	359	6,902	4	4	4	0	0	12	3900-4500	O
CALIFORNIA													
Long Beach													
Memorial Hospital of Long Beach—See Harbor General-Memorial Hospitals, Torrance													
St. Mary's Long Beach—See University of California, Los Angeles													
Veterans Admin. ¹⁰⁵	B. H. Feder	95,799	111	5,953	1,318	4	4	4	0	0	12	5760-12510	O
Los Angeles													
Cedars-Sinai Medical Center													
Cedars of Lebanon Hospital Division	D. Zion, H. Jaffe	34,049	14	178,349	11,337	3	3	3	0	0	9	4500-6600	P
Los Angeles County General, Unit I	G. Jacobson	270,310	382	5,095	6,398	9	9	9	1	0	28	7200-9000	P
Queen of Angels ²⁷	S. Wilk	22,728	36	1,409	0	1	1	1	0	0	3	4200-4800	F
University of California	A. H. Dowdy	59,886	60	2,493	15,514	7	7	7	6	0	27	4200-8900	O
St. Mary's Long Beach (Long Beach)	H. Vanley	26,882	36	1,384	7,321	0	1	0	1	0	2	4100-7200	F
Veterans Admin. Center-Wadsworth ¹⁰⁹	J. G. Davis	96,501	2	6,930	0	4	4	4	0	0	12	4480-6260	P
White Memorial Medical Center	E. J. Braun	75	7,527	618		2	2	2	0	0	6	4280-5400	P
Oakland													
Highland General	D. C. Mack	41,638	249	2,371		2	1	1	0	0	4	5500-6500	
Orange													
Orange County General	E. N. Sargent	36,493									3	5000-6360	P
Palo Alto													
Stanford Medical Center and Affiliated Hospitals													
Palo Alto-Stanford Hospital Center ¹²⁸	H. S. Kaplan	46,520	54	425	25,471	4	7	7	0	0	18†	3900-9000	O
Veterans Admin.	H. H. Jones	26,774	0	0	0							4480-8000	O
Sacramento													
Sutter Community Hospitals	R. C. Ripple	31,372	70	4,813	9,639	1	1	1	0	0	3	5220-6120	O
San Francisco													
Children's Hospital-Mount Zion Hospital and Medical Center-St. Mary's													
Children's Hospital and Adult Medical Center	H. J. Burhenne	15,318	29	1,272	10,809						3	3900-4800	
Mount Zion Hospital and Medical Center	S. B. Reich	24,500	7	1,288	0	3	3	3	3	0	12	4080-6540	FP
St. Mary's	J. C. Bennett	25,092	41	1,541	0	2	1	1	0	0	4	3600-4800	F
University of California Program in Radiology	A. R. Margulis					5	7	8	8	0	28		
H. C. Moffitt-University of California Hospitals	A. R. Margulis	67,399	82	1,288	15,944							4200-7400	O
San Francisco General	W. Coulson	62,030	26	1,288	1,640							4692-7836	P
Veterans Admin.	J. R. Amberg	33,707	2	208	0								
San Jose													
Santa Clara County Hospital and Medical Center	J. J. McCort	105	36	13	0	2	2	2	0	0	6	4752-6372	O
Torrance													
Harbor General-Memorial Hospitals													
Memorial Hospital of Long Beach (Long Beach)	W. Weidner	31,081	10	940	6,409	5	5	5	0	0	15	6000-7200	P
Los Angeles County Harbor General	J. R. Anderson	58,782	42	428	4,286							7200-8400	P

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment-Visits	No. of Megavoltage Treatment-Visits	Residencies Offered 1967-1968						Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
COLORADO														
Colorado Springs														
Penrose	J. W. McMullen, J. A. delRegato	45,418	15	1,859	11,138	3	4	3	3	0	13	4800-7200	P	
Denver														
Denver General	E. Salzman	38,191	15	711	0	2	2	2	0	0	6	3672-4392	P	
General Rose Memorial ⁸⁷	M. Levine	39,417	14	2,109	0	1	1	0	1	0	3	6600-7140	P	
Presbyterian	K. D. A. Allen	41,756	114	1,087	18,337	2	1	1	0	0	4	4200-4800	P	
St. Joseph	G. S. Maresh	29,111	23	1,702	0	1	1	1	0	0	3	4320-5520	P	
St. Luke's	W. P. Stampfi	23,367	23	252	3,635	2	2	2	1	0	7	4200-4800	P	
University of Colorado Medical Center	M. L. Daves	43,510	33	1,495	4,623	3	3	4	0	0	10	3500-4500	P	
Veterans Admin.	A. A. J. Den	44,067	2	2,901	2,400	2	2	2	0	0	6	4480-8000	P	
CONNECTICUT														
Bridgeport														
Bridgeport	J. J. Esposito	34,079	48	538	2,511	1	1	1	0	0	3	3900-5400	FP	
St. Vincent's ²⁸⁸	R. D. Russo	29,985	64	1,685	...	1	1	1	0	0	3	5700-6300	P	
Hartford														
Hartford	W. C. Hall	60,991	66	4,007	15,139	2	2	2	0	0	6	4200-5400	P	
New Haven														
Hospital of St. Raphael	R. Shapiro	33,012	24	2,449	4,095	2	2	2	0	0	6	6020-6920	P	
Yale-New Haven Medical Center	M. M. Kligerman	...	...	...	...	4	5	5	0	0	14	...	...
Yale-New Haven	M. M. Kligerman	68,721	139	1,144	9,876	...	...	...	...	...	...	3900-4500	P
Veterans Admin. (West Haven)	M. F. Keohane	27,833	8	1,472	0	...	...	...	...	...	...	...	...
Waterbury														
St. Mary's	K. Kaess	29,535	13	112	3,765	1	1	1	1	0	4†	4200-5100	FP	
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	...
DELAWARE														
Wilmington														
Wilmington Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Delaware Division	J. W. Alden	43,660	32	1,363	0	1	1	1	0	0	3	5400-7800	P	
DISTRICT OF COLUMBIA														
Washington														
Doctors	C. E. Bickham	29,624	33	378	2,933	3	1	0	0	0	3	6000-6000	P	
Georgetown University ⁹¹⁻¹⁵⁴	W. E. Baensch	40,185	25	445	0	4	3	3	0	0	10	3720-4630	P	
Veterans Admin.	W. E. Baensch	...	...	...	...	...	...	...	...	...	...	...	...
George Washington University ¹⁶²	W. W. Stanbro	38,450	17	3,597	0	2	2	2	0	0	6	3900-4800	P	
Washington Hospital Center	G. J. Augustin	62,628	52	2,761	8,961	2	2	2	0	0	6	4080-4440	P	
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics	C. M. Williams	33,862	102	41	1,863	3	3	3	2	0	11	4000-5000	O	
Jacksonville														
Duval Medical Center	H. Toch	45,260	53	215	3,522	1	1	1	0	0	3	5400-6000	P	
Miami														
University of Miami Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Jackson Memorial ¹⁶⁵	R. Parks	121,312	116	1,814	10,278	5	7	7	1	0	20	3180-4380	P	
GEORGIA														
Atlanta														
Crawford W. Long Memorial	R. A. Elmer	32,487	51	2,234	0	1	1	1	0	0	3	4500-5100	P	
Emory University Affiliated Hospitals	T. F. Leigh	...	...	...	...	4	4	4	0	0	12	...	...
Emory University	T. F. Leigh	36,318	33	9,178	2,515	...	...	...	...	...	...	3000-3600	P
Veterans Admin.	S. Krantz	18,925	0	3,413	0	...	...	...	...	...	...	4480-8000	...
Grady Memorial	H. S. Weens	115,197	62	1,424	5,321	4	4	4	0	0	12	3000-4200	P	
Augusta														
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	M. Brown	35,553	45	203	3,447	2	2	2	0	0	6	3900-5100	P	
HAWAII														
Honolulu														
Queen's	G. Liese	19,641	17	455	4,853	1	1	1	0	0	3	6600-7800	...	
ILLINOIS														
Chicago														
Columbus	F. Lake, D. Lochman	27,582	84	5,904	9,063	2	2	2	0	0	6	5700-6300	F	
Cook County	I. F. Hummon	170,439	62	1,840	16,207	10	10	10	0	0	30	4620-4620	FP	
Illinois Masonic	W. Meszaros	36,862	3,952	195	2,150	2	1	1	0	0	3	6000-7200	FP	
Mercy Medical Center	G. B. Cahill	32,550	110	896	5,165	1	1	1	0	0	3	4500-5100	P	
Michael Reese Hospital and Medical Center	B. Levin, J. Nickson	76,068	131	4,462	3,844	4	3	3	2	0	12†	3900-5700	P	
Northwestern University Medical Center	E. E. Barth	...	...	...	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	A. Cannon, W. T. Moss	66,575	17	4,750	8,151	4	3	3	0	0	10	...	P	
Children's Memorial	H. White	25,343	0	443	...	1	0	1	0	0	1	4200-5400	P	
Passavant Memorial	B. Lewis	28,561	...	...	...	1	1	1	0	0	3	3900-4500	P
Veterans Admin. Research	E. G. Warnick, W. T. Moss	39,541	0	163	4,786	3	0	0	0	0	3	4480-8000	O	
Evanston (Evanston)	H. C. Burkhead	47,649	15	742	8,464	1	1	1	1	0	4	3300-4200	P	
Presbyterian-St. Luke's	F. H. Squire	100,476	53	241	9,592	4	3	3	2	0	12	4000-5000	P	
University of Chicago Hospitals and Clinics	R. D. Moseley	88,305	73	4,611	7,225	4	4	4	0	0	12	4200-5160	O	
University of Illinois Research and Educational Hospitals	R. A. Harvey	63,624	136	5,548	5,087	2	3	3	0	0	8	3600-4200	P	
Evanston														
Evanston—See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...	...
Evergreen Park														
Little Company of Mary	J. H. Ubrich	69,427	24	857	8,871	1	1	1	0	0	3	7200-7800	P	
Hines														
Veterans Admin. ¹⁷³	I. E. Kirsh	81,425	118	11,627	0	4	4	4	0	0	12	4480-6260	O	
Oak Park														
West Suburban	J. H. Gilmore	35,978	28	8,383	0	1	1	1	0	0	3	5800-7400	O	
Peoria														
St. Francis	P. R. Dirkse	42,859	6	3,148	...	1	1	1	0	0	3	5100-5700	F	

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
INDIANA														
Indianapolis														
Indiana University Medical Center	J. A. Campbell					7	7	6	0	0	20			
Indiana University Hospitals	J. A. Campbell	45,581	5,514	70	3,723							3875-4375	P	
Marion County General	W. A. Tosick	72,429	4,630	64	0							3863-4489	P	
Veterans Admin.	J. A. Campbell	37,986	793	0	667							4480-5000	P	
Methodist Hospital of Indiana	J. W. Beeler	71,911	41	1,016	9,306	1	1	1	0	0	3	5400-6360	P	
St. Vincent's	J. L. Morton	35,559	29	630	1,758	1	1	1	0	0	3	5700-8000	P	
IOWA														
Des Moines														
Iowa Methodist ¹⁹⁵	A. B. Phillips	29,335	26	153	3,604	1	1	1	0	0	3	6300-6900	F	
Iowa City														
University Hospitals	E. F. Van Epps	80,161	224	9,192	16,532	6	5	5	0	0	16	4000-5000	P	
KANSAS														
Kansas City														
University of Kansas Medical Center	N. M. Strandjord	45,608	185	1,770	9,900	3	3	3	0	0	9	5400-5400	P	
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	40,288	5	1,426	0							4480-6260	O	
Wichita														
St. Francis	J. R. Kline	4,653	4,825	207	625	1	1	1	0	0	3	5400-6000	F	
KENTUCKY														
Lexington														
University	H. D. Rosenbaum	31,260	41	529	5,014	4	4	4	0	0	12	3960-5160	P	
Louisville														
St. Joseph Infirmary	E. N. Maxwell					1	1	1	0	0	3	4740-5040	P	
University of Louisville Affiliated Hospitals	W. G. Farnsley	36,987	127	710	6,354	4	4	3	1	0	12		P	
Louisville General	J. T. Ling	123,368	43	715	8,045							4300-6260	P	
Veterans Admin.	R. H. Akers	24,570	2	114	0							4480-6910	O	
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	M. Garcia										16	3900-4500	F	
U. S. Public Health Service	C. M. Nice, Jr.	218,789	217	17,844	11,761						3			
Ochsner Foundation	R. F. Barbee	29,140	0	0	0	1	1	1	0	0	3			
Touro Infirmary ²⁰⁶	B. C. Buchtel	84,193	30	9,742	0	1	1	1	0	0	3	3300-3900	P	
	W. Maxfield	44,297	23	2,385	0	1	1	1	0	0	3	3300-3900	F	
Shreveport														
Confederate Memorial Medical Center	A. Payzant	44,557	68	5,648	396	2	2	2	0	0	6	2700-3300	F	
MAINE														
Portland														
Maine Medical Center	J. F. Gibbons	44,776	5,962	7,865	6,094	1	1	1	0	0	3	3300-4500	FP	
MARYLAND														
Baltimore														
Johns Hopkins	R. H. Morgan	107,296	186	863	7,220	6	6	6	6	0	24	3500-6000	P	
Sinai Hospital of Baltimore	J. O. Salik	49,567	26	1,619	5,412	2	2	2	0	0	6	5000-6000	P	
University	J. M. Dennis	89,534	260		16,220	4	4	4	0	0	12	3800-4800	P	
Hagerstown														
Washington County	S. H. Macht	32,814	58	273	1,948	1	1	1	0	0	3	4200-9000	FP	
MASSACHUSETTS														
Boston														
Beth Israel	M. Simon	33,942	13	1,063	5,897	2	2	2	0	0	6	3600-6000	O	
Boston University Medical Center	J. H. Shapiro					7	7	7	0	0	21			
Boston City		162,473	53	2,901	0							4800-5400	O	
University														
Lahey Clinic ²²²	R. E. Wise, F. Salzman	77,177	11	956	9,942	2	2	2	0	0	6	3600-4800	O	
Massachusetts General	L. L. Robbins	137,776	169	4,098	20,636	5	5	5	1	0	16	3600-4800	O	
Mount Auburn-Shattuck Associated Hospitals	R. Schatzki					1	1	1	0	0	3	3600-4800	P	
Lemuel Shattuck	H. S. Sear	13,244	20	955	6,975									
Mount Auburn (Cambridge)	R. Schatzki	31,490	6	1,650	0									
New England Deaconess	J. H. Marks	26,516	21	1,588	5,313	1	1	1	0	0	3	3600-4800	O	
New England Medical Center Hospitals	R. E. Paul, Jr.	50,305	10	2,000	0	2	2	2	0	0	6	3600-6000	O	
Peter Bent Brigham ²⁴⁰	L. E. Hawes	43,460	12	243	4,526	4	4	4	4	0	16	3600-6000	P	
Children's Hospital Medical Center	E. B. D. Neuhauser	39,845	0	3,975	0							3000-5250	F	
Veterans Admin. (Jamaica Plain)	E. G. Wissing	40,327	4	5,222		2	2	2	0	0	6	4480-6910	O	
Cambridge														
Mount Auburn—See Mount Auburn-Shattuck Associated Hospitals, Boston														
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	W. M. Whitehouse					8	8	8	0	0	24			
University	W. M. Whitehouse	71,771	13,704	142								3540-4416	O	
Veterans Admin.	R. Rapp	21,328	1	1,288	0							4480-8000	O	
Wayne County General Hospital and Infirmary (Eloise)	H. Fischer	56,648	7	1,960	0							6167-7667	F	
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Grace	L. S. Figiel	58,780	195	8,521	9,532	2	2	2	0	0	6	4260-4860	FP	
Harper	J. C. Cook	35,738	83	5,540	7,513	3	3	3	0	0	9	3900-5700	FP	
Henry Ford	W. R. Eyer	165,400	364	4,480	10,168	7	7	7	0	0	21	4800-5400	P	
Sinai Hospital of Detroit	H. H. Feigelson	35,894	17	4,012	0	1	1	1	0	0	3	4800-5400	P	
Wayne State University Affiliated Hospitals	M. Tatelman					4	4	7	0	0	15			
Veterans Admin. (Dearborn)	R. S. Pakusch	54,974	3	3,861	0							4480-6260	O	
Detroit General	M. Tatelman	109,508	41	6,838	0							5300-6200	P	
Detroit Memorial	M. Tatelman	20,766	80	200	8,301							5600-5500	P	
Herman Kiefer	E. Harkaway	182,248	0	0	0							8091-8981	O	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued													
Eloise Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor													
Flint													
Hurley	D. R. Limbach	68,248	48	1,180	5,173	3	2	1	0	0	6	5700-6900	P
McLaren General ²⁴⁵	J. L. Anderson	22,762	18	3,023	0	1	1	1	0	0	3	5700-6300	P
Grand Rapids													
Blodgett Memorial	J. A. Gunn	33,013	51	751	6,193	1	1	1	0	0	3	5700-6000	P
Butterworth	E. Wahby	33,020	32	1,041	5,737	1	2	1	0	0	4	5700-6000	P
Pontiac													
St. Joseph Mercy ²⁴⁶	E. J. Keeffe	39,496	36	3,433	0	1	1	1	0	0	3	6300-6900	P
MINNESOTA													
Minneapolis													
Swedish	M. Azad	39,311	4,150	233	994	1	1	1	0	0	3	3720-4920	F
University of Minnesota Affiliated Hospitals ²⁵¹	H. O. Peterson, G. J. D'Angio					5	5	5	3	2	20		
University of Minnesota Hospitals	H. O. Peterson, G. J. D'Angio	82,148	181	1,103	1,253							4500	O
Veterans Admin.	J. Jorgens	92,654	21	1,758	6,301							4480-8000	O
Rochester													
Mayo Graduate School of Medicine	C. A. Good, D. S. Childs, Jr.	315,506	422	4,461	28,570	10	10	10	0	0	30	3600-4200	P
Rochester Methodist													
St. Mary's													
St. Paul													
Charles T. Miller	J. B. Coleman	22,804	2,709	351	0	1	1	1	0	0	3	4200-5400	FP
MISSISSIPPI													
Jackson													
University of Mississippi Medical Center	R. D. Sloan					4	4	4	0	0	12		
University	R. D. Sloan	48,320	80	261	4,124							3600-4200	O
Veterans Admin.	J. Schor	42,811										4480-6260	O
MISSOURI													
Columbia													
University of Missouri Medical Center ²⁴⁹	G. S. Lodwick	38,192	113	386	4,655	4	4	4	1	0	13	4800-5800	P
Kansas City													
Menorah Medical Center ¹⁹⁸	S. Rubin, D. S. Dann	24,721	10	781		1	1	1	0	0	3	5400-6900	P
Research and Affiliated Hospitals						1	1	1	1	0	4	3600-5400	F
Children's Mercy	C. Shopfner	12,511	0	0	0								
Research Hospital and Medical Center	S. B. Chapman, A. B. Smith	44,391	22	255	8,263								
St. Luke's	L. A. Scarpellino	47,954	64	2	2,421	1	1	1	0	0	3	5100-6300	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas													
St. Louis													
Barnes (Mallinckrodt Institute of Radiology)	J. Taveras	84,867	198	1,713	12,655	5	5	5	5	0	20	4200-7800	P
Jewish Hospital of St. Louis	H. R. Senturia	38,517	51	1,465	4,857	2	1	1	0	0	4	3700-6100	P
St. Louis City ²⁵⁷	D. C. Weir	139,954	55	3,965	0	3	3	3	0	0	9	4583-5848	O
St. Louis University Group of Hospitals	D. C. Weir	73,721	67	2,302	7,273	2	2	2	0	0	6	4440-4680	O
Veterans Admin.	S. Kamberg	23,415	14	2,288	203	2	2	2	0	0	6	4480-6260	O
NEBRASKA													
Omaha													
Creighton Memorial St. Joseph's	D. A. Dowell	32,062	33	234	5,228	2	2	2	0	0	6	4800-6000	P
University of Nebraska Affiliated Hospitals	H. B. Hunt					2	2	2	0	0	6		
University of Nebraska	H. B. Hunt	17,139	2,891									4300-4900	P
Veterans Admin.	H. B. Saicbek	30,872	6	3,244	0							4480-8000	O
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial	W. C. MacCarty, Jr.	36,177	78	895	5,785	1	1	1	0	0	3	3400-4200	O
NEW JERSEY													
Atlantic City													
Atlantic City	M. A. Ritter	25,733	40	300	6,000	1	1	1	0	0	3	4800-5700	F
Camden													
Our Lady of Lourdes ²⁴⁸	G. P. Keefer, C. K. McGeorge	30,661	16	1,516	0	1	1	1	0	0	3	4800-6600	P
Newark													
Newark Beth Israel	L. Spindell	27,612	3,441	58	0	1	1	1	0	0	3	3000-3600	F
NEW MEXICO													
Albuquerque													
Bataan Memorial Methodist	J. W. Grossman	34,937	34	1,376	7,149	2	2	2	1	0		4200-5400	P
NEW YORK													
Albany													
Albany Medical Center	J. F. Roach	61,000	37	1,568	11,128	2	2	1	0	0	5	4000-5600	P
Veterans Admin.	J. F. Roach	24,949	0	1,077	0							4480-6260	O
Buffalo													
Buffalo General	G. Culver, W. Murphy	45,303	72	6,438	3,541	3	2	2	0	0	7	4100-4700	O
Deaconess Hospital of Buffalo	R. E. Seibel	46,480	11	2,373	4,575	1	1	1	0	0	3	4300-4900	F
Edward J. Meyer Memorial	E. Eschner	50,491	13	3,575	0	2	2	2	1	0	7	4895-6410	P
Millard Fillmore ²⁵⁰	E. Schnap	35,948	18	1,425		1	1	1	0	0	3	4800-5600	P
Roswell Park Memorial Institute	J. Webster, R. R. Sheehan	51,202	200	8,451	8,707	4	2	2	2	1	11	4650-5754	O
East Meadow													
Meadowbrook	H. R. Zatzkin	165,650	291	1,509	3,357	2	2	2	0	0	6	4859-6985	F
Johnson City													
Charles S. Wilson Memorial ²⁵²	B. Jay	26,939	20	1,866	0	1	1	1	0	0	3	4500-5100	P

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Mesovoltage Treatment Visits	Residencies Offered 1967-1968						Total All Years	Salary per Year Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued														
New Hyde Park														
Long Island Jewish Hospital Training Program														
Long Island Jewish	B. Epstein	34,849	38	1,440	0	2	2	2	0	0	6	4500-6250	O	
Queens Hospital Center (New York City)	J. J. Smulewicz	80,522	51	1,301	5,199	4	4	4	0	0	12	4200-5220	F	
New York City														
Albert Einstein College of Medicine Affiliated Hospitals														
Bronx Municipal Hospital Center	M. Elkin	128,781	77	4,754	6,372	7	7	7	2	0	23†	4980-8000	FP	
Hospital of the Albert Einstein College of Medicine														
Bellevue Hospital Center, Div. III, New York University School of Medicine	N. E. Chase	230,244	30	15		10	8	8	4	2	32	4740-6180	FP	
Bronx-Lebanon Hospital Center	R. M. Friedenberg	55,020	51	916	2,860	2	2	2	0	0	6	5000-6400	P	
City Hospital Center at Elmhurst	E. Greenberg, C. Stetson	78,819		1,557		3	3	3	0	0	9	5400-6900	FP	
Jewish Hospital of Brooklyn	S. Schwartz	37,630	40	1,703	0	2	2	2	0	0	6	4500-5500	O	
Kings County Hospital Center ³¹⁶	H. Z. Mellins	255,454	237	443	7,070	9	9	5	1	1	25	4740-6180	FP	
Lenox Hill	E. E. Brant	37,840	21	1,657	4,000	1	1	1	0	0	3	4300-5100	P	
Long Island College	R. L. Pinck	42,525	17	1,245	5,324						4	4000-6250	P	
Maimonides Hospital of Brooklyn	E. J. Levin	42,286	15	1,492		1	1	1	0	0	3	4500-6250	P	
Memorial Hospital for Cancer and Allied Diseases—James Ewing	R. S. Sherman, R. F. Phillips	65,700	213	13,767	31,614	7	5	5	4	1	22	6100-10500	O	
Montefiore Hospital Training Program	H. G. Jacobson			889	11,642	7	7	7	0	0	21	4620-6370	P	
Montefiore Hospital and Medical Center		80,174	124	889	11,642									
Morrisania City		54,603	9	685	845									
Mount Sinai	B. S. Wolf	78,036	90	49	11,419	4	3	5	0	0	12	4500-6000	P	
New York	J. A. Evans	117,126	81	5,597	4,476	6	6	0	6	0	18	4000-7000	P	
New York University Medical Center														
University	M. H. Poppel	42,550	11,661	1,159	2,721	3	4	4	4	0	15	6690-8710	O	
Presbyterian	W. B. Scaman	146,000	37	5,715	13,140	5	5	5	0	0	15	4800-8000	O	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park														
Roosevelt	A. A. Dunn	58,512		7,793	271	2	2	2	0	0	6	4300-6300	O	
St. Luke's Hospital Center	N. Finby	59,753	49	1,751	6,186	2	2	2	0	0	6	4500-5500	P	
St. Vincent's Hospital and Medical Center of New York	F. F. Ruzicka, Jr., J. Newall	61,642	59	1,838	3,556	3	3	3	1	0	10†	6440-7640	P	
St. Vincent's Hospital of the Borough of Richmond (Staten Island)	O. L. Manfredi	23,064	9	350	2,387									
Veterans Admin. (Bronx) ³²³	S. M. Unger, B. Roswit	76,502	95	429	6,994	7	5	4	0	0	16	6000-12510	O	
Veterans Admin. (Manhattan) ³²⁶	D. J. Principato	60,713	50	4,968	0	6	2	1	0	0	9†	6000-8000	O	
Rochester														
Rochester General	T. VanZandt	33,323	22	1,542	2,314	1	1	1	0	0	3	3620-4620	FP	
Strong Memorial Hospital of the University of Rochester	L. H. Hempelmann	50,343	35	482	7,093	4	4	4	2	0	14	3600-5400	O	
Syracuse														
State University of New York Upstate Medical Center	J. McAfee	116,000	116	2,388	4,775	4	4	4	2	0	14	4036-6391	O	
Veterans Admin.	D. L. Doherty, Jr.	36,748	1,031	0	0							4480-6260	O	
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	C. A. Bream	51,002	130	1,212	5,492	4	4	4	0	0	12	3190-5700	O	
Durham														
Duke University Affiliated Hospitals														
Duke	R. G. Lester	110,630	194	3,962	12,261	4	6	4	2	0	16	3900-4800	P	
Veterans Admin.	Seuk Ky Kim	44,111	0	4,023	0							4480-8000	O	
Winston-Salem														
North Carolina Baptist Hospitals	I. Meschan	59,849	32	1,122	6,120	3	3	3	0	0	9	3000-4000	P	
NORTH DAKOTA														
Bismarck														
Bismarck Affiliated Hospitals														
Bismarck	S. K. Imes	44,765	63	2,637	1,928	1	1	1	0	0	3	6000-6000	O	
St. Alexius	S. K. Imes, J. A. Eriksen	14,628	0	935										
OHIO														
Akron														
Akron City	F. T. Moore	64,385	26	5,975	0						4	4200-6600	FP	
Akron General	C. J. Miller, Jr.	46,350	20	2,897	0	1	1	1	0	0	3	4680-5640	FP	
Cincinnati														
Good Samaritan														
Jewish	R. T. Wintzinger	59,854	56	4,277	0	1	1	1	0	0	3	5400-6900	P	
University of Cincinnati Hospital Group	L. Rosenberg	36,207	87	133	3,147						3	4600-5100	FP	
Children's	F. N. Silverman, E. L. Saenger	22,728	35	461	0	7	7	7	0	0	21			
Cincinnati General	B. Felson	76,134	10,571	1,833	11,561							3600-3600	F	
Cleveland														
Cleveland Clinic														
Cleveland Metropolitan General ³³²	C. R. Hughes	116,584	13	680	8,158	3	3	3	0	0	9	3900-4500	P	
Mount Sinai Hospital of Cleveland ³³¹	H. Hauser	58,431	50	4,109		4	4	4	2	0	14†	4000-6400	P	
St. Luke's	G. Krause, M. Lubert	60,216	32	268	4,918	1	1	1	1	0	4	3996-5196	P	
University Hospitals of Cleveland	D. Brannan	41,706	38	1,044	4,257	1	1	1	0	0	3	4800-5820	P	
Veterans Admin.	H. L. Friedell	95,217	54	371	8,417	6	6	5	0	0	17†	3600-5400	P	
		45,796	2,760	591	0							4480-6910	P	
Columbus														
Ohio State University Hospitals	S. Nelson	73,869	52	894	25,288	5	5	4	4	0	18†	3300-3900	P	
Dayton														
Miami Valley	D. E. Meininger	64,096	68	4,099	0	1	1	1	0	0	3	6300-6900	P	
Veterans Admin. ³³⁶	H. F. Plaut	39,517	3	3,530	0	2	2	1	0	0	5	4480-8000	O	
Elyria														
Elyria Memorial—See St. Joseph-Elyria Memorial Hospitals, Lorain														
Lorain														
St. Joseph-Elyria Memorial Hospitals	D. A. Russell					2	2	2	0	0	6			
St. Joseph		33,154	11	302	2,907							4800-5400	F	
Elyria Memorial (Elyria)		37,900	23	1,398	2,724							4800-5700	F	

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
OHIO—Continued														
Youngstown														
St. Elizabeth	R. Scheets	60,789	28	3,085	0	1	1	1	0	0	3	4800-5400	FP	
Youngstown	F. A. Miller	95,598	55	9,284	2,237	2	2	2	0	0	6	4800-5400	F	
OKLAHOMA														
Oklahoma City														
St. Anthony	C. G. Coin	30,848	7,150	156	...	1	1	1	1	0	4	5400-6300	P	
University of Oklahoma Medical Center	S. P. Traub	...	...	...	...	5	5	5	5	0	20†	...	...
University of Oklahoma Hospitals	S. P. Traub	41,058	1,680	1,191	14,584	...	...	...	...	...	...	4000-6865	F
Presbyterian	E. H. Kalmon	19,568	15	302	5,395	...	...	...	...	...	...	6600-7800	F
Veterans Admin.	...	34,663	0	573	1,781	...	...	...	...	...	...	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	57,560	...	...	...	3	3	3	1	0	10	3000-3600	F
PENNSYLVANIA														
Abington														
Abington Memorial	C. H. Sillars	53,318	31	3,765	0	1	1	1	0	0	3	3900-4500	F	
Allentown														
Sacred Heart	M. Stamatakos, C. Mengel	22,777	50	532	4,648	1	1	1	0	0	3	3900-4500	FP	
Bryn Mawr														
Bryn Mawr	R. M. Harvey	33,217	33	4,279	0	1	1	1	0	0	3	3900-4500	F	
Danville														
Geisinger Medical Center	J. Williams	44,249	61	1,283	5,402	2	2	2	1	0	7	4800-5700	P	
Darby														
Thomas M. Fitzgerald Mercy	J. F. Mahoney	37,747	39	1,928	0	1	1	1	0	0	3	3120-4800	F	
Philadelphia														
Albert Einstein Medical Center	H. Isard	77,438	94	7,949	13,426	4	4	4	0	0	12	2700-3300	FP	
Episcopal	H. Fisher	28,556	24	2,920	...	1	1	1	0	0	3	4200-4680	O	
Germantown Dispensary and Hospital	B. R. Young	36,429	18	5,373	0	1	1	1	0	0	3	3600-5100	FP	
Graduate Hospital of the University of Pennsylvania	A. K. Finkelstein	30,341	56	3,340	4,414	0	1	3	0	0	4	3210-4410	P	
Hahnemann Medical College and Hospital	J. Stauffer	47,503	164	9,658	7,150	4	4	4	2	0	14	4000-6000	P	
Hospital of the University of Pennsylvania	R. H. Chamberlain	74,408	96	4,006	8,828	6	6	6	6	0	24	3000-4800	P	
Jefferson Medical College ¹⁵	P. J. Hodes	52,276	77	1,070	10,855	5	5	5	5	0	20	3350-6000	O	
Misericordia	C. J. Rominger	32,302	14	5,024	964	1	1	2	1	0	5	3600-5400	F	
Nazareth	J. S. Fetter	39,065	3	1,878	0	1	1	1	0	0	3	4500-5400	F	
Pennsylvania ²⁴	W. J. Tuddenham	32,627	18	804	804	1	1	1	1	0	4	3600-4200	O	
Philadelphia General	G. Wohl	66,543	42	404	3,750	5	5	5	0	0	16†	4100-5100	F	
Temple University	H. M. Stauffer, R. Robbins, A. T. Shockman	74,334	53	998	13,029	5	5	5	0	0	15	3900-4500	P	
Veterans Admin.	...	51,229	14	2,981	0	3	3	4	0	0	10	4480-6260	O	
Pittsburgh														
Allegheny General	T. B. Childs	45,088	73	1,208	8,809	2	2	2	0	0	6	3900-4800	F	
Health Center Hospitals of the University of Pittsburgh	E. C. Lasser	...	...	...	...	7	7	7	0	0	21	4600-5200	...
Children's Hospital of Pittsburgh	B. R. Girdany	30,086	...	...	...	...	...	...	...	...	...	...	...
Magee-Womens	C. N. Chasler	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian-University	E. C. Lasser	44,313	3	612	0	...	...	...	...	...	...	...	...
Veterans Admin.	S. Poller	36,879	5	5,486	0	...	...	...	...	...	...	...	...
Mercy	J. R. Lewin	55,630	9	572	12,066	2	2	2	0	0	6	5400-6000	P	
Montefiore	H. W. Friedman	40,396	34	516	6,370	1	1	1	0	0	3	4200-5100	O	
St. Francis General	G. H. Alexander	55,152	31	2,321	0	2	2	2	0	0	6	8400-8400	F	
Western Pennsylvania	W. S. Mellon	47,107	41	5,457	0	1	1	1	0	0	3	5700-6300	FP	
Reading														
Reading	G. W. Chamberlin	28,803	52	1,461	2,356	1	1	1	0	0	3	3600-4800	F	
Sayre														
Robert Packer	J. T. Littleton	29,213	15	212	3,167	1	1	1	1	0	4†	3000-6000	FP	
PUERTO RICO														
Hato Rey														
I. Gonzalez Martinez Oncologic—See University of Puerto Rico Affiliated Hospitals, Rio Piedras
Rio Piedras														
University of Puerto Rico Affiliated Hospitals	...	...	...	...	...	5	5	5	2	0	17	...	...
I. Gonzalez Martinez Oncologic (Hato Rey)	V. A. Marcial	...	240	1,764	17,088	...	...	...	...	...	...	4800-7200	F
Industrial	...	...	...	...	...	...	...	...	...	...	...	...	...
University District	R. Diaz-Bonnet	39,229	218	1,764	17,088	...	...	...	...	...	...	6000-7200	F
San Juan City (San Juan)	...	29,790	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (San Juan)	L. Ehrlich	10,609	...	...	...	...	...	...	...	...	...	4700-7250	O
San Juan														
San Juan City—See University of Puerto Rico Affiliated Hospitals, Rio Piedras	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras	...	...	...	...	...	...	...	...	...	...	...	...	...
RHODE ISLAND														
Providence														
Rhode Island	L. A. Martineau	52,420	94	2,034	12,557	1	1	1	0	0	3	6600-6800	FP	
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	H. Pettit	38,377	4,109	12	...	4	4	3	0	0	11	2910-4200	FP	
Medical College	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper	...	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE														
Chattanooga														
Baroness Erlanger	C. W. Reavis	78,797	4,639	488	3,037	1	1	2	0	0	4	4800-5400	F	
Knoxville														
University of Tennessee Memorial Research Center and Hospital	E. Buencore	26,088	46	219	2,303	1	1	1	0	0	3	4392-4632	F	

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
TENNESSEE—Continued														
Memphis														
Baptist Memorial	J. E. Whiteleather	71,889	47	1,856	5,286	2	2	2	0	0	6	4200-4800	F	
Methodist	J. C. King	71,440	60	3,801	558	3	3	3	0	0	9	4500-5400	F	
University of Tennessee Affiliated Hospitals	G. Cooper, Jr.					6	6	4	0	0	16		F	
City of Memphis Hospitals	G. Cooper, Jr.	80,497	139	858	6,900							3680-3780	F	
Veterans Admin.	B. E. Greenberg	63,065	7	525	5,911							4480-6280	O	
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton	21,214	19	1,250	0	1	1	1	0	0	3	3300-5500	F	
Vanderbilt University	E. C. Klatte	55,260	58	144	6,079	5	5	4	0	0	14	3840-5040	P	
Veterans Admin.	D. E. Sherman	41,747	4	1,976	0	1	0	0	0	0	1	4470-6280	O	
TEXAS														
Dallas														
Baylor University Medical Center	J. E. Miller	63,970	196	1,589	14,116	2	2	3	3	0	10	5100-8000	O	
Methodist Hospital of Dallas	H. S. McCreary	31,000	30	506	2,538	1	1	1	0	0	3	4500-5400	FP	
St. Paul	G. E. Plum	36,456	34	44	2,933	1	1	1	0	0	3	4500-5100	P	
University of Texas Southwestern Medical School Affiliated Hospitals														
Parkland Memorial	F. J. Bonte	106,354	779	2,509	1,231	4	3	3	1	1	12	3180-3780	P	
Veterans Admin. ²⁶⁵	D. Morkovin	59,782	15	561	3,669	2	3	2	0	0	7	4480-12510	P	
Galveston														
University of Texas Medical Branch Hospitals	R. N. Cooley	77,786	74	1,680	6,168	4	4	4	0	0	12	4200-6000	P	
Houston														
Baylor University Affiliated Hospitals	V. P. Collins					6	6	6	0	0	18			
Ben Taub General		95,922	71	171	1,548							3300-3900	O	
Methodist		66,164	4	2,552								4500-5100	P	
Veterans Admin.		76,299	110	55	1,988							4480-6280	P	
Hermann	J. D. Reeve	60,358	46	3,866	0	1	2	2	0	0	5	4200-6000	P	
St. Joseph ²⁶⁸	C. Yates	42,549	8	2,420	0	1	1	1	0	0	3	5100-5700	P	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. H. Fletcher	31,439	493	7,512	39,838						13†	5000-10000	O	
San Antonio														
Baptist Memorial	H. F. Elmendorf	34,894	3,305	855		1	1	1	0	0	3	5400-6600	P	
University of Texas South Texas Medical School Affiliated Hospitals	P. Zanca					2	2	2	0	0	6	4500-6300	FP	
Robert B. Green Memorial	P. Zanca	43,229	39	1,382	349									
Santa Rosa Medical Center	A. Thaggard	55,604	65	666	3,431									
Temple														
Scott and White Memorial Hospitals	D. N. Dysart	70,137	65	851	6,181						6	4500-5100	P	
UTAH														
Salt Lake City														
Latter-day Saints	P. R. Frederick	30,480	48	1,178	0	1	1	1	0	0	3	3900-4800	P	
University of Utah Affiliated Hospitals	W. R. Christensen					2	2	2	0	0	6			
Holy Cross	R. R. Meyer	21,378	7	1,252	0							3600-4800	P	
St. Mark's	H. P. Plenk	17,045	46	208	8,670								F	
University	W. R. Christensen	32,535	42	4,585	2,188							4200-5400	P	
Veterans Admin.	D. W. Stowell													
	W. R. Christensen	22,640										4480-6260	P	
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals ²⁷⁰	A. B. Soule					3	3	2	0	0	8	4700-6200	O	
DeGoesbriand Memorial		22,594	161	61										
Mary Fletcher		36,990	42	528	4,127									
VIRGINIA														
Charlottesville														
University of Virginia	T. E. Keats	64,844	58	1,742	8,845	4	4	4	0	0	12	4740-5340	O	
Norfolk														
De Paul	J. Foster	33,898	22	5,153	0	1	1	1	0	0	3	6000-6600	F	
Norfolk General	C. Wisoff, D. Chambers	45,832	60	450	5,849	1	1	1	0	0	3	6900-7800	P	
Richmond														
Medical College of Virginia Affiliated Hospitals						5	5	5	5	0	20†			
Medical College of Virginia—Hospital Division	E. R. King	95,291	89	521	13,085							3900-4500	F	
Veterans Admin.	W. H. Mendel	48,620	0	1,331	1,408							4480-8000	P	
WASHINGTON														
Seattle														
Swedish Hospital Medical Center	G. Hadden, O. Wildermuth	21,570	92	2,058	15,500	1	1	2	0	0	4	4500-5100	F	
University of Washington Affiliated Hospitals ²⁷⁶	M. M. Figley					4	4	4	2	0	14			
King County	L. A. Phillips	44,693		0								3000-5400	F	
University	M. M. Figley	24,184	47	738	5,963							3660-7680	P	
Veterans Admin.	R. S. Leighton	17,225	0	332	0							4480-8000	P	
Virginia Mason	T. Carlile	46,969	33	1,676	6,642	1	1	1	0	0	3	3300-5100	FP	
Spokane														
Sacred Heart	C. A. Stevenson	29,197	310	3,125	2,326	1	1	1	0	0	3	4200-5100	FP	
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	H. I. Amory	34,890	44	5,463		2	2	2	0	0	6	3680-4880	P	
Wheeling														
Ohio Valley General	A. K. Butler	24,065	27	1,616	4,968	1	1	1	0	0	3	7200-8400	P	
WISCONSIN														
Madison														
University Hospitals	J. H. Juhl	60,962	151	12,384	6,767	6	4	5	0	0	15	3800-5200	P	
Milwaukee														
Columbia	R. Byrne	31,046	7	1,289	0						1	5820-6420	P	
Evangelical Deaconess	A. Melamed	33,828	26	813	3,687	1	1	1	0	0	3	5400-8000	F	
Lutheran Hospital of Milwaukee ²⁷⁷	J. L. Armbruster	35,679	85	5,188	3,222	1	1	1	0	0	3	5824-7051	P	
St. Joseph's	G. W. Sengpiel	41,959	25	3,146	0	1	1	1	0	0	3	6300-7200	P	
St. Luke's	H. H. Wright	36,094	32	1,492	5,314	1	1	2	0	0	4	7200-9700	FP	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

26. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.
Programs, 372, Residencies, 5,882

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
CALIFORNIA														
David Grant U.S.A.F., Fairfield.....	W. Peniston.....	24	721	6	100	17,089	2	0	0	0	0	2	.....	...
TEXAS														
Wilford Hall U.S.A.F., San Antonio ³⁰⁵	E. W. Schear.....	108	3,254	28	79	14,108	3	3	3	3	3	15	.....	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	A. Cohen.....	82	2,079	21	82	20,063	3	3	3	3	0	12	.....	...
COLORADO														
Fitzsimons General, Denver ¹⁴⁵	J. W. White.....	98	1,885	41	90	12,361	3	3	3	3	0	12	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	J. H. Baugh.....	99	1,903	52	88	10,387	4	4	4	4	0	16	.....	...
HAWAII														
Tripler General, Honolulu.....	T. J. Whelan, Jr.....	143	4,559	32	78	10,706	3	3	3	3	0	12	.....	...
TEXAS														
William Beaumont General, El Paso.....	H. H. Ziperman.....	93	2,977	34	91	27,935	2	2	2	2	0	8	.....	...
Brooke General, San Antonio.....	P. V. Kiehl.....	135	2,244	101	87	11,682	4	4	4	4	0	16	.....	...
WASHINGTON														
Madigan General, Tacoma.....	J. H. Sharp.....	183	5,009	45	84	60,299	2	2	2	2	0	8	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	D. W. Robinson.....	73	1,913	45	85	7,864	2	2	2	2	0	8	.....	...
U. S. Naval, San Diego.....	C. K. Holloway.....	377	6,111	160	66	24,262	4	4	4	4	0	16	.....	...
ILLINOIS														
U. S. Naval, Great Lakes.....	P. O. Geig.....	249	3,933	24	83	18,117	2*	1	1	1	0	5	.....	...
MARYLAND														
U. S. Naval, Bethesda.....	D. P. Osborne.....	120	1,887	48	93	8,417	2	2	2	2	0	8	.....	...
MASSACHUSETTS														
U. S. Naval, Chelsea.....	C. A. Broadus.....	68	1,235	31	80	4,554	1	1	1	1	0	4	.....	...
NEW YORK														
U. S. Naval, St. Albans.....	D. J. Doohen.....	152	2,215	24	63	8,008	3	3	2	2	0	10	.....	...
NORTH CAROLINA														
U. S. Naval, Camp Lejeune—See U. S. Naval, Portsmouth, Va.														
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	D. Custis.....	136	2,417	66	68	7,023	2	2	2	2	0	8	.....	...
VIRGINIA														
U. S. Naval, Portsmouth.....	E. J. Rupnik.....	308	5,449	66	71	48,026	4	4	4	4	0	16	.....	...
U. S. Naval (Camp Lejeune, N. C.).....	L. J. Hines.....												.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
ALASKA														
U. S. Public Health Service Alaska Native Medical Center, Anchorage—See U. S. Public Health Service, New York City														
ARIZONA														
U. S. Public Health Service Indian, Phoenix—See U. S. Public Health Service, New York City														
CALIFORNIA														
U. S. Public Health Service, San Francisco.....	C. H. Lithgow.....	82	2,086	43	79	7,005	2	2	2	2	0	8	.....	...
LOUISIANA														
U. S. Public Health Service, New Orleans.....	J. H. Waite.....	132	2,567	62	77	13,060	2	2	2	2	0	8	.....	...
MARYLAND														
U. S. Public Health Service, Baltimore ²¹⁶	H. V. Belcher.....	133	2,549	103	84	13,137	2*	1	1	1	0	4	.....	...
MASSACHUSETTS														
U. S. Public Health Service, Boston.....	J. C. Wright.....	79	1,872	19	84	9,403	1	1	1	1	0	4	.....	...
NEW MEXICO														
U. S. Public Health Service Indian, Gallup—See U. S. Public Health Service, New York City														
NEW YORK														
U. S. Public Health Service (Staten Island), New York City ³⁰³	J. D. Tovey.....	142	2,501	48	81	9,884	6	4	3	3	0	16	.....	0
U. S. Public Health Service Alaska Native Medical Center (Anchorage, Alaska).....	J. F. Wilson.....												.....	...
U. S. Public Health Service Indian (Phoenix, Ariz.).....	R. E. G. Norton.....	52	1,432	16	84	1,887							.....	...
U. S. Public Health Service Indian (Gallup, N. M.).....	A. Diddams.....	99	962	10	32	12,522							.....	...
WASHINGTON														
U. S. Public Health Service, Seattle.....	J. T. West.....	133	2,730	32	86	13,475	2	3	2	2	0	9	.....	...

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ¹⁶⁸	B. Syphax	80	2,132	84	44	4,592	8	5	5	2	4	24†	6700-8400	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	B. M. Carraway	91	4,614†	42	50	62,383	3	2	2	1	0	7	4500-5100	P	
University of Alabama Medical Center	J. G. Galbraith	199	5,634	253	65	13,678	12	10	6	4	2	34			
University of Alabama Hospitals and Clinics	J. G. Galbraith												3840-5040	P	
Veterans Admin.	M. B. Sullivan, Jr.												4480-8000	O	
Fairfield															
Lloyd Noland	J. M. Slaughter	59	2,803	46	48	26,068	2	2	2	1	0	7	4200-10800	FP	
Mobile															
Mobile General	H. S. J. Walker	74	2,876	130	59	10,929	4*	3	3	2	0	12	4200-6900	FP	
ARIZONA															
Phoenix															
Maricopa County General	M. Wood	89	1,807	152	30	16,850	3	3	2	2	0	10	6900-8700	P	
Tucson															
Tucson Hospitals Medical Education Program	G. D. Robertson						6	4	3	3	0	16	5100-7500	FP	
Pima County General	J. J. Sampsel	40	1,244	58	57	9,167									
St. Mary's	F. Jabczynski	76	3,583	42	48	612									
Tucson Medical Center	W. Soland	127	8,171	118	68	612									
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	G. S. Campbell						6	4	4	4	0	18			
University	G. S. Campbell	71	1,926	225	20	8,748							3900-5500	O	
Veterans Admin.	R. Read	97	1,624	97	65	571							4480-6910	P	
CALIFORNIA															
Bakersfield															
Kern County General	S. F. Palitz	61	2,319	121	74	22,249	5	3	2	2	0	12	6000-8400	P	
Fresno															
Fresno County General	T. Hewlett	44	1,962	153	50	19,128	3	3	3	3	0	12	7152-8520	P	
Loma Linda															
Loma Linda University Affiliated Hospitals	D. B. Hinsbaw						4	2	5	2	2	15			
Loma Linda University	D. B. Hinsbaw	68	992†	25	36	900							5582-7248	O	
Riverside County General (Riverside)	J. K. Longbeam	63	1,960	103	45	6,420							5624-6720	P	
Long Beach															
Veterans Admin. ¹⁰⁵	E. A. Stemmer	103	1,389	103	58	2,302	4	4	3	3	0	14	5780-8520	O	
Los Angeles															
Cedars-Sinai Medical Center							6	5	1	1	0	13	4500-6600	P	
Cedars of Lebanon Hospital Division	L. Morgenstern			141	57	7,356									
Los Angeles County General, Unit I	L. Rosoff	214	6,969	633	33	22,024	6	6	6	6	0	24	7200-9000	P	
Los Angeles County General, Unit II	J. Connolly	131	969†	63	50	10,200	2	2	1	1	0	7	7200-9000	P	
Queen of Angels	J. Regan	76	4,673	99	38	2,538	4*	2	2	2	0	10	4200-5100	F	
University of California Affiliated Hospitals ¹¹⁵	W. P. Longmire, Jr.						9	3	3	3	3	21			
University of California	W. P. Longmire, Jr.	37	1,589	56	73	9,407							4200-7656	O	
Veterans Admin. (Sepulveda)	J. Cincotti	76	1,119	54	70	6,531							4480-6260	O	
Veterans Admin. Center-Wadsworth ¹¹⁰	H. E. Gordon	155	3,464	213	75	9,798	13*	4	4	4	0	25	4480-8000	P	
White Memorial Medical Center ⁸¹⁻¹²¹	C. E. Stafford	43	1,670	82	68	5,909	4*	2	2	2	2	12†	4260-4660	P	
Martinez															
Veterans Admin.	J. V. Smith	158	1,792	114	79	6,320	4	4	4	2	0	14	4480-6910	O	
Oakland															
Highland General ¹¹⁶	A. J. Hunnicutt	66	2,508	198	48	10,691	9	4	4	4	0	21	5500-7000	P	
Kaiser Foundation	H. D. Grant	49	4,911	140	43	28,190	4	3	2	2	0	11	4220-7110	FP	
Orange															
Orange County General	I. Rappaport	37	1,134	76	94	4,673	4*	2	2	2	0	10	5000-7800	P	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	R. A. Chase						8*	5	5	5	4	27†			
Palo Alto-Stanford Hospital Center ¹²³	R. A. Chase	66	2,754†	66	70	5,585							3900-6300	O	
Veterans Admin.	L. G. Crowley	42	564	35	95	1,694							4480-8000	O	
San Mateo County General (San Mateo)	K. H. Prindle	34	960	62	71	3,189							3900-6100	F	
Riverside															
Riverside County General—See Loma Linda University Affiliated Hospitals, Loma Linda															
Sacramento															
Sacramento County	E. F. Wolfman, Jr.	80	2,500	91	51	24,000	6	5	3	3	2	19	7000-8460	P	
San Diego															
San Diego County-University	R. A. Jones	59	1,370	139	72	5,740	4*	3	3	3	1	14†	5076-7032	P	
San Francisco															
Kaiser Foundation	P. D. Smith, Jr.	95	4,695	109	55	160,964	4	2	2	2	0	10	4410-7380	P	
Mount Zion Hospital and Medical Center ¹²⁹	L. D. Roseman	153	6,245†	79	51	11,981	3	3	2	1	0	9	4080-6540	FP	
Presbyterian Medical Center ¹⁰¹	V. Richards	92	3,224	72	82	3,445	6	4	4	4	0	18	4200-5700	P	
French	R. E. Gardner	63	2,420†	52	50	8,500							4200-5400	FP	
Southern Pacific Memorial	W. L. Newberg	134	4,390	156	69	18,944							3900-5100	F	
University of California Program in Surgery	J. E. Dunphy						18	12	0	6	6	42			
H. C. Moffitt-University of California Hospitals	J. E. Dunphy	63	2,142	36	86	9,211							4200-7400	O	
San Francisco General	W. Silen	98	7,332	226	42								4692-7836	P	
Veterans Admin.	F. W. Blaisdell	95	1,234	57	79	3,427									
San Jose															
Santa Clara County Hospital and Medical Center ¹²⁴	J. B. D. Mark	60	2,359	134	75	6,772	2*	2*	1	1	0	6	4752-7380	F	
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Santa Barbara															
Santa Barbara County General-Cottage Hospitals	J. E. McKittrick						4	2	2	1	0	9	3900-5700	F	
Santa Barbara County General		23	647	19	74	4,361									
Santa Barbara Cottage		48	1,917	44	75	0									
Stockton															
San Joaquin General	W. Brock	86	2,199	107	79	14,825	2	2	2	2	0	8	5076-6144	P	
Torrance															
Los Angeles County Harbor General	M. Orloff	80	2,680	237	54	5,059	8	4	4	4	3	23	7200-9600	P	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Denver General	D. H. Watkins	103	3,186	190	74	28,550	5*	3	2	2	0	12	3672-4800	P
St. Joseph ¹⁴⁶	G. V. Eckhout	170	6,801	97	63	4,185	6*	6*	2	1	1	16	4320-5520	P
University of Colorado Affiliated Hospitals							14	8	8	8	3	41		
University of Colorado Medical Center	W. R. Waddell	48	2,829	71	93	2,092							3500-4500	P
Veterans Admin.	T. E. Starzl	52	1,348	78	94	4,531							4480-8000	
CONNECTICUT														
Bridgeport														
Bridgeport ³⁰³	R. W. Berry	170	7,657	164	50	6,244	2	2	2	2	0	8	3900-5700	FP
St. Vincent's	W. H. Curley	114	6,130	102	55	1,495	2	2	2	2	0	8	5700-6600	P
Hartford														
Hartford ⁸¹	E. N. Andrews	195	7,091	147	61	1,638	6	6	2	2	2	18	4200-6600	P
Veterans Admin. (Newington)	P. W. Fenney	85	1,302	54	69	1,706							4480-8000	P
St. Francis ¹⁴⁷	J. R. Cullen	297	9,888	159	54	4,066	4	2	2	2	0	10	3900-6300	FP
New Britain														
New Britain General	J. A. Mlynarski	125	7,240	103	57	1,173	2	2	1	1	0	6	5355-6300	F
New Haven														
Hospital of St. Raphael		104	4,636	88	55	15,083	3	3	2	1	0	9	6020-6920	P
Yale-New Haven Medical Center	W. W. Lindenmuth, G. E. Lindskog						8	8	6	1	4	27		
Yale-New Haven	W. W. Lindenmuth, G. E. Lindskog	112	4,475	96	51	4,887							3900-6000	P
Veterans Admin. (West Haven)	W. Lindenmuth	68	1,602	52	85	1,963								
Newington														
Veterans Admin.—See Hartford Hospital, Hartford														
Waterbury														
Waterbury	R. N. Davie	98	2,363	51	49	4,691	2*	1	1	1	0	5	4200-6000	FP
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Veterans Admin.—See Bryn Mawr Hospital, Bryn Mawr, Pa.														
Wilmington Medical Center														
Delaware Division	M. Oz.	102	3,035	94	67	3,561	2	2	1	1	0	6	5400-7800	P
Memorial Division	R. Lennihan	47	2,348	52	46	852	2	1	1	1	0	5	5400-7800	P
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General		95	1,787	127		7,010	4	3	3	3	0	13		P
Georgetown University Service	R. J. Coffey													P
George Washington University Service	B. Blades													P
Howard University Service	B. Syphax													P
Georgetown University	R. J. Coffey	114	4,337	127	77	8,522	10	4	4	3	3	24	3720-4630	P
Veterans Admin.	G. Higgins	120	1,431†	70	60	6,183							4480-8000	
George Washington University Affiliated Hospitals ¹⁴⁶														
George Washington University	B. B. Blades	118	8,205	89	62	1,971	10*	6*	4	3	1	24†	3000-4800	P
Veterans Admin.	G. Higgins	120	1,431†	70	60	6,183							4480-8000	
Providence	L. Goffredi	131	5,575	88	53	3,252	2	2	1	1	0	6	4200-5100	P
Washington Hospital Center	N. P. D. Smyth	187	6,816	201	58	8,645	10*	3	3	3	0	19	4080-4620	P
FLORIDA														
Bartow														
Polk County—See Lakeland General-Polk County Hospitals, Lakeland														
Coral Gables														
Veterans Admin.—See University of Miami Affiliated Hospitals, Miami														
Gainesville														
William A. Shands Teaching Hospital and Clinics	E. R. Woodward	61	2,397	111	75	14,356	4	4	4	4	0	16	3600-6000	O
Veterans Admin.	W. R. Moore	78	1,765	56	75	862							4480-8000	O
Jacksonville														
Jacksonville Hospitals Educational Program	H. W. Reinstine						11	6	4	3	0	24		
Baptist Memorial	E. Canipelli	88	4,677	75	44	293							5400-5700	O
Duval Medical Center	T. M. Moseley	56	2,695	100	57	40,085							5400-6300	P
St. Luke's	R. P. Thompson	46	2,010	38	40	0							5100-6000	O
St. Vincent's	J. Canipelli	103	4,961†	126	49	1,938							5400-6300	P
Lake City														
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville														
Lakeland														
Lakeland General-Polk County Hospitals	J. P. Collins	140	8,156	69	26	6,833	1	1	1	1	0	4	6000-7800	F
Lakeland General		40	1,263	12	50	5,880								F
Polk County (Bartow)														F
Miami														
University of Miami Affiliated Hospitals	W. D. Warren	124	4,209	186	36	14,990	17	8	8	7	0	40		
Jackson Memorial	W. D. Warren	152	2,734	128	53	17,463							3180-4380	P
Veterans Admin. (Coral Gables)	R. Zeppa												4480-6910	O
Miami Beach														
Mount Sinai Hospital of Greater Miami	A. Hurwitz	95	3,541	132	52	3,773	5	2	2	2	0	11	4500-6000	P
Orlando														
Orange Memorial	H. H. Ferran	84	6,520	214	39	3,024	4	4	3	2	0	13	5100-6000	P
Pensacola														
Pensacola Educational Program	F. P. Cassidy						1	1	1	1	0	4	5100-6000	P
Baptist		119	7,121	56	47									
Escambia General		6	2,107	52	47	3,003								
Sacred Heart		48	2,932	13	38									
Tampa														
Tampa General	R. Connor	101	3,724	122	41	5,076	6*	4	2	2	0	14	4200-7800	FP
GEORGIA														
Atlanta														
Emory University Hospital-Veterans Admin.	J. D. Martin, Jr.	92	4,051†	73	56	7,156	8*	0	0	1	0	9†	3000-5700	P
Emory University	J. D. Martin, Jr.	142	2,574	87	52	7,871	0	7	6	5	0	18	4480-8000	
Veterans Admin.	J. C. Thoroughman													

Numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
GEORGIA, Atlanta—Continued															
Georgia Baptist	W. S. Dorough	168	9,590	115	43	1,246	3	2	1	1	0	7	4500-5040	O	
Grady Memorial	J. D. Martin, Jr.	115	3,651	165	52	24,125	16	8	6	4	0	34	3000-4200	P	
Piedmont	F. McRae	137	6,489	76	51	1,303	1	1	1	1	0	4	5040-5760	P	
St. Joseph's Infirmary	R. H. Stephenson	113	4,834	85	47	1,796	3*	3	1	1	0	8	5160-6000	P	
Augusta															
Medical College of Georgia Hospitals	W. H. Moretz	64	1,274	55	66	5,421	13	5	5	5	1	29	3900-7000	P	
Eugene Talmadge Memorial University	D. Sullivan	12	571	41	64	2,280									
Veterans Admin.	W. D. Jennings, Jr.	73	1,685	47	47	2,457							8961-12945	P	
Macon															
Macon	M. B. Hatcher	223	11,683	173	14	11,418	4	3	2	0	0	9	6300-8100	F	
HAWAII															
Honolulu															
Honolulu Integrated Surgical Residency	R. L. Hill	143	8,394	93	56	9,242	7	5	2	1	0	15	6600-8400	O	
Queen's	R. L. Hill	100	5,166	85	42	3,899									
St. Francis	W. Dang	40	1,444	31	68										
Kuakini	R. L. Hill														
ILLINOIS															
Chicago															
Cook County	R. J. Freeark	356	13,724	837	56	29,844	20*	10*	10*	8	0	52†	4620-6300	F	
Illinois Central	C. C. Guy	87	2,837	71	38	11,999	2*	1	1	1	0	5	5856-6336	FP	
Illinois Masonic	L. Peterson	191	5,129	127	42	10,056	4*	2	2	2	0	10	6000-7200	FP	
Mercy Medical Center ¹⁷⁶	J. L. Keeley	81	2,113	62	42	5,707	4	3	2	1	0	10	4500-5400	P	
Michael Reese Hospital and Medical Center ¹⁸⁸	F. Hershey	111	3,673	101	46	6,316	7*	2	2	2	0	13	3600-6000	P	
Mount Sinai ¹⁸⁹	R. A. DeWall	87	1,861	78	36	8,262	5	5	5	2	0	17	4600-6100	P	
Northwestern University Medical Center ¹⁷²	J. Beal					3,402									
Chicago Wesley Memorial	J. Beal	116	3,606	77	65		5	1	1	1	0	8	3600	P	
Passavant Memorial	J. Beal	53	2,083†	47	64	14,056	6	1	1	1	0	9	3900-4800	P	
Veterans Admin. Research	F. W. Preston	88	1,574	94	76	5,495	0	6	6	3	1	16	4480-8000	O	
Evanston (Evanston)	J. M. Dorsey	68	3,475	55	66	5,626	2	1	1	1	0	5	3300-6700	P	
Presbyterian-St. Luke's	O. C. Julian	155	3,919	159	74	4,803	12*	6	6	6	2	32	4000-5000	P	
University of Chicago Hospitals and Clinics ⁹	R. Menguy	88	2,793	155	78	17,235	4	4	4	4	4	20	4200-6500	O	
University of Illinois Research and Educational Hospitals	W. H. Cole	81	2,342	95	71	16,345	3	3	3	3	0	12	3600-4800	P	
Veterans Admin. (West Side) ¹⁸²	W. J. Gillesby	174	3,383	143	73	25,729	3	3	3	3	2	14	4480-8000	O	
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	D. P. Slaughter	104	4,894	70	51	7,718	2	2	1	1	0	6	6780-7020	FP	
Hines															
Veterans Admin. ¹⁷⁴	C. B. Puestow	256	3,635	296	49	5,657	12*	6	6	6	0	30	4480-6910	O	
INDIANA															
Indianapolis															
Indiana University Medical Center	H. B. Shumacker						12*	3	3	3	3	24†			
Indiana University Hospitals		51	1,303	170	84	1,458							3575-4700	P	
Veterans Admin.		69	804	89	77	994							4480-8000	O	
Marion County General	F. W. Taylor	81	1,435	167	51	9,641	3	3	3	3	0	12	3863-6000	P	
Methodist Hospital of Indiana	D. M. Schlegel	173	6,350†	138	56	2,070	2	2	2	2	0	8	5400-6660	P	
IOWA															
Des Moines															
Iowa Methodist	T. D. Throckmorton	156	7,187	97	55	9,729	3	2	2	2	0	9	6300-7200	F	
Broadlawn Polk County	R. Schropp	44	2,038	67	58	9,104									
Veterans Admin. ¹⁸⁶	L. T. Palumbo	116	8,632	130	63	6,572	3	3	3	2	0	11	4480-8000	P	
Iowa City															
State University of Iowa Affiliated Hospitals ⁸⁶							14*	10	8	8	3	43†			
University Hospitals	R. T. Tidrick	187	5,434	257	64	23,190							4000-5500	P	
Veterans Admin.	F. D. Staab	154	2,660	122	72	1,665							4480-8000	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	67	2,056	141	81	5,686	8	4	4	4	0	20	4400-6000	P	
Veterans Admin. (Kansas City, Mo.)	A. Heilbrunn	73	1,450	98	79	1,923							4480-8000	O	
Wadsworth															
Veterans Admin. ²⁶²	W. Brauer	87	1,155	73	72	1,878	2*	1	1	1	1	5	4480-6910	P	
Wichita															
St. Francis Hospital-Veterans Admin.	J. H. Holt						4	4	2	2	0	12			
St. Francis	J. H. Holt	123	6,133	86	42	122							5400-6300	F	
Veterans Admin.	F. W. Robinson	108	1,378	71	57	2,444							4480-6910	F	
KENTUCKY															
Harlan															
Harlan Appalachian Regional	P. M. Walstad	53	2,159	36	25	17,506	3	3	2	2	0	10	6400-8800	P	
Lexington															
University of Kentucky Medical Center	B. Eiseman						8	4	4	3	2	21	3960-6360	P	
St. Joseph	R. R. Crutcher												3960-5160	P	
University	B. Eiseman	71	2,383	87	51	2,880									
Veterans Admin.	W. G. Malette	34	700	33	79	1,892									
Louisville															
St. Joseph Infirmary	J. A. Hemmer	47	2,024	41	44	1,098	2	2	2	2	0	8	4740-5220	P	
University of Louisville Affiliated Hospitals	R. J. Noer						12	6	6	6	0	30			
Children's	R. J. Noer	29	1,929	38	45	1,980									
Louisville General	R. J. Noer	83	2,472	150	51	23,836							4165-6910	P	
Veterans Admin.	J. E. Hamilton	98	1,726	105	58	4,119							4480-6910	O	
LOUISIANA															
Independence															
Lallie Kemp Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans															
Lafayette															
Lafayette Charity—See Charity Hospital of Louisiana (LSU Div.) and Louisiana State University Affiliated Hospitals, New Orleans															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division ⁷	I. Cohn, Jr.	154	3,079	242	44	27,320							30	2700-3600	F
Lafayette Charity (Lafayette)	I. Cohn, Jr.	64	1,975	111	23	18,813									

Numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA, New Orleans—Continued															
Charity Hospital of Louisiana															
Tulane University Division	O. Creech, Jr.	142	3,175	230	48	27,188						33	2700-3600	F	
Lallie Kemp Charity (Independence)															
Huey P. Long Charity (Pineville)		40	1,601	56	46	5,523							7800-7800	F	
Louisiana State University Affiliated Hospitals	I. Cohn, Jr.	100	1,705	90	58	2,718	4	4	4	4	0	16	4480-6910	O	
Veterans Admin.	B. G. Taylor	96	3,500	131	52	3,902							4325-8665	F	
Touro Infirmary	L. Strug	64	1,975	111	23	18,813									
Lafayette Charity (Lafayette)	I. Cohn, Jr.	60	2,775	54	65	22,736	6*	4	4	4	0	18	3300-4200	F	
Ochsner Foundation ²⁰³	J. Ochsner														
Pineville															
Huey P. Long Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans															
Shreveport															
Confederate Memorial Medical Center	C. D. Knight	93	4,319	176	38	13,316	6	4	4	3	0	17	2700-4500	F	
MAINE															
Portland															
Maine Medical Center	E. H. Drake	174	7,940	156	55	9,692	3	3	2	2	0	10	3300-4920	FP	
MARYLAND															
Baltimore															
Baltimore City Hospitals	M. Ravitch	125	3,167	160	48	25,955	6*	3	3	2	2	16	4500-6500	O	
Church Home and Hospital	J. M. Zimmerman	130	3,488	52	40	2,600	4	3	2	1	0	10	5750-6500	P	
Franklin Square	D. B. Hebb	55	2,235	35	37	3,222	3	1	1	1	0	6	5500-5900	F	
Johns Hopkins ²¹⁸	G. D. Zuidema		4,333†	148	70	20,824	10	4	3	3	3	23	3500-	P	
Mercy	T. B. Hubbard	107	3,723	87	46	5,017	3	3	2	2	0	10	6300-6900	P	
St. Agnes ¹⁶¹	K. P. Mech	166	6,621	119	30	2,024	5	5	2	2	0	14	6300-7200	P	
St. Joseph	J. W. Ashworth	96	3,530	93	29	7,155	4	3	2	1	0	10	6240-6960	P	
Sinai Hospital of Baltimore	A. M. Seligman	126	5,922	130	50	9,257	8*	3	2	1	1	15†	5000-7000	P	
South Baltimore General	W. J. Sullivan	79	3,215	69	43	8,158	2	2	2	2	0	8	5700-7200	F	
Union Memorial	J. N. Classen	169	6,320	158	39	12,872	5*	3*	2	2	0	12	6240-7200	P	
University of Maryland Affiliated Hospitals															
Maryland General	C. T. Flotte														
University ²¹⁹	R. Z. Pierpont	148	4,818	113	40	1,616							6100-8400	P	
	R. W. Buxton	89	2,924	133	49	14,222							3800-5000	P	
Cheverly															
Prince George's General ¹⁵⁵	S. Schwartzbach	150	7,545	122	58	4,741	2	2	2	2	0	8	3900-4500	F	
Fort Howard															
Veterans Admin. ²¹⁷	J. M. Miller	92	1,110	91	43	1,124	2	1	1	4	0	8	4480-8000	P	
Perry Point															
Veterans Admin.	R. T. Shackelford	83	812	28	72	4,449	1	1	1	1	1	5	4480-12510	O	
MASSACHUSETTS															
Boston															
Beth Israel ²²⁵	W. Silen	104	3,645	101	66	5,647	5	4	5	4	1	19	4200-7500	O	
Boston City															
I Surgical Service (Tufts) ²²⁵	R. A. Deterling	65	1,741	84	46	12,543	9*	6*	3	3	0	21	3600-5400	O	
Veterans Admin. (Jamaica Plain)															
III Surgical Service (Boston University) ²²⁶	J. J. Byrne	58	1,837	78	56	12,532	6	4	4	4	0	18	3600-5400	O	
V Surgical Service (Harvard) ²²⁹	W. V. McDermott	60	1,785	77	62	14,073	10*	8*	6	6	0	30†	3600-5400	O	
Cambridge City (Cambridge)	F. M. Woods	58	1,862	88	67	8,411									
Boston University Affiliated Hospitals															
University ²²¹	R. H. Egdahl	63	2,545	86	50	3,221	10	5	5	5	0	25	3600-5400	O	
Veterans Admin. (Jamaica Plain)	D. C. Nabseth	99	2,437	113	81	5,859	8	8	2	4	0	22	4480-8000	O	
Veterans Admin. (Providence, R. I.)	H. W. Harrower	99	1,686	107	56	3,694	2	4	2	0	0	12	4480-8000	P	
Carney ²³⁹	C. J. Shea	130	5,118	120	59	2,156	5	3	3	2	0	13	5522-7020	P	
Massachusetts General	P. S. Russell	246	7,195†	351	68	12,444	12	10	8	8	2	40	3600-6000	O	
New England Medical Center Hospitals	R. A. Deterling	71	2,542	74	72	5,745	8	6	3	3	0	20	3600-6000	O	
Peter Bent Brigham ²²⁷	F. D. Moore	149	4,206	116	89	26,014	9	9	4	4	1	27	3600-6000	P	
Veterans Admin. (West Roxbury)	H. B. Wheeler	29	574	42	79	3,243							4480-8000	O	
St. Elizabeth's ²³⁹	R. H. Stanton	119	4,594	134	46	5,978	5*	4	3	2	0	14	3600-5400	F	
Cambridge															
Cambridge City—See Boston City (V Surgical Service, Harvard), Boston															
Pittsfield															
Pittsfield Affiliated Hospitals	R. Zupanec	125	5,695	41	54	2,860	2	2	2	1	0	7	3900-6000	F	
Pittsfield General															
St. Luke's															
Springfield															
Springfield	T. R. Miner	156	7,129†	181	45	2,333	6	4	2	2	0	14	5220-6120	P	
Worcester															
Memorial	G. R. Dunlop	146	7,874	83	55	1,633	3	2	2	1	0	8	4200-5100	P	
St. Vincent	C. S. Whelan	157	6,635	188	59	1,164	5	4	3	2	0	14	4100-5000	P	
Worcester City	J. Maroney	124	5,324	163	49	10,101	3	3	2	1	0	9	4550-5468	FP	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	D. A. Campbell	130	6,508	88	76	36,468	6*	3*	3*	2	0	14	5400-6300	O	
University of Michigan Affiliated Hospitals	C. G. Child, III						20	4	4	7	5	40			
University	C. G. Child, III	98	2,304	129	69	8,346							3540-6141	O	
Veterans Admin.	N. W. Thompson	150	2,547	74	84	2,340							4480-8000	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Detroit Memorial	L. VanRaaphorst	133	4,847	191	42	1,644	2	2	2	2	0	8	6300-7200	P	
Grace ²⁴⁴	R. Altman	194	7,029†	182	56	2,239	10*	5	3	3	0	21	4260-5160	FP	
Harper ⁸⁰	W. S. Carpenter	129	4,258	142	48	2,262	8*	3	3	3	0	17	3900-6000	FP	
Henry Ford	L. S. Fallis	278	7,665	129	58	60,014	22	14	10	8	0	54	4800-6000	P	
Mount Carmel Mercy	W. S. Carpenter	243	9,821†	164	54	1,178	4	2	2	2	0	10	5700-6600	P	
St. John	P. Rizzo	67	3,479	122	54	1,402	2	2	2	2	0	8	5610-6600	P	
Sinai Hospital of Detroit	M. L. Sorock	115	4,416	86	50	4,788	4*	2	1	2	0	9	4800-5700	P	
Wayne State University Affiliated Hospitals	A. J. Walt						10	8	7	7	7	39			
Veterans Admin. (Dearborn)	E. M. Berkas	143	3,100	164	64	10,267							4480-6910	O	
Detroit General	A. J. Walt	146	4,036	169	50	25,676							5300-6200	P	
Hutzel	J. R. Brown	63	2,508	57	33	498							5700-6600	O	

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Main-tenance		
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
MICHIGAN—Continued																
Eloise																
Wayne County General Hospital and Infirmary	A. Lui	92	1,819	123	42	4,865	4*	3	3	3	0	13	6167-7667	F		
Flint																
Hurley	R. L. Rapport	184	6,179†	124	48	2,512	2	2	2	3	0	9	5700-7200	P		
Grand Rapids																
Blodgett Memorial	J. D. Miller	80	3,178	74	70	345	2	2	2	2	0	8	5700-6300	P		
Butterworth	R. Schlosser	148	6,011†	165	60	1,598	3	3	2	2	0	10	5700-6300	P		
St. Mary's	F. S. Gillett	116	5,058†	154	43	778	2	1	1	1	0	5	5200-6000	P		
Highland Park																
Highland Park General	J. A. Witter	93	4,721	99	49	1,242	2	2	2	2	0	8	5481-6984	P		
MINNESOTA																
Minneapolis																
Hennepin County General	C. R. Hitchcock	87	2,767	148	78	15,124	5	5	4	4	4	22	4500-6500	P		
University of Minnesota Hospitals	O. H. Wangenstein	108	2,276	258	82	1,895	15	15	10	10	6	56	4500-6000	P		
Veterans Admin. ²⁶⁰	E. Humphrey	155	1,884	217	78	4,616	11	4	4	4	4	27†	4480-8000	O		
Rochester																
Mayo Graduate School of Medicine	G. A. Hallenbeck	207	10,111	266	82	60,600	30*	26*	24*	20	0	110	3600-6500	P		
Rochester Methodist																
St. Mary's																
St. Paul																
Charles T. Miller	M. E. Harris	100	3,419	89	51	3,291	1	1	1	1	0	4	4200-6000	FP		
St. Paul-Ramsey	J. F. Perry	109	2,689	176	63	10,397	5	2	2	2	0	11	4500-6000	P		
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center	J. H. Conn															
University	J. D. Hardy	48	2,177	84	66	5,126							3600-4500	O		
Veterans Admin.	J. H. Conn	102	1,285	45	58	4,007							4480-8000	O		
MISSOURI																
Clayton																
St. Louis County ²⁵⁹	K. B. Coldwater	52	2,033	93	42	29,817	2	2	2	2	0	8	3900-5700	F		
Columbia																
University of Missouri Medical Center ²⁵⁹	M. S. DeWeese	51	1,628	68	56	6,123	6	4	4	3	0	17	3060-5040	P		
Kansas City																
Kansas City General Hospital and Medical Center	T. Johnson	54	2,116	155	35	13,332	4*	4*	4*	3	0	15	4500-6300	P		
St. Luke's ²⁶¹	R. Allen	102	4,707	75	59	7,773	3	2	2	2	0	9	5100-6300	P		
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas																
St. Louis																
Barnes ²⁶⁰	H. G. Schwartz	103	2,879	109	70	7,142	11*	6	5	8	0	30	3900-5100	O		
Veterans Admin.	W. T. Newton	47	1,003	58	69	1,580	1	0	0	0	0	1	4480-6910	O		
Homer G. Phillips	H. Schwartz	106	3,423	173	29	11,834	8*	4	4	4	0	20†	4584-5849	P		
Jewish Hospital of St. Louis	M. D. Pareira	124	4,394†	102	40	2,592	6	3	3	2	0	14	3700-6700	P		
Missouri Baptist	E. R. Lerwick	49	1,897	64	55	1,288	4	3	2	1	0	10	4200-6000	F		
St. John's Mercy	W. L. Tomlinson	151	6,360	96	69	2,461	3	1	1	1	0	6	3600-4800	F		
St. Louis City	W. R. Cole, D. Bindbeutel	43	1,747	107	61	4,131	8*	4	4	4	0	20	4583-5848	O		
St. Louis-Little Rock Hospitals	R. A. Weir	111	3,464	75	58	31,252	3	3	2	2	0	10	4800-5700	F		
St. Louis University Group of Hospitals	C. R. Hanlon	162	5,368	188	72	3,710	4	3	2	2	2	13	4440-4680	O		
Veterans Admin. (St. Louis University Service)	D. Judd	53	889	16	59	1,558										
St. Luke's	C. Lischer	114	4,817	98	52	2,696	4	2	2	1	0	9	4200-5400	F		
NEBRASKA																
Omaha																
Creighton University Affiliated Hospitals	F. A. Miller						4	4	2	2	0	12				
Creighton Memorial St. Joseph's	F. A. Miller	139	5,130	69	51	7,868							4800-6000	P		
Douglas County																
Veterans Admin.	W. P. Kleitsch	121	1,879	114	68	3,574							4480-8000			
University of Nebraska Affiliated Hospitals	M. M. Musselman						4	3	3	3	0	13				
University of Nebraska	M. M. Musselman	36	758	30	60	6,874							4300-5500	P		
Douglas County		25	519	39	66											
Veterans Admin.	W. P. Kleitsch	121	1,879	114	68	3,574							4480-8000			
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals							6	4	4	4	0	18				
Mary Hitchcock Memorial	R. E. Weismann	71	3,013	54	83	27,842							3400-5000	O		
Veterans Admin. (White River Junction, Vt.)	W. B. Crandell	43	617	27	96	2,114							4000-6400	P		
NEW JERSEY																
Camden																
Cooper	P. Mecray	178	4,541	148	45	7,529	2	1	1	1	0	5	4200-5100	F		
East Orange																
Veterans Admin. ²⁶⁹	A. H. Levy	123	2,213	165	63	2,223	4	2	2	2	0	10	4480-8000	O		
Jersey City																
Jersey City Medical Center	P. J. Miranti	224	4,489	234	21	20,160	8	3	4	4	0	19	3400-4600	F		
Long Branch																
Monmouth Medical Center	L. Barnett	97	4,493	147	66	2,620	2	1	1	1	0	5	4200-5000	F		
Newark																
Newark Beth Israel	S. Diener	105	5,298	118	31	12,374	2	1	1	1	0	5	3000-3600	F		
Newark City	I. M. Rollins	198	3,426	172	71	8,639	4	4	4	4	0	16†	5000-7500	F		
Orange																
Orange Memorial	L. E. Ulvestad	85	3,042	93	53	2,140	3*	1	1	1	0	6	4500-5400	FP		
Paterson																
St. Joseph's	A. McBride	71	3,171	103	59	1,932	4	2	2	2	0	10	7320-8220	P		
Trenton																
St. Francis	J. Kustrup	140	4,650	87	43	4,304	2	2	2	2	0	8	4200-5280	F		
NEW MEXICO																
Albuquerque																
University of New Mexico Affiliated Hospitals	J. Clarke						6	2	2	2	2	14				
Bernalillo County-Indian	J. Clarke	48	17,423	63	24	4,605							5500-8100	P		
Veterans Admin.	D. E. Smith	107	1,648	41	85	1,694							4480-8000	O		

Numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK															
Albany															
Albany Medical Center Hospital-Veterans Admin.	C. Eckert	93	3,264	136	62	2,161	8*	7	5	3	3	26	4000-8000	P	
Albany Medical Center Veterans Admin.		166	2,245	119	82	5,559							4480-8000	O	
Buffalo															
Millard Fillmore	F. Stoesser	190	5,400†	257	50	2,885	5	3	3	2	0	13	4800-6000	P	
Sisters of Charity	F. M. Zaeffel	147	5,906	147	50	1,618	2	2	2	2	0	8	4620-6480	FP	
Emergency Hospital of the Diocese of Buffalo	F. M. Zaeffel	89	2,679	51	38	7,572							4920-5280	P	
State University of New York at Buffalo															
Affiliated Hospitals															
Buffalo General	J. R. Paine	112	3,427	122	48	24,199	5	2	2	2	2	13	4100-5300	O	
Edward J. Meyer Memorial	W. Schenk	108	2,623	183	48	22,149	5	3	3	3	3	17	4895-6410	P	
Veterans Admin.	W. M. Chardack	165	2,451	83	58	8,715	3	3	2	2	0	10	4480-8000	O	
Cooperstown															
Mary Imogene Bassett ³⁰⁸	D. A. Blumenstock	34	1,372	33	73	14,297	3*	1	1	1	0	6	4128-5376	P	
East Meadow															
Meadowbrook	A. DiBenedetto	84	2,548	181	56	7,191	6	3	3	3	0	15	4859-7545	F	
Manhasset															
North Shore—See Bellevue Hospital Center, Div. II—Cornell University, New York City															
Mineola															
Nassau	R. F. Smith	114	6,368	104	61	10,203	3	2	2	2	0	9	4800-6000	P	
New Hyde Park															
Long Island Jewish Hospital Training Program	P. E. Lear						12*	4	4	4	0	24			
Long Island Jewish	P. E. Lear	68	2,736	54	54	3,198							4500-6250	O	
Queens Hospital Center (New York City)	G. M. Saypol	157	3,802	231	47	8,269							4200-5220	F	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center ³¹⁵	D. State	105	3,600	212	56	19,100							4980-6420	FP	
Lincoln	P. Weil	82	2,685	84	27	30,858							4740-6180	F	
Beekman-Downtown ³⁰³	S. Mage	82	2,058	48	67	9,017	3	2	1	1	0	7	5600-7100	P	
Bellevue Hospital Center															
Div. I—Columbia University	J. M. Ferrer, Jr.	63	1,788	66	53	8,743	7	0	2	2	1	12	4740-6160	FP	
Div. II—Cornell University	R. C. Karl	87	1,954	67	58	11,796	9	6	1	1	1	18	4740-6160	FP	
North Shore (Manhasset)	J. H. Eckel	80	4,197	49	58	2,339							4980-6220	F	
Div. III and IV—New York University ³¹⁴	F. C. Spencer	154	3,692	165	28	21,985	14	12	7	7	0	40	4740-6160	FP	
Beth Israel ²⁸²	L. Ginsburg, W. I. Wolff	104	2,794	67	48	12,318	5	4	2	2	0	13	4650-6150	P	
Bronx-Lebanon Hospital Center	P. H. Gerst	154	5,666	140	41	16,750	6*	4*	3	3	0	16†	5000-6800	O	
Brookdale Hospital Center	C. B. Ripstein	101	3,386	81	32	6,619	4*	2	2	2	0	10	4500-6000	P	
Brooklyn-Cumberland Medical Center															
Brooklyn	R. Potter						7	4	4	4	0	19			
Cumberland		93	3,917	98	30	348							5640-6660	P	
Columbus		85	2,687	101	32	19,803							5640-5640	P	
Coney Island	L. Rosati	85	2,325	111	40	9,532	2	2	2	2	0	8	4800-6600	F	
Flushing Hospital and Medical Center ³¹³	H. Krieger	154	5,412	222	43	10,200	6	3	3	3	0	15	4000-6250	P	
Harlem Hospital Center ²⁹⁷	J. Creedon	128	5,567	80	45	20,561	3	2	2	2	0	9	4020-5000	FP	
Hospital for Joint Diseases and Medical Center	A. Maynard	225	5,650	208	54	55,170	8	8	10	11	10	47	4740-6160	FP	
Jamaica	J. R. Wilder	55	1,450	40	43	6,941	8*	2	2	1	0	13	4500-8000	P	
Jewish Hospital of Brooklyn	H. Barber	115	4,696	90	65	21,291	2	2	2	2	0	8	4200-8000	FP	
Greenpoint	B. Levowitz	99	2,997	151	28	4,902	9	4	4	4	0	21	4500-6000	O	
Knickerbocker	W. Calem	40	1,187	50	36	60,223							4220-5220	F	
Lenox Hill	E. Fleischmann	94	2,044	93	54	4,706	3	3	2	2	0	10	4800-5760	FP	
Long Island College	W. W. Fischer	159	5,218	104	37	10,008	5*	3	2	2	0	12†	4300-5500	P	
Maimonides Hospital of Brooklyn	R. A. Mainzer	120	3,288	137	26	7,764							8	4000-6250	P
Methodist Hospital of Brooklyn	A. Kantrowitz	138	4,439†	169	34	16,345	4	2	2	2	3	13	4500-6250	P	
Misericordia-Fordham Training Program	I. Enquist	125	4,452	103	26	10,224	4	3	3	2	0	12	5000-6100	P	
Misericordia	B. M. Reynolds	111	3,037	88	46	5,272							5910-6930	F	
Fordham		155	2,192	147	64	14,273									
Montefiore Hospital Training Program															
Montefiore Hospital and Medical Center	A. Aufses	187	5,567	193	49	1,543	6	4	4	4	0	18	4620-6370	P	
Morrisania City		62	1,582	157		7,739									
Mount Sinai Hospital Training Program ⁸¹															
Mount Sinai	A. E. Kark	180	5,396	204	37	2,807							4500-7000	P	
City Hospital Center at Elmhurst	D. A. Dreiling	70	1,237	136	47	7,419							5400-7400	FP	
New York															
New York Medical College-Metropolitan Hospital Center	F. Glenn	128	4,084	110	80	34,502	8	8	7	4	8	35	4000-7500	P	
Hospital Center															
Unit 1—Flower and Fifth Avenue Hospitals	W. L. Mersheimer	120	3,885	71	46	807	7	5	6	5	0	23	4200-5220	F	
Unit 2—Metropolitan		105	1,825	110	40	29,001									
Unit 3—Bird S. Coler Memorial Hospital and Home															
New York Polyclinic Medical School and Hospital ²⁷³	W. H. Cassebaum	84	3,008	71	49	3,298	6*	2	2	2	0	12	4700-5900	O	
Presbyterian ²⁹⁴	G. Humphreys	215	6,780	62	58	40,480	10*	8*	7*	6	1	33†	4800-8000	P	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park															
Roosevelt	H. A. Patterson	169	4,388†	155	40	6,171	8	4	3	3	0	18	4300-6300	O	
St. Clare's	J. L. Madden	177	5,945	171	35	6,139	5	4	3	3	0	15	5400-7200	P	
St. Francis	E. F. O'Sullivan	53	1,389	52	35	9,439	2	2	2	2	0	8	5600-8000	F	
St. John's Episcopal ³⁰⁰	J. E. Mulé	83	3,030	72	27	7,778	2	2	2	2	0	8	4680-5700	FP	
St. Luke's Hospital Center	H. A. Zintel	139	3,620	125	58	19,482	6	5	4	2	0	17	4500-6000	P	
St. Vincent's Hospital and Medical Center of New York															
State University-Kings County Medical Center ³¹¹	L. M. Rousselot	260	6,906	207	52	15,235	8*	7*	2	2	0	19	5500-7000	P	
Kings County Hospital Center	C. Dennis	372	6,372	554	32	15,570	14*	18	16	10	9	67†			
State University													4740-6180	FP	
Unity	B. Shafiroff	67	3,181	45	42	5,672	1	1	1	1	0	4	4800-5700	F	
Veterans Admin. (Bronx) ²⁸⁹	P. Cooper	126	2,410	101	61	2,719	8	4	3	0	0	18†	6000-8000	O	
Veterans Admin. (Brooklyn) ³⁰⁰	H. H. LeVeen	127	2,727	139	50	4,996	0	3	3	3	0	15	6000-8000	O	
Veterans Admin. (Manhattan) ²⁸⁵	W. F. MacFee	196	3,095	184	43		10*	5	5	5	0	25	6000-8000	O	
Wyckoff Heights	P. A. Zoller	78	2,379	112	44	1,242	4	4	4	4	2	18	4080-5400	F	
Rochester															
Genesee	W. A. Southgate	118	5,657	83	60	5,625	5	3	1	1	0	10	4900-6400	P	
Highland Hospital of Rochester	T. B. Garlick	100	4,897	46	63	1,044	3	1	1	1	0	6	6100-7600	P	
Rochester General ³⁰³	J. R. Hinshaw	124	5,465	139	57	2,248	4*	4*	2	2	0	12	3620-5120	FP	

Numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued															
Rochester St. Mary's Hospital of the Sisters of Charity	A. J. Graziani	100	6,763†	24	50	2,329	2	2	2	2	0	8	5200-6700	F	
Strong Memorial Hospital of the University of Rochester	C. G. Rob.	81	2,684	226	61	23,661	12	6	3	3	3	27	3600-5400	O	
Syracuse															
St. Joseph's	R. D. Fairchild	120	3,307	92	43	2,695	4	2	1	1	0	8	4350-5391	F	
State University of New York Upstate Medical Center	C. B. Mueller	332	11,156	375	48	5,142	13*	8	6	4	0	31†	4036-5391	O	
Veterans Admin.	L. S. Rogers	73	1,312	84	65	3,029	..	..	..	..	..	..	4480-6910	O
Valhalla															
Grasslands	M. Rohman	83	2,546	80	68	9,411	4*	4*	2	2	0	12	5100-6200	FP	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	N. A. Womack	45	1,477†	66	59	9,774	10	8	4	3	0	25	3190-5700	O	
Charlotte															
Charlotte Memorial	A. G. Brenizer	82	6,488	51	47	6,992	2*	1	1	1	0	5	4620-5700	P	
Durham															
Duke University Affiliated Hospitals															
Duke	D. C. Sabiston	60	2,223	69	48	10,366	16	3	3	3	3	28	..	..
Veterans Admin.	R. W. Postlethwait	66	1,250	60	40	..	..	..	..	..	..	..	3900-4800	P
Winston-Salem															
Forsyth Memorial	K. V. Tyner	174	7,853†	109	45	2,026	4	3	2	2	0	11	5100-6000	P	
North Carolina Baptist Hospitals	H. Bradshaw	57	2,525	70	67	4,403	8	3	3	3	0	17	3000-4000	P	
OHIO															
Akron															
Akron City ²²²	H. V. Sharp	133	4,514	158	56	1,662	7*	3	2	2	0	15†	4200-6600	FP	
Akron General	T. S. Brownell	116	3,796	110	65	1,569	4*	4	2	2	0	12	4680-6240	FP	
St. Thomas	R. J. Burkhard	141	4,482	76	72	920	6	2	2	2	0	12	4900-6240	FP	
Cincinnati															
Christ	D. Earley	94	2,891	64	58	572	4	2	2	1	0	9	4500-5400	F	
Good Samaritan Hospital Resident Training Program	J. J. Cranley	..	..	..	..	..	5	5	3	3	0	16	..	..
Good Samaritan	J. J. Cranley	216	9,273	152	54	609	..	..	..	..	..	..	5400-7200	P
Longview State	A. Lustberg	39	466	52	23	8,850	..	..	..	..	..	..	8750-8750	O
St. Mary	R. A. Matuska	53	2,412	49	39	7,883	..	..	..	..	..	..	..	..
Jewish ²²⁷	S. Blank	196	6,999†	87	55	1,293	4*	4*	3	2	0	13	4500-5400	FP	
University of Cincinnati Hospital Group	W. A. Altemeier	..	..	..	..	..	13	6	5	5	4	37†	..	..
Children's	..	52	2,364	49	78	977	..	..	..	..	..	..	..	..
Cincinnati General	..	143	2,839	142	55	24,015	..	..	..	..	..	..	3600-8000	F
Veterans Admin.	..	81	1,147	53	57	..	..	..	..	..	..	..	4480-8000	O
Cleveland															
Cleveland Clinic-St. Vincent Charity	..	155	6,267	102	58	12,967	12	6	3	3	0	24	..	..
Cleveland Clinic	G. Crile, Jr.	161	5,123	117	45	13,130	..	..	..	..	..	..	3900-5400	P
St. Vincent Charity	F. Vecchio	75	1,841	83	62	17,021	10*	4	4	4	0	22†	3900-5400	P	
Cleveland Metropolitan General	F. A. Simeone	127	6,645	88	44	11,841	4	3	2	2	0	11	5400-7200	F	
Fairview General	P. W. Edgecombe	143	4,908	143	36	2,389	5*	3	3	3	0	14	4200-5700	F	
Huron Road	J. L. Bilton	143	5,536	88	50	..	6	2	2	2	0	12	3900-5100	F	
Lutheran	W. O. Lewin	119	4,525	94	45	15,813	7	2	2	2	0	13	3996-5196	P	
Mount Sinai Hospital of Cleveland ²³⁰	H. Gans	143	5,224	123	48	1,852	4	2	2	2	0	10	6000-7800	F	
St. Alexis	F. J. Simecek	131	4,324	130	61	8,691	2	2	2	2	0	8	4800-6600	P	
St. Luke's	F. S. Cross	89	3,355	162	67	16,706	16*	6	6	6	0	34	3600-5400	P	
University Hospitals of Cleveland	W. D. Holden	80	1,046†	65	63	1,865	..	..	..	..	..	..	4480-6910	P
Veterans Admin.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Columbus															
Mount Carmel	R. W. Zollinger	122	4,504†	100	42	1,096	2*	1	1	1	0	5	5280 6180	F	
Ohio State University Hospitals	R. M. Zollinger	101	3,096	128	75	5,769	8	6	4	4	1	23	3324-7296	P	
Riverside Methodist	D. K. Heydinger	187	6,958	116	47	7,972	5*	2	2	2	0	11	5160-5700	P	
Dayton															
Miami Valley	R. K. Finley, Jr.	255	9,816†	173	46	3,430	3*	1	1	1	0	6	6300-7500	P	
Veterans Admin.	C. L. Cogbill	171	2,128	173	79	3,380	3	3	3	3	0	12	4480-8000	O	
Toledo															
Maumee Valley	J. C. Rosenberg	56	1,697	116	66	5,281	4	2	2	2	0	10	4644-5424	FP	
Youngstown															
St. Elizabeth	S. Ondash	191	7,777	120	50	1,384	5	3	3	3	0	14	4800-5700	FP	
Youngstown	G. G. Nelson	264	11,385	178	42	2,347	6	4	2	2	0	14	4800-6300	F	
OKLAHOMA															
Oklahoma City															
St. Anthony	J. D. Herrmann	108	5,876	125	37	4,266	2	1	2	1	0	6	5400-6300	P	
University of Oklahoma Medical Center ²³	J. A. Schilling	..	..	..	..	..	8*	6*	5*	4*	1	24	..	..
University of Oklahoma Hospitals	J. A. Schilling	63	1,934	58	40	7,725	..	..	..	..	..	..	4000-7800	P
Veterans Admin.	..	55	812	40	63	2,412	..	..	..	..	..	..	..	..
OREGON															
Portland															
Emanuel	H. D. Colver	176	7,589	106	45	6,553	2	1	1	1	0	5	5400-6900	P	
Good Samaritan	M. McKirdie	186	8,888	37	65	961	1	1	1	1	0	4	5400-6900	P	
St. Vincent ²⁴⁵	J. Nadal	167	7,792	90	59	2,747	2	2	2	2	0	8	5400-5760	P	
University of Oregon Medical School Hospitals and Clinics	W. W. Krippsehne	83	2,013	122	75	11,582	5	5	5	5	2	22	3000-3600	F	
Veterans Admin.	R. M. Vetto	100	1,200	73	82	2,665	..	..	..	..	..	..	4480-8000	F
PENNSYLVANIA															
Abington															
Abington Memorial	A. S. Frobes	82	3,146	119	55	2,140	4*	2	2	2	0	10	3900-4800	F	
Allentown															
Allentown	C. H. Trexler	122	6,854†	227	48	14,279	1	1	1	1	0	4	5200-6000	P	
Bryn Mawr															
Bryn Mawr	W. C. Stainback	130	5,683†	125	53	3,550	6	3	3	3	0	15	3900-4800	F	
Veterans Admin. (Wilmington, Del.)	D. McHale	73	966	51	63	1,080	..	..	..	..	..	..	4480-8000	O
Danville															
Geisinger Medical Center	H. M. Klinger	57	1,913	94	58	11,042	2	2	2	2	0	8	4800-5700	P	
Erle															
Hamot	D. D. Dunn	80	3,282	138	45	1,366	1	1	1	1	0	4	5400-7200	FP	

numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued														
Harrisburg														
Harrisburg	H. R. Pezuti	216	7,001	287	49	26,999	4	2	2	2	0	10	5856-7056	P
Philadelphia														
Albert Einstein Medical Center ⁶⁰⁸	B. Greenspan, A. Ulin	171	5,463†	177	45	19,199	0	3	3	3	0	18	2700-3600	FP
Germantown Dispensary and Hospital	J. S. C. Harris	108	3,213	146	49	26,858	0	1	1	2	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	W. S. Blakemore	102	3,246	41	61	7,280	3	4	3	4	2	18†	3000-6600	P
Hahnemann Medical College and Hospital	J. Cole	103	3,289	100	32	7,008	6	4	4	4	0	18	3000-3900	P
Hospital of the University of Pennsylvania	J. E. Rhoads	135	3,655	236	69	5,730	10	7	7	7	5	36	3500-7000	P
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	48	1,976	40	64	8,646	2	2	2	2	0	8	4400-5300	P
Jefferson Medical College	J. H. Gibbon	98	3,072	615	53	7,057	8*	4	4	4	0	20	3350-4700	O
Chestnut Hill	J. W. Stayman	86	3,764	55	52	1,640							4200-4200	F
Methodist	J. J. DeTuerk	87	3,425	52	27	8,339								
Lankenau ³⁴⁶	J. M. Deaver	126	4,581	97	51	7,179	4*	2	2	2	0	10	3900-4800	FP
Misericordia	G. F. Gowen	126	4,135	152	50	5,052	2	2	2	2	0	8	3600-5400	F
Pennsylvania	J. Y. Templeton	100	2,987	146	54	11,852	6	3	3	3	0	15	3600-5400	O
Philadelphia General	K. Berkley	140	3,903	278	52	11,250							4100-5100	F
Hahnemann Medical College Service	T. B. Mervine													
Jefferson Medical College Service	W. H. Erb													
University of Pennsylvania Service														
Presbyterian-University of Pennsylvania Medical Center	L. W. Stevens	86	3,729†	94	61	10,485	2	2	2	2	0	8	3840-4860	P
Temple University	G. P. Rosemond	150	2,729	75	56	4,678	5	5	5	5	0	20	3600-4500	FP
Veterans Admin. (Wilkes-Barre)	H. A. Irons, Jr.	108	975	72	44								4480-8000	FP
Veterans Admin.	O. Serlin	80	1,559	114	72	2,741	6	3	3	3	0	15	4480-6910	O
Pittsburgh														
Allegheny General	E. M. Kent	69	2,115†	94	54	3,673	4	2	2	1	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnson						6	5	2	4	4	21	4600-5600	
Children's Hospital of Pittsburgh	W. B. Kiesewetter		1,346	29	2	5,294							3900-4860	O
Presbyterian-University	H. T. Bahnson	87	2,447	90	59	8,228								
Mercy	F. C. Brady	197	5,905	141	51	8,963	3	2	3	2	0	18	5400-6300	P
St. Francis General	T. J. Madigan	114	4,974	93	43	2,068	4	2	2	2	0	10	8400-8400	F
Veterans Admin.	F. C. Jackson	127	1,582	164	72		2	3	0	0	2	7†	4480-8000	O
Western Pennsylvania	D. W. Elliott	200	6,458	149	48	2,855	8	2	2	2	0	14	5700-6600	FP
Sayre														
Robert Packer	W. C. Beck	80	3,947	63	60	20,546	2*	1	1	1	1	6†	3000-6600	FP
Wilkes-Barre														
Veterans Admin.—Sec Temple University, Philadelphia														
York														
York	R. W. Kehm	171	7,701	133	60	7,231	4*	2	2	2	0	10	4800-6000	P
PUERTO RICO														
Rio Piedras														
University District	F. L. Raffucci	86	2,871	204		33,550	8	6	6	4	0	24	6000-7800	F
San Juan														
San Juan City	A. S. Casanova Diaz	127	4,012	129	66	15,904	6	4	3	3	0	16	5700-7500	
Veterans Admin. ³⁵⁵	J. H. Amadee	76	1,849	38	79	9,180	6*	2	2	2	0	12	4700-7250	O
RHODE ISLAND														
Providence														
Rhode Island ⁸¹	L. L. Vargas	136	5,051	172	40	7,219	7	2	2	2	2	15	4600-6600	P
Veterans Admin.—See Boston University Affiliated Hospitals, Boston, Mass.														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	C. P. Artz	88	2,611	148	60	9,236	10*	4	4	5	1	24	2910-4500	FP
Medical College	C. P. Artz													
Charleston County	C. P. Artz													
Veterans Admin.	M. G. Weidner, Jr.													
Greenville														
Greenville General	R. C. Ramage	205	8,497†	230	33	5,933	2*	2	1	1	0	6	4500-5500	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	F. B. Graham	200	7,538	289	41	7,337	6*	4*	3	3	0	16	4800-5700	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital	W. J. Acuff	83	3,061	109	53	6,856	2	2	2	2	0	8	4392-4752	F
Memphis														
Baptist Memorial	R. M. Miles	394	15,138	262	45	4,274	6	2	2	2	0	12	4200-5100	F
City of Memphis Hospitals	H. Wilson	100	3,600	119	53	11,556	5	5	5	4	1	20	3660-3780	F
Methodist	T. V. Stanley	190	7,546†	91	44	2,687	2	1	2	1	0	6	4800-5700	F
St. Joseph ³⁸⁹	M. Pian	61	2,244	62	53	1,187	1	1	1	0	4	4200-5400	F	
Veterans Admin.	R. F. Bowers	144	1,969	76	80	1,698	8*	6	5	3	0	22†	4480-8000	O
Nashville														
Baptist	J. Farringer	168	8,930	115	37	2,143	3	3	3	2	0	11	6000-6900	F
George W. Hubbard Hospital of the Meharry Medical College	M. Walker	46	1,152	61	50	8,314	3	2	3	3	0	11	3300-4500	F
St. Thomas ³⁶²	B. F. Byrd, Jr.	151	7,320	107	36	830	4	4	3	2	0	13	3900-4500	F
Vanderbilt University Affiliated Hospitals	H. W. Scott, Jr.						12	6	4	4	3	29		
Nashville Metropolitan General	J. L. Sawyers	82	2,084	86	51	25,968							3000-4000	P
Vanderbilt University	H. W. Scott, Jr.	85	2,319	94	64	7,926							3000-4000	P
Veterans Admin.	W. G. Gobbel, Jr.	176	2,390	106	63								4470-8000	O
TEXAS														
Dallas														
Baylor University Medical Center	J. W. Duckett	94	3,978†	92	41	2,440	3	3	2	1	0	9	5100-6000	O
Methodist Hospital of Dallas	C. E. Patterson	167	8,094	130	37	2,346	4	2	2	2	0	10	4500-5700	FP
Parkland Memorial	T. Shires	94	2,889	121	59	28,812	11*	7	6	7	0	31†	3180-4380	P
St. Paul	C. R. Morris	194	8,872†	99	61	3,414	2	2	2	2	0	8	4500-5400	P
Veterans Admin.	R. P. Hays	108	1,925	95	61	3,790	9*	3	3	3	0	18	4480-6910	P

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS—Continued															
Galveston															
University of Texas Medical Branch Hospitals	R. D. Williams	58	1,906	52	61	5,042	6	4	4	4	0	18	4200-7800	P	
Houston															
Baylor University Affiliated Hospitals	M. E. DeBakey						20*	8*	6*	6	0	40			
Ben Taub General		56	1,502	94	51	13,601							3300-4200	P	
Methodist		54	6,390†	269	71	257							4500-5400	P	
St. Luke's Episcopal		45	1,959	26	54	174							4200-5100	P	
Texas Children's		13	871	15	53	100							4200-5100	P	
Veterans Admin.		74	1,356	98	66	4,540							4480-6910	P	
Hermann	J. E. Pittman	131	5,880	135	26	8,406	2	2	2	2	0	8	3900-5100	P	
St. Joseph	D. L. Moore	202	8,855	149	46	581	5*	2	2	2	0	11	5100-6000	P	
San Antonio															
University of Texas South Texas Medical School															
Affiliated Hospitals															
Robert B. Green Memorial	A. W. Hartman	69	2,461	212	31	19,372	3	3	3	3	0	12	4500-6300	FP	
Temple															
Scott and White Memorial	T. Speed	223	2,312†	51	31		3	3	3	3	0	12	4500-5100	P	
Veterans Admin.	A. S. Haisten	142	2,321	85	44	10,890							6910-6910	O	
UTAH															
Salt Lake City															
Latter-day Saints ⁶⁹	V. L. Rees	115	5,774	83	59	1,595	5	2	2	2	0	11	3900-5100	P	
University of Utah Affiliated Hospitals	R. C. Richards						4	4	4	4	4	20			
University		49	1,527	65	62	21,648							4200-6000*	P	
Veterans Admin.		101	1,209	58	78								4480-8000	P	
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	A. G. Mackay						2	2	2	2	0	8	5000-7500	O	
DeGoesbriand Memorial		22	1,015	23	50	5,927									
Mary Fletcher		58	2,284†	71	78	7,109									
White River Junction															
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.															
VIRGINIA															
Charlottesville															
University of Virginia	W. H. Muller, Jr.	45	1,754	113	52	10,167	8	4	3	3	0	18	4200-5400	O	
Clifton Forge															
Chesapeake and Ohio Railway Employees' Affiliated Hospitals							3	3	2	2	0	10			
Chesapeake and Ohio Railway Employees'	J. M. Emmett	68	3,059	47	51	16,375							4200-6000	FP	
Lynchburg General (Lynchburg)	P. R. Bryan	110	5,190										4200-5400	P	
Chesapeake and Ohio (Huntington, W. Va.)	J. P. Carey	63	1,726	49	22	9,982									
Lynchburg															
Lynchburg General—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge															
Norfolk															
De Paul	C. E. Davis	102	5,040	65	55	4,938	2	2	1	1	0	6	6000-6900	F	
Norfolk General	R. L. Payne, Jr.	83	5,621	123	33	5,038	4	2	2	2	0	10	6900-7800	P	
Richmond															
Medical College of Virginia Affiliated Hospitals							14	9	7	7	1	38†			
Medical College of Virginia-Hospital Division	D. M. Hume	322	9,338	356	51	54,789							2400-3300	F	
Veterans Admin.	Y. H. Zimberg	72	1,901	65	73	4,002							4480-8000	P	
Richmond Memorial	O. Gwathmey	178	6,611	155	36	3,219	4	1	1	1	0	7	48000-6600	F	
WASHINGTON															
Seattle															
Swedish Hospital Medical Center ²⁵¹	E. Sanderson	209	10,595†	320	55	5,287	6*	2	2	2	0	12	4500-6000	F	
University of Washington Affiliated Hospitals ²⁷⁷	K. A. Merendino						5	5	5	5	5	25			
King County	J. R. Cantrell	62	1,915	96	58	9,820							3000-6000	F	
University	K. A. Merendino	23	837†	59	84	3,362							3660-8640	P	
Veterans Admin.	J. W. Bell	108	1,886	54	93	2,590							4480-8000	P	
Virginia Mason ⁷¹⁵	J. W. Baker	99	5,701	114	73	36,428	3	3	3	3	0	12	3300-5700	FP	
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional	W. E. Klingensmith	98	4,420	56	60	42,447	3	3	2	2	0	10	6400-8800	P	
Charleston															
Charleston General	J. E. Rogers	137	6,127	97	31	11,472	3	3	2	2	0	10	3900-4800	F	
Memorial	B. Bradford	88	4,336	90	52	3,729	2	2	2	2	0	8	3600-4500	F	
Huntington															
Chesapeake and Ohio—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge, Va.															
Morgantown															
West Virginia University Medical Center	B. Zimmermann	64	1,369	136	63	3,246	4	4	4	4	2	18	3680-6080	P	
Wheeling															
Ohio Valley General	C. D. Hershey	147	4,532	132	36	1,094	2	2	2	2	0	8	7200-9000	P	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals							12*	4	4	4	4	28†			
University Hospitals	R. C. Hickey	134	3,224	88	77	16,316							3800-6600	P	
Veterans Admin.	J. T. Mendenhall	41	958	46	80	778							4480-6910	P	
Milwaukee															
Marquette University Affiliated Hospitals	E. H. Ellison						22*	12	10	10	0	54†			
Milwaukee County General	E. H. Ellison	135	4,190†	273	61	36,804							4275-6665	P	
Veterans Admin. (Wood)	A. S. Close	111	1,720	115	78	3,264							4480-6910	P	
Lutheran Hospital of Milwaukee	R. H. Lillie	118	4,364	85	44	10,937							5824-7342	P	
Columbia	P. H. Seefeld	66	3,051	69	75	15,080							4480-6910	P	
Milwaukee Children's	S. Sakaguchi	23	1,178	14	86	1,594									
Mount Sinai	R. Mann	117	4,522	51	57	2,372	2	2	1	1	0	6	4500-5800	FP	
St. Joseph's	W. Weisel	160	7,111	93	78	2,751	2	2	2	2	0	8	6300-7200	P	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Programs, 105; Residencies, 576

	Chief of Service or Program Director	Average Daily Census	Admissions (Includes Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	A. W. Stratton	82	1,717	29	76	6,887	4*	2	2	0	0	7	8400-10000	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Tuskegee Veterans Admin. ¹⁶⁷	R. S. Wilkinson	128	1,070	63	63	476	2	2	2	0	0	6	4480-6260	O	
ARIZONA															
Phoenix St. Joseph's	L. M. Linkner	83	7,907†	335	27	2,453	1	1	1	0	0	3	5400-6000	F	
CALIFORNIA															
Los Angeles California	K. L. Senter	107	5,490	69	42	1,124	2	2	2	0	0	6	4320-4920	FP	
San Diego Mercy	J. Mehnert	99	6,088	85	59	4,977	1	1	1	0	0	3	3840-5952	F	
San Francisco St. Mary's	L. J. Milburn	109	3,945	51	51	4,838	3*	1	1	0	0	5	3600-4800	F	
COLORADO															
Denver Mercy	B. F. Gipson	138	6,083	78	63	6,119	2	2	1	0	0	5	7200-8100	P	
Presbyterian	K. C. Sawyer	115	3,979†	90	62	3,010							4200-4800	P	
St. Luke's	C. H. McLauthlin	207	8,369	127	52	743	2	1	1	0	0	4	4200-4800	P	
Pueblo Colorado State	T. J. Fogel	66	741	40	63	7,300	5	3	2	0	0	10	7200-9600	O	
CONNECTICUT															
Stamford Stamford	E. C. Rawls	87	4,014	64	60	1,920	2	2	2	0	0	6	4080-4680	FP	
Waterbury St. Mary's ³⁰³	J. Bergen	222	8,025	119	38	7,497	2	2	2	0	0	6	4200-4800	FP	
GEORGIA															
Atlanta Crawford W. Long Memorial	J. N. McClure	174	8,951	122	51	5,617	3	3	2	2	0	10	4500-5100	P	
Savannah Memorial Hospital of Chatham County	J. K. Quattlebaum, Jr.	76	3,098†	86	49	6,649						3	5100-6000	F	
ILLINOIS															
Chicago Columbus-Cuneo Medical Center	P. F. Nora						2	2	2	0	0	6			
Columbus	P. F. Nora	184	7,231	171	66	8,011							5700-6300	F	
Frank Cuneo		46	1,844	42	15	1,053							5700-6300	P	
Grant	C. K. Solander	86	3,271	40	48	5,538	1	1	1	0	0	3	5400-5400	P	
St. Joseph	E. Del Beccaro	118	3,036	62	45	833	2	2	2	0	0	6	5400-6000	F	
Evergreen Park Little Company of Mary ¹⁸¹	J. B. O'Donoghue, Jr.	152	6,498	106	39	731	2	2	2	0	0	6	7200-7800	P	
Peoria St. Francis ¹⁸³	C. D. Branch	133	5,067	69	42	10,026	2	2	2	0	0	6	5100-2700	F	
LOUISIANA															
New Orleans Southern Baptist	V. R. Kroll	142	6,006	120	38	1,061	4	3	1	0	0	7	4800-5400	P	
MARYLAND															
Baltimore Lutheran Hospital of Maryland	W. E. Gilmore	57	2,572†	39	39	2,940	3	2	1	0	0	6	5700-6300	P	
Provident	E. Walden	42	1,814	48	29	3,774	3	2	1	0	0	6	5400-7200	F	
MASSACHUSETTS															
Beverly Beverly	R. E. Alt	75	2,709	76	65	17,249	2	2	1	0	0	5	3600-4200	F	
Fall River Truesdale	D. F. Gallery	62	3,137†	71	34	5,188	1	1	1	0	0	3	5100-7500	F	
Malden Malden	W. E. Garrey	224	10,163	271	148	25,225	3	2	1	0	0	6	3900-5100	F	
Quincy Quincy City	M. Sargent	122	3,922	131	32	1,362	2	2	1	0	0	5	3610-4010	F	
MICHIGAN															
Detroit Alexander Blain	A. Blain, W. M. Taylor	32	1,027	10	40	3,352	2	1	1	0	0	4	3900-6000	FP	
Metropolitan	N. Gimbel	40	1,956	53	64	20,592	1	1	1	0	0	3	4380-6000	F	
St. Joseph Mercy	L. Gregory	104	4,210	9	36	870	1	1	1	0	0	3	5760-6660	P	
Flint McLaren General	W. F. Dwyer	141	7,084	128	41	1,211	3	3	1	0	0	7	5700-6300	P	
Kalamazoo Bronson Methodist	F. L. Clement	47	3,504	89	39	887	2	1	1	0	0	4	5700-6300	F	
Pontiac Pontiac General	G. Sanford	156	7,047†	115	54	318	2	2	2	1	0	7	6300-7800	FP	
St. Joseph Mercy	A. R. Larson	127	5,351	135	49	2,335	2	2	2	0	0	6	6300-6900	P	
Royal Oak William Beaumont	P. Jordan	100	4,446	77	60	758	5	5	5	5	0	20	5880-6900	P	

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MICHIGAN—Continued														
Saginaw														
Saginaw General	J. E. Manning	68	3,299	39	41	145	1	1	1	0	0	3	6360-6960	FP
Southfield														
Providence	F. Harrington	125	2,947†	41	48	255	2	2	2	0	0	6	5700-6300	O
MINNESOTA														
Minneapolis														
Mount Sinai	P. A. Salmon	100	4,192	45	67	3,931	2	2	2	0	0	6	5880-7500	P
St. Barnabas Hospital-Swedish	L. J. Hay						4	4	2	0	0	10	3720-4920	F
St. Barnabas		90	3,396	60	77	300								
Swedish		309	6,668	28	60	251								
MISSOURI														
Kansas City														
Menorah Medical Center	M. Silverstein	110	4,698	63	49	407	2	2	2	0	0	6	5400-6900	P
St. Louis														
Deaconess	V. T. Houston, J. H. Woodbridge	132	5,040	88	55	19,934	3	3	1	0	0	7	5400-6000	F
NEBRASKA														
Lincoln														
Veterans Admin.	R. F. Moore	34	683	33	67	1,230	2	2	2	0	0	6	4480-8000	...
NEW JERSEY														
Atlantic City														
Atlantic City	M. A. Rosenblatt	121	4,651	106	49	32,755	2	1	1	0	0	4	4800-5700	F
Camden														
West Jersey	K. L. Athey	151	5,836	96	24	2,479	1	1	1	0	0	3	3900-5400	F
Englewood														
Englewood ²¹	A. Cloud	129	5,892	69	49	2,381	2	2	2	0	0	6	3960-4560	F
Hackensack														
Hackensack	R. B. Grant	160	7,415	469	40	4,119	3	1	1	0	0	5	3900-4500	F
Livingston														
St. Barnabas Medical Center ²⁰³	C. J. Reilly	127	5,555	54	50	604	3*	1	1	1	0	6	3900-4800	F
New Brunswick														
Middlesex General	P. J. Kunderman, N. Rosenberg	122	5,992	120	47	4,199	4	2	1	1	0	8	4920-5568	P
St. Peter's General	R. Powers	110	4,886	93	43	2,440	4	2	1	0	0	7	4560-6360	F
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. G. Whitcomb	75	4,222	53	38	16,060	3*	0	0	0	0	3	4200-4200	P
NEW YORK														
Albany														
Memorial	P. Glasier	110	4,676	51	31	13,508	1	1	1	0	0	3	5700-6300	FP
St. Peter's	M. J. Stapleton	146	5,953	84	58	12,842	2	2	2	0	0	6	4200-6000	F
Buffalo														
Deaconess Hospital of Buffalo	K. H. Eckhart	135	3,695	132	31	9,455	3	3	1	0	0	7	4300-4900	F
Johnson City														
Charles S. Wilson Memorial	G. B. Voigt	108	4,103	82	43	14,700	3	2	2	0	0	7	4500-5100	P
Mount Vernon														
Mount Vernon	J. F. Bagg	195	5,569	131	36	5,578	1	1	1	0	0	3	4800-5700	FP
Newburgh														
St. Luke's	O. A. Wahl		1,662	62	48		1	1	1	0	0	3	4800-5400	F
New Rochelle														
New Rochelle	W. J. McCann	153	6,497	174	44		2	1	1	0	0	3	3900-6500	F
New York City														
French	H. S. Huber	84	2,896	64	64	5,387	2	1	1	0	0	4	4800-5700	FP
Jewish Memorial	H. C. Baron	63	2,648	66	45	6,312	3	3	2	0	0	8	4200-5400	F
Lutheran Medical Center	G. F. Cucolo	131	4,261	67	40	3,037	4	2	1	0	0	7	4500-5100	F
Mary Immaculate	N. Tiscione	84	3,818	69	43	2,793	3*	2	1	0	0	6	4200-5400	FP
St. Vincent's Hospital of the Borough of Richmond	W. C. Frederick	77	2,352†	69	36	3,232	2	2	2	0	0	6	5700-6600	P
Salvation Army Booth Memorial	J. Chassin	70	3,219	49	41	7,682	3*	2*	1	0	0	6†	6000-7500	O
Sydenham	D. Casten	49	1,635	46	44	4,677	1	1	1	0	0	3		...
Schenectady														
Ellis	H. J. Wright	130	4,997	115	50	9,190	4*	2	1	1	0	7†	4500-5400	FP
NORTH CAROLINA														
Durham														
Watts	J. Davis	105	4,718†	64	28	2,289	2	2	1	0	0	5	3900-4800	F
Wilmington														
James Walker Memorial	L. B. Mason	142	7,568	98	33	2,408	2*	1	1	0	0	4	4800-6000	FP
Winston-Salem														
Kate Bitting Reynolds Memorial	R. T. Odom	64	2,491	50	26	10,517	2	2	1	0		5	4800-4800	F
OHIO														
Canton														
Aultman	W. H. Kasserman	165	8,042	119	50	747	5	5	4	0	0	14	4200-6000	FP
Mercy	P. E. Smith	175	7,826	200	53	13,687	3	3	3	0	0	9	4200-6000	F
Cleveland														
Evangelical Deaconess ²²³	P. A. Pipik	91	3,544	59	59	62	3	3	1	0	0	7	4500-5100	F
Dayton														
Good Samaritan	A. B. Huffer	150	7,638	149	63	735	1	1	1	0	0	3	3900-4500	F
Lakewood														
Lakewood	J. Magisano	119	5,392	83	52	1,588	4	4	1	0	0	9	3900-4800	FP
Toledo														
St. Vincent	J. I. Collins	111	4,840	64	58	1,076	4	1	1	0	0	6	3900-4500	F
Warren														
Trumbull Memorial	D. A. Miller	133	5,140	132	47	405	5*	2	1	0	0	8	4200-5400	F

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
OKLAHOMA															
Tulsa															
Hillcrest Medical Center	F. Clingan	189	8,656	171	73	4,284	2	2	2	0	0	6	7200-8100	P	
St. John's	L. Nienhuis	219	7,596	234	29	2,562	1	1	1	0	0	3	6300-6900	P	
PENNSYLVANIA															
Allentown															
Sacred Heart	C. Holland	148	6,489	131	44	1,790	1	1	1	0	0	3	3900-4500	FP	
Bethlehem															
St. Luke's Hospital of Bethlehem	G. R. Greenwood	156	4,553	139	45	4,080	3	2	1	0	0	6	3720-4320	FP	
Easton															
Easton	J. H. Updegrave	90	4,059	164	45	3,604	2	1	1	0	0	4	4800-5400	FP	
Erie															
St. Vincent	E. J. Bajorek	137	6,915†	179	32	1,902	2	1	1	0	0	4	4200-4800	FP	
Harrisburg															
Harrisburg Polyclinic	E. O. Daue, Jr.	220	6,604	168	42	4,602	1	1	1	0	0	3	5400-6000	F	
McKeesport															
McKeesport	F. R. Bondi	176	6,648	319	38	4,407	2	1	1	0	0	4	5400-6900	F	
Norristown															
Sacred Heart	R. A. Buyers	95	3,037	40	55	6,609	2	1	1	0	0	4	4800-6000	FP	
Philadelphia															
Episcopal	J. W. Klopp	73	2,222	104	41	7,288	2	2	2	2	0	8	4200-4920	O	
Frankford	A. L. Colley	38	1,546	43	33	945	1	1	1	0	0	3	—-5220	...	
Mercy-Douglass	M. W. Allen	60	2,262	33	45	10,334	3	2	1	0	0	6	5400-6000	F	
Nazareth	P. R. Casey	100	4,140	60	32	3,659	2	2	2	0	0	6	4500-5400	F	
Pittsburgh															
Montefiore	S. A. Rosenburg	130	6,742	129	43	6,759	3	2	1	0	0	6	4200-5700	O	
Reading															
Reading	W. K. Runyeon	146	2,378	69	59	984	1	1	1	0	0	3	4800-5700	F	
Wilkesburg															
Columbia	J. R. Duncan	101	4,270	97	24	31,218	1	1	1	0	0	3	6000-6000	F	
Williamsport															
Williamsport	F. G. Wade	230	5,490	99	32	1,232	1	1	1	0	0	3	5000-6600	FP	
PUERTO RICO															
Ponce															
Hospital de Damas	L. F. Sala	56	3,007	24	33	1,528	1	1	1	0	0	3	4200-5400	F	
Ponce District General	J. Colon Bonet	124	2,118	118	47	27,865	5	5	5	0	0	15	3900-5700	F	
SOUTH CAROLINA															
Columbia															
Columbia Hospital of Richland County	J. W. Fouche	145	5,215	172	35	13,663	1	1	1	0	0	3	6240-6720	P	
Spartanburg															
Spartanburg General	E. M. Colvin	243	11,309	139	37	9,066	2	2	2	0	0	6	6000-6600	P	
SOUTH DAKOTA															
Yankton															
Sacred Heart	C. B. McVay	38	1,796	29	48	0	1	1	1	0	0	3	4800-6600	O	
TEXAS															
Austin															
Brackenridge	F. M. Nelson	59	2,407†	66	38	2,984	1	1	1	0	0	3	5400-6600	F	
VIRGINIA															
Alexandria															
Alexandria	J. D. Hoyle	83	4,029†	67	42	4,146	2	1	1	0	0	4	3600-4800	P	
Richmond															
Johnston-Willis	W. A. Johns	106	3,873	39	54	14,599	4	2	1	0	0	7	5400-6600	F	
Roanoke															
Community Hospital of Roanoke Valley	R. L. A. Keeley	31	1,300	24	38	2,447	2	1	1	0	0	4	7500-8100	P	
Jefferson—See Community Hospital of Roanoke Valley															
Roanoke Memorial Hospitals	H. Lee	267	9,423	122	32	6,201	3	2	2	0	0	7	5400-6000	F	
WASHINGTON															
Seattle															
Providence	C. Bogardus	64	3,768	86	42	871	3*	1	1	0	0	5	3900-4800	FP	
WEST VIRGINIA															
Huntington															
St. Mary's	G. F. Woelfel	216	8,190	117	29	6,778	2	1	1	0	0	4	4500-5100	FP	
Philippi															
Broadus	H. C. Myers	41	1,487	40	58	12,750	1	1	1	0	0	3	4500-6000	F	
WISCONSIN															
Madison															
Madison General	A. D. Anderson	61	1,971†	53	66	...	2	2	2	0	0	6	3900-4500	F	

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for ONE year of training as an integral part of the approved program of four or more years' duration in the specific hospital indicated by the footnote reference following the listing below.
Programs, 7; Residencies, 47

NONFEDERAL AND VETERANS ADMINISTRATION

LOUISIANA															
Monroe															
E. A. Conway Memorial ²⁰⁸	D. Sartor	39	1,150	51	29	7,305	0	0	3	0	0	3	7800-7800	P	

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MASSACHUSETTS														
Boston														
Lahey Clinic ⁹⁰	J. W. Braasch	126	3,827	91	52	12,214	0	0	0	9	0	9	2100-5400	O
Chelsea														
Lawrence F. Quigley Memorial	G. F. Miller	33	573	30	57	3,377	..	..	..	..	..	..	4800-6600	P
MISSOURI														
Columbia														
Eilis Fischel State Cancer ⁸⁹	J. S. Spratt, Jr.	62	1,668	64	53	10,418	0	0	0	2	2	4	3600-4800	FP
NEW YORK														
New York City														
Francis Delafield	G. H. Humphreys	62	921	194	40	5,995	..	..	..	..	..	..	4740-6160	FP
Memorial Hospital for Cancer and Allied Diseases-James Ewing ⁶⁴	H. T. Randall	281	7,360	437	44	39,751	0	0	27	0	0	27	7200-10500	O
OHIO														
Columbus														
Children's ⁸²	H. W. Clatworthy	44	2,215	51	90	4,176	0	0	0	0	2	4†	6000-7200	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates. Programs, 20; Residencies, 93

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA														
Duarte														
City of Hope Medical Center	R. L. Byron, Jr.	28	970	89	70	10,817	0	0	2	2	0	4	6000-9600	P
DISTRICT OF COLUMBIA														
Washington														
Children's	J. Randolph	35	2,049†	45	73	6,174	0	0	0	1	0	1	5000-5000	P
ILLINOIS														
Chicago														
Children's Memorial	O. Swenson	44	2,334	62	100	12,365	0	0	1	2	2	5	3900-5100	P
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center	R. Gross	52	1,968	66	81	23,821	6	2	2	1	0	12	3000-5250	F
Norfolk														
Pondville	M. Yatsubashi	85	1,265	192	69	16,049	0	0	0	1	0	1	9594-9594	O
Westfield														
Western Massachusetts	O. T. Pace	45	851	109	44	6,679	0	0	0	2	1	3	9594-13650	P
MICHIGAN														
Detroit														
Children's	C. D. Benson	46	2,391	55	73	4,168	0	0	0	0	2	2	4800-6000	P
MISSOURI														
Columbia														
Eilis Fischel State Cancer ⁸⁹	J. S. Spratt, Jr.	62	1,668	64	53	10,418	0	0	0	2	2	4	3600-4800	FP
NEW JERSEY														
Newark														
United Hospitals of Newark-Babies	C. Clemente	30	943	6	80	1,321	1	0	0	0	0	1	7000-7000	P
NEW YORK														
Buffalo														
Children's Hospital of Buffalo	T. C. Jewett	40	2,129	33	84	6,205	0	0	0	0	2	2	4100-5300	P
Roswell Park Memorial Institute	G. E. Moore	79	1,411	123	100	12,612	0	0	0	6	6	12	4650-5754	O
New York City														
Francis Delafield	G. H. Humphreys	62	921	194	40	5,995	..	..	..	..	..	..	4740-6160	FP
Memorial Hospital for Cancer and Allied Diseases-James Ewing	H. T. Randall	281	7,360	437	44	39,751	0	0	0	0	24	24	7800-10500	O
Presbyterian	T. Santulli	Inc. in Pediatrics	..	..	..	..	0	0	0	0	1	1	6000-6000	O
OHIO														
Columbus														
Children's	H. W. Clatworthy	44	2,215	51	90	4,176	0	0	0	0	2	4†	6000-7200	P
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia	C. E. Koop	33	1,858	26	77	2,631	0	0	1	1	0	2	1200-2400	F
St. Christopher's Hospital for Children	S. L. Cresson	20	1,632	17	90	7,038	0	0	0	0	1	1	3600-3600	FP
Pittsburgh														
Children's Hospital of Pittsburgh	W. B. Kiesewetter	..	1,346	29	2	5,294	0	0	0	0	2	4†	3900-4860	O
PUERTO RICO														
Hato Rey														
I. Gonzalez Martinez Oncologic	L. Vallecillo	12	678	27	55	5,281	0	0	0	1	0	1	6000-6000	F
TEXAS														
Houston														
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	102	2,841	145	70	28,200	0	0	0	6	3	9†	8000-10000	O

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list.
Programs, 102; Residencies, 314

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance ()
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
DISTRICT OF COLUMBIA														
U. S. Air Force, Washington	P. A. Cox	112	5,210	12	85	60,694	2	0	0	0	0	2		
OHIO														
U. S. Air Force, Dayton	W. J. Portes	95	4,119	15	87	6,169	2	0	0	0	0	2		
UNITED STATES ARMY														
CALIFORNIA														
U. S. Army, Fort Ord	J. L. Hannon	119	5,232	11	72	71,585	5	0	0	0	0	5		
GEORGIA														
Martin Army, Fort Benning	F. F. Krauskopf	84	2,480	19	74	11,904	6	0	0	0	0	6		
KENTUCKY														
U. S. Army, Fort Campbell	M. Kaku	139	3,611	12	83	47,974	3*	0	0	0	0	3		
Ireland Army, Fort Knox	J. M. Kroyer	340	8,994	74	46	634,540	4	0	0	0	0	4		
NEW JERSEY														
Walton Army, Fort Dix	A. A. Terrill	145	8,474	32	67	173,515	4	0	0	0	0	4		
NORTH CAROLINA														
Womack Army, Fort Bragg	B. A. Rutledge	188	7,696	19	95	78,866	5	0	0	0	0	5		
OKLAHOMA														
U. S. Army, Fort Sill	H. Cowgill						4	0	0	0	0	4		
TEXAS														
Darnall Army, Fort Hood	A. C. Buchanan	27	1,105	7	75	11,555	4	0	0	0	0	4		
VIRGINIA														
Dewitt Army, Fort Belvoir	G. C. Sanders	38	2,255	14		9,816	4	0	0	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION														
ARIZONA														
Phoenix														
Good Samaritan	D. James	164	9,978	100	.55	19,083	2	2	0	0	0	4	6900-7200	P
ARKANSAS														
Little Rock														
Arkansas Baptist Medical Center	W. G. Cooper	159	2,486	113	68	400	2	0	0	0	0	2	6300-6300	F
CALIFORNIA														
Berkeley														
Herrick Memorial	J. G. Holmes	61	2,928	62	50	840	1	0	0	0	0	1	4800-5100	P
Glendale														
Glendale Adventist	R. Vannix	115	5,975	92	40	2,667	2	0	0	0	0	2	4980-4080	P
Long Beach														
Memorial Hospital of Long Beach	J. Klingbeil	140	6,787	121	44	312	3	0	0	0	0	3	6000-6600	P
Los Angeles														
Hospital of the Good Samaritan Medical Center	C. Berne	183	6,876	139	42	2,551	3*	2*	1	0	0	6	4800-5600	FP
Santa Fe Coast Lines	L. Chaffin	22	1,224	11	73	5,347	3	0	0	0	0	3	6480-6480	P
Pasadena														
Huntington Memorial	W. E. Delphey	139	6,616	98	57	12,834	3	0	0	0	0	6†	6000-7200	FP
San Bernardino														
San Bernardino County General	R. Seavers	108	5,817	157	55	26,712	6	3	0	0	0	9	4800-4800	F
San Francisco														
French	R. E. Gardner	63	2,420†	52	50	8,500	0	2	0	0	0	2	4200-5400	FP
Mary's Help Hospital-St. Joseph's							2	2	0	0	0	4		
Mary's Help	G. Torassa													
St. Joseph's	H. Lindner	54	2,450	19	53	2,614							4800-5400	FP
Santa Monica														
St. John's	R. T. Smith	132	6,300	40	45	243								
CONNECTICUT														
Danbury														
Danbury	E. Fernand	137	5,017†	164	43	11,205	2	0	0	0	0	2	4200-4200	F
Greenwich														
Greenwich	J. V. Halloran	123	4,942†	127	80	2,291	3*	0	0	0	0	3	3300-4500	FP
New London														
Lawrence and Memorial Hospitals	F. B. Hartman	110	5,489	91	51	386	4*	0	0	0	0	4	5400-5700	F
Norwalk														
Norwalk	A. M. Margold	71	2,716	50	60	1,824	6	0	0	0	0	6	4200-4200	F
DISTRICT OF COLUMBIA														
Washington														
Eastern Dispensary and Casualty	J. H. Choi	129	4,751	185	37	7,060	4	3	0	0	0	7	5000-5600	F
Sibley Memorial	D. C. Richtmeyer	80	2,387†	46	67	100	1	2	0	0	0	3	3600-4200	F
FLORIDA														
Fort Lauderdale														
Broward General	R. L. Foster	158	6,740	101	35	569	2	0	0	0	0	2	6000-7800	P
Miami Beach														
St. Francis	R. A. Torrado	33	1,198†	38	40	1,120	2	0	0	0	0	2	4800-4800	P
St. Petersburg														
Mound Park	D. S. Hubbell	193	6,535	218	43	3,460	1	0	0	0	0	1	5564-5564	P

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residences Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS															
Berwyn															
MacNeal Memorial	R. G. Mrazek	124	6,029	117	45	2,737	3	0	0	0	0	3	5400-...	FP	
Chicago															
American	P. Thorek	46	2,528	16	25	564	2	2	0	0	0	4	6700-7200	F	
Hospital of St. Anthony De Padua	F. P. Donlon						1	0	0	0	0	1	4800-4800	F	
Norwegian-American	F. Vicari	63	1,954	83	27	2,334	3	0	0	0	0	3	9000-...	O	
Ravenswood	R. F. Cunningham	107	4,586	45	27	331	1	0	0	0	0	1	6352-6352	P	
St. Anne's	J. P. Cascino	78	2,902	64	47	495	4	0	0	0	0	4	6600-6600	O	
St. Elizabeth's	P. A. Casella						2	2	0	0	0	4	6000-6000	F	
Peoria															
Methodist Hospital of Central Illinois	H. E. Cooper	163	6,713	70	51	2,322	3	0	0	0	0	3	5400-...	F	
INDIANA															
Fort Wayne															
Lutheran Hospital of Fort Wayne	R. Lloyd	139	6,022	34	59	2,320	2	0	0	0	0	2	4200-4200	FP	
Indianapolis															
St. Vincent's	J. C. Finneran	97	3,782	81	51	119	1	1	1	0		3	5700-6000	P	
Muncie															
Ball Memorial	J. W. Kress	196	7,944	112	47	1,805	2	0	0	0	0	2	5700-5700	P	
KANSAS															
Wichita															
Wesley Medical Center	G. J. Mastio	182	10,962	82	37	1,830	4*	2	0	0	0	6	5400-...	F	
KENTUCKY															
Louisville															
John N. Norton Memorial Infirmary	W. T. Ramage, Jr.	80	4,230	43	44	140	6	0	0	0	0	6	6600-6600	P	
MAINE															
Lewiston															
Central Maine General	M. Harkins	84	3,386	60	62	1,099	1	0	0	0	0	1	6000-6000	F	
MARYLAND															
Baltimore															
Bon Secours	S. G. Sullivan	65	4,138	83	38	15,814	3	1	1	0	0	5	6600-7800	P	
Bethesda															
Suburban	J. O. Robben	74	8,859	123	57	737	2*	2*	0	0	0	4	3720-4020	F	
MASSACHUSETTS															
Fitchburg															
Burbank	F. P. Ross	53	2,177	72	49	1,714	1	0	2	0	0	3	4800-5400	FP	
MICHIGAN															
Dearborn															
Oakwood	J. C. Carlisle	140	6,697	53	45	...	5	0	0	0	0	5	4800-4800	F	
Detroit															
Evangelical Deaconess	T. Baumgarten	68	2,986	47	40	3,932	2	0	0	0	0	2	6240-6900	P	
Grosse Pointe															
Bon Secours	C. J. Holt	78	4,349	53	43	9,556	4	2	0	0	0	6	5100-5700	F	
Kalamazoo															
Borgess	R. Hodgman	69	5,170	47	51	9,715	1	0	0	0	0	1	5700-...	FP	
Lansing															
Edward W. Sparrow	H. J. Schmidt	321	8,715	375	46	19,507	2	0	0	0	0	2	6600-6600	P	
MINNESOTA															
Minneapolis															
Northwestern	R. Utendorfer	...	4,806	109	62	4,200	2	0	0	0	0	2	5000-5000	O	
St. Paul															
St. Joseph	A. Kelly	31	1,067	18	39	...	2	0	0	0	0	2	5880-5880	P	
NEBRASKA															
Lincoln															
St. Elizabeth	R. W. Gillespie	77	4,079	46	50	220	2	0	0	0	0	2	4200-4200	F	
NEW JERSEY															
Montclair															
Mountainside	F. G. Barnard	116	3,992	97	35	1,046	2	0	0	0	0	2	3900-3900	F	
Morristown															
Morristown Memorial	M. Plum	98	4,050	68	60	1,119	2	0	0	0	0	2	6000-6000	F	
Neptune															
Fitkin Memorial	P. Guthorn	114	4,277	142	41	2,267	1	0	0	0	0	1	4200-5400	F	
Newark															
United Hospitals of Newark-Presbyterian	T. A. Stanley	57	1,808	120	43	288	3	0	0	0	0	3	3900-4200	F	
St. Michael	A. M. Sarno	87	3,290	74	11	3,118	3	0	0	0	0	3	3900-5680	F	
NEW YORK															
Buffalo															
Mercy	J. Persse	140	6,524	78	42	862	3	0	0	0	0	3	5200-6500	FP	
Clifton Springs															
Clifton Springs Hospital and Clinic	J. Lasner	29	1,369	23	26	11,466	1	1	0	0	0	2	...	F	
New York City															
Jewish Chronic Disease	H. Kaplan	28	516	37	32	636	0	1	1	1	0	3	4800-6300	F	
New York Infirmary	L. Loseke	45	1,686	56	27	2,704	1	1	1	1	0	4	4850-5500	F	
Port Chester															
United	F. J. Murphy	87	4,080	137	38	1,177	2	0	0	0	0	2	4800-6900	FP	
White Plains															
White Plains	W. M. Sheridan	104	4,529	55	43	3,010	2	0	0	0	0	2	6000-6000	FP	
NORTH DAKOTA															
Bismarck															
Bismarck	G. E. Tolstedt	70	2,714	82	41	1,475	6	0	0	0	0	6	8500-8500	P	
Fargo															
St. Luke's	G. H. Hall	86	3,832	47	22	26,450	3	0	0	0	0	3	6000-6000	F	

Numerical and other references are listed on pages 276 through 280.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance		
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
OHIO																
Elyria																
Elyria Memorial	R. E. Hayes	69	5,469	96	55	477	3	3	0	0	0	6	4800-5100	F		
Mansfield																
Mansfield General	R. H. Barnes	59	2,040	33	52	...	6	0	0	0	0	6	3600-4800	F		
Toledo																
Flower	W. H. Meffley	85	3,979	67	25	212	1	0	0	0	0	1	6000-6000	P		
OKLAHOMA																
Oklahoma City																
Presbyterian	E. R. Munnell	59	2,722†	39	46	500	4*	0	0	0	0	4	6600-7800	P		
OREGON																
Portland																
Providence	J. C. Mitchell	123	7,709	90	60	2,227	2	0	0	0	0	2	5400-5400	P		
PENNSYLVANIA																
Altoona																
Altoona	J. M. Stowell	138	4,029	133	42	6,904	2	0	0	0	0	2	6420-6420	F		
Hazleton																
Hazleton State General	V. F. Greco	66	2,399	77	30	6,240	2	2	0	0	0	4	6716-7055	P		
St. Joseph	E. F. LaBuz	73	3,660	32	31	9,906	2	2	0	0	0	4	4800-4800	F		
Johnstown																
Conemaugh Valley Memorial	R. Zimmerman	133	4,574	74	35	1,462	2	0	0	0	0	2	5400-5400	F		
Philadelphia																
Jeanes	W. Y. Inouye	68	2,514	45	46	10,100	3	0	1	0	0	4	6000-10000	F		
St. Joseph's	W. D'Alonzo	120	3,534	209	31	4,052	3	0	0	0	0	3	4800-4800	F		
St. Mary's Franciscan	W. J. Tourish	87	3,143	72	38	3,272	2	0	0	0	0	2	5400-...	P		
Pittsburgh																
St. Margaret Memorial	J. R. Watson	1,408	2,246	35	46	3,522	1	0	0	0	0	1	7200-7200	F		
Uniontown																
Uniontown	R. M. Maher	104	4,018	24	38	817	2	0	0	0	0	2	5100-5100	F		
Wilkes-Barre																
Wilkes-Barre General	H. C. Smith	88	2,500	72	39	1,140	2	0	0	0	0	2	4200-5400	F		
PUERTO RICO																
San Juan																
Presbyterian	P. A. Suau	27	1,315†	16	19	...	1	0	0	0	0	1	7200-7200	F		
TENNESSEE																
Chattanooga																
Newell	R. M. Landry	47	2,543	59	17	27,241	3	0	0	0	0	3	6000-7200	P		
Knoxville																
St. Mary's Memorial	M. Fecher	45	1,854	19	26	...	...	...	...	...	...	...	3720-3720	F
TEXAS																
Dallas																
Gaston Episcopal	J. V. Goode	74	3,614	18	39	...	3	0	0	0	0	3	4200-4200	P		
Houston																
Southern Pacific	J. R. Gandy	30	1,109	7	30	4,048	1	0	1	0	0	2	3000-5040	F		
UTAH																
Ogden																
Thomas D. Dee Memorial	J. A. Dixon	137	4,993	48	44	5,587	2	0	0	0	0	2	3900-3900	P		
Salt Lake City																
Holy Cross	J. A. Gubler	150	7,803	122	54	141	2	0	0	0	0	2	3600-4800	P		
St. Mark's	J. H. Clark	119	5,714	43	61	1,929	1	0	0	0	0	1	3900-3900	F		
VIRGINIA																
Newport News																
Riverside	J. A. Lawson	129	5,275	105	32	1,320	2	0	0	0	0	2	7200-8400	FP		
Richmond																
St. Elizabeth's	G. W. Horsley	36	1,183	18	44	...	2	1	0	0	0	3	6000-6000	F		
Roanoke																
Lewis-Gale	W. L. Sibley	110	4,569	42	60	75,598	2	1	0	0	0	3	6300-6600	FP		
WASHINGTON																
Seattle																
Doctors	C. S. Powell	67	4,431	39	54	...	1	0	0	0	0	1	5400-5400	FP		
Spokane																
Sacred Heart	C. F. Baxter	177	10,655	137	56	780	2	0	0	0	0	2	4200-4200	FP		
WISCONSIN																
La Crosse																
Lutheran Hospital Gundersen Clinic	S. B. Gundersen, Jr.	105	4,991	115	45	46,443	2	0	0	0	0	2	4800-4800	F		
Marshfield																
St. Joseph's	B. R. Lawton	110	4,221	72	63	...	2	0	0	0	0	2	6000-6000	F		
Milwaukee																
Evangelical Deaconess	C. A. Bauer	141	5,973†	76	57	2,277	3	3	0	0	0	6	5400-5700	F		
St. Luke's	J. Gorrell	...	...	...	...	...	3	3	0	0	0	6	7200-9700	FP

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the Board of Thoracic Surgery, as offering acceptable training in the specialty. The new policy on approval of "mixed" programs was stated in the Special Announcements Section following the Annual Report in the 1964 Directory of Approved Internships and Residencies. Programs, 95; Residencies, 285.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968		Maintenance
				Number	Autopsy Per cent			Total All Years	Salary per Year (Min.-Max.)	
UNITED STATES AIR FORCE										
TEXAS										
Wilford Hall U. S. A. F., San Antonio ²⁷⁰	R. H. Hood	22	560	27	89	202	2	3		
UNITED STATES ARMY										
CALIFORNIA										
Letterman General, San Francisco	E. M. Aronstam	11	93	8	100	863	2	2		
COLORADO										
Fitzsimons General, Denver	A. R. Hopeman	6	248	6	100	473	2	2		
DISTRICT OF COLUMBIA										
Walter Reed General, Washington	E. J. Jahnke, Jr.	19	361	17	90	1,280	2	4		
TEXAS										
Brooke General, San Antonio ²⁷⁰	H. A. Blake	12	205	23	69	370	2	4		
UNITED STATES NAVY										
CALIFORNIA										
U. S. Naval, San Diego	B. F. Baisch	30	505	33	80	1,782	2	2		
MARYLAND										
U. S. Naval, Bethesda	D. H. Gaylor	15	100	23	100	320	2	2		
NEW YORK										
U. S. Naval, St. Albans	D. J. Doohen	20	267	4	75	208	2	2		
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
Birmingham										
University of Alabama Medical Center	J. G. Galbraith	35	977	21	52	460	2	1		
University of Alabama Hospitals and Clinics	J. G. Galbraith								5040-5040	P
Veterans Admin.	M. N. Bradley								4480-8000	O
ARKANSAS										
Little Rock										
University of Arkansas Medical Center	G. S. Campbell						2	3	4500-8000	P
University		8	263	22	77	620				
Veterans Admin.		18	182	25	52	270				
CALIFORNIA										
Duarte										
City of Hope Medical Center	F. X. Byron	17	240	26	90	533	2	2	6000-9600	P
Los Angeles										
Los Angeles County General, Unit I	J. Kay	21	1,180	64	27	956	2	2	9600-13000	P
University of California	J. V. Maloney, Jr.	11	393	48	92		2		4200-7656	O
Veterans Admin. Center-Wadsworth ¹⁴⁴	R. K. Hughes	35	368	27	74	484	2	3	8000-8000	P
Oakland										
Children's Hospital Medical Center of Northern California	D. J. Dugan	4	126	8	100	96	1	1	5700-6300	FP
Highland General ¹⁴⁷	D. J. Dugan	11	297	22	45	598	2	4	7500-7500	P
Olive View										
Olive View	N. C. Hamel	58	900	35	64	595	1	4	13284-13284	O
San Francisco										
University of California Program in Thoracic Surgery										
H. C. Moffitt-University of California Hospitals	H. B. Stephens	15	502	38	97	543	1	1	7400-7400	O
Torrance										
Los Angeles County Harbor General	W. Bloomer	2	50	5	20	1,200	1	3	8400-9600	P
COLORADO										
Denver										
National Jewish	M. M. Newman	5	137	20	90	65	2	2	4200-7000	O
Veterans Admin.	R. K. Brown						1		4480-8000	
CONNECTICUT										
New Haven										
Hospital of St. Raphael	M. G. Carter	15	368	35	57	398	1	1	6020-6920	P
Yale-New Haven Medical Center										
Yale-New Haven	G. Lindskog, W. Glenn	35	811	28	75	1,105	2	6	4500-4500	P
DISTRICT OF COLUMBIA										
Washington										
District of Columbia General Hospital-George Washington University	B. B. Blades						2	2	5400-5400	P
District of Columbia General-George Washington University		15	562	18	74					
FLORIDA										
Gainesville										
William A. Shands Teaching Hospital and Clinics	M. W. Wheat, Jr.	22	746	77	88	1,366	2	4	6000-8000	O
Miami										
University of Miami Affiliated Hospitals										
Jackson Memorial ¹⁴⁴	J. Jude	24	744	72	63	597	2	6	4800-5040	P

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968	Salary per Year	Main-tenance
				Number	Autopsy Per cent					
								Total All Years	Min.-Max.	O
GEORGIA										
Atlanta										
Emory University Affiliated Hospitals	O. A. Abbott						2	7		
Emory University		22	878†	35	77	0			4800	P
Grady Memorial										
Augusta										
Medical College of Georgia Hospitals	R. G. Ellison						2	4		
Eugene Talmadge Memorial	R. G. Ellison	23	449	31	87	1,462			7000-7000	P
Batley State (Rome)	R. F. Corpe	25	197	8	63				8136-11436	P
Rome										
Batley State—See Medical College of Georgia Hospitals, Augusta										
ILLINOIS										
Chicago										
Chicago State Tuberculosis Sanitarium	H. T. Langston	32	302	10	50	117	1		5040-5700	P
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	65	292	6	67	1,057	1	4	5064-5580	F
Cook County	M. Weinberg, Jr.	32	650	86	49	1,427	2	4†	6300-6300	F
Presbyterian-St. Luke's	O. C. Julian	44	1,372	14	85	256	2	6	5500-6000	P
Hines										
Veterans Admin. ¹⁸⁵	W. E. Neville	30	319	52	58	702	2	2†	8000-8000	O
Hinsdale										
Suburban Cook County Tuberculosis Sanitarium District	A. F. Reimann	10	93	8	88	125	1	1	6000-7200	O
IOWA										
Iowa City										
University Hospitals	J. L. Ehrenhaft	32	900	47	44		2	2†		P
KANSAS										
Kansas City										
University of Kansas Medical Center	F. Allbritten						2	1	6000-6480	P
KENTUCKY										
Louisville										
University of Louisville Affiliated Hospitals	R. J. Noer						2			
Children's										
Jewish										
Louisville General	R. J. Noer									
Veterans Admin.	H. T. Ransdell	9	123	7	71	69			4480-6910	O
LOUISIANA										
Monroe										
E. A. Conway Memorial—See Ochsner Foundation, New Orleans										
New Orleans										
Charity Hospital of Louisiana										
Louisiana State University Division	L. H. Strug	7	205	31	32	889	2	2	3600-3900	F
Tulane University Division	O. Creech, Jr.	7	170	27	59	897	2	2	3600-3900	F
Ochsner Foundation	J. Ochsner						2	2		
E. A. Conway Memorial (Monroe)	A. O. Ochsner, Sr.	4	97	5	40	396			7800-7800	P
MARYLAND										
Baltimore										
University	R. A. Cowley	13	301	26	52	337	2	6	5000-5700	P
Veterans Admin.	R. F. Kieffer, Jr.	24	177	11	73	4,758	1		4480-8000	P
MASSACHUSETTS										
Boston										
Boston City Hospital-Boston Sanatorium	J. W. Strieder						2	4		
Boston City		25	309	23	52	698			4800-5400	O
Boston Sanatorium (Mattapan)		29	77	5	40	1,250			3527-4232	
New England Deaconess	R. H. Overholt	30	1,230	45	73	7,800	2	4	4200-6000	O
Mattapan										
Boston Sanatorium—See Boston City Hospital-Boston Sanatorium, Boston										
MICHIGAN										
Ann Arbor										
University	C. Haight	33	655	33	70	1,348	2	8	5451-6141	O
Dearborn										
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit										
Detroit										
Henry Ford	C. R. Lam	45	1,192	124	91	1,154	2	6	6000-6600	P
Herman Kiefer	J. C. Day	90	863	7	29	324	2	6	8091-8981	O
Wayne State University Affiliated Hospitals	A. J. Walt						2	4		
Veterans Admin. (Dearborn)	A. P. Thal	7	98	16	62	390			6260	O
Detroit General	A. J. Walt		298	21	50				8500	P
Lansing										
Ingham Medical	A. L. Stanley	66	1,156	38	43	8,564	1	2	4800-7200	F
MINNESOTA										
Minneapolis										
Veterans Admin.	E. Humphrey	21	451	40	80	353	2	2	4480-8000	O
Rochester										
Mayo Graduate School of Medicine	F. H. Ellis, Jr.	60	1,617	111	86	5,900	2	4	3600-7200	P
Rochester Methodist										
St. Mary's										
MISSISSIPPI										
Jackson										
University of Mississippi Medical Center	H. K. Stauss						2	3		
University	J. D. Hardy	2	47	3	67				5280	O
Veterans Admin.	J. H. Conn	12	224	7	57				8000	
Mississippi State Sanatorium (Sanatorium)	H. K. Stauss	13	148	3	33	144			7200-7200	F
Sanatorium										
Mississippi State Sanatorium—See University of Mississippi Medical Center, Jackson										

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1967-1968 Total All Years	Salary per Year Min.-Max.	Main-tenance F P O
				Number	Autopsy Per cent	Outpatient Visits				
MISSOURI										
Columbia										
University of Missouri Medical Center	J. W. Mackenzie	11	309	17	65	526	2	2	5640-6240	P
Mount Vernon										
Missouri State Sanatorium	J. W. Polk	422	1,243	126	43	5,489	1	2	8000-8000	P
St. Louis										
Barnes	T. Burford	33	980	73	59	1,300	2	4	4800-5100	O
NEW JERSEY										
Browns Mills										
Deborah—See Hahnemann Medical College and Hospital, Philadelphia, Pa.										
Jersey City										
Berthold S. Pollak Hospital for Chest Diseases	J. J. Timmes	15	293	26	46	169	2	2	7000-7000	F
NEW YORK										
Albany										
Albany Medical Center	A. Stranahan	21	927	50	68	32	2	2	4600-8000	P
Buffalo										
Veterans Admin.	W. M. Chardack	Inc. in Surg.	196	31	55	...	2	2	6910-8000	O
New Hyde Park										
Long Island Jewish Hospital Training Program	W. Phillips	...	...	...	...	...	...	...	...	...
Queens Hospital Center (New York City)	P. Crastnopol	24	178	30	67	...	2	4	4200-5220	F
New York City										
Albert Einstein College of Medicine Affiliated Hospitals										
Bronx Municipal Hospital Center	D. State	17	428	41	68	1,200	2	2	6200-6420	FP
Columbia University Affiliated Hospitals	R. H. Wylie	...	...	...	...	...	2	4	6000-8000	O
Bellevue Hospital Center, Div. I	J. M. Ford	11	134	20	40	158	...	...	4740-6160	FP
Presbyterian	R. H. Wylie	Inc. in Surgery	...	...	...	...	...	...	6000-8000	O
Veterans Admin. (Manhattan)	J. A. Malcolm	21	191	52	58	...	...	...	8000-8000	O
Maimonides Hospital of Brooklyn	A. Kantrowitz	Inc. in Surg.	100	14	71	19	1	1	6250-6250	P
Montefiore Hospital and Medical Center	G. Robinson	Inc. in Surg.	427	...	...	...	2	2	5120-6370	P
Mount Sinai	R. S. Litwak	35	522	24	75	325	2	2	7000-7250	P
New York Medical College-Metropolitan Hospital Center	I. A. Sarot	...	...	...	...	...	2	5	4200-5220	F
Unit 1—Flower and Fifth Avenue Hospitals	...	...	...	...	...	...	...	...	...	...
Unit 2—Metropolitan	...	9	195	16	43	445	...	...	...	...
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	...	...	...	...	...	...	...	...	...	...
State University-Kings County Medical Center	K. Karlson	...	...	...	...	...	2	4	...	...
Kings County Hospital Center	K. Karlson	31	488	70	35	693	...	...	4740-6160	FP
State University	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Bronx) ²⁰⁵	P. Cooper	17	259	29	69	346	2	2	7000-8000	O
Veterans Admin. (Brooklyn)	R. Klopstock	19	293	15	47	665	2	2	6000-8000	O
Roslyn										
St. Francis	E. P. Mannix, Jr.	20	598	57	70	818	1	4	5400-6600	F
NORTH CAROLINA										
Chapel Hill										
North Carolina Memorial	R. M. Peters	9	350†	19	79	929	2	2	3190-5700	O
Charlotte										
Charlotte Memorial	P. W. Sanger	24	975	46	57	307	2	4	4620-5700	P
Durham										
Duke	W. C. Sealy	29	835	57	65	1,333	2	...	3900-4800	P
Oteen										
Veterans Admin.	T. Takaro	105	1,973	112	71	2,250	2	4	8000-8000	...
Winston-Salem										
North Carolina Baptist Hospitals	H. Bradshaw	11	358	36	78	210	2	3	3000-4000	P
OHIO										
Cleveland										
Cleveland Clinic	D. Effler	31	921	65	75	2,107	2	5	6000-6600	P
Cleveland Metropolitan General	J. H. Kennedy	6	148	25	74	585	2	2	5500-6460	P
St. Vincent Charity	E. B. Kay	18	373	38	79	306	2	6	4020-4200	P
Western Reserve University Affiliated Hospitals	H. J. Mendelsohn	...	...	...	...	...	2	4	...	...
University Hospitals of Cleveland	H. J. Mendelsohn	18	561	7	43	...	...	...	5400-6000	P
Veterans Admin.	...	14	113†	17	65	292	...	...	6260-8000	P
Sunny Acres Cuyahoga County Tuberculosis	H. J. Mendelsohn	Inc. in Int. Med.	...	...	...	...	...	...	7500-7500	FP
Columbus										
Ohio State University Affiliated Hospitals	K. P. Klassen	...	...	...	...	...	2	6	...	...
Ohio State University Hospitals	K. P. Klassen	27	1,105	75	80	635	...	...	4800-6296	P
Ohio Tuberculosis	N. C. Andrews	20	109	7	100	...	...	...	3324-7296	O
OKLAHOMA										
Oklahoma City										
University of Oklahoma Medical Center	G. R. Williams	...	...	...	...	...	2	...	...	...
University of Oklahoma Hospitals	G. R. Williams	7	129	16	43	506	...	...	...	...
Veterans Admin.	J. A. Schilling	5	32	8	75	264	...	...	...	...
OREGON										
Portland										
University of Oregon Medical School Hospitals and Clinics	A. Starr	74	503	30	83	613	2	2	3600-3600	F
PENNSYLVANIA										
Philadelphia										
Hahnemann Medical College and Hospital	H. T. Nichols	16	231	25	84	...	2	4	3900-4200	P
Deborah (Browns Mills, N. J.)	H. T. Nichols	...	...	...	...	...	...	...	...	...
Presbyterian-University of Pennsylvania Medical Center	R. Trout	13	239†	25	72	174	2	2	4860-4860	P
Temple University	J. C. Davila	10	198	22	82	...	2	5	5400-5400	P
St. Christopher's Hospital for Children	J. C. Davila	3	95	8	100	1,009	...	...	4800-4800	...
Pittsburgh										
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnson	...	...	...	...	...	2	4	5400-5600	...
Children's Hospital of Pittsburgh	H. T. Bahnson	...	173	22	2	113	...	...	...	...
Presbyterian-University	H. T. Bahnson	10	191	21	81	...	...	...	...	...
Allegheny General	E. M. Kent	30	648†	45	47	847	...	...	4800-4800	F
St. Francis General	J. W. Giacobine	18	482	56	46	892	2	6	6000-8400	F
Shadyside	W. B. Ford	20	538	45	8	467	...	...	4800-5700	F

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1967-1968		Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent			Total All Years			
SOUTH CAROLINA											
Charleston											
Medical Center Hospitals							2				
Medical College											
TENNESSEE											
Memphis											
University of Tennessee Affiliated Hospitals	J. W. Pate						2	6			
City of Memphis Hospitals	J. W. Pate	22	304	24	54	783			3660-3720	F	
Veterans Admin.	F. A. Hughes	46	837	106	81	435			4480-8000	O	
West Tennessee Tuberculosis	F. H. Cole	66	266	9	89	450			7080-7440	F	
TEXAS											
Dallas											
University of Texas Southwestern Medical School											
Affiliated Hospitals	R. R. Shaw						2	6			
Parkland Memorial	R. R. Shaw	9	346	11	55	835			4800-5100		
Baylor University Medical Center	D. Paulson	24	830	40	80	169			6000-6000	O	
Children's Medical Center	M. V. Davis					22					
Veterans Admin.	R. H. Holland	29	314	48	58	294			6910-8000	P	
Galveston											
University of Texas Medical Branch Hospitals	J. B. Derrick	28	470	32	66	587	2	2	4200-6000	P	
Houston											
Baylor University Affiliated Hospitals	M. E. DeBaKey						2	6			
Ben Taub General		7	247	23	54	262			4500-4500	O	
Methodist		164	522	269	71				5400-5700	P	
Veterans Admin.		1	288	26	62	325			8000-8000	P	
UTAH											
Salt Lake City											
Latter-day Saints	W. R. Rumel	36	1,460	61	77	100	2	2	4800-5400	P	
VIRGINIA											
Charlottesville											
University of Virginia	E. C. Drash	15	508	33	48	0	2	1	4200-5400	O	
Richmond											
Veterans Admin.	Y. H. Zimberg	11	282	37	81	640	1	1	8000-8000	P	
WISCONSIN											
Milwaukee											
Marquette University Affiliated Hospitals	W. Weisel						2	4			
Milwaukee Children's	B. G. Narodick	4	84	16	88	58					
Milwaukee County General	B. G. Narodick	9	238	10	70				6665-6665	P	
Veterans Admin. (Wood)	W. Weisel	19	224	31	68	1,073			8000-8000	P	

28. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution. Programs, 193; Residencies, 975

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968						Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U. S. A. F., San Antonio	J. R. Robison	41	1,389	4	100	9,125	1	1	1	1	0	4		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	C. A. Moore	17	476	7	43	9,055	0	1	1	1	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	K. VanBuskirk	55	657	14	64	11,528	0	2	2	2	0	6		
HAWAII														
Tripler General, Honolulu	E. J. O'Shaughnessy	35	1,070	4	25	14,192	0	1	1	1	0	3		
TEXAS														
Brooke General, San Antonio	P. A. Beach	29	869	9	88	10,950	0	2	1	1	0	4		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland ¹¹⁸	E. A. Blakey	24	771	2	100	5,910	1	1	0	1	0	3		
U. S. Naval, San Diego	R. F. Dykhutzen	60	2,056	34	59	19,486	1	1	1	1	0	4		
MARYLAND														
U. S. Naval, Bethesda	W. E. Fraser	30	653	13	100	9,157	1	1	1	1	0	4		
NEW YORK														
U. S. Naval, St. Albans	C. W. Lewis, Jr.	26	589	12	83	5,844	1	1	1	1	0	4		
PENNSYLVANIA														
U. S. Naval, Philadelphia	H. Hubbard	31	704	18	67	7,883	1	1	1	1	0	4		

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES PUBLIC HEALTH SERVICE														
NEW YORK														
U. S. Public Health Service (Staten Island), New York City.....	M. W. Justice.....	45	953	13	69	6,209	2	2	2	2	0	6	.....	.....
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington.....	W. Lucas.....	12	699	14	52	2,897	1	1	1	0	0	3	7500-8400	O
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights.....	F. E. Ceccarell.....	15	337	5	100	3,946	0	1	1	1	0	3	8400-10000	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist.....	H. C. Hudson.....	19	1,051	8	30	6,743	1	1	1	0	0	3	4500-5100	P
University of Alabama Medical Center.....	S. W. Shirley.....	65	1,335	19	70	6,040	3	3	3	3	0	12	.....	.....
University of Alabama Hospitals and Clinics.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3840-4800	P
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4480-8000	O
ARKANSAS														
Little Rock														
University.....	J. E. Mobley.....	15	386	12	58	2,288	2	2	2	0	0	6	3900-4500	()
CALIFORNIA														
Downey														
Rancho Los Amigos—See Loma Linda University Affiliated Hospitals, Los Angeles														
Long Beach														
Veterans Admin. ⁶⁶	A. J. Bischoff.....	43	402	21	62	3,974	2	2	2	2	0	8	5760-8520	O
Los Angeles														
Kaiser Foundation.....	J. F. Cooper.....	22	1,732	14	50	17,467	0	2	2	2	0	6	6000-7200	P
Loma Linda University Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
White Memorial Medical Center.....	R. T. Bergman.....	8	412	10	60	3,287	.....	.....	.....	.....	.....	.....	4260-6060	P
Rancho Los Amigos (Downey).....	A. E. Comarr.....	.....	.....	.....	.....	5,950	.....	.....	.....	.....	.....	.....	5220-7740	P
Riverside County General (Riverside).....	S. Farley.....	13	370	2	50	1,019	.....	.....	.....	.....	.....	.....	5624-6720	P
Los Angeles County General, Unit I ⁶⁷	J. W. Morrow.....	68	2,209	107	39	23,946	3	3	3	3	0	12	7200-9000	P
Los Angeles County General, Unit II.....	P. Getzoff.....	16	384	25	42	2,229	1	1	1	1	0	4	7200-9000	P
University of California Medical Center.....	W. E. Goodwin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of California.....	W. E. Goodwin.....	19	816	16	94	3,635	1	1	1	1	0	4	4200-7656	O
Veterans Admin, Center-Wadsworth.....	W. E. Goodwin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Los Angeles County Harbor General (Torrance).....	M. M. Mims.....	59	1,646	42	76	5,873	.....	.....	.....	.....	.....	.....	5310-8000	P
.....	A. T. Cockett.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	W. E. Goodwin.....	12	467	22	45	3,963	.....	.....	.....	.....	.....	.....	7800-9600	P
Martinez														
Veterans Admin. ¹¹⁸	J. S. Elliot.....	37	630	34	91	1,804	1	1	2	0	0	4	5310-6910	O
Oakland														
Highland General.....	C. F. Humphreys.....	14	416	17	47	3,151	1	1	1	0	0	3	5500-7000	P
Orange														
Orange County General.....	C. K. Pearlman.....	8	379	6	100	1,626	1	1	1	1	0	4	5000-7800	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....	T. Stamey.....	.....	.....	.....	.....	.....	3	3	3	3	0	12	.....	.....
Palo Alto-Stanford Hospital Center.....	T. Stamey.....	20	1,089	9	33	3,546	.....	.....	.....	.....	.....	.....	3900-5700	O
Veterans Admin.....	E. Strauss.....	18	257	10	94	1,342	.....	.....	.....	.....	.....	.....	4480-8000	O
Santa Clara County Hospital and Medical Center (San Jose).....	T. A. Stamey.....	16	301	12	57	2,371	.....	.....	.....	.....	.....	.....	.....	.....
San Mateo County General (San Mateo).....	T. F. Conroy.....	5	171	1	100	832	.....	.....	.....	.....	.....	.....	5500-5500	F
Riverside														
Riverside County General—See Loma Linda University Affiliated Hospitals, Los Angeles														
San Diego														
San Diego County-University ⁶⁸	R. J. Prentiss.....	15	468	23	64	4,490	1	1	1	1	0	4	5076-7032	P
San Francisco														
Presbyterian Medical Center ¹⁰²	H. Weyrauch.....	7	355	6	83	743	1	1	1	0	0	3	4500-5700	P
Southern Pacific Memorial.....	T. E. Gibson.....	17	586	0	0	2,607	.....	.....	.....	.....	.....	.....	2 3900-5100	F
University of California Program in Urology.....	D. R. Smith.....	.....	.....	.....	.....	.....	3	3	3	0	0	9	.....	.....
H. C. Moffitt-University of California Hospitals.....	D. R. Smith.....	19	863	11	82	3,921	.....	.....	.....	.....	.....	.....	4800-6000	O
San Francisco General.....	F. Hinman, Jr.....	26	479	13	46	.....	.....	.....	.....	.....	.....	.....	5856-7836	.....
Veterans Admin.....	J. W. Schulte.....	22	410	13	77	2,162	.....	.....	.....	.....	.....	.....	.....	.....
San Jose														
Santa Clara County Hospital and Medical Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Torrance														
Los Angeles County Harbor General—See University of California Medical Center, Los Angeles														
COLORADO														
Denver														
Denver General.....	D. Newland.....	8	245	9	56	1,695	1	1	1	0	0	3	3672-4392	P
University of Colorado Affiliated Hospitals.....	O. G. Stonington.....	.....	.....	.....	.....	.....	0	1	1	1	0	3	.....	.....
University of Colorado Medical Center.....	.....	11	604	7	86	2,313	.....	.....	.....	.....	.....	.....	3500-4500	P
Veterans Admin.....	.....	19	439	10	80	1,147	.....	.....	.....	.....	.....	.....	4480-8000	.....
CONNECTICUT														
Hartford														
Hartford.....	C. S. Mirabile.....	29	1,429	5	60	26	1	1	1	0	0	3	4200-5400	P
New Haven														
Yale-New Haven Medical Center.....	B. M. Harvard.....	.....	.....	.....	.....	.....	2	2	2	0	0	6	.....	.....
Yale-New Haven.....	B. M. Harvard.....	41	1,558	20	65	6,915	.....	.....	.....	.....	.....	.....	4100-4500	P
Waterbury (Waterbury).....	J. K. Shearer.....	20	563	13	31	141	.....	.....	.....	.....	.....	.....	4800-4800	F
Veterans Admin, (West Haven).....	B. M. Harvard.....	15	373	12	60	702	.....	.....	.....	.....	.....	.....	.....	.....

28. UROLOGY — Continued

State	City	Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT—Continued																
Waterbury																
Waterbury—See Yale-New Haven Medical Center, New Haven																
West Haven																
Veterans Admin.—See Yale-New Haven Medical Center, New Haven																
DELAWARE																
Wilmington																
		Wilmington Medical Center	J. Furlong	15	520	2	29	1,473	1	1	1	0	0	3	5400-7800	P
DISTRICT OF COLUMBIA																
Washington																
		Georgetown University Affiliated Hospitals	R. Baker						2	2	2	2	0	8		
		District of Columbia General		29	934	10	70	3,109							3800-5000	P
		Georgetown University		18	911	4	75								3380-3640	P
		Veterans Admin.		30	566	5	80	2,571							4480-8000	O
		George Washington University Affiliated Hospitals ¹⁵⁵	L. R. Culbertson						0	2	1	1	0	4		
		District of Columbia General		19	332	12	50	3,276							3800-5000	P
		George Washington University		26	980	10	50	640							4200-4800	P
		Veterans Admin.		19	335†	2	0	1,752							4480-8000	O
		Washington Hospital Center ¹⁵⁵	W. D. Jarman	52	2,685	20	65	978	1	1	1	0	0	3	4260-4620	P
		Children's	D. Jarman	10	1,038	1	100	386								
FLORIDA																
Bay Pines																
Veterans Admin.—See Tampa General, Tampa																
Gainesville																
		William A. Shands Teaching Hospital and Clinics	G. H. Miller	10	460	8	45	2,073	1	1	1	1	0	4	3600-5600	O
		Veterans Admin. (Lake City)	W. P. Jordan	28	589	16	68	1,194							4480-8000	O
Jacksonville																
		Duval Medical Center-St. Vincent's	W. A. Van Nortwick													
		Duval Medical Center		10	427	22	64	6,150	0	1	1	0	0	2	6000-6300	P
		St. Vincent's		21	1,182†	5	20	295	1	0	0	0	0	1	5700-6300	P
Lake City																
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville																
Miami																
		University of Miami Affiliated Hospitals														
		Jaekson Memorial	V. Politano	58	1,754	67	28	7,256	4	4	4	0	0	12	3420-4380	P
Miami Beach																
		Mount Sinai Hospital of Greater Miami	S. B. Goldman	26	893	36	38	662	1	1	1	0	0	3	4500-6000	P
Orlando																
		Orange Memorial	T. H. Frazier	33	1,480	19	26	1,034	1	1	1	0	0	3	5100-5700	P
Tampa																
		Tampa General	A. Stevenson	51	1,870	27	52	2,610	1	1	1	0	0	3	4800-7800	FP
		Veterans Admin. (Bay Pines)	J. L. Davis	37	651	22	36	1,304							6910-6910	
GEORGIA																
Atlanta																
		Grady Memorial	C. Rieser	29	504	23	61	8,724	2	2	2	0	0	6	3300-4200	P
		Veterans Admin.	E. Haltiwanger												4480-8000	
		St. Joseph's Infirmary ²²⁶	R. C. Coleman	20	995	14	28	766	1	1	1	0	0	3	5460-6000	P
Augusta																
		Eugene Talmadge Memorial	J. Rinker	19	383	6	67	1,829	1	1	1	1	0	4	4500-7000	P
Savannah																
		Memorial Hospital of Chatham County	I. Victor	24	1,127†	20	35	1,838						3	5100-6000	F
ILLINOIS																
Chicago																
		Cook County	I. Bush	69	1,536	101	29	7,586	0	2	2	2	0	6	4980-5700	F
		Mercy Medical Center	E. T. Wilson	19	643	15	47	1,832	1	0	1	0	0	2	4500-5100	P
		Michael Reese Hospital and Medical Center ¹⁵⁸	D. Presman	35	1,072	23	30	2,201	1	1	1	1	0	4	3600-6000	P
		Mount Sinai ²⁸	J. Blum	18	389	13	54	1,253	1	1	1	0	0	3	5000-6100	P
		Northwestern University Medical Center	J. T. Grayhack					2,424								
		Chicago Wesley Memorial	V. J. O'Connor, Jr.	14	548	10	60		1	1	0	0	0	2	3600	P
		Children's Memorial	L. King	7	404	5	86	794	0	0	2	0	0	2	4200-5400	P
		Passavant Memorial	J. T. Grayhack	13	605†	5	60	1,452	1	0	0	0	0	1	3900-4800	P
		Veterans Admin. Research	J. T. Grayhack	35	761	26	42	2,134	0	1	1	0	0	2	4480-8000	O
		Presbyterian-St. Luke's	C. F. McKiel, Jr.	21	1,798	11	64	1,783	1	1	1	1	0	4	4000-5000	P
		University of Chicago Hospitals and Clinics	C. W. Vermeulen	14	580	14	78	5,896	1	1	1	0	0	3	4200-5160	O
		University of Illinois Research and Educational Hospitals ¹⁵⁸	J. H. McDonald	16	385	8	63	3,519	0	1	1	1	0	3	3900-4800	P
Hines																
		Veterans Admin. ¹⁷⁵	F. A. Lloyd	69	1,140	49	51	5,653	0	3	3	3	0	9	5310-6910	O
INDIANA																
Indianapolis																
		Indiana University Medical Center	R. A. Garrett						3	3	3	0	0	9		
		Indiana University Hospitals	R. A. Garrett	13	431	6	16	1,482							3900-4700	P
		Marion County General	M. H. Nourse	14	297	23	33	4,084							3863-4854	P
		Veterans Admin.	R. A. Garrett	24	686	20	60	894							4480-8000	O
		Methodist Hospital of Indiana	J. H. O. Mertz	61	2,742†	34	53	393	1	1	1	1	0	4	5400-6660	P
IOWA																
Des Moines																
		Veterans Admin. ⁴⁵	L. J. Arduino	31	2,040	26	58	1,021	1	1	1	0	0	3	4480-8000	P
Iowa City																
		University Hospitals	R. H. Flocks	82	2,211	54	78	10,010	3	3	3	3	3	15	4000-5500	P
KANSAS																
Kansas City																
		University of Kansas Medical Center	W. L. Valk	20	725	16	50	3,739	2	2	2	0	0	6	4400-6000	P
		Veterans Admin. (Kansas City, Mo.)	W. L. Valk	35	643	26	62	1,432							4480-6260	O
Wadsworth																
		Veterans Admin.	L. Becker	26	495	17	76	1,701	1	1	1	1	0	3	5310-6910	P
		St. Luke's (Kansas City, Mo.)	A. Mitchell	22	1,087	5	20								5400-5400	P

Numerical and other references are listed on pages 276 through 280.

28. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary Per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
KANSAS—Continued														
Wichita														
St. Francis	D. C. Reed	32	1,432	17	41								5400-6260	F
Sedgwick County Hospital and Clinic	F. Matassarini	2	70	0	0	260								
Veterans Admin.	M. E. Jacobson	28	327	15	40	853	1	1	1	0	0	3	5310-6910	F
KENTUCKY														
Lexington														
Good Samaritan Hospital-St. Joseph	N. L. Bosworth	14	724	3	0		1	1	1	0	0	3	3300-4200	F
Good Samaritan	R. M. Slabaugh	18	841	8	47	0							3960-5760	P
St. Joseph	N. L. Bosworth	12	298	3	0	1,584	1	1	1	0	0	3	4480-6910	P
University of Kentucky Medical Center	E. H. Ray, Sr.	5	92			491								
University	E. H. Ray, Sr.													
Veterans Admin.	W. G. Malette													
Louisville														
University of Louisville Affiliated Hospitals	R. Lich, Jr.	12	376	12	67	7,389	2	2	1	1	0	6	4165-6910	P
Louisville General	R. Lich, Jr.	20	549	11	56	996							4480-6910	O
Veterans Admin.	H. I. Berman													
LOUISIANA														
Alexandria														
Veterans Admin.—See Veterans Admin., New Orleans														
New Orleans														
Charity Hospital of Louisiana		45	979	60	37	13,836						8	2700-3600	F
Louisiana State University Division	G. C. Tomskey	43	1,079	60	53	13,683						8	2700-3600	F
Tulane University Division	J. C. Schlegel	20	854	10	70	12,673	2	2	2	0	0	6	3600-	P
Gehsner Foundation ²⁰⁵	W. E. Kittredge	34	551	31	55	1,608	2	2	2	2	0	8	4480-6910	O
Veterans Admin.	J. C. Schlegel	26	943	13	53	1,945	2	0	0	0	0	2	4800-4800	F
Touro Infirmary	J. L. Fischman	21	324	9	44	639							8000-8000	O
Veterans Admin. (Alexandria)	J. C. Schlegel													
Shreveport														
Confederate Memorial Medical Center	B. E. Trichel	25	1,206	16	44	4,680	1	1	1	1	0	4	2700-4500	F
MAINE														
Bangor														
Eastern Maine General—See Mount Auburn-Eastern Maine General Associated Hospitals, Cambridge, Mass.														
MARYLAND														
Baltimore														
Johns Hopkins	W. W. Scott	27	896	10	30	1,421	2	1	1	0	0	4	5200-6500	P
Sinai Hospital of Baltimore	M. A. Robbins	27	1,014	27	59	4,844	2	2	2	2	0	8	3800-5000	P
University	J. D. Young													
Fort Howard														
Veterans Admin. ²¹⁶	H. C. Kramer	26	214	18	72	1,582	1	0	1	0	0	2	4480-6260	P
MASSACHUSETTS														
Boston														
Boston University Medical Center ²¹⁷		45	653	33	58	7,663	2	2	2	0	0	6	3600-4800	O
Boston City	G. Austen	7	322	5	20	726							3600-4800	O
University	D. Stearns	39	1,088	6	50	7,316	2	2	2	0	0	6	3600-4800	O
Lahey Clinic	L. D. Flint	39	1,088	9	50	7,316							3600-4800	O
New England Deaconess	L. D. Flint	10	170	1	100	1,460							4800-6600	P
Lawrence F. Quigley Memorial (Chelsea)	L. Woodruff	15	567	13	94	451							4200-	F
St. Luke's (New Bedford)	H. A. Hoffman	58	2,192	21	48	5,591	2	2	2	0	0	6	4800-6000	O
Massachusetts General	W. F. Leadbetter	7	248	3	67	1,169	1	1	1	0	0	3	3600-6000	O
New England Medical Center Hospitals	H. M. Wise, Jr.													
Peter Bent Brigham Hospital-Veterans Admin. (West Roxbury) ²¹⁸							2	2	2	0	0	6	4200-5400	P
Peter Bent Brigham ²¹⁹	J. H. Harrison	Inc. in Surgery											4480-8000	O
Veterans Admin. (West Roxbury)	H. S. Talbot	13	356	10	80	997							4480-8000	O
Veterans Admin. (Jamaica Plain) ²²⁰	R. Chute	30	902	17	60	1,854	1	1	1	0	0	3	4480-8000	O
Cambridge														
Mount Auburn-Eastern Maine General Associated Hospitals	J. Fischmann	13	400	7	43	41	1	1	1	0	0	3	3600-4800	P
Mount Auburn	J. Fischmann	19	524	14	50	1,578								
Eastern Maine General (Bangor, Me.)	J. Memmelar													
Chelsea														
Lawrence F. Quigley Memorial—See Lahey Clinic, Boston														
New Bedford														
St. Luke's—See Lahey Clinic, Boston														
MICHIGAN														
Ann Arbor														
University of Michigan Medical Center	R. M. Nesbit	35	1,644	12	67	4,844	3	3	3	0	0	9	3840-5451	O
University	R. M. Nesbit												4480-8000	O
Veterans Admin.	J. Lapidus	Inc. in Surgery												
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Grace	M. N. Stewart	38	1,394	21	57	1,267	1	1	1	0	0	3	4560-5160	FP
Harper	F. B. Bicknell	38	1,290	20	50	1,327	0	1	1	1	0	3	4200-6000	FP
Henry Ford	A. W. Bohne	21	1,134	18	39	16,892	2	2	2	0	0	6	4800-5400	P
Wayne State University Affiliated Hospitals	J. M. Pierce, Jr.	24	636	19	68	3,970							4480-6260	O
Veterans Admin. (Dearborn)		28	570	46	43	5,731							5300-6200	P
Detroit General														
Eloise														
Wayne County General Hospital and Infirmary	J. Lapidus	29	571	16	50	1,393	0	1	1	1	0	3	6167-7867	F
Royal Oak														
William Beaumont	H. Lichtwardt	14	603	7	57		1	1	1	0	0	3	5880-6900	P
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	C. D. Creevy	11	416	10	80	2,220	1	1	1	0	0	3	4500-6500	P
Hennepin County General	B. A. Smith	21	607	18	94	1,324	2*	2*	1	1	0	6	4500-4500	O
University of Minnesota Hospitals	C. D. Creevy	48	1,189	33	78	4,099	2	2	2	3	0	9	4480-8000	O
Veterans Admin.	G. Mellinger													

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA—Continued															
Rochester															
Mayo Graduate School of Medicine.....	O. S. Culp.....	152	3,817	23	78	44,824	6	6	6	6	0	24	3600-4800	P	
Rochester Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Paul															
St. Paul-Ramsey Hospital-Charles T. Miller ³⁴	E. J. Richardson.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
St. Paul-Ramsey.....	.....	23	499	12	41	2,744	.....	.....	.....	.....	.....	.....	4500-6000	P
Charles T. Miller.....	.....	12	563	3	67	642	.....	.....	.....	.....	.....	.....	4200-5400	FP
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center.....	T. Ainsworth.....	.....	.....	.....	.....	.....	1	1	1	0	0	3	.....	.....
University.....	T. Ainsworth.....	10	341	3	33	2,707	.....	.....	.....	.....	.....	.....	3900-4500	O
Veterans Admin.....	L. E. Deddens.....	25	389	11	46	2,219	.....	.....	.....	.....	.....	.....	4480-6260	O
MISSOURI															
Columbia															
University of Missouri Medical Center.....	I. M. Thompson.....	19	631	12	67	3,982	3	3	3	3	0	12	3660-5040	P	
Kansas City General Hospital and Medical Center (Kansas City, Mo.).....	H. Habig.....	.....	324	25	28	2,146	.....	.....	.....	.....	.....	.....	4500-6300	P
Kansas City															
Kansas City General Hospital and Medical Center—See University of Missouri Medical Center, Columbia															
St. Luke's—See Veterans Admin., Wadsworth, Kansas															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes ²⁶⁸	J. J. Cordonnier.....	29	1,135	10	80	3,177	2	2	2	0	0	6	4800-5655	O	
Honer G. Phillips.....	M. Abrams.....	25	456	33	17	4,165	1	1	1	1	0	4	4584-5849	P	
St. Louis City.....	H. Sunshine.....	17	407	23	75	2,963	1	1	1	0	0	3	5305-5848	O	
St. Louis University Group of Hospitals ¹⁹	W. Melick.....	26	1,191	17	46	1,005	2	2	2	0	0	6	4440-4680	O	
Veterans Admin. Hospital.....	.....	21	500	29	31	1,015	.....	.....	.....	.....	.....	.....	.....	.....
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals.....	L. J. Morin.....	.....	.....	.....	.....	.....	1	1	1	0	0	3	.....	.....
Mary Hitchcock Memorial.....	.....	14	699	3	67	1,611	.....	.....	.....	.....	.....	.....	3800-4600	O
Veterans Admin. (White River Junction, Vt.).....	.....	15	288	15	100	897	.....	.....	.....	.....	.....	.....	4800-6400	P
NEW JERSEY															
Bayonne															
Bayonne Hospital and Dispensary ⁴⁸	A. J. Balsamo.....	17	1,335	10	20	340	1	1	1	0	0	3	3800-4500	F	
East Orange															
Veterans Admin. ²⁰⁴	M. Malament.....	39	671	57	66	1,255	1	1	1	0	0	3	5310-8000	O	
Jersey City															
Jersey City Medical Center.....	J. Seebode.....	34	678	30	27	1,882	1	1	2	0	0	4	3800-4600	F	
Newark															
Newark City.....	B. Rothhouse.....	25	350	3	67	2,410	1	1	1	0	0	3	5000-7200	F	
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals.....	W. Milner.....	.....	.....	.....	.....	.....	2	1	1	0	0	4	.....	.....
Albany Medical Center.....	.....	23	1,095	20	50	689	.....	.....	.....	.....	.....	.....	4200-6910	P
Veterans Admin.....	.....	13	130	30	87	565	.....	.....	.....	.....	.....	.....	4480-6260	O
Buffalo															
State University of New York at Buffalo															
Affiliated Hospitals ⁶⁸															
Buffalo General.....	W. J. Staubitz.....	28	922	15	33	1,936	3	3	3	3	0	12	.....	.....
Children's Hospital of Buffalo.....	W. J. Staubitz.....	10	352	3	100	643	.....	.....	.....	.....	.....	.....	4100-5300	O
Edward J. Meyer Memorial.....	W. J. Staubitz.....	28	602	12	83	2,480	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	M. J. Gonder.....	33	675	21	43	1,633	.....	.....	.....	.....	.....	.....	6260-6910	O
Millard Fillmore ²⁵⁰	P. Greco.....	25	842	16	56	491	1	1	1	0	0	3	4800-5600	P	
Roswell Park Memorial Institute-Sisters of Charity.....	.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
Roswell Park Memorial Institute.....	M. W. Woodruff.....	25	471	19	100	4,935	.....	.....	.....	.....	.....	.....	4650-5754	O
Sisters of Charity.....	G. J. Hardner.....	18	528	9	33	400	.....	.....	.....	.....	.....	.....	4620-6480	FP
East Meadow															
Meadowbrook.....	M. Goldfarb.....	16	488	21	33	1,964	0	1	1	1	0	3	4859-7545	F	
New Hyde Park															
Long Island Jewish Hospital Training Program.....	.....	.....	.....	.....	.....	.....	1	1	1	0	0	3	.....	.....
Long Island Jewish.....	S. Rothfeld.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4500-6250	O
Queens Hospital Center (New York City).....	C. R. Neier.....	35	659	44	45	6,857	.....	.....	.....	.....	.....	.....	4200-5220	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals.....															
Bronx Municipal Hospital Center.....	J. R. Herman.....	32	845	37	54	4,500	3	3	3	0	0	9	.....	.....
Lincoln.....	.....	.....	.....	5	60	3,772	.....	.....	.....	.....	.....	.....	5580-6220	FP
Bellevue Hospital Center, Div. II—	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4740-6160	F
Cornell University ³¹²	J. W. Draper, A. Orandi.....	40	522	17	29	4,730	1	1	1	1	0	4	4740-6160	FP	
Beth Israel.....	L. A. Orkin.....	48	1,286	25	28	1,668	2	2	2	0	0	6	4650-6150	P	
Brooklyn-Cumberland Medical Center.....	F. C. Hamm.....	.....	.....	.....	.....	.....	1	1	1	0	0	3	.....	.....
Brooklyn.....	.....	22	998	20	48	0	.....	.....	.....	.....	.....	.....	5640-6660	P
Cumberland.....	.....	6	178	11	50	3,700	.....	.....	.....	.....	.....	.....	5640-5640	P
Francis Delafield ²⁹⁸	R. J. Veeneina.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jewish Hospital of Brooklyn.....	J. K. Lattimer.....	60	543	43	56	5,025	1	2	2	0	0	5	4740-6160	FP	
Long Island College.....	S. Weinberg.....	36	1,013	17	12	1,610	1	1	1	0	0	3	4500-5500	O	
Maimonides Hospital of Brooklyn.....	H. C. Harlin.....	28	1,025	15	40	1,178	1	1	1	0	0	3	4000-6250	P	
Montefiore Hospital Training Program.....	H. Hermann.....	34	1,136	16	6	795	1	1	1	0	0	3	5000-6250	P	
Montefiore Hospital and Medical Center.....	P. Hudson.....	.....	.....	.....	.....	.....	2	2	4	0	0	8	5120-6370	P
Morrisania City.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mount Sinai Hospital Training Program.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mount Sinai.....	H. Brendler.....	66	1,371	30	63	3,595	.....	.....	.....	.....	.....	.....	5000-6500	P
City Hospital Center at Elmhurst.....	M. Pincus.....	19	488	22	73	3,587	.....	.....	.....	.....	.....	.....	5400-6900	FP
New York.....	V. Marshall.....	43	1,196	14	64	8,362	0	2	2	2	0	6	4200-7000	P	
New York Medical College-Metropolitan Hospital Center ⁵⁷															
Unit 1—Flower and Fifth Avenue Hospitals.....	G. R. Nagamatsu.....	.....	.....	.....	.....	.....	2	2	2	0	0	6	4200-5220	F
Unit 2—Metropolitan.....	.....	17	380	9	22	7,137	.....	.....	.....	.....	.....	.....	.....	.....
New York Polyclinic Medical School and Hospital.....	F. A. Beneventi.....	27	1,018	13	46	1,130	1	1	1	1	0	3	4700-5900	P	

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residences Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued															
New York University Medical Center and Bellevue Hospital Center															
Bellevue Hospital Center, Division III	R. S. Hotchkiss	27	1,392	12	33	4,317	3	3	2	2	0	10	4740-6160	FP	
University	R. S. Hotchkiss	34	1,293	13	30	30	3	3	3	3	0	12	5100-6000	O	
Presbyterian	J. K. Lattimer	78	2,508	24	54	9,926	3	3	3	3	0	12	5100-6000	O	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park															
Roosevelt	P. B. Snyder	28	765†	20	55	2,286	1	1	1	0	0	3	4800-6300	O	
St. Luke's Hospital Center ²⁸⁶	J. W. Draper	37	874	19	68	4,366	1	1	2	0	0	4	5000-6000	P	
State University-Kings County Medical Center ²⁹²	K. Waterhouse	45	1,165	60	15	6,646	0	4	4	4	0	12	4740-6160	FP	
Kings County Hospital Center	K. Waterhouse	45	1,165	60	15	6,646	0	4	4	4	0	12	4740-6160	FP	
State University	K. Waterhouse	45	1,165	60	15	6,646	0	4	4	4	0	12	4740-6160	FP	
Veterans Admin. (Bronx) ³⁰⁰	J. K. Lattimer	39	961	41	70	2,307	2	2	1	0	0	5	6500-8000	O	
Veterans Admin. (Brooklyn) ³⁰⁰	J. J. Ippolito	36	987	16	13	2,244	2	1	1	0	0	4	6000-8000	O	
Veterans Admin. (Manhattan) ³⁰	A. H. Ulm	53	954	30	70	2,244	2	2	2	0	0	6	6500-8000	O	
Rochester															
Strong Memorial Hospital of the University of Rochester ¹⁹	D. F. McDonald	22	905	...	...	1,598	0	2	2	2	2	8	3600-5400	O
Syracuse															
State University of New York Upstate Medical Center	O. M. Lilien	54	1,610	29	51	2,263	0	1	1	1	0	3	4488-5391	O	
Veterans Admin.	O. M. Lilien	29	571	12	42	1,027	...	...	...	...	...	...	4480-6910	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	P. L. Bunce	11	477†	9	78	1,991	1	1	1	0	0	2	3190-5700	O	
Charlotte															
Charlotte Memorial	G. A. Hawes	50	2,333	15	53	1,298	1	1	1	1	0	4	4620-5700	P	
Durham															
Duke University Affiliated Hospitals	J. F. Glenn	25	857	13	46	4,000	3	3	2	0	0	8	3900-4800	P	
Duke	J. F. Glenn	25	857	13	46	4,000	3	3	2	0	0	8	3900-4800	P	
Veterans Admin.	S. Boyarsky	17	442	6	67	...	...	...	...	...	...	...	4480-8000	O
Winston-Salem															
North Carolina Baptist Hospitals ⁶⁸	W. Boyce	32	1,194	16	69	3,812	1	1	1	1	0	4	3000-4000	P	
OHIO															
Akron															
Akron City	W. A. Keitzer	36	1,600	25	68	809	0	1	1	1	0	3	4500-6600	FP	
Akron General	K. F. Hausfeld	29	1,012	12	75	359	0	1	1	1	0	3	5100-6240	FP	
Cincinnati															
Good Samaritan	W. Mulvaney	51	1,660	22	50	184	1	1	1	0	0	3	5400-6900	P	
University of Cincinnati Hospital Group ²²⁵	A. T. Evans	22	805	22	66	3,605	3	3	3	0	0	9	3600-3600	F	
Cincinnati General	A. T. Evans	22	805	22	66	3,605	3	3	3	0	0	9	3600-3600	F	
Veterans Admin.	A. T. Evans	31	432	18	61	...	...	...	...	...	...	...	4480-8000	O
Cleveland															
Cleveland Clinic	R. Straffon	43	2,054	41	85	9,162	3	3	3	0	0	9	4200-5400	P	
Cleveland Metropolitan General	I. M. Jassim	11	301	11	82	6,008	0	1	1	1	0	3†	4500-5960	P	
Huron Road	V. C. Laughlin	22	726	19	37	538	1	1	1	0	0	3	4500-5700	F	
University Hospitals of Cleveland	L. Persky	25	1,291	19	42	2,217	1	1	1	0	0	3	4200-5400	P	
Veterans Admin.	L. Persky	39	482†	22	32	1,443	...	...	...	...	...	...	4480-6260	P
Columbus															
Ohio State University Hospitals	C. C. Winter	50	1,211	13	84	6,626	0	2	2	2	0	6	3624-5724	P	
Toledo															
St. Vincent ¹⁴	E. F. Ockuly	24	873	18	39	217	1	1	1	1	0	4	3900-4800	F	
Maumee Valley	E. F. Ockuly	9	229	10	50	982	...	...	...	...	...	...	5424-5424	FP
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	W. L. Parry	...	...	...	...	...	2*	2	2	2	0	8†	...	...
University of Oklahoma Hospitals	W. L. Parry	19	611	14	14	3,330	...	...	...	...	...	...	4000-5105	P
Veterans Admin.	W. L. Parry	31	390	11	73	1,908	...	...	...	...	...	...	...	...
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	23	779	22	91	3,685	3	3	3	3	0	12	3000-3600	F	
Veterans Admin.	R. B. Higgins	35	490	22	95	1,595	...	...	...	...	...	...	4480-8000	P
PENNSYLVANIA															
Danville															
Geisinger Medical Center	H. E. Brown	22	1,128	11	45	8,842	1	0	1	0	0	2	4800-5700	P	
Erie															
Hamot	R. C. Lyons	19	906	27	56	4,931	1	1	1	1	0	4	5400-7200	FP	
St. Vincent	A. F. Kaminsky	36	1,569†	34	62	9,738	2	1	1	0	0	4	4500-5400	FP	
Philadelphia															
Albert Einstein Medical Center	H. Lipshutz	53	1,628†	43	37	1,199	1	1	1	0	0	3	2700-3600	FP	
Episcopal	G. D. Shoup	10	284	8	38	546	1	0	1	0	0	2	4200-4680	O	
Graduate Hospital of the University of Pennsylvania ²⁷⁴	H. Burros	18	486	6	33	1,253	1	1	1	0	0	3	2400-5200	P	
Hahnemann Medical College and Hospital	J. Gislason	25	607	14	30	2,016	1	1	1	0	0	3	3000-3600	P	
Hospital of the University of Pennsylvania	J. J. Murphy	34	1,382	16	50	2,683	1	1	1	1	0	4	3600-6000	F	
Jefferson Medical College	T. Fetter	65	1,570	11	60	5,141	2	2	2	0	0	6	3800-4700	O	
Pennsylvania	B. L. Hayllar	12	370	14	58	1,770	1	1	0	0	0	2	3600-4800	O	
Philadelphia General	B. L. Hayllar	29	615	35	41	5,158	...	...	...	...	...	...	4100-5100	F
Division A	P. Leberman	...	...	...	...	...	1	1	1	0	0	3	...	...
Division B	R. Hirschhorn	...	...	...	...	...	1	1	1	0	0	3	...	...
Temple University	K. B. Conger	35	964	6	67	1,760	1	1	1	0	0	3	3600-4200	P	
Veterans Admin.	M. Bogash	34	593	35	68	2,389	1	1	1	0	0	3	5310-6910	O	
Pittsburgh															
Allegheny General	J. L. Hamilton	25	1,069†	18	44	593	1	1	1	0	0	3	3900-4800	F	
Health Center Hospitals of the University of Pittsburgh	J. J. Lee	20	592	5	20	1,156	0	1	2	1	0	4	5000-5400	...	
Presbyterian-University	C. C. Altman	25	716	17	53	561	1	1	1	0	0	3	5400-6000	P	
Mercy	C. A. Kuehn	27	330	17	59	...	1	1	1	0	0	4	4480-8000	O	
Veterans Admin.	C. A. Kuehn	27	330	17	59	...	1	1	1	0	0	4	4480-8000	O	
Western Pennsylvania	S. H. Johnson	15	627	12	25	499	1	1	1	0	0	3	5700-6300	FP	
Wilkes-Barre															
Wilkes-Barre General	M. U. Rumbaugh	53	690	11	36	855	1	1	1	0	0	3	4200-5400	F	

Numerical and other references are listed on pages 276 through 280.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1967-1968					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO														
Rio Piedras														
University District	B. Gonzales Flores	12	196	0	0	3,614	2	2	2	0	0	6	6000-7200	F
San Juan														
San Juan City	L. A. Sanjurjo	16	340	3	33	4,189	2	2	2	6	0	6	5700-6900	...
RHODE ISLAND														
Providence														
Rhode Island	E. K. Landsteiner	28	858	29	24	2,809	1	1	1	0	0	3	4600-6000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	P. Sanders	11	443	2	50	1,937	0	1	1	1	0	3	3091-4500	FP
Medical College														
Roper														
TENNESSEE														
Memphis														
City of Memphis Hospitals	S. Raines	23	619	21	71	7,564	2	1	3	0	0	6	3660-3780	F
Veterans Admin. ³⁵⁸	W. H. Walker	49	959	25	72	2,970	1	1	1	0	0	3	4480-8000	O
Nashville														
George W. Hubbard Hospital of														
The Meharry Medical College	D. V. Bradley	5	122	8	57	855	1	1	1	0	0	3	3300-3900	F
Vanderbilt University Affiliated Hospitals	R. K. Rhamy	48	1,059	14	43	6,696	2	2	2	0	0	6		
Nashville Metropolitan General														
Vanderbilt University	R. K. Rhamy												3000-3600	P
Veterans Admin.	H. S. Shelley													
TEXAS														
Dallas														
University of Texas Southwestern Medical School														
Affiliated Hospitals														
Parkland Memorial	M. H. Spence	17	565	10	60	5,766								
Veterans Admin.	P. A. Duff	34	650	22	50	1,788								
Baylor University Medical Center	H. M. Spence	51	2,712	27	70	463								
Galveston														
University of Texas Medical Branch Hospitals	C. Hooks	22	518	8	50	4,091	1	1	1	0	0	3	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	R. Scott, Jr.						4	4	4	0	0	12		
Ben Taub General		17	477	11	37	5,708							3300-3900	O
St. Luke's Episcopal		52	2,653	22	59	361							4500-5100	O
Texas Children's		11	883	2	100	283							4500-5100	O
Veterans Admin.		37	612	21	67	3,421							4480-6910	P
Hermann ³⁶⁸	C. M. Crigler	35	2,099	15	26	3,086	1	1	2	2	0	6	3900-5100	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	R. G. Weaver						1	1	1	1	1	5		
University		15	501	11	63	1,728							4200-6000	P
Veterans Admin.													5310-6910	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	P. R. Powell						1	1	1	1	0	4	5000-7500	O
DeGoesbriand Memorial		6	305	4	50	474								
Mary Fletcher		10	485†	5	60	746								
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	A. J. Paquin	27	899	13	54	4,138	2	2	1	1	0	6	4200-5400	O
Norfolk General (Norfolk)	P. Devine	26	923	13	54	953							7200-7800	P
Danville														
Memorial	R. R. Landes	29	1,440	26	54	1,560	1	1	1	0	0	3	9000-9000	P
Norfolk														
Norfolk General—See University of Virginia, Charlottesville														
Richmond														
Medical College of Virginia Affiliated Hospitals							3	3	3	0	0	9		
Medical College of Virginia-Hospital Division	G. R. Prout, Jr.	33	970	11	39	3,763							2700-3300	F
Veterans Admin.	R. C. Bunts	44	1,110	25	56	2,572							4480-8000	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	J. S. Ansell						2	2	2	2	0	8		
King County		16	494	6	50	3,017							5400-5400	F
University		5	301†	1	100	1,729							4800-8640	P
Veterans Admin.													4480-8000	
WEST VIRGINIA														
Charleston														
Memorial Hospital-Charleston General ¹²	D. R. Gilbert						1	1	1	0	0	3		
Charleston General		22	913	11	45	305							3900-4800	F
Memorial		16	604	10	50	305							3900-4500	F
Morgantown														
West Virginia University Medical Center	D. F. Milam	10	300	8	63	1,071	0	1	1	0	0	2	3680-5480	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.						2	2	2	0	0	6		
Madison General		20	815†	13	38								4500-5800	P
University Hospitals		24	544	15	67	2,000							4500-5800	P
Veterans Admin.		29	561	20	85	810							5310-6260	P
Milwaukee														
Milwaukee County General	J. T. Hotter	18	475†	11	73	2,503	1	1	1	0	0	3	4275-6035	P
Veterans Admin. (Wood) ³⁸²	J. W. Kearns	32	442	34	71	4,731	1	1	2	1	0	5	4480-6910	P

NUMERICAL AND OTHER REFERENCES

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

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

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

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

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

‡ Indicates discharges instead of admissions.

ABC (In lists of Anesthesiology Residencies):

A. Research approved by the program director.

B. Training in clinical anesthesia that is more advanced and developed than the usual experience gained during the course of the approved two-year programs.

C. Study in a basic science or a clinical discipline other than anesthesia.

ACF (in lists of Orthopedic Surgery residencies):

A. Adult Orthopedics

C. Children's Orthopedics

F. Fractures

1. Appointments restricted to men only.
2. U. S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. All clinical and laboratory services and educational programs are supervised by Mount Sinai Hospital, New York City.
5. May include one year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months at one of the following: City of Chicago Municipal Tuberculosis Sanitarium, Cook County Hospital, Chicago, Ill.
10. Approved for affiliate training only.
11. Co-ordinated three year program: Peter Bent Brigham Hospital affords 18 months. Veterans Administration Hospital (West Roxbury), Boston, 18 months. Residents should apply to either hospital.
12. One year of training to be provided at West Virginia University Medical Center, Morgantown, W. Va.
13. Residents will spend one year at Vanderbilt University Hospital, Nashville, Tennessee.
14. Co-ordinated three year program: St. Vincent's Hospital affords two years. Maumee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. First year residents to spend six months at Rochester General Hospital, Northside Division and senior residents to spend six months at Genesee Hospital, Rochester, N. Y.
16. Crippled Children's Hospital, Good Samaritan Hospital, St. Joseph's Hospital, Phoenix, Ariz.
17. Residents must complete entire program of three and one-half years.
18. 2nd and 3rd years of residency will be spent at Parkland Memorial Hospital, Dallas, Texas.
19. In addition to three years in Internal Medicine, one year of training in Hematology is available.
20. Credit limited to six months training.
21. Combined integrated program—Bellevue Hospital Center—Div. II (Cornell) and Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital.
22. Entire program of 42 months must be completed in order to obtain three years of credit.
23. The academic year will be completed at an institution approved for training in Public Health.
24. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. The University teaching service at Veterans Administration Hospital consists of only ninety-six beds. In this co-ordinated three-year program, residents from Milwaukee County General Hospital rotate to Veterans Administration Hospital to this service only. Residents should apply to Milwaukee County General Hospital.
27. St. Mary's Long Beach Hospital, Long Beach, Calif.; Southern California Cancer Center, Los Angeles, Calif.
28. Hartford Hospital, Hartford, Conn.; Newington Hospital for Crippled Children, Newington, Conn.; James Lawrence Kernan Hospital, Baltimore, Md.; Gillette State Hospital for Crippled Children, St. Paul, Minn.; Eastern New York Orthopaedic Hospital-School, Schenectady, N. Y.
29. The laboratory is affiliated with the Department of Pathology, Harvard Medical School.
30. Obstetrical and Gynecological pathology only.
31. Includes six months training during the second year at Bergen Pines County Hospital, Paramus, N. J.
32. Approved Category SP. Residents interested should consult Requirements for Certification of the American Board of Pathology.
33. La Rabida Jackson Park Sanitarium, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Infant Hospital, Chicago.
34. Methodist Hospital of Central Illinois and St. Francis Hospital Divisions, Peoria, Illinois; University of Kansas Medical Center, Kansas City, Kansas.
35. Sunnyview Rehabilitation Center, Schenectady, New York.
36. National Jewish Hospital, Denver.
37. In addition to the three year program at Bellevue Hospital Center, Division I, another program has been approved for two years of training which includes rotation on the following services: Columbia University Division and Medical Chest Service, Bellevue Hospital Center, Columbia Research Division, Goldwater Memorial Hospital, Medical Service, Francis Delafield Hospital.
38. Oak Forest Hospital of Cook County, Oak Forest, Illinois.
39. Senior resident to spend six months at St. Louis—Little Rock Hospitals, St. Louis.
40. Postmortem part of pathologic anatomy.
41. St. Mary's Hospital, Grand Rapids, Mich.
42. Approved for one year of training in surgical pathology part of anatomic pathology.
43. Ben Taub General Hospital, Veterans Administration Hospital, Houston, Texas.
44. Applicants for residency positions should apply to the Department of Internal Medicine of the State University of Iowa College of Medicine.
45. Includes one year of training at University Hospitals, Iowa City.
46. Includes one year affiliated training at Georgetown University Hospital, Washington, D. C.
47. Boston City Hospital, Boston, Mass.
48. Co-ordinated three-year program: Bayonne Hospital and Dispensary affords two years; Jersey City Medical Center, Jersey City, one year. Residents should apply to Bayonne Hospital and Dispensary.
49. Children's Hospital Medical Center, Boston, is also approved independently for one year of neurology training.
50. Nebraska Psychiatric Institute, Omaha.
51. Program offers a year or more of additional training in the specialty beyond the basic three years required to fulfill the residency requirement of the Board.
52. In addition to a three year intramural residency, a rotating residency which provides six months training on each of the following services: Columbia University Division, Bellevue Hospital Center; Medical Chest Service, Bellevue Hospital Center; Columbia Research Division, Goldwater Memorial Hospital, and Medical Service, Francis Delafield Hospital, is afforded.
53. First year of training provided at City of Memphis Hospitals, Memphis, Tenn.
54. Combined three year program: Two years afforded at St. Paul-Ramsey Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to St. Paul-Ramsey Hospital.
55. Approved at the third year level only.
56. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.
57. Bird S. Coler Memorial Hospital and Home, New York City.
58. Program offers a year or more of additional training for those residents who wish to qualify for certification under Plan I of the American Board of Anesthesiology. This listing does not necessarily indicate that this additional training is approved or disapproved. Applicants should correspond directly with the Chief of the Service.
59. Fordham Hospital, New York City.

60. Institute for the Crippled and Disabled, St. Barnabas Hospital for Chronic Diseases, Veterans Admin. Hospital (Manhattan), New York City; New York State Rehabilitation Hospital, West Haverstraw, N.Y.
61. Applicants for residency positions should apply to Georgetown University Hospital, Washington, D. C.
62. Jewish Hospital of Brooklyn, New York City.
63. Purpose of program is the training of individuals entering careers in public health research. The second year of the residency provides full tuition for attendance at a school of public health for work leading to the M.P.H. degree.
64. Bridgeport Hospital, Bridgeport, Conn.; Freedmen's Hospital, Washington, D.C.; St. Francis Hospital, Hartford, Conn.; St. Barnabas Medical Center, Newark, N.J.; Latter-day Saints Hospital, Salt Lake City, Utah.
65. Duke Hospital, Durham, N. C.
66. Orange County General Hospital, Orange, Calif.
67. The required third year of residency training is available at one of the affiliate institutions, Hospital of the University of Pennsylvania or Temple University Hospital, Philadelphia, Pa.
68. Resident is required to serve four years in the program in order to obtain credit for three years of training in Urology.
69. An optional third year of training is offered at Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
70. Fellowships are available for qualified House Staff at the \$6500-\$7500 range.
71. University Hospitals, Madison, Wis.
72. One year of program to be spent at Washington University and Barnes Hospital, St. Louis, Mo.
73. One year affiliated training at Milwaukee County General Hospital, Milwaukee, Wis.
74. University of Kansas Medical Center, Kansas City, Kans.
75. One year of training may be spent at Presbyterian Medical Center, San Francisco or San Mateo County General Hospital, San Mateo, California.
76. Program includes assignments to affiliated Veterans Admin. Hospital, Hines, Ill. and Veterans Admin. Hospital (Wood), Milwaukee.
77. Approved for four residents, one resident to be appointed every nine months.
78. Approved as a first year of a two-year program.
79. Program designed for training of persons interested in academic medicine, epidemiological research, and international health. Stipend offered is available only to those who meet the criteria of postdoctoral research training program. Master of science degree offered to those completing the 3-year program or its equivalent and writing a satisfactory research thesis.
80. Detroit General Hospital, Herman Kiefer Hospital, Detroit.
81. Residents must complete five years of training to receive Board credit for four years of training.
82. Ohio State University Hospitals, Columbus, Ohio; Veterans Admin. Hospital, Dayton, Ohio.
83. The program includes a rotation for three months at Central State Griffin Memorial Hospital, Norman, Oklahoma, in the senior year.
85. Applicants for residency positions should apply to the Department of Neurology of the State University of Iowa College of Medicine.
86. Applicants for residency positions should apply to the Department of Surgery of the State University of Iowa College of Medicine.
87. Three months rotation to Children's Hospital and six months rotation to Colorado General Hospital, Denver. Residents must complete entire program of thirty-nine months in order to obtain credit for three years of training. Includes one year of training at Montefiore Hospital and Medical Center, New York City.
89. St. Louis County Hospital, Clayton, Mo.; University of Missouri Medical Center, Columbia, Mo.; Barnes Hospital, Jewish Hospital of St. Louis, St. Louis City Hospital, St. Louis, Mo.
90. Boston City Hospital (V Surg. Serv.), Boston; University of Virginia Hospital, Charlottesville, Va.; Swedish Hospital Medical Center, Seattle, Wash.
91. City Hospital Center at Elmhurst, New York City.
92. Hospital of the Albert Einstein College of Medicine, Lincoln Hospital, New York City.
93. University of Alabama Medical Center, Birmingham, Ala.
94. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.
95. Veterans Admin. Hospital, Tucson, Ariz.
96. University Hospital, Little Rock, Ark.
97. Rancho Los Amigos Hospital, Downey, Calif.
98. Rancho Los Amigos Hospital, Downey, Calif.; E. A. Conway Memorial Hospital, Monroe, La.; Charity Hospital of Louisiana (Tulane University Division), New Orleans, La.
99. City of Hope Medical Center, Duarte, Calif.; University of California Medical Center, Los Angeles.
100. City of Hope Medical Center, Duarte; Los Angeles County Harbor General Hospital, Torrance, Calif.
101. Sonoma State Hospital, Eldridge; Stanislaus County Hospital, Modesto; Sacramento County Hospital, Sacramento; Children's Hospital and Adult Medical Center, San Francisco.
102. Fresno County General Hospital, Fresno; Mount Zion Hospital and Medical Center, San Francisco.
103. Glendale Adventist Hospital, Glendale, Calif.
104. Napa State Hospital, Inola, Calif.; Southern Nevada Memorial Hospital, Las Vegas, Nev.
105. Childrens Hospital of Los Angeles, Los Angeles.
106. Childrens Hospital of Los Angeles, Doheny Eye Foundation, Los Angeles.
107. Childrens Hospital of Los Angeles, Hospital of the Good Samaritan Medical Center, Los Angeles.
108. Childrens Hospital of Los Angeles, Los Angeles County General Hospital, Los Angeles.
109. Childrens Hospital of Los Angeles, University of California Hospital, Los Angeles.
110. Childrens Hospital of Los Angeles, University of California Hospital, Los Angeles; St. John's Hospital, Santa Monica, Calif.
111. Los Angeles County General Hospital, Mount Sinai Hospital, University of California Hospital, Los Angeles; Los Angeles County Harbor General Hospital, Torrance, Calif.
112. Los Angeles County General Hospital, University of California Hospital, Los Angeles.
113. Queen of Angels Hospital, Los Angeles.
114. University of California Hospital, Los Angeles.
115. Veterans Admin. Center-Wadsworth Hospital, Los Angeles; Johns Hopkins Hospital, Baltimore, Md.; or Mayo Graduate School of Medicine, Rochester, Minn.
116. Veterans Admin. Hospital, Martinez, Calif.; Children's Hospital Medical Center of Northern California, Peralta Hospital, Samuel Merritt Hospital, Oakland, Calif.
117. Children's Hospital Medical Center of Northern California, Samuel Merritt Hospital, Oakland, Calif.
118. Highland General Hospital, Oakland, Calif.
119. Highland General Hospital, U. S. Naval Hospital, Oakland, Calif.; H. C. Moffitt-University of California Hospitals, San Francisco.
120. Highland General Hospital, Oakland; Southern Pacific Memorial Hospital, San Francisco.
121. Olive View Hospital, Olive View, Calif.
122. Children's Hospital of Orange County, Orange, Calif.
123. Orange County General Hospital, Orange, California.
124. Palo Alto-Stanford Hospital Center, Palo Alto, Calif.; Presbyterian Medical Center, San Francisco.
125. Stanford Convalescent Home, Palo Alto, Calif.
126. Stanford Convalescent Home, Veterans Admin. Hospital Palo Alto, Calif.; Crystal Springs Rehabilitation Center, San Mateo County General Hospital, San Mateo, Calif.
127. Veterans Admin. Hospital, Palo Alto; Santa Clara County Hospital, San Jose, Calif.
128. Mercy Hospital, Sacramento; Kaiser Foundation Hospital, Veterans Admin. Hospital, San Francisco.
129. Sacramento County Hospital, Sacramento, California.
130. Sacramento County Hospital, Sacramento, Calif.; San Francisco General Hospital, Southern Pacific Memorial Hospital, Veterans Admin. Hospital, San Francisco.
131. Donald N. Sharp Memorial Community Hospital, Mercy Hospital, San Diego, Calif.
132. San Diego County-University Hospital, San Diego, Calif.
133. Newington Hospital for Crippled Children, Newington, Conn.
134. Children's Hospital and Adult Medical Center, Southern Pacific Memorial Hospital, U. S. Public Health Service Hospital, San Francisco.
135. H. C. Moffitt-University of California Hospitals, San Francisco.
136. Presbyterian Medical Center, San Francisco.
137. San Jose Hospital, San Jose, Calif.
138. Santa Clara County Hospital and Medical Center, San Jose, Calif.
139. Los Angeles County Harbor General Hospital, Torrance, Calif.
140. Children's Hospital, Denver.
141. St. Joseph Hospital, Denver.
142. St. Luke's Hospital, Denver.
143. University of Colorado Medical Center, Denver.
144. Mercy Hospital, Durango, Colo.
145. U. S. Army Hospital, Fort Carson, Colo.
146. Weld County General Hospital, Greeley, Colo.
147. J. J. McCook Memorial Hospital, Hartford, Conn.
148. Yale-New Haven Hospital, New Haven, Conn.
149. Yale-New Haven Hospital, New Haven, Conn.; Newington Hospital for Crippled Children, Newington, Conn.; Southbury Training School, Southbury, Conn.
150. Veterans Admin. Hospital, West Haven, Conn.
151. Delaware Hospital, Wilmington, Del.
152. Armed Forces Institute of Pathology, Washington, D. C.
153. Armed Forces Institute of Pathology, Washington, D.C.; Children's Hospital of Philadelphia, Philadelphia.
154. Armed Forces Institute of Pathology, Children's Hospital, Walter Reed General Hospital, Washington, D. C.; U. S. Naval Hospital, Bethesda, Md.
155. Children's Hospital, Washington, D. C.
156. District of Columbia General Hospital, Washington, D.C.
158. District of Columbia General Hospital, Washington, D. C.; Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, U. S. Public Health Service Hospital, New York City; Norfolk Community Hospital, Norfolk, Va.
159. George Washington University Hospital, Washington, D. C.
160. Veterans Administration Hospital, Washington, D. C.
161. Walter Reed General Hospital, Washington, D. C.
162. Walter Reed General Hospital, Washington, D.C.; U. S. Naval Hospital, Bethesda, Maryland.
163. Veterans Admin. Hospital, Coral Gables, Fla.
164. Veterans Admin. Hospital, Coral Gables, Fla.; Southeast Florida Tuberculosis Hospital, Lantana, Fla.
165. Variety Children's Hospital, Miami, Fla.
166. Emory University Hospital, Veterans Admin. Hospital, Atlanta, Ga.
167. Grady Memorial Hospital, Atlanta, Ga.
168. Henrietta Eggleston Hospital for Children, Atlanta, Ga.

169. Georgia Warm Spring Foundation, Warm Springs, Ga.; University Hospital (Institute of Physical Medicine and Rehabilitation), Veterans Admin. Hospital (Bronx), New York City.
170. Kapiolani Maternity and Gynecological Hospital, Honolulu, Hawaii.
171. Chicago State Hospital, Salvation Army Booth Memorial Hospital, Chicago.
172. Children's Memorial Hospital, Chicago.
173. Children's Memorial Hospital, Columbus Hospital, Chicago.
174. Children's Memorial Hospital, Henrotin Hospital, Chicago; Community Memorial General Hospital, La Grange, Ill.
175. Children's Memorial Hospital, Northwestern University Medical Center, Chicago.
176. City of Chicago Municipal Tuberculosis Sanitarium, Experimental Laboratory, Stritch School of Medicine, Chicago.
177. Cook County Hospital, Chicago.
178. Cook County Hospital, Mount Sinai Hospital, Chicago.
179. Cook County Hospital, Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago.
180. Cook County Hospital, Chicago; Little Company of Mary Hospital, Evergreen Park, Ill.
181. Illinois Eye and Ear Infirmary, Chicago.
182. Michael Reese Hospital and Medical Center, Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago; Veterans Admin. Hospital, Illinois, Ill.
183. Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago.
184. Passavant Memorial Hospital, St. Anne's Hospital, Chicago.
185. Presbyterian-St. Luke's Hospital, Chicago.
186. St. Vincent's Infant Hospital, Chicago.
187. University of Illinois Research and Educational Hospitals, Chicago.
188. Veterans Admin. Hospital (West Side), Chicago.
189. Elgin State Hospital, Elgin, Ill.
190. Silver Cross Hospital, Joliet, Ill.
191. Kankakee State Hospital, Kankakee, Ill.
192. Community Memorial General Hospital, La Grange, Ill.
193. Peoria State Hospital, Peoria, Illinois.
194. Veterans Admin. Hospital, Indianapolis.
195. Broadlawns Polk County Hospital, Des Moines, Ia.
196. Iowa Methodist Hospital, Mercy Hospital, Des Moines, Ia.
197. Presbyterian-University of Pennsylvania Medical Center, Philadelphia, Pa.
198. University of Kansas Medical Center, Kansas City, Kansas.
199. Cardinal Hill Convalescent Hospital, University Hospital, Veterans Admin. Hospital, Lexington, Ky.
200. Harlan Appalachian Regional Hospital, Harlan, Ky.; Veterans Admin. Hospital, Lexington, Ky.; St. Clalre Medical Center, Morehead, Ky.
201. Children's Hospital, Louisville General Hospital, Louisville, Ky.
202. Washington-St. Tammany Charity Hospital, Bogalusa, La.; Charity Hospital of Louisiana (Tulane University Division), New Orleans, La.
203. E. A. Conway Memorial Hospital, Monroe, La.
204. E. A. Conway Memorial Hospital, Monroe, La.; Charity Hospital of Louisiana, New Orleans.
205. E. A. Conway Memorial Hospital, Monroe, La.; Huey P. Long Charity Hospital, Pineville, La.
206. Charity Hospital of Louisiana, New Orleans.
207. Charity Hospital of Louisiana (Tulane University Division), New Orleans.
208. Ochsner Foundation Hospital, New Orleans.
209. Confederate Memorial Medical Center, Shreveport, La.; Kansas City General Hospital, Kansas City, Mo.; University Hospitals of Cleveland, Cleveland, Ohio.
210. Baltimore City Hospitals, Baltimore, Maryland; Veterans Admin. Hospital, Fort Howard, Maryland.
211. Greater Baltimore Medical Center, Baltimore, Md.
212. James Lawrence Kernan Hospital, Baltimore, Md.; United Hospitals of Newark-Hospital for Crippled Children, Newark, N. J.
213. Johns Hopkins Hospital, Baltimore, Md.
214. Johns Hopkins Hospital, University Hospital, Baltimore, Md.
215. Mercy Hospital, University Hospital, Baltimore, Md.
216. University Hospital, Baltimore, Md.
217. University Hospital, Veterans Admin. Hospital, Baltimore, Md.
218. Veterans Admin. Hospital, Baltimore, Md.
219. Peninsula General Hospital, Salisbury Md.
220. Beth Israel Hospital, Children's Hospital Medical Center, Boston; Emma Pendleton Bradley Hospital, Riverside, R. I.
221. Boston City Hospital, Boston.
222. Boston City Hospital, Children's Hospital Medical Center, New England Baptist Hospital, New England Deaconess Hospital, Boston.
223. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Admin. Hospital (West Roxbury), Boston.
224. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Admin. Hospital (West Roxbury), Boston; Free Hospital for Women, Brookline, Mass.
225. Boston State Hospital, Boston; Pondville Hospital, Norfolk, Mass.
226. Children's Hospital Medical Center, Boston.
227. Children's Hospital Medical Center, Boston; Burbank Hospital, Fitchburg, Mass.
228. Children's Hospital Medical Center, Boston; Veterans Admin. Hospital, Providence, R. I.
229. Faulkner Hospital, Lemuel Shattuck Hospital, New England Deaconess Hospital, Boston, Mass.; Pondville Hospital, Norfolk, Mass.
231. Lahey Clinic, Boston; Children's Orthopedic Hospital and Medical Center, Seattle; Northern State Hospital, Sedro Woolley, Wash.
232. Lemuel Shattuck Hospital, Boston, Mass.
233. Lemuel Shattuck Hospital, Boston; Lynn Hospital, Lynn, Mass.
234. New England Medical Center Hospitals, Boston, Mass.
235. Veterans Admin. Hospital (Jamaica Plain), Boston, Mass.
236. Veterans Admin. Hospital (Jamaica Plain), Boston; Framingham Union Hospital, Framingham, Mass.
237. Veterans Admin. Hospital (Jamaica Plain), Boston, Mass.; Pondville Hospital, Norfolk, Mass.; Veterans Admin. Hospital, Providence, R. I.
238. Cambridge City Hospital, Cambridge, Mass.
239. Lawrence F. Quigley Memorial Hospital, Chelsea, Mass.
240. Pondville Hospital, Norfolk, Mass.
241. University Hospital, Ann Arbor, Mich.
242. Children's Hospital, Detroit.
243. Children's Hospital, Hutzel Hospital, Detroit.
244. Detroit General Hospital, Detroit.
245. Detroit General Hospital, Detroit, Mich. or Bellevue Hospital Center, New York City.
246. Harper Hospital, Detroit.
247. Kresge Eye Institute, Detroit.
249. Hennepin County General Hospital, Minneapolis.
250. Hennepin County General Hospital, Mount Sinai Hospital, University of Minnesota Hospitals, Minneapolis.
251. Hennepin County General Hospital, Minneapolis, Minn.; St. Paul-Ramsey Hospital, St. Paul, Minn.
252. University of Minnesota Hospitals, Minneapolis.
253. University of Minnesota Hospitals, Minneapolis; John Gaston Hospital, Memphis, Tenn.
254. Veterans Admin. Hospital, Minneapolis.
255. St. Paul-Ramsey Hospital, St. Paul, Minn.
256. Mississippi Baptist Hospital, Jackson, Miss.
257. Veterans Admin. Hospital, Jackson, Miss.
258. St. Louis County Hospital, Clayton, Mo.
259. Ellis Fischel State Cancer Hospital, Columbia, Mo.
260. Ellis Fischel State Cancer Hospital, Columbia, Mo.; St. Louis City Hospital, St. Louis.
261. Children's Mercy Hospital, Kansas City, Mo.
262. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Mo.
263. Veterans Admin. Hospital, Kansas City, Mo.
264. Barnes Hospital, St. Louis.
265. Cardinal Glennon Memorial Hospital for Children, St. Louis.
266. St. Louis City Hospital, St. Louis.
267. St. Louis University Group of Hospitals, St. Louis.
268. Veterans Admin. Hospital, St. Louis.
269. Hackensack Hospital, Hackensack, N. J.; Babies Hospital, Newark, N. J.
270. Margaret Hague Maternity Hospital, Jersey City, N. J.
271. Margaret Hague Maternity Hospital, Jersey City, N. J.; Manhattan State Hospital, New York City.
272. Orange Memorial Hospital, Orange, New Jersey.
273. Bergen Pines County Hospital, Paramus, N. J.; Coney Island Hospital, New York City.
274. Gloucester County General Hospital, Woodbury, N. J.
275. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N. M.
276. Albany Medical Center Hospital, Albany, N. Y.
277. Veterans Admin. Hospital, Albany, N. Y.
278. Children's Hospital of Buffalo, Veterans Admin. Hospital, Buffalo, N. Y.
279. Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
280. Roswell Park Memorial Institute, Buffalo, N. Y.
281. Meadowbrook Hospital, East Meadow, N. Y.; University Hospital, New York City.
282. Veterans Admin. Hospital, Montrose, N. Y.; Bellevue Hospital Center, New York City.
283. Long Island Jewish Hospital, New Hyde Park, N. Y.; Long Island College Hospital, New York City.
284. Long Island Jewish Hospital, New Hyde Park, N. Y.; Maimonides Hospital of Brooklyn, New York City.
285. Beckman-Downtown Hospital, Memorial Center for Cancer and Allied Diseases-James Ewing Hospital, St. Luke's Hospital Center, New York City.
286. Bellevue Hospital Center, New York City.
287. Bellevue Hospital Center, Division I-Columbia University, New York City.
288. Bronx Municipal Hospital Center, New York City.
289. Bronx Municipal Hospital Center, Lincoln Hospital, Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
290. Bronx Municipal Hospital Center, Presbyterian Hospital, New York City.
291. Brooklyn Eye and Ear Hospital, Long Island College Hospital, New York City.
292. Brooklyn Hospital, Maimonides Hospital of Brooklyn, Veterans Admin. Hospital (Brooklyn), New York City.
293. Flower and Fifth Avenue Hospitals, Metropolitan Hospital, New York City.
294. Francis Delafield Hospital, New York City.
295. Francis Delafield Hospital or Goldwater Memorial Hospital, New York City.
296. Francis Delafield Hospital, Mount Sinai Hospital, St. Luke's Hospital Center, New York City.
297. Francis Delafield Hospital, Presbyterian Hospital, New York City.
298. Harlem Hospital Center, New York City.
299. Hospital for Joint Diseases, New York City.
300. Kings County Hospital Center (Brooklyn), New York City.
301. Lefferts General Hospital, New York City.
302. Lincoln Hospital, New York City.

303. Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
304. Metropolitan Hospital, New York City.
305. Montefiore Hospital and Medical Center, New York City.
306. Montefiore Hospital and Medical Center, Morrisania City Hospital, New York City.
307. Morrisania City Hospital, New York City.
308. Presbyterian Hospital, New York City.
309. Presbyterian (Babies) Hospital, New York City.
310. Queens Hospital Center (Jamaica), New York City.
311. St. John's Episcopal Hospital (Brooklyn), New York City.
312. St. Luke's Hospital Center, New York City.
313. Triboro Hospital (Jamaica), New York City.
314. University Hospital, New York City.
315. Veterans Admin. Hospital (Bronx), New York City.
316. Veterans Admin. Hospital (Brooklyn), New York City.
317. St. Charles Hospital, Port Jefferson, N. Y.
318. Genesee Hospital, Rochester, N. Y.
319. Strong Memorial Hospital of the University of Rochester, Rochester, N. Y.
320. State University of New York Upstate Medical Center, Syracuse, New York.
321. Memorial Hospital of Wake County, Raleigh, N. C.
322. Children's Hospital of Akron, Akron, Ohio.
323. Veterans Admin. Hospital, Brecksville, Ohio.
324. Children's Hospital, Cincinnati.
325. Children's Hospital, Christ Hospital, Cincinnati, Ohio.
326. Cincinnati General Hospital, Cincinnati.
327. Longview State Hospital, Cincinnati.
328. Cleveland Clinic Hospital, Cleveland, Ohio.
329. Cleveland Metropolitan General Hospital, Cleveland.
330. Cleveland State Hospital, Cleveland.
331. Highland View Hospital, Cleveland.
332. Lutheran Hospital, Cleveland.
333. St. Vincent Charity Hospital, Cleveland.
334. Veterans Admin. Hospital, Cincinnati.
335. University Hospitals of Cleveland, Cleveland.
336. Ohio State University Hospitals, Columbus, Ohio.
337. Ohio State University Hospitals, Columbus, Ohio or Miami Valley Hospital, Dayton, Ohio.
338. Veterans Admin. Hospital, Dayton, Ohio.
339. Central State Griffin Memorial Hospital, Norman, Okla.
340. Presbyterian Hospital, Oklahoma City, Okla.
341. University of Oklahoma Hospitals, Oklahoma City, Okla.; Vanderbilt University Hospital, Nashville, Tenn.
342. Veterans Admin. Hospital, Oklahoma City, Okla.
343. University of Oregon Medical School Hospitals and Clinics, Portland, Ore.
344. Veterans Admin. Hospital, Portland, Ore.
345. Oregon State Hospital, Salem, Oregon.
346. Crozer-Chester Medical Center, Chester, Pa.
347. Children's Hospital of Philadelphia, Philadelphia.
348. Hospital of the University of Pennsylvania, Philadelphia.
349. Jefferson Medical College Hospital, Philadelphia.
350. Pennsylvania Hospital, Philadelphia.
351. Pennsylvania Hospital, Philadelphia General Hospital, Veterans Admin. Hospital, Philadelphia.
352. Philadelphia General Hospital, Philadelphia.
353. Wills Eye Hospital, Philadelphia.
354. University District Hospital, Rio Piedras, P. R.
355. San Juan City Hospital, San Juan, P. R.
357. Providence Lying-In Hospital, Providence, R. I.; Emma Pendleton Bradley Hospital, Riverside, R. I.
358. Baptist Memorial Hospital, Memphis, Tenn.
359. City of Memphis Hospitals, Memphis, Tenn.
360. University of Tennessee Affiliated Hospitals, Memphis, Tenn.
361. Nashville Metropolitan General Hospital, Veterans Admin. Hospital, Nashville, Tenn.
362. Vanderbilt University Hospital, Nashville, Tenn.
363. Baylor University Medical Center, Children's Medical Center, Dallas, Texas.
364. Children's Medical Center, Dallas, Tex.
365. Parkland Memorial Hospital, Dallas, Tex.
366. Veterans Admin. Hospital, Dallas, Tex.
367. University of Texas Medical Branch Hospitals, Galveston, Texas.
368. University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.
369. Robert B. Green Memorial Hospital, San Antonio, Tex.
370. Robert B. Green Memorial Hospital, San Antonio State Tuberculosis Hospital, San Antonio, Tex.
371. Santa Rosa Medical Center, San Antonio, Tex.
372. Wilford Hall U.S.A.F. Hospital, San Antonio, Texas.
373. Veterans Admin. Hospital, Temple, Tex.
374. University Hospital, Salt Lake City.
375. Western State Hospital, Fort Steilacoom; Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
376. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
377. Children's Orthopedic Hospital and Medical Center, Firland Sanatorium, Seattle, Wash.
378. Firland Sanatorium, Seattle, Wash.
379. Firland Sanatorium, U. S. Public Health Service Hospital, Seattle, Wash.
380. West Virginia University Medical Center, Morgantown, W. Va.
381. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
382. Milwaukee County General Hospital, Milwaukee.
383. Milwaukee County General Hospital, Milwaukee, Wis.; Salvation Army Martha Washington Home and Hospital, Wauwatosa, Wis.
384. Highland General Hospital, Oakland, Calif.; Children's Hospital and Adult Medical Center, San Francisco, Calif.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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| 1. Anesthesiology | 15. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 16. Plastic Surgery |
| 3. Dermatology | 17. Preventive Medicine |
| 4. General Practice | General Preventive Medicine |
| 5. General Surgery | Aerospace Medicine |
| 6. Internal Medicine | Occupational Medicine |
| 7. Neurological Surgery | Public Health |
| 8. Neurology | 18. Psychiatry and Neurology |
| 9. Obstetrics and Gynecology | Child Psychiatry ² |
| 10. Ophthalmology | 19. Radiology |
| 11. Orthopedic Surgery | 20. Thoracic Surgery ³ |
| 12. Otolaryngology | 21. Urology |
| 13. Pathology | |
| 14. Pediatrics | |
| Allergy ¹ | |
| Cardiology ¹ | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house officers to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics; applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

1. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. STAFF

The teaching staff should be composed of ethical licensed physicians holding the degree of doctor of medicine from medical schools acceptable to the Council on Medical Education of the American Medical Association. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in

various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section VI).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no re-

sponsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section VI).

4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the *Standard Nomenclature of Diseases and Operations* is recommended for all medical records. Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, con-

dition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

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

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.

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

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e. g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of

instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain

period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either

individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological ma-

terial. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

10. HOSPITAL-RESIDENT AGREEMENT

A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract. Contracts for one year, renewable by mutual consent, are preferable.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of a residency be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the residency.
2. The salary.
3. The conditions under which living quarters, meals, and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the resident, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.
5. Whether the hospital will provide hospitalization and

- health insurance for the resident and his family.
6. Vacation periods.
 7. Hours of duty, or the method by which this is to be determined.
 8. The content of the educational phase of the residency, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The residency agreement imposes ethical, moral and legal obligations upon both the hospital and the resident. No residency should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the resident may be justified in terminating a residency prior to the expiration of its term. If the resident fails to perform the normal and customary services of a residency or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to opportunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the residency.

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

NOTE: Certain sections of this document have been renumbered, and "Special Requirements" is now Section IV.

II. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately 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.

III. MISCELLANEOUS

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

IV. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close

collaboration between the Council on Medical Education, the various American Boards responsible for the examination and certificates of the specialists, and the Advisory Board for Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approval of Examining Boards in Medical Specialties.")

American Board of Anesthesiology
Forrest E. Leffingwell, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn., 06103

American Board of Colon and Rectal Surgery
Stuart T. Ross, M.D., Secretary
520 Franklin Avenue, Garden City, N.Y.

American Board of Dermatology
Clarence S. Livingood, M.D., Secretary
Henry Ford Hospital, Detroit, Mich., 48202

American Board of Internal Medicine
Victor W. Logan, M.D., Executive Director
P.O. Box 7748, Philadelphia, Pennsylvania, 19101

American Board of Neurological Surgery
Guy L. Odom, M.D., Secretary-Treasurer
Duke University Medical Center, Durham, N.C.

American Board of Obstetrics and Gynecology
Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

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

American Board of Orthopaedic Surgery
Wm. A. Larmon, M.D., Secretary-Treasurer
29 E. Madison St., Chicago, Ill., 60602

American Board of Otolaryngology
Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa, 52241

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

American Board of Pediatrics
John McK. Mitchell, M.D., Executive Secretary
6 Bryn Mawr Ave.,
Bryn Mawr, Pa., 19010

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S.W., Rochester, Minn.

- American Board of Plastic Surgery
Minot P. Fryer, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108
- American Board of Preventive Medicine
John C. Hume, M.D., Secretary-Treasurer
615 North Wolfe St., Baltimore, Md., 21205
- American Board of Psychiatry and Neurology
David A. Boyd, Jr., M.D., Executive Secretary-Treasurer
102 Second Ave., S.W., Rochester, Minn.
- American Board of Radiology
H. Dabney Kerr, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn.
- American Board of Surgery
Robt. M. Moore., M.D., Secretary-Treasurer
1617 John F. Kennedy Blvd., Philadelphia, Pa., 19103
- American Board of Urology
Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minnetonka, Minn., 55343
- Board of Thoracic Surgery
O. T. Clagett, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit, Mich., 48202

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

V. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For one specialty, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing,

required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for a Three Year Program.—1. Three-year programs should expand the scope of education to include more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in a two-year program. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

2. Institutions applying for three-year approval should supply a prospectus for a three-year program with the application. The added training material permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond ordinarily clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

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

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

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those

who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

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

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

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based

only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident. For those residents in the two-year program, emphasis should be in clinical training. Direct participation in research by residents in a three-year program is not required but should be encouraged.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program

to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that

an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in 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 10) must also be met for approval.

5. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably

include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

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

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

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient out-

patient services where they exist and by well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

6. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to include instruction in the various specialties which combine to form internal medicine. Accordingly, the program should not be limited entirely to internal medicine and its subdivisions but might well include a reasonable amount of training in psychiatry, neurology, dermatology, and pediatrics, even though they are organized as independent residencies.

In institutions offering residencies in internal medicine and its special fields, emphasis should be placed on the educational features of the program and residents should receive regular instruction from members of the staff in all diagnostic and therapeutic methods. Particular emphasis should be placed on the study of etiology, pathogenesis, symptoms, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff, the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies not only with post-mortem pathology, but also with the other allied basic science fields; review medical literature and take an active part in regular teaching rounds, departmental seminars, and clinical-pathologic conferences.

Requirements.—For approval, a residency in internal medicine should have an adequate number and variety of annual admissions to the Department of Medicine.

Allied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, biophysics, pathology, pharmacology, physiology, and other areas are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board, through the office of the American Board of Internal Medicine.

7. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care

of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

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

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

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

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

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

8. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

9. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of

assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program

or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Ophthalmology

Duration of training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending oph-

thalmologist 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in 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 de-

formities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complimentary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to 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.—In the field of anatomic pathology there should be sufficient volume and variety of autopsies, surgical and cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

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

Approval is granted for residency training in pathology in the following categories.

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years.

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

Category SP. Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Allergy. (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds,

clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectorcardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiography are necessary. Experience with pre and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic conditions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

Basic Medical Sciences.—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involving current pathologic material should be held regularly and closely correlated with clinical experience; such conferences should include clinicians, surgeons, physiologists, roentgenologists and pathologists. Thorough training in cardiovascular physiology is essential and participation by the resident in cardiac catheterization procedures is necessary. Such experience should be intimately related to clinical diagnosis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiography on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in *Circulation*, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

15. Special Requirement for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of resi-

gency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where

the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section 1 to 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

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

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

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

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

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

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

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

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

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

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

Eligibility of Applicants: In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

Aerospace Medicine

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

Academic Program—Public Health and Preventive Medicine.

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

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.

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

Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered. The residency should include an academic component which covers the following subjects:

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

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

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

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aerospace medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should

during such period be under the direct supervision of an individual certified in aerospace medicine and/or a related clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

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

Occupational Medicine

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

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

I. Content of Intramural Training Program.

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.
2. Legal and insurance aspects of industrial medical practice.
3. History, structure, and functions of industry.
4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. *Clinical Training.* Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.
2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.
3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.
4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. *Research.* Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication based on his own study.

II. Type and Contents of Training Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Professional and Facilities.

1. *Personnel.* An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygiene problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

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

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully

qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

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

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

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

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

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

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

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

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

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

Public Health

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

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

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

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

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

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

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

and techniques used by the members of the staffs of the responsible public health agencies.

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

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

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special

*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.

diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be re-

quired from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic

instruction and through supervised clinical experience with children.

- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the 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 out-patient 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child 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.

Whenever feasible, the career Child Psychiatrist should receive a block of two years of training in Child Psychiatry following his two years in general psychiatry. However, to

achieve greater flexibility in the sequence of training for the career Child Psychiatrist, and to assist in recruitment, the training experience for a career Child Psychiatrist may be initiated in any of the three years of General Psychiatric residency training provided that the training be full-time, a block of time spent at any one time is not less than six months, and that if a six-month block is chosen it be followed at another time by not less than an 18-month block of full-time training in Child Psychiatry; two separate 12-month full-time blocks in Child Psychiatry may also be chosen.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training. After July 1, 1968, training programs approved in Child Psychiatry must be an integral part of a General Psychiatric training program approved for three years or must have a formal educational affiliation with such a program. The written agreement of such affiliation must be signed by the training directors of both programs, and a copy of it filed with the Executive Secretary-Treasurer of the American Board of Psychiatry and Neurology, Incorporated.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies

in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

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

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

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

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, 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 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

Radiology

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

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

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

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

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

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

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

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

Diagnostic Radiology

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

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

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

nostic nuclear medicine and health physics and protection.

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

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

Education Requirements of the Residency:

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

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

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

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

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

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

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

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

Therapeutic Radiology

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

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

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

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

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

General Requirements.—The caliber of all facets of the

training program is of extreme importance. Guides to be used for approval of such a training program in therapeutic radiology follow:

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

(2) **DEPARTMENTAL REQUIREMENTS:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appro-

prate board, as listed in Section IV, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

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

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

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

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

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

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

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

- (a) Thorough understanding of the basic sciences as they apply to thoracic surgery.
- (b) Graded and progressive assumption of operative responsibility.
- (c) Finally, assumption of relatively complete responsibility for the patient's care under proper supervision.

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

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

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

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

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of Credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies under consideration by the Council on Medical Education of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Three boards also certify candidates in subspecialties. Certification in the primary field is a requirement for certification in the subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy and cardiology. The American Board of Psychiatry and Neurology certifies candidates in child psychiatry. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology has issued certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology, a combination of these two fields, anatomic pathology and clinical microbiology, anatomic pathology and neuropathology, clinical microbiology and clinical chemistry, neuropathology, clinical microbiology, hematology, clinical chemistry, and forensic pathology. The American Board of Preventive Medicine issues certificates in public health, aerospace medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neu-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools								Foreign Medical Graduates Special or Additional Requirements				All Graduates				
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitation (years) in Applicant's Eligibility ⁶
Anesthesiology	x	x	x	x	2-3	4-1			x		x	x		x	50	150	7
Colon and Rectal Surgery	x	x	x	x	4-5		x			x	x				25	175	
Dermatology	x	x	x	x	3	1	x		x		x	x	x	x	25	150	2
Internal Medicine ¹		x	x	x	3	2	x	x	x		x	x		x	60	125	3
Neurological Surgery		x	x	x	4	2	x				x	x	x		25	200	3
Obstetrics and Gynecology	x	x	x	x	3	2				x	x				25	175	
Ophthalmology		x	x	x	3	1		x	x		x	x		x	100	150	2
Orthopedic Surgery	x	x	x	x	4	2	x	x			x	x	x		25	225	3
Otolaryngology ²		x		x	4					x	x		x		125	255	3
Pathology		x	x		4	1	x	x	x		x				150	150	3
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	100	175	3
Plastic Surgery	x	x		x	5	2	x	x	x		x	x			50	175	3
Preventive Medicine		x	x	x	3	3	x				x	x	x		35	175	3
Psychiatry and Neurology ⁴		x	x	x	3-5	2-1	x			x	x	x			75	175	3
Radiology	x	x	x	x	3	1		x			x	x		x	150	150	
Surgery		x	x	x	3-4	2-0	x	x			x				25	175	3
Thoracic Surgery ⁵		x	x	x	2		x				x			x	25	125	3
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.
6. Applicant may be considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.

NOTE: In this table, those items are marked "X" on which the Board makes specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Total Certificates Awarded to June 30, 1966	Year of Activation
American Board of Anesthesiology	3,850	1937
American Board of Colon and Rectal Surgery	361	1949
American Board of Dermatology	2,581	1932
American Board of Internal Medicine		1936
American Board of Neurological Surgery	1,232	1940
American Board of Obstetrics and Gynecology	8,910	1930
American Board of Ophthalmology	6,397	1915
American Board of Orthopaedic Surgery	4,741	1934
American Board of Otolaryngology	6,110	1924
American Board of Pathology	7,581	1936
Anatomic Pathology	3,628	
Anatomic Pathology and Clinical Microbiology	1	
Anatomic Pathology and Clinical Pathology	2,267	
Anatomic Pathology and Neuropathology	10	
Clinical Chemistry	21	
Clinical Microbiology	30	
Clinical Microbiology and Clinical Chemistry	1	
Clinical Pathology	1,387	
Forensic Pathology	157	
Hematology	19	
Neuropathology	60	
American Board of Pediatrics	10,993	1933
American Board of Physical Medicine and Rehabilitation	608	1947
American Board of Plastic Surgery	745	1937
American Board of Preventive Medicine	2,492	1948
Aerospace Medicine	480	
Occupational Medicine	494	
Public Health	1,487	
General Preventive Medicine	31	
American Board of Psychiatry and Neurology	8,919	1934
Psychiatry	7,173	
Neurology	753	
Psychiatry and Neurology	993	
American Board of Radiology	9,179	1934
Diagnostic Radiology	947	
Medical Nuclear Physics	7	
Radiological Physics	84	
Radiology	6,801	
Radium Therapy	8	
Roentgen Ray and Gamma Ray Physics	25	
Roentgenology	1,018	
Therapeutic Radiology	284	
Therapeutic Roentgenology	5	
American Board of Surgery	15,286	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1,801	1949
American Board of Urology	3,428	1935
Totals	112,679	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy	210	
Cardiovascular Disease	835	
Gastroenterology	537	
Pulmonary Diseases	319	
Total	1,901	
American Board of Pediatrics		
Allergy	189	
Cardiology	191	
Total	380	
American Board of Psychiatry and Neurology		
Child Psychiatry	451	
American Board of Surgery		
Proctology	81*	
Totals	2,813	
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics	24	
Gynecology	15	
Total	39	
American Board of Otolaryngology		
Endoscopy	4	

* Independent board approved in 1949.

rology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic radiology, radium therapy, radiologic physics, roentgen ray and gamma ray physics, and medical nuclear physics.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, and indicates that each specialty board will accept the foreign graduate under certain conditions. This table is incomplete because the varying requirements of the boards cannot be shown in full detail.

Most of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of THE DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES, there are published, with the consent of each board concerned, sections from the booklets containing the requirements for certification in the specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any

TABLE 3.—Annual Specialty Board Certification, 1946-1966.

Year (Ended March)	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
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	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442
1965 (June 30)	19	5,386	106,827
1966 (June 30)	19	5,852	112,679

* One board, the American Board of Proctology, did not certify any candidates during this period.

specific inquiry concerning certification by a specialty board should be addressed to the board secretary, or executive secretary, whose name and address will be found in this issue of THE DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES.

Table 2 contains a list of the approved specialty boards, the year of activation, and the total number of candidates certified through June 30, 1966. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

A total of 106,827 certificates was reported as issued by the 19 specialty boards to July 1, 1965. From this date through June 30, 1966, 5,852 certificates were issued, bringing the total to 112,679 certifications on June 30, 1966. In the subspecialties, 190 certificates were issued, bringing that total to 2,813 on the same date.

Table 3 indicates the total number of certificates issued each year for the past 21 years by all specialty boards. The total number on June 30, 1966, was 112,679.

The twelfth edition of the *Directory of Medical Specialists*, compiled by the Advisory Board for Medical Specialties and published in 1965 by *Marquis-Who's Who*, Chicago, contains biographical information on the educational background of each living specialist (including those retired from practice) certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

Plan 2

ROBERT D. DRIPPS, President, Philadelphia
 JOHN ADRIANI, Vice President, New Orleans
 RICHARD H. BARRETT, Hanover, N. H.
 JAMES E. ECKENHOFF, Chicago
 ALBERT FAULCONER, Rochester, Minn.
 WILLIAM K. HAMILTON, Iowa City
 DAVID M. LITTLE, JR., Hartford, Conn.
 JAMES H. MATTHEWS, Minneapolis
 ROBERT T. PATRICK, Casper, Wyo.
 MILTON C. PETERSON, Kansas City, Mo.
 FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena, California; Office of the Board, 100 Constitution Plaza, Hartford, Conn. 06103

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG or National Board of Medical Examiners); and
2. Establish in a manner satisfactory to the Board that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing; and
3. Submit proof to the Board that he has acquired special training in Anesthesiology according to either of the two plans outlined in the succeeding paragraphs.

Plan 1

A residency or fellowship in Anesthesiology of not less than three years, at least two of which must be devoted to clinical training. The residency or fellowship must be in a hospital or other institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc. The two years of clinical training may be received in a hospital or other institution approved for only two years of training. The additional training (described under "Equivalents") must be obtained in a hospital or other institution approved for three years of training.*

In a three-year residency or fellowship, the Board will require any of the following equivalents for not more than one year of the total three year training period.

Equivalent (a)

Training and study in one of the following disciplines: physiology, pharmacology, biochemistry, anatomy, pathology, internal medicine, general surgery.

Equivalent (b)

Approved advanced training in a subspecialty in Anesthesiology, such as anesthesia for pediatric surgery or anesthesia for cardiovascular surgery.

The applicant may spend all or a part of a year in one or more of the equivalents.

In addition, one year of practice acceptable to the Board over and above the period of residency training including the equivalents.

A residency or fellowship in anesthesia of not less than two years, both of which must be devoted to clinical training. The residency or fellowship must be in a hospital or institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In addition, four years of practice acceptable to the Board over and above the period of residency or fellowship training.

4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology; and

5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify; and

6. In July of each year submit annual reports of anesthesia experience on forms provided by the Board.

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination.—Eligible applicants may take this examination upon completion of either (a) two years of approved residency training plus one year of practice acceptable to the Board, or (b) three years of approved training including one of the above equivalents. Written examinations are held annually in approximately 18 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

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

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

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

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.

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

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of fifty dollars (\$50) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of re-examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void and reapplication will not be allowed.*

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred fifty dollars (\$150). At least fifty dollars (\$50) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Forrest E. Leffingwell, M. D., 100 Constitution Plaza, Hartford, Conn., 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY**

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

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association.

*The reapplication privilege may still be granted those who filed their original application prior to February, 1958, if they submit proof of an additional year of approved clinical training.

**Formerly American Board of Proctology.

2. He shall possess a license to practice medicine in the country of his residence.

3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education of the American Medical Association.

4. Candidates who have graduated from foreign medical schools are required to possess the certificate of the Educational Council for Foreign Medical Graduates prior to acceptance in an approved proctologic residency.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:

- (a) Two years of a proctologic residency approved by the Board; or
- (b) Two years of a proctologic preceptorship approved by the Board.

2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in proctology.

3. Candidates who have taken and passed the Part I examinations of the American Board of Surgery may, at the discretion of the American Board of Colon and Rectal Surgery, be accepted for examination following the satisfactory completion of one year's approved formal training in colon and rectal surgery.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's pre-medical and medical training; internships; residencies; precepteeships; other postgraduate study; hospital and dispensary appointments; teaching positions; service in the armed forces; service in federal, state or local government; membership in medical societies, and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Colon and Rectal Surgery, candidates who have been certified by the American Board of Surgery and who have completed required training in proctology may not be required to take Part 1 of the examinations of the American Board of Colon and Rectal Surgery.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the

Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEEES

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

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

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

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

REQUIREMENTS FOR REGULAR CERTIFICATION

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

A. General Qualifications

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

B. Residency Training Requirements and Experience Qualifications

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

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

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

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

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

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

REQUIREMENTS FOR SPECIAL HOMETLAND CERTIFICATION

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

1. High moral and ethical standing in the medical profession.
2. Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).
3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).
4. Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.
5. Satisfactory completion of three full years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in Dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed their formal three-year training in Dermatology by October 15th of any given year are eligible to take the examinations the following year. Those candidates who are applying for the Special Homeland Certificate do not require one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of three years of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the examination is to be given. The Application is then submitted to the Committee on Requirements with the letters

of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examinations. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the Journal of the American Medical Association and in the Archives of Dermatology.

B. The Writtens

The written examination is held in various centers throughout the country in June. It is three hours in length and is of the objective, multiple-choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, chemistry, pathology, microbiology, radiology, hematology, genetics and pharmacology as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special attention is also directed toward internal medicine as it pertains to dermatologic problems. A sampling of questions asked during the previous written examinations of the Board is available from the Secretary's office on request; the cost is \$2.00, payable in advance.

C. Orals

The oral examination is held every September or October for those candidates who have successfully passed the written examination. It is given at one of the major training centers and is a half-day in length for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy, immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$50.00.

If a candidate fails to complete successfully all or part of the examination on TWO occasions, he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of \$150.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, he must then make a new application and pay an additional fee of \$150.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence

all communications between the Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a Preliminary Registration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of \$25.00 to the office of the Secretary of the Board. The filing of the Preliminary Registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the Training Center to the Board.

Training programs in Dermatology are passed upon by the American Medical Association Dermatology Residency Review Committee.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF INTERNAL MEDICINE

HENRY BRAINERD, Chairman, San Francisco
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 WILLIAM N. VALENTINE, Los Angeles
 JAMES V. WARREN, Columbus, Ohio
 VICTOR W. LOGAN, Executive Director
 P.O. Box 7748, Philadelphia, Pa. 19101

GENERAL QUALIFICATIONS

1. All candidates must be licensed to practice medicine in a state, territory, province or possession of the United States or Canada, or if non-citizens they must be licensed in the country of origin.
2. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession, and appreciate the importance of good interpersonal relationships in patient care.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the American Medical Association or the Canadian Medical Association at the date of graduation.
2. Satisfactory completion of an approved internship of not less than twelve months.*
3. Satisfactory completion of training and experience according to PLANS A, B or C.

NOTE: See requirements for Graduates of Foreign Schools on page 316.

QUALIFICATIONS FOR EXAMINATION

Plan A

WRITTEN EXAMINATION: Candidates who will have

*During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

satisfied the general and professional qualifications listed above, and who will have had five years of preparation after the completion of an approved internship on or before October 1st, are eligible to apply for examination in their fifth year. (Closing date for requests for applications is May 1st.)

Three (3) years of the five (5) year interval must be in full time formal training as follows:

1) Three years of residency training in the broad field of Internal Medicine in a program approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education of the American Medical Association, or

2) Two years of residency training in the broad field of Internal Medicine in an approved program as described in Paragraph 1, and a third year of full time graduate education in a field related to Internal Medicine such as Neurology, Pediatrics, Psychiatry, Dermatology, Applied Pharmacology, etc., provided the assignment is in an approved Medical School or Medical School Hospital or in a hospital approved for 3 years of residency in internal medicine by the Residency Review Committee in Internal Medicine. The Board may recognize a third year of training in other institutions; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere.

Assignments for this year of graduate education may be devoted to:

- a) basic or clinical research,
- b) assignments in basic science departments of approved medical schools in the United States or Canada,
- c) subspecialty training,
- d) twelve months of formal study in Internal Medicine in a Postgraduate Medical School in the United States or Canada, recognized by the National accreditation bodies.

The remaining two years in Internal Medicine may be devoted to work in any clinical, investigative or basic science area related to Internal Medicine.

OBLIGATED military service in the Armed Forces of the United States or Canada or in the United States Public Health Service may be applied as clinical experience but not as formal training.

Such assignments in the Armed Forces may be applied at any interval in the five year requirement, following an approved internship.

Plan B

WRITTEN EXAMINATION: Graduates of approved medical schools in the United States and Canada not eligible under PLAN A, may qualify under PLAN B after completion of the following training and experience: (NOTE: Graduates of foreign medical schools cannot qualify under PLAN B.)

- 1) One year of approved internship;
Two years of approved residency in Internal Medicine;
Five years of experience in practice limited to Internal Medicine.
- 2) One year of approved internship;
One year of approved residency in Internal Medicine;
Two years of graduate education as described under PLAN A (2);
Four years of experience in practice limited to Internal Medicine.

NOTE: These years of practice limited to Internal Medicine must follow the formal training years and not precede them, except in case of "Obligated Military Service" as defined elsewhere.

Plans previously described as B3 and B4 were abolished by action of the Board on February 1, 1966. Candidates already admitted to examination under these plans will be allowed to take their examinations.

Plan C

WRITTEN EXAMINATION: Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of the Board. *This plan is exclusive.* It is reserved for the use of Chairmen of Departments of Medicine, in approved medical schools in the United States and Canada, who may wish to recommend for admission to examination certain men in full-time academic medicine, whose training may not have satisfied the requirements of other "Plans" authorized by the Board.

Candidates may not elect Plan C. Specific recommendation that a candidate be qualified under this plan must be made by the Chairman of a Department of Medicine in an approved medical school in the United States or Canada. This recommendation must assure that the candidate has been trained for a minimum of five years after internship, and that during the training period the candidate has had adequate direct responsibility for patient care in the broad field of internal medicine. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board. The candidate's curriculum vitae, including his bibliography and reprints, should be included.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will be that the Head of the Department will require additional years of training beyond the minimum before recommending the candidate to the Board. A candidate qualifying under the foregoing provisions will be examined by the Board in the broad field of internal medicine.

ORAL EXAMINATION: The oral examination, under all PLANS, may be taken at the convenience of the Board after passing the written examination. Notification of dates and locations of the Oral Examinations will be given to eligible candidates.

CREDIT FOR SERVICE IN THE MEDICAL CORPS OF THE ARMED FORCES OF THE UNITED STATES OR CANADA

Active duty as a commissioned officer in the Medical Corps for the periods December 7, 1941, to January 1, 1947, and June 1, 1950, to July 1, 1954, may be applied as one year of residency credit or one year of clinical experience regardless of assignment.

DEFINITIONS

As Applied to Requirements of This Board

- 1) *An approved internship* is defined as an internship not less than one year (rotating or straight internship in internal medicine) approved by The Council on Medical Education of The American Medical Association.
- 2) *An approved residency* in Internal Medicine is defined as postgraduate training approved by The Residency Review Committee in internal Medicine.
- 3) *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."
- 4) *Postgraduate education* as referred to in the requirements includes an approved internship and approved residencies and fellowships.
- 5) *Graduate training* includes formal training and study in recognized graduate schools of medicine or basic sciences.

METHOD OF EXAMINATION

1. *The WRITTEN EXAMINATION* is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever

eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into morning and afternoon periods of three hours each. The questions are framed in such manner as the Board elects, and are designed to test the candidate's basic clinical acumen and his knowledge of physiology, anatomy, biochemistry, pathology, bacteriology and pharmacology as related to internal medicine.

2. *The ORAL EXAMINATIONS* are held as such times and places as the Board may designate. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected, 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. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret roentgenologic, pathologic, hematologic, electrocardiographic and other diagnostic material related to his patients.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

1) Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany application for admission to examination.

2) All candidates are required to complete an internship of one year approved by The Council on Medical Education of The American Medical Association.*

3) Candidates are required to complete thirty-six months of approved residency and two additional years of experience after internship in accordance with the requirements of Plan A. (Plan B is not available to graduates of Foreign Schools.)

4) Candidates who are accepted for the written examination may take this examination in the United States or at designated installations of the United States in foreign countries.

5) Candidates who pass the written examination will be eligible to apply for admission to the oral examination at the convenience of the Board. All oral examinations will be given in the United States.

United States Citizenship is no longer a requirement for admission to examination. Graduates of Foreign Medical Schools may also be proposed under Plan C.

RE-EXAMINATIONS

1) The interval between written and oral re-examinations will not be less than one year.

2) Any candidate failing three (3) written examinations, one or more of which occurred after February 1, 1966, must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure, before re-admission to the written examinations of the Board.

3) Candidates failing (3) oral examinations, one or more of which occurred after February 1, 1958, must apply for

*Twelve months of an approved residency may be substituted for this requirement. However, in this event the additional requirements in paragraph 3 must still be fulfilled.

and pass another written examination before admission to further oral examinations.

Re-examination fees for Written \$25
Oral \$65

CANCELLATIONS

Candidates who cancel or fail to keep appointments for either written or oral examinations are subject to forfeiture of their fees and may also be required to wait 24 months before reassignment to another examination.

INACTIVE CANDIDATES

After July 1, 1966, any candidate whose record reveals inactivity (i.e., failure to take an examination, either written or oral) for five years or more, will revert to the same status as a new applicant and must re-apply for admission to the written examination of the Board and comply with all current regulations then in force for new candidates.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

The closing date for requesting applications for the written examination is May 1st of the year concerned.

The application must be accompanied by a recent, signed photograph of the candidate and the registration and examination (written) fee of sixty (\$60.00) dollars. Forty-five (\$45.00) dollars will be refunded if the application is disapproved.

The oral examination of sixty-five (\$65.00) dollars is due when applying for admission to the oral examination.

Please address all official correspondence to
Executive Director

American Board of Internal Medicine
P. O. Box 7748
Philadelphia, Pennsylvania 19101

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology and Pulmonary Disease are recognized subspecialties.

Candidates must first be certified in Internal Medicine before applying for examination by the Subspecialty Boards. Further information may be secured by writing to the Executive office of the Board.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

CARL E. ARBESMAN, Chairman, Buffalo, N. Y.
SAMUEL C. BUKANTZ, Nutley, N. J.
EUGENE A. HILDRETH, Philadelphia
PAUL M. SEEBOHM, Iowa City, Iowa
JOHN H. VAUGHAN, Rochester, N. Y.

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine before he is eligible to apply for the Subspecialty Board examination.

B. *TRAINING*—There are three acceptable schedules for training in Allergy.

Schedule 1: Two years' full-time training in a hospital approved for residency training in internal medicine, under the supervision of a physician competent in allergy, preferably a certified allergist; the program must have active teaching in basic sciences related to allergy.

Schedule 2: One year's full-time residency or fellowship in allergy in a program as above, plus two additional years of similar training on a half-time basis. Private office practice is not an acceptable substitute for part-time training.

Schedule 3: Five years' part-time training and experience in an acceptable allergy program as above. Applicants in-

tending to utilize part-time programs should obtain prior approval for their program from the Subspecialty Board. Other programs of training and experience may be accepted if, in the opinion of the members of the Board, they are equivalent to those outlined.

For admission to the certifying examination in Allergy, a candidate must have specialized knowledge and particular skills which entitle him to be consulted as an expert in this specialty. Expertness includes knowledge of all phases of science underlying the specialty, as well as proficiency in the clinical practice of allergy. The candidate must be prepared for examination in the aspects of anatomy, chemistry, microbiology, immunology, pathology, physiology and pharmacology relating to allergy and in the laboratory procedures pertinent to diagnosis and treatment of allergic disease. The candidate will at the same time be expected to have maintained his proficiency in general aspects of internal medicine, especially in those aspects bearing most closely on diseases of allergy.

C. *REFERENCES*—A candidate should give as references names of physicians who are familiar with his training and experience in the field of allergic diseases. Such information will allow the Board to give a fair appraisal of the candidate's qualifications.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

CERTIFICATION IN SUBSPECIALTY OF
CARDIOVASCULAR DISEASE

OGLESBY PAUL, Chairman, Chicago
NOBLE O. FOWLER, Cincinnati
J. WILLIS HURST, Atlanta
EDWARD S. ORGAIN, Durham, N. C.
C. THORPE RAY, Columbia, Mo.
FRANCIS F. ROSENBAUM, Milwaukee
CONGER WILLIAMS, Boston

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine. One year must have elapsed following such certification before he is eligible to be admitted to the Subspecialty Board examination.

B. *TRAINING*—The candidate should have devoted at least one full year but preferably two years to post-graduate education in cardiovascular disease, under the guidance of a person known by the members of the Subspecialty Board to be experienced and sound in the field of cardiovascular disease. This period of training may be in several forms.

1. It may constitute one or more years spent in cardiovascular disease as a fellow or resident as part of or immediately after completion of a residency in internal medicine; the total period of such training of the individual in internal medicine including one or more years in cardiovascular disease must be at least four years.

2. It may include a consecutive twelve month or longer period devoted to training in cardiovascular disease under the type of auspices noted above some years after completion of the period of training required for certification in internal medicine. The Board may waive these prerequisites only in exceptional circumstances.

Before admission to the certifying examination in cardiovascular disease, the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be known as a consultant in cardiovascular disease. He must have an intimate knowledge of the normal and pathological anatomy and normal and pathological physiology of the circulatory system; be

adept in history taking and in the physical examination; be proficient in the interpretation of electrocardiograms and in cardiovascular roentgen diagnosis; and be familiar with special procedures and techniques used in the study of cardiovascular problems. Above all, he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of the pharmacology and therapeutic applications of drugs used in the treatment of cardiovascular diseases and an intelligent comprehension of the place of and indications for other forms of treatment including surgery. He must demonstrate an intimate familiarity with contemporary cardiovascular literature.

C. *REFERENCES*—The candidate should give as references the names of physicians sufficiently familiar with his training and experience in the field of cardiovascular disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. In particular, it will be required that references be listed by the applicant and obtained by the Board from the physician(s) who were responsible for the specialty training of the applicant.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

HUGH R. BUTT, Chairman, Rochester, Minn.
FRANZ J. INGELFINGER, Boston
HENRY D. JANOWITZ, New York, N. Y.
ALBERT MENDELOFF, Baltimore, Md.
HARRISON J. SHULL, Nashville, Tenn.

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine. Two years should have elapsed following such certification before he is eligible for admission to the Subspecialty Board examination. The Subspecialty Board may at its discretion shorten this interval under exceptional circumstances.

B. *TRAINING*—The candidate should have devoted at least one full year to post-graduate education in gastrointestinal disease, during which time his training program should preferably be under the supervision of a physician competent in the field of gastroenterology, preferably a certified gastroenterologist. Following this the candidate should participate actively for at least two years in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted under the supervision of a qualified gastroenterologist. The applicant should demonstrate an interest in teaching his subspecialty.

In the above paragraph the candidate may, at the discretion of the Subspecialty Board of Gastroenterology, be accepted for examination after five years of active participation in gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted preferably under the supervision of a certified gastroenterologist. Details of attendance at conferences, clinics, postgraduate courses, etc., must be submitted by the applicant.

Before admission to the certifying examination in gastroenterology the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that his training has given him special ability in gastroenterology and adequate understanding of the basic sciences underlying this branch of internal medicine as well as proficiency in its clinical practice. He will be expected to demonstrate familiarity

with the literature of gastroenterology and must submit proof of adequate supervised training in the recognized gastroenterological procedures and in gastrointestinal radiology (film interpretation).

The candidate must be able to assimilate information obtained from all these sources in such a way as to lead logically to the correct diagnosis and proper treatment. He must have a thorough knowledge of the pharmacologic and therapeutic application of drugs used in the treatment of gastrointestinal diseases and intelligent comprehension of the place and indications for other forms of treatment, especially surgery. He must have a working knowledge of physiology, pathology, microbiology, and biochemistry as it has practical application to disease of the digestive tract and liver.

C. REFERENCES—The candidate must submit at least three letters from recognized internists. At least one of these must be from a recognized gastroenterologist who has served as the candidate's director during a significant portion of his training in gastroenterology.

D. RE-EXAMINATION—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before readmission to examination.

CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

JOHN H. McCLEMENT, Chairman, New York, N. Y.

H. WILLIAM HARRIS, Philadelphia, Pa.

ROBERT L. MAYOCK, Philadelphia, Pa.

DONALD E. OLSON, Portland, Ore.

ATTILIO D. RENZETTI, JR., Salt Lake City, Utah

REQUIREMENTS

A. PREREQUISITE—The applicant must previously have been certified by the American Board of Internal Medicine, before he is eligible to apply for admission to the Subspecialty Board examination.

B. TRAINING—The candidate should have devoted at least one full year to postgraduate training in a hospital or postgraduate program devoted primarily to pulmonary disease, or in a general hospital with the facilities for the care of patients with tuberculosis and other pulmonary diseases, and no less than 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 pathologic 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; and 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 pharmacologic and therapeutic application of drugs used in the treatment of pulmonary diseases and 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.

D. RE-EXAMINATION—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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BENJAMIN B. WHITCOMB, Hartford, Conn.

GUY L. ODOM, Secretary-Treasurer, Duke University Medical Center, Durham, N. C. 27706

GENERAL QUALIFICATIONS

(1) Moral, ethical, professional standing and practice satisfactory to the members of the Board.

(2) Completion of a minimal prescribed period of formal training in approved centers in the United States or Canada as described below.

(3) It shall be discretionary with the Board to accept for examination neurosurgically trained candidates who have been in neurosurgical practice in the United States or Canada more than six years, but whose formal training fails to meet the full requirements.

(4) Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for certification by the American Board of Neurological Surgery. All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Educational Council for Foreign Medical Graduates.

(5) A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for this Foreign Certificate may be taken without completion of the requirement of two years in the practice of neurological surgery. All foreign applicants, as the regular applicants, must have one year of general surgical training in an approved program of general surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice, he must forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada.

PRELIMINARY PROFESSIONAL STANDING

(I)

1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) Completion of training in general surgery of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) A period of graduate study of not less than four years, following completion of the training in general surgery in a hospital or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period at least thirty months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training in clinical neurological surgery be obtained in one institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or graduate school of medicine for periods of less than six months.

Upon recommendation of the head of an approved neurosurgical training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

- a) transfers from one approved neurosurgical training center to another by arrangement between the chiefs of the two programs.
- b) before entering a training program has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery in one community is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

1. Identifying hospital number and date of admission
2. Clinical diagnosis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readily available when requested. The candidate should bring this list with him to the examination. He should not send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of directors, must be in the hands of the Secretary-Treasurer of the Board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted, the candidate shall be scheduled for examination as soon as the schedule permits after completion of his training and practice requirements. He must take the examination within 3 years of the time he is eligible or re-apply as a new candidate. If he fails and wishes to repeat the examination he must do so within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. If a candidate has failed twice and wishes to re-apply, he must first withdraw from practice and take a minimum of six (6) months period of formal study which shall be consecutive and shall be carried out in an approved center for neurosurgical training. Foreign and other centers may be employed only by specific permission of the Board. He shall re-apply as soon as his study period has been completed and, if his credentials are in proper order, must take the examination within one year. Failure of the total examination shall require a further six (6) months of formal training and re-application as before. Candidates who have been examined under the six-year practice rule and who fail twice will be required to obtain additional training under the candidate's own initiative.

PAYMENT OF FEES

The fee for Certification shall be two hundred dollars (\$200.). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25.). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two weeks before the date of the examination.

A candidate who has failed in one examination is eligible for re-examination in the subject, or subjects, in which he failed within three years, on payment of a re-examination fee of one hundred fifty dollars (\$150.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada, he shall pay a re-examination fee of one hundred fifty dollars (\$150.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars (\$25.). When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two weeks before the date of examination. If the candidate should sustain a partial failure and is eligible for re-examination in the subject or subjects in which he failed within three years, he must repeat that portion of the examination that he failed by the payment of re-examination fee of one hundred fifty dollars (\$150.).

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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Rochester, Minn.
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CLYDE L. RANDALL, Secretary-Treasurer, 100 Meadow Road,
Buffalo, N. Y. 14216

REQUIREMENTS FOR ADMISSION TO THE EXAMINATION

THE PART I (WRITTEN) EXAMINATION.

For U.S. and Canadian citizens, the following are required:

1. The possession of the degree of Doctor of Medicine (or equivalent degree) from an institution of learning acceptable to the Council on Medical Education of the American Medical Association.
2. The completion of a *progressive* residency in obstetrics and gynecology of three or more years duration approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada, an experience which must include the usual length of time as senior or chief resident in the program as approved.

For foreign graduates not intending to practice in the United States or Canada, the following are required:

1. Possession of a permanent E.C.F.M.G. (Educational Council for Foreign Medical Graduates) certificate.
2. Completion of an approved residency experience as currently required of the graduates of U.S. and Canadian schools.

A candidate must write Part I at one of the next three regularly scheduled Part I examinations after he becomes eligible. Failure to write Part I within the prescribed times makes a candidate permanently ineligible. An exception to this ruling can only be made by action of the Board of Directors.

SPECIAL NOTICE REGARDING THE THREE-YEAR RULE

An applicant who completed an approved residency on or anytime before June 30, 1966 must have written Part I in July 1966 or do so in either July 1967 or July 1968.

An applicant completing an approved residency between July 1, 1966 and June 30, 1967 must write Part I in July 1967, July 1968 or July 1969.

For a residency completed on a date other than June 30, the permitted three-year period includes the next three July (Part I) examinations.

Because of the time-limitation regarding the Part II (oral) examination (see final two paragraphs), candidates are urged to apply for the Part II (oral) examination as soon as they have passed the Part I (written) examination and have fulfilled all other requirements. The three-year limitation to take the Part II (oral) examination begins when the requirements for certification have been fulfilled.

THE PART II (ORAL) EXAMINATION.

To be eligible to apply for the oral examination, the candidate must have fulfilled the requirements for certification as listed below:

1. A passing grade in the Part I (written) examination.
2. Full citizenship in the U.S. or Canada.
3. Unlimited license to practice medicine in one of the states or a province of Canada.
4. Not less than eighteen consecutive months of post-residency practice, limited to the specialty in one locality or community immediately prior to the date of application. Interpretation of "one locality" may be made by the Board for a candidate whose post-residency practice in obstetrics and gynecology has been in governmental service. The eighteen-month period must be fulfilled in either governmental service or civilian practice—it cannot be part governmental and part civilian.

Post-residency practice should provide opportunity for colleague appraisal of the candidate's abilities when working on his own responsibility. Approvable post-residency experience may occur in independent practice, while an assistant or associate, or in governmental service. After completion of residency requirements, a candidate advanced to a full-time appointment in a medical school will be considered in practice when his activities include clinical responsibility within a university affiliated teaching hospital.

Periods of residency in excess of the currently required minimum may not be substituted for any part of the required post-residency time in practice. The same applies to any fellowship that does not meet the previously stated requirement of full-time appointment with clinical responsibility.

5. The candidate's good ethical and professional character, standing and reputation must be established to the satisfaction of the Board. The identity of each candidate desiring to be certified is made known to all Diplomates of this Board. The Board will also request comment by administrative officers of organizations and institutions in which the candidate is known. Endorsements and testimonials in support of a candidate's application are usually regarded as information of lesser significance than that gained in answer to the confidential inquiries made by the Board.

6. A foreign-born candidate eligible to apply for the certification examination must supply a notarized statement *with his application* (not a copy of original citizenship papers), attesting to full citizenship in the United States or Canada. A candidate so qualified must also submit *with his application* to take Part II documentary evidence of the date of unlimited licensure to practice medicine in at least one state or a province of Canada.

DEFINITION: "BOARD ELIGIBLE"

In the viewpoint of this Board a candidate is "Board eligible" when he

1. Has passed the Part I (written) examination, and when
2. By virtue of citizenship, licensure, and limitation of practice is currently qualifying for the Part II (oral) examination.

APPLICATIONS

Only one ruling on any application will be made within a period of twelve months. Each application will be considered in accordance with the requirements effective in the year admission to the examination is requested. The Board will make a final decision concerning the application of the applicant in the light of all circumstances affecting his eligibility.

PART I (WRITTEN) EXAMINATION FOR AUTHENTICATION.

Upon completion of an approved residency program (as listed by the Council on Medical Education of the American Medical Association) a candidate is immediately qualified to write the Part I examination.

Beginning January 1, 1966, all candidates must write the Part I examination *within three years* after completion of an approved residency program. An exception to this ruling can be made only by action of the Board of Directors.

Application forms for the Part I (written) examination scheduled for early July of each year must be obtained from the office of the Board. The application, *completed in all details*, together with an application fee of \$25 must be received in the Board office during October or November of the year preceding the examination. *Applications postmarked after November 30 will not be processed for the next examination but will be acceptable for the succeeding examination, a year later.*

Endorsement and verification of residency experience will be requested by the Board from (a) the Director or Superintendent of the hospital, and (b) the current Chief of the obstetric-gynecologic residency program indicating:

1. That the candidate is making satisfactory progress as a resident.
2. The anticipated date on which the candidate will complete his residency program.

If his application is accepted, the candidate will receive a Part I Admittance Slip. The lower portion of this slip must be returned promptly with payment of the \$75 examination fee. This examination fee is in addition to the \$25 application fee.

On the day of the examination the candidate must present to the proctor the upper portion of the Part I Admittance Slip, which must have been signed by the administrator of the hospital, certifying that the candidate *has satisfactorily completed* his residency program.

REAPPLICATION TO TAKE PART I.

A candidate failing Part I may request re-examination within two years. (See Re-Examinations)

PART II (ORAL) EXAMINATION FOR CERTIFICATION.

Application forms may be obtained from the office of the Board. Completed applications to take Part II will be accepted by the Board office *only* during January or February of the year of examination.

Applications that are incomplete or late—postmarked after the last day of February—will not be processed for that year.

CASE LISTS.

Each application or reapplication to take Part II must be accompanied by duplicate certified typewritten lists of all patients dismissed from the candidate's service in each hospital where he has practiced during the twelve months

immediately preceding the month of application. The patients listed must be only those for whom the candidate assumed the major responsibility. Interpretation of "major responsibility" implies that the candidate has personally operated upon, attended the delivery or maintained control of the patient's management. The case lists will be used as a basis for questions during the Part II (oral) examination. Candidates are urged to review their lists prior to the oral examination.

For each hospital, separate lists of obstetric and gynecologic patients should be prepared across unbound paper 8½ x 11 inches which conform IN ALL DETAILS to the format illustrated in the Bulletin of the Board.

**SPECIAL CATEGORY:
CASE LISTS INADEQUATE**

A candidate in a full-time academic position or in governmental service at the time of application to take the Part II (oral) examination may be required to submit a Statement of Clinical Responsibility if his case lists are considered inadequate.

WHEN CANDIDATE POSTPONES PART II.

An applicant declared eligible who fails to exercise the privilege of examination in the same year is required to submit current duplicate certified typewritten lists of all patients dismissed from his service in each hospital where he has practiced during the twelve months immediately preceding his request to be again scheduled to take Part II. Such a request by a candidate previously accepted for examination should be made of the Board office, with resubmission of new and current lists of hospital dismissals, during January or February of the year of examination. *Such letters postmarked after the last day of February will be too late and will not be acted upon that year.*

TIME LIMITATION

A candidate who fails to pass the Part II examination *within three years after the requirements for certification have been fulfilled*, must reapply for the Part I examination. Only by again passing Part I can he remain eligible to apply to again take the Part II (oral) examination for certification.

FEES

The fees, which are not refundable, have been computed to cover the cost of examinations and administrative expense. The fees must be paid in U.S. currency.

THE PART I (WRITTEN) EXAMINATION.

Applications to take the Part I examination must be accompanied by payment of an application fee of \$25.

Before the candidate will be permitted to write the Part I examination, he will be required to have returned the bottom portion of the Admittance Slip to the Board office with payment of the examination fee of \$75.

A candidate failing the written examination may take Part I again by notifying the Board office that he wishes to do so. He must again pay the examination fee of \$75 when he has been notified that he is scheduled to take the re-examination (See Re-examinations).

THE PART II (ORAL) EXAMINATION.

A candidate accepted to take Part II will be notified of his eligibility to take the oral examination and will then be required to pay the Part II examination fee of \$75.

This examination fee is payable each time a candidate is notified of the date he will be admitted to the Part II examination. When unusual circumstances have accounted for the failure of an eligible candidate to appear for examination, the Board may permit rescheduling of the candidate to take Part II without payment of additional fee.

THE EXAMINATION

PART I (WRITTEN)—FOR AUTHENTICATION.

Part I, scheduled for early July each year, consists of a comprehensive written examination in both obstetrics and gynecology as well as related basic sciences, and is given within a single three-hour period.

Each examination will be conducted by selected proctors at designated centers throughout the United States and Canada only.

Special arrangements may be made, by correspondence with the Board office, with a senior officer to supervise the examination of a candidate in governmental service or similar foreign duty for the United States or Canada, provided such a candidate keeps the Board office informed of his address. Such special arrangements will only be made for candidates in governmental service or for re-examination.

Each applicant accepted for Part I examination will be required to achieve a passing grade of 75 per cent.

PART II (ORAL)—FOR CERTIFICATION.

Part II, conducted by the Directors of the Board and other Examiners, consists of:

An oral examination designed to test the general qualifications of the candidate as a specialist in obstetrics and gynecology, the extent of his experience and knowledge in clinical obstetrics and gynecology as well as in related basic sciences, and his familiarity with recent obstetric and gynecologic literature. The candidate is expected to recognize and discuss photographs illustrating the gross pathology of obstetric and gynecologic disease. The candidate is also expected to identify and describe microscopic preparations illustrating obstetric and gynecologic pathology.

After interviewing a candidate, the examiners submit written reports to the assembled Board and all other Examiners. Each candidate is then passed or failed by the vote of the Directors of the Board.

RE-EXAMINATIONS

PART I.

A reapplication will be considered in view of the requirements effective in the year readmission to the examination is requested.

A candidate notified of his failure to pass Part I may by written request, during October or November, ask to be rescheduled for the Part I the following July. *Such requests postmarked after November 30 will be considered late and will not be acted upon until the following year.* (See Time-Limitation ruling).

PART II.

A candidate who fails Part II may by written request, in January or February, ask to be rescheduled to take the next Part II (oral) examination. *If such a request is postmarked after the last day of February, it will be considered late and will not be acted upon until the following year.* Duplicate typewritten lists of all cases dismissed from his care in all hospitals during the twelve months preceding the month of his request to take Part II are required *with each request to take the oral examination.*

POSTPONED ELIGIBILITY

When the Board notifies the candidate of his ineligibility or postpones his admission to an examination for one or two years, a candidate may as directed request reopening of his application *without payment of additional fee.* Such written request should be accompanied by evidence that the reasons for the previous ruling of ineligibility or postponement have been corrected.

A candidate desiring reconsideration of his application to take Part II must submit in January or February with his letter indicating such request, duplicate certified typewritten

lists of all patients dismissed from his service in each hospital where he has practiced *during the twelve months preceding the month of his request* for readmission to the Part II examination.

TYPES OF BOARD APPROVAL

AUTHENTICATION—BY PASSING PART I.

The Board has recognized the desirability of permitting Foreign Nationals who do not plan to become citizens of the United States or Canada or to be certified to take Part I and accordingly has established a procedure for authentication of basic knowledge and residency training.

Each letter of authentication attesting to the passing of Part I does not of itself confer or purport to confer upon any person any degree, legal qualifications or privileges. It merely acknowledges that the individual has completed an approved residency in obstetrics and gynecology and has passed the written (Part I) examination of this Board.

CERTIFICATION—BY PASSING PART II.

Each certificate granted or issued does not of itself confer or purport to confer upon the individual any degree or legal qualifications, privileges or license to practice obstetrics and/or gynecology; nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics and gynecology in any hospital are the prerogative of that hospital, not of this Board. The major objective of the Board is to maintain established qualifications for specialists in obstetrics and gynecology by certifying as specialists those who, in accord with the stated regulations and requirements, voluntarily appear before the Board for the purpose of recognition and certification.

Diplomates of this Board are listed in the Directory of Medical Specialists and are so designated in the American Medical Directory.

REVOCAION OF CERTIFICATION

Each candidate, when making application, signs an agreement regarding disqualification or revocation of certificate for cause. Revocation may occur whenever:

1. The physician certified shall not in fact have been eligible to receive certification, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, Directors, examiners, officers, or agents at or before the time of issuance of such Certificate of Qualification.

2. Any rule governing examination for certification shall have been violated by the physician so certified but the fact of such violation shall not have been ascertained until after the issuance of the Certificate of Qualification.

3. The physician so certified shall fail to abide by the regulations governing the limitation of his practice to the specialty of obstetrics and gynecology.

4. The physician so certified shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing, and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in any County or District Society shall be evidence of a violation of such standards of ethical practice of medicine.

5. The physician so certified shall fail to comply with or violate, or the issuance or receipt by him of such Certificate of Qualification shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and Regulations of this Board.

Upon revocation of any Certificate of Qualification by this Board as aforesaid, the holder hereof shall return his

Certificate of Qualification and all other evidence of certification to the Secretary of the Board and his name shall be removed from the list of Diplomates.

RESIDENCY PROGRAMS

The contents of the Essentials of Approved Residencies, as well as of the Guide for Residency Programs in Obstetrics and Gynecology, published by the Council on Medical Education of the American Medical Association, should be known by those who desire to conduct an approved program.

Application for approval of a residency program must be made on special forms obtainable from the Secretary of the Residency Review Committee for Obstetrics and Gynecology in the office of the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Following inspection of the proposed program by a representative of the Council, the application will be submitted to the Residency Review Committee for consideration and action.

The Residency Review Committee, sponsored jointly by the American Board of Obstetrics and Gynecology and the Council on Medical Education of the American Medical Association, is composed of twelve Diplomates of this Board who have had experience in the organization and supervision of sound programs for graduate education in this field. The sponsors have reviewed and approved the policies of the Committee and have delegated to it full authority to act.

To be approved, a program must be designed to provide an educational opportunity for the resident that is progressive both in experience and responsibility. All such programs must achieve a balance between academic activities and the clinical experiences acquired through the care of patients. The total number of residents in an approved program must not exceed the number indicated in the notice of current effective approval by the Residency Review Committee for Obstetrics and Gynecology unless such change has been agreed to and acknowledged by correspondence with the Residency Review Committee.

DIRECTOR OF PROGRAM

The chief of service and at least one additional member of the staff should be Diplomates of this Board. When obstetrics and gynecology are not a combined department, the chief of each division and at least one of his associates must be Diplomates of this Board. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. When the divisions of obstetrics and gynecology are not combined in a given institution or when one or the other of the divisions is located in an affiliated institution, approval for residency training is contingent upon the direction of a single chief to assure integration of teaching and a satisfactory rotation of residents between obstetrics and gynecology.

CONTENT OF RESIDENCY PROGRAM

1. The American Board of Obstetrics and Gynecology requires not less than three years of progressive residency experience in clinical obstetrics-gynecology.

2. The final year must include the responsibilities of the chief or senior resident in the program.

3. The Board recognizes that some residency programs, in order to fulfill the minimal requirements described in the preceding paragraphs, may extend beyond three years. It is emphasized that a residency longer than three years must provide progressive responsibility in both obstetrics and gynecology for each resident in the program.

4. Education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient.

Assignment to a basic science course which removes the candidate from clinical obstetrics and gynecology cannot be permitted within the required minimal time of clinical responsibility in an approved program.

5. Exchange of residents between approved programs of obstetrics and gynecology is acceptable. Exchange into other specialties cannot be permitted within a three-year residency designed to fulfill only the minimum of required clinical experience in obstetrics and gynecology.

6. Assignment of residents to the clinical services of institutions not approved for residency training cannot be permitted unless the work of such service is carefully supervised by the chief of the approved residency program to which the resident has been appointed. Such an arrangement must have been described in the hospital information form supplied to the Residency Review Committee and have been approved by that Committee when the program was considered.

RULINGS AND INFORMATION

RESIDENCY EXPERIENCE.

Since July 1, 1962, this Board has required a minimum of three years approved and progressive residency in clinical obstetrics-gynecology, including the usual length of time as senior or chief resident in that program as it had been approved, to complete the requirements for admission to the Part I (written) examination.

RESIDENTS' CONTRACTS.

Any physician who formally obligates himself to enter a residency program approved by the Residency Review Committee and who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be required to render an explanation satisfactory to this Board.

GOVERNMENTAL SERVICES.

An applicant on service in obstetrics and gynecology under orders in a governmental hospital, may be credited with residency experience only if that hospital is conducting a currently approved residency program in obstetrics and gynecology.

A candidate's time-in-practice requirements may be fulfilled while on active duty in governmental services provided:

1. He is serving in governmental service when he applies and his list of hospital dismissals records his clinical experience in a governmental hospital or hospitals during the twelve months immediately preceding the date of his application to take the Part II (oral) examination.

2. The Board has received evidence indicating favorable colleague appraisal of his activities while in governmental services.

A candidate who applies after separation from governmental service, whose list of hospital dismissals records experience in civilian practice during the twelve months preceding the date of his application, and/or whose record of colleague appraisal is in the community where he has established practice after separation from governmental service, must have been in civilian practice a minimum of eighteen months in that locality.

SINGLE CERTIFICATION

Physicians otherwise qualified, who were graduated before January 1, 1939, whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for the last five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. Knowledge of both obstetrics and gynecology will be required during the examination and no candidate for such single certification will be accepted after 1969.

EMERGENCY CARE: LIMITATION OF PRACTICE.

It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in emergency care.

The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care cannot be regarded as specialists in obstetrics and gynecology, except when this is related to governmental services or emergency care.

DIPLOMATES OF OTHER BOARDS.

Applicants who possess a certificate from another Board may retain such certificate provided they agree to limit their future practice to obstetrics and/or gynecology.

TIME LIMITATIONS.

After January 1, 1966, the Part I (written) examination must be taken at one of the next three regularly scheduled examination after completion of an approved residency program.

After January 1, 1966, a candidate who passes the Part I (written) examination and has fulfilled all other requirements for Part II (oral) examination, will be considered Board eligible. If such a Board-eligible candidate does not pass the Part II (oral) examination within three years after the requirements for certification have been fulfilled, his eligibility is forfeited. He may thereafter regain eligibility only by applying for and again passing the Part I (written) examination.

AMERICAN BOARD OF OPHTHALMOLOGY

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 FRED M. WILSON, Indianapolis
 MISS LEA M. STELZER, Registrar, Box 236, Cape Cottage
 Branch, Portland, Me., 04107

REQUIREMENTS

All applicants must comply with current regulations of the American Board of Ophthalmology.

Applicants must be of high moral, ethical and professional standing.

Applicants must be graduates of a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. Applicants from countries other than the United States and Canada must provide evidence of satisfactory medical education and must be certified by the Educational Council for Foreign Medical Graduates. This latter requirement is waived for citizens of the United States who are graduates of foreign medical schools and who are licensed to practice in one of the States of the United States of America or who have passed the examination of the National Board of Medical Examiners.

Applicants must have completed an internship of not less than one year in a hospital approved by the Council on Medical Education.

Applicants must have a valid license to practice medicine in the State, Province or nation wherein they permanently reside, except in those situations in which a license to practice is not required.

Applicants are required to have completed a satisfactory

course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of 36 months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of 12 additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of 48 months of ophthalmology *by the date of the written test*.

Individuals with less than 36 months of formal training may take the qualifying written test after completion of 60 months in ophthalmology solely or after 72 months of combined ophthalmology and otolaryngology. Credit for completion of basic science courses may not exceed 12 months.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.
2. Fee of \$100.00 remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery.

FEES

For original written test, \$100.00, payable with application.

For original clinical examination, \$50.00, payable on successful completion of the written test.

Repeating written test, \$65.00.

Repeating clinical examination, \$65.00.

Single conditions, \$25.00.

Two or more conditions, \$35.00.

The fees have been carefully computed on a basis of cost of examinations, and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

TIME LIMIT

Applicants must take the written test within two years after acceptance of application. If the written test is not taken within this 24 month period, the application is considered expired and must be resubmitted with fee of \$100.00.

Applicants must complete successfully the written test and oral examination within six years after acceptance of application. After six years, a new application, credentials, and application fee are required.

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology:

1. Anatomy, histology, and embryology of the eye and ocular adnexa
2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology

11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways.

1. By study in systematic course of the basic sciences related to ophthalmology.
2. By means of organized study of basic topics with appropriate laboratory aids during the period of residency training.
3. By research carried out in an established laboratory under the supervision of an experienced investigator, with the development of special skills in certain of the basic sciences. It must be recognized that investigation frequently involves a limited sphere of knowledge and that an applicant must make provision for instruction in areas of knowledge which is not encompassed by his research experience.
4. Individual courses in basic sciences are provided by various institutions and permit the candidate intensive instruction in special areas.
5. The Home Study Course in ophthalmology of the American Academy of Ophthalmology and Otolaryngology may be used to supplement other courses. It constitutes a valuable method of organizing and applying the results of one's reading.

CLINICAL EXPERIENCE

Clinical experience can be obtained only by means of the examination, diagnosis, and care of many patients having a wide variety of ocular disorders. A residency, fellowship, or traineeship in an approved hospital provides the most effective way of obtaining adequate clinical skill.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the American Board of Ophthalmology. Full information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

WRITTEN QUALIFYING TEST

Before being accepted for oral examination, each applicant must pass a written qualifying test. This is a multiple choice test usually consisting of 200 questions which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism
4. Physiology
5. Microbiology, immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described by Adler in Transactions of the American Ophthalmological Society 56:45, 1958.

The written test is given simultaneously in a number of designated cities in January of each year. Applicants who pass the written test are considered "Board eligible" and will be notified to appear for a subsequent oral examination. Candidates who fail the written test must repeat it within two years after the first failure. Applicants who fail two tests may reapply following acceptable additional training.

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the American Board and shall

be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The clinical examination must be taken within two years after passing the written.*

If candidates fail to pass all subjects within three attempts, they must reapply, obtain approval of the Board, and pass another written qualifying test before being admitted to the oral examinations.

The oral examination is divided into the following topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-Ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations of abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

3. HISTOPATHOLOGY. Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes, and are expected to carry out microscopic examination of a series of sections of eyes with a variety of disorders. They should be familiar with various micro-organisms causing ocular disease and the methods used to demonstrate them.

4. REFRACTION. Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optical principles of refraction and retinoscopy;
- (b) The various types of spectacles lenses and the effects of decentration, tilting, and the like;
- (c) The indications for various methods of examination;
- (d) Contact lenses, visual aids for low visual acuity, colored lenses, and various types of safety lenses.

5. OCULAR MOTILITY. Candidates should understand the anatomy and physiology of the neuromuscular mechanism for binocular vision. They should be able to discuss in detail the onset, course, and management of various types of comitant and non-comitant deviations. They are expected to discuss in detail abnormal sensory mechanisms and the methods of diagnosis and treatment.

6. NEURO-OPHTHALMOLOGY. Candidates are expected to be familiar with ophthalmic manifestations of various neurologic disorders. They are expected to know the anatomy and physiology of the central connections of the eye and their variation in disease. They should recognize the common abnormalities involving the orbit and related structures as demonstrated on roentgenographic examination. They should understand the diagnostic measures required to demonstrate various neurologic disorders and the manifesta-

tions of disease as demonstrated on the perimeter and tangent screen.

7. PRINCIPLES OF OPHTHALMIC SURGERY. Candidates should understand the principles of ophthalmic surgery including the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

RE-EXAMINATION

Individuals who fail the written test or the entire oral examination cannot be admitted in less than 12 months. They must, however, be re-examined within 24 months upon presentation of evidence of acceptable additional training and payment of re-examination fee. The Board at its discretion may deny candidates the privilege of re-examination. If a candidate should fail to pass one or more subjects in the clinical examination, but not the entire examination, the Board decides on an individual basis when he may appear for re-examination after additional acceptable preparation.

CERTIFICATION

The certificate is issued only to those who have successfully passed the written test and the oral examination. Physicians who have received the certificate are DIPLOMATES (not members) of the Board. Members of the American Board of Ophthalmology are elected by the three component societies.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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II. MINIMAL EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in Orthopaedic Surgery. In order to establish satisfactory competence in the specialty of Orthopaedic Surgery it has been necessary to define the minimal educational requirements, which are as follows:

1. A candidate must be a graduate from a medical school of the United States or Canada approved by the Council on Medical Education of the American Medical Association, with the degree of Doctor of Medicine.

2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Council for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa. 19104.)

3. Five years of post-doctoral educational experience including the following:

(a) A candidate must have completed a twelve-month internship approved at that time by the Council on Medical Education of the American Medical Association. In instances of foreign graduates who have obtained the regular certificate of the Educational Council for Foreign Medical Graduates, the institution in which the internship was served must be considered satisfactory by the Committee on Eligibility of the American Board of Orthopaedic Surgery.

(b) Four years of orthopaedic surgery education are required following internship. While some approved programs may elect to schedule two or more subject areas concurrently, it is necessary that clearly defined education and training experiences are included in the categories of adult orthopaedics, children's orthopaedics, fractures and trauma, and basic science. The cumulative record of experience in these categories is to be maintained jointly by the Director of the educational program and the resident to facilitate review as required by the Eligibility Committee of the Board.

(c) Three of the required four years of orthopaedic surgery education are required to conform to the following relative distribution of subject areas, determined either on the basis of specific time of assignments or by proportion of experience in those cases where the concurrent or integrated plan is used.

Adult orthopaedics	(1/4) 9 months
Children's orthopaedics	(1/4) 9 months
Fractures and Trauma	(1/6) 6 months
Basic Science	(1/6) 6 months

The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to the musculoskeletal system. This educational program should facilitate the study of what is known in these fields as they relate to orthopaedic surgery and, if possible, to provide opportunities for the trainee to apply these basic sciences to all phases of orthopaedic surgery.

Elective (1/6) 6 months

The elective period may be fulfilled by additional assignments in areas previously described, or by hand surgery, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

(d) The fourth year of additional residency education (which most frequently occurs between internship and the three stipulated years outlined in (c) above, but which may occur at any stage in the complete program) may be obtained from the following categories:

- (1) Assistant resident in general surgery.
- (2) Assistant in orthopaedic surgery in any of the subject areas described in (c) above.
- (3) Assistant resident in related medical and surgical areas, including neurological surgery, genitourinary surgery, plastic surgery and pediatric surgery.
- (4) Extra year of internship.

(e) Work in military service. Credit is granted only after termination of military service and presentation of a

Professional Training Record, letters from Chiefs of Services and a list of operations performed by the candidate. Credit may be granted on the basis of one month of credit for one month of training when obtained on approved programs. One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services if approved by the Committee on Eligibility. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.

- (f) Research or study (one year) in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.

Note: The educational experience must be on programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in Directory of Approved Internships and Residencies). The Board also accepts training in Canada taken on services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

III. REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed in Section II.

2. Licensure to practice medicine in the United States or Canada, or full time service in the Federal government, which customarily does not require licensure. Special provisions detailed later in this section permit foreign graduates who are returning to their homelands to practice orthopaedic surgery in lieu of licensure in the United States or Canada.

3. Acceptable ethical and professional standards and satisfactory moral standing within the community. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters.

4. A candidate must devote full time for one year to orthopaedic surgery in a manner which is consistent with local health needs of the community and hospital practice requirements.

5. A candidate is required to be actively engaged in practice, teaching or research in Orthopaedic Surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

6. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital setting for one full year to fulfill practice requirements, unless the Committee on Eligibility rules otherwise.

7. A candidate must be prepared to submit as a part of his application to the Committee on Eligibility, if requested, an unbound list of all patients admitted to his care in the hospital or hospitals in which he has practiced prior to the filing of his application. Such a list shall include the name of the hospital, the hospital number for each patient, the patient's age, definitive diagnosis, the treatment, the end result and the period of time covered. The authenticity of the patient list shall be certified by the hospital administrator or record librarian. A candidate engaged in practice in a partnership or assigned full time in a private or governmental hospital must, upon request, submit a list of patients cared for primarily by the candidate. This list must also be certified by the hospital administrator or record librarian.

8. A candidate practicing in Canada is required to pass the qualifying examinations in Orthopaedic Surgery of the

Royal College of Physicians and Surgeons of Canada before he can apply for the examination of the American Board of Orthopaedic Surgery, unless he has obtained three or more years of his approved orthopaedic surgery education in the United States.

9. A candidate originating in a country requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate Orthopaedic Organizations in the country in which he has had his orthopaedic surgery education.

Note: The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Procedures. Notification of acceptance will be mailed to the candidate in advance of the examination.

Date and place of the examination is announced in the *Journal of the American Medical Association* and in the *Journal of Bone and Joint Surgery* and in the *Bulletin of the American Academy of Orthopaedic Surgeons*.

IV. PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before July 1 of the year preceding the examination. The application must be accompanied by a non-refundable fee of \$25.00.

2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional fraud is subsequently discovered in the application. The examination must be taken within three years following the completion of the educational program unless a reason which is acceptable to the Committee on Eligibility is established.

3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.

4. Upon notification of eligibility for the examination the candidate must submit a fee of \$225.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled.

V. SCOPE OF THE EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.

VI. RESULTS OF THE EXAMINATION

A. Successful Candidates

A candidate who has successfully passed the examination receives a Certificate indicating that he is certified to practice the specialty of Orthopaedic Surgery as of the date of issuance of the Certificate. The Certificates will be mailed to successful candidates as soon as feasible.

B. Unsuccessful Candidates

1. A candidate who fails will be required by the Board to repeat any part or all of the examination.

2. A candidate who is required to repeat a part of the examination must do so within two years. A fee of \$50.00 will be charged. If the partial examination is not completed successfully within the ensuing two years, the entire examination must be repeated.

3. A candidate who is required to repeat the entire examination will be given the opportunity to take the examination on two additional occasions. The Committee on Eligibility will consider candidates for re-examination upon receipt of a \$25.00 fee for reactivation of the application. This fee must be received in the Board office before July 1 of the year preceding the examination. Upon receipt of notification of acceptance by the Committee on Eligibility

for a repeat examination the candidate will submit to the Board a fee of \$225.00.

4. A candidate who fails to pass the examination on three occasions, or to repeat the examination within two years, will be required to obtain the equivalent of six months additional education, subject to the decision of the Committee on Eligibility.

5. After obtaining the equivalent of six months of additional education the candidate must repeat the examination within a three-year period or he will be required to take an additional year of education on a full-time basis in an approved residency program. A new application with fee of \$25.00 must be submitted for each additional examination, followed by payment of the \$225.00 examination fee upon notification of acceptance.

VII. FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for examination, and if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of those pertaining to practice.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and notarized translation, which substantiate a candidate's claims and allegations.

4. A candidate who is returning immediately to the country where he intends to practice upon completing the required residency education may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

7. Examinations are the same as those given to candidates from the United States and Canada.

VIII. CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed of the basis of such action and will be afforded a hearing following procedures as formulated by the American Board of Orthopaedic Surgery.

4. Should the circumstances which were considered in justification for revocation or surrender of the Diplomate's Certificate be corrected, the Board may subsequently reinstate the Certificate after appropriate review of the individual's qualifications and performance, using the same standards as for other candidates for certification.

IX. MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

X. APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies, and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Institutions approved for residency education in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for residency education, provided the resident spends at least half of the minimum time required in each category of education in institutions approved by the Committee for that type of training.

Note: The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving six months or more of education may be listed in the Directory of Approved Internships and Residencies.

XI. REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total program are expected to confine their education primarily

to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives of the minimal requirements as outlined in Section II.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined in Section II.

6. Candidates in residency education may not engage in private practice.

Note: The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all of the requirements are satisfied.

XII. PROCEDURE FOR OBTAINING APPROVAL OF INSTITUTIONS FOR RESIDENCY EDUCATION IN ORTHOPAEDIC SURGERY

The Residency Review Committee for Orthopaedic Surgery is composed of four representatives from each of the two sponsoring organizations, namely, The American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. The Committee is assigned the responsibility for evaluating and approving residency education programs in relation to their education value and technical content. Programs which are approved by this Committee are listed in the Directory of Approved Internships and Residencies published by the American Medical Association.

1. Necessary application forms are obtainable from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. The completed forms are returned to the Secretary of the Residency Review Committee for Orthopaedic Surgery at the above address. An inspection of the proposed program will be carried out by a representative of the Council. The report and related data will be directed to the Residency Review Committee for action. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Residency Review Committee meets twice yearly, usually in April and October.

3. Programs tentatively approved are also inspected as soon as feasible by a Diplomate of the American Board of Orthopaedic Surgery. His report is submitted to the Residency Review Committee for further evaluation of education program.

4. Hospitals seeking extension of approved education services or the reinstatement of approval of services following withdrawal of same will follow the same procedures outlined above.

5. The number of residents assigned to any education program must be approved by the Residency Review Committee.

AMERICAN BOARD OF OTOLARYNGOLOGY

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- DEAN M. LIERLE, Executive Secretary-Treasurer, University Hospital, Iowa City, Iowa 52241

GENERAL REQUIREMENTS

The following general qualifications are required of applicants for examination by the American Board of Otolaryngology.

1. An applicant shall possess moral, ethical and professional qualifications acceptable to the members of the Board.

2. An applicant shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association or by the Canadian Medical Association.

3. An applicant shall have completed an internship of at least one year's duration which has been approved by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.

4. An applicant who has received some or all premedical and/or medical instruction outside of the United States or Canada, shall present documented evidence of the satisfactory completion of such study.

5. An applicant from a country other than the United States or Canada, who has received acceptable foreign premedical and medical training and who has served an approved residency in Otolaryngology in the United States or Canada, is eligible for examination provided he meets all other requirements of the Board.

6. An applicant who has received premedical, medical and residency training, other than in the United States or Canada, will be considered on an individual basis by the members of the Board

SPECIAL REQUIREMENTS

1. An applicant must have completed four years of graduate training in addition to the internship. This training must include a minimum of one year in general surgery and three years in otolaryngology, both in approved programs.

The year of general surgical residency should be taken before the residency in otolaryngology. However, it may be taken between the first and second years or second and third years, but not following completion of the residency in otolaryngology.

2. The course of study must include anatomy, biochemistry, embryology, microbiology, pathology, physiology, pharmacology, and the communication sciences, including audiology and speech.

3. In exceptional circumstances certain candidates who do not meet the prescribed requirements may be accepted for examination by special action of the Board.

LIMITED CERTIFICATION

At the discretion of members of the Board, a limited certificate may be issued to a physician who possesses all

the prerequisites for certification by the Board, but practices solely, one branch of the specialty. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

APPLICATION FOR EXAMINATION

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary of the Board. They shall contain records of the following: personal and medical education, internships, residencies, and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value.

The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two recent (made within six months of the date of the application) photographs of the applicant, 4"x3½", unmounted, dated for time when taken, and autographed on the front; (b) three letters of endorsement from responsible citizens of the United States or Canada, two of which must come from diplomates of the American Board of Otolaryngology; (c) a list of operations and assists performed by the applicant during his residency training, attested to by the Chief of Service or the Head of the Department; (d) proper certification of training; (e) the application fee.

The application, complete with the exception of the list of operations and assists, shall be mailed to the Executive Secretary not less than nine months prior to the probable date of examination. The list of operations and assists must be submitted not earlier than one month prior to completion of the residency. The date for the applicant's examination will not be assigned until after this list has been received by the Executive Secretary.

2. An accepted application remains active for three years from the date of the mailing of the notification of acceptance by the Secretary of the Board. If at the termination of this period of time, a candidate has failed to appear for examination, the application fee is forfeited and the application is canceled.

3. No final statement of eligibility for examination can be given until after the formal application has been completed and reviewed by the Credentials Committee of the Board.

4. The proper authorities of the Board reserve the right to reject any application.

FEES FOR EXAMINATION

The fee for the examination is \$255.00. Of this sum, \$125.00 must accompany the application. No part of this \$125.00 is refundable and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$130.00 of the fee must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. No part of this \$130.00 is refundable once the applicant has been notified of his/her acceptance for examination, and the fee has been paid.

Applicants who meet the requirements to take the Board examinations will be notified as early as possible as to probable date of examinations. Inasmuch as the number of candidates who can be admitted to a course of examinations at any one time is limited, appointments are made in the order in which the applications are received and processed.

EXAMINATION PROCEDURE

The time and place of the examinations are determined by members of the Board. Advance notices of examinations are published in the Journal of the American Medical Association and certain journals devoted to the specialty of otolaryngology. Insofar as is possible, examinations are held at a time near that of the annual meetings of the American

Academy of Ophthalmology and Otolaryngology, or other national ear, nose and throat societies. The time allotted for these examinations is from three to five days. They are usually conducted orally, and are divided into three parts: oral, clinical, and pathological.

Oral examinations and observations of the candidate's clinical evaluation techniques are utilized to personal knowledge, understanding skill, habits and attitudes in the following general categories:

1. Morphology, physiology, pathology, microbiology, biochemistry and pharmacology, relevant to the head and neck, air and upper food passages, and the sensory, motor and autonomic nervous systems as related to these areas.

2. Abnormal function and disease of the regions and systems enumerated in paragraph 1.

3. Medical management of such abnormality and disease.

4. Surgical management of such abnormality and disease, including pre- and post-operative care. The technique of surgery in congenital, inflammatory, neoplastic and traumatic states.

5. Diagnoses and diagnostic methods, including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of radiographs (with or without contrast media) of the nose, accessory sinuses, neck, larynx, lungs and esophagus, and skull with particular reference to the temporal bone.

7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1 above.

RE-EXAMINATION APPLICATION

A candidate who fails one course of examinations may be permitted to take a subsequent course of examinations after a period of eleven months, but before the expiration of forty-eight months, from the date of notification of his/her first failure, provided that such a request for re-examination is approved by the members of the Board, and an additional fee of \$255.00 is paid when the candidate is notified of his/her acceptance. An application to appear for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for the examination.

A candidate who failed a second examination, may apply for a third. A new application must be filed. Acceptance depends upon recommendation of the Credentials Committee of the Board and the Board as a whole. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$255.00, \$125.00 of which must accompany the application. The balance of the fee, \$130.00, will be due upon notification of acceptance for the examinations.

A candidate who is being re-examined is required to take the complete course of examinations.

CERTIFICATION BY THE BOARD

A certificate is granted by the American Board of Otolaryngology to a candidate who has met all the requirements and has satisfactorily passed its examinations.

A candidate who is being re-examined must take the complete examination.

AMERICAN BOARD OF PATHOLOGY

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A. JAMES FRENCH, Secretary-Treasurer, Department of Pathology, University of Michigan, 1335 E. Catherine Street, Ann Arbor, Michigan 48104

GENERAL REQUIREMENTS

1. The candidate must possess moral and ethical standing in the profession.
2. He must hold a permanent, unlimited license to practice medicine.
3. He must devote his time principally and primarily to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, or graduation from medical schools acceptable to the Board in other countries.
2. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

- (a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.
- (b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic and Clinical Pathology:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic and clinical pathology by the Council on Medical Education of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee, or assistant, etc.

The four years of training are divided equally as follows: two years of anatomic pathology and two years of clinical pathology.

The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

A. Training in a department of pathology of an approved school of medicine or in a hospital affiliated with an approved medical school. Such training must be after the second year of undergraduate study. The maximum credit which may be granted is 12 months.

B. A fellowship or instructorship in a preclinical department of a medical school if, in the opinion of the Board, the experience was applicable to the practice of pathology. The maximum credit which may be granted is 12 months.

C. Candidates holding a master's degree or a doctor's degree in a special discipline of pathology may obtain time credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work.

Such credits are evaluated on an individual basis. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of the Secretary of The American Board of Pathology early in their training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit

not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(2) One additional year, which may be a rotating or straight clinical internship, or further training in pathology, or the independent practice of anatomic and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. In addition, training in a pathology department of an approved medical school after the second year of undergraduate study may be credited as outlined under 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(c) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology. Candidates may substitute not to exceed 12 months of a clinical internship, a fellowship or instructorship in a preclinical department of a medical school for one of the four years. The credit for undergraduate training or a master's or doctor's degree also applies, as outlined in 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(d) *Clinical Chemistry, Clinical Microbiology, Hematology, Neuropathology, and Forensic Pathology:*

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had one of the following types of training:

(1) For qualification in clinical chemistry, clinical microbiology, or hematology, applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only, one additional year of supervised training in the special field of their choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board, or one additional year of full-time experience or its equivalent, (in the special fields of clinical chemistry, clinical microbiology, or hematology) under circumstances satisfactory to the Board.

For qualification in neuropathology, applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only, two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year toward regular certification. The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology, plus a fifth year (internship, practice, or further training).

For qualification in forensic pathology, applicants already holding a certificate in anatomic and clinical pathology or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in

forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the specialty in a hospital approved by the American Medical Association, or in other institutions acceptable to the Board.

3. The requirements for those acceptable under the so-called "11 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidate, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For the candidate in this category who has had some special study and training in anatomic or clinical pathology acceptable under paragraphs 2-(a), (b), (c) or (d), double time credit will be allowed. Thus, if a candidate had two years of acceptable supervised study and training, only seven years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Seven years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

4. Certification without examination.

(a) As of January 1, 1966, the Board no longer certifies without examination.

CREDIT FOR MILITARY SERVICES

Training or experience, or both, of reserve officers in the military services is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution approved for training in pathology by the Council on Medical Education of the American Medical Association as compared with an assignment to an unapproved location. For evaluation of credit for military service, write to the Secretary of the Board.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board Eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required. If the candidate does not pass the examination during these two three-year periods of being "Board Eligible" for examination, he will no longer be regarded as "Board Eligible."

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 fifty dollars (\$150). 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 one hundred dollars (\$100) before a second examination will be given.

The application fee of one hundred fifty dollars (\$150) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; however the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

Candidates who fail to appear for examination and have not notified the Office of the Secretary of the American Board of Pathology at least one month prior to the date of the examination will be subject to forfeiture of the examination fee.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in anatomic and clinical pathology, in anatomic pathology only, in clinical pathology only, or in a special field.

After February 1, 1967, a candidate who is eligible for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive his certificates only after he has successfully passed both parts (anatomic pathology and clinical pathology) of the examination. The two parts may be taken at one session or at separate sessions of the American Board of Pathology within a three-year time limit of "Board Eligibility."

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., internship, plus three years approved training and an additional year of further training, practice or research in pathology) will receive the certificate immediately after passing the total examination in anatomic pathology or clinical pathology.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association each year*. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the

director of laboratories and to the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the 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 of appropriate size, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

2. Medical Technologists:

There are no absolute criteria, but it is expected that the number of medical technologists will be proportional to the volume of laboratory work and that, insofar as possible, the medical technologists will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of Laboratory:

The Board recognizes the complexity and diversity of tests performed in a modern pathology laboratory. To insure optimal working conditions, adequate space should be provided for personnel and equipment. The Board does not specify the exact amount of space in a given laboratory. However, programs in general hospitals with a ratio of less than 20 sq. ft., per hospital bed will be scrutinized closely.

4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Percentage of necropsies:

No institution with a necropsy rate of less than 25 per cent will be approved, and those institutions with a rate between 25 and 40 per cent will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so, e.g., teeth, metallic or other foreign bodies, etc.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research.

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Educational program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

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

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

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

CATEGORY APCP-4. In both anatomic and clinical pathology, for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each, for a total of two years.

CATEGORY AP-3. In anatomic pathology only, for three or more years.

CATEGORY AP-1. In anatomic pathology only, for one year.

CATEGORY CP-3. In clinical pathology only, for three or more years.

CATEGORY CP-1. In clinical pathology only, for one year.

CATEGORY SP. Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved.

AMERICAN BOARD OF PEDIATRICS

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 JOHN MCK. MITCHELL, Executive Secretary, 6 Bryn Mawr
 Ave., Bryn Mawr, Pa. 19010

REQUIREMENTS FOR ADMISSION TO EXAMINATION
 GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates for examination for certification must meet the following requirements:*

1. Graduation from an approved medical school.
2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.
3. One year of rotating, pediatric, or other internship in an approved hospital.
4. Two years of specialized residency-type training in an approved pediatric center. However, the Board strongly recommends that if the internship is other than a straight pediatric internship, a full three years of hospital training in pediatrics be secured.
5. In addition to the three years of internship and residency, two years are required in the practice of pediatrics or its equivalent.
6. Thus, the examination may be taken five years after graduation from medical school.

7. **RESIDENCY TRAINING:** The straight pediatric intern can complete both his required and his recommended hospital experience by serving two years in pediatric residency after his internship. At the end of this period he will be well informed about pediatrics, although his general medical competence may be narrow. The rotating intern will, after two years of pediatric residency, have had a broader exposure but his pediatric experience may be somewhat limited. For such a physician we recommend, but do not require, an additional year of pediatric training.

The core of pediatric training is a period of two years spent in intensive, closely supervised work with both sick and well children in a hospital setting. For the candidate who had a straight pediatric internship, at least twelve months of the two years of required residency training must be a full-time pediatric inpatient *residency* in an approved institution. For the candidate who had a rotating internship, both years must be so constituted. Thereafter the Board feels that pediatric training may properly take different paths.

7-a. For the man who intends a career in the *practice of pediatrics*, many skills are needed beyond those which are gained in the two core years of hospital care of the sick. We recommend for him an additional year spent in the problems of behavior, of school and family life, of chronic and handicapping illness, and in contact with other community health resources. This type of program should be emphasized for the final year of the trainee who starts with a straight pediatric internship. The man who starts with a rotating internship is advised to seek an additional year of this type to supplement his two years of pediatric residency.

7-b. *Subspecialization* is another important career avenue, whether the candidate intends to become a practitioner, teacher, investigator, psychiatrist, neurologist, allergist, cardiologist, or to enter the special fields of pediatric public health, mental retardation or rehabilitation. Training for approved subspecialty areas such as cardiology, allergy, etc., usually requires at least two years. The Board permits subspecialty training (usually in the form of a fellowship) to begin after the two core years of pediatric internship and/or residency.

In the case of the straight pediatric intern, the first year of the fellowship may be concurrent with the required third year of hospital training, provided that the subspecialty continues for two or more years and that at least one-half of the work is clinical work with children.

The rotating intern can begin his subspecialty training after his two core years of pediatric training, i.e., after the completion of Board requirements for hospital training. Three months credit may be allowed for full-time residency-type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, neurology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services. Program directors are encouraged to submit their plans for incorporating the equivalent of the third year of hospital training in pediatrics into the two or more years of the subspecialty program, to the American Board of Pediatrics for review and advice.

7-c. Trainees who are expecting to subspecialize may interrupt their required pediatric residency for the purpose of *research* provided the requirements are eventually met, and provided the program proposed is approved by the training director.

The individual who chooses to specialize in a laboratory research field, and whose fellowship program does not include an assignment of at least fifty per cent of the trainee's time in work with patients, must complete the required clinical training before taking the examination.

8. **GRADUATE SCHOOL COURSES:** It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can best be accomplished through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or 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.

9. **PRACTICE REQUIREMENTS:** Graduate school courses, research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of such residencies not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships may not be accepted for credit toward the residency requirement, but are accepted toward practice requirements.

10. **CREDIT FOR MILITARY SERVICE:** Credit for one year of the practice requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done *prior* to completion of residency training is 18 months.

Military hospital assignment will not be accepted in lieu of approved residency training unless the candidate is definitely assigned as a resident to a military hospital approved for residency training in pediatrics.

11. **CANDIDATES NOT MEETING REQUIREMENTS:** Exceptionally, a physician may have worked in a pediatric

*To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon the appointment in question.

field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

12. SPECIAL SITUATIONS: The Board recognizes that situations may arise which are not clearly covered in the foregoing statement. In such cases, the program director should present his question to the Executive Secretary who will submit any problems to the Credentials Committee of the Board for its consideration.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States: Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Council for Foreign Medical Graduates.
2. They hold a license to practice in the United States.
3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries: Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the internship and residency training requirements listed above in the United States or Canada, may apply for examination for certification by the American Board of Pediatrics.

All such candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examinations.

Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of two full years in the *practice* of pediatrics.

The certificate of this Board will be issued to candidates who have passed successfully the examinations of this Board after they have completed a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I-WRITTEN

Written examinations are objective in type and are given once each year, in January, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Closing date for receipt of applications for the annual written examination in January is the preceding November first.

PART II-ORAL

Oral examinations are held five or six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates.

As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility, and proximity to the examination site.

APPLICATION

Applications must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of anticipated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEES

The application fee is \$125.00. The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third *oral* examinations is \$75.00.

Fees are subject to change at any time and are non-refundable.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written 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 will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

POSTPONEMENT OF EXAMINATIONS

After acceptance of his application a candidate is expected to take the *next* written examination offered. Such examinations are given annually at a time and place to be announced by notice mailed to eligible candidates. If desired, the candidate may postpone this written examination for ONE additional year upon written notice to the Executive Secretary of the Board.

After having passed the written examination, a candidate must then appear for oral examination within TWO years. This two-year period may be extended upon written request by the candidate for such period of time as the Board, in its sole discretion, deems advisable.

After failure in *either* Part I (written) or Part II (oral) of the examinations, a candidate must appear for reexamination within THREE years, unless such time is extended upon written request of the candidate for such period as the Board, in its sole discretion, deems advisable.

In case of failure to appear for examination within the periods specified above, a candidate will be placed on an "Inactive Status" for a period of five years, during which time he will no longer be notified of examination places and dates. At any time during this five-year period he may, however, upon written request to the Board, be reinstated

as an active candidate. If he fails to take advantage of this opportunity he will be dropped from the rolls and if he wishes reinstatement, must file a new application and pay a fee of \$50.00.

All reinstated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such period, unless excused by the Board, will result in loss of eligibility. In order to again be reinstated, a candidate must submit a new application and a new fee.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC ALLERGY

HARRY LOUIS MUELLER, Chairman, Boston
 SUSAN C. DEES, Durham, N.C.
 WILLIAM A. HOWARD, Washington, D.C.
 WALTER R. KESSLER, New York City
 GEORGE B. LOGAN, Rochester, Minn.
 SHELDON C. SIEGEL, Los Angeles

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

- (1) Certification in Pediatrics.*
 - (2) Two years of full-time training in an approved allergy clinic and its associated hospital. At least half of such training must be in pediatric allergy. Three types of allergy clinics have been approved:
 - (a) Pediatric
 - (b) Adult
 - (c) Mixed
- Two years of training in clinics of type (a) or (c), or one

year in each is acceptable. One year in (b) and the other in (c) is not acceptable. Please see the Directory of Approved Internships and Residencies for listing of approved hospitals and associated clinics.

In place of (2) the candidate may take:

(3) One year full-time training in an approved allergy clinic plus two years part-time training at least once a week for not less than 200 hours each year in an approved allergy clinic and hospital. At least half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify.

OR

(4) Five years, part-time, at least once a week for not less than 200 hours each year, in an approved pediatric or mixed allergy clinic and its activities.**

RESEARCH: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two.

PRECEPTORSHIP: Preceptorship alone is not acceptable, but part of a full-time training program (50 per cent or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptor and clinic training run concomitantly.

CREDIT FOR COURSES: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over twenty per cent of required part-time training hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment, and the pharmacology of drugs and physiology of respiration as they relate to allergy and asthma. In controversial matters, they should be familiar with arguments on both sides of such questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric allergy and will be listed as a specialist in pediatric allergy.

Prospective applicants for certification in the subspecialty of pediatric allergy may apply to the Executive Secretary of the American Board of Pediatrics.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition clinics of the following hospitals have been approved for part-time training:

D. C. General Hospital, Washington, D. C., R. B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks; Children's Memorial Hospital, Chicago, G. Lanoff; Charity Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New Hyde Park, New York, E. Pearlman; Metropolitan Hospital, New York Medical College, New York City, S. Untracht; New York Hospital, New York City, P. DeGara;

*Training in allergy may be carried out prior to such certification.

**This provision has been withdrawn except for candidates who started their program prior to January 1963.

Children's Memorial Hospital, University of Oklahoma, Oklahoma City, L. Burroughs; University of Oregon Medical School Hospital, Portland, A. Wert; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

SAUL J. ROBINSON, Chairman, San Francisco
 FORREST H. ADAMS, Los Angeles
 SIDNEY BLUMENTHAL, New York City
 JAMES W. DUSHANE, Rochester, Minn.
 PAUL R. LURIE, Indianapolis
 HELEN B. TAUSSIG, Baltimore

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology. The candidate may embark on his training in pediatric cardiology after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of the pediatric cardiology fellowship may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty continues for two or more years, and that at least half the work is clinical work with children.

Each cardiology application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATION

Cardiology examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in cardiology is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

- (1) Certification by the American Board of Pediatrics.
- (2) Complete two years full time training in an approved training program in pediatric cardiology.
- (3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric cardiology and will be listed as a specialist in pediatric cardiology.

Prospective applicants for certification in the subspecialty of pediatric cardiology may apply to the Executive Secretary of the American Board of Pediatrics.

TRAINING PROGRAMS

Accreditation of training programs is now in progress.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

FREDERIC J. KOTTKE, Chairman, Minneapolis
 ARTHUR S. ABRAMSON, Vice Chairman, New York City
 JOSEPH C. BENTON, New York City
 JEROME W. GERSTEN, Denver
 A. B. C. KNUDSON, Washington, D.C.
 EDWARD M. KRUSEN, Dallas
 JUSTUS F. LEHMANN, Seattle
 EDWARD W. LOWMAN, New York City
 DONALD L. ROSE, Kansas City, Kan.
 EARL C. ELKINS, Secretary-Treasurer,
 200 First St., S.W., Rochester, Minn.

GENERAL QUALIFICATIONS

1. High moral and ethical standings in the medical profession.

2. Graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from a foreign school which, in the opinion of the Board, offers medical education equivalent to an approved school (a foreign graduate must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for either examination unless he holds a license to practice in the United States or Canada.)

3. A legal license to practice medicine in one or more of the states of the United States, its territories or the District of Columbia, or one or more of the provinces of Canada. (The foregoing requirement is waived in the case of a foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice.)

4. Completion of an internship in a hospital approved by the Council on Medical Education, or of training which, in the opinion of the Board, is comparable or equivalent to such an approved internship.

5. Three years of training in a residency approved by the Residency Review Committee for Physical Medicine and Rehabilitation, representatives of the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation.

6. Two years of full-time practice in the specialty of physical medicine and rehabilitation after completion of eligibility of the first part of the Board. In selected cases, full-time practice in physical medicine and rehabilitation may be substituted in whole or in part, for "5" above. In those cases, two years of full-time practice in the specialty is considered the equivalent of one year of approved training.

Up to one year of credit may be given for (a) one or more years of approved training in other recognized and approved specialties, or (b) four or more years of general practice, and would count toward "5" above. (Provision (b) applies only to physicians who began approved training in physical medicine and rehabilitation on or after July 1, 1961. The allowing of credit to foreign physicians, under this provision, will be considered on an individual basis by the Board.)

EXAMINATION

The examination for certification by the American Board of Physical Medicine and Rehabilitation is given in two parts. Part I is written; Part II, oral. Part I alone may be taken after the completion of six units of credit (three years of residency training or six years of full-time practice in the specialty, or a combination of both; see paragraph "5"). Part II may be taken after an additional two units of credit are obtained (two years of full-time practice in physical medicine and rehabilitation; see paragraph "6" above). Parts I and II combined may be taken only after a total of eight units of credit have been obtained, by means indicated above.

The written and oral examinations will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. The basic sciences will include:

1. ANATOMY, including kinesiology and functional anatomy.
2. PHYSICS, including radiation physics related to the field, electronics and instrumentation.
3. PHYSIOLOGY, including physiology of movement and physiologic effect of the various physical agents and pathologic physiology of the various conditions treated by physical medicine and rehabilitation.
4. PATHOLOGY
5. Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine and rehabilitation.

The clinical aspects will include:

1. Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and the various rheumatic diseases, neuromuscular diseases such as poliomyelitis, cerebral palsy, paraplegia, musculoskeletal diseases including the large group of traumatic and orthopedic conditions.
2. The clinical usage of such physical agents as heat, water, electricity, ultraviolet radiation, massage and exercise, rehabilitation techniques.
3. A knowledge of the role of associated personnel within the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, social service worker, vocational guidance counselor, and the ability to coordinate the services of such personnel.
4. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe specific treatment to be executed by technical and other allied personnel.

The Board shall administer the examination once a year at its discretion, generally the last part of June or the early part of July. Those qualifying for Part I or II of the examination must have finished their years of formal training by August 31 of the year of the examination and such training must be authenticated by appropriate authorities.

APPLICATION

An application form may be obtained by writing to the Secretary of the Board. The completed application shall contain a record of the candidate's premedical and medical training as well as of internship, graduate study, hospital or dispensary staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, names of three well-known physicians to whom the Board may write for professional and character reference.

A fee of \$100 shall accompany the application if the candidate is applying for Part I only, \$175 if applying for Parts I and II. (In case of rejection of application, evaluation fee of \$25 will be retained and examination fee will be refunded. If the candidate is declared eligible for examination, the fees are not refundable. If, for any reason, a candidate does not take the examination after having been declared eligible, fees paid may remain on deposit for a period up to three years. After that period of time, the deposit becomes the property of the Board and the candidate must reapply for re-evaluation and examination.)

The fee for re-examination in Part I alone or Part II alone is \$75; for both parts, \$150.

The Board is a non-profit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fee when necessary.

CERTIFICATE

A certificate granted by this Board does not of itself confer any degree or legal qualifications, privileges, or license to practice physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician. The chief aim of Board is to standardize qualification for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements.

A certificate is issued when the candidate has successfully completed the written and oral examination.

LIMITED CERTIFICATE

A foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice, may be granted limited certification upon passing Part I of the Board examination. Such a certificate will show that the candidate has completed approved training in physical medicine and rehabilitation and has passed the Board written examination in basic and clinical sciences.

AMERICAN BOARD OF PLASTIC SURGERY

DAVID W. ROBINSON, Chairman Kansas City, Kansas
 RICHARD B. STARK, Vice-Chairman, New York City
 MINOT P. FRYER, Secretary-Treasurer, St. Louis
 GEORGE F. CRIKELAIR, New York City
 THOMAS D. CRONIN, Houston, Tex.
 MILTON T. EDGERTON, Baltimore
 E. HORACE KLABUNDE, San Francisco
 STEPHEN R. LEWIS, Galveston, Tex.
 WILLIAM K. LINDSAY, Toronto, Canada
 W. BRANDON MACOMBER, Albany, N. Y.
 ROBERT M. MCCORMACK, Rochester, N.Y.
 JOSEPH E. MURRAY, Boston
 FRANCIS X. PALETTA, St. Louis
 HENRY S. PATTON, Oakland, Calif.
 PAUL P. PICKERING, San Diego, Calif.
 CLIFFORD C. SNYDER, Coral Gables, Fla.
 GEORGE V. WEBSTER, Pasadena, Calif.
 WILLIAM L. WHITE Pittsburgh
 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 Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical

Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery beyond the intern year, as a resident or an assistant resident, in a hospital approved by the Conference Committee on Graduate Education in General Surgery. Of the required three years of approved training in general surgery, a minimum of 24-months must be in clinical general surgery, which may include the usual rotation of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery as well as general surgery. The Board may give credit up to one year towards this three-year requirement to those who have had extensive approved qualifying training in disciplines other than general surgery, e.g., orthopedic, urological, otolaryngological, gynecological, etc., each case to be evaluated by the Board on its own merits. The training in general surgery of those candidates who have been certified by the American Board of Surgery fulfills the requirements of this Board for general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery (composed of 3 representatives from the Council on Medical Education of the American Medical Association, 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery), or in a preceptorship approved by the American Board of Plastic Surgery. To be accredited, training in plastic surgery must be obtained in the United States or Canada. In fulfilling this requirement there is a limit of one year's credit given for all work done in governmental plastic surgery residencies (Army, Navy, V.A., 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 civilian residency or preceptorship.

Residencies approved by the Tripartite Residency Review Committee for Plastic Surgery as two-year programs of training in plastic surgery are recognized as the minimum training required in plastic surgery. If a hospital wishes to be approved for a three-year program of training in plastic surgery, then candidates accepting training in such programs must complete the entire three years in order to receive full credit, so as to have at least one year of senior responsibility. One of the three years will be credited as the first of the required two years of practice in plastic surgery.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its dis-

cretion, give credit toward the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the Board office).

The period of special training should emphasize the relation of the basic sciences—*anatomy, pathology, physiology, biochemistry, and bacteriology*—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery c/o Council on Medical Education of the American Medical Association, 535 N. Dearborn Street, Chicago 60610. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semiannual meeting of the Residency Review Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is pub-

lished annually in the Directory of Approved Internships and Residencies and in the *Bulletin of the American College of Surgeons*. The list may also be obtained from the office of the Board, but the Board assumes no responsibility for placing men who wish to enter training. Such men should apply directly to the chiefs of residency programs in which they might be interested, or to the chiefs of preceptorship programs, to ascertain if openings exist and if they will be accepted to fill such openings.

Preceptorships.—In certain instances the Board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship program approved by the Board. A list of the existing preceptorship programs may be obtained from the office of the Board. The chiefs of these preceptorship programs have been urged to convert the programs into approved residencies when the local situation permits, since the aim of the Board is to approve training in residencies only and not in preceptorship programs.

All trainees, whether residents or preceptees, must submit an annual report to the Board of the training being received. Report forms for this purpose may be obtained from the office of the Board upon request.

It should be kept in mind by all that the primary interest of the Board is to encourage well-rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the Board, both for preliminary general surgery and for specialized plastic surgery training are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the Board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the Board, that is, three years of residency training in general surgery after the internship year.

The training in plastic and maxillo-facial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, as to both type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and aesthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the Board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits, and the amount of credit allowed is determined by the Board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been

prepared by the surgeons general of the armed services with the assistance of the Council on Medical Education of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

After evaluation of the candidate's training and upon approval by the Board of his application for examination and certification, the candidate will be required to submit twelve major case reports indicative of his independent work in the field of plastic surgery. Do not submit more than twelve. Case reports should be submitted within one year from the time of completion of the two-year private practice period; otherwise a new application should be filed. The case reports shall conform to conditions which the Board may from time to time specify. All case reports become the property of the Board, but may be returned on request.

To be accepted, case reports must be assembled according to the following instruction; if instructions are not followed they will be returned for proper preparation.

The case reports should be assembled during the two-year private practice period, and may be submitted at any time near the completion of the practice period. They should be submitted not later than the deadline date of January 1, preceding the annual May examinations. A maximum of four cases completed by the candidate during his second year of training and four cases completed during his third year of training (in three-year programs) may be used.

Upon official notification of approval of case reports, the candidate is eligible to take the examinations of the Board (at completion of the required two-year practice period).

Case reports furnish the Board with documentary evidence of the candidate's abilities, so the material should be prepared and presented with the same painstaking and exacting attitude that one would display in writing a thesis. The group must include a variety of material from the entire body rather than a number of cases of one type, and must carry the candidate's personal deductions, conclusions and comments, and must be sufficiently detailed to demonstrate that the conclusions drawn indicate a grasp of the subject and that the results justify the procedure.

Case reports are graded in each of the following four categories and the grade received on the case reports will be considered as an integral part of the examination grades. The passing grade on the case reports is 75%.

1. **Completeness of work-up.** A well organized scientific presentation, including history, physical examination, pertinent laboratory reports, pathological specimens and reports, x-ray findings and follow-up management.

2. **Photographs, illustrations and schematic drawings.**

3. **Originality** of approach to plastic surgery problems, judgment exercised, and knowledge displayed of the literature as demonstrated at the end of each case report.

4. **Excellence** of surgical technique as evidenced by final result.

The diversified nature of the twelve case reports is evidence of the candidate's training in the representative areas of general plastic surgery. The case reports must include cases from seven of the eight following categories. Even though every type of case in this list cannot be included, the candidate should submit the case reports, appending a note explaining any deficiency.

1. Cleft lip and/or cleft palate.

2. Traumatic defects requiring reconstructive surgery:

- (a) Face and neck.

- (b) Body and extremities.

3. Acute burns.

4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancies:
 - (a) Of the face.
 - (b) Of the body and extremities.
7. Plastic surgery of the hand.
8. Congenital anomalies:

Examples: Syndactylism, congenital absence (partial or total) of external ear, hypospadias, thyroglossal duct cysts, extensive nevi, congenital bands, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of 12 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last two days. These centers will be in the city in which the meeting of this organization is held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available.

The written examination will consume half of the first day and will consist of questions of the "Multiple Choice" type. The subjects of the written examination are: (1) Theory and Practice of Plastic Surgery; (2) Applied Anatomy, Applied Physiology; (3) Pathology, Bacteriology, Micro-pathology, Clinical Laboratory Methods, Pharmacology; (4) Reaction of Tissue to Injury, Surgical Accidents, Anesthesia. The afternoon of the first day and all of the second day will be taken up by oral examination. A general oral examination pertaining to plastic surgery will be given and an oral examination in anatomy, using cadavers, may be given. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be shown on a screen and the candidate requested to make the diagnosis.

GRADES

To be considered as passing, a candidate must receive a grade of not less than 65% in any one part of the examina-

tion, and a combined average grade of not less than 75% on the entire examination, written, oral, and practical, and case reports. This requirement also applies to re-examinations if the entire examination is repeated, but if only one part of the examination is repeated, the grade must be 75%.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FOREIGN CERTIFICATION

In 1960 the Board began to issue special Foreign Certificates (non-resident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States or Canada and who have passed the regular examinations of the Board, and who will return to their homeland to practice.

Candidates for the special foreign certificates must have three years of training in general surgery before beginning training in plastic surgery. The training in general surgery may be foreign training. Letters should be sent to the Board from the chiefs under whom the training was obtained, describing the quality and quantity of such training in general surgery, and attesting to the training.

Such foreign certificates will not be valid in the United States or Canada. Such candidates must possess the standard certificate from the Educational Council for Foreign Medical Graduates or a license to practice in any state in the U.S. and must possess a valid license to practice medicine in their home country.

Important:

Before beginning the training in plastic surgery, the prospective candidate should have an evaluation of his training to date made by this Board. Application forms for this purpose are obtainable from the Office of the Board, and a Booklet giving the requirements for the foreign certificate is also available from the Board Office.

FEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution from Diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; a period of experience deemed by the Board to be substantially equivalent to the year of supervised experience under some circumstances may be acceptable in lieu of the second year of training.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.
 4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
 5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.
2. *Residency (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; or a period of experience deemed by the Board to be substantially equivalent to such year of residency.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, or special training in, or teaching or practice of, occupational medicine;
4. Three years of the experience outlined in 2 and 3 above, must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medicine and approved by the American

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Residency Review Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Medical Association's Council on Medical Education and the American Board of Preventive Medicine, or at a school of public health accredited for the purpose of such study by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and

2. Residency (after internship) of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;

3. A period (after internship) of not less than three years (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;

4. Three years of the six-year requirement of graduate education, residency and additional experience shall have been obtained within the five-year period immediately prior to application for certification;

5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine) and must be filed with the Secretary by November 30 in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the six years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

Following successful completion of Part I of the examination an applicant may become eligible to take Part II of the examination, provided he or she has continued full time in his or her field of concentration and has submitted evidence of completion of at least three years of further special training or research, teaching or practice acceptable to the Board, in addition to the academic and residency training required for Part I. Ordinarily, the filing of a reapplication form with the Board will fulfill the requirement for such evidence. Reapplication must be made not later than November 30 of the year prior to taking Part II of the examination the following spring.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing

date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES*

Application fee	\$35
Must be submitted with application; is not refundable. For those electing to take Parts I and II of the examination separately, an additional fee of \$10.00 must be submitted with the application for Part II.	
Examination fee	\$130
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Certificate fee	\$10
Payable prior to issuance of certificate.	
Re-examination fees:	
Each part taken	\$50
Examination fees for additional affiliated specialties: Each specialty	\$65

*This fee schedule goes into effect January 1, 1966. All applications received before December 31, 1965 will be processed under the current fee schedule (application fee—\$25, examination fee—\$100, certification fee—\$10, re-examination fee—\$25 for each part, examination fee for additional affiliated specialties—\$50 for each specialty).

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated

specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and establish to the satisfaction of the Board that (1) he has been graduated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had not less than six (6) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least three (3) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof.

The application procedure, the examination process and the fees are the same as those required for all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board *not less than 90 days* before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

- Each application for a certificate must establish that:
- He is a physician duly licensed by law to practice medicine.
 - He is of acceptable ethical and professional standing.
 - 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.
 - He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

APPLICANTS

Applicants shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, all undertaken in the United States or Canada, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, all undertaken in the United States or Canada, five years of which must be specialized training satisfactorily completed in approved training centers, plus

one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in Psychiatry or Neurology and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

For those individuals whose training began after June 30, 1964, a resident in training must spend at least two of his three years of training in a single program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological and pharmacological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuropharmacology, and neurogenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal

accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

Since the emphasis of the Board examination is in the clinical aspects of psychiatry and neurology, the candidate is advised to obtain adequate clinical experience during the two years following his training. Under certain circumstances, experience credit will be given for investigative work in any of the basic sciences. Documentation of these two years must be submitted.

The Board will give credit for one year of training in Child Psychiatry providing it is taken in a center approved by this Board for training in child Psychiatry.

The lists of training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issues of the Directory of Approved Internships and Residencies.

The Board is unable to inspect and evaluate resident training programs outside the United States and Canada. Therefore, neither training nor experience credit will be granted for work undertaken after July 1, 1962 in programs or practice outside the United States and Canada.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in the Journal of the American Medical Association, in the American Journal of Psychiatry, in the Journal of Nervous and Mental Diseases, and in the Archives of Neurology, and in the Archives of General Psychiatry.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. The examination for Certification in Psychiatry will differ from the examination for Certification in Neurology. Written examinations will be given.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry shall include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well of such medico-legal issues as competency and responsibility. Formal provision should be made in neurologic training programs so that the trainee may acquire the knowledge and skills described before.

A formal application, together with the application fee, must be filed in the Executive Office. All candidates appearing for examination after March 1, 1967, must have successfully completed the written examination before they will be scheduled for the oral examination.

REQUIREMENTS FOR CERTIFICATION

Written examinations will be given annually on a regional basis, the first one to be held in May, 1967. Every effort will be made to schedule written examinations near the area in which the candidate resides, but this may not always be possible. The candidate will be notified in advance of the site of the written examination to which he is assigned. No alternate sites can be allowed because of the large number of candidates.

Candidates who successfully complete the written examination will be notified by the Executive Office and scheduled for the first available place in the oral examination schedule. The candidate may not select the site or date of examination. Candidates who are scheduled for the oral examination and cancel or fail to appear will be placed at the bottom of the list of accepted candidates.

There are some cancellations at each examination. Most of these develop within the six weeks preceding the oral examination. If a candidate wishes to be called to fill such a vacancy (if one occurs) on short notice, he should notify the Executive Office and supply his telephone number as well as his address.

PAYMENT OF FEES

The candidate upon filing his application shall accompany it with a fee of \$100.00. If the applicant is found not eligible, the written examination fee of \$25.00 will be returned to him. The application fee of \$75.00 is not refundable. When the candidate has successfully completed his written examination, the Executive Office will notify him that he has been accepted for the oral and practical examination. The candidate must then send to the Executive Office an additional examination fee of \$100.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to the supplementary examination for the other certificate must pay an additional fee of \$100.00.

A candidate who has failed the written examination may request permission to repeat the written examination. Such requests must be accompanied by a written examination fee of \$25.00 which must be received in the Executive Office at least three months prior to the scheduled date of the examination.

A candidate who has failed in one oral examination is eligible for re-examination within one year upon payment of a re-examination fee of \$100.00. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and \$100.00 fee, present evidence of further training, and pay an examination fee of \$100.00, repeating both the written and oral examinations.

A candidate who fails in one or two subjects conditions the oral examination and is eligible for re-examination in those subjects within one year upon payment of a re-examination fee of \$75.00. After the year has elapsed, he must submit a new application, pay new application and examination fees and repeat both the written and the entire oral examination. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of a fee of \$100.00. If declared eligible by the Credentials Committee, he will be required to complete successfully the written examination before being admitted to the oral examination, at which time he must pay a new examination fee of \$100.00.

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 application shall be required to submit a new application and pay the applicable fees.

[COMMENT ON TRAINING WHICH FULFILLS THE SPECIALIZED REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirements may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in an approved general program will count only toward training credit in general psychiatry, unless the program is concurrently approved by the Committee on Certification in Child Psychiatry of this Board.

(Institutions identified with an asterisk in this *Directory* hold dual approvals: 1) for one year of training in child psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in child psychiatry offered independently.)]

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An application in duplicate on official forms, in order to be considered at any meeting of the Committee, must be in the office of the Secretary of the Board not less than ninety (90) days before the date of such meeting. The proper application forms may be obtained from the Secretary of the Board. Applications will be formally considered only when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable, after which he shall forward the application to the Committee on Credentials in Child Psychiatry. This Committee shall consider the application and any other information available and notify the Secretary whether the application is accepted. The certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for Certification in Child Psychiatry must establish that:

- (a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.
- (b) He is of acceptable ethical and professional standing.
- (c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, Inc.
- (d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of \$75.00. This fee is not refundable.

Applicants must satisfy the Committee of the adequacy of their specialized training and experience in Child Psychiatry. Further, their major interest and activities in their current practice must be devoted to psychiatric problems

of children and adolescents. Should they have left the field of Child Psychiatry for other types of practice but otherwise fulfill the training and experience requirements, they must show that the two years prior to application have been in specialized practice of Child Psychiatry.

TRAINING AND EXPERIENCE REQUIREMENTS

Applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology, Inc. Admission to examination requires a total of six (6) years of psychiatric training and experience. Of these, four (4) years shall be in approved psychiatric training, two (2) of which shall be in Child Psychiatry training programs acceptable to this Committee. It is advisable that those seeking the certificate as specialists in Child Psychiatry who receive their primary training in Psychiatry should have training in the pediatric aspects of general medicine. Such training may be offered in lieu of two years of practice experience.

In the third year of basic training in psychiatry, the applicant may complete one (1) year of the two years of specialized training in Child Psychiatry.

All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in Child Psychiatry Centers approved by the Committee on Certification in Child Psychiatry in conjunction with the Residency Review Committee for Psychiatry and Neurology. Approved residency training in Pediatrics may be applied to the experience requirements. Otherwise the applicant must have a minimum of two (2) years of specialized practice in Child Psychiatry. Experience in Child Psychiatry must follow at least one (1) year of formal training in Child Psychiatry. In the interim he must have achieved certification in Psychiatry by the American Board of Psychiatry and Neurology, Inc.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

APPLICATION AND FEES

Applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of seventy-five dollars (\$75). This fee is not refundable.

Those applicants accepted for certification by examination will be notified and scheduled for examination. The examination fee of one hundred dollars (\$100) is payable when such payment is requested by the Secretary of the Board. If a written examination is required, an additional examination fee of twenty-five dollars (\$25) will be requested.

Should the applicant be found not eligible for examination for Certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of child psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to

organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be re-examined within one year after payment of a one hundred dollar (\$100) re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of seventy-five dollars (\$75).

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of child psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee.

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of the three forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice radiology in one of the following categories: (a) diagnostic radiology; (b) therapeutic radiology.
3. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in one of the following categories: (a) roentgen ray and gamma ray physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, radium, and radioactive isotopes.

2. *Diagnostic Radiology* is that branch of radiology which deals with the diagnostic application of roentgen rays and radioactive isotopes.

3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, radium, and radioactive isotopes.

4. *Radiologic Physics* is that branch of physics which deals with the medical application of roentgen rays and the radiations from radio-isotopes, nuclear reactions, and particle accelerators.

5. *Roentgen Ray and Gamma Ray Physics* is that branch of radiologic physics which deals with roentgen rays and gamma rays.

6. *Medical Nuclear Physics* is that branch of radiologic physics which deals with radioisotopes, nuclear reactions, and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements:

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or country in which he resides, or in which he is a citizen.

3. Assurance that the applicant holds himself out to be a specialist in Radiology or one of its branches as defined under "Definitions" and that he limits his practice within the field of Radiology.

4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

C. Special Training:

1. After completion of the internship there shall be a period of special training in a department of radiology recognized and approved by the American Board of Radiology and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees of the American Board of Radiology by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have had three years' formal residency training in an approved Department of Radiology.

2. Candidates beginning their training *on* July 1, 1956, or thereafter must have had three years' formal residency training in an approved Department of Radiology, plus an additional year of either further training or practice.

3. The three-year training period must include the equivalent of three months in Pathology. This training can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology in a three-month period. Maximum credit for training in Pathology, however, is three months.

4. Candidates must receive training in Nuclear Medicine. Time spent in Nuclear Medicine may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director. Credit, however, may not exceed three months.

5. During the three-year training period in Radiology a minimum equivalent of twelve months must be spent in Therapeutic Radiology and eighteen months in Diagnostic Radiology.

DIAGNOSTIC RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have had two and one-half years' formal residency training in Diagnostic Roentgenology in an approved Department of Radiology; the equivalent of three months of this time must have been devoted to Pathology. This training can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology in a three-month period. Maximum credit for training in Pathology, however, is three months.

2. Candidates beginning their training *on* July 1, 1956, and *before* July 1, 1957, must have had two and one-half years' formal residency training in Diagnostic Roentgenology in an approved Department of Radiology. The equivalent of three months of this time must have been devoted to Pathology. (See Item #1 above.) An additional year of either further training or practice is required.

3. Candidates who began their training *on* July 1, 1957, or thereafter must have had three years' formal residency training in Diagnostic Roentgenology or Diagnostic Radiology 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 and training in Nuclear Medicine. Credit for training in either subject shall not exceed three months.

Presently all candidates applying for examination in Diagnosis will be examined in Diagnostic Radiology, which includes diagnostic Nuclear Medicine. They may expect also to be examined in Physics.

THERAPEUTIC RADIOLOGY

The *time* requirements for examination in Therapeutic Radiology are the same as for Diagnostic Radiology (see above). After July 1, 1957, a candidate must have had the equivalent of three months' in Pathology and training in Nuclear Medicine. Credit for training in Nuclear Medicine may not exceed three months. Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. These forms shall be forwarded with the required data, three unmounted autographed photographs, and the application fee of one hundred fifty dollars (\$150) by the deadline established for filing. In the event of withdrawal of an application fifty dollars (\$50) is retained for processing. A candidate who does not accept an appointment within three years after becoming eligible, except for a reason acceptable to the Board, will be required to submit another application and application fee.

EXAMINATIONS

Examinations are usually conducted in June and December.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to their country of citizenship.
3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation, problems regarding the clinical applications of roentgen rays, radium, and radioactive isotopes, and questions in pathology, physiology, radiobiology, and radiophysics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

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REQUIREMENTS FOR ADMISSION TO EXAMINATION
 GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from a medical school acceptable to the Board in another country.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Education in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. While the management of conditions relating to the gastrointestinal tract and other abdominal conditions continues to form the bulwark of general surgery, candidates are expected to have knowledge of the basic principles applied in the management of fractures, head injuries or other forms of trauma, and of the more common problems in cardiovascular, gynecologic, neurologic, orthopedic, pediatric, plastic, thoracic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, the Board requires that the candidate have had this senior year in order to become eligible for examination.

Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical as well as other forms of education, the Board's Credentials Committee, which ordinarily meets each January and June, is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in addition to the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board requires a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP I PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four or more years of training by the Conference Committee on Graduate Education 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 or more years by the Conference Committee. The senior year must have been spent in the parent institution holding the approval of the Confer-

ence Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special consideration by the Credentials Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four or more years by the Conference Committee.

GROUP 2 PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Education in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Satisfactory completion of two additional years of training beyond the three years of residency to complete a total of five is necessary to meet the requirements for examination. At least one of these two additional years must embrace patient responsibility and major operative work performed by the candidate under acceptable supervision. The two years may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement, approved by the Board in advance, with a preceptor acceptable to the Board who informs the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship

training, either in general surgery or in a recognized surgical specialty.

N.B: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery was carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

FOREIGN-TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for foreign graduate training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates must communicate with the Board at least three months before completing their training requirements (and in no instance later than June 1st), if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada, and those requesting some credit for foreign graduate training (see above), must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications must be returned by Aug. 1 if consideration is desired for examination in Part I in December of the same year.

Candidates completing their training requirements after Sept. 30 must await consideration for admission to the December Part I examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part 2 examination until they have made a passing grade in Part 1.

A candidate who has been notified of eligibility to take the Part 1 or the Part 2 examination and who does not exercise this option within three years shall apply for re-evaluation of his eligibility for examination.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the National Board of Medical Examiners.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May or June. These examinations are conducted by members of the Board and selected Diplomates acting as guest examiners.

The Part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

Candidates who fail Part 1 or Part 2 are required to wait one year before they can be eligible for reexamination.

Should a candidate fail a reexamination in Part 1 or in Part 2, the Credentials Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 or in Part 2 is seventy-five dollars (\$75).

Each fee for examination or re-examination includes a processing charge which is not refunded in case of withdrawal (\$10.00 for Part I; \$25.00 for Part II).

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. O. T. Claggett, 1151 Taylor Ave., Detroit, Mich., 48202. This board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

- ROLLIN A. DANIEL, JR., Chairman, Nashville, Tenn.
- EDWARD J. BEATTIE, JR., Vice-Chairman, New York City
- O. T. CLAGGETT, Secretary-Treasurer, Rochester, Minn.
- DUANE CARR, Memphis, Tenn.
- DENTON A. COOLEY, Houston, Texas
- DAVID J. DUGAN, Oakland, Calif.
- DONALD B. EFFLER, Cleveland
- JAMES V. MALONEY, JR., Los Angeles
- DONALD L. PAULSON, Dallas, Texas
- PAUL W. SANGER, Charlotte, N. C.
- J. GORDON SCANNELL, Boston
- MISS LOUISE SPER, Executive Assistant, 1151 Taylor Ave., Detroit, Mich., 48202

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

To qualify for examination in thoracic surgery, the candidate shall have had two years of training on an active Thoracic Surgery Service that is approved by the Council on Medical Education of the American Medical Association in collaboration with the Board of Thoracic Surgery or training deemed equivalent by the Board of Thoracic Surgery.

Training obtained on Surgical Services where the experience with thoracic and non-thoracic cases is mixed can qualify the candidate for examination, but only after favorable review by the Credentials Committee on an individual basis. Requests for such evaluation should be directed to the Secretary, O.T. Claggett, M.D., 1151 Taylor Avenue, Detroit, Michigan 48202.

Preceptorships alone are not considered to provide adequate training.

Even though emphasis on one or another facet of thoracic surgery, (esophagus, tumor, tuberculosis, cardiovascular, etc.) may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their

professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, X-ray interpretation and pathology.

Part I. This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery will be required to take only the Part II examination of the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to October 26, 1955 will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

Part II. In order to be eligible for Part II a candidate must have successfully completed Part I if required to take this preliminary examination. Examinations in Part II are held near the time and place of the annual meetings of the American Association for Thoracic Surgery and the American College of Surgeons.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

Dates of written and oral examinations are regularly published in the Examination and Licensure column of the Journal of the American Medical Association and the Journal of Thoracic and Cardiovascular Surgery.

RE-EXAMINATIONS

Those individuals who fail Part I or Part II are required to wait for a period of one year before they are eligible again to take the part which they have failed. Those who fail twice in Part I or Part II will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to re-examination. A candidate must give at least 60 days' notice requesting reconsideration for examination. The Board may at its discretion deny the candidates the privilege of further re-examination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Furthermore, a candidate who has failed in an examination (Part I or Part II) and who does not apply for re-examination within three years shall be required to make a new application and pay a new examination fee.

FEEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee is \$125.00. Twenty-five dollars of this fee is to accompany the application and will be considered as a registration fee. It is non-returnable to the applicant in case he is disapproved for examination.

The fee for re-examination is \$50.00.

AMERICAN BOARD OF UROLOGY

RUBIN H. FLOCKS, President, Iowa City
 ROBERT LICH, JR., Vice President, Louisville, Ky.
 THOMAS E. GIBSON, San Francisco
 J. HARTWELL HARRISON, Boston
 W. DABNEY JARMAN, Washington, D.C.
 W. E. KITTREDGE, New Orleans
 VICTOR F. MARSHALL, New York City
 JAMES H. McDONALD, Chicago

WM. NILES WISHARD, JR., Secretary-Treasurer, Indianapolis
 or
 Mrs. RUBY L. GRIGGS, Executive Secretary, 30 Westwood
 Road, Minnetonka, Minn., 55343

REQUIREMENTS FOR ALL APPLICANTS

A. APPLICATION FOR CERTIFICATION MUST BE MADE ON A SPECIAL FORM provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by \$75.00 of the examination fee. (See Article VII. Fee.)

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign Medical Schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

Graduates of foreign medical schools are required to acquire the standard certificate issued by the Educational Council for Foreign Medical Graduates or to be licensed by examination to practice in this country.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to Urology; or one year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in Urology, leading to competency in all its phases.

Any formally integrated service may permit some variation on the one-year basic science, general surgery and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

FEE

The examination fee is \$175.00. (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) Seventy-five dollars should accompany the application. One hundred dollars should be paid when the application has been processed. Neither fee is returnable. The cost of the preparation and mailing of the certificate will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty day's notice of his intention to appear for re-examination. A NEW group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has been failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board

before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$25.00 for each re-examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

1. Evidence of Hospital Practice
 - A. A list of all major and minor hospital cases during the most recent two-year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure.
 - B. A detailed presentation of 25 representative (not necessarily consecutive) major urological cases chosen from the above-mentioned list.
 - C. The Board may request photostatic copies of the complete hospital record on any case listed.

2. Written Examination

The written examination is designed to demonstrate the candidate's urological preparation and his knowledge of the entire field of urology and allied subjects; i.e., clinical urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.

3. Pathology Examination

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.

4. Oral-clinical Examination

This will consist of a discussion of urological problems. The subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology.

It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The Board is fully cognizant that all operative results are not always perfect, so the candidate need not be fearful reporting undesirable results or deaths. In the latter instance, a necropsy report is desirable to complete the clinical picture.

Having selected a variety of major urological surgical procedures the candidate's next problem is preparation of the reports. The reports must be done personally and the final typewritten material proofread and a statement included to verify this fact. Particular attention should be given to the use of descriptively clear grammatically correct English including punctuation, spelling, paragraphing, dating and careful numbering of pages.

If the records are not bound, the case reports should be stapled individually, bearing the numbers 1 through 25 so that the examiner can easily identify each, in grading the set.

Carbon copies of the entire group are to be brought to the Oral-clinical Examination.

Each case report should begin with the following headings:

1. Identification of the patient

2. Age, sex, occupation, race and marital status
3. Name of hospital, city, state and referring physician
4. Date of hospital admission
5. Preoperative diagnosis
6. Operative procedure and date
7. Final diagnosis
8. Complications
9. Final result
10. Date of hospital discharge

The body of the record should contain the following:

1. History
 - A. Chief Complaint
This is to be stated as subjective symptom and not an objective or laboratory observation.
 - B. Present Illness
This is to be presented, fully dated, as a historical record of the patient's complaints and their development.
 - C. Past Personal History
An account of the patient's previous illnesses, operative procedures, injuries, venereal infections, allergic manifestations and a review of symptoms. Such information as marital status, menstrual history, personal habits should be included.
 - D. Family History
Facts relevant directly or indirectly, to the present illness should be recorded.

PREPARATION OF CASE REPORTS

Preparation of case reports by candidates for examination by the American Board of Urology, Inc., is requested in order to give the Board a view of the competency of the candidate in his daily practice and to acquaint the examiner with candidate's abilities in working up patients having undergone a *variety* of major urological surgical procedures.

It is essential that the greatest possible variety of major surgical urological disorders be presented. Any specific surgical procedure must not exceed 25 per cent of the entire group of case reports. The Board is interested in the candidate's abilities throughout the entire scope of Urology (male, female and children) rather than the candidate's interest or abilities in a small segment of urological practice. The case reports may deal with post-residency, private or ward patients under the candidate's charge and upon whom he has personally operated.

These reports must reveal the candidate's competency, not only in the presentations of facts, but also portray the candidate's ability to think, to express himself in clear well written English and specify, to the examiner, the patient's problem, the reasons for and the interpretation of the various diagnostic procedures, the decision for the particular surgical procedure and the final patient result. Furthermore, there should be included a 6 month post-hospital follow-up, and in its absence, a statement as to the inability (in rare instances) of the candidate to follow the patient for this length of time. In short, the candidate must present the material, adequately dated, in such a way that the examiner need not rely on his own imagination to complete or supplement any of the details in the candidate's case reports.

2. Physical Examination

The physical examination should be presented in significant detail under proper headings paragraphed for ease of reading. At its beginning the patient's blood pressure, temperature and pulse is to be stated.

3. Laboratory Data

Clinical laboratory data must be reported in detail and not recorded as "normal." It is to be reported under proper headings; i.e., blood count, urinalysis, blood

chemistries, x-ray, renal function studies, etc.

Urographic and angiographic studies are to present the interpretation of the candidate and not a copy of the radiologist's report.

4. Preoperative Hospital Period

This should be presented in detail with significant dates and the several diagnostic procedures described including their indications. Again this should be presented under appropriate headings; i.e., laboratory data, cystoscopic examinations, excretory urograms, etc.

Any omission of indicated laboratory or x-ray data because of economic reasons or lack of available facilities should be so stated.

5. Provisional Diagnosis

6. Indications for Operation

The specific indications for a particular operation should be stated with supporting subjective and objective data in order to completely justify the anticipated surgery.

7. Operative Procedure

The operative procedure should be described in detail including the type of anesthesia, preparation of patient, etc.

8. Pathology

A. Tissue Examination

The tissue removed should be described by the candidate as to the gross appearance, its weight, size, and the histologic findings. This is to be the observation of the candidate rather than a copy of the pathologist's report.

B. Chemical Examination

Such findings as the composition of stones, etc.

C. Bacteriologic Reports

The report of any specific infection which may have been demonstrated in the operative specimen, operative wound, urine obtained in the event of stones or an obstructive uropathy, etc.

9. Postoperative Course

This should be carefully dated and portray in detail this portion of the patient's hospital illness. It must include all complications, unusual febrile reactions, their cause and consultations along with specific findings and recommendations.

The postoperative therapy should be specifically outlined including reasons for such therapy. The time of removal of sutures, the drain and the catheter should be recorded along with the final condition of the wound.

Postoperative laboratory data or x-rays should be recorded stating their indications, the results and their influence on further therapy.

10. Final Diagnosis

11. Final Hospital Summary

A concise statement stating patient's admission date and the primary problem along with the date of operation and its indication and a brief summary of the postoperative period and the date of discharge.

12. Postoperative Post-hospital Follow-up

This should include a period of 6 months with significant dates, specific therapy, laboratory and x-ray studies and their indications. In the event the patient was not or could not be followed for six months (in rare instances) the reasons should be stated. The final condition of the patient should be recorded.

13. Final Case Summary

This summary should provide the examiner with evidence of the candidate's cerebrations which either sup-

port or deny the efficacy of the preoperative, operative, and postoperative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THIS PAMPHLET PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCAION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified, at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Citizenship Requirements for Permanent Licensure

No Requirement		
California	Guam	Minnesota
Canal Zone	Illinois	Utah
District of Columbia	Maine	Virgin Islands
		Washington
Declaration of Intention		
Connecticut	Michigan	Rhode Island
Hawaii	New Hampshire	South Dakota
Idaho	New Mexico	Texas
Indiana	New York	Vermont
Iowa	Ohio	Virginia
Maryland	Oregon	Wisconsin
Massachusetts	Pennsylvania	
Full Citizenship		
Alabama	Kentucky	North Dakota
Alaska	Louisiana	Oklahoma
Arizona	Mississippi	Puerto Rico
Arkansas	Missouri	South Carolina
Colorado	Montana ³	Tennessee
Delaware	Nebraska	West Virginia
Florida	Nevada ³	Wyoming
Georgia	New Jersey	
Kansas	North Carolina	

3. Declaration of citizenship adequate for citizens of Canada.

Temporary and Educational Permits, Limited and Temporary Licenses Issued by State Licensing Boards

Forty-one boards provide for the issuance of temporary and educational permits, limited and temporary licenses, or other certificates for the practice of medicine. The terms for the issuance of such certificates vary. This limited registration may apply to hospital training, to those ineligible for licensure who seek further educational training, or for regular practice until the next regular session of the licensing board.

Licensure or Registration Requirements for Interns and Residents

In general, physicians serving internships are not required to be licensed in the state in which the hospital where they are interning is located. Puerto Rico is the only board which does require licensing. Indiana, Missouri, Rhode Island, South Carolina, and Texas require the intern to obtain a temporary permit from the licensing board; and West Virginia specifies that only graduates of foreign medical schools are required to have a temporary permit. Other boards have a requirement of registration with the licensing board or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of registration for interns.

Thirty-seven boards require that physicians serving as residents in hospitals be licensed or registered in the state. Some regulations specify that this should be a temporary regular license or certificate for the term of the residency. Other boards do not require licensure but stipulate some form of registration with the licensing board. In some

instances, hospitals will take the initiative to register residents with state boards, but it is the responsibility of the individual resident to inquire into the policy of any given state in order that he may obtain a temporary license if such is the requirement.

Certain states require special educational permits of resident-graduates of foreign medical schools, but do not have the same requirements for U.S. graduates.

Basic Requirements for Initial Medical Licensure for Graduates of U.S. Medical Schools

	Written Exam	Basic Science Certificate	Endorsement of National Boards	Citizen-ship ²	Intern-ship ⁵
Alabama	x	x	x	x	x
Alaska	x	x	x	x	x ¹
Arizona	x	x	x	x	x
Arkansas	x	x	No	x	x
California	x	x	x	x	x
Canal Zone	x	x	x	x	x
Colorado	x	x	x	x	x
Connecticut	x	x	x	D	x
Delaware	x	x	x	x	x
District of Columbia	x	x	x	x	x
Florida	x	x	No	x	x
Georgia	x	x	x ¹	x	x
Guam	x	x	x	D	x
Hawaii	x	x	x	D	x
Idaho	x	x	x	D	x
Illinois	x	x	x	x	x ⁶
Indiana	x	x	No	D	x
Iowa	x	x	x	D	x
Kansas	x	x	x	x	x
Kentucky	x	x	x	x	x
Louisiana	x	x	No	x	x
Maine	x	x	x	D	x
Maryland	x	x	x	D	x
Massachusetts	x	x	x	D	x
Michigan	x	x	No	D	x
Minnesota	x	x	x	x	x
Mississippi	x	x	x	x	x
Missouri	x	x	x	x	x
Montana	x	x	x	x ³	x
Nebraska	x	x	x	x	x
Nevada	x	x	x	x ³	x
New Hampshire	x	x	x	D	x ¹
New Jersey	x	x	x	x	x ¹
New Mexico	x	x	x	D	x ¹
New York	x	x	x	D	x
North Carolina	x	x	No	x	x
North Dakota	x	x	x	x	x
Ohio	x	x	x	D	x
Oklahoma	x	x	x	D	x ⁶
Oregon	x	x	x	D	x
Pennsylvania	x	x	x	D	x
Puerto Rico	x	x	x	x	x ¹
Rhode Island	x	x	x	D	x ¹
South Carolina	x	x	x	x	x
South Dakota	x	x	x	D	x
Tennessee	x	x	x	x	x
Texas	x	x	No	D	x
Utah	x	x	x	x	x
Vermont	x	x	x	D	x
Virgin Islands	x	x	No	x	x ¹
Virginia	x	x	x	D	x
Washington	x	x	x	x	x
West Virginia	x	x	x	x	x
Wisconsin	x	x	x	D	x
Wyoming	x	x	x	x	x

x—Implies yes, or required.

¹—Only if issued prior to October 15, 1953.

²—D indicates a declaration of intention to become a citizen of United States. No entry (.) indicates no requirement.

³—Declaration of citizenship adequate for citizens of Canada.

⁴—Canadian graduates exempt.

⁵—All states indicated by x only require one year of straight or rotating internship; those indicated by x¹ require rotating internship. No entry (.) indicates no requirement.

⁶—Straight internship accepted if applicant is board certified in a recognized specialty.

⁷—One-year rotating service or 2-year straight internship. At least 3 months rotating service must be in general surgery, 3 months general medicine, and 6 weeks obstetrics.

⁸—Straight internship accepted except in pathology and psychiatry.

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Temporary and Educational Permits, Limited and Temporary Licenses, or Other Certificates Issued by State Licensing Boards

Alaska	Temporary permits issued for 6 months while processing permanent licensure, for physicians employed in the summer cannery season and for locum tenens work.
Arizona	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard ECFMG certification.
Delaware	Temporary emergency license granted for 4 months, subject to renewal, for emergency shortage and for locum tenens practice provided physician is licensed in another state.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	Temporary license issued only if a community requires a pathologist or radiologist and the County Medical Society so certifies.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate for residency training for applicants who are not qualified for permanent registration. Issued for period of one year, may be extended. Permit issued for service in state hospitals to physicians eligible for licensure.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for one year issued at discretion of board.
Kansas	Temporary permit until next board meeting. Not renewable.
Kentucky	Temporary permits issued to applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools upon successfully passing board examination, for one year, renewable for special place, purpose, and time.
Louisiana	Temporary permit is granted to physicians possessing the necessary credentials who file application for examination or reciprocity and who locate in Louisiana between the regular semiannual meetings of the board. Temporary permit valid until next meeting of the board.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, or as assistant in medicine while a student in medical school.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship Permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	A certificate of Graduate Training issued if requirements of law have been met. No authority to practice nor licensure rights.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to foreign graduates, noncitizen who is awaiting citizenship. Temporary license issued to interns, residents, fellows, or house officers.
Montana	Temporary license is granted to physicians to practice anywhere in the state in the interim between license meetings. Must appear at next board meeting to have temporary license made permanent.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license or until full citizenship or a maximum of 5 years for foreign-trained physicians.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of the state.
New Mexico	Institutional permit issued for practice in state hospitals only. Permits for interns and residents. Temporary licenses issued until next board meeting.
New York	Temporary certificate for two years for residency training required except in public hospitals. Eligibility for examination is prerequisite.
North Carolina	Limited license issued for duration of residency, renewable on an annual basis, to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for United States and Canadian graduates until next board meeting and for locum tenens. Limited license for physicians employed in state hospitals. Does not apply to foreign graduates.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for 2 additional years.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for intern and residency training on a yearly basis. Temporary permits are issued to endorsement applicants beginning practice prior to board meeting.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in State Institutions provided applicant passes Basic Science and Medical Board examination.
Texas	Temporary permit issued to next Board Meeting date, after completed application for permanent license has been filed and it has been checked, processed, and found to be in order. Institutional Permits issued to Interns and Residents. Foreign graduates must be ECFMG certified.
Vermont	Limited license issued to foreign graduates. Temporary certificates issued to interns, residents, fellows, or house officers.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Temporary license issued until next board meeting to qualified applicants.
West Virginia	Temporary license issued until next board meeting to qualified applicants.
Wisconsin	Temporary educational permit issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years.
Wyoming	Temporary permit until next board meeting. Citizenship requirement may be waived and temporary license granted on annual basis at the discretion of the Board provided the applicant successfully completes ECFMG examination or Board's written examination: citizenship must be obtained within 5 years.

	Written Examination	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship	Certification by Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, Dollars
Alabama.....	x		x	x	x	x	x	25
Alaska.....	x	x	x	x	x			35
Arizona.....	x		x	x	x	x	x	50
Arkansas.....	not accepted							
California.....	x				x		x	40
Canal Zone.....	x				x	x		10
Colorado.....	x		x	x	x	x	x	50
Connecticut.....	x		D	x			x	50
Delaware.....	x	x	x		x	x	x	50
District of Columbia.....	x	x		x	x	x		35
Florida.....	x		x	x		x	x	50
Georgia.....	x	x	x		x	x		50
Guam.....	x					x		50
Hawaii.....	x		D		x	x		50
Idaho.....	x		D			x	x	100
Illinois.....	x				x		x	75
Indiana.....	x		D				x	25
Iowa.....	x	x	D	x	x	x	x	50
Kansas.....	x		x	x			x	50
Kentucky.....	x		x		x		x	50
Louisiana.....	not accepted							
Maine.....	x				x	x	x	100
Maryland.....	x		D		x	x	x	50
Massachusetts.....	x		D			x	x	75
Michigan.....	x	x	D	x	x	x	x	30
Minnesota.....	x		D	x	x	x	x	50
Mississippi.....	x					x	x	35
Missouri.....	x		x			x	x	50
Montana.....	x	x	x		x	x		75
Nebraska.....	x							
Nevada.....	not accepted							
New Hampshire.....	x	x	D			x	x	50
New Jersey.....	x				x			50
New Mexico.....	x		D	x			x	100
New York.....	x	x	D		x	x	x	40
North Carolina.....	x						x	50
North Dakota.....	x		D				x	100
Ohio.....	x	x			x	x	x	50
Oklahoma.....	x				x	x	x	25
Oregon.....	x		D	x	x	x	x	150
Pennsylvania.....	x		D			x	x	50
Puerto Rico.....	x							30
Rhode Island.....	x	x	D	x	x	x	x	50
South Carolina.....	x				x	x	x	100
South Dakota.....	x	x	D	x	x	x	x	40
Tennessee.....	x				x	x	x	50
Texas.....	x	x	D	x			x	50
Utah.....	x				x	x	x	25
Vermont.....	x		D			x	x	20
Virgin Islands.....	x							65
Virginia.....	x		D			x	x	50
Washington.....	x	x			x	x	x	25
West Virginia.....	x				x	x	x	25
Wisconsin.....	x		D	x	x	x	x	75
Wyoming.....	x	x			x			50

This summary should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

* See separate table applicable to Canadian Citizens.
 x Implies yes.
 D Declaration of intention to become citizen of the United States.

Additional Requirements

Alabama. Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.
Arizona. Two years of approved internship in United States' hospitals required.
California. Non-Citizens—Two-year internship in an approved hospital in the United States, one of the said years being in California, followed by an oral and clinical examination. Citizens—one year approved internship in an approved hospital in the United States followed by oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.
Canal Zone. Acceptable at the discretion of the Board.
Colorado. Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the U. S. Consul in the country wherein the school of graduation is or was located. Two years of approved residency.
Connecticut. For graduates of unapproved medical schools, minimum of three years of hospital training in approved hospital in United States or Canada required, one year of which must be in general medicine. Maintains list of acceptable medical schools.
Delaware. Residence for one year required.
District of Columbia. Examinees must pass D.C. examination or be exempt therefrom by virtue of having passed a basic science examination elsewhere.
Florida. One year approved internship or 5 years private practice in United States.
Georgia. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview. \$50 examination fee for nonresidents.
Guam. Residence for one year required. Diplomates of National Board eligible on endorsement basis.
Hawaii. Residence for one year required. Diplomates of National Board eligible on endorsement basis. Graduates of other schools considered if in practice for 7 of 11 years as licensed physician.
Idaho. Considered on individual basis.
Illinois. Considers applications on an individual basis from graduates of schools not on approved list. The fact a graduate from an unapproved school has been accepted may be due to the reason he was accepted on basis of postgraduate training in this country or applicant may have been admitted on basis of court order.
Indiana. Two years postgraduate training in approved hospital in United States required and citizenship.
Iowa. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of three years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendation of the ECFMG.
Kansas. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate has a favorable bearing on acceptance.
Kentucky. Applicant required to complete at least five years' training in the United States in an institution approved by the board.
Maine. Maintains list of acceptable medical schools.
Maryland. Three years hospital service in the United States re-

quired, one year of which must be a rotating internship or one year of residency in internal medicine; also one of the three years must have been spent in an approved hospital in Maryland.
Massachusetts. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold an ECFMG certificate.
Michigan. Temporary licenses for private practice may be granted to those foreign medical graduates who have served an approved internship in Michigan and have declared their intention to become a U.S. citizen.
Minnesota. Two years graduate training.
Mississippi. Interview by examining board prior to examination required.
Missouri. Temporary license issued noncitizens awaiting citizenship.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on individual basis. Certified copies of credentials and translations must be filed with application.
New Jersey. Candidates required to have not less than three years training in a hospital approved by the board.
New York. Board of Regents maintains a list of acceptable medical schools. Graduates of schools not on this list may be required to take additional approved hospital training, ECFMG examination or equivalent required of both groups.
North Carolina. Considered on an individual basis.
North Dakota. Considered on an individual basis.
Ohio. Must serve at least two years as intern or resident in approved hospital in United States.
Oregon. Must show evidence of internship and/or residency of not less than two years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.
Pennsylvania. Graduates of foreign medical schools are considered on an individual basis.
Rhode Island. In addition to year of rotating internship a second year of either internship or residency in an approved hospital in United States or Canada is required.
South Carolina. Residency training is required as specified by the board.
South Dakota. Applicant required to practice in a State Institution for four years under a temporary license and reappear before the board for permanent licensure, if unable to meet ECFMG and internship requirement.
Tennessee. All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis, and must appear before the Board of Medical Examiners at regular annual meeting before certification to the Licensing Board for a license to practice medicine in Tennessee.
Texas. All foreign-trained physicians (with exception of Canada) must appear for personal interview. Canadian graduates endorsed by a Canadian province must also appear.
Utah. Applicant required to have 3 years of internship or residency, 1 year spent in Utah, and hold certificate of National Board of Medical Examiners.
Virgin Islands. Residence of six months required.
Virginia. Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full rights to practice. Two years of accredited hospital training in approved hospital in the United States or Canada within the past five years prior to application. If citizenship is not acquired within seven years after licensure, the license automatically becomes void.
West Virginia. Applicant must be resident of the state for three years preceding application and recommended by local society. ECFMG recommended by Board, not required by law.
Wisconsin. 1953 Legislature established One Year Temporary Educational Permit which authorizes graduates of unapproved foreign schools to obtain residency training in approved hospitals. May be renewed for four additional years.

**Schedule for Written Examination and Issuance of Licenses by
Reciprocity or Endorsement of Credentials**

Medical License Fees

	Written Examinations	Licenses Issued by Reciprocity or Endorsement	Exami- nation	Reciprocity or Endorsement
Alabama	Annually	Monthly	\$ 25	\$100
Alaska	On application	Continuously	35	110
Arizona	June and December	January and July	50	150
Arkansas	June and November	June and November	50	100
California	Quarterly	Once a week	40	100 ^a
Canal Zone	Quarterly	Quarterly	50	10
Colorado	June and December	January, April, July and October	25	50
Connecticut	March, July, and November	Continuously	50	100 ⁱ
Delaware	January and July	Monthly	50	150
District of Columbia	Twice annually	Monthly	35	50 ^a
Florida	January and July	No reciprocity	50	..
Georgia	June and October	June and October	20 ^a	100
Guam	No examination given	On application	..	50
Hawaii	January and July	Continuously	50	50
Idaho	Semiannually	Semiannually	25	150
Illinois	Quarterly	Quarterly	75	150
Indiana	Annually, June	Once a month	25	100
Iowa	June and December	Monthly	50	100
Kansas	January and June	January and June	50	75
Kentucky	Biannually	Continuously	25	100
Louisiana	June and December	June and December	100	100
Maine	March, July, and November	March, July, and November	50	50
Maryland	June and December	Once a Month	50	75
Massachusetts	January and July	Monthly except August	30	100
Michigan	June and October	Continuously	50	50
Minnesota	Quarterly	Quarterly	100	200
Mississippi	Annually, June	June and December	30	50
Missouri	Twice annually	Eight times annually	60 ^a	110
Montana	January and July	Continuously	100	100
Nebraska	Annually in June	Continuously	40	40
Nevada	Quarterly	Quarterly	50	100
New Hampshire	Twice annually	Twice annually	100	100
New Jersey	June and October	Monthly	50	100
New Mexico	May and November	May and November	25	100
New York	June and December	Continuously	75 ^t	100 ^c
North Carolina	Annually, June	Five times annually	50	75
North Dakota	January and July	January and July	30	30
Ohio	June and December	Six times annually	50	50
Oklahoma	Annually, June	Quarterly	50	100
Oregon	January and July	Quarterly	40	90
Pennsylvania	May and November	Every 6 to 8 weeks	50	100
Puerto Rico	Twice annually	Continuously	50	100
Rhode Island	Quarterly	Eight times annually	25	50
South Carolina	June and November	May, June, and November	50	100
South Dakota	Twice annually	Continuously	65	65
Tennessee	Quarterly	Continuously	25	25
Texas	Biannually	Quarterly	25	100
Utah	Annually, May	February, June, Au- gust, and November	50 ^d	100
Vermont	January and June	Continuously	50	100
Virgin Islands	Twice annually	Twice annually	25	25
Virginia	June and December	June and December	25	100
Washington	January and July	Quarterly	50	100
West Virginia	January and July	Quarterly	65	65
Wisconsin	January and July	Quarterly	25	100
Wyoming	February, June, and October	February, June, and October	50	50

a. Endorsement fee, \$35.

b. Sum equal to fee of endorsing state.

c. Endorsement fee, \$50.

d. Foreign graduates, \$75.

e. Nonresident, \$50.

f. Foreign graduates, \$150.

g. Plus \$10 filing fee and \$18 initial fee.

h. \$100 for graduates of foreign medical colleges.

i. \$50 for National Board applicants.

Corresponding Officers of Boards of Medical Examiners in the United States and Its Possessions

- Alabama:** Dr. Ira L. Myers, Secretary, State Office Bldg., Montgomery 4.
- Alaska:** Dr. W. M. Whitehead, Secretary, 188 S. Franklin St., Juneau.
- Arizona:** Mr. Paul R. Boykin, Executive Secretary, P.O. Box 128, Scottsdale.
- Arkansas:** Dr. Joe Verser, Secretary, Harrisburg.
- California:** Dr. Wallace D. Thompson, Secretary, 1021 O St., Room A-547, Sacramento.
- Canal Zone:** Dr. S. B. Clark, Health Director, Balboa Heights.
- Colorado:** Dr. Leo Lloyd, Secretary, 1545 Tremont Pl., Denver 80202.
- Connecticut:** Dr. Stanley B. Weld, Secretary, 160 St. Ronan St., New Haven.
- Delaware:** Dr. Andrew M. Gehret, Secretary, State Health Bldg., Dover.
- District of Columbia:** Mr. Paul Foley, Deputy Director, 1145 19th St., NW, Washington 20036.
- Florida:** Dr. Homer L. Pearson, Secretary, 901 NW 17th St., Miami 36.
- Georgia:** Mr. Cecil L. Clifton, Secretary, 166 Pryor St., SW, Atlanta 30334.
- Guam:** Mr. Thomas Grant, Executive Secretary, Mariana Islands, Agana.
- Hawaii:** Dr. Samuel L. Yee, Secretary, Box 3469, Honolulu 96801.
- Idaho:** Mr. Armand L. Bird, Executive Secretary, 358 Sonna Bldg., Boise.
- Illinois:** Mr. John B. Hayes, Acting Director of Registration, State House, Springfield.
- Indiana:** Dr. Paul T. Lamey, Secretary, 1021 State Office Bldg., Indianapolis 46204.
- Iowa:** Mr. Ronald V. Saf, Executive Secretary, 503 Empire Bldg., Des Moines 50309.
- Kansas:** Dr. F. J. Nash, Secretary, 364 New Brotherhood Bldg., Kansas City.
- Kentucky:** Mrs. Edna Frank Caudill, Director, Division of Medical Licensure, 275 E. Main St., Frankfort.
- Louisiana:** Dr. J. Morgan Lyons, Secretary, 521 Hibernia Bank Bldg., New Orleans 12.
- Maine:** Dr. George E. Sullivan, Secretary, Box 748, Waterville.
- Maryland:** Mrs. Rose F. Barry, Executive Secretary, 1211 Cathedral St., Baltimore 21201.
- Massachusetts:** Dr. David W. Wallwork, Secretary, State Office Bldg., Cambridge St., Room 1511, Boston.
- Michigan:** Dr. E. C. Swanson, Executive Secretary, 118 Stevens T. Mason Bldg., Lansing 8.
- Minnesota:** Dr. J. P. Medelman, Secretary, 230 Lowry Medical Arts Bldg., St. Paul 55102.
- Mississippi:** Dr. A. L. Gray, Secretary, Box 1700, Jackson 39205.
- Missouri:** Mr. John A. Hailey, Executive Secretary, Box 4, State Capitol Bldg., Jefferson City.
- Montana:** Dr. William F. Cashmore, Secretary, 307 N. Jackson St., Helena.
- Nebraska:** Mr. R. K. Kirkman, Director, 1009 State Capitol Bldg., Lincoln 9.
- Nevada:** Dr. Richard A. Petty, Secretary, 3660 Baker Lane, Reno.
- New Hampshire:** Dr. Mary M. Atchison, Secretary, 61 S. Spring St., Concord.
- New Jersey:** Dr. Vincent P. Butler, Secretary, 28 W. State St., Trenton.
- New Mexico:** Dr. R. C. Derbyshire, Secretary, 227 E. Palace Ave., Santa Fe.
- New York:** Dr. Donald C. Walker, Secretary, Room 367, State Education Bldg., Albany 12224.
- North Carolina:** Dr. Joseph J. Combs, Secretary, 716 Professional Bldg., Raleigh 27601.
- North Dakota:** Mr. Lyle Limond, Secretary, Box 1198, Bismarck.
- Ohio:** Dr. Donald F. Bowers, Secretary, 21 W. Broad St., Columbus 43215.
- Oklahoma:** Dr. E. F. Lester, Secretary, 403 Sequoyah Memorial Bldg., Oklahoma City 5.
- Oregon:** Mr. Howard I. Bobbitt, Executive Secretary, 609 Failing Bldg., Portland 97204.
- Pennsylvania:** Mrs. Alva R. Cockley, Secretary, Box 2649, Harrisburg 17120.
- Puerto Rico:** Dr. Herminio Mendez Herrera, Secretary, Box 3271, San-turce.
- Rhode Island:** Mr. Thomas B. Casey, Administrator, 366 State Office Bldg., Providence.
- South Carolina:** Mr. Nathaniel B. Heyward, Executive Secretary, 1707 Marion St., Columbia.
- South Dakota:** Mr. Richard C. Erickson, Executive Secretary, 711 N. Lake Ave., Sioux Falls 57104.
- Tennessee:** Dr. Alfred D. Mason, Executive Secretary, 1331 Union Ave., Mid City Bldg., Memphis 38104.
- Texas:** Dr. M. H. Crabb, Secretary, 1714 Medical Arts Bldg., Fort Worth 2.
- Utah:** Mr. Floy W. McGinn, Director, 318-A State Capitol Bldg., Salt Lake City 1.
- Vermont:** Dr. C. H. Goyette, Secretary, 2 Park St., Barre.
- Virgin Islands:** Dr. Benjamin A. Nath, Secretary, Charlotte Amalie, St. Thomas.
- Virginia:** Dr. R. M. Cox, Secretary, 509 Professional Bldg., Portsmouth.
- Washington:** Mr. Thomas A. Carter, Administrator, Capitol Bldg., Olympia 98501.
- West Virginia:** Dr. Newman H. Dyer, Secretary, 1800 Washington St., Charleston 25305.
- Wisconsin:** Dr. Thomas W. Tormey, Jr., Executive Secretary, 1414 S. Park St., Madison.
- Wyoming:** Dr. Robert Alberts, Secretary, 2301 Central Ave., Cheyenne.

Boards of Examiners in the Basic Sciences

Twenty-three states and the District of Columbia have adopted basic-science requirements as a prerequisite for licensure. The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indicates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiropractic, and dentistry.

A basic-science law provides for the establishment of a board of medical examiners and requires that each person to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic-sciences. Candidates for the examination are

generally required to be high school graduates and to have studied a branch of the healing arts at a recognized professional school for at least two years. They are expected to have taken courses at the college level in the subjects being covered in the basic-science examination. These boards have no licensing powers. A certificate of proficiency in the fundamental sciences is issued which must be presented when applying for a license to practice medicine or other methods of healing. The function of the basic-science board in the District of Columbia is to examine all applicants referred to it by the Commission on Licensure and does not issue any type of certificate.

Corresponding Officers of Boards of Examiners in Basic Sciences

Although the informative data here presented may be useful to those seeking licensure in these states, it is recommended that the information be verified by direct communication with the basic-science board. The present executive corresponding officer of each of the 24 basic-science boards is as follows:

- Alabama: Dr. E. Carl Sensenig, Chairman, 1919 17th Ave., South, Birmingham 3.
- Alaska: Dr. John J. Dalton, Secretary, 555 Willoughby St., Juneau 99801.
- Arizona: Dr. Millard G. Seeley, Secretary, University of Arizona, Tucson.
- Arkansas: Dr. A. W. Ford, Secretary, Education Building, Little Rock.
- Colorado: Dr. Esther B. Starks, Secretary, 1459 Ogden St., Denver 80218.
- Connecticut: Mrs. Regina G. Brown, Executive Assistant, 258 Bradley St., New Haven 06510.
- District of Columbia: Mr. Paul Foley, Deputy Director, 1145 19th St., NW, Washington 6.
- Florida: Mr. Theodore A. Ashford, Box 17236, Tampa 33612.
- Iowa: Dr. Elmer W. Hertel, Secretary, Waverly.
- Kansas: Dr. Elbert W. Crandall, Secretary, Kansas State College, Pittsburg.
- Michigan: Mrs. Anne Baker, Secretary, 116 Stevens T. Mason Bldg., Lansing.
- Minnesota: Dr. Raymond N. Bieter, Secretary, 126 Millard Hall, University of Minnesota, Minneapolis 55455.
- Nebraska: Mr. R. K. Kirkman, Director, Room 1009, State Capitol Bldg., Lincoln 9.
- Nevada: Dr. Lowell L. Jones, Secretary, Box 8355, University Station, Reno 89507.

- New Mexico: Mrs. Marguerite Cantrell, Secretary, PO Box 1522, Santa Fe.
- Oklahoma: Dr. E. F. Lester, Secretary, 403 Sequoyah Memorial Bldg., Oklahoma City 5.
- Oregon: Mr. R. L. Collins, Secretary, Box 5175, Eugene.
- Rhode Island: Mr. Thomas B. Casey, Administrator, 366 State Office Bldg., Providence.
- South Dakota: Dr. W. McA. Kleibacker, Secretary, 909 Mulberry St., Yankton 57678.
- Tennessee: Dr. Roland H. Alden, Secretary, 62 S. Dunlap St., Memphis.
- Texas: Mrs. Betty J. Anderson, Executive Secretary, 1012 Sam Houston State Office Bldg., Austin.
- Utah: Mr. Floy W. McGinn, Director, Department of Registration, 318 State Capitol Bldg., Salt Lake City 84114.
- Washington: Mr. Thomas A. Carter, Secretary, Capitol Bldg., Olympia.
- Wisconsin: Dr. B. H. Kettelkamp, Secretary, River Falls.

Basic Science Registration Fees*

Alabama	.....\$25 ³	Nebraska	.....\$10 ³
Alaska	..... 25	Nevada	..... 25
Arizona	..... 20	New Mexico	..... 50 ⁴
Arkansas	..... 25 ¹	Oklahoma	..... 15 ²
Colorado	..... 25	Oregon	..... 25
Connecticut	..... 25	Rhode Island	..... 10
District of Columbia	..... 25	South Dakota	..... 15 ⁷
Florida	..... 10	Tennessee	..... 25 ⁵
Iowa	..... 20	Texas	..... 25 ⁶
Kansas	..... 25	Utah	..... 10
Michigan	..... 10 ⁷	Washington	..... 10
Minnesota	..... 25 ²	Wisconsin	..... 10 ³

*Fee for registration by examination and reciprocity: (1) non-residents \$50; (2) reciprocity \$75; (3) waiver \$15; (4) reciprocity and waiver \$75; (5) reciprocity \$10; (6) reciprocity and waiver \$50; and (7) waiver \$25.

States Having Basic Science Legislation, 1965

Year of Enactment	Subjects Included in Examination								Interstate Registration Policies																										
	Anatomy	Bacteriology	Chemistry	Diagnosis	Hygiene	Pathology	Physiology	Histology	Public Health	Alabama	Alaska	Arizona	Arkansas	Colorado	Connecticut	Dist. of Col.	Florida	Iowa	Kansas	Michigan	Minnesota	Nebraska	Nevada	New Mexico	Oklahoma	Oregon	Rhode Island	South Dakota	Tennessee	Texas	Utah	Washington	Wisconsin	Other	
Alabama	1960	x	x	x		x	x			Reciprocity if examination is equal to that of Alabama																									
Alaska	1945	x	x	x		x	x				x	x	x	x	x				x	x	x	x			x	x									
Arizona	1936	x	x	x		x	x			Reciprocity if credentials equal to those of Arizona and 4 subjects passed at one time																									
Arkansas	1959	x	x	x		x	x			x	x	x							x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Colorado	1937	x	x	x		x	x			x	x	x			x ¹				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Connecticut	1925	x			x	x	x			No reciprocity																									
Dist. of Columbia	1929	x	x			x	x			Examination may be waived ⁵																									
Florida	1939	x	x			x	x			No reciprocity																									
Iowa	1935	x	x		x	x	x			x	x	x	x	x ⁴	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x ⁴	
Kansas	1957	x	x			x	x			Examination may be waived ⁵																									
Michigan	1937	x	x			x	x				x	x	x	x	x				x	x	x	x	x	x	x	x	x ⁴	x	x	x	x	x	x ¹		
Minnesota	1927	x	x		x	x	x			x ³	x ³	x ³	x	x ³	x ³	x ³			x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	
Nebraska	1927	x	x		x	x	x			May waive examination if basic science or medical grades of other states not less than 75% in each subject																									
Nevada	1951	x	x			x	x			x	x	x	x						x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
New Mexico	1941	x	x			x	x												x ⁴	x ⁴	x	x	x	x	x	x	x	x ⁴	x	x	x	x	x ⁴	x ⁴	
Oklahoma	1937	x	x			x	x			Considered on individual basis																									
Oregon	1934	x	x		x	x	x												x	x	x	x	x	x	x	x									
Rhode Island	1940	x	x			x	x			Considered on individual basis																									
South Dakota	1939	x	x			x	x												x	x	x	x	x	x	x	x	x ³								
Tennessee	1943	x	x			x	x			x	x	x	x							x	x	x	x	x	x	x	x ³								
Texas	1949	x	x		x	x	x												x	x	x	x	x	x	x	x									
Utah	1959	x	x			x	x																												
Washington	1927	x	x		x	x	x																												
Wisconsin	1925	x	x		x	x	x																												

1. Candidates required to pass examinations in chemistry and bacteriology.
2. Reciprocal agreements with only those states which have a basic science board and grant like exemption to applicants from Arkansas.
3. Each case considered individually.
4. Partial reciprocity.
5. Must take examination in hygiene, bacteriology, and chemistry.
6. Must take histology examination.