

Directory of Approved Internships and Residencies

1962

Includes:

Information on the National Intern Matching Program for 1963
Essentials of an approved Internship
Essentials of Approved Residencies
Requirements for Certification by American Specialty Boards

Annual Report on Graduate Medical Education in the United States

(Reprinted from the Education Number of **The Journal** of the American Medical Association, Vol. 182: No.7, November 17, 1962)

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Medical Association, Vol. 182, No. 7, November 17, 1962)**

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- appeared in the November 17, 1962, issue (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers

For the detailed work in preparing the lists of internships, residencies, the specialty board requirements, and tables of statistics, the Council staff is especially indebted to Miss Valeda Carboneau, Miss Dorothy Duncan, Miss Marion Gavrilis, and Miss Rita Hammes.

in the Index Number of JAMA dated December 29, 1962.

The other material published in this Directory does not appear in the November 17, 1962, issue of JAMA, but will be indexed in the December 29 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 17 issue, along with the regular copies of JAMA that make up Volume 182.

This is the 36th 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 programs during the academic year from 1961 to 1962. Most of the data were reported by hospitals as of Sept. 1, 1961, and are therefore one year old.

Because of the continued increase in size of the *Directory of Approved Internships and Residencies*, it has become necessary to discontinue publishing a special Internship and Residency Number of THE JOURNAL. This report is now included in the Education Number of THE JOURNAL as was done for many years prior to World War II. Included in the Directory along with the detailed lists of approved programs, are the Essentials of an Approved Internship, the Essentials of Approved Residencies, the requirements of the American Specialty Boards, and the details of the National Intern Matching Program (NIMP).

In addition to the above material, the Directory contains special announcements regarding graduate training programs and policy, editorials relating to graduate medical education, and the Final Report on Preparation for Family Practice as approved by the American Medical Association House of Delegates in June, 1959.

The *Directory of Approved Internships and Residencies* also serves as the NIMP Directory, and has not been bound with a separate white cover as previously. While it has been distributed, as before, to all fourth-year medical students in the United States for use in the matching process, it has also been given to all third-year students for their better orientation into the essential facts regarding graduate medical education.

The Directory has been distributed, in addition, without cost to those institutions, organizations, and agencies in the United States having need for it. Copies have been 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 medical schools listed in the World Health Organization Directory of World Medical Schools. The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service for the Council on Medical Education and Hospitals in distributing "tear sheets" of lists of approved internships and residencies upon inquiry of interested foreign physicians.

Reprints of the Directory as well as of the separate Essentials and Board Requirements are available on request. For the sake of greater completeness, several tables pertaining to licensure for both United States and foreign physicians have been extracted from the State Board Number of THE JOURNAL for June 9, 1962, and comprise the final pages of the Directory.

The Institute of International Education (IIE) has performed a valuable service in years past by

reporting the only available statistics on numbers and distribution of foreign physicians in graduate medical education in the United States. The IIE, however, no longer secures information on the specialty field of foreign trainees, and the IIE figures tabulate graduates of Canadian medical schools as foreign physicians. Graduates of Canadian medical schools are not regarded as foreign medical graduates by the American Medical Association, the Association of American Medical Colleges, and the American Hospital Association, since Canadian, Puerto Rican, and United States medical schools are accredited by the same process.

For next year's Directory, it is hoped a greatly improved statistical report on foreign physicians will be available through utilization of the June 15-July 31 census secured annually by the Circulation and Records Department of the American Medical Association. This census is the basis for the personal biographical files maintained on all physicians in the United States. Analysis of this material by machine methods should permit a more detailed report on foreign medical graduates, and will supplement the IIE report by indicating the distribution of such physicians according to level of training, specialty appointments as interns and residents in affiliated and nonaffiliated hospitals, and exchange visitor or permanent immigrant status. The data from this census report are of great importance to the ECFMG in administering its program. Some improvement in tabulating foreign physicians data is already apparent in the Consolidated List of Hospitals in the Directory.

The Council does not compile information on graduate training opportunities and does not approve internship or residency programs elsewhere than in the United States, Puerto Rico, and the Canal Zone. As for many years, a list of Junior Rotating Internships in Canada follows the list of Approved Internships in the United States, but it should be noted that the Canadian internships are approved by the Canadian Medical Association rather than by the American Medical Association.

Internship Programs

The policy of the Council on Medical Education and Hospitals on approval of internship programs was published in detail in THE JOURNAL on Oct. 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 3 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 and the supplementary list 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, 1962, the Internship Review Committee considered 404 individual programs, of which 328 had been surveyed by the field staff. Of this total, 159 were granted continued approval, action was deferred on 8 for additional data, progress reports were reviewed for 54, 11 new programs were approved, 123 were placed or continued on confidential probation, and approval was withheld or withdrawn from 49.

Table 1.—Number of Internships, 1953-1962

	Hospitals, No.	Internships, No.
1953.....	856	11,006
1954.....	844	10,624
1955.....	850	11,648
1956.....	867	11,616
1957.....	852	11,895
1958.....	867	12,325
1959.....	853	12,469
1960.....	865	12,580
1961.....	864	12,547
1962.....	816	12,074

Table 1 reveals that the total of hospitals with approved internships for 1961-1962 has been reduced to 816. This is a total of 48 hospitals less than the previous year, and it is the lowest total in the last 10 years. Approval was withdrawn from 8 hospitals because of complete inactivity of the programs, and from 12 hospitals because their programs were so relatively inactive that the "one-fourth rule" was applied. There were no withdrawals of approval from any hospitals because of failure to adhere to the policy requiring ECFMG certification of interns.

Internships by Type of Service

Table 2 indicates that there were 473 less positions offered in 1961 than the previous year because of the reduction of approved programs in 48 hospitals. The total of 8,173 positions filled is 942 less than the previous year, and the total of 3,901 positions vacant was 469 greater than last year. The 1962 report of the Institute of International Education indicates that there were 542 less foreign medical graduates serving as interns for 1961-1962 as compared with the previous year. In spite of the increased number of program withdrawals, the surplus of unfilled positions continues to increase, so that for every 2 positions filled, there was approximately 1 position vacant.

The 3 types of internships approved by the Council are (1) rotating, which includes training for 12 to 24 months on medical, surgical, pediatric, and obstetric services; (2) mixed, providing training in 2 or 3 of the above 4 major clinical services

Table 2.—Number of Internships, by Type of Service, 1961-1962

Type of Internship	Approved Programs, No.	Internships, No.				Percentage Filled
		Total Offered Sept. 1, 1961	Filled Sept. 1, 1961	Vacant Sept. 1, 1961		
Rotating	737	9,902	6,371	3,531	64	
Mixed	107	458	360	98	79	
Straight						
Internal medicine ...	116	799	761	38	95	
Surgery	101	499	382	117	77	
Pediatrics	75	276	224	52	81	
Pathology	57	93	57	36	61	
Obstetrics and gynecology	10	17	12	5	71	
Totals	1,203	12,044	8,167	3,877	68	
Family and general practice programs ..	9	30	6	24	20	
Grand Totals	1,212	12,074	8,173	3,901	68	

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, pediatric, obstetrics-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty.

There was an increase of 45 in the number of individual types of programs approved. Included in the total of 1,212 different programs are the 5 family practice programs reported last year plus 4 general practice programs approved as pilot programs between September and December, 1961.

There was a reduction of 80 rotating internship programs, slightly more than half of which followed action by the Internship Review Committee. The remainder were thus voluntarily discontinued by their sponsors in favor of other types of internships. While this was a 9% decrease in rotating internship programs, the percentage increases of the other types of programs over last year were: mixed—55%, pathology—35%, pediatrics—34%, internal medicine—33%, surgery—23%, and obstetrics-gynecology—11%. By groups, the rotating internship programs constitute 61%, or 9% less than last year, straight internship programs now comprise 30%, or 18% more than last year, and mixed internship programs represent 9%, for a gain of 3% over last year.

For 1961-1962, there were an average of 14.8 intern positions available per hospital, but since some hospitals have more than one type of intern program, the average number of intern positions per individual program was 10. These averages for the 4 types were 13.4 intern positions for rotating programs, 4.7 for straight programs, 4.3 for mixed, and 3.3 for family and general practice programs.

Table 2 indicates that rotating internships comprise 61% of the approved programs, 82% of the positions offered, and 78% of the filled positions. Mixed internships comprise 9% of the approved programs, 4% of the positions offered, and 4% of

the filled positions. Straight internships comprise 30% of the programs approved, 14% of the positions offered, and 18% of the filled positions.

On a basis of success in filling, the available rotating internship positions were only 64% filled, or 7% less than the year 1960-1961. Mixed internships were 79% filled, as for last year, and straight internships were 85% filled, also as before. The most successful of the straight internships was internal medicine with 95% of the positions filled. Straight internships in pathology were only 61% filled. Because of the continued increase in the number of unfilled internships, the over-all percentage filled fell to 68%, or 5% less than last year.

The internships offered for the year 1963-1964, as published in the Directory, indicate that, while there is no appreciable reduction in the number of rotating internships, the straight and mixed categories are continuing to increase.

Two-Year Internships

Coincident with World War II, the formerly popular 2-year rotating internships practically disappeared. Moreover, the marked increase in residencies enhanced the unpopularity of the 2-year internships. During the past 2 years, the Council staff has continued to emphasize the 2-year internship for those institutions having a 1-year program but not eligible to be selected for pilot status in the 2-year family practice program. The Directory now indicates by appropriate footnote that there are 10 hospitals that offer internship appointments longer than 12 months; this is in contrast with 4 such hospitals listed in the 1961 Directory.

Family Practice and General Practice Programs

The 2-year programs in family practice were established as pilot programs on instructions of the American Medical Association House of Delegates in June, 1959. Five such programs were listed in last year's Directory. At the June, 1960, session, the House of Delegates instructed the Council to "consider for approval other two-year programs in general practice which incorporate experience in obstetrics and surgery." Accordingly, to clarify listing in the NIMP, the former pilot programs were entitled "family practice programs," while the latter pilot programs were entitled "general practice programs." Both programs include obstetrics, although this may be made elective in the family practice programs. Unlike the family practice programs, the general practice programs contain or permit a block assignment on the surgical service. Some of the general practice programs are organized very much in the fashion of 2-year rotating internships, but no 2 are exactly alike.

There are currently 6 programs in family practice and 9 programs in general practice approved on a pilot basis, and they are listed in the Directory of Approved Internships and included in the NIMP

with appropriate code numbers. It is planned to establish not more than 5 additional programs of these 2 types, although there is no plan to discourage additional 2-year internships.

Internships by Type of Hospital Control

Table 3 indicates that 62% of the intern positions were offered by hospitals operated by church groups or nonprofit corporations (nongovernment-

Table 3.—Number of Internships, by Type of Hospital Control 1961-1962

Control	Hospitals, No.	Internships, No.			
		Total Offered Sept. 1, 1961	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Federal					
U.S. Air Force	6	48	47	1	98
U.S. Army	9	222*	221	1	100
U.S. Navy	13	176	176	...	100
U.S. Public Health Service	7	95	91	4	96
Veterans Administration	3	46	42	4	91
Other federal	4	56	46	10	82
Totals	42	643	623	20	97
Governmental (nonfederal)					
State	37	1,071	857	214	80
County	41	1,094	908	191	83
City	44	1,333	887	446	67
City-County	13	315	226	89	72
Hospital district	3	76	69	7	91
Totals	138	3,889	2,942	947	76
Nongovernmental					
Church	267	2,952	1,552	1,400	53
Nonprofit corporations	359	4,500	3,027	1,473	67
Totals	626	7,452	4,579	2,873	61
Proprietary					
Partnership	1	8	8	...	100
Corporations unrestricted as to profit	8	58	14	44	24
Miscellaneous	1	24	7	17	29
Totals	10	90	29	61	32
Grand totals	816	12,074	8,173	3,901	68

* Includes 40 positions assigned to the U. S. Air Force.

tal). The group of hospitals operated by state and other local governmental units offered 32% of the internships. The hospitals of the federal government offered only 5% of the positions, and proprietary hospitals offered only 1%.

The federal hospitals filled 97% of positions, for a gain of 1% over last year. The nonfederal, governmental hospitals filled only 76%, which was a 4% loss over last year, and 8% over the year before. The nongovernmental hospitals filled only 61% of their positions, which was 6% less than last year and 18% less than the year before. The proprietary hospitals made the poorest record, filling only 32%, for a decrease of 40% over the previous year.

Among the federal hospitals, the Veterans Administration has reduced its hospitals with internship programs to 3. The nonfederal, governmental hospitals offer 179 more positions than last year, and within this group, only the hospital district

group improved its recruitment record over last year. The city-county group fell 13% below last year's performance, and the city hospitals lost 6%. The nongovernmental group of voluntary hospitals offered 614 less internships, 364 less for church hospitals, and 250 less for the others. In spite of this reduction in available internships, the church hospitals still filled only 53%, or 8% less than last year. The 67% success figure for the nonprofit corporations was still 5% less than last year.

It is of interest that these 2 latter groups of nongovernmental hospitals offer nearly two-thirds of all internships, and while the nonprofit corporations offered 37% of all positions and obtained 37% of all available interns, the church-controlled hospitals offered 24% of all positions, but obtained only 19% of the available interns.

Internships by Medical School Affiliation and Bed Capacity

Table 4 reveals that, while the total of hospitals approved for intern training is 48 less than last year, there was an increase of 21 hospitals affiliated

Table 4.—Number of Internships, by Medical School Affiliation and Bed Capacity, 1961-1962

Classification	Hospitals, No.	Internships, No.			
		Total Offered Sept. 1, 1961	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Nonaffiliated					
Less than 200 beds	87	663	311	352	47
200-299	214	1,858	947	911	51
300-499	222	2,845	1,567	1,278	55
500-over	64	1,290	880	410	68
Totals	587	6,656	3,705	2,951	56
Affiliated					
Less than 200 beds	21	169	111	58	66
200-299	43	499	365	144	73
300-499	74	1,209	958	251	79
500-over	91	3,531	3,034	497	86
Totals	229	5,418	4,468	950	82
Grand totals	816	12,074	8,173	3,901	68

with medical schools and a decrease of 69 not so affiliated. Thus, 229 or 28% of the total are affiliated, and 587 or 72% are nonaffiliated. Along with this shift toward medical school affiliation, there was a 7% shift in the proportion of internships offered by the 2 groups of hospitals. The affiliated group now offers 45% of available internships, while the non-affiliated hospitals offer 55% of the internships. The recruitment success was exactly reversed, with the affiliated hospitals securing 55% of the available interns, and the nonaffiliated hospitals securing 45% of all interns.

While the grand total of internships filled was only 68% of those offered, or 5% less than last year, the affiliated hospitals in 1961 were 1% more successful than last year in filling 82% of their internships offered. The nonaffiliated hospitals filled only 56%, or 12% less than last year.

For nonaffiliated hospitals, only 11% had more

than 500 beds, while 74% had between 200 and 500 beds. For the affiliated group, 40% had over 500 beds, and 51% were in the 200-500 bed category. In both groups, as for last year, the hospitals larger than 500 beds experienced the greatest success in recruitment. Regardless of the sizes of the hospitals, the affiliated groups improved their previous year's record, while the nonaffiliated hospitals in each bed-group were from 6% to 14% less successful than last year.

Internships by Census Region and State

Table 5 reveals that the only census region which experienced a gain in intern recruitment was that including the Canal Zone and Puerto Rico, which improved from 76% last year to 77% this year. As before, the West North Central region had the poorest record with only 56% of internships filled, while the Pacific region was highest with 82% filled. Again, the region with the greatest decrease was the Mountain region, where the 63% filled positions represented a loss of 13%.

The Middle Atlantic region of New Jersey, New York, and Pennsylvania continued to lead the list with 28% of the hospitals, 28% of the approved programs, 26% of the internships offered, and 26% of total available interns. Only 67% of the internships in this region were filled, however, and this was 8% poorer than the previous year, and 1% less than the national average. The East North Central was the next largest region, and had 20% of the hospitals, 18% of the approved programs, offered 19% of the internships, and secured 18% of the interns. This was 2% less than its performance last year, and 5% below the national average. The Pacific and Mountain regions together offered 11% of the programs in 13% of the hospitals, offered 15% of the available appointments, and secured 17% of the available interns.

Those states with less than 50% success in filling internships were Alabama, Delaware, Kansas, Kentucky, Montana, North Dakota, and West Virginia. Only the Canal Zone and New Hampshire, with one hospital each, had 100% success, while only Iowa and Mississippi filled more than 90% of available internships.

National Intern Matching Program

The Directory of Approved Internships and Residencies again carries a full description of the operation of the matching program, copies of the hospital and student agreements, and dates for operation of the matching program for 1963. The annual reports of the 10th (1961) and 11th (1962) National Intern Matching Programs were published together as one report in THE JOURNAL for Sept. 22, 1962. The summary of this report shows that the over-all percentage of student participation remains essentially constant at 95%-96%. Approximately 98% of hospitals with programs approved for internship

Table 5.—Number of Internships, by Census Region and State, 1961-1962

Census Region and State	Approved Programs, No.	Hospitals, No.	Internships, No.				Foreign Interns	
			Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled	On Duty, No.	Percentage in Filled Positions
New England								
Connecticut	22	19	214	146	68	68	38	26
Maine	3	3	24	13	11	54	..	..
Massachusetts	49	37	467	337	130	72	52	15
New Hampshire	3	1	16	16	..	100	..	..
Rhode Island	7	7	70	39	31	56	9	23
Vermont	3	2	24	21	3	88	..	..
Totals	87	69	815	572	243	70	99	17
Middle Atlantic								
New Jersey	49	41	466	256	210	55	156	61
New York	194	106	1,800	1,233	567	69	375	30
Pennsylvania	99	78	871	614	257	70	77	13
Totals	342	225	3,137	2,103	1,034	67	608	29
East North Central								
Illinois	66	43	652	420	232	64	96	23
Indiana	18	11	132	95	37	72	1	10
Michigan	44	40	596	397	199	67	33	8
Ohio	76	54	774	451	323	58	62	14
Wisconsin	20	17	194	126	68	65	21	17
Totals	224	165	2,348	1,489	859	63	212	14
West North Central								
Iowa	5	5	50	48	2	96	13	27
Kansas	11	5	61	30	31	49	1	3
Minnesota	19	14	254	162	92	64	8	5
Missouri	36	22	392	198	194	51	23	12
Nebraska	12	10	93	55	38	59	..	..
North Dakota	2	2	14	3	11	21	1	33
South Dakota	2	2	14	..	14	..	..	..
Totals	87	60	878	496	382	56	46	9
South Atlantic								
Delaware	3	3	34	12	22	35	3	25
District of Columbia	20	11	170	124	46	73	27	22
Florida	24	17	235	181	54	77	17	9
Georgia	28	16	238	162	76	68	3	2
Maryland	46	21	338	201	137	59	41	20
North Carolina	29	10	196	133	63	68	11	8
South Carolina	10	7	106	85	21	80	..	..
Virginia	23	16	262	163	99	62	17	10
West Virginia	10	7	80	32	48	40	12	38
Totals	193	108	1,659	1,093	566	66	131	12
East South Central								
Alabama	15	6	125	56	69	45	..	..
Kentucky	14	7	86	42	44	49	2	5
Mississippi	6	2	35	32	3	91	..	..
Tennessee	22	14	265	196	69	74	13	7
Totals	57	29	511	326	185	64	15	5
West South Central								
Arkansas	9	3	57	43	14	75	1	2
Louisiana	21	9	247	133	114	54	6	5
Oklahoma	12	8	89	78	11	88	1	1
Texas	39	25	404	333	71	82	6	2
Totals	81	45	797	587	210	74	14	2
Mountain								
Arizona	6	6	70	41	29	59	9	22
Colorado	16	12	175	106	69	61	8	8
Montana	1	1	4	1	3	25	..	..
New Mexico	1	1	12	10	2	83	..	..
Utah	9	6	95	68	27	72	..	..
Totals	33	26	356	226	130	63	17	8
Pacific								
California	66	54	1,073	903	170	84	67	7
Hawaii	4	4	72	60	12	83	4	7
Oregon	8	7	101	67	34	66	1	1
Washington	21	15	204	156	48	76	8	5
Totals	99	80	1,450	1,186	264	82	80	7
Territories and Possessions								
Canal Zone	1	1	16	16	..	100	..	..
Puerto Rico	8	8	107	79	28	74	51	65
Totals	9	9	123	95	28	77	51	54
Grand totals	1,212	816	12,074	8,173	3,901	68	1,273	16

continue to participate in the program. The following 2 paragraphs are quoted directly from the above report:

The average number of applications filed by each participant continues to show slow increase. The percentage of students matched by order of choice and the percentage of hospitals matched with applicants grouped according to rank order of choice remain essentially constant. The popularity of the straight internships is increasing, in contrast to the rotating type; also, the number of straight internships offered and filled is increasing at a much faster rate than the rotating.

The major teaching hospitals continue to be the most successful in obtaining interns through the matching program. The minor affiliated hospitals also do well. Both seem to have reached a plateau since 1958, the former at 78 per cent of internships filled, and the latter at 60 per cent. The nonaffiliated hospitals have continued to be less and less successful, dropping from 38 per cent of internships filled in 1953, to 37 per cent in 1958, and to 30 per cent in 1962.

If we compare the actual figures for interns matched for 1962 with the performance figures for 1961, we can estimate that the affiliated hospitals secure approximately 3% of their interns outside the NIMP, while the nonaffiliated hospitals secure approximately 51% of their interns outside the NIMP.

Internship Salaries

For the year 1961-1962 the average monthly salary was \$233. The monthly salary for affiliated hospitals increased by \$13 to \$191 per month. For the nonaffiliated hospitals, the increase was \$30 for an average monthly salary of \$249. The difference in average salaries between these 2 groups of hospitals was \$58, or \$17 more than for the past 2 years.

Differences in the salaries for single and married interns were not analyzed because of a growing conviction that the basic salary should be the same regardless of the marital state of the intern. Many of the fringe benefits, furthermore, cannot be effectively analyzed and reported in a statistical table. It is anticipated that, for next year, salaries will be reported on a basis of annual rather than monthly figures, since comparative data regarding other sciences and professions are reported on an annual basis.

Table 6 indicates the distribution of salaries by increments of \$50 per month in affiliated and non-affiliated hospitals. Data on married interns were omitted for the above reasons.

Residency Programs

The process by which graduate training programs are approved is complex, time-consuming, and costly. This is a major activity and responsibility of the Council, which is discharged with the interested and effective assistance of many individuals representing specialty boards, specialty societies, and other national medical organizations. There are 18

Table 6.—Monthly Internship Salaries

Hospital	Blank*	\$0- \$50	\$51- \$100	\$101- \$150	\$151- \$200	\$201- \$250	\$251+	Total Hospitals
Affiliated	10	5	20	43	65	44	42	229
Nonaffiliated	34	0	3	27	128	146	249	587

*Data not included because of program structure, federal hospitals, and so forth.

separate committees for the review of residencies in the various specialties. Each committee is composed of Council representatives, members of the particular specialty board, and in addition, for the appropriate specialty, representatives of the American College of Surgeons, the American College of Physicians, the American Academy of Pediatrics, and the American Academy of General Practice. Residency review committees exist in all specialties except pathology and thoracic surgery.

The accreditation process is generally the same for any residency program. Following the initial request, a special preliminary application blank is provided the hospital, upon which basic data are recorded. After preliminary review, if it appears that the program may qualify for approval, it is scheduled for a survey visit by a field representative of the Council. In several specialties, the program is also surveyed by a designated specialist who prepares a separate additional report. Programs in preventive medicine fields are surveyed only by specialists in those fields. All survey reports are then forwarded for preliminary review to members of the various committees prior to formal consideration at the regular committee meetings.

Each committee meets for 1 to 2 days, 2 to 3 times annually. After thorough review of each program by the entire committee, the action may be recorded as approval, provisional approval, withdrawal of approval, deferral of action, or for a previously approved program, confidential probation if there are deficiencies which do not merit continuation of full approval. No public announcement is ever made by the Council of the confidential probational status of any program—it remains listed in the Directory as fully approved, and is allowed 12 to 18 months for correction of deficiencies before final decision is made as to its future status. Programs which have been inactive for 2 successive years are considered individually for withdrawal from the list of approved programs.

The gross figures for residency programs as reported annually in the Directory obscure the true volume of program evaluation and adjustment occurring throughout the year as a result of residency review committee actions. Table 7 reveals the activity and types of action for 24 separate specialty fields involving 40 separate residency review committee meetings from July 1, 1961 to June 30, 1962. Table 8 reveals the net effect of these activities on the total number of programs approved. Since these data are for different time periods than the remainder of the tables in this report, the data do not

Table 7.—Activity of Review Committees—July 1, 1961, to June 30, 1962

Program	Meetings Held, No.†	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 Withheld, or Withdrawn	Total Programs Reviewed
Anesthesiology	2	4	67	0	37	19	14	13	154
Aviation medicine	2	2	0	1	1	3	0	0	7
Child psychiatry	2	13	23	0	2	1	0	9	48
Colon and rectal surgery	1	0	4	0	1	2	0	1	8
Dermatology	2	11	16	0	4	6	3	4	44
General practice	2	14	27	2	2	4	17	10	76
General preventive medicine	2	1	2	0	1	1	0	0	5
Internal medicine	3	6	172	9	29	61	105	48	430
Neurological surgery	2	3	34	1	6	3	0	3	50
Neurology	2	7	30	2	6	6	3	11	65
Obstetrics-gynecology	3	9	120	10	21	28	24	23	235
Occupational medicine	2	1	0	0	7	2	0	0	10
Ophthalmology	2	3	48	7	3	2	4	2	69
Orthopedic surgery	2	17	106	0	18	23	1	6	171
Otolaryngology	2	4	22	0	5	12	10	7	60
Pediatric allergy	2	1	8	0	0	0	0	0	9
Pediatrics	2	8	89	1	11	15	12	10	146
Physical medicine and rehabilitation	2	7	16	0	6	6	3	5	43
Plastic surgery	2	5	14	5	3	4	1	2	34
Psychiatry	2	8	86	11	4	50	1	18	178
Public health	2	1	0	0	1	5	1	0	8
Radiology	2	5	92	0	12	41	47	51	243
Surgery	3	12	175	11	23	46	25	26	318
Urology	2	6	68	0	3	19	12	8	116
Totals*	40†	148	1,219	60	206	359	283	257	2,532

* Residencies in pathology and in thoracic surgery are approved in collaboration with the American Board of Pathology and the Board of Thoracic Surgery, respectively, without review committees.

† Residency Review Committee for Preventive Medicine evaluates residencies in aviation medicine, general preventive medicine, occupational medicine and public health at its meetings; Residency Review Committee for Psychiatry and Neurology evaluates residencies in child psychiatry, neurology, and psychiatry; Residency Review Committee for Pediatrics evaluates residencies in pediatric allergy and pediatrics.

agree as to totals. They are cited primarily to illustrate the volume and variety of activity in this important area. Table 9 indicates the survey activities of the Council field representatives for the past 3 years, but omits a significant number of special surveys.

Residency programs are conducted primarily in hospitals, and therefore Table 10 and Table 20 are the only tables which include those other residencies not primarily conducted in hospitals. These include 4 types of programs in the field of preventive medicine and new programs in forensic

Table 8.—Net Effect of Activity of Review Committees on Total Number of Programs Approved

Program	Total Approved Programs, 7/1/61	Programs Added to Approved List	Approval Withdrawn on Programs	Net Change	Total Approved Programs, 6/30/62
Anesthesiology	241	4	4	0	241
Aviation medicine	3	2	0	+ 2	5
Child psychiatry	58	13	1	+12	70
Colon and rectal surgery	14	0	1	- 1	13
Dermatology	85	11	2	+ 9	94
General practice	184	14	8	+ 6	190
General preventive medicine	2	1	0	+ 1	3
Internal medicine	622	6	34	-28	594
Neurological surgery	131	3	0	+ 3	134
Neurology	186	7	8	- 1	185
Obstetrics-gynecology	495	9	15	- 6	489
Occupational medicine	22	1	0	+ 1	23
Ophthalmology	179	3	2	+ 1	180
Orthopedic surgery	311	17	2	+15	326
Otolaryngology	133	4	4	0	133
Pediatric allergy	25	1	0	+ 1	26
Pediatrics	309	8	5	+ 3	312
Physical medicine and rehabilitation	80	7	3	+ 4	84
Plastic surgery	78	5	2	+ 3	81
Psychiatry	308	8	14	- 6	308
Public health	22	1	0	+ 1	23
Radiology	376	5	34	-29	347
Surgery	728	12	12	0	728
Urology	246	6	3	+ 3	249
Totals*	4,788	148	154	- 6	4,788

*Residencies in pathology and in thoracic surgery are approved in collaboration with the American Board of Pathology and the Board of Thoracic Surgery, respectively, without review committees.

Table 9.—Survey Activities of the Field Staff

Year Ending June 30	1960	1961	1962
Hospitals visited	720	843	845
Internships reviewed	304	329	328
Residencies reviewed	1,723	2,099	2,121
Total programs reviewed	2,027	2,428	2,449

pathology which, even though in some instances identified with a hospital, more properly entail activities associated with medical examiners' offices. The total of approved programs is therefore 5,889, which is an increase of 251 over the 5,638 for the year 1960-1961. The total of approved positions offered increased by 2,617 over the previous year for a grand total of 35,403, the highest figure yet reached.

Residencies by Specialty

Training was offered in 30 specialties and sub-specialties, of which 5 were in preventive medicine fields, one in forensic pathology, and 24 in hospital specialties. For next year, it is expected that pediatric cardiology will be added. Ten major specialties in clinical and laboratory medicine supported 87% of the positions offered—surgery, 6,395; internal medicine, 6,139; psychiatry, 4,281; pathology, 3,013; obstetrics-gynecology, 2,976; pediatrics, 2,037; radiology, 1,920; anesthesiology, 1,579; orthopedic sur-

gery, 1,423; and ophthalmology, 937. For each field, the positions offered have increased over the previous year.

Of the 7 specialties in which residencies were more than 90% filled, the only nonsurgical specialty was dermatology. Of the 5 specialties which filled less than 70% of available positions, physical medicine filled only 47%, the preventive medicine fields 52%, general practice 55%, proctology 58%, and pathology 65%. The grand total filled for 1961-1962 was 29,637, or 1,190 more than the previous year. The total offered was still greater, however, and, accordingly, the over-all percentage filled decreased to 84%, or 4% less than the previous year.

Residencies by Type of Hospital Control

Table 11 deals only with hospital programs, and reveals, as before, that the nongovernmental, non-profit hospitals comprised 61% of the hospitals and offered 48% of the available positions. The non-federal governmental hospitals constituted 25% of the total and offered 36% of the positions. Federal hospitals again comprised 10% of the total but offered only 13% of the positions or 2% less than last year. Proprietary hospitals made up only 5% of the total, offered only 2% of the positions, but filled 89% of them for the best record. Next most success-

Table 10.—Number of Residencies, by Specialty, 1961-1962

Specialty	Residencies, No.								
	Approved Programs, No.	First Year Appointments				Total Appointments, All Year			
		Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled	Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Anesthesiology	261	767	550	217	72	1,579	1,196	393	75
Dermatology	86	137	128	9	93	365	342	23	94
General practice	184	534	316	218	59	870	481	389	55
Internal medicine	611	2,662	2,284	378	86	6,139	5,309	830	86
Neurological surgery	153	128	121	7	95	465	423	42	93
Neurology	147	219	177	42	81	527	410	117	78
Obstetrics	10	15	13	2	87	21	19	2	90
Gynecology	3	3	2	1	67	7	6	1	86
Obstetrics-gynecology	491	944	844	100	89	2,948	2,746	202	93
Ophthalmology	205	331	312	19	94	937	905	32	97
Orthopedic surgery	333	398	368	30	92	1,423	1,344	79	94
Otolaryngology	143	186	155	31	83	583	510	73	87
Pathology	751	1,133	655	478	58	3,013	1,964	1,049	65
Pediatrics	315	1,056	843	213	80	2,037	1,776	261	87
Pediatric allergy	31	14	12	2	86	18	15	3	83
Physical medicine	96	134	61	73	46	354	168	186	47
Plastic surgery	85	57	53	4	93	154	140	14	91
Proctology	18	13	9	4	69	26	15	11	58
Psychiatry	321	1,427	1,082	345	76	4,026	3,226	800	80
Psychiatry—child	76	86	65	21	76	255	202	53	79
Radiology	360	654	514	140	79	1,920	1,591	329	83
Surgery	760	2,415	2,057	358	85	6,395	5,801	594	91
Thoracic surgery	114	113	102	11	90	223	192	31	86
Urology	269	258	200	58	76	842	723	119	86
Totals	5,823	13,684	10,923	2,761	80	35,127	29,494	5,633	84
Other than hospitals									
Aviation medicine	3	20	20	...	100	54	49	5	91
General preventive medicine	3	8	3	5	37	20	3	17	15
Occupational medicine (academic)	7	33	17	16	51	64	26	38	41
Occupational medicine (in-plant)	18	19	9	10	49	19	9	10	49
Public health	23	72	41	31	57	119	56	63	47
Forensic pathology	12	..	..	..	..	..	..	..	..
Totals	66	152	90	62	59	276	143	133	52
Grand totals	5,889	13,836	11,013	2,823	79	35,403	29,637	5,766	84

Table 11.—Number of Residencies, by Type of Hospital Control, 1961-1962

Control	Residencies, No.									
	Hospitals, No.	Approved Programs, No.	First Year Appointments				Total Appointments, All Year			
			Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled	Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Federal										
U.S. Air Force	5	14	38	29	9	76	103	81	22	79
U.S. Army	16	85	284	201	83	71	622	547	75	88
U.S. Navy	8	73	132	132	...	100	353	353	...	100
U.S. Public Health Service.....	12	41	64	58	6	91	191	167	24	87
Veterans Administration	86	554	1,257	940	317	75	3,313	2,602	711	79
Other federal	5	23	36	33	3	92	128	101	27	79
Totals	132	790	1,811	1,393	418	77	4,710	3,851	859	82
Governmental (nonfederal)										
State	176	650	2,123	1,712	411	81	6,286	5,378	908	86
County	61	313	832	692	140	83	2,295	2,021	274	88
City	79	414	1,346	1,162	184	86	3,449	3,060	389	89
City-county	10	95	211	173	38	82	501	390	111	78
Hospital district	9	33	81	73	8	90	215	200	15	93
Totals	335	1,505	4,593	3,812	781	83	12,746	11,049	1,697	87
Nongovernmental nonprofit										
Church operated and church related	310	1,097	1,947	1,367	580	70	4,368	3,221	1,147	74
Other nonprofit	522	2,149	5,030	4,097	933	81	12,501	10,656	1,845	85
Totals	832	3,246	6,977	5,464	1,513	78	16,869	13,877	2,992	82
Proprietary										
Individual	2	3	6	5	1	83	10	8	2	80
Partnership	2	5	8	3	5	38	11	4	7	36
Corporation	20	34	75	48	27	64	165	122	43	74
Miscellaneous	43	240	214	198	16	93	616	583	33	95
Totals	67	282	303	254	49	84	802	717	85	89
Grand totals	1,366	5,823	13,684	10,923	2,761	80	35,127	29,494	5,633	84

ful were the nonfederal governmental hospitals with 87% filled.

The 86 hospitals of the Veterans Administration comprised 65% of all federal hospitals, offered 70% of all federal positions, and secured 68% of the residencies in those hospitals. The 2,602 V. A. residents on duty was a decrease of 228 and made up only 9% of all those serving in the United States.

There were 2,507 more residencies in hospitals offered than the previous year, and 1,138 more residencies were filled. The total of 29,494 filled was 84% of the total offered, a decrease of 3% as compared with 1960-1961. Only the U. S. Navy filled 100% of the available positions for the second successive year. Except for the small group of proprietary hospitals, the church-operated and related hospitals had the poorest record with 74% of positions filled, or 6% less than the previous year.

Residencies by Medical School Affiliation and Bed Capacity

Table 12 reveals that the total of 1,366 hospitals approved for residency training was 42 greater than last year. Of this increase, 25 were affiliated and 17 were nonaffiliated hospitals. The 377 affiliated hospitals were 28% of the total, and they offered 57% of the residencies, of which only 88% were filled. The 989 nonaffiliated hospitals made up 72% of the total, offered 43% of the positions, but filled only 79%. This is a 9% balance, in contrast with a 4% balance the previous year in favor of the

affiliated hospitals. For 1961-1962, 60% of available residents were on duty in affiliated hospitals, while 40% were serving in nonaffiliated hospitals.

Table 12.—Number of Residencies, by Medical School Affiliation and Bed Capacity, 1961-1962

	Residencies, No.				
	Hospitals, No.	Total Offered Sept. 1, 1961	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Nonaffiliated					
Less than 200 beds	312	3,321	2,799	522	84
200-299	245	2,163	1,585	578	73
300-499	254	4,440	3,365	1,075	76
500-over	178	5,074	4,116	958	81
Totals	989	14,998	11,865	3,133	79
Affiliated					
Less than 200 beds	60	956	828	128	87
200-299	63	1,638	1,386	252	85
300-499	101	4,146	3,471	675	84
500-over	153	13,389	11,944	1,445	89
Totals	377	20,129	17,629	2,500	88
Grand totals	1,366	35,127	29,494	5,633	84

For affiliated hospitals, recruitment was most successful in the hospitals with more than 500 beds, in which 67% of the positions existed. For the non-affiliated hospitals, however, the 500-bed category provided only 34% of the available positions and recruitment was more successful in the hospitals with less than 200 beds. These hospitals offered 22% of the positions and were 84% filled. Only 5% of the positions offered in affiliated hospitals were in institutions of less than 200 beds. If every available position in the affiliated hospitals were filled, there

Table 13.—Number of Residencies, by Specialty, in Affiliated and Nonaffiliated Hospitals, 1961-1962

Specialty	Residencies, No.						
	Approved Programs, No.	First Year Appointments			Total Appointments, All Year		
		Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled
Affiliated							
Anesthesiology	154	383	145	1,091	837	254	77
Dermatology	62	100	8	283	246	17	94
General practice	27	37	32	105	51	54	49
Internal medicine	252	1,388	145	3,586	3,220	366	90
Neurological surgery	119	89	2	345	320	25	93
Neurology	106	148	35	421	332	89	79
Obstetrics	2	6	1	10	9	1	90
Gynecology	1	1	...	5	5	...	100
Obstetrics-gynecology	183	423	41	1,595	1,525	70	96
Ophthalmology	136	216	12	668	645	23	97
Orthopedic surgery	171	210	17	816	773	43	95
Otolaryngology	100	109	24	413	357	56	86
Pathology	270	351	158	1,481	1,126	355	76
Pediatrics	149	566	79	1,843	1,198	145	89
Pediatric allergy	23	11	2	17	14	3	82
Physical medicine	66	50	51	261	130	131	50
Plastic surgery	53	33	2	100	94	6	94
Proctology	10	6	2	17	11	6	65
Psychiatry	157	627	143	2,204	1,860	344	84
Psychiatry-child	30	32	5	122	103	19	84
Radiology	205	362	77	1,333	1,149	184	86
Surgery	273	1,016	120	3,242	3,017	225	93
Thoracic surgery	69	62	4	149	131	18	88
Urology	161	134	38	542	476	66	88
Totals	2,779	6,355	1,143	20,129	17,629	2,500	88
Nonaffiliated							
Anesthesiology	107	167	72	488	349	139	72
Dermatology	24	28	1	102	96	6	94
General practice	157	279	186	765	430	335	56
Internal medicine	359	901	233	2,553	2,089	464	82
Neurological surgery	34	32	5	120	103	17	86
Neurology	41	29	7	106	78	28	74
Obstetrics	8	7	1	11	10	1	91
Gynecology	2	1	1	2	1	1	50
Obstetrics-gynecology	308	421	59	1,353	1,221	132	90
Ophthalmology	69	96	7	269	260	9	97
Orthopedic surgery	162	158	13	607	571	36	94
Otolaryngology	43	46	7	170	153	17	90
Pathology	481	304	320	1,532	838	694	55
Pediatrics	166	277	134	694	578	116	83
Pediatric allergy	8	1	...	1	1	...	100
Physical medicine	30	11	22	93	38	55	41
Plastic surgery	32	20	2	54	46	8	85
Proctology	8	3	2	9	4	5	44
Psychiatry	164	455	202	1,822	1,366	456	75
Psychiatry-child	46	33	16	133	99	34	74
Radiology	155	152	63	587	442	145	75
Surgery	487	1,041	238	3,153	2,784	369	88
Thoracic surgery	45	40	7	74	61	13	82
Urology	108	86	20	300	247	53	82
Totals	3,044	4,568	1,618	14,998	11,865	3,133	79
Grand totals	5,823	10,923	2,761	35,127	29,494	5,633	84

would still be a need for approximately 10,000 positions in the nonaffiliated hospitals.

Table 13 adds another dimension to the consideration of distribution of residency programs according to affiliation. While the affiliated hospitals comprised only 28% of the total approved for residency training, they contained 48% of the approved residency programs. While the nonaffiliated hospitals comprised 72% of the total, they held approval for 52% of the individual residency programs. This reflects the fact that the affiliated hospitals, while fewer in number, are larger in size, and they, therefore, tend to hold approval for a greater variety

of programs than do the nonaffiliated smaller hospitals.

It is of interest that in 10 areas of residency training, the number of approved programs in nonaffiliated hospitals exceeded the number approved in affiliated hospitals. These areas were general practice, internal medicine, obstetrics, gynecology, obstetrics-gynecology, pathology, pediatrics, psychiatry, child psychiatry, and surgery. Only in general practice, however, did the number of residents on duty in nonaffiliated hospitals exceed those on duty in affiliated hospitals by specialty.

With 56% of the total vacancies in nonaffiliated

Table 14.—Number of Residencies, by Census Region and State, 1961-1962

Census Region and State	Approved Programs, No.	Hospitals, No.	Residencies, No.				Foreign Residents	
			Total Offered	Filled Sept. 1, 1961	Vacant Sept. 1, 1961	Percentage Filled	On Duty, No.	Percentage in Filled Positions
New England								
Connecticut	109	31	669	537	132	80	170	32
Maine	16	3	48	24	24	50	3	13
Massachusetts	233	83	1,582	1,418	164	90	379	27
New Hampshire	17	3	78	64	14	82	3	5
Rhode Island	27	12	122	93	29	76	55	59
Vermont	39	4	66	55	11	83	13	24
Totals	441	136	2,565	2,191	374	85	623	28
Middle Atlantic								
New Jersey	166	62	621	483	138	78	339	70
New York	866	189	5,970	5,280	690	88	2,170	41
Pennsylvania	441	108	2,442	1,961	481	80	542	28
Totals	1,463	359	9,033	7,724	1,309	86	3,051	40
East North Central								
Illinois	306	66	1,789	1,525	264	85	583	35
Indiana	89	20	469	325	144	69	8	2
Michigan	239	55	1,815	1,628	187	90	363	22
Ohio	342	78	2,258	1,803	455	80	722	40
Wisconsin	98	24	617	459	158	74	108	24
Totals	1,074	243	6,948	5,740	1,208	83	1,734	30
West North Central								
Iowa	43	12	382	298	84	78	31	10
Kansas	45	12	331	259	72	78	56	22
Minnesota	155	28	1,250	1,124	126	90	218	19
Missouri	170	39	1,121	877	244	78	231	26
Nebraska	37	15	197	107	90	54	30	28
North Dakota	8	4	16	12	4	75	9	75
South Dakota	6	3	16	8	8	50	5	63
Totals	464	113	3,313	2,685	628	81	580	22
South Atlantic								
Delaware	15	5	69	38	31	55	23	61
District of Columbia	117	18	851	737	114	87	192	26
Florida	92	21	585	508	77	87	107	21
Georgia	113	23	559	446	114	80	74	17
Maryland	139	33	977	853	124	87	349	41
North Carolina	92	19	628	565	63	90	51	9
South Carolina	28	7	139	93	46	67	2	2
Virginia	99	28	671	468	103	82	112	24
West Virginia	40	14	180	110	70	61	61	55
Totals	735	168	4,559	3,817	742	84	971	25
East South Central								
Alabama	65	11	194	134	60	69	21	16
Kentucky	90	24	326	231	95	71	74	32
Mississippi	50	11	143	108	35	76	8	7
Tennessee	111	24	641	535	106	83	94	18
Totals	306	70	1,304	1,008	296	77	197	20
West South Central								
Arkansas	30	8	181	140	41	77	1	1
Louisiana	91	17	682	592	90	87	19	3
Oklahoma	57	12	277	222	55	80	13	6
Texas	241	42	1,305	1,092	213	84	116	11
Totals	419	79	2,445	2,046	399	84	149	7
Mountain								
Arizona	23	8	96	74	22	77	46	62
Colorado	112	18	532	416	116	78	87	21
New Mexico	14	5	57	37	20	65	1	3
Utah	51	9	171	137	34	80	10	7
Totals	200	40	856	664	192	78	144	22
Pacific								
California	499	107	3,099	2,733	366	88	84	3
Hawaii	25	9	120	108	12	90	18	17
Oregon	44	8	255	218	37	85	18	8
Washington	101	19	381	347	34	91	38	11
Totals	669	143	3,855	3,406	449	88	158	5
Territories and Possessions								
Canal Zone	7	1	24	20	4	83	...	..
Puerto Rico	45	14	225	193	32	86	116	60
Totals	52	15	249	213	36	86	116	54
Grand totals	5,823	1,366	35,127	29,494	5,633	84	7,723	26

hospitals and 44% of the total vacancies in affiliated hospitals, it appears that there is a surplus of approved positions in both groups of hospitals. The average number of residents on duty per individual program, except for general practice, was distinctly less in the nonaffiliated hospitals than in those affiliated. This might indicate only the generally smaller size of the nonaffiliated hospitals except for the fact the percentage of residencies filled is more favorable to the affiliated hospitals in all instances except general practice. For general practice, the total of residencies filled in affiliated hospitals was 49% of those offered, while in nonaffiliated hospitals, 56% were filled. For other specialties, the relatively favorable performance in the affiliated versus the nonaffiliated hospitals was for internal medicine 90% vs. 81%; for obstetrics-gynecology 96% vs. 90%; for pathology 76% vs. 55%; for pediatrics 89% vs. 83%; for psychiatry 84% vs. 75%; for radiology 86% vs. 75%; and for surgery 93% vs. 88%.

It is clear, therefore, that the various residency review committees and Council field representatives are committed to approximately the same amount of time and effort in reviewing residency programs in each category of a hospital, since the number of residents in an individual program has relatively little influence on the review procedure.

Residencies by Census Region and State

Table 14 reveals the distribution by census region of the 35,127 positions for 5,823 approved residency programs in 1,366 hospitals. The Middle Atlantic states of New Jersey, New York, and Pennsylvania had 25% of the approved programs in 26% of the hospitals, offered 26% of the residencies, and secured 26% of the available residents. The state of Washington filled 91% of the positions, and only 5 others filled 90%. There were 9 states with less than 70% of residencies filled, those with the least success being Maine 50%, South Dakota 50%, Nebraska 54%, and Delaware 55%. Further comments on the participation of foreign graduates in these programs will follow in a subsequent section.

Residency Salaries

Since residency programs vary in length from 2 to 4 or more years, an average of all salaries could not be calculated. It was possible, however, to calculate the beginning salary for first-year residents. The average first-year resident salary was \$275 per month, with the average for affiliated hospitals \$248, and for nonaffiliated hospitals \$302 per month. The average residency salary was thus \$42 per month higher than the average intern salary.

Table 15 indicates that data were received for 2,779 affiliated hospital programs and 3,044 non-affiliated hospital programs. The programs listed in the "blank" category were those whose data could not be analyzed because of peculiarities in organization of the programs. Only 11 affiliated hospital

Table 15.—Monthly Residency Salaries, 1961-1962

Beginning Salary, Dollars/Month	Affiliated Hospitals	Nonaffiliated Hospitals
Blank	302	549
0-50	11	1
51-100	106	15
101-150	139	68
151-200	463	215
201-250	658	560
251-300	755	708
301-350	195	490
351-400	77	193
401-450	25	87
451-500	22	61
501-550	10	29
551-600	16	36
601-650	2	7
651-700	3	6
701-750	...	10
751-800	...	2
801-850	...	3
851-900	...	2
901-950	...	2
951-999	...	...
Total programs	2,779	3,044

programs paid less than \$50 per month, for a decrease of 19 over the previous year. There was only one nonaffiliated hospital in this low-pay category. It was only at the level of more than \$300 per month that the number of nonaffiliated programs at each salary level exceeded the number of affiliated programs. Salaries of \$300 per month or less were paid by 76% of the affiliated programs but by only 51% of the nonaffiliated programs. No affiliated hospital program paid more than \$700 per month, while there were 19 nonaffiliated hospital programs exceeding this figure, although none of the 19 exceeded \$950 monthly.

Within the next year, it is expected that many hospitals will base their house staff salaries upon true "cost of living" studies in each community.

Foreign Medical Graduates

The Institute of International Education, 800 Second Ave., New York City 17, publishes an annual report on international exchange entitled "Open Doors 1962." The Council is deeply indebted to the IIE for its annual census on foreign physicians serving in approved graduate training programs in the United States. "Open Doors 1962" carries a combined list of the totals of interns and residents serving in each hospital. As announced earlier, the AMA census for next year will provide much additional information, including specialty distribution of foreign trainees.

Table 16 is based on the annual IIE reports first made in 1955 for the year 1954-1955, when the total number of foreign medical graduates serving as interns was 1,761 and as residents was 3,275. The peak was reached in the year 1960-1961 when 9,935 foreign physicians were in training in this country. The peak for interns of 2,545 was reported for the year 1959-1960, and the number declined thereafter coincident with implementation of the ECFMG deadline on July 1, 1960. Thus, for the year ending

Table 16.—Foreign Medical Graduate Census of the IIE

	1955	1956	1957	1958	1959	1960	1961	1962
Interns ...	1,761	1,859	1,988	2,079	2,324	2,545	1,753	1,211
Residents .	3,275	4,174	4,753	5,543	6,068	6,912	8,182	7,286
Totals ..	5,036	6,033	6,741	7,622	8,392	9,457	9,935	8,497

with the report for 1960, interns constituted 27% of all foreign physicians in training; for 1961, the figure had fallen to 18%; and for 1962, it is 1,211, or 14% of the total of 8,497. The peak for residents was 8,182 for the year ending in 1961, and has fallen by 896 to 7,286 for this past year.

The total of foreign physicians reported to IIE for the year 1961-1962 is 1,438 less than the previous year, and probably reflects the prediction in last year's annual report of the more effective implementation of the law by the United States Immigration and Naturalization Service in returning exchange visitors to their homelands upon completion of their training.

The Consolidated List in the Directory for 1962 tabulates the foreign interns separately from those serving as residents, by hospital. It was clear that some of the physicians reported to the IIE were neither interns nor residents, 726 Canadians were included as foreign medical graduates according to IIE standards, and U. S. citizens who graduated from foreign medical schools were not included. For that reason the totals in the Consolidated List and in Tables 5 and 14 as derived from the AMA census indicate 1,273 interns and 7,723 residents, or 499 more than the IIE figures. The Institute of International Education also reported that for 1960-1961, there were 58,086 foreign citizens classified as students studying in this country. Physicians thus constituted 15% of the total number of foreign students on the exchange visitor program in the United States.

Of all the physicians reported to the IIE, as usual, the largest single group of 1,947 came from the Philippines. Of the total of 8,497, 36% were from the Far East, 18% from Latin America, 17% from Europe, and 17% from the Near and Middle East. Eleven countries sent physicians to the United States for the first time; these include Afghanistan, Algeria, Fiji Islands, Hong Kong, Laos, Liberia, Libya, Malta, Tanganyika, Tunisia, and the U.S.S.R.

Tables 5 and 14 indicate that 11 states and the Canal Zone reported no foreign medical graduates as interns on the AMA census, and only the Canal Zone reported none serving as residents. There were 3,659 foreign medical graduates (including United States citizens who graduated from foreign medical schools) serving as interns and residents in the Middle Atlantic states of New Jersey, New York, and Pennsylvania. This is 37% of all the interns and residents on duty in these 3 states, and is 41% of all foreign medical graduates on duty in the nation.

The states with 30% or more serving as interns

were New Jersey with 61%, West Virginia with 38%, and New York with 30%. Puerto Rico reported 65%. Those states reporting 30% or more of their residencies filled by foreign medical graduates were North Dakota 75%, New Jersey 70%, South Dakota 63%, Arizona 62%, Delaware 61%, Rhode Island 59%, West Virginia 55%, New York 41%, Maryland 41%, Ohio 40%, Illinois 35%, Connecticut 32%, and Kentucky 32%. Puerto Rico reported 60%.

The 8,996 foreign medical graduates serving as interns and residents thus constituted 24% of the total of 37,810 serving in the United States, Puerto Rico, and the Canal Zone.

On the basis of the latest statistics of the Educational Council for Foreign Medical Graduates, increasing numbers of physicians are taking and passing the ECFMG examination abroad. The results of the last 3 examinations indicate that those physicians certified abroad in a 12-month period and therefore eligible to come to this country for training now exceed 3,500 annually. An unknown proportion of these individuals fail to come to this country during the same year they were certified, so further time will be required before the true results of certification abroad can be realized.

It has been pointed out by the U. S. Department of State officials that physicians from the "non-quota" countries of Latin America need not come to this country on an exchange visitor visa, but they may use an immigrant or other type of permanent visa. Thus, many of them may arrive without having been certified previously by ECFMG. Furthermore, they are not subject to surveillance by the Immigration and Naturalization Service for return to their homelands after 5 years as are those on exchange visitor visas.

The 1961 Annual Report of the Educational Council for Foreign Medical Graduates reports that the Canadian Medical Association has ruled that as of July 1, 1962, the approval of any internship or residency program of any Canadian hospital will be jeopardized if it employs foreign medical graduates as interns or residents who have neither been certified by the ECFMG nor licensed in any of the provinces of Canada.

On Sept. 21, 1961, Congress enacted the "Mutual Educational and Cultural Exchange Act of 1961" (the Fulbright-Hays Act). This act consolidates many of the earlier congressional actions on educational and cultural exchange, provides the mechanism for more effective operation of the Exchange Visitor Program, and authorizes broad powers to the President, provided, however, that appropriations to carry out the purposes of the act are made by Congress.

At a recent meeting of the review committee for one of the larger specialties, the board reported that "despite all the difficulties they encounter, there has been a rather impressive increase in the percentage of foreign graduates among those certi-

fied annually since 1955 when these counts were begun, and almost 10% of those certified in 1961 were graduated from foreign medical schools." It is hoped similar reports will be made by the other specialty boards.

Other Graduate Trainees by Specialty

Table 17 indicates that 2,930 physicians were reported in graduate training as research or teaching fellows, clinical trainees, or other types of appointments leading toward specialization and possible specialty board certification. This figure

Table 17.—Other Graduate Trainees by Specialty

Specialty	Trainees, No.
Anesthesiology	61
Dermatology	35
General practice	62
Internal medicine	992
Neurological surgery	23
Neurology	80
Obstetrics-gynecology	72
Ophthalmology	65
Orthopedic surgery	52
Otolaryngology	27
Pathology	420
Pediatrics	204
Pediatric allergy	22
Physical medicine	23
Plastic surgery	20
Proctology	1
Psychiatry	239
Psychiatry-child	123
Radiology	55
Surgery	200
Thoracic surgery	40
Urology	24
Totals	2,930

represents an increase of 357 over the previous year. Accordingly, there was a grand total of 32,424 graduate trainees serving in hospitals during 1961-1962, for a total gain over 1960-1961 of 1,495. The proportion serving other than as residents represented 9% of the total, for a gain of 1% over the previous year.

In the subspecialties, higher proportions of trainees are serving on other than resident appointments. In child psychiatry, 61% were serving other than as residents, while in pediatric allergy, the figure is 147% of the figure for residents in that subspecialty. Comparable figures for other specialties were 21% for pathology, 20% for internal medicine, 17% for pediatrics, 13% for general practice, 10% for dermatology, and 7% for psychiatry.

Hospital Autopsy Rates

Table 18 reports the federal and nonfederal hospitals with the highest autopsy rates for the past year. Hospitals with less than 12 deaths per year were not included, but otherwise approval for any graduate training program made a hospital eligible for comparison. The autopsy rate continues to be regarded by the various review committees

Table 18.—Hospitals with Highest Autopsy Rates

	Federal	%
1. U. S. Army Hospital, Fort Ord, Calif.	96	96
2. Veterans Administration Hospital, Denver	94	94
3. Veterans Administration Hospital, White River Junction, Vt.	93	93
4. National Institutes of Health, Bethesda, Md.	93	93
5. Veterans Administration Hospital, Albuquerque, N. M.	93	93
6. Brooke General Hospital, San Antonio, Tex.	93	93
7. Veterans Administration Hospital, Salt Lake City	92	92
8. Veterans Administration Hospital, Seattle	92	92
9. Veterans Administration Hospital, Coral Gables, Fla.	91	91
10. U. S. Naval Hospital, St. Albans, N. Y.	91	91
11. U. S. Air Force Hospital, Lackland Air Force Base, San Antonio, Tex.	90	90
12. U. S. Naval Hospital, Chelsea, Mass.	89	89
13. Veterans Administration Hospital, Palo Alto, Calif.	88	88
14. Veterans Administration Hospital, Perry Point, Md.	88	88
15. Veterans Administration Hospital, Houston, Tex.	88	88
16. U. S. Public Health Service Hospital, Seattle	88	88
17. Fitzsimons General Hospital, Denver	87	87
18. U. S. Naval Hospital, Great Lakes, Ill.	87	87
19. Veterans Administration Center, Biloxi, Miss.	87	87
20. William Beaumont General Hospital, El Paso, Tex.	87	87
21. Veterans Administration Hospital, Madison, Wis.	87	87
Nonfederal		
1. Roswell Park Memorial Institute, Buffalo	99	99
2. Driscoll Foundation Children's Hospital, Corpus Christi, Tex.	99	99
3. Los Alamos Medical Center, Los Alamos, N. M.	95	95
4. Children's Medical Center, Seattle	95	95
5. Children's Hospital, Los Angeles	94	94
6. St. Christopher's Hospital for Children, Philadelphia	92	92
7. University Hospital, Seattle	91	91
8. Children's Hospital of East Bay, Oakland, Calif.	90	90
9. Boston Floating Hospital, Boston	89	89
10. Providence Lyng-In Hospital, Providence, R. I.	89	89
11. Children's Hospital of Philadelphia, Philadelphia	89	89
12. Free Hospital for Women, Brookline, Mass.	88	88
13. Oak Ridge Institute of Nuclear Studies, Medical Division, Oak Ridge, Tenn.	88	88
14. Hawaii State Hospital, Kaneohe, Hawaii	87	87
15. Children's Hospital, Buffalo	87	87
16. Milwaukee Children's Hospital, Milwaukee	87	87
17. Mary Hitchcock Memorial Hospital, Hanover, N. H.	86	86
18. Sonoma State Hospital, Eldridge, Calif.	85	85
19. University of Florida Teaching Hospital & Clinics, Gainesville, Fla.	85	85
20. University of Minnesota Hospitals, Minneapolis	85	85
21. Children's Hospital of Pittsburgh, Pittsburgh	85	85
22. Psychiatric Center for Training and Research, Rio Piedras, Puerto Rico	85	85

as a very important index of the interest of the hospital staff in conducting an educational program with high academic standards. The Council expects any fully satisfactory internship program to be able to exceed the minimal autopsy rate of 25% by an appreciable percentage. The Residency Review Committee in Internal Medicine expects hospitals with fully satisfactory programs in that specialty to demonstrate that the autopsy rate on the medical service approaches or exceeds 50%. Table 18 lists more than 20 hospitals in each category because several in each group had identical rates at the 20th position on the table.

Director of Medical Education

For the second year, this report contains data on the position of director of medical education (DME) (Table 19). For the year 1961-1962, there was a gain of 100 for a new total of 950 such positions. The numerical advantage to part-time positions is rapidly being lost, since part-time positions decreased by 11 and full-time positions in-

creased by 111. Part-time positions existed in each state, while full-time positions existed in each state except Delaware, North Dakota, and Vermont.

While no specialty was reported for 9% of the individuals, there was at least one full- or part-time DME whose special interest was in each of 28

and status of "The Director of Medical Education in the Teaching Hospital" which was published in THE JOURNAL on Sept. 2, 1961 (177:614), and is available as a reprint.

Costs and Financing of Graduate Training Programs

At the November, 1962, Session of the American Medical Association, the House of Delegates will consider a special joint report of the Council on Medical Education and Hospitals and the Council on Medical Service dealing with the subject of compensation of interns and residents. The House of Delegates, knowing this joint study was being made, urged at the June, 1961, annual meeting that it be continued. The 2 councils have agreed that compensation of house officers should be reported in terms of "salary" rather than "stipend." Accordingly, the appropriate columns in the Directory lists of internships and residencies indicate monthly salaries instead of stipends. For next year, it is anticipated that these salaries will be reported in terms of annual rather than monthly rates.

At the last annual meeting of the Student American Medical Association a resolution was accepted which urged that the House of Delegates of the American Medical Association be influenced through appropriate contacts with delegates and state societies to make appropriate changes in the Essentials of an Approved Internship and Essentials of Approved Residencies which would provide a "living wage" for the intern and resident. There is widespread recognition of the need for reform in the level of compensation of house officers, and articles have appeared in the public press regarding current and anticipated increases in some hospitals.

Miscellaneous Data

Dental training programs for 1961-1962 were reported for the 1,464 hospitals as 255 or 17% with internships, and 163 or 11% with dental residencies.

Limitation of appointment of interns to males only was reported by 21 or 1% of the hospitals, and 46 or 3% limited such appointments for residencies. Limitation of appointment of interns to U.S. citizens was reported by 118 or 8% of the hospitals, while this limitation on residencies was reported by 215 or 15%. Only 7%, or 104 of the hospitals, specified that foreign medical graduates were not eligible for appointment to internships, and 101 or 7% reported the same limitation on residency appointments.

These hospitals are identified by footnotes in the Consolidated List of Hospitals in the Directory.

Medical students were employed for noncurricular services in 683 or 48% of the 1,464 hospitals, and the number employed from Sept. 1, 1960, to Aug. 31, 1961, was 5,425. Since the total enroll-

Table 19.—Directors of Medical Education by State

State	Full Time	Part Time
Alabama	3	2
Arizona	2	5
Arkansas	2	1
California	44	31
Colorado	6	11
Connecticut	8	17
Delaware		3
District of Columbia	7	5
Florida	8	9
Georgia	6	8
Hawaii	3	6
Illinois	20	20
Indiana	6	6
Iowa	5	5
Kansas	5	3
Kentucky	11	8
Louisiana	7	4
Maine	2	1
Maryland	12	12
Massachusetts	21	24
Michigan	19	26
Minnesota	8	10
Mississippi	3	2
Missouri	19	8
Nebraska	5	4
New Hampshire	1	1
New Jersey	14	29
New Mexico	2	1
New York	56	65
North Carolina	2	5
North Dakota		2
Ohio	23	40
Oklahoma	4	1
Oregon	3	5
Pennsylvania	48	40
Rhode Island	3	5
South Carolina	3	2
South Dakota	1	1
Tennessee	13	6
Texas	23	9
Utah	2	5
Vermont		1
Virginia	10	11
Washington	8	7
West Virginia	6	5
Wisconsin	6	10
Canal Zone	1	
Puerto Rico	7	
Totals	468	482

listed specialties. As for last year, internal medicine was the most common specialty, and this increased from 26% the previous year to 35% last year. Next in order was general surgery with 15%, psychiatry with 13%, pathology with 5%, pediatrics with 4%, and general practice with 2%.

The Council continues to receive many inquiries from hospitals that wish to secure a DME. All such inquiries are referred to the Association of Hospital Directors of Medical Education, which has been encouraged to act as a clearing house for information on this subject. A committee of that organization prepared a guide to the functions

ment of medical students during the year 1960-1961 in all 4 classes of the 86 medical schools was 30,288, these data indicate that only 18% of all medical students were employed in hospitals with approved internships and residencies. Undoubtedly many other students were employed in hospitals without approved programs.

Projection for the Future

Table 20 is the cumulative table on status of internships and residencies in terms of personnel. Not only does it confirm the leveling-off of internships predicted 2 years ago, but the total of internships offered and filled has actually declined. There was even a slight decrease for the federal services, particularly in the Veterans Administration internships and residencies. Those internships filled by U.S. graduates now approximate more closely the number of graduates of U.S. medical schools.

Foreign-Trained Physicians.—The decrease in both internships and residencies filled by foreign medical graduates is quite apparent, and has been commented upon previously. Table 20 no longer utilizes the data from the annual census of the Institute of International Education, which has been the only source for such data for the previous 7 years. The Institute of International Education includes Canadians as foreign graduates, but on the other hand does not include United States citizens who were graduates of foreign medical schools. According to AMA figures, there were 1,840 interns and residents in 1960-1961 who were United States citizens and graduates of foreign medical schools. For the year 1961-1962, this figure was 1,565. Of this total of 1,565, 1,227 or 78% are from 8 states which are as follows: 624 from New York, 111 from New Jersey, 104 from Puerto Rico, 95 from Illinois, 87 from Pennsylvania, 73 from

Ohio, 68 from California, and 65 from Massachusetts.

While the total of those foreign physicians who pass the ECFMG examination abroad is now in excess of 3,500 annually, it is known that some foreign medical schools use this test as a means of measuring the effectiveness of their educational programs in comparison with those in the United States. For that reason, many students from those schools who are certified by ECFMG may have no plans to continue their graduate training in this country.

It is the hope of the Council on Medical Education and Hospitals to make an early report to the House of Delegates which may provide more effective implementation of the intent of the Exchange Visitor Program for foreign medical graduates. The Council believes there can be more mutually beneficial exposure of foreign and American house officers to each other in an educational environment. Some hospitals accept no foreign physicians at all, while others are able to maintain active programs only by the exclusive employment of foreign physicians. A crucial point for future consideration is the proportion of foreign medical graduates which may be accepted into a program without possible deterioration in the quality of some aspect of the program.

Graduate Training Standards.—This annual report contains a detailed analysis of the variety and volume of actions taken by the various review committees for internships and residencies for the year 1961-1962. It is partially through this type of cooperative review activity by the many inter-related organizations that recommendations originate for the improvement of standards of graduate medical education. These committees are cognizant of the wide range in quality and performance of programs which may each meet exist-

Table 20.—Status of Internships and Residency Programs in the U.S.A.

	Internships							Residencies						
	Total Offered	Total Filled	Filled by U.S. Graduates	Filled by Foreign Graduates	Filled Federal Services		Total Vacant	Total Offered	Total Filled	Filled by U.S. Graduates	Filled by Foreign Graduates	Filled Federal Services		Total Vacant
					V.A.	Other						V.A.	Other	
1961.....	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.....	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.....	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958.....	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957.....	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956.....	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955.....	11,616	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954.....	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953.....	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952.....	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951.....	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950.....	9,370	7,030	6,308	722	..	435	2,340	19,364	14,495	13,145	1,350	..	..	4,809
1949.....	9,124	7,313	..	†	..	..	1,811	18,669	17,490	..	†	..	..	1,179
1948.....	9,027	7,245	..	..	..	..	1,779	17,293	..	..	..	..	..	..
1947.....	8,683	6,902	..	..	..	..	1,781	15,172	..	..	..	..	..	..
1946.....	8,584	..	..	..	..	..	..	12,003	..	..	..	*	..	..
1945.....	8,429	..	..	..	..	..	..	8,930	..	..	..	..	..	..
World War II														
1941.....	8,182	..	..	..	..	..	..	5,256	..	..	..	..	..	..

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

ing standards. A significant number always exceed the standards by a wide margin, while others barely exceed the minimum. When there is a surplus of approved training programs, the committees then face the problem of continuing those programs which are best in terms of educational excellence and of discontinuing those which offer the least in education of the trainee and which are also surplus to the national needs for training in that specialty. It is partly through this mechanism of competition between individual programs that those features are identified which are subsequently incorporated into revised standards of education and training. Strong pressures develop from some institutions when standards are raised and disapproval of their programs is threatened. Ample time is provided such institutions for reorganization of their programs and resubmission on a basis of the new standards. In this process, there must inevitably be some programs in some hospitals which are discontinued. In some hospitals, even though offering approved programs, there is a surplus of services which must be delivered. To meet this service need, additional fully qualified and licensed physicians are being employed on full- or part-time appointments in an increasing number of institutions.

While this annual report has furnished increasingly detailed analyses of numbers, proportion, and other pertinent facts on specialty residencies for many years, the Council was instructed at the June, 1962, meeting to report on the above area to the House at its next annual meeting. Hence, this annual report contains additional tables on specialty program performance in relation to hospital affiliation, additional tables relating to distribution of foreign medical graduates, and additional tables indicating relationship of approved programs, hospital affiliation, and bed distribution.

Of further interest, is the announcement made in the annual report for 1960-1961 of the intent of the Council to conduct a 2-year study in graduate medical education. It was stated that this study might have an effect in this field similar to the impact of the Flexner Report in 1910 on the field of undergraduate medical education. Among the objectives of this study would be a determination of the kinds of professional careers necessary for the future medical services of society, and the kinds of educational programs necessary.

In considering the broad question of the needs of the nation for physicians, the needs of the public for medical care, and the developing patterns of medical practice, Table 21 was produced for the purposes of the above study. It is reproduced here for the information of the profession generally, and particularly for the House of Delegates, in relation to its instructions to report pertinent facts of specialty residencies as part of its current over-all appraisal of medical education.

Table 21.—Distribution of Physicians in the U.S.—
1961-1962

Specialty	All Physicians		Residents			
	In Specialty, No.	Total Physicians, %	Residents on Duty, No.	Total Physicians in This Field, %	Total Residents on Duty, %	Residencies Filled in This Field, %
General practice	56,759	21	481	0.8	1.6	55
Internal medicine	30,053	11	5,309	18.0	18.0	86
General surgery	27,571	10	5,801	21.0	19.5	91
Obstetrics-gynecology ...	15,739	6	2,771	18.0	9.0	93
Psychiatry	13,400	5	3,428	26.0	12.0	80
Pediatrics	12,898	5	1,791	14.0	6.0	87
Radiology	7,447	3	1,591	21.0	5.0	88
Ophthalmology	7,157	3	905	13.0	3.0	97
Anesthesiology	7,095	3	1,186	16.0	4.0	75
Orthopedic surgery	5,808	2	1,344	23.0	5.0	94
Pathology	5,715	2	1,964	34.0	7.0	65
Totals.....	189,642	71	26,571	14.0	90.6	..
Others	75,764	29	3,066	4.0	9.4	..
Grand totals.....	265,406	100	29,637	11.0	100.0	..

Table 21 is based on the July 2, 1962, quarterly tables of distribution of physicians by type of practice as provided by the AMA Directory Report Service. This report indicated that there were 265,406 physicians, both in private practice and not in private practice, including interns and residents. There were 37,311 interns and residents reported, which is close agreement with the 37,810 reported on the annual Council questionnaire as of Sept. 1, 1961. Table 21 tabulates residents only.

Of the 265,406 total physicians, 24,223 were not classified according to special field of practice because they were either in federal service, temporarily foreign, or their addresses were temporarily unknown. An additional group of 23,232 did not specify their field of practice or degree of activity. The remainder were classified by specialty, and the table records the 10 major specialty fields plus general practice as reported. There were 56,759 physicians in general practice, thus constituting 21% of all physicians. Only 481 were in residency training. This constituted only 1.6% of all residents in training and represented only 55% of the residency positions available in that field. These 481 residents in general practice represented only 0.8% of all general practice physicians reported. The table reveals some very interesting correlations or lack of correlation between the distribution of specialists and the distribution of residents in specialties. Ophthalmologists constituted 3% of all physicians, and the 97% of filled ophthalmology residencies totalled 905 residents or 3% of all residents on duty. These 905 residents comprised 13% of all ophthalmologists. Pathologists constituted only 2% of all physicians, but the 1,964 residents in pathology comprised 7% of all residents on duty. Pathology residencies were only 65% filled, and yet 34% of all pathologists were residents. Except for general practice and ophthalmology, the per cent of residents in each specialty as related to the total residents on duty was greater than the per cent of specialists as related to the

total physicians in the United States. There were wide differences, however, since the proportion of residents in pathology to all residents is more than 3 times greater than the proportion of pathologists to all physicians. In psychiatry, the proportion of residents to all residents is more than 2 times the proportion of psychiatrists to all physicians. In general surgery, the proportion of residents to all residents is exactly 2 times the proportion of general surgeons to all physicians.

This table still does not answer the question of whether the distribution of specialists is properly related to the national needs nor does it indicate the proper distribution between general practitioners and specialists. It does indicate that 71% of all physicians who were classified as to special field of practice were in these 10 specialties plus general practice. In these 11 fields, 14% of the physicians were residents in training in approved programs. If general practice is omitted because of the excessively low number in residency training as related to the large number in practice, then the 10 major specialty fields include 132,883 physicians, of whom 26,090 or 20% are residents in training in those 10 fields. This means that 50% of all physicians are classified in the 10 major specialties, and 39% are in practice, while 11% of all physicians are classified as residents in training.

Table 22.—Positions Offered in 1962 Directory for 1963-1964

	Affiliated Hospitals			Nonaffiliated Hospitals		
	1961-1962	1963-1964	Increase	1961-1962	1963-1964	Increase
Internships	5,418	5,896	478(9%)	6,656	7,013	357(5%)
Residencies	20,129	20,996	867(4%)	14,998	15,528	530(4%)
Totals	25,547	26,892	1,345(5%)	21,654	22,541	887(4%)

Table 22, is a projection of the positions offered for 1963-1964 and published in the 1962 Directory. It is based on an analysis of the positions offered by each individual program, is divided according to the affiliation status of the hospitals offering such programs, and is compared with the positions offered for 1961-1962 as published in 1960.

There is an increase for both internships and residencies for both affiliated and nonaffiliated hospitals. Affiliated hospitals are offering 478 or 9% more internship positions, while nonaffiliated hospitals are offering 357 or 5% more. Both affiliated and nonaffiliated hospitals are offering 4% more residency appointments for next year. The total of internships and residencies available in affiliated hospitals is 1,345 or 5% more than for 1961-1962, while for nonaffiliated hospitals the total of 887 is 4% more than offered for 1961-1962. The positions offered for 1962-1963 were listed in the 1961 Directory, and they will be the basis for the performance tables to be published in the 1963 Directory. The Directory, therefore, always reports performance for the year before and lists

Table 23.—Relation of Hospital Affiliation to Beds

	Hospitals		Hospital Beds	
	No.	Total, %	No.	Total, %
Hospitals with approved programs				
Major medical school affiliation	243	3	170,474	10
Limited medical school affiliation	130	2	95,078	6
No medical school affiliation	1,091	16	552,239	33
Totals	1,464	21	820,791	49
Hospitals without approved training programs	5,459	79	848,998	51
Grand totals	6,923	100	1,669,789	100

programs offered for the year following the year in which the Directory is published.

Hospital Facilities.—Tables 23 and 24 show the relation between teaching programs and total beds in United States hospitals. The official data for total hospital beds are taken from the 16th annual survey of the American Hospital Association for the year 1961 and published in the Aug. 1, 1962,

Table 24.—Relation of Training Programs to Beds

	Hospitals		Hospital Beds	
	No.	Totals, %	Teaching Hospital Beds, %	All Hospital Beds, %
Hospitals				
Internships only	98	7	23,279	3
Residencies only	648	44	484,623	59
Internships and residencies	718	49	312,886	38
Grand totals	1,464	100	820,791	100

Part 2, of *Hospitals*. For 1961, the grand total of hospitals listed by the American Hospital Association was 6,923, or an increase of 47 hospitals over the previous year. This included an increase in 19 hospitals with approved internships and residencies. The total hospital beds increased 11,819 for a grand total of 1,669,789. Of this total, the beds in hospitals with approved teaching programs increased 25,578.

Accordingly, while the hospitals with approved programs still represented 21% of all hospitals, they represented 49% of all hospital beds, an increase of 1% in beds. While hospitals with medical school affiliation again represented only 5% of all hospitals, they included 16% of the total beds, for a gain of 2% of all beds. The hospitals without affiliation again represent 16% of all hospitals, but 33% of all beds, or 1% less than before.

Table 24 indicates that 98 of the 1,464 hospitals had approval for internships only, constituted 7% of all approved hospitals, and were in hospitals with only 3% of all teaching beds. Those hospitals with approved residencies only totaled 648, or 44% of approved hospitals, and controlled 59% of the teaching beds, or 29% of the total beds. There were 718 hospitals with both internships and residencies, comprising 49% of hospitals with approved programs, and they represented 38% of the teaching hospital beds and 19% of the total beds.

Special Reports, Announcements, and Notices

Family Practice Programs

The standards for pilot programs in family practice have not yet been formulated for submission to the House of Delegates for incorporation into "Essentials." Since the only available description of the standards for such programs is the report as submitted by the Committee on Preparation for General Practice and approved by the House of Delegates in June, 1959, that report is here republished in full.

Final Report on Preparation for Family Practice

At the meeting of the House of Delegates of the American Medical Association in Seattle, Nov. 27-30, 1956, the Committee on Medical Practice presented a report containing 5 instructions. The report was considered by the Reference Committee on Insurance and Medical Service and on its recommendation was adopted by the House. The report, in its Instructions 3 and 4, recommended that a study group be formed to consider the best background preparation for general practice.

The Executive Committee of the Board of Trustees, at its meeting on Dec. 14, 1956, voted that the Council on Medical Education and Hospitals address itself to Instructions 3 and 4 and requested the Council to form a study group of representatives of the Council, the Association of American Medical Colleges, the American Academy of General Practice, and representative of the specialty areas, and proceed "to analyze objectively and make recommendations as to the best background preparation today for general practice."

Subsequently, the committee received a related assignment from the House of Delegates during the New York City meeting, June 3-7, 1957. At the time that the Reference Committee on Medical Education and Hospitals considered the reports of the Klump Committee on General Practice Prior to Specialization, it recommended discharge of that committee and also "that the newly organized committee to study the best background preparation for general practice, in its long-term cooperative study with appropriate groups, give full consideration to the importance of a broad background of training and experience for all physicians in the care of the patient as a whole and of the family as a unit."

The first meeting of the Committee on Preparation for General Practice occurred Jan. 18, 1957. There have been subsequent meetings as follows: Subcommittees—May 9, June 28-29, and Oct. 20, 1957. Committee meetings—May 10, Sept. 14, and Dec. 5, 1957, Feb. 22-23, May 17, and Sept. 13, 1958, and March 20-21, 1959. Discussions have been held with various major specialty groups in order to secure the benefit of their thinking in the deliberations of the committee. It now appears appropriate that a report be submitted to the Board of Trustees for its consideration and submission to the House of Delegates of the American Medical Association.

General Considerations

The committee undertook its assignment in full recognition of the need for a long-range objective study regarding what basic educational background would best prepare *future* physicians for general practice. This immediately raised questions about the future nature of such practice in the light of the needs of the people as well as the changing dimensions of medical knowledge.

After careful thought and study of pertinent data, the committee has concluded that the marked trend toward what is called full-time specialty practice will be of continuing significance. As knowledge important to medicine continues to increase, the further development of specialism and its related tools and techniques will also take place. Although the availability of such specialty service is essential to good medical care, it is believed that it is similarly important that the broad, general outlook in medicine also be retained.

The committee is of the opinion that the needs of the public are well served through comprehensive medical care. By its very nature, such care is based necessarily upon a close interpersonal relationship that most readily develops through long association between a physician and a patient. To have greatest significance, this close relationship also involves the physician with his patient's environment and, most particularly, with his family.

There is a general awareness of the changing nature of society. It is proper and necessary that the pattern of medical care adapt itself to fulfill best its role in this changing order. An unknown degree of such adaptation, not measurable in available data, has already taken place.

It is recognized that the approach to medical practice with the humanistic concept of and concern for the "whole patient" is and indeed should be characteristic of all physicians whether specialists or not. However, the concept of comprehensive medical care, as used here, implies the active performance of direct service over broad areas of medicine and the availability of this broad service for all patients. The committee believes that further changes in the pattern of medical practice and of graduate study for practice will be required to meet successfully the challenges of this kind of general medical care in the future.

It does not seem likely that the general practitioner, the internist, or other specialist as commonly conceived today will be ideally prepared to fulfill this role in the future. To do so, the general practitioner of the future should have deeper and more extensive graduate medical education than is presently available. And if the internist were to assume this role, then his training should be broadened in preparation for the assumption of a more comprehensive and continuing responsibility for the health of the individual and his family regardless of age. Thus, there are 2 possible approaches to the basic preparation of physicians for family practice; namely, the designing of a new high quality of graduate program specifically for the preparation of family physicians, or the broadening of the training given in existing residencies in internal medicine, such as by inclusion of training in pediatrics, the primary management of trauma, and so forth. The proposed program here set forth is concerned with the former. It is the hope of the committee that appropriate groups will give consideration to the latter. It may well be to the advantage of the medical profession and the public that both approaches be used simultaneously.

In considering preparation for this type of medical practice in the future, the committee devoted much thought to the titles that should be used for such a physician and such a medical practice. Because the emphasis is on the medical care of the family regardless of age, and because of the wide acceptance and stature of the titles with the public, such a physician could most appropriately be designated a family physician and the field as family practice.

For the working definition of the medical practice involved, the committee adopted the following: "Family practice is that aspect of medical care performed by the

Doctor of Medicine who assumes comprehensive and continuing responsibility for the patient and his family regardless of age."

The educational program proposed for *future* family physicians is intended to prepare them to provide services to patients irrespective of age over broad areas of medicine and to coordinate specialty consultation and care according to the peculiar needs which their patients' problems may require. *The committee believes that there will be increasing need for the family physician who is prepared to provide these services.*

The committee has given attention to the trend toward group practice. This trend, in itself, serves to emphasize the need for physicians prepared to serve as family physicians and for their inclusion in such groups.

The committee believes it to be in the best interests of medical practice, the public, and the profession itself that every physician should be free to follow that field of medicine which most appeals to him and for which he is most suited by ability and temperament. He should be trained adequately for that field which he elects to follow. The student contemplating his future career in family practice should have available to him recognized educational programs of high quality comparable to those existing in specialty areas.

Before addressing itself to the *new* graduate program, the committee wishes to express certain viewpoints in regard to the medical school experience that is a necessary prelude to any graduate program. Regardless of what his future career may be, and this is not usually determined with finality early in his studies, the physician must have a sound, balanced education in the sciences basic to medicine and in their clinical applications. There is a common fund of knowledge and skills desirable for all graduates of medical schools. The provision of this common fund of knowledge and skills is the major objective of medical schools.

The educational program in a modern medical school exposes the student to specialty viewpoints. To maintain the objective of providing a sound, balanced medical education, it would seem highly desirable that the student be exposed also to the concept of family practice. Because general care is an important part of medical practice, medical schools should be encouraged to develop that phase of medical education centered around the patient, his continuing care, his environment, and the use of community resources, to the fullest extent compatible with the total educational program. Educational experiences emphasizing care of ambulatory patients should be an integral part of this program.

The committee is cognizant of the many studies being conducted for the improvement of the medical school curriculum, and of the several experimental approaches being applied. These efforts are commended. The committee believes that the entire medical curriculum warrants constant reappraisal and study for the purpose of developing educational programs which will better prepare the graduate to gain maximum advantage from the greater clinical opportunities of his graduate training. The medical profession has been fortunate in having medical school faculties who have subjected the educational objectives, methods, and content to a continuing, intelligent, and critical appraisal. Careful, intensive study has frequently led to well-planned changes. The committee believes that the means of accomplishing further changes in undergraduate medical education should be left to the administrators and faculties of the schools, in whose ability and integrity the committee has confidence.

The remarkable advances in medicine that have occurred and that will continue to occur have increased the difficulty and the complexity of family practice, as well as of the limited specialties. The responsibility of the family physician is a heavy one. It demands knowledge, alertness, agility of mind, and a wisdom born of education and ex-

perience. It necessitates the possession of a sound knowledge of the fundamentals of medicine as well as a synoptic knowledge of the basic principles of special fields. In view of this, as well as the pattern that has been followed successfully in the specialty fields of developing graduate educational programs beyond medical school, the committee recommends that a *new* graduate educational program for family practice be developed.

The Proposed Basic Program

The proposed 2-year program presented below should assure the opportunity for adequate preparation of the future physician to provide medical care for all members of the family. It should be emphasized that the proposed program is conceived in its entirety as concerned with the preparation of physicians in the *future* for family practice. It should *not* be interpreted by hospitals or other institutions or organizations as having import for the training or privileges of general practitioners now in practice.

In recommending a new graduate program for the family practice of medicine, the committee believes that *primary* consideration should be given to an educational experience enabling the physician to provide medical care for all members of the family irrespective of age. After determining that the period beginning at the time of receiving the M.D. degree is the most appropriate one for a new plan of preparation for family practice, the committee agreed to concern itself with a *minimal* or *basic* program. Since the program is designed to fulfill a logical need, it is reasonable to anticipate that state board regulations, military obligations, and hospital staff policies and privileges will be altered to recognize the merits of this program.

Relationship to the Existing Internship

The internship year as presently constituted cannot be considered as a component of this program for it would result in dividing it into 2 separate segments. The internship was designed many years ago to provide the initial contact with and responsibility for patients. Since the development of the medical school clinical clerkship, the internship no longer comprises such initial patient contact, but rather it is now considered as one of several graded steps toward the assumption of total responsibility for patient care. Further, there is now general agreement that the one-year internship alone is inadequate as preparation for the practice of medicine.

The present values of the internship will be an inherent part of the proposed program, but cannot be separated out of it as a segment without weakening the greater values to be derived from dealing with the new program as a unified whole. The graduate program proposed as preparation for family practice is designed to be more comprehensive than the internship in regard to patient responsibility, educational content, and continuity of experience.

Minimal Requirements of the Basic Program

Under the existing circumstances, the committee believes that a period of *at least* 2 years of formal hospital training following attainment of the medical degree is necessary in preparation for the family practice of medicine. However, time alone cannot serve as a valid measure of educational adequacy. *The 2-year period would be minimal even where the other factors of educational quality and content are optimal.*

Medicine and Pediatrics

Since in usual instances the participant will enter this program immediately following graduation from medical school, it should include a minimum basic 18-month period to provide experience in the diagnostic, therapeutic, psychiatric, preventive, and rehabilitative aspects of medicine and pediatrics in a very broad sense, including care of

the newborn. In addition, there will be provided an elective period.

The graduate program of 2 years in preparation for family practice should be planned and implemented as a unified whole. Since the family physician is to provide continuing care, it is highly important that the preparation for this kind of practice be designed to assure suitable opportunity for the participant to study patients over relatively long periods of time. He should follow the patient, as necessary, in the outpatient service, into the home when this is practicable, and certainly from one hospital service to another (such as following his assigned patients from the medical or pediatric service through the surgical wards). There should be a maximum continuity of assignment in specific services so that the program will stress education through continuing rather than episodic medical experience. Such a unified 2-year program will permit and encourage the necessary progression of responsibility.

Obstetrics and Gynecology

The opportunity for training in obstetrics during the elective period should be a requisite of all programs. Participants who plan to practice obstetrics are expected to spend at least 4 months in obstetrical training. Physicians planning to undertake other than uncomplicated procedures should take additional advanced training in this field. For those who do not anticipate an obstetrical practice, the elective portion may be utilized for further training in other segments of the program. Experience should be provided in office-type gynecology (and the care of the newborn if not included in pediatrics). It is urged that the concept of unity be applied to the elective period to prevent unduly short assignments that would provide little educational justification.

Ambulatory and Outpatient Care

Because the care of the ambulatory patient is an important part of medical practice, provision of adequate opportunities for the study of outpatients is essential and should be provided throughout the program insofar as practical in a manner that would permit following the patient over long periods of time.

Particularly with regard to the admission of ambulatory patients, it would be desirable if opportunity were provided in this program for their initial work-up before they are labelled as medical or surgical, in order that conditions ultimately treated surgically can be a part of the diagnostic experience of this program. This study of patients before identification of their illnesses as "medical" or "surgical" may begin in the outpatient department. It may continue in the hospital on the general medical service, but some hospitals may find it more convenient to establish admitting services for this purpose. Such training in diagnosis is essential if the conditions of a family practice are to be simulated.

Emergency Service and Surgery

Throughout the 2-year program, the participant should have experience provided by regularly assigned periods of emergency room service. The committee believes that this should include training in minor surgery and the emergency and primary management of trauma. The emergency room service should also provide experience with the common medical and surgical emergencies and participation in their management. Participants in this program planning to undertake surgery other than minor surgery are expected to take additional advanced training.

Conclusions

This report presents the *minimal program* under optimal circumstances for preparation for family practice in the future. The committee believes that this 2-year program

would furnish a sound foundation for further graduate medical education and for continuing education in any field. The thoughtful cooperation of specialty groups will be essential to its success.

The committee also recognizes that thoroughly sound implementation of the proposed program by medical staffs and governing boards of suitable hospitals will be required in order to realize fully its potentialities. The proposed program should receive the favorable attention of the best medical centers in this country. To achieve the ultimate objective of sound preparation in the future for family practice, this program should be initiated in suitable hospitals with the emphasis on quality.

Recommendations

The Committee on Preparation for General Practice recommends to the Board of Trustees that:

1. This report and specifically the basic program designed for preparation of family physicians be approved in principle and transmitted to the House of Delegates with recommendation for its approval.

2. The Council on Medical Education and Hospitals be instructed to implement the intent of this report. Due attention should be given to the importance of initiating this new program on a modest scale so as to best assure that a high quality of educational experience will be a uniform characteristic of all such programs established. The Council on Medical Education and Hospitals should regularly and carefully review established programs so that Essentials of Graduate Training for Family Practice can be documented on the basis of sound experience.

With the submission of this report, the committee has completed its assignment and requests that it be discharged.

Respectfully submitted,

Committee on Preparation for General Practice

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EDWARD L. TURNER, Secretary

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Requirements of Review Committees or Specialty Boards

Anesthesiology

Announcement of revision of the training requirements for certification by the American Board of Anesthesiology was published in *THE JOURNAL* for Sept. 8, 1962. Full details will be published in the section of the Directory devoted to specialty board requirements.

Obstetrics and Gynecology

Effective July 1, 1962, residencies in this field must be of at least 3 years' duration and include 18

months of acceptable training in obstetrics and 18 months in gynecology. The Directory no longer lists programs for 1 or 2 years of training in obstetrics and/or gynecology.

Radiology

New requirements for approval of separate programs in diagnostic roentgenology and in therapeutic radiology are not yet ready for submission to the House of Delegates, for incorporation in the "Essentials of Approved Residencies." Accordingly, all programs approved and listed in the Directory are for 3 years of training in radiology. The Residency Review Committee for Radiology has advised all program directors that such programs should expect to retain approval beyond June 30, 1963, only if at least 30 full months of the 36-month program are conducted on an intramural basis in the parent institution.

Internal Medicine

Residency programs in the subspecialties of allergy, cardiovascular disease, gastroenterology, and pulmonary diseases are no longer approved nor listed independently in the Directory. The Residency Review Committee in Internal Medicine will consider such programs only when they are presented as integral parts of 3-year programs in internal medicine, whether existing intramurally or in another hospital affiliated with a parent hospital that holds full approval for a residency in internal medicine.

Pediatrics

It is anticipated that standards for residency training in the field of pediatric cardiology will be submitted to the House of Delegates at the November, 1962, session, for inclusion in the "Essentials of Approved Residencies." In anticipation of that action and upon prior approval by the Subspecialty Board of Pediatric Cardiology, the Residency Review Committee for Pediatrics has recommended approval of the following 19 centers or hospitals. They are listed in this section, as they cannot be listed in the approved lists of the Directory until the Essentials have been approved:

Centers Recommended for Approval

	Director
1. Children's Hospital Society of Los Angeles Cardiology Division 4614 Sunset Blvd. Los Angeles 27	Louis E. Martin
2. U.C.L.A. Medical Center Department of Pediatrics Los Angeles 24	Forrest H. Adams
3. Stanford University Medical Center Department of Pediatrics 300 Pasteur Dr. Palo Alto, Cal.	Norman J. Sissman
4. Cook County Children's Hospital Pediatric Cardiology Department 700 S. Wood St. Chicago 12	Benjamin M. Gasul
5. The Children's Memorial Hospital 707 Fullerton Ave. Chicago 14	Robert A. Miller

6. Indiana University Medical Center 1100 W. Michigan St. Indianapolis 7	Paul R. Lurie
7. University of Kansas Medical Center Department of Pediatrics Pediatric Cardiology Section Kansas City 12, Kan.	Antoni M. Diehl
8. Johns Hopkins Hospital Harriet Lane Home Cardiac Clinic 601 N. Broadway Baltimore 5	Helen B. Taussig
9. Children's Hospital Medical Center Cardiology Division 300 Longwood Ave. Boston	Alexander S. Nadas
10. University of Minnesota Hospital Department of Pediatrics Minneapolis 14	Paul Adams, Jr.
11. St. Louis Children's Hospital Department of Pediatrics 500 S. Kingshighway St. Louis 10	David Goldring
12. Children's Hospital of Buffalo Department of Pediatrics Section of Cardiology 219 Bryant St. Buffalo 22	Edward C. Lambert
13. Presbyterian Medical Center— Babies Hospital Columbia University Department of Pediatrics 3975 Broadway New York City 32	Sidney Blumenthal
14. Syracuse Memorial Hospital State University of New York Upstate Medical Center Pediatric Cardiology Unit 766 Irving Ave. Syracuse 10, N.Y.	George S. Husson
15. The Children's Hospital Kinder Key Heart Laboratory 17th St. at Livingston Pk. Columbus 6, Ohio	Don M. Hosier
16. Children's Memorial Hospital University of Oklahoma Medical Center 800 NE 13th St. Oklahoma City 4	Glen G. Cayler
17. Children's Medical Center Division of Cardiology 2306 Welborn Dallas, Tex.	Gladys J. Fashena
18. University of Virginia School of Medicine and Hospital Pediatric Department Charlottesville, Va.	J. Francis Dammann
19. Milwaukee Children's Hospital Fairchild Cardiac Study Center 1700 W. Wisconsin Ave. Milwaukee 3	Francis F. Rosenbaum

Approved Specialty Boards

The Essentials for Approval of Examining Boards in Medical Specialties, as revised, was approved by the House of Delegates at the June, 1962, meeting. These Essentials will be published in full in an early issue of THE JOURNAL, and will be available later as reprints. At the present time, there are numerous other boards in various fields, such as microbiology, legal medicine, insurance medicine, general practice, abdominal surgery, and so forth. Some of these boards are active, while others are inactive. Such boards have not been approved either by the American Medical Association or by the Advisory Board for Medical Specialties, and are not listed in the appropriate official publications of either organization.

Revisions of Essentials

Internship

The only significant revision in these standards is a revised description of the relationship of psychiatric training to the internship.

Residencies

There have been revisions in the special requirements sections of the "Essentials of Approved Residencies" for anesthesiology, internal medicine, otolaryngology, and thoracic surgery. The change in name of the American Board of Colon and Rectal Surgery is reflected in the title of the special requirements formerly pertaining to proctology.

Relation of Internship to Selective Service Requirements

For many years, the "Essentials of an Approved Internship" has contained a statement that regulations of the Selective Service System permit deferment of young physicians liable for military service for but one year of internship education. This statement has been changed on the basis of correspondence with Gen. Lewis B. Hershey, Director of the Selective Service System, which indicates that "no time limit has been expressed by the Selective Service System by which a registrant must complete an internship for deferment purposes." Trainees concerned, as well as local program officials, are obligated to advise local draft boards of the existence of approved 2-year internships and especially of 2-year programs in family practice or general practice. It is not anticipated that there will be any unfortunate drafting of physicians in these programs before the expiration of 2 years, provided local boards have been properly informed.

Policy on Osteopaths

On May 9, 1962, the Council on Medical Education and Hospitals issued the following statement on "Approved Intern and Resident Programs and Physicians Granted M.D. Degrees by the California College of Medicine":

The California College of Medicine was accredited as a medical school on February 15, 1962. Students now regularly enrolled in the 4th year class who graduate from that institution in June 1962 and subsequent regular graduating classes will be eligible for approved intern and resident positions on the same basis as graduates of all other approved medical schools.

As part of the California unification program, osteopathic physicians who are fully licensed in California and who otherwise are considered eligible will be issued an M.D. degree by the California College of Medicine. The Council on Medical Education and Hospitals of the American Medical Association has determined that physicians issued the M.D. degree under these circumstances may be appointed to approved intern and resident programs located in the State of California without jeopardy to the approved status of the programs. Hospitals in California making such appointments are responsible to ascertain that the physicians are otherwise professionally and personally qualified for the positions to which they are appointed.

The secretaries of each of the state boards of medical licensure and the secretaries of each American medical specialty board have been notified of the accredited status of the California College of Medicine. They were further notified that:

As a result of this action, the current fourth year class of the California College of Medicine, which will graduate in June, 1962, will be recognized as graduates of an accredited medical school. Graduates of that institution prior to February 15, 1962, are not affected and should not be recognized as graduates of an accredited school.

While all specialty boards are now considering the eligibility of those former graduates of schools of osteopathy who now hold M.D. degrees, only the American Board of Surgery has taken sufficient action to authorize the following statement as of July 16, 1962:

It will be necessary for the Examination Committee to consider individually the qualification of candidates who graduated from the California College of Medicine (formerly, Los Angeles College of Osteopathic Physicians and Surgeons) prior to the class of June, 1962.

On July 9, 1962, the Council issued the following statement of "Eligibility of Osteopathic Physicians for Appointments in Approved Intern and Resident Programs in Federal Hospitals":

The present policy on eligibility of former osteopathic physicians for appointment to approved internships or residencies in California without jeopardy to the approved status of such programs is based on: (1) possession of an unlimited license to practice medicine in California, (2) possession of an M.D. degree issued by the recently accredited California College of Medicine, and (3) completion of a unification program between the California Medical Association and the California Osteopathic Association.

The unification action taken in California satisfies the intent of the House of Delegates of the American Medical Association at the June, 1961 session which states: "(1) It shall not be considered in itself unethical for members of the American Medical Association to associate professionally and on a voluntary basis with doctors of osteopathy who base their practice on the same scientific and ethical principles as doctors of medicine. . . . (2) It is the prerogative and the obligation of each constituent medical association to implement this policy on a state or local basis." In the instance of hospitals in one of the departments or agencies of the Federal Government, it is not possible for a constituent medical association to take action which would have nationwide application. While Federal regulations for employment of physicians may require licensure, they do not require membership in specific state societies. It is therefore the policy of the Council that former osteopathic physicians who have received an M.D. degree from the California College of Medicine and who are fully licensed are eligible for appointment as interns or residents to approved programs in any Federal hospital without jeopardy to the approved status of such programs. Federal hospitals making such appointments are responsible to ascertain that the physicians are otherwise professionally and personally qualified for the positions to which they are appointed.

The policy announced in THE JOURNAL for Sept. 2, 1961, is reaffirmed, that osteopaths who do not hold the M.D. degree may serve on hospital staffs without jeopardy to the status of approved internships and residencies as long as they are not appointed to the "teaching staffs" of such hospitals. Furthermore, graduates of schools of osteopathy who do not hold M.D. degrees are not eligible for appointment in internships or residencies approved by the Council on Medical Education and Hospitals of the American Medical Association.

JAMA

EDITORIALS

THE JOURNAL of the American Medical Association, 535 N. Dearborn St., Chicago 10, Illinois.

RESPONSIBILITY OF HOSPITAL STAFF TO HOUSE OFFICERS AND SERVICE PATIENTS

The question has recently been raised by attending staff members of a private hospital as to whether they had any legal responsibility for the actions of residents in caring for service patients who are not the private patients of specific private physicians. Every hospital staff should take this question up with the hospital legal advisor since there may be differences in the law throughout the nation, depending upon whether or not the residents concerned are fully licensed to practice in a particular state.

From the point of view of those responsible for the standards of graduate medical education in the United States, both service as well as private patients are cared for by interns and residents only through the conduct of a properly organized and supervised training program. As stated in the "Essentials of Approved Residencies": "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. . . ."

Approved training programs are organized to permit graded and progressive increase in responsibility on the part of the residents. Even in surgery, however, this does not mean that the resident with senior responsibility is permitted to function completely without supervision. The Guide Book formulated by the Conference Committee on Graduate Training in Surgery states that "Supervision should be provided in the form of readily available advisors and consultants, regular rounds and conferences, and with a candid evaluation of end results." [Italics supplied.]

The Model Medical Staff Bylaws, Rules and Regulations recommended by the Joint Commission on Accreditation of Hospitals contains the following statement: "All service patients shall be attended by members of the active staff and shall be assigned to the department or section concerned in the treatment of the disease which necessitated admission."

It would appear that there is not justification for members of any hospital staff to disclaim responsibility for the actions of properly qualified interns or residents when caring for service patients under the supervision of the attending staff. If interns or residents appointed to an approved program are so poorly qualified that the hospital attending staff is unwilling to assume appropriate supervisory responsibility for their acts when caring for service patients, serious ques-

tion must be raised as to eligibility of that hospital staff for the conduct of an approved program of graduate medical education.

ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

The 36th Annual Report is once again included in the Education Number of THE JOURNAL, since a special Internship and Residency Number has been discontinued in favor of separate publication and distribution of the Directory of Approved Internships and Residencies.

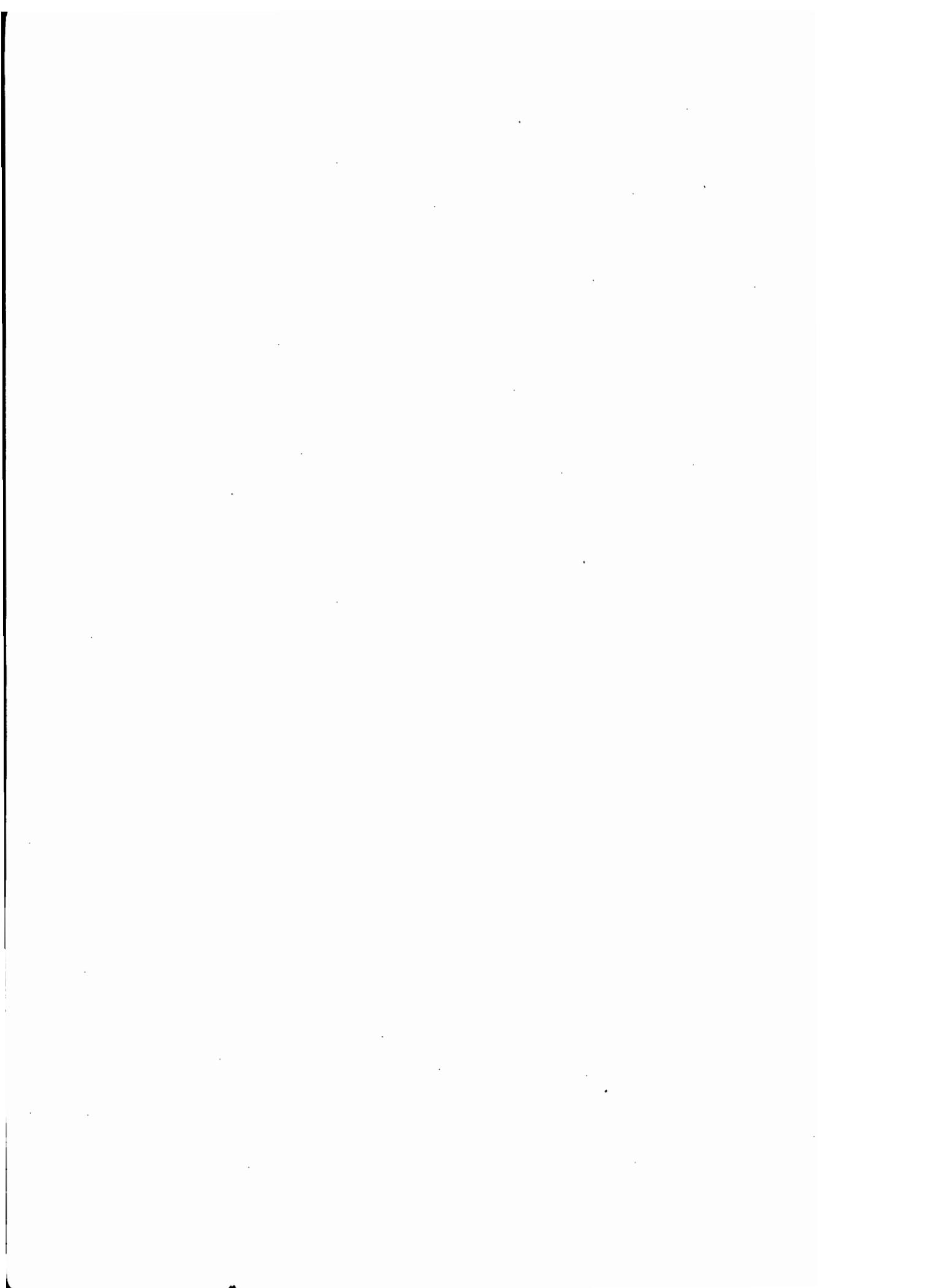
The projected plateau of approximately 40,000 annual graduate medical trainees increased for 1961-1962 to 40,740, or 696 more than the previous year. On Sept. 1, 1961, 8,173 or 20% of the total were serving as interns, 29,637 or 73% were residents, and 2,930 or 7% were in other types of specialty training. Graduates of foreign medical schools comprised 24% of all interns and residents on duty, and the total of 8,996 was a decrease of 2% over the previous year.

Total hospitals engaged in graduate training and their total number of beds increased during 1961-1962; however, while, the 1,464 hospitals with approved programs represented an increase of 19, they still comprised only 21% of all hospitals and contained but 49% of the total beds in all hospitals.

Because of the direct interest of the House of Delegates of the American Medical Association in specialty training programs, several additional studies are included in this Annual Report. For instance, a comparison of residents in training with all physicians reported to the A.M.A. Directory Report Service revealed that residents in 10 major specialties plus general practice constitute 11% of all physicians in the nation.

The section on Special Reports, Announcements, and Notices, which follows the Annual Report, is an important supplement, as it contains the full Report on Preparation for Family Practice, indicates changes in the Essentials and in various Specialty Board requirements, and includes policy on osteopaths as interns and residents.

With the 1962 issue of the Directory, the columns listing compensation of interns and residents carry the heading "salary" instead of "stipend," consonant with the recommendations of the Council on Medical Education and Hospitals and the Council on Medical Service, whose special joint report on that subject will be submitted to the House of Delegates at the November 1962 sessions.



Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education and Hospitals of the American Medical Association

Revised to June 30, 1962

Hospitals, 1,460

Internship Programs, 1,176

Residency Programs, 5,541

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, used for the first time this year, indicated that a hospital is used by the school for graduate training programs only. The information concerning medical school affiliation has been furnished by the individual medical schools.

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 and 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 authority for all staff appointments in the hospital.

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.

Footnote⁶—Hospital offers employment to medical students for non-curricular services.

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 1961-1962 is shown this year as a separate figure for interns and residents. This information was obtained from the annual census taken by the A.M.A. Department of Circulation and Records, and the numbers shown include, generally, those on duty on a reporting date prior to September 1, 1961. The numbers given do not include graduates of foreign medical schools who were listed as serving in the hospital. 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 and resident.

The numbers shown for the positions offered indicate the number of internships and residencies being offered for the 1963-1964 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.

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.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
ALABAMA										
Birmingham										
Birmingham Baptist Hospitals		Church	2-6	350	8	25	2	3	4	Res: Path., Rad.
708 Tuscaloosa Ave., 11										
Carraway Methodist Hospital		Church	1-2-3-6	322	6	37	...	...	8	Int: Rotating;
2506 16th Ave. N., 4									12	Res: Gen. Pract., OBG, Path., Surg., Urol.
Children's Hospital		NPCorp	4-5-6	128	5	53	4	1	6	Res: Ped.
1601, 6th Ave., S., 5										
Crippled Children's Hospital	G-10#	Church	5-6	100	31	0	0	4	4	Res: Neur., Ortho, Surg.
620 S. 19th St., 3										
St. Vincent Hospital		Church	6	188	7	44	0	6	8	Int: Rotating
2701 9th Court South, 5										
University Hospital and Hillman Clinic	M-10X	State	2-3-4-5-6	600	9	52	0	26	63	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path. ⁴
619 S. 19th St., 3									152	Rcs: Anes., Derm., Int. Med., Neur., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital	M-10#	VA	2-3-3-6	479	31	53	6	35	58	Res: Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Thor. Surg., Urol.
700 S. 19th St., 3										
Fairfield										
Lloyd Noland Hospital		NPCorp	6	350	8	45	0	6	14	Int: Rotating;
P. O. Box 538							1	24	29	Res: Anes., Derm., Int. Med., OBG, Ortho. Surg., Path., Ped Surg.
Mobile										
Mobile General Hospital		CyCo	2-6	247	7	58	0	8	18	Int: Rotating;
850 St. Anthony St., 16							0	18	18	Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.
Montgomery										
U.S. Air Force Hospital		U.S.A.F.	1-2-3	325	14	83	1	1	8	Res: Gen. Pract.
Maxwell Air Force Base										
Tuskegee										
Veterans Administration Hospital		VA	2-4-5	1,912	216	50	1	8	24	Res: Int. Med., Phys. Med., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
ARIZONA										
Phoenix										
Barrow Neurological Institute		Church	...	60	...	...	0	1	1 Res: Neuro. Surg.	
St. Joseph's Hospital		State	2-3	100	16	75	...	...	3 Res: Ortho. Surg.	
Crippled Children's Hospital 1825 East Garfield St.		Church	...	441	6	42	0	14	18 Int: Rotating; 14 Res: Gen. Pract., OBG, Path., Surg.	
Good Samaritan Hospital 1033 E. McDowell Rd., 6		County	6	453	14	41	6	6	15 Int: Rotating; 35 Res: Gen. Pract., Int. Med., OBG, Path., Ped. Surg.	
Mariopca County General Hospital 3435 W. Durango St., 9		NPCorp	...	232	7	37	14	12	8 Int: Rotating	
Memorial Hospital 1200 S. 5th Avenue, 3		Church	6	335	6	53	0	11	15 Int: Rotating; 15 Res: Int. Med., OBG, Path., Ped., Surg.	
St. Joseph's Hospital 350 W. Thomas Rd., 1							3	15		
Tucson										
Pima County General Hospital 2900 S. 6th Ave.		County	...	160	19	58	2	1	12 Int: Rotating; ... Res: Gen. Pract., Int. Med.	
St. Mary's Hospital St. Mary's Rd.		Church	6	305	6	43	2	1	12 Int: Rotating; 20 Res: Gen. Pract., Int. Med., Surg.	
Tucson Medical Center Grant Rd. and Beverly Blvd.		NPCorp	6	326	6	53	0	0	8 Int: Rotating; 13 Res: Int. Med., Surg.	
							7	0		
ARKANSAS										
Little Rock										
Arkansas Baptist Hospital 1700 W. 13th St.		Church	6	400	7	31	0	10	13 Int: Rotating; ... Res: Ophth., Path., Surg.	
Arkansas Children's Hospital 804 Wolfe St.		NPCorp	6	60	15	50	0	2	2 Res: Ortho. Surg.	
Arkansas State Hospital West Markham and Elm	L-11	State	6	4,912	366	11	1	9	4 Res: Psych.	
St. Vincent Infirmary Markham St. and University Ave.		Church	6	333	6	32	1	8	12 Int: Rotating; 4 Res: Anes.	
University Hospital 4301 W. Markham St.	M-11X	State	3	285	10	62	0	6	34 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. OBG	
							0	55	130 Res: Anes., Derm., Gen. Pract., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 300 E. Roosevelt Rd.	M-11#	VA	2	471	27	76	0	25	29 Res: Derm., Int. Med., Ophth., Ortho. Surg., Path., Surg.	
North Little Rock										
Veterans Administration Hospital		VA	2-6	2,062	338	66	0	8	13 Res: Path., Psych.	
CALIFORNIA										
Bakersfield										
Kern County General Hospital 1830 Flower St.		County	...	619	11	62	0	0	12 Int: Rotating; 36 Res: Gen. Pract., Int. Med., OBG, Path., Forensic Path., Ped., Surg., Uro.	
Berkeley										
Herrick Memorial Hospital 2001 Dwight Way, 4		NPCorp	...	205	7	60	1	4	6 Int: Rotating; 17 Res: Gen. Pract., Int. Med., Path., Psych., Surg.	
State of California Dept. of Public Health 2151 Berkeley Way							2	5	14 Res: Public Health	
University of California School of Public Health		State	...	...	...	...	0	1	1 Res: General Preventive Med.	
Burbank										
St. Joseph Hospital 501 S. Buena Vista St.		Church	2-6	250	5	38	0	1	4 Res: Path.	
Camarillo										
Camarillo State Hospital Box A		State	2-6	6,683	425	53	0	14	17 Res: Psych.	
Camp Pendleton										
U.S. Naval Hospital		Navy	2-4	600	16	75	0	10	10 Int: Rotating	
Downey										
Rancho Los Amigos Hospital		County	3	2,190	497	83	...	...	... Res: Urol.	
Duarte										
City of Hope Medical Center 1500 E. Duarte Rd.	G-13	NPCorp	2-6	174	33	83	1	6	11 Res: Int. Med., Path., Surg., Thor. Surg.	
Eldridge										
Sonoma State Hospital Arnold Dr.	G-16	State	2-6	3,765	718	85	0	3	10 Res: Ortho. Surg., Psych.	
Fairfield										
U.S. Air Force Hospital, Travis AFB		USAF	1-2-3	385	15	79	...	...	8 Int: Rotating	
Fort Ord										
U.S. Army Hospital		Army	1	704	8	96	0	2	2 Res: Public Health, Surg.	
Fresno										
Fresno County General Hospital 445 S. Cedar Ave., 2		County	...	619	15	49	2	7	21 Int: Rotating; 30 Res: Int. Med., OBG, Ophth., Ped., Surg.	
							1	30		
Glendale										
Glendale Sanitarium and Hospital 1509 E. Wilson Ave., 6	G-12	Church	6	292	7	51	0	9	12 Int: Rotating 11 Res: Int. Med., OBG, Path., Surg.	
							0	9		
Imola										
Napa State Hospital Box A		State	2-6	5,536	...	40	0	7	18 Res: Psych.	
Inglewood										
Daniel Freeman Memorial Hospital 333 N. Prairie Ave., 1		Church	3	225	5	47	0	0	2 Res: Path.	
La Jolla										
Scripps Clinic and Research Foundation 476 Prospect St.		NPCorp	...	51	6	80	0	0	8 Res: Int. Med.	
Loma Linda										
Loma Linda Sanitarium and Hospital 11055 Anderson Street	L-12X	Church	6	170	7	62	0	2	10 Int: Rotating; 12 Res: Anes., Path., Surg.	
							0	14		

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
CALIFORNIA—Continued										
Long Beach										
Memorial Hospital of Long Beach 2801 Atlantic Ave., 6		NPCorp	6	401	7	49	1	15	15 Int: Rotating;	
St. Mary's Long Beach Hospital 509 E. 10th St., 13		Church	...	272	5	47	0	9	13 Res: Int. Med., OBG, Path., Ped., Rad., Surg.	
Veterans Administration Hospital 5901 E. Seventh St., 4		VA	2-4-6	1,500	55	80	0	0	12 Int: Rotating;	
							5	85	4 Res: Gen. Pract., Path.	
									90 Res: Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.	
Los Angeles										
California Babies' and Children's Medical Center 1415 S. Grand Ave., 15		NPCorp	2	28	4	88	0	1	3 Res: Ped.	
California Hospital 1414 S. Hope St., 15		Church	6	299	7	51	1	2	8 Int: Rotating;	
Cedars of Lebanon Hospital 4833 Fountain Ave., 29		NPCorp	...	467	8	51	0	11	18 Res: OBG, Path., Rad., Surg.	
Childrens Hospital 4614 Sunset Blvd., 27	M-14	NPCorp	...	224	7	94	7	21	24 Int: Rotating;	
Hollywood Presbyterian Hospital—Olmsted Memorial 1322 N. Vermont Ave., 27		Church	...	245	6	29	4	46	59 Res: Int. Med., OBG, Path., Ped., Psych., Rad., Surg.	
Hospital of the Good Samaritan 1212 Shatto St., 17		Church	6	403	8	41	0	0	4 Int: St. Ped.	
Kaiser Foundation Hospital 4867 Sunset Blvd., 27		NPCorp	6	339	5	55	0	14	37 Res: Ortho. Surg., Path., Ped.	
Los Angeles County General Hospital, Unit I 1200 N. State St., 33	M-12#-14	County	4-5	2,766	8	37	0	164	168 Int: Rotating, St. Med.;	
							2	225	269 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Los Angeles County General Hospital, Unit II 1200 N. State St., 33	M-95	County	3	538	9	46	...	...	48 Int: Rotating	
Los Angeles Eye and Ear Hospital 1322 N. Vermont Ave., 27		NPCorp	2-3	21	2	...	0	3	2 Res: Ophth.	
Los Angeles Tumor Institute 1407 S. Hope St., 15		NPCorp	...	...	...	...	0	6	... Res: Rad.	
Mount Sinai Hospital 8720 Beverly Blvd., 48		NPCorp	...	215	8	47	0	0	6 Int: St. Med.;	
Orthopaedic Hospital 2400 S. Flower St., 7	G-14	NPCorp	...	130	9	100	0	12	21 Res: Int. Med., Path., Psych., Child Psych.	
Queen of Angels Hospital 2301 Bellevue Ave., 26		Church	6	414	6	63	1	5	13 Res: Ortho. Surg.	
							1	12	14 Int: Rotating;	
Santa Fe Coast Lines Hospital 610 S. St. Louis St., 23		NPCorp	6	196	10	39	0	6	29 Res: Colon-Rectal Surg., Int. Med., OBG, Path., Ped., Rad., Surg.	
Shriners Hospital for Crippled Children 3160 Geneva St., 5		NPCorp	...	60	70	0	0	4	9 Int: Rotating;	
University of California Hospital The Medical Center, 24	M-13X	NPCorp	...	325	9	84	1	29	4 Res: Surg.	
							6	113	3 Res: Ortho. Surg.	
									32 Int: St. Med., St. Surg., St. Ped., St. Path.;	
									170 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
University of California School of Public Health Zone 24		State	...	...	...	...	...	...	... Res: Occup. Med.	
Veterans Administration Center, General Medical and Surgical Hospital Wilshire and Sawtelle Blvds., 25	M-13	VA	2-4	1,494	38	73	1	31	30 Int: Rotating, St. Med.;	
							8	148	166 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Center Neuropsychiatric Hospital Wilshire and Sawtelle Blvds., 25	M-13	VA	2-6	2,041	324	78	1	31	36 Res: Psych.	
Veterans Administration Hospital (Sepulveda) 16111 Plummer St.	G-13	VA	2	956	97	76	1	9	10 Res: Psych.	
White Memorial Hospital 1720 Brooklyn Ave., 33	M-12X	Church	6	252	7	74	1	14	16 Int: Rotating;	
							4	65	102 Res: Anes., Colon-Rectal Surg., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped. Phys. Med., Rad., Surg., Urol.	
Martinez										
Contra Costa County Hospital 2500 Alhambra Ave.		County	2-3	460	...	55	0	8	9 Res: Gen. Pract.	
Modesto										
Stanislaus County Hospital 830 Scenic Dr.		County	2	297	15	29	0	9	11 Res: Gen. Pract.	
Norwalk										
Metropolitan State Hospital 11400 S. Norwalk Blvd.		State	6	4,276	90	40	0	21	27 Res: Psych.	
Oakland										
Children's Hospital of the East Bay 51st and Grove Sts., 9	G-16	NPCorp	...	142	5	90	0	14	15 Res: Ortho. Surg., Path., Ped., Thor. Surg.	
Highland-Alameda County Hospital 2701 14th Ave., 6	G-16	County	2-4-5	453	8	63	0	35	34 Int: Rotating;	
							0	56	67 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped. Rad., Surg., Thor. Surg., Urol.	
Kaiser Aluminum and Chemical Corp. 300 Lakeside Dr., 12		Corp.	...	...	...	...	0	0	1 Res: Occup. Med.	
Kaiser Foundation Hospital 280 W. MacArthur Blvd., 11		NPCorp	...	365	7	79	1	27	36 Res: Int. Med., OBG, Path., Ped., Surg.	
Samuel Merritt Hospital Hawthorne and Webster, 9	G-16	NPCorp	2	247	7	40	0	6	4 Res: Ortho. Surg., Path., Surg.	
U.S. Naval Hospital 8750 Mountain Blvd., 14		Navy	2-4-5	950	17	86	0	18	17 Int: Rotating;	
							1	51	66 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
CALIFORNIA, Oakland—Continued										
Veterans Administration Hospital 13th and Harrison Sts., 12		VA	2-4	712	36	80	0	22	51 Res: Int. Med., Neur., Path., Surg., Urol.	
Western Laboratories 353, 30th Street, 9									1 Res: Forensic Path.	
Olive View										
Olive View Hospital		NPCorp	3	826	103	60	1	3	4 Res: Thor. Surg.	
Orange										
Orange County General Hospital 101 Placentia Ave.		County	2-2-4	486	12	79	0	24	34 Int: Rotating; 17 Res: Int. Med., OBG, Path., Surg.	
Palo Alto										
Palo Alto-Stanford Hospital Center 300 Pasteur Dr.	M-15X	NPCorp		438	7	51	0	16	19 Int: Mixed, St. Surg., St. Ped.; 214 Res: Anes., Derm., Int. Med., Neur., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 3801 Junipero Serra Blvd.	M-15	VA	2-4	2,156	215	88			Res: Anes., Derm., Int. Med., Neur., Neuro. Surg., Otol., Path., Psych., Rad., Surg., Urol.	
Pasadena										
Huntington Memorial Hospital 100 Congress St.		NPCorp		351	7	64	2	6	9 Int: Rotating; 15 Res: Int. Med., Neuro. Surg., Path., Plas. Surg., Surg.	
Patton										
Patton State Hospital 26802 Highland Ave.	L-12	State	2-2-3	4,721	481	28	0	12	18 Res: Psych.	
Pomona										
Pacific State Hospital Box 100		State	2-3	2,888	1,277	77	0	3	5 Res: Psych.	
Redwood City										
Sequoia Hospital Whipple and Alameda		District		348	5	50	0	2	1 Res: Path.	
Riverside										
Riverside County General Hospital 9851 Magnolia Ave.	G-12	County	2	418	20	61	0	10	12 Int: Rotating; 12 Res: Gen. Pract., Int. Med., Surg., Urol.	
Sacramento										
Mercy Hospital 4001 J St., 19		Church	2	311	5	35	0	1	4 Res: Path.	
Sacramento County Hospital 2315 Stockton Blvd., 17	G-16	County	6	801		56	1	16	26 Int: Rotating; 16 Res: Gen. Pract., Path.	
Sutter Community Hospitals 28th and L; and 52nd and F St.		NPCorp	1-2-3	521	6	35	0	0	2 Res: Rad.	
Salinas										
Monterey County Hospital 1330 Natividad Rd., P. O. Box 1611		County	6	338	21	78	1	7	10 Res: Gen. Pract.	
San Bernardino										
San Bernardino County Charity Hospital 780 E. Gilbert St.	L-12	County	1-2-3	455	9	50	0	15	18 Int: Rotating; 15 Res: Anes., Int. Med., Path., Surg.	
San Diego										
Donald N. Sharp Memorial Community Hospital 7901 Frost St., 11		Church		254	5	63	0	0	3 Res: Path.	
Mercy Hospital 4099 Hillcrest Dr., 3		Church		318	5	50	5	6	12 Int: Rotating; 19 Res: Int. Med., OBG, Path., Surg.	
San Diego County General Hospital North End of Front Street, 3		County		663	11	48	1	20	20 Int: Rotating; 32 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg., Urol.	
U.S. Naval Hospital Park Blvd., 34		Navy	2-4-5	1,750	18	84	0	24	24 Int: Rotating; 76 Res: Anes., Derm., Int. Med., OBG, Ophth., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
San Francisco										
Children's Hospital 3700 California St., 18	G-16	NPCorp	6	258	7	64	6	4	8 Int: Rotating; 23 Res: Anes., Int. Med., Neur., OBG, Ortho. Surg., Path., Ped. Child Psych., Rad.	
Franklin Hospital 14th and Noe Streets, 14	G-16	NPCorp	6	250	10	46	4	1	6 Int: Mixed; 4 Res: Int. Med., Neuro. Surg., Ortho. Surg., Plas. Surg.	
French Hospital 4131 Geary Blvd., 18		NPCorp	6	175	8	33	3	1	10 Int: Mixed; 8 Res: Int. Med., Path.	
Headquarters, 6th Army Presidio		Army							Res: Public Health	
Kaiser Foundation Hospital 2425 Geary Blvd., 15		NPCorp		233	6	65	0	21	20 Int: Rotating; 34 Res: Int. Med., OBG, Path., Ped., Surg.	
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave., 22	M-16#	State	3	117	101	0	1	62	59 Res: Psych., Child Psych.	
Letterman General Hospital Presidio, 29		Army	2-4-5-6	850	19	78	0	25	24 Int: Rotating; 103 Res: Anes., Derm., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Mary's Help Hospital 145 Guerrero St., 3		Church	6	169	7	42	6	0	6 Int: Rotating; 5 Res: Int. Med., OBG, Surg.	
Mount Zion Hospital and Medical Center 1600 Divisadero St., 15		NPCorp	4	345	8	55	1	17	18 Int: Rotating; 52 Res: Int. Med., OBG, Path., Psych., Child Psych., Rad., Surg.	
Presbyterian Medical Center Clay and Webster Streets, 15		NPCorp	6	237	8	66	0	8	12 Int: Rotating; 72 Res: Anes., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Surg., Urol.	
St. Elizabeth's Infant Hospital 100 Masonic Ave., 18		Church		63	65	100	0	9	Res: OBG	
St. Francis Memorial Hospital 900 Hyde St., 9		NPCorp		330	8	29	0	8	9 Res: Path., Plas. Surg., Psych.	
St. Joseph's Hospital Buena Vista Ave., 17		Church		215	8	38	4	0	6 Int: Rotating; 11 Res: Anes., OBG, Ortho. Surg., Path.	
St. Luke's Hospital 1580 Valencia St., 10		Church		235	7	59	0	12	12 Int: Rotating; 16 Res: Int. Med., OBG, Path., Ped., Surg.	
St. Mary's Hospital 2200 Hayes St., 17		Church		371	8	66	0	11	15 Int: Rotating; 25 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg.	
San Francisco General Hospital 1001 Potrero Ave., 10	M-16#	CyCo	2-4-5-6	888	13	55	1	60	60 Int: Rotating, Mixed; 68 Res: Anes., Int. Med., Neuro. Surg., OBG, Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
COLORADO, Denver—Continued										
Porter Hospital 2525 S. Downing, 10		Church	6	210	6	59	1	9	10 Int: Rotating; 2 Res: Path.	
Presbyterian Hospital 19th Ave. and Gilpin St., 18		Church	6	280	8	59	0	16	16 Int: Rotating; 24 Res: Int. Med., OBG, Path., Rad., Surg.	
St. Anthony Hospital 16th Ave. and Quitman St.		Church	6	258	6	59	1	6	10 Int: Rotating; 2 Res: Path.	
St. Joseph's Hospital 1818 Humboldt St., 18		Church	6-7	380	7	53	1	2	18 Int: Rotating, Family Practice; 32 Res: Gen. Pract., Int. Med., OBG, Path., Rad., Surg.	
St. Luke's Hospital 601 E. 19th Ave., 3		Church	6	449	8	60	0	6	8 Int: Rotating; 17 Res: Path., Rad., Surg.	
Veterans Administration Hospital 1055 Clermont, 20	M-17#	VA	2	528	27	94	1	85	74 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Greeley										
Weld County General Hospital 1801 16th St.		County			7	44	0	2	6 Int: Rotating;	
Pueblo										
Colorado State Hospital Thirteenth and Francisco		State		6,617	1,284	55	38	4	39 Res: Path., Psych., Surg.	
St. Mary-Corwin Hospital 1008 Minnequa		Church		433	7	45	1	0	20 Res: Gen. Pract., Path., Surg.	
CONNECTICUT										
Bridgeport										
Bridgeport Hospital 267 Grant St., 10		NPCorp		406	7	33	2	1	14 Int: Rotating; 24 Res: Anes., Gen. Pract., OBG, Path., Rad., Surg.	
St. Vincent's Hospital 2820 Main St., 6		Church	6	372	6	51	0	6	12 Int: Rotating; 26 Res: Int. Med., OBG, Path., Rad., Surg.	
Bristol										
Bristol Hospital Newell Rd.		NPCorp	6	180	6	30	1	0	6 Int: Rotating;	
Danbury										
Danbury Hospital 95 Locust Ave.		NPCorp	6	222	8	40	4	0	7 Int: Rotating; 16 Res: Gen. Pract., Path., Surg.	
Derby										
Griffin Hospital Seymour Ave. and Division St.		NPCorp	6	186	8	31	4	0	9 Int: Rotating; 1 Res: Path.	
Greenwich										
Greenwich Hospital Perryridge Rd.		NPCorp	6	245	8	79	0	10	10 Int: Rotating; 7 Res: Int. Med., Path., Surg.	
Hartford										
Hartford Hospital 80 Seymour St., 15		NPCorp	4	820	8	56	0	18	18 Int: Rotating; 96 Res: Anes., Int. Med., Neuro. Surg., OBG, Path., Ped., Rad., Surg.	
Hartford Municipal Hospital and Health Center 2 Holcomb St., 12		City		207	15	32	0	0	2 Res: Surg.	
Institute of Living 200 Retreat Ave., 2		NPCorp		400	209	25	4	23	35 Res: Psych., Child Psych.	
Institute of Living—Children's Clinic 17 Essex St., 2		NPCorp							2 Res: Child Psych.	
Mount Sinai Hospital 500 Blue Hills Ave., 12		NPCorp	6	189	8	44	3	1	6 Int: Rotating;	
St. Francis Hospital 114 Woodland St., 5		Church	4-5-6	602	9	58	1	8	12 Int: Rotating; 34 Res: Anes., Int. Med., OBG, Path., Ped. Surg.	
Manchester										
Manchester Memorial Hospital 71 Haynes St.		NPCorp		270	6	52	2	0	6 Int: Rotating; 2 Res: Path.	
Meriden										
Meriden Hospital 181 Cook Ave.		NPCorp	6	261	7	33	1	0	2 Res: Path.	
Middletown										
Connecticut Valley Hospital		State		2,604	90	21	7	9	23 Res: Psych.	
Middlesex Memorial Hospital 28 Crescent St.		NPCorp		168	6	49	3	0	4 Int: Rotating; Res: Path.	
New Britain										
New Britain General Hospital 92 Grand St.		NPCorp	6	326	7	53	4	4	9 Int: Rotating; 20 Res: Int. Med., OBG, Path., Surg.	
New Canaan										
Silver Hill Foundation Valley Rd.		NPCorp	1-3	60	42	0	0	0	3 Res: Psych.	
New Haven										
Grace-New Haven Community Hospital 789 Howard Ave., 4	M-18#	NPCorp	4-5-6	665	9	69	1	48	45 Int: St. Med., St. Surg., St. Ped., St. Path.; 168 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Hospital of St. Raphael 1450 Chapel St., 11		Church	4	370	8	42	5	2	15 Int: Rotating; 46 Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.	
Yale University Child Study Center 333 Cedar St., 11		NPCorp	2				0	2	4 Res: Child Psych.	
Newington										
Newington Hospital for Crippled Children 181 E. Cedar St., 11		NPCorp	6	168	62	100	0	5	1 Res: Ortho. Surg.	
Veterans Administration Hospital 555 Willard Ave., 11		VA	2	266	36	71	0	0	17 Res: Int. Med., Path., Surg.	
New London										
Lawrence and Memorial Hospitals 365 Montauk Ave.		NPCorp		311	7	56	2	1	7 Res: OBG, Surg.	
Newtown										
Fairfield State Hospital Box W		State	6	2,944	150	40	13	3	24 Res: Psych.	
Norwalk										
Norwalk Hospital 24 Stevens St.		NPCorp	6	307	7	44	5	1	12 Int: Rotating; 18 Res: Anes., Int. Med., Path., Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
CONNECTICUT—Continued										
Norwich										
Norwich Hospital Box 508, U.S. Route 12		State		3,210	70	39	11	2	20 Res: Psych.	
Rocky Hill										
Veterans Home and Hospital West St.		State		496	70	53	3	0	3 Res: Phys. Med.	
Stamford										
Stamford Hospital 190 W. Broad St.		NPCorp	6	308	9	66	3	7	10 Int: Rotating; 7 Res: Path., Surg.	
Waterbury										
St. Mary's Hospital 56 Franklin St., 6		Church	4-6	345	9	51	0	0	8 Int: Rotating; 26 Res: Anes., Int. Med., Path., Rad., Surg.	
Waterbury Hospital 64 Robbins St., 8		NPCorp	4-6	373	8	42	0	1	7 Int: Rotating; 16 Res: Int. Med., Path., Ped., Rad., Surg., Urol.	
West Haven										
Veterans Administration Hospital West Spring Street, 16	M-18#	VA	2-4-6	823	51	78	3	20	62 Res: Int. Med., Neur., Ortho Surg., Path., Psych., Rad., Surg., Urol.	
DELAWARE										
Dover										
Delaware State Board of Health 414 S. State St.		State					0	1	1 Res: Public Health	
Farnhurst										
Delaware State Hospital		State	4-5	1,520		41	3	0	9 Res: Psych.	
Wilmington										
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., 99		NPCorp		85	52	0	0	2	3 Res: Ortho. Surg.	
Delaware Hospital 501 W. 14th St., 99		NPCorp	4-5-6	382	9	60	0	8	16 Int: Rotating; 26 Res: Int. Med., OBG, Path., Ped., Rad., Surg. Urol.	
E. I. du Pont de Nemours and Co., Inc. Zone 98		Corp					0	0	1 Res: Occup. Med.	
Memorial Hospital 1501 N. Van Buren St., 6		NPCorp	4-6	380	9	43	3	1	12 Int: Rotating; 14 Res: Int. Med., Path., Surg.	
Veterans Administration Hospital		VA		300			8	4	Res: Ortho. Surg.	
Wilmington General Hospital Chestnut at Broom St., 5		NPCorp	4-6	317	7	45	0	0	6 Int: Rotating; 18 Res: Gen. Pract., Path.	
DISTRICT OF COLUMBIA										
Washington										
Armed Forces Institute of Pathology Zone 25		Fed	2-5				0	0	20 Res: Path., Forensic Path.	
Army Medical Center (See Walter Reed General Hospital)										
Children's Hospital 2125 13th St. N.W., 9	M-19#-20#	NPCorp	5	222	5	81	6	18	41 Res: Neuro. Surg., Ortho. Surg., Path., Ped., Ped. Allergy, Psych., Child Psych., Surg.	
Columbia Hospital for Women and Lying-In Asylum 2425 L. St. N.W., 7		NPCorp		125	5	40	6	3	9 Res: OBG	
District of Columbia General Hospital 19th and E Streets S.E., 3	M-19#20#, M-21	City	4-5-6	1,113	12	66	5	60	56 Int: Rotating, Mixed; St. Med., St. Surg., St. Ped. 102 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Surg., Urol.	
Doctors Hospital 1815 Eye St. N.W., 6		Corp		307	8	67	1	0	12 Int: Rotating; 14 Res: Int. Med., Path., Rad.	
Eastern Dispensary and Casualty Hospital 708 Massachusetts Ave. N.E., 2		NPCorp		235	10	34	10	0	12 Res: Gen. Pract., Surg.	
Freedmen's Hospital 6th and Bryant Sts. N.W., 1	M-21#	H.E.W.	4-6	470	9	50	0	22	22 Int: Rotating; 51 Res: Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Georgetown University Hospital 3800 Reservoir Rd. N.W., 7	M-19X	Church	4-5	380	8	76	0	16	16 Int: Mixed; St. Med. 162 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Psych., Child Psych., Rad., Surg., Urol.	
George Washington University Hospital 901 23rd St. N.W., 7	M-20X	NPCorp	6	427	8	64	0	23	25 Int: St. Med., St. Path., St. Surg.; 80 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg.	
Providence Hospital 1150 Varnum St. N.E., 17		Church	4-5	350	7	64	5	1	22 Int: Rotating, St. Surg.; 25 Res: Anes., Int. Med., OBG, Path., Surg.	
St. Elizabeth Hospital 2600 Nichols Ave., S.E., 20	M-20	Fed	2-4-6	7,461	1,286	45	0	9	12 Int: Rotating; 37 Res: Path., Psych., Surg.	
Sibley Memorial Hospital 5255 Loughboro Rd. N.W., 16		Church	6	335	5	56	0	0	10 Int: Rotating; 10 Res: OBG, Path., Surg.	
U.S. Air Force Hospital Andrews A.F.B., Camp Springs, 25		Air Force	1-3-3-4	250	14	84	11	0	8 Int: Rotating; Res: Gen. Pract.	
Veterans Administration Hospital 2650 Wisconsin Ave., N.W., 7	L-19-21, M-20#	VA	2-4-6	335	23	81	4	40	56 Res: Int. Med., Neur., Ophth., Path., Phys. Med., Surg., Urol.	
Walter Reed General Hospital (Army Medical Center) 6825 16th St. N.W., 12	L-19	Army	2-4-5-6	1,468	27	83	0	30	26 Int: Rotating; 164 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Washington Hospital Center 110 Irving St. N.W., 10		NPCorp	4-6	778	8	62	16	7	36 Int: Rotating, St. Med., St. Surg.; 91 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.	
FLORIDA										
Bay Pines										
Veterans Administration Hospital		VA	2	680	37	39	0	0	1 Res: Urol.	
Coral Gables										
Veterans Administration Hospital 1200 Anastasia Ave., 34	M-23	VA	2-6	450	27	91	8	40	63 Res: Int. Med., Path., Phys. Med., Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
FLORIDA—Continued										
Daytona Beach										
Halifax District Hospital Lakeshore Dr.		District	...	257	8	33	5	1	5	Res: Gen. Pract.
Fort Lauderdale										
Broward General Hospital 1600 S. Andrews Ave.		District	...	378	7	41	3	1	2	Res: Path., Surg.
Gainesville										
University of Florida Teaching Hospital and Clinics	M-22X	State	6	275	11	85	0	18	22	Int: St. Med., St. Surg., St. Ped., St. Path.; 104 Res: Anes., Int. Med., Neur., OBG, Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Hollywood										
Memorial Hospital 3501 Johnson St.		District	3-6	173	6	34	0	0	2	Res: Path.
Jacksonville										
Baptist Memorial Hospital 800 Miami Rd., 7		Church	6	326	6	57	2	1	12	Int: Rotating; 18 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.
Duval Medical Center 200 Jefferson St., 6		County	...	256	8	47	0	20	24	Int: Rotating, St. Med.; 38 Res: Gen. Pract., Int. Med. OBG, Ortho. Surg., Path., Ped., Psych., Surg., Urol.
Florida State Board of Health P.O. Box 210, 1		State	...	...	...	...	0	6	12	Res: Public Health
Hope Haven Hospital 5720 Atlantic Blvd., 7		NPCorp	...	63	13	17	0	1	2	Res: Ortho. Surg.
St. Luke's Hospital 1900 Boulevard, 6		NPCorp	...	222	7	35	3	0	10	Res: Gen. Pract., Int. Med., OBG, Surg.
St. Vincent's Hospital Barrs and St. Johns Ave., 4		Church	6	360	6	50	0	0	14	Int: Rotating; 32 Res: Gen. Pract., Int. Med., OBG, Path., Ped., Surg. Urol.
U.S. Naval Hospital U.S. Naval Air Station, Zone 14		Navy	2	495	12	82	0	8	8	Int: Rotating
Lakeland										
Lakeland General Hospital Lakeland Hills Blvd.		NPCorp	2-3	326	7	26	0	0	12	Int: Rotating
Miami										
Jackson Memorial Hospital 1700 N.W. 10th Ave., 36	M-23	County	4-5	1,270	11	45	0	85	83	Int: Rotating, St. Med., St. Surg., St. Ped.; 225 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Forensic Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Office of the Medical Examiner, Dade County		County	...	...	...	...	...	...	1	Res: Forensic Path.
Jackson Memorial Hospital, 36 Variety Children's Hospital	G-23	NECorp	6	116	7	82	5	2	11	Res: Ortho. Surg., Ped.
Miami Beach										
Mount Sinai Hospital of Greater Miami 4300 Alton Rd., 40		NPCorp	6	360	8	43	8	8	18	Int: Rotating; 23 Res: Int. Med., OBG, Path., Surg.
St. Francis Hospital 250 W. 63rd St., 41		Church	6	250	8	28	2	0	8	Int: Rotating; 6 Res: Surg.
Orlando										
Orange Memorial Hospital 1416 S. Orange Ave.		NPCorp	...	400	6	40	1	9	18	Int: Rotating; 31 Res: Int. Med., OBG, Ortho. Surg., Path., Plas. Surg., Surg., Urol.
Pensacola										
Baptist Hospital 1000 W. Moreno St.		Church	6	286	...	...	2	1	12	Int: Rotating; 8 Res: Gen. Pract., Path.
Escambia General Hospital 1200 W. Leonard St.		County	...	135	6	41	...	...	...	Int: Rotating
Sacred Heart Hospital 1010 N. 12th Ave.		Church	...	156	6	38	...	...	12	Int: Rotating; 3 Res: Gen. Pract.
U.S. Naval Hospital U.S. Navy School of Aviation Medicine Naval Aviation Medical Center		Navy	2	300	12	71	0	6	6	Int: Rotating; 8 Res: Aviation Med.
St. Petersburg										
American Legion Hospital for Crippled Children 2350 Lakeview Ave., S., 12		NPCorp	...	62	17	50	0	1	1	Res: Ortho. Surg.
Mound Park Hospital 701 Sixth St. S., 5		City	...	502	9	27	0	16	16	Int: Rotating; 6 Res: Gen. Pract., Surg.
Tampa										
Tampa General Hospital Davis Islands, 6		City	6	514	7	35	1	8	26	Int: Rotating; 36 Res: Anes., Int. Med., OBG, Ortho. Surg., Otol., Path., Surg., Urol.
West Palm Beach										
Good Samaritan Hospital 1300 N. Dixie Highway		NPCorp	2-3	230	6	35	0	0	5	Int: Rotating
St. Mary's Hospital 900 49th St.		Church	...	234	7	42	1	3	6	Int: Rotating
GEORGIA										
Albany										
Phoebe Putney Memorial Hospital 417 Third Avenue		CyCo	...	213	6	26	0	5	6	Int: Rotating
Athens										
Athens General Hospital 787 Cobb St.		County	6	161	6	27	0	1	8	Int: Rotating
St. Mary's Hospital 360 N. Milledge Ave.		Church	6	100	6	50	0	1	8	Int: Rotating
Atlanta										
Crawford W. Long Memorial Hospital 35 Linden Ave., N.E., 3	G-25	Church	6	458	6	45	1	2	12	Int: Rotating; 42 Res: Int. Med., OBG, Path., Ped., Surg.
Emory University Hospital 1364 Clifton Rd., N.E., 22	M-25X	NPCorp	3-6	315	9	62	0	22	24	Int: St. Med., St. Surg., St. Path.; 70 Res: Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg.
Georgia Baptist Hospital 300 Boulevard N.E., 12		Church	6	475	7	46	1	3	16	Int: Rotating, St. Med., St. Surg., St. Ped., St. OBG 23 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
GEORGIA, Atlanta—Continued										
Grady Memorial Hospital 80 Butler St. S.E., 3	M-25#	County	6	651	9	39	0	35	54 Int: Rotating; St. Med., St. Surg., St. Ped.; 164 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Henrietta Eggleston Hospital for Children 1405 Clifton Rd., N.E., 22	M-25#	NPCorp	6	60	5	77	0	1	11 Res: Neuro. Surg., Ped.	
Piedmont Hospital 1968 Peachtree Rd., N.W., 9		NPCorp	6	276	7	46	1	9	12 Int: Rotating; 14 Res: Int. Med., OBG, Surg.	
St. Joseph's Infirmary 285 Ivy St. N.E., 3		Church	6	303	7	57	15	2	22 Res: Int. Med., OBG, Path., Surg., Urol.	
State of Georgia Dept. of Public Health 47 Trinity Avenue, 4		State	...	...	...	...	0	0	1 Res: Public Health	
Veterans Administration Hospital 4158 Peachtree Rd., N.E., 19	M-25#	VA	1-5-6	300	21	56	0	38	16 Int: St. Med.; 38 Res: Int. Med., Path., Rad., Surg., Urol.	
Augusta										
Eugene Talmadge Memorial Hospital 1120 15th St.	M-24X	State	1-6	500	16	73	0	13	21 Int: St. Med., St. Ped., St. Path., Mixed; 109 Res: Anes., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
University Hospital University Place	M-24	County	1-3-5-6	430	6	34	0	13	16 Int: Rotating; 34 Res: Anes., Int. Med., Neuro. Surg., OBG, Ortho. Surg., Path., Ped., Surg., Urol.	
Veterans Administration Hospital Wrightsboro Rd.	M24#	VA	1-6	1,744	179	66	0	12	10 Res: Int. Med., Neuro. Surg., Psych., Surg.	
Columbus										
Medical Center 710 Center		City	...	290	7	28	0	12	12 Int: Rotating; 4 Res: Gen. Pract.	
Decatur										
Scottish Rite Hospital for Crippled Children 321 W. Hill St.		NPCorp	1-2-3	60	54	0	0	1	1 Res: Ortho. Surg.	
Fort Benning										
Martin Army Hospital		Army	1-3-4	500	10	86	0	15	12 Int: Rotating; 3 Res: Surg.	
Fort Oglethorpe										
John L. Hutcheson Memorial Tri-County Hospital 100 Gross Crescent		County	...	147	6	25	4	0	4 Res: Gen. Pract.	
Macon										
Macon Hospital 777 Hemlock St.	L-24	CyCo	1-3-5	463	6	20	0	12	22 Int: Rotating; 14 Res: Gen. Pract. Program, OBG., Surg.	
Milledgeville										
Milledgeville State Hospital		State	...	12,179	...	...	0	0	15 Res: Psych.	
Rome										
Battley State Hospital		State	1-5	1,185	234	49	0	1	1 Res: Thor. Surg.	
Floyd Hospital Turner McCall Blvd.		County	1	180	5	33	0	7	8 Int: Rotating; 2 Res: Gen. Pract.	
Savannah										
Memorial Hospital of Chatham County Waters Ave. and 63rd St.		District	...	250	5	49	0	10	15 Int: Rotating; 13 Res: Int. Med., OBG, Path., Surg., Urol.	
Warm Springs										
Georgia Warm Springs Foundation		NPCorp	...	120	48	0	2	0	12 Res: Phys. Med.	
HAWAII										
Honolulu										
Kapiolani Maternity and Gynecological Hospital 1611 Bingham St., 14		NPCorp	...	110	4	57	1	10	10 Res: OBG	
Kauaikeolani Children's Hospital 226 N. Kuakini St., 17		NPCorp	...	101	4	69	3	3	6 Res: Ped.	
Kuakini Hospital 347 N. Kuakini St., 17		NPCorp	6	150	6	51	3	0	14 Int: Rotating; 1 Res: Path., Surg.	
Leahi Hospital 3675 Kilauea Ave., 16		NPCorp	1	428	237	32	2	0	1 Res: Thor. Surg.	
Queen's Hospital 1301 Punchbowl, 14		NPCorp	4	444	6	64	0	15	18 Int: Rotating; 36 Res: Int. Med., OBG, Path., Psych., Rad., Surg.	
St. Francis Hospital 2260 Liliha St., 17		Church	...	225	7	43	1	11	12 Int: Rotating; 13 Res: Int. Med., OBG, Path., Surg.	
Shriners Hospital for Crippled Children 1310 Punahou St., 14		NPCorp	1-3	30	82	0	0	1	1 Res: Ortho. Surg.	
Tripler General Hospital Moanalua Gardens		Army	1-3-4	1,000	12	72	0	30	26 Int: Rotating; 56 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Kaneohe										
Hawaii State Hospital		State	...	1,252	265	87	4	3	9 Res: Psych.	
ILLINOIS										
Bellefonte										
U.S. Air Force Hospital, Scott AFB		USAF	1-2-3	300	17	78	...	...	8 Int: Rotating;	
Berwyn										
MacNeal Memorial Hospital 3249 S. Oak Park Ave.		NPCorp	6	284	7	46	5	3	16 Int: Rotating; 15 Res: Gen. Pract., OBG, Path., Surg.	
Chicago										
Alexian Brothers Hospital 1200 W. Belden Ave., 14		Church	1-5	247	10	33	1	0	3 Res: Path., Surg.	
American Hospital 850 W. Irving Park Rd., 13		NPCorp	...	147	9	45	4	1	7 Res: Path., Surg.	
Augustana Hospital 411 W. Dickens Ave., 14		Church	6	350	10	49	8	0	12 Int: Rotating; 4 Res: Int. Med., Path.	
Chicago Maternity Center 1336 S. Newberry Ave., 8		NPCorp	...	...	...	...	0	2	2 Res: Ob.	
Chicago State Hospital 6500 W. Irving Park Rd., 34		State	6	4,702	...	13	...	...	Res: Psych.	
Chicago State Tuberculosis Sanitarium 1919 W. Taylor St., 12		State	6	400	206	40	1	0	2 Res: Thor. Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
ILLINOIS, Chicago—Continued										
Chicago Wesley Memorial Hospital..... 250 E. Superior St., 11	M-27#	Church	5	657	10	60	0	26	28	Int: Rotating, St. Med.; 56 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital..... 707 W. Fullerton Ave., 14	M-27	NPCorp	5	220	8	84	0	0	3	Int: St. Ped.; 33 Res: Ortho. Surg., Path., Ped., Rad., Surg.
City of Chicago Municipal Tuberculosis Sanitarium..... 5601 N. Pulaski Rd., 46	L-28	City	...	1,439	193	49	6	2	12	Res: Thor. Surg.
Columbus Hospital..... 2520 N. Lakeview Ave., 14		Church	1-5	413	9	60	10	0	12	Int: Rotating; 24 Res: Int. Med., Path., Rad., Surg.
Cook County Hospital..... 1825 W. Harrison St., 12	M-26-27-28-30	County	5	2,747	10	37	11	87	144	Int: Rotating; 208 Res: Derm., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Edgewater Hospital..... 5700 N. Ashland Ave., 26		NPCorp	5	304	8	41	3	0	7	Res: OBG, Path.
Englewood Hospital..... 6001 S. Green St., 21		NPCorp	5	160	8	34	0	0	6	Int: Rotating; 3 Res: Path.
Evangelical Hospital..... 5421 S. Morgan St., 9		Church	5	183	8	30	11	0	7	Int: Rotating
Grant Hospital..... 551 W. Grant Pl., 14		NPCorp	5	258	9	51	1	0	11	Int: Rotating;
Henrotin Hospital..... 939 N. La Salle St., 10		NPCorp	...	100	8	47	0	0	1	Res: Gen. Pract., Path., Ped., Surg.
Henrotin Hospital..... 2875 W. 19th St., 23		NPCorp	...	100	8	47	0	0	1	Res: Surg.
Hospital of St. Anthony de Padua..... 5800 Stony Island Ave., 37	L-30	Church	5	214	8	37	1	0	8	Int: Rotating; 2 Res: Surg.
Illinois Central Hospital..... 904 W. Adams St., 7	M-30	NPCorp	...	310	10	48	2	10	13	Int: Rotating; 13 Res: Int. Med., Path., Rad., Surg.
Illinois Eye and Ear Infirmary..... 836 Wellington Ave., 14		State	...	122	10	56	0	8	27	Res: Ophth., Otol.
Illinois Masonic Hospital..... 1601 W. Taylor St., 12	M-28	NPCorp	...	500	9	44	1	0	12	Int: Rotating; 24 Res: Anes., Gen. Pract., Int. Med., OBG, Path., Ped., Rad., Surg.
Illinois State Psychiatric Institute..... 907 S. Wolcott, 12		State	...	30	...	...	0	0	12	Res: Child Psych.
Institute for Juvenile Research..... 7531 Stony Island Ave., 49		Corp	...	171	9	35	0	0	6	Int: Rotating;
Jackson Park Hospital..... 645 S. Central Ave., 44	L-28	Church	...	165	...	...	0	0	6	Res: Psych.
Louis A. Weiss Memorial Hospital..... 4646 Marine Dr., 40		NPCorp	5	250	10	45	...	...	12	Int: Rotating;
Mercy Hospital..... 2537 S. Prairie Ave., 16	M-28	Church	5	350	12	48	3	3	15	Int: Rotating; 55 Res: Int. Med., Neuro. Surg., OBG, Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital and Medical Center..... 2839 E. Ellis Ave., 16	M-26-L-27	NPCorp	4	866	12	60	7	39	49	Int: Rotating, St. Med., St. Surg., St. Ped., Mixed; 140 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Psych., Child Psych., Rad., Surg., Urol.
Mount Sinai Hospital..... 2750 W. 15th Pl., 8	M-26	NPCorp	...	387	10	46	5	2	18	Int: Rotating; St. Med., St. Surg., St. Path.
Northwestern University Medical Center..... 303 E. Chicago Ave., 11		NPCorp	...	...	...	...	...	...	68	Res: Anes., Int. Med., OBG, Path., Ped., Psych., Rad., Surg., Urol.
Norwegian-American Hospital..... 1044 N. Francisco Ave., 22		NPCorp	5	194	9	28	3	0	12	Int: Rotating; 4 Res: Surg.
Passavant Memorial Hospital..... 303 E. Superior St., 11	M827#	NPCorp	5	308	10	53	1	1	15	Int: Rotating, Mixed; 38 Res: Anes., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Presbyterian-St. Luke's Hospital..... 1753 W. Congress Pkwy., 12	M-30#	NPCorp	5	849	11	68	0	34	50	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 133 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Urol.
Provident Hospital..... 426 E. 51st St., 15		NPCorp	...	205	8	43	0	0	11	Int: Rotating, St. Surg.
Ravenswood Hospital..... 1931 W. Wilson Ave., 40		NPCorp	5	288	8	53	6	2	6	Res: Int. Med., OBG, Ped., Surg.
Resurrection Hospital..... 7435 W. Talcott Ave., 31		Church	1-5	260	7	54	0	12	8	Int: Rotating;
St. Anne's Hospital..... 4950 W. Thomas St., 51	L-28	Church	5	312	8	38	1	5	12	Int: Rotating; 13 Res: Ortho. Surg., Path., Surg.
St. Bernard's Hotel Dieu..... 6337 S. Harvard Ave., 21		Church	5	178	8	31	2	0	1	Res: Surg.
St. Elizabeth's Hospital..... 1431 N. Claremont Ave., 22		Church	1-5	249	7	38	0	7	6	Res: Surg.
St. Joseph Hospital..... 2100 N. Burling St., 14	L-28	Church	...	195	8	65	1	6	8	Int: Rotating;
St. Mary of Nazareth Hospital..... 1120 N. Leavitt St., 22		Church	5	278	10	34	4	4	13	Res: Int. Med., OBG, Path., Surg.
Shriners Hospital for Crippled Children..... 2211 N. Oak Park Ave., 35		NPCorp	2	68	76	0	0	3	3	Res: Ortho. Surg.
South Chicago Community Hospital..... 2320 E. 93rd St., 17		NPCorp	5	250	8	27	5	0	6	Int: Rotating
Swedish Covenant Hospital..... 5145 N. California Ave., 25		Church	...	220	9	52	0	1	9	Int: Rotating; 4 Res: Path.
University of Chicago Hospitals and Clinics..... 950 E. 59th St., 37	M-29X	NPCorp	4	693	12	77	3	35	38	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 163 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
University of Illinois Research and Educational Hospitals..... 840 S. Wood St., 12	M-30X	State	4-5-6	619	13	78	1	38	36	Int: Rotating; 114 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Plas. Surg., 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	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
ILLINOIS, Chicago—Continued										
Veterans Administration Research Hospital 333 E. Huron St., 11		VA	1-4-6	516	19	85	10	62	78 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg.	
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 12	M-26-30 L-28	VA	1	495	31	79	10	42	57 Res: Int. Med., Path., Psych., Surg.	
Woodlawn Hospital 6060 S. Drexel Ave., 37		NPCorp	6	150	11	62	0	0	1 Res: Surg.	
Decatur Decatur and Macon County Hospital 2300 N. Edward St.		NPCorp	1-3-6	353	7	46	0	8	12 Int: Rotating; 4 Res: Anes., Path.	
Downey Veterans Administration Hospital		VA	1-3	2,487	735	80	0	23	21 Res: Psych.	
East Peoria Caterpillar Tractor Company 600 W. Washington St.		Corp					0	0	1 Res: Occup. Med.	
Evanston Evanston Hospital 2650 Ridge Ave.	M-27#	NPCorp	6	407	9	73	4	14	26 Int: St. Path., Mixed; 36 Res: Anes., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg.	
St. Francis Hospital 355 Ridge Ave.		Church	6	401	8	68	0	7	16 Int: Rotating, Mixed; 24 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.	
Evergreen Park Little Company of Mary Hospital 2800 W. 95th St., 42	L-28	Church	6	548	8	41	4	2	24 Int: Rotating; 24 Res: OBG, Ped., Rad., Surg.	
Galesburg Galesburg State Research Hospital North Seminary St.		State	6	1,813	737	58	3	2	8 Res: Psych.	
Great Lakes U.S. Naval Hospital		Navy	1-4-6	1,155	22	87	0	10	12 Int: Rotating; 10 Res: Int. Med., OBG, Surg.	
Hines Veterans Administration Hospital	M-28, L-30	VA	1-4-6	2,108	57	63	10	111	191 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Hinsdale Hinsdale Sanitarium and Hospital 120 N. Oak St.		Church	6	195	8	46	0	5	10 Int: Rotating	
Suburban Cook County Tuberculosis Sanitarium 55th and County Line Rd.		District	1	209	188	83	0	1	1 Res: Thor. Surg.	
Joliet St. Joseph Hospital 372 N. Broadway St.		Church	1	293	8	20	1	3	5 Res: Anes.	
La Grange Community Memorial General Hospital 5101 Willow Springs Rd.		NPCorp		138	7	50	0	0	1 Res: Surg.	
Oak Park West Suburban Hospital 518 N. Austin Blvd.		NPCorp	6	381	9	52	0	0	20 Int: Rotating; 14 Res: OBG, Ortho. Surg., Path.	
Peoria Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave.		NPCorp		140	50		1	0	3 Res: Phys. Med.	
Methodist Hospital of Central Illinois 221 N.E. Glen Oak Ave.		Church	6	464	8	45	2	0	16 Int: Rotating; 17 Res: Path., Surg.	
St. Francis Hospital 530 N.E. Glen Oak Ave.		Church	1	624	10	59	0	7	18 Int: Rotating; 26 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg.	
Rockford Rockford Memorial Hospital 2400 N. Rockton Ave.		NPCorp	6	258	7	62	0	1	10 Int: Rotating; 5 Res: Path.	
St. Anthony Hospital 1401 E. State St.		Church		214	7	49	0	0	7 Res: Path., Surg.	
Swedish-American Hospital 1316 Charles St.		NPCorp	1-6	200	6	57	0	1	8 Int: Rotating	
Springfield Illinois State Department of Health		State					0	2	10 Res: Public Health	
Urbana Carle Memorial Hospital 602 W. University Ave.		NPCorp	1-4-5	156	6	36	0	0	2 Res: Path., Rad.	
Winnetka North Shore Hospital 225 Sheridan Rd.		Corp	6	100	61	40	0	0	2 Res: Psych.	
INDIANA										
Bluffton Clinic Hospital 309 S. Main St.		Corp	6	127	7	60	1	0	8 Res: Int. Med., Rad., Surg.	
Elkhart Elkhart General Hospital 800 East Blvd.		NPCorp		198	8	27	0	0	Res: Path.	
Evansville St. Mary's Hospital 3700 Washington Ave., 15		Church	1-3	372	8	34	0	5	6 Int: Rotating	
Fort Wayne Lutheran Hospital 3024 Fairfield, 6		Church	6	338	9	38	0	6	6 Int: Rotating; 4 Res: Ortho. Surg.	
St. Joseph's Hospital 730 W. Berry St., 2		Church	6	252	9	35	0	0	5 Res: Path.	
Gary Methodist Hospital 1600 W. Sixth Ave.		Church	1-6	370	7	48	2	0	4 Res: Path.	
St. Mary Mercy Hospital 540 Tyler St.		Church	1-3	294	6	39	0	0	8 Int: Rotating	

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Name and Location	Medical School Affiliations	Control	Footnote	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
INDIANA—Continued										
Indianapolis										
Indiana University Hospitals 1100 W. Michigan St., 7	M-31X	State	4-5-6-7	532	10	70	0	31	41	Int: St. Med., St. Surg., St. Path., St. Ped., Family Practice; 211 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol. Path., Ped., Plas. Surg., Psych., Child Psych., Rad., Surg., Urol.
Larue D. Carter Memorial Hospital 1315 W. 10th St., 7	L-31#	State	2-6	225	142	0	0	12	40	Res: Psych., Child Psych.
Marion County General Hospital 960 Locke St., 7	M-31#	CyCo	4-5-6	611	14	59	0	40	83	Int: Rotating; Res: Anes., Derm., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Otol. Path., Ped., Psych., Rad., Surg., Urol.
Methodist Hospital 1604 N. Capitol Ave., 7		Church	6	819	9	47	0	12	26	Int: Rotating, St. Med., St. Surg., St. Path.; 43 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped. Surg., Urol.
St. Vincent's Hospital 120 W. Fall Creek Pkwy., 7		Church	2-3-6	265	8	53	0	5	10	Int: Rotating; 14 Res: OBG, Ortho. Surg., Path., Rad., Surg., Urol.
Veterans Administration Hospital 1481 W. Tenth St., 7	M-31#	VA	2-6	727	33	71	0	0	33	Res: Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Psych., Rad., Surg., Urol.
Lafayette										
St. Elizabeth Hospital 1021 N. 14th St.		Church	2-6	338	8	19	0	2	8	Res: Path.
Logansport										
Logansport State Hospital		State	2	2,400	666	10	0	2	4	Res: Psych.
Mishawaka										
St. Joseph Hospital 215 W. 4th St.		Church		101	7	21				Res: Path.
Muncie										
Ball Memorial Hospital 2401 University Ave.		NPCorp		450	8	45	0	0	8	Int.: Rotating;
South Bend										
Memorial Hospital 615 N. Michigan St., 1		NPCorp	3	354	8	40	1	6	10	Int: Rotating; Res: Path.
St. Joseph's Hospital 811 E. Madison St., 22		Church	2-3	258	8	31	0	9	9	Int: Rotating; Res: Path.
South Bend Medical Foundation Hospitals 531 N. Main St., 1		NPCorp		977	6	32	0	4	8	Res: Path.
Vincennes										
Good Samaritan Hospital 412 S. 7th St.		County		218	8	29	0	0	1	Res: Path.
IOWA										
Cedar Rapids										
St. Luke's Methodist Hospital 1026 A Ave., N. E.		Church		400	7	49	0	1	3	Res: Path.
Cherokee										
Mental Health Institute 1200 W. Cedar		State		1,046		59	1	13	12	Res: Psych.
Des Moines										
Broadlawn Polk County Hospital 18th and Hickman Rd., 14	L-32	County	3-9	232	8	46	0	11	16	Int: Rotating, General Practice Program; 4 Res: Gen. Pract., Surg.
Iowa Lutheran Hospital 716 Parnell Ave., 16		Church		252	7	28	3	0	10	Int: Rotating
Iowa Methodist Hospital 1200 Pleasant St., 14		Church	6	484	8	58	0	6	10	Int: Rotating; 25 Res: Int. Med., Path., Ped., Rad., Surg.
Mercy Hospital 5th and Ascension Sts., 14		Church	6	300	7	61	10	1	14	Int: Rotating; 4 Res: Path.
Veterans Administration Hospital 30th St. and Euclid Ave., 8		VA	2	386	22	67	0	15	40	Res: Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Independence										
Mental Health Institute		State		1,126	314	48	1	9	12	Res: Psych.
Iowa City										
Mercy Hospital 214 N. Van Buren St.		Church	2-6	225	7	34	0	0	2	Res: Path., Surg.
State Psychopathic Hospital 500 Newton Rd.	M-32X	State	6	60	48	0	7	12	24	Res: Psych.
State University of Iowa Hospitals Newton Rd.	M-32X	State	5-6	909	11	73	0	20	20	Int: Rotating; 204 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol. Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital	L-32#	VA	2-4-5-6	848	31	76	1	39	47	Res: Anes., Int. Med., Neur., Otol. Path., Rad., Surg.
KANSAS										
Halstead										
Halstead Hospital 328 Poplar St.		Church		189	9	45	0	0	1	Res: Path.
Kansas City										
Bethany Hospital 51 N. 12th St., 7		Church	6	194	7	33	0	1	8	Int: Rotating
St. Margaret Hospital 759 Vermont Ave., 1		Church		215	7	35	0	8	8	Int: Rotating; 3 Res: Surg.
University of Kansas Medical Center 39th and Rainbow Blvd., 3	M-33X	State	6-7	523	10	75	0	22	29	Int: Mixed, St. Med., St. Ped., St. Path., Family Practice; 118 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol. Path., Ped., Fed. Allergy, Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Topeka										
C. F. Menninger Memorial Hospital 3617 W. Sixth Ave.		NPCorp		118	147		0	0	16	Res: Psych., Child Psych.
Topeka State Hospital 2700 West Sixth St.	L-33	State	6	1,499		75	21	24	60	Res: Psych.
Veterans Administration Hospital 2200 Gage Blvd.		VA	2	1,011	163	85	2	59	61	Res: Psych.
Wadsworth										
Veterans Administration Hospital	G-33#	VA	2-4-5	836	70	73	2	8	19	Res: Phys. Med., Surg., Urol.

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
KANSAS—Continued										
Wichita										
St. Francis Hospital 929 N. St. Francis Ave., 14		Church	6	700	8	48	1 6	12 16	18 Int: Rotating; 41 Res: Anes., Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Rad., Surg.	
Sedgwick County Hospital 1001 N. Minneapolis St., 14		County	6	146	10	24	4	0	Res: OBG	
Veterans Administration Center 5500 E. Kellogg, 8		VA	2	252	34	71	0	0	7 Res: Ortho. Surg., Surg.	
Wesley Hospital 550 N. Hillside Ave., 14		Church	6	487	7	36	0	10	16 Int: Rotating; 17 Res: Gen. Pract., Int. Med., Path., Surg.	
Wichita-St. Joseph Hospital 3400 Grand Ave., 18		Church	6	336	6	34	0 1	0 1	10 Int: Rotating; 4 Res: Path.	
KENTUCKY										
Covington										
St. Elizabeth Hospital 21st St. and Eastern Ave.		Church	6	349	8	42	0	0	2 Res: Path.	
William Booth Memorial Hospital 323 E. 2nd St., Box 472		Church	6	150	8	21	0	0	6 Res: Gen. Pract.	
Fort Campbell										
U.S. Army Hospital		Army	2	350	10	42	0	3	2 Res: Surg.	
Fort Knox										
Ireland Army Hospital		Army	1-2-3-4	632	11	67	0 0	16 0	12 Int: Rotating; 1 Res: Surg.	
Harlan										
Harlan Memorial Hospital P.O. Box 960		NPCorp	6	187	13	46	14	5	21 Res: Int. Med., Path., Surg.	
Lakeland										
Central State Hospital	L-83	State	6	1,274	...	51	1	4	6 Res: Psych.	
Lexington										
Central Baptist Hospital 1740 S. Limestone St.		Church	2-6	170	6	36	6	0	7 Res: OBG	
Good Samaritan Hospital 310 S. Limestone St.		Church	6	250	6	27	0	0	11 Int: Rotating; 5 Res: OBG, Ortho. Surg., Surg., Urol.	
St. Joseph Hospital 1400 Harrodsburg Rd.	G-34	Church	...	285	7	59	2 6	3 4	Int: Rotating; 16 Res: OBG, Ortho. Surg., Surg., Urol.	
Shriners Hospital for Crippled Children 1900 Richmond Rd.		NPCorp	...	50	61	0	0	2	2 Res: Ortho. Surg.	
U.S. Public Health Service Hospital	G-34	USPHS	2-6	1,052	114	100	0	11	18 Res: Psych.	
University Hospital 800 West Rose St.	M-34X	State	6	...	11	73	...	...	22 Int: Rotating, St. Med., St. Surg., St. Ped., Mixed; 17 Res: Surg.
Veterans Administration Hospital	M-34#	VA	2-6	1,171	468	57	...	...	Int: St. Med., St. Surg., St. Ped., Mixed; 4 Res: Psych., Surg.
Louisville										
Children's Hospital 226 E. Chestnut St., 2	M-35#	NPCorp	...	200	7	63	3	0	18 Res: Neuro. Surg., Path., Ped., Surg.	
Jewish Hospital 217 E. Chestnut St., 2	L-35#	NPCorp	6	185	6	26	3	0	5 Res: Anes., Int. Med.	
Kosair Crippled Children's Hospital 982 Eastern Pkwy., 17	L-35	NPCorp	5	100	38	0	0	7	4 Res: Ortho. Surg.	
Louisville Child Guidance Clinic 206 E. Chestnut St., 2		NPCorp	2-3	...	...	...	...	...	4 Res: Child Psych.
Louisville General Hospital 323 E. Chestnut St., 2	M-35#	CyCo	4-5-6	421	8	68	0 22	24 76	34 Int: Rotating, St. Med., St. Ped., St. Path., St. Surg.; 133 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Norton Memorial Infirmary 231 W. Oak St., 3	L-35#	NPCorp	...	314	8	41	0 7	1 7	6 Int: Rotating; 13 Res: Int. Med., Neuro. Surg., Psych., Surg.	
St. Joseph Infirmary 735 Eastern Pkwy., 17		Church	6	471	6	40	0 3	7 12	18 Int: Rotating; 21 Res: Int. Med., OBG, Rad., Surg.	
SS. Mary and Elizabeth Hospital 4400 Churchman Ave., 15		Church	6	220	5	41	0	6	9 Int: Rotating	
Veterans Administration Hospital Mellwood and Zorn Aves., 2	M-35#	VA	2-6	494	33	62	2	12	38 Res: Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.	
South Williamson (Williamson, W.Va., P.O.)										
Memorial Medical Center P.O. Box 1410		Part	...	133	10	50	3	...	6 Res: Int. Med.	
LOUISIANA										
Lafayette										
Lafayette Charity Hospital 311 W. St. Mary Blvd.	G-36	State	...	448	...	82	3	10	22 Res: Gen. Pract.	
Monroe										
E. A. Conway Memorial Hospital Columbia Rd.	G-36	State	6	212	6	13	11	0	14 Res: Gen. Pract.	
New Orleans										
Charity Hospital of Louisiana 1532 Tulane Ave., 40	M-36-37	State	4-5-6	2,731	12	55	3 0	74 310	126 Int: Rotating, St. Med., St. Surg., St. Ped., St. OBG, St. Path.; Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Eye, Ear, Nose and Throat Hospital 145 Elk Pl., 12	L-37	NPCorp	1-6	110	4	0	1	16	16 Res: Ophth., Otol.	
Guidance Center of the Institute of Mental Hygiene 1737 Prytania St., 13		Misc	2-3	...	...	...	0	0	2 Res: Child Psych.
Hotel Dieu Sisters' Hospital 2004 Tulane Ave., 19		Church	3	293	6	34	1	1	13 Res: Path., Surg.	
Mercy Hospital 301 N. Jefferson Davis Pkwy., 19		Church	6	194	5	37	2	0	6 Int: Rotating;	
Ochsner Foundation Hospital 1516 Jefferson Highway, 21	L-37	NPCorp	2-4-6	316	9	77	0 3	5 62	8 Int: St. Med., St. Surg.; 67 Res: Anes., Colon-Rectal Surg., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Southern Baptist Hospital 2700 Napoleon Ave., 15	G-37	Church	6	467	7	38	0 3	10 23	24 Int: Rotating; 29 Res: OBG., 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	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
LOUISIANA, New Orleans—Continued										
Touro Infirmary 3516 Prytanis St., 15	L-37	NPCorp	†††	427	7	11	1	11	25 Int: Rotating; 34 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Tulane University School of Medicine 1430 Tulane Ave.		Misc.					0	1	4 Res: Child Psych.	
U.S. Public Health Service Hospital 210 State St., 18	G-37	USPHS	†††		20	76	0	12	14 Int: Rotating; 27 Res: Int. Med., OBG, Ophth., Path., Rad., Surg.	
Veterans Administration Hospital 1601 Perdido St., 40	L-36-37	VA	†††	512	31	74	2	53	50 Res: Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Child Psych., Surg., Urol.	
Shreveport										
Confederate Memorial Medical Center 1541 Kingshighway	G-37	State	††	1,000	8	42	0	28	36 Int: Rotating; 65 Res: Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Doctors' Hospital and Research Foundation 1130 Louisiana Ave., 7		Corp	†††	100	5	26	0	2	4 Int: Rotating	
Highland Hospital 1006 Highland Ave., 50		Corp		135	6	26	0	0	4 Int: Rotating	
Shriners Hospital for Crippled Children Kingshighway and Samford Ave., 49		NPCorp	††	60	96		0	2	2 Res: Ortho. Surg.	
MAINE										
Bangor										
Eastern Maine General Hospital 489 State St.		NPCorp	†	309	8	45	0	0	6 Int: Rotating; 11 Res: Anes., Path., Rad., Urol.	
Lewiston										
Central Maine General Hospital 300 Main St.		NPCorp		217	8	51	0	1	6 Int: Rotating; 5 Res: Anes., Int. Med., Path., Ped., Surg.	
Portland										
Maine Medical Center 22 Bramhall St., 4	M-42	NPCorp		400	8	42	0	12	12 Int: Rotating; 38 Res: Anes., Gen. Pract., Int. Med., Path., Ped., Rad., Surg.	
MARYLAND										
Army Chemical Center										
U.S. Army Environmental Hygiene Agency (Edgewood)		Army					0	0	1 Res: Occup. Med.	
Baltimore										
Baltimore City Hospitals 4940 Eastern Ave., 24	L-38, M-39†	City	†††††	2,069		64	5	23	33 Int: Mixed, St. Med., St. Ped., St. Path., St. Surg., Family Practice; 69 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Path., Ped., Surg.	
Baltimore Eye, Ear and Throat Hospital 1214 Eutaw Pl., 17		NPCorp		68	3	100	0	4	6 Res: Ophth., Otol.	
Bon Secours Hospital 2025 W. Fayette St., 23		Church	†	260	8	30	2	0	10 Int: Rotating; 11 Res: OBG, Surg.	
Children's Hospital 3825 Greenspring Ave., 11		NPCorp	††	124	20	100	0	0	Res: Ortho. Surg.	
Church Home and Hospital Broadway and Fairmount Ave., 31		Church		213	10	48	1	0	16 Int: Rotating, St. Med.; 17 Res: Int. Med., Surg.	
Franklin Square Hospital 100 N. Calhoun St., 23		NPCorp		171	8	50	1	0	8 Int: Mixed; 16 Res: Int. Med., OBG, Path., Surg.	
Hospital for Women of Maryland Lafayette Ave. and John St., 17		NPCorp	†	188	6	60	3	1	6 Int: Mixed; 19 Res: Int. Med., OBG	
James Lawrence Kernan Hospital for Crippled Children Windsor Mill Rd., 7	G-39†	Corp		81	33		0	3	3 Res: Ortho. Surg.	
Johns Hopkins Hospital 601 N. Broadway, 5	M-38†	NPCorp	††	1,029	11	68	1	60	62 Int: St. Med., St. Surg., St. Ped., St. Path., St. OBG; 213 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Psych., Child Psych., Rad., Surg., Urol.	
Lutheran Hospital 730 Ashburton St., 16		Church	†	191	7	37	1	0	10 Int: Rotating; 19 Res: Int. Med., OBG, Surg.	
Maryland General Hospital 827 Linden Ave., 1	G-39†	Church	†	360	7	41	15	0	14 Int: Rotating; 24 Res: Int. Med., OBG, Path., Surg.	
Mercy Hospital Calvert and Saratoga Sts., 2	L-39†	Church	††	281	8	38	2	6	16 Int: Rotating; 23 Res: Int. Med., OBG, Otol., Path., Ped., Surg.	
Office of the Chief Medical Examiner, Maryland State Dept. of Post Mortem Examiners 700 Fleet St., 2		State							2 Res: Forensic Path.	
Provident Hospital 1514 Division St., 17		NPCorp	†	137	8	37	0	1	6 Int: Rotating; 10 Res: Path., Ped., Surg.	
St. Agnes Hospital Wilkins and Caton Ave., 29		Church	†††	362	8	43	0	4	12 Int: Rotating; 25 Res: Int. Med., OBG., Surg.	
St. Joseph's Hospital 1400 N. Caroline St., 13		Church		235	9	46	0	0	8 Int: Rotating; 21 Res: Int. Med., OBG, Path., Surg.	
Seton Psychiatric Institute 6420 Reisterstown Rd., 15		Church		300	111	31	7	2	12 Res: Psych.	
Sinal Hospital of Baltimore Belvedere Ave. at Greenspring, 15	L-38	NPCorp	†††	443	8	44	2	14	19 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 68 Res: Int. Med., OBG, Ophth., Path., Ped., Rad., Surg., Urol.	
South Baltimore General Hospital 1213 Light St., 30		NPCorp	†	184	9	35	1	5	12 Int: Rotating; 14 Res: Int. Med., Surg.	
State of Maryland Dept. of Health 301 W. Preston St., 1		State					0	3	5 Res: Public Health	
Union Memorial Hospital 33rd and Calvert Sts., 18		NPCorp	†	393	9	42	4	0	19 Int: Rotating, St. Med., St. Surg. 40 Res.: Int. Med., OBG, Path., Ped., Surg.	
U.S. Public Health Service Hospital Wyman Park Dr. and 31st St., 11		USPHS	†††		19	83	0	12	12 Int: Rotating; 22 Res: Int. Med., Ophth., Path., Rad., Surg.	
University of Maryland Hospital Redwood and Greene Sts., 1	M-39X	State	†††	630	12	53	1	29	38 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 176 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital 3900 Loch Raven Blvd., 18		VA	†	291	102	73	0	1	1 Res: Thor. Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
MARYLAND—Continued										
Bethesda										
National Institutes of Health—Clinical Center 9000 Wisconsin Ave., 14		USPHS	2-3	516	36	93	0	33	39 Res: Derm., Int. Med., Neur., Path., Psych., Rad.	
Suburban Hospital 8600 Old Georgetown Rd., 14		NPCorp	...	280	6	43	0	0	6 Int: Rotating; 8 Res: Gen. Pract., Path., Surg.	
U.S. Naval Hospital Rockville Pike, 14	L-19-21	Navy	2-6	900	19	84	0	18	17 Int: Rotating; 73 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
Catonville										
Spring Grove State Hospital Wade Ave., 28		State	4-6	2,738	...	30	14	-1	12 Res: Psych.	
Cheverly										
Prince George's General Hospital		County	6	385	7	60	2	0	12 Int: Rotating; 13 Res: OBG, Path., Surg.	
Crownsville										
Crownsville State Hospital		State	6	1,900	712	34	9	0	11 Res: Psych.	
Fort Howard										
Veterans Administration Hospital 3900 Loch Raven Blvd., 18		VA	2-6	377	39	60	1	14	19 Res: Int. Med., Surg., Urol.	
Perry Point										
Veterans Administration Hospital		VA	2-6	1,624	243	88	1	6	17 Res: Int. Med., Psych., Surg.	
Rockville										
Chestnut Lodge 500 W. Montgomery Ave.		Corp	...	90	254	0	2	2	4 Res: Psych.	
Sykesville										
Springfield State Hospital		State	4-6	3,487	565	46	6	1	15 Res: Psych.	
Takoma Park										
Washington Sanitarium and Hospital 7600 Carroll Ave., 12		Church	...	282	7	47	5	8	16 Int: Rotating	
Towson										
Sheppard and Enoch Pratt Hospital York Road, 4		NPCorp	6	265	273	28	3	8	17 Res: Psych.	
MASSACHUSETTS										
Bedford										
Veterans Administration Hospital 200 Springs Rd.	M-42	VA	2	1,636	1,272	72	0	0	3 Res: Psych.	
Belmont										
McLean Hospital 1075 Pleasant St., 79	M-41	NPCorp	...	275	299	70	1	17	19 Res: Psych.	
Beverly										
Beverly Hospital Heather and Herrick Sts.		NPCorp	...	228	8	63	1	8	8 Int: Rotating; 9 Res: Int. Med., Path., Surg.	
Boston										
Beth Israel Hospital 330 Brookline Ave., 15	M-41-42	NPCorp	4-6	348	9	53	0	17	16 Int: St. Med., St. Surg.; 63 Res: Anes., Int. Med., OBG, Path., Psych., Child Psych., Rad., Surg., Urol.	
Boston City Hospital 818 Harrison Ave., 18	M-40-41-42#	City	4-5-6	1,235	11	58	0	79	77 Int: St. Med., St. Surg., St. Ped., St. Path.; 206 Res: Anes., Derm., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Boston Dispensary and Rehabilitation Institute										
25 Bennet St., 11	M-42#	NPCorp	6	23	16	0	0	0	3 Res: Derm.	
Boston Floating Hospital										
20 Ash St., 11	M-42#	NPCorp	...	80	8	89	0	6	6 Int: St. Ped.; 12 Res: Ped., Child Psych.	
Boston Lying-in Hospital										
221 Longwood Ave., 15	M-41	NPCorp	...	175	6	0	0	10	11 Res: OBG, Path.	
Boston Sanatorium										
249 River St., Mattapan 26		City	...	590	209	22	0	0	1 Res: Thor. Surg.	
Boston State Hospital										
591 Morton St., 24	L-40, M-42	State	4-6	2,809	...	37	2	20	35 Res: Psych.	
Boston University—Massachusetts Memorial Hospitals Dept. of Child Psychiatry										
80 East Concord St., 18	L-40	Misc.	...	...	...	...	0	0	6 Res: Child Psych.	
Carney Hospital										
2100 Dorchester Ave., 24	M-42	Church	6	318	9	41	1	8	12 Int: Rotating; 39 Res: Int. Med., OBG, Path., Surg.	
Children's Hospital Medical Center										
300 Longwood Ave., 15	M-41	NPCorp	4-6	390	9	83	0	7	7 Int: St. Ped., St. Path.; 81 Res: Neuro. Surg., Neur., Ortho. Surg., Path., Ped., Ped. Allergy, Child Psych., Surg.	
Commonwealth of Massachusetts—Department of Public Health										
State House, 33		State	...	...	...	...	0	0	5 Res: Public Health	
Douglas A. Thom Clinic for Children										
315 Dartmouth St., 16	L-40	NPCorp	...	...	...	...	0	2	4 Res: Child Psych.	
Faulkner Hospital										
1153 Centre St., Jamaica Plain 30	L-40	NPCorp	6	145	8	52	1	1	6 Res: Int. Med., Path., Rad.	
Harvard Medical School Dept. of Legal Medicine										
25 Shattuck St.		NPCorp	...	...	...	...	...	...	Res: Forensic Path.	
Harvard University School of Public Health										
55 Shattuck St., 15		NPCorp	...	...	...	...	0	3	12 Res: Occup. Med.	
James Jackson Putnam Children's Center										
244 Townsend St., 21		NPCorp	...	...	...	...	...	...	4 Res: Child Psych.	
Joseph P. Kennedy Jr. Memorial Hospital										
30 Warren St., 35		Church	...	125	...	...	...	...	Res: Ortho. Surg.	
Judge Baker Guidance Center										
295 Longwood Ave., 15		NPCorp	...	26	204	...	1	4	5 Res: Child Psych.	
Lahey Clinic										
605 Commonwealth Ave., 15		Corp	...	...	...	...	24	36	68 Res: Anes., Int. Med., Ortho. Surg., Rad., Surg., Urol.	
Lemuel Shattuck Hospital										
170 Marton St., 30	M-42, L-40-41	State	...	413	66	55	7	10	32 Res: Int. Med., Neur., Path., Rad.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	House Staff on Duty		Positions Offered	Approved Programs
						Autopsy Percentage	Foreign Non-Foreign		
MASSACHUSETTS, Boston—Continued									
Massachusetts Eye and Ear Infirmary... 243 Charles St., 14	M-41	NPCorp	...	170	6	56	1	26	30 Res: Ophth., Otol.
Massachusetts General Hospital..... Fruit St., 14	M-41	NPCorp	4-5-6	1,063	12	69	0	127	144 Res: St. Med., St. Surg., St. Ped.; Anes., Derm., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Ped., Ped. Allergy, Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals..... 750 Harrison Ave., 18	M-40	NPCorp	4-5	236	10	58	0	15	16 Int: St. Med., St. Surg., St. Path.; 67 Res: Anes., Derm., Int. Med., Neur., OBG, Ophth., Otol., Path., Psych., Child Psych., Surg., Urol.
Massachusetts Mental Health Center.... 74 Fenwood Rd., 15	M-41	State	2	228	83	..	0	53	59 Res: Psych., Child Psych.
New England Center Hospital..... 171 Harrison Ave., 11	L-40-41, M-42#	NPCorp	6	215	10	78	0	19	21 Int: St. Med., St. Surg., St. Path.; 65 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Path., Psych., Child Psych., Rad., Surg.
New England Deaconess Hospital..... 15 Deaconess Rd., 15	L-41	NPCorp	6	373	11	66	16	28	47 Res: Anes., Int. Med., Path., Rad., Thor. Surg.
New England Hospital..... Columbus Ave. and Dimock St., 19	...	NPCorp	6	122	8	41	0	0	6 Int: Rotating; 9 Res: Gen. Pract., Surg.
New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital)....	...	...	...	...	...	...	...	...	Res: Child Psych.
Peter Bent Brigham Hospital..... 721 Huntington Ave., 15	M-41	NPCorp	4-6	282	12	75	0	18	20 Int: St. Med., St. Surg.; 92 Res: Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Elizabeth's Hospital..... 736 Cambridge St. (Brighton), 35	M-42	Church	6	422	8	46	0	14	14 Int: Rotating; 34 Res: Anes., Int. Med., OBG, Path., Surg.
St. Margaret's Hospital..... 90 Cushing Ave., 25	M-42#	Church	1-6	122	5	59	7	7	12 Res: OBG
Tufts-New England Medical Center..... 20 Ash St., 11	...	NPCorp	...	80	8	89	...	...	3 Res: Child Psych.
U.S. Public Health Service Hospital..... 77 Warren St., 35 (Brighton)	...	USPHS	2-4	245	22	79	0	10	10 Int: Rotating; 6 Res: Int. Med., Surg.
Veterans Administration Hospital..... 150 S. Huntington Ave., 30	M-40-42	VA	2-4-5	920	29	65	6	105	127 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Brockton									
Brockton Hospital..... 680 Centre St., 11	...	NPCorp	...	259	8	43	1	0	6 Int: Rotating; 2 Res: Path.
Veterans Administration Hospital..... Belmont St., 5	...	VA	2-4-6	988	364	79	0	0	2 Res: Psych.
Brookline									
Free Hospital for Women..... 245 Pond Ave., 46	M-41	NPCorp	6	91	7	88	3	4	16 Res: OBG, Path.
Cambridge									
Cambridge City Hospital..... 1493 Cambridge St., 39	...	City	6	246	9	37	4	0	12 Int: Rotating; 15 Res: Anes., Int. Med., OBG, Path., Surg.
Mount Auburn Hospital..... 330 Mount Auburn St., 38	L-41	NPCorp	...	248	8	55	0	2	7 Int: Mixed, St. Path.; 15 Res: Anes., Int. Med., Path., Rad., Surg.
Canton									
Massachusetts Hospital School..... Randolph St.	...	State	2-3	177	...	0	0	2	2 Res: Ortho. Surg.
Chelsea									
Lawrence F. Quigley Memorial Hospital.. (Soldiers Home) 100 Summit Ave., 50	G-21	State	...	300	...	42	3	12	6 Res: Int. Med., Surg., Urol.
U.S. Naval Hospital..... Zone 50	...	Navy	2-4	525	19	90	0	11	12 Int: Rotating; 30 Res: Anes., Int. Med., OBG, Ortho. Surg., Ped., Rad., Surg.
Fall River									
Fall River General Hospital..... 245 Stanley St.	...	City	...	212	38	17	2	0	2 Res: Surg.
St. Anne's Hospital..... 795 Middle St.	...	Church	...	166	8	32	6	0	6 Res: Gen. Pract.
Truesdale Hospital..... 1820 Highland Ave.	...	NPCorp	...	169	9	50	1	0	9 Int: Rotating; 4 Res: Path., Surg.
Union Hospital..... Highland Ave. at New Boston Rd.	...	NPCorp	6	252	10	34	2	0	8 Int: Rotating
Fitchburg									
Burbank Hospital..... Nichols Rd.	...	City	...	263	8	43	...	...	6 Res: Path., Surg.
Foxborough									
Foxborough State Hospital..... Chestnut St.	...	State	...	1,351	...	34	8	0	8 Res: Psych.
Frammingham									
Frammingham Union Hospital..... 25 Evergreen St.	...	NPCorp	2-6	195	6	50	1	5	6 Int: Rotating; 2 Res: Path.
Holyoke									
Holyoke Hospital..... 575 Beech St.	...	NPCorp	4	212	8	26	1	0	6 Int: Rotating; 1 Res: Path.
Lawrence									
Greater Lawrence Guidance Center..... 217 Haverhill St.	...	NPCorp	...	...	...	...	...	...	4 Res: Child Psych.
Lawrence General Hospital..... 1 Garden St.	...	NPCorp	...	220	8	42	2	0	6 Int: Rotating; 4 Res: Path.
Lowell									
Lowell General Hospital..... 295 Varnum Ave.	...	NPCorp	...	252	8	27	6	0	4 Res: Gen. Pract.
Lynn									
Lynn Hospital..... 212 Boston St.	...	NPCorp	6	304	8	29	1	0	10 Int: Rotating; 2 Res: Path., Urol.
Malden									
Malden Hospital..... Hospital Rd., 48	...	NPCorp	6	218	8	43	0	0	6 Int: Rotating; 8 Res: Path., Surg.
Medfield									
Medfield State Hospital..... Box A, Hospital Road	...	State	6	1,385	...	54	7	7	16 Res: Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
MASSACHUSETTS—Continued										
Methuen										
Bon Secours Hospital 70 East St.		Church	...	228	7	40	3	0	6	Int: Rotating
Middleboro										
Lakeville State Sanatorium		State	...	210	221	60	2	2	2	Res: Ortho. Surg.
New Bedford										
St. Luke's Hospital 101 Page St.		NPCorp	6	382	7	37	1	1	10	Int: Rotating; 2 Res: Path., Urol.
Newton Lower Falls										
Newton-Wellesley Hospital 2014 Washington St., 62		NPCorp	...	261	8	51	1	4	8	Int: Rotating; 10 Res: Int. Med., Path.
Pittsfield										
Pittsfield General Hospital 741 North St.		NPCorp	6	333	...	...	3	1	14	Int: Rotating, Mixed; 21 Res: Int. Med., OBG, Path., Surg.
St. Luke's Hospital 379 East St.		Church	6	148	...	...	3	1	14	Int: Rotating, Mixed; 21 Res: Int. Med., OBG, Path., Surg.
Quincy										
Quincy City Hospital 114 Whitwell St., 69		City	...	360	8	48	7	1	12	Int: Rotating; 7 Res: OBG, Path., Surg.
South Shore Guidance Center 1120 Hancock St., 69		NPCorp	...	...	...	...	9	1	4	Res: Child Psych.
Salem										
Salem Hospital 81 Highland Ave.		NPCorp	...	230	9	38	2	1	6	Int: Rotating; 5 Res: Int. Med., Path.
Springfield										
Mercy Hospital 233 Carew St., 4		Church	...	340	8	28	1	0	8	Int: Rotating
Shriners Hospital for Crippled Children 516 Carew St., 4		NPCorp	1	60	86	100	0	2	2	Res: Ortho. Surg.
Springfield Hospital 759 Chestnut St., 7		NPCorp	...	417	9	40	4	4	12	Int: Rotating; 38 Res: Anes., Int. Med., OBG, Path., Ped., Surg.
Wesson Maternity Hospital 735 Chestnut St., 7		NPCorp	1	90	5	69	1	0	3	Res: OBG
Wesson Memorial Hospital 140 High St., 5		NPCorp	6	243	8	34	0	0	6	Int: Rotating
Stockbridge										
Austen Riggs Center Main St.		NPCorp	2	42	219	0	0	5	7	Res: Psych.
Taunton										
Taunton State Hospital Hodges Ave. Ext.		State	6	1,921	...	35	9	0	6	Res: Psych.
Walpole										
Pondville Hospital Box 111	L-40-41	State	6	115	23	70	4	7	9	Res: Int. Med., Path., Surg.
Waltham										
Metropolitan State Hospital 475 Trapelo Rd., 54	L-41	State	6	2,154	150	36	6	0	6	Res: Psych.
Waltham Hospital Hope Ave., 54		NPCorp	6	183	7	34	1	0	6	Int: Rotating
Waverley										
Waller E. Fernald State School Box C, 200 Trapelo Rd., 78		State	2	2,474	...	71	0	0	2	Res: Psych.
Westborough										
Westborough State Hospital Lyman St.		State	6	1,946	402	29	1	0	4	Res: Psych.
Westfield										
Westfield State Sanatorium		State	4	191	...	48	4	3	3	Res: Surg.
West Roxbury										
Veterans Administration Hospital 1400 Veterans of Foreign Wars Pkwy., 32	L-41	VA	2	304	31	85	1	24	21	Res: Int. Med., Ortho. Surg., Path., Urol.
Worcester										
Memorial Hospital 119 Belmont St., 5		NPCorp	4-6	286	8	55	8	0	11	Int: Rotating; 16 Res: Int. Med., Ortho. Surg., Path., Surg.
St. Vincent Hospital 25 Winthrop St., 4		Church	6	562	10	58	3	8	18	Int: Rotating; 33 Res: Anes., Int. Med., Ortho. Surg., Path., Ped., Surg.
Worcester City Hospital 71 Jaques Ave., 10		City	4-6	450	9	45	0	0	12	Int: Rotating; 32 Res: Gen. Pract., Int. Med., Ortho. Surg., Path., Ped., Surg.
Worcester State Hospital 305 Belmont St., 1	M-42	State	4	2,130	...	28	12	4	33	Res: Psych.
Worcester Youth Guidance Center 2 State St., 8		NPCorp	...	...	...	...	2	2	6	Res: Child Psych.
MICHIGAN										
Ann Arbor										
St. Joseph Mercy Hospital 326 N. Ingalls St.	L-43	Church	6	455	8	55	1	15	18	Int: Rotating; 31 Res: Int. Med., OBG, Path., Plas. Surg., Rad., Surg.
University Hospital 1405 E. Ann St.	M-43X	State	4-5-6	995	11	72	2	44	50	Int: Rotating, St. Med., St. Surg., St. Ped.; 373 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.
University of Michigan, Institute of Industrial Health Veterans Administration Hospital 2215 Fuller Rd.	M-43#	State VA	...	...	...	...	0	4	12	Res: Occup. Med. ... Res: Anes., Derm., Ophth., Path., Psych., Surg., Urol.
Benton Harbor										
Mercy Hospital 960 Agard St.	G-43	NPCorp	6	166	7	36	0	0	6	Int: Rotating; 4 Res: Gen. Pract.
Dearborn										
Ford Motor Co. Medical Dept. Oakwood Hospital 18101 Oakwood Blvd., 8		Corp NPCorp	...	...	...	...	0	0	1	Res: Occup. Med. 14 Int: Rotating; 22 Res: Gen. Pract., OBG, Path., Surg.
Veterans Administration Hospital Southfield Road and Outer Dr.	M-44#	VA	2-4-6	914	39	50	1	40	58	Res: Anes., Int. Med., Neur., Ophth., Ortho. Surg., Path., Rad., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	House Staff on Duty		Positions Offered	Approved Programs
						Autopsy Percentage	Foreign Non-Foreign		
MICHIGAN—Continued									
Detroit									
Alexander Blain Hospital 2201 Jefferson Ave., E., 7		NPCorp		76	9	34	7	1	4 Res: Int. Med., Surg.
Children's Hospital 5224 St. Antoine St., 2	M-44#	NPCorp	*	215	8	58	0	0	6 Int: St. Ped.; 34 Res: Ortho. Surg., Path., Ped., Ped. Allergy, Surg.
Crittenton General Hospital 1550-1554 Tuxedo Ave., 6		NPCorp	*	193	7	32	1	6	6 Res: OBG
Detroit Memorial Hospital 1420 St. Antoine St., 26		NPCorp		339	9	44	4	8	12 Int: Rotating; 19 Res: Int. Med., Neur., Neuro. Surg., OBG, Path., Rad., Surg.
Evangelical Deaconess Hospital 3245 E. Jefferson Ave., 7		Church	*	199	21	45	1	0	8 Int: Rotating; 15 Res: Gen. Pract. Int. Med., Surg.
General Motors Corporation 3044 W. Grand Blvd., 2		Corp					0	2	2 Res: Occup. Med.
Grace Hospital 4160 John R. St., 1	L-44#	NPCorp	*	735	8	54	2	22	24 Int: Rotating; 63 Res: Int. Med., Neuro. Surg., OBG, Ortho. Surg., Plas. Surg., Rad., Surg., Urol.
Harper Hospital 3825 Brush St., 1	L-44#	NPCorp		651	9	56	0	28	28 Int: Rotating; 89 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital 2799 W. Grand Blvd., 2		NPCorp	*	1,036	11	59	0	26	26 Int: Rotating; 254 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Herman Kiefer Hospital 1151 Taylor St., 2	L-44#	City	*	1,119	74	76	23	6	17 Res: Path., Rad., Thor. Surg.
Jennings Memorial Hospital 7815 E. Jefferson Ave., 14		NPCorp	*	152	11	33	0	0	4 Res: Int. Med., Surg.
Lafayette Clinic 951 E. Lafayette, 7		State	*	146	70		3	33	47 Res: Neur., Psych., Child Psych.
Mount Carmel Mercy Hospital 6071 W. Outer Dr., 35		Church	*-*	559	8	41	1	3	24 Int: Rotating; 38 Res: Int. Med., OBG, Path., Surg.
Providence Hospital 2500 W. Grand Blvd., 8		Church	*	371	9	46	0	1	12 Int: Rotating; 21 Res: Anes., Int. Med., OBG, Path., Surg.
Receiving Hospital 1326 St. Antoine St., 26	M-44#	City	*-*	700	10	43	0	38	48 Int: Rotating, St. Med. St. Surg.; 212 Res: Anes., Derm., Int. Med., Neur., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Rehabilitation Institute 261 Brady St., 1		NPCorp	*	87	59	14			6 Res: Phys. Med.
St. John Hospital 22101 Moross Rd., 36		NPCorp	*	282	6	41	1	1	12 Int: Rotating; 18 Res: Int. Med., OBG, Surg.
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 11	L-43	Church	*	215	8	44	2	2	9 Int: Rotating; 9 Res: Int. Med., OBG, Surg.
Sinai Hospital of Detroit 6767 W. Outer Dr., 35	L-44	NPCorp	*-*	387	8	50	0	12	15 Int: Rotating; 43 Res: Anes., Int. Med., OBG, Ophth., Path., Rad., Surg.
Straith Memorial Hospital 2605 W. Grand Blvd., 8		NPCorp		29					3 Res: Plas. Surg.
U.S. Public Health Service Hospital 14700 Riverside Dr., 15		USPHS	*-*	183	19	72	0	0	6 Res: Gen. Pract.
Woman's Hospital 432 E. Hancock Ave., 1	L-44#	NPCorp	*	363	9	32	4	4	16 Int: Rotating; 22 Res: Int. Med., OBG, Path., Surg.
Eloise									
Wayne County General Hospital and Infirmary	M-43#	County	*	4,284	148	31	2	25	36 Int: Rotating; 61 Res: Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Flint									
Hurley Hospital 6th Ave. and Begole St., 2	G-43	City	*	708	9	50	0	14	25 Int: Rotating; 42 Res: Gen. Pract., Int. Med., OBG, Path., Ped., Rad., Surg.
McLaren General Hospital 401 Ballenger Highway, 2	G-43	NPCorp	*	284	8	48	0	2	12 Int: Rotating; 23 Res: Gen. Pract., Int. Med., Path., Rad., Surg.
St. Joseph Hospital 302 Kensington Ave., 2		Church	*	408	8	46	0	5	14 Int: Rotating; 15 Res: Gen. Pract., Path.
Grand Rapids									
Blodgett Memorial Hospital 1840 Wealthy St., S.E., 6	G-43	NPCorp	*	341	7	79	0	9	16 Int: Rotating; 17 Res: Int. Med., OBG, Ortho. Surg., Path., Plas. Surg., Rad., Surg.
Butterworth Hospital 100 Michigan St., N.E., 3	G-43	NPCorp	*	412	7	56	0	16	18 Int: Rotating, St. Surg.; 31 Res: Anes., Int. Med., OBG, Path., Ped., Surg.
Ferguson-Drostie-Ferguson Hospital 72 Sheldon Ave., S.E., 2		NPCorp		92	11	79	0	1	4 Res: Colon-Rectal Surg.
St. Mary's Hospital 201 Lafayette Ave., S.E., 3	G-43	Church	*	339	7	39	0	14	14 Int: Rotating; 17 Res: Int. Med., OBG, Ortho. Surg., Path., Surg.
Grosse Pointe									
Bon Secours Hospital 468 Cadieux Rd., 30		Church	*	160	7	45	0	6	8 Int: Rotating; 5 Res: Int. Med., Surg.
Cottage Hospital 159 Kercheval Ave., 36		NPCorp	*	107	7	36	4	0	6 Res: Gen. Pract.
Highland Park									
Highland Park General Hospital 369 Glendale Ave., 3		City		277	9	39	4	0	12 Int: Rotating; 17 Res: Int. Med., OBG, Surg.
Kalamazoo									
Borgess Hospital 1521 Gull Rd., 62		NPCorp	*	330	8	55	0	3	8 Int: Rotating; 16 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.
Bronson Methodist Hospital 252 E. Lovell St., 8	G-43	Church	*	312	8	41	0	6	8 Int: Rotating; 8 Res: Int. Med., Surg.
Lansing									
Edward W. Sparrow Hospital 1215 E. Michigan Ave., 12	G-43	NPCorp	*	345	7	56	0	2	10 Int: Rotating; 9 Res: Int. Med., Path., Surg.
Ingham Medical Hospital 401 W. Greenlawn Ave., 9		County		150	8	35	2	0	2 Res: Thor. Surg.
Michigan Dept. of Health Highway M-174		State					0	0	1 Res: Public Health
St. Lawrence Hospital 1210 W. Saginaw St., 15	G-43	Church		304	7	53	0	2	12 Int: Rotating; 4 Res: Int. Med., Path.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	House Staff on Duty		Positions Offered	Approved Programs
						Autopsy Percentage	Foreign			Non-Foreign
MICHIGAN—Continued									
Midland									
Midland Hospital 4005 Orchard Dr.	G-43	NPCorp	•	160	6	76	0	4	6 Int: Rotating
Muskegon									
Hackley Hospital 1700 Clinton St.		NPCorp	2-6	235	7	43	0	0	10 Int: Rotating
Northville									
Hawthorn Center 18471 Haggerty Rd.		State	•	64	270	...	1	8	20 Res: Psych., Child Psych.
Northville State Hospital 41001 Seven Mile Rd.		State	•	2,294	...	27	5	6	18 Res: Psych.
Potoskey									
Little Traverse Hospital 416 Connable Ave.		NPCorp	...	160	8	52	0	0	6 Int: Rotating
Pontiac									
Pontiac General Hospital Seminole at West Huron St., 18	G-43	City	•	354	7	48	5	10	19 Int: Rotating; 25 Res: Int. Med., OBG, Path., Surg.
Pontiac State Hospital State St., 11		State	•	3,048	...	38	12	0	18 Res: Psych.
St. Joseph Mercy Hospital 900 Woodward Ave., 19	G-45	Church	1-6	326	6	43	0	4	12 Int: Rotating; 27 Res: Int. Med., OBG, Path., Ped., Rad., Surg.
River Rouge									
Sidney A. Sumby Memorial Hospital 234 Visger Rd., 18		NPCorp	...	80	10	25	1	3	4 Res: Gen. Pract.
Royal Oak									
William Beaumont Hospital 3601 W. 13 Mile Rd.		NPCorp	...	259	7	57	0	5	12 Int: Rotating; 21 Res: Int. Med., OBG, Path., Surg.
Saginaw									
Saginaw General Hospital 1447 N. Harrison St.	G-43	NPCorp	•	233	7	47	0	3	6 Int: Rotating; 14 Res: Int. Med., OBG, Path., Ped., Surg.
Saginaw Valley Child Guidance Clinic 349 S. Weadock		Misc	...	...	...	...	...	...	2 Res: Child Psych.
St. Luke's Hospital 705 Cooper St., 19		Church	...	211	7	40	1	1	8 Int: Rotating
St. Mary's Hospital 830 S. Jefferson Ave., 16		Church	•	177	7	26	2	1	6 Int: Rotating
Traverse City									
James Decker Munson Hospital 6th and Madison Sts.	G-43	NPCorp	2-3	236	7	43	0	6	8 Int: Rotating
Traverse City State Hospital Elmwood and 11th		State	•	3,006	...	34	11	6	18 Res: Psych.
Ypsilanti									
Ypsilanti State Hospital 3501 Willis Road, Box A		State	•	4,100	...	42	10	8	21 Res: Psych.
MINNESOTA									
Duluth									
St. Luke's Hospital 915 E. First St., 11		NPCorp	...	385	8	71	0	14	18 Int: Rotating; 4 Res: Path.
St. Mary's Hospital 407 E. Third St., 5		Church	3	426	10	65	0	12	12 Int: Rotating; 4 Res: Path.
Minneapolis									
Fairview Hospital 2312 South 6th St., 6		Church	•	352	8	43	7	0	8 Res: Gen. Pract.
Kenny Rehabilitation Institute 1800 Chicago Ave., 4		NPCorp	...	82	56	100	0	0	3 Res: Phys. Med.
Lutheran Deaconess Home and Hospital 2315 - 14th Avenue, S., 4		Church	•	271	8	39	6	1	8 Res: Gen. Pract.
Methodist Hospital 6500 Excelsior Blvd., St. Louis Park, 26		Church	•	276	6	58	0	0	12 Int: Rotating; 1 Res: Int. Med.
Minneapolis General Hospital 619 S. 5th St., 15	M-45#	City	...	413	12	63	0	39	42 Int: Rotating; 53 Res: Derm., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.
Mount Sinai Hospital 737 E. 22nd St., 4	L-45	NPCorp	•	225	7	64	1	1	14 Int: Rotating; 12 Res: Int. Med., Path., Surg.
Northwestern Hospital 810 E. 27th St., 7	G-45	NPCorp	•	271	8	64	1	0	15 Int: Rotating, St. Med., St. Surg., St. Ped.; 4 Res: Int. Med., Path., Ped., Surg.
St. Barnabas Hospital 714 9th Ave., S., 4		Church	•	369	7	63	3	0	24 Int: Rotating; 12 Res: Int. Med., OBG, Path., Surg.
St. Mary's Hospital 2414 S. 7th St., 6	L-45	Church	•	500	7	64	0	5	12 Int: Rotating; 9 Res: OBG, Path., Urol.
Shriners Hospital for Crippled Children 2025 E. River Rd., 14		NPCorp	...	60	56	0	0	2	... Res: Ortho. Surg.
State of Minnesota Dept. of Health University Campus, 14		State	...	...	...	...	0	0	2 Res: Public Health
Swedish Hospital 914 S. 8th St., 4		NPCorp	...	448	7	55	1	0	24 Int: Rotating; 17 Res: Int. Med., OBG, Path., Surg.
University of Minnesota Hospitals 412 S. E. Union St., 14	M-45X#	State	•	758	14	86	0	37	40 Int: St. Med., St. Ped., St. Surg.; 290 Res: Anes., Colon-Rectal Surg., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 48th Ave. and 54th St., S., 17	M-45	VA	2-3	1,014	31	80	19	114	146 Res: Derm., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Oak Terrace									
Glen Lake State Sanatorium		County	...	211	253	49	0	0	1 Res: Thor. Surg.
Rochester									
Mayo Foundation 200 First Ave., S.W.		...	...	...	...	...	81	559	599 Res: Anes., Colon-Rectal Surg., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol. (See Mayo Foundation)
Rochester Methodist Hospital 1 First Ave., N.W.		Church	...	500	8	75	(See Mayo Foundation)
St. Mary's Hospital 1216 Second St., S.W.		Church	...	900	11	76	(See Mayo Foundation)

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
MINNESOTA—Continued										
St. Paul										
Amherst H. Wilder Child Guidance Clinic ... 670 Marshall Ave., 4		Misc					0	2	2 Res: Child Psych.	
Ancker Hospital ... 495 Jefferson Ave., 1	M-45	CyCo		850	11	54	0	21	32 Int: Rotating; 27 Res: Derm., Int. Med., OBG, Ophth., Otol., Path., Surg., Urol.	
Bethesda Lutheran Hospital ... 559 Capitol Blvd., 1		Church		214	7	44	0	7	9 Int: Rotating	
Charles T. Miller Hospital ... 125 W. College Ave., 2	G-45	NP Corp	*	401	9	54	0	13	14 Int: Rotating; 17 Res: Int. Med., OBG, Ophth., Path., Rad., Surg., Urol.	
Gillette State Hospital for Crippled Children ... 1093 E. Ivy Ave., 6	G-45	State		167	52	83	0	6	Res: Ortho. Surg.	
Midway Hospital ... 1700 University Ave., 4		Church		127	7	48	7	0	8 Res: Gen. Pract.	
St. Joseph's Hospital ... 69 W. Exchange St., 2		Church	*	423	10	50	0	1	14 Int: Rotating 4 Res: OBG, Path., Surg.	
St. Luke's Hospital ... 287 N. Smith Ave., 2		NP Corp		215	8	47	2	0	6 Int: Rotating; 8 Res: Gen. Pract.	
MISSISSIPPI										
Biloxi										
U.S. Air Force Hospital ... Keesler Air Force Base	L-37	USAF	2	352	13	84			8 Int: Rotating; 6 Res: Gen. Pract.	
Veterans Administration Center ... (Gulfport Division)	L-46	VA	2-6	915	274	87	1	2	10 Res: Psych.	
Jackson										
Mental Health Unit of the Mississippi State Board of Health ...		State					0	0	Res: Psych.	
Mississippi Baptist Hospital ... 1190 N. State St., 2		Church		350	6	48	0	8	12 Int: Rotating; 6 Res: Gen. Pract., Ortho. Surg., Path.	
State of Mississippi Dept. of Health ... Zone 5		State					0	1	2 Res: Public Health	
University Hospital ... 2500 N. State St., 6	M-46X	State	*	355	8	71	0	23	25 Int: Rotating, St. Med., St. Ped., St. Path.; 118 Res: Anes., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital ... Lindbergh Dr.	M-46	VA	2	554	31	70	0	18	25 Res: Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Plas. Surg., Psych., Surg., Urol.	
Sanatorium										
Mississippi State Sanatorium ...	G-46	State		602	210	51	0	0	1 Res: Thor. Surg.	
Vicksburg										
Vicksburg Hospital ... 1600 Monroe St.		NP Corp	1	65	6	35	1	1	4 Res: Surg.	
Whitfield										
Mississippi State Hospital ...	L-46	State	*	4,690		40	1	1	6 Res: Psych.	
MISSOURI										
Clayton										
St. Louis County Hospital ... 601 S. Brentwood Blvd., 5		County	*	190	9	68	0	0	10 Int: Rotating; 22 Res: Int. Med., OBG, Path., Surg.	
Columbia										
Ellis Fischel State Cancer Hospital ... Highway 40 and Garth Ave.	G-47	State		104	25	51	3	2	4 Res: Surg.	
University of Missouri Medical Center ... 807 Stadium Rd.	M-47X	State	*	441	16	71	0	7	13 Int: St. Med., St. Ped., St. Path.; 106 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Kansas City										
Children's Mercy Hospital ... 1710 Independence Ave., 6	M-33#	NP Corp	4-5	100	8	76	0	0	3 Int: St. Ped.; 7 Res: Ortho. Surg., Ped., Rad.	
Greater Kansas City Mental Health Foundation ... 2200 McCoy St., 8		Misc					0	4	2 Res: Child Psych.	
Kansas City General Hospital ... 24th and Cherry Sts., 8	L-33, M-47	City	2-5	427	9	54	0	17	30 Int: Rotating; 79 Res: Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Surg., Urol.	
Menorah Medical Center ... 4949 Rockhill Rd., 10	L-33	NP Corp		337	9	50	7	4	14 Int: Rotating, Mixed; 21 Res: Gen. Pract., Int. Med., Path., Rad., Surg.	
Research Hospital ... 2300 Holmes St., 8		NP Corp	*	254	10	49	13	7	2 Res: Path., Rad.	
St. Joseph Hospital ... 2510 E. Linwood Blvd., 28		Church	*	318	7	47	1	0	12 Int: Rotating; 4 Res: Path.	
St. Luke's Hospital ... 4400 J. C. Nichols Pkwy., 11		Church	*	438	9	53	0	10	18 Int: Rotating; 35 Res: Int. Med., OBG, Ortho. Surg., Path., Rad., Surg., Urol.	
St. Mary's Hospital ... 101 Memorial Dr., 8		Church	*	370	8	54	1	0	12 Int: Rotating; 7 Res: Path., Surg.	
Trinity Lutheran Hospital ... 3001 Wyandotte St., 8		Church		200	8	43	5	0	8 Int: Rotating; 4 Res: Gen. Pract.	
Veterans Administration Hospital ... 4801 Linwood Blvd., 28	M-33#	VA	2-4-5-6	500	31	75	0	0	Res: Int. Med., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.	
Kirkwood										
St. Joseph Hospital ... 525 Couch Ave., 22		Church		150					Res: Gen. Pract.	
Mount Vernon										
Missouri State Sanatorium ...		State		583	155	54	5	0	2 Res: Thor. Surg.	
St. Joseph										
Methodist Hospital and Medical Center ... 8th and Faraon Sts.		Church		365	8	20	0	0	4 Int: Rotating; 4 Res: Gen. Pract., Surg.	
St. Louis										
Barnes Hospital ... 600 S. Kingshighway Blvd., 10	M-49#	NP Corp	*	956	10	73	0	43	50 Int: St. Med., St. Surg., St. Path., St. OBG; 252 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Deaconess Hospital ... 6150 Oakland Ave., 10		Church		358	11	48	2	0	12 Int: Rotating; 5 Res: Surg.	

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							Foreign	Non-Foreign		
MISSOURI, St. Louis—Continued										
DePaul Hospital 2415 N. Kingshighway Blvd., 13		Church	6	371	7	38	13	1	20 Res:	Gen. Pract., Int. Med., Path., Rad., Surg.
Homer G. Phillips Hospital 2601 N. Whittier St., 13		City	4	511	9	33	0	8	40 Int: Rotating; 102 Res:	Int. Med., OBG, Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital 216 S. Kingshighway Blvd., 10	L-49	NPCorp	4-6	498	8	58	1	18	17 Int: Rotating, Mixed; 50 Res:	Int. Med., OBG, Path., Psych., Rad., Surg.
Lutheran Hospital 2639 Miami St., 18		Church	6	325	7	37	1	0	12 Int: Rotating; 6 Res:	Gen. Pract.
Missouri Baptist Hospital 919 N. Taylor Ave., 8		Church	6	456	10	53	0	0	12 Int: Rotating; 19 Res:	Path., Surg.
Missouri Pacific Employes' Hospital 1755 S. Grand Blvd., 4		NPCorp	1	375	11	43	17	1	22 Res:	Int. Med., Surg., Urol.
St. Anthony's Hospital 3520 Chippewa St., 18		NPCorp	6	260	8	31	10	0	13 Res:	Gen. Pract., Surg.
St. John's Hospital 307 S. Euclid Ave., 10		Church	6	358	9	51	0	8	14 Int: Rotating; 23 Res:	Anes., Int. Med., OBG, Path., Surg.
St. Louis Children's Hospital 500 S. Kingshighway Blvd., 10	M-49#	NPCorp	6	...	9	77	0	7	8 Int: St. Ped.; 30 Res:	Ped.
St. Louis City Hospital 1515 Lafayette Ave., 4	M-48#-49#	City	...	907	11	63	4	20	59 Int: Rotating, St. Med., St. Surg., St. Ped.; 120 Res:	Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis State Hospital 5400 Arsenal St., 39	M-48#	State	6	3,300	...	46	15	3	24 Res:	Psych.
St. Louis University Group of Hospitals 1402 S. Grand Ave., 4	M-48#	Church	6	983	26	55	0	25	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 88 Res:	Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Plas. Surg., Rad., Surg., Urol.
St. Luke's Hospital 5535 Delmar Blvd., 12	G-47, L-49	Church	6	300	9	58	1	11	16 Int: Rotating, Mixed; 20 Res:	Int. Med., Neuro. Surg., OBG, Path. Surg., Surg., Rad., Surg., Urol.
Shriners Hospital for Crippled Children 710 S. Kingshighway Blvd., 10		NPCorp	1-2-3	120	61	0	0	3	3 Res:	Ortho. Surg.
Veterans Administration Hospital 915 N. Grand Blvd., 6	M-48#, L-49	VA	2-6	513	33	65	0	39	44 Res:	Anes., Int. Med., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
William Eliot Greenleaf Division- Washington Univ. School of Medicine 369 N. Taylor Ave.	M-49	NPCorp	2-6	25	43	...	2	5	6 Res:	Child Psych.
Springfield										
St. John's Hospital 1235 E. Cherokee, 4		Church	1-2-3	393	8	37	0	0	4 Res:	Anes.
MONTANA										
Butte										
St. James Community Hospital 400 South Clark Street		Church	1-6	255	6	39	0	0	4 Int:	Rotating
NEBRASKA										
Ingleside										
Hastings State Hospital P.O. Box 295		State	...	1,389	229	...	11	0	4 Res:	Psych.
Lincoln										
Bryan Memorial Hospital 4848 Sumner St., 6		Church	...	128	7	47	0	0	6 Int:	Rotating
Lincoln General Hospital 2315 S. 17th St., 2		NPCorp	...	170	7	38	0	3	6 Int: Rotating; 2 Res:	Path.
Nebraska Orthopedic Hospital 1047 South St., 2		State	2-3-6	110	31	100	0	2	2 Res:	Ortho. Surg.
St. Elizabeth Hospital 1145 South St., 2	L-50#	Church	...	265	7	31	0	0	6 Int: Rotating; 1 Res:	Surg.
Veterans Administration Hospital 74th and J Sts., 1	L-50#	VA	2	280	37	73	0	6	13 Res:	Ortho. Surg., Surg.
Omaha										
Bishop Clarkson Memorial Hospital Dewey Ave. at 44th St., 5	M-51	Church	2-6	266	6	64	0	11	12 Int: Rotating; 4 Res:	Path.
Children's Memorial Hospital 44th and Dewey Ave., 5	M-50-51	NPCorp	6	90	5	83	2	2	8 Res:	Ped.
Creighton Memorial-St. Joseph Hospital 2305 S. 10th St., 8	M-50#	Church	...	620	10	37	0	10	20 Int: Rotating, Mixed; 51 Res:	Int. Med., OBG, Path., Ped., Psych., Rad., Surg.
Douglas County Hospital 4201 Woolworth Ave., 5	M-50-51	County	6	246	17	43	...	...	...	Res: Int. Med.
Immanuel Hospital 36th and Meredith Ave., 11	M-51	Church	6	174	6	31	0	5	10 Int: Rotating; 1 Res:	Path.
Nebraska Methodist Hospital 3612 Cumming St., 31	M-51	Church	2-3	250	6	60	0	11	11 Int: Rotating; 8 Res:	Path., Rad.
Nebraska Psychiatric Institute 602 S. 44th Ave., 5		State	2-6	116	63	40	2	13	34 Res:	Psych.
St. Catherine's Hospital 9th and Forest Ave., 8	L-50#	Church	6	200	7	52	0	7	8 Int: Rotating; 1 Res:	OBG
University of Nebraska Hospital 42nd and Dewey Ave., 5	M-51X	State	6-9	145	11	77	0	8	18 Int: Rotating, General Practice Program; 46 Res:	Anes., Int. Med., OBG, Ophth., Path., Ped., Rad., Surg.
Veterans Administration Hospital 4101 Woolworth Ave., 5	M-50#-51#	VA	2-4	486	38	60	0	4	32 Res:	Int. Med., Path., Rad., Surg.
NEW HAMPSHIRE										
Concord										
New Hampshire State Hospital 105 Pleasant St.		State	6-9	2,740	1,179	12	1	0	3 Res:	Psych.
Hanover										
Mary Hitchcock Memorial Hospital 2 Maynard St.	M-52	NPCorp	6	300	10	86	0	16	20 Int: Rotating, St. Med., St. Surg.; 75 Res:	Anes., Derm., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW JERSEY										
Atlantic City										
Atlantic City Hospital 1921 Pacific Ave.	L-73#	NPCorp	6	278	8	61	2	6	12 Int: Rotating; 4	8 Res: Int. Med., Path., Surg.
Bayonne										
Bayonne Hospital and Dispensary E. 29th St.		NPCorp	...	270	10	21	2	0	8 Int: Rotating; 0	3 Res: Urol.
Camden										
Cooper Hospital Sixth and Stevens Sts., 3	M-73#	NPCorp	1-5	607	9	45	0	8	18 Int: Rotating; 9	20 Res: Int. Med., OBG, Path., Ped., Surg.
Our Lady of Lourdes Hospital 1600 Haddon Ave., 3		Church	1	300	7	32	1	1	10 Int: Rotating; 0	5 Res: Path., Rad.
West Jersey Hospital Mt. Ephraim and Atlantic Aves., 4		NPCorp	4-6	327	7	31	0	3	12 Int: Rotating; 3	8 Res: Anes., Path., Surg.
Cedar Grove										
Essex County Overbrook Hospital 1 Fairview Ave.		County	...	3,860	...	33	8	0	15 Res: Psych.	
East Orange										
East Orange General Hospital Central and S. Munn Aves.		NPCorp	6	173	9	31	1	0	6 Int: Rotating; 0	1 Res: Path.
Veterans Administration Hospital Tremont Ave. and S. Center St.		VA	2-4	950	53	71	14	18	38 Res: Int. Med., Neur., Path., Phys. Med., Rad., Surg., Urol.	
Elizabeth										
Elizabeth General Hospital and Dispensary 925 E. Jersey St., 4		NPCorp	...	293	8	20	9	1	12 Int: Rotating; 0	1 Res: Path.
St. Elizabeth Hospital 204 S. Broad St., 2		Church	...	195	8	35	10	0	12 Int: Rotating; 0	2 Res: Path.
Englewood										
Englewood Hospital 350 Engle St.		NPCorp	4	260	8	37	2	1	8 Int: Rotating; 2	5 Res: Int. Med., Path.
Flemington										
Hunterdon Medical Center Route 69	L-60, -73# 75	NPCorp	7	121	8	72	0	0	4 Int: Family Practice; 0	14 Res: Gen. Pract., Path.
Fort Dix										
First Army Headquarters, Fort Dix Health Center		Army	...	...	...	...	0	1	2 Res: Public Health	
Walson Army Hospital		Army	1-2	475	8	66	0	2	9 Res: Gen. Pract., Surg.	
Greystone Park										
New Jersey State Hospital		State	6	5,100	856	26	5	0	12 Res: Psych.	
Hackensack										
Hackensack Hospital 22 Hospital Pl.		NPCorp	4-6	337	7	51	7	6	14 Int: Rotating; 10	16 Res: Anes., Int. Med., Path., Surg., Urol.
Hammonton										
New Jersey State Hospital at Ancora		State	4-6	2,525	...	44	4	7	12 Res: Psych.	
Hoboken										
St. Mary's Hospital 4th and Willow Ave.		Church	6	375	10	30	12	0	15 Int: Rotating; 8	2 Res: Path.
Jersey City										
B. S. Pollak Hospital for Chest Diseases 100 Clifton Pl., 4		County	6	431	...	32	7	1	8 Res: Thor. Surg.	
Christ Hospital 176 Palisade Ave., 6		Church	6	340	10	23	1	0	12 Int: Rotating; 8	2 Res: Path.
Jersey City Medical Center 50 Baldwin Ave., 4	M-53	City	4-6-6	1,033	14	35	3	22	62 Int: Rotating, St. Med., St. Surg., St. Ped., Mixed; 42	115 Res: Anes., Int. Med., Neur., OBG, Ophth., Path., Ped., Psych., Surg., Urol.
Margaret Hague Maternity Hospital 88 Clifton Pl.	M-53	County	6	249	5	...	0	11	16 Res: OBG	
St. Francis Hospital 25 E. Hamilton Pl., 2		Church	6	225	10	28	1	0	9 Int: Rotating	
Long Branch										
Monmouth Medical Center 3rd and Pavilion Aves.		NPCorp	4-6	380	8	37	7	8	13 Int: Rotating, St. Surg.; 16	15 Res: Int. Med., Ortho. Surg., Path., Surg.
Lyons										
Veterans Administration Hospital	L-59	VA	2-6	2,009	1,045	55	5	3	10 Res: Psych.	
Marlboro										
New Jersey State Hospital		State	6	3,173	...	36	6	1	9 Res: Psych.	
Montclair										
Mountainside Hospital Bay and Highland Aves.		NPCorp	4-6	376	9	36	0	16	15 Int: Rotating; 2	14 Res: Gen. Pract., Int. Med., Path., Surg.
Morristown										
All Souls Hospital 95 Mt. Kemble Ave.		Church	6	210	9	38	0	1	3 Int: Rotating	
Morristown Memorial Hospital 100 Madison Ave.		NPCorp	6	236	7	67	3	1	8 Int: Rotating; 3	10 Res: Gen. Pract., Path., Rad., Surg.
Mount Holly										
Burlington County Hospital 175 Madison Ave.		County	...	224	9	49	14	2	13 Res: OBG, Path., Surg.	
Neptune										
Fitkin Memorial Hospital Corlies Ave.	G-72	NPCorp	...	260	7	53	2	12	14 Int: Rotating; 1	10 Res: Int. Med., OBG, Path., Ped., Surg.
Newark										
Babies' Hospital 15 Roseville Ave.		NPCorp	...	84	6	84	11	2	14 Res: Ped.	
Hospital for Crippled Children 89 Park Ave., 4		NPCorp	...	95	16	33	3	2	5 Res: Ortho. Surg.	
Martland Medical Center 65 Bergen St., 7		City	4-6	669	10	63	5	0	18 Int: Rotating; 21	28 Res: OBG, Ortho. Surg., Otol., Path., Ped., Surg., Urol.
Newark Beth Israel Hospital 201 Lyons Ave., 12		NPCorp	4	421	8	57	1	3	13 Int: Rotating; 8	19 Res: Int. Med., OBG, Path., Ped., Rad., Surg.
Newark Eye and Ear Infirmary 77 Central Ave., 2		NPCorp	...	65	5	38	4	1	7 Res: Ophth., Otol.	
Presbyterian Hospital 27 S. Ninth St., 7		NPCorp	6	300	10	33	7	1	10 Int: Rotating; 2	6 Res: Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW JERSEY, Newark—Continued										
St. Barnabas Medical Center 685 High St., 2		NPCorp	6	244	9	33	2	0	6 Int: Rotating; 10 Res: Path., Plas. Surg., Surg.	
St. Michael Hospital 306 High St., 2		Church	7	418	...	41	1	4	19 Int: Rotating, Family Practice; 35 Res: Int. Med., OBG, Path., Ped., Surg.	
New Brunswick										
Middlesex General Hospital 180 Somerset St.		NPCorp	6	242	7	33	1	0	8 Int: Rotating; 12 Res: Int. Med., Path., Surg.	
St. Peter's General Hospital 260 Easton Ave.		Church	6	339	7	54	3	0	12 Int: Rotating; 18 Res: Int. Med., Path., Surg.	
Orange										
New Jersey Orthopaedic Hospital 289 Central Ave.		NPCorp	...	65	21	11	3	3	6 Res: Ortho. Surg.	
Orange Memorial Hospital 188 S. Essex Ave.		NPCorp	6	342	9	41	3	1	8 Int: Rotating; 12 Res: Int. Med., Ortho. Surg., Path., Surg.	
Paramus										
Bergen Pines County Hospital E. Ridgewood Ave.		County	6	708	31	39	3	0	8 Int: Rotating; 15 Res: Int. Med., Path.	
Passaic										
Passaic General Hospital 350 Boulevard		NPCorp	6	262	8	36	8	0	6 Int: Rotating; 4 Res: Path.	
St. Mary's Hospital 211 Pennington Ave.		Church	6	218	7	34	1	0	6 Int: Rotating; 2 Res: Path.	
Paterson										
Barnert Memorial Hospital 680 Broadway, 4		NPCorp	6	147	7	41	0	0	6 Int: Rotating; 1 Res: Path.	
Paterson General Hospital 528 Market St., 3		NPCorp	6	347	8	30	14	0	12 Int: Rotating; 5 Res: OBG, Path.	
St. Joseph's Hospital 703 Main St., 3		Church	9	442	8	44	2	1	12 Int: Rotating, General Practice Program; 12 Res: Anes., Ortho. Surg., Path.	
Perth Amboy										
Perth Amboy General Hospital 530 New Brunswick Ave.		NPCorp	...	368	8	23	0	0	12 Int: Rotating; 2 Res: Path.	
Phillipsburg										
Warren Hospital 185 Roseberry St.		NPCorp	...	219	7	37	3	0	1 Res: Gen. Pract., Path.	
Plainfield										
Muhlenberg Hospital Park Ave. and Randolph Rd.		NPCorp	6	367	7	32	16	1	12 Int: Rotating	
Union County Psychiatric Clinic 111 East Front St.		County	...	...	...	...	1	0	5 Res: Child Psych.	
Princeton										
New Jersey Neuropsychiatric Institute Box 1000		State	6	1,015	687	68	2	2	12 Res: Psych.	
Princeton Hospital 253 Witherspoon St.		NPCorp	...	176	8	70	6	0	8 Res: Gen. Pract.	
Somerville										
Somerset Hospital Rehill Ave.		NPCorp	...	211	6	42	7	0	10 Int: Rotating; 4 Res: Gen. Pract.	
Summit										
Overlook Hospital 193 Morris Ave.		NPCorp	6	342	7	50	9	0	14 Int: Rotating; 9 Res: Gen. Pract., Int. Med., Path.	
Teaneck										
Holy Name Hospital 718 Teaneck Rd.		Church	1-6	248	7	40	0	0	8 Int: Rotating	
Trenton										
Child Guidance Clinic of Mercer County 532 West State St., 8		County	...	...	...	...	1	0	4 Res: Child Psych.	
Helene Fuld Hospital 750 Brunswick Ave., 8		NPCorp	6	180	9	32	0	2	6 Int: Rotating	
Mercer Hospital 446 Bellevue Ave., 8		NPCorp	6	310	8	42	11	0	9 Int: Rotating; 2 Res: Path.	
New Jersey State Hospital Station A, 8	L-75	State	6	3,362	202	29	2	4	9 Res: Psych.	
St. Francis Hospital 601 Hamilton Ave., 9		Church	6	361	8	29	1	3	10 Int: Rotating; 18 Res: Int. Med., OBG, Path., Ped., Surg.	
Vineland										
Newcomb Hospital 66 S. State St.		NPCorp	1-3	180	8	41	...	...	2 Res: Path.	
NEW MEXICO										
Albuquerque										
Bataan Memorial Methodist Hospital 5400 Gibson Blvd., S. E.		Church	6	166	5	49	0	0	15 Res: Int. Med., Rad., Surg.	
Bernalillo County-Indian Hospital 2211 Lomas Blvd. N. E.		County	1-3	216	10	55	0	10	12 Int: Rotating; 16 Res: Int. Med., OBG, Ped., Surg.	
Veterans Administration Hospital Ridgecrest Dr. S. E.		VA	3	500	39	93	1	22	28 Res: Int. Med., Path., Surg.	
Los Alamos										
Los Alamos Medical Center 3917 West Rd.		NPCorp	3	77	6	95	0	1	1 Res: Gen. Pract.	
Truth or Consequences										
Carrie Tingley Hospital for Crippled Children 1400 S. Broadway		State	...	100	120	...	...	...	4 Res: Ortho. Surg.	
NEW YORK										
Albany										
Albany Child Guidance Center 213 Ontario St., 3		Misc	...	...	...	...	0	0	3 Res: Child Psych.	
Albany Medical Center Hospital New Scotland Ave., 8	M-54#	NPCorp	1-6	635	9	65	6	37	37 Int: Rotating, St. Med., St. Surg.; 124 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK, Albany—Continued										
A. N. Brady Hospital 30 N. Main Ave., 3	L-54	Church	...	61	5	0	...	...	...	Res: OBG, Path.
Bender Laboratory Hospitals 136 S. Lake Ave., 8			...	...	...	...	5	1	6	Res: Path.
Memorial Hospital Northern Blvd., 4		NPCorp	...	235	9	28	7	0	14	Int: Rotating; Res: Path.
St. Peter's Hospital 632 New Scotland Ave., 8		Church	6	296	10	39	8	0	12	Int: Rotating; Res: Path., Surg.
State of New York Dept. of Health 84 Holland Ave., 8		State	...	...	...	...	0	5	30	Res: Gen. Prev. Med., Public Health
Veterans Administration Hospital 113 Holland Ave., 8	M-54#	VA	2-4-6	1,005	46	69	1	7	50	Res: Int. Med., Neur., Path., Phys. Med., Psych., Rad., Surg.
Binghamton										
Binghamton General Hospital 25 Park Ave.		City	6	318	9	32	5	1	15	Int: Rotating; Res: Int. Med., Path.
Binghamton State Hospital 425 Robinson St.		State	6	2,892	...	8	7	1	9	Res: Psych.
Bronxville										
Lawrence Hospital 55 Palmer Ave., 8		NPCorp	...	201	8	45	5	0	10	Int: Rotating; Res: Path.
Brooklyn—See New York City										
Buffalo										
Buffalo Eye and Ear Hospital and Wetlaufer Clinic, Division of Deaconess Hospital 52 Maple St., 4		NPCorp	...	14	5	...	...	...	3	Res: Ophth.
Buffalo General Hospital 100 High St., 3	M-55#	NPCorp	4-5-6	643	11	48	10	13	28	Int: Rotating, St. Med.; 93 Res: Anes., Colon-Rectal Surg., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Thor. Surg., Urol.
Buffalo State Hospital 400 Forest Ave., 13		State	5	3,044	250	16	16	0	16	Res: Psych.
Children's Hospital 219 Bryant St., 22	M-55#	NPCorp	6	357	6	87	1	2	6	Int: St. Ped.; 31 Res: Neuro. Surg., OBG, Ortho. Surg., Path., Ped., Ped. Allergy, Surg., Urol.
Deaconess Hospital 1001 Humboldt Pkwy., 8		NPCorp	...	468	9	32	15	0	14	Int: Rotating; Res: Int. Med., OBG, Ophth., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital 462 Grider St., 15	M-55#	County	4-6	980	22	47	6	16	30	Int: St. Med., St. Surg. 118 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Emergency Hospital of the Diocese of Buffalo 108 Pine St., 4		Church	6	154	9	29	...	...	...	Res: Surg.
Mercy Hospital 565 Abbott Rd., 20		Church	...	360	9	50	9	11	21	Int: Rotating; Res: Gen. Pract., Int. Med., Surg.
Millard Fillmore Hospital 3 Gates Circle, 9	L-55#	NPCorp	4-5-6	...	9	45	0	13	15	Int: Rotating; Res: Anes., Colon-Rectal Surg., Gen. Pract., Int. Med., OBG, Path., Rad., Surg., Urol.
Roswell Park Memorial Institute 666 Elm St., 3	L-55	State	6	281	19	99	28	12	48	Res: Derm., Int. Med., OBG, Path., Plas. Surg., Rad., Surg., Urol.
Sisters of Charity Hospital 2157 Main St., 14		Church	6	444	9	38	2	1	12	Int: Rotating; Res: Int. Med., OBG, Path., Surg.
Veterans Administration Hospital 3495 Bailey Ave., 15	L-55#	VA	2-4-5	951	58	58	17	7	24	Res: Anes., Int. Med., Ortho. Surg., Path., Phys. Med., Surg., Thor. Surg., Urol.
Central Islip										
Central Islip State Hospital Carleton Ave.		State	...	9,904	...	36	5	12	40	Res: Psych.
Clifton Springs										
Clifton Springs Hospital and Clinic Main St.		NPCorp	6	165	11	33	0	0	3	Res: Int. Med., Surg.
Cooperstown										
Mary Imogene Bassett Hospital Atwell Rd.	M-57, L-54	NPCorp	...	104	9	68	0	10	10	Int: Rotating, St. Med.; Res: Int. Med., OBG, Path., Ped., Psych., Surg.
Elmira										
Arnot-Ogden Memorial Hospital Roe Ave.		NPCorp	...	254	7	36	0	0	1	Res: Path.
Elmhurst—See New York City										
Endicott										
International Business Machine Co. 1701 North St.		Corp	...	...	...	...	0	0	1	Res: Occup. Med.
Far Rockaway—See New York City										
Glen Cove										
Community Hospital at Glen Cove St. Andrews Lane		NPCorp	6	217	7	41	0	1	8	Int: Rotating; Res: Gen. Pract., OBG, Path.
Glen Oaks—See New York City										
Glens Falls										
Glens Falls Hospital 100 Park St.		NPCorp	...	254	7	29	6	0	6	Int: Rotating; Res: Path.
Governors Island—See New York City										
Harrison										
St. Vincent's Hospital of Westchester County 246 North St.		Church	...	209	53	0	1	1	6	Res: Psych.
Helmuth										
Gowanda State Hospital		State	6	2,906	...	28	5	0	15	Res: Psych.
Hempstead										
Meadowbrook Hospital Carman Ave. and Bethpage Tpke.		County	5	670	12	41	20	15	32	Int: Rotating; Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Jamaica—See New York City										
Johnson City										
Charles S. Wilson Memorial Hospital 33-57 Harrison St.		NPCorp	...	450	9	37	1	0	12	Int: Rotating; Res: Int. Med., OBG, Path., Rad., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs										
							Foreign	Non-Foreign												
NEW YORK—Continued																				
Kenmore																				
Kenmore Mercy Hospital 2950 Elmwood Ave., 17		Church	6	274	9	42	0	2	12 Int: Rotating; 4 Res: Gen. Pract.											
Kings Park																				
Kings Park State Hospital	L-59	State	6	9,058	295	19	7	8	30 Res: Psych.											
Kingston																				
Benedictine Hospital		Church	...	175	7	19	...	...	Res: Path.									
Kingston Hospital		NPCorp	...	155	7	30	...	...	Res: Path.									
Kingston Laboratory Hospitals 400 Broadway		NPCorp	3	...	...	...	...	...	2 Res: Path.						
Manhasset																				
North Shore Hospital Valley Rd.		NPCorp	6	169	...	55	6	10	15 Res: Int. Med., OBG, Path., Ped., Surg.											
Marcy																				
Marcy State Hospital		State	6-5	3,136	...	34	4	0	15 Res: Psych.											
Middletown																				
Middletown State Hospital Monhagen Ave., Box 1453		State	6	3,492	...	27	10	2	15 Res: Psych.											
Mineola																				
Nassau Hospital Second St.		NPCorp	...	316	7	39	6	1	12 Int: Rotating; 21 Res: OBG, Ortho. Surg., Path., Rad., Surg.											
Montrose																				
Veterans Administration Hospital		VA	2-4	1,769	976	73	1	4	11 Res: Phys. Med., Psych.											
Mount Kisco																				
Northern Westchester Hospital E. Main St.		NPCorp	...	223	7	42	4	0	6 Int: Rotating; 1 Res: Path.											
Mount Morris																				
Mount Morris Tuberculosis Hospital		State	...	250	...	...	4	0	Res: Thor. Surg.									
Mount Vernon																				
Mount Vernon Hospital 12 N. Seventh Ave.		NPCorp	...	289	8	43	2	0	12 Int: Rotating; 14 Res: Int. Med., OBG, Path., Surg.											
Newburgh																				
St. Luke's Hospital 70 Dubois St.		NPCorp	4	217	7	32	1	0	8 Int: Rotating											
New Hyde Park—See New York City																				
New Rochelle																				
New Rochelle Hospital 16 Guion Pl.		NPCorp	4	324	8	34	4	8	15 Int: Rotating; 8 Res: Int. Med., Path., Surg.											
New York City—includes all hospitals located within the five boroughs:																				
Bronx-Bronx County (Mailing address: New York)																				
Brooklyn-Kings County (Mailing address: Brooklyn)																				
Manhattan-New York County (Mailing address: New York)																				
Queens-Queens County (Mailing addresses: Far Rockaway, Flushing, Glen Oaks, Jamaica, Long Island City)																				
Richmond-Richmond County (Mailing address: Staten Island)																				
American Telephone and Telegraph Company and Subsidiaries 195 Broadway, 7											0	0	2 Res: Occup. Med.							
Beekman-Downtown Hospital 170 William St., 38											NPCorp	...	198	14	36	10	5	15 Res: Int. Med., Surg.		
Bellevue Hospital Center First Ave. and 27th St., 16											M-57# 58-60#	City	4-5-6-8	2,700	19	54	7	97	...	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Division I—Columbia University											M-57#	18 Int: Mixed; 35 Res: Int. Med., Surg., Thor. Surg.	
Division II—Cornell University											M-58#	31 Int: Mixed, St. Med., St. Surg.; 49 Res: Int. Med., Neur., Surg., Urol.	
Division III—New York University											M-60#	50 Int: St. Med., St. Surg., St. Ped.; St. Path.; 237 Res: Int. Med., Neur., OBG, Path., Ped., Phys. Med., Psych., Rad., Surg.	
Division IV—New York University Post-Graduate Medical School											Int: St. Med., St. Surg.; 87 Res: Anes., Derm., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Plas. Surg., Surg., Urol.	
Beth-El Hospital Linden Blvd. and Rockaway Pkwy, Brooklyn, 12											NPCorp	6	334	10	46	7	19	26 Int: Rotating, Mixed; 39 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg.		
Beth Israel Hospital 10 Nathan D. Perlman Pl., 3											NPCorp	4-6	388	12	41	2	18	21 Int: Rotating; 45 Res: Anes., Int. Med., OBG, Path., Ped., Plas. Surg., Surg., Urol.		
Bird S. Coler Memorial Hospital and Home Welfare Island, 17											M-59#	City	4-8	1,898	770	23	12	0	Res: Anes., Derm., Int. Med., Neur., Phys. Med., Surg.	
Booth Memorial Hospital 56-45 Main St., Flushing, 55											Church	...	210	7	49	2	1	6 Int: Rotating; 14 Res: OBG, Path., Surg.		
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 57											NPCorp	1	58	3	0	4	0	4 Res: Ophth.		
Bronx Hospital 1276 Fulton Ave., 56											NPCorp	4-6	329	10	38	0	10	9 Int: Rotating; 40 Res: Int. Med., OBG, Path., Ped., Surg.		
Bronx Municipal Hospital Center Pelham Pkwy. and Eastchester Rd., 61											M-56	City	4-5-6-8	1,239	23	57	0	37	46 Int: St. Med., St. Surg., St. Ped., St. Path.; 277 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Brooklyn Eye and Ear Hospital 29 Greene Ave., Brooklyn, 38											L-61	NPCorp	...	137	3	12	6	7	14 Res: Ophth., Otol.	
Brooklyn Hospital 121 De Kalb Ave., Brooklyn, 1											M-61	NPCorp	...	375	10	44	3	9	20 Int: Rotating, Mixed, St. Med., St. Surg.; 37 Res: Int. Med., OBG, Path., Ped., Rad., Surg., Urol.	
Brooklyn Psychiatric Centers 129 Montague St., 1											NPCorp	2	4 Res: Child Psych.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Brooklyn State Hospital 681 Clarkson Ave., Brooklyn, 3	L-61	State	6	3,954	606	4	10	6	17 Res: Psych.	
Brooklyn Women's Hospital 1395 Eastern Pkway., Brooklyn, 33		NPCorp	...	66	5	69	5	1	6 Res: OBG	
Catholic Charities Guidance Institute 122 E. 22nd St., 10		Church	...	...	...	...	1	0	6 Res: Child Psych.	
Child Therapy Clinic-Postgraduate Center for Psychotherapy 218 E. 70th St., 21		NPCorp	2	...	...	...	...	...	6 Res: Child Psych.	
City Hospital at Elmhurst 79-01 Broadway, Elmhurst, 73		City	4-5-8	941	21	58	7	0	36 Int: Rotating, St. Surg.;	
							73	9	84 Res: Int. Med., OBG, Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Columbus Hospital 227 E. 19th St., 3		Church	6	313	13	38	4	0	14 Int: Rotating;	
Coney Island Hospital Ocean and Shore Pkways., Brooklyn, 35		City	4-6-8	539	16	43	6	0	9 Res: Int. Med., Surg.	
Creedmoor State Hospital 80-45 Winchestr Blvd., Queens Village, 27		State	6	7,126	...	28	2	0	15 Int: Rotating;	
							52	1	60 Res: Int. Med., OBG, Path., Ped., Phys. Med., Surg.	
							2	0	Res: Psych.	
Cumberland Hospital 39 Auburn Pl., Brooklyn, 5	L-61	City	4-5-8	307	11	49	3	0	9 Int: Rotating, St. Med., St. Surg., St. Ped.;	
Doctors Hospital 170 E. End Ave., 28		NPCorp	6	277	10	32	14	3	26 Res: Int. Med., OBG, Path., Ped., Surg.	
Flushing Hospital and Dispensary 44-14 Parsons Blvd., Flushing, 55		NPCorp	4-6	312	7	43	9	1	2 Res: Path.	
Fordham Hospital Southern Blvd. and Crotona Ave., 58		City	4-6	414	14	37	1	0	12 Int: Rotating;	
Francis Delafield Hospital 99 Ft. Washington Ave., 32	M-57#	City	6-8	280	32	50	14	19	21 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg.	
							30	0	8 Int: Rotating;	
French Hospital 330 W. 30th St., 1		NPCorp	6	241	11	36	0	0	40 Res: Int. Med., Neur., OBG, Path., Ped., Surg., Urol.	
Goldwater Memorial Hospital Welfare Island, 17	M-57#	City	4-8	1,338	432	29	18	4	41 Res: Int. Med., Path., Plas. Surg., Surg., Urol.	
							12	4	12 Int: Rotating, St. Surg.;	
Grand Central Hospital 321 E. 42nd St., 17		NPCorp	5-6	170	10	40	5	0	14 Res: Int. Med., OBG, Surg., Urol.	
Greenpoint Hospital 300 Skillman Ave., Brooklyn, 11		City	4-5-8	126	10	33	1	1	22 Res: Int. Med., Phys. Med.	
Harlem Eye and Ear Hospital 2099 Lexington Ave., 35		NPCorp	...	45	2	...	2	1	10 Int: Rotating;	
Harlem Hospital 532 Lenox Ave., 37		City	4-5-8	920	17	37	4	0	12 Res: Path., Surg.	
Headquarters, First U. S. Army Governors Island		Army	...	...	...	...	...	...	12 Int: Rotating;	
Hillside Hospital 75-59 263rd St., Glen Oaks		NPCorp	...	196	204	0	3	23	15 Res: Int. Med., OBG, Path., Surg.	
Hospital for Joint Diseases 1919 Madison Ave., 35		NPCorp	4-6	310	15	41	0	6	5 Res: Ophth., Otol.	
Hospital for Special Surgery 535 E. 70th St., 21	L-58	NPCorp	2-3	196	23	67	0	14	6 Int: Rotating;	
House of St. Giles the Cripple 1346 President St., Brooklyn, 13		NPCorp	...	44	...	...	2	1	31 Res: Anes., Int. Med., Ortho. Surg., Path., Surg.	
Jamaica Hospital 89th Ave. and Van Wyck Expwy., Jamaica, 18		NPCorp	...	260	8	37	4	1	14 Res: Ortho. Surg., Phys. Med.	
							11	0	3 Res: Ortho. Surg.	
Jewish Chronic Disease Hospital 86 E. 49th St., Brooklyn, 3	L-61	NPCorp	4-3	798	170	29	29	3	8 Int: Rotating;	
Jewish Hospital of Brooklyn 555 Prospect Pl., Brooklyn, 38	M-61	NPCorp	4-6	538	10	44	7	13	6 Res: Path., Ped., Surg.	
							21	53	1 Res: Path.	
Jewish Memorial Hospital Broadway and 196th St., 40		NPCorp	4-6	185	8	38	4	0	30 Res: Int. Med., Ortho. Surg., Path., Phys. Med.	
Kew Gardens General Hospital 80-02 Kew Gardens Rd., Kew Gardens, 15		Corp	...	165	7	24	0	0	32 Int: Rotating, St. Med., St. Ped., St. OBG;	
Kings County Hospital Center 451 Clarkson Ave., Brooklyn, 3	M-61#	City	4-5-8	3,010	16	37	38	80	84 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
							96	180	8 Int: Rotating;	
							...	...	6 Res: Path., Ped., Surg.	
Knickerbocker Hospital 70 Convent Ave., 27		NPCorp	...	221	15	66	2	1	120 Int: Rotating, Mixed, St. Med., St. Path., St. Ped., St. Surg.;	
Lebanon Hospital 1650 Grand Concourse, 57	L-60	NPCorp	4-6	260	10	57	5	0	270 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Lenox Hill Hospital 100 E. 77th St., 21		NPCorp	4-6	535	10	40	0	23	12 Int: Rotating, St. Med., St. Surg.;	
							5	21	20 Res: Int. Med., OBG, Path., Surg.	
Lincoln Hospital 320 Concord Ave., 54		City	4	390	11	37	0	0	12 Int: Rotating, St. Surg.;	
Long Island College Hospital 340 Henry St., Brooklyn, 1	M-61	NPCorp	4-6	401	11	42	5	17	11 Res: Int. Med., OBG, Path., Surg.	
							16	19	24 Int: Rotating;	
Long Island Jewish Hospital 270-05 76th Ave., New Hyde Park	M-61	NPCorp	4	258	9	68	1	14	37 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg.	
Lutheran Hospital of Brooklyn 22 Junius St., Brooklyn, 12		Church	6	152	6	26	0	0	18 Int: Rotating;	
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 20		Church	6	206	10	53	4	0	58 Res: Int. Med., OBG, Path., Ped., Surg., Urol.	
Maimonides Hospital of Brooklyn 4802 10th Ave., Brooklyn, 19	M-61	NPCorp	...	514	11	48	2	35	24 Int: Rotating, Mixed, St. Med., St. Surg.;	
							21	29	36 Res: Int. Med., Neuro. Surg., OBG, Otol., Path., Ped., Rad., Surg., Urol.	
							...	...	60 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Manhattan Eye, Ear and Throat Hospital 210 E. 64th St., 21		NPCorp	...	184	5	42	3	28	8 Int: Rotating	
Manhattan State Hospital Ward's Island, 35		State	...	3,325	90	22	3	7	11 Int: Rotating;	
							...	...	22 Res: Int. Med., OBG, Path., Ped., Surg.	
							...	...	36 Int: Rotating, Mixed, St. Med., St. Surg.;	
							...	...	60 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg., Thor. Surg., Urol.	
							...	...	24 Res: Ophth., Otol., Plas. Surg.	
							...	...	17 Res: Psych.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Mary Immaculate Hospital 152-11 89th Ave., Jamaica, 32		Church	3-4	306	9	30	11	0	14 Res:	Path., Ped., Surg.
Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital 444 E. 68th., 21	L-58	NPCorp	4-6	513	17	56	43	43	123 Res:	Anes., Int. Med., Path., Rad., Surg.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 15	L-61	Church	...	417	10	35	6	1	15 Int:	Rotating, St. Med., St. Surg.;
Metropolitan Hospital 1901 First Ave., 29	M-59#	City	4-5-8	1,013	16	32	86	55	29 Res:	Anes., Int. Med., OBG, Path., Ped., Rad., Surg.
Misericordia Hospital 600 E. 233rd. St., 66		Church	4	261	10	39	7	3	12 Int:	Rotating;
Montefiore Hospital 210th St. and Bainbridge Ave., 67	M-57#	NPCorp	4-5	662	...	45	14	5	24 Res:	Int. Med., Ob., Ped., Surg.
Morrisania City Hospital 168th St. and Gerard Ave., 52		City	4-8	461	12	35	28	1	36 Int:	Mixed;
Mother Cabrini Memorial Hospital 611 Edgecombe Ave., 32		Church	...	170	10	18	1	0	18 Int:	Rotating;
Mount Sinai Hospital 1 E. 100th St., 29	M-57	NPCorp	4-5-6	1,032	12	53	0	36	37 Res:	Int. Med., OBG, Path., Ped., Surg., Urol.
New York City Dept. of Health 125 Worth St., 13		State	...	...	...	...	1	3	6 Res:	Public Health
New York Eye and Ear Infirmary 218 Second Ave., 3		NPCorp	...	175	6	...	7	21	9 Res:	Ophth., Otol.
New York Hospital 525 E. 68th St., 21	M-58	NPCorp	4-5-6	1,211	13	83	0	37	44 Int:	St. Med., St. Path., St. Ped., St. Surg.;
New York Infirmary Stuyvesant Square E. and 15 St., 3		NPCorp	4	190	8	43	0	0	182 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neuro., OBG, Ophth., Otol. Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
New York Medical College-Flower and Fifth Ave. Hospitals 1 E. 105th St., 29	M-59#	NPCorp	6	386	9	39	8	25	7 Int:	Rotating;
New York Polyclinic Medical School and Hospital 345 W. 50th St., 19		NPCorp	4-6	336	10	47	2	1	9 Res:	Int. Med., OBG, Ped., Surg.
New York State Dept. of Labor 80 Centre St., 13		State	...	...	...	...	0	0	...	Res: Anes., Derm., Int. Med., Neuro., OBG, Path., Ped., Rad., Thor. Surg.
New York State Psychiatric Institute 722 W. 168th St., 32	M-57#	State	6	172	183	...	1	32	12 Int:	Rotating;
New York University Medical Center-University Hospital 303 E. 20th St., 3	M-60X	NPCorp	5-6	370	12	34	52	38	47 Res:	Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Payne Whitney Psychiatric Clinic (See New York Hospital)		...	...	...	...	...	...	...	1 Res:	Occup. Med.
Presbyterian Hospital 622 W. 168th St., 32	M-57#	NPCorp	4-6	1,460	12	62	0	27	34 Res:	Psych., Child Psych.
Presbyterian Hospital-Babies Hospital 622 W. 168th St., 32	M-57#	NPCorp	...	...	...	...	...	...	27 Int:	St. Med., St. Surg., St. Path.;
Prospect Heights Hospital 775 Washington Ave., Brooklyn, 38		NPCorp	...	166	8	24	2	0	276 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neuro., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 32		City	4-5-8	1,363	26	37	16	0	21 Res:	Ped., Surg.
Roosevelt Hospital 428 W. 59th St., 19	M-57	NPCorp	4	449	13	50	4	16	6 Int:	Rotating
St. Barnabas Hospital for Chronic Diseases 183rd St., and Third Ave., 57		NPCorp	...	515	89	47	11	0	34 Int:	Rotating;
St. Catherine's Hospital 133 Bushwick Ave., Brooklyn, 6		Church	...	282	9	30	0	1	87 Res:	Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
St. Charles Hospital 277 Hicks St., Brooklyn, 1		Church	...	50	23	...	0	4	16 Int:	Mixed;
St. Clare's Hospital 415 W. 51st St., 19		Church	6	438	12	37	3	1	67 Res:	Int. Med., OBG, Otol., Path., Ped., Ped. Allergy, Psych., Rad., Surg., Urol.
St. Francis Hospital 525 E. 142nd St., 54		Church	2-5	400	9	43	1	0	10 Res:	Int. Med., Path.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 13		Church	...	273	9	32	4	0	12 Int:	Rotating;
St. John's Queens Hospital 2501 Jackson Ave., Long Island City, 1		Church	...	205	...	...	1	0	22 Res:	Int. Med., OBG, Path., Ped., Surg.
St. Joseph's Hospital 327 Beach 19th St., Far Rockaway, 91		Church	...	206	8	20	0	0	16 Int:	Rotating;
St. Luke's Hospital 421 W. 113th St., 25	M-57	NPCorp	4-5-6	581	15	54	1	22	1 Res:	Path.
St. Mary's Hospital 1298 St. Marks Ave., Brooklyn, 13		Church	...	237	9	31	1	0	4 Res:	Anes.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10		Church	6	300	8	38	0	0	22 Int:	Mixed, St. Ped.;
St. Vincent's Hospital of the City of New York 153 W. 11th St., 11	M-60	Church	...	768	14	51	0	34	81 Res:	Anes., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Staten Island Hospital 101 Castleton Ave., Staten Island, 1		NPCorp	6	258	8	44	0	0	8 Int:	Rotating;

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Sydenham Hospital 565 Manhattan Ave., 27		City	4	218	11	33	0	2	9 Int: Rotating; 10 Res: Int. Med., OBG	
U.S. Naval Hospital (See St. Albans, N.Y.)										
U.S. Public Health Service Hospital Bay and Vanderbilt Sts., Staten Island, 4	G-21	USPHS	2-4-5-6	...	23	68	0	25	31 Int: Rotating, St. Med., St. Surg.; 43 Res: Anes., Derm., Int. Med., Ophth., Path., Rad., Surg., Urol.	
Unity Hospital 1545 St. Johns Pl., Brooklyn, 13		NPCorp	...	216	9	31	5	1	8 Int: Rotating; 6 Res: OBG	
Veterans Administration Hospital (Bronx) 130 W. Kingsbridge Rd., Bronx, 68	L-56	VA	2-5-6	1,373	49	66	22	118	152 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital (Brooklyn) 800 Poly Place, Brooklyn, 28	L-61	VA	2-4	1,000	...	57	14	64	97 Res: Anes., Int. Med., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital (Manhattan) 1st Ave. at E. 24th St., 10		VA	2-4-5-6	1,238	45	58	22	102	124 Res: Derm., Int. Med., Neur., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Woman's Hospital—Division of St. Luke's Hospital 141 W. 109th St., 25		NPCorp	...	173	7	75	1	12	12 Res: OBG	
Wyckoff Heights Hospital 374 Stockholm St., Brooklyn, 37		NPCorp	...	271	9	41	0	0	8 Int: Rotating; 33 Res: Int. Med., OBG, Path., Ped., Surg.	
Niagara Falls										
Mount St. Mary's Hospital 515 Sixth St.		Church	...	185	8	38	4	0	6 Int: Rotating 1 Res: Path.	
Niagara Falls Memorial Hospital 621 Tenth St.		NPCorp	...	352	8	43	0	0	13 Int: Rotating	
Northport										
Veterans Administration Hospital		VA	6	2,488	828	58	0	0	6 Res: Psych.	
Oceanside										
South Nassau Communities Hospital 2445 Oceanside Road		NPCorp	...	230	7	29	0	0	8 Int: Rotating; 2 Res: Path.	
Ogdensburg										
St. Lawrence State Hospital		State	6	1,725	...	12	7	0	12 Res: Psych.	
Oneonta										
Homer Folks Tuberculosis Hospital West Street		State	...	250	132	0	0	0	1 Res: Thor. Surg.	
Orangeburg										
Rockland State Hospital		State	5-6	6,800	...	21	10	5	38 Res: Psych.	
Port Chester										
High Point Hospital Upper King St.		Corp	...	45	216	0	5	0	6 Res: Psych.	
United Hospital 406 Boston Post Rd.		NPCorp	...	237	8	29	1	0	8 Int: Rotating; 6 Res: Int. Med., Path., Surg.	
Port Jefferson										
St. Charles Hospital		Church	...	60	12	14	1	2	3 Res: Ortho. Surg.	
Poughkeepsie										
Hudson River State Hospital Station B		State	5-6	5,574	...	4	22	3	22 Res: Psych.	
St. Francis Hospital North Rd.		Church	...	210	8	30	3	0	6 Int: Rotating; 1 Res: Path.	
Vassar Brothers Hospital Reade Place		NPCorp	...	285	8	42	1	0	8 Int: Rotating; 2 Res: Path.	
Queens Village—See New York City										
Rochester										
Eastman Kodak Company 343 State St.		Corp	...	...	...	...	0	1	1 Res: Occup. Med.	
Genesee Hospital 224 Alexander St., 7	L-62	NPCorp	6	261	8	72	2	11	17 Int: Rotating, Mixed, St. Med., St. Surg., St. Path.; 33 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg.	
Highland Hospital South Ave. at Bellevue Dr., 20	L-62	NPCorp	...	247	7	69	0	7	14 Int: Rotating, Mixed, St. Surg., St. Med.; 18 Res: Int. Med., OBG, Path., Surg.	
Rochester Child Guidance Clinic 31 Gibbs St., 4		NPCorp	...	...	...	...	...	...	2 Res: Child Psych.	
Rochester General Hospital 1425 Portland Ave., 21	L-62	NPCorp	4	419	7	63	9	9	23 Int: Rotating, St. Med., St. Surg.; 38 Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg.	
Rochester State Hospital 1600 South Ave., 20		State	5-6	3,663	...	8	6	1	7 Res: Psych.	
St. Mary's Hospital 89 Genesee St., 11	L-62	Church	6	304	7	55	3	2	15 Int: Rotating; 23 Res: Anes., Gen. Pract., Int. Med., OBG, Ophth., Path., Ped., Surg.	
Strong Memorial-Rochester Municipal Hospitals 260 Crittenden Blvd., 20	M-62X#	NPCorp	4-5-6	787	10	73	1	45	48 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob-Gy; 150 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Psych., Child Psych., Rad., Surg., Urol.	
University of Rochester School of Medicine and Dentistry		NPCorp	...	...	...	...	0	1	8 Res: Occup. Med.	
Rockville Center										
Mercy Hospital 1000 N. Village Ave.		Church	1-2	249	7	42	0	0	... Res: OBG	
St. Albans—See also New York City										
U.S. Naval Hospital 179th St. and Linden Blvd., 25		Navy	2-4-5	950	24	91	0	17	17 Int: Rotating; 43 Res: Anes., Int. Med., OBG, Path., Rad., Surg., Thor. Surg., Urol.	
Schenectady										
Ellis Hospital 1101 Nott St., 8		NPCorp	6	437	9	52	0	5	20 Int: Rotating; 25 Res: Int. Med., OBG, Ortho. Surg., Path., Surg.	
St. Clare's Hospital 600 McClellan St., 4		Church	...	226	8	32	8	0	12 Int: Rotating	
Staten Island—See New York City										
Sunnyside										
Veterans Administration Hospital	L-88	VA	2	433	121	73	0	0	1 Res: Thor. Surg.	

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK—Continued										
Syracuse										
St. Joseph's Hospital 301 Prospect Ave., 3	M-63	Church	6	304	7	46	0	1	12 Int: Rotating; 4 Res: Anes., OBG, Path.	
State University of New York Upstate Medical Center 766 Irving Ave., 10	M-63#	NPCorp	6	1,593	8	52	0	34	52 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 176 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg. Urol.	
Syracuse Psychiatric Hospital 708 Irving Ave., 10		State	...	60	48	...	...	...	Res: Psych.	
Veterans Administration Hospital Irving Ave. and University Pl., 10	M-63#	VA	2-6	488	33	69	...	...	11 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Otol., Ortho. Surg., Path., Plas. Surg., Psych., Rad., Surg., Urol.	
Thiells										
Letchworth Village		State	6	4,367	...	63	2	0	2 Res: Psych.	
Samaritan Hospital Peoples and Burdett Aves.		NPCorp	1	203	8	29	4	0	10 Int: Rotating; 1 Res: Path.	
Utica										
Children's Hospital Home of Utica 1675 Bennett St., 4		NPCorp	...	54	24	33	...	...	2 Res: Ortho. Surg.	
St. Luke's-Memorial Hospital Center Box 479		NPCorp	...	238	7	19	0	0	6 Int: Rotating	
Utica State Hospital 1213 Court St., 2		State	...	2,200	...	34	9	0	14 Res: Path., Psych.	
Valhalla										
Grasslands Hospital		County	3-4-5-6	447	23	48	8	1	12 Int: Rotating, St. Med., St. Surg.; 50 Res: Anes., Int. Med., Path., Ped., Phys. Med., Psych., Rad., Surg.	
West Brentwood										
Pilgrim State Hospital		State	5-6	13,877	...	25	30	0	30 Res: Psych.	
West Haverstraw										
New York State Rehabilitation Hospital Route 9W	G-60	State	...	204	98	38	1	4	5 Res: Ortho. Surg.	
White Plains										
New York Hospital-Westchester Division 21 Bloomingdale Rd.		NPCorp	6	350	120	50	2	14	16 Res: Psych.	
White Plains Hospital 41 E. Post Rd.		NPCorp	6	203	8	38	4	1	8 Int: Rotating; 5 Res: Int. Med., Surg.	
Willard										
Willard State Hospital		State	...	3,861	...	13	8	0	12 Res: Psych.	
Wingdale										
Harlem Valley State Hospital		State	6	5,033	...	18	3	0	10 Res: Psych.	
Yonkers										
St. John's Riverside Hospital 65 Ashburton Ave.		NPCorp	6	207	8	28	0	0	9 Int: Rotating; 1 Res: Path.	
St. Joseph's Hospital 127 S. Broadway		Church	...	165	10	30	7	0	8 Int: Rotating	
Yonkers General Hospital 127 Ashburton Ave.		NPCorp	...	144	7	43	7	0	6 Int: Rotating; 2 Res: Gen. Pract.	
NORTH CAROLINA										
Asheville										
Memorial Mission Hospital of Western North Carolina 509 Biltmore Ave.		NPCorp	3	327	7	27	0	1	8 Int: Rotating	
Chapel Hill										
North Carolina Memorial Hospital Pittsboro Rd.	M-64	State	6	350	10	73	1	32	37 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 159 Res: Anes., Derm., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Charlotte										
Charlotte Memorial Hospital Blythe and Brunswick Aves., 3		NPCorp	2-4	346	10	52	3	2	10 Int: Rotating; 32 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg., Thor. Surg., Urol.	
Presbyterian Hospital 200 Hawthorne Lane, 4		Church	...	437	8	50	0	0	2 Res: Path.	
Durham										
Duke Hospital	M-65X	NPCorp	4-5	596	10	64	0	65	63 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. OBG; 9 165 205 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Durham Child Guidance Clinic Duke University Medical Center	M-65X	NPCorp	2	8	30	...	...	...	4 Res: Child Psych.	
Lincoln Hospital 1301 Fayetteville St.	G-65	NPCorp	...	103	8	25	5	0	5 Res: Surg.	
McPherson Hospital 1110 W. Main St.	L-64	Indiv	...	42	5	...	0	7	3 Res: Ophth., Otol.	
Veterans Administration Hospital Fulton St. and Erwin Pd.	M-65#	VA	2-5-6	489	25	78	0	3	62 Res: Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.	
Watts Hospital Broad St. and Club Blvd.	G-65	NPCorp	...	295	7	40	2	5	25 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. OBG; 5 6 14 Res: Int. Med., Path., Ped., Surg., Urol.	
Fort Bragg										
U.S. Army, 3d Army Hdqts., Preventive Medicine Division		Army	...	...	...	...	...	...	Res: Public Health	
Womack Army Hospital		Army	2-4-6	450	11	81	0	4	3 Res: Surg.	
Gastonia										
North Carolina Orthopedic Hospital Babington Heights	G-65	State	1-2	140	180	...	0	4	2 Res: Ortho. Surg.	
Greensboro										
Moses H. Cone Memorial Hospital 1200 N. Elm St.		NPCorp	6	315	7	67	0	4	16 Int: Rotating; 2 Res: Path.	
Oteen										
Veterans Administration Hospital		VA	2	850	57	64	0	2	4 Res: Thor. Surg.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NORTH CAROLINA—Continued										
Raleigh										
Dorothea Dix Hospital Station B, Box 7597		State	*	2,813	...	48	2	10	18 Res: Psych.	
North Carolina State Board of Health		State		...	...	...	0	0	Res: Public Health	
Rex Hospital 1311 St. Mary's St.	L-64	NPCorp		330	7	27	3	1	2 Res: Ped.	
Wilmington										
Babies' Hospital Rt. 3		NPCorp		75	4	53	2	0	2 Res: Ped.	
James Walker Memorial Hospital N. 10th St.		NPCorp		250	7	31	5	0	8 Int: Rotating	
Winston-Salem										
City Memorial Hospital 1 Hospital St., 4		City		294	7	27	5	3	17 Res: Int. Med., Surg.	
Kate Biting Reynolds Memorial Hospital 1101 E. Seventh St., 4		City		176	8	22	0	3	8 Int: Rotating; 5 Res: Surg.	
North Carolina Baptist Hospital 300 S. Hawthorne Rd., 7	M-66#	Church	*-6	470	8	64	0	11	22 Int: Mixed, St. Path., St. Med., St. Surg.; 95 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
NORTH DAKOTA										
Bismarck										
Bismarck Hospital 323 - 6th St.		Church		197	8	33	4	0	9 Res: Int. Med., Rad., Surg.	
St. Alexius Hospital 9th and Thayer St.		Church		211	7	48	2	0	3 Res: Rad.	
Fargo										
St. John's Hospital 365 Sixth Ave. South		Church		169	8	48	1	0	6 Int: Rotating	
St. Luke's Hospital 727 Broadway		NPCorp	*	185	6	44	0	2	8 Int: Rotating; 8 Res: Int. Med., OBG, Surg.	
OHIO										
Akron										
Akron City Hospital 525 E. Market St., 9		NPCorp	*	519	9	45	0	15	24 Int: Rotating, General Practice Program; 51 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Rad., Surg., Urol.	
Akron General Hospital 400 Wabash Ave., 7		NPCorp	*	445	10	44	0	21	20 Int: Rotating, General Practice Program; 52 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Rad., Surg., Urol.	
Children's Hospital of Akron Buchtel Ave. at Bowery St., 8		NPCorp		275	5	73	5	10	18 Res: Ortho. Surg., Ped.	
St. Thomas Hospital 444 N. Main St., 10		Church	*	272	9	52	7	0	17 Int: Rotating, General Practice Program; 30 Res: Gen. Pract., Int. Med., OBG, Path., Surg.	
Barberton										
Barberton Citizens Hospital Tuscora Park		NPCorp		313	8	41	3	0	12 Int: Rotating; 8 Res: Gen. Pract., Surg.	
Canton										
Aultman Hospital 625 Clarendon Ave., S.W., 10		NPCorp		502	8	39	0	2	20 Int: Rotating; 36 Res: Int. Med., OBG, Path., Rad., Surg.	
Mercy Hospital 723 Market Ave., N., 2		Church		405	7	36	2	0	7 Int: Rotating; 27 Res: Anes., Int. Med., OBG, Path., Surg.	
Cincinnati										
Bethesda Hospital Oak St. and Reading Rd., 6		Church	*	351	7	32	1	0	12 Int: Rotating, Mixed; 9 Res: OBG, Path.	
Central (Mental Hygiene) Clinic Cincinnati General Hospital, 29		City		...	...	...	...	...	Res: Child Psych.	
Child Guidance Home 3140 Harvey Ave., 29		Church		...	...	...	...	...	Res: Child Psych.	
Children's Hospital Elland and Bethesda Aves., 29	M-67#	Church	*-5	215	7	77	3	23	28 Res: Anes., Neuro. Surg., Ortho. Surg., Path., Ped., Rad., Surg.	
Christ Hospital 2139 Auburn Ave., 19		NPCorp	*	463	10	41	0	6	21 Int.: Rotating, St. Surg.; 31 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., Plas. Surg., Surg.	
Cincinnati General Hospital 3231 Burnet Ave., 29	M-67X	City	*-5	766	9	64	0	52	52 Int: Rotating; 192 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Daniel Drake Memorial Home and Hospital Galbraith and Vine St., 18	L-67#	County	*	930	808	58	6	0	7 Res: Int. Med.	
Deaconess Hospital Clifton Ave. and Straight St., 19		Church		117	10	21	4	0	2 Res: Surg.	
Good Samaritan Hospital 3217 Clifton Ave., 20		Church	*	680	8	40	0	1	23 Int: Rotating, Mixed, St. Surg.; 39 Res: Gen. Pract., Int. Med., Neuro. Surg., OBG, Path., Ped., Rad., Surg.	
Jewish Hospital 3208 Burnet Ave., 29		NPCorp	*	423	8	49	4	11	17 Int: Rotating, Mixed; 37 Res: Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.	
Longview State Hospital Box 36, Zone 16		State	*	3,093	519	38	5	0	Res: Psych.	
National Lead Company of Ohio P.O. Box 158, Mt. Healthy Station		Corp		...	...	...	0	0	1 Res: Occup. Med.	
Rollman Receiving Hospital and State Institute of Psychiatry 3009 Burnet Ave., 19		State		140	42	100	4	3	27 Res: Psych.	
St. Mary's Hospital 830 Lincoln Park Dr., 14		Church	*	178	11	35	7	2	8 Res: Int. Med., Surg.	
University of Cincinnati Institute of Industrial Health, School of Arts and Sciences		NPCorp		...	...	...	0	0	10 Res: Occup. Med.	
Veterans Administration Hospital 3200 Vine St., 20	M-67#	VA	*	717	64	65	0	0	Res: Int. Med., Neuro. Surg., Neur., Ortho. Surg., Psych., Surg., Urol.	
Cleveland										
Cleveland Clinic Hospital 2020 E. 93rd St., 6		NPCorp	*-3	486	8	64	0	14	20 Int: Rotating, St. Surg.; 141 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
OHIO, Cleveland—Continued										
Cleveland Metropolitan General Hospital 3395 Scranton Rd., 9	M-68	County	4-5-6	894	12	70	0	27	38 Int: St. Med., St. Surg., St. Ped., St. Path.; 121 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Rad., Surg., Thor. Surg., Urol.	
Cleveland Psychiatric Institute and Hospital 1708 Aiken Ave., 9		State	...	300	97	0	11	18	24 Res: Psych.	
Cuyahoga County Coroner's Office 2121 Adelbert Rd.		...	...	...	...	...	0	0	... Res: Forensic Path.	
Evangelical Deaconess Hospital 4229 Pearl Rd., 9		Church	...	223	8	38	2	0	6 Int: Rotating; 12 Res: OBG, Path., Surg.	
Fairhill Psychiatric Hospital 12200 Fairhill Rd., 20		State	...	161	65	60	...	...	12 Res: Psych.	
Fairview Park Hospital 18101 Lorain Ave., 11		NPCorp	6	385	7	46	1	7	15 Int: Rotating; 31 Res: Anes., Gen. Pract., Int. Med., OBG, Path., Surg.	
Highland View Hospital 3901 Ireland Dr., 22	L-68	County	4-6	512	225	44	1	2	21 Res: Int. Med., Phys. Med.	
Huron Road Hospital 13951 Terrace Rd., 12		NPCorp	6	374	9	70	2	0	12 Int: Rotating; 47 Res: Anes., Int. Med., OBG, Path., Rad., Surg., Urol.	
Lutheran Hospital 2609 Franklin Blvd., 13		Church	6	340	8	54	1	0	12 Int: Rotating; 17 Res: Path., Surg.	
Mount Sinai Hospital University Circle, 6		NPCorp	4-5-6	446	9	48	1	18	24 Int: Mixed, St. Med.; 53 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped. Rad., Surg.	
Polyclinic Hospital 6606 Carnegie Ave., 3		NPCorp	6	144	9	37	7	0	7 Res: Gen. Pract.	
St. Alexis Hospital 5183 Broadway, 27		Church	6	329	10	36	1	0	8 Int: Rotating; 16 Res: Anes., Path., Surg.	
St. Ann Hospital 2475 E. Boulevard, 20		Church	...	67	5	37	3	0	5 Res: OBG	
St. John's Hospital 7911 Detroit Ave., 2		Church	6	266	9	39	0	2	6 Int: Rotating; 22 Res: Gen. Pract., Int. Med., OBG, Surg.	
St. Luke's Hospital 11311 Shaker Blvd., 4		Church	4-6	468	9	52	0	18	24 Int: Rotating; 45 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg.	
St. Vincent Charity Hospital 2222 Central Ave., 15		Church	5-6	368	11	44	1	2	12 Int: Rotating, Mixed; 35 Res: Anes., Int. Med., Ortho. Surg., Path., Surg.	
University Hospitals of Cleveland 2065 Adelbert Rd., 6	M-68X	NPCorp	4-6	931	10	64	0	46	42 Int: St. Med., St. Surg., St. Ped., St. Path.; 192 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Child Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 7300 York Rd., 30	M-68	VA	2-4	827	39	69	6	59	61 Res: Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Rad., Surg., Thor. Surg., Urol.	
Woman's Hospital 1940 E. 101st., 6		NPCorp	...	160	9	29	2	0	8 Res: Gen. Pract.	
Cleveland Heights										
Doctors Hospital 12345 Cedar Rd., 6		NPCorp	6	199	9	39	3	0	8 Int: Rotating; 8 Res: Gen. Pract.	
Columbus										
Children's Hospital 17th St. at Livingston Park, 5	M-69#	NPCorp	4	334	6	79	7	24	36 Res: Neuro. Surg., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Surg.	
Columbus Psychiatric Institute and Hospital 473 W. 12th Ave., 10	M-69X	State	...	126	36	...	0	0	24 Res: Psych.	
Columbus State Hospital 1960 W. Broad St., 15		State	...	2,569	...	42	29	7	45 Res: Psych.	
Grant Hospital 309 E. State St., 15		NPCorp	6	330	...	35	1	1	16 Int: Rotating; 0 Res: Path.	
Mount Carmel Hospital 793 W. State St., 22		Church	6	400	8	46	0	17	18 Int: Rotating; 19 Res: Gen. Pract., Int. Med., OBG, Ortho. Surg., Surg.	
Ohio State Department of Health Division of Industrial Hygiene 65 S. Front St.		State	...	...	...	...	0	0	1 Res: Occup. Med.	
Ohio State University, Department of Preventive Medicine		State	...	...	...	...	...	...	20 Res: Aviation Med., Occup. Med.	
Ohio Tuberculosis Hospital 466 W. Tenth Ave., 10	M-69#	State	4-6	204	168	67	5	1	2 Res: Thor. Surg.	
Riverside Methodist—White Cross Hospitals 3535 Olentangy River Rd., 14		Church	6	416	8	50	0	13	25 Int: Rotating, Mixed; 30 Res: Gen. Pract., Int. Med., Neuro. Surg., OBG, Ortho. Surg., Path., Surg.	
St. Ann's Hospital for Women 1555 Bryden Rd., 5		Church	...	100	4	33	0	0	3 Res: OBG	
University Hospitals 410 W. Tenth Ave., 10	M-69X	State	4-5	618	8	68	0	35	34 Int: Rotating, St. Med., St. Surg., St. Path., St. Ped.; 201 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Forensic Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Dayton										
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County 141 Firwood Dr., 19		Misc	...	86	172	...	0	1	4 Res: Child Psych.	
Good Samaritan Hospital 1425 W. Fairview Ave., 6		Church	6	445	8	38	0	0	10 Int: Rotating; 13 Res: Gen. Pract., Int. Med., OBG, Surg.	
Miami Valley Hospital 1 Wyoming St., 9		NPCorp	4-6	690	9	38	0	16	16 Int: Rotating; 31 Res: Gen. Pract., Int. Med., OBG, Path., Rad., Surg.	
St. Elizabeth Hospital 49 Hopeland St., 8		Church	6	450	8	31	0	4	12 Int: Rotating; 3 Res: Surg.	
U.S. Air Force Headquarters, Air Materiel Command Wright-Patterson Air Force Base		USAF	...	...	...	...	...	...	... Res: Occup. Med.	
U.S. Air Force Hospital Wright-Patterson Air Force Base		USAF	4	350	15	65	0	5	12 Int: Rotating; 4 Res: Gen. Pract.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
OHIO, Dayton—Continued										
Veterans Administration Hospital 4100 W. Third St.		VA	2	820	66	77	1	32	43 Res:	Int. Med., Path., Phys. Med., Rad., Surg., Urol.
Elyria										
Elyria Memorial Hospital 630 E. River St.		NPCorp	...	240	616	39	0	0	5 Int: Rotating; 15 Res:	Gen. Pract., Ortho. Surg., Path., Rad., Surg.
Euclid										
Euclid-Glenville Hospital E. 185th St. and Lake Erie, 19		NPCorp	6	219	8	44	0	0	10 Int: Rotating; 12 Res:	Gen. Pract.
Garfield Heights										
Marymount Hospital 12300 McCracken Rd., 25		Church	...	230	9	36	0	0	12 Int: Rotating; 18 Res:	Anes., Int. Med., Path.
Hamilton										
Mercy Hospital 116 Dayton St.		Church	...	300	6	27	1	0	6 Int: Rotating; 19 Res:	Int. Med., OBG, Path., Surg.
Lakewood										
Lakewood Hospital 14519 Detroit Ave., 7		City	6	270	9	37	0	0	6 Int: Rotating; 17 Res:	Int. Med., Surg.
Lima										
Lima Memorial Hospital Linden and Mobil Sts.		NPCorp	...	265	7	29	0	0	10 Res:	Gen. Pract., Int. Med., Surg.
St. Rita's Hospital 801 W. High St.		Church	...	291	7	37	1	4	12 Int: Rotating; 10 Res:	Int. Med., Path., Surg.
Lorain										
St. Joseph Hospital 2026 Broadway		Church	6	240	7	29	3	0	6 Int: Rotating; 6 Res:	Path., Rad.
Mansfield										
Mansfield General Hospital 335 Glessner Ave.		NPCorp	...	249	7	36	3	0	5 Res:	Surg.
Ravenna										
Robinson Memorial Portage County Hospital 449 S. Meridian St.		County	...	202	6	36	5	0	10 Res:	Gen. Pract.
Springfield										
Mercy Hospital 1343 N. Fountain Blvd.		Church	2-3	350	8	46	0	9	10 Int:	Rotating
Springfield City Hospital 2615 E. High St.		City	2-3	284	7	37	0	10	10 Int: Rotating; 2 Res:	Path.
Staubenville										
Ohio Valley Hospital 380 Summit Ave.		NPCorp	...	248	7	24	3	0	8 Int: Rotating; 4 Res:	Gen. Pract.
Toledo										
Flower Hospital 3350 Collingwood Blvd., 10		Church	...	190	8	41	2	6	9 Int: Rotating; 1 Res:	Surg.
Maumee Valley Hospital 2025 Arlington Ave., 9		County	6	233	11	34	0	1	6 Int: Rotating; 27 Res:	Int. Med., OBG, Path., Surg., Urol.
Mercy Hospital 2221 Madison Ave., 2		Church	...	350	7	38	2	4	14 Int: Rotating; 11 Res:	OBG, Path., Ped., Surg.
Riverside Hospital 1609 Summit St., 11		NPCorp	...	177	8	30	1	5	9 Int:	Rotating
St. Charles Hospital Wheeling and Navarre Aves., 5		Church	6	235	9	41	1	1	9 Int: Rotating; 4 Res:	Gen. Pract., Psych.
St. Vincent's Hospital 2213 Cherry St., 8		Church	...	442	8	39	3	9	15 Int: Rotating; 21 Res:	Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Surg., Urol.
Toledo Hospital 2142 N. Cove Blvd., 6		NPCorp	...	440	8	55	1	7	20 Int: Rotating; 13 Res:	Anes., Int. Med., OBG, Patb.
Warren										
St. Joseph's Riverside Hospital 1400 Tod Ave. N.W.		Church	...	156	7	29	4	0	7 Res:	Gen. Pract.
Trumbull Memorial Hospital 1350 E. Market St.		NPCorp	6	319	7	41	1	0	12 Int: Rotating; 23 Res:	Int. Med., OBG, Path., Ped., Surg.
Worthington										
Harding Sanitarium 445 E. Granville Rd.		Corp	2	120	51	...	0	3	5 Res:	Psych.
Youngstown										
St. Elizabeth Hospital 1044 Belmont Ave., 4		Church	4-6	537	8	48	3	17	21 Int: Rotating; 38 Res:	Anes., Gen. Pract., Int. Med., OBG, Path., Rad., Surg.
Youngstown Hospital Oak Hill and Francis St., 1 Gypsy Lane and Goleta Ave., 4		NPCorp	4-6	718	9	44	10	14	24 Int: Rotating; 53 Res:	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg.
OKLAHOMA										
Fort Sill										
U.S. Army Hospital		Army	3	200	8	84	0	0	1 Res:	Surg.
Norman										
Central State Griffin Memorial Hospital P. O. Box 151, 1		State	...	2,697	183	...	4	8	18 Res:	Psych.
Oklahoma City										
Baptist Memorial Hospital 5800 N.W. Grand Blvd., 12	L-70#	Church	...	194	7	33	...	...	7 Int: Rotating; 1 Res:	Path.
Bone and Joint Hospital 605 N.W. 10th St., 3	G-70#	Corp	1-2-3-6	84	10	16	0	4	4 Res:	Ortho. Surg.
Mercy Hospital Oklahoma City General 501 N.W. 12th St., 3	L-70#	Church	2-6	228	7	52	0	4	7 Int: Rotating; 3 Res:	Int. Med., Plas. Surg.
St. Anthony Hospital 601 N.W. 9th St., 3	L-70#	Church	4-6	481	8	36	0	15	14 Int: Rotating; 18 Res:	Int. Med., Neuro. Surg., OBG, Ortho. Surg., Path., Plas. Surg., Rad., Surg.
State of Oklahoma Dept. of Health 800 N.E. 13th St., 4		State	...	...	...	...	1	2	6 Res:	Public Health
University Hospitals 800 N.E. 13th St., 4	M-70X	State	4-6-6	469	11	67	0	22	29 Int: Rotating, Mixed, St. Patb.; 198 Res:	Anes., Derm., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Patb., Ped., Psych., Rad., Surg., Thor. Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
OKLAHOMA, Oklahoma City—Continued										
University of Oklahoma School of Public Health 800 N.E. 13th St., 4		State	...	...	...	...	...	...	...	Res: Gen. Prev. Med.
Veterans Administration Hospital 921 N.E. 13th St., 4	M-70#	VA	2-5	488	27	73	0	4	4	4 Int: St. Med. ... Res: Anes., Derm., Int. Med., Neur., Ophth., Ortho., Surg., Otol., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Wesley Hospital 300 N.W. 12th St., 3	L-70#	Part	2-3-6	207	6	49	0	8	8	8 Int: Rotating; 5 Res: Int. Med., Path., Rad., Surg.
Tulsa										
Children's Medical Center Child Guidance Clinic 4818 South Lewis, 5		NPCorp	2-3	42	54	0	0	1	1	1 Res: Child Psych.
Hillcrest Medical Center 1120 S. Utica St., 4		NPCorp	2-6	544	8	31	1	14	16	16 Int: Rotating; 19 Res: OBG, Path., Ped., Surg.
St. John's Hospital 1923 S. Utica St., 4		Church	2-3-6	640	8	34	0	12	12	12 Int: Rotating; 27 Res: Int. Med., OBG, Path., Ped., Surg.
OREGON										
Eugene										
Sacred Heart General Hospital 751 E. 12th Ave.		Church	...	260	5	73	0	3	8	8 Int: Rotating
Portland										
Emanuel Hospital 2801 N. Gantenbein Ave., 17	G-71	Church	6	448	7	57	0	12	14	14 Int: Rotating; 18 Res: Int. Med., OBG, Ortho. Surg., Path., Surg.
Good Samaritan Hospital 1015 N.W. 22nd Ave., 10		Church	6	454	7	52	0	8	16	16 Int: Rotating, St. Path.
Portland Sanitarium and Hospital 932 S.E. 60th Ave., 15		Church	...	214	6	42	1	5	23	23 Res: Int. Med., Neuro. Surg., Neur., Ophth., Path., Surg. 10 Int: Rotating;
Providence Hospital 700 N.E. 47th Ave., 13		Church	...	329	7	68	0	5	12	12 Int: Rotating; 7 Res: Int. Med., Surg.
St. Vincent Hospital 2447 N.W. Westover Rd., 10		Church	6	383	7	44	0	1	12	12 Int: Rotating; 25 Res: Gen. Pract., Int. Med., Path., Surg.
Shriners Hospital for Crippled Children N.E. 82nd and Sandy Blvd., 20	G-71	NPCorp	3	80	79	0	...	...	...	Res: Ortho. Surg.
State of Oregon Dept. of Health 1400 S.W. 5th Ave., 1		State	...	...	...	...	0	2	4	4 Res: Public Health
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park Rd., 1	M-71X	State	4-5	645	16	74	0	30	30	30 Int: Rotating; 141 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital Sam Jackson Park, 7	M-71#	VA	2-4	555	34	83	0	44	42	42 Res: Int. Med., Neuro. Surg., Ortho. Surg., Otol., Path., Phys. Med., Surg., Urol.
Salem										
Oregon State Hospital Station A		State	6	3,140	301	22	0	12	9	9 Res: Psych.
PENNSYLVANIA										
Abington										
Abington Memorial Hospital 1200 York Rd.	L-74	NPCorp	...	377	8	51	0	12	12	12 Int: Rotating; 19 Res: Int. Med., OBG, Path., Rad., Surg.
Allentown										
Allentown Hospital 17th and Chew Sts.		NPCorp	...	485	9	49	0	11	16	16 Int: Rotating; 17 Res: Colon-Rectal Surg., Int. Med., OBG, Path., Plas. Surg., Surg.
Allentown State Hospital Hanover Ave. and Quebec St.		State	...	1,975	1,727	29	5	0	12	12 Res: Psych.
Sacred Heart Hospital 4th and Chew Sts.		Church	...	457	11	44	1	7	10	10 Int: Rotating; 11 Res: Int. Med., OBG, Path., Surg.
Altoona										
Altoona Hospital 700 Howard Ave.		NPCorp	6	325	8	27	3	3	12	12 Int: Rotating; 13 Res: Gen. Pract., OBG, Path., Surg.
Mercy Hospital 2601 Eighth Ave.		NPCorp	...	164	8	29	0	0	6	6 Int: Rotating
Bethlehem										
St. Luke's Hospital 801 Ostrum St.		NPCorp	6	457	...	44	0	10	12	12 Int: Rotating; 12 Res: Int. Med., OBG, Path., Surg.
Bradford										
Bradford Hospital 116 Interstate Pkwy.		NPCorp	...	188	8	25	0	0	8	8 Res: Surg.
Bristol										
Lower Bucks County Hospital Bath Rd. and Orchard Ave.		NPCorp	...	222	7	47	0	8	8	8 Int: Rotating; 3 Res: Gen. Pract.
Bryn Mawr										
Bryn Mawr Hospital Bryn Mawr Ave.		NPCorp	6	358	9	54	0	13	12	12 Int: Rotating; 24 Res: Int. Med., Path., Rad., Surg.
Chester										
Chester Hospital 9th and Barclay Sts.		NPCorp	4	222	8	44	1	1	8	8 Int: Rotating; 6 Res: Gen. Pract., Path.
Sacred Heart Hospital 9th and Wilson Sts.		Church	...	200	7	38	0	0	6	6 Int: Rotating
Coaldale										
Coaldale State General Hospital		State	...	143	13	1	0	0	2	2 Res: Gen. Pract.
Coatesville										
Veterans Administration Hospital	L-75	VA	2-6	1,602	872	73	3	3	10	10 Res: Neur., Psych.
Danville										
Danville State Hospital		State	6	2,472	84	25	7	0	25	25 Res: Psych.
Geisinger Medical Center		NPCorp	2-3	290	8	67	0	10	15	15 Int: Rotating, Mixed; 51 Res: Derm., Gen. Pract., Int. Med., OBG, Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Darby										
Thomas M. Fitzgerald-Mercy Hospital Lansdowne Ave. and Baily Rd.		Church	6	350	7	39	0	12	12	12 Int: Rotating; 10 Res: OBG, Path., Rad.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
PENNSYLVANIA—Continued										
Drexel Hill										
Delaware County Memorial Hospital		NPCorp	6	245	9	34	...	...	8 Int: Rotating	
501 N. Lansdowne Ave.										
Easton Hospital		NPCorp	6	246	9	60	0	8	10 Int: Rotating;	
21st and Lehigh Sts.							4	1	6 Res: Int. Med., Surg.	
Elizabethtown										
State Hospital for Crippled Children		State	3-6	210	270	...	0	2	3 Res: Ortho. Surg.	
Embreeville										
Embreeville State Hospital	L-75	State	6	1,400	70	20	4	2	6 Res: Psych.	
Erle										
Hamot Hospital		NPCorp	6	412	7	37	1	1	10 Int: Rotating;	
4 E. 2nd St., 6							7	5	17 Res: Int. Med., Ortho. Surg., Path., Surg., Urol.	
St. Vincent's Hospital		NPCorp	6	397	8	43	0	5	10 Int: Rotating;	
232 W. 25th St.							4	4	19 Res: Gen. Pract., Int. Med., OBG, Path., Surg., Urol.	
Greensburg										
Westmoreland Hospital		NPCorp	6	266	9	29	3	0	6 Int: Rotating	
532 W. Pittsburgh St.										
Harrisburg										
Harrisburg Hospital	M-72	NPCorp	3-4-5	610	9	54	0	24	24 Int: Rotating;	
Front and Mulberry Sts.							2	19	24 Res: Int. Med., OBG, Path., Ped., Surg.	
Harrisburg Polyclinic Hospital		NPCorp	6	520	10	51	0	13	18 Int: Rotating;	
Third and Radnor Sts.							0	11	14 Res: Int. Med., Path., Ped., Surg.	
Harrisburg State Hospital		State	6	2,687	137	31	2	2	6 Res: Psych.	
Cameron and Maclay Sts.										
Pennsylvania Dept. of Health		State	...	...	...	...	0	0	7 Res: Occup. Med., Public Health	
P.O. Box 90										
Hazleton										
Hazleton State Hospital		State	...	181	...	...	2	0	Res: Surg.	
E. Broad St.										
St. Joseph Hospital		Church	...	200	8	22	0	0	2 Res: Surg.	
687 N. Church Street										
Johnstown										
Conemaugh Valley Memorial Hospital		NPCorp	3-6	482	10	30	0	10	12 Int: Rotating;	
1086 Franklin St.							4	2	4 Res: Anes., Path., Surg.	
Mercy Hospital of Johnstown		Church	3-6	244	9	30	1	2	6 Int: Rotating	
1020 Franklin St.										
Lancaster										
Lancaster General Hospital		NPCorp	...	600	8	37	0	5	12 Int: Rotating;	
525 N. Duke St.							0	0	8 Res: Gen. Pract., Path.	
St. Joseph Hospital		Church	6	334	10	41	0	0	6 Int: Rotating;	
250 College Ave.							4	0	8 Res: Gen. Pract., Path.	
Lebanon										
Good Samaritan Hospital		NPCorp	...	215	8	30	0	0	Res: Gen. Pract.	
4th and Walnut Sts.										
Mayview										
Mayview State Hospital		State	6	3,215	...	1	3	2	12 Res: Psych.	
McKeesport										
McKeesport Hospital		NPCorp	...	520	10	33	0	5	10 Int: Rotating;	
1500 Fifth Ave.							2	2	4 Res: Surg.	
Natrona Heights										
Allegheny Valley Hospital		NPCorp	...	239	7	26	0	2	4 Int: Rotating	
1300 Carlisle St.										
Norristown										
Montgomery Hospital		NPCorp	6	241	7	35	0	5	6 Int: Rotating;	
Rowell and Farnance Sts.							5	1	10 Res: Gen. Pract., Path.	
Norristown State Hospital	L-75	State	6	5,105	...	18	2	18	31 Res: Path., Psych.	
Stanbridge and Sterigere Sts.										
Sacred Heart Hospital		Church	3-6	208	7	36	5	1	8 Res: Gen. Pract., Surg.	
1430 DeKalb St.										
Philadelphia										
Albert Einstein Medical Center		NPCorp	4-5-6	879	10	43	6	26	39 Int: Rotating, Mixed, St. Med., St. Surg.;	
York and Tabor Rds., 41							41	37	32 Res: Anes., Ortho. Surg., Ped., Psych., Urol.	
Northern Division	M-74	...	4-6	...	...	...	...	...	49 Res: Int. Med., OBG, Path., Rad., Surg.	
York and Tabor Rds., 41										
Southern Division	L-72	...	4-5	...	...	...	...	...	25 Res: Int. Med., OBG, Path., Rad., Surg.	
Fifth and Reed Sts.										
Chestnut Hill Hospital	M-73#	NPCorp	6	210	7	49	0	1	6 Int: Rotating;	
8835 Germantown Ave., 18							2	2	6 Res: Int. Med., Path., Surg.	
Child Study Center of Philadelphia		Misc	...	...	...	...	3	3	6 Res: Child Psych.	
110 North 48th St., 39										
Children's Hospital of Philadelphia	M-75#	NPCorp	6	164	8	89	...	...	6 Int: St. Ped.;	
1740 Bainbridge St., 46							6	23	35 Res: Anes., Neur., Ophth., Ortho. Surg., Path., Ped., Ped. Allergy, Rad., Surg.	
Eastern Pennsylvania Psychiatric Institute										
Institute	L-72,-75, M-73#	State	6	233	124	0	0	22	21 Res: Psych., Child Psych.	
Henry Ave. and Abbottsford Rd., 29	M-76									
Episcopal Hospital										
Front St. and Lehigh Ave., 25	M-73#,-74#	NPCorp	4-5-6	373	11	54	1	4	16 Int: Rotating, St. Med., St. Surg.;	
							13	5	26 Res: Int. Med., Neuro. Surg., OBG, Path., Rad., Surg., Thor. Surg., Urol.	
Frankford Hospital										
4940 Frankford Ave., 24		NPCorp	6	188	7	43	2	3	8 Int: Rotating;	
							3	4	8 Res: OBG, Path., Surg.	
Germantown Dispensary and Hospital										
E. Penn and E. Wister Sts., 44	M-73#	NPCorp	...	302	10	42	1	11	12 Int: Rotating;	
	M-76						1	10	19 Res: Int. Med., OBG, Path., Ped., Rad., Surg.	
Graduate Hospital of the University of Pennsylvania										
19th and Lombard Sts., 4	M-75X	NPCorp	...	353	12	53	1	12	12 Int: Rotating;	
							21	35	85 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Rad., Surg., Urol.	
Hahnemann Medical College and Hospital										
230 N. Broad St., 2	M-72#	NPCorp	...	562	11	61	3	7	24 Int: Rotating, St. Med., St. Surg., St. Path.;	
							30	63	94 Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Hospital of University of Pennsylvania										
3400 Spruce St., 4	M-75X	NPCorp	4	745	11	65	1	32	40 Int: Rotating, St. Med., St. Surg.;	
							15	188	231 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
PENNSYLVANIA, Philadelphia—Continued										
Hospital of the Women's Medical College of Pennsylvania 3300 Henry Ave., 29	M-76X	NPCorp	...	201	8	60	...	10	12	1 Int: St. Path.; 23 Res: Int. Med., OBG, Path., Ped., Surg.
Institute of the Pennsylvania Hospital 111 N. 49th St., 39	L-75	NPCorp	...	255	...	...	...	1	15	17 Res: Psych.
Jeanes Hospital Hartel and Hasbrook Aves., 11		Church	...	127	9	35	3	4		1 Res: Surg.
Jefferson Medical College Hospital 11th and Walnut Sts., 7	M-73X	NPCorp	4-5-6	811	11	46	0	11	111	24 Int: Rotating, St. Med., St. Surg.; 151 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital Lancaster and City Line Aves., 51	M-73#	NPCorp	...	393	8	57	0	12	13	12 Int: Rotating; 21 Res: Int. Med., OBG, Path., Surg.
Memorial Hospital 5800 Ridge Ave., 28		NPCorp	3-5	182	9	25	0	4	0	6 Int: Rotating
Mercy-Douglass Hospital 5000 Woodland Ave., 43		NPCorp	6	280	10	28	0	1	1	8 Int: Rotating; 20 Res: Int. Med., Path., Psych., Surg.
Methodist Hospital 2301 South Broad Street, 48	M-73#	Church	6	226	9	31	0	4	4	8 Int: Rotating; 6 Res: OBG, Surg.
Misericordia Hospital 54th St. and Cedar Ave., 43	L-72, M-73#, -75	Church	4-6	400	10	55	0	15	14	17 Int: Rotating, St. Med., St. Surg.; 19 Res: Int. Med., OBG, Path., Rad., Surg.
Nazareth Hospital 8050 Holme Ave., 15		Church	6	200	6	48	0	10	10	10 Int: Rotating; 4 Res: Int. Med., Surg.
Northeastern Hospital 2301 East Allegheny Ave., 34		NPCorp	2	160	9	38	3	2		6 Int: Rotating
Office of the Medical Examiner Department of Public Health 13th and Wood Sts., 7								0	0	Res: Forensic Path.
Pennsylvania Hospital Eighth and Spruce Sts., 7	M-75#	NPCorp	5	385	9	55	0	18	27	18 Int: Rotating; 47 Res: Anes., Int. Med., Neur., OBG, Ortho. Surg., Path., Rad., Surg., Urol.
Philadelphia Child Guidance Clinic 1700 Bainbridge St., 46		Misc	...					0	0	10 Res: Child Psych.
Philadelphia General Hospital 34th and Curie Ave., 4	M-72, M-73, M-74#, M-75#, M-76#	City	4-5	1,850	13	...	0	32	122	90 Int: Rotating; 145 Res: Anes., Derm., Int. Med., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Urol.
Philadelphia Psychiatric Hospital Ford Rd. and Monument Ave., 31	L-75	NPCorp	6	142	35	...	1	14		18 Res: Psych.
Philadelphia State Hospital Roosevelt Blvd., 14		State	...	6,967	...	2	8	7		25 Res: Psych.
Presbyterian Hospital 51 N. 39th St., 4	M-75#	Church	4-6	327	11	58	0	14	13	14 Int: Rotating; 30 Res: Anes., Int. Med., OBG, Path., Rad., Surg., Thor. Surg.
St. Agnes Hospital 1900 S. Broad St., 45		Church	6	301	9	21	0	1	1	4 Res: Gen. Pract.
St. Christopher's Hospital for Children 2600 N. Lawrence St., 33	M-74#	NPCorp	4-5	100	8	92	12	20		29 Res: Path., Ped., Ped. Allergy, Child Psych., Surg.
St. Joseph's Hospital 16th St. and Girard Ave., 30		Church	4-5	200	9	35	1	1	0	6 Int: Rotating; 3 Res: Surg.
St. Luke's and Children's Medical Center Franklin and Thompson Sts., 22	L-72	NPCorp	6	272	9	33	2	2		8 Int: Rotating
St. Mary's Franciscan Hospital 1567 E. Palmer St., 25		Church	...	225	9	27	1	0	3	8 Int: Rotating; 10 Res: Gen. Pract., Surg.
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd., 15	G-74	NPCorp	...	100	107	0	1	4		4 Res: Ortho. Surg.
Skin and Cancer Hospital of Philadelphia 802 Pine St., 7	M-74#	NPCorp	...	26	14	...	2	7		9 Res: Derm.
Temple University Hospital 3401 N. Broad St., 40	M-74X	NPCorp	6	841	8	62	0	0	111	12 Int: St. Med.; 145 Res: Anes., Colon-Rectal Surg., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
U.S. Naval Hospital 17th and Pattison Ave., 45		Navy	2-4-5	1,050	28	63	0	18	53	18 Int: Rotating; 70 Res: Anes., Derm., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital University and Woodland Aves., 4	M-73# -74, M-76, L-75	VA	2-4-6	488	28	70	2	48		54 Res: Int. Med., Ophth., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
Wills Eye Hospital 1601 Spring Garden St., 30	L-76	City	3	244	10	...	0	0		21 Res: Ophth.
Woman's Hospital of Philadelphia Preston and Parrish Sts., 4		NPCorp	4-6	157	8	23	5	0	0	6 Int: Rotating; 5 Res: OBG, Surg.
Pittsburgh										
Allegheny General Hospital 320 E. North Ave., 12		NPCorp	5-6	637	11	42	19	11		31 Res: Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Children's Hospital of Pittsburgh 125 De Soto St., 13	M-77#	NPCorp	4-5-6	290	9	85	9	21		37 Res: Anes., Neuro. Surg., Ortho. Surg., Path., Ped., Plas. Surg., Rad., Surg., Thor. Surg.
Elizabeth Steel Magee Hospital Forbes Ave. and Halker St., 13	M-77#	NPCorp	5-6	353	8	58	...	...		12 Res: Anes., Int. Med., OBG, Rad.
Eye and Ear Hospital of Pittsburgh 230 Lothrop St., 13	M-77#	NPCorp	6	137	5	50	4	8		13 Res: Ophth., Otol.
Health Center Hospitals of the University of Pittsburgh School of Medicine 3941 O'Hara St., 13	M-77#	NPCorp	4-5-6	1,082	...	...	2	15		33 Int: Mixed, St. Med., St. Ped.; Res: Anes., Colon-Rectal Surg., Int. Med., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Child Psych., Rad., Surg., Thor. Surg., Urol.
Jones and Laughlin Steel Corporation (Pittsburgh Works Division) 2709 E. Carson St., 3		Corp	...				0	0		1 Res: Occup. Med.
Mercy Hospital 1400-30 Locust St., 19	L-77	Church	6	608	12	47	11	2	17	17 Int: Rotating, St. Med.; 45 Res: Anes., Int. Med., Neuro. Surg., OBG, Otol., Path., Rad., Surg., Urol.
Montefiore Hospital 3459 Fifth Ave., 13	L-77	NPCorp	4-5	321	9	46	2	11	9	15 Int: Rotating; 25 Res: Int. Med., OBG, Ophth., Path., Rad., Surg.

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							Foreign	Non-Foreign		
PENNSYLVANIA, Pittsburgh—Continued										
Pittsburgh Hospital 6655 Frankstown Ave., 6		NPCorp	•	225	10	34	0	0	6 Int: Rotating; 3 Res: OBG	
Presbyterian-University Hospital- Woman's Hospital 230 Lothrop St., 13	M-77#	NPCorp	••	381	13	61	15	47	85 Res: Anes., Colon-Rectal Surg., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg., Urol.	
St. Francis General Hospital and Rehabilitation Institute 408 45th St., 1	L-77	NPCorp	••	744	14	41	0	3	20 Int: Rotating; 38 Res: Anes., Int. Med., Neuro. Surg., OBG, Ortho. Surg., Path., Psych., Rad., Surg.	
St. John's General Hospital 3339 McClure Ave., 12		NPCorp	•	243	10	24	2	0	4 Res: Gen. Pract.	
St. Joseph's Hospital and Dispensary 2117 Carson St., 3		Church	•	170	9	27	2	1	6 Int: Rotating	
St. Margaret Memorial Hospital 265 46th St., 1		Church	•	162	11	48	3	0	6 Int: Rotating; 7 Res: Int. Med., Path., Surg.	
Shadyside Hospital 5230 Centre Ave., 32		NPCorp	•	373	10	54	0	3	10 Int: Rotating; 4 Res: Path.	
South Side Hospital S. 20th and Jane Sts., 3		NPCorp	••	335	9	25	0	9	9 Int: Rotating; 5 Res: OBG, Path.	
University of Pittsburgh Graduate School of Public Health		NPCorp	••••				0	0	8 Res: Occup. Med.	
Veterans Administration Hospital University Dr., 40	M-77#	VA	••••	1,140	47	67	2	42	80 Res: Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Phys. Med., Plas. Surg., Rad., Surg., Urol.	
Western Pennsylvania Hospital 4800 Friendship Ave., 24		NPCorp	••••	575	10	51	0	3	8 Int: Rotating;	
Western Psychiatric Institute and Clinic 3811 O'Hara St., 13	M-77#	NPCorp	••	150	102	100	8	42	35 Res: Int. Med., OBG, Path., Plas. Surg., Rad., Surg. 55 Res: Psych., Child Psych.	
Westinghouse Bettis Atomic Power Division P.O. Box 1468, Zone 30		Corp	••••				0	0	1 Res: Occup. Med.	
Pottsville										
A. C. Milliken Hospital E. Norwegian and Tremont Sts.		Church	••	206	10	26	0	0	4 Res: Gen. Pract.	
Pittsville Hospital Mauch Chunk and Jackson Sts.		NPCorp	••••	255	11	43			6 Int: Rotating; 4 Res: Gen. Pract.	
Reading										
Community General Hospital 145 N. 6th St.		NPCorp	•	181	9	29	6	0	6 Res: Gen. Pract.	
St. Joseph's Hospital 215 N. 12th St.		Church	•	299	10	47	1	2	6 Int: Rotating; 7 Res: Path., Surg.	
Sayre										
Robert Packer Hospital 200 S. Wilbur Ave.		NPCorp	••••	317	7	59	2	8	12 Int: Rotating; 31 Res: Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.	
Scranton										
Scranton State General Hospital 201 Mulberry St., 3		State	••••	267	12	29	1	0	8 Int: Rotating; 1 Res: Path.	
Sewickley										
Sewickley Valley Hospital Blackburn Rd.		NPCorp	••••	230	8	35	0	0	6 Int: Rotating	
Sharon										
Sharon General Hospital 740 E. State St.		NPCorp	••••	288	7	27	4	0	8 Res: Gen. Pract.	
Uniontown										
Uniontown Hospital 500 W. Berkeley St.		NPCorp	••••	278	9	27	3	0	6 Int: Rotating	
Warren										
Warren State Hospital Box 240		State	••••	2,859	303	32	2	20	27 Res: Psych.	
Washington										
Washington Hospital 155 Wilson Ave.		NPCorp	••••	312	10	31	9	0	8 Int: Rotating	
West Chester										
Chester County Hospital 500 E. Marshall St.		NPCorp	••••	190	7	50	1	1	6 Int: Rotating	
West Reading										
Reading Hospital 6th and Spruce Sts.		NPCorp	••••	502	12	48	0	8	14 Int: Rotating; 21 Res: Int. Med., OBG, Ortho. Surg., Path., Rad., Surg.	
Wilkes-Barre										
Children's Service Center of Wyoming Valley 335 South Franklin St.		Misc	••••	365			0	2	8 Res: Child Psych.	
Mercy Hospital 196 Hanover St.		NPCorp	••••	193	8	25	0	0	4 Int: Rotating	
Wilkes-Barre General Hospital N. River and Auburn Sts.		NPCorp	••••	340	8	33	0	3	10 Int: Rotating; 4 Res: Path., Surg., Urol.	
Wilkesburg										
Columbia Hospital 312 Penn Ave., 21		NPCorp	••••	285	9	35	3	0	6 Int: Rotating; 5 Res: OBG, Surg.	
Williamsport										
Williamsport Hospital 777 Rural Ave.		NPCorp	••••	312	8	40	0	5	8 Int: Rotating; 4 Res: Path., Surg.	
York										
York Hospital 1001 S. George St.		NPCorp	••••	367	8	51	0	12	16 Int: Rotating; 18 Res: Int. Med., Path., Surg.	
PUERTO RICO										
Aguadilla										
Aguadilla District Hospital Carr.		State	••••	280	11	80	1	1	12 Int: Rotating; 1 Res: Path.	
Arecibo										
Arecibo District Hospital Lares Rd.		State	••••	280	11	44	10	0	16 Int: Rotating; Res: Gen. Pract., Path.	
Bayamon										
Puerto Rico Institute of Psychiatry P.O. Box 127		NPCorp	••••	246	118	38	2	4	4 Res: Psych.	

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							Foreign	Non-Foreign		
SOUTH CAROLINA—Continued										
Orangeburg										
Orangeburg Regional Hospital 550 Carolina Ave. N.E.		County	2-3	218	9	12	0	3	4	Int: Rotating
Spartanburg										
Spartanburg General Hospital 855 N. Church St.		County	1-2-3-6	444	8	23	0	12	18	Int: Rotating; 7 Res: Path., Surg.
SOUTH DAKOTA										
Sioux Falls										
McKenna Hospital 800 E. 21st St.	M-80	Church	6	275	7	33	0	0	7	Int: Rotating; Res: Gen. Pract.
Sioux Valley Hospital 1123 S. Euclid Ave.	M-80	NPCorp	6	210	6	50	0	0	7	Int: Rotating; 6 Res: Gen. Pract., Path.
Yankton										
Sacred Heart Hospital West 4th St.	M-80	Church	...	189	6	34	2	0	8	Res: Gen. Pract., OBG, Surg.
TENNESSEE										
Chattanooga										
Baroness Erlanger Hospital 261 Wiehl St., 3		CyCo	2-6	600	8	62	0	5	14	Int: Rotating; 57 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Rad., Surg.
Newell Hospital 707 Walnut St., 2		Corp	...	50	7	18	3	0	3	Res: Surg.
T. C. Thompson Children's Hospital 1001 Glenwood Dr., 6		CyCo	...	100	8	52	4	1	8	Res: Ped.
Kingsport										
Holston Valley Community Hospital W. Ravine St.		NPCorp	...	327	7	36	0	1	8	Int: Rotating
Knoxville										
East Tennessee Baptist Hospital 137 Blount Ave., 20		Church	...	267	6	26	5	0	12	Int: Rotating; 5 Res: Ortho. Surg., Path.
East Tennessee Children's Hospital 1912 Laurel Ave., 16		NPCorp	3	60	...	...	...	...	...	Res: Ortho. Surg., Ped.
St. Mary's Memorial Hospital Oak Hill Ave., 17		Church	1-6	350	8	31	4	0	12	Int: Rotating; 7 Res: Ortho. Surg., Path., Surg.
University of Tennessee Memorial Research Center and Hospital Alcoa Highway, 19		State	4-5	290	8	43	0	15	18	Int: Rotating; 40 Res: Anes., Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
Memphis										
Baptist Memorial Hospital 899 Madison Ave., 3	M-81#	Church	6	888	7	46	0	20	24	Int: Rotating, St. Med.; 43 Res: Int. Med., Neuro. Surg., OBG, Path., Ped., Rad., Surg.
Campbell Clinic and Hospital 869 Madison Ave., 3		Corp	1-6	80	9	11	0	0	13	Res: Ortho. Surg.
City of Memphis Hospitals 860 Madison Ave., 3	M-81#	City	4-5	584	8	54	...	...	46	Int: Rotating, St. Med., St. Ped.; 112 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Rad., Surg., Thor. Surg., Urol.
Gailor Memorial Psychiatric Hospital 42 N. Dunlap St., 3	M-81#	State	6	61	54	0	3	9	12	Res: Psych.
Le Bonheur Children's Hospital 848 Adams Ave., 3	M-81#	NPCorp	6	74	4	58	...	...	...	Res: Ped.
Memphis Eye, Ear, Nose and Throat Hospital 1060 Madison Ave., 4		Church	6	60	5	32	0	10	6	Res: Ophth.
Methodist Hospital 1265 Union Ave., 4		Church	1-2-3-6	468	7	35	0	16	15	Int: Rotating; 19 Res: Int. Med., Path., Rad., Surg.
St. Joseph Hospital 220 Overton Ave., 5		Church	6	400	7	31	0	12	12	Int: Rotating; 17 Res: Int. Med., OBG, Path., Ped., Surg.
Veterans Administration Hospital Park Ave. and Getwell St., 15	M-81#	VA	2-4-5	1,278	41	79	0	60	65	Res: Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Thor. Surg., Urol.
West Tennessee Tuberculosis Hospital 842 Jefferson Ave., 3	M-81#	State	6	400	185	56	3	1	4	Res: Int. Med., Thor. Surg.
Nashville										
Baptist Hospital 2000 Church St., 4		Church	6	355	6	41	2	2	16	Int: Rotating; 27 Res: Int. Med., OBG, Path., Ped., Surg.
George W. Hubbard Hospital 1005 18th Ave. N., 8	M-82X	Church	3-4-5-6	185	11	47	0	10	18	Int: Rotating; 33 Res: Int. Med., OBG, Path., Ped., Surg., Urol.
Nashville General Hospital 72 Hermitage Ave., 10	G-83#	City	...	202	9	35	0	13	16	Int: Rotating, St. Med.; 23 Res: Int. Med., OBG, Path., Surg.
St. Thomas Hospital 2000 Hayes St., 3		Church	6	330	7	40	2	8	20	Int: Rotating, Mixed; 25 Res: Int. Med., OBG, Path., Surg.
State of Tennessee Dept. of Health Cordell Hull Bldg., 3		State	...	...	...	...	0	0	1	Res: Public Health
Vanderbilt University Hospital 1161 21st Ave. S., 5	M-83X	NPCorp	...	384	9	60	0	37	41	Int: St. Med., St. Surg., St. Ped., St. Path.; 151 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital 90 White Bridge Rd., 5	L-83#	VA	2	520	30	66	2	30	27	Res: Int. Med., Path., Rad., Surg.
Oak Ridge										
Oak Ridge Institute of Nuclear Studies Medical Division Vance Rd., P.O. Box 117		NPCorp	...	34	11	88	0	1	1	Res: Path.
TEXAS										
Austin										
Austin State Hospital 4110 Guadalupe, 5		State	6	2,950	284	77	2	17	17	Res: Psych.
Brackenridge Hospital 15th and East Ave., 1	L-85	City	2	262	7	40	1	8	14	Int: Rotating; 10 Res: Path., Rad., Surg.
State of Texas Dept. of Health		State	...	...	...	...	0	0	...	Res: Public Health
Brooks Air Force Base										
U.S.A.F. School of Aerospace Medicine		USAF	...	...	...	...	0	53	34	Res: Aviation Med.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
TEXAS—Continued										
Corpus Christi										
Driscoll Foundation Children's Hospital 3533 S. Alameda, P. O. Box 6038		NPCorp	4-5	121	32	99	6	0	8 Res: Ped.	
Memorial Hospital 2606 Hospital Blvd.		CyCo	2-6	258	6	34	0	6	8 Int: Rotating	
Dallas										
Baylor University Medical Center 3500 Gaston Ave., 10	L-84	Church	4-5-6	796	7	40	0	21	22 Int: Rotating, St. Med., St. Path.; 48 Res: Colon-Rectal Surg., Int. Med., OBG, Ortho. Surg., Path., Phys. Med., Plas. Surg., Rad., Surg., Thor. Surg.	
Children's Medical Center 2306 Welborn St., 19	M-84	NPCorp	4-5-6	179	7	71	0	2	4 Int: St. Ped.;	
Gaston Hospital 3505 Gaston Ave., 10		NPCorp	1-6	106	7	39	1	0	12 Res: Neuro. Surg., Ped., Ped. Allergy	
Methodist Hospital of Dallas 301 W. Colorado Blvd., 22	L-84	Church	6	500	5	39	0	18	18 Int: Rotating;	
Parkland Memorial Hospital 5201 Hines Blvd., 35	M-84#	District	4-5-6	853	11	44	0	40	23 Res: Int. Med., OBG, Path., Ped., Surg. 45 Int: Rotating, St. Med., St. Path.;	
St. Paul Hospital 3121 Bryan St., 4	L-84	Church	6	346	7	56	1	4	150 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Thor. Surg., Urol.	
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn, 19		NPCorp	...	70	23	0	0	3	12 Int: Rotating; 27 Res: Int. Med., Neuro. Surg., OBG, Path., Ped., Rad., Surg.	
Timberlawn Sanitarium 4600 Samuell Blvd., 21		Corp	2-3-6	118	45	0	0	10	3 Res: Ortho. Surg. 12 Res: Psych.	
University of Texas Southwestern Medical School 5323 Harry Hines Blvd., 35		State	...	...	...	...	0	1	...	Res: Child Psych.
Veterans Administration Hospital 4500 S. Lancaster Rd., 16	L-84	VA	2-6	778	38	77	0	7	12 Int: St. Med.;	
El Paso										
Hotel Dieu Sisters Hospital 1014 N. Stanton St.		Church	3	214	6	34	3	0	62 Res: Int. Med., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Thor. Surg., Urol.	
R. E. Thomason General Hospital 4815 Alameda Ave.		CyCo	4-6	200	10	58	1	1	4 Res: Ortho. Surg. 8 Int: General Practice Program	
William Beaumont General Hospital 3600 Hayes Ave.		Army	1-2-3-4	525	10	87	0	30	24 Int: Rotating; 40 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.	
Fort Hood										
U.S. Army Hospital		Army	2-3	300	86	76	0	0	2 Res: Surg.	
Fort Worth										
Harris Hospital 1300 W. Cannon St., 4		Church	6	398	6	36	...	...	8 Int: Mixed;	
John Peter Smith Hospital 1500 S. Main St., 4		CyCo	4-6-9	208	7	36	0	4	12 Res: Anes., Int. Med., Path., Surg. 24 Int: Rotating, General Practice Program	
St. Joseph Hospital 1401 S. Main St., 4		Church	2-3	301	6	38	0	12	12 Int: Rotating;	
U.S. Air Force Hospital Carswell AFB		USAF	2-3-5	250	10	92	...	...	4 Res: Path. 8 Int: Rotating	
U.S. Public Health Service Hospital P.O. Box 100		USPHS	2-4	1,000	290	59	...	...	12 Res: Psych.	
Galveston										
U.S. Public Health Service Hospital 45th Street and Avenue N, 1	L-85	USPHS	2-6	...	20	73	0	0	8 Res: Gen. Pract.	
University of Texas Medical Branch Hospitals 8th and Mechanic Sts.	M-85X	State	5-6	867	18	57	0	34	37 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;	
Houston										
Baylor University College of Medicine Affiliated Hospitals									...	Res: Derm.
Hermann Hospital 1203 Ross Sterling Ave., 25	G-86	NPCorp	5-6	675	7	49	0	14	18 Int: Rotating;	
Houston State Psychiatric Institute 1300 Moursund Ave., 25	G-86#	State	...	...	...	...	1	9	55 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Jefferson Davis Hospital 1801 Allen Parkway, 3	M-86#	CyCo	4-5	414	8	48	0	40	6 Res: Psych., Child Psych. 40 Int: Rotating, St. Med., St. Surg., St. Ped.;	
Memorial Baptist Hospital 602 Lamar St., 2		Church	...	446	7	29	2	5	31 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Methodist Hospital 6516 Bertner Ave., 25	M-86#	Church	6	380	8	72	0	3	8 Int: Rotating; 11 Res: Gen. Pract., Path. 7 Int: St. Med., St. Surg.;	
St. Joseph's Hospital 1910 Crawford St., 2		Church	...	508	6	47	13	1	18 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg.	
St. Luke's Episcopal Hospital 6720 Bertner Ave., 25	G-86#	Church	...	289	7	44	5	12	25 Res: Anes., Int. Med., OBG, Path., Ped., Rad., Surg.	
Southern Pacific Hospital 2015 Thomas St., 9		NPCorp	1	130	13	37	0	2	12 Res: OBG, Path., Surg., Urol.	
Texas Children's Hospital 6621 Fannin St., 25	M-86#	NPCorp	...	101	5	83	0	0	2 Res: Surg.	
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave., 25	L-85	State	5-6	280	15	80	4	11	1 Int: St. Path.;	
Veterans Administration Hospital 2202 Holcombe Blvd., 31	M-86#	VA	2-4-5-6	1,185	41	88	1	87	5 Res: Derm., Path., Ped., Ped. Allergy, Plas. Surg., Surg., Urol. 44 Res: Anes., Int. Med., OBG, Path., Rad., Surg. 57 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Lubbock										
Methodist Hospital 3615 19th St.		Church	...	256	6	38	0	0	4 Res: Path.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
TEXAS—Continued										
McKinney										
Veterans Administration Hospital	L-84	VA	2	271	30	63	0	0	7 Res:	Int. Med., Path.
Midland										
Midland Memorial Hospital		NPCorp		151	4	58	0	0	2 Res:	Gen. Pract.
San Antonio										
Baptist Memorial Hospital		Church		300	5	32	0	0	10 Int:	Rotating;
215 Camden St., 5							4	0	8 Res:	Gen. Pract., Path.
Brooke General Hospital		Army	2-4-5	1,036	16	93	0	31	26 Int:	Rotating;
Fort Sam Houston, 34							0	101	123 Res:	Anes., Derm., Int. Med., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Thor. Surg., Urol.
Robert B. Green Memorial Hospital	L-85	District	4-5-6	298	7	39	1	15	24 Int:	Rotating;
515 Morales St., 7							0	0	31 Res:	OBG, Ophth., Path., Ped., Plas. Surg., Rad., Surg.
Santa Rosa Medical Center		Church	6	530	6	52	10	0	Res:	Gen. Pract., Path., Ped., Plas. Surg., Rad.
745 W. Houston St., 7										
U.S. Air Force Hospital	L-85	USAF	1-2-4-5	1,000	14	90	0	35	36 Int:	Rotating;
Lackland Air Force Base									85 Res:	Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Temple										
Scott and White Memorial Hospital		NPCorp		326	8	43	0	2	8 Int:	Rotating;
213 W. Avenue G							12	15	33 Res:	Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Rad., Surg.
Wichita Falls										
U.S. Air Force Hospital		USAF	1-2-3	300	13	84	0	1	12 Res:	Surg.
Sheppard Air Force Base										
UTAH										
Ogden										
St. Benedict's Hospital		Church		180	5	61	0	9	10 Int:	Rotating
3000 Polk Ave.										
Thomas D. Dee Memorial Hospital	L-87	Church	3	216	5	61	0	12	14 Int:	Rotating;
2440 Harrison Blvd.							0	6	11 Res:	Gen. Pract., OBG, Path., Surg.
Salt Lake City										
Holy Cross Hospital	L-87	Church	2-3-6	207	6	58	0	5	12 Int:	Rotating;
1045 E. First South St., 2							1	2	14 Res:	Int. Med., OBG, Path., Rad., Surg.
Latter-day Saints Hospital	L-87	Church	6	425	6	46	0	10	20 Int:	Rotating;
325 8th Ave., 3							3	24	39 Res:	Gen. Pract., Int. Med., OBG, Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Primary Children's Hospital	L-87	Church	6	94	7	71	1	1	2 Res:	Ortho. Surg.
320 Twelfth Ave., 3										
St. Mark's Hospital	L-87	Church	6	261	7	50	0	3	8 Int:	Rotating, Mixed;
803 N. Second St., W., 16							0	1	4 Res:	Rad., Surg.
Salt Lake County General Hospital	M-87#	County	6	300	15	63	0	16	35 Int:	Rotating, St. Med., St. Surg., St. Ped.;
2033 S. State St., 15							5	53	110 Res:	Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Path., Ped., Psych., Child Psych., Rad., Surg.
Shriners Hospital for Crippled Children	L-87	NPCorp	2	60	65	0	0	2	Res:	Ortho. Surg.
Fairfax Ave. at Virginia St., 3										
Veterans Administration Hospital	M-87#	VA	2-6	710	70	92	0	0	Int:	Rotating, St. Med., St. Surg.;
500 Foothill Dr., 13							0	1	Res:	Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Psych., Rad., Surg.
VERMONT										
Burlington										
DeGoesbriand Memorial Hospital	M-88#	Church		300	8	60	0	7	12 Int:	Rotating;
S. Prospect St.							6	37	58 Res:	Anes., Int. Med., Neuro. Surg., Neur., OBG, Otol., Path., Ped., Rad., Surg., Urol.
Mary Fletcher Hospital	M-88#	NPCorp	4-6	268	8	78	0	14	15 Int:	Rotating, St. Path.;
Colchester Ave.							7	43	58 Res:	Anes., Int. Med., Neuro. Surg., Neur., OBG, Otol., Path., Ped., Rad., Surg., Urol.
White River Junction										
Veterans Administration Hospital	L-52	VA	2	188	29	94			Res:	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Surg., Urol.
N. Hartland Rd.										
VIRGINIA										
Alexandria										
Alexandria Hospital		NPCorp		190	6	33	10	0	14 Res:	Int. Med., OBG, Ped., Surg.
709 Duke St.										
Arlington										
National Orthopaedic and Rehabilitation Hospital		NPCorp	6	100	14	25	3	1	4 Res:	Ortho. Surg.
2455 Army-Navy Dr., 6										
Charlottesville										
University of Virginia Hospital	M-89X	State	6	537	10	55	0	34	32 Int:	Rotating, Mixed, St. Med., St. Surg.;
							0	125	124 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Clifton Forge										
Chesapeake and Ohio Railway Employees' Hospital		NPCorp	6	210	8	41	6	2	12 Res:	Int. Med., Surg.
Ridgeway St.										
Danville										
Memorial Hospital		NPCorp	6	275	7	64	1	0	8 Res:	Path., Urol.
142 S. Main St.										
Fort Belvoir										
DeWitt Army Hospital		Army	2-3	225	7	80	0	0	4 Res:	Surg.
Lynchburg										
Lynchburg General Hospital		NPCorp	6	220	6	32	3	0	2 Res:	Path., Surg.
Tate Springs Rd.										
Newport News										
Riverside Hospital		NPCorp		218	7	33	7	0	8 Int:	Rotating;
245 50th St.							5	0	4 Res:	Gen. Pract., Path., Surg.
Norfolk										
DePaul Hospital		Church	6	300	6	47	0	1	12 Int:	Rotating;
Kingsley Lane and Granby St., 5							16	2	18 Res:	Gen. Pract., Int. Med., OBG, Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
VIRGINIA, Norfolk—Continued										
Norfolk Community Hospital 2539 Corprew Ave., 4	G-21	NPCorp	...	115	11	51	0	0	...	Res: Gen. Pract.
Norfolk General Hospital 600 Gresham Dr., 7		NPCorp	4	439	7	37	0	12	16	Int: Rotating; 28 Res: Gen. Pract., Int. Med., OBG, Path., Rad., Surg.
U.S. Public Health Service Hospital 6500 Hampton Blvd., 8		USPHS	2-4-6	231	16	64	0	8	8	Int: Rotating; 6 Res: Gen. Pract.
Petersburg										
Central State Hospital Box 271	L-90	State	...	4,800	1,201	17	10	1	17	Res: Psych.
Petersburg General Hospital Mount Erin and Adams Sts.		NPCorp	6	308	9	41	0	1	12	Int: Rotating
Portsmouth										
Maryview Hospital 200 County Rd.		Church	...	210	7	20	2	0	8	Int: Rotating; Res: Path.
Portsmouth General Hospital 900 Leckie St. at Fort Lane		NPCorp	3	190	...	23	2	0	2	Res: Gen. Pract.
U.S. Navy Hospital		Navy	2-4-6	1,250	18	67	0	22	21	Int: Rotating; 40 Res: Int. Med., OBG, Ortho. Surg., Ped., Surg.
Richmond										
Crippled Children's Hospital 2924 Brook Rd., 20	L-90	NPCorp	3-4-6	100	75	50	0	2	2	Res: Ortho. Surg.
Johnston-Willis Hospital 2908 Kensington Ave., 21		Corp	6	235	9	48	6	2	12	Int: Rotating; 6 Res: Int. Med., Path., Surg.
Medical College of Virginia— Hospital Division 1200 E. Broad St., 19	M-90X	State	4-6-6	1,185	10	46	1	41	67	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 214 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Office of the Chief Medical Examiner 404-06 N. 12th St.							2	1	...	Res: Forensic Path.
Richmond Memorial Hospital 1300 Westwood Ave., 27		NPCorp	6	380	8	34	7	1	7	Res: Path., Surg.
St. Elizabeth's Hospital 617 W. Grace St., 20		Corp	1-6	70	11	42	1	0	3	Res: Surg.
State of Virginia Dept. of Public Health Zone 19		State	...				0	0	1	Res: Public Health
Stuart Circle Hospital 415 Stuart Circle, 20		Corp	6	150	9	35	0	1	8	Int: Rotating
Veterans Administration Hospital 1201 Broad Rock Rd., 19	M-90	VA	2-4-6	1,046	45	67	1	16	73	Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Rad., Surg., Thor. Surg., Urol.
Roanoke										
Gill Memorial Eye, Ear and Throat Hospital 711 S. Jefferson St.		Indiv	1	25	2	...	1	2	3	Res: Ophth.
Jefferson Hospital 1313 Franklin Rd., S. W., 16		Corp	...	151	8	45	1	0	6	Int: Mixed; 4 Res: Surg.
Lewis-Gale Hospital 3rd St. and Luck Ave., S. W., 11		Corp	6	180	9	44	0	2	6	Int: Rotating; 9 Res: Int. Med., Surg.
Roanoke Memorial Hospital Bellevue and Lake Aves.		NPCorp	3	325	9	45	0	20	24	Int: Rotating; 20 Res: Int. Med., Path., Surg.
Suffolk										
Louise Obici Memorial Hospital Route 4		NPCorp	...	174	7	31	3	0	4	Res: Gen. Pract.
Williamsburg										
Eastern State Hospital Box 426		State	...	2,006	247	17	4	3	8	Res: Psych.
Winchester										
Winchester Memorial Hospital S. Stewart St.		NPCorp	...	254	8	38	0	0	6	Int: Rotating
WASHINGTON										
Richland										
General Electric Company Hanford Atomic Products Operation		Corp	...				0	0	1	Res: Occup. Med.
Seattle										
Children's Medical Center 4800 Sand Point Way, 5	L-91	NPCorp	4-6	168	6	95	1	2	6	Int: St. Ped.; Res: Anes., Ortho. Surg., Path., Ped.
Doctors Hospital 909 University St., 1		NPCorp	6	187	5	69	2	2	8	Int: Rotating; 8 Res: Anes., Int. Med., Path., Surg.
King County Hospital 325 Ninth Ave., 4	M-91#	County	5	587	9	57	0	36	37	Int: Rotating, St. Med., St. Surg.; Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Providence Hospital 17th and E. Jefferson St., 22	G-91	Church	6	314	6	52	0	3	12	Int: Rotating; 13 Res: Anes., Gen. Pract., Int. Med., Ortho. Surg., Path., Rad., Surg.
St. Frances Xavier Cabrini Hospital Terry Ave. and Madison St., 4		Church	6	228	6	59	0	1	2	Res: Path.
State of Washington Dept. of Health Smith Tower, 4		State	...				0	4	8	Res: Public Health
Swedish Hospital 1212 Columbia St., 4	G-91	NPCorp	6	400	6	57	1	9	16	Int: Rotating; 25 Res: Anes., Int. Med., OBG, Ortho. Surg., Path., Surg.
U.S. Public Health Service Hospital 1131 14th Ave. S., 14	G-91	USPHS	2-4-6	324	20	88	0	12	12	Int: Rotating; 8 Res: Int. Med., Path., Surg.
University Hospital 1959 Pacific Ave., 5	M-91X	State	...	320	11	91	0	22	24	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 262 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG, Ortho. Surg., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 4435 Beacon Ave. S., 8	M-91#	VA	2	320	30	92	0	0	...	Res: Anes., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Virginia Mason Hospital 1111 Terry Ave., 1		NPCorp	...	208	6	72	0	10	11	Int: Rotating; 35 Res: Anes., Int. Med., Ob., Path., Rad., Surg.
Sedro-Woolley										
Northern State Hospital Box 309		State	6	1,693	...	54	2	5	6	Res: Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
WASHINGTON—Continued										
Spokane										
Deaconess Hospital 800 W. Fifth Ave., 4		Church	...	247	5	48	0	3	12 Int: Rotating; 2 Res: Path.	
Sacred Heart Hospital 101 W. Eighth Ave., 4		Church	1	520	6	37	2	6	15 Int: Rotating; 17 Res: Gen. Pract., OBG, Path., Surg., Thor. Surg.	
St. Luke's Hospital 830 N. Summit Blvd., 11		NPCorp	6	215	5	42	0	8	8 Int: Rotating; 2 Res: Gen. Pract.	
Shriners Hospital for Crippled Children 820 N. Summit Blvd., 11	G-91	NPCorp	2-3	40	63	100	0	2	2 Res: Ortho. Surg.	
Tacoma										
Madigan General Hospital Fort Lewis, 33		Army	1-2-4	584	12	80	0	24	24 Int: Rotating; 41 Res: Int. Med., OBG, Path., Ped., Surg.	
Pierce County Hospital 215 S. 36th St., 8		County	4	287	9	37	0	10	11 Int: Rotating	
St. Joseph Hospital 1812 S. Eye St., 1		Church	...	245	6	29	2	1	6 Int: Rotating; 2 Res: Path.	
Tacoma General Hospital 315 South K St., 5	G-91	NPCorp	...	207	6	24	0	0	10 Int: Rotating; 2 Res: Anes., Path.	
WEST VIRGINIA										
Beckley										
Beckley Hospital 1007 S. Oakwood Ave.		Corp	...	150	7	26	3	0	4 Res: Surg.	
Beckley Memorial Hospital P.O. Box 1149		NPCorp	6	194	10	60	0	16	23 Res: Int. Med., Path., Ped., Surg.	
Charleston										
Charleston General Hospital Brooks St. and Elmwood Ave., 25		NPCorp	...	270	8	26	1	0	8 Int: Rotating; 21 Res: Gen. Pract., Int. Med., Path., Plas. Surg., Surg.	
Kanawha Valley Memorial Hospital 1014 Virginia St., E. 1		Corp	...	150	8	27	0	0	...	Res: Surg.
Memorial Hospital 3200 Noyes Ave., S.E., 4		NPCorp	6	289	7	63	1	10	13 Int: Rotating; 24 Res: Int. Med., OBG, Path., Ped., Plas. Surg., Surg.	
Salvation Army Maternity Hospital 301 Tennessee Ave., 2		Church	...	14	...	...	...	...	...	Res: OBG
Clarksburg										
St. Mary's Hospital 464 Washington Ave.		Church	...	209	7	19	0	0	2 Res: Path.	
Huntington										
Cabell Huntington Hospital 1340 16th St., 1		NPCorp	2-3-4-6	237	6	40	1	0	8 Int: Rotating; 15 Res: Gen. Pract., Int. Med., Path., Surg.	
Chesapeake and Ohio Hospital 1801 Sixth Ave., 3		NPCorp	4-5	165	10	40	3	0	5 Res: Int. Med., Surg.	
St. Mary's Hospital 2900 First Ave., 2		Church	...	390	7	32	2	0	14 Int: Rotating; 7 Res: Path., Surg.	
Martinsburg										
Veterans Administration Center		VA	2	840	51	54	1	2	7 Res: Path., Surg.	
Morgantown										
West Virginia University Medical Center Medical Center	M-92X	State	4-6	230	13	73	0	7	18 Int: Mixed, St. Med., St. Surg., St. Ped.; 39 Res: Anes., Int. Med., OBG, Ortho. Surg., Ped., Surg.	
Phillippi										
Broadus Hospital College Hill		NPCorp	...	102	8	52	4	0	4 Res: Surg.	
Wheeling										
Ohio Valley General Hospital 2000 Eoff St.		NPCorp	5-6	425	9	33	1	1	15 Int: Rotating; 30 Res: Anes., Gen. Pract., Int. Med., Path., Surg.	
Wheeling Hospital 109 Main St.		Church	5-6	226	8	32	6	0	10 Int: Rotating; 10 Res: Gen. Pract., Int. Med.	
Williamson										
Memorial Medical Center (See South Williamson, Kentucky)		...	...	...	...	...	...	...	...
WISCONSIN										
Eau Claire										
Luther Hospital 310 Chestnut St.		NPCorp	...	250	8	55	...	...	1 Res: Path.	
Fond Du Lac										
St. Agnes Hospital 430 E. Division St.		Church	...	350	8	33	1	0	2 Res: Path.	
Janesville										
Mercy Hospital 566 N. Washington St.		Church	...	225	7	30	0	0	6 Int: Rotating; 3 Res: Surg.	
La Crosse										
La Crosse Lutheran Hospital 1910 South Ave.		Church	6	200	7	39	1	0	6 Int: Rotating; 4 Res: Int. Med., Ped., Surg.	
Madison										
Madison General Hospital 925 Mound St., 5	M-93	NPCorp	6	362	8	66	1	6	14 Int: Rotating; 15 Res: Int. Med., OBG, Path., Surg., Urol.	
Methodist Hospital 309 W. Washington Ave., 3		Church	6	146	8	52	0	0	6 Res: Gen. Pract., Surg.	
St. Mary's Hospital 720 S. Brooks St., 5	M-93	Church	...	272	7	47	0	0	8 Int: Rotating; 5 Res: Int. Med., OBG	
University Hospitals 1300 University Ave., 6	M-93X	State	6	704	13	75	0	17	26 Int: Mixed, St. Ped., St. Path.; 185 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 2500 Overlook Terrace, 5	M-93#	VA	2	475	57	87	0	2	3 Res: Neur., Urol.	
Marshfield										
Marshfield Clinic		NPCorp	...	277	...	...	...	...	...	Res: Derm.
St. Joseph's Hospital 611 St. Joseph's Ave.		Church	3	270	7	48	0	6	7 Int: Rotating; 6 Res: Path., Surg.	
Milwaukee										
Columbia Hospital 3321 N. Maryland Ave., 11	L-94	NPCorp	6	263	9	75	1	1	10 Int: Rotating; 13 Res: Int. Med., Ortho. Surg., Path., Rad., Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
WISCONSIN, Milwaukee—Continued										
Evangelical Deaconess Hospital..... 620 N. 19th St., 3		Church	6	282	7	41	10	0	12 Int: Rotating;	
Milwaukee Children's Hospital..... 1700 W. Wisconsin Ave., 3	M-94	NPCorp	4-6-6	200	7	87	15	2	16 Res: Gen. Pract., Path., Rad., Surg.	
Milwaukee County Hospital..... 8700 W. Wisconsin Ave., 13	M-94	County	4	700	9	40	0	7	2 Int: St. Ped.; 12 Res: Ortho. Surg., Ped.	
Milwaukee County Hospital for Mental Diseases..... 8731 Watertown Plank Rd., 13	M-94	County	6	1,174	14	17	...	...	40 Int: Rotating;	
Milwaukee Hospital..... 2200 W. Kilbourn Ave., 3	L-94	Church	6	275	8	59	0	12	23 Res: Int. Med., OBG, Path., Rad., Surg.	
Misericordia Hospital..... 1255 N. 22nd St., 5		Church	6	177	7	55	0	4	6 Int: Rotating	
Mount Sinai Hospital..... 948 N. 12th St., 3		NPCorp	...	322	8	57	2	11	14 Int: Rotating, Mixed;	
St. Francis Hospital..... 3237 S. 18th St., 15		Church	2-6	273	8	41	12	2	18 Res: OBG, Path., Rad., Surg.	
St. Joseph's Hospital..... 5000 W. Chambers St., 10	L-94	Church	6	354	7	41	0	5	4 Res: Path.	
St. Luke's Hospital..... 2900 W. Oklahoma Ave., 15	L-94	NPCorp	6	263	8	51	1	2	12 Int: Rotating;	
St. Mary's Hospital..... 2320 N. Lake Dr., 11		Church	4	290	8	51	10	2	15 Res: Gen. Pract., Path., Rad., Surg.	
St. Michael Hospital..... 2400 W. Villard Ave., 9		Church	6	280	8	48	2	4	10 Int: Rotating;	
Veterans Administration Hospital..... S. 54th and National Ave., 14 (Wood)	M-94	VA	2-4-6	1,233	45	79	5	0	12 Res: Gen. Pract.	
Wauwatosa Milwaukee Sanitarium Foundation..... 1220 Dewey Ave., 13	L-94	NPCorp	...	...	82	...	3	11	133 Res: Anes., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
West Allis Allis-Chalmers Mfg. Co.....		Corp	...	...	...	...	0	0	9 Res: Psych.	
									1 Res: Occup. Med.	

ABBREVIATIONS AND NOTES

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

Medical School Affiliations

Footnotes 10 to 95 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

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

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. Loma Linda University School of Medicine, Loma Linda, Los Angeles
13. University of California School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, Palo Alto, Calif.
16. University of California School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Coral Gables, Fla.
24. Medical College of Georgia, Augusta, Georgia
25. Emory University School of Medicine, Emory University, Atlanta, Georgia
26. Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Stritch School of Medicine of Loyola University, Chicago
29. University of Chicago School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. State University of Iowa College of Medicine, Iowa City
33. University of Kansas School of Medicine, Lawrence, Kansas City
34. University of Kentucky School of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University College of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N. H.
53. Seton Hall College of Medicine and Dentistry, Jersey City, N. J.
54. Albany Medical College of Union University, Albany, N. Y.
55. University of 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

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| <p>58. Cornell University Medical College, New York City</p> <p>59. New York Medical College, Flower and Fifth Avenue Hospitals, New York City</p> <p>60. New York University College of Medicine, New York City</p> <p>61. State University of New York Downstate Medical Center, New York City</p> <p>62. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.</p> <p>63. State University of New York, Upstate Medical Center, Syracuse, N. Y.</p> <p>64. University of North Carolina School of Medicine, Chapel Hill</p> <p>65. Duke University School of Medicine, Durham, N. C.</p> <p>66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.</p> <p>67. University of Cincinnati College of Medicine, Cincinnati</p> <p>68. Western Reserve University School of Medicine, Cleveland, Ohio</p> <p>69. Ohio State University College of Medicine, Columbus</p> <p>70. University of Oklahoma School of Medicine, Oklahoma City</p> <p>71. University of Oregon Medical School, Portland</p> <p>72. Hahnemann Medical College and Hospital of Philadelphia</p> <p>73. Jefferson Medical College of Philadelphia</p> <p>74. Temple University School of Medicine, Philadelphia</p> <p>75. University of Pennsylvania School of Medicine, Philadelphia</p> <p>76. Woman's Medical College of Pennsylvania, Philadelphia</p> | <p>77. University of Pittsburgh School of Medicine, Pittsburgh</p> <p>78. University of Puerto Rico School of Medicine, San Juan</p> <p>79. Medical College of South Carolina, Charleston</p> <p>80. University of South Dakota School of Medicine, Vermillion, S. D.</p> <p>81. University of Tennessee College of Medicine, Memphis</p> <p>82. Meharry Medical College, Nashville, Tenn.</p> <p>83. Vanderbilt University School of Medicine, Nashville, Tenn.</p> <p>84. University of Texas Southwestern Medical School, Dallas</p> <p>85. University of Texas Medical Branch, Galveston, Texas</p> <p>86. Baylor University College of Medicine, Houston</p> <p>87. University of Utah School of Medicine, Salt Lake City</p> <p>88. University of Vermont College of Medicine, Burlington, Vt.</p> <p>89. University of Virginia School of Medicine, Charlottesville</p> <p>90. Medical College of Virginia, Richmond</p> <p>91. University of Washington School of Medicine, Seattle</p> <p>92. West Virginia University School of Medicine, Morgantown</p> <p>93. University of Wisconsin Medical School, Madison</p> <p>94. Marquette University School of Medicine, Milwaukee</p> <p>95. California College of Medicine, Los Angeles</p> |
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The National Intern Matching Program

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

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

The Directory of Approved Internships includes additional information 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 11, 1963.

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

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

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between Oct. 1 and Dec. 10, 1962.

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. 28, 1963. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 12, 1963, 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, 1963, when the matching process takes place.

7. The student will receive on Mar. 11 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 28.

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.

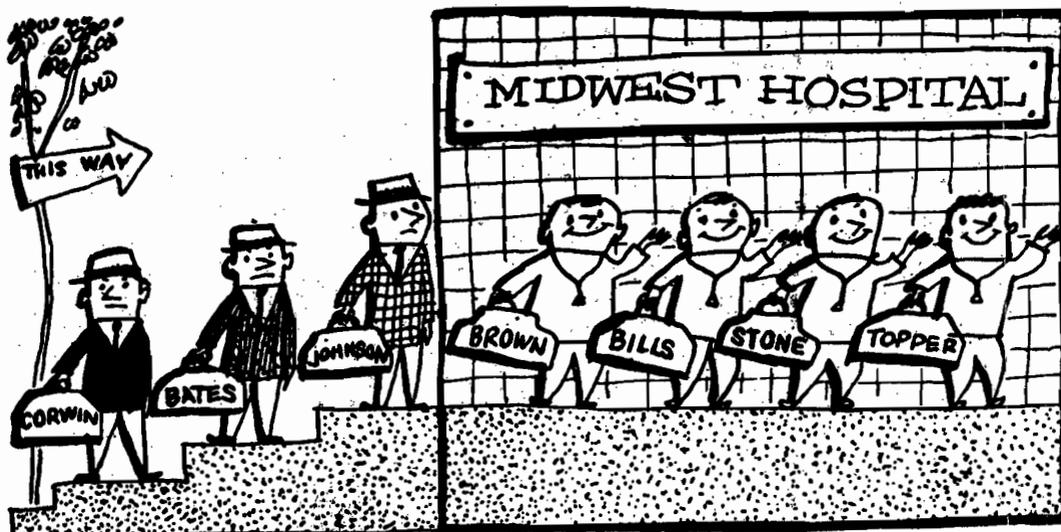
Defined simply, the principles of matching from your standpoint are these:

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



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

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

This type of movement is occurring on some 1,000 different internship ladders in the matching program. As soon as a man gets within a quota at a hospital of his choice, his lower choices are removed from the ladders on which they are holding rungs, permitting movement 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 (12,000 vs. 6,000). Therefore many internships are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an internship at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 5,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 28. 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 more than at other hospitals which want them.

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

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

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

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

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

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

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

NATIONAL INTERN MATCHING PROGRAM

2530 Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N.I.M.P. Office by June 12, 1962

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, 1963. 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 co-operating hospitals and federal services will be available in September, 1962.

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 28, 1963.

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

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 14, 1962.

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 12, 1962

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.

NATIONAL INTERN MATCHING PROGRAM, INCORPORATED

2530 Ridge Avenue, Evanston, Illinois

HOSPITAL AGREEMENT

FOR FIRST YEAR INTERNSHIPS FOR THE YEAR 1963-64

(Starting between April 1, and December 31, 1963)

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 1963-1964 (stating service from April 1 through December 31, 1963.)

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

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

2. Restrict internship appointment 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.

3. 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.

4. Abide by the official schedule including accepting no applications from participants in the matching plan after January 25, 1963; rating applicants and returning rating form by January 28, 1963, offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1963.

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

6. Pay a service fee of \$4.00 for each intern matched through the plan.

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

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

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

Signed _____

Official Position _____

Date _____

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

SEE REVERSE SIDE

NATIONAL INTERN MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS FOR FIRST YEAR INTERNSHIPS FOR 1963—64

1. SEPTEMBER, 1962. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital. This information will also be published in the September issue of the Journal of the AMA.
2. OCTOBER, 1962. Student directory published containing name and medical school of each participating student.
3. OCTOBER 1, 1962 — JANUARY 10, 1963. 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, 1962. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS' ADMINISTRATION, IS DECEMBER 1, 1962.
4. OCTOBER 1, 1962 — DECEMBER 10, 1962. The deans may send letters of recommendation to the hospitals at any time after October 1, 1962 but in so far as possible letters should be sent by December 10, 1962, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 28, 1963. 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 12, 1963. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 16, 1963. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 18, 1963. Matching operation begins.
9. MARCH 7, 1963. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 11, 1963. Results are given to students by Deans. Hospitals receive results.
11. MARCH 11—22, 1963. Hospitals send contracts to matched students and students sign and return the contracts.

May, 1962.

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 and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to June 30, 1962

Hospitals 764*

Internships 12,216*

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

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 25-69, 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.

This year for the first time, 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 102 at the end of this list.

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

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

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

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

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

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

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

Footnote¹⁰ indicates that mixed internship is first year of approved 2-year program in general practice.

Footnote¹¹ indicates that the internship equivalent is included in the 2-year approved pilot program in general practice.

Footnote¹² indicates that the program includes positions creditable as the first year of a 2-year approved pilot program in general practice, of which the internship is the first year.

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

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

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

The number and types of internships as listed represent appointments offered for the intern year 1963-1964, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1961.

*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, 1961.

		FEDERAL										Total Sought Through NIMP	NIMP Code
Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Month)	Authorized Complement	Type		
UNITED STATES ARMY—Hospitals, 9; Internships, 182													
CALIFORNIA													
San Francisco													
Letterman General Hospital		615	11,768	246	166,667	32,829	10,769			24	Rot..A		
COLORADO													
Denver													
Fitzsimons General Hospital		765	9,894	149						24	Rot..A	24 Rot.-A 00411	
DISTRICT OF COLUMBIA													
Washington													
Walter Reed General Hospital		1,011	13,357	404	441,045	24,455		123		26	Rot..A	Office of the Surgeon General Department of the Army, Washington 25, D.C., Attn. of Chief, Personnel and Training Division	
GEORGIA													
Fort Benning													
Martin Army Hospital		329	12,157	75		63,443				12	Rot.-B		
HAWAII													
Honolulu													
Tripler General Hospital		661	19,384	139						26	Rot.-A		
KENTUCKY													
Fort Knox													
Ireland Army Hospital		341	11,305	41	200,385	48,545	237,847			12	Rot.-B	Rot. A—in hosps. with residencies; Rot. B—in hosps. without residencies.	
TEXAS													
El Paso													
William Beaumont General Hospital		416	15,648	116	376,483	33,361				24	Rot.-A		
San Antonio													
Brooke General Hospital		678	15,092	455						26	Rot.-A		
WASHINGTON													
Tacoma													
Madigan General Hospital		390	11,823	107	216,249	8,332	102,191			24	Rot.-A		
UNITED STATES AIR FORCE—Hospitals, 7; Internships, 104													
CALIFORNIA													
Fairfield													
U. S. Air Force Hospital, Travis AFB		325	7,686	72	210,603					8	Rot.		
DISTRICT OF COLUMBIA													
Washington													
U. S. Air Force Hospital, Andrews AFB		224	7,072	63	216,451	43,385				8	Rot.		
ILLINOIS													
Belleville													
U. S. Air Force Hospital, Scott AFB		233	4,875	71	130,512	111,760		179		8	Rot.	104 Rotating 00311 Directorate of Staffing and Education, Office of the Surgeon General, Headquarters, U. S. Air Force, Washington, D.C.	
MISSISSIPPI													
Biloxi													
U. S. Air Force Hospital, Keesler AFB		291	8,871	75	253,567					8	Rot.		
OHIO													
Dayton													
U. S. Air Force Hospital, Wright-Patterson AFB		255	6,389	41						12	Rot.		
TEXAS													
Fort Worth													
U. S. Air Force Hospital, Carswell AFB		176	6,171	66						8	Rot.		
San Antonio													
U. S. Air Force Hospital, Lackland AFB		935	20,609	196						36	Rot.		
16 of the above 104 Air Force internships are divided among the Army Hospitals listed above.													
UNITED STATES NAVY—Hospitals, 13; Internships, 176													
CALIFORNIA													
Camp Pendleton													
U. S. Naval Hospital		471	10,551	89	130,458	26,393				10	Rot.		
Oakland													
U. S. Naval Hospital		762	16,451	218	228,779	6,197				17	Rot.		
San Diego													
U. S. Naval Hospital		1,435	27,324	615	486,526					24	Rot.	176 Rotating 00211 Bur. of Medicine and Surgery Navy Department, Washington 25, D.C.	
FLORIDA													
Jacksonville													
U. S. Naval Hospital		307	9,173	86	155,987	23,182				8	Rot.		
Pensacola													
U. S. Naval Hospital		215	6,605	88	132,120	12,500				6	Rot.		
ILLINOIS													
Great Lakes													
U. S. Naval Hospital		753	12,788	62	107,382	11,547				12	Rot.		
MARYLAND													
Bethesda													
U. S. Naval Hospital		708	12,641	284	34,737	23,620	69,474			17	Rot.		

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MASSACHUSETTS													
Chelsea													
U. S. Naval Hospital		404	7,848	105	74,707	9,825				12	Rot.		
NEW YORK													
St. Albans													
U. S. Naval Hospital		835	11,534	194						17	Rot.		
PENNSYLVANIA													
Philadelphia													
U. S. Naval Hospital		856	11,194	331	116,733	24,681				18	Rot.		
RHODE ISLAND													
Newport													
U. S. Naval Hospital		322	6,584	56	25,038	16,492	339,638			6	Rot.		
SOUTH CAROLINA													
Charleston													
U. S. Naval Hospital		285	7,681	102	118,444	17,580				8	Rot.		
VIRGINIA													
Portsmouth													
U. S. Naval Hospital		1,111	20,735	180						21	Rot.		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 101													
CALIFORNIA													
San Francisco													
U. S. Public Health Service Hospital		343	5,153	104				106		14	Rot.		
LOUISIANA													
New Orleans													
U. S. Public Health Service Hospital		328	5,884	107				144		14	Rot.		96 Rotating 00111
MARYLAND													
Baltimore													
U. S. Public Health Service Hospital		227	4,456	100	57,866					12	Rot.		1 St. Medicine 00132
MASSACHUSETTS													
Boston													
U. S. Public Health Service Hospital		166	2,815	58	19,035	16,949	14,863	133		10	Rot.		4 St. Surgery 00133
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service Hospital		600	9,576	157			117,263	185		26 1 St. Med. 4 St. Surg.	Rot.		Public Health Service, Dept. of Health, Educa- & Welfare, Washington 25, D.C. Attn. Chairman, Com- mittee on Resi- dents and Interns
VIRGINIA													
Norfolk													
U. S. Public Health Service Hospital		163	3,684	52	59,668	187		246		8	Rot.		
WASHINGTON													
Seattle													
U. S. Public Health Service Hospital		212	3,957	84	77,741			251		12	Rot.		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 34													
DISTRICT OF COLUMBIA													
Washington													
Freedmen's	R. F. Jones	375	11,430	446	54,865	39,923			317P	22	Rot.	22	79811
St. Elizabeths	W. H. Whitmore, Jr.	7,691	1,981	429	2,137				124 316P	12	Rot.	12	80411
OTHER FEDERAL—Hospitals, 1; Internships, 16													
CANAL ZONE													
Balboa Heights													
Gorgas	E. Sigerfoos	184	8,916	156	131,633	11,243			355P	16	Rot.	16	80611
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA—Hospitals, 5; Internships, 111													
Birmingham													
Carraway Methodist		225	12,590	208	186,269	7,501			250FP*	8	Rot.	8	00611
St. Vincent	E. B. Glenn	160	8,071	201	3,469	2,101	324	100 300F		8	Rot.	8	85111
University Hospital and Hillman Clinic		500	24,408	662	74,488	33,536		101 140F		18	Rot.	18	00711
										16	St. Med.	16	00732
										6	St. Surg.	6	00733
										6	St. Ped.	6	00734
										3	St. Path.	3	00736
										4	Mixed ¹	4	00712
										6	Mixed ²	6	00713
										2	Mixed ⁴	2	00714
										1	Mixed ³	1	00715
										1	Mixed ⁶	1	00786
Fairfield													
Lloyd Noland	R. W. Grady	226	10,063	229	115,978	35,006			250FP*	14	Rot.	14	00811
Mobile													
Mobile General	E. B. Wert	179	8,917	411	39,019	24,155	44,989		250FP	18	Rot.	18	85211

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
ARIZONA—Hospitals, 6; Internships, 76													
Phoenix													
Good Samaritan	L. B. Smith	414	22,727	448	1,666	27,301	13,533	102	300	18	Rot.	18	01111
Maricopa County General	T. H. Taber	394	8,315	665	58,679	23,310			292P	15	Rot.	15	89811
Memorial	H. W. Kimball	151	7,697	172	3,980	15,892	4,034	102	350	8	Rot.	8	01311
St. Joseph's	R. E. Flynn	310	18,279	367	12,219	22,360	21,597		225FP	15	Rot.	15	01211
Tucson													
St. Mary's Hospital—Pima County	E. G. Ramsay	286	15,767	364	3,414	5,842		103	225F*	12	Rot.	12	01411
Tucson Medical Center	A. J. Bruwer	273	102,422	363		9,732	4,345			8	Rot.	8	01511
ARKANSAS—Hospitals, 3; Internships, 59													
Little Rock													
Arkansas Baptist	W. G. Cooper, Jr.	321	17,755	459	1,824	13,037	4,874	103	275F	13	Rot.	13	01611
St. Vincent Infirmary	W. G. Selakovich	275	15,805	304	1,651	8,422	1,453	103	275	12	Rot.	12	01711
University	J. T. Riggan	231	8,321	394	65,818	20,572		104	25	6	Rot.	6	01811
										6	St. Med.	6	01832
										3	St. Surg.	3	01833
										3	St. Ped.	3	01834
										3	St. Path.	3	01836
										4	St. ObG	4	01835
										9	Mixed ¹⁰	9	01820
CALIFORNIA—Hospitals, 46; Internships, 990													
Bakersfield													
Kern County General	L. O. Yaussey	479	9,844	585	68,627	36,650			300P	12	Rot.	12	92111
Berkeley													
Herrick Memorial	S. Margen	148	7,551	170	11,501	10,525		105	150F*	6	Rot.	6	02011
Fresno													
Fresno County General	A. D. Cohen	507	11,530	732	78,063	30,399			250P	21	Rot.	21	02211
Glendale													
Glendale Sanitarium and Hospital	P. O. Shearer	249	13,275	385	16,615	5,604	25,429		330P	12	Rot.	12	02311
Loma Linda													
Loma Linda Sanitarium and Hospital	B. D. Briggs	129	7,015	142	6,654	3,715			300	10	Rot.	10	02411
Long Beach													
Memorial Hospital of Long Beach	G. X. Trimble	325	17,612	427	8,876	14,902		106	250P	15	Rot.	15	02711
St. Mary's Long Beach		234	16,645	320	1,428	8,385	22,465		275F	12	Rot.	12	02511
Los Angeles													
California	R. H. Wier; R. M. Milliken	231	12,415	391	25,413	3,227	19,501	107	225FP*	8	Rot.	8	02911
Cedars of Lebanon	H. Masur	364	17,180	564	116,809	8,999	42,881	106	145FP*	18	Rot.	18	03011
Childrens Hospital	R. Ward	170	9,330	264	83,386	12,961	10,426		165P	4	St. Ped.	4	03134
Hospital of the Good Samaritan	R. Smith	337	14,266	420	22,715	456		108	300FP*	8	Rot.	8	03211
Los Angeles County General Hospital, Unit I	W. Nerlich	2,249	92,620	5,695	469,281	137,016			195P*	160	Rot.	160	03311
Los Angeles County General Hospital, Unit II	W. Nerlich	400	14,126	1,181	124,684	26,107			195P	48	Rot.	48	86211
Mount Sinai	C. Kleeman	198	8,760	231	25,000	595	8,264	115	195P	6	St. Med.	6	95231
Queen of Angels	J. W. Bisenius	333	17,242	453	20,685	700	250		225F	14	Rot.	14	03611
Santa Fe Coast Lines	R. Tyler	126	4,416	108	26,379			109	250	9	Rot.	9	03811
University of California Affiliated Hospitals	R. Goldman								224P	24	Rot.	24	98311
University of California		251	10,365	438	103,109	19,541							
Veterans Admin. Center General Medical & Surgical		1,413	12,440	1,241	220,990								
Los Angeles County Harbor General (Torrance)		528	13,437	1,113	82,242	48,099							
University of California	J. V. Maloney, Jr.	251	10,365	438	103,109	19,541			211	14	St. Med.	14	95632
										10	St. Surg.	10	95633
										6	St. Ped.	6	95634
										2	St. Path.	2	95636
Veterans Admin. Center General Medical & Surgical	R. Goldman	1,426	12,440	1,241				264	224P	6	St. Med.	6	03932
White Memorial	L. L. Smith	214	11,034	273	130,673	11,514	14,455		255P	16	Rot.	16	04011
Oakland													
Highland-Alameda County	G. O. Whitecotton	321	15,636	625	149,463	37,208		110	185	34	Rot.	34	04111
Orange													
Orange County General	G. F. Warner	361	8,867	525	50,544	30,374			300P	34	Rot.	34	04311
Palo Alto													
Palo Alto-Stanford Hospital Center		371	20,409	656	52,210	10,298	5,491	111	75F	8	St. Surg.	8	82033
										2	St. Ped.	2	82034
										9	Mixed ¹	9	82012
Pasadena													
Huntington Memorial	R. E. Randle	273	13,668	438	15,683	1,189	22,376	106	250F*	9	Rot.	9	04411
Riverside													
Riverside County General		290	5,897	412	22,017	19,870			246P	12	Rot.	12	85011
Sacramento													
Sacramento County		779	13,698	1,093	52,209	45,092			274F	26	Rot.	26	04611
San Bernardino													
San Bernardino County Charity	J. E. Cunningham	308	8,654	591	75,117	2,952			250F	18	Rot.	18	04711
San Diego													
Mercy	J. J. Kelly, Jr.	255	17,001	425	20,779	9,276	13,367		200FP*	12	Rot.	12	04811
San Diego County General	W. Tappen	400	11,517	793	39,044	18,141			200FP	20	Rot.	20	04911
San Francisco													
Children's	T. L. Bartelmez	197	10,430	118	36,841	7,153	18,643		200FP*	8	Rot.	8	05011
Franklin	J. H. Thompson	172	6,362	142	4,533	2,407	21,127	112	220P	6	Mixed ^{1,2}	6	05120
French	C. G. Clegg	134	6,010	246	17,741	544	13,469		200F	5	Mixed ¹	5	05212
										5	Mixed ²	5	05213
Kaiser Foundation	A. H. Lieberman	214	12,639	362	482,703	19,684			240P*	20	Rot.	20	95911
Mary's Help		138	7,515	211	21,027	2,894	6,461		200F*	6	Rot.	6	05311
Mount Zion Hospital and Medical Center	J. R. Greenberg	304	13,891	394	45,071	13,787			175F*	18	Rot.	18	05411
Presbyterian Medical Center	V. Richards	178	8,068	210	28,496	832			125P	12	Rot.	12	06111
St. Joseph's	J. H. Heald	173	7,809	235	4,549	2,008	3,255	113	175F*	6	Rot.	6	05511
St. Luke's	S. J. Wolfe	197	10,569	297	32,115	3,966	18,423		300F	12	Rot.	12	05611
St. Mary's	G. H. Reifstein	327	13,576	296	37,751	8,314	10,484		175FP*	15	Rot.	15	05711

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APPROVED INTERNSHIPS

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San Francisco—Continued													
San Francisco General	J. V. Carbone	809	22,280	1,167	48,969	33,952	...	210	48	Rot.	48	05811	
Southern Pacific General	B. Kaufman	354	6,900	297	39,278	...	114	150	25	Mixed ^{1,2}	12	05820	
University of California Hospitals		394	15,300	397	127,416	14,539	...	211	18	St. Med.	18	06020	
									18	St. Surg.	18	06232	
									10	St. Ped.	10	06233	
									3	St. Path.	3	06234	
												06236	
San Jose													
Santa Clara County	R. M. Manson	343	7,487	569	94,322	19,085	...	175FP	24	Rot.	24	06311	
Santa Barbara													
Santa Barbara County General-Cottage Hospitals	C. A. Domz	166	8,455	203	...	9,150	...	175F*	10	Rot.	10	06411	
Santa Barbara Cottage Hospital	C. A. Domz	166	8,455	203	...	9,150	...	175F	...	...	...	...
Santa Barbara County General		166	8,455	203	...	9,150	...	175F	...	...	...	...
Santa Monica													
Santa Monica	D. A. Nelson	184	13,198	371	11,097	16,968	33,005	117	250F	12	Rot.	12	06611
Stockton													
San Joaquin General		375	8,047	585	80,629	29,340	...	280P	19	Rot.	16	02111	
Torrance													
Los Angeles County Harbor General	D. M. teGroen	529	13,437	1,113	82,242	48,099	...	195F	39	Rot.	39	06711	
COLORADO—Hospitals, 11; Internships, 150													
Colorado Springs													
Penrose	A. R. Croke	210	10,083	255	2,649	5,866	255	250F	6	Rot.	6	06811	
Denver													
Denver General		278	9,009	586	82,297	58,198	...	119	196P	24	Rot.	24	07711
General Rose Memorial	D. H. Mitchel	279	11,167	274	1,225	6,702	11,727	120	250F	8	Comm. Rot.	8	07710
Mercy		231	11,245	228	1,397	4,625	6,478	...	370P*	10	Rot.	10	06911
Porter	A. B. Kortz	190	11,774	158	1,321	5,937	9,775	120	280P	11	Rot.	11	92211
Presbyterian		250	12,132	347	6,295	12,289	7,966	...	215P	10	Rot.	10	07111
St. Anthony	R. E. Boyle	278	16,811	290	18,945	5,521	780	...	250FP	16	Rot.	16	07211
St. Joseph's	K. A. Jankovsky	364	18,516	427	16,538	...	121	150F	10	Rot.	10	07311	
									12	Rot.	12	07411	
									6	Family Practice ^a	6	07418	
St. Luke's	G. D. Wilcox	409	18,508	415	1,343	10,737	16,047	120	230P	8	Rot.	8	07511
Univ. of Colorado Medical Center													
Colorado General	C. W. Eisele	231	9,305	413	102,221	19,827	...	115P	6	St. Med.	6	07632	
									8	St. Surg.	8	07633	
									4	St. Ped.	4	07634	
									5	St. Path.	5	07636	
Greeley													
Weld County General	J. R. Wheeler	187	10,428	274	...	14,970	...	225FP*	6	Rot.	6	85311	
CONNECTICUT—Hospitals, 18; Internships, 210													
Bridgeport													
Bridgeport		324	16,566	550	11,173	15,640	19,199	...	300FP*	14	Rot.	14	07911
St. Vincent's	W. H. Curley	328	15,410	510	7,139	14,603	8,237	...	325P	12	Rot.	12	08011
Bristol													
Bristol	R. J. Williamson	150	7,894	226	2,123	4,458	8,882	...	200F	6	Rot.	6	92311
Danbury													
Danbury	R. D. Schwartz	177	8,459	311	3,374	10,089	16,621	...	200F*	7	Rot.	7	08111
Derby													
Derby	V. A. DeLuca, Jr.	137	6,624	243	2,214	8,602	8,728	...	250F	9	Rot.	9	97711
Greenwich													
Greenwich	N. W. Keller	196	8,526	238	8,464	14,063	11,207	...	150F*	10	Rot.	10	08211
Hartford													
Hartford	J. C. Leonard	795	36,906	769	26,215	29,982	...	210P	18	Rot.	18	08311	
Mount Sinai	B. Cohen	161	7,591	174	1,284	6,853	1,159	...	250F	6	Rot.	6	85411
St. Francis	W. J. Lahey	526	21,095	405	24,409	14,637	43,329	...	150FP	12	Rot.	12	08511
Manchester													
Manchester Memorial	D. L. Warren	194	11,128	257	1,147	7,902	13,651	...	375P	6	Rot.	6	85511
Middletown													
Middletown	M. J. Seide	164	8,475	269	...	4,347	28,334	...	200F	4	Rot.	4	08711
New Britain													
New Britain General		280	12,470	364	3,915	16,965	17,308	...	240FP*	9	Rot.	9	08811
New Haven													
Yale-New Haven Medical Center													
Grace-New Haven Community		545	23,247	890	89,071	40,502	...	117	125	15	St. Med.	15	08932
										16	St. Surg.	16	08933
										7	St. Ped.	7	08934
										7	St. Path.	7	08936
Hospital of St. Raphael	C. Pitegoff	302	13,564	580	16,884	19,793	...	275FP*	15	Rot.	15	09011	
Norwalk													
Norwalk	A. M. Margold	286	12,578	499	12,361	16,012	29,416	...	200F	12	Rot.	12	09311
Stamford													
Stamford	L. M. Smith	254	10,753	320	10,502	15,589	14,895	...	150FP*	10	Rot.	10	09511
Waterbury													
St. Mary's	W. Finkelstein	296	11,445	423	15,714	13,544	7,203	...	300F	8	Rot.	8	09611
Waterbury	O. J. Bizozero	297	12,793	480	17,443	8,614	32,005	...	200F*	7	Rot.	7	09711
DELAWARE—Hospitals, 3; Internships, 34													
Wilmington													
Delaware	G. I. Glassman	319	13,841	477	30,516	26,611	41,030	...	225FP*	16	Rot.	16	09811
Memorial	L. P. Lang	285	11,219	361	15,922	15,173	94	...	190F	12	Rot.	12	09911
Wilmington General	O. S. Allen	190	9,815	297	9,369	18,240	26,876	...	190FP*	6	Rot.	6	10011
DISTRICT OF COLUMBIA—Hospitals, 7; Internships, 177													
Washington, D.C.													
District of Columbia General		900	23,831	1,546	104,900	70,568	...	233FP*	...	...	...	...
Program I—Georgetown University	B. I. Shnider	...	...	...	...	...	...	...	10	St. Med.	10	79932	
Program II—Georgetown University	B. I. Shnider	...	...	...	...	...	...	...	4	Mixed ¹	4	79912	
Program III—Georgetown University	H. H. Balch	6	St. Surg.	6	79933	
Program IV—George Washington Univ	M. J. Romansky	8	St. Med.	8	79957	

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APPROVED INTERNSHIPS

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Washington D.C.—Continued													
Program V—George Washington Univ.	M. J. Romansky	6	Mixed ¹	6	79929
Program VI—George Washington Univ.	J. R. Thistlethwaite	...	...	...	...	...	...	...	...	4	St. Surg.	4	79958
Program VII—Howard University	E. C. Nash	...	...	...	...	...	...	...	...	4	St. Med.	4	79925
Program VIII—Howard University	E. C. Nash	...	...	...	...	...	...	...	...	4	Mixed ¹	4	79928
Program IX—Howard University	M. W. Spellman	...	...	...	...	...	...	...	...	2	St. Surg.	2	79927
Program X—Howard University	M. W. Spellman	...	...	...	...	...	...	...	...	4	Mixed ²	4	79913
Program XI—D.C. General Hospital	T. E. Reichelderfer	...	...	...	...	...	...	...	...	4	St. Ped.	4	79934
Doctors	J. F. Gustafson	270	11,939	265	...	24	1,266	122	150FP	12	Rot.	10	79711
Georgetown University	L. H. Kyle; R. J. Coffey	353	12,899	451	74,939	8,656	...	125	150P*	10	St. Med.	10	80132
George Washington University	J. Parks	377	16,720	441	34,950	16,011	...	124	185	6	Mixed ^{1,2}	6	80120
Providence	...	316	17,247	426	28,297	14,030	19,028	...	250FP*	14	St. Med.	14	80232
Sibley Memorial	R. F. Manegold	142	8,763	248	1,534	4,515	...	...	303	9	St. Surg.	9	80233
Washington Hospital Center	J. A. Curtin	670	30,912	661	79,382	31,104	24,718	122	300	2	St. Path.	2	80236
...	...	...	...	...	...	...	...	...	...	4	St. Surg.	4	80333
...	...	...	...	...	...	...	...	...	...	10	Rot.	10	80511
...	...	...	...	...	...	...	...	...	...	20	Rot.	20	80011
...	...	...	...	...	...	...	...	...	...	10	St. Med.	10	80032
...	...	...	...	...	...	...	...	...	...	6	St. Surg.	6	80033
FLORIDA—Hospitals, 14; Internships, 286													
Gainesville													
University of Florida Teaching Hospital and Clinics	...	185	6,203	242	35,853	5,859	35,853	...	200	8	St. Med.	8	82432
...	...	...	...	...	...	...	...	...	...	9	St. Surg.	9	82433
...	...	...	...	...	...	...	...	...	...	3	St. Ped.	2	82434
...	...	...	...	...	...	...	...	...	...	2	St. Path.	2	82436
Jacksonville													
Baptist Memorial	R. H. Oppenheimer	273	15,182	268	5,582	13,256	81	...	300	12	Rot.	12	97011
Duval Medical Center	A. T. Fechtel	212	9,279	497	137,079	52,678	...	...	300	20	Rot.	20	10111
St. Vincent's	S. M. Day, Jr.	289	16,447	278	7,293	13,976	27,066	...	300P	4	St. Med.	4	10132
...	...	...	...	...	...	...	...	...	...	14	Rot.	14	10311
Lakeland													
Lakeland General	J. F. Dominick	266	12,394	322	7,060	11,347	...	126	300	12	Rot.	12	83311
Miami													
Jackson Memorial	...	984	33,925	1,824	188,997	87,387	...	...	180P*	60	Rot.	60	10411
...	...	...	...	...	...	...	...	...	...	25	St. Med.	25	10432
...	...	...	...	...	...	...	...	...	...	6	St. Surg.	6	10433
...	...	...	...	...	...	...	...	...	...	2	St. Ped.	2	10434
Miami Beach													
Mount Sinai Hospital of Greater Miami	A. M. Rywlin	283	12,945	521	16,754	12,708	7,300	...	150F*	18	Rot.	18	10511
St. Francis	...	198	9,388	268	5,383	7,738	1,888	...	210F*	8	Rot.	8	10611
Orlando													
Orange Memorial	F. H. Cary	394	18,245	496	10,833	15,428	...	...	300	18	Rot.	18	10711
Pensacola													
Pensacola Educational Program	K. E. McIntyre	...	...	...	...	...	...	...	400FP	12	Rot.	12	82611
Baptist	...	230	13,501	183	...	12,792	9,077	...	...	...	...	...	...
Escambia General	...	91	5,373	216	16,674	10,441	...	...	...	...	...	...	...
Sacred Heart	...	102	5,780	114	...	7,941	...	...	...	...	...	...	...
St. Petersburg													
Mound Park	...	427	17,195	1,055	6,164	21,499	...	...	290P	16	Rot.	16	91111
Tampa													
Tampa General	...	418	22,509	635	23,006	23,205	...	...	200FP*	26	Rot.	26	10911
West Palm Beach													
Good Samaritan	C. M. Harris	183	10,043	362	1,526	10,137	...	127	200F	5	Rot.	5	98411
St. Mary's	D. E. Martin	126	6,937	266	2,420	8,438	6,379	...	350FP	6	Rot.	6	91411
GEORGIA—Hospitals, 14; Internships, 222													
Albany													
Phoebe Putney Memorial	T. G. Fountain	143	9,055	228	8,094	8,018	...	...	325P	6	Rot.	6	83411
Athens													
Athens Medical Education Program	B. S. DuBose	...	...	...	...	...	...	...	...	8	Rot.	8	11011
Athens General	...	121	7,001	181	6,859	13,624	521	...	...	...	...	...	...
St. Mary's	...	83	4,588	135	...	10,140	13,127	...	...	...	...	...	...
Atlanta													
Crawford W. Long Memorial	W. R. Glenn	363	21,708	459	11,950	7,921	...	128	300P	12	Rot.	12	11111
Emory University	J. D. Martin; J. Ellis	258	10,841	304	...	8,590	...	...	225P	6	St. Surg.	6	11933
...	...	...	...	...	...	...	...	...	...	2	St. Path.	2	11936
Emory University-Veterans Admin.	J. W. Hurst	...	...	...	...	...	...	...	...	16	St. Med.	16	11732
Emory University	...	258	10,841	304	...	8,590	...	...	225P	...	...	...	...
Veterans Administration	...	275	4,732	296	...	...	...	...	223P	...	...	...	...
Georgia Baptist	J. G. Barrow	403	23,572	420	6,378	10,021	5,610	...	305	12	Rot.	12	11211
...	...	...	...	...	...	...	...	...	...	1	St. Med.	1	11232
...	...	...	...	...	...	...	...	...	...	1	St. Surg.	1	11233
...	...	...	...	...	...	...	...	...	...	1	St. Ped.	1	11234
...	...	...	...	...	...	...	...	...	...	1	St. Obg.	1	11235
Grady Memorial	...	485	20,731	1,175	293,924	153,079	...	...	75F	24	Rot.	24	11311
...	...	...	...	...	...	...	...	...	...	16	St. Med.	16	11332
...	...	...	...	...	...	...	...	...	...	8	St. Surg.	8	11333
...	...	...	...	...	...	...	...	...	...	6	St. Ped.	6	11334
...	...	...	...	...	...	...	...	...	...	12	Rot.	12	11411
Piedmont													
...	W. L. Bloom	228	12,728	183	4,506	7,536	12,125	...	275P	...	...	...	...
Augusta													
Eugene Talmadge Memorial	F. Anderson	354	7,204	293	25,363	...	...	...	167	8	St. Med.	8	98532
...	...	...	...	...	...	...	...	...	...	3	St. Ped.	3	98534
...	...	...	...	...	...	...	...	...	...	4	St. Path.	4	98536
...	...	...	...	...	...	...	...	...	...	6	Mixed ²	6	98513
University	W. Murphy	315	15,144	451	35,464	18,987	...	...	250P	16	Rot. ⁹	...	...
Columbus													
Medical Center	E. B. Horn	226	12,165	408	32,193	36,066	...	...	300FP	12	Rot.	12	11811
Macon													
Macon	A. A. Cole	363	22,923	507	50,875	28,387	...	...	225F	18	Rot. ⁹	...	...
...	...	...	...	...	...	...	...	...	...	4	Gen. Prac. Pro. ¹¹	...	...
Rome													
Floyd	...	155	11,852	223	6,672	21,655	...	...	275F	8	Rot.	8	99211
Savannah													
Memorial Hospital of Chatham County	...	169	9,279	394	23,975	14,472	...	...	250F	15	Rot.	15	97111

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
HAWAII—Hospitals, 3; Internships, 44													
Honolulu													
Kuakini Hospital	S. K. Kuramoto	131	7,500	185	107	8,512	...	128	300F*	14	Rot.	14	80711
Queen's		342	18,930	419	51,126	24,817	...	...	175F*	18	Rot.	18	80811
St. Francis	G. H. Nip	196	10,848	218	22,706	7,208	27,768	...	225F	12	Rot.	12	80911
ILLINOIS—Hospitals, 39; Internships, 752													
Berwyn													
MacNeal Memorial	S. C. Werch	243	12,842	426	838	16,123	...	...	400FP	16	Rot.	16	12111
Chicago													
Augustana	W. B. Buckingham	282	9,139	342	5,943	3,280	...	...	500F	12	Rot.	12	12411
Columbus	J. R. Nora	382	12,403	296	8,986	870	33,758	136	300F*	12	Rot.	12	12611
Cook County		2,409	87,043	5,937	243,592	163,656	...	...	125F*	144	Rot.	124	12711
Englewood	C. Hausman	114	5,404	183	...	5,249	...	...	300F	6	Rot.	6	12911
Evangelical	J. Lemons	139	6,373	246	...	5,195	12,704	129	225F	7	Rot.	7	13011
Grant	W. A. Hutchison	229	8,292	291	14,044	4,189	6,234	...	400F*	11	Rot.	11	13211
Hospital of St. Anthony de Padua	L. D. Friedman	163	7,642	276	2,460	4,282	12,173	...	300F	8	Rot.	8	13511
Illinois Central	C. L. Bidwell	225	7,578	272	37,125	4,418	...	137	279F	13	Rot.	13	13611
Illinois Masonic	O. Schwartz	433	15,988	581	27,751	7,634	14,568	...	200F*	12	Rot.	12	13711
Jackson Park	E. M. Goldberg	125	4,916	236	...	5,280	...	...	200F	6	Rot.	6	13811
Louis A. Weiss Memorial	H. E. Bessinger	212	8,614	296	3,734	5,596	10,470	135	175F*	12	Rot.	12	84611
Mercy		284	8,698	300	48,024	6,005	8,146	...	275F*	15	Rot.	15	14111
										1	St. Path.	1	14136
Michael Reese Hospital and Medical Center	M. C. Creditor	705	20,944	756	115,000	40,341	...	...	150	30	Rot.	30	14211
										10	St. Med.	10	14232
										1	St. Surg.	1	14233
										3	St. Ped.	3	14234
										2	Mixed ¹	2	14212
										1	Mixed ²	1	14213
										2	Mixed ³	2	14214
Mount Sinai	H. J. Zimmerman	325	11,979	481	54,598	16,466	44,758	...	200P*	12	Rot.	12	14411
										4	St. Med.	4	14432
										2	St. Surg.	2	14433
										2	St. Path.	2	14436
Northwestern University Medical Center													
Chicago Wesley Memorial	T. C. Laipply	525	18,161	425	21,706	20,551	...	135	225P	24	Rot.	24	16211
										4	St. Med.	4	16232
Children's Memorial	R. B. Lawson	150	7,227	225	72,514	10,006	4,666	...	225P*	3	St. Ped.	3	84234
Evanston (Evanston, Illinois)	E. F. Scanlon	342	14,031	391	10,200	17,983	...	135	225P	2	St. Path.	2	16736
Passavant Memorial	M. C. Anderson	258	9,252	199	...	7,025	...	135	225P	24	Mixed ¹⁻³	24	16720
										1	Rot.	1	14611
										12	Mixed ¹	12	14612
										2	Mixed ²	2	14615
Norwegian-American	J. B. Cavenagh	148	6,387	229	1,741	1,403	214	130	450	12	Rot.	12	14511
Presbyterian-St. Luke's		701	24,205	823	73,833	13,073	...	...	100F	18	Rot.	18	14711
										16	St. Med.	16	14732
										12	St. Surg.	12	14733
										2	St. Ped.	2	14734
										2	St. Path.	2	14736
Provident	H. B. Matthews	184	7,616	194	11,018	29,997	...	...	200F	10	Rot.	10	14811
										1	St. Surg.	1	14833
Ravenwood	M. Field	222	9,086	321	12,237	4,532	...	...	325F	8	Rot.	8	14911
Resurrection	W. O'Connor	182	9,718	219	0	6,781	30,539	...	300F*	12	Rot.	12	93711
St. Anne's	J. E. Segraves	260	12,888	288	8,431	6,093	16,759	...	500	12	Rot.	12	15211
St. Joseph	J. B. Watson	155	6,908	185	5,889	2,114	5,457	...	300F	8	Rot.	8	15511
South Chicago Community	A. S. Daniel	223	9,633	273	...	7,321	0	...	225F*	6	Rot.	6	15811
Swedish Covenant	J. C. Kulis	183	7,091	320	...	8,326	27,178	...	225F	9	Rot.	9	15911
University of Chicago Hospitals and Clinics	R. G. Page	500	15,400	484	171,125	17,000	...	...	200P	18	St. Med.	18	16032
										10	St. Surg.	10	16033
										2	St. Ped.	2	16034
										2	St. Path.	2	16036
										6	Mixed ¹	6	16012
University of Illinois Research and Educational Hospitals	D. J. Caseley	454	12,371	487	191,227	21,528	...	...	100FP	36	Rot.	36	15011
Decatur													
Decatur and Macon County	R. B. Olstad	306	15,241	366	4,571	13,872	37,427	138	300F	12	Rot.	12	85711
Evanston													
Evanston Hospital—see Northwestern University Medical Center, Chicago													
St. Francis	J. W. Henry	337	14,511	421	27,761	13,698	45,960	...	325F	12	Rot.	12	16811
										2	Mixed ¹	2	16812
										2	Mixed ²	2	16813
Evergreen Park													
Little Company of Mary	J. B. O'Donoghue, Jr.	459	20,673	629	3,761	17,551	29,955	...	400FP*	24	Rot.	24	16911
Hinsdale													
Hinsdale Sanitarium and Hospital	F. R. Johnson	194	8,575	231	786	6,890	37,697	...	300P	10	Rot.	10	99311
Oak Park													
West Suburban	J. B. Moles	311†	13,138	423	868	10,442	36,602	...	375FP*	20	Rot.	20	17311
Peoria													
Methodist Hospital of Central Illinois	H. I. Brown	397	15,655	413	...	7,961	22,396	...	200FP*	16	Rot.	16	17411
St. Francis		522	19,683	479	15,684	10,444	18,072	...	250F*	18	Rot.	18	17511
Rockford													
Rockford Memorial	G. Kernwein	213	11,514	313	905	17,305	46,135	...	200F	10	Rot.	10	17711
Swedish-American	J. A. Bowman	171	9,964	261	...	10,849	...	...	150P	8	Rot.	8	17911
INDIANA—Hospitals, 10; Internships, 168													
Evansville													
St. Mary's	R. A. Royster	306	13,224	325	717	8,401	3,922	...	300P	6	Rot.	6	94111
Fort Wayne													
Lutheran Hospital	W. Griest	286	11,842	411	709	8,427	23,386	...	300F	6	Rot.	6	18311
Gary													
St. Mary Mercy	L. R. Radigan	277	13,424	367	...	5,460	14,549	...	300F	8	Rot.	8	18411

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APPROVED INTERNSHIPS

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INDIANA—Continued													
Indianapolis													
Indiana University Hospitals	W. D. Close	444	13,118	629	78,268	131	208P	16	St. Med.	16	18732
										16	St. Surg.	16	18733
										6	St. Ped.	6	18734
										4	St. Path.	4	18736
										3	Family Practice ⁸	3	18718
Marion County General	J. W. Hickman	588	13,015	1,040	112,870	32,675	2,098	...	243P	40	Rot.	40	18611
Methodist	J. H. Hall	715	28,404	808	23,094	20,286	42,951	...	300P	20	Rot.	20	18811
										2	St. Med.	2	18832
										2	St. Surg.	2	18833
										2	St. Path.	2	18836
										10	Rot.	10	18911
St. Vincent's	J. L. Morton	244	11,343	260	4,422	6,306	0	...	235F				
Muncie													
Ball Memorial	F. E. Stout	351	15,140	505	420	10,092	96,435	...	350P	8	Rot.	8	19211
South Bend													
Memorial	D. T. Olson	279	12,830	407	281	14,440	10,818	...	300F	10	Rot.	10	19311
St. Joseph's		206	10,062	266	1,231	13,444	...	...	450	9	Rot.	9	19411
IOWA—Hospitals, 5; Internships, 70													
Des Moines													
Broadlawn Polk County	R. E. Carter	143	5,734	366	26,044	25,882	...	...	200F	12	Rot.	12	19911
										4	General Prac. ¹¹	4	19917
Iowa Lutheran	C. Richard	200	10,286	218	0	7,175	1,166	139	250F	10	Rot.	10	20011
Iowa Methodist	L. Staples	420	17,489	399	...	18,440	2,790	...	200F	10	Rot.	10	20111
Mercy	H. G. Ellis	250	13,434	286	5,141	5,915	17,032	...	250F	14	Rot.	14	20211
Iowa City													
State University of Iowa Hospitals	L. E. January	757	24,294	754	149,117	...	18,539	...	200F	20	Rot.	20	20311
KANSAS—Hospitals, 6; Internships, 89													
Kansas City													
Bethany	L. E. Rook	170	8,565	275	7,613	5,363	...	...	410P	8	Rot.	8	20511
St. Margaret	P. Carpenter	190	8,368	265	...	12,194	...	160	325P	8	Rot.	8	20711
University of Kansas Medical Center	C. F. Kittle	403	14,947	493	109,683	18,822	42,662	140	150P	6	St. Med.	6	20832
										3	St. Ped.	3	20834
										6	St. Path.	6	20836
										6	Mixed ¹	6	20812
										3	Mixed ⁴	3	20814
										1	Mixed ⁶	1	20876
										4	Family Practice ⁸	4	20818
Wichita													
St. Francis	J. W. Schmaus	556	24,244	493	2,863	27,085	...	141	250FP	18	Rot.	18	20911
Wesley Hospital	M. A. Throckmorton	410	20,085	359	840	17,550	19,825	142	300FP	16	Rot.	16	21011
Wichita-St. Joseph	L. W. Purinton	218	12,823	187	336	9,096	...	141	350P	10	Rot.	10	21111
KENTUCKY—Hospitals, 6; Internships, 100													
Lexington													
Good Samaritan	R. D. Shepard	185	10,438	315	157	18,782	14,401	...	250FP	11	Rot.	11	21411
University of Kentucky Medical Center	W. R. Willard	...	...	...	...	...	...	...	...	6	St. Med.	6	84832
										5	St. Surg.	5	84833
										3	St. Ped.	3	84834
										8	Mixed ^{1,2,4}	8	84820
St. Joseph	...	207	11,638	305	18,479	10,348	...	...	200FP	...			
University	...	...	...	...	...	...	...	...	250P	...			
Veterans Administration	...	1,119	917	60	360	956	0	...	...	...
Louisville													
Louisville General	C. McGaff	286	13,018	612	107,129	81,864	...	143	100F	14	Rot.	14	21711
										8	St. Med.	8	21732
										6	St. Surg.	6	21733
										4	St. Ped.	4	21734
										2	St. Path.	2	21736
Norton Memorial Infirmary	B. B. Jackson	253	11,611	223	610	5,751	...	143	300FP*	6	Rot.	6	21811
St. Joseph Infirmary	J. L. Mulligan	386	19,293	458	10,447	14,085	7,356	...	385	18	Rot.	18	22011
SS. Mary and Elizabeth	H. D. Gardner	178	12,234	232	523	10,371	10,136	143	200P	9	Rot.	9	22111
LOUISIANA—Hospitals, 8; Internships, 233													
New Orleans													
Charity Hospital of Louisiana	L. Burroughs; E. Hull; C. G. Grulee	2,028	51,228	2,945	426,687	82,051	238,128	...	125F	101	Rot.	101	22411
										16	Mixed ^{1,2,3,4,5}	16	22420
										2	St. Med.	2	22432
										2	St. Surg.	2	22433
										2	St. Ped.	2	22434
										2	St. OBG	2	22435
										1	St. Path.	1	22436
Mercy	C. F. Bellone	166	10,722	248	6,472	1,598	12,775	...	175F*	6	Rot.	6	22611
Ochsner Foundation	G. A. Caldwell	245	10,161	189	122,922	10,857	...	...	125FP*	4	St. Med.	4	96632
										4	St. Surg.	4	96633
Southern Baptist	C. G. Collins	401	20,366	436	7,271	15,023	4,895	145	225P	24	Rot.	24	22811
Touro Infirmary	S. Threefoot	3,874	19,119	1,963	39,431	11,861	23,558	146	210F	25	Rot.	25	22911
Shreveport													
Confederate Memorial Medical Center	D. E. Russell	664	23,522	954	154,068	8,743	...	...	140F	36	Rot.	36	23211
Doctors Hospital and Research Foundation	R. Edmonson	79	5,465	57	...	2,578	1,543	148	375FM	4	Rot.	4	23011
Highland	C. D. Knight	91	5,022	55	...	725	...	148	250F	4	Rot.	4	82111
MAINE—Hospitals, 3; Internships, 24													
Bangor													
Eastern Maine General	H. D. Warren	223	9,740	375	4,230	6,511	35,846	...	150F*	6	Rot.	6	23311
Lewiston													
Central Maine General	G. Clapperton	177	8,009	262	3,471	5,671	15,959	...	200F*	6	Rot.	6	23411
Portland													
Maine Medical Center	M. S. Bacastow	314	13,850	494	30,896	27,716	32,564	...	150FP*	12	Rot.	12	23611

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MARYLAND—Hospitals, 19; Internships, 327													
Baltimore													
Baltimore City Hospitals	F. G. Hubbard	11,290	779	65,762	33,392	...	149	150FP*	11	St. Med.	11	23732	
									6	St. Surg.	6	23733	
									3	St. Ped.	3	23734	
									2	St. Path.	2	23736	
									2	Mixed ¹	2	23753	
									3	Mixed ²	3	23724	
									2	Mixed ⁴	2	23754	
									4	Family Practice ⁸	4	23718	
Bon Secours	J. J. Nolan	207	9,241	226	11,243	5,862	8,010	300F	10	Rot.	10	23811	
Church Home and Hospital		213	7,540	269	12,177	12,644	266	291	12	Rot.	12	23911	
									4	St. Med.	4	23932	
Franklin Square	R. Chambers	131	5,718	156	14,310	13,443	...	250F	8	Mixed	8	24020	
Hospital for Women	F. W. Barnes, Jr.	129	8,273	101	16,338	842	17,180	250FP*	6	Mixed ^{1,3}	6	24120	
Johns Hopkins		765	25,638	994	265,222	52,281	...	151	11	St. Med. (Pvt.)	11	24238	
									16	St. Med.	16	24232	
									12	St. Surg.	12	24233	
									12	St. Ped.	12	24234	
									5	St. Path.	5	24236	
									6	St. OBG.	6	24235	
Lutheran	S. Rossello	157	8,323	232	15,070	19,908	...	150	10	Rot.	10	24311	
Maryland General	C. T. Flotte	278	11,521	432	4,797	6,862	3,043	200FP*	14	Rot.	14	24411	
Mercy		229	10,438	311	29,374	18,054	55,672	250F	16	Rot.	16	24511	
Provident	O. N. Coker	111	5,277	255	10,264	16,036	...	400F	6	Rot.	6	24611	
St. Agnes	E. A. Bianco	232	10,189	279	5,585	19,185	15,507	350F	12	Rot.	12	24711	
St. Joseph's	W. J. Supik	184	7,553	282	13,895	14,638	720	150	8	Rot.	8	24811	
Sinai Hospital of Baltimore	A. I. Mendeloff	355	16,015	421	45,388	30,233	2,136	225P*	4	Rot.	4	24911	
									5	St. Med.	5	24932	
									4	St. Surg.	4	24933	
									4	St. Ped.	4	24934	
									4	Mixed ¹	4	24912	
									1	Mixed ²	1	24913	
									1	Mixed ⁴	1	24914	
South Baltimore General	E. A. Schimunek	141	5,570	203	11,755	20,750	1,144	400F	12	Rot.	12	25011	
Union Memorial	H. E. Wilgis	319	12,274	509	22,725	31,314	1,010	500P	6	Rot.	6	25111	
									8	St. Med.	8	25132	
									5	St. Surg.	5	25133	
University of Maryland	J. E. Bradley	497	15,339	762	140,262	36,743	13,687	200P	18	Rot.	18	25211	
									8	St. Med.	8	25232	
									2	St. Surg.	2	25233	
									3	St. Ped.	3	25234	
									1	St. Path.	1	25236	
									6	Mixed ¹	6	25220	
Bethesda													
Suburban	R. G. Brewer	201	11,817	303	3,278	15,144	11,052	122	310P	6	Rot.	6	25311
Cheverly													
Prince George's General	S. Schwartzbach	327	14,856	404	12,880	23,782	20,886	300F*	12	Rot.	12	90511	
Takoma Park													
Washington Sanitarium and Hospital	G. G. Reynolds	132	250P	16	Rot.	16	25411
MASSACHUSETTS—Hospitals, 35; Internships, 438													
Beverly													
Beverly	R. J. Rowell	168	7,556	242	9,685	6,488	14,896	200F	8	Rot.	8	25511	
Boston													
Beth Israel	J. Fine; H. L. Blumgart	294	11,992	448	57,057	16,566	...	152	175P	12	St. Med.	12	25632
									4	St. Surg.	4	25633	
Boston City	Chairman, Intern. Exam. Committee	896	29,320	1,799	301,280	105,727	...	138F	16	St. Med.	16	25793	
					I and III	Medical Tufts			16	St. Med.	16	25794	
					II and IV	Medical Harvard			16	St. Med.	16	25795	
					V and VI	Medical Boston University			6	St. Surg.	6	25796	
					I	Surgical Tufts			6	St. Surg.	6	25798	
					III	Surgical Boston University			6	St. Surg.	6	25798	
					V	Surgical Harvard			8	St. Surg.	8	25703	
						Straight Specialties, Boston University			6	St. Ped.	6	25704	
						Pathology			3	St. Path.	3	25736	
Boston Floating	M. B. Kreidberg	74	3,507	120	5,578	...	297	153	103F	6	St. Ped.	6	98734
Carney	C. J. Shea	272	11,281	385	12,677	16,246	33,803	154	175FP	12	Rot.	12	25811
Children's Hospital Medical Center	G. Vawter; C. A. Janeway	242	8,998	350	74,098	21,924	...	83F	5	St. Ped.	5	25934	
Massachusetts General		833	26,096	344	206,395	41,296	...	78F	2	St. Path.	2	25936	
									12	St. Med.	12	26132	
									11	St. Surg.	11	26133	
									7	St. Ped.	7	26134	
Massachusetts Memorial Hospitals		174	6,614	206	42,416	...	9,508	152	150	9	St. Med.	9	26232
									6	St. Surg.	6	26233	
									1	St. Path.	1	26236	
New England Center	R. A. Deterling, Jr.; J. Rogers	177	6,309	188	3,471	627	1,054	156	241	13	St. Med.	13	26332
									6	St. Surg.	6	26333	
									2	St. Path.	2	26336	
New England	C. Waldinger	82	3,846	78	10,977	2,388	...	150F	6	Rot.	6	26411	
Peter Bent Brigham		214	6,613	443	44,816	11,611	...	133P	13	St. Med.	13	26532	
St. Elizabeth's	J. P. Rattigan	353	14,623	389	14,787	12,347	25,441	150F	7	St. Surg.	7	26533	
									14	Rot.	14	26611	
Brockton													
Brockton	D. Rosen	212	9,646	286	33,462	17,562	...	284F	6	Rot.	6	26711	
Cambridge													
Cambridge City		158	6,152	334	24,748	16,418	...	175F	12	Rot.	12	26811	
Mount Auburn	D. Hurwitz	204	8,353	309	8,311	11,201	...	175F*	1	St. Path.	1	26936	
									6	Mixed ¹	6	26920	
Fall River													
Truesdale	W. Freeman	127	5,110	179	387	3,139	7,874	158	125F	9	Rot.	9	27011
Union	J. C. Corrigan	184	6,697	213	3,260	4,136	...	200F	8	Rot.	8	86411	
Frammingham													
Frammingham Union	C. G. Tedeschi	144	8,812	240	200	9,520	34,335	200F*	6	Rot.	6	81211	

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MASSACHUSETTS—Continued													
Holyoke	J. E. Yelle	160	6,993	218	6,568	6,655	13,177	250F	6	Rot.	6	27311	
Lawrence	Lawrence General	183	8,221	284	6,335	13,715	18,021	175F*	6	Rot.	6	27411	
Lynn	Lynn	250	10,990	459	9,018	16,633	1,948	200F	10	Rot.	10	27811	
Malden	Malden	178	8,252	212	2,113	6,100	5,164	200F	6	Rot.	6	82711	
Methuen	Bon Secours	169	8,527	216	1,748	7,574	14,046	200F	6	Rot.	6	82811	
New Bedford	St. Luke's	13,657	561	13,795	10,645			200F	10	Rot.	10	27911	
Newton	Newton-Wellesley	187	8,695	277	5,797	9,975	21,222	175F*	8	Rot.	8	28011	
Pittsfield	Pittsfield Affiliated Hospitals	256	11,798	341	11,819	10,649	53,067	250F*	10	Rot.	10	28111	
	Pittsfield General								4	Mixed ¹⁻²	4	28120	
	St. Luke's												
Quincy	Quincy City	310	12,175	440	2,668	16,585	3,619	155 284F	12	Rot.	12	28311	
Salem	Salem	232	8,390	338	6,605	7,578	18,629	200F	6	Rot.	6	28411	
Springfield	Mercy	249	10,536	404	2,941	8,518	7,343	200FP	8	Rot.	8	28511	
	Springfield	364	12,618	591	12,148	14,774	54,069	159 225F	12	Rot.	12	28611	
	Wesson Memorial	195	8,982	320	759	12,337	8,003	157 250F	6	Rot.	6	28711	
Waltham	Waltham	139	6,939	182	1,933	10,584	152	200FP*	6	Rot.	6	28811	
Worcester	Memorial	226	10,469	327	9,023	11,252	3,749	200F*	11	Rot.	11	28911	
	St. Vincent	456	16,365	545	6,935	9,616	20,497	300FP	18	Rot.	15	29011	
	Worcester City	350	13,509	527	29,555	19,723		200FP	12	Rot.	12	29111	
MICHIGAN—Hospitals, 40; internships, 614													
Ann Arbor	St. Joseph Mercy	368	16,901	287	7,274	16,226	70,833	300F	18	Rot.	18	29211	
	University of Michigan	807	20,247	695	247,694	17,140		155	24	Rot.	24	29311	
									6	St. Med.	6	29332	
									12	St. Surg.	12	29333	
									7	St. Ped.	7	29334	
									1	St. Path.	1	29336	
Benton Harbor	Mercy	130	6,208	190	1,294	10,836		275F	6	Rot.	6	96011	
Dearborn	Oakwood	251	13,771	274	424	13,790	9,089	163 250F	14	Rot.	14	94611	
Detroit	Children's Hospital	179	7,554	336	48,993	16,953		250FP*	6	St. Ped.	6	84334	
	Detroit Memorial	285	10,845	329	2,486	2,335	20,576	164 450	12	Rot.	12	29611	
	Evangelical Deaconess	161	7,887	214	1,174	5,596	2,767	161 425P	8	Rot.	8	29711	
	Grace	623	26,662	724	24,207	10,547	8,922	164 250FP*	24	Rot.	24	29811	
	Harper	541	21,315	538	38,629	11,106	3,967	164 250F	28	Rot.	28	29911	
	Henry Ford	884	28,691	1,034	677,364	28,277		285P	26	Rot.	26	30011	
	Mount Carmel Mercy	486	22,518	616	3,147	21,060		380P*	24	Rot.	24	30211	
	Providence	327	13,669	413	8,306	11,081	29,469	400P	12	Rot.	12	30311	
	Receiving	645	22,939	1,169	315,774	124,799	6,250	165 315P	40	Rot.	40	29511	
									4	St. Med.	4	29532	
									4	St. Surg.	4	29533	
	St. John	266	15,153	210	4,738	16,102	14,918	166 300F*	12	Rot.	12	91511	
	St. Joseph Mercy	184	7,692	206	2,735	7,770		166 400FP	9	Rot.	9	30411	
	Sinai Hospital of Detroit	314	13,595	294	38,882	8,992	34,594	164 250	15	Rot.	15	92611	
	Woman's	294	12,504	387	6,003	3,593	28	164 450	16	Rot.	16	30511	
Eloise	Wayne County General Hospital and Infirmary	3,992	9,845	1,261	36,405	15,006		333F	36	Rot.	36	30611	
Filint	Hurley	586	23,546	625	4,589	20,457	12,547	300FP	25	Rot.	25	30711	
	McLaren General	262	12,072	294	256	14,788	9,742	325P	12	Rot.	12	86611	
	St. Joseph	373	17,340	401	5,200	22,568	27,356	350P	14	Rot.	14	30811	
Grand Rapids	Blodgett Memorial	292	15,244	445	4,357	11,207	0	275F	16	Rot.	16	30911	
	Butterworth	322	16,120	489	5,435	19,077	44,160	275P	16	Rot.	16	31011	
									2	St. Surg.	2	31033	
	St. Mary's	283	13,491	420	6,030	18,007	10,867	168 275F	14	Rot.	14	31111	
Grosse Pointe	Bon Secours	146	7,929	196	1,790	7,506	1,154	166 375F	8	Rot.	8	90611	
Highland Park	Highland Park General	236	10,021	250	4,730	13,732	166		12	Rot.	12	31211	
Kalamazoo	Borgess	246	10,707	283	1,797	6,996		250F	8	Rot.	8	31311	
	Bronson Methodist	224	10,832	292	2,638	11,235	18,445	250F	8	Rot.	8	31411	
Lansing	Edward W. Sparrow	340	15,681	298	1,159	11,935	860	500P	10	Rot.	10	31511	
	St. Lawrence	274	13,071	326	250	11,422		425F*	12	Rot.	12	31611	
Midland	Midland	141	8,076	139	3,434	5,970	11,480	167 350FP*	6	Rot	6	96111	
Muskegon	Hackley	221	10,009	263	1,764	10,595	271	325FP	10	Rot.	10	81511	
Petoskey	Little Traverse	103	4,622	98	43,513	3,483			6	Rot.	6	83511	
Pontiac	Pontiac General	308	15,898	366	2,277	20,604	162	325FP	19	Rot.	19	31811	
	St. Joseph Mercy	295	15,752	263	7,464	22,730		325P	12	Rot.	12	31911	

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APPROVED INTERNSHIPS

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MICHIGAN—Continued													
Royal Oak													
William Beaumont	H. A. Ott	244	13,417	360	289	33,544	21,973	...	300P	12	Rot.	12	97811
Saginaw													
Saginaw General		202	9,741	253	175	10,272	...	...	350P	6	Rot.	6	32011
St. Luke's	F. V. Hodges; H. L. Sulfridge	186	9,356	193	...	12,948	46,344	...	400P	8	Rot.	8	32111
St. Mary's	D. B. Heilbronn	139	7,131	160	118	6,491	3,286	...	350P	6	Rot.	6	32211
Traverse City													
James Decker Munson	T. N. Cline	172	8,814	167	15,722	4,656	...	...	275P*	8	Rot.	8	32311
MINNESOTA—Hospitals, 14; Internships, 264													
Duluth													
St. Luke's	J. J. Dwyer	317	13,153	394	...	9,791	...	169	200F	18	Rot.	18	32411
St. Mary's	A. C. Aufderheide	375	12,943	333	...	9,008	6,379	169	200F	12	Rot.	12	32511
Minneapolis													
Metbodist		208	11,909	209	18,542	...	...	...	200F*	12	Rot.	12	86711
Minneapolis General	T. Lowry	300	9,345	612	96,716	47,447	...	...	150F	42	Rot.	42	32911
Mount Sinai	A. L. Schultz	169	8,201	177	4,178	2,405	2,944	...	200FP	14	Rot.	14	86811
Northwestern	F. H. Lott	238	11,084	191	820	6,615	8,611	...	175F	12	Rot.	12	33011
										1	St. Med.	1	33032
										1	St. Surg.	1	33033
										1	St. Ped.	1	33034
St. Barnabas-Swedish Hospitals	L. J. Hay	...	...	...	...	...	...	...	...	24	Rot.	24	33111
St. Barnabas		265	14,756	304	1,490	8,399	...	...	180F	...	...	...	...
Swedish		345	17,669	488	1,221	11,131	...	...	180F	...	...	...	...
St. Mary's	W. F. Mazzitello	401	19,504	378	5,547	7,402	10,109	...	200F	12	Rot.	12	33211
University of Minnesota	R. Amberg	595	14,641	838	102,707	19,123	...	...	170	12	St. Med.	12	33432
										15	St. Surg.	15	33433
										13	St. Ped.	12	33434
Saint Paul													
Ancker	T. E. Broadie	440	15,217	705	88,895	28,352	...	...	175F	32	Rot.	32	33511
Bethesda Lutheran	R. G. B. Bjornson	198	9,928	288	7,581	6,226	167	171	200F	9	Rot.	9	33611
Charles T. Miller	L. A. Tongen	320	12,996	287	30,397	1,375	3,934	172	200F*	14	Rot.	14	33711
St. Joseph's	J. L. Sprafka	336	13,710	250	...	4,332	7,901	...	300F*	14	Rot.	14	33811
St. Luke's	D. E. Westover	188	7,352	202	5,511	5,438	0	173	250P*	6	Rot.	6	33911
MISSISSIPPI—Hospitals, 2; Internships, 37													
Jackson													
Mississippi Baptist	C. D. Brannan	282	17,906	275	4,117	18,029	12,215	...	250P	12	Rot.	12	34011
University	W. N. Bell	249	11,117	496	45,115	16,173	...	...	200	21	Rot.	21	95711
										2	St. Med.	2	95732
										1	St. Ped.	1	95734
										1	St. Path.	1	95736
MISSOURI—Hospitals, 21; Internships, 404													
Clayton													
St. Louis County		118	4,423	358	28,663	25,456	...	...	200F*	10	Rot.	10	34211
Columbia													
University of Missouri Medical Center	V. E. Wilson	282	6,460	336	38,657	4,473	...	...	200P	6	St. Med.	3	99432
										3	St. Ped.	3	99434
										4	St. Path.	4	99436
Kansas City													
Children's Mercy	H. C. Miller	56	2,430	55	37,815	1,218	0	175	175FP*	3	St. Ped.	3	98834
Kansas City General		321	11,430	818	189,759	43,083	...	...	275FP	30	Rot.	30	34311
Menorah Medical Center	E. Twin	294	11,700	289	4,519	20,579	...	174	250F	10	Rot.	10	34511
										4	Mixed ¹⁻²	4	34520
St. Joseph	B. J. Geha	265	12,471	307	610	14,862	44,317	...	250	12	Rot.	12	34711
St. Luke's	R. R. Hall	409	16,239	424	6,382	7,625	7,148	174	225F	18	Rot.	18	34811
St. Mary's	I. Joffe	318	14,478	314	1,702	5,155	12,382	160	250F	12	Rot.	12	34911
Trinity Lutheran	H. H. Shuey	153	6,964	241	...	3,202	...	174	200F	8	Rot.	8	35011
St. Joseph													
Methodist Hospital and Medical Center	J. M. McDaniel	194	9,108	373	501	2,143	784	...	300F	4	Rot.	4	35111
St. Louis													
Barnes		732	27,296	642	193,637	12,516	...	178	35F*	17	St. Med. (Pvt.)	17	35347
										10	St. Med. (Ward)	10	35332
										14	St. Surg.	14	35333
										5	St. Path.	5	35336
										4	St. OBG	4	35335
Deaconess	C. A. Gomez	274	9,504	293	6,095	2,267	17,917	176	400FP	12	Rot.	12	35611
Homer G. Phillips	H. J. Erwin	421	16,617	602	95,257	70,764	...	177	223P	40	Rot.	40	35711
Jewish Hospital	M. D. Pareira	6,133	14,040	514	22,287	11,988	...	180	175F*	10	Rot.	10	35811
										7	Mixed ¹⁻²	7	35820
Lutheran Hospital	F. W. Klinge	258	10,555	409	5,314	4,148	9,726	...	300F	12	Rot.	12	35911
Missouri Baptist	E. R. Lerwick	304	...	293	2,492	2,710	...	...	200F	12	Rot.	12	36011
St. John's	W. F. Kistner	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis Children's	W. L. Tomlinson	349	11,812	398	12,994	3,520	3,036	179	250F	14	Rot.	14	36211
St. Louis City	A. F. Hartmann, Sr.	124	5,232	149	32,265	8,859	...	176	75F	8	St. Ped.	8	86934
		627	16,570	705	97,726	80,217	...	...	235P	36	Rot.	36	36311
										8	St. Med. (Unit I)	8	36332
										8	St. Med. (Unit II)	8	36394
										2	St. Surg. (Unit I)	2	36333
										2	St. Surg. (Unit II)	2	36397
										3	St. Ped.	3	36334
St. Louis University Group of Hospitals		797	29,351	790	165,707	16,195	...	...	135F*	14	Rot.	14	36511
										10	St. Med.	10	36532
										6	St. Surg.	6	36533
										6	St. Ped.	6	36534
										4	St. Path.	4	36536
St. Luke's	P. O. Hagemann	268	10,578	343	15,012	4,320	7,126	180	250F	12	Rot.	12	36411
										4	Mixed ¹⁻²	4	36420
MONTANA—Hospitals, 1; Internships, 4													
Butte													
St. James Community	J. W. Saam	79	10,123	247	...	3,402	250F	4	Rot. ²

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NEBRASKA—Hospitals, 9; Internships, 97													
Lincoln													
Bryan Memorial	J. S. Thompson	113	6,118	161	3,943	5,566	...	300F	6	Rot.	6	36811	
Lincoln General	R. L. Gorthey	138	6,811	196	1,483	3,282	1,205	300F	6	Rot.	6	36911	
St. Elizabeth	...	201	10,890	315	3,332	6,978	2,677	300FP	6	Rot.	6	37011	
Omaha													
Bishop Clarkson Memorial	R. C. Therien	248	12,680	242	...	3,852	...	181 175P	12	Rot.	12	37111	
Creighton Memorial St. Joseph's	R. P. Heaney	447	16,784	464	5,748	3,994	...	156 300F	12	Rot.	12	37211	
Immanuel	E. Langdon	113	6,691	163	1,076	4,888	4,117	182 400	10	Rot.	10	37311	
Nebraska Methodist	J. R. Schenken	208	10,154	240	6,330	...	...	182 400	11	Rot.	11	37411
St. Catherine's	C. S. Moran	167	9,146	233	...	1,833	4,134	156 300P	8	Rot.	8	37511	
University of Nebraska	J. L. Barmore	116	3,382	137	38,727	11,198	15	156 200FP	14	Rot.	14	37611	
4	Gen. Prac. Pro. ¹¹	4										37617	
NEW HAMPSHIRE—Hospitals, 1; Internships, 20													
Hanover													
Mary Hitchcock Memorial	W. A. Tisdale	232	8,262	229	73,170	5,410	3,646	150P	16	Rot.	12	37711	
2	St. Med.	2										37732	
2	St. Surg.	2										37733	
NEW JERSEY—Hospitals, 42; Internships, 482													
Atlantic City													
Atlantic City	J. G. Stella	227	9,832	368	24,853	22,825	2,314	250F	12	Rot.	12	37811	
Bayonne													
Bayonne Hospital & Dispensary	E. Rubenstein	202	7,656	250	5,470	7,043	...	175FP	8	Rot.	8	37911	
Camden													
Cooper	W. T. Snagg	432	17,405	692	35,743	22,393	36,559	263F*	18	Rot.	18	38011	
Our Lady of Lourdes	F. E. Barse	267	10,357	379	7,739	11,911	21,950	400P	10	Rot.	10	93311	
West Jersey	J. R. Eynon	246	10,761	368	9,350	10,418	...	325FP*	12	Rot.	12	38111	
East Orange													
East Orange General	A. Grunberg	174	7,057	302	6,361	8,217	7,592	187 300FP*	6	Rot.	6	38211	
Elizabeth													
Elizabeth General Hospital and Dispensary	J. P. Greeley	237	10,752	426	11,575	12,444	...	300F	12	Rot.	12	38411	
St. Elizabeth	C. R. Ream	167	8,422	350	5,831	9,499	1,103	250FP	12	Rot.	12	38511	
Englewood													
Englewood	C. Wierum	226	10,379	329	12,927	12,040	25,096	260F*	8	Rot.	8	38611	
Flemington													
Hunterdon Medical Center	R. R. Henderson	105	4,991	150	0	4,198	32,190	140F*	4	Family Practice ⁵	4	83818	
Hackensack													
Hackensack	T. Sofianides	302	13,497	389	16,215	14,249	23,954	225F	14	Rot.	14	38711	
Hoboken													
St. Mary's	...	283	9,956	340	8,053	8,642	...	200F	15	Rot.	15	38811	
Jersey City													
Christ	A. Gitlitz	243	94,140	271	5,091	4,195	128	250F	12	Rot.	12	38911	
Jersey City Medical Center	H. J. Jeghers	784	18,585	1,056	85,931	67,050	...	185 150F	18	Rot.	18	39011	
18	St. Med.	18										39022	
10	St. Surg.	10										39033	
6	St. Ped.	6										39034	
4	Mixed ¹	4										39012	
3	Mixed ²	3										39013	
3	Mixed ⁴	3										39014	
9	Rot.	9										39111	
Long Branch													
St. Francis	H. D. Chieffo	173	5,582	131	2,482	1,526	1,771	185 300F	9	Rot.	9	39111	
Monmouth Medical Center													
Monmouth Medical Center	H. Rubin	287	11,792	386	10,901	12,915	...	200F	12	Rot.	12	39211	
1	St. Surg.	1										39233	
Montclair													
Mountainside	C. C. Royer	319	11,205	507	14,265	12,525	28,400	225FP	15	Rot.	15	39311	
Morristown													
All Souls	J. G. Foley	132	5,396	...	2,434	5,594	8,715	186 200F*	3	Rot.	3	90711	
Morristown Memorial	T. Holland	196	10,180	314	10,182	...	16,220	240FP	8	Rot.	8	39411	
Neptune													
Fitkin Memorial	S. H. Rubin	256	10,809	494	14,130	11,989	...	200F	14	Rot.	14	39511	
Newark													
Martland Medical Center	J. H. Fobes	537	17,154	882	10,555	30,502	...	250F	18	Rot.	18	39811	
Newark Beth Israel	I. Applebaum	331	14,522	446	24,794	14,651	6,897	200F	13	Rot.	13	39711	
Presbyterian	J. J. McGuire	267	9,950	428	9,835	4,410	1,322	187 171F	10	Rot.	10	87211	
St. Barnabas Medical Center	A. H. Islami	176	6,857	203	4,470	7,776	5,465	250F*	6	Rot.	6	39611	
St. Michael	M. Corn	353	13,439	369	19,265	9,019	...	250FP*	15	Rot.	15	39911	
4	Family Practice ³	4										39918	
New Brunswick													
Middlesex General	M. Smith	193	9,273	305	8,697	8,527	13,682	188 270P*	8	Rot.	8	97911	
St. Peter's General	G. J. Aitken, Jr.	277	14,101	312	9,986	9,143	...	275F	12	Rot.	12	40011	
Orange													
Orange Memorial	E. P. Q'Sullivan	266	10,348	475	19,595	14,271	24,262	200FP	8	Rot.	8	40111	
Paramus													
Bergen Pines County	C. Wierum	472	5,307	813	17,416	1,271	...	250P*	8	Rot.	8	90811	
Passaic													
Passaic General	...	209	9,639	402	5,846	6,148	4,271	150F	6	Rot.	6	40211	
St. Mary's	...	164	7,937	285	1,818	2,888	4,379	200F	6	Rot.	6	40311	
Paterson													
Barnert Memorial	I. J. Wolf; E. Pear	129	7,330	194	10,109	7,974	...	160P	6	Rot.	6	40411	
Paterson General	J. J. Halleron	270	11,529	485	18,786	15,009	2,917	150F	12	Rot.	12	40511	
St. Joseph's	K. P. Lance	382	13,603	662	23,229	9,750	13,479	250FP*	6	Rot.	6	40611	
6	Gen. Prac. Pro. ¹¹	6										40617	
Perth Amboy													
Perth Amboy General	M. M. Klein	331	15,710	470	4,705	13,450	...	350F	12	Rot.	12	87311	
Plainfield													
Muhlenberg	P. Johnson	323	16,293	609	12,575	14,253	14,186	250F	12	Rot.	12	40711	
Somerville													
Somerset	E. R. Gentile	204	9,939	292	5,778	12,465	11,606	250F	10	Rot.	10	93411	
Summit													
Overlook	K. Burk	297	11,810	338	1,131	6,418	1,586	185 200F	14	Rot.	14	40811	
Teaneck													
Holy Name	...	204	9,709	269	3,069	7,884	5,603	220P	8	Rot.	8	40911	

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NEW JERSEY—Continued													
Trenton													
Helene Fuld	H. L. Levenson	175	6,419	253	8,026	9,068	9,372	300F*	6	Rot.	6	41211	
Mercer	J. J. Fitzpatrick	254	10,026	368	5,788	13,344	391	250F*	9	Rot.	9	41011	
St. Francis	J. J. Fitzpatrick	288	12,596	516	13,232	19,303	2,902	200F*	10	Rot.	10	41111	
NEW MEXICO—Hospitals, 1; Internships, 12													
Albuquerque													
Bernalillo County-Indian	H. B. Woodward	182	6,402	289	26,096	22,592	250FM*	12	Rot.	12	96211		
NEW YORK—Hospitals, 102; Internships, 1,841													
Albany													
Albany Medical Center Hospital	F. Haase, Jr.	631	22,061	554	31,916	24,315	200P*	19	Rot.	19	41411		
Memorial	P. Glasier	200	7,986	248	6,654	10,207	2,556	350F*	7	St. Med.	7	41432	
St. Peter's	J. J. Phelan, Jr.	257	9,444	339	4,744	12,962	13,265	189	250F*	11	St. Surg.	11	41433
Binghamton	J. K. Moyer	251	10,562	370	1,531	6,741	275P	15	Rot.	15	41811		
Bronxville	J. M. Jones	177	6,601	191	3,128	4,235	19,689	200F*	10	Rot.	10	91611	
Buffalo													
Buffalo General	T. T. Jacobs	563	18,838	747	35,967	18,320	2,303	190	200FP*	18	Rot.	18	43611
Children's	M. I. Rubin	227	14,365	175	10,739	4,680	42,956	184	150F*	10	St. Med.	10	43632
Deaconess	G. L. Sheehan	241	9,341	374	3,659	10,073	23,553	190	300F	6	St. Ped.	6	96534
Edward J. Meyer Memorial	C. P. Voltz	777	12,626	958	105,060	15,163	271P	18	St. Med.	14	Rot.	14	43711
Mercy	L. H. Golden	318	13,308	497	4,293	14,904	39,623	250FP*	12	St. Surg.	12	43833	
Millard Fillmore	C. P. Voltz	470	18,530	511	9,968	8,656	190	310	15	Rot.	15	44011	
Sisters of Charity	C. P. Voltz	372	15,192	537	7,407	8,711	20,206	325F*	12	Rot.	12	44111	
Cooperstown													
Mary Imogene Bassett	J. Bordley, III	71	2,757	111	37,297	1,462	150P	9	Rot.	9	44211		
Glen Cove	H. Mayberger	160	8,427	291	7,567	8,208	20,854	200FP	1	St. Med.	1	44232	
Glen Falls													
Glen Falls	M. A. Mastroianni	236	13,117	360	1,742	4,212	6,371	300FP*	8	Rot.	8	44611	
Hempstead													
Meadowbrook	F. B. Champlin	566	17,584	1,707	26,375	32,125	321FP*	6	Rot.	6	44711		
Johnson City													
Charles S. Wilson Memorial	E. Wyso	345	13,057	422	35,312	7,124	26,809	300P	32	Rot.	32	44811	
Kenmore													
Kenmore Mercy	J. E. Kraus	151	8,138	221	190	300F	12	Rot.	12	Rot.	12	82911	
Mineola													
Nassau	L. R. Ferraro	270	14,124	377	5,887	12,080	350	12	Rot.	12	45511		
Mount Kisco													
Northern Westchester	A. Green	128	6,413	218	714	7,261	35,431	320P	6	Rot.	6	45611	
Mount Vernon													
Mount Vernon	F. T. Rogliano	244	9,644	346	13,584	11,333	4,519	175F	12	Rot.	12	45711	
Newburgh													
St. Luke's	G. Flaum	166	8,309	313	6,228	14,222	22,102	250FP*	8	Rot.	8	45811	
New Rochelle													
New Rochelle	A. J. Mannix	254	11,208	447	9,088	22,602	42,631	200F*	15	Rot.	15	45911	
New York City													
Bellevue Hospital Center		2,241	42,554	1,714	419,872	84,511	191FP	12	Mixed ¹	12	46012		
First Medical Division—Columbia University	C. A. Ragan, Jr.								6	Mixed ²	6	46113	
First Surgical Division—Columbia University	J. M. Ferrer, Jr.								3	Mixed ¹	3	46212	
Second Medical Division—Cornell University	T. P. Almy								21	St. Med.	21	46232	
Second Surgical Division—Cornell University	C. W. Holman								7	St. Surg.	7	46333	
Third and Fourth Medical Divisions—New York University College of Medicine	L. Thomas						263		27	St. Med.	27	46432	
Third and Fourth Surgical Division—New York University College of Medicine & Post-Graduate Medical School	J. H. Mulholland								10	St. Surg.	10	46533	
Third Division Department of Pathology—New York Univ. College of Medicine	M. Kuschner								3	St. Path.	3	93036	
Third Division Department of Pediatrics—New York Univ. College of Medicine	S. Krugman							263	10	St. Ped.	6	92934	
Beth-El	I. Snapper	295	11,168	416	47,400	20,866	1,914	150F*	12	Rot.	4	41911	
Beth Israel	L. N. Sussman	308	9,541	334	39,868	9,320	150P	21	Rot.	21	47011		
Booth Memorial	A. Schwartz	175	7,910	239	3,270	3,386	250	6	Rot.	6	82211		
Bronx	E. E. Fischel	257	9,017	308	57,804	26,006	342	204F	9	Rot.	9	47111	
Bronx Municipal Hospital Center	I. M. London	947	14,939	1,178	237,231	99,088	192FP	16	St. Med.	16	93132		
	D. State								10	St. Surg.	10	93133	
	H. L. Barnett								4	St. Ped.	4	93134	
	A. A. Angrist								12	St. Ped. ⁷	12	93168	
Brooklyn	A. G. White	307	11,411	334	58,394	23,254	9,712	160F	4	St. Path.	4	93136	
									10	Rot.	10	42011	
									3	St. Med.	3	42032	
									1	St. Surg.	1	42033	
									4	Mixed ¹	4	42012	
									2	Mixed ²	2	42013	
City Hospital at Elmhurst	S. Bassin	804	13,983	1,274	123,660	41,582	192FP	34	Rot.	34	49111		
									2	St. Surg.	2	49133	

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
New York City—Continued													
Columbus	M. Bazzini	232	6,336	335	13,240	8,030	172	192	200F	14	Rot.	14	47211
Coney Island	A. Kane	448	10,533	997	80,236	62,841	...	...	192FP	15	Rot.	15	42211
Cumberland	J. Tesler	246	8,441	451	98,466	64,481	...	...	192FP	3	Rot.	3	42311
Flushing Hospital and Dispensary	C. Cramer	243	9,908	304	15,227	16,626	...	...	250F	12	Rot.	12	44511
Fordham	A. Kane	360	9,239	792	91,598	44,906	...	...	192FP	8	Rot.	8	47411
French	J. R. Harnes	171	5,934	178	22,519	9,830	2,158	193	200F*	10	Rot.	10	47511
Grand Central	L. Burness	144	5,244	225	4,572	10,092	...	194	175F	2	St. Surg.	2	47533
Greenpoint	A. Kane	115	4,127	153	113,304	49,460	...	...	192FP	10	Rot.	10	46911
Harlem	S. K. Fineberg	838	18,643	1,322	268,908	114,955	...	...	192FP	39	Rot.	39	47811
Hospital for Joint Diseases	A. M. Betcher	275	6,653	151	53,505	16,639	...	195	110F	6	Rot.	6	47911
Jamaica	J. P. Papps	229	9,583	229	12,788	14,866	...	...	175F	8	Rot.	8	44911
Jewish Hospital of Brooklyn	M. G. Goldner	420	15,399	593	83,473	13,963	...	...	135	20	Rot.	20	42511
Jewish Memorial	M. Metz	148	6,195	262	19,026	4,830	...	...	150F	8	St. Med.	8	42532
Kings County Hospital Center	M. Metz	2,372	52,551	3,729	361,080	150,162	...	...	192FP	2	St. Ped.	2	42534
										2	St. OBG	2	42535
										8	Rot.	8	48011
										20	Rot.	20	42611
										28	St. Med.	28	42632
										15	St. Surg.	15	42633
										6	St. Ped.	6	42634
										3	St. Path.	3	42636
										48	Mixed	48	42620
Knickerbocker	M. S. Bruno	196	4,495	259	21,827	29,899	789	196	300P*	6	Rot.	6	48111
										3	St. Med.	3	48132
										3	St. Surg.	3	48133
Lebanon	M. J. Goodfriend	220	7,918	274	27,959	5,440	...	...	175F*	12	Rot.	12	48211
Lenox Hill	H. C. Maier	419	13,676	397	54,017	13,084	...	197	200P	24	Rot.	24	48311
Lincoln	A. M. Betcher	331	11,349	466	155,552	98,676	...	...	192FP	18	Rot.	18	48411
Long Island College	J. N. Edson	355	12,263	503	43,875	21,028	11,612	...	140P	5	Rot.	5	42711
										4	St. Med.	4	42732
										2	St. Surg.	2	42733
										1	St. Ped.	1	42734
										12	Mixed ¹	12	42712
Long Island Jewish	P. E. Lear	241	10,226	310	21,760	11,262	4,555	...	291	14	Rot.	14	96311
Lutheran Hospital of Brooklyn	F. MacNaughton	105	5,817	137	11,505	9,073	...	...	300FO	8	Rot.	8	97211
Lutheran Medical Center	G. F. Cucolo	171	7,001	191	11,434	10,476	...	...	200F	11	Rot.	11	43011
Maimonides Hospital of Brooklyn	D. Grob	455	15,604	754	46,589	19,590	5,501	...	292P	9	Rot.	9	42811
										8	St. Med.	8	42832
										3	St. Surg.	3	42833
										16	Mixed ¹	16	42812
Methodist Hospital of Brooklyn	R. W. Kimball	387	12,663	434	30,096	23,106	...	...	...	10	Rot.	10	42911
										4	St. Med.	4	42932
										1	St. Surg.	1	42933
Misericordia	F. X. Reynolds	219	8,738	243	14,094	12,317	1,074	...	250F	12	Rot.	12	48611
Montefiore	T. Lawyer, Jr.	600	11,731	976	38,526	11,670	9,496	198	160P*	36	Mixed	36	48720
Morrisania City	H. Blinder	327	9,780	687	85,286	60,267	...	...	192FP	18	Rot.	18	48811
Mother Cabrini Memorial	M. Nocero	133	3,152	97	8,165	5,782	5,003	...	300F	8	Rot.	8	48911
Mount Sinai	A. F. Guttmacher	862	25,658	909	172,620	75,257	9,362	...	140P	30	Rot.	30	49011
										6	St. Med.	6	49032
New York		892	28,067	731	218,480	21,725	...	191	153P	18	St. Med.	18	49232
										17	St. Surg.	17	49233
										3	St. Ped.	3	49234
										6	St. Path.	6	49236
										7	Rot.	7	87511
New York Infirmary	C. Traeger	143	7,240	115	5,629	1,141	...	...	215F	6	Rot.	6	49332
New York Polyclinic Medical School and Hospital	A. L. Lichtman	278	10,055	208	42,344	13,974	2,802	...	175	12	Rot.	12	49411
Presbyterian	S. Bradley	1,252	458,168	1,005	372,981	28,888	...	...	250P	12	St. Med.	12	49532
	G. H. Humphrey, III	...	...	...	...	...	...	...	...	12	St. Surg.	12	49533
	D. G. McKay	...	...	...	...	...	...	...	...	3	St. Path.	3	49536
Prospect Heights	L. J. Cibelli	110	5,097	200	...	853	...	...	425P*	6	Rot.	6	87411
Queens Hospital Center	L. J. Morse	1,169	16,065	1,724	133,976	61,257	...	...	192FP	34	Rot.	34	45111
Roosevelt		386	10,859	406	86,675	38,590	4,650	...	158P	8	Mixed ¹	8	49612
										8	Mixed ²	8	49613
St. Catherine's	W. H. LeStrange	199	8,229	370	13,571	25,874	...	...	200F	10	Rot.	10	43111
St. Clare's	J. L. Madden	314	9,448	321	23,774	16,906	3,967	...	200F	13	Rot.	13	49711
										1	St. Med.	1	49732
										2	St. Surg.	2	49733
St. Francis	J. S. Labate	300	9,268	313	18,055	11,687	1,216	...	250F	12	Rot.	12	49811
St. John's Episcopal	B. LoPresto	203	8,199	230	26,072	19,610	...	...	325F*	12	Rot.	12	43211
St. John's Queens	A. E. Passera	157	5,226	174	...	12,414	...	...	200F	16	Rot.	16	45411
St. Luke's		484	11,898	406	110,745	51,877	29,655	...	175P	4	St. Ped.	4	49934
										10	Mixed ¹	10	49912
										8	Mixed ²	8	49913
St. Mary's	M. L. Salica	152	6,092	185	28,701	12,709	...	...	300F	8	Rot.	8	43311
St. Vincent's Hospital of the Borough of Richmond	L. R. Merlino	198	8,716	283	7,311	8,548	191	...	450P	12	Rot.	12	51411
St. Vincent's Hospital of the City of New York	R. J. Boller	732	18,594	862	82,812	39,246	15,000	197	130F	23	Rot.	23	50011
										5	St. Med.	5	50032
										6	St. Surg.	6	50033
Staten Island	M. C. Rosati	214	10,179	268	7,799	8,835	6,700	...	500F*	8	Rot.	8	51511
Sydenham	D. N. Roginsky	142	4,913	143	28,313	54,777	...	...	192FP	9	Rot.	9	50111
Unity	V. Ginsberg	170	7,467	260	11,937	19,221	...	...	300F	8	Rot.	8	43411
Wyckoff Heights	A. L. Statsinger	240	9,514	578	11,675	30,498	369	...	200F	8	Rot.	8	43511
Niagara Falls													
Mount St. Mary's	E. A. Dunlap, Jr.	132	5,802	173	13,908	5,624	...	...	350F*	6	Rot.	6	50311
Niagara Falls Memorial	L. B. Kramer	310	11,916	316	...	12,476	13,641	...	400P*	13	Rot.	13	93511
Oceanside													
South Nassau Communities	J. Zufacht	204	9,762	292	...	4,667	3,824	199	200F	8	Rot.	8	84511

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APPROVED INTERNSHIPS

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NEW YORK—Continued													
Port Chester													
United	L. T. Delaney	212	9,436	322	3,080	14,356			350P*	8	Rot.	8	50411
Poughkeepsie													
St. Francis	R. D. H. Flaherty	166	7,662	229	3,847	6,707	17,391		300FP	6	Rot.	6	50511
Vassar Brothers	B. A. Kanwit	216	10,210	295	5,832	13,936	22,102		275F	8	Rot.	8	50611
Rochester													
Genesee	H. L. Segal	244	11,964	397	17,110	21,621	16,821	200	150FP*	6	Rot.	6	50711
										4	St. Med.	4	50732
										2	St. Surg.	2	50733
										1	St. Path.	1	50734
										4	Mixed ¹	4	50712
Highland	J. W. Holler	187	9,333	308	3,562	5,648	5,672	200	175FP*	4	Rot.	4	50811
										2	St. Med.	2	50832
										3	St. Surg.	3	50833
										5	Mixed ¹	5	50812
Rochester General	P. W. Weld	371	17,427	489	12,019	22,598			150FP*	12	Rot.	12	50911
										5	St. Med.	5	50932
										2	St. Surg.	2	50933
										1	St. Ped.	1	50934
										2	Mixed ¹	2	50924
St. Mary's	W. T. Donovan	281	12,670	403	7,780	14,249	1,773		275F	15	Rot.	15	50948
Strong Memorial-Rochester													
Municipal Hospitals		560	19,123	829	94,735	37,207			125	14	St. Med.	14	51132
										11	St. Surg.	11	51133
										9	St. Ped.	9	51134
										4	St. Path.	4	51136
										4	ST. OBG	4	51135
										2	Mixed ²	2	51113
										2	Mixed ⁴	2	51114
										2	Mixed ³	2	51115
Schenectady													
Ellis	G. D. Vlahides	354	14,268	438	6,553	14,994			300F*	20	Rot.	20	51211
St. Clare's	J. C. Sherman	164	7,442	274	2,442	6,548	8,279		300FP*	12	Rot.	12	51311
Syracuse													
St. Joseph's	B. Levinson	247	13,177	340	19,442	14,069	9,408		300F	12	Rot.	12	51811
State University of New York													
Upstate Medical Center	W. A. Harris	1,314	124,345	1,258	149,936	15,802			225	12	Rot.	12	51611
										14	St. Med.	14	51632
										7	St. Surg.	7	51633
										5	St. Ped.	4	51634
										2	St. Path.	2	51636
										8	Mixed ¹	8	51612
										4	Mixed ⁶	4	51676
Troy													
Samaritan	T. Pemrick	171	8,165	253	2,335	6,733	17,116		400FP*	10	Rot.	10	52011
Utica													
St. Luke's-Memorial Hospital Center	M. L. Nusbaum	201	9,965	330	502	5,235	11,581	201	200F	6	Rot.	6	83611
Valhalla													
Grasslands		345	5,563	391	50,859	13,851	157		200FP	10	Rot.	10	52111
										1	St. Med.	1	52132
										1	St. Surg.	1	52133
White Plains													
White Plains	K. W. Trout	164	7,689	258	9,114	12,979	271		200F*	8	Rot.	8	52311
Yonkers													
St. John's Riverside	C. Brane	185	7,180	284	9,794	7,790	6,523		250F	9	Rot.	9	52411
St. Joseph's	B. P. Lustgarten	115	4,125	153	4,968	6,110	12,499		F	8	Rot.	8	52511
Yonkers General	R. D. Deans	116	5,305	190	7,228	5,159	16,429		275FP*	6	Rot.	6	52611
NORTH CAROLINA—Hospitals, 9; Internships, 197													
Asheville													
Memorial Mission Hospital of Western North Carolina	D. H. Vollmer	264	13,217	387	10,396	16,722	12,986		250FP*	8	Rot.	8	94911
Chapel Hill													
North Carolina Memorial		280	10,384	392	89,824	10,824			167	12	St. Med.	12	90032
										8	St. Surg.	8	90033
										4	St. Ped.	4	90034
										4	St. Path.	4	90036
										9	Mixed ¹	9	90012
Charlotte													
Charlotte Memorial		315	12,741	279	24,861	25,285			320P	10	Rot.	10	52711
Durham													
Duke		507	19,079	672	108,628	12,913	17,886	206	150P*	26	St. Med.	26	52932
										16	St. Surg.	16	52933
										12	St. Ped.	12	52934
										6	St. Path.	6	52936
										1	St. OB G	1	52935
										2	Mixed	2	52920
Watts		238	11,746	234	9,140	14,844	38,350		275P	10	Rot.	10	87711
										4	St. Med.	4	87732
										2	St. Surg.	2	87733
										1	St. Ped.	1	87734
										1	St. OB G	1	87735
										3	Mixed ¹	3	87712
										2	Mixed ²	2	87713
										2	Mixed ³	2	87715
Greensboro													
Moses H. Cone Memorial		244	13,061	269	9,422	14,383			300	16	Rot. ⁷	16	94311
Wilmington													
James Walker Memorial	L. B. Mason	208	10,686	213	3,652	15,955	6,498		300FP*	8	Rot.	8	53411
Winston-Salem													
Kate Bitting Reynolds Memorial	R. L. Smith	158	7,055	368	10,834	15,456	5,971		275P	8	Rot.	8	53611
North Carolina Baptist		353	15,488	519	60,184	13,709			175P	5	St. Med.	5	53732
										6	St. Surg.	6	53733
										3	St. Path.	3	53736
										8	Mixed ¹	8	53720

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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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NORTH DAKOTA—Hospitals, 2; Internships, 14													
Fargo													
St. John's	J. J. Spier	136	6,357	195		3,156	2,207		250FP*	6	Rot.	6	87011
St. Luke's	G. H. Hall	164	7,775	216	130,000	7,092			300F	8	Rot.	8	53911
OHIO—Hospitals, 51; Internships, 807													
Akron													
Akron City	C. W. Loughry	501	17,894	761	16,901	17,925	55,151	207	225FP*	24	Rot. ¹²	24	54111
Akron General	R. T. Allison	420	15,087	555	13,041	12,858	30,555	207	250F*	20	Rot. ¹³	20	54211
St. Thomas	J. P. Sauvageot	247	9,936	317	13,305	11,831	16,066	207	250FP*	15	Rot.	15	54311
										2	Gen. Prac. Pro. ¹¹	2	54317
Barberton													
Barberton Citizens		234	10,930	283	4,036	14,704	21,665		300F	12	Rot.	12	96411
Canton													
Aultman	W. G. Wasson	405	18,190	494	4,418	15,038	50,713		225F*	20	Rot.	20	54411
Mercy	W. P. Yahraus	376	16,483	493	3,280	19,434	2,731		275P	7	Rot.	7	54511
Cincinnati													
Bethesda	J. N. Freyhof	310	14,139	457	7,390	6,125	13,500	208	250F	6	Rot.	6	54611
										6	Mixed	6	54620
Christ	J. N. Ganim	421	15,724	530	7,142	15,881	22,460	208	225F*	18	Rot.	18	54711
										3	St. Surg.	3	54733
Good Samaritan	J. J. Cranley	630	25,416	767	2,919	8,253	32,523		300P*	15	Rot.	15	55011
										4	St. Surg.	4	55033
										2	Mixed ⁴	2	55012
										2	Mixed ⁴	2	55014
Jewish	E. G. Margolin	397	17,349	555	13,987	18,674	23,774		225FP	11	Rot.	11	55111
										6	Mixed	6	55120
University of Cincinnati Hospital Group, Cincinnati General	C. E. Kiely, Jr.	533	17,487	1,038	125,049	97,474			100F	52	Rot.	52	54811
Cleveland													
Cleveland Clinic	C. L. Leedham	412	15,047	550	242,573	4,780		210	100FP*	16	Rot.	16	96811
										4	St. Surg.	4	96833
Cleveland Metropolitan General	T. A. Rose	408	11,400	533	177,707	28,029			167F	16	St. Med.	16	55332
										12	St. Surg.	12	55333
										8	St. Ped.	8	55334
										2	St. Path.	2	55336
Evangelical Deaconess	R. A. George	221	10,016	375	500	19,643		211	200FP*	6	Rot.	6	90911
Fairview Park		334	12,810	349	4,806	18,579			300P	15	Rot.	15	55411
Huron Road	E. M. Goyette	356	12,389	394	8,362	17,276			250FP*	12	Rot.	12	57111
Lutheran	D. W. Schultz	271	10,237	295		13,208	35,996		250F	12	Rot.	12	55611
Mount Sinai	S. Wolpaw	398	15,302	483	50,473	24,052	16,269		180F*	22	Mixed	22	55720
										2	St. Med.	2	55732
St. Alexis	J. J. DeJak	299	11,006	470	5,968	16,899	16,727		200F	8	Rot.	8	55811
St. John's	H. C. Hartzell	241	9,006	251	1,194	11,319	13,151		250FP*	6	Rot.	6	55911
St. Luke's	R. G. Hodges	422	17,789	443	46,746	27,042	26,582		200F	24	Rot.	24	56011
St. Vincent Charity	R. Rogoff	328	10,302	464	44,069	18,944	13,645	212	300F	4	Rot.	4	56111
										8	Mixed	8	56120
University Hospitals of Cleveland		654	24,056	860	167,880	25,682	13,939		142P	16	St. Med.	16	56232
										16	St. Surg.	16	56233
										8	St. Ped.	8	56234
										2	St. Path. ⁹		
Cleveland Heights													
Doctors	J. E. Allen	179	6,643	135	205	4,852	0		200F	8	Rot.	8	56311
Columbus													
Grant	J. P. Stevens							213	325F	16	Rot.	16	56411
Mount Carmel	M. A. Anthony	358	16,924	451	9,987	13,276	18,333	213	250FP	18	Rot.	18	56511
Riverside Methodist-White Cross Hospitals	F. P. Kintz	338	14,809	390	4,843	10,535	3,215	213	275P*	19	Rot.	19	56711
										6	Mixed ^{1,2}	6	56720
University	R. L. Meiling	498	24,019	874	96,921	26,566	149,937	213	177P	18	St. Med.	18	56632
										6	St. Surg.	6	56633
										6	St. Ped.	6	56634
										4	St. Path.	4	56636
Dayton													
Good Samaritan	R. A. Serbin	432	18,840	674	1,564	14,848	4,627		245FP*	10	Rot.	10	56811
Miami Valley	C. R. Brown, Jr.	614	24,611	899	10,678	33,157	26,685		200F*	16	Rot.	16	56911
St. Elizabeth	J. S. Surdyk	391	16,837	537	4,510	22,798			250FP	12	Rot.	12	57011
Elyria													
Elyria Memorial	R. E. Hayes	174	10,152	257	5,407	12,635	23,794		250F*	5	Rot.	5	90111
Euclid													
Euclid-Glenville	J. L. Whitaker	202	8,833	251	1,165	17,312	17,811		200F	10	Rot.	10	55511
Garfield Heights													
Marymount	C. G. Zegiob	202	8,314	187	1,341	15,036	11,927		200F*	12	Rot.	12	57211
Hamilton													
Mercy	C. A. Schuck	255	12,334	340	11,893	10,698	17,683		250FP*	6	Rot.	6	57311
Lakewood													
Lakewood	E. J. O'Malley	244	10,453	310	2,187	11,473	18,496		300F	6	Rot.	6	57411
Lima													
St. Rita's	T. D. Allison	274	12,478	374	467	6,430	35,374	215	275P	12	Rot.	12	57511
Lorain													
St. Joseph	C. Chesner	185	9,886	364	751	16,048	22,390	211	250F	6	Rot.	6	97311
Springfield													
Mercy	A. T. Anton	255	11,142	341	1,363	11,519	27,601		300P	10	Rot.	10	87811
Springfield City	J. Harley	215	10,439	302	2,375	13,046	36,946		300P	10	Rot.	10	57711
Stuebenville													
Ohio Valley	J. Y. Bevan	212	10,776	311	1,305	9,302	1,645		325*	8	Rot.	8	92711
Toledo													
Flower	H. Van Vaaren	178	7,351	203	1,404	7,318		216	325P	9	Rot.	9	57811
Maumee Valley	J. G. Snavely	169	5,706	435	19,470	11,370	2,532		250F	6	Rot.	6	57911
Mercy	E. J. Kurt	300	14	393	11,107	9,869	11,564		275FP	14	Rot.	14	58011
Riverside	E. C. Abramson	158	7,126	176	476	5,514				9	Rot.	9	58111
St. Charles	J. F. Brunner	218	8,905	245	2,918	7,965		217	275F	9	Rot. ⁹		
St. Vincent's	G. N. Bates	448	18,200	588	29,801	17,708			275F*	15	Rot.	15	58211
Toledo	H. H. M. Bowman	372	16,661	471	10,367	26,491	21,550		275F*	20	Rot.	20	58311

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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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
OHIO—Continued													
Warren													
Trumbull Memorial		306	13,667	381	957	13,349	24,340	...	250F	12	Rot.	12	98011
Youngstown													
St. Elizabeth		485	20,637	563	9,418	25,459	306	...	300F	21	Rot.	21	58411
Youngstown	W. D. Loeser	718	25,708	866	9,790	31,183	151,982	...	300F	24	Rot.	24	58511
OKLAHOMA—Hospitals, 8; Internships, 97													
Oklahoma City													
Baptist Memorial		171	8,193	187	...	5,395	...	...	...	7	Rot.	7	84911
Mercy Hospital-Oklahoma City General	B. F. Smith	196	9,804	336	6,053	15,347	18,355	...	350P	7	Rot.	7	58611
St. Anthony	W. S. Hendren	383	18,590	542	19,012	26,014	383	...	250P	14	Rot.	14	58711
University Hospitals	J. M. White	351	10,343	388	91,507	9,668	0	219	175P	10	Rot.	10	58811
										1	St. Path.	1	58836
										8	Mixed ¹	8	58812
										4	Mixed ²	4	58813
										6	Mixed ⁴	6	58814
										4	St. Med.	4	58932
										8	Rot.	8	59011
Veterans Administration	J. F. Hammarsten	426	5,672	311	...	...	...	218	224	150F	...	...	...
Wesley	C. W. Cathey	171	9,778	209	0	2,188	6,040	...	300FM	8	Rot.	8	59111
Tulsa													
Hillcrest Medical Center	F. W. Pruitt	382	18,075	503	23,240	14,286	...	218	150F	16	Rot. ⁷	16	59111
St. John's		623	23,979	590	16,823	18,370	...	...	175FP	12	Rot.	12	59211
OREGON—Hospitals, 7; Internships, 102													
Eugene													
Sacred Heart General	G. F. Starr	189	13,053	310	...	8,461	...	...	250F	8	Rot.	8	59311
Portland													
Emanuel	L. O. Carlson	339	17,067	429	2,089	8,384	...	...	250P	14	Rot.	14	59411
Good Samaritan	J. O. Branford	320	16,127	336	1,679	7,144	8,365	...	250P*	15	Rot.	15	59511
										1	St. Path.	1	59530
Portland Sanitarium and Hospital	C. E. Warnell	171	10,910	241	...	11,640	...	219	250P	10	Rot.	10	59611
Providence	R. A. Payne	258	13,335	312	...	6,634	9,616	220	250P	12	Rot.	12	59711
St. Vincent	R. O. Neilson	255	13,403	411	1,970	5,712	7,247	221	250P*	12	Rot.	12	59811
University of Oregon Medical School Hospitals and Clinics	C. N. Holman	560	12,954	732	182,591	9,833	...	...	150F	30	Rot.	30	59911
PENNSYLVANIA—Hospitals, 76; Internships, 934													
Abington													
Abington Memorial	L. R. Schumacher	322	13,641	453	17,803	14,627	83,154	...	250F*	12	Rot.	12	60011
Allentown													
Allentown	F. D. Fister	458	15,040	620	10,885	6,293	22,768	...	225F	16	Rot.	16	60111
Sacred Heart	E. K. Sipes	384	11,741	399	9,116	12,069	27,335	...	225FP	10	Rot.	10	60211
Altoona													
Altoona	J. M. Stowell	285	11,259	374	4,041	10,451	3,661	...	300F*	12	Rot.	12	60311
Mercy		125	5,284	242	2,072	13,551	...	...	300F	6	Rot.	6	60411
Bethlehem													
St. Luke's	W. L. Estes, Jr.	410	...	516	10,255	13,150	36,857	...	250FP	12	Rot.	12	60511
Bristol													
Lower Bucks County	S. Vine	215	12,210	224	5,502	18,413	22,499	...	300F*	8	Rot.	8	97411
Bryn Mawr													
Bryn Mawr	W. S. Parker	291	11,802	401	10,145	15,722	109,081	...	175F	12	Rot.	12	60611
Chester													
Chester	A. H. Silvers	164	7,498	245	6,389	14,375	...	...	250F	8	Rot.	8	60711
Sacred Heart	J. Kelly	142	6,432	144	438	2,516	...	...	200F	6	Rot.	6	84111
Danville													
Geisinger Medical Center	W. I. Buchert	249	10,676	364	117,297	...	...	...	150FP	12	Rot.	12	60811
										2	Mixed ¹	2	60812
										1	Mixed ²	1	60813
Darby													
Thomas M. Fitzgerald-Mercy	W. J. Zintl	330	12,536	369	14,020	15,590	19,943	...	200F	12	Rot.	12	60911
Delaware County Memorial		210	7,718	340	5,290	12,650	12,000	...	500FP*	8	Rot.	8	85811
Easton													
Easton	W. K. Harlan, Jr.	218	8,816	402	8,679	14,036	15,205	...	250FP	10	Rot.	10	61011
Erie													
Hamot	J. M. Willis, Jr.	298	13,625	490	12,745	17,640	...	...	250F*	10	Rot.	10	61111
St. Vincent's	J. F. Hartman	275	13,390	458	26,653	13,645	62,725	...	250FP*	10	Rot.	10	61211
Greensburg													
Westmoreland	F. D. Edgar, Jr.	220	9,480	336	1,425	8,737	42,810	...	450P*	6	Rot.	6	61311
Harrisburg													
Harrisburg	W. P. Dailey	590	19,493	817	24,438	14,283	6,609	...	200F	24	Rot.	24	61411
Harrisburg Polyclinic	W. Bates	438	15,800	614	16,343	9,298	4,787	...	250F	18	Rot.	18	61511
Johnstown													
Conemaugh Valley Memorial	W. W. Ayres	383	14,045	529	10,634	26,782	13,728	...	250F	12	Rot.	12	61611
Mercy Hospital of Johnstown	D. C. Borecky	177	7,290	179	9	3,079	17,122	...	250F	6	Rot.	6	81611
Lancaster													
Lancaster General	R. S. Wagner, Jr.	422	16,861	524	14,706	14,247	49,699	...	200FP*	12	Rot.	12	61811
St. Joseph	J. F. Young	222	8,593	301	6,011	5,855	2,352	...	350F	6	Rot.	6	61911
McKeesport													
McKeesport	W. J. Fetter	444	15,471	708	13,046	21,180	34,244	...	300FP	10	Rot.	10	62011
Natrona Heights													
Allegheny Valley	J. E. Scheid	200	9,895	350	1,400	12,707	260	...	350FP	4	Rot.	4	93611
Norristown													
Montgomery	J. M. Kohl	187	10,069	284	15,917	23,469	14,720	...	250F*	6	Rot.	6	62111
Philadelphia													
Albert Einstein Medical Center	N. H. Moss; H. W. Copelan	737	25,928	1,111	73,633	32,977	43,149	...	100F*	26	Rot.	26	63111
	"Experience scheduled at both Divisions"									5	St. Med.	5	63132
										4	St. Surg.	4	63133
										4	Mixed ¹	4	63112
										6	Rot.	6	91011
										6	St. Ped. ⁹	6	...
Chestnut Hill		167	7,578	206	6,141	6,607	37,997	...	250F	12	Rot.	12	62311
Children's Hospital of Philadelphia		137	6,527	165	37,767	1,664	24,589	...	...	2	St. Med.	2	62332
Episcopal	C. S. Kambe	299	9,289	366	41,865	20,977	14,329	...	330	2	St. Surg.	2	62333
										8	Rot.	8	62411
Frankford	O. S. Thresher	166	8,389	315	11,351	18,695	19,845	...	400F	8	Rot.	8	62411
Germantown Dispensary and Hospital	J. S. Kurtz	267	9,565	461	23,971	17,085	1,745	...	200FP*	12	Rot.	12	62511

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APPROVED INTERNSHIPS

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Philadelphia—Continued													
Graduate Hospital of the University of Pennsylvania	D. D. Harrell	260	8,245	274	45,122	13,826	9,997	222	100F	12	Rot.	12	62611
Hahnemann Medical College and Hospital	A. K. Olsen	449	14,276	576	63,641	18,226	22,182	...	175P	6	Rot.	6	62711
										8	St. Med.	8	62732
										6	St. Surg.	6	62733
										2	St. Ped.	2	62734
										2	St. Path.	2	62736
Hospital of the University of Pennsylvania	J. N. Bowden	595	19,414	612	118,571	22,839	...	...	100F	30	Rot.	30	62811
										5	St. Med.	5	62832
										5	St. Surg.	5	62833
Hospital of the Woman's College of Pennsylvania	R. L. Lambert	170	6,461	159	34,695	25,666	9,029	...	150	1	St. Path.	1	84936
Jefferson Medical College	R. W. Mohler	613	19,881	641	100,219	26,224	...	...	200	10	Rot.	10	63011
										10	St. Med.	10	63032
										4	St. Surg.	4	63033
Lankenau	A. P. Angelides	350	12,133	385	16,351	8,827	...	...	175FP	12	Rot.	12	63211
Memorial		136	5,323	232	1,960	5,082	...	...	350	6	Rot.	6	63311
Mercy-Douglass	R. F. Minton	202	5,035	144	11,562	8,898	4,020	...	225F*	8	Rot.	8	63411
Methodist	J. F. McCloskey	172	6,764	219	19,572	11,226	...	...	200FP*	8	Rot.	8	63511
Misericordia	W. D. O'Sullivan	302	10,901	435	21,224	21,765	23,322	...	200F	15	Rot.	13	63611
										1	St. Med.	1	63632
										1	St. Surg.	1	63633
Nazareth	C. J. Schreuder	169	8,372	191	2,292	19,355	466	...	300F	10	Rot.	10	63811
Northeastern	R. W. Smith	117	4,810	181	11,182	10,045	2,657	224	500FP	6	Rot.	6	97511
Philadelphia General	A. A. Wallack	307	12,178	416	61,568	18,561	39,804	225	150	18	Rot.	18	63911
Presbyterian	F. C. Fetter	1,327	35,818	1,966	189,293	95,766	...	...	43F*	90	Rot.	90	64011
St. Joseph's		263	7,834	357	25,321	15,601	10,444	225	225F	14	Rot.	14	64111
St. Luke's and Children's Medical Center	J. H. Davidson	153	5,909	191	10,588	7,626	678	...	400F	6	Rot.	6	64311
St. Mary's Franciscan	A. M. Alberico	173	7,045	222	40,943	18,941	...	...	500F	8	Rot.	8	64411
Temple University	T. M. Durant	168	5,855	219	8,140	9,714	1,467	...	300F	8	Rot.	8	64511
Woman's Hospital of Philadelphia	S. H. Orr	702	25,512	714	218,900	42,726	...	...	175	12	St. Med.	9	64632
		68	4,498	100	12,429	8,109	...	...	250F	6	Rot.	6	64711
Pittsburgh													
Health Center Hospitals of the University of Pittsburgh	T. J. Moran	...	...	...	...	...	...	...	...	6	Mixed ²	6	65213
										5	Mixed ⁶	5	65286
										14	St. Med.	14	65232
										8	St. Ped.	8	65234
Mercy	F. J. Luparello	536	16,291	603	25,924	10,586	32,843	...	260F	12	Rot.	12	64911
Montefiore	P. J. Rosenthal	286	11,261	413	23,391	12,185	17,272	...	200F	15	Rot.	15	65011
Pittsburgh	G. D. Patton	181	6,965	234	7,945	11,995	40,729	...	300F	6	Rot.	6	65111
St. Francis General Hospital and Rehabilitation Institute	A. W. Corcoran	620	16,551	608	22,960	14,953	27,744	...	350F	20	Rot.	20	88111
St. Joseph's Hospital and Dispensary	F. N. Tetlow; J. E. Ricketts	137	5,815	217	4,440	9,757	350	...	500F	6	Rot.	6	65511
St. Margaret Memorial	A. C. Heineman, Jr.	135	4,745	155	2,200	3,866	12,440	...	300FP*	6	Rot.	6	65611
Shadyside		285	10,012	421	4,646	5,983	39,847	...	350F	10	Rot.	10	65711
South Side	F. R. Franke	269	10,826	444	10,560	14,010	5,491	...	500F	9	Rot.	9	65811
Western Pennsylvania	W. C. Wycoff	439	15,886	547	28,646	15,628	22,446	...	225F	8	Rot.	8	65911
Pottsville													
Pottsville		219	6,869	340	4,449	5,976	...	...	500F	6	Rot.	6	84711
Reading													
St. Joseph's	D. Hamaty	220	8,436	327	8,636	10,443	...	...	350F	6	Rot.	6	66211
Sayre													
Robert Packer	W. C. Beck	230	11,982	269	58,448	11,873	...	...	160FP*	12	Rot.	12	66411
Scranton													
Scranton State General	J. J. Spitzer	170	4,953	367	18,975	3,926	0	...	424F	8	Rot.	8	66611
Sewickley													
Sewickley Valley	J. R. Johnston	175	7,904	258	11,992	4,786	30,193	...	300F	6	Rot.	6	66711
Uniontown													
Uniontown	T. M. D'Auria	234	9,179	431	6,734	14,344	...	...	350F	6	Rot.	6	66811
Washington													
Washington	J. N. McMahan	281	10,798	469	4,770	24,812	80,347	...	325F	8	Rot. ⁷	8	66911
West Chester													
Chester County		151	5,832	167	5,617	8,170	35,783	...	350F*	6	Rot.	6	88211
West Reading													
Reading	J. R. McShane	454	14,169	583	54,204	9,578	...	...	225F*	14	Rot.	14	66111
Wilkes-Barre													
Mercy	J. Dreier	177	6,375	179	9,020	3,730	12,590	...	400F	4	Rot.	4	67011
Wilkes-Barre General	H. A. Smith, Jr.	258	8,932	439	8,290	4,420	12,550	...	350F	10	Rot.	10	67111
Wilkesburg													
Columbia	W. H. Kunkel	190	8,009	338	15,790	23,522	39,562	...	300F	6	Rot.	6	67211
Williamsport													
Williamsport	E. R. Perez	259	9,833	383	8,902	20,512	...	...	225F*	8	Rot.	8	67311
York													
York	R. L. Evans	345	14,496	632	19,294	14,317	26,326	...	275F*	16	Rot.	16	67411
PUERTO RICO—Hospitals, 9; Internships, 117													
Aguadilla													
Aguadilla District	U. Alvarez-Toro	231	7,268	222	20,049	25,789	...	...	200F	12	Rot.	12	83911
Arecibo													
Arecibo District	J. Anduze-Menendez	218	7,400	307	29,999	15,658	...	...	200F	16	Rot.	16	81811
Caparra Heights													
University (District)		262	8,093	496	54,080	21,589	10,951	...	...	20	Rot. ⁹	...	...
Fajardo													
Fajardo District	W. H. Stoddard	210	6,254	232	27,376	15,331	4,713	...	200F	12	Rot.	12	84011
Ponce													
Hospital de Damas	E. Colon Yordan	117	6,169	69	4,028	3,582	...	...	200F	6	Rot. ⁹	...	...
Ponce District General		341	10,123	554	49,355	19,504	...	...	200FM	16	Rot. ⁹	...	...
Rio Piedras													
Rio Piedras Municipal	P. J. Rullan	183	7,868	242	47,763	51,430	1,623	...	200F	9	Rot. ⁹

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PUERTO RICO—Continued													
San Juan													
Presbyterian		171	8,540	116	12,079	7,850	200F	8	Rot. ⁹
San Juan City	M. Blasini Rivera	276	12,395	517	83,141	134,254	...	...	200FP	18	Rot. ⁹	...	...
RHODE ISLAND—Hospitals, 6; Internships, 64													
Newport													
Newport		174	6,168	206	2,915	6,520	13,907	...	200F*	8	Rot.	8	67511
Pawtucket													
Memorial	A. M. Burgess	203	8,579	371	12,210	21,772	428	...	200F*	8	Rot.	8	67611
Providence													
Miriam	A. M. Burgess	170	6,413	198	3,377	10,947	10,500	226	200FP*	8	Rot.	8	95311
Rhode Island	H. McCusker	544	20,071	887	48,454	35,549	28,797	226	140F	20	Rot. ⁷	20	67711
Roger Williams General	H. E. Darrah	214	9,132	308	5,317	13,946	13,549	...	200FP*	8	Rot.	8	67811
St. Joseph's		206	7,365	356	15,102	12,600	...	...	150F*	12	Rot.	12	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 97													
Charleston													
Medical Center Hospitals (Medical College Hosp. and Roper Hosp.)	C. M. Smythe	...	21,524	708	82,101	28,301	17,782	...	125FP*	30	Rot. 2 St. Med. 2 St. Surg. 2 Mixed ^a	30 2 2 2	68011 68032 68033 68086
Columbia													
Columbia Hospital of Richland County	R. K. Charles, Jr.	424	16,987	534	22,641	27,180	30,875	...	280P	15	Rot. ⁷	15	68111
Florence													
McLeod Infirmary	G. C. Smith	175	9,487	322	7,476	3,095	8,207	...	250F	6	Rot.	6	68211
Greenville													
Greenville General	L. P. Andrews	495	22,045	631	27,624	23,870	32,512	...	300P	18	Rot.	18	68311
Orangeburg													
Orangeburg Regional	L. P. Thackston	183	7,117	281	1,742	6,151	9,645	...	400FP*	4	Rot.	4	68411
Spartanburg													
Spartanburg General	J. V. Jeffords	344	16,588	501	21,436	26,189	28,627	...	325P	18	Rot.	18	68511
SOUTH DAKOTA—Hospitals, 2; Internships, 14													
Sioux Falls													
McKenna	R. J. Quinn	212	9,508	245	...	3,621	9,566	227	175F	7	Rot.	7	68611
Sioux Valley	R. E. Nelson	183	10,552	254	7,743	3,241	...	...	300F	7	Rot.	7	68711
TENNESSEE—Hospitals, 14; Internships, 272													
Chattanooga													
Baroness Erlanger	W. H. Marsh	453	25,784	673	40,908	32,626	...	228	300F	14	Rot.	14	68911
Kingsport													
Holston Valley Community	J. K. Maloy	288	13,285	325	8,223	20,940	...	...	375	8	Rot. ⁹	...	...
Knoxville													
East Tennessee Baptist	R. Crain	229	14,519	214	0	7,100	0	...	300FP*	12	Rot.	12	69011
St. Mary's Memorial	M. P. Fecher	291	12,988	314	828	9,882	5,475	229	310F	12	Rot.	12	69311
University of Tennessee Memorial Research Center and Hospital	McC. Goodall	197	8,713	356	36,439	14,043	...	...	250F	18	Rot. ⁹	...	...
Memphis													
Baptist Memorial	P. Milnor, Jr.	743	35,838	789	9,744	13,575	77,023	...	300F	20	Rot. 4 St. Med.	20 4	69411 69432
City of Memphis Hospitals	I. F. Tullis	450	19,436	1,079	162,295	45,299	...	...	150F*	36 6 St. Med. 4 St. Ped. ⁹	36 6 ...	84411 84432 ...	
Methodist	J. C. Lougheed	411	22,734	484	7,273	17,419	32,519	231	300FP	15	Rot. ⁹	...	...
St. Joseph	J. H. Collins	299	14,905	333	7,777	9,354	12,780	...	300F*	12	Rot. ⁹	...	...
Nashville													
Baptist	B. T. Shorney	355	18,109	432	6,362	9,019	0	...	300F	16	Rot.	16	69911
George W. Hubbard	E. E. Caldwell	159	5,446	294	35,579	22,167	...	...	150F*	18	Rot. ⁹	...	...
Nashville General	J. L. Sawyers	165	6,362	328	50,667	24,902	...	...	300FP*	14	Rot.	14	70011
St. Thomas	R. H. Kampmeier	250	12,713	346	5,532	4,520	4,772	232	300FP*	14	Rot.	14	70111
Vanderbilt University	J. L. Shapiro	333	12,733	435	67,139	24,603	...	233	50F	6 15 St. Med. 13 St. Surg. 9 St. Ped. 4 St. Path.	6 15 13 9 4	70120 70232 70233 70234 70236	
TEXAS—Hospitals, 21; Internships, 340													
Austin													
Brackenridge	R. R. Ross	210	10,811	374	30,178	20,283	...	...	175FP*	14	Rot.	14	70411
Corpus Christi													
Memorial	J. L. Fitzgerald	221	13,252	399	47,797	13,717	...	234	175FP*	8	Rot.	8	70511
Dallas													
Baylor University Medical Center	R. Tompsett	645	34,434	799	13,452	18,602	37,263	235	200P	18 2 St. Med. 2 St. Path. 4 St. Ped.	18 2 1 4	70611 70632 70636 95534	
Children's Medical Center	E. L. Pratt	97	4,850	129	81,117	8,823	...	236	150FP	18	Rot.	18	70711
Methodist Hospital of Dallas	J. W. Davidson, Jr.	352	24,088	377	11,732	11,495	...	...	200F	30	Rot.	30	70811
Parkland Memorial		669	21,462	1,020	160,217	83,525	...	...	125P	10 5 St. Path. 12 Rot. 12 St. Med.	10 5 12 12	70832 70836 70911 88732	
St. Paul	D. A. Sutherland	278	15,243	378	17,817	9,946	2,938	...	200P*	12	Rot.	12	70911
Veterans Administration	B. Friedman	682	6,829	451	...	...	...	237	224P	12	St. Med.	12	88732
El Paso													
R. E. Thomason General	F. H. Van Wagoner	162	5,554	288	38,531	19,141	...	...	275FP*	8	Gen. Prac. Pro. ¹¹	8	71017
Fort Worth													
Harris	E. G. Troutman	340	16,014	360	3,091	6,852	2,793	...	200F	4 4 Mixed ²	Mixed ¹ Mixed ²	4 4	71212 71213
John Peter Smith	W. W. Goldman, Jr.	147	5,870	371	37,570	31,334	151	...	300F	18	Rot.	18	71111
St. Joseph	W. S. Lorimer, Jr.	234	13,439	359	9,212	9,608	1,229	235	250F	6 12 Rot.	Gen. Prac. Pro. ¹² Rot.	6 12	71117 71311

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
TEXAS—Continued													
Galveston													
University of Texas Medical Branch Hospitals		725	15,193	706	141,338	19,087			233P	20	Rot.	20	71411
										9	St. Med.	9	71432
										4	St. Surg.	4	71433
										3	St. Ped.	3	71434
										1	St. Path.	1	71436
Houston													
Hermann	L. J. Crozier	554	27,769	627	75,653	21,344	6,366		150F	18	Rot.	18	71511
Baylor University College of Medicine Hospitals													
Jefferson Davis	G. Jordan, Jr.	404	20,525	509	249,773	60,324		240	100F	26	Rot.	26	71611
										6	St. Med.	6	71632
										4	St. Surg.	4	71633
										4	St. Ped.	4	71634
Methodist		354	15,871	360	8,899	9,101	7,456	241	75F	4	St. Med.	4	71732
										3	St. Surg.	3	71733
Memorial Baptist	J. J. Welch	348	18,388	315	5,525	8,654			195P*	8	Rot.	8	98211
Texas Children's	R. J. Blattner	79	5,910	138	7,697	5,246	4,771		75F	1	St. Path.	1	83136
San Antonio													
Baptist Memorial		235	17,313	412	1,705	12,927	12,414		100FP*	10	Rot.	10	72111
Robert B. Green Memorial	J. W. Simpson	224	9,341	585	85,088	77,414			200FP*	24	Rot.	24	72211
Temple													
Scott and White Memorial	J. D. Ibarra, Jr.	214	9,437	218	46,611	6,198			285P	8	Rot.	8	72511
UTAH—Hospitals, 7; Internships, 99													
Ogden													
St. Benedict's	W. P. Daines	117	9,112	150	1,793	4,061	8,990		225FP	10	Rot.	10	72711
Thomas D. Dee Memorial	D. C. Hunter	182	13,050	270	2,849	11,082	16,839			14	Rot.	14	72811
Salt Lake City													
Holy Cross	J. A. Gubler	185	10,917	202	1,119	4,209	29,799	242	150FP*	12	Rot.	12	73011
Latter-Day Saints	T. W. Nielsen	370	21,320	602	4,524	13,239	2,383	243	250FP*	20	Rot.	20	72911
St. Mark's	J. F. Waldo	207	11,243	226	1,700	3,558	1,049		275P	6	Rot.	6	73111
										2	Mixed ¹	2	73120
University of Utah Affiliated Hospitals													
Salt Lake County General	F. H. Tyler	225	4,280	341	43,224	21,895		244	190P*	14	Rot.	14	73211
										11	St. Med.	11	73232
										6	St. Surg.	6	73233
										4	St. Ped.	4	73234
Veterans Administration	F. H. Tyler	617	2,941	215				243	234				
VERMONT—Hospitals, 2; Internships, 27													
Burlington													
DeGoesbriand Memorial	H. L. Martin	143	6,572	166	5,249	10,985			100FP*	12	Rot.	12	73411
Mary Fletcher	E. L. Amidon	209	9,103	257	10,604	6,200	14,695		75FO*	14	Rot.	14	73511
										1	St. Path.	1	73536
VIRGINIA—Hospitals, 13; Internships, 217													
Charlottesville													
University of Virginia	J. M. Stacey	411	14,793	533	68,565	14,946			75F	6	Rot.	6	73711
										12	St. Med.	12	73732
										8	St. Surg.	8	73733
										6	Mixed	6	73720
Newport News													
Riverside	W. H. Sipe	206	11,006	288	4,425	15,479			300FP	8	Rot.	8	73911
Norfolk													
De Paul	J. D. Price	259	14,571	388	18,103	19,918	23,871		300F	12	Rot.	12	74011
Norfolk General	D. W. Drew	363	16,336	573	44,556	23,344		245	150F*	16	Rot.	16	74111
Petersburg													
Petersburg General	R. M. Jackson	263	10,089	296	6,684	3,910			450P	12	Rot.	12	99611
Portsmouth													
Maryview	G. H. Carr, Jr.	137	7,390	207		7,298			450FP*	8	Rot.	8	99711
Richmond													
Johnston-Willis	T. N. P. Johns	214	7,490	249		4,865	5,114	247	300F	12	Rot.	12	74211
Medical College of Virginia—Hospital Division	K. Nelson	935	26,610	1,037	85,896	48,595			100F	35	Rot.	35	74311
										14	St. Med.	14	74332
										10	St. Surg.	10	74333
										4	St. Ped.	4	74334
										4	St. Path.	4	74336
Stuart Circle	C. Williams, Jr.	118	4,759	143				248	315F	8	Rot.	8	74411
Roanoke													
Jefferson	M. J. Moore	149	5,828	170	322	5,862	225		175F	6	Mixed ²	6	74613
Lewis-Gale	F. A. Wade	140	5,913	178	35,961	40,197			400FP*	6	Rot.	6	74711
Roanoke Memorial		320	12,606	296	9,141	9,879	6,503		250F*	24	Rot.	24	74811
Winchester													
Winchester Memorial		240	11,181	285		9,978			250F	6	Rot.	6	74911
WASHINGTON—Hospitals, 13; Internships, 176													
Seattle													
Children's Medical Center	R. A. Aldrich	125	7,106	168	29,048	1,920		249	155F	6	St. Ped.	6	99034
Doctors	R. F. Brown; H. V. Hartzell	131	9,293	207		3,875		250	300FP*	8	Rot.	8	75111
King County	P. L. Peterson	444	13,011	897	68,577	33,175			110F	28	Rot.	28	75211
										5	St. Med.	5	75232
										4	St. Surg.	4	75233
Providence	J. F. Nelson	222	14,032	326	4,120	5,920	5,826		250F*	12	Rot.	12	75311
Swedish	A. W. Lobb	291	16,871	469	5,600	4,800		250	200FP*	16	Rot.	16	75511
University	J. R. Hogness	125	3,977	147	42,983	7,454			150P	6	Rot.	6	91811
										7	St. Med.	7	91832
										6	St. Surg.	6	91833
										4	St. Ped.	4	91834
										1	St. Path.	1	91836
Virginia Mason	R. P. Pillow	160	9,598	198	0	4,325	0	250	175FP*	11	Rot.	11	75611

Numerical and other references are listed on pages 102 through 109.

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 (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
WASHINGTON—Continued													
Spokane													
Deaconess	T. E. Ludden	200	14,180	393	...	14,897	...	...	300F*	12	Rot.	12	75711
Sacred Heart	E. W. Abrams	374	25,446	579	3,470	15,143	...	252	300F*	15	Rot.	15	75811
St. Luke's	L. C. Pence	99	7,462	163	2,479	5,510	...	253	250F*	8	Rot.	8	75911
Tacoma													
Pierce County General	C. Allison; R. Barronian	137	5,725	416	23,502	4,862	...	254	250FP*	11	Rot.	11	76011
St. Joseph	B. R. Rowen	168	10,857	325	...	6,617	3,370	...	300P	6	Rot.	6	76111
Tacoma General	R. R. Burt	166	10,032	297	...	4,867	4,979	254	150FP*	10	Rot.	10	76211
WEST VIRGINIA—Hospitals, 7; Internships, 88													
Charleston													
Charleston General	...	190	8,342	185	10,314	6,698	18,720	...	300FP*	8	Rot.	8	76411
Memorial	I. S. Perry	249	12,646	292	14,247	13,218	11,990	255	300F	13	Rot. ⁷	13	90211
Huntington													
Cabell Huntington	W. Bray	197	11,295	292	5,081	13,972	1,887	256	250F*	8	Rot.	8	97611
St. Mary's	R. A. Barnett	288	14,576	380	19,405	4,013	...	...	250FP*	14	Rot.	14	76611
Morgantown													
West Virginia University Medical Center	W. G. Klingberg	122	3,222	157	12,531	6,434	...	...	100FP*	12	Mixed	12	83720
										2	St. Med.	2	83732
										2	St. Surg.	2	83733
										2	St. Ped.	2	83734
Wheeling													
Ohio Valley General	R. O. Strauch	354	12,141	487	10,683	8,889	...	...	250F*	15	Rot.	15	76911
Wheeling	G. M. Kellas	185	8,462	213	5,503	4,988	1,344	...	300F	10	Rot.	10	77011
WISCONSIN—Hospitals, 17; Internships, 207													
Janesville													
Mercy	M. J. Roessler	150	7,102	178	...	2,871	6,584	...	250F	6	Rot.	6	77311
La Crosse													
La Crosse Lutheran	S. E. Sivertson	175	8,521	175	82,837	11,000	...	...	300F	6	Rot.	6	77411
Madison													
Madison General	R. Rotter	280	13,064	348	1,315	7,625	...	...	215F*	14	Rot.	14	77611
St. Mary's	R. J. Botham	221	10,791	285	260	3,615	...	...	225F*	8	Rot.	8	77811
University Hospitals	...	548	15,402	440	40,846	3,468	45,233	...	100F	6	St. Ped.	6	77934
										2	St. Path.	2	77936
										12	Mixed ¹	12	77912
										6	Mixed ²	6	77913
Marshfield													
St. Joseph's	G. Magnin	204	10,196	290	2,404	1,206	...	...	250FP*	7	Rot.	7	78011
Milwaukee													
Columbia	R. W. Byrne	237	8,375	242	17,475	5,431	28,693	257	325P	10	Rot.	10	78111
Evangelical Deaconess	R. S. Haukohl	234	11,519	324	141	1,088	1,904	258	325F	12	Rot.	12	78211
Milwaukee Children's	F. J. Mellencamp	133	7,331	76	37,370	240	5,187	259	275P	2	St. Ped. ⁹	...	...
Milwaukee County	...	539	22,424	1,740	160,990	21,737	...	...	176P	40	Rot.	40	78411
Milwaukee	D. J. Carlson	226	10,424	267	...	...	43,154	257	325P	12	Rot.	12	78511
Misericordia	F. L. Ziehl	132	6,851	184	6,230	...	...	257	375F	6	Rot.	6	89711
Mount Sinai	A. Lieberthal; M. Glicklich	278	12,458	309	13,843	420	512	260	250F*	9	Rot.	9	78711
										2	Mixed ¹	2	78712
										2	Mixed ²	2	78713
										1	Mixed ³	1	78715
St. Joseph's	K. E. Sauter	297	16,007	292	...	1,353	16,394	261	345F	12	Rot.	12	78811
St. Luke's	W. D. Shapiro	242	11,430	321	1,209	11,500	18,427	262	325P	12	Rot.	12	78911
St. Mary's	J. D. Conway	219	9,744	283	1,128	1,494	4,631	262	400F	10	Rot.	10	79011
St. Michael	F. E. Berridge	261	11,341	199	25,261	6,273	18,102	...	300FP	10	Rot.	10	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 and Hospitals of the American Medical Association.

This list, revised to December 30, 1961, 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	Kitchener-Waterloo Hospital	Kitchener	Hotel-Dieu St.-Vallier	Chicoutimi
St. Paul's Hospital	Vancouver	St. Joseph's Hospital	London	Hopital du Sacre-Coeur	Montreal
St. Vincent's Hospital	Vancouver	Victoria Hospital	London	Hopital Saint-Luc	Montreal
Vancouver General Hospital	Vancouver	Oshawa General Hospital	Oshawa	Hotel-Dieu de Montreal	Montreal
Royal Jubilee Hospital	Victoria	Ottawa Civic Hospital	Ottawa	Jewish General Hospital	Montreal
St. Joseph's Hospital	Victoria	Ottawa General Hospital	Ottawa	Maisonneuve Hospital	Montreal
Alberta					
Calgary General Hospital	Calgary	Hopital St.-Louis-Marie de Montfort	Ottawa	Montreal General Hospital	Montreal
Holy Cross Hospital	Calgary	Peterborough Civic Hospital	Peterborough	Hopital Notre-Dame	Montreal
Edmonton General Hospital	Edmonton	General Hospital of Port Arthur	Port Arthur	Queen Elizabeth Hospital	Montreal
Misericordia Hospital	Edmonton	St. Joseph's General Hospital	Port Arthur	Royal Victoria Hospital	Montreal
Royal Alexandra Hospital	Edmonton	St. Catharines General Hospital	St. Catharines	Reddy Memorial Hospital (Westmount)	Montreal
University of Alberta Hospital	Edmonton	St. Thomas-Elgin Hospital	St. Thomas	St. Mary's Hospital	Montreal
Saskatchewan					
Regina General Hospital	Regina	St. Joseph's Hospital	Sarnia	Hopital de l'Enfant-Jesus	Quebec
Regina Grey Nuns' Hospital	Regina	Sarnia General Hospital	Sarnia	Hopital du Sacre-Sacrement	Quebec
St. Paul's Hospital	Saskatoon	Scarborough General Hospital	Scarborough	Hopital St.-Francois-d'Assise	Quebec
Saskatoon City Hospital	Saskatoon	Sudbury General Hospital	Sudbury	Hotel-Dieu de Quebec	Quebec
University Hospital	Saskatoon	New Mount Sinai Hospital	Toronto	Jeffrey Hale's Hospital	Quebec
Manitoba					
St. Boniface General Hospital	St. Boniface	St. Joseph's Hospital	Toronto	Hopital General St.-Vincent-de Paul	Sherbrooke
Grace Hospital	Winnipeg	St. Michael's Hospital	Toronto	Hotel-Dieu de Sherbrooke	Sherbrooke
Misericordia Hospital	Winnipeg	Toronto East General and Orthopaedic Hospital	Toronto	Sherbrooke Hospital	Sherbrooke
Winnipeg General Hospital	Winnipeg	Toronto General Hospital	Toronto	Hopital St.-Joseph	Trois-Rivieres
Ontario					
Brantford General Hospital	Brantford	Toronto Western Hospital	Toronto	Hopital General de Verdun	Verdun
McKellar General Hospital	Fort William	Wellesley Hospital	Toronto	New Brunswick	
Hamilton General Hospital	Hamilton	Women's College Hospital	Toronto	Victoria Public Hospital	Fredericton
St. Joseph's Hospital	Hamilton	Grace Hospital	Windsor	The Moncton Hospital	Moncton
Hotel-Dieu Hospital	Kingston	Hotel-Dieu de St. Joseph	Windsor	Saint John General Hospital	Saint John
Kingston General Hospital	Kingston	Metropolitan General Hospital	Windsor	Nova Scotia	
				Halifax Infirmary	Halifax
				Victoria General Hospital	Halifax
				Newfoundland	
				St. John's General Hospital	St. John's

ABBREVIATIONS AND NOTES

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

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

100. Children's Hospital, Birmingham, Ala.
101. Veterans Administration Hospital, Birmingham, Ala.
102. Maricopa County General Hospital, Phoenix, Ariz.
103. Arkansas Children's Hospital, Little Rock, Ark.
104. Veterans Administration Hospital, Little Rock, Ark.
105. Children's Hospital of East Bay Highland-Alameda County Hospital, Oakland, Calif.
106. Los Angeles County General Hospital, Los Angeles, Calif.
107. Santa Monica Hospital, Santa Monica, Calif.
108. Children's Hospital, Los Angeles, Calif.
109. Los Angeles County Hospital; Children's Hospital, Los Angeles, Calif.
110. Fairmont Hospital of Alameda County, San Leandro, Calif.
111. Community Hospital of San Mateo County, San Mateo, Calif.
112. Children's Hospital, San Francisco, Calif.
113. Mary's Help Hospital, San Francisco, Calif.
114. Mary's Help Hospital, San Francisco; Southern Pacific Hospital, Tucson, Ariz.
115. Los Angeles County Harbor General Hospital, Torrance, Calif.
117. Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn.
118. California Hospital, Los Angeles, Calif.
119. Presbyterian Hospital, St. Joseph's Hospital, St. Luke's Hospital, Denver, Colorado
120. Children's Hospital, Denver, Colo.
121. Denver General Hospital, Denver, Colo.
122. Children's Hospital, Washington, D. C.
123. DeWitt Army Hospital, Ft. Belvoir, Va.
124. District of Columbia General Hospital, Washington, D. C.
125. Arlington Community Hospital, Arlington, Va.
126. Polk County Hospital, Bartow, Florida
127. Jackson Memorial Hospital, Miami, Florida
128. Grady Memorial Hospital, Atlanta, Ga.
129. Christ Community Hospital, Chicago, Ill.
130. Illinois Masonic Hospital, Chicago, Ill.
131. Veterans Administration Hospital, Indianapolis, Ind.
132. Children's Hospital, District of Columbia General Hospital, Washington, D. C.
133. St. Margaret's Hospital, Boston City Hospital, Boston, Mass.
134. Queens Hospital, Honolulu, Hawaii
135. Children's Memorial Hospital, Chicago, Ill.
136. Frank Cuneo Memorial Hospital, Chicago, Ill.
137. Mercy Hospital, Chicago, Ill.; Little Company of Mary Hospital, Evergreen Park, Ill.
138. Macon County Tuberculosis Sanatorium, Decatur, Ill.
139. Booth Memorial Hospital, Des Moines, Iowa
140. Children's Mercy Hospital; Veterans Administration, Kansas City, Mo.
141. Sedgwick County Hospital, Wichita, Kansas
142. Booth Memorial Hospital, Sedgwick County Hospital, Wichita, Kansas
143. Children's Hospital, Louisville, Ky.
144. Charity Hospital of Louisiana, New Orleans, La.
145. Lallie Kemp Charity Hospital, Independence, La.
146. Washington-St. Tammany Charity Hospital, Bogalusa, La.
148. Confederate Memorial Medical Center, Shreveport, La.
149. Johns Hopkins Hospital, Baltimore, Md.
150. University Hospital, Baltimore, Md.
151. Baltimore City Hospitals, Baltimore, Md.
152. Boston City Hospital, Boston, Mass.
153. Lynn Hospital, Lynn, Mass.
154. St. Margaret's Hospital, Boston, Mass.
155. Brockton Hospital, Brockton, Mass.
156. Douglas County Hospital, Omaha, Nebr.
157. Wesson Maternity Hospital, Springfield Hospital, Springfield, Mass.
159. Wesson Maternity Hospital, Springfield, Mass.
160. Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.
161. Harper Hospital, Detroit, Mich.
162. Pontiac State Hospital, Pontiac, Mich.
163. Wayne County General Hospital, Eloise, Mich.
164. Children's Hospital, Receiving Hospital, Detroit, Mich.
165. Herman Kiefer Hospital, Detroit, Mich.
166. Children's Hospital, Detroit, Mich.
167. University of Michigan Medical Center, Ann Arbor, Mich.
168. Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich.
169. Miller Memorial Hospital, Duluth, Minn.
170. Anoka State Hospital, Anoka, Minn.; Children's Hospital, St. Paul, Minn.
171. Children's Hospital, Gillette State Hospital for Crippled Children, St. Paul, Minn.
172. North Memorial Hospital, Minneapolis, Minn.; Children's Hospital, St. Paul, Minn.
173. Children's Hospital, St. Paul, Minn.
174. Children's Mercy Hospital, Kansas City, Mo.
175. Kansas City General Hospital, Kansas City, Mo.; University of Kansas Medical Center, Kansas City, Kansas.
176. St. Louis Maternity Hospital, St. Louis, Mo.; St. Louis County Hospital, Clayton, Mo.
177. Malcolm Bliss Health Center, St. Louis, Mo.
178. St. Louis City Hospital, Veterans Administration Hospital, St. Louis, Mo.
179. St. Louis City Hospital, St. Louis, Mo.
180. St. Louis Children's Hospital, St. Louis, Mo.
181. Children's Memorial Hospital, Douglas County Hospital, Omaha, Neb.
182. Children's Memorial Hospital, Omaha, Neb.
184. Buffalo General Hospital, Buffalo, N. Y.
185. Margaret Hague Maternity Hospital, Jersey City, N. J.
186. St. Michael's Hospital, Newark, N. J.
187. Babies Hospital, Newark, N. J.
188. Roosevelt Hospital for Chest Diseases, Metuchen, N. J.
189. A. N. Brady Hospital, Albany, N. Y.
190. Children's Hospital, Buffalo, N. Y.
191. Memorial and Hospital for Special Surgery, New York City
192. City Hospital at Elmhurst, Elmhurst, N. Y.
193. Knickerbocker Hospital, New York City
194. French Hospital, New York City
195. Jewish Hospital, Brooklyn, N. Y.
196. Lincoln Hospital, New York City
197. Hunterdon Medical Center, Flemington, N. J.
198. Morrisania Hospital, Bronx Hospital, New York City
199. Meadowbrook Hospital, Hempstead, N. Y.
200. Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.
201. Utica State Hospital, Utica, N. Y.
207. Children's Hospital, Akron, Ohio
208. Children's Hospital, Cincinnati, Ohio
210. Cleveland Metropolitan General Hospital, St. Vincent's Charity Hospital, Booth Memorial, Cleveland, Ohio
211. St. Vincent's Charity Hospital, Cleveland, Ohio
212. St. Ann's Hospital, Cleveland, Ohio
213. Children's Hospital, Columbus, Ohio
215. Lima State Hospital, Lima, Ohio
216. Children's Hospital, Toledo, Ohio
217. Mercy Hospital, Toledo, Ohio
218. University of Oklahoma Hospitals, Oklahoma City, Okla.
219. University of Oregon Hospitals, Shriners Hospital, Louise Home Hospital, Portland, Oregon
220. St. Vincent's Hospital, Portland, Oregon
221. Providence Hospital, Portland, Oregon
222. Pennsylvania Hospital, Philadelphia, Pa.
224. St. Christopher's Hospital for Children, Philadelphia, Pa.
225. Children's Hospital, Philadelphia, Pa.
226. Providence Lying-in Hospital, Providence, R. I.
227. Veterans Administration Hospital, Sioux Falls, S. Dak.
235. W. I. Cook Memorial Hospital for Children, Fort Worth, Texas
236. Parkland Memorial Hospital, Dallas, Texas
237. Parkland Memorial Hospital, Veterans Administration Hospital, Dallas, Texas
228. T. C. Thompson Children's Hospital, Chattanooga, Tenn.
229. University of Tennessee Memorial Research Center and Hospital, Knoxville, Tenn.
231. John Gaston Hospital, Le Bonheur Hospital, West Tennessee Tuberculosis Hospital, Memphis, Tenn.
232. Nashville General Hospital, Nashville, Tenn.
233. Nashville General Hospital, Veterans Administration Hospital, Nashville, Tenn.
234. Driscoll Foundation Children's Hospital, Corpus Christi, Texas
240. Texas Children's Hospital, Houston, Texas
241. Jefferson Davis Hospital, Houston, Texas
242. Salt Lake County General Hospital, Salt Lake City, Utah
243. Primary Children's Hospital, Salt Lake City, Utah
244. Veterans Administration Hospital, Salt Lake City, Utah
245. Kings Daughters Pediatric Hospital, Norfolk, Va.
246. U. S. Naval Hospital, Portsmouth, Va.

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

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| 247. Medical College of Virginia Hospital, Tucker Hospital, Richmond, Va. | 256. Veterans Administration Hospital, Huntington, W. Va. |
| 248. Medical College of Virginia Hospital, Richmond, Va. | 257. Milwaukee Children's Hospital, Milwaukee, Wis. |
| 249. Providence Hospital, Seattle, Wash. | 258. Milwaukee County General Hospital, Milwaukee, Wis. |
| 250. Children's Orthopedic Hospital, Seattle, Wash. | 259. Milwaukee Hospital, St. Joseph Hospital, Martha Washington Home, Milwaukee, Wis. |
| 251. Fort Defiance Indian Hospital, Fort Defiance, Ariz.; U. S. Army Hospital, Fort Lawton, Wash. | 260. Milwaukee Children's Hospital, Milwaukee County Hospital, Milwaukee, Wis. |
| 252. Veterans Administration Hospital, Spokane, Wash. | 261. Milwaukee County Emergency Hospital, St. Michael's Hospital, Milwaukee, Wis. |
| 253. Booth Memorial Salvation Army Hospital, Fairchild Air Force Hospital, Spokane, Wash. | 262. Milwaukee Children's Hospital, Milwaukee County Emergency Hospital, Milwaukee, Wis. |
| 254. Mary Bridge Children's Hospital, Tacoma, Wash. | |
| 255. Salvation Army Hospital, Charleston, W. Va. | |

INDEX OF

INTERNSHIPS BY TYPE OF SERVICE

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

APPROVED INTERNSHIPS BY TYPE OF SERVICE

MIXED INTERNSHIPS

University Hospital and Hillman Clinic.....	Birmingham, Ala.	University of Kansas Medical Center.....	Kansas City, Kan.
University.....	Little Rock, Ark.	University of Kentucky Medical Center.....	Lexington, Ky.
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.	Charity Hospital of Louisiana.....	New Orleans
Franklin.....	San Francisco	Baltimore City Hospitals.....	Baltimore
French.....	San Francisco	Franklin Square.....	Baltimore
San Francisco General.....	San Francisco	Hospital for Women.....	Baltimore
Southern Pacific.....	San Francisco	Sinai Hospital of Baltimore.....	Baltimore
District of Columbia General.....	Washington, D. C.	University of Maryland.....	Baltimore
Program II—Georgetown University		Mount Auburn.....	Cambridge, Mass.
Program V—George Washington University		Pittsfield Affiliated Hospitals.....	Pittsfield, Mass.
Program VIII—Howard University		Menorah Medical Center.....	Kansas City, Mo.
Program X—Howard University		Jewish.....	St. Louis
Georgetown University.....	Washington, D. C.	St. Luke's.....	St. Louis
Eugene Talmadge Memorial.....	Augusta, Ga.	St. Louis University Group of Hospitals.....	St. Louis
Michael Reese Hospital and Medical Center.....	Chicago	Creighton Memorial St. Joseph's.....	Omaha
Northwestern University Medical Center.....	Chicago	Jersey City Medical Center.....	Jersey City, N. J.
Evanston (Evanston, Illinois)		Beth-El.....	Brooklyn
Passavant Memorial (Chicago, Ill.)		Brooklyn.....	Brooklyn
University of Chicago Hospitals and Clinics.....	Chicago	Kings County Hospital Center.....	Brooklyn
St. Francis.....	Evanston, Ill.	Long Island College.....	Brooklyn
		Maimonides Hospital of Brooklyn.....	Brooklyn
		Montefiore.....	New York City
		Roosevelt.....	New York City
		St. Luke's.....	New York City

Genesee.....	Rochester, N. Y.	Mount Sinai.....	Chicago
Highland.....	Rochester, N. Y.	Northwestern.....	Chicago
Rochester General.....	Rochester, N. Y.	Chicago Wesley Memorial	
Strong Memorial-Rochester Municipal Hospitals.....	Rochester, N. Y.	Presbyterian-St. Luke's.....	Chicago
State University of New York Upstate Medical Center.....	Syracuse, N. Y.	University of Chicago Hospitals and Clinics.....	Chicago
North Carolina Memorial.....	Chapel Hill, N. C.	Indiana University Hospitals.....	Indianapolis
Duke.....	Durham, N. C.	Methodist.....	Indianapolis
Watts.....	Durham, N. C.	University of Kansas Medical Center.....	Kansas City, Kan.
North Carolina Baptist.....	Winston-Salem, N. C.	University of Kentucky Medical Center.....	Lexington, Ky.
Bethesda.....	Cincinnati	Louisville General.....	Louisville, Ky.
Good Samaritan.....	Cincinnati	Charity Hospital of Louisiana.....	New Orleans
Jewish.....	Cincinnati	Ochsner Foundation.....	New Orleans
Mount Sinai.....	Cleveland	Baltimore City Hospitals.....	Baltimore
St. Vincent Charity.....	Cleveland	Church Home and Hospital.....	Baltimore
Riverside Methodist-White Cross Hospitals.....	Columbus, Ohio	Johns Hopkins.....	Baltimore
University Hospitals.....	Oklahoma City	Sinai Hospital of Baltimore.....	Baltimore
Geisinger Medical Center.....	Danville, Pa.	Union Memorial.....	Baltimore
Albert Einstein Medical Center.....	Philadelphia	University of Maryland.....	Baltimore
Health Center Hospitals of the University of Pittsburgh.....	Pittsburgh	Beth Israel.....	Boston
Medical Center Hospitals.....	Charleston, S. C.	Boston City.....	Boston
St. Thomas.....	Nashville, Tenn.	Massachusetts General.....	Boston
Harris.....	Fort Worth, Texas	Massachusetts Memorial Hospitals.....	Boston
University of Virginia.....	Charlottesville, Va.	New England Center.....	Boston
Jefferson.....	Roanoke, Va.	Peter Bent Brigham.....	Boston
West Virginia University Medical Center.....	Morgantown, W. Va.	University of Michigan.....	Ann Arbor, Mich.
University Hospitals.....	Madison, Wis.	Receiving.....	Detroit
Mount Sinai.....	Milwaukee	Northwestern.....	Minneapolis
		University of Minnesota.....	Minneapolis
		University.....	Jackson, Miss.
		University of Missouri Medical Center.....	Columbia, Mo.
		Barries.....	St. Louis
		St. Louis City.....	St. Louis
		St. Louis University Group of Hospitals.....	St. Louis
		Mary Hitchcock Memorial.....	Hanover, N. H.
		Jersey City Medical Center.....	Jersey City, N. J.
		Albany Medical Center.....	Albany, N. Y.
		Buffalo General.....	Buffalo
		Edward J. Meyer Memorial.....	Buffalo
		Mary Imogene Bassett.....	Cooperstown, N. Y.
		Bronx Municipal Hospital Center.....	New York City
		Brooklyn.....	Brooklyn, N. Y.
		Cumberland.....	Brooklyn, N. Y.
		Jewish Hospital of Brooklyn.....	Brooklyn, N. Y.
		Kings County Hospital Center.....	Brooklyn, N. Y.
		Knickerbocker.....	New York City
		Long Island College.....	Brooklyn, N. Y.
		Maimonides Hospital of Brooklyn.....	Brooklyn, N. Y.
		Methodist Hospital of Brooklyn.....	Brooklyn, N. Y.
		Mount Sinai.....	New York City
		New York.....	New York City
		Presbyterian.....	New York City
		St. Clare's.....	New York City
		St. Vincent's Hospital of the City of New York.....	New York City
		Genesee.....	Rochester, N. Y.
		Highland.....	Rochester, N. Y.
		Rochester General.....	Rochester, N. Y.
		Strong Memorial-Rochester Municipal Hospitals.....	Rochester, N. Y.
		State University of New York	
		Upstate Medical Center.....	Syracuse, N. Y.

STRAIGHT INTERNSHIPS IN INTERNAL MEDICINE

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
Los Angeles County General Hospital, Unit I.....	Los Angeles
Mount Sinai.....	Los Angeles
University of California.....	Los Angeles
University of California Affiliated Hospitals.....	Los Angeles
University of California Hospital	
Veterans Administration Hospital	
Los Angeles County Harbor General Hospital (Torrance)	
University of California Hospitals.....	San Francisco
University of Colorado Medical Center	
Colorado General.....	Denver
Yale-New Haven Medical Center	
Grace-New Haven Community.....	New Haven, Conn.
District of Columbia General.....	Washington, D. C.
Program I—Georgetown University	
Program IV—George Washington University	
Program VII—Howard University	
Georgetown University.....	Washington, D. C.
George Washington University.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Duval Medical Center.....	Jacksonville, Fla.
Jackson Memorial.....	Miami, Fla.
Emory University-Veterans Admin.....	Atlanta, Ga.
Georgia Baptist.....	Atlanta, Ga.
Grady Memorial.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Michael Reese Hospital and Medical Center.....	Chicago

Grasslands	Valhalla, N. Y.	Georgia Baptist	Atlanta, Ga.
North Carolina Memorial	Chapel Hill, N. C.	Grady Memorial	Atlanta, Ga.
Duke	Durham, N. C.	Michael Reese Hospital and Medical Center	Chicago
Watts	Durham, N. C.	Mount Sinai	Chicago
North Carolina Baptist	Winston-Salem, N. C.	Provident	Chicago
Cleveland Metropolitan General	Cleveland	Presbyterian-St. Luke's	Chicago
Mount Sinai	Cleveland	University of Chicago Hospitals and Clinics	Chicago
University Hospitals of Cleveland	Cleveland	Indiana University Hospitals	Indianapolis
University	Columbus	Methodist	Indianapolis
Veterans Admin.	Oklahoma City	University of Kentucky Medical Center	Lexington, Ky.
Albert Einstein Medical Center	Philadelphia	Louisville General	Louisville, Ky.
Episcopal	Philadelphia	Charity Hospital of Louisiana	New Orleans
Hahnemann Medical College and Hospital	Philadelphia	Ochsner Foundation	New Orleans
Hospital of the University of Pennsylvania	Philadelphia	Baltimore City Hospitals	Baltimore
Jefferson Medical College	Philadelphia	Johns Hopkins	Baltimore
Misericordia	Philadelphia	Sinai Hospital of Baltimore	Baltimore
Temple University	Philadelphia	Union Memorial	Baltimore
Health Center Hospitals of the University of Pittsburgh	Pittsburgh	University of Maryland	Baltimore
Mercy	Pittsburgh	Beth Israel	Boston
Medical Center Hospitals	Charleston, S. C.	Boston City	Boston
Baptist Memorial	Memphis, Tenn.	Massachusetts General	Boston
City of Memphis Hospitals	Memphis, Tenn.	Massachusetts Memorial Hospitals	Boston
Nashville General	Nashville, Tenn.	New England Center	Boston
Vanderbilt University	Nashville, Tenn.	Peter Bent Brigham	Boston
Baylor University Medical Center	Dallas, Texas	University of Michigan	Ann Arbor, Mich.
Parkland Memorial	Dallas, Texas	Receiving	Detroit
Veterans Administration	Dallas, Texas	Butterworth	Grand Rapids, Mich.
University of Texas Medical Branch Hospitals	Galveston, Texas	Northwestern	Minneapolis
Baylor University College of Medicine Hospitals		University of Minnesota	Minneapolis
Jefferson Davis	Houston, Texas	University	Jackson, Miss.
Methodist	Houston, Texas	Barnes	St. Louis
University of Utah Affiliated Hospitals		St. Louis City	St. Louis
Salt Lake County General	Salt Lake City, Utah	St. Louis University Group of Hospitals	St. Louis
University of Virginia	Charlottesville, Va.	Mary Hitchcock Memorial	Hanover, N. H.
Medical College of Virginia-Hospital Division	Richmond, Va.	Jersey City Medical Center	Jersey City, N. J.
King County	Seattle	Monmouth Medical Center	Long Branch, N. J.
University	Seattle	Albany Medical Center Hospital	Albany, N. Y.
West Virginia University Medical Center	Morgantown, W. Va.	Edward J. Meyer Memorial	Buffalo

STRAIGHT INTERNSHIPS IN SURGERY

University Hospital and Hillman Clinic	Birmingham, Ala.	Cumberland	Brooklyn, N. Y.
University	Little Rock, Ark.	French	New York City
University of California	Los Angeles	Kings County Hospital Center	Brooklyn, N. Y.
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.	Knickerbocker	New York City
University of California Hospitals	San Francisco	Long Island College	Brooklyn, N. Y.
University of Colorado Medical Center		Maimonides Hospital of Brooklyn	Brooklyn, N. Y.
Colorado General	Denver	Methodist Hospital of Brooklyn	Brooklyn, N. Y.
Yale-New Haven Medical Center		New York	New York City
Grace-New Haven Community	New Haven, Conn.	Presbyterian	New York City
District of Columbia General	Washington, D. C.	St. Clare's	New York City
Program III—Georgetown University		St. Vincent's Hospital of the City of New York	New York City
Program VI—George Washington University		Genesee	Rochester, N. Y.
Program IX—Howard University		Highland	Rochester, N. Y.
George Washington University	Washington, D. C.	Rochester General	Rochester, N. Y.
Providence	Washington, D. C.	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
University of Florida Teaching Hospital and Clinics	Gainesville, Fla.	State University of New York Upstate Medical Center	Syracuse, N. Y.
Jackson Memorial	Miami, Fla.	Grasslands	Valhalla, N. Y.
Emory University	Atlanta, Ga.		

North Carolina Memorial.....	Chapel Hill, N. C.
Duke.....	Durham, N. C.
Watts.....	Durham, N. C.
North Carolina Baptist.....	Winston-Salem, N. C.
Christ.....	Cincinnati
Good Samaritan.....	Cincinnati
Cleveland Clinic.....	Cleveland
Cleveland Metropolitan General.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio
Albert Einstein Medical Center.....	Philadelphia
Episcopal.....	Philadelphia
Hahnemann Medical College and Hospital.....	Philadelphia
Hospital of the University of Pennsylvania.....	Philadelphia
Jefferson Medical College.....	Philadelphia
Misericordia.....	Philadelphia
Medical Center Hospitals.....	Charleston, S. C.
Vanderbilt University.....	Nashville, Tenn.
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University College of Medicine Hospitals Jefferson Davis.....	Houston, Texas
Methodist.....	Houston, Texas
University of Utah Affiliated Hospitals Salt Lake County General.....	Salt Lake City, Utah
University of Virginia.....	Charlottesville, Va.
Medical College of Virginia-Hospital Division.....	Richmond, Va.
King County.....	Seattle
University.....	Seattle
West Virginia University Medical Center.....	Morgantown, W. Va.

STRAIGHT INTERNSHIPS IN OBSTETRICS-GYNECOLOGY

University.....	Little Rock, Ark.
Georgia Baptist.....	Atlanta, Ga.
Charity Hospital of Louisiana.....	New Orleans
Johns Hopkins.....	Baltimore
Barnes.....	St. Louis
Jewish Hospital of Brooklyn.....	Brooklyn, N. Y.
Strong Memorial-Rochester Municipal Hospitals.....	Rochester, N. Y.
Duke.....	Durham, N. C.
Watts.....	Durham, N. C.

STRAIGHT INTERNSHIPS IN PEDIATRICS

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
Childrens.....	Los Angeles
University of California.....	Los Angeles
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.
University of California Hospitals.....	San Francisco
University of Colorado Medical Center Colorado General.....	Denver
Yale-New Haven Medical Center Grace-New Haven Community.....	New Haven, Conn.
District of Columbia General.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.

Jackson Memorial.....	Miami, Fla.
Georgia Baptist.....	Atlanta, Ga.
Grady Memorial.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Michael Reese Hospital and Medical Center.....	Chicago
Northwestern Children's Memorial.....	Chicago
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
Indiana University Hospitals.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
University of Kentucky Medical Center.....	Lexington, Ky.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Baltimore City Hospitals.....	Baltimore
Johns Hopkins.....	Baltimore
Sinai Hospital of Baltimore.....	Baltimore
University of Maryland.....	Baltimore
Boston City.....	Boston
Boston Floating.....	Boston
Children's Hospital Medical Center.....	Boston
Massachusetts General.....	Boston
University of Michigan.....	Ann Arbor, Mich.
Children's.....	Detroit
Northwestern.....	Minneapolis
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
Jersey City Medical Center.....	Jersey City, N. J.
Children's.....	Buffalo
Bronx Municipal Hospital Center.....	New York City
Cumberland.....	Brooklyn, N. Y.
Jewish Hospital of Brooklyn.....	Brooklyn, N. Y.
Kings County Hospital Center.....	Brooklyn, N. Y.
Long Island College.....	Brooklyn, N. Y.
New York.....	New York City
St. Luke's.....	New York City
Rochester General.....	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals.....	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.
Cleveland Metropolitan General.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio
Children's Hospital of Philadelphia.....	Philadelphia
Hahnemann Medical College and Hospital.....	Philadelphia
City of Memphis Hospitals.....	Memphis, Tenn.
Vanderbilt University.....	Nashville, Tenn.
Children's Medical Center.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University College of Medicine Hospitals Jefferson Davis.....	Houston, Texas
University of Utah Affiliated Hospitals Salt Lake County General.....	Salt Lake City, Utah

Medical College of Virginia-Hospital Division.....	Richmond, Va.
Children's Medical Center.....	Seattle
University.....	Seattle
West Virginia University Medical Center.....	Morgantown, W. Va.
University Hospitals.....	Madison, Wis.
Milwaukee Children's.....	Milwaukee

University Hospitals.....	Oklahoma City
Good Samaritan.....	Portland, Oregon
Hahnemann Medical College and Hospital.....	Philadelphia
Hospital of the Woman's College of Pennsylvania.....	Philadelphia
Vanderbilt University.....	Nashville, Tenn.
Baylor University Medical Center.....	Dallas, Texas
Parkland Memorial.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Texas Children's.....	Houston, Texas
Mary Fletcher.....	Burlington, Vermont
Medical College of Virginia-Hospital Division.....	Richmond, Va.
University.....	Seattle
University Hospitals.....	Madison, Wis.

STRAIGHT INTERNSHIPS IN PATHOLOGY

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
University of California.....	Los Angeles
University of California Hospitals.....	San Francisco
University of Colorado Medical Center Colorado General.....	Denver
Yale-New Haven Medical Center Grace-New Haven Community.....	New Haven, Conn.
George Washington University.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Emory University.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Mount Sinai.....	Chicago
Northwestern Evanston (Evanston, Illinois).....	Chicago
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
Indiana University Hospitals.....	Indianapolis
Methodist.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Baltimore City Hospitals.....	Baltimore
Johns Hopkins.....	Baltimore
University of Maryland.....	Baltimore
Boston City.....	Boston
Children's Hospital Medical Center.....	Boston
Massachusetts Memorial Hospitals.....	Boston
New England Center.....	Boston
Mount Auburn.....	Cambridge, Mass.
University of Michigan.....	Ann Arbor, Mich.
University.....	Jackson, Miss.
University of Missouri Medical Center.....	Columbia, Mo.
Barnes.....	St. Louis
St. Louis University Group of Hospitals.....	St. Louis
Jersey City Medical Center.....	Jersey City, N. J.
Bronx Municipal Hospital Center.....	New York City
Kings County Hospital Center.....	Brooklyn, N. Y.
New York.....	New York City
Presbyterian.....	New York City
Genesee.....	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals.....	Rochester, N. Y.
State University of New York Upstate Medical Center.....	Syracuse, N. Y.
North Carolina Memorial.....	Chapel Hill, N. C.
Duke.....	Durham, N. C.
North Carolina Baptist.....	Winston-Salem, N. C.
Cleveland Metropolitan General.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio

INTERNSHIPS OFFERED WHICH MAY BE LONGER THAN TWELVE MONTHS

Midland.....	Midland, Mich.
Bronx Municipal Hospital Center.....	New York City
Moses H. Cone Memorial.....	Greensboro, N. C.
Hillcrest Medical Center.....	Tulsa, Okla.
Washington.....	Washington, Pa.
Rhode Island.....	Providence, R. I.
Columbia Hospital of Richland County.....	Columbia, S. C.
St. Mark's.....	Salt Lake City
University of Virginia.....	Charlottesville, Va.
Memorial.....	Charleston, W. Va.

PILOT FAMILY PRACTICE PROGRAMS

These programs are of two years' duration and include an equivalent of the internship.

St. Joseph's.....	Denver, Colo.
Indiana University Medical Center.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
Baltimore City Hospital.....	Baltimore
Hunterdon Medical Center.....	Flemington, N. J.
St. Michael's.....	Newark, N. J.

PILOT GENERAL PRACTICE PROGRAMS*

These programs are of two years' duration and include an equivalent of the internship.

Macon.....	Macon, Ga.
Broadlawns Polk County.....	Des Moines, Iowa
University of Nebraska.....	Omaha
St. Joseph's.....	Paterson, N. J.
Akron City.....	Akron, Ohio
Akron General.....	Akron, Ohio
St. Thomas.....	Akron, Ohio
R. E. Thomason General.....	El Paso, Texas
John Peter Smith.....	Fort Worth, Texas

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

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

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

I. INTRODUCTION

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

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

A well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital. In no way does it conflict with the hospital's primary function of providing adequate facilities for the scientific care of the sick and injured by a competent medical staff. For such an educational program, it is fundamental that the staff recognize its 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. There is abundant opportunity for private hospitals that are not affiliated with medical schools to develop outstanding intern-training programs.

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

II. THE INTERNSHIP

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

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

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

The American boards in the specialties, however, give credit for only 12 months of internship education and require that the balance of a candidate's graduate education be in the form of a residency. Although a number of American boards will give credit for the second 12 months of a 24-month internship when this period is spent in the specialty concerned, most hospitals now limit their internships to one year and designate training beyond this point as residency training. Apprehension regarding military obligations of interns may have discouraged two-year internships, but

the current Selective Service System policy is that no time limit has been expressed by which a registrant must complete an internship for deferment purposes. Still another factor is the understandable reluctance of young graduates taking the longer internships to accept appointments in which they are classified as interns when their colleagues who graduated at the same time and began their specialty training after a one-year internship are classified as residents. For these and other reasons it is rapidly becoming the custom to designate hospital training beyond the first 12 months of internship as residency training.

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

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

Approved internships may be "rotating," "mixed," or "straight." It is the opinion of the Council that the best general, basic education is provided by a well-organized and well-conducted rotating internship.⁹ A rotating internship is one which provides supervised practice in the four major divisions of internal medicine, surgery, pediatrics, and obstetrics. Interns ordinarily should not be assigned to more than one major division at a time. Training in laboratory diagnosis and radiologic interpretation should be included. This may often best be achieved through integration with the interns' activities on other services.

In rotating internships of 12 months' duration the time allotted to internal medicine should equal or exceed the time given to any other service. Assignments should be made in such a manner as to assure that each intern devotes at least three consecutive months respectively to internal medicine and to surgery. No assignment may be of less than two months' duration. In view of these two restrictions, there can be not more than three additional services, two of which should be obstetrics and pediatrics. If an intern desires experience in a specialty not included in his rotation schedule, he may obtain such training through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments and hence too short a time on service are inconsistent with the conduct of a good rotating internship.

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

A straight internship is one which provides experience on

⁹Many states require a rotating internship for licensure. For current information regarding the specific requirements of individual state examining boards, the State Board Number of THE JOURNAL should be consulted.

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

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

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

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

III. SELECTION OF INTERNS

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

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

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

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

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

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

Hospitals which can otherwise qualify for approval but lack adequate clinical material of certain types may augment the education afforded their interns by establishing affiliations with other hospitals able to provide suitable experience in these areas. Such affiliating hospitals need not them-

selves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual circumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

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

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

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

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

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

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

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

VII. PATHOLOGY

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

The pathologist should attend ward rounds frequently so that he may participate in the clinical evaluation of patients and confer with the intern and attending staffs regarding the selection and interpretation of clinical laboratory procedures, as well as gain an opportunity to detect any 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. He may obtain instruction and experience in the use of anesthetics under the supervision of a trained anesthesiologist. In large hospitals where the surgical specialties are organized as separate services, the assignment of the intern should be determined by the intern committee and the surgical staff after careful consideration. The precautions noted relative to assignments to the medical subspecialties are equally applicable to the surgical subspecialties.

(c) *Obstetrics:* The intern is expected to assist at the delivery of all patients assigned to him and to deliver a minimum of 10 patients under direct supervision. Limited training in obstetric anesthesia is desirable. Emphasis should be placed on teaching the intern the proper management of normal labor and delivery and on the recognition of the complications of labor which require expert consultation. A most important aspect of intern education in obstetrics is the experience to be gained in the outpatient department with prenatal patients and their problems. Too frequently, the intern is not given this opportunity, with the result that his concept of obstetric care is distorted and his knowledge of the 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 intern-

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

XI. NATURE OF THE INTERN'S DUTIES

Each intern caring for and in charge of patients should obtain and write or dictate the history, perform and record the results of the physical examination, and state his diag-

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

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

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

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

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

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

An intern's duties and responsibilities are not discharged on a "nine-to-five" basis. While an acceptable internship provides for a reasonable amount of free time, his thought for and contact with his patients should be on a "round-

the-clock" basis. He is thus properly subject to call at all times except when specifically off duty, and arrangement must be made to ensure his prompt availability. Such close attendance on his patients is an important factor in the educational experience of the intern.

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

XII. MISCELLANEOUS

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

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

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

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

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

6. *Intern-Resident Relationship.*—In a hospital conducting both intern and residency training, care must be exercised to assure that neither group is neglected in the training program. The duties and responsibilities of both intern and resident should be clearly defined to preclude this possibility. It is obvious that the intern cannot be given the same degree of responsibility as that assumed by the resident.

However; the intern should not be relegated to a position of an assistant to the resident performing routine duties of little or no educational value. A well-integrated intern-resident program can enhance the value of the training received by each member of the house staff. Conversely, a program in which either the intern's or the resident's training is stressed to the neglect of the other will result in a lowering of morale and consequent dissatisfaction. It is the responsibility of the chief of each service to assure that every member of the house staff is receiving the attention he requires and is given responsibility commensurate with his ability and stage of training.

7. *Hospital-Intern Agreement.*—A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and should be terminated only by mutual consent. A breach of the agreement by either a hospital or an intern is not condoned by the Council. Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and the hospital's record and are made available on request to authorized agencies.

XIII. ADMISSION TO THE APPROVED LIST

Application for Approval.—Hospitals that desire to qualify for approval for intern training should apply to the Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn St., Chicago 10. Appropriate forms for this purpose will be furnished on request. They should be completed with care by the hospital administrator or a member of the staff who is acquainted with the hospital's proposed program, with one copy to be returned to the Council's office. On receipt of the application, arrangements will be made for a member of the Council's staff to visit the hospital for the purpose of reviewing the training program and inspecting facilities.

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

Approval for intern training, including the number and type of internships, is granted on an annual basis, through publication of the name of the hospital in the list of approved programs in the *DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES*. This Directory will appear each fall. Recognition of a hospital for intern training may be withdrawn at any time it is adjudged by the Council that the hospital fails to comply with one or more of the requirements set forth in these "Essentials of an Approved Internship."

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

A hospital which for two successive years does not obtain one-fourth of its stated complement of interns may be disapproved for intern training. Under such circumstances it is improbable that a balanced training program can be maintained. Further, those interns who are appointed must assume a greatly increased work load, with a resultant

deterioration in the educational experience. This policy is necessary to insure that an applicant will receive a sound educational experience when he accepts an appointment to a hospital approved by the Council. Hospitals whose approval is withdrawn on this basis may apply for reinstatement to the approved list on presentation of evidence that would lead to a reasonable conclusion that they will be successful in appointing interns in sufficient numbers to maintain a satisfactory training program.

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

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

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

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

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

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

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

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

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

Directory of Approved Residencies

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to June 30, 1962

Hospitals, 1,366

Residencies, 36,712

Residency training programs in the following specialties or subspecialties have been approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies, which are published separately by the Council. For the majority of specialties, special Review Committees exist composed of representatives of the Council, representatives from the specialty boards concerned, and in some cases representatives from a national professional organization in that special field. The sponsoring parent organizations for the Review Committees approve changes in policy, but in general have delegated final authority to the Review Committees for approval or disapproval of training programs and 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 25.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1961.

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

Outpatient visits may include emergency room visits as well.

The tabulation of residencies offered in successive years includes all positions available 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. 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 a 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 years of training by the Council and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology. Hospitals, 258; Residencies 1,719

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Yrs.	Salary Per Month Min.-Max.	Maintenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
U. S. Air Force, San Antonio ⁶⁸	R. E. Lau	8,159	168	4	4	0	0	0	8†		
UNITED STATES ARMY											
U. S. Army Co-ordinated Program ⁶⁶	H. C. Slocum			8	8	8	0	0	24		
Letterman General, San Francisco	C. H. Mitchell	5,331	157								
Fitzsimons General, Denver	J. G. Inman	3,708	60								
Walter Reed General, Washington, D. C.	H. C. Slocum	8,228	338								
Brooke General, San Antonio	W. L. Lumpkin	6,724	17								
UNITED STATES NAVY											
CALIFORNIA											
U. S. Naval, Oakland	D. R. Buechel	14,747	64	2	2	0	0	0	4		
U. S. Naval, San Diego ⁶⁸	B. M. Shepard	19,535	50	2	2	0	0	0	4		
MARYLAND											
U. S. Naval, Bethesda	J. Kurfees	11,115	48	2	2	0	0	0	4		
MASSACHUSETTS											
U. S. Naval, Chelsea	D. A. Murray	5,473	42	2	2	0	0	0	4		
NEW YORK											
U. S. Naval, St. Albans ⁶⁸	D. M. Pino	2,946	150	2	2	0	0	0	4		
PENNSYLVANIA											
U. S. Naval, Philadelphia ⁶⁸⁻³⁴²	T. C. Deas	9,067	254	2	2	1	0	0	5		
UNITED STATES PUBLIC HEALTH SERVICE											
NEW YORK											
U. S. Public Health Service, New York City (Staten Island)	K. R. Urbach	3,061	40	2	2	0	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center ⁶⁸											
University Hospital and Hillman Clinic	C. W. White	8,896	100	3	3	0	0	0	6	150-160	F
Fairfield											
Lloyd Noland ⁶⁸	R. W. Grady	3,654	446	2	1	0	0	0	3	300-350	FP
ARKANSAS											
Little Rock											
St. Vincent Infirmary	A. A. Gentling	7,193	81	2	2	0	0	0	4	300-375	P
University	C. W. Shafer	3,174	75	3	3	0	0	0	6	233-258	O
CALIFORNIA											
Loma Linda											
Loma Linda Sanitarium and Hospital ⁶⁸	B. D. Briggs	6,446		3	3	0	0	0	6	315-325	O
San Bernardino County Charity (San Bernardino)		2,399	12								
Los Angeles											
Los Angeles County General ⁶⁸	J. Denson	11,078		13	14	0	0	0	27	290-315	P
University of California ⁶⁸	J. B. Dillon	4,972	165	5	5	0	0	0	10	261-340	O
Veterans Admin. Center-General Medical and Surgical ⁶⁸⁻⁶⁵	P. F. Shroff	5,091	45	5	5	0	0	0	10	292-373	P
White Memorial ⁶⁸	F. E. Leffingwell	6,294	58	6	6	0	0	0	12	265-420	P
Oakland											
Highland-Alameda County ⁶⁸	C. H. Gallup	6,185	55	4	4	0	0	0	8	255-268	FP
Palo Alto											
Stanford Medical Center and Affiliated Hospitals ⁶⁸				5	5	0	0	0	10†		
Palo Alto-Stanford Hospital Center	J. P. Bunker	1,500	75							100-125	F
Veterans Admin.	C. Whitchee	724	118							291-497	O
Community Hospital of San Mateo County (San Mateo)	W. B. Neff	1,816	12							325-325	F
San Bernardino											
San Bernardino County Charity—See Loma Linda											
San Francisco											
Children's	B. Holman	6,238	6	1	1	0	0	0	2	250-300	FP
Presbyterian Medical Center	P. J. Bailey	4,748	91	2	0	0	0	0	4	175-300	P
St. Joseph's	R. A. Simpson	3,767	14	2	0	0	0	0	2	250-400	F
University of California Hospitals ⁶⁸	S. C. Cullen	5,756	200	7	7	0	0	0	14	261-460	O
San Francisco General	E. P. Guy	3,515	180	4	2	0	0	0	6	261-302	O
San Jose											
Santa Clara County	H. Matthews	2,193	30	2	2	0	0	0	4	300-350	P
San Mateo											
Community Hospital of San Mateo County—See Palo Alto											
Torrance											
Los Angeles County Harbor General ⁶⁸	P. R. Lorhan	3,396	106	5	5	0	0	0	10	290-315	F
COLORADO											
Denver											
Denver General	E. S. Boyette	2,513	47	2	2	0	0	0	4	245-268	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance F P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO, Denver—Continued											
University of Colorado Medical Center ⁵⁸	R. Virtue	3,471	301	3	4	0	0	0	7	180-205	O
Colorado General	F. R. Brown	3,123	...	...	...	...	...	...	4	291-315	O
Veterans Admin. ¹¹¹											
CONNECTICUT											
Bridgeport											
Bridgeport	D. Massey	9,761	42	1	1	0	0	0	2	325-350	FP
Hartford											
Hartford ⁵⁸	R. M. Tovell	34,285	8,281	10	10	0	0	0	20	235-285	P
St. Francis	S. J. Martin	17,091	588	5	5	0	0	0	10	200-225	FP
New Haven											
Hospital of St. Raphael ⁵⁸	M. Garofalo	9,764	784	2	2	0	0	0	4	325-360	F
Yale-New Haven Medical Center ⁵⁸											
Grace-New Haven Community	N. M. Greene	14,244	...	5	5	1	0	0	11†	192-250	O
Norwalk											
Norwalk	E. Marinucci	10,799	52	1	0	0	1	0	2	235-340	F
Waterbury											
St. Mary's	W. S. DeWald	7,457	...	2	2	0	0	0	4	325-375	F
DISTRICT OF COLUMBIA											
Washington											
District of Columbia General ⁵⁸	M. Benzinger	7,991	109	3	3	1	0	0	7	258-333	P
Georgetown University ⁵⁸	T. F. McDermott	9,532	135	5	5	1	0	0	11†	175-310	P
George Washington University ⁵⁸	C. S. Coakley	12,267	755	5	5	0	0	0	10	210-260	P
Providence	W. Devlin	11,797	72	3	3	0	0	0	6	400-400	P
Washington Hospital Center ⁵⁸	W. E. Bageant	18,683	482	6	6	4	0	0	16	315-345	O
FLORIDA											
Gainesville											
University of Florida Teaching Hospital and Clinics ⁵⁸	J. S. Gravenstein	3,399	96	4	2	0	0	0	6	217-450	O
Miami											
Jackson Memorial ⁵⁸	J. G. Converse	13,490	126	5	4	0	0	0	9	200-225	P
Tampa											
Tampa General	R. Hodes	13,182	400	2	2	0	0	0	4	250-275	FP
GEORGIA											
Atlanta											
Emory University Hospital-Grady Memorial ⁵⁸	J. E. Steinhaus	...	...	...	...	...	...	...	3	...-245	P
Emory University		6,466	...	...	3	...	...	...	...	...	...
Grady Memorial		6,414	2,455	3	3	0	0	0	6	300-300	F
Augusta											
Medical College of Georgia Hospitals ⁵⁸		...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	P. Volpitto	3,108	20	6	6	0	0	0	12	250-333	O
University	J. Yarbrough	7,165	137	3	3	0	0	0	6	250-275	O
ILLINOIS											
Chicago											
Illinois Masonic ⁵⁸	I. A. Illes	7,782	108	0	1	0	0	0	1	225-300	F
Michael Reese Hospital and Medical Center ⁵⁸	J. Bolgia	10,579	200	3	3	0	0	0	6	200-225	FP
Mount Sinai ⁵⁸	R. Weyl	5,276	197	3	3	0	0	0	6	250-300	P
Northwestern University Medical Center ⁵⁸		...	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	M. Karp	12,076	200	3	2	0	0	0	5	250-275	P
Passavant Memorial	L. Watt	4,593	85	...	...	...	...	...	1	250-300	P
Veterans Admin. Research	J. A. Valunas	1,477	10	1	1	0	0	0	2	291-497	O
Presbyterian-St. Luke's	P. W. Searles	13,549	256	6	6	0	0	0	12	125-175	F
University of Chicago Hospitals and Clinics ⁵⁸	D. A. Holaday	7,722	1,230	5	3	2	0	0	10†	250-330	O
University of Illinois Research and Educational Hospitals ⁵⁸	M. S. Sadove	8,698	350	6	5	0	0	0	11†	180-205	P
Decatur											
Decatur and Macon County	H. L. Wibbels	7,945	...	1	1	0	0	0	2	...	...
Evanston											
Evanston	C. A. Baldwin	6,655	63	1	1	0	0	0	2	250-275	P
Hines											
Veterans Admin. ¹⁴⁹	M. S. Sadove	3,191	7	4	5	0	0	0	9	291-315	O
Joliet											
St. Joseph ⁵⁸⁻¹⁵⁸	W. A. DeWitt	6,176	180	3	2	0	0	0	5	400-500	O
INDIANA											
Indianapolis											
Indiana University Medical Center ⁵⁸		...	...	...	...	...	...	...	...	...	...
Indiana University Hospitals	V. K. Stoelting	11,462	37	9	6	0	0	0	15	235-262	P
Veterans Admin.	M. B. Dallas	1,602	79	1	2	0	0	0	3	291-315	O
Marion County General	G. E. Dryden	4,095	100	3	3	0	0	0	6	269-295	P
IOWA											
Des Moines											
Veterans Admin.—See State University of Iowa Hospitals, Iowa City		...	...	...	...	...	...	...	...	...	...
Iowa City											
State University of Iowa Hospitals ⁵⁸		...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Des Moines)	J. L. Bailey	2,472	46	3	2	0	0	0	5	291-442	P
University Hospitals	W. K. Hamilton	13,340	309	7	7	0	0	0	14	225-250	FP
Veterans Admin.	F. D. Staab	1,610	28	2	0	0	0	0	2	315-315	O
KANSAS											
Kansas City											
University of Kansas Medical Center ⁵⁸	E. Frederickson	6,564	91	4	4	1	0	0	9	200-300	P
Wichita											
St. Francis ¹⁵⁸	R. T. Parmley	12,872	143	3	3	2	0	0	8	275-325	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY											
Louisville											
Jewish	W. H. Ash	4,762	6	1	1	0	0	0	2	275-325	F
University of Louisville Medical Center											
Louisville General	E. Conner	6,000	186	4	4	0	0	0	8	250-300	FP
LOUISIANA											
New Orleans											
Charity Hospital of Louisiana ⁵⁸	J. Adriani	24,123	590						20	150-175	F
Veterans Admin.	K. E. Bray	2,883	12	0	2	0	0	0	2	291-315	O
Ochsner Foundation ⁵⁸	F. X. LeTard	7,367		3	3	0	0	0	6	225-250	P
MAINE											
Bangor											
Eastern Maine General	C. S. Dwyer	6,271	130	1	1	0	0	0	2	150-250	FP
Lewiston											
Central Maine General	G. Clapperton	4,431	125	1	0	0	0	0	1	225-260	FP
Portland											
Maine Medical Center ⁵⁸	J. R. Lincoln	9,142	84	3	3	2	0	0	8	175-225	FP
MARYLAND											
Baltimore											
Baltimore City Hospitals ⁵⁸	T. DeKornfeld	4,633	1,480	4	4	0	0	0	8	200-250	FP
Johns Hopkins ⁵⁸	D. W. Benson	16,583		6	6	2	0	0	14	180-250	P
University of Maryland ⁵⁸	M. Helrich	9,174	124	5	5	2	0	0	12	275-416	P
MASSACHUSETTS											
Boston											
Beth Israel	S. Gilman	7,925	25	1	0	0	0	0	1	192-275	P
Boston City ⁵⁸	P. S. Marcus	14,354	265	7	6	0	0	0	13	208-248	F
Lahey Clinic ^{58, 196}	U. H. Eversole	5,537	100	5	5	0	0	0	10	250-300	O
Massachusetts General ⁵⁸	H. K. Beecher	14,117	234	10	4	0	0	0	14	108-187	F
Massachusetts Memorial Hospitals ¹⁹⁶	E. A. Sneedon	3,379	50	3	3	0	0	0	6	175-200	O
New England Center ⁵⁸	B. E. Etsten	3,342	82	3	3	1	0	0	7	237-337	O
New England Deaconess ⁵⁸	L. Hand; F. Audin	6,842	325	3	3	1	0	0	7	300-400	P
Peter Bent Brigham ⁵⁸	L. Vandam	2,862	150	3	3	2	0	0	8	175-217	P
St. Elizabeth's	L. P. Zentgraf	15,894	1,882	2	2	0	0	0	4	175-225	FP
Veterans Admin. (Jamaica Plain)	D. L. Mahler	4,238	300	1	1	0	0	0	2	291-373	O
Cambridge											
Cambridge City ⁵⁸	F. C. Callahan	3,240	38	1	1	0	0	0	2	195-220	F
Mount Auburn	J. H. Buskirk	5,510							3	300-600	F
Springfield											
Springfield	C. Bryant	11,818	56	2	2	0	0	0	4	250-275	FP
Worcester											
St. Vincent ⁵⁸	J. G. Murphy	11,847		3	3	1	0	0	7	300-350	FP
MICHIGAN											
Ann Arbor											
University of Michigan Medical Center ⁵⁸											
University	R. B. Sweet	7,985		6	6	0	0	0	12	193-230	O
Veterans Admin.	D. W. Learned	2,744	0	0	1	0	0	0	1	291-497	O
Dearborn											
Veterans Admin.—Sec Wayne State University Affiliated Hospitals, Detroit											
Detroit											
Harper	A. B. Stearns	13,442		2	2	0	0	0	4	275-300	P
Henry Ford ⁵⁸	P. R. Dumke	16,185		5	5	0	0	0	10	300-320	P
Providence	N. M. Bittrich	7,055	2,476	1	1	0	0	0	2	410-425	P
Sinai Hospital of Detroit ⁵⁸	E. Brown	8,000	150	2	2	0	0	0	4	300-325	F
Wayne State University Affiliated Hospitals ⁵⁸	F. E. Greifenstein										
Veterans Admin. (Dearborn)		4,007	60	2	2	1	0	0	5	291-315	O
Receiving		9,153	358	6	6	2	0	0	14	340-415	P
Grand Rapids											
Butterworth ⁵⁸	M. L. Byrd	10,800		1	1	0	0	0	2	325-350	O
MINNESOTA											
Minneapolis											
University of Minnesota Hospitals ⁵⁸	F. H. Van Bergen	7,222	785	16	16	2	0	0	34†	280-...	O
Rochester											
Mayo Foundation ⁵⁸	A. Faulconer	30,000		5	5	5	0	0	15†	200-333	P
Rochester Methodist											
St. Mary's											
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center ⁵⁸											
University	L. W. Fabian	5,900	75	4	4	1	0	0	9†	250-300	O
MISSOURI											
Columbia											
University of Missouri Medical Center ⁵⁸	K. K. Keown	2,966		3	3	0	0	0	6	250-300	P
St. Louis											
Barnes ⁵⁸	R. B. Dodd	16,026	50	5	5	2	0	0	12†	150-...	F
Jewish	D. J. Dickler	6,823	52	1	1	0	0	0	2	200-250	FP
St. John's	S. Brown	7,832	986	1	2	0	0	0	3	300-400	F
St. Louis City	R. Boggs	4,431	8	2	2	0	0	0	4	285-382	P
Veterans Admin.	R. Dodd	3,083	290	2	2	0	0	0	4	291-315	O
Springfield											
St. John's	O. B. Crawford	11,256	118	2	2	0	0	0	4	300-300	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEBRASKA											
Omaha											
University of Nebraska	J. Barmore	3,169	75	1	1	0	0	0	2	225-275 P	
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial ⁵⁸	R. H. Barrett	5,403	477	3	3	3	0	0	9†	218-273	
NEW JERSEY											
Camden											
West Jersey ⁵⁸	G. E. Covintree	6,949	215	1	1	0	0	0	2	400-500 F	
Hackensack											
Hackensack	A. R. Wollack	9,345	100	1	1	0	0	0	2	250-275 FP	
Jersey City											
Jersey City Medical Center ⁵⁸	W. J. Gleeson	6,189	150	3	3	0	0	0	6	200-517 F	
Paterson											
St. Joseph's	E. T. Lawless	7,523	42	2	2	0	0	0	4	250-300 FP	
NEW YORK											
Albany											
Albany Medical Center ⁵⁸	C. A. Landmesser	10,719	...	5	5	0	0	0	10†	250-330 P	
Buffalo											
Buffalo General ⁵⁸	R. N. Terry	10,960	249	4	4	0	0	0	8	225-300 FP	
Edward J. Meyer Memorial ⁵⁸	B. D. King	3,163	125	2	3	2	0	0	7	292-380 P	
Millard Fillmore ⁵⁸	E. D. Babbage	8,646	...	1	1	0	0	0	2	338-366 O	
Veterans Admin. ⁵⁸	S. I. Guest	2,855	40	2	2	0	0	0	4	291-373 O	
Hempstead											
Meadowbrook	I. G. Weinberg	4,205	...	2	2	0	0	0	4	321-436 F	
New York City											
Bellevue Hospital Center											
Division IV New York University Post Graduate Medical School	V. D. B. Mazzia	10,460	556	...	...	...	...	...	26†	231-317 FP
Beth-El ⁵⁸	M. J. Frumin	8,410	58	2	1	0	0	0	3	175-225 F	
Beth Israel ⁵⁸	S. G. Hershey	6,069	99	4	3	1	0	0	8	300-310 P	
Bronx Municipal Hospital Center ⁵⁸	L. R. Orkin	9,937	324	6	6	5	1	0	18†	231-275 FP	
Flushing Hospital and Dispensary	E. Apogi	6,802	3	1	1	0	0	0	2	250-275 F	
Harlem	H. D. Mayer	4,173	40	1	2	0	0	0	3	231-217 FP	
Hospital for Joint Diseases ⁵⁸	A. M. Betcher	3,609	222	1	2	0	0	0	3	250-250 P	
Jewish Hospital of Brooklyn ⁵⁸	I. M. Pallin	10,222	61	6	5	0	0	0	11	165-250 F	
Kings County Hospital Center ⁵⁸	M. H. Harmel	10,989	160	5	5	4	0	0	14†	231-317 FP	
Lenox Hill	G. Rich	7,829	172	1	1	0	0	0	2	250-300 P	
Long Island Jewish ⁵⁸	S. Surks	6,514	182	2	2	0	0	0	4	333-458 O	
Maimonides Hospital of Brooklyn	L. Holzmann	8,501	2,660	2	1	0	0	0	3	185-250 P	
Memorial Hospital for Cancer and Allied Diseases—											
James Ewing ⁵⁸	W. S. Howland	7,000	170	2	2	4	0	0	8	250-325 F	
Methodist Hospital of Brooklyn ⁵⁸	G. Wallace	7,431	80	1	1	0	0	0	2	300-325 F	
Montefiore ⁵⁸	E. Kepes	4,376	395	3	3	1	0	0	7	310-360 P	
Mount Sinai ⁵⁸	M. H. Adelman	12,419	...	4	3	0	0	0	7	303-375 P	
New York ⁵⁸	J. Artusio	19,793	500	7	0	7	0	0	14	250-283 P	
New York Medical College—											
Metropolitan Hospital Center ⁵⁸	F. E. Fiero	...	...	6	6	5	2	0	19	...
Unit 1—Flower and Fifth Avenue Hospitals		6,753	100	...	...	...	...	...	...	300-600 F
Unit 2—Metropolitan		5,684	99	...	...	...	...	...	...	231-317 FP
Unit 3—Bird S. Coler Memorial Hospital and Home		285	8	...	...	...	...	...	...	231-317 FP
New York Polyclinic Medical School and Hospital⁵⁸	J. Milowsky	5,769	193	2	2	0	0	0	4	225-250 F	
Presbyterian ⁵⁸	E. M. Papper	22,930	400	15	15	5	0	0	35†	292-375 P	
St. Catherine's	F. P. Ansbro	3,106	48	2	1	0	0	0	3	225-275 F	
St. Clare's	J. Lawrence	5,917	75	1	1	0	0	0	2	225-250 F	
St. Joseph's ⁵⁸	R. H. Berman	3,678	180	2	2	0	0	0	4	150-150 F	
St. Luke's ⁵⁸	G. E. Burford	9,398	...	4	4	0	0	0	8	225— P	
St. Vincent's Hospital of the City of New York ⁵⁸	R. G. Hicks	9,077	183	4	4	1	0	0	9†	175-200 F	
Veterans Admin. (Bronx) ⁵⁸	B. J. Ciliberti	3,717	44	3	3	0	0	0	6	291-886 O	
Veterans Admin. (Brooklyn) ⁵⁸	H. F. Lipson	2,182	73	2	2	0	0	0	4	291-372 O	
Rochester											
Genesee	E. Kistler	10,588	...	1	1	0	0	0	2	175-325 FP	
Rochester General ⁵⁸	V. J. Coviello	...	...	...	...	...	...	...	...	...
St. Mary's ⁵⁸	V. J. Tofany	9,075	...	1	1	0	0	0	2	300-325 F	
Strong Memorial—Rochester Municipal Hospitals ⁵⁸	A. J. Gillies	8,761	...	4	4	0	0	0	8	167-292 O	
Syracuse											
St. Joseph's	C. J. Geiger	7,575	354	2	2	0	0	0	4	250-270 P	
State University of New York Upstate Medical Center ⁵⁸	A. B. Dobkin	13,202	178	6	6	2	0	0	14	250-340 O	
Veterans Admin.	J. D. Thomson	...	...	...	...	...	...	...	...	...
Valhalla											
Grasslands ⁵⁸	H. F. Bishop	1,800	155	2	2	1	0	0	5	250-350 FP	
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial ⁵⁸	D. A. Davis	3,616	142	0	2	1	0	0	3	200-375 O	
Durham											
Duke ⁵⁸	C. R. Stephen	16,085	149	7	7	0	0	0	14	200-250 F	
Veterans Admin.	E. A. C. Lloyd	3,786	60	2	2	0	0	0	4	291-497 O	
Winston Salem											
North Carolina Baptist ⁵⁸	L. Crandell	7,786	454	2	2	0	0	0	4	204-270 P	
OHIO											
Canton											
Mercy	F. Schirack	10,905	0	2	2	0	0	0	4	300-300 P	
Cincinnati											
Christ	E. Hartenian	10,376	12	2	2	0	0	0	4	250-275 FP	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO, Cincinnati—Continued											
University of Cincinnati Hospital Group ⁵⁸	A. E. Ogden										
Children's											
Cincinnati General		11,218	222	3	3	2	0	0	8†	100-300	F
Veterans Admin.											
Cleveland											
Cleveland Clinic ⁵⁸	D. E. Hale	9,302	134	2	2	0	0	0	4	275-300	O
Cleveland Metropolitan General ⁵⁸	H. E. Kretschmer	10,498	12	2	2	1	0	0	5†	200-254	F
Fairview Park ⁵⁸	J. E. Walkowiak	9,698	897	3	3	0	0	0	6	325-375	F
Huron Road ⁵⁸	J. K. Potter	8,242	168	4	4	2	0	0	10	300-400	FP
Mount Sinai ⁵⁸	S. Katz	11,878	48	3	2	0	0	0	5	215-225	FP
St. Alexis ⁵⁸	L. Campbell	5,884	29	2	2	0	0	0	4	225-250	F
St. Luke's ⁵⁸	B. B. Sankey	13,155	342	3	3	0	0	0	6	220-255	F
St. Vincent Charity ⁵⁸	D. Mendelsohn, Jr.	4,744	600	2	3	1	0	0	6	310-325	FP
University Hospitals of Cleveland	R. A. Hingson	13,423	292	6	5	0	0	0	11	187-246	P
Columbus											
Ohio State University Hospitals ⁵⁸	W. Hamelberg	12,637	750	10	10	0	0	0	20	202-277	P
Garfield Heights											
Marymount ⁵⁸	N. G. DiPiero	6,148	212	3	3	2	0	0	8†	200-350	F
Toledo											
Toledo	D. M. Katchka	6,895	312	1	2	0	0	0	3	300-350	FP
Youngstown											
St. Elizabeth ⁵⁸	A. J. Bayuk	13,072	25	4	4	0	0	0	8	375-400	F
Youngstown ⁵⁸	D. W. Metcalf	14,589	100	4	4	0	0	0	8	275-300	F
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center ⁵⁸	J. M. White										
University Hospitals		6,358	1,475	6	6	4	0	0	16†	200-375	P
Veterans Admin.		2,328	12								
OREGON											
Portland											
University of Oregon Medical School Hospitals and Clinics ^{58,59}	F. Haugen	7,708	469	5	5	0	0	0	10	200-250	F
PENNSYLVANIA											
Johnstown											
Cornetnaugh Valley Memorial ^{58,59,1}	P. C. Lund	8,235	1,193	4	4	0	0	0	8	350-400	F
Philadelphia											
Albert Einstein Medical Center ⁵⁸	B. Goldstein	15,572	186	7	6	0	0	0	13	250-300	FP
Graduate Hospital of the University of Pennsylvania	H. H. Stone	5,240	420	3	3	0	0	0	6	200-300	F
Hahnemann Medical College and Hospital	A. J. Catenacci	9,186	72	4	4	0	0	0	8	250-250	P
Hospital of the University of Pennsylvania ⁵⁸	R. Dripps	10,185	350	12	12	6	6	0	36	200-400	P
Children's Hospital of Philadelphia	L. Bachman	3,556	3						2	125-150	F
Jefferson Medical College ⁵⁸	L. J. Hampton	10,889	182	3	3	1	0	0	7	250-283	O
Pennsylvania	M. V. Troncelliti	9,656	111	4	3	0	0	0	2	170-180	O
Philadelphia General	M. Deming	6,827		4	3	0	0	0	7	333-370	FP
Presbyterian Hospital in Philadelphia ⁵⁸	S. Schots	4,142	104	2	2	0	0	0	4	235-250	FP
Temple University ⁵⁸	L. W. Krumperman	11,635	50	8	6	2	0	0	16	175-200	O
Pittsburgh											
Allegheny General	R. L. Patterson	9,800	450	4	4	0	0	0	8	325-400	P
Health Center Hospitals of the University of Pittsburgh	P. Safar	31,030	3,000	6	6	3	0	0	15	340-340	P
Children's Hospital of Pittsburgh											
Elizabeth Steel Magee											
Presbyterian-University and Woman's Hospitals											
Veterans Admin.											
Mercy ⁵⁸	F. F. Foldes	10,948	912	3	3	2	0	0	8	275-275	F
St. Francis General Hospital and Rehabilitation Institute	G. J. Thomas	12,730	12	3	3	0	0	0	6	360-420	F
Sayre											
Robert Packer ⁵⁸	W. F. Brehm	5,647	39	2	2	0	0	0	4	245-285	P
PUERTO RICO											
Caparra Heights											
University (District)	F. Gonzales	3,828	61	2	2	0	0	0	4	250-400	P
Ponce											
Hospital de Damas	E. Colon Yordan	2,583	118	1	1	1	0	0	3	225-250	F
San Juan											
Presbyterian ⁵⁸	F. J. Gonzalez	4,948	75	1	1	0	0	0	2	250-300	F
San Juan City	F. Gonzalez	4,834	178	2	2	0	0	0	4	225-275	F
RHODE ISLAND											
Providence											
Rhode Island ⁵⁸	E. Saklad	12,987	169	3	3	3	0	0	9	165-315	FP
SOUTH CAROLINA											
Charleston											
Medical Center Hospitals	J. E. Mahaffey			4	4	0	0	0	8	200-200	FP
Medical College		4,107	2,446								
Roper											
TENNESSEE											
Chattanooga											
Baroness Erlanger	R. E. Baldwin	11,971		8	4	0	0	0	12	325-350	F
Knoxville											
University of Tennessee Memorial Research Center and Hospital ⁵⁸	W. F. Powell	3,497	56	1	1	0	0	0	2	275-300	F
Memphis											
City of Memphis Hospitals ⁵⁸	W. Dornette	9,982		4	4	0	0	0	8	150-....	

Numerical and other references are listed on pages 262 through 264.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued											
Nashville											
Vanderbilt University ⁵⁸	L. G. Schull	5,270	60	4	4	2	0	0	10	75-125	F
TEXAS											
Dallas											
Parkland Memorial ⁵⁸	M. T. Jenkins	9,002	...	10	5	0	0	0	15	225-275	P
Fort Worth											
Harris	A. N. Heinrichs	9,700	634	2	2	0	0	0	4	300-325	FP
Galveston											
University of Texas Medical Branch Hospitals ^{58f}	C. Allen	8,809	426	6	6	0	0	0	12	283-283	P
Houston											
Baylor University Affiliated Hospitals ⁵⁸	A. S. Keats	20,051	85	4	3	0	0	0	7†	...	...
Jefferson Davis	...	...	...	...	...	...	...	...	...	...	...
Methodist Hospital	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. H. Mannheimer	5,225	27	3	3	0	0	0	6	291-886	P
Hermann	L. F. Schuhmacher, Jr.	17,956	3,003	2	2	0	0	0	4	200-325	P
St. Joseph's	E. Hoeflich	21,501	60	1	1	0	0	0	2	150-175	F
University of Texas M.D. Anderson Hospital and Tumor Institute ⁵⁸	W. S. Derrick	4,771	...	3	2	1	0	0	6†	100-500	FO
Temple											
Scott and White Memorial	C. H. Gillespie	5,078	3,848	1	1	1	0	0	3	325-325	P
UTAH											
Salt Lake City											
University of Utah Affiliated Hospitals ^{58,51}	C. M. Ballinger	17,089	303	7	7	1	0	0	15†	290-373	O
VERMONT											
Burlington											
University of Vermont Affiliated Hospitals ⁵⁸	J. Abajian, Jr.	...	...	3	3	0	0	0	6	183-250	FO
DeGoesbriand Memorial	...	3,308	...	...	...	...	...	...	...	...	...
Mary Fletcher	...	4,464	5	...	...	...	...	...	...	...	...
White River Junction											
Veterans Admin.	R. E. Lapointe	1,338	41	1	0	0	0	0	1	218-273	...
VIRGINIA											
Charlottesville											
University of Virginia	D. W. Eastwood	8,144	104	3	3	1	0	0	7	340-430	FP
Richmond											
Medical College of Virginia—Hospital Division ⁵⁸	W. E. Pembleton	14,426	...	5	3	0	0	0	8	300-300	F
Veterans Admin.	C. G. Lynch	3,475	146	2	1	0	0	0	3	291-315	P
WASHINGTON											
Seattle											
Doctors ⁵⁸	J. P. Reed	5,166	57	1	1	0	0	0	2	450-460	FP
Providence	L. E. Morris	9,776	...	...	...	...	...	...	...	...	...
Swedish ⁵⁸	L. H. Mousel	11,746	1,000	2	2	0	0	0	4	225-313	FP
University of Washington Affiliated Hospitals ⁵⁸	J. J. Bonica	...	...	...	...	...	...	...	...	...	...
Children's Medical Center	K. Eather	2,326	200	...	...	...	...	...	...	225-325	F
King County	J. J. Bonica	3,238	24	...	...	...	...	...	...	150-225	F
University	J. J. Bonica	1,790	21	12	12	5	0	0	29	200-500	P
Veterans Admin.	J. J. Bonica	1,382	120	...	...	...	...	...	...	291-497	O
Tacoma General (Tacoma)	J. J. Bonica, P. H. Backup	5,902	373	...	...	...	...	...	...	250-500	...
Virginia Mason ^{58,369}	D. C. Moore	6,314	187	3	3	0	0	0	6	200-350	FP
Tacoma											
Tacoma General—See University of Washington Affiliated Hospitals, Seattle											
WEST VIRGINIA											
Morgantown											
West Virginia University Medical Center ⁵⁸	N. W. B. Craythorne	1,197	550	2	2	0	0	0	4†	267-367	P
Wheeling											
Ohio Valley General	D. E. Greenelch	8,199	632	3	3	0	0	0	6	350-375	P
WISCONSIN											
Madison											
University Hospitals ^{58,596}	O. S. Orth	6,241	150	7	7	2	0	0	16	125-225	F
Milwaukee											
Milwaukee County	J. J. Jacoby	5,194	153	4	4	0	0	0	8	238-293	O
Veterans Admin. (Wood)	J. Jacoby	3,746	313	8	8	0	0	0	16	291-315	P

2. AVIATION MEDICINE

The programs in Aviation Medicine which have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 212.

3. CHILD PSYCHIATRY

The programs in Child Psychiatry which have been approved by the Council, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 224.

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council 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. Hospitals, 15; Residencies, 28

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
Los Angeles	Queen of Angels	D. Gazzaniga	9	245	1	100	25	1	1	0	0	0	2	350-400	F	
	White Memorial	M. R. Hill, Sr.	4	220	2	100	1,882	1	0	0	0	0	1	265-420	F	
LOUISIANA																
New Orleans	Ochsner Foundation	P. H. Hanley	13	460	6	83	7,517	1	1	0	0	0	2	225-...	P	
MICHIGAN																
Grand Rapids	Ferguson-Drost-Ferguson	J. A. Ferguson	66	2,278	28	79	11,356	2	2	0	0	0	4	275-375	...	
MINNESOTA																
Minneapolis	University of Minnesota Hospitals	W. C. Bernstein	Inc. in Surg.	...	...	...	1,319	1	0	0	0	0	1	280-...	O
Rochester	Mayo Foundation	R. J. Jackman	13	793	...	...	20,851	2	2	0	0	0	4	200-333	P
	Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW YORK																
Buffalo	Buffalo General	L. S. Knapp	12	521†	12	17	430	1	1	0	0	0	2	300-375	FP	
	Millard Fillmore	W. H. Bernhoff	5	191†	3	67	103	1	1	0	0	0	2	338-366	O	
PENNSYLVANIA																
Allentown	Allentown	G. L. Kratzer	20	666†	4	50	32	0	1	0	0	0	1	250-275	FP	
Philadelphia	Temple University	H. E. Bacon	40	946	11	33	951	2	2	0	0	0	4	175-200	O	
Pittsburgh	Health Center Hospitals of the University of Pittsburgh	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Presbyterian-University and Woman's Hospitals	K. Zimmerman	10	406	4	25	...	0	0	0	1	1	2	255-305	O	
TEXAS																
Dallas	Baylor University Medical Center	A. Baldwin	18	758	5	20	275	1	0	0	0	0	1	210-250	P	
WISCONSIN																
Milwaukee	Milwaukee County	R. T. McCarty	Inc. in Surg.	168†	1	100	3,360	0	0	0	1	1	2	348-452	O	

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Hospitals, 69; Residencies, 391

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY																	
CALIFORNIA																	
		Letterman General, San Francisco	F. H. Grauer	10	291	0	0	15,198	3	1	1	1	0	0	3
DISTRICT OF COLUMBIA																	
		Walter Reed General, Washington	L. S. Leland	14	136	16,260	3	2	2	2	0	0	6
TEXAS																	
		Brooke General, San Antonio	G. Prasad	5	141	0	0	49,725	3	1	1	1	0	0	3
UNITED STATES NAVY																	
CALIFORNIA																	
		U. S. Naval, San Diego*	C. W. Norman	16	233	0	0	46,819	2*	2	2	2	0	0	6
PENNSYLVANIA																	
		U. S. Naval, Philadelphia*	J. H. Lockwood	16	241	0	0	9,304	2*	2	2	2	0	0	6

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS															
Boston															
Tufts University Affiliated Hospitals	W. F. Lever						3								
Boston City		5	76	2	50	14,871		3	3	2	0	0	8	158-208	F
Boston Dispensary and Rehabilitation Institute				0	0	3,552		1	1	1	0	0	3	257-282	F
Massachusetts General	T. B. Fitzpatrick	11	280	4	75	9,683	3	3	1	1	0	0	5	108-188	O
Massachusetts Memorial Hospitals	H. Mescon					1,984	3	2	2	2	0	0	6	175-225	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	A. C. Curtis						3	5	5	5	0	0	15		
University		18	565	1		6,982								193-265	O
Veterans Admin.		6	81											291-373	O
Detroit															
Henry Ford	C. S. Livingood	31	605	3	67	44,846	3	5	5	5	0	0	15	300-350	P
Receiving	H. Pinkus		29†			10,022	3	3	3	3	0	0	9	340-415	P
MINNESOTA															
Minneapolis															
Minneapolis General	C. W. Laymon	5	164	2	100	5,043	3	1	1	0	0	0	2	250-...	F
University of Minnesota Hospitals ²¹¹	F. W. Lynch	4	77	0	0	3,471	3	1	1	1	1	1	5	280-408	O
Veterans Admin. ²¹⁰	I. Fisher	21	990	1	100	636	3	2	1	1	0	0	4	291-497	O
Rochester															
Mayo Foundation	L. A. Brunsting	36	757	1	100	27,946	3	5	5	5	2	0	17†	200-333	P
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker	H. Ravits	6	193			3,443	3	0	1	0	0	0	1	280-280	F
MISSOURI															
St. Louis															
Barnes	C. Lane					4,676	3	1	1	1	0	0	3	175-175	F
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	O. F. Jillson	8	227	0	0	9,431	3	1	1	1	0	0	3	218-273	
NEW YORK															
Buffalo															
Edward J. Meyer Memorial	J. W. Jordan	3	69	1	100	6,029	3	2	1	1	0	0	4	292-332	P
Roswell Park Memorial Institute	H. L. Traenkle	2	52			3,881	1	0	0	1	0	0	1	357-440	O
New York City															
Kings County Hospital Center	L. Frank	17	300	5	0	15,439	3	1	1	1	0	0	3	231-317	FP
Mount Sinai	S. M. Peck	1	4			7,828	3	1	1	0	0	0	2	303-387	P
New York	D. Torre						3	1	0	0	0	0	1	250-250	P
New York Medical College															
Metropolitan Hospital Center	J. L. Morse						2	1	1	0	0	0	2		
Unit 1-Flower and Fifth Avenue Hospitals															
Unit 2-Metropolitan															
Unit 3-Bird S. Coler															
New York University Medical Center															
Bellevue Hospital Center, Div. IV	R. L. Baer	47	318	5	0	20,365	3	6	6	6	0	0	18		
University															
Veterans Admin. (Manhattan)		35	425	4	75	300								291-372	O
Presbyterian	C. T. Nelson	7	141	1	0	29,747	3*	2	1	1	0	0	4	292-375	P
St. Luke's	L. P. Barker					7,020	2*	1	1	0	0	0	2	225-275	P
Veterans Admin. (Bronx)	H. Shatin	43	479	0	0	942	2	1	1	2	0	0	4	291-373	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. E. Wheeler					3,734	3	1	1	1	0	0	3	200-375	O
Durham															
Duke	J. L. Callaway	5	247	1	100	8,232	3	2	2	1	1	0	5	175-225	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group							3								
Cincinnati General	L. Goldman	14	219	3	67	6,029		3	1	1	0	0	5†	150-215	F
Cleveland															
Cleveland Clinic	J. R. Haserick	12	312†	7	57	13,309	3	2	2	2	0	0	6	275-325	F
Cleveland Metropolitan General	R. R. Rauschkolb	3	64	1	0	4,041	2	1	1	1	0	0	3†	200-296	O
University Hospitals of Cleveland	R. B. Stoughton	3	81†	1	0	5,310	3	2	1	1	0	0	4	187-288	P
Columbus															
Ohio State University Hospitals							3								
University Hospital	E. B. Heisel					3,256		1	1	1	0	0	3	277-277	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center							3								
University Hospitals	P. Jones	4	142	0	0	3,695		2	2	2	0	0	6	200-375	P
Veterans Admin.	J. F. Hammarsten	5	146	0	0	1,092									
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	W. C. Lobitz	16	194	1	100	6,863	3	3	3	3	0	0	9	200-250	F

Numerical and other references are listed on pages 262 through 264.

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA															
Danville															
Geisinger Medical Center	R. F. Dickey	2	46	1	100	14,507	3	1	1	1	0	0	3	175-225	FP
Philadelphia															
Graduate Hospital of the University of Pennsylvania ³⁴⁶	H. Beerman	1	45	1	0	2,113	3	1	1	1	0	0	3	100-100	F
Hospital of the University of Pennsylvania	D. Pillsbury	6	148	1	100	4,934	3	7	6	5	0	0	18	210-400	O
Jefferson Medical College	H. A. Luscombe	4	72	1	100	3,700	2	1	1	0	0	0	2	250-283	O
Philadelphia General	D. Pillsbury, C. Burgoon	9	129	3	0	9,257	2	2	2	0	0	0	4	155-220	F
Temple University Medical Center							3								
Skin and Cancer Hospital of Philadelphia	C. F. Burgoon, Jr.	16	468	0	0	20,626	3	3	3	0	0	0	9	175-225	O
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals	J. F. Mullins	9	135	2	50	7,721	3	2	2	2	0	0	6	283-283	P
Houston															
Baylor University Affiliated Hospitals ⁴³	E. R. Seale	14	478	2	100	11,716	3	3	3	2	0	0	8		
VIRGINIA															
Charlottesville															
University of Virginia	E. P. Cawley	3	92	1	0	7,277	3	2	2	1	0	0	5	90-180	FP
Richmond															
Medical College of Virginia—Hospital Division	A. Pepple	2	84	1	0	4,219	2	1	1	0	0	0	2	150-150	F
WISCONSIN															
Madison															
University Hospitals ³⁹⁸	S. A. M. Johnson	6	152	1	100	4,646	3	1	1	1	0	0	3	125-225	F
Marshfield Clinic (Marshfield)	S. Epstein	7	300	0	0	8,000									
Marshfield															
Marshfield Clinic—See University Hospitals, Madison															
Milwaukee															
Veterans Admin. (Wood) ³⁹⁹	D. W. Kersting	16	276	1	100	11,286	3	2	2	2	0	0	6	291-373	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 196

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field. Hospitals, 184; Residencies, 806

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
ALABAMA															
U. S. Air Force, Montgomery	W. H. Karmany	229	5,257	54	70	167,577	2	4	4	0	0	0	8		
DISTRICT OF COLUMBIA															
U. S. Air Force, Washington	M. W. Steel, Jr.	224	7,072	63	84	259,836	2	3	3	0	0	0	6		
MISSISSIPPI															
U. S. Air Force, Biloxi	J. C. Denslow, Jr.	291	8,871	75	84	253,567	2	3	3	0	0	0	6		
OHIO															
U. S. Air Force, Dayton	M. J. Freedman	255	6,389	41	65	244,986	2	2	2	0	0	0	4		
UNITED STATES ARMY															
NEW JERSEY															
Walton Army, Fort Dix	L. J. Numainville	543	21,097	78	66	435,604	2	4	4	0	0	0	8		
UNITED STATES PUBLIC HEALTH SERVICE															
MICHIGAN															
U. S. Public Health Service, Detroit	H. W. Kopping, W. B. Barr	111	2,189	29	72	21,404	2	3	3	0	0	0	6		
TEXAS															
U. S. Public Health Service, Galveston	L. A. Gaul	130	2,488	48	73	33,177	2	4	4	0	0	0	8		
VIRGINIA															
U. S. Public Health Service, Norfolk	F. T. Zinn	163	3,681	52	63	60,348	2	3	3	0	0	0	6		

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	C. Neville	129	7,100†	47	46	80,391	2	1	1	0	0	0	2	300-350	FP
ARIZONA															
Phoenix															
Good Samaritan	L. Smith	75	6,898	323	45	922	2	1	1	0	0	0	2	400-450	P
Mariopca County General	D. H. Victor	151	2,720	491	41	36,957	2	4	2	0	0	0	6	373-392	P
Tucson															
St. Mary's Hospital—Pima County	A. V. Dudley, Jr.	...	...	...	...	...	2	3	3	0	0	0	6	350-375	FP
St. Mary's	...	255	15,490	312	43	...	...	...	...	...	...	...	...	...	FP
Pima County	...	145	2,877	116	58	30,274	...	...	...	...	...	...	...	...	...
ARKANSAS															
Little Rock															
University of Arkansas Medical Center ⁴⁰	J. T. Riffin	...	...	...	...	...	2	9	9	0	0	0	18	208-233	O
CALIFORNIA															
Bakersfield															
Kern County General	L. O. Yaussy	280	9,478	520	82	91,816	2	1	1	0	0	0	2	375-400	P
Berkeley															
Herrick Memorial	W. Marsh	148	7,551	170	60	1,541	...	2	1	0	0	0	3	425-475	FP
Long Beach															
Memorial Hospital of Long Beach	J. E. McLennan	80	4,028	89	38	350	2	1	0	0	0	0	1	325-375	P
St. Mary's Long Beach	W. L. Thompson	234	16,645	320	47	1,500	2	1	1	0	0	0	2	325-375	F
Martinez															
Contra Costa County	G. Degnan	373	9,611	498	55	48,390	2	9	0	0	0	0	9	481-...	P
Modesto															
Stanislaus County	E. H. Dickinson	222	5,457	335	29	42,652	2	5	5	0	1	0	11	500-500	P
Riverside															
Riverside County General	G. J. Anday	290	6,768	487	61	22,017	2	7	0	0	0	0	7	440-464	P
Sacramento															
Sacramento County	D. A. Treat	779	15,633	1,093	56	52,209	2	6	6	0	0	0	12	420-510	F
Salinas															
Monterey County	R. H. Whitworth	250	4,317	271	78	36,874	2	8	2	0	0	0	10	500-550	F
Santa Barbara															
Santa Barbara County General—Cottage Hospitals	D. M. Caldwell	...	...	...	...	...	2	3	3	0	0	0	6	450-450	F
Santa Barbara County General	...	201	2,448	145	44	14,145	...	...	...	...	...	...	...	...	...
Santa Barbara Cottage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Rosa															
Sonoma County	A. C. Abernethy	251	3,814	341	35	26,051	2	5	5	0	0	0	10	425-475	P
Ventura															
General Hospital of Ventura County	J. A. Daly	223	4,797	92	32	43,281	2	5	5	0	0	0	10	434-465	F
COLORADO															
Colorado Springs															
Penrose	A. R. Croke	209	10,083	255	...	2,649	2	4	0	0	0	0	4	250-350	F
St. Francis	R. W. Ulrich	124	7,088	175	50	9,685	2	1	1	0	0	0	2	...-500	F
Denver															
Denver General	B. E. Pollock	221	9,009	586	66	82,297	2	3	3	0	0	0	6	245-293	P
Mercy	L. A. Hall	231	11,245	210	60	10,700	2	2	1	0	0	0	3	385-435	P
St. Joseph's	F. B. McGlone	...	...	...	...	884	2	2	2	0	0	0	4	200-225	F
University of Colorado Medical Center	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Colorado General	C. W. Eisele	231	9,315	413	81	122,048	...	4	4	0	0	0	8	180-190	O
Pueblo															
St. Mary-Corwin	G. W. Hurley	380	18,218†	374	46	1,595	2	4	4	0	0	0	8	350-500	P
CONNECTICUT															
Bridgeport															
Bridgeport	E. B. Ives	70	2,602	114	25	1,873	2	2	2	0	0	0	4	325-350	FP
Danbury															
Danbury	R. Schwartz	193	10,003	288	49	3,374	2	3	3	0	0	0	6	250-300	F
DELAWARE															
Wilmington															
Wilmington General	F. S. Skura	220	12,207	297	45	26,816	2	6	6	0	0	0	12	220-355	FP
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty	E. Short	189	7,248	81	34	9,000	2	3	3	0	0	0	6	350-425	FP
FLORIDA															
Daytona Beach															
Halifax District	G. DeLaughter	223	9,951	453	33	4,681	2	3	2	0	0	0	5	500-500	P
Jacksonville															
Baptist Memorial	A. M. Manson	272	15,189	233	65	4,815	2	2	2	0	0	0	4	325-350	O
Duval Medical Center	C. H. Burke	153	8,400	437	48	83,963	2	2	2	0	0	0	4	325-325	O
St. Luke's	E. E. Leitner	161	9,224	176	30	...	2	1	1	0	0	0	2	325-350	O
St. Vincent's	L. M. Wachtel	298	16,509†	259	49	...	2	2	2	0	0	0	4	325-350	P
Pensacola															
Baptist	K. E. McIntyre	230	15,717	183	43	0	2	2	2	0	0	0	4	425-450	O
Sacred Heart	K. E. McIntyre	102	4,293	90	40	0	2	2	1	0	0	0	3	425-450	O
St. Petersburg															
Mound Park	B. Quicksall	Inc in Int. Med.	Inc in Int. Med.	Inc in Int. Med.	Inc in Int. Med.	Inc in Int. Med.	2	2	2	0	0	0	4	325-347	P

Numerical and other references are listed on pages 262 through 264.

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month		Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
GEORGIA																
Columbus																
Medical Center	E. B. Horn	226	12,165	408	28	32,193	2	2	2	0	0	0	4	350-400	FP	
Fort Oglethorpe																
John L. Hutcheson Memorial Tri-County	F. H. Simonton	111	6,669	189	25	7,620	2	2	2	0	0	0	4	450-...	P	
Rome																
Floyd	W. Pendley	155	11,852	223	33	28,327	2	1	1	0	0	0	2	350-375	F	
ILLINOIS																
Berwyn																
MacNeal Memorial	H. R. Hone	283	15,796	426	46	838	2	3	3	0	0	0	6	450-500	FP	
Chicago																
Grant	S. A. Sugar	...	...	...	...	...	2	1	1	0	0	0	2	450-475	F
Illinois Masonic	N. Drake	...	2,931†	146	43	2,984	2	...	...	...	...	...	2	225-300	F
Louis A. Weiss Memorial	H. E. Bessinger	212	8,614	296	45	10,470	2	11	11	0	0	0	22	385-410	P	
St. Mary of Nazareth	S. A. Motto	240	8,580	155	36	22,166	2	2	2	0	0	0	4	515-565	P	
Peoria																
Methodist Hospital of Central Illinois	J. Aronoff	134	3,620	278	42	523	2	4	4	0	0	0	8	450-450	FP	
St. Francis	F. Rafool	220	8,860	310	42	...	2	1	1	0	0	0	2	275-300	F	
INDIANA																
Indianapolis																
Methodist	L. Martin	423	18,615	505	48	11,017	2	2	2	0	0	0	4	360-390	P	
IOWA																
Des Moines																
Broadlawn Polk County	R. W. Hammer	143	6,553	366	46	47,184	2	2	2	0	0	0	4	250-275	F	
KANSAS																
Wichita																
St. Francis ¹⁶⁴	V. D. Schwartz	363	21,905	324	46	34,479	2	2	2	0	0	0	4	275-300	FP	
Weeley	J. Tiller	361	19,354	310	32	0	2	2	2	0	0	0	4	325-350	FP	
KENTUCKY																
Covington																
William Booth Memorial	D. Richfield	131	6,061	198	20	1,382	2	3	3	0	0	0	6	350-450	F	
LOUISIANA																
Lafayette																
Lafayette Charity	E. Hull	191	10,424	377	67	81,858	1	22	0	0	0	0	22	450-...	P	
Monroe																
E. A. Conway Memorial	D. K. McCarter	...	...	...	...	...	2	7	7	0	0	0	14	450-500	F
New Orleans																
Touro Infirmary	A. M. Goldman	Inc. In Int. Med.	264	47	...	...	2	2	0	0	0	0	2	235-235	FP
MAINE																
Portland																
Maine Medical Center	S. R. Branson	Inc. in Int. Med.	...	...	...	...	2	1	1	0	0	0	2	175-200	FP
MARYLAND																
Bethesda																
Suburban	W. S. Murphy	86	4,229†	182	40	1,592	2	2	2	0	0	0	4	360-385	P	
MASSACHUSETTS																
Boston																
New England	P. Lusackas	32	1,034	44	22	3,059	2	1	1	0	0	0	2	225-275	F	
Fall River																
St. Anne's	J. C. Corrigan	144	6,469	150	32	19,066	2	3	3	0	0	0	6	400-500	FP	
Lowell																
Lowell General	R. A. Durham	178	8,312	298	31	7,529	2	2	2	0	0	0	4	400-400	F	
Worcester																
Worcester City	F. H. Carr	189	7,542	338	40	...	2	2	2	0	0	0	4	270-340	FP	
MICHIGAN																
Benton Harbor																
Mercy	P. O. Rague	130	7,076	190	35	12,130	2	2	2	0	0	0	4	325-325	F	
Dearborn																
Oakwood	D. H. Miller	102	7,185	121	40	...	2	4	4	0	0	0	8	300-325	F	
Detroit																
Evangelical Deaconess	W. P. Curtiss	161	7,877	214	48	6,675	2	4	4	0	0	0	8	440-490	P	
Flint																
Hurley	J. S. Schults	...	...	...	...	...	2	2	0	0	0	0	2	325-325	F
McLaren General	G. C. Cutler	282	12,336	251	46	34	2	3	3	0	0	0	6	400-425	P	
St. Joseph	A. Judd	369	17,256	393	51	1,500	2	6	6	0	0	0	12	450-500	P	
Grosse Pointe																
Cottage	W. F. Kujawski	91	4,755	126	36	4,060	2	3	3	0	0	0	6	600-600	O	
Kalamazoo																
Borgess	J. C. Breneman	...	...	...	...	...	...	...	2	1	0	0	2	275-295	F
River Rouge																
Sidney A. Sumbly Memorial	T. M. Batchelor	68	2,364	15	33	...	2	3	1	0	0	0	4	450-600	F	
MINNESOTA																
Minneapolis																
Fairview	R. M. Silas	288	13,888	318	40	4,044	2	4	4	0	0	0	8	300-350	F	
Lutheran Deaconess Home and Hospital	P. F. Bowlin	192	9,714	285	39	924	2	4	4	0	0	0	8	300-350	F	
St. Paul																
Midway	D. Rosch	104	7,030	111	51	2,903	2	4	4	0	0	0	8	300-350	FP	
St. Luke's	D. E. Westover	188	7,352	202	47	10,949	2	4	4	0	0	0	8	300-400	FP	

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSISSIPPI															
Jackson															
Mississippi Baptist	C. D. Brannan	130	8,744	169	46	5,345	2	1	0	0	0	0	1	250-250	P
MISSOURI															
Columbia															
University of Missouri Medical Center	C. J. Marienfeld	Inc. in Int. Med.					2	2	2	0	0	0	4	250-300	P
Kansas City															
Menorah Medical Center	H. Cohen	Inc. in Int. Med.					2	1	1	0	0	0	2	300-350	F
Trinity Lutheran	O. W. Theel	8	2,917	93	35	6,544	2	2	2	0	0	0	4	300-350	F
Kirkwood															
St. Joseph	J. R. Nelson						2	2	2	0	0	0	4	400-...	P
St. Joseph															
Methodist Hospital and Medical Center	D. J. Stallard	100	4,600	239	18	4,020	1	2	2	0	0	0	2	325-350	F
St. Louis															
DePaul	N. H. Honigh	Inc. in Int. Med.					2	1	1	0	0	0	2	350-450	F
Lutheran	F. W. Klinge	258	10,555	409	37	19,188	2	3	3	0	0	0	6	375-400	FP
St. Anthony's	C. Nester	229	9,920	352	31	28,991	2	4	4	0	0	0	8	300-400	F
NEW JERSEY															
Flemington															
Hunterdon Medical Center	R. R. Henderson	105	4,991	150	72	36,388	2	3	3	0	0	0	6	175-225	FP
Montclair															
Mountainside	W. J. Sperling	319	11,205	507	36	14,265	2	2	2	0	0	0	4	275-300	FP
Morristown															
Morristown Memorial	R. S. Graft	68	2,922	105	60	4,388	2	2	2	0	0	0	4	275-300	FP
Phillipsburg															
Warren	J. F. Burke	158	8,915	303	27	2,632	2	3	3	0	0	0	6	300-500	FP
Princeton															
Princeton	B. Wright	142	6,386	188	70	2,307	3	4	3	1	0	0	8	350-455	F
Somerville															
Somerset	N. Schalet	202	11,679	292	42	5,778	2	2	2	0	0	0	4	325-325	F
Summit															
Overlook	A. S. McLellan	297	11,810	338	50	1,131	2	2	2	0	0	0	4	250-300	F
NEW MEXICO															
Los Alamos															
Los Alamos Medical Center	C. L. Shafer	9	535	7	100		2	1	0	0	0	0	1	600-600	O
NEW YORK															
Buffalo															
Mercy	C. F. Banas	222	9,878	102	61	2,543	1	3	0	0	0	0	3	275-325	FP
Millard Fillmore	M. Cheplove	Inc. in Int. Med.					2	1	1	0	0	0	2	338-366	O
Glen Cove															
Community Hospital at Glen Cove	H. Mayberger	190	10,717	239	40	4,523	2	1	1	0	0	0	2	300-300	FP
Kenmore															
Kenmore Mercy	J. E. Kraus	151	8,138	221	32	13,653	2	2	2	0	0	0	4	350-375	F
Rochester															
St. Mary's	J. F. Keegan	79	2,360	271	49	3,307	2	1	0	0	0	0	1	300-325	F
Yonkers															
Yonkers General	M. J. Eisen	132	6,171	153	42	9,289	2	1	1	0	0	0	2	375-475	FP
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. H. Burnett						2	2	1	0	0	0	3	200-233	O
OHIO															
Akron															
Akron City	W. H. Maryanski	98	2,668				2	2	2	0	0	0	4	275-300	FP
Akron General	G. V. Hough						3	4	2	0	0	0	6	300-350	F
St. Thomas	R. A. Breckenridge						2	2	2	0	0	0	4	300-350	FP
Barberton															
Barberton Citizens	E. B. Studer	255	12,545	285	40	2,200	2	4	4	0	0	0	8	350-400	F
Cincinnati															
Christ	C. F. Warner						2	4	4	0	0	0	8	250-275	FP
Good Samaritan	J. N. Janson	Inc. in Int. Med.					2	2	2	0	0	0	4	325-350	P
Cleveland															
Fairview Park	G. W. Fetzter	83	2,611	152	40	1,932	2	2	2	0	0	0	4	325-350	F
Polyclinic	R. V. Bachman	127	5,520	141	37		3	3	2	2	0	0	7	300-400	FP
St. John's	J. R. Johnson	42	1,692	56	32		2	2	2	0	0	0	4	325-350	FP
Woman's	R. Bowman	134	5,481	176	29	6,009	2	4	4	0	0	0	8	250-300	FP
Cleveland Heights															
Doctors	J. E. Allen	179	7,199	135	39	205	2	4	4	0	0	0	8	250-350	F
Columbus															
Mount Carmel	J. L. Henry	326	14,412	400	46	9,796	2	3	0	0	0	0	3	275-300	FP
Riverside Methodist-White Cross Hospitals	W. P. Smith, Jr.	Inc. in Int. Med.					2	1	1	0	0	0	2	290-315	P
Dayton															
Good Samaritan	C. Rust	432	18,840	674	38	1,561	2	2	2	0	0	0	4	275-325	F
Miami Valley	J. Worthman	614	24,565	795	38	10,678	2	2	2	0	0	0	4	250-275	FP
Elyria															
Elyria Memorial	R. E. Hayes	106	5,152	161	26	2,957	2	3	2	0	0	0	5	300-325	F
Euclid															
Euclid-Glenville	J. L. Whitaker	202	8,833	251	44	36,288	3	5	4	3	0	0	12	250-300	F
Lima															
Lima Memorial	D. L. Steiner		4,851				2	2	2	0	0	0	4	300-325	F
Ravenna															
Robinson Memorial Portage County	R. Glasgow	142	7,533	210	36	9,873	2	5	5	0	0	0	10	300-400	F
Steubenville															
Ohio Valley	J. Y. Bevan	232	12,535	311	24	12,252	2	2	2	0	0	0	4	400-400	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Toledo															
St. Charles	F. C. Clifford	173	7,974	228	41	2,699	2	1	1	0	0	0	2	450-450	F
St. Vincent's	M. A. Schnitker	...	...	...	...	...	2	1	1	0	0	0	2	300-325	F
Warren															
St. Joseph's Riverside	S. Klatman	131	6,883	175	29	8,239	2	4	3	0	0	0	7	300-400	F
Youngstown															
St. Elizabeth	P. Krupko	485	21,019	499	49	9,339	2	1	1	0	0	0	2	375-400	F
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	I. Brown	...	...	...	...	...	2	4	4	0	0	0	8	...	...
University Hospitals ²³³	...	...	...	...	...	...	...	...	...	...	...	...	...	275-300	P
OREGON															
Portland															
St. Vincent	L. Thompson	275	15,280†	411	44	9,516	2	2	2	0	0	0	4	275-285	P
PENNSYLVANIA															
Altoona															
Altoona	J. B. English	285	13,090	101	27	4,041	2	3	3	0	0	0	6	325-350	F
Bristol															
Lower Bucks County	W. G. Fortnum	212	12,187	184	48	5,502	2	3	0	0	0	0	3	500-500	P
Chester															
Chester	H. Gold	164	7,498	245	43	6,389	2	4	0	0	0	0	4	350-350	F
Coaldale															
Coaldale State	J. M. Steele	97	2,643	190	1	7,569	2	1	1	0	0	0	2	439-559	F
Danville															
Geisinger Medical Center	J. A. Collins	...	...	...	...	...	2	2	2	0	0	0	4	175-200	FP
Erie															
St. Vincent's	J. D. Weaver	275	13,390	458	43	...	2	1	1	0	0	0	2	275-300	FP
Lancaster															
Lancaster General	R. H. Mann	422	20,286	587	33	14,706	2	2	2	0	0	0	4	300-300	FP
St. Joseph	J. F. Young	222	8,593	301	41	14,218	2	3	3	0	0	0	6	300-500	F
Lebanon															
Good Samaritan	D. E. Courtney	...	...	...	...	...	2	1	2	0	0	0	3	300-300	F
Norristown															
Montgomery	R. E. Carlson	187	10,069	284	35	54,106	2	4	4	0	0	0	8	400-400	F
Sacred Heart	B. Marger	170	9,633	198	36	41,510	2	2	2	0	0	0	4	350-450	FP
Philadelphia															
St. Agnes	P. J. Gambescia	30	1,137	35	17	8,772	2	2	2	0	0	0	4	500-500	F
St. Mary's Franciscan	J. A. Daly	40	1,380	123	37	18,764	2	4	4	0	0	0	8	300-300	F
Pittsburgh															
St. John's General	A. C. Yellenik	177	6,480	220	24	18,454	2	4	0	0	0	0	4	300-350	F
Pottsville															
A. C. Milliken	N. M. Wall	177	6,702	276	26	30,124	2	4	0	0	0	0	4	500-500	O
Pottsville	F. S. Olmes	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Reading															
Community General	C. S. Kring	...	...	...	...	974	2	3	3	0	0	0	6	400-425	FP
Sharon															
Sharon General	E. C. Falk	224	12,647	317	27	9,187	2	4	4	0	0	0	8	500-500	F
PUERTO RICO															
Arecibo															
Arecibo District	J. Rodriguez Garcia	...	...	...	...	...	2	...	...	...	...	...	...	350-...	F
Hato Rey															
Hospital Auxilio Mutuo	D. Roca Franceschi	80	3,863	70	31	21,132	2	3	3	0	0	0	6	250-350	F
RHODE ISLAND															
Pawtucket															
Memorial	E. J. Mara	51	1,717	255	35	4,692	2	2	2	0	0	0	4	250-250	F
Woonsocket															
Woonsocket	C. Georas	184	7,830	302	25	3,632	2	3	3	0	0	0	6	...-347	P
SOUTH CAROLINA															
Greenville															
Greenville General	W. M. Shirley	162	7,001†	323	29	11,777	2	3	1	0	0	0	4	325-350	P
SOUTH DAKOTA															
Sioux Falls															
McKenna	J. B. Gregg	193	9,686	245	30	13,187	2	...	...	...	...	...	...	250-350	F
Sioux Valley	R. E. Nelson	183	10,552	254	48	10,984	2	2	2	0	0	0	4	325-375	F
Yankton															
Sacred Heart	J. Tidd	34	1,592	59	9	1,490	2	1	1	0	0	0	2	300-350	O
TENNESSEE															
Knoxville															
University of Tennessee Memorial Research Center and Hospital	J. H. Saffold	...	...	...	...	16,399	2	2	2	0	0	0	4	275-300	F
TEXAS															
Houston															
Memorial Baptist	R. V. Nicosia	3,477	18,388	315	29	14,179	2	5	3	0	0	0	8	220-270	P
Midland															
Midland Memorial	D. N. Clader	91	7,442	130	58	17,303	2	1	1	0	0	0	2	...	F
San Antonio															
Baptist Memorial	J. H. Bohmfalk	179	11,027	332	107	602	2	1	1	0	0	0	2	200-400	F
Santa Rosa Medical Center	E. L. Mueller, Sr.	408	23,494	645	52	32,165	2	4	4	0	0	0	8	275-350	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH															
Ogden															
Thomas D. Dee Memorial	R. C. Peterson	205	15,577	270	61	609	2	2	2	0	0	0	4	325-350	P
Salt Lake City															
Letter-day Saints	J. P. Hunter	367	21,330	538	45	...	2	1	1	0	0	0	2	325-350	FP
VIRGINIA															
Newport News															
Riverside	D. S. Parker, W. A. Read	64	2,469	165	34	2,187	2	1	1	0	0	0	2	300-350	F
Norfolk															
DePaul	H. Boone	259	14,597	343	45	17,007	2	1	1	0	0	0	2	325-350	F
Norfolk Community	G. H. Francis	131	4,434	209	57	5,021	2	...	...	...	...	...	...	300-300	F
Norfolk General	H. Kruger	...	...	...	...	...	2	4	2	0	0	0	6	150-375	F
Portsmouth															
Portsmouth General	P. W. Robinett	146	7,216	302	24	...	2	0	1	0	1	0	2	500-850	F
Suffolk															
Louise Obici Memorial	I. Steele	111	5,871	262	31	9,460	2	0	4	0	0	0	4	300-...	F
WASHINGTON															
Seattle															
Providence	D. T. McLaughlin	216	14,024	293	51	1,448	2	1	1	0	0	0	2	300-350	F
Spokane															
Sacred Heart	R. M. O'Brien	364	23,151	518	36	260	2	...	...	...	...	...	4	350-375	FP
St. Luke's	D. E. Babcock	...	...	...	...	...	2	2	2	0	0	0	2	300-300	F
WEST VIRGINIA															
Charleston															
Charleston General	J. Stoekel	Inc. in Int. Med.	...	...	...	...	2	2	2	0	0	0	2	275-350	FP
Huntington															
Cabell Huntington	W. Bray	Inc. in Int. Med.	...	...	...	...	2	3	3	0	0	0	6	250-275	F
Wheeling															
Ohio Valley General	R. A. Porterfield	92	4,140	98	28	...	2	2	2	0	0	0	4	350-375	P
Wheeling	E. L. Jones	...	2,180	80	25	...	2	4	4	0	0	0	8	325-375	F
WISCONSIN															
Madison															
Methodist	W. L. Waskow	107	4,706	133	69	...	2	2	2	0	0	0	4	325-400	F
Milwaukee															
Evangelical Deaconess	D. S. Ausman	80	3,167	207	35	1,469	2	2	2	1	0	0	5	400-450	F
Milwaukee County	W. A. McClellan	...	...	...	...	...	2	2	2	0	0	0	4	238-293	O
St. Luke's	G. J. Bergmann	230	11,430	280	51	1,209	2	1	1	0	0	0	2	375-400	P
St. Michael	F. Berridge	261	11,341	176	48	49,636	2	...	...	...	...	...	12	325-350	FP

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Hospitals, 554; Residencies, 6,370

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U.S. Air Force, San Antonio	R. B. Stonehill	262	7,482	60	88	32,065	3	6	6	6	0	0	18	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	W. C. Berry	219	6,098	117	74	91,065	3	5	5	5	0	0	15	...	...
COLORADO															
Fitzsimmons General, Denver	J. A. Wier	287	2,981	58	85	87,625	3	4	4	4	0	0	12	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	D. O. Lynn	345	2,700	223	80	69,444	3	8	8	8	0	0	24	...	...
HAWAII															
Tripler General, Honolulu	R. J. Hoagland	199	4,231	78	73	28,335	3	4	4	4	0	0	12	...	...
TEXAS															
William Beaumont General, El Paso	J. J. Mc Nerney	97	3,634	63	86	69,020	3	3	3	3	0	0	9	...	...
Brooke General, San Antonio	F. L. Bauer	202	4,250	261	91	18,917	3	8	8	8	0	0	24	...	...
WASHINGTON															
Madigan General, Tacoma	R. I. Crone	175	3,284	47	85	35,703	3	4	4	4	0	0	12	...	...

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY															
CALIFORNIA															
U.S. Naval, Oakland	A. J. Draper	168	4,449	95	84	81,849	3	2	2	2	0	0	6		
U.S. Naval, San Diego	B. L. Canaga, Jr.	474	6,187	306	80	146,072	3	3	3	3	0	0	9		
ILLINOIS															
U.S. Naval, Great Lakes	G. H. Tarr, Jr.	325	5,444	23	87	19,029	3	1	1	1	0	0	3		
MARYLAND															
U.S. Naval, Bethesda	F. G. Soule, Jr.	182	2,796	100	74	34,820	3	2	2	2	0	0	6		
MASSACHUSETTS															
U.S. Naval, Chelsea	J. A. McLaughlin	104	2,342	39	89	10,508	3	2	2	2	0	0	6		
NEW YORK															
U.S. Naval, St. Albans	R. Volk	170	3,087	91	59	40,012	3	2	2	2	0	0	6		
PENNSYLVANIA															
U.S. Naval, Philadelphia	H. L. Jones, Jr.	175	3,086	160	59	32,115	3	2	2	2	0	0	6		
VIRGINIA															
U.S. Naval, Portsmouth	R. K. Moxon	240	3,924	63	73	45,875	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U.S. Public Health Service, San Francisco	R. H. Linn	164	1,943	77	77	8,639	3	1	1	1	0	0	3		
LOUISIANA															
U.S. Public Health Service, New Orleans	J. K. Irion	162	2,437	65	74	10,384	3	2	2	2	0	0	6		
MARYLAND															
U.S. Public Health Service, Baltimore	G. F. Ellinger	81	1,677	15	73	6,224	3	2	2	2	0	0	6		
National Institutes of Health—Clinical Center, Bethesda	D. Fredrickson	73	1,069	50	98	2,593	1	0	0	6	0	0	6†		
MASSACHUSETTS															
U.S. Public Health Service, Boston	C. G. Spicknall	68	1,178	33	76	4,903	3	1	1	1	0	0	3		
NEW YORK															
U.S. Public Health Service, New York City (Staten Island)	N. J. Galluzzi	206	3,327	102	69	19,442	3	3	3	3	0	0	9		
WASHINGTON															
U.S. Public Health Service, Seattle	W. H. Stimson	88	1,562	44	86	39,671	3	1	1	1	0	0	3		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ¹²⁷	J. B. Johnson	67	1,220	164	34	21,073	3						13	367-475	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	J. E. Roberts	79	2,550	91	69	11,149	3						5	458-541	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center		285	5,215	490	48	27,844	3								
University Hospital and Hillman Clinic	W. B. Frommeyer							12	6	2	2	0	22	254-359	P
Veterans Admin.	E. E. Eddleman							10	6	6	0	0	22	291-497	O
Fairfield															
Lloyd Noland	C. E. Porter	82	3,241	160	36	40,590	3	2	2	2	0	0	6	300-400	FP
Mobile															
Mobile General	W. J. Atkinson, Jr.	42	1,697	193	54	8,555	1	2	0	0	0	0	2	300-450	FP
Tuskegee															
Veterans Admin.	E. T. Odom	383	1,649	148	49	797	3	3	3	3	0	0	9	291-372	O
ARIZONA															
Phoenix															
Maricopa County General	D. R. Long	99	254	29	21	5,565	3	4	3	1	0	0	8	373-412	P
St. Joseph's	H. W. Caldwell	51	2,165	125	30	3,170	3	1	1	1	0	0	3	300-375	FP
Tucson															
St. Mary's Hospital-Pima County General	R. A. Jackson	95	4,754	231	43		1	4	4	2	0	0	10		
St. Mary's														350-350	FP
Pima County General														350-350	FP
Tucson Medical Center-Pima County General	O. J. Farness	107	7,203	243	51	3,077	1	6	0	0	0	0	6		
Tucson Medical Center														350-500	F
Pima County General														350-350	FP
ARKANSAS															
Little Rock															
University	R. V. Ebert	49	1,286†	130	70	11,267	3	6	6	6	0	0	18	233-333	O
Veterans Admin. ⁷⁹	H. R. Hipp	192	2,976	208	80	2,218	3	7	3	3	0	0	13	291-373	O
CALIFORNIA															
Bakersfield															
Kern County General	V. Lopez	121	2,471	352	56	33,191	3	4	3	1	0	0	8	375-450	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
Berkeley															
Herrick Memorial	H. Mankin	37	2,071	114	58	4,894	1	1	0	0	0	0	1	300-...	F
Duarte															
City of Hope Medical Center	E. Beutler	92	825	135	74	4,785	1	0	1	3	0	0	4	400-400	O
Fresno															
Fresno County General	J. J. Jacobson	189	3,655	493	44	13,778	3	3	3	3	0	0	9	300-350	P
Glendale															
Glendale Sanitarium and Hospital	D. L. John	141	6,161	304	49	...	3	1	1	2	0	0	4	355-380	P
La Jolla															
Scripps Clinic and Research Foundation	E. L. Keeney	40	2,400	40	80	20,100	2	0	2	4	2	0	8†	416-459	P
Long Beach															
Memorial Hospital of Long Beach	J. R. Knutson	120	6,209	321	40	800	3	2	1	1	0	0	4	325-425	P
Veterans Admin. ¹⁰⁹	D. W. Leik	421	3,937†	478	79	17,151	3	...	...	...	...	...	30	291-497	O
Los Angeles															
Cedars of Lebanon	I. J. Pincus	134	5,392	361	46	26,898	3	4	4	4	0	0	12†	290-425	P
Hospital of the Good Samaritan	R. H. Smart	100	4,056	258	46	9,804	3	2	2	2	0	0	6	325-375	FP
Los Angeles County General	T. H. Brem, V. J. Johns	770	31,891	2,942	43	74,349	3	24	20	16	0	0	60	290-425	P
Mount Sinai	C. Kleeman	105	2,640	231	47	10,800	3	2	2	2	0	0	6	290-425	P
Queen of Angels	K. Smith	57	3,094	276	56	3,589	3	2	2	2	0	0	6	275-325	F
University of California	J. S. Lawrence	85	1,970	195	82	12,787	3	7	4	1	0	0	12	261-340	O
Veterans Admin. Center—General															
Medical and Surgical ⁸⁷	L. Fred	617	8,732	840	73	24,622	3	16	24	14	0	0	54	292-443	P
White Memorial	V. J. Johns	44	1,623	136	68	5,485	3	3	3	3	0	0	9	265-420	P
Oakland															
Highland-Alameda County	K. W. Benson	121	6,479	550	49	29,664	3	4	3	3	0	0	10	255-281	FP
Kaiser Foundation	R. Goldberg	70	2,028	200	72	122,123	3	5	3	1	0	0	9	315-365	FP
Veterans Admin.	E. R. Movitt	242	3,601	265	78	...	3	4	4	4	0	0	12	291-373	O
Orange															
Orange County General	G. F. Warner	262	4,490†	473	73	10,440	3	2	2	2	0	0	6	355-395	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	H. R. Holman	...	...	...	...	...	3	16	8	7	3	0	35†	...	...
Palo Alto-Stanford Hospital Center	H. R. Holman	90	3,672	78	76	5,349	...	...	...	...	...	...	...	100-175	F
Veterans Admin.	F. L. Eldridge	65	564	69	88	...	...	...	...	...	...	...	...	291-497	O
Community Hospital of San Mateo County (San Mateo)	E. Rubenstein	59	1,119	207	117	13,537	...	...	...	...	...	...	...	300-400	F
Pasadena															
Huntington Memorial	E. R. Evans	97	3,875	343	50	9,763	3	1	1	1	0	0	3	300-300	FP
Riverside															
Riverside County General	G. J. Anday	130	2,090	320	62	6,810	1	2	0	0	0	0	2	440-464	P
San Bernardino															
San Bernardino County Charity	W. L. Cover	115	2,634	403	51	38,530	1	5	0	0	0	0	5	...-300	F
San Diego															
Mercy	D. G. Landale	74	3,773	281	44	6,291	3	2	2	2	0	0	6	250-350	FP
San Diego County General	W. J. Kuzman	88	2,056†	469	41	7,285	3	4	2	2	0	0	8	250-350	F
San Francisco															
Children's	P. M. Aggeler	26	1,090†	52	59	6,595	3	2	1	1	0	0	4	250-300	FP
Franklin	D. Gorman	43	1,893	113	50	...	1	2	1	0	0	0	3	450-750	P
French	D. L. Wilbur	48	1,849	150	29	17,360	2	3	3	0	0	0	3	300-350	F
Kaiser Foundation	C. C. Herbert	56	1,944	186	64	229,772	3	2	3	4	0	0	9	315-415	P
Mary's Help	F. Roebex	45	2,051†	145	35	5,463	1	2	0	0	0	0	2	250-350	F
Mount Zion Hospital and Medical Center	H. H. Rosenblum	130	5,012†	238	51	14,860	3	6	4	2	0	0	12	200-350	F
Presbyterian Medical Center	G. B. Robson	43	1,906	85	58	10,465	3	3	3	1	0	0	7	175-300	FP
St. Luke's	W. Beckh	74	3,106	228	56	10,874	3	3	1	1	0	0	5	325-375	FP
St. Mary's	F. A. Solomon, Jr.	93	2,988	134	49	11,124	3	3	2	1	0	0	6	200-300	FP
San Francisco General	J. V. Carbone, E. Rapaport	270	5,483	1,096	47	4,259	3	12	4	2	0	0	18	261-458	O
Southern Pacific General	J. J. McGinnis	167	7,654	122	63	...	3	3	2	2	0	0	7	200-350	F
University of California Hospitals	H. Brainerd	113	3,632	143	74	40,000	3	10	6	4	1	1	22†	261-460	O
Veterans Admin.	F. M. Willett	164	1,815	139	73	1,322	2	12	7	0	0	0	19	291-497	O
San Jose															
Santa Clara County	J. E. Giansiracusa	77	1,757	393	83	261	3	4	4	2	0	0	10	300-400	P
San Mateo															
Community Hospital of San Mateo County	—See Palo Alto														
Santa Barbara															
Santa Barbara Cottage ¹⁰⁸	H. V. Freidell	74	3,736	138	61	0	3	3*	2	1	0	0	6	250-400	FP
Stockton															
San Joaquin General	L. P. Armanino	85	2,389	309	50	22,835	3	...	...	...	...	...	6	335-400	P
Torrance															
Los Angeles County Harbor General	F. K. Bauer	170	5,133†	785	42	13,830	3	7	6	6	0	0	19	290-425	F
COLORADO															
Denver															
Denver General	B. E. Pollock	93	2,130	383	62	14,471	3	4	3	3	0	0	10	245-293	P
Mercy	E. S. Miller	83	3,673	135	58	1,440	2	2	1	0	0	0	3	385-435	P
Presbyterian	H. Bradford	82	3,649	224	55	1,513	3	3	2	1	0	0	6	300-375	P
St. Joseph's	F. B. McGlone	94	3,947	167	52	2,197	3	4	2	2	0	0	8	200-275	F
University of Colorado Medical Center							3	...	...	...	...	...	...	...	...
Colorado General	G. Meiklejohn	47	1,640	159	77	24,826	...	4	3	3	0	0	10	180-205	O
Veterans Admin.	T. P. Sears	163	2,508	153	92	8,056	...	...	...	...	...	...	23	291-497	O
CONNECTICUT															
Bridgeport															
St. Vincent's	V. A. Lynch	94	3,710	322	44	2,619	3	1	1	1	0	0	3	375-425	P
Greenwich															
Greenwich	F. C. Weber	85	3,126	160	75	2,735	2	2	1	0	0	0	3	200-350	F
Hartford															
Hartford	M. O. Pbelps	233	6,598	602	54	10,221	3	16	8	6	0	0	30	235-335	P
Veterans Admin. (Newington)	P. Lipton	144	1,341	122	70	1,340	...	4	3	1	0	0	8	291-373	O
St. Francis	M. P. McCue	199	5,807	380	32	3,720	3	2	2	2	0	0	6	200-250	FP

Numerical and other references are listed on pages 262 through 264.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT—Continued															
New Britain															
New Britain General	J. C. White	93	3,333	264	46	3,757	3	2	2	1	0	0	5	265-315	FP
New Haven															
Hospital of St. Raphael ¹¹⁸	T. Evans	106	2,382	363	37	6,585	3	4	2	1	0	0	7	300-375	F
Yale-New Haven Medical Center							3								
Grace-New Haven Community	P. B. Beeson	130	4,226	498	84	17,887	3	10	12	1	0	0	23	175-333	O
Veterans Admin. (West Haven)	T. T. Amatruda, Jr.	69	1,647	140	84	1,622	3	3	9	5	1	0	18	291-373	O
Newington															
Veterans Admin.—See Hartford															
Norwalk															
Norwalk	T. Ippolito	61	2,701†	286	39	5,817	1	1	2	0	2	0	5†	235-340	F
Waterbury															
St. Mary's	W. Finkelstein	153	3,605	202	43	9,005	3	2	2	2	0	0	6	325-375	F
Waterbury	J. Sklaver	108	3,522	323	38	8,979	3	2	1	1	0	0	4	225-275	F
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven															
DELAWARE															
Wilmington															
Delaware	G. B. Heckler	90	2,449	272	56	11,273	3	1	1	1	0	0	3	220-260	FP
Memorial	L. P. Lang	78	2,496	251	42	2,447	3	2	1	1	0	0	4	237-277	F
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General		216	4,316	999	57	31,934	3	9	4	1	0	0	14	258-333	P
Georgetown University Service	C. B. Favour														
George Washington University Service	M. J. Romansky														
Howard University Service	J. B. Johnson														
Doctors	F. A. J. Geier	79	2,500	140	58		3	1	1	1	0	0	3	250-350	F
Georgetown University Hospital	L. H. Kyle	110	2,991	222	84	9,599	3	12	6	0	0	1	19	175-215	P
George Washington University ¹²⁶	T. McP. Brown	109	4,628	247	68	12,009	3	8	6	2	1	0	17	210-285	P
Providence	T. E. Curtin	92	3,353	243	43	16,896	3	2	2	1	0	0	5	350-400	P
Veterans Admin.	S. Katz	150	2,507†	295	83	3,200	3	7	8	14*	0	0	29†	291-497	O
Washington Hospital Center	T. W. Mattingly	220	7,460	391	56	17,076	3	4	4	4	0	0	12	315-345	O
FLORIDA															
Coral Gables															
Veterans Admin.	F. Wasserman	226	3,241	323	90	8,416	3	7	11	12	6	0	36	291-373	O
Gainesville															
University of Florida Teaching Hospital and Clinics	S. P. Martin	31	1,479	67	78	3,026	3	4	3	3	0	0	10	217-450	O
Jacksonville															
Jacksonville Hospitals Educational Program		77	2,999	125	54	1,311	3	1	0	1	0	0	2	325-375	O
Baptist Memorial	J. J. Lowenthal	45	1,493	259	40	33,305	3	2	2	2	0	0	6	325-375	O
Duval Medical Center	K. B. Hanson	50	2,184	127	32		3	2	0	0	0	0	2	325-325	O
St. Luke's	J. E. Borland	88	3,791	151	51	1,292	3	2	0	1	0	0	3	325-375	P
St. Vincent's	L. E. Geeslin														
Miami															
Jackson Memorial	R. Jones, Jr.		7,878	983	45	42,024	3	16	16	11			44†	200-275	P
Miami Beach															
Mount Sinai Hospital of Greater Miami	S. R. Kaplan	128	4,302	386	35	7,617	3	5	3	1	0	0	9	250-300	F
Orlando															
Orange Memorial	F. C. Bone	74	3,073	242	40		3	1	1	1	0	0	3	325-375	O
Tampa															
Tampa General	E. Reiner	146	7,836	382	32	6,724	3	2	2	2	0	0	6	250-300	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	L. H. Bishop, Jr.	73	4,432	244	40	4,928	3	4	3	1	0	0	8	315-350	P
Emory University Affiliated Hospitals		70	25,481†	123	62		3						20	235-315	P
Emory University	R. B. Logue	120	2,091	214	58		3	6	3	3	0	0	12	291-497	P
Veterans Admin.	J. C. Crutcher	94	4,093	177	44	1,531	3	3	2	1	0	0	6	330-380	O
Georgia Baptist	J. G. Barrow	102	2,740	605	48	144,906	3	10	8	1	0	0	19	100-200	F
Grady Memorial ⁵⁹	J. W. Hurst	56	2,279	91	45	1,365	3	2	1	1	0	0	4	290-320	F
Piedmont Hospital	C. Smith	60	2,540	148	50	1,578	3	1	1	1	0	0	3	330-380	P
St. Joseph's Infirmary	T. T. Blalock														
Augusta															
Medical College of Georgia Hospitals		82	1,651	107	69	467	3	6	6	6	0	0	18	250-500	O
Eugene Talmadge Memorial	T. Findley	59	2,333†	255	31	12,815	3	1	1	1	0	0	3	250-300	O
University	J. D. Gray	94	1,583	86	62	712	3	1	1	0	0	0	2	291-315	O
Veterans Admin.	J. J. Martin, Jr.														
Savannah															
Memorial Hospital of Chatham County	L. E. Danzig	61	3,360	258	49	13,759	3	1	1	1	0	0	3	350-350	F
HAWAII															
Honolulu															
Queen's	M. E. Berk	140	6,392	294	62	21,809	3	4	2	1	0	0	7	250-300	FP
St. Francis		112	2,217	122	37	9,211	3	2	2	1	0	0	5	250-300	F
ILLINOIS															
Chicago															
Augustana	C. A. Hedberg	125	4,728	250	48		1	2	0	0	0	0	2	500-500	F
Columbus	E. F. Foley	134	4,544†	200	56	6,237	2	3	3	3	0	0	9	325-375	F
Cook County	E. F. Foley	638	18,327	3,220	32	51,373	3	18	17	18	0	0	53	150-150	FP
Illinois Central	W. J. Hand			156	44		2	2	2	0	0	0	4	320-330	FP
Illinois Masonic	L. L. Braun	152	2,659†	282	49	17,571	3	3	2	1	0	0	6	300	F
Mercy	G. F. O'Brien	58	1,527	133	36	29,087	3	4	3	2	0	0	9	225-300	F
Michael Reese Hospital and Medical Center	S. Cohen	273	5,216†	420	49	42,485	3	9	9	9	0	0	27	175-225	FP
Mount Sinai ⁵	H. J. Zimmerman	126	3,521	285	43	24,535	3	5	5	9	0	0	19	250-325	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month		Maintenance		
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.			
ILLINOIS, Chicago—Continued																	
Northwestern University Medical Center ⁶	A. R. Colwell	165	4,813	230	60	25,395	3										
Chicago Wesley Memorial	P. S. Rhoads	93	2,791	134	51			4	2	2	0	0	8	250-300		P	
Passavant Memorial	H. L. Alt	198	3,623	262	89			3	2	2	1	0	8†	250-300		P	
Veterans Admin. Research ¹⁴	C. W. Borden	172	5,759	243	71	3,495		12	8	6	2	1	29†	291-497		O	
Evanston (Evanston)	L. F. Jourdonais	277	8,244	465	66	19,892	3	3	3	3	0	0	9	250-300		P	
Probyterian-St. Luke's	J. A. Campbell	41	980	95	21	1,475	1	10	10	10	0	0	30	125-175		F	
Provident	A. R. Mamby	69	1,972	133	42	2,212	1	2	0	0	0	0	2	325-400		F	
St. Joseph	I. E. Steck	168	3,040	243	70	45,351	3	10	9	8	1	0	28†	250-300		O	
University of Chicago Hospitals and Clinics	L. O. Jacobson	77	1,419	170	79	27,727	3	6	3	4	1		14†	180-240		P	
Educational Hospitals	H. F. Dowling	204	2,293	245	79	5,634	3	8	7	6	3	0	24†	291-443		O	
Veterans Admin. (West Side) ¹⁴	R. J. Korn																
Evanston																	
Evanston—See Northwestern University Medical Center, Chicago																	
St. Francis	J. T. Paul	103	3,225	308	64	6,895	3						4	325-355		F	
Hines																	
Veterans Admin. ¹⁴	A. Littman	545	4,932	549	71	2,631	3	13	13	13	4	0	43	291-442		O	
Peoria																	
St. Francis	R. B. Rutherford	150	5,800	210	40	26,025	3	2	2	1	0	0	5	275-325		F	
INDIANA																	
Bluffton																	
Clinic Hospital	J. L. Eisaman	64	3,807	55	56	23,641	3	1	1	1	0	0	3	300-400		P	
Indianapolis																	
Indiana University Medical Center							3										
Indiana University Hospitals	J. B. Hickam	92	2,221	180	74	1,624		10*	7	7	0	0	24	235-289		P	
Veterans Admin.	R. H. Behnke	378	3,111	300	70	2,669		6	4	4	0	0	14	291-373		O	
Marion County General	C. E. Test	100	2,130	377	45	34,834	3	4	4	4	6	0	18†	269-321		P	
Methodist	J. O. Ritchey	262	6,528	451	46	4,064	3	3	3	3	0	0	9	360-420		P	
IOWA																	
Des Moines																	
Iowa Methodist	D. J. Haines	106	3,886	204	53		3	1	1	1	0	0	3	200-250		F	
Veterans Admin.	J. C. Parsons	194	2,110	197	60	3,826	3	4	4	4	0	0	12	291-442		P	
Iowa City																	
State University of Iowa Hospitals ⁴⁴							3										
University Hospitals	W. B. Bean	126	3,676	257	72	21,570		14	14	14	0	0	42	225-300		FP	
Veterans Admin.	R. D. Eckhardt	185	2,600	184	73	2,667		6	6	6	0	0	18	291-497		O	
KANSAS																	
Kansas City																	
University of Kansas Medical Center	M. Delp	135	3,690	189	73	26,598	3	6	5	5	0	0	16	150-200		P	
Veterans Admin. (Kansas City, Mo.)	R. W. Brown	190	2,358	230	79	1,374								292-373			
Wichita																	
St. Francis	J. W. Schmaus	122	5,613	232	42		1	3	0	0	0	0	3	275-275		FP	
Wesley	E. W. Crow	151	7,487	233	30	0	1	2	0	0	0	0	2	325-325		FP	
KENTUCKY																	
Harlan																	
Harlan Memorial	J. H. Willard	63	1,513	97	43	24,274	3	3	3	3	0	0	9	400-500		P	
Louisville																	
Jewish	I. Perlestein	39	1,849	111	31		1	3	0	0	0	0	3	450		FP	
Louisville General	B. T. Towery	67	1,626	361	58	26,589	3	8*	6	4	0	0	15	100-250		FP	
Norton Memorial Infirmary	C. A. Fish	66	3,224	161	43	243	1	2	0	0	0	0	2	300-350		FP	
St. Joseph Infirmary	J. L. Mulligan	109	4,940	279	40	2,494	3						3	395-415		O	
Veterans Admin.	J. R. Gott, Jr.	160	1,875	223	57	551	3	2	2	2	0	0	6	291-442		O	
South Williamson Memorial Medical Center ¹⁶⁸	C. A. Jones	51	1,539	64	48	22,142	3	2	2	2	0	0	6	400-500		P	
LOUISIANA																	
New Orleans																	
Charity Hospital of Louisiana							3										
Louisiana State University Division	E. Hull	95	3,388	471	51	20,707							24	125-275		F	
Tulane University Division	G. E. Burch	92	2,830	442	53	24,089							24	125-175		F	
Ochsner Foundation	W. R. Arrowsmith	101	3,839	108	74	43,723	3	4	4	3	0	0	12	225-275		P	
Touro Infirmary	A. M. Goldman		3,996	264	47	10,732	3	2	2	2	0	0	6	235-285		FP	
Veterans Admin.	E. B. Ferguson	255	3,019	311	79	6,149	3	7	8	8	1	0	24	291-373		O	
Shreveport																	
Confederate Memorial Medical Center	H. D. Tucker	150	5,460	493	49	13,166	3	3	3	3	0	0	9	180-200		F	
MAINE																	
Lewiston																	
Central Maine General	M. A. Chapin	55	1,968	144	52	317	1	1	0	0	0	0	1	225-225		FP	
Portland																	
Maine Medical Center	R. S. Hawkes	100	3,573	331	35	11,326	3	3	3	3	0	0	9	175-225		FP	
MARYLAND																	
Baltimore																	
Baltimore City Hospitals	F. P. Chinard	72	1,671	219	58	15,387	3	5	4	1	0	0	10	200-250		FP	
Church Home and Hospital	J. D'Antonio	77	2,395	194	53	4,005	3	4	3	0	2	0	9	316-416		F	
Franklin Square	J. M. Waghelstein	51	1,419†	105	43	1,625	3	3	2	1	0	0	6	275-300		F	
Hospital for the Women of Maryland	F. W. Barnes, Jr.	34	742†	44	45	3,041	3	2	2	2	1	0	7	270-350		FP	
Johns Hopkins	A. M. Harvey	191	5,703†	547	62	63,663	3	13	6	3	0	2	24	166-458		P	
Lutheran	L. A. M. Krause	59	1,806†	140	30	4,340	2	3	2	1	0	0	6	345-375		P	
Maryland General	E. F. Cotter	108	2,751	284	39	834	3	4	1	1	0	0	6	225-275		FP	
Mercy	V. Smith	72	1,857	167	40	11,505	3	2	2	2	0	0	9	300-300		P	
St. Agnes	L. P. Gundry	76	2,181	167	60	1,792	3	5	3	1	0	0	9	325-375		P	
St. Joseph's	L. M. Serra	64	1,720	207	47	4,057	3	2	2	1	0	0	5	350-375		P	
Sinai Hospital of Baltimore	A. I. Mendeloff	104	2,357	238	42	8,491	2	8	4	2	0	0	14	235-285		P	

Numerical and other references are listed on pages 262 through 264.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND, Baltimore—Continued															
South Baltimore General	R. Parker	50	1,634	0147	38	2,114	1	2	2	1	0	0	5	400-...	F
Union Memorial	J. E. Howard	123	2,964†	374	40	3,289	3	5	4	1	1	0	11	520-800	P
University of Maryland	T. E. Woodward	148	3,382	430	52	22,649	3	10	8	3	1	0	21†	220-440	P
Fort Howard															
Veterans Admin. ¹⁸¹	I. Freeman	216	2,043	258	58	479	3	3	3	3	0	0	9	291-373	O
Perry Point															
Veterans Admin. ¹⁸¹	S. Goldgraben	60	1,084	30	83	1,079	3	1	1	1	0	0	3	291-373	O
MASSACHUSETTS															
Beverly															
Beverly	A. E. Parkhurst	71	2,671	164	52	...	1	1	0	0	0	0	1	...-250	F
Boston															
Beth Israel	H. L. Blumgart	122	3,712	...	...	23,869	3	10	6	2	0	0	18	192-275	P
Boston City															
I and III Medical Service (Tufts)	F. Biguria	94	3,139	414	50	18,931	...	10*	5*	4*	0	0	19	158-208	F
II and IV Medical Service (Harvard)	W. B. Castle	86	3,233	407	53	19,361	...	13	4	0	0	0	17	158-208	F
V and VI Medical Service (Boston University)	F. J. Ingelfinger	101	3,152	435	43	18,929	...	10*	6*	1*	0	0	17	158-208	F
Carney ¹⁸⁸	F. L. Colpoys	117	3,926	267	42	5,664	3	5	4	2	0	0	11	200-250	F
Faulkner	J. R. Graham	50	1,278	100	55	716	1	1	1	0	0	0	2	225-275	F
Lahey Clinic	L. M. Hurxthal, F. N. Allan	76	3,728	100	67	54,414	3	12	10	10	0	0	32	250-350	O
Lemuel Shattuck	T. C. Chalmers	168	1,111	303	56	3,396	3	10	6	4	0	0	20	306-332	P
Massachusetts General	W. Bauer	216	8,029	694	66	22,882	3	12	6	1	0	0	19	108-188	F
Massachusetts Memorial	R. W. Wilkins	60	2,038	122	66	13,301	3	2	3	1	0	0	6	175-225	O
New England Center	S. Proger	86	5,452	119	76	11,289	3	7	6	0	0	0	13	237-304	O
New England Deaconess	J. L. Tullis	170	5,183	179	66	...	3	12	3	5	0	0	20	175-245	P
Peter Bent Brigham	G. W. Thorn	85	3,012	289	76	25,657	3	14	0	6	1	0	21	167-208	P
Veterans Admin. (West Roxbury)	T. A. Warthin	79	1,081	93	81	2,218	...	4	0	2	4	0	10	291-497	O
St. Elizabeth's	J. P. Rattigan	137	3,779	203	49	4,470	3	3	3	2	0	0	8	175-225	FP
Veterans Admin. (Jamaica Plain)	M. B. Strauss	251	6,240	468	63	6,281	3	15	9	9	0	0	33	291-373	O
Cambridge															
Cambridge City	E. Deutch	43	1,362	197	35	4,261	2	2	2	0	0	0	4	195-220	F
Mount Auburn	D. Hurwitz	204	2,077	189	56	1,448	2	...	...	...	...	...	3	200-250	FP
Chelsea															
Lawrence F. Quigley Memorial	W. R. Ohler	203	744	101	55	17,987	3	3	1	1	0	0	5	319-358	O
Newton Lower Falls															
Newton-Wellesley	A. D. Baldwin	71	2,895	218	46	816	3	3	2	2	0	0	7	200-345	F
Pittsfield															
Pittsfield Affiliated Hospitals	R. P. McInerney	83	3,051	234	47	6,282	3	2	2	1	0	0	5	325-400	F
Pittsfield General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem															
Salem	H. D. Stebbins	75	1,631†	334	38	3,311	1	1	0	0	0	0	1	200-200	FP
Springfield															
Springfield	J. I. Weisman	164	3,329†	373	36	7,520	3	3	3	2	0	0	8	250-300	FP
Walpole															
Pondville—See Worcester	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
West Roxbury															
Veterans Admin.—See Peter Bent Brigham, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Worcester															
Memorial	R. W. Robinson	101	3,019	211	57	3,179	3	3	2	1	0	0	7	250-325	FP
Pondville (Walpole)	D. Merrill	...	...	...	...	...	...	...	...	...	...	...	...	516-...	...
St. Vincent	J. T. Brosnan	161	4,586	311	58	1,596	3	6	2	1	0	0	9	300-350	FP
Worcester City	J. Lundy	173	6,233	338	40	11,532	3	4	3	1	0	0	8	270-340	FP
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	R. E. Reichert	136	5,355	377	50	1,355	3	3	3	3	0	0	9	360-410	F
University of Michigan Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	W. D. Robinson	182	4,896	256	185	112,841	...	22	20	16	8	5	71†	193-295	O
Veterans Admin.	H. K. Schoch	180	2,018	183	84	...	...	...	...	...	...	...	...	291-...	O
Dearborn															
Veterans Admin. ¹⁹³	L. J. Baer	584	5,406	360	49	1,721	3	5	5	5	0	0	15	291-373	O
Detroit															
Alexander Blain	P. Mattman	31	1,206	43	37	7,576	1	2	0	0	0	0	2	325-375	FP
Detroit Memorial Hospitals	J. Rom	101	3,337	231	39	233	3	1	2	1	0	0	4	475-525	O
Evangelical Deaconess	L. D. Stern	75	2,889	168	44	2,575	1	3	0	0	0	0	3	440-...	P
Grace	G. S. Fisher	189	6,301†	435	53	12,487	3	4	4	4	0	0	12	275-325	FP
Harper	R. J. Schneek	181	4,394	346	45	14,391	3	5	4	4	0	0	13	275-325	P
Henry Ford	J. G. Mateer	378	10,916	757	63	227,571	3	20	20	20	11	2	73†	300-400	P
Jennings Memorial	D. Donald	40	1,139	85	33	197	1	2	0	0	0	0	2	350-400	O
Mount Carmel Mercy	J. M. Shuey	148	5,165†	423	41	1,624	3	4	4	4	0	0	12	450-525	P
Providence	L. J. Bailey	93	2,861	289	43	2,458	3	1	1	1	0	0	3	410-450	P
Receiving	R. Bing	133	2,490†	489	49	58,354	3	10	9	3	0	0	22	340-415	P
St. John	H. A. Klein	...	1,056	77	32	920	3	3	2	1	0	0	6	325-375	FP
St. Joseph Mercy	L. Alexander	61	2,194	120	43	1,257	3	1	1	1	0	0	3	425-475	F
Sinai Hospital of Detroit	J. E. Berk	130	4,371	214	53	...	3	4	4	4	0	0	12	300-375	F
Woman's	R. E. Mack	107	4,055	218	26	1,527	1	...	...	...	...	...	6	475-475	O
Eloise															
Wayne County General Hospital and Infirmary	B. Bercu	198	3,927	711	35	13,952	3	7	6	3	1	0	17†	419-485	F
Flint															
Hurley	G. Drewyer	261	8,392	394	47	1,249	3	3	3	3	0	0	9	325-425	F
McLaren General ²⁰⁰	H. V. Sparks	93	3,428	163	51	216	3	1	1	1	0	0	3	400-450	P
Grand Rapids															
Blodgett Memorial	K. E. Weller	86	3,638	222	77	901	3	1	1	1	0	0	3	325-350	FP
Butterworth	J. R. Venema	79	2,960	291	54	910	3	2	2	2	0	0	6	325-375	O
St. Mary's	R. VanderMeer	57	2,106	209	38	917	1	1	0	0	0	0	1	315-340	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance F P O	
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued															
Grosse Pointe															
Bon Secours	R. J. Griffin	43	2,145	119	45	4,691	1	2	0	0	0	0	2	415-465	F
Highland Park															
Highland Park General	L. Jaffe	110	3,366†	189	44	...	3	2	2	2	0	0	6	434-484	P
Kalamazoo															
Borgess	D. G. May	74	2,297	189	50	956	3	1	1	1	0	0	3†	275-315	F
Bronson Methodist	H. E. DePree	72	1,977	195	69	369	3	1	1	1	0	0	3	270-310	F
Lansing															
Edward W. Sparrow	R. Bates	9,608	3,507	182	44	650	1	1	1	1	1	...	3†	550-600	P
St. Lawrence	J. Cordes	274	13,071	326	527	51	1	2	0	0	0	0	2	450-525	FP
Pontiac															
Pontiac General	R. T. Lyons	89	3,575†	200	46	731	2	2	2	2	0	0	6	350-450	FP
St. Joseph Mercy	D. Chandler	80	3,948	127	31	1,638	3	2	2	2	0	0	6	375-435	P
Royal Oak															
William Beaumont	E. C. Rupp	103	4,053	260	52	201	3	2	2	2	0	0	6	350-450	P
Saginaw															
Saginaw General	T. O. Lohr	46	1,890	128	39	1,601	3	1	1	1	0	0	3	380-430	P
MINNESOTA															
Minneapolis															
Methodist	J. C. Dahl	78	3,064	170	51	18,542	1	1	0	0	0	0	1	433-...	FP
Minneapolis General	F. W. Hoffbauer	82	2,166	285	60	24,507	3	4	3	3	0	0	10	250-...	F
Mount Sinai	A. Schultz	62	2,212†	125	57	2,649	1	3	1	1	0	0	5†	250-250	FP
Northwestern	P. T. Lowry	60	2,391	106	60	1,436	1	3	0	0	0	0	3	225-225	F
St. Barnabas Hospital-Swedish							2								
St. Barnabas	F. E. Martin	81	3,786	148	67	1,490	...	2	1	0	0	0	3	230-330	F
Swedish	W. L. Hoeseth	116	4,575	341	45	7,873	...	2	1	0	0	0	3	230-330	F
University of Minnesota Affiliated Hospitals							3								
University of Minnesota Hospitals	C. J. Watson	118	2,434	293	83	15,570	...	5	3	5	2	1	16†	280-...	O
Veterans Admin.	W. Hall	343	5,512	248	79	8,309	...	15	15	15	0	0	45	291-497	O
Ancker (St. Paul)	D. Craig	80	2,269	288	52	14,660	...	5	0	1	0	0	6	280-280	F
Rochester															
Mayo Foundation	R. D. Miller	320	23,947	388	71	295,000	3	60	60	60	12	0	192†	200-333	P
Rochester Methodist															
St. Mary's															
Saint Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis															
Charles T. Miller	W. Hollishead	88	3,315†	132	51	14,669	3	1	1	1	0	0	3	325-375	P
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center							3								
University	J. R. Snavelly	86	3,253†	226	70	6,208	...	8	8	4	0	0	20	250-325	O
Veterans Admin.	J. F. Busey	256	2,619	177	69	...	...	5	2	1	0	0	8	290-373	O
MISSOURI															
Clayton															
St. Louis County	R. O. Muether	38	1,293	236	68	18,758	3	3	3	3	0	0	9	275-350	F
Columbia															
University of Missouri Medical Center	C. T. Ray	89	1,803	165	69	11,481	3	7	6	4	0	0	17	250-350	P
Kansas City															
Kansas City General	J. F. McDonnell	84	2,926	500	40	48,403	3	4	4	4	0	0	12	220-265	FP
Menorah Medical Center	H. Wall	139	4,813†	228	50	25,098	3	3	3	1	0	0	7	300-400	F
St. Luke's	B. Hibbard	165	4,911	294	50	9,708	3	2	2	1	0	0	5	250-300	FP
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes	C. V. Moore	177	6,222	243	77	27,561	3	18	9	0	2	0	29†	75-125	F
DePaul	C. B. Vournas	109	3,933	280	35	1,213	3	1	2	1	0	0	4	350-450	F
Homer G. Phillips	E. B. Williams	102	3,675	519	32	35,312	3	10	5	3	2	0	20†	271-363	P
Jewish	A. B. Eisenstein	133	4,734	336	52	7,314	3	5	4	2	0	0	11	200-300	FP
Missouri Pacific Employees'	L. B. Harrison	145	4,606	213	42	57,040	3	4	3	2	0	0	9	300-400	F
St. John's	J. J. Hammond	115	3,522	245	51	...	3	3	2	2	0	0	7	300-400	F
St. Louis City ²²¹	T. E. Brittingham														
	R. A. Kinsella, Jr.	134	3,707	522	68	29,769	3	12	8	4	3	0	27†	285-382	P
St. Louis University Group of Hospitals	R. Wegria	234	7,586	445	60	22,373	3	8	6	1	0	0	15	150-170	FP
St. Luke's	P. O. Hagemann	99	3,721	201	59	9,232	3	3	3	1	0	0	7	300-400	F
Veterans Admin.							3								
St. Louis University Service	N. I. Gallagher	73	731	82	59	...	...	2	2	2	0	0	6	291-373	O
Washington University Service	B. V. Jager	77	804	81	75	...	...	3	1	0	0	0	4	291-373	O
NEBRASKA															
Omaha															
Creighton University Affiliated Hospitals							3								
Creighton Memorial St. Joseph's	R. P. Heaney	88	3,300	121	24	20,000	...	4	4	4	0	0	12	325-375	P
Douglas County															
Veterans Admin.	J. M. Holthaus	195	1,575	155	57	840	...	4	4	4	0	0	12	291-373	O
University of Nebraska ²²¹	R. L. Grissom	28	413	26	69	13,824	3	2	3	3	0	0	8	225-300	P
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals							3	8	6	4	0	0	18	...	
Mary Hitchcock Memorial	W. A. Tisdale	62	2,273	117	77	21,792	...							218-273	...
Veterans Admin.															
(White River Junction, Vt.)	J. L. Grant	86	1,238	63	95	1,910	...							218-273	...
NEW JERSEY															
Atlantic City															
Atlantic City	W. B. Stewart	92	3,020	361	36	15,771	3	1	1	1	0	0	3	275-400	F

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued															
Camden															
Cooper	E. N. Murray	348	3,626	448	36	9,195	3	1	1	1	0	0	3	350-400	F
East Orange															
Veterans Admin. ²⁷⁰	H. A. Weiner	197	1,794	313	76	1,200	3	7	1	3	0	0	11	291-497	P
Englewood															
G. B. Barlow	G. B. Barlow	59	1,656	201	39	2,908	1	4	0	0	0	0	4	310-310	FP
Hackensack															
G. M. Knowles	G. M. Knowles	84	2,638	263	51	2,502	3	2	1	1	0	0	4	250-325	FP
Jersey City															
Jersey City Medical Center	H. Jeghers	344	8,102	673	42	40,128	3	16	16	16	4	0	52	200-350	F
Long Branch															
Monmouth Medical Center	J. Feldman	90	3,202	329	39	3,727	1	1	1	1	0	0	3†	225-275	F
Montclair															
Mountainside	C. Allen Jr.	109	3,288	324	36	5,639	3	2	2	2	0	0	6	275-325	FP
Neptune															
Fitkin Memorial	L. F. Albright	68	2,225†	319	36	5,122	2	1	1	0	0	0	2	250-250	F
Newark															
Martland Medical Center	H. Fischman	190	6,052	457	46	...	3	6	6	3	0	0	15	...	...
Newark Beth Israel	L. Cheskin	100	2,494	311	30	8,967	3	2	1	1	0	0	4	250-300	F
St. Michael	N. Antonius	111	3,067	196	39	9,706	3	5	5	2	0	0	12	275-325	FP
New Brunswick															
Middlesex General	N. Reitman, G. Pickar	68	2,562	192	33	4,065	3	3	1	1	0	0	5	390-440	FP
St. Peter's General	W. Stein	107	2,864	245	43	4,388	1	3	2	2	0	0	7	300-350	FP
Orange															
Orange Memorial	N. M. Smith	81	2,408	321	37	...	3	1	1	1	0	0	3	225-275	FP
Paramus															
Bergen Pines County	S. F. Alexander	272	2,310	585	32	3,939	3	6	4	1	0	0	11	275-325	P
Summit															
Overlook	S. H. Brethwaite	...	...	...	...	...	1	1	...	...	...	...	...	300-...	F
Trenton															
St. Francis	J. A. Kinzel	89	2,553	358	29	3,364	2	2	1	0	0	0	3	250-310	F
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated Hospitals	S. Papper	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Bataan Memorial Methodist	R. U. Massey	58	3,072	121	47	31,200	...	2	2	2	1	0	7†	300-400	F
Bernalillo County-Indian	F. H. Hanold	47	1,387	143	57	9,070	...	1	1	1	0	0	3	300-353	FP
Veterans Admin.	F. W. Watkins	359	2,914	141	93	...	...	4	4	3	0	0	11	291-373	O
NEW YORK															
Albany															
Albany Medical Center	R. T. Beebe	132	4,041†	359	69	5,752	3	12	9	2	0	0	23	230-325	P
Veterans Admin.	J. H. Cullen	342	3,266	257	72	12,762	3	6	6	2	0	0	14	291-497	P
Binghamton															
Binghamton General	J. K. Moyer	251	...	286	29	1,531	3	1	1	1	0	0	3	300-375	P
Buffalo															
Buffo General	E. Calkins	199	5,306†	479	47	22,392	3	6	6	1	0	0	13	225-325	FP
Daconess	W. T. Zimdahl	90	2,271	218	34	2,881	1	3	1	1	0	0	5	325-350	F
Edward J. Meyer Memorial	D. K. Miller	397	4,632	566	45	47,979	3	7	7	7	2	0	23	292-380	P
Mercy ⁴⁶	J. J. O'Brien	96	3,712	341	43	1,750	3	3	3	3	0	0	9	275-425	FP
Millard Fillmore	J. F. Painton	139	3,432†	301	48	3,680	3	4	3	2	0	0	9	338-366	O
Roswell Park Memorial Institute	J. F. Holland	32	738	132	99	5,041	1	0	6	0	0	0	6	357-440	O
Sisters of Charity	D. J. McCue	121	3,805	333	35	2,292	3	2	2	2	0	0	6	335-430	O
Veterans Admin. ²⁸⁷	G. W. Bissell	468	2,867	314	56	4,918	3	10	2	2	0	0	14	291-373	F
Clifton Springs Hospital and Clinic	B. A. Watson	80	2,259	84	27	9,585	3	1	1	1	0	0	3	150-250	F
Cooperstown															
Mary Imogene Bassett	E. D. Thomas	27	1,038	73	64	10,018	3	2	1	1	0	0	4	200-350	P
Hempstead															
Meadowbrook	A. W. Freireich	189	4,958	1,244	37	3,928	3	8	8	8	0	0	24	321-436	F
Johnson City															
Charles S. Wilson Memorial	T. M. Prowda	171	4,903	327	32	5,280	2	3	2	0	0	0	5	325-350	P
Manhasset															
North Shore	W. J. Messinger	42	1,364†	103	53	739	2	3	2	1	0	0	6	281-348	F
Mount Vernon															
Mount Vernon	H. Belsky	82	2,728	250	43	6,947	2	2	2	0	0	0	4	225-300	F
New Rochelle															
New Rochelle	C. Meredith	98	3,366	283	36	3,915	3	1	1	1	0	0	3	225-275	FP
New York City															
Beekman-Downtown	M. McCall	83	2,106	215	35	6,604	2	6	1	0	0	0	7	225-300	FP
Bellevue Hospital Center															
Div. I—Columbia University ⁸⁷	C. A. Ragan, Jr.	81	1,709	211	64	22,065	...	12	5	1	0	0	18	231-317	FP
Div. II—Cornell University ^{21,280}	T. P. Almy	77	1,379	181	65	19,428	...	12	0	2	1	0	15	231-317	FP
Div. III and IV—New York University College of Medicine and Postgraduate Medical School	L. Thomas	176	2,959	417	48	29,514	...	22	12	8	0	0	42	231-317	FP
Beth-El	I. Snapper	82	2,436	234	41	27,757	3	4	3	1	0	0	8	175-250	F
Beth Israel	A. M. Fishberg	109	2,257	219	33	13,165	3	4	4	1	0	0	9	250-270	P
Bronx	E. E. Fischel	118	2,388	187	36	17,341	3	4	4	3	0	0	11†	251-303	F
Bronx Municipal Hospital Center	I. M. London	430	6,000	738	47	77,000	3	14	15	8	3	2	42†	231-317	FP
Brooklyn	G. Anderson	128	3,309	216	27	15,434	3	4	3	3	0	0	10	175-205	F
City Hospital at Elmhurst	L. R. Tuchman	189	3,929	878	57	11,418	3	8	7	3	3	0	21	231-317	FP
Columbus	A. Siragusa	58	1,552	219	38	5,238	3	1	1	1	0	0	3	250-350	F
Coney Island	S. Epstein	188	3,091	903	35	27,826	3	9	9	9	0	0	27	231-317	FP
Cumberland	S. P. Bailey	81	1,725	386	43	18,080	3	2	2	2	0	0	6	231-317	FP
Flushing Hospital and Dispensary ²⁸⁸	C. Cramer	63	1,708	181	40	6,393	3	1	1	1	0	0	3	250-300	F
Fordham	M. M. Levites	141	3,182	727	37	31,831	3	4	4	4	1	0	13	231-317	FP
Francis Delafield ²⁸⁹	S. E. Bradley	60	516	105	63	4,151	3	0	1	4	0	1	6	231-317	FP
French	H. J. McNeile	54	1,526	100	32	9,908	3	1	1	1	0	0	3	250-300	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Goldwater Memorial														
Columbia University Medical Research Division														
Y. Kneeland, Jr., D. Seegal	65	170	33	61		1	5	0	0	0	0	5	231-317	FP
Third New York University Medical Research Division														
J. M. Steele	146	238	39	33		1	3	2	1	0	0	6	231-317	FP
S. S. Paley	421	6,787			4,678	3	6	6	8	0	0	20	231-317	FP
M. L. Kramer	47	1,147	82	38	24,423	1	1	1	0	0	0	2	140-160	P
E. E. Mandel	672	2,318	426	27	2,624	3	8	8	4	0	0	20	250-300	F
M. G. Goldner	125	2,459	336	36	45,840	3	7	6	2	0	0	15	165-250	F
L. W. Eichna	884	11,102	2,133	41	78,077	3	15	14	7	4	0	40	231-317	FP
M. S. Bruno	74	1,579	184	66	8,070	3	3	3	2	0	0	8	300-375	P
B. S. Kahn	83	2,088	185	48	18,151	1	2	0	0	0	0	2	200-200	F
H. Wechsler	174	4,640	278	41	21,112	3	3	2	2	0	0	7	225-275	P
C. R. Messeloff	94	2,277	428	24	49,857	3	6	4	4	0	0	14	231-317	FP
J. N. Edson	148	3,386	310	42	16,624	3	3	2	2	0	0	7	170-225	P
E. Meilman	80	2,320	202	62	3,945	3	2	2	1	0	0	5	333-458	O
W. F. Rexer	38	1,025	120	23	3,223	3	1	2	2	0	0	5	225-275	F
D. Grob	182	4,133	508	45	11,318	3	9	5	2	1	0	17	160-250	P
Disease-James Ewing²¹														
R. W. Rawson	138	1,881	487	61	22,908	3	14	14	6	0	0	34	231-400	F
H. D. Fearon	117	2,543	220	34	4,225	3	2	2	1	0	0	5	300-325	F
R. F. Gomprecht	61	1,415	132	38	3,563	3	4	1	1	0	0	6	290-365	F
L. Leiter	343	5,695	684	46	16,058	3	24	28	26	0	0	78	245-325	P
S. Biloon	139	2,779	578	34	19,766	3	7	5	0	0	0	12	231-317	FP
A. B. Gutman	258	5,555	412	50	54,118	3	8	12	5	0	0	25	303-458	P
New York														
E. H. Luckey	170	3,682	239	71	59,598	3	10	8	8	3	0	29	250-417	P
New York Infirmiry														
	36	1,005	52	33	7,204	1	1	0	0	0	0	1	215-305	F
New York Medical College-Metropolitan Hospital Center														
						3								
Unit 1—Flower and Fifth Avenue Hospitals														
R. Levine	56	1,586	102	28	1,236		2	1	1	0	0	4	215-265	F
R. Levine	245	5,904	940	20	114,442	3	15	15	7	1	0	38	231-317	FP
Unit 2—Metropolitan Hospital and Home														
R. Levine	1,526	856	540	21									231-317	FP
New York Polyclinic Medical School and Hospital														
R. Wallach	68	1,669	104	46	14,076	3	3	2	2	0	0	7	225-275	F
New York University Medical Center University Hospital														
						1								
Presbyterian														
S. E. Bradley	234	6,416	229	65	93,027	3	14	6	1	0	0	21	292-500	P
A. A. Fischl	757	6,092	1,402	30	30,679	3	17	10	3	0	0	30	231-317	FP
Roosevelt														
A. J. Antenucci														
J. M. Freston	134	3,361	277	42	8,058	3	8	4	2	0	0	14	183-341	P
A. J. Patek	253	3,034	207	46	9,078	2	2	2	2	0	0	6	100-300	FP
M. V. Bonventre	59	1,750	235	31	2,685	3	1	1	1	0	0	3	225-275	F
V. C. Ancona	86	1,831	180	33	12,365	3	2	2	2	0	0	6	225-275	F
B. H. Perlman	58	1,408	106	22	5,985	3	2	2	1	0	0	5	340-400	FP
T. B. Van Itallie	170	3,506	256	54	31,998	3	8	4	4	0	0	16	225-275	P
St. Vincent's Hospital of the Borough of Richmond														
T. J. Quigley	77	2,329	202	35	4,802	3	1	1	1	0	0	3	500-500	F
W. J. Grace	212	4,777	523	44	30,300	3	6	6	5	0	0	17	175-225	F
J. J. Silverman	10	3,616	258	46	1,392	1	1	0	0	0	0	1	540-550	F
E. Appelbaum	42	928	78	28	11,282	1	2	1	0	0	0	3	231-317	FP
J. Wolf	506	5,600	498	67	7,536	3	16	16	8	2	0	42	291-373	O
P. W. Spear	418	3,236	454	59	4,944	3	16	15	10	4	0	45	291-372	O
J. J. Smith	461	3,682	393	59	2,043	3	16	10	4	4	0	34	291-372	O
V. J. Adams	83	2,221	377	39	3,832	3	3	3	3	0	0	9	250-300	F
Wychoff Heights²⁴														
N. Schwartz	66	2,408	124	9	1,158	1	2	0	0	0	0	2	400-500	P
Port Chester United														
Rochester														
H. L. Segal	73	2,070	264	69	5,384	3	4	2	2	0	0	8	175-425	FP
J. W. Holler	65	2,019	218	60	1,588	3	3	2	1	0	0	6	175-350	FP
L. Horn	114	3,092	289	61	4,646	3	4	3	3	0	0	10	175-225	FP
J. W. Quinlan	79	2,360	271	49	3,307	3	2	2	1	0	0	5	300-350	F
Strong Memorial-Rochester Municipal Hospitals														
L. E. Young	147	4,277	502	74	16,283	3	12	8	1	0	0	21	167-292	O
Schenectady														
M. E. Moravec	112	3,307	264	48	4,387	3	3	3	1	0	0	7	325-400	FP
Syracuse														
R. H. Lyons	321	7,853	755	48	27,189	3	13	13	8	0	0	34	250-380	O
A. T. Ladd														
Valhalla														
G. S. Watson	182	1,925	263	48	17,784	3	5	5	5	0	0	15	250-350	FP
White Plains														
D. Fertig	55	1,588	174	40	2,962	2	1	1	0	0	0	2	250-300	FP
NORTH CAROLINA														
Chapel Hill														
C. H. Burnett	42	1,600	97	69	12,684	3	8	7	1	0	0	16	200-541	O
Charlotte														
R. Wheeler	70	2,234	125	48	3,896	1	2	0	0	0	0	2	345-395	P
Durham														
Duke University Affiliated Hospitals														
E. A. Stead, Jr.	131	4,427	233	64	29,446		16	10	2	0	0	28	175-255	P
E. H. Estes	177	3,017	219	80			7	6	1	0	0	14	291-497	O
I. H. Manning	89	3,564	181	35	3,219	3	2	2	1	0	0	5	300-400	F
Winston Salem														
W. A. Lambeth	91	3,792	200	24	1,627	3	2	4	1	0	0	7	330-440	P
E. H. Yount	117	5,002	293	65	9,224	3	7	6	2	0	0	15	204-270	P

Numerical and other references are listed on pages 262 through 264.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Year	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH DAKOTA															
Bismarck															
Bismarck	C. H. Peters	59	2,309	116	27	1,137	1	3	0	0	0	0	3	330-...	P
Fargo															
St. Luke's	L. E. Wold	59	3,439	116	41	...	1	3	0	0	0	0	3	300-...	F
OHIO															
Akron															
Akron City	H. W. Allison	76	1,876	...	...	...	3	3	3	3	0	0	9	275-325	FP
Akron General	H. Kraus	121	3,675	418	45	8,341	3	4	4	3	0	0	11	300-350	F
St. Thomas	L. V. Phillips	94	3,004	239	117	9,238	2	3	3	0	0	0	6	300-350	FP
Canton															
Aultman	W. A. White	193	6,642	339	35	2,796	3	3	3	3	0	0	9	250-400	F
Mercy	M. F. Moots	113	4,409	265	36	6,353	3	2	2	2	0	0	6	300-310	P
Cincinnati															
Christ	C. E. Richards	112	2,563	333	35	9,246	1	2	2	2	0	0	6	250-300	FP
Daniel Drake Memorial Home and Hospital	S. Goodman, S. D. Simon	831	680	337	58	12,171	1	6	1	0	0	0	7	400-500	F
Good Samaritan	J. Wright	147	3,227	208	44	839	3	2	2	2	0	0	6	325-375	P
Jewish	E. G. Margolin	117	3,047	383	47	6,849	3	8	4	1	0	0	13	230-290	FP
St. Mary's	H. J. Kenkel	71	2,199	158	33	7,927	3	2	2	1	0	0	5	275-325	F
University of Cincinnati Hospital Group	R. W. Vilter	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Cincinnati General	...	78	2,370	421	55	39,719	...	13	10	15	1	0	39	200-415	F
Veterans Admin.	...	145	1,632	220	65	...	...	...	...	...	...	...	...	291-497	O
Cleveland															
Cleveland Clinic	A. C. Ernstene	126	3,940	276	58	82,642	3	17	12	9	0	0	38	275-325	O
Cleveland Metropolitan General	C. H. Rammelkamp, Jr.	146	2,476	344	64	40,514	3	12	8	4	0	0	24	200-367	F
Fairview Park	H. Christman	...	326	64	53	89	3	2	2	2	0	0	6	325-375	F
Highland View	D. Weir	468	1,218	349	44	...	1	5	3	1	0	0	9	258-431	P
Huron Road	E. M. Goyette	120	3,773	249	53	4,557	3	3	2	2	0	0	7	260-285	FP
Mount Sinai	M. Siegel	146	3,772	329	42	19,882	3	7	4	1	0	0	12	215-235	FP
St. John's	W. J. Fayen	84	2,346	184	30	3,087	1	3	2	1	0	0	6	325-425	FP
St. Luke's	A. D. Nichol	109	5,549	236	53	16,905	3	3	3	2	0	0	8	220-290	F
St. Vincent Charity	F. R. Hanrahan, Jr.	147	4,401	308	43	20,425	3	4	2	2	0	0	8	310-335	FP
University Hospitals of Cleveland	R. H. Ebert	110	3,875	492	63	30,712	3	12	10	8	0	0	30	187-288	P
Sunny Acres Cuyahoga County Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. ²³	N. P. Shumway	450	2,678	393	68	1,327	3	5	10	10	0	0	25	291-373	P
Columbus															
Mount Carmel	P. T. Knies	60	1,764	173	43	3,366	3	2	2	2	0	0	6	275-325	FP
Ohio State University Hospitals	J. V. Warren	165	3,665	527	66	33,540	3	10	8	13	4	0	35	202-302	P
University	C. J. Cross	133	7,049	278	46	3,615	3	2	2	2	0	0	6	290-340	P
Riverside Methodist-White Cross Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dayton															
Good Samaritan	M. Block	148	4,555	381	48	517	1	3	0	0	0	0	3	275-325	F
Miami Valley ²²	R. K. Bartholomew	267	7,318	508	36	4,555	3	2	2	2	0	0	6	250-300	FP
Veterans Admin. ²²	A. A. Polachek	196	1,893	224	76	1,889	3	6	6	5	0	0	17	291-497	O
Garfield Heights															
Marymount	F. J. Hrubby	88	2,870	160	56	898	1	2	2	2	0	0	6	250-325	F
Hamilton															
Mercy	C. A. Schuck	8	3,070	270	24	...	1	2	2	2	0	0	6	300-400	F
Lakewood															
Lakewood	H. T. Yoder	87	2,416	205	36	1,406	1	3	3	1	0	0	7	325-375	F
Lima															
Lima Memorial	L. N. Irvin	112	882	319	29	1,674	1	1	1	1	0	0	3	300-325	F
St. Rita's	P. A. Connaughton	86	3,631	227	30	3,025	1	1	0	0	0	0	1	400-425	P
Toledo															
Maumee Valley	G. M. Todd	65	2,593	280	33	12,494	3	3	3	3	0	0	9	285-350	F
St. Vincent's	M. A. Schmitter	169	5,806	384	37	12,043	3	1	1	1	0	0	3	300-350	F
Toledo	H. D. Cook	141	4,873	270	53	4,266	3	1	1	1	0	0	3	300-350	FP
Warren															
Trumbull Memorial	J. R. McKay	87	3,711	255	41	...	3	2	3	2	0	0	7	300-400	F
Youngstown															
St. Elizabeth	L. Caccamo	177	6,375	358	47	4,888	3	2	2	2	0	0	6	375-425	F
Youngstown	F. S. Coombs	311	9,686	588	43	5,168	3	4	3	2	0	0	9	275-325	F
OKLAHOMA															
Oklahoma City															
Mercy Hospital-Oklahoma City General	W. T. Bynum	51	2,192	175	49	2,005	1	3	0	0	0	0	3	400-400	P
St. Anthony	P. M. McNeill	69	2,399	235	29	3,885	3	1	0	0	0	0	1	300-325	P
University of Oklahoma Medical Center	...	...	...	...	...	...	3	12*	10	6	2	0	30	...	...
University Hospitals ²⁰	S. Wolf	60	1,400	154	66	16,698	...	...	...	...	...	...	...	200-375	P
Veterans Admin.	J. F. Hammarsten	134	2,141	200	72	13,174	...	...	...	...	...	...	...	...	...
Wesley	W. W. Rucka, Jr.	34	1,574	117	45	...	1	1	0	0	0	0	1	350-350	F
Tulsa															
St. John's	V. Sundgren	125	4,375	281	32	1,618	3	2	2	2	0	0	6	200-250	FP
OREGON															
Portland															
Emanuel	I. G. Voth	75	3,697	265	51	575	3	1	1	1	0	0	3	275-295	P
Good Samaritan	O. Page	80	4,210	238	50	7,108	3	2	2	2	0	0	6	275-305	P
Providence	O. R. Richards	79	...	237	57	...	3	1	1	1	0	0	3	275-295	PO
St. Vincent	E. T. Livingstone	76	3,678	314	37	3,185	3	2	2	2	0	0	6	275-295	P
University of Oregon Medical School	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals and Clinics	H. P. Lewis	140	3,478	419	63	32,820	3	4	4	4	0	0	12	200-250	F
Veterans Admin.	J. R. Walsh	188	2,458	163	82	3,067	3	7	7	6	0	0	20	291-414	F
PENNSYLVANIA															
Abington															
Abington Memorial	J. T. Beardwood, Jr.	80	3,004	305	44	4,583	3	3	1	1	0	0	5	275-450	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued															
Allentown															
Allentown	H. Everett	140	2,802	319	45	5,498	3	1	1	1	0	0	3	225-275	FP
Sacred Heart	A. W. Dubbs	178	3,225	235	45	4,638	2	2	1	0	0	0	3	250-275	FP
Bethlehem															
St. Luke's	R. K. Shields	157	3,189	343	36	4,310	3	1	1	1	0	0	3	260-260	FP
Bryn Mawr															
Bryn Mawr	J. A. Wagner	113	2,859	261	58	4,906	3	2	2	2	0	0	6	200-250	F
Danville															
Geisinger Medical Center	J. A. Collins	77	2,607	191	64	17,837	3	3	3	2	0	0	8	175-225	FP
Easton															
Easton	J. Kincov	96	2,822	316	54	3,112	3	1	1	1	0	0	3	300-350	FP
Erie															
Hamot	J. B. Tredway	89	3,210	255	25	1,358	2	1	1	0	0	0	2	250-275	FP
St. Vincent's	R. E. Schmidt	93	3,091	284	30	2,191	2	1	1	0	0	0	2	275-300	FP
Harrisburg															
Harrisburg	J. A. Daugherty	213	4,520	467	54	13,921	3	2	2	1	0	0	5	225-250	F
Harrisburg Polyclinic	A. W. Cowley	143	3,650	414	50	4,609	3	2	1	1	0	0	4	300-350	FP
Philadelphia															
Albert Einstein Medical Center							3								
Northern Division	B. A. Gouley	187	4,578	548	36	14,166		6	5	2	0	0	13	125-175	FP
Southern Division	T. H. Mendell	103	2,778	230	413	12,125		2	2	1	0	0	5	125-175	FP
Chestnut Hill	E. P. Albright	62	2,165	158	53	918	2	1	1	0	0	0	2	-350	F
Episcopal	S. R. Vogel	116	2,395	264	48	10,366	3	2	2	2	0	0	6	350-390	O
Germantown Dispensary and Hospital	R. W. Mays	107	2,755	302	38	16,447	3	1	1	1	0	0	3	225-250	FP
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	111	2,718	183	53	13,967	3	4	4	5	0	0	13	100-100	F
Hahnemann Medical College and Hospital	J. H. Moyer	165	4,863	370	32	30,912	3	6	6	4	2	0	18	200-275	P
Hospital of the University of Pennsylvania	F. C. Wood	173	4,586	274	62	20,829	3	7	7	7	0	0	21		P
Hospital of the Woman's Medical College of Pennsylvania	H. W. Harris	47	1,191	88	55	7,377	3	1	1	1	0	0	3	200-200	F
Jefferson Medical College	R. I. Wise	230	4,201	307	45	6,899	3	6	6	4	1	0	17	250-350	O
Lankenau	M. W. Miller														
	D. B. Pierson, Jr.	112	3,196	258	59	4,291	3	2	2	2	0	0	6	200-250	FP
Mercy-Douglas	E. E. Holloway	47	1,263	98	32	2,206	2	3	1	0	0	0	4	250-275	F
Misericordia	G. N. French	104	3,036	264	51	2,928	3	3	2	1	0	0	6	250-400	F
Nazareth	S. J. Skromak	49	1,547	115	57	1,706	1	1	0	0	0	0	1	300-300	F
Pennsylvania	G. G. Duncan		2,993	268	60	17,048	3						12	170-190	O
Philadelphia General	D. Cooper, C. Thompson	314	5,572	1,123	55	34,011	3	8	8	8	0	0	24	155-275	F
Presbyterian Hospital in Philadelphia	F. Petter	103	3,639	210	55	9,869	3						4†	235-265	F
Temple University	T. M. Durant	210	4,827	358	57	19,009	3	6	6	6	0	0	18	175-225	O
Veterans Admin. ^{34†}	H. P. Close	240	4,184	386	71		3	6	6	7	0	0	19	291-373	O
Pittsburgh															
Allegheny General	T. E. Thompson, Jr.	111	2,492	359	33	13,965	3	1	1	1	1	0	4	325-400	P
Health Center Hospitals of the University of Pittsburgh							3								
Elizabeth Steel Magee															
Presbyterian-University and Woman's Hospitals	J. D. Myers	137	3,551	268	66			8	8	4	2	0	22	255-305	O
Veterans Admin.	G. A. Edwards	338	3,573	466	63			8	8	8	0	0	24		O
Mercy	J. M. Johnston	167	4,002	346	48	12,455	3	2	2	1	0	0	5	275-300	F
Montefiore	P. J. Rosenthal	120	4,825	300	41	18,034	3	3	3	2	0	0	8	225-275	F
St. Francis General Hospital and Rehabilitation Institute	J. J. Donovan	106	2,618	289	37	2,980	3	3	2	2	1	0	8	360-420	F
St. Margaret Memorial	F. R. Franke	46	1,417	103	41	1,740	1						2	325-375	FP
Western Pennsylvania	R. L. Forsyth	40	1,453	135	43	13,724	3	2	2	2	0	0	6	250-300	FP
Sayre															
Robert Packer	S. D. Conklin	69	3,384	168	54	23,376	3	4	3	2	0	0	9	245-335	P
West Reading															
Reading	J. R. Spannuth	168	2,982	369	49	1,378	3	2	1	1	0	0	4	250-300	F
York															
York	J. L. Atkins	100	3,300	387	45	10,500	3	2	2	2	0	0	6	325-400	F
PUERTO RICO															
Caparra Heights															
University (District)	M. Garcia Palmieri	61	1,286	181	56	23,766	3	6	6	6	2	0	20		P
Ponce															
Ponce District General	H. Rodriguez	80	2,176	207	60	14,939	3	3	3	3	0	0	9	250-350	F
San Juan															
San Juan City	E. J. Marchand	54	1,394	235	57	23,670	3	4	4	4	0	0	12	225-350	F
Veterans Admin. ^{35†}	E. A. Ramirez	90	1,820	40	95	18,410	3	3	4	2	0	0	9	325-419	O
RHODE ISLAND															
Pawtucket															
Rhode Island Affiliated Hospitals							3								
Memorial	A. M. Burgess	51	1,717	255	35	3,941								250-250	F
Miriam (Providence)	A. M. Burgess	69	1,600	147	64	1,997		0	0	1	0	0	1	250-250	FP
Providence															
Miriam—See Rhode Island Affiliated Hospitals															
Rhode Island	M. N. Fulton	147	4,047	529	35	24,459	3	5	2	2	0	0	9	165-340	FP
Veterans Admin.	J. D. Eyre, Jr.	162	1,849	208	37	980	2	4	4	0	0	0	4	291-497	...
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	J. A. Boone, V. Moseley						3	8	4	3	0	0	15	138-163	FP
Medical College		66	2,424	215	53	20,574									
Roper		55	2,241	98	50										

Numerical and other references are listed on pages 262 through 264.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE															
Chattanooga															
Baroness Erlanger	T. J. Manson	127	5,674	421	33	...	3	4	2	1	0	0	7	325-375	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	R. B. Wood	56	2,083	193	40	4,205	3	2	2	1	0	0	5	275-300	F
Memphis															
Baptist Memorial	P. Milnor, Jr.	254	10,322	376	44	3,247	3	2	2	2	0	0	6	325-375	F
Methodist	C. Stevenson	118	6,758†	261	30	...	1	1	0	0	0	0	1	325-325	F
St. Joseph	S. J. Blackwell	144	6,219	189	27	2,141	1	2	0	0	0	0	2	325-325	F
University of Tennessee-Veterans Admin.							3								
City of Memphis Hospitals	I. F. Tullis	88	2,388	482	48	5,779	...	6	6	4	0	0	16	150-...	
Veterans Admin.	F. S. Dietrich	653	4,984	328	77	5,582	...						21	291-372	O
West Tennessee Tuberculosis	E. P. Bowerman	242	647	58	50	...	...	1	1	...	...	...	2	245-...	P
Nashville															
Baptist	F. E. Cowden	78	3,415	261	37	1,002	1	3	0	0	0	0	3	300-300	FP
George W. Hubbard	R. S. Anderson	51	1,244	159	51	11,001	3	3	2	1	0	0	6	175-275	F
St. Thomas	J. J. Callaway	72	2,678	204	45	1,133	3	3	3	1	0	0	7	300-300	FP
Vanderbilt University Affiliated Hospitals							3								
Nashville General	T. F. Paine	39	1,359	219	34	10,244	...	2	2	1	0	0	5	315-350	FP
Vanderbilt University	D. E. Rogers	87	3,035	183	57	22,432	...	12	6	2	2	2	22	75-125	F
Veterans Admin.	R. France	268	3,458	175	74	0	3	2	2	1	0	0	5	291-497	O
TEXAS															
Dallas															
Baylor University Medical Center	R. Tompeett	158	6,976	457	43	3,553	3	3	2	1	0	0	6	210-230	P
Methodist Hospital of Dallas	R. K. Portman	70	4,054	191	38	3,343	3	2	1	1	0	0	4	225-275	F
Parkland Memorial	D. Seldin	102	2,921	476	53	66,168	3	9	11	8	2	0	30†	150-200	P
St. Paul	P. Q. Needham	77	3,436†	226	41	4,533	3	2	1	1	0	0	4	225-275	FP
Veterans Admin. ³⁷⁷	B. Friedman	185	2,617	222	80	...	3	5	5	5	1	0	16	291-443	P
Fort Worth															
Harris	N. E. Ross, Jr.	96	4,576†	222	27	694	2	1	1	0	0	0	2	300-350	FP
Galveston															
University of Texas Medical Branch Hospitals ¹⁹	R. Gregory	182	3,893	356	61	32,640	3	8	8	4	0	0	20	283-283	P
Houston															
Baylor University Affiliated Hospitals							3								
Jefferson Davis	R. D. Pruitt	67	1,624	228	50	41,707	...	6	5	4	0	0	15	125-165	F
Methodist Hospital	H. W. Cummings, Jr.	99	3,516	140	63	704	...	1	1	1	0	0	3	260-310	O
Veterans Admin.	H. G. Boren	412	4,771	390	90	4,427	...	10	8	6	2	0	26†	291-443	P
Hermann	E. A. Wilkerson	166	6,282	352	45	22,662	3	3	3	3	0	0	9	175-250	F
St. Joseph's	S. Schnur	76	4,180†	145	40	362	1	1	0	0	0	0	1	150-150	F
University of Texas M.D. Anderson Hospital and Tumor Institute	C. D. Howe	70	1,092	251	78	10,792	1	0	6	0	0	0	6†	250-500	O
McKinney															
Veterans Admin.	G. W. Winkelman	179	2,428	110	61	676	3	3	2	1	0	0	6	291-497	O
Temple															
Scott and White Memorial	J. G. Rodarte	97	4,385	153	44	...	3	3	3	2	0	0	8	325-325	P
UTAH															
Salt Lake City															
Holy Cross	R. G. Evans	46	2,105	84	55	...	1	1	0	0	0	0	1	275-400	P
Letter-day Saints	A. E. Lindsay	96	4,454	357	41	1,234	3	2	2	2	0	0	6	325-375	FP
University of Utah Affiliated Hospitals	M. M. Wintrobe						3	9	4	5	0	0	18	...	
Salt Lake County General	M. M. Wintrobe	114	935	204	62	25,608	...	...	...	...	...	...	...	285-443	O
Veterans Admin.	G. T. Perkoff	93	1,260	114	88	864	...	...	...	...	...	...	...	291-497	O
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals							...	...	...	...	...	...	...	...	...
DeGoesbriand Memorial	C. M. Terrien	48	1,566	102	57	606	2	3	3	1	0	0	7	208-275	FP
Mary Fletcher	E. L. Amidon	56	2,365	109	72	4,726	3	3	3	1	0	0	7	100-166	FO
White River Junction															
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.															
VIRGINIA															
Alexandria															
Alexandria	S. H. Williams	50	1,810†	171	29	6,907	1	3	1	0	0	0	4	300-340	P
Charlottesville															
University of Virginia	W. Parson	89	2,730	199	58	14,386	3	6	6	2	0	0	14	90-180	FP
Clifton Forge															
Chesapeake and Ohio Railway Employees'	A. Williams	72	3,380	130	33	6,252	1	4	0	0	0	0	4	250-350	FP
Norfolk															
DePaul	G. Elsasser	71	3,111	251	38	4,041	1	1	1	1	0	0	3	325-325	F
Norfolk General	R. Grinnan	145	4,984	355	31	7,835	3	1	1	1	0	0	3	150-375	F
Richmond															
Johnston-Willis	J. M. Hutcheson	89	2,763	178	46	...	1	2	0	0	0	0	2	400-400	F
Medical College of Virginia Affiliated Hospitals							3	16	12	...	...	...	28	...	
Medical College of Virginia-Hospital Div.	W. T. Thompson, Jr.	148	4,543	494	35	23,451	...	...	...	4	...	...	4	100-150	F
Veterans Admin.	A. J. Wasserman	392	3,840	249	63	3,216	...	...	...	...	...	...	8	291-373	P
Roanoke															
Lewis-Gale	C. D. Nofsinger	61	1,849	139	48	16,165	3	3	2	1	0	0	6	400-500	FP
Roanoke Memorial	R. E. Glendy	115	4,380	201	42	...	3	3	3	3	0	0	9	350-450	F
WASHINGTON															
Seattle															
Doctors	N. Arcese	40	2,589	132	64	...	1	1	1	0	0	0	2	450-450	FP
Providence	R. M. Levenson	62	3,435†	208	50	1,448	2	2	1	0	0	0	3†	300-350	F
Swedish	R. C. Manchester	58	3,279	182	47	...	1	1	0	0	0	0	1	225-313	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON, Seattle—Continued															
University of Washington Affiliated Hospitals ⁹¹															
King County	R. H. Williams	132	3,509†	584	54	29,516	3	20	18	3	0	0	41	150-425	F
University	R. H. Williams	28	1,366†	63	86	5,679	..	..	..	..	..	..	..	200-550	P
Veterans Admin.	R. S. Evans	89	1,780	204	92	2,507	..	..	..	..	..	..	..	291-497	O
Virginia Mason	R. L. King	50	2,703	99	69	..	3	2	2	2	0	0	6	200-375	FP
WEST VIRGINIA															
Beckley															
Beckley Memorial	A. D. Kistin	71	1,559	116	58	26,843	3	3	3	3	0	0	9	400-500	P
Charleston															
Charleston General	R. N. O'Dell	72	2,924	106	26	388	3	2	2	1	0	0	5	275-350	FP
Memorial	W. C. Stewart	66	2,706	150	49	4,205	3	2	2	1	0	0	5	325-375	F
Huntington															
Cabell Huntington	G. Eder	78	3,806	178	24	6,565	1	2	0	0	0	0	2	250-300	F
Chesapeake and Ohio	J. F. Otto, Jr.	74	2,841	116	39	25,328	1	2	2	1	0	0	5	250-350	F
Morgantown															
West Virginia University Medical Center	E. B. Flink	41	1,133	62	76	4,766	3	5	5	5	0	0	15†	267-367	P
Wheeling															
Ohio Valley General	C. H. Hiles	156	4,226	217	30	4,323	3	4	3	1	0	0	8	350-400	P
Wheeling	J. J. DelVecchio	53	2,846	115	30	10,759	1	2	0	0	0	0	2	325-375	F
Williamson															
Memorial Medical Center—See South Williamson, Kentucky															
WISCONSIN															
La Crosse															
La Crosse Lutheran	T. E. Gendersen	63	3,119	74	42	24,214	1	1	0	0	0	0	1	300-350	F
Madison															
Madison General	C. A. Doehlert	73	2,709	199	38	..	1	2	0	0	0	0	2	185-185	P
St. Mary's	E. K. Ryder	65	1,900	170	45	..	3	1	1	1	0	0	3	250-350	F
University Hospitals ⁷²	O. O. Meyer	128	4,690	157	77	14,015	3	10	10	10	0	0	30	125-225	F
Milwaukee															
Columbia ⁷³	H. W. Pohle	96	3,194†	172	65	13,036	3	1	0	1	0	0	2	350-400	P
Marquette University Affiliated Hospitals	W. W. Engstrom	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Milwaukee County	W. W. Engstrom	195	5,572†	1,062	34	66,086	..	10	10	10	0	0	30	238-348	O
Veterans Admin. (Wood) ⁷⁴	B. I. Heller	368	3,728	322	77	3,273	..	12	12	12	0	0	36†	291-373	P
Milwaukee ⁷⁵	O. Royce	71	2,641	165	60	14,209	3	2	2	2	0	0	6	375-425	P

9. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as FOUR years of offering acceptable training in the specialty. Hospitals, 151; Residencies, 429

Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	G. J. Hayes	146	902	52	92	984	1	1	1	1	0	0	4	..	..
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
University Hospital and Hillman Clinic	J. G. Galbraith	43	1,577	97	48	594	0	1	1	1	0	0	3	291-443	F
ARIZONA															
Phoenix															
Barrow Neurological Institute (of St. Joseph's Hospital)	J. R. Green	25	808	22	54	265	1	1	1	1	0	0	1	300-400	FP
CALIFORNIA															
Long Beach															
Veterans Admin.	J. D. French	32	417†	35	91	2,590	1	1	1	1	0	0	4	291-497	O
Los Angeles															
Los Angeles County General	T. Kurze	75	2,878	218	77	2,526	2	1	2	1	0	6	290-425	P	
University of California Medical Center	W. E. Stern	..	..	..	..	..	1	1	1	1	1	5	..	..
University	..	16	355	14	58	989	..	..	..	..	..	..	..	261-340	O
Veterans Admin. Center General Medical and Surgical	..	31	435	23	83	604	..	..	..	..	..	..	..	315-443	P
White Memorial	K. H. Abbott	20	523	20	75	445	1	1	1	1	1	5†	265-420	P	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	J. W. Hanbery	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Palo Alto-Stanford Hospital Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Numerical and other references are listed on pages 262 through 264.

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
Pasadena														
Huntington Memorial	C. H. Sheldon	23	838	22	81	686	1	1	1	1	0	4	300-300	FP
San Francisco														
University of California Hospitals							2	2	2	2	0	8		
Franklin	H. A. Brown	33	748	5	20	500							260-340	P
San Francisco General	E. B. Boldrey	Incl. in Surg.											302-302	
University of California Hospitals	J. E. Adams	23	736	31	90	1,106							261-460	O
Veterans Admin.	B. L. Wise, J. A. Witt	19	181	15	47	248							291-497	O
COLORADO														
Denver														
University of Colorado Medical Center	W. K. Welch	12	436	32	72	611	1	1	1	1	0	4	180-205	O
Colorado General													291-497	O
Veterans Admin.			168	8	100	192								
CONNECTICUT														
Hartford														
Hartford—See Yale-New Haven Medical Center, New Haven														
New Haven														
Yale-New Haven Medical Center	W. J. German	22	625	29	69	1,569	1		1	1	0	3	175-250	O
Grace-New Haven Community														
Hartford (Hartford)	W. B. Scoville	27	1,051	17	60	294			1	1	0	2	235-385	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	O. H. Fulcher						1	1	1	1	1	5		
Children's													225-225	P
District of Columbia General													258-358	P
Georgetown University		49	1,279	78	83	1,078							175-335	P
George Washington University Hospitals	J. W. Watts						1	1	1	1	0	4		
Children's													225-225	P
District of Columbia General														
George Washington University ¹²⁹		60	1,243	73	87	1,554							210-333	P
FLORIDA														
Miami														
Jackson Memorial	D. H. Reynolds	55	1,058	101	32	1,016				1	1	3†	335-400	P
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	E. F. Fincher						1	1	1	1	0	4		
Emory University		17	6,097†	19	63								235-265	P
Grady Memorial		8	197	25	16	1,255							100-200	F
Hennetta Eggleston Hospital for Children		2	61	6	83	100							255-265	P
Augusta														
Medical College of Georgia Hospitals							1	1	1	1	0	4		
Eugene Talmadge Memorial	G. W. Smith	21	548	27	71	1,361							250-583	O
University	P. Nichols	24	958†	28	34	395							250-275	O
Veterans Admin.	G. W. Smith	27	320	4	75	500								
ILLINOIS														
Chicago														
Northwestern University Medical Center							1	1	1	1	1	5		
Chicago Wesley Memorial	P. C. Bucy	18	852	33	67	600							250-350	P
Passavant Memorial	L. Davis	8	149	8	75	533							250-325	P
Veterans Admin. Research	L. Davis	17	483	27	74	496							297-497	O
Evanston (Evanston)	J. A. Tarkington	7	177	16	50	283							270-350	P
Stritch School of Medicine of Loyola							1	1	1	1	0	4		
University Affiliated Hospitals														
Mercy	H. C. Voris	26	538	27	74	120							225-300	F
Veterans Admin. (Hines)	H. C. Voris	36	273	34	71	344							291-497	O
University of Chicago Hospitals and Clinics	J. P. Evans	19	464	32	75	1,647	1	1	1	1	0	4	250-330	O
University of Illinois Affiliated Hospitals	E. Oldberg											10		
Presbyterian-St. Luke's		12	278	12	80	150							125-175	F
University of Illinois Research and Educational Hospitals		32	553	47	62	11,207							180-275	P
Veterans Admin. (Hines)														
Evanston														
Evanston—See Northwestern University Medical Center														
Hines														
Veterans Admin.—See Stritch School of Medicine and University of Illinois														
INDIANA														
Indianapolis														
Indiana University Medical Center	R. F. Heimburger													
Indiana University Hospitals		34	639	45	53	989	2	2	1	1	0	6	235-316	P
Veterans Admin.							1	0	0	0	0	1	291-443	O
IOWA														
Iowa City														
University Hospitals	R. Meyers	25	594	34	82		1	1	1	1	0	4	225-325	FP
KANSAS														
Kansas City														
University of Kansas Medical Center	W. Williamson	11	551	21	71	1,615	1	1	1	1	0	4	200-300	P
Veterans Admin. (Kansas City, Mo.)														

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance F P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY														
Louisville														
University of Louisville Medical Center														
Children's	L. Segerberg	5	79†	6			1	1	1	1	0	4		F
Louisville General	E. G. Grantham	53	1,253	118	66	1,564							204-321	FP
Norton Memorial Infirmary														FP
Veterans Admin.	R. G. Spurling	20	307	25	68	344							291-442	O
LOUISIANA														
New Orleans														
Tulane University Affiliated Hospitals														
Charity Hospital of Louisiana	R. C. Llewellyn	14	250	42	31	771	1	1	1	1	0	4	200-200	F
Ochsner Foundation	D. H. Echols	15	553	15	73	1,726							225-300	P
Veterans Admin.														
MARYLAND														
Baltimore														
Johns Hopkins	A. E. Walker	22	768†	34	53	1,272	2	2	2	2	2	10†	180-250	P
Baltimore City Hospitals	A. E. Walker		Incl. in Surg.	13	77	740								
University of Maryland	J. G. Arnold	34	830	58	48	450	0	2	2	2	1	7	220-350	P
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center														
Peter Bent Brigham Hospital	F. D. Ingraham						1	1	1	1	0	4		
Children's Hospital Medical Center		19	555	23	70	1,318							125-300	F
Peter Bent Brigham			Incl. in Surg.										175-300	F
Massachusetts General	W. H. Sweet	53	1,271	110	66	6,738	1	1	1	1	0	6	108-354	F
Veterans Admin. (Jamaica Plain)	J. H. Drew	31	382	27	63	532								
New England Center	B. Selverstone	16	357	9	78	816	1	1	1	1	0	4	237-304	O
MICHIGAN														
Ann Arbor														
University	E. A. Kahn	27	776	71	53	2,822	2	4	1	0	0	7	193-265	O
Wayne County General Hospital (Eloise)		8	189	37	22	367							513-...	F
Detroit														
Henry Ford	R. S. Knighton	37	683	42	76	3,520	2	2	1	1	0	6	300-400	P
Wayne State University Affiliated Hospitals	E. S. Gurdjian						1	1	1	1	0	4		
Detroit Memorial		16	325	12	67									
Grace		9	293†	24	75	111							300-350	FP
Receiving		18	818†	69	33	849							340-415	P
Eloise														
Wayne County General—See University Hospital, Ann Arbor, Michigan														
MINNESOTA														
Minneapolis														
University of Minnesota Hospitals	L. A. French	23	623	24	83	726	2	3	1	0	0	6	280-...	O
Rochester														
Mayo Foundation	J. G. Love	55	3,180	71	76	7,000	8	8	8	8	3	35†	200-333	P
Rochester Methodist														
St. Mary's														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	O. J. Andy													
University		22	688†	50	76	1,419	1	1	1	1	1	4	250-325	O
Veterans Admin.			Incl. in Surg.										290-373	O
MISSOURI														
Columbia														
University of Missouri Medical Center	S. Black	11	279	36	92	1,406	1	1	1	1	0	4	250-400	P
St. Luke's	C. E. Lischer	18	585	32	38									F
Kansas City														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes	H. G. Schwartz	33	673	72	85	1,095	1	1	1	1	1	5†	86-136	F
St. Luke's—See University of Missouri Medical Center, Columbia, Mo.														
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School														
Affiliated Hospitals	R. G. Fisher						1	1	1	1	0	4		
Mary Hitchcock Memorial		17	508	32	91	1,595							218-325	
Veterans Admin. (White River Junction, Vt.)		8	99	4	100	231							218-305	
NEW YORK														
Albany														
Albany Medical Center	R. D. Whitfield	31	990†	76	68	260	1	1	1	1	0	4	230-325	P
Buffalo														
University of Buffalo School of Medicine														
Affiliated Hospitals	L. Bakay						1	1	1	1	0	4		
Buffalo General		17	436†	24	58	76							250-375	FP
Children's														
Edward J. Meyer Memorial														
New York City														
Albert Einstein College of Medicine														
Affiliated Hospitals														
Bronx Municipal Hospital Center	L. M. Davidoff	15	215	44	79	411						9†	231-317	FP
Montefiore	E. Feiring	26	502†	44	53	434	0	0	1	0	0	1	245-325	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
Bellevue Hospital Center Division III and IV—N.Y.U. College of Medicine and New York University Post Graduate Medical School ²⁹⁷	J. Ransohoff	50	411	57	70	324	2	2	2	2	0	8	231-317	FP
Kings County Hospital Center ²⁷⁷ Long Island College	A. W. Cook	91	3,998	245	40	2,142	1	1	1	1	0	4	231-317	FP
Mount Sinai New York	S. W. Gross	23	474	28	50	400	1	1	1	0	0	3	303-458	P
Presbyterian (Neurological Institute)	B. Ray	19	312	23		2,705	1	0	1	2	0	4	250-308	P
St. Vincent's Hospital of the City of New York	J. L. Pool	48	1,135	55	53	17,288	3	2	3	1	0	9	313-375	P
Veterans Admin. (Bronx) ²⁸⁹	C. G. deGutierrez-Mahoney	34	853	47	70	1,805	1	1	1	1	0	4	175-250	F
	J. E. Scarff	33	350	22	45	102	1	1	1	1	0	4	315-497	O
Rochester														
Strong Memorial-Rochester Municipal Hospitals	F. P. Smith	20	549	23	65	99	0	1	0	1	0	2	167-292	O
Syracuse														
State University of New York Upstate Medical Center	R. King	35	750	52	73	31	0	1	1	1	1	4	250-410	O
Veterans Admin.	H. Lourie													
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. S. Dugger	10	325	42	75	625	1	1	1	0	0	3	200-375	O
Durham														
Duke University Affiliated Hospitals							1	1	1	1	1	5		
Duke	G. L. Odom	35	1,159	65	60	1,074							175-225	P
Veterans Admin.	G. T. Tindall	29	348	29	83								291-497	O
Winston-Salem														
North Carolina Baptist	E. Alexander, Jr.	25	787	66	58	1,115	1	1	1	1	0	4	204-270	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group														
Children's														
Christ	F. H. Mayfield	29	603	29	52	1,015	1	1	1	0	0	2	250-300	F
Cincinnati General	R. L. McLaurin	14	243	45	49	612	2	1	1	1	0	5	200-450	F
Good Samaritan	F. H. Mayfield		Inc. in Surg.	392	28	46		0	1	0	0	1	325-350	P
Veterans Admin.	R. McLaurin	19	229	31	68								291-497	O
Cleveland														
Cleveland Clinic	W. J. Gardner	33	1,093	52	77	5,698	2	2	1	1	0	6	300-400	O
Western Reserve University Affiliated Hospitals														
Cleveland Metropolitan General	R. J. White	8	188	22	76	852							233-379	F
University Hospitals of Cleveland	F. E. Nulsen	15	185	29	52	611	0	2	1	1	1	5	221-288	P
Veterans Admin.	F. E. Nulsen	15	199	15	80	264	0	0	0	1	0	1	290-497	P
Columbus														
Ohio State University Hospitals														
Children's	M. P. Sayers	27	772	27	81	618	0	0	1	0	0	1	275-350	P
Riverside Methodist-White Cross Hospitals	J. N. Meagher	33	975	45		109	0	1	0	0	0	1	315-365	P
University	W. E. Hunt	22	646	71	77	802	0	3	2	2	0	7	227-302	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center							1	1	1	1	0	4		
St. Anthony	A. Rix	18	679	55	50								225-	P
University Hospitals	J. D. Herrmann	9	242	22	55	618							200-275	P
OREGON														
Portland														
Good Samaritan	J. Raaf	33	1,138	41	83	1,341	1	1	1	1	1	5	275-325	P
University of Oregon Medical School Affiliated Hospitals	G. M. Austin	29	447	34	95	778								
University of Oregon Medical School Hospitals and Clinics							1	1	1	1	1	5	200-250	F
Veterans Admin.							1	1	0	0	0	2	291-414	P
PENNSYLVANIA														
Philadelphia														
Episcopal	H. A. Shenkin	15	574	28	46	246	1	1	1	0	0	3	350-410	O
Graduate Hospital of the University of Pennsylvania	R. A. Groff	12	271	19	46	181	1	1	1	1	0	4	100-100	F
Hospital of the University of Pennsylvania	R. Groff	19	379	31	72	503	1	1	1	1	0	4	100-200	F
Jefferson Medical College	R. L. Rovit	25	421	36	50	248	1	2	0	2	0	5	250-	O
Temple University ³⁴⁸	M. Scott	54	937	59	59	692	2	1	1	1	0	5	175-250	O
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	S. N. Rowe	25	399	29	69	966	0	0	1	0	0	1	225-305	F
Children's Hospital of Pittsburgh Presbyterian University and Woman's Hospitals		20	344	22	59		0	0	0	1	0	1	250-400	FM
St. Francis General Hospital and Rehabilitation Institute		25	334	28	54		0	0	1	0	0	1	360-420	F
Veterans Admin.		26	628	21	90									O
Mercy	F. H. Bragdon	41	751	57	50	437	1	1	1	1	0	4	275-325	F
TENNESSEE														
Memphis														
University of Tennessee Medical Center Hospitals	F. Murphey						2	2	2	2	0	8		

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE, Memphis—Continued														
Baptist Memorial		95	3,163	71	59	713							325-400	F
City of Memphis Hospitals		18	369	65	45	2,580							150-	
Nashville														
Vanderbilt University	W. F. Meacham	32	916	61	44	312	1	2	2	2	0	7	75-125	F
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	W. K. Clark						1	1	1	1	0	4		
Children's Medical Center														
Parkland Memorial														
St. Paul														
Galveston														
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., S. R. Snodgrass	26	612	35	40	1,166	1	1	1	1	0	4	283-283	P
Houston														
Baylor University Affiliated Hospitals ⁸⁸⁰	J. G. Ehni	74	1,884	129	55	3,006	3	3	2	2	0	10		
Jefferson Davis													260-335	O
Methodist Hospital														
Veterans Admin.														
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	P. Lindstrom						1	1	1	1	0	4		
Salt Lake County General														
Veterans Admin.														
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. M. P. Donaghy						1	1	1	1	0	4	166-166	FO
DeGoesbriand Memorial		4	129	8	63									
Mary Fletcher ¹⁹⁰		16	506	26	80	725								
White River Junction														
Veterans Admin.—See Dartmouth Med. School Affiliated Hospitals, Hanover, N.H.														
VIRGINIA														
Charlottesville														
University of Virginia Hospitals							1	1	1	1	0	4		
University of Virginia	W. G. Crutchfield	27	770	55	36	457							90-180	FP
Veterans Admin. (Richmond)	J. L. Ulmer	20	343	13	92	460							291-443	P
Medical College of Virginia-Hospital Division	J. M. Meredith	57	1,625	90	39	2,364	1	2	1	1	0	5	100-175	F
Richmond														
Veterans Admin.—See University of Virginia Hospitals, Charlottesville, Va.														
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	A. A. Ward, Jr.						2	2	2	2	0	8		
King County		19	436	77	90	470							180-462	F
University		8	316	12	83	567							200-550	P
Veterans Admin.			Inc. in Surg.										291-497	O
WISCONSIN														
Madison														
University Hospitals	T. C. Erickson	24	427	58	83	945	2	1	1	1	0	5†	125-275	F

10. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Hospitals, 102; Residencies, 498

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	A. J. Levens	84	552	15	80	2,616	2	2	2	0	0	6		
NON FEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Los Angeles County General	H. Barrows	92	4,678	822	31	7,103	2	2	2	0	0	6	290-425	P
University of Southern California	K. O. Von Hagen													
Loma Linda University	C. W. Olsen													

Numerical and other references are listed on pages 262 through 264.

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, Los Angeles—Continued														
University of California	A. S. Rose	14	351	3	100	5,098	4	3	2	0	0	9	261-340	O
Veterans Adm. Center General Medical and Surgical	R. Baker	30	676	19	68	6,305	1	2	0	0	0	3	292-373	P
White Memorial	L. B. Mann	5	306	16	81	1,517	2	1	1	0	0	4	265-420	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals														
Palo Alto-Stanford Hospital Center	F. Morrell	12	504			953	3*	3	3	0	0	9†	100-458	F
Veterans Adm.	W. Hofmann	21	109	7	100									
San Francisco														
Presbyterian Medical Center and Affiliated Hospitals														
Presbyterian Medical Center	K. H. Finley	3	125			408	2	2	1	0	0	5	175-300	P
Children's	K. H. Finley	5	95†	2	100	107							250-300	FP
Veterans Adm. (Oakland)														
University of California Hospitals	R. B. Aird	18	711	4	75	3,541	3	3	3	0	0	9†	301-460	O
Veterans Adm.	W. E. Drake	20	152	1	100	413	2	1	1	0	0	4	291-497	O
COLORADO														
Denver														
University of Colorado Medical Center														
Colorado General	J. Stephens	8	260	21	76	2,737	1	1	0	0	0	2	180-205	O
Veterans Adm.	A. H. Greenhouse	61	618	52	94	739						2	291-886	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center														
Grace-New Haven Community	G. H. Glaser	12	385	28	65	1,606	2	2	2	0	0	6	300-400	O
Veterans Adm. (West Haven)	L. L. Levy	36	447	24	67	599	1	0	1	0	0	2	291-373	O
West Haven														
Veterans Adm.—See Yale-New Haven Medical Center, New Haven														
DISTRICT OF COLUMBIA														
Washington														
Georgetown University ¹²⁴	D. S. O'Doherty	5	199	4	50	222	1	1	1	1	0	4	275-350	P
Veterans Adm.		14	132	4	50	81	1	1	1	0	0	3	291-497	O
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	R. P. Schmidt	9	448	26	77	1,355	3	2	2	0	0	7	217-450	O
Miami														
Jackson Memorial	P. Scheinberg		1,082	144	43	2,735	3	2	1	0	0	6	200-275	P
ILLINOIS														
Chicago														
Northwestern University Medical Center	B. Boshes					1,670								
Chicago Wesley Memorial	B. Boshes	12	377	3	100		1	0	0	0	0	1	250-300	P
Veterans Adm. Research	H. Koenig	24	244	11	90		1	1	1	0	0	3	201-407	O
Veterans Adm. (Hines)	E. L. Tigay	204	573	97	57	197							291-372	
Presbyterian-St. Luke's	L. W. Avery	15	300	11	83	1,247	1	1	1	0	0	3	125-175	F
University of Chicago Hospitals and Clinics	R. B. Richter	6	263	14	71	3,075	1	1	1	0	0	3	250-330	O
University of Illinois Research and Educational Hospitals ¹⁵³	E. Oldberg													
Hines														
Veterans Adm.—See Northwestern University Medical Center, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center ¹⁶⁰	A. T. Ross													
Indiana University Hospitals			4	1		1,052	3	3	3	0	0	9	235-289	P
Marion County General		22	212	86	43	1,150	1	1	1	0	0	3	269-321	P
IOWA														
Iowa City														
State University of Iowa Hospitals	A. L. Sals						3	3	3	0	0	9		
University Hospitals		37	1,234	39	64	4,059							225-300	FP
Veterans Adm.	E. Sybil	36	337	18	83	210							315-376	O
KANSAS														
Kansas City														
University of Kansas Medical Center	C. Poser	10	389	10	80	1,269	3	1	1	0	0	5	375-500	P
Veterans Adm. (Kansas City, Mo.)	A. B. Williamson	35	516	49	72	362							292-373	
KENTUCKY														
Louisville														
University of Louisville Medical Center														
Louisville General	E. Roseman	31	757	151	91	2,450	1	1	1	1	0	4	200-250	FP
Veterans Adm.	I. O. Dein	41	315	40	60	313						1	291-442	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	R. M. Paddison	27	605	47	55	3,304						4	125-175	F
Tulane University Division	R. G. Heath	26	587	33	45	2,511						3	125-175	F

Numerical and other references are listed on pages 262 through 264.

10. NEUROLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month (Min.-Max.)	Main-tenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND															
Baltimore															
	Baltimore City Hospitals	J. W. Magladery	205	1,187	226	56	516	2	1	0	0	0	3	200-250	FP
	Johns Hopkins	J. W. Magladery		Inc. in Int. Med.				0	2	1	0	1	4	-176	P
	University of Maryland	C. Van Buskirk	12	244	48	58	1,822	1	1	1	0	0	3	220-350	P
MASSACHUSETTS															
Boston															
	Boston City	D. Denny-Brown	20	285	19	37	3,831	4	4	3	0	0	11	158-208	F
	Massachusetts General	R. D. Adams	31	1,181	54	57		6	3	0	0	0	9	108-188	F
	New England Center	J. F. Sullivan	9	490	4	75	3,086	3	5	2	1	0	8	237-383	O
	Veterans Admin. (Jamaica Plain)	F. A. Quadfasel	167	832	48	67	575	2	4	4	1	0	11	291-373	O
MICHIGAN															
Ann Arbor															
	University ²⁰¹	R. N. DeJong	35	922	19	10	7,090	4	4	4	2	0	14†	193-265	O
Dearborn															
	Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit															
	Wayne State University Affiliated Hospitals	J. S. Meyer													
	Veterans Admin. (Dearborn)		23	604	22	59	184	1	1	1	0	0	3	291-373	O
	Detroit Memorial		13	323	38	45		0	1	1	0	0	2	475-500	O
	Lafayette Clinic		19	172	0	0	1,211	0	0	2	1	0	3	400-500	O
	Receiving		16	388†	175	49	3,669	5	5	4	2	2	18†	340-415	P
	Henry Ford	L. D. Proctor	11	325	23	57	7,401	0	1	2	0	0	3	300-350	P
MINNESOTA															
Minneapolis															
	University of Minnesota Hospitals														
	Minneapolis General	H. H. Noran	24	632	94	68	2,883	2	0	0	0	0	2	250-...	F
	University	A. B. Baker	24	630	25	72	3,287	6	6	6	0	0	18†	280-...	O
	Veterans Admin. ²¹³	R. C. Gray	81	611	29	68	101	3	3	3	0	0	9	291-497	O
Rochester															
	Mayo Foundation	K. B. Corbin	32	4,261	37	70	18,299	6	6	6	2	0	20†	350-350	P
	Rochester Methodist														
	St. Mary's														
MISSOURI															
Kansas City															
	Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis															
	Barnes	J. L. O'Leary	29	897	20	74	2,492	2	2	2	1	0	7†	...-175	F
NEW JERSEY															
East Orange															
	Veterans Admin. ²²²	J. Sobin	313	1,261	139	75		1	1	1	0	0	3	291-354	P
NEW YORK															
Albany															
	Albany Medical School Affiliated Hospitals														
	Albany Medical Center	F. H. Hesser	23	652†	21	48	919	1	1	1	0	0	3	230-325	P
	Veterans Admin.	B. L. Truscott	126	590	66	72	675	1	1	1	0	0	3	291-497	P
Buffalo															
	Edward J. Meyer Memorial	B. H. Smith	24	475	48	52	1,689	1	1	1	0	0	3	292-332	P
New York City															
	Bellevue Hospital Center														
	Division II—Cornell University ²⁵¹	F. McDowell	23	218	49	75	2,085	2	2	1	0	0	5	231-317	FP
	Division III—New York University														
	College of Medicine ²⁹⁷	C. C. Randt	62	600	53	77	2,000	5	5	4	0	0	14	231-317	FP
	Bronx Municipal Hospital Center	S. R. Korey	43	900	145	45	2,670	4	6	3	2	2	17†	231-317	FP
	Kings County Hospital Center	E. F. Vastola	110	1,429	429	18	3,288	2	2	2	0	0	6	231-317	FP
	Veterans Admin. (Brooklyn)	M. E. Margulies	125	282	72	50	78	1	0	0	0	0	1	291-291	O
	Montefiore	T. Lawyer, Jr.	42	802†	70	37	2,031	3	2	2	0	0	7	245-325	P
	Mount Sinai	M. B. Bender	80	1,505	104	25	3,304	5	4	1	0	0	10	303-458	P
	New York	H. C. Wolf						0	0	1	0	0	1	283-283	P
	Presbyterian (Neurological Institute)	H. H. Merritt	113	2,851	94	50	17,288	6	5	4	0	0	15	292-500	P
	Veterans Admin. (Bronx) ²⁸³	C. Booth	56	461	22	73	1,356	1	1	1	0	0	3	291-373	O
Rochester															
	Strong Memorial—Rochester Municipal Hospitals	P. H. Garvey, W. K. Smith	8	187	3	67	2,308	1	1	1	0	0	3	167-292	O
Syracuse															
	State University of New York														
	Upstate Medical Center	P. E. Duffy	37	442	10	60	1,881	2	1	1	1	0	5	250-415	O
	Veterans Admin.	J. M. Watson													
NORTH CAROLINA															
Chapel Hill															
	North Carolina Memorial	T. W. Farmer	11	397	22	55	515	2	2	2	0	0	6	200-500	O
Durham															
	Duke ³⁰⁸	E. C. Kunkle	8	348	3	100	1,024	2	1	1	0	0	4	300-400	O
Winston-Salem															
	North Carolina Baptist	J. E. Toole	8	378	8	75	570	1	1	1	0	0	3	204-270	P
OHIO															
Cincinnati															
	University of Cincinnati Hospital Group	C. D. Aring													
	Cincinnati General		37	374	128	48	2,826	2	2	2	0	0	6†	250-350	F
	Veterans Admin.		21	249	21	86								291-497	O
Cleveland															
	Cleveland Clinic	G. Williams	12	456†	8	87	11,143	2	2	2	0	0	6	275-325	O
	University Hospitals of Cleveland ³²²	J. M. Foley	15	181†	12	91	1,278	2	2	2	0	0	6	375-500	P

Numerical and other references are listed on pages 262 through 264.

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	G. Schwarz	25	580	20	50	3,081	3	2	1	0	0	6	183-300	O
Jefferson Medical College	B. J. Alpers	35	760	42	60	4,200	2	2	2	0	0	6	330-550	O
Pennsylvania	F. A. Elliott			16	81	909						2	170-190	O
PUERTO RICO														
Caparra Heights														
University	L. Sanchez Longo			35	47	1,234	2	2	2	0	0	6		P
TEXAS														
Houston														
Baylor University Affiliated Hospitals	W. S. Fields													
Jefferson Davis		9	262	30	26	4,570	1	1	1	0	0	3	125-165	F
Veterans Admin.		41	700	38	80	285	1	1	1	0	0	3	291-373	P
Methodist		2	141	1	0	8	1	1	1	0	0	3	260-416	O
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	L. W. Jarcho						2	2	2	0	0	6		
Salt Lake County General													350-500	O
Veterans Admin.		39	219	22	95	348							291-497	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	G. A. Schumacher						2	1	1	0	0	4	333-416	FO
DeGoesbriand Memorial		9	224	4	75	196								
Mary Fletcher		4	172	10	80	682								
VIRGINIA														
Charlottesville														
University of Virginia	T. R. Johns	16	523	18	56	1,765	4	2	2	0	0	8†	375-500	FP
Richmond														
Medical College of Virginia-Hospital Division	W. M. Tucker	10	260	494	35	980	3	3	3	3	0	12	100-150	F
Veterans Admin.	A. Davis	54	140	5	80	320							291-291	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ³⁸⁹	F. Plum						3	3	3	0	0	9		
King County		30	749†	156	53	1,303							150-450	F
University	F. Plum	6	332†	0	0	1,366							200-550	P
Veterans Admin.	H. Lefman	21	240	6	100	150							291-497	O
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals														
University Hospitals	F. M. Forster	30	735	12	67	2,499	4	4	4	0	0	12		F
Veterans Admin.	B. Messert	55	217	19	84	125						2	291-497	P
Milwaukee														
Milwaukee County	W. H. Kempinsky	12	283†	20	25	1,045	1	1	1	0	0	3	238-348	O
Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Hospitals, 25; Residencies, 63														
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	W. E. Porter	37	646	5	60	3,219	1	1	0	0	0	2		
COLORADO														
Fitzsimons General, Denver ¹¹³	E. W. Eberlin	16	208	3	67	2,937	1	1	0	0	0	2		
UNITED STATES PUBLIC HEALTH SERVICE														
MARYLAND														
National Institutes of Health— Clinical Center, Bethesda	G. M. Shy	60	758	11	91	1,657	0	0	4	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	S. C. Little	24	324	27	74	2,050								
Crippled Children's				0	0		0	0	0	0	0	0		
University Hospital and Hillman Clinic							2	1	0	0	0	3	250-291	O
Veterans Admin.		18	146	24	71	209	0	1	1	0	0	2	291-497	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance F P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA														
Long Beach														
Veterans Admin.	M. Feld	106	412†	30	90	1,050						3	291-497	O
Oakland														
Veterans Admin.	J. K. Smith	59	306	47	82		1	1	0	0	0	2	291-315	O
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	C. E. Edwards	31	437	35	71	2,132	2	2	1	0	0	5	258-333	P
GEORGIA														
Atlanta														
Grady Memorial	P. Herbert Karp		Inc. in Int. Med.				2	1	0	0	0	3	100-125	F
NEW JERSEY														
Jersey City														
Jersey City Medical Center	R. Chambers	10	234	10	80	1,250	1	1	1	0	0	3	200-300	F
NEW YORK														
New York City														
New York Medical College—Metropolitan Hospital Center	R. J. Strosos													
Unit 1—Flower and Fifth Avenue Hospitals		12	177	15	53	1,516	2	2	0	0	0	4	230-280	F
Unit 2—Metropolitan Hospitals		14	276	24	44	1,650	3	3	2	0	0	8	231-317	FP
Unit 3—Bird S. Coler Memorial Hospitals														
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center														
University Hospitals	G. R. Haase	7	220	0	0	696	2	1	1	0	0	4†	290-440	P
Veterans Admin.	S. W. Thompson	27	419	33	82	1,094								
OREGON														
Portland														
Good Samaritan	R. Dow	33	1,138†	41	83	1,341	1	1	0	0	0	2	275-305	P
University of Oregon Medical School Hospitals and Clinics ³³⁶	R. L. Swank	34	362	22	87	1,603	1	1	0	0	0	2	200-250	F
PENNSYLVANIA														
Coatesville														
Veterans Admin.	J. F. Kurtzke	80	446	27	74		3	2	0	0	0	5	280-458	O
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	O. R. Talbert						2	1	0	0	0	3	200-375	O
Medical College		12	402	13	85	1,624								
Roper		1	18											
TENNESSEE														
Memphis														
City of Memphis Hospitals	I. F. Tullis	10	281	50	46	2,580	1	0	1	0	0	2	150-...	
Nashville														
Vanderbilt University	B. E. Sproffkin	1	70	0	0	500	1	1	0	0	0	2	75-125	F
TEXAS														
Dallas														
Parkland Memorial	S. Eliasson		Inc. in Int. Med.				1	1	0	0	0	2	150-200	P

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Hospitals, 7; Residencies, 22

NONFEDERAL AND VETERANS ADMINISTRATION

DISTRICT OF COLUMBIA														
Washington														
Children's Hospital Medical Center			Inc. in Pediatrics											
George Washington University	H. Stevens	13	458	15	61	476	1	0	0	0	0	1	210-285	P
MASSACHUSETTS														
Boston														
Lemuel Shattuck	W. H. Timberlake	78	285	20	50	891	4	2	0	0	0	6†	306-316	P
Massachusetts Memorial Hospitals	C. A. Kane		Inc. in Int. Med.			818	0	0	1	0	0	1	458-458	O
NEW YORK														
New York City														
Fordham	J. H. Friedman	9	109	10	43	834	1	0	0	0	0	1	231-317	FP
Veterans Admin. (Manhattan)	D. Coddon	72	214	16	56	119	2	2	2	0	0	6	291-372	O
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia	C. Kennedy		Inc. in Pediatrics			619	1					1		O
Philadelphia General	C. Rupp, S. Gilpin	184	1,123	314	50	5,064	2	2	2	0	0	6	155-275	F

Numerical and other references are listed on pages 262 through 264.

11. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Obstetrics and Gynecology and the American College of Surgeons, through the Residency Review Committee for Obstetrics and Gynecology, as offering full training in the specialty. Hospitals, 447; Residencies, 2,775

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	C. E. Gibbs.....	42	3,066	4	100	37,692	3	2	2	2	0	0	6		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	H. M. Jesurun.....	46	2,814	5	100	28,276	3	2	2	2	0	0	6		
COLORADO															
Fitzsimons General, Denver ¹¹²	J. S. Zelenik.....	35	2,640	6	83	24,118	3	2	2	2	0	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	E. A. Zimmermann.....	64	2,466	28	97	33,468	4	3	3	3	0	0	9		
HAWAII															
Tripler General, Honolulu.....	J. P. Perrine.....	67	5,755	2	100	44,763	3	3	3	3	0	0	9		
TEXAS															
William Beaumont General, El Paso.....	C. W. Sargent.....	68	4,477	3	100	54,251	3	4	4	4	0	0	12		
Brooke General, San Antonio.....	W. L. Pickhardt.....	48	3,008	8	75	32,810	3	4	4	4	0	0	12		
WASHINGTON															
Madigan General, Tacoma.....	H. E. Harrison.....	44	3,979	4	100	52,017	3	3	3	3	0	0	9		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland.....	W. S. Baker, Jr.....	42	3,609	2	100	35,790	3	2	2	2	0	0	6		
U. S. Naval, San Diego.....	J. P. Moran.....	68	6,131	13	92	51,770	3	3	3	3	0	0	9		
ILLINOIS															
U. S. Naval, Great Lakes.....	B. L. Hawks.....	38	1,868	2	50	20,112	3	1	1	1	0	0	3		
MARYLAND															
U. S. Naval, Bethesda.....	R. Leberz.....	55	3,102	10	90	28,708	3	2	2	2	0	0	6		
MASSACHUSETTS															
U. S. Naval, Chelsea.....	D. M. Shook.....	27	1,950	3	67	16,347	3	1	1	1	0	0	3		
NEW YORK															
U. S. Naval, St. Albans.....	J. W. Huston.....	33	2,042	6	83	17,809	3	2	2	2	0	0	6		
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	J. H. Lee, Jr.....	23	2,143	4	100	21,480	3	2	2	2	0	0	6		
VIRGINIA															
U. S. Naval, Portsmouth.....	D. A. Callagan.....	73	6,379	6	83	50,751	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans.....	R. B. Dorsen.....	14	771	1	100	6,531	3	1	1	1	0	0	3		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	J. F. Clark.....	70	5,587	13	46	5,687	4						7	367-475	P
District of Columbia General (Howard University Service).....		246	15,531	20	50	17,866		3	5	2	0	0	10	258-333	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights.....	I. J. Strumpf.....	55	2,232	0	0	14,867	3						3	458-541	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....							3								
Carraway Methodist.....	T. M. Boulware.....	26	2,253	1	100	14,300		1	0	0	0	0	1	300-350	FP
University Hospital and Hillman Clinic.....	W. N. Jones.....	61	5,877	3	33	9,562		4	4	3	0	0	11	150-185	F
Mobile General (Mobile).....															
Fairfield															
Lloyd Noland.....	O. T. West.....	30	1,613	10	50	22,034	3	1	1	1	0	0	3	300-400	FP
Mobile															
Mobile General—See University of Alabama Medical Center, Birmingham.....															
ARIZONA															
Phoenix															
Good Samaritan.....	E. Sattenspiel.....	79	7,689	3	100	1,581	3	2	1	1	0	0	4	400-450	P
Maricopa County General.....	W. E. Crisp.....	28	2,885	9	67	2,077	3	2	2	1	0	0	5	373-412	P
St. Joseph's ⁷⁸	W. E. Crisp.....	80	7,530	3	100	2,001	3	1	1	1	0	0	3	300-375	FP

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARKANSAS															
Little Rock University	W. E. Brown	50	3,513†	15	73	15,006	3	3	3	3	3	0	12	233-417	O
CALIFORNIA															
Bakersfield															
Kern County General	C. F. Mundy	36	3,433	3	100	17,753	3	2	2	2	0	0	6	375-450	P
Fresno															
Fresno County General	H. Tieche	43	3,887	7	71	10,828	3	2	2	2	0	0	6	300-350	P
Glendale															
Glendale Sanitarium and Hospital	J. B. Brown	35	3,124	1	0	...	3	1	1	1	0	0	3	355-380	P
Long Beach															
Memorial Hospital of Long Beach	L. R. Hill	58	5,023	6	67	3,435	3	1	1	0	0	0	2	325-375	P
Los Angeles															
California	K. P. Russell	37	2,959†	0	0	2,395	3	2	2	2	0	0	6	250-300	FP
Santa Monica (Santa Monica)	M. E. Collins	23	2,639	2	50	2,039	3	2	2	2	0	0	6	250-300	FP
Cedars of Lebanon	M. Silton, G. Harris	34	3,115	0	0	4,526	3	2	2	2	0	0	6†	290-425	P
Hollywood Presbyterian Hospital—															
Olmsted Memorial	E. J. Krabulik	26	2,526	2	100	622	3	2	2	2	0	0	6	282-332	P
Hospital of the Good Samaritan	A. Settlege	24	2,509	4	100	1,712	3	1	1	1	0	0	3	325-375	FP
Kaiser Foundation	T. H. Baker	75	6,985	6	17	103,803	3	4	4	4	0	0	12	275-350	P
Los Angeles County General	G. Anderson, W. Slate	210	19,986	146	44	19,802	3	6	5	5	5	0	21†	290-500	P
Queen of Angels	C. Alden	56	5,085	3	66	6,433	3	2	2	2	0	0	6	275-325	F
University of California ⁸¹	D. G. Morton	34	2,700	12	75	10,239	3	2	2	2	2	0	8†	261-460	O
White Memorial	E. E. Nichols	34	3,163	2	100	12,681	4	3	3	3	2	0	11†	265-420	P
Oakland															
Highland-Alameda County ⁸⁴	G. E. Kleeman	36	4,447	8	36	11,880	3	2	2	2	0	0	6	255-281	FP
Kaiser Foundation	R. W. King	53	4,569	4	75	46,030	3	3	3	3	0	0	9	315-365	FP
Orange															
Orange County General	R. A. Hayden	12	1,974†	4	75	7,876	3	1	1	1	0	0	3	355-395	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals							3								
Palo Alto-Stanford Hospital Center	C. E. McLennan	49	4,148	2	100	7,201	...	3	3	3	3	0	12†	100-175	F
Community Hospital of San Mateo County (San Mateo)	N. Morrison, Jr.	13	1,132	2	50	5,725	...	2	0	1	0	0	3	300-400	F
San Diego															
San Diego County General	L. W. Higgins	21	1,994†	5	20	4,084	3	1	1	1	0	0	3	250-350	F
Mercy	P. L. Martin	56	6,182	4	50	8,868	...	2	2	2	0	0	6	250-350	FP
San Francisco															
Children's	H. M. Lyons	24	3,039†	9	22	3,634	3	1	1	1	0	0	3	250-300	FP
Kaiser Foundation	H. B. Nelson	46	4,657	8	67	41,760	3	2	2	2	1	0	7	315-570	P
Mount Zion Hospital and Medical Center	H. N. Jurow	16	2,310†	...	...	2,976	3	1	1	1	0	0	3	200-350	F
Presbyterian Medical Center	C. F. Fluhmann	21	1,705	2	...	3,154	3	2	2	2	0	0	6	175-300	P
St. Luke's	J. R. Upton	20	2,553	...	...	6,318	3	1	1	0	0	0	2	325-350	FP
San Francisco Catholic Hospitals	H. von Geldern, G. H. Reifenstein	162	7,518†	17	58	14,821	3	3	3	3	0	0	9	275-425	F
Mary's Help															
St. Elizabeth's Infant															
St. Joseph's															
St. Mary's															
University of California Hospitals	E. W. Page	48	3,336	15	66	21,847	4	3	1	2	2	0	8	261-460	O
San Francisco General	E. W. Page	43	3,258	12	66	12,573	...	0	2	1	1	0	4	261-458	O
San Jose															
Santa Clara County	L. P. Fox	32	2,314	9	78	10,785	3	2	2	2	0	0	6	300-400	P
San Mateo															
Community Hospital of San Mateo County—	See Palo Alto														
Santa Monica															
Santa Monica—	See California Hospital, Los Angeles														
Stockton															
San Joaquin General	D. Harrington	30	2,264	1	100	12,216	3	2	1	1	0	0	4	335-400	P
Torrance															
Los Angeles County Harbor General ⁸⁰	L. Mastroianni	42	3,813†	22	56	5,611	4	2	2	2	2	0	8	290-500	F
COLORADO															
Denver															
Denver General	W. B. Goddard	38	3,080	12	58	10,871	4	2	2	2	0	0	6	245-293	P
General Rose Memorial	J. S. Harris						3	1	1	1	0	0	3		
Presbyterian	M. C. Waddell	46	4,163	4	50	2,561	3	2	1	1	0	0	4	300-375	P
St. Joseph's	F. B. McGlone	77	5,752	2	50	1,171	3	1	1	1	0	0	3	200-275	F
University of Colorado Medical Center							4								
Colorado General	E. S. Taylor	34	2,753	9	67	13,212	...	2	2	2	2	0	8	180-205	O
CONNECTICUT															
Bridgeport															
Bridgeport	M. P. Pitock	47	4,157	4	75	3,121	3	1	1	1	0	0	3	325-375	FP
St. Vincent's	F. S. Kinder	57	4,715	6	67	1,020	4	2	2	2	2	0	8†	375-425	P
Hartford															
Hartford	L. F. Middlebrook	151	8,760	7	30	3,751	3	2	1	1	0	0	4	235-335	P
St. Francis	D. J. McCrann	81	5,456	14	21	4,728	3	1	1	1	0	0	3	200-250	FP
New Britain															
New Britain General	D. A. Bristol	46	3,655	4	75	1,595	3	2	1	1	0	0	4	265-315	FP
New Haven															
Hospital of St. Raphael	A. J. Connolly	51	3,654	1	100	4,643	3	2	2	2	0	0	6	300-375	F
Yale-New Haven Medical Center							3								
Grace-New Haven Community	C. L. Buxton	107	7,920	7	43	12,170	...	4	4	4	2	0	14†	175-333	O
New London															
Lawrence and Memorial Hospitals	W. J. Morse	45	3,459†	2	50	836	3	1	1	1	0	0	3	250-300	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
DELAWARE															
Wilmington															
Delaware	A. M. Gehret	61	4,749	9	56	3,897	3	1	1	1	0	0	3	220-260	FP
DISTRICT OF COLUMBIA															
Washington															
Columbia Hospital for Women and Lying-In Asylum	C. H. Hixson	97	7,798	5	40	12,163	3	3	3	3	0	0	9	200-250	F
District of Columbia General—See Freedmen's Georgetown University	Department of Health, Education and Welfare	55	4,401	4	100	6,466	3	3	2	3	0	0	8	275-350	P
George Washington University ¹²⁹	R. H. Barter	113	6,527	12	90	2,524	3	2	3	3	0	0	8	210-285	P
Providence	G. J. Ellis	74	6,423	3	33	3,549	4	1	1	1	1	0	4	350-425	P
Sibley Memorial	M. S. Kaufman	16	2,078	5	80	1,000	3	1	1	1	0	0	3	346-390	O
Washington Hospital Center	S. M. Dodek	50	4,308	0	0	6,795	4	2	2	2	2	0	8	315-360	O
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	H. Prystowsky	25	1,597	4	50	6,229	4	2	2	2	2	0	8	217-450	O
Jacksonville															
Jacksonville Hospitals Educational Program							3								
Baptist Memorial	M. Suter	51	4,113	2	50	1,705		1	1	1	0	0	3	325-375	O
Duval Medical Center	R. W. McDowell	29	3,572	13	89	12,760		2	2	2	0	0	6	325-375	O
St. Luke's	R. W. McDowell	37	3,708	2	50	7,500		2	1	1	0	0	4	325-375	O
St. Vincent's	J. L. Allgood	52	4,289	2	50	2,321		2	1	1	0	0	4	325-375	P
Miami															
Jackson Memorial	J. H. Ferguson	108	8,494	30	67	11,608	3	6	5	5			21†	200-275	P
Miami Beach															
Mount Sinai Hospital of Greater Miami ¹³¹	L. N. Greene	36	3,089	3	67	3,806	3	1	1	1	0	0	3	275-325	F
Orlando															
Orange Memorial	J. P. Michaels, R. L. Tolle	73	6,427	9	44		4	1	1	1	1	0	4	325-400	O
Tampa															
Tampa General	R. H. Douglas	60	5,420	4	50	2,684	3	2	2	2	0	0	6	250-300	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	R. K. Hancock	119	7,223	6	50	4,690	3	4	4	3	0	0	11	315-350	P
Georgia Baptist	J. G. Barrow	75	7,104	3	0	3,146	3	2	2	2	0	0	6	330-380	O
Grady Memorial	J. D. Thompson	88	9,281	25	56	35,885	3	6	6	6	0	0	18	100-200	F
Piedmont	C. B. Upshaw	50	4,010	1	100	1,801	3	1	1	1	0	0	3	290-320	P
St. Joseph's Infirmary	M. T. Benson	38	2,813	3	100	4,882	3	1	1	1	0	0	3	330-380	P
Augusta															
Medical College of Georgia Hospitals	F. Zuspan						3	4	4	4	4	0	16		
Eugene Talmadge Memorial	F. Zuspan	39	1,431	10	90	5,157								250-583	O
University	W. G. Watson	47	4,164†	4	50	4,902								250-300	O
Macon (Macon)	E. Swilling, J. C. Neal														
Macon															
Macon—See Medical College of Georgia Hospitals, Augusta															
Savannah															
Memorial Hospital of Chatham County	C. E. Sax	28	2,597	5	40	3,747	3	1	1	1	0	0	3	350-350	F
HAWAII															
Honolulu															
Kapiolani Maternity and Gynecological Hospital—Queen's-St. Francis							3								
Kapiolani Maternity and Gynecological	H. J. Lambert, Jr.	73	6,628	6	30	3,314		4	3	3	0	0	10	225-300	FP
Queen's	R. Sakimoto	81	3,708	4	3	2,995		1	2	1	0	0	4	250-300	F
St. Francis		21	2,081	1	0	1,709		1	1	1	0	0	3	250-300	F
ILLINOIS															
Berwyn															
MacNeal Memorial	F. J. Fara	40	4,303	0	0	126	3	2	2	2	0	0	6	450-550	FP
Chicago															
Cook County	J. E. Fitzgerald	305	32,243	103	54	26,845	3	8	8	8	0	0	24	150-150	FP
Edgewater ¹⁴³	P. J. Stein	54	4,495	4	25	1,467	3	1	2	0	0	0	3	400-550	F
Illinois Masonic	F. Roos	92	3,943†	7	43	4,674	3	2	0	0	0	0	2	225-300	F
Mercy	J. E. Towne	39	2,309	9	56	4,002	3	1	1	1	0	0	3	225-300	F
Michael Reese Hospital and Medical Center	F. Rubovits	80	4,868†	11	45	11,205	4	3	3	3	3	0	12†	175-250	FP
Mount Sinai	A. E. Kanter	46	3,235	3	100	4,780	3	2	2	2	0	0	6	250-325	P
Northwestern University Medical Center						4,512									
Chicago Wesley Memorial	G. Gardner	58	3,400	8	50		4	2	2	2	2	0	8	250-325	P
Chicago Maternity Center	B. E. Tucker							0	2	0	0	0	2	250-250	F
Passavant Memorial	J. I. Brewer	41	2,232	5	80		3	2	2	2	0	0	6	250-300	P
Evanston (Evanston)	D. N. Danforth	52	3,537	5	20	1,800	3	1	1	1	0	0	3	250-300	P
Presbyterian-St. Luke's	H. Boysen	90	5,337	54	100	14,369	3	3	3	3	0	0	9	125-175	F
Provident	R. C. Stepto	47	3,753	6	100	5,034	3	2	2	2	0	0	6	225-275	F
St. Joseph	C. J. Geiger	28	2,385	0	0	3,404	3	1	1	1	0	0	3	325-400	F
University of Chicago Hospitals and Clinics	M. E. Davis	96	4,786	2	50	32,835	3	8	-6	4	2	0	20†	225-305	P
Billings															
Chicago Lying-In															
University of Illinois Research and Educational Hospitals	W. F. Mengert	57	3,925	11	36	24,541	3	3	3	3	0	0	9	180-240	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	J. X. Bremner	68	4,100	12	58	2,990	3	1	2	1	0	0	4	325-355	F
Evergreen Park															
Little Company of Mary	M. J. Bulfin	79	7,575	2	50	408	3	3	3	3	0	0	9	225-275	F
Oak Park															
West Suburban ¹⁴⁸	F. H. Falls	73	3,952	2	50	492	4	2	2	2	2	0	8	400-450	P
Peoria															
St. Francis	C. J. Heiberger	60	3,900	4	60		3	1	1	0	0	0	2	275-300	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P F O	
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
INDIANA																
Indianapolis																
Indiana University Medical Center							4									
Indiana University Hospitals	C. P. Huber	56	3,712	6	50	7,596		4	4	4	4	0	16†	235-316	P	
Marion County General	C. F. Gillespie	64	4,166	16	50	17,611		2	2	2	2	0	8	269-348	P	
Methodist	J. Hawk	98	7,142	8	62	4,389		3	2	2	0	0	6	360-420	P	
St. Vincent's	P. V. Muller	37	3,445	2	100			3	1	1	1	0	3	275-325	F	
IOWA																
Iowa City																
University Hospitals	W. C. Keettel	103	3,642	16	69	20,740	3	4	4	4	0	0	12	225-300	FP	
KANSAS																
Kansas City																
University of Kansas Medical Center	K. Krantz	35	3,196	4	75	21,168	3	4	4	4	0	0	12	200-300	P	
Wichita																
St. Francis	W. T. West	62	4,910	2	50	3,634	3	1	1	1	0	0	3	275-325	FP	
Sedgwick County																
KENTUCKY																
Lexington																
St. Joseph	J. B. Stith	18	1,409	3	33	2,855	3	1	1	1	0	0	3	220-240	FP	
Central Baptist	J. B. Stith	32	2,411†						1				1	250-350	F	
Good Samaritan	A. B. Barrett	24	2,257			360		0	0	1	0	0	1	275-295	F	
Louisville																
Louisville General	D. Haynes	43	4,212	5	75	12,864	3	3	3	3	0	0	9	116-200	FP	
St. Joseph Infirmary	O. Hayes	57	4,324	2	0	3,423	4						4	395-425	O	
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University Division	A. Mickal	104	6,323	19	63	26,921	3							26	125-175	F
Tulane University Division	C. G. Collins	101	5,880	10	30	25,941	3							22	125-175	F
Ochsner Foundation ¹⁷⁰	C. Tyrone	28	1,929	1	100	15,481	3	2	2	2	0	0	6	225-275	P	
Southern Baptist ¹⁶⁹	J. T. Davis, Jr.	60	5,576	0	0	3,667	3	2	2	2	0	0	7	275-325	P	
Touro Infirmary	H. Meyer, M. D. Steiner		4,040	4	25	6,178	3	2	2	3	0	0	7	235-285	FP	
Shreveport																
Confederate Memorial Medical Center	E. E. Dilworth	78	6,994	4	75	17,765	3	3	3	3	0	0	9	160-200	F	
MARYLAND																
Baltimore																
Baltimore City Hospitals	I. Cushner	60	10,320	12	83	8,901	4	6	6	4	2	0	18	150-250	FP	
Bon Secours	H. B. McNally, C. B. Marek	50	3,682			3,577	3	2	2	2	0	0	6	335-375	F	
Franklin Square	I. A. Siegal	25	2,124†	0	0	8,525	4	2	2	1	1	0	4	275-300	F	
Hospital for the Women of Maryland ¹⁸⁰	J. E. Savage															
	J. D. Woodruff	95	7,531†	16	44	13,167	4	6	2	2	2	0	12	270-350	FP	
Johns Hopkins	A. C. Barnes	113	6,606†	34	50	42,313	4	4	4	4	4	4	20†	166-250	P	
Lutheran	W. K. Diehl	40	3,928†	9	56	5,790	4	2	2	2	2	0	8	345-375	P	
Maryland General	D. M. Dixon, T. Kardash	48	4,100	3	33	2,387	3	2	2	2	0	0	6	225-275	FP	
Mercy	H. M. Beck, F. K. Morris	47	3,626	3	100	4,917	3	2	2	2	0	0	2	300-300	P	
St. Agnes	H. B. McNally, J. C. Dunler	43	3,447	4	25	1,291	3	3	3	1	0	0	7	325-375	P	
St. Joseph's	J. B. Boyle	29	2,316	3	50	3,091	3	2	1	1	0	0	4	350-375	F	
Sinai Hospital of Baltimore	J. Seitchik	69	6,379	4	50	8,337	3	3	3	3	0	0	9	235-285	P	
Union Memorial ¹⁷⁹	J. M. Haws	36	2,879†	5	60	5,810	4	3	2	2	1	0	8	520-600	P	
University of Maryland	A. L. Haskins	51	4,587	12	42	30,084	4	4	4	4	4	0	16	220-350	P	
Cheverly																
Prince George's General	J. F. Warren	34	3,697	2	50	4,646	3	1	1	1	0	0	3	325-375	FP	
MASSACHUSETTS																
Boston																
Beth Israel	H. A. Salhanick	49	2,769			4,082	3	2	2	2	2	0	8	192-275	P	
Boston City	B. Tenney, Jr.	83	5,889	15	53	23,935	3	6	4	4	0	0	14	158-248	F	
Boston Lying-In Hospital-Free Hospital for Women																
Boston Lying-In	D. E. Reid	128	8,132	1	0	23,191		6	1	2	0	0	9	125-175	F	
Free Hospital for Women (Brookline)	G. V. Smith	57	2,904	25	88	11,152		4	4	4	0	0	12	167-217	F	
Carney Hospital-St. Margaret's																
Carney	E. L. Carey	15	962	5	60	814		4	4	4	0	0	12	200-250	F	
St. Margaret's	D. J. McSweeney	95	7,065	3	0	6,729		4	4	4	0	0	12	315-365	O	
Massachusetts Memorial Hospitals	L. Parsons	28	1,672	6	83	4,096	3	0	2	2	0	0	4	175-225	O	
New England Center	G. W. Mitchell, Jr.	9	426	5	60	2,138	3	1	1	1	0	0	3	237-304	O	
St. Elizabeth's	R. Grogan	70	5,116	2	0	3,514	3	2	2	2	0	0	6	175-225	FP	
Brookline																
Free Hospital for Women—See Boston Lying-In Hospital-Free Hospital for Women, Boston																
Cambridge																
Cambridge City	P. P. McGovern	28	2,014	1	100	3,657	3	1	1	1	0	0	3	195-245	F	
Pittsfield																
Pittsfield Affiliated Hospitals	D. B. Dorman	48	2,975	6	50	2,033	3	2	2	1	0	0	5	325-400	F	
Pittsfield General																
St. Luke's																
Quincy																
Quincy City	T. Slomkowski	47	3,337	1	100	854	3	1	1	1	0	0	3	300-383	F	
Springfield																
Springfield Hospital-Wesson Maternity	M. S. Allan							4	1	1	1	0	0	3		
Springfield		17	883†	3	67	684								250-325	FP	
Wesson Maternity		72	5,310	0	0	3,674								250-330	F	
MICHIGAN																
Ann Arbor																
St. Joseph Mercy	W. Belser	47	3,307	8	50	3,664	3	1	1	1	0	0	3	360-410	F	
University	N. F. Miller	81	4,561	37	26	19,539	3	6	6	6	3	0	21†	193-295	O	

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued															
Dearborn															
Oakwood	E. J. Alban	62	5,105	3	...	447	3	2	2	2	0	0	6	300-350	F
Detroit															
Crittendon General	H. B. Gaston	49	3,486	0	0	3,817	3	2	2	2	0	0	6	400-475	O
Detroit Memorial Hospitals	R. Walkowiak	31	2,580	1	...	2,111	4	1	1	1	1	0	4	475-550	O
Grace	J. H. Curhan	133	8,253†	12	33	2,692	3	4	4	4	0	0	12	275-325	FP
Henry Ford	C. P. Hodgkinson	78	3,479	15	60	34,546	3	3	3	3	3	0	12†	300-400	P
Mount Carmel Mercy	J. W. Pichette	99	7,316†	5	49	785	4	2	2	2	2	0	8†	450-525	P
Providence	E. B. Foster	73	4,616	11	27	3,675	3	2	2	2	0	0	6	410-450	P
St. John	P. C. DiLoreto	6	6,350	8	50	1,244	3	2	2	2	0	0	6	325-350	FP
St. Joseph Mercy	F. E. Check	31	2,135	1	...	957	3	1	1	1	0	0	3	425-475	F
Sinai Hospital of Detroit	D. Feld	64	4,411	5	80	...	3	2	2	2	0	0	6	300-350	F
Wayne State University Affiliated Hospitals															
Harper	H. C. Mack	80	4,702	3	33	4,420	...	3	2	2	0	0	7	275-325	P
Receiving	R. Mack	49	1,777†	6	67	8,522	...	4	3	2	0	0	9	340-415	P
Woman's	A. G. Seski, H. M. Nelson	124	6,053	12	67	3,855	...	...	...	...	...	...	9	475-550	O
Flint															
Hurley	J. I. Collins	83	4,948	14	36	1,233	3	2	2	2	0	0	6	325-425	F
Grand Rapids															
Blodgett Memorial	W. W. Jack	53	3,936	1	100	741	3	1	1	0	0	0	2	325-350	FP
Butterworth	J. M. Rickse	67	4,834	8	75	1,653	3	2	2	2	0	0	6	325-375	O
St. Mary's	C. F. Webb	62	4,758	7	43	2,470	3	1	1	1	0	0	3	315-360	FP
Highland Park															
Highland Park General	J. Y. Teshima	40	2,730†	0	0	...	3	1	1	1	0	0	3	434-484	P
Kalamazoo															
Borgess	J. Kavanaugh	32	2,714	5	40	485	3	1	1	1	0	0	3	275-315	F
Pontiac															
Pontiac General	H. A. Furlong	66	5,002	2	50	967	3	2	2	2	0	0	6	350-450	FP
St. Joseph Mercy	F. Gaensbauer	49	4,866	1	100	313	3	2	2	2	0	0	6	375-435	P
Royal Oak															
William Beaumont	H. W. Longyear	54	4,601	8	50	11	3	2	2	2	0	0	6	350-450	P
Saginaw															
Saginaw General	M. J. Albers	44	2,944	3	67	1,213	3	1	1	1	0	0	3	380-430	P
MINNESOTA															
Minneapolis															
Minneapolis General	M. T. Mitchell	27	1,985	4	75	10,176	3	1	1	1	0	0	3	250-...	F
St. Barnabas ⁶⁵	O. F. Robbins	40	3,211	0	0	553	1	1	1	1	0	0	3†	230-330	F
St. Mary's	L. Lang	88	6,889	6	66	1,614	3	2	2	2	0	0	6	250-350	F
Swedish ⁶⁶	R. Larson	63	5,354	1	100	735	2	1	1	1	0	0	3†	230-330	F
University of Minnesota Affiliated Hospitals															
University of Minnesota Hospitals	J. L. McKelvey	45	1,856	14	71	6,824	...	1	2	2	0	0	5	280-...	O
Ancker (St. Paul)	E. Kasper	19	1,581	2	50	7,556	...	0	0	1	0	0	1	280-280	F
Charles T. Miller (St. Paul)	E. Kasper	49	3,392†	...	...	3,922	...	0	1	0	0	0	1	350-...	P
St. Joseph's (St. Paul)	T. Krezowski	53	3,719	...	...	168	...	0	0	2	0	0	2	...	-250
St. Luke's (Fargo, N. D.)	J. S. Gillam	26	2,738	1	100	...	...	1	0	1	0	0	2	240-...	F
Rochester															
Mayo Foundation	R. B. Wilson	70	4,276	9	67	42,178	3	4	4	4	2	0	14†	200-333	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph's—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	3	3	3	2	0	0	8	...	...
University	M. Newton	42	3,410†	9	46	9,091	...	...	...	...	...	...	...	250-325	O
MISSOURI															
Clayton															
St. Louis County	E. L. Dorsett	16	1,063	2	100	6,732	3	1	1	1	0	0	3	275-350	F
Columbia															
University of Missouri Medical Center	D. Hall	31	1,239	13	69	7,502	3	2	2	2	0	0	6	250-350	P
Kansas City															
Kansas City General	R. G. Helman	58	4,126	12	75	18,181	3	4	4	4	0	0	12	220-265	FP
St. Luke's	F. C. Atwell	64	3,834	0	0	2,195	3	2	2	1	0	0	5	250-300	FP
St. Louis															
Barnes	W. Allen	89	5,126	7	71	18,650	3	10	4	3	4	0	21†	50-175	F
Homer G. Phillips	S. Monat	87	5,692	24	48	8,611	4	4	3	3	3	0	13†	271-363	P
Jewish	D. Rothman	65	4,185	5	40	3,287	4	2	2	1	1	0	6†	200-350	FP
St. John's	M. W. Weis	62	3,759	8	37	...	3	1	1	1	0	0	3	300-400	F
St. Louis City ²²⁸	...	62	4,689	9	44	11,799	...	4	4	4	2	0	14	285-382	P
Unit II-Washington University School of Medicine															
Unit II-St. Louis University	A. Esslinger	...	...	...	...	...	3	...	...	...	...	...	...	...	...
St. Louis University Group of Hospitals	L. Hartnett	127	7,792	3	75	9,491	3	5	3	3	0	0	11	150-170	FP
St. Luke's ²⁷	G. J. L. Wulff, Jr.	52	2,853	6	83	2,904	3	1	1	1	0	0	3	300-400	F
NEBRASKA															
Omaha															
Creighton University Medical Center	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Creighton Memorial St. Joseph's	A. B. Lorincz	58	4,100	37	61	6,600	...	4	4	4	0	0	12	325-375	P
St. Catherine's	A. Lorincz, H. H. Doolittle	42	2,852	0	0	45	...	0	1	0	0	0	1	...	-350
University of Nebraska ⁴¹⁻²²⁸	L. McGoogan	26	1,380	8	88	6,460	3	3	2	2	0	0	7	225-300	P

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P F O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY															
Camden															
Cooper	H. F. Johnson, F. A. Y. Schellenger	56	5,855	9	44	10,175	3	2	1	1	0	0	4	350-400	F
Jersey City															
Margaret Hague Maternity Hospital- Jersey City Medical Center							3								
Margaret Hague Maternity	J. P. Donnelly	184	12,675	8	38	29,942		8	8	0	0	0	16	133-216	F
Jersey City Medical Center	E. N. Bookrajan	35	1,800	8	50	2,982		2	2	0	0	0	4	200-350	F
Mount Holly															
Burlington County	R. H. Van Meter	43	2,958	4		3,155	3	1	1	1	0	0	3	200-300	FP
Neptune															
Fitkin Memorial	R. A. MacKenzie	42	3,379†	1		1,849	3	1	1	0	0	0	2	250-250	F
Newark															
Marlland Medical Center	D. Cerone	72	5,169	8	50	20,851	3	2	2	2	0	0	6	300-350	F
Newark Beth Israel	E. Winter	116	6,039	7	71	3,951	3	1	1	1	0	0	3	250-300	F
St. Michael	G. Hayes, A. Ruccia	70	3,702	1		3,324	3	2	2	2	0	0	6	275-325	FP
Paterson															
Paterson General	L. E. Thron, P. E. Rauschenbach	43	3,616	5	20	2,977	3	1	1	1	0	0	3	225-300	F
Trenton															
St. Francis	J. R. Harman	56	4,149	3	33	3,281	3	1	1	1	0	0	3	250-325	F
NEW MEXICO															
Albuquerque															
Bernalillo County-Indian	R. V. Seligman	26	2,106	0	33	5,420	3	1	1	1	0	0	3	300-383	FP
NEW YORK															
Albany															
Albany Medical Center	E. J. Plots	79	5,001	12	66	3,940	3	4	4	4	1	0	13†	230-340	FP
A. N. Brady	J. G. Hayes	36	2,860			3,006									P
Buffalo															
Deaconess	W. H. Burwig	51	2,750			621	3	2	2	2	0	0	6	325-350	F
Millard Fillmore	L. F. McLean	104	6,775†	1	100	2,843	3	3	3	2	0	0	8	338-366	O
Sisters of Charity ^{25a}	C. J. Woepell	79	5,402	8	13	3,367	3	2	2	2	2	0	8	335-440	F
University of Buffalo Affiliated Hospitals							3	4	4	4	4	4	20		
Buffalo General	C. L. Randall	81	4,976†	8	63	6,506								225-375	FP
Children's	C. Randall	51	3,909	0	0										
Edward J. Meyer Memorial	C. L. Randall	35	1,953	15	33	10,446								292-380	P
Roswell Park Memorial Institute	J. B. Graham	31	1,004	44	100	9,903								357-440	O
Cooperstown															
Mary Imogene Bassett	O. J. Severud	8	517	4	75	5,547	3	0	0	1	0	0	1	200-350	P
Glen Cove															
Community Hospital at Glen Cove	R. S. Millen	39	2,968	0	0	1,258	3	1	1	1	0	0	3	300-300	FP
Hempstead															
Meadowbrook	G. T. Lilly	50	2,813	28	39	5,506	4	2	2	2	2	0	8	321-436	F
Mercy	G. T. Lilly	73	4,956	3	0										
Johnson City															
Charles S. Wilson Memorial	S. F. Nagyfy	39	2,580	4	25	3,500	3	2	1	1	0	0	4	325-375	P
Manhasset															
North Shore	A. N. Fenton	42	3,329†	1	100	977	3	2	1	1	1	0	5	281-348	F
Mineola															
Nassau	J. Mellow	73	5,368	5	20	1,291	3	1	1	1	0	0	3	375-425	O
Mount Vernon															
Mount Vernon	N. M. Weinrod	48	2,413	1	100	2,016	3	1	1	1	0	0	3	225-300	F
New York City															
Bellevue Hospital Center							4								
Div. III New York University College of Medicine	G. W. Douglas			23	39	34,165		6	6	6	6	0	24	231-317	FP
Knickerbocker University														300-375	P
Beth-El	W. Levine	92	5,018	3	67	6,681	4	2	2	2	2	0	8	175-250	F
Beth Israel	G. Blinick	55	2,820	3	0	4,525	4	2	2	1	1	0	6	250-300	P
Booth Memorial	L. Shenker						3	1	1	1	0	0	3		
Bronx	A. C. Posner, J. Clahr	53	3,106	8	13	8,927	3	2	2	2	0	0	6	251-303	F
Bronx Municipal Hospital Center	S. L. Romney	70	3,500	15	87	20,000	3	5	5	5	5	0	20†	231-317	FP
Brooklyn	S. Duckman	57	3,492	9	33	10,076	3	1	1	1	0	0	3	175-205	F
Brooklyn Women's	J. Halperin	46	3,187	1	100	5,198	3	2	2	2	0	0	6	200-250	F
City Hospital at Elmhurst	I. Jackson, N. J. Schulman		3,745	10		8,941	3	4	2	2	0	0	8	231-317	FP
Coney Island	M. Schram	26	1,805	3	33	7,958	3	2	2	2	0	0	6	231-317	FP
Cumberland	C. Loughran	50	3,438	11	33	16,689	3	3	2	1	1	0	7	231-317	FP
Flushing Hospital and Dispensary	E. C. Veprovsky	40	3,232	3	67	3,632	3	1	1	1	0	0	3	250-300	F
Fordham ^{25a}	C. G. Musillo	48	2,874	1	100	14,855	3	4	2	2	0	0	8	231-317	FP
French	C. E. Heaton, H. C. Falk	37	1,881	6	33	3,081	3	2	1	1	0	0	4	250-300	FP
Greenpoint	S. Kaminester	34	2,298	1	0	17,630	3	2	2	2	0	0	6	231-317	FP
Harlem	A. C. Posner, M. L. Bobrow	141	6,847			27,252	3	5	5	2	0	0	12	231-317	FP
Jamaica ^{25a}	M. Bates	36	3,151	2	100	2,226	2	1	1	1	0	0	3	200-250	F
Jewish Hospital of Brooklyn	E. M. Gold	106	6,897	7	0	11,809	4	3	3	3	3	0	12	165-250	F
Kings County Hospital Center	L. Hellman	128	12,798	49	39	44,074	3	8	4	4	4	0	20†	231-317	FP
Lebanon	A. B. Tamis	50	3,017	0	0	3,265	3	1	1	1	0	0	3	200-250	F
Lenox Hill	M. W. Rodgers	64	3,695	7	14	6,778	3	1	1	1	0	0	3	225-275	P
Lincoln	W. H. Godsick	57	4,910	6	100	22,104	3	5	2	2	0	0	9	231-317	FP
Long Island College	R. E. Gordon	55	3,535	7	43	6,318	3	2	2	2	0	0	6	170-225	P
Long Island Jewish	A. Rosenthal	46	3,400	2	50	1,103	3	1	1	1	0	0	3	333-458	O
Lutheran Medical Center	A. S. MacGregor	46	2,686	1	0	4,731	3	2	2	2	0	0	6	225-275	F
Maimonides Hospital of Brooklyn	E. Solomons	93	5,560	6	38	6,946	3	4	2	2	2	0	10	160-250	P
Methodist Hospital of Brooklyn	R. B. Mansell	68	4,360	6	50	6,953	4	2	2	2	2	0	8	300-325	F
Misericordia ^{25a}	J. A. Kelly	33	2,413	0	0	4,896	2	3	2	1	0	0	6	290-365	F
Morrisania City	A. B. Tamis	40	3,001	10	50	14,599	3	2	2	2	0	0	6	231-317	FP
Mount Sinai ^{27†}	S. B. Gusberg	136	7,787	11	46	34,763	3	9	3	3	3	0	18†	303-458	P

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued															
New York	R. G. Douglas	155	8,643	7	43	37,588	3	6	6	5	3	2	22	250-417	P
New York Infirmary	I. E. Widenius, A. J. Wittner	48	2,783	6	66	4,609	3	2	2	2	0	0	6	215-305	F
New York Medical College															
Metropolitan Hospital Center	M. L. Stone						4	8	4	4	4	0	20	231-317	FP
Unit 1—Flower and Fifth Avenue Hospitals		89	4,188	4	25										
Unit 2—Metropolitan		112	7,332	24	34	100,708									
New York Polyclinic Medical School and Hospital															
Presbyterian (Sloan Hospital for Women)	H. H. Lardaro	38	1,932	3		4,763	3	2	2	2	0	0	6	225-275	F
Queens Hospital Center	H. C. Taylor	166	9,231	9	67	42,742	3	6	6	6	2	2	22	292-500	P
Roosevelt	H. L. Kava	70	3,710	20	53	14,362	3	2	2	2	0	0	6	231-317	FP
St. Catherine's	R. W. Gause						3	2	2	2	0	0	6	183-341	P
St. Clare's ²²⁹	L. H. Tisdall	43	2,630	6	16	3,826	3	1	2	2	0	0	5	225-275	F
St. Francis	M. J. Jordan	33	1,686	9	67	3,880	4	2	2	2	0	0	6	225-275	F
St. John's Episcopal	J. S. Labate	57	3,343	3	100	7,918	3	2	1	1	1	0	5	300-400	F
St. Mary's	C. W. Mueller	53	3,141	12	36	9,384	4	2	1	1	0	0	4	340-400	FP
St. Vincent's Hospital of the City of New York	A. A. Schenone	49	2,936	1		7,712	3	2	1	1	0	0	4	325-375	F
Sydenham	B. J. Pisani	82	4,759	8	75	12,505	4	2	2	2	2	0	8	175-250	F
Unity	V. C. Mason	37	1,986	2		5,926	3	1	1	1	0	0	3	231-317	FP
Woman's Hospital-Division of St. Luke's	M. Berlind	40	2,584	1		3,983	3	2	2	2	0	0	6	325-375	F
Wyckoff Heights	C. T. Javert	125	6,587	17	18	30,617	3	4	4	4	0	0	12	125-200	F
	M. Friedman	40	2,811	1		1,540	3	3	0	0	0	0	3	250-300	F
Rochester															
Genesee	A. J. Tatelbaum	49	4,009	3	100	3,158	3	2	2	2	0	0	5	175-425	FP
Highland	D. H. Kariber	40	3,516	0	0	1,318	3	2	1	1	0	0	4	175-350	FP
Rochester General	J. C. Potter	47	4,209	2	50	2,058	3	1	1	1	0	0	3	175-225	FP
St. Mary's	F. Dobrzynski	33	3,129	1	0	574	3	1	1	1	0	0	3	300-350	F
Strong Memorial-Rochester Municipal Hospitals	C. J. Lund	65	4,456	0	0	10,045	4	3	3	3	0	0	9	167-292	O
Rockville Centre															
Mercy—See Meadowbrook, Hempstead															
Schenectady															
Ellis	W. J. Jameson	45	2,737	2	50	2,441	4	2	1	1	0	0	4	325-400	FP
Syracuse															
State University of New York	R. E. Nesbitt	143	11,587	15	27	18,935	3	4	4	4	2	0	14	250-380	O
Upstate Medical Center	L. G. Fournier														
St. Joseph's															
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	R. A. Ross	36	1,694	9	66	14,947	4	4	3	2	2	0	11	200-375	O
Charlotte															
Charlotte Memorial	J. A. Crowell	53	3,524	3	100	2,971	3	2	1	1	0	0	4	345-395	P
Durham															
Duke	F. B. Carter	46	2,101	22	64	14,425	4	4	3	3	2	1	13	175-225	F
Winston-Salem															
North Carolina Baptist	F. R. Lock	50	3,123	6	67	5,005	3	2	2	2	0	0	6	204-270	P
NORTH DAKOTA															
Fargo															
St. Luke's—See University of Minnesota Affiliated Hospitals, Minneapolis															
OHIO															
Akron															
Akron City	H. H. Gibson	87	5,692	5	80	2,522	4	2	2	2	2	0	8	275-375	FP
Akron General	N. E. Wentler	67	5,070	4	75	1,681	3	2	2	2	0	0	6	300-400	F
St. Thomas	L. B. Mehl	54	3,514	7	86	1,687	4	2	2	2	0	0	6	300-400	FP
Canton															
Aultman	J. F. Kilduff	68	4,714	5	80	577	3	2	2	2	0	0	6	250-400	F
Mercy Hospital-St. Ann							3	2	2	2	0	0	6		
Mercy	D. E. Leavenworth	69	4,478	1	100	2,060								300-310	P
St. Ann (Cleveland)	A. H. Dindia	40	3,617	1	100	2,102								250-350	F
Cincinnati															
Bethesda	W. R. Graf	110	5,517				3	2	2	2	0	0	6	270-310	F
Good Samaritan	R. R. Pierce		8,335	12	27	682	3	2	2	2	0	0	6	325-375	P
University of Cincinnati Hospital Group							4								
Cincinnati General	S. T. Garber, L. J. Bossert	72	5,146	6	33	12,822		2	2	2	2	0	8†	100-200	F
Cleveland															
Cleveland Clinic ³¹⁶	H. P. Taylor, J. S. Krieger	29	1,626†	8	75	15,150	4	1	1	1	1	0	4	275-350	O
Cleveland Metropolitan General	A. E. Bennett	66	5,197	3	33	34,477	4	4	4	4	4	0	16†	200-325	F
Evangelical Deaconess	J. E. Morgan	59	2,366†	2	50		3	1	1	1	0	0	3	305-355	P
Fairview Park	H. R. Anderson	79	4,947	12	41	532	4	2	2	2	0	0	6	325-375	F
Huron Road	J. H. Atkins	80	3,543	7	29	822	3	2	2	2	0	0	6	260-285	FP
Mount Sinai	J. Gross	66	4,755	5	40	7,678	3	3	2	2	0	0	7	215-235	FP
St. Ann—See Mercy Hospital-St. Ann, Canton															
St. John's	R. P. Dreyer	55	3,234	3	33	764	3	2	2	1	0	0	5	325-425	FP
St. Luke's	G. B. Hurd	68	4,276	3	33	5,588	3	1	1	1	0	0	4	220-325	F
University Hospitals of Cleveland	K. J. Ryan	105	5,524†	11	55	30,293	4	3	3	3	3	0	12	187-288	P
Columbus															
Mount Carmel	J. G. Boutselis	61	5,588†	3	100	4,904	3	1	1	1	0	0	3	275-325	FP
Ohio State University Hospitals							4								
University	J. C. Ullery	78	6,363	12	50	22,245		3	3	3	3	0	12†	202-302	P
Riverside Methodist-White Cross Hospitals							4								
St. Ann's Hospital for Women	B. E. Jacoby	51	4,519†	3	67	2,124		2	2	2	2	0	8	290-365	P
Riverside Methodist-White Cross Hospitals	J. Gallen, F. Gallagher	63	6,055	3	33	4,188		1	1	1	0	0	3	290-365	FP
St. Ann's Hospital for Women															
Dayton															
Good Samaritan	A. A. Kunnen	84	6,053	5	20	574	3	1	1	1	0	0	3	275-325	F
Miami Valley	P. K. Champion	104	7,569†	13	38	3,008	4	1	1	1	1	0	4	250-300	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Hamilton	B. J. Lehmann	21	2,370	10	10	...	2	2	2	0	0	0	4†	300-400	F
Mercy ⁵⁵															
Toledo	J. F. Hillabrand	20	1,102	2	50	1,602	3	1	1	1	0	0	3	285-350	F
Maumee Valley	E. C. Mohr	61	3,682	...	40	1,546	3	1	1	1	0	0	3	300-350	FP
Mercy	M. W. Diethelm	63	4,202	7	57	2,945	3	1	1	1	0	0	3	300-350	F
St. Vincent's	J. E. Miller	80	5,099	7	71	2,804	3	1	1	1	0	0	3	300-350	FP
Toledo															
Warren	A. L. Schaffer	50	3,616	1	0	842	3	2	2	2	0	0	6	300-400	F
Trumbull Memorial															
Youngstown	A. J. Brandt	92	5,775	2	0	3,155	3	2	2	2	0	0	6	375-425	F
St. Elizabeth															
OKLAHOMA															
Oklahoma City	G. Rogers	90	6,361	14	29	4,357	3	1	1	1	0	0	3	300-350	P
St. Anthony															
University of Oklahoma Medical Center	J. A. Merrill	45	3,085	2	50	14,244	...	3	2	2	2	0	9†	200-300	P
University Hospitals ³³⁴															
Tulsa	D. N. Burns	54	4,160†	7	29	5,002	3	1	1	1	0	0	3	200-250	F
Hillcrest Medical Center	A. N. Vammen	97	6,690	0	...	3,945	3	1	1	1	0	0	3	200-250	FP
St. John's															
OREGON															
Portland	I. I. Langley	87	6,543†	24	54	1,112	3	2	2	2	0	0	6	275-295	P
Emanuel															
University of Oregon Medical School	R. C. Benson	42	2,693	11	91	14,220	4	3	3	3	3	0	12	200-250	F
Hospitals and Clinics ¹⁵⁷															
PENNSYLVANIA															
Abington	R. D. Porter, C. M. Turman	70	4,992	6	66	2,685	3	1	1	1	0	0	3	275-450	FP
Abington Memorial															
Allentown	F. C. Schaeffer	95	4,242†	12	25	1,331	3	1	1	2	0	0	4	225-275	FP
Allentown	S. Seaman	54	3,507	7	43	1,111	3	1	1	1	0	0	3	250-300	FP
Sacred Heart															
Altoona	J. S. Taylor, Jr.	47	2,965	10	20	2,477	3	1	1	1	0	0	3	325-375	F
Altoona															
Bethlehem	F. J. Pearson	33	3,001	4	75	922	3	1	1	1	0	0	3	260-280	FP
St. Luke's															
Danville	R. E. Nicodemus	22	1,339	1	0	11,288	3	1	1	1	0	0	3	175-225	FP
Geisinger Medical Center															
Darby	J. V. Missett	62	5,209	10	20	3,333	3	1	1	1	0	0	3	250-350	F
Thomas M. Fitzgerald-Mercy															
Erie	D. R. Palmer	46	3,836	4	50	2,206	3	1	1	1	0	0	3	275-325	FP
St. Vincent's															
Harrisburg	C. K. Fetterhoff	81	5,651	4	100	5,317	3	2	2	1	0	0	5	225-250	F
Harrisburg															
Philadelphia	G. Weinstein	79	5,365	16	13	5,007	3	2	2	2	0	0	6	125-175	FP
Albert Einstein Medical Center	A. First	40	2,223	2	100	4,354	3	1	1	1	0	0	3	125-175	FP
Northern Division	J. H. Dugger	38	2,739	4	50	5,458	3	1	1	1	0	0	3	350-390	O
Southern Division	G. C. Hanna, Jr.	50	3,660	0	0	2,207	3	1	1	1	0	0	3	375-375	F
Episcopal	W. M. Heyl	32	2,243	1	100	3,838	3	1	1	1	0	0	3	225-250	FP
Frankford															
Germantown Dispensary and Hospital															
Graduate Hospital of the University of Pennsylvania-Pennsylvania Hospital	S. L. Israel	...	6,114	12	58	14,402	...	4	4	3	0	0	11	100-100	F
Graduate Hospital of the University of Pennsylvania			5,605	10	60	12,764	...						9	170-190	O
Hahnemann Medical College and Hospital	N. F. Paxson	41	3,430	3	0	9,297	3	3	3	3	0	0	9	200-275	P
Hospital of the University of Pennsylvania	F. L. Payne	81	4,629	17	41	13,873	3	3	4	4	3	0	14†	240-240	O
Hospital of the Woman's Medical College of Pennsylvania	M. D. Pettit	46	2,699	4	50	6,597	4	2	1	1	2	0	6	125-200	F
Jefferson Medical College	J. B. Montgomery	124	5,833	9	50	18,146	4	2	2	2	2	0	8	250-350	O
Lankenau	R. B. Wilson	50	2,945	4	50	2,642	3	1	1	1	0	0	3	200-250	FP
Methodist	G. A. Hahn	32	2,011	4	25	2,320	3	1	1	1	0	0	3	225-275	F
Misericordia	J. E. Lynch	46	3,297	4	50	3,834	4	1	1	1	1	0	4	250-400	F
Philadelphia General	P. Bower, M. Pettit	122	8,935	26	58	21,365	3	4	4	4	0	0	12	155-275	F
Presbyterian Hospital in Philadelphia	J. Corbit	35	1,999	4	75	3,438	3	1	1	1	0	0	3	236-265	F
Temple University	J. R. Willson	110	5,826	17	65	19,324	3	5	5	5	1	0	16	175-225	O
Woman's Hospital of Philadelphia	A. G. Taylor	25	1,369	1	0	3,106	3	2	1	1	0	0	4	275-325	F
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh							3								
Elizabeth Steel Magee	J. A. Schneider	197	10,372	26	46	11,061	...	4	4	4	0	0	12	255-305	O
Mercy	G. J. Carlin	67	3,323	11	45	1,936	3	1	1	1	0	0	3	275-300	F
Pittsburgh	E. A. Conti	39	2,412	7	29	856	3	1	1	1	0	0	3	300-300	F
Columbia (Wilksburg)	W. E. Gibson	47	2,177	0	0	733	...	1	1	1	0	0	3	300-400	F
St. Francis General Hospital and Rehabilitation Institute	J. H. Carroll, J. A. Hepp	49	3,139	9	11	1,677	3	1	1	1	0	0	3	360-420	F
South Side	H. Thomas	43	2,653	1	100	1,579	3	1	1	0	0	0	2	350-500	F
Western Pennsylvania	H. W. Erving	78	2,841	5	20	2,867	3	2	2	2	0	0	6	250-300	FP
West Reading	F. B. Nugent	51	3,304	5	60	572	3	1	1	1	0	0	3	250-300	F
Reading															
Wilksburg															
Columbia—See Pittsburgh Hospital, Pittsburgh															
PUERTO RICO															
Caparra Heights	I. Pelegrina	55	3,050	6	83	6,131	3	3	3	3	0	0	9	...	P
University (District)															

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P P P O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO—Continued															
Ponce															
Ponce District General	A. Tamm	51	3,132	5	60	9,436	3	2	2	2	0	0	6	250-350	F
Rio Piedras															
Rio Piedras Municipal	J. A. Roure	31	5,045	2	50	8,087	3	2	1	1	0	0	5	300-400	F
San Juan															
San Juan City	R. Gil	70	6,000	4	0	18,678	3	6	3	3	0	0	12	225-350	F
RHODE ISLAND															
Providence															
Providence Lying-In Hospital-Rhode Island Hospital							3	2	2	2	0	0	6		
Providence Lying-In Rhode Island	W. S. Jones	127	8,989	1	100	8,539								150	F
	H. C. McDuff, Jr.	23	1,042	7	71	4,791								165-340	FP
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. L. Hester						3	2	2	2	2	0	8	138-200	FP
Medical College		37	3,606	5	2	15,466									
Roper		17	1,502												
Columbia															
Columbia Hospital of Richland County	W. M. Bryan, Jr.	63	4,481	9	56	6,975	3	1	1	1	0	0	3	300-340	P
Greenville															
Greenville General	T. C. Stoudemayer	62	5,195†	11	45	4,827	3	1	1	1	0	0	3	325-375	P
SOUTH DAKOTA															
Yankton															
Sacred Heart	B. Ranney	20	1,293	2	100		3	1	1	1	0	0	3	300-350	O
TENNESSEE															
Chattanooga															
Baroness Erlanger	H. E. Jones	57	5,994	8	25		3	2	2	1	0	0	5	325-375	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	28	2,222	1	0	4,345	3	1	1	1	0	0	3	275-320	F
Memphis															
Baptist Memorial	B. E. Everett	90	6,542	2	50	1,673	3	1	1	1	0	0	3	325-375	F
City of Memphis Hospitals	P. Schreier	100	9,503	31	65	6,460	3	5	5	5	0	0	15		
St. Joseph ²⁸⁷	W. F. Mackey	55	11,636	8	38	2,230	3	1	2	2	0	0	5	325-372	F
Nashville															
Baptist	J. W. Ellis	66	5,345	5	60	3,066	3	2	2	2	0	0	6	300-300	FP
George W. Hubbard ⁷⁷	W. F. B. James	28	2,167	6	17	5,553	3	2	2	2	0	0	6	175-275	F
Nashville General	F. E. Whitacre	22	1,726	0	0	7,985	3	2	2	2	0	0	6	315-375	FP
St. Thomas ¹⁵⁻³⁷¹	D. S. Bayer	38	3,306	1	100	3,588	3	2	1	1	0	0	4	300-300	FP
Vanderbilt University	R. W. Noyes	37	2,485	7	14	11,449	3	2	2	2	0	0	6	75-125	F
TEXAS															
Dallas															
Baylor University Medical Center	W. K. Strother, Jr.	136	12,109	5	20	4,390	3	3	2	2	0	0	7	210-230	P
Methodist Hospital of Dallas ²⁷⁷	J. E. Gleichert	65	6,392	1	0	3,224	3	2	1	1	0	0	4	225-275	F
Parkland Memorial	J. Pritchard	118	9,074	14	29	34,828	3	7	4	6	0	0	17	150-200	P
St. Paul	H. I. Kantor	54	4,796†	3	33	5,710	3	1	1	1	0	0	3	225-275	FP
Galveston															
University of Texas Medical Branch Hospitals ²⁷⁸	W. McGanity	26	758	5	20	7,809	4	3	3	3	3	0	12	283-283	P
Houston															
Baylor University Affiliated Hospitals	S. H. Wills	137	10,562	18	39	29,901	3	6	6	5	0	0	17		
Jefferson Davis															
Methodist Hospital														260-310	O
Hermann	T. G. Greedy, Jr.														
	A. M. Faris	113	8,858	11	45	18,475	3	2	2	2	0	0	6	175-250	F
University of Texas Post-Graduate Medical School Affiliated Hospitals²⁴															
St. Joseph's	R. A. Johnston	70	6,068†	1	100	5,302	3	0	3	3	0	0	6	150-200	F
St. Luke's Episcopal	H. L. Gardner	62	4,838	7	57	92		3	0	0	0	0	3	100	F
San Antonio															
Robert B. Green Memorial	G. G. Paasmore	42	5,027	15	20	9,466	3	2	2	2	0	0	6	225-375	F
Temple															
Scott and White Memorial	W. F. Baden	20	1,345	3	67		3	1	1	1	0	0	3	325-325	P
UTAH															
Ogden															
Thomas D. Dee Memorial	B. H. Naisbitt	33	3,518	2	100	525	3	1	1	1	0	0	3	325-350	P
Salt Lake City															
Holy Cross ²⁸⁵	J. R. Wherritt	40	3,170	4	50		3	2	2	2	0	0	6	275-400	P
Latter-day Saints ²⁸⁵	E. Wood	85	8,247	8	38	532	3	2	2	2	0	0	6	325-375	F
University of Utah Affiliated Hospitals							3								
Salt Lake County General	I. H. Kaiser	21	1,018	7	71	5,961		1	1	1	0	0	3	305-355	O
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	J. V. S. Maeck						4	1	1	1	1	0	4	100-318	FO
DeGoesbriand Memorial		20	1,588	0	0	962									
Mary Fletcher		28	2,048	5	80	1,965									
VIRGINIA															
Alexandria															
Alexandria	G. Speck	48	4,690†	1	100	3,313	3	1	1	1	1	0	4	300-420	P
Charlottesville															
University of Virginia	W. N. Thornton	46	3,429	4	50	9,949	4	2	4	4	2	0	12	90-180	FP

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA—Continued															
Norfolk															
De Paul	W. E. Byrd	63	4,730	9	78	3,640	3	1	1	1	0	0	3	325-375	F
Norfolk General	R. B. Nicholls	70	5,280	9	33	6,810	3	2	1	1	0	0	4	150-375	F
Richmond															
Medical College of Virginia-Hospital Division	H. H. Ware, Jr.	110	8,512	22	32	11,417	3	4	4	4	4	0	16	100-150	F
WASHINGTON															
Seattle															
Swedish	R. P. Smith	49	4,565	0	0	2,500	3	1	1	1	0	0	3	225-350	FP
University of Washington Affiliated Hospitals ⁷⁰⁻³⁸⁸	C. A. Hunter, Jr.	28	1,741†	8	13	6,899	3	3	3	3	2	0	11	150-375	F
King County University	R. Rutherford	6	365†	2	100	3,616	1	1	1	1	1	0	4	200-550	P
Virginia Mason ⁵⁵	R. Rutherford	15	1,607	0	0	...	1	1	1	1	1	0	4	200-425	FP
Spokane															
Sacred Heart	J. D. Kindschi	62	5,471	7	57	2,850	3	1	1	1	0	0	3	350-425	FP
WEST VIRGINIA															
Charleston															
Memorial	J. T. Chambers	35	2,765	2	100	2,209	3	1	1	1	0	0	3	325-375	F
Salvation Army Maternity															
Morgantown															
West Virginia University Medical Center	N. W. Fugo	12	664	2	100	1,676	4	2	2	2	2	0	8†	267-367	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals							3								
Madison General	D. O. Price	44	2,786	4	50	...	1	0	1	0	0	0	2	185-285	P
St. Mary's	W. C. Mussey	52	3,600	1	100	...	2	2	2	2	0	0	8	185-285	F
University Hospitals	B. M. Peckham	28	1,328	8	75	8,235	2	2	2	2	0	0	8	125-275	F
Milwaukee															
Milwaukee County	R. F. Mattingly	58	4,044†	11	63	16,951	3	2	2	2	0	0	6	238-348	O
Milwaukee ³⁹⁷	F. J. Stoddard	55	3,546	10	60	2,235	3	1	2	2	0	0	5	375-425	P
Mount Sinai	A. M. Kurzon	56	4,309	4	75	...	3	1	1	1	0	0	3	350-400	FP
St. Joseph's	J. A. Klieger	90	7,154	2	0	...	3	2	2	2	0	0	6	400-450	F
St. Mary's	D. Werner	47	3,131	8	38	1,128	3	1	1	1	0	0	3	400-475	F

12. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, p. 212.

13. OPHTHALMOLOGY

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

Hospitals 181; Residencies 947

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	J. L. Curtis	16	344	0	0	19,095	3	2	2	2	0	0	6	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. A. Skeehan, Jr.	20	1,326	0	0	16,090	3	1	1	1	0	0	3	...	...
COLORADO															
Fitzsimons General, Denver	J. E. Edwards	16	191	...	...	10,634	3	1	1	1	0	0	3	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	K. Somers	53	594	...	...	94,788	3	2	2	2	0	0	6	...	...
TEXAS															
Brooke General, San Antonio ³⁹²	K. E. Hudson	23	463	0	0	20,370	3	2	2	2	0	0	6	...	...

Numerical and other references are listed on pages 262 through 264.

13. OPHTHALMOLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
					Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY																
CALIFORNIA																
	U. S. Naval, Oakland	R. E. Lieurance	18	429	0	0	12,007	3	2	2	2	0	0	6		
	U. S. Naval, San Diego	R. P. Nadbath	22	503	0	0	40,408	3	2	2	2	0	0	6		
MARYLAND																
	U. S. Naval, Bethesda	W. Patterson	18	265			8,291	3	1	1	1	0	0	3		
PENNSYLVANIA																
	U. S. Naval, Philadelphia	V. A. Beurman	10	216	1	100	8,618	3	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE																
CALIFORNIA																
	U. S. Public Health Service, San Francisco	W. W. Richards	6	128	0	0	4,793	3	1	1	1	0	0	3		
LOUISIANA																
	U. S. Public Health Service, New Orleans	W. E. Hoyle	13	441	2	100	3,770	3	1	1	1	0	0	3		
MARYLAND																
	U. S. Public Health Service, Baltimore	W. E. Newby	11	205	0	0	4,716	3	1	1	1	0	0	3	723-	
NEW YORK																
	U. S. Public Health Service, Staten Island	R. Aronstam	16	248			7,599	3	1	1		0	0	3		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																
DISTRICT OF COLUMBIA																
	Freedmen's, Washington	C. L. Cowan	3	131			3,382	3						2	367-475	P
OTHER FEDERAL																
CANAL ZONE																
	Gorgas, Balboa Heights	R. H. Rupp	5	167	0	0	8,463	3						3	458-541	O
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
	University of Alabama Medical Center		20	922	0	0	5,555	3								
	University Hospital and Hillman Clin	S. J. Kelly, C. P. Grant							2	2	2	0	0	6	150-185	F
	Veterans Admin.	S. J. Kelly							1	1	1	0	0	3	291-497	O
ARKANSAS																
Little Rock																
	University of Arkansas Medical Center and Affiliated Hospitals	J. M. Fulmer						3								
	Arkansas Baptist		9	510												
	University		6	183†	0	0	2,671	3	2	2	2	0	0	6	233-333	O
	Veterans Admin.	J. M. Fulmer	9	190	0		482		0	0	1	0		1	291-373	O
CALIFORNIA																
Fresno																
	Fresno County General	D. Trowbridge	4	210	0	0	7,983	3	1	1	1	0	0	3	300-350	P
Long Beach																
	Veterans Admin.	R. E. Christensen	15	231†			3,378	3						4	291-497	O
Los Angeles																
	Los Angeles County General	S. Brownsberger	28	888	2	100	25,137	3	2	2	3	0	0	7	290-425	P
	Los Angeles Eye and Ear	S. Rome	3	348	0	0	4,408	2	2	0	0	0	2	250-250	P	
	University of California	B. R. Straatsman	12	588	0	0	13,495	3	2	2	2	1	0	7	261-340	O
	Veterans Admin. Center General															
	Medical and Surgical ⁸⁵	M. J. Acquarelli	18	760	2	100	11,380	3	2	1	1	0	0	4	292-373	P
	White Memorial	G. K. Kambara	6	384	1	0	7,929	3	2	2	2	0	0	6	265-420	P
Oakland																
	Highland-Alameda County ¹⁰³	E. Brugge	7	235	1		8,250	3	1	1	1	0	0	3	255-281	FP
Palo Alto																
	Stanford Medical Center and Affiliated Hospitals															
	Palo Alto-Stanford Hospital Center ⁹⁷	F. W. Winter	7	300			5,136	3	2	2	2	0	0	6†	100-150	F
	Veterans Admin.															
	Community Hospital of San Mateo County	R. O. Sherwood	3	99	1	1	2,188		0	1	0	0	0	1	325-325	F
San Francisco																
	Presbyterian Medical Center ⁹³	J. W. Bettman	6	283	1	100	2,845	3	2	2	2	0	0	6	175-300	P
	University of California Hospitals ⁹⁹	M. J. Hogan	7	671	1	100	12,223	3	7	7	7	7	0	21	261-400	O
	Veterans Admin. ¹⁰⁶	D. O. Jesberg	10	256	0	0	1,240	3	1	1	1	0	0	3	291-497	O
San Mateo																
	Community Hospital of San Mateo County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Torrance																
	Los Angeles County Harbor General	I. S. Pilger	5	202†	3	50	5,878	3	1	1	1	0	0	3	290-425	F
COLORADO																
Denver																
	Denver General	D. H. Watkins	4	96			4,832	3	1	1	1	0	0	3	245-293	P
	University of Colorado Medical Center							3								
	Colorado General	P. P. Ellis	5	218			11,346		2	2	2	0	0	6	180-205	O
CONNECTICUT																
New Haven																
	Yale-New Haven Medical Center							3								
	Grace-New Haven Community ¹¹⁹	M. L. Sears	13	789			9,434		1	1	2	0	0	4	175-250	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964						Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
DISTRICT OF COLUMBIA																	
Washington																	
		Georgetown University Medical Center	J. O'Rourke						3								
		District of Columbia General		12	196			9,739		0	1	3	0	0	4	258-333	P
		Georgetown University		10	178			2,688		3	3	3	0	0	9†	210-412	P
		Veterans Admin.		7	161†	1	100	1,052		1	1	1	0	0	3	291-497	O
		Washington Hospital Center	H. R. Downey	38	1,711	2	0	23,767	3	3	3	3	0	0	9	315-436	O
FLORIDA																	
Miami																	
		Jackson Memorial	E. W. D. Norton	35	1,436	1		14,550	3	4	4	4	0	0	12	200-275	P
GEORGIA																	
Atlanta																	
		Grady Memorial	F. P. Calhoun, Jr.	14	510	2	0	24,227	3				0	0	6	100-200	F
Augusta																	
		Medical College of Georgia Hospitals							3								
		Eugene Talmadge Memorial	J. R. Fair	11	323	1	0	2,223		1	1	0	0	0	2	250-333	O
ILLINOIS																	
Chicago																	
		Cook County	T. N. Zekman	28	558			19,464	3	3	3	3	0	0	9	150-150	FP
		Michael Reese Hospital and Medical Center	M. Stillerman	24	995†	3	87	6,134	3	2	2	2	0	0	6	175-225	FP
		Northwestern University Medical Center						5,153	3								
		Chicago Wesley Memorial	W. A. Mann	10	432	0	0			1	1	0	0	0	2	250-300	P
		Passavant Memorial	D. T. Vail	7	331					1	0	1	0	0	2	250-300	P
		Veterans Admin. Research	D. T. Vail	18	156					0	1	1	0	0	2	291-497	O
		Presbyterians-St. Luke's	W. F. Hugbes	16	609	0	0	4,781	3	1	2	1	0	0	4	125-175	F
		University of Chicago Hospitals and Clinics	F. W. Newell	10	418	0	0	9,859	3	1	1	1	0	0	3	250-330	O
		University of Illinois Affiliated Hospitals	P. C. Kronfeld						3								
		Illinois Eye and Ear Infirmary		62	1,605	1	100	58,640		7	5	5	0	0	17	180-240	P
		University of Illinois Research and Educational Hospitals		8	304	0	0	8,737		1	2	0	0	0	3†	180-240	P
Evanston																	
		Evanston	G. R. Soper	6	273			949	3	1	1	1			2	250-300	P
Hines																	
		Veterans Admin. ¹⁸⁰	W. A. Mann	24	457	2	100	828	3	2	2	2	0	0	6	291-372	O
INDIANA																	
Indianapolis																	
		Indiana University Medical Center							3								
		Indiana University Hospitals	F. M. Wilson	11	448	1		10,741		5	5	5	0	0	15	235-289	P
		Marion County General	M. D. Bartley	8	122	2	100	6,770		1	1	1	0	0	3	269-321	P
IOWA																	
Iowa City																	
		University Hospitals	A. E. Braley	38	1,862	1	0	24,324	3	5	5	5	5	0	20†	225-325	FP
KANSAS																	
Kansas City																	
		University of Kansas Medical Center ¹⁹⁰	A. Lemoine	10	682			6,211	3	1	1	1	0	0	3	150-200	P
KENTUCKY																	
Louisville																	
		University of Louisville Medical Center							3								
		Louisville General	C. D. Townes	9	358	1	100	7,017		3	3	3	1	0	10	200-250	FP
		Veterans Admin.	R. Macdonald	13	259	1	100	838		1	1	1	0	0	3	291-442	O
LOUISIANA																	
New Orleans																	
		Charity Hospital of Louisiana															
		Louisiana State University Division	G. M. Haik	9	636	0	0	8,103	3						7	125-175	F
		Tulane University Division	J. H. Allen	13	517	1	0	8,477	3						5	125-175	F
		Eye, Ear, Nose and Throat	J. H. Allen		384	0	0	15,813	3	0	5	3	0	0	8	150-175	F
		Ochsner Foundation	R. A. Schimek	3	177	0	0	5,114	3	1	1	1	0	0	3	225-275	P
		Veterans Admin. ¹⁷⁵	J. H. Allen	12	189	0	0	1,367	3	0	1	1	0	0	2	291-373	O
Shreveport																	
		Confederate Memorial Medical Center	K. B. Jones	26	905	0	0	9,181	3	1	1	1	0	0	3	160-200	F
MARYLAND																	
Baltimore																	
		Baltimore Eye, Ear and Throat	A. Patz	29	1,075	0	0	14,310	3	1	1	1	0	0	3	200-250	F
		Johns Hopkins	A. E. Maumenee	45	2,301†	2	50	17,960	3	4	4	4	1	1	14†	233-708	P
		Sinai Hospital of Baltimore	H. K. Goldberg		245				3	0	1	0	0	0	1	235-285	P
		University of Maryland	R. D. Richards	6	250	0	0	4,140	3	1	1	2	0	0	4	220-350	P
MASSACHUSETTS																	
Boston																	
		Boston City	D. R. Alpert	20	487	0	0	18,215	3	3	3	3	0	0	9	178-208	F
		Massachusetts Eye and Ear Infirmary	E. B. Dunphy	136	4,664	2	50	47,315	3	5	5	5	0	0	15	200-200	P
		Massachusetts Memorial Hospitals	T. Gundersen	4	261	1		2,916	3	1	1	1	0	0	3	175-225	O
		Veterans Admin. (Jamaica Plain)	T. Gundersen	12	255	0	0	2,085									
MICHIGAN																	
Ann Arbor																	
		University of Michigan Affiliated Hospitals							3								
		University	F. B. Fralick	16	871			23,315		6	6	6	0	0	18	193-265	O
		Veterans Admin.	J. R. Wolter	6		1	100	2,859		1	0	1			2	291-497	O

Numerical and other references are listed on pages 262 through 264.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued															
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Harper	A. D. Ruedemann, Sr.	28	1,218	1	100	4,805	3	1	1	1	0	0	3	275-325	P
Henry Ford	J. D. Guyton	15	713	3	100	23,456	3	4	4	4	4	0	16†	300-400	P
Sinai Hospital of Detroit	S. Sugar	7	624	3	67	...	3	1	1	1	0	0	3	300-350	F
Wayne State University Affiliated Hospitals	A. D. Ruedemann	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Veterans Admin. (Dearborn)	...	12	149	...	...	2,864	...	0	0	1	0	0	1	...	O
Receiving	A. D. Ruedemann	21	798†	3	33	31,941	...	6	6	5	0	0	17	340-415	P
MINNESOTA															
Minneapolis															
Minneapolis General	K. E. Sandt	4	177	...	...	5,564	3	1	1	0	0	0	2	250-...	F
University of Minnesota Hospitals	J. E. Harris	9	271	0	0	7,799	3	4	4	4	0	0	12	280-...	O
Veterans Admin. ²¹⁰	J. P. Wendland	12	312	0	0	933	3	1	1	1	0	0	3	291-497	O
Rochester															
Mayo Foundation	J. W. Henderson	16	819	...	...	28,938	3	6	6	6	0	0	18	200-333	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Ancker	L. Nelson	5	235	...	...	7,253	3	1	0	1	0	0	2	280-280	F
Charles T. Miller	D. C. Sterner	12	702†	1	0	2,396	3	1	0	1	0	0	2	325-375	P
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	3	0	1	1	0	0	2	...	...
University	S. B. Johnson	2	128	0	0	1,644	...	...	...	...	...	...	...	250-300	O
Veterans Admin.	L. Mayer	3	164	...	...	1,460	...	...	...	...	...	...	...	290-315	...
MISSOURI															
Columbia															
University of Missouri Medical Center	J. Buessler	4	166	...	...	3,016	3	3	3	3	0	0	9	250-350	P
Kansas City															
Kansas City General	J. R. Rufe	8	181	0	0	6,812	3	0	2	2	0	0	4	220-265	FP
St. Louis															
Barnes	B. Becker	54	2,399	...	...	24,696	3	5	5	4	0	0	14	...	F
Homer G. Phillips ²²¹	H. P. Venable	8	278	...	...	7,959	3	3	2	2	0	0	7	271-346	P
St. Louis City	D. Bisno	8	280	30	...	6,692	3	2	2	2	0	0	6	285-382	P
St. Louis University Group of Hospitals	R. D. Mattis	14	677	1	100	5,960	3	2	2	2	2	0	8†	150-170	FP
Veterans Admin.	H. Rosenbaum	10	306	0	0	...	3	1	1	1	0	0	3	291-373	O
NEBRASKA															
Omaha															
University of Nebraska ²²⁸	J. H. Judd	4	111	0	0	4,085	3	1	1	1	0	0	3	225-300	P
NEW JERSEY															
Jersey City															
Jersey City Medical Center	F. X. Brophy	13	526	...	...	3,700	3	1	1	1	0	0	3	200-350	F
Newark															
United Hospitals of Newark	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Newark Eye and Ear Infirmary	W. H. Hahn	22	1,264	1	100	8,300	3	0	3	0	0	0	3	300-350	O
NEW YORK															
Buffalo															
Buffalo General ²⁴⁹	M. H. Riwchun	12	468†	0	0	2,310	3	1	1	2	0	0	4	225-325	FP
Deaconess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buffalo Eye and Ear Hospital and Wettlaufer Clinic	E. P. Olmsted	9	560	0	0	18,718	3	1	1	1	0	0	3	325-350	F
Edward J. Meyer Memorial	W. Y. Jones	5	130	1	100	6,578	3	1	2	2	0	0	5	292-332	P
New York City															
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Division IV—New York University Post Graduate Medical School ²⁵⁷	G. Breinin	28	329	0	0	25,117	3	5	5	5	0	0	15	231-317	FP
Bronx Eye and Ear Infirmary	S. Epstein, F. La Gatputa	16	1,065	1	0	16,491	3	0	2	2	0	0	4	200-250	...
Bronx Municipal Hospital Center	M. Chamlin	12	214	0	0	11,430	3	2	2	2	0	0	6	231-317	FP
Brooklyn Eye and Ear	M. A. Lasky	33	3,054	1	0	42,323	3	4	4	0	0	0	7	100-125	F
City Hospital at Elmhurst	I. D. Spivack	10	124	2	100	4,605	2	1	1	1	0	0	3†	231-316	FP
Harlem Eye and Ear	P. Muller	9	753	0	0	14,490	3	1	1	0	0	0	2	50-200	F
Jewish Hospital of Brooklyn	M. A. Lasky	9	277	0	0	4,202	3	1	1	1	0	0	3	165-250	F
Kings County Hospital Center ²⁷⁹	R. Troutman	27	643	4	50	17,620	3	2	2	2	0	0	6	231-317	FP
Lenox Hill	B. Payne	17	553	1	100	5,267	3	1	1	1	0	0	3	225-275	P
Manhattan Eye, Ear and Throat	R. T. Paton	68	3,178	5	40	44,405	2	6	6	0	0	0	12	100-150	F
Montefiore	S. Gartner	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai ²⁷¹	J. Laval	18	600	2	50	15,500	3	1	1	1	0	0	3	245-325	P
New York Eye and Ear Infirmary	B. F. Payne	96	4,368	4	...	60,214	3	6	0	0	0	0	6	303-458	P
New York	J. McLean	23	942	1	...	12,509	3	2	2	1	1	0	6	100-150	F
New York Medical College—Metropolitan Hospital Center	B. Friedman	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Unit 1—Flower and Fifth Avenue Hospitals	...	...	...	...	...	146	...	...	...	...	...	...	...	...	...
Unit 2—Metropolitan	...	5	144	0	0	17,173	...	1	1	1	0	0	3	231-317	FP
Unit 3—Bird S. Coler Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	231-317	FP
New York Polyclinic Medical School and Hospital	S. Schutz	3	149	...	...	6,511	3	0	1	1	0	0	2	225-250	F
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe	72	3,286	0	0	26,377	3	3	3	3	0	0	9	292-375	P
Queens Hospital Center	T. D'Angelo	7	187	2	50	4,751	3	1	1	1	0	0	3	231-317	FP
St. Luke's	H. Eggers	10	353	0	0	5,166	2	1	1	0	0	0	2	225-250	F
St. Vincent's Hospital of the City of New York	R. Castroviejo	10	380	0	0	5,158	3	1	1	1	0	0	3	175-225	F
Veterans Admin. (Bronx)	A. S. Haft	16	280	1	100	525	3	1	1	1	0	0	3	291-373	O
Veterans Admin. (Brooklyn)	I. H. Kaufman	13	182	0	0	1,300	3	1	1	1	0	0	3	291-372	O

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued															
Rochester															
St. Mary's	J. R. Fitzgerald	3	231	1	0	689	3	1	1	0	0	0	1	300-325	F
Strong Memorial-Rochester Municipal Hospitals	A. C. Snell, Jr.	12	503	0	0	2,991	3	1	1	1	0	0	3	167-292	O
Syracuse															
State University of New York Upstate Medical Center	J. L. McGraw	11	366	0	0	5,012	3	1	1	1	0	0	3	250-340	O
Veterans Admin.	J. L. McGraw														
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial-McPherson Hospitals	S. D. McPherson, Jr.						3								
McPherson (Durham)		20	904	0	0	26,295	1	1	1	0	0	3	200-350	P	
North Carolina Memorial		6	300			4,375	1	1	1	0	0	3	200-375	O	
Durham															
Duke University Affiliated Hospitals	W. B. Anderson, Sr.						3								
Duke		19	697	0	0	10,008	3	3	3	0	0	9	175-225	P	
Veterans Admin.		13	222	0	0		1	1	1	0	0	3	291-497	O	
McPherson-North Carolina Memorial Hospitals	S. D. McPherson, Jr.						3								
McPherson		20	904	0	0	26,295	1	1	1	0	0	3	200-350	P	
North Carolina Memorial (Chapel Hill)		6	300			4,375	1	1	1	0	0	3	200-375	O	
Winston-Salem															
North Carolina Baptist	W. Roberts	9	463	2	50	4,220	3	1	1	1	0	0	3	204-270	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group ³¹⁸															
Cincinnati General	D. J. Lyle	15	281	1	100	7,207	3	2	2	2	0	0	6	150-350	F
Cleveland															
Cleveland Clinic ³²³	R. J. Kennedy	12	396	0	0	17,910	3	3	2	2	0	0	7	275-350	O
Cleveland Metropolitan General	R. J. Nicholl	5	151	0	0	8,575	3	2	1	2	0	0	5	200-296	F
St. Luke's	G. T. Schwarz	13	558	0	0	4,825	0	1	0	0	0	1	255-290	F	
Mount Sinai	J. Gans	7	389	1	100	3,232	3	1	1	1	1	0	3	215-235	FP
University Hospitals of Cleveland	C. I. Thomas	17	1,360	0	0	9,246	3	3	3	3	0	0	9	187-288	P
Veterans Admin. ³¹⁰	C. I. Thomas	22	387	0	0	1,355	1	1	1	0	0	3	291-373	P	
Columbus															
Ohio State University Hospitals															
University ³²⁶	T. Makley	11	561	0	0	9,408	3	4	0	4	4	0	12	202-302	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center							3	2	2	2	0	0	6		
University Hospitals	J. R. Reed	6	316	1	0	4,132	3							200-375	P
Veterans Admin.	R. W. Teed	8	122	0	0	1,127									
OREGON															
Portland															
Good Samaritan	M. J. Reeh	21	972	1	0	4,632	3	1	0	1	0	0	2	275-305	P
University of Oregon Medical School Hospitals and Clinics ³²⁸	K. C. Swan	27	845	0	0	11,608	3	2	2	2	0	0	6	200-250	F
PENNSYLVANIA															
Philadelphia															
Graduate Hospital of the University of Pennsylvania ³⁴⁴	R. H. Trueman	20	578	1	100	3,478	3	2	2	2	0	0	6	100-100	F
Hospital of the University of Pennsylvania	H. Scheie	23	1,928	1	100	4,425	3	4	4	4	0	0	12	100-300	FP
Children's Hospital of Philadelphia		2	39	0	0	960	1	1	0	0	0	1	100-200	P	
Philadelphia General															
Veterans Admin.															
Jefferson Medical College	T. D. Duane	16	273	0	0	7,484	3	2	2	2	0	0	6	250-316	O
Philadelphia General	G. Gibson	9	274	2	0	8,706	3	2	2	2	0	0	6	155-275	F
Temple University Service															
University of Pennsylvania Service															
Temple University ³²¹	G. Gibson	20	451	1	0	5,394	3	2	2	2	0	0	6	175-225	O
Philadelphia General															
Wills Eye ³⁵⁰		172	6,130	0	0	102,272	3	7	7	7	0	0	21	100-100	FP
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh							3								
Eye and Ear Hospital of Pittsburgh	M. F. McCaslin	59	2,731	0	0	22,826	2	2	2	2	0	0	6	255-330	O
Montefiore	H. E. Thorpe	17	513	2	50	3,666	3	1	1	1	0	0	3	225-275	F
Veterans Admin. ³⁵⁴	R. N. Lehman	18	424	1	100		3	2	2	2	0	0	6		O
PUERTO RICO															
San Juan															
University of Puerto Rico Affiliated Hospitals							3								
San Juan City	G. Pico		479	0	0	13,679	2	2	2	0	0	6	225-350	F	
University, Caparra Heights	G. Pico					3,063									
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	P. Jenkins						3	2	1	1	0	0	4	138-163	FP
Medical College		8	315	0	0	3,026									
Roper		1	64	0	0										
TENNESSEE															
Chattanooga															
Baroness Erlanger	S. Lawhill, Sr.	14	832	37	27		3	1	1	1	0	0	3	325-375	F

Numerical and other references are listed on pages 262 through 264.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued															
Memphis															
City of Memphis Hospitals-Memphis Eye, Ear, Nose and Throat	P. M. Lewis						3								
City of Memphis Hospitals		6	236	1	100	8,629		1	1	1	0	0	3	150-200	F
Memphis Eye, Ear, Nose and Throat		30	1,746	1	0	6,181		2	2	2	0	0	6	150-200	F
Veterans Admin.	A. C. Krause	14	143	1	100	8,339	3	1	1	0	0	0	2	291-372	O
Nashville															
Vanderbilt University ³⁷⁰	G. W. Bounds	14	654	0	0	2,570	3	2	2	2	0	0	6	75-125	F
TEXAS															
Dallas															
Parkland Memorial	C. Browning	11	520	2	0	7,917	3	3	2	2	0	0	7	150-200	P
Veterans Admin. ³⁷⁶	S. B. Gostin	19	332	0	0	3,716	3	1	1	1	0	0	3	291-373	P
Galveston															
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., W. L. Gingrich	13	416	1	0	5,446	3	1	1	1	0	0	3	283-283	P
Houston															
Baylor University Affiliated Hospitals	L. J. Girard	29	1,396	4	75	17,227	3	5	5	5	0	0	15		
Jefferson Davis															
Veterans Admin.															
Hermann	T. L. Royce	16	1,131	3	67	3,421	3	1	1	1	0	0	3	175-250	F
San Antonio															
Robert B. Green Memorial	F. X. Weirel	6	244	0	0	6,421	3	1	1	1	0	0	3	225-375	F
Temple															
Scott and White Memorial	E. R. Veirs	7	376	0	0		2	1	0	0	0	0	1	325-325	P
VIRGINIA															
Charlottesville															
University of Virginia	E. W. Burton	9	424	0	0	3,600	3	1	1	1	0	0	3	90-180	FP
Richmond															
Medical College of Virginia-Hospital Division	D. Guerry, III	10	452	2	50	8,068	3	2	2	2	1	0	7	100-150	F
Veterans Admin.	E. W. Perkins	13	174	0	0	2,122	3	1	1	1	0	0	3	291-373	P
Roanoke															
Gill Memorial Eye, Ear and Throat	E. G. Gill	12	1,897	0	0	27,384	3	1	1	1	0	0	3	300-700	P
WASHINGTON															
Seattle															
King County	R. C. Laughlin	7	475†	1	100	5,253	2	0	1	1	0	0	2	225-375	F
WISCONSIN															
Madison															
University Hospitals ³⁸⁵	P. A. Duehr	22	692	0	0	3,210	3	2	2	2	0	0	6	125-225	F
Milwaukee															
Milwaukee County	E. F. Carl														
Veterans Admin. (Wood) ³⁸⁸	R. H. Lehman	15	237	12	67	9,081	3	2	2	2	0	0	6	238-348	O

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 and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 178 and 179. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.
Hospitals, 328; Residencies, 1,481

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE																	
TEXAS																	
U. S. Air Force, San Antonio	E. W. Brannon, Jr.	ACF		131	1,989	1	100	15,879	2	2	2	2	0	8			
UNITED STATES ARMY																	
CALIFORNIA																	
Letterman General, San Francisco	H. S. McBurney	AF	40	131	2,634	6	84	9,531	0	3	3	3	0	9			
COLORADO																	
Fitzsimons General, Denver	L. O. Travis	ACF	65, 100	97	826	5	100	15,374	2	2	2	0	0	6			
DISTRICT OF COLUMBIA																	
Walter Reed General, Washington	J. J. Brennan	ACF		287	1,067	12	83	13,848	4	4	4	0	0	12			
HAWAII																	
Tripler General, Honolulu	R. D. Anderson	ACF		118	1,930	3	33	18,982	2	2	2	0	0	6			
TEXAS																	
William Beaumont General, El Paso ²⁴⁵	R. S. Lockwood	AF	96	128	2,080	4	75	25,559	1	1	1	0	0	3			
Brooke General, San Antonio	E. Dehne	ACF		89	1,471	5	80	9,295	3	3	3	0	0	9			

Numerical and other references are listed on pages 262 through 264.

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 1963-1964						Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES NAVY																
CALIFORNIA																
U.S. Naval, Oakland	J. R. Dineen	AF	20	147	1,763	4	75	13,973	2	2	2	2	0	8		
MARYLAND																
U.S. Naval, Bethesda	J. Cheffey	AF	20	115	978	3	67	8,904	2	2	2	2	0	8		
MASSACHUSETTS																
U.S. Naval, Chelsea	D. D. Goldthwaite	AF	20	87	713	0	0	6,930	1	1	1	1	0	4		
PENNSYLVANIA																
U.S. Naval, Philadelphia	W. D. Bundens, Jr.	AF	20	150	1,402	8	75	12,258	2	2	2	2	0	8		
VIRGINIA																
U.S. Naval, Portsmouth	C. A. Stevenson	AF	20	282	2,410	0	0	21,309	2	2	2	2	0	8		
UNITED STATES PUBLIC HEALTH SERVICE																
CALIFORNIA																
U.S. Public Health Service, San Francisco	S. E. Dahlstrom	AF		65	1,033	0	0	6,488	1	1	1	1	0	4		
OTHER FEDERAL																
CANAL ZONE																
Gorgas, Balboa Heights	B. L. Hull	ACF		23	793	3	100	7,049	1	1	1	0	0	3	458-541	O
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center		C	44, 68, 75	162	2,521	29	41	8,904	0	0	0	4	0	4	200-325	P
Crippled Children's	J. D. Sherrill	ACF	44			0	0		3	3	3	3	0	12	291-443	F
University Hospital and Hillman Clinic	J. D. Sherrill	AF	44						0	1	2	1	0	2	291-497	O
Veterans Admin.	J. M. Higinbotham	AF	44													
Fairfield																
Lloyd Noland ²⁸	C. L. Yelton	AF	68	24	896	1	0	14,506	1	1	1	1	0	4	300-400	FP
Mobile																
Mobile General	A. R. Earl	ACF		21	652	6	83	2,378						2	300-525	FP
ARIZONA																
Phoenix																
Crippled Children's	W. A. Colton, Jr.	C	40, 96	47	826	2	100	5,684	0	0	3	0	0	3		O
ARKANSAS																
Little Rock																
University of Arkansas Medical Center		C	94	23	554	0	0	2,489	0	0	0	2	0	2	333-333	F
Arkansas Children's	J. D. Christian	AF	94	12	371	14	43	3,244	2	2	2	1	0	7	253-268	O
University	B. W. Drompp	AF	94	40	441	3	67	402	0	0	2	1	0	3	291-443	O
Veterans Admin.	B. W. Drompp	AF	94													
CALIFORNIA																
Eldridge																
Sonoma State	R. L. Samilson	C		50	185	1	1	2,029	0	0	2	1	0	3	300-363	O
Long Beach																
Veterans Admin.	R. H. Hutchinson	AF	64	46	391	5	100	2,396	1	1	1	1	0	4	291-497	O
Los Angeles																
Childrens	S. Mathews	C	64	10	573	0	0	5,016	0	1	0	0	0	1	325-325	O
Los Angeles County General	A. Neufeld	ACF		293	5,582	268	48	64,028	6	6	6	6	0	24	290-500	FP
Orthopaedic	J. V. Luck	ACF	20, 79, 90	106	4,123	6	100	47,165	0	2	3	8	0	13	275-325	FP
Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 90	60	307	0	0	2,493	3	0	0	0	0	3		F
University of California	C. O. Bechtol	AF	90	13	456	2	0	4,892	1	1	1	1	0	4	261-340	O
Veterans Admin. Center—General																
Medical and Surgical	R. Grant	AF	90	75	1,233	18	94	3,954	3	3	3	0	0	9	315-497	P
White Memorial	A. J. Neufeld	ACF		20	694	2	50	4,755	2	1	1	1	0	5	265-420	P
Oakland																
Children's Hospital of the East Bay	B. W. Smart	C	2	6	331			802	1	0	0	0	0	1	275-350	F
Highland-Alameda County	D. D. Dickson	AF	1,3	42	1,119	46	20	9,713	2	3	0	0	0	5	255-268	FP
Samuel Merritt	D. D. Toffelmier	AF	2		1,794	4	50								255-310	P
Palo-Alto																
Palo Alto-Stanford Hospital Center	C. H. Hatcher	AF		39	1,564	1	100	2,278	2	2	2	2	0	8	100-175	F
San Francisco																
Children's	L. J. Larsen	C	2	26	960	0	0	1,405	0	0	2	0	0	2	250-300	FP
Franklin	E. Schottstaedt	A	2	48	1,383	3	0	7,369							260-340	P
Presbyterian Medical Center	D. King	AF	1	27	875	3	33	1,057	1	1	1	0	0	3	175-300	P
St. Mary's	J. J. Loutzenheiser	AF	79	34	1,791	5	100	3,565	1	1	1	0	0	3	200-300	FP
San Francisco General	R. M. Jameson	AF	2	183	3,058	105	3	5,299	2	0	1	0	0	3	261-458	O
Shriners Hospital for Crippled Children	E. R. Schottstaedt	C	2, 40	57	322	0	0	3,575	0	0	2	0	0	2	300-300	O
University of California Hospitals ²⁹	V. T. Inman	ACF	2	28	694	4	75	6,071	4	8	7	7	0	26	261-460	O
Veterans Admin.	F. H. Jergesen	AF	2,3	34	271	4	25	744	0	1	1	0	0	2	291-497	O
Torrance																
Los Angeles County Harbor General	P. Johanson	AF	90	50	728	75	67	11,391	1	2	1	1	0	5	290-500	F
COLORADO																
Denver																
Children's	E. M. Frans	C	4, 65, 100	13	770	0	0	4,094								
Denver General	D. H. Watkins	AF	100	20	515	26	77	4,770	1	1	1	1	0	4	245-320	P
University of Colorado Medical Center																
Colorado General	J. Miles	AF	4	16	500	3	100	3,486	2	0	0	1	0	3	180-205	O
Veterans Admin.	M. E. Gibbons	AF	4	34	661	6	83	2,462						3	291-497	O

Numerical and other references are listed on pages 262 through 264.

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 1963-1964						Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CONNECTICUT																	
New Haven																	
Hospital of St. Raphael	W. S. Perham	AF	43	20	670	15	47	5,778	1	1	1	..	..	3	300-375	F
Yale-New Haven Medical Center	W. O. Southwick	AF	5	47	1,177	19	47	5,105	0	3	3	0	0	6	200-250	O	
Grace-New Haven Community		AF	5	18	406	..	..	386	0	0	1	1	0	2	291-373	..
Veterans Admin. (West Haven)		AF	5	18	406	..	..	386	0	0	1	1	0	2	291-373	..
Newington																	
Newington Hospital for Crippled Children	B. H. Curtis	C	5, 82	94	475	..	..	5,448	0	0	1	0	0	1	..-200	P
West Haven																	
Veterans Admin.—See Yale-New Haven Medical Center, New Haven																	
DELAWARE																	
Wilmington																	
Alfred I. duPont Institute of the Nemours Foundation	A. R. Shands, Jr.	C	20	54	312	0	0	4,534	0	3	0	0	0	3	100-250	F	
Veterans Admin. ²⁰	G. D. MacEwen	A	77	34	166	2	50	603	..	..	..	..	..	2	431-..	O
DISTRICT OF COLUMBIA																	
Washington																	
Children's	M. C. Cobey	C	54	8	338	0	0	..	0	0	1	0	0	1	..-..	F	
District of Columbia General		ACF	14	48	804	..	..	6,323	3	2	1	0	0	6	258-333	P
Georgetown University	G. W. Hyatt	AF	14	23	522	6	50	805	2	2	2	2	0	8	175-270	P	
George Washington University	J. P. Adams	AF	14	24	940	5	100	728	0	1	0	0	0	1	..-285	P	
Washington Hospital Center	J. S. Neviasser	AF	54	62	1,426	12	33	3,166	..	..	..	..	..	5	315-345	O
FLORIDA																	
Gainesville																	
University of Florida Teaching Hospital and Clinics	W. F. Enneking	ACF	..	31	702	3	33	3,042	1	1	1	1	0	4	217-450	O	
Jacksonville																	
Jacksonville Hospitals Educational Program	H. B. Haston, Jr.	AF	62	12	730	4	0	..	2	0	0	0	0	2	325-..	O	
Baptist Memorial		AF	62	7	291	7	29	3,268	0	0	2	0	0	2	325-..	O	
Duval Medical Center		AF	62	16	312	12	17	3,280	0	2	0	0	0	2	325-..	O	
Hope Haven		C	62	16	312	12	17	3,280	0	2	0	0	0	2	325-..	O	
Miami																	
Jackson Memorial	W. E. Miller	AF	76	70	1,910	32	34	6,629	3	3	3	0	0	9	225-335	P	
Variety Children's	R. Keiser	C	76	13	365	0	0	5,000	0	0	3	0	0	3	275-315	O	
Orlando																	
Orange Memorial	R. Miller	ACF	20	49	2,126	4	25	..	2	2	2	2	0	8	325-400	O	
St. Petersburg																	
American Legion Hospital for Crippled Children	C. L. Farrington	C	7	24	507	4	50	5,546	0	0	1	0	0	1	200-200	F	
Tampa																	
Tampa General	F. Lindeman	AF	..	28	1,478	23	17	2,154	1	1	1	0	0	3	250-300	FP	
GEORGIA																	
Atlanta																	
Emory University	R. P. Kelly	A	39	19	6,847†	3	..	..	0	0	1	0	0	1	..-225	P
Georgia Baptist	F. Blevin	AF	86	52	1,382	6	50	125	..	..	..	..	..	..	..	..
Grady Memorial	R. P. Kelly	ACF	39	44	901	44	14	11,901	3	3	3	0	0	9	125-200	F	
Augusta																	
Medical College of Georgia Hospitals																	
Eugene Talmsdge Memorial	F. E. Bliven	ACF	86	25	559	5	100	1,945	1	1	2	1	0	5	333-533	O	
University	J. L. Chandler	ACF	86	26	1,015†	13	23	3,833	1	1	1	1	0	4	250-325	O	
HAWAII																	
Honolulu																	
Shriners Hospital for Crippled Children	I. J. Larsen	C	50	30	135	0	0	9,870	0	0	1	0	0	1	..-..	..	
ILLINOIS																	
Chicago																	
Michael Reese Hospital and Medical Center	J. Finder	ACF	..	51	1,272†	19	53	4,170	1	2	2	2	0	7	175-250	FP	
Northwestern University Medical Center																	
Chicago Wesley Memorial	E. L. Compere	ACF	7	58	1,715	7	57	..	1	1	1	1	0	4	250-325	P	
Cook County	F. Shapiro	ACF	7	66	673	48	27	13,905	3	3	3	3	0	12	150-150	FP	
Passavant Memorial	J. K. Stack	A	7	32	1,061	5	0	3,640	..	..	..	..	..	1	250-300	P
St. Anne's	J. H. Callahan	AF	7	42	960	16	13	..	1	0	0	0	0	1	550-550	O	
Veterans Admin. Research	E. L. Compere	AF	7	18	356	6	83	..	0	1	1	0	0	2	291-497	O	
Evanston (Evanston)	N. C. Mead	AF	7	43	1,315	7	57	4,980	1	1	0	0	0	2	250-300	P	
St. Francis (Evanston)	J. J. Fahy	AF	7	46	954	0	0	5,663	..	..	..	..	..	3	325-340	F
Presbyterian-St. Luke's	R. D. Ray	AF	47	50	901	4	25	1,988	1	1	..	..	..	3	125-200	F
Shriners Hospital for Crippled Children	H. A. Sofield	C	50	65	373	2	0	3,801	0	0	0	3	0	3	..-..	P	
University of Chicago Hospitals and Clinics	R. D. Moore	ACF	..	28	597	5	60	5,544	2	2	2	1	0	7	250-330	O	
University of Illinois Research and Educational Hospitals ¹⁴⁸	R. D. Ray	ACF	47	87	1,490	21	71	13,862	2	2	2	2	0	8	180-275	P	
Evanston																	
Evanston—See Northwestern University Medical Center, Chicago																	
St. Francis—See Northwestern University Medical Center, Chicago																	
Mines																	
Veterans Admin.	H. A. Sofield	AF	50	130	1,276	18	33	3,152	4	4	4	4	0	16	291-442	O	
Oak Park																	
West Suburban	H. A. Sofield	AF	50	41	1,113	11	18	4,877	0	1	1	0	0	2	400-450	P	
Peoria																	
St. Francis	H. E. Cooper	ACF	..	80	1,900	15	60	..	1	1	1	0	0	3	275-325	F	
INDIANA																	
Fort Wayne																	
Lutheran	F. Brown	ACF	..	39	1,467	12	33	6,148	1	1	1	1	0	4	350-450	F	

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA—Continued																
Indianapolis																
Indiana University Medical Center	G. J. Garceau			43	743	11	39	6,089	4	4	4	0	0	12	235-289	P
Indiana University Hospitals		C	8, 20, 101, 104													
James Whitcomb Riley																
Robert W. Long		AF	8,101													
Veterans Admin.		AF	8		Inc. in Surgery				0	2	0	0	0	2	291-373	O
Marion County General	H. L. Williams	ACF		46	503	11	55	5,725	1	1	1	1	0	4	269-348	P
Methodist	K. R. Manning	AF	104	75	1,743	26	34	4,598	1	1	1	1	0	4	360-450	P
St. Vincent's	G. J. Garceau	AF	8	42	1,045	17	35		1	1	0	0	0	2	275-325	
IOWA																
Des Moines																
Veterans Admin.	D. N. Gibson	AF	55	40	1,841	7	100	931	1	0	0	0	0	1	291-442	P
Iowa City																
University Hospitals	C. B. Larson	ACF	55	77	2,428	30	43	13,670	4	4	4	4	0	16	225-325	FP
KANSAS																
Kansas City																
University of Kansas Medical Center	L. Peltier	ACF		24	731	7	71	6,423	1	1	1	0	0	3	200-300	P
Wichita																
St. Francis	H. O. Marsh	ACF	106	69	2,533	16	25	2,204	2	2	1	1	0	6	275-350	FP
Veterans Admin.	H. O. Marsh	AF	106	22	285	3	33	677	0	0	1	1	0	1	291-497	
KENTUCKY																
Lexington																
Good Samaritan	K. R. Thompson	ACF	59	30	1,563	26	35	225	1	1	0	0	0	2	275-295	F
St. Joseph	T. D. Yocum	ACF	59	28	1,235	10	10	501	1	1	1	0	0	3	230-250	FP
Shriners Hospital for Crippled Children	T. D. Yocum	C	7	47	277	0	0	2,111	0	0	0	2	0	2		P
Louisville																
Kosair Crippled Children's	K. A. Fischer	C	9	99	192	0	0	1,712						4	200...	F
	C. F. Wood															
Louisville General	K. A. Fischer	AF	9	23	676	23	35	7,174	2	2	2	2	0	8	204-321	FP
Veterans Admin.	K. A. Fischer	AF	9	36	485	8	100	1,257	1	1	0	0	0	2	291-442	O
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University Division	I. Cahen	ACF		35	1,334	30	40	11,14						13	125-200	F
Tulane University Division	J. K. Wickstrom	ACF	10	36	1,238	20	60	11,125						14	125-200	F
Ochsner Foundation	H. D. Morris	ACF	56	20	588	3	100	9,312	1	1	1	1	0	4	225-300	P
Touro Infirmary	I. Cahen	ACF	10, 56		1,590	12	68	1,031	1	1	1	0	0	3	235-285	FP
Veterans Admin.	R. H. Alldredge	AF	10	32	445	9	44	4,236	1	1	2	0	0	4	291-373	O
Shreveport																
Confederate Memorial Medical Center	C. R. Reed	ACF	70	47	1,427	20	25	5,149	2	2	2	2	0	8	160-300	F
Shriners Hospital for Crippled Children	B. H. Young	C	10, 70	59	237	0	0	1,410	0	0	0	2	0	2	...-225	FP
MARYLAND																
Baltimore																
Children's Hospital	G. O. Eaton	C	57	65	823			1,394								
James Lawrence Kernan Hospital for Crippled Children	A. F. Voshell	C	20, 88	53	602	1	0	4,101	0	1	2	0	0	3	288-288	P
Johns Hopkins	R. A. Robinson	AF	57	23	847	5	60	7,311	0	4	3	3	0	10	166-250	P
Baltimore City Hospitals	R. A. Robinson	AF	57		Inc. in Surgery	8	88	4,693								
University of Maryland	A. F. Voshell	AF	88	17	376	5	33	7,796	0	2	2	2	0	6	220-350	P
MASSACHUSETTS																
Boston																
Boston City	A. P. Aitken	AF	13, 66	120	2,089	44	30	7,696	0	0	4	0	0	4	178-208	F
Children's Hospital Medical Center	W. T. Green	C	11, 93	43	1,337	0	0	14,095	10	0	5	2	0	17	125-300	F
Joseph P. Kennedy Jr. Memorial—See Worcester City, Worcester																
Lahey Clinic	G. Hammond	A	66	17	535	3	67	5,201	4	4	4	0	0	12	250-350	O
Massachusetts General	J. S. Barr	ACF	11	140	2,779	31	52	7,040	1	0	0	4	5	10	108-354	F
Peter Bent Brigham	W. T. Green	AF	93		Inc. in Surgery				0	0	0	2	0	2	217-217	P
Veterans Admin. (Jamaica Plain)	A. A. Thibodeau	AF	13	40	665	3	66	2,933	2	2	2	0	0	6	315-443	O
Canton																
Massachusetts Hospital School	P. L. Norton	C	13, 66	143	198	0	0	0	0	0	2	0	0	2	...-724	F
Middleboro																
Lakeville State Sanatorium	P. L. Norton	C	13, 66	185	273	15	60	196	0	1	1	0	0	2	556-706	O
Springfield																
Shriners Hospital for Crippled Children	G. D. Hough, Jr.	C	66	59	254	1	100	3,690	0	2	0	0	0	2		F
West Roxbury																
Veterans Admin. ²⁰	R. Warren	A	11, 93	8	162	0	0	800							443-...	O
Worcester																
Worcester City	W. Eddy	ACF	78	39	766	16	66	1,872	1	1	1	0	0	3	270-340	FP
Joseph P. Kennedy Jr. Memorial (Boston)	T. F. Broderick, Jr.	C	78												263-...	P
Memorial	V. S. Johnson	AF	78												250-...	P
St. Vincent	P. V. Shannon	AF	78	39	810	15	67	5,734							300-...	P
MICHIGAN																
Ann Arbor																
University	C. E. Badgley	ACF	74	63	1,395	8	4	9,058	6	5	7	0	0	18	230-265	O
Dearborn																
Veterans Admin.	A. Goets	AF	12	38	771	12	25		0	0	1	0	0	1	...-373	O
Detroit																
Children's	F. Fischer	C	12		342			3,225	0	3	0	0	0	3	285-335	F
Grace	W. H. Blodgett	A	12	30	726	2		520							275-325	FP

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN, Detroit—Continued																
Harper	F. J. Fischer	A	12	32	779	8	62	788	2	0	0	0	0	2	275-325	P
Henry Ford	C. L. Mitchell	ACF		52	1,698	5	40	22,812	4	4	4	0	0	12	300-350	FP
Receiving	A. Goetz	AF	12	16	493†	25	28	8,102	0	2	2	1	0	5	340-415	P
Eloise																
Wayne County General Hospital		F	74	45	778	30	27	3,689							458-...	F
Grand Rapids																
Blodgett Memorial	A. B. Swanson	ACF	20	28	1,018	20	75	2,455	1	0	1	1	0	3	325-375	FP
St. Mary's	G. T. Aitken	ACF		41	1,276	40	20	1,815	2	1	1	0	0	4	315-370	FP
Kalamazoo																
Borgess	H. H. Stryker	ACF		27	939	9	45	266	1	1	1	1	0	4	275-335	F
MINNESOTA																
Minneapolis																
Minneapolis General	M. J. Nydahl	AF	89	9	203	4	50	2,748	0	1	0	0	0	1	250-...	F
Shriners Hospital for Crippled Children	D. R. Lannin	C	16	59	369	0	0	1,594							175-200	FP
University of Minnesota Hospitals	J. H. Moe	ACF	89	22	446	5	100	2,710	4	3	1	0	0	8	280-...	O
Veterans Admin.	R. F. Premer	AF	16	56	1,086	5	40	2,296	2	3	3	3	0	11	291-497	O
Rochester																
Mayo Foundation	H. H. Young	ACF		136	3,825	22	73	25,056	12	12	12	12	0	48	200-333	P
Rochester Methodist																
St. Mary's																
St. Paul																
Gillette State Hospital for Crippled Children	J. H. Moe	C	16, 89	128	861	6	83	19,337								
MISSISSIPPI																
Jackson																
Mississippi Baptist	T. C. Turner	ACF	73	39	1,495	9	56	2,372	1	1	1	1	0	4	250-250	P
University of Mississippi Medical Center	P. S. Derian	AF	73	10	375	6	67	2,271	1	1	1	1	0	4	250-325	O
Veterans Admin.	M. Z. Neel	AF	73	40	419	5	60	2,003							290-443	O
MISSOURI																
Columbia																
University of Missouri Medical Center	G. N. Austin	C	61	22	297	6	50	2,230	1	1	1	0	0	3	250-350	P
Kansas City																
Children's Mercy	P. W. Meyer	C	18		128			2,351	0	1	0	0	0	1	200-225	FP
Kansas City General	R. H. Kiene	AF	18	36	508	45	39	7,271						3	220-320	FP
St. Luke's	R. Kiene	ACF	18	56	1,128	13	54	3,081	3	2	2	2	0	9†	250-300	FP
Veterans Admin.	R. L. Diveley	AF	18	20	158	5	80	410							292-443	
St. Louis																
Barnes	F. Reynolds	ACF	60	47	1,414	7	14	3,639	4	4	4	0	0	12	86-136	F
St. Louis City	H. C. Morgan, R. E. Lord	F	46, 60	39	994	43	100	2,679								
St. Louis University Group of Hospitals	R. M. O'Brien	ACF	46	48	1,540	14	44	5,361	2	2	2	0	0	6	150-170	FP
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	90	505	0	0	5,176	0	0	3	0	0	3		P
Veterans Admin.	O. Hampton, Jr.	AF	61	38	350	3	33		1	1	1	0	0	3	291-443	O
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	33	60	695	3	100	1,550	0	1	1	0	0	2	250-...	FP
Veterans Admin.	W. W. Bartels	AF	33	38	384	2	50	1,252	1	1	1	1	0	4	291-443	O
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School																
Affiliated Hospitals	O. S. Staples								1	1	1	0	0	3		
Mary Hitchcock Memorial		AF	82	30	508	4	100	4,545							218-273	
Veterans Admin. (White River Junction, Vt.)		AF	82	17	134	2	100	452							218-273	
NEW JERSEY																
Long Branch																
Monmouth Medical Center	B. M. Halbstein	ACF		36	1,031	13	45	1,681	1	1	1	0	0	3	225-275	F
Newark																
Martland Medical Center	A. J. D'Agostini	F	97	42	601	30	13	2,166	0	1	0	0	0	1	300-350	F
United Hospitals of Newark-Hospital for Crippled Children	P. Willner, A. D'Agostini	AC	67, 69, 97	79	1,722	3	34	5,469	1	1	1	2	0	5	275-350	
Orange																
Hospital Center at Orange ²⁴	R. R. Ciccone	ACF		32	1,631	29	17	25,155	2	2	1	1	0	6	225-300	FP
Pateron																
St. Joseph's	R. R. Goldenberg	ACF		50	1,147	28	57	1,600	1	2	1	0	0	4	250-350	FP
NEW MEXICO																
Truth or Consequences																
Carrie Tingley Hospital for Crippled Children	D. W. McKay	C	4, 95	84	231	0	0	1,471	0	0	0	4	0	4	200-275	FO
NEW YORK																
Albany																
Albany Medical Center	C. Campbell	AF	45	38	1,038	10	40	941	1	1	1	1	1	5†	230-325	P
Buffalo																
Buffalo General	B. E. Obletz	AF	24	45	928†	24	25	2,112	2	2	2	2	0	8	225-300	FP
Children's	J. Godfrey	C	24, 107	14	524			866	3	0	0	0	0	3	200-250	FP
Edward J. Meyer Memorial	J. P. Cole	AF	83, 107	19	257	10	30	1,554	1	1	1	1	0	4	292-351	P
Veterans Admin.	R. B. Erickson	AF	24, 107	64	607	3	66	586	1	0	1	0	0	2	291-443	O
Hempstead																
Meadowbrook	O. C. Hudson	F	38	72	1,902	71	20	1,866	5	0	0	0	0	5	321-436	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued																
Minneapolis																
Nassau	C. Freese	AF	38	31	1,341	9	33	3,482	1	1	1	0	0	3	375-425	O
New York City																
Bellevue Hospital Center																
Div. IV—New York University																
Post Graduate Medical School ²⁶¹	W. A. L. Thompson	ACF	51	60	438	0	0	4,787	4	4	4	0	0	12†	231-317	FP
Bronx Municipal Hospital Center	A. J. Helfet	ACF	35	35	479	12	50	10,717	2	2	2	1	0	7†	231-317	FP
Hospital for Joint Diseases	J. E. Milgram	ACF	155	3,296	28	43	18,545	6	6	6	0	0	18	140-180	P	
Hospital for Special Surgery ²⁶⁷	T. C. Thompson	ACF	22	156	2,569	27	67	4,862	4	4	4	2	0	14	192-312	P
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	25	134	0	0	7,201	1	1	1	0	0	3	150-150	F
Jewish Chronic Disease	M. Schneider	C	84	19	182	3	67	1,393	0	1	1	1	0	3	250-300	F
Jewish Hospital of Brooklyn ²⁶⁶	A. Kenin	AF	84	19	543	11	18	3,720	2	2	2	0	0	6	165-250	F
Kings County Hospital Center ²⁷³	R. F. Warren	ACF	76	76	846	40	20	11,118	2	2	2	2	0	8	231-317	FP
Lenox Hill	S. Gaynor	AF	103	39	1,113	11	0	2,053	1	1	1	0	0	3	250-300	P
Mount Sinai	R. S. Siffert	ACF	35	35	458	16	25	4,676	1	1	1	1	0	4	303-458	P
New York Medical College—																
Metropolitan Hospital Center																
Unit 2—Metropolitan ²⁶⁰	A. A. Michele	ACF	67	59	517	34	9	13,615	2	2	2	1	0	7	231-317	FP
New York Polytechnic Medical School																
and Hospital	D. M. Bosworth	AF	26	13	443	2	...	2,288	1	1	1	0	0	3	225-275	F
Presbyterian	F. E. Stinefield	ACF	133	3,367	7	57	37,270	6	6	10	2	0	24	313-500	P	
Queens Hospital Center	A. H. Lewert	AF	69	38	366	38	25	4,523	1	1	1	0	0	3	231-317	FP
St. Charles	D. J. Magilligan	C	20, 52, 103	30	437	0	0	11,815	4	0	0	0	0	4	250-250	P
St. Luke's	F. R. Thompson	ACF	41	56	873	8	11	6,261	2	1	1	0	0	4	225-275	P
St. Vincent's Hospital of the Borough																
of Richmond	D. M. Bosworth	AF	26	12	695	18	50	613	2	0	0	0	0	2	240-240	P
Veterans Adm. (Bronx) ²⁷²	T. C. Thompson	AF	22	49	832	6	0	480	2	0	2	0	0	4	315-497	O
Veterans Adm. (Brooklyn) ²⁷⁴	J. B. Manly	AF	52	78	550	12	50	1,560	2	2	2	0	0	6	315-442	O
Veterans Adm. (Manhattan) ²⁸⁰	G. Truchly	AF	80	73	559	3	67	960	2	2	2	0	0	6	291-372	O
Port Jefferson																
St. Charles	J. C. Felicetti	C	5, 38, 43	21	479	1	0	16,036	0	0	3	0	0	3	225-225	F
Rochester																
Rochester General		A	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Strong Memorial-Rochester Municipal Hospitals	R. B. Duthie	ACF	31	50	1,224	14	42	6,296	1	2	2	2	0	7	167-292	O
Schenectady																
Ellis	W. Dunham	ACF	...	51	1,781	12	50	3,893	1	1	1	0	0	3	325-400	FP
Syracuse																
State University of New York																
Upstate Medical Center	J. B. Wray	...	48	86	1,993	15	40	2,139	0	2	2	2	0	6	250-380	O
Good Shepherd		CF	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Syracuse Memorial		C	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Adm.	R. O. Becker	A	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Utica																
Children's Hospital Home of Utica	J. B. Wray	C	48	43	598	2	50	6,201	0	2	0	0	0	2	300-...	P
West Haverstraw																
New York State Rehabilitation	J. C. McCauley	C	51, 80	119	350	2	50	2,421	0	5	0	0	0	5	304-354	P
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	R. B. Raney	ACF	81	14	419	4	75	2,982	1	2	1	0	0	4	200-375	O
Charlotte																
Charlotte Memorial	J. Powers	ACF	...	66	1,840	10	50	2,612	2	2	1	1	0	6	345-420	P
Durham																
Duke University Affiliated Hospitals																
Duke ²⁶⁶	L. D. Baker	ACF	19, 20	25	1,055	3	67	5,145	5	5	4	3	2	19	175-333	P
Veterans Adm.	F. W. Clippinger	AF	19	38	479†	1	0	...	1	0	1	0	0	2	291-497	O
Gastonia																
North Carolina Orthopedic	W. M. Roberts	C	19, 81	139	238	1	0	7,284	0	0	2	0	0	2	180-180	P
Winston-Salem																
North Carolina Baptist	H. F. Forsyth	AF	77	28	772	3	33	5,510	3	3	3	0	0	9	204-270	P
OHIO																
Akron																
Akron City	W. A. Hoyt	AF	15	64	1,621	11	9	686	2	2	2	0	0	6	275-325	FP
Akron General	F. B. Roberts	AF	58	39	1,097	13	39	592	0	2	2	2	0	6	300-400	F
Children's Hospital of Akron	D. I. Minnig	C	15, 58	27	1,010	0	0	2,559	0	0	3	0	0	3	325-325	FP
Cincinnati																
Jewish	J. A. Freiberg	AF	17	34	852†	12	33	861	0	1	0	0	0	1	230-290	F
University of Cincinnati Hospital Group	J. A. Freiberg	C	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's		C	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General		AF	17	16	286	2	0	3,254	2	2	2	0	0	6†	100-497	F
Veterans Adm.		A	17	18	251	6	83	...	...	...	...	...	...	...	...	...
Cleveland																
Cleveland Clinic ²⁶⁵	J. I. Kendrick	ACF	42	24	684†	0	0	8,879	2	2	2	0	0	6	300-350	O
Cleveland Metropolitan General	F. W. Rhineland	F	105	21	288	14	100	7,800	1	1	1	0	0	3†	233-296	F
Mount Sinai	A. Tramer	AF	101	38	1,073	6	17	2,489	1	1	1	0	0	3	215-235	FP
St. Luke's	J. E. Brown	ACF	49	49	1,087	11	27	2,845	1	1	1	1	0	4	220-325	F
St. Vincent Charity	K. S. Alfred	ACF	42	12	723	2	50	808	1	1	0	0	0	2	310-325	FP
University Hospitals of Cleveland ²⁷¹	C. H. Herndon	ACF	27	39	1,088†	9	32	6,097	0	3	3	3	0	9	221-288	P
Veterans Adm.	C. H. Herndon	A	27	49	535	5	20	689	0	1	1	1	0	3	315-443	P
Columbus																
Children's	H. B. Lacey	C	25, 98, 99	17	648	1	100	5,588	0	0	3	0	0	3	200-300	P
Mount Carmel	H. B. Lacey	AF	25	49	1,304†	11	55	346	1	1	0	0	0	2	275-300	FP
Ohio State University Hospitals																
University	W. S. Smith	AF	99	24	810	8	75	2,480	0	2	2	1	0	5	227-302	P
Riverside Methodist-White Cross Hospitals ²⁷⁷	J. T. Leach	AF	98	51	1,414†	10	0	1,555	1	1	0	0	0	2	290-340	P

Numerical and other references are listed on pages 262 through 264.

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued																
Elyria																
Elyria Memorial.....	J. Strong.....	ACF	58	24	747	9	78	1,920	1	1	1	0	0	3	300-350	F
Toledo																
Maumee Valley.....	J. F. Mills.....	AF	102	16	360	13	23	1,073	0	0	1	0	0	1	285-350	F
St. Vincent's.....	A. L. Bershon.....	ACF	102	42	1,371	14	21	684	1	1	1	1	0	4	300-350	F
Youngstown																
Youngstown.....	W. D. McElroy.....	AF	71	59	1,655	31	52	843	2	2	0	0	0	4	300-325	F
OKLAHOMA																
Oklahoma City																
St. Anthony.....	W. K. West.....	AF	53	54	2,067	22	36	1,306	1	0	0	1	0	2	300-375	P
University of Oklahoma Medical Center.....																
Bone and Joint.....	E. Margo.....	AF	53	62	2,357	3	0	22,126							300-375	P
University Hospitals ²²²	D. H. O'Donoghue.....	ACF	53	55	1,157	8	38	7,873	5	6	3	3	1	18†	200-440	P
Veterans Admin.....	W. K. West.....	AF	53	35	396	4	75	2,872								P
OREGON																
Portland																
Emanuel.....	T. J. Boyden.....	AF	28	97	2,706†	10	80	124	0	2	0	0	0	2	275-275	P
Shriners Hospital for Crippled Children.....	E. G. Chuinard.....	C	28	81	383	0	0	3,450								
University of Oregon Medical School Hospitals and Clinics.....	W. E. Snell.....	AF	28	207	2,613	38	68	10,136	2	2	2	2	0	8	200-250	F
Veterans Admin.....	R. C. Merrifield.....	AF	91	54	572	4	100	1,500	1	1	1	1	0	4	291-414	P
PENNSYLVANIA																
Danville																
Geisinger Medical Center.....	L. F. Bush.....	ACF	6	17	837	11	64	16,230	1	1	1	1	0	4†	175-250	FP
Elizabethtown																
State Hospital for Crippled Children.....	T. Outland.....	C	21, 92	156	225	0	0	3,885	0	0	3	0	0	3	439-439	O
Erie																
Hamot.....	C. W. Fortune.....	ACF	...	54	1,912	23	35	591	1	1	1	1	0	4	250-300	FP
Philadelphia																
Albert Einstein Medical Center ²⁴¹	A. M. Reichtman, I. Stein.....	ACF	...	73	1,744	48	33	5,026	2	2	2	2	0	8	125-200	FP
Children's Hospital of Philadelphia.....	J. T. Nicholson.....	C	23, 72, 87	12	254	1	0	3,040						3	100-100	F
Graduate Hospital of the University of Pennsylvania ²⁴⁴	J. T. Nicholson.....	A	23	13	321	3	66	1,915	3	3	2	0	0	8	100-100	F
Hahnemann Medical College and Hospital.....	E. O. Geckeler.....	AF	92	22	738	9	33	4,386	2	1	1	0	0	4	225-275	P
Hospital of the University of Pennsylvania.....	E. Ralston.....	ACF	...	43	983	6	100	5,368	3	2	2	0	0	7	175-266	P
Jefferson Medical College.....	A. F. DePalma.....	ACF	21	92	1,229	13	45	4,704	3	3	2	3	1	12	250-350	O
Pennsylvania.....	J. T. Nicholson.....	F	23, 87		359	4	25	1,400							170-170	O
Philadelphia General.....	A. DePalma, A. Seifer.....	ACF	...	48	990	61	82	4,517	2	2	2	2	0	8	155-275	F
Shriners Hospital for Crippled Children.....	J. R. Moore.....	C	29, 105	88	307	0	0	3,057	0	0	4	0	0	4		F
Temple University.....	J. R. Moore.....	AF	29	95	1,628	24	75	8,866	4	2	2	1	0	9	175-250	O
Veterans Admin.....	J. E. Nixon.....	A	87	37	449	11	73		1	1	1	0	0	3	315-443	O
Pittsburgh																
Allegheny General.....	P. B. Steele, J. A. Heberling.....	ACF	71, 83	88	1,983	30	27	2,840	1	1	1	1	0	4	325-400	P
Health Center Hospitals of the University of Pittsburgh.....																
Children's Hospital of Pittsburgh.....	A. B. Ferguson, Jr.....	C	6, 30, 45		855	3	66	4,905	0	4	1	0	0	5	255-305	F
Presbyterian-University and Woman's Hospitals.....	A. B. Ferguson.....	AF	30	37	1,083	17	47		5	5	5	0	0	15	255-305	O
St. Francis General Hospital and Rehabilitation Institute.....	M. S. DeRoy.....	A	30	15	308	4	50	426	1	1	0	0	0	2	360-420	F
Veterans Admin.....	A. B. Ferguson.....	AF	30	83	1,122	15	53		1	1	1	0	0	3		O
Sayre																
Robert Packer.....	D. R. Baker.....	ACF	...	27	1,124	9	44	10,318	1	1	1	0	0	3	245-335	P
West Reading																
Reading.....	E. J. Morrissey.....	AF	72	38	925	23	50	498	1	1	1	1	0	4	250-325	F
RHODE ISLAND																
Providence																
Rhode Island.....	K. G. Burton.....	ACF	...	85	1,801	21	24	17,193	2	2	2	2	0	8	165-340	FP
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals.....	J. A. Siegling.....	ACF	...						1	1	1	1	0	4	138-163	FP
Medical College.....				23	439	8	13	4,554								
Roper.....				19	573	4	25									
Columbia																
Columbia Hospital of Richland County.....	J. T. Green.....	ACF	...	93	2,440	22	27	13,508	1	1	1	1	0	4	300-360	P
Greenville																
Greenville General.....	F. H. Stelling.....	AF	77	85	2,304†	15	13	2,904	0	1	1	0	0	2	350-375	P
Shriners Hospital for Crippled Children.....	F. H. Stelling.....	C	19, 77	60	506	0	0	5,030	0	0	0	3	0	3		O
TENNESSEE																
Chattanooga																
Baroness Erlanger.....	J. J. Killeffer.....	ACF	...	62	2,250	26	15		2	2	1	0	0	5	350-400	F
Knoxville																
East Tennessee Baptist.....	R. J. Leffler.....	AF	85	33	1,285	8	13	0	1	1	1	0	0	3	300-350	P
East Tennessee Children's.....		C	85													
St. Mary's Memorial.....	R. G. Brashear.....	AF	85	62	2,481	12	50	68							320-...	F
University of Tennessee Memorial Research Center and Hospital.....	G. L. Inge.....	AF	85	25	940	11	18	1,502	2	2	2	0	0	6	275-320	F
Memphis																
Campbell Clinic and Hospital.....	T. L. Waring.....	ACF	...	62	2,209	9	11	28,075						13	75-125	P
Nashville																
Vanderbilt University.....	J. W. Hillman.....	ACF	...	30	1,162	7	0	3,827	3	3	3	0	0	9	75-125	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month		Main-tenance O
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
TEXAS																	
Dallas																	
Baylor University Medical Center	M. Knight	A	32	100	3,338	17	12	917	1	1	1	0	0	3	210-230	P	
Parkland Memorial	C. F. Gregory	AF	32	45	1,066	27	26	6,748	0	2	3	1	0	6	150-225	P	
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	C	32	42	652	0	0	4,968	1	1	1	0	0	3	230-250	F	
Veterans Admin. ²⁴⁵	V. M. Bryant	AF	75	62	733	7	57	2,400	2	2	2	0	0	6	315-443	P	
El Paso																	
Hotel Dieu Sisters'	L. W. Breck	AF	95	22	1,036	6	0	683	2	1	1	0	0	4	300-300	F	
Galveston																	
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., G. W. N. Eggers	ACF	...	47	917	20	40	5,298	2	2	2	2	0	8	283-283	P	
Houston																	
Baylor University Affiliated Hospitals	R. H. Eppright	...	...	126	3,067	29	52	12,791	0	4	4	4	0	12	...	...
Jefferson Davis	...	ACF	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	AF	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann ²⁷⁹	E. T. Smith	ACF	...	73	2,072	25	36	1,425	1	2	2	1	0	6	175-275	F	
Methodist Hospital	...	AF	49	...	...	...	...	...	...	...	...	...	...	...	260-335	O
Temple																	
Scott and White Memorial	R. A. Murray	ACF	...	27	935	9	22	...	1	1	1	0	0	3	325-325	P	
UTAH																	
Salt Lake City																	
Latter-day Saints	A. M. Okelberry	AF	63	41	1,590	20	40	452	0	1	1	1	0	3	350-375	FP	
Primary Children's	B. M. Snow	C	63	19	461	0	0	2,351	0	0	2	0	0	2	275-275	O	
University of Utah Affiliated Hospitals	S. S. Coleman	...	...	...	...	...	...	...	1	1	1	2	0	5	...	...
Salt Lake County General	...	AF	34	Inc. in Surgery	...	...	...	2,541	...	...	...	...	...	...	125-355	O
Shriners Hospital for Crippled Children	...	ACF	34	47	323	0	0	1,962	...	...	...	...	...	...	...	...
Veterans Admin.	...	AF	34	20	220	1	100	519	...	...	...	...	...	...	291-497	O
VERMONT																	
White River Junction																	
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.
VIRGINIA																	
Arlington																	
National Orthopaedic and Rehabilitation	F. W. Rook	ACF	...	80	2,067	2	25	27,803	1	1	1	1	0	4	250-400	F	
Charlottesville																	
University of Virginia	J. H. Allan	ACF	...	31	784	11	54	5,878	2	2	2	2	0	8	90-180	FP	
Richmond																	
Crippled Children's	J. T. Tucker	C	35	77	513	2	1	720	...	...	...	...	...	2	200-200	F
Medical College of Virginia—Hospital Division	M. J. Hoover, Jr.	AF	35	56	1,455	30	20	5,806	3	3	3	3	0	12	100-175	F	
Veterans Admin.	R. D. Butterworth	AF	35	36	420	4	75	540	1	1	1	1	0	4	291-443	P	
WASHINGTON																	
Seattle																	
Children's Medical Center	W. R. Duncan	C	36	15	594	1	100	3,926	...	...	...	...	...	...	325-425	P
King County	D. K. Clawson	AF	36	88	1,406†	74	57	5,830	...	...	...	...	...	...	375-425	F
Providence	R. L. Romano	A	36	44	1,793†	8	25	209	...	...	...	...	...	...	300-400	F
Swedish	J. E. Stewart	AF	36	65	2,475	13	15	...	0	1	0	0	0	1	283-313	FP	
University	D. K. Clawson	AF	36	12	324†	1	100	2,902	3	3	3	3	3	15	200-550	P	
Veterans Admin.	D. K. Clawson	A	36	Inc. in Surgery	...	...	...	...	...	...	...	...	...	...	291-497	O
WEST VIRGINIA																	
Morgantown																	
West Virginia University Medical Center	J. C. Pickett	ACF	...	10	166	3	100	1,353	...	...	...	...	...	...	277-...	P
WISCONSIN																	
Madison																	
University Hospitals ²⁸⁴	R. E. Burns	ACF	...	42	861	3	67	4,825	2	4	3	0	0	9	125-275	F	
Milwaukee																	
Columbia	W. P. Blount	AF	37	25	560†	5	100	2,519	1	0	1	0	0	2	350-425	P	
Milwaukee Children's	B. J. Brewer	C	37	...	597	0	0	2,590	...	...	...	...	...	...	...	...
Milwaukee County	J. R. Regan	AF	37	38	711†	58	25	7,831	1	1	0	0	0	2	238-293	O	
Veterans Admin. (Wood)	P. L. Carnesale	AF	37	61	678	21	71	4,070	1	1	1	1	0	4	291-443	P	

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Residents completing three years of training in Adult Orthopedics and Fractures at these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.
Hospitals, 4; Residencies, 11

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

DISTRICT OF COLUMBIA

Freedmen's, Washington	J. R. Gladden	AF	...	15	389	9	22	2,878	1	367-475	P
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NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA

San Diego																	
San Diego County General	F. B. Kimball	AF	...	37	599†	46	100	2,759	1	1	1	0	0	3	250-350	F	
San Francisco																	
St. Joseph's	R. Soto-Hall	AF	...	29	1,078	4	100	3,098	1	1	1	0	0	3	250-400	F	

TENNESSEE

Memphis																	
Veterans Admin.	W. L. Moffatt, Jr.	AF	...	79	1,906	7	86	3,034	2	1	1	0	0	4	291-442	O	

Numerical and other references are listed on pages 262 through 264.

14. ORTHOPEDIC SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in children's orthopedic surgery as an independent program. Some of these services also participate in an integrated program offering full training in all categories of Orthopedic Surgery and are also listed on pages 178 through 179. Hospitals, 10; Residencies, 15

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance	
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION																	
CALIFORNIA																	
Los Angeles																	
Childrens	S. Mathews	C		10	573	0	0	5,016	0	1	0	0	0	1	325-325	O	
Oakland																	
Children's Hospital of the East Bay	B. W. Smart	C		6	331			802	1	0	0	0	0	1	275-350	F	
CONNECTICUT																	
Newington																	
Newington Hospital for Crippled Children	B. H. Curtis	C		94				5,448	0	0	1	0	0	1	...-200	P	
FLORIDA																	
St. Petersburg																	
American Legion Hospital for Crippled Children	C. L. Farrington	C		24	507	4	50	5,546	0	0	1	0	0	1	200-200	F	
GEORGIA																	
Decatur																	
Scottish Rite Hospital for Crippled Children	J. H. Kite	C		35	236	0	0	2,977						1	200-...	P	
ILLINOIS																	
Chicago																	
Children's Memorial	C. N. Pease	C		15	621	0	0	4,573	2	2	0	0	0	2	250-300	P	
MISSOURI																	
Kansas City																	
Children's Mercy	P. W. Meyer	C			128			2,351	0	1	0	0	0	1	200-225	FP	
St. Louis																	
Shriners Hospital for Crippled Children	G. E. Scheer	C		90	505	0	0	5,176	0	0	3	0	0	3	...	P	
UTAH																	
Salt Lake City																	
Primary Children's	B. M. Snow	C		19	461	0	0	2,351	0	0	2	0	0	2	275-275	O	
WASHINGTON																	
Spokane																	
Shriners Hospital for Crippled Children	N. R. Brown	C	91	40	233	1	100	1,892	0	0	0	2	0	2	...	...

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Shriners Hospital for Crippled Children	Los Angeles	24.	Veterans Adm. Hospital	Buffalo
	Highland-Alameda County Hospital	Oakland, Calif.		Buffalo General Hospital	Buffalo
	Presbyterian Medical Center	San Francisco		Children's Hospital	Buffalo
2.	Sonoma State Hospital	Eldridge, Calif.	25.	Children's Hospital	Columbus, Ohio
	Children's Hospital of the East Bay	Oakland, Calif.		Mount Carmel Hospital	Columbus, Ohio
	Samuel Merritt Hospital	Oakland, Calif.	26.	House of St. Giles the Cripple	Brooklyn
	Children's Hospital	San Francisco		New York Polyclinic Medical School and Hospital	New York City
	Franklin Hospital	San Francisco		St. Vincent's Hospital of the	
	San Francisco General Hospital (U of C Service)	San Francisco		Borough of Richmond	Staten Island, N. Y.
	Shriners Hospital for Crippled Children	San Francisco	27.	University Hospitals	Cleveland
	University of California Hospitals	San Francisco		Veterans Adm. Hospital	Cleveland
	Veterans Adm. Hospital	San Francisco	28.	Emanuel Hospital	Portland, Ore.
3.	Shriners Hospital for Crippled Children	Los Angeles		Shriners Hospital for Crippled Children	Portland, Ore.
	Highland-Alameda County Hospital	Oakland, Calif.		University of Oregon Medical School	
	Veterans Adm. Hospital	San Francisco		Hospitals and Clinics	Portland, Ore.
4.	Children's Hospital	Denver	29.	Shriners Hospital for Crippled Children	Philadelphia
	Colorado General Hospital	Denver		Temple University Hospital	Philadelphia
	Veterans Adm. Hospital	Denver	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Carrie Tingley Hospital			Presbyterian-University and Woman's Hospital	Pittsburgh
	for Crippled Children	Truth or Consequences, N. Mex.		St. Francis General Hospital and Rehabilitation Institute	Pittsburgh
5.	Grace-New Haven Community Hospital	New Haven, Conn.		Veterans Adm. Hospital	Pittsburgh
	Newington Hospital for Crippled Children	Newington, Conn.	31.	Rochester General Hospital	Rochester, N. Y.
	St. Charles Hospital	Port Jefferson, N. Y.		Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
	Veterans Adm. Hospital	West Haven, Conn.	32.	Baylor University Medical Center	Dallas, Texas
6.	Geisinger Medical Center	Danville, Pa.		Parkland Memorial Hospital	Dallas, Texas
	Children's Hospital of Pittsburgh	Pittsburgh		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
7.	Chicago Wesley Memorial Hospital	Chicago	33.	Nebraska Orthopedic Hospital	Lincoln, Neb.
	Cook County Hospital	Chicago		Veterans Adm. Hospital	Lincoln, Neb.
	Passavant Memorial Hospital	Chicago	34.	Veterans Adm. Hospital	Salt Lake City
	St. Anne's Hospital	Chicago		Salt Lake County General Hospital	Salt Lake City
	Veterans Adm. Research Hospital	Chicago		Shriners Hospital for Crippled Children	Salt Lake City
	Evanston Hospital	Evanston, Ill.	35.	Veterans Adm. Hospital	Richmond, Va.
	St. Francis Hospital	Evanston, Ill.		Crippled Children's Hospital	Richmond, Va.
	Shriners Hospital for Crippled Children	Lexington, Ky.		Medical College of Virginia-Hospital Division	Richmond, Va.
	American Legion Hospital for Crippled Children	St. Petersburg, Fla.	36.	Children's Medical Center	Seattle
8.	Veterans Adm. Hospital	Indianapolis		King County Hospital	Seattle
	James Whitcomb Riley Hospital	Indianapolis		Providence Hospital	Seattle
	Robert W. Long Hospital	Indianapolis		Swedish Hospital	Seattle
	St. Vincent's Hospital	Indianapolis		University Hospital	Seattle
9.	Veterans Adm. Hospital	Louisville, Ky.		Veterans Adm. Hospital	Seattle
	Kosair Crippled Children Hospital	Louisville, Ky.	37.	Columbia Hospital	Milwaukee
	Louisville General Hospital	Louisville, Ky.		Milwaukee Children's Hospital	Milwaukee
10.	Veterans Adm. Hospital	New Orleans		Milwaukee County Hospital	Milwaukee
	Charity Hospital of Louisiana			Veterans Adm. Hospital (Wood)	Milwaukee
	Tulane University Division	New Orleans	38.	Meadowbrook Hospital	Hempstead, N. Y.
	Touro Infirmary	New Orleans		Nassau Hospital	Mineola, N. Y.
	Shriners Hospital for Crippled Children	Shreveport		St. Charles Hospital	Port Jefferson, N. Y.
11.	Children's Hospital Medical Center	Boston	39.	Grady Memorial Hospital	Atlanta, Ga.
	Massachusetts General Hospital	Boston		Emory University Hospital	Atlanta, Ga.
	Veterans Adm. Hospital	West Roxbury, Mass.	40.	Letterman General Hospital	San Francisco
12.	Veterans Adm. Hospital	Dearborn, Mich.		Shriners Hospital for Crippled Children	San Francisco
	Children's Hospital	Detroit		Crippled Children's Hospital	Phoenix, Ariz.
	Grace Hospital	Detroit	41.	House of St. Giles the Cripple	Brooklyn
	Harper Hospital	Detroit		St. Luke's Hospital	New York City
	Receiving Hospital	Detroit	42.	Cleveland Clinic Hospital	Cleveland
13.	Veterans Adm. Hospital	Boston		St. Vincent Charity Hospital	Cleveland
	Boston City Hospital	Boston	43.	Hospital of St. Raphael	New Haven, Conn.
	Massachusetts Hospital School	Canton, Mass.		St. Charles Hospital	Port Jefferson, N. Y.
	Lakeville State Sanatorium	Middleboro, Mass.	44.	Veterans Adm. Hospital	Birmingham, Ala.
14.	District of Columbia General Hospital	D. C.		Crippled Children's Hospital	Birmingham, Ala.
	Georgetown University Hospital	D. C.		University Hospital and Hillman Clinic	Birmingham, Ala.
	George Washington University Hospital	D. C.	45.	Albany Medical Center Hospital	Albany, N. Y.
15.	Children's Hospital of Akron	Akron, Ohio		Children's Hospital of Pittsburgh	Pittsburgh
	Akron City Hospital	Akron, Ohio	46.	St. Louis City Hospital	St. Louis
	Veterans Adm. Hospital	Minneapolis		St. Louis University Group of Hospitals	St. Louis
	Shriners Hospital for Crippled Children	Minneapolis	47.	Presbyterian-St. Luke's Hospital	Chicago
	Gillette State Hospital for Crippled Children	St. Paul		University of Illinois Research and Educational Hospitals	Chicago
17.	Children's Hospital	Cincinnati	48.	State University of New York Upstate	
	Cincinnati General Hospital	Cincinnati		Medical Center	Syracuse, N. Y.
	Jewish Hospital	Cincinnati		Hospital of the Good Shepherd	Syracuse, N. Y.
	Veterans Adm. Hospital	Cincinnati		Syracuse Memorial Hospital	Syracuse, N. Y.
18.	Children's Mercy Hospital	Kansas City, Mo.		Veterans Adm. Hospital	Syracuse, N. Y.
	Kansas City General Hospital	Kansas City, Mo.		Children's Hospital Home	Utica, N. Y.
	St. Luke's Hospital	Kansas City, Mo.	49.	Veterans Adm. Hospital	Houston, Texas
	Veterans Adm. Hospital	Kansas City, Mo.		Jefferson Davis Hospital	Houston, Texas
19.	Duke Hospital	Durham, N. C.		Methodist Hospital	Houston, Texas
	Veterans Adm. Hospital	Durham, N. C.	50.	Veterans Adm. Hospital	Hines, Ill.
	North Carolina Orthopaedic Hospital	Gastonia, N. C.		Shriners Hospital for Crippled Children	Chicago
	Shriners Hospital for Crippled Children	Greenville, S. C.		Shriners Hospital for Crippled Children	Honolulu
20.	Orthopaedic Hospital	Los Angeles		West Suburban Hospital	Oak Park, Ill.
	U. S. Naval Hospital	Oakland, Calif.	51.	Bellevue Hospital Center, Division IV	
	Alfred I. DuPont Institute of the			New York University Postgraduate Medical School	New York City
	Nemours Foundation	Wilmington, Del.		New York State Rehabilitation Hospital	West Haverstraw, N. Y.
	Orange Memorial Hospital	Orlando, Fla.	52.	Veterans Adm. Hospital (Brooklyn)	New York City
	James Whitcomb Riley Hospital	Indianapolis		St. Charles Hospital (Brooklyn)	New York City
	James Lawrence Kernan Hospital and Industrial		53.	Veterans Adm. Hospital	Oklahoma City
	School for Crippled Children	Baltimore		Bone and Joint Hospital	Oklahoma City
	U. S. Naval Hospital	Bethesda, Md.		St. Anthony Hospital	Oklahoma City
	U. S. Naval Hospital	Chelsea, Mass.		University Hospitals	Oklahoma City
	Blodgett Memorial Hospital	Grand Rapids, Mich.	54.	Washington Hospital Center	Washington, D. C.
	St. Charles Hospital	New York City		Children's Hospital	Washington, D. C.
	Duke Hospital	Durham, N. C.	55.	Veterans Adm. Hospital	Des Moines, Iowa
	U. S. Naval Hospital	Philadelphia		University Hospitals	Iowa City, Iowa
	U. S. Naval Hospital	Portsmouth, Va.	56.	Ochsner Foundation Hospital	New Orleans
21.	State Hospital for Crippled Children	Elizabethtown, Pa.		Touro Infirmary	New Orleans
	Jefferson Medical College Hospital	Philadelphia	57.	Children's Hospital School	Baltimore
	Veterans Adm. Hospital (Bronx)	New York City		Johns Hopkins Hospital	Baltimore
	Hospital for Special Surgery	New York City		Baltimore City Hospitals	Baltimore
23.	Children's Hospital of Philadelphia	Philadelphia	58.	Akron General Hospital	Akron, Ohio
	Graduate Hospital of the University of Pennsylvania	Philadelphia		Children's Hospital of Akron	Akron, Ohio
	Pennsylvania Hospital	Philadelphia		Elyria Memorial Hospital	Elyria, Ohio

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
59.	Good Samaritan Hospital	Lexington, Ky.	84.	Jewish Chronic Disease Hospital	New York City
	St. Joseph Hospital	Lexington, Ky.		Jewish Hospital of Brooklyn	New York City
60.	Barnes Hospital	St. Louis	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
	St. Louis City Hospital	St. Louis		East Tennessee Children's Hospital	Knoxville, Tenn.
	Shriners Hospital for Crippled Children	St. Louis		St. Mary's Memorial Hospital	Knoxville, Tenn.
61.	University of Missouri Medical Center	Columbia, Mo.		University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
	Veterans Admin. Hospital	St. Louis, Mo.	86.	Georgia Baptist Hospital	Atlanta, Ga.
62.	Baptist Memorial Hospital	Jacksonville, Fla.		Eugene Talmadge Memorial Hospital	Augusta, Ga.
	Duval Medical Center	Jacksonville, Fla.		University Hospital	Augusta, Ga.
	Hope Haven Hospital	Jacksonville, Fla.	87.	Children's Hospital of Philadelphia	Philadelphia
63.	Latter-day Saints Hospital	Salt Lake City		Pennsylvania Hospital	Philadelphia
	Primary Children's Hospital	Salt Lake City		Veterans Admin. Hospital	Philadelphia
64.	Veterans Admin. Hospital	Long Beach, Calif.	88.	University of Maryland Hospital	Baltimore
	Children's Hospital	Los Angeles, Calif.		James Lawrence Kernan Hospital for Crippled Children	Baltimore
65.	Children's Hospital	Denver	89.	Minneapolis General Hospitals	Minneapolis
	Fitzsimons General Hospital	Denver		University of Minnesota Hospital	Minneapolis
66.	Boston City Hospital	Boston		Gillette State Hospital for Crippled Children	St. Paul, Minn.
	Lahey Clinic	Boston	90.	Shriners Hospital for Crippled Children	Los Angeles
	Massachusetts Hospital School	Canton, Mass.		Veterans Admin. Center-Gen. Med. and Surgery Hospital	Los Angeles
	Shriners Hospital for Crippled Children	Springfield, Mass.		University of California Hospital	Los Angeles
	Lakeville State Sanatorium	Middleboro, Mass.		Orthopedic Hospital	Los Angeles
67.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.		Los Angeles County Harbor General Hospital	Torrance, Calif.
	New York Medical College-Metropolitan Hospital Center	New York City	91.	Veterans Admin. Hospital	Portland, Ore.
	Unit 2—Metropolitan Hospital	New York City		Shriners Hospital for Crippled Children	Spokane, Wash.
68.	Crippled Children's Clinic and Hospital	Birmingham, Ala.	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Lloyd Noland Hospital	Fairfield, Ala.		Hahnemann Medical College Hospital	Philadelphia
69.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.	93.	Children's Hospital Medical Center	Boston
	Queens Hospital Center	New York City		Peter Bent Brigham Hospital	Boston
70.	Confederate Memorial Medical Center	Shreveport, La.		Veterans Admin. Hospital	West Roxbury, Mass.
	Shriners Hospital for Crippled Children	Shreveport, La.	94.	Arkansas Children's Home and Hospital	Little Rock, Ark.
71.	Allegheny General Hospital	Pittsburgh		University Hospital	Little Rock, Ark.
	Youngstown Hospital	Youngstown, Ohio		Veterans Admin. Hospital	Little Rock, Ark.
72.	Children's Hospital of Philadelphia	Philadelphia	95.	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. Mex.
	Reading Hospital	West Reading, Pa.		Hotel Dieu Sister's Hospital	El Paso, Texas
73.	Mississippi Baptist Hospital	Jackson, Miss.	96.	William Beaumont General Hospital	El Paso, Texas
	University Hospital	Jackson, Miss.		Crippled Children's Hospital	Phoenix, Ariz.
	Veterans Admin. Hospital	Jackson, Miss.	97.	Harrison S. Martland Medical Center	Newark, N. J.
74.	University Hospital	Ann Arbor, Mich.		United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.
	Wayne County General Hospital and Infirmary	Eloise, Mich.	98.	Children's Hospital	Columbus, Ohio
75.	Crippled Children's Hospital	Birmingham, Ala.		Riverside Methodist-White Cross Hospitals	Columbus, Ohio
	Veterans Admin. Hospital	Dallas, Texas	99.	Children's Hospital	Columbus, Ohio
76.	Jackson Memorial Hospital	Miami, Fla.		University Hospitals	Columbus, Ohio
	Variety Children's Hospital	Miami, Fla.	100.	Children's Hospital	Denver
77.	Veterans Admin. Hospital	Wilmington, Del.		Fitzsimons General Hospital	Denver
	North Carolina Baptist Hospital	Winston-Salem, N. C.		Denver General Hospital	Denver
	Shriners Hospital for Crippled Children	Greenville, S. C.	101.	James Whitcomb Riley Hospital	Indianapolis
	Greenville General Hospital	Greenville, S. C.		Robert W. Long Hospital	Indianapolis
78.	Joseph P. Kennedy Jr. Memorial Hospital	Boston		Mount Sinai Hospital	Cleveland
	Memorial Hospital	Worcester, Mass.	102.	Maumee Valley Hospital	Toledo, Ohio
	St. Vincent Hospital	Worcester, Mass.		St. Vincent's Hospital	Toledo, Ohio
	Worcester City Hospital	Worcester, Mass.	103.	Lenox Hill Hospital	New York City
79.	Orthopaedic Hospital	Los Angeles		St. Charles Hospital (Brooklyn)	New York City
	St. Mary's Hospital	San Francisco	104.	James Whitcomb Riley Hospital	Indianapolis
80.	Veterans Admin. Hospital (Manhattan)	New York City		Methodist Hospital	Indianapolis
	New York State Rehabilitation Hospital	West Haverstraw, N. Y.	105.	Cleveland Metropolitan General Hospital	Cleveland
81.	North Carolina Memorial Hospital	Chapel Hill, N. C.		Veterans Admin. Hospital (Cile)	Cleveland
	North Carolina Orthopedic Hospital	Gastonia, N. C.		Shriners Hospital for Crippled Children	Philadelphia
82.	Newington Home and Hospital	Newington, Conn.	106.	St. Francis Hospital	Wichita, Kans.
	Mary Hitchcock Memorial Hospital	Hanover, N. H.		Veterans Admin. Hospital	Wichita, Kans.
	Veterans Admin. Hospital	White River Jct., Vt.	107.	Children's Hospital	Buffalo
83.	Edward J. Meyer Memorial Hospital	Buffalo		Edward J. Meyer Memorial Hospital	Buffalo
	Allegheny General Hospital	Pittsburgh		Veterans Admin. Hospital	Buffalo

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering acceptable training in the specialty. Hospitals, 136; Residencies, 638

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver	A. K. Brown, Jr.	21	818	4	100	8,336	1	1	1	0	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	D. S. Joseph	97	1,337	4	75	7,884	3	3	3	0	0	9		
TEXAS														
Brooke General, San Antonio	F. L. Spann	25	612	6	100	10,183	2	2	2	0	0	6		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	M. Schiff	19	965	2	100	9,541	1	1	1	1	0	4		
U. S. Naval, San Diego	L. E. Wible	35	1,427	5	60	14,950	2	1	2	1	0	6		
MARYLAND														
U. S. Naval, Bethesda	W. Taylor	33	1,066	3	100	12,112	1	1	1	1	0	4†		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center		18	1,157	7	14	3,298								
University Hospital and Hillman Clinic	F. S. Moody						1	1	1	1	0	4	218-372	P
Veterans Admin.	J. J. Hicks						0	1	1	1	0	3	291-497	O
CALIFORNIA														
Los Angeles														
Los Angeles County General	A. Miller	33	1,307	23	20	19,634	4	4	3	0	0	11†	290-500	P
University of California	J. J. Pressman	7	533	4	100	4,920	2	1	1	0	0	4	261-340	O
Veterans Admin. Center General Medical and Surgical ⁸⁵	M. J. Acquarelli	27	867	21	67	7,224	2	2	0	0	0	4	292-373	P
White Memorial	G. C. Gay	9	1,082	4	75	5,377	2	0	0	0	0	2	265-420	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals														
Palo Alto-Stanford Hospital Center	W. F. Baxter	24	449	7	86	4,674	2	2	2	2*	0	8	100-175	F
Veterans Admin.	L. R. Chandler	4	42										291-497	O
Santa Clara County (San Jose)	R. G. MacLean	4	222	6	100	2,213	0	1	0	0	0	1	300-400	P
Community Hospital of San Mateo County (San Mateo)	R. P. Michelson	1	129	1	0	1,439	1	0	0	0	0	1	300-300	F
San Francisco														
University of California Hospitals ¹⁰⁵	F. A. Sooy	8	570	0	0	6,631	2	2	2	2	0	8†	261-340	O
San Francisco General	W. W. Deatsch	12	195	12	25		1	0	0	0	0	1	261-261	O
Veterans Admin.	W. W. Deatsch	17	482	7	71	1,405	1	1	1	0	0	3	291-497	O
San Jose														
Santa Clara County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
San Mateo														
Community Hospital of San Mateo County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
COLORADO														
Denver														
University of Colorado Medical Center														
Colorado General	V. Hildyard	4	435			8,163	1	1	1	0	0	1	180-205	O
Veterans Admin.	C. W. Whistler		55			742						1	291-497	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center														
Grace-New Haven Community	J. A. Kirchner	11	942	7	71	6,422	2	2	2	0	0	6	200-250	O
DISTRICT OF COLUMBIA														
Washington														
Washington Hospital Center	H. K. Vann	24	4,018	3	67	10,111						7	315-345	O
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	G. T. Singleton						1	1	1	1	0	4	217-450	O
Miami														
Jackson Memorial	J. R. Chandler	15	902	4	25	4,754	2	2	2	0	0	6	225-335	P
Tampa														
Tampa General	R. Farrior	27	1,444	6	0	3,901	1	1	1	1	0	4†	250-300	FP
GEORGIA														
Atlanta														
Grady Memorial ¹³²														
ILLINOIS														
Chicago														
Northwestern University Medical Center														
Chicago Wesley Memorial	G. Shambaugh	20	2,322	2	50		1	1	1	1	0	2	250-325	P
Cook County	J. A. Weiss	24	970	52	12	20,670	1	3	2	0	0	6	150-150	FP
Michael Reese Hospital and Medical Center	N. Leshin	10	1,347†	2	50	1,995	1	0	0	0	0	1	175-175	FP
Veterans Admin. Research	G. E. Shambaugh	10	104				0	1	0	0	0	1	291-497	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued														
University of Chicago Hospitals and Clinics	J. R. Lindsay	19	682	10	70	8,205	2	0	0	0	0	2	250-330	O
University of Illinois Affiliated Hospitals	F. L. Lederer	19	1,114	8	50	27,381	4	3	3	0	0	10	180-275	P
Illinois Eye and Ear Infirmary		22	1,278	13	76	2,782	0	2	0	0	0	2	125-175	F
Presbyterian-St. Luke's	S. A. Friedberg													
University of Illinois Research and Educational Hospitals		10	628	6	67	7,728	0	2	2	0	0	4	180-240	P
Mines														
Veterans Admin. ¹⁵⁶	B. J. Soboroff	24	457	8	100	1,828	0	2	2	2	0	6	291-442	O
INDIANA														
Indianapolis														
Indiana University Medical Center ¹⁶⁰														
Indiana University Hospitals	M. W. Manion	10	627	5	40	1,826	2	2	2	0	0	6	235-289	P
Marion County General	D. E. Brown	10	195	9	55	4,536	1	1	1	1	0	4	269-348	P
IOWA														
Iowa City														
State University of Iowa Hospitals	D. M. Lierle						4	4	4	4	0	16†		
University Hospitals		56	2,793	12	67	24,779							225-325	FP
Veterans Admin.													376-376	O
KANSAS														
Kansas City														
University of Kansas Medical Center	G. O. Proud	10	754	7	100	13,692	1	1	1	0	0	3	200-250	P
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	16	403	8	75	560							292-373	
KENTUCKY														
Louisville														
University of Louisville Medical Center														
Louisville General	G. I. Uhde	20	1,608	6	33	4,928	1	1	1	0	0	3	204-321	FP
Veterans Admin.	H. Oppenheim	7	181	6	33	241						1	291-442	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	V. H. Fuchs	7	800	4	50	7,461						9†	125-200	F
Tulane University Division	H. G. Tabb	13	893	7	28	7,209						8†	125-200	F
Eye, Ear, Nose and Throat	H. G. Tabb		876	1	0	10,280	4	3	1	0	0	8	125-175	F
MARYLAND														
Baltimore														
Baltimore Eye, Ear and Throat	F. P. Dwyer, Jr.	9	3,377	1	1	5,954	1	1	1	0	0	3	200-250	F
Johns Hopkins	J. E. Bordley	25	1,689†	4	100	18,264	3	3	2*	2	0	10†	166-358	P
Mercy	T. A. Schwartz	8	1,843	1	0	2,573	1	1	1	0	0	3	300-300	P
University of Maryland	C. L. Blanchard	10	518	3	100	4,526	0	2	2	2	0	6	220-350	P
MASSACHUSETTS														
Boston														
Boston City	A. J. Gorney	25	1,728	17	29	17,073	2	2	2	0	0	6	158-248	F
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht		4,519	14	57	23,939	5	5	5	0	0	15	200-200	P
Veterans Admin. (Jamaica Plain)	P. Mysel	11	275	4	75	1,902	1	1	1	0	0	3	291-373	O
Massachusetts Memorial	M. S. Strong	3	342	1		890							175-225	O
MICHIGAN														
Ann Arbor														
University ²⁰¹	W. P. Work	13	641	6	4	10,871	3	3	3	3	0	12†	193-295	O
Detroit														
Harper	J. E. Croushore	19	3,244	9	44	1,350	2	2	2	0	0	6	275-325	P
Henry Ford	J. L. Dill	18	1,722	2	50	30,607	2	2	2	2	0	8†	300-400	P
Receiving	J. E. Croushore	10	450†	7	50	10,635	2	2	2	0	0	6	340-415	P
MINNESOTA														
Minneapolis														
University of Minnesota Hospitals ²¹⁶	L. R. Boies	10	599	1	100	5,526	4	4	4	4	0	16†	280-...	O
Minneapolis General	J. H. Glaeser	4	305	2	50	2,451	0	1	1	0	0	2	250-...	F
Ancker (St. Paul)	D. Kusske	5	420	4	75	3,534	0	1	1	0	0	2	280-280	F
Veterans Admin. ²¹⁸	L. R. Boies	15	468	9	77	1,200	1	1	1	0	0	3	291-497	O
Rochester														
Mayo Foundation	K. M. Simonton	12	1,249	1	100	50,941	3	3	3	3	0	12†	200-333	P
Rochester Methodist														
St. Mary's														
St. Paul														
Ancker—See University of Minnesota Hospitals, Minneapolis														
MISSOURI														
Kansas City														
Kansas City General	P. A. Barelli	8	222	0	0	4,283	1	1	1	1	0	4†	220-320	FP
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Homer G. Phillips	J. West	9	389	14	50	2,402	1	1	1	1	0	4†	271-363	P
Washington University Hospitals ²²²														
Barnes	T. E. Walsh	33	3,148	7	100	6,310	5	5	5	5	0	20†	75-175	F
McMillan														
Veterans Admin.	E. Lyman	9	202	15	67		1	0	0	0	0	1	291-291	O
NEW JERSEY														
Newark														
United Hospitals of Newark														
Eye and Ear Infirmary	E. Cardwell	17	1,765	12	50	5,151	1	1	2	0	0	4	300-350	O
Martland Medical Center	E. P. Cardwell	15	576	15	20		2	2	2	0	0	6	300-350	F

Numerical and other references are listed on pages 262 through 264.

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK														
Albany														
Albany Medical Center	B. M. Volk	20	1,100†	6	68	1,000	1	1	1	1	0	4†	230-325	P
Buffalo														
Buffalo General ³⁴⁸	M. Y. Soldineer	11	882†	5	40	1,504	2	2	2	0	0	6	250-350	FP
New York City														
Bellevue Hospital Center														
Division IV—New York University Post Graduate Medical School ²⁹⁷	J. F. Daly	80	2,387	0	0	27,545	4	4	4	0	0	12†	231-317	FP
Brooklyn Eye and Ear	J. P. Baker	48	6,394	7	29	25,419	2	2	2	0	0	6	100-150	F
City Hospital at Elmhurst	C. A. Seelig	14	520	20	40	3,652	1	1	1	0	0	3	231-316	FP
Harlem Eye and Ear	E. Grabscheid	13	2,326	2	100	17,585	1	1	1	0	0	3	150-250	F
Kings County Hospital Center	I. Polisar	29	1,258	11	30	15,224	2	2	2	2	0	8	231-317	FP
Long Island College	I. A. Polisar	6	775	1	100	1,831	1	1	1	1	0	4	170-225	P
Manhattan Eye, Ear and Throat	R. J. Bellucci	53	5,485	7	43	26,145	4	4	4	0	0	12	100-150	P
Mount Sinai	J. L. Goldman	19	1,231	7	57	8,103	0	2	2	2	0	6	303-458	F
New York Eye and Ear Infirmary	J. S. Hanley	26	2,682	1	...	29,018	...	...	...	...	...	3	100-150	P
New York New York Polyclinic Medical School and Hospital	J. W. Bell	9	1,309	3	...	4,143	1	0	1	0	0	2	225-275	F
Presbyterian	E. P. Fowler	41	3,142	10	0	19,278	3	3	3	0	0	9	292-375	P
Roosevelt	R. C. Grove	7	650	1	0	3,909	1	1	1	0	0	3	183-341	P
St. Luke's	D. R. McQuaig	15	947	4	50	8,122	1	1	1	0	0	3	225-275	P
Veterans Admin. (Bronx)	H. Kolson	18	402	12	33	611	1	1	1	0	0	3	315-443	O
Rochester														
Strong Memorial-Rochester Municipal Hospitals	C. A. Heatly	9	1,064	2	50	3,188	0	1	1	1	0	3	167-292	O
Syracuse														
State University of New York Upstate Medical Center	A. W. Doust	18	834	8	50	2,654	0	2	1	1	0	4	250-380	O
Veterans Admin.	D. L. Poushter													
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. D. Fischer	6	227	2	100	6,250	1	1	1	0	0	3	200-375	O
Durham														
Duke University Affiliated Hospitals	W. W. Eagle													
Duke		7	585	1	100	5,208	2	2	2	2	0	8	175-225	P
Veterans Admin.		9	199†	6	50		0	1	1	0	0	2	291-497	O
McPherson	G. B. Ferguson	7	1,023	0	0	13,580	1	1	1	0	0	3	200-350	P
Winston-Salem														
North Carolina Baptist	J. A. Harrill	11	765	4	75	4,191	1	1	1	0	0	3	204-270	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group														
Cincinnati General	V. W. Fischbach	21	689	7	57	3,727	2	2	2	0	0	6	150-200	F
Cleveland														
Cleveland Clinic ³⁴⁸	H. E. Harris	14	871†	8	25	15,160	2	2	2	0	0	6	300-350	O
Cleveland Metropolitan General	S. C. Missal	5	311	1	100	4,897	1	1	1	0	0	3	200-338	F
St. Luke's	F. W. Alexander	20	2,779	5	80	2,391	1	1	1	1	0	4	220-325	F
University Hospitals of Cleveland	W. H. Maloney	7	1,003†	3	33	4,080	0	1	1	1	0	3	221-288	P
Veterans Admin.	W. H. Maloney	14	211	11	45	573	0	1	1	1	0	3	315-443	P
Columbus														
Ohio State University Hospitals														
Children's	T. Smith	13	2,045	0	0	2,017								
University	W. H. Saunders	8	476	2	100	3,902	3	3	2	2	0	10	202-302	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	L. K. Emenhiser						2	2	2	0	0	6		
University Hospitals		5	260	3	0	2,440							200-440	P
Veterans Admin.		8	156	3	100	1,282								
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics ³⁴⁸	D. D. DeWeese	20	1,270	2	50	6,816	2	2	2	2	0	8	200-250	F
Veterans Admin.	T. G. TenEyck	7	103	0	0	1,107							291-414	P
PENNSYLVANIA														
Danville														
Geisinger Medical Center	F. W. Davison	12	1,253	2	0	13,119	1	1	1	1	0	4†	175-250	FP
Philadelphia														
Graduate Hospital of the University of Pennsylvania	B. J. Ronis	14	1,438	2	0	2,127	1	1	1	0	0	3	137-200	F
Hospital of the University of Pennsylvania	P. Marden	18	1,239	4	75	3,721	2	2	2	2	0	8	100-150	O
Jefferson Medical College	F. Harbert	28	1,538	8	50	3,235	2	2	2	2	0	8	250-350	O
Temple University ³⁴⁸	D. Myers	23	3,463	1	0	4,544	2	2	2	2	0	8	175-250	O
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh														
Eye and Ear Hospital of Pittsburgh	R. E. Jordan	43	4,984	6	50	9,383	2	2	2	1	0	7	255-330	O
Veterans Admin.	R. E. Jordan	17	479	8	88		0	1	1	0	0	2		O
Mercy	J. A. Ferrone	29	2,401	6	67	2,232	1	1	1	1	0	4	275-325	F
PUERTO RICO														
San Juan														
San Juan City	J. Pico		442	0	0	4,679	1	1	1	0	0	3	275-350	F

Numerical and other references are listed on pages 262 through 264.

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND														
Providence														
Rhode Island	R. W. Pearson	20	2,846	10	50	5,994	1	1	1	1	0	4	165-340	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	R. W. Hanckel	4	60	1	0	381	1	1	1	1	0	4	138-163	FP
Medical College		1	31											
Roper														
TENNESSEE														
Memphis														
City of Memphis Hospitals ⁶⁷	S. Sanders	7	457	3	33	6,479	1	1	1	0	0	3	150-...	
Veterans Admin.	T. C. Maguda	20	453	8	75	4,323	1	1	1	0	0	3	291-372	O
TEXAS														
Dallas														
Parkland Memorial	C. D. Winborn	3	151	5	0	2,676	1	1	1	0	0	3	150-175	P
Veterans Admin. ³⁷⁶	D. A. Corgill	30	626	16	94	4,722	2	2	2	0	0	6	315-443	P
Galveston														
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., G. McReynolds	8	414	4	75	5,543	1	1	1	0	0	3	283-283	P
Houston														
Baylor University Affiliated Hospitals	H. H. Harris	46	3,799	18	72	11,363	0	3	3	3	0	9		
Jefferson Davis														
Methodist													260-335	O
Veterans Admin.														
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. C. Morrow, Jr.						1	1	1	1	0	4	166-500	FO
DeGoesbriand Memorial		3	407	1	0	440								
Mary Fletcher		4	359	2	50	809								
VIRGINIA														
Charlottesville														
University of Virginia	G. S. Fitz-Hugh	16	949	4	75	4,890	1	2	2	0	0	5	90-180	FP
Richmond														
Medical College of Virginia-Hospital Division	P. N. Pastore	16	1,740	6	33	7,053	2	2	2	2	1	9	100-175	F
WISCONSIN														
Madison														
University Hospitals	M. Bennett	12	518	3	33	3,057	2	2	2	2	0	8	125-275	F
Milwaukee														
Veterans Admin. (Wood) ⁴⁰¹	R. H. Lehman	18	228	22	91	11,323	2	2	2	2	0	8	291-443	P

16. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designed as follows: A—pathologic anatomy only; C—clinical pathology only; P—pathologic anatomy and clinical pathology. Hospitals, 751; Residencies, 3,164

	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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio	D. Auld	407	261,438	19,448	19,448	4P	1	2	1		0	6		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. R. Beck	240	497,273	4,982	4,982	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver	H. E. Shuey	203	454,287	4,616	4,597	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington														
Washington	E. B. Helwig	15,739		33,623	33,623	1A	0	0	10	10	0	20		
Walter Reed General, Washington	N. S. Irely	359	1,240,692	6,805	6,805	4P	2	2	2	2	0	8		
HAWAII														
Tripler General, Honolulu	H. Hoefler	221	719,747	7,591	7,591	4P	1	1	1	1	0	4		

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS														
William Beaumont General, El Paso	P. L. Child	225	1,019,554	5,645	5,081	4P	1	1	1	1	0	2		
Brooke General, San Antonio	M. Bayliss	416	1,001,714	6,270	6,270	4P	2	2	2	2	0	8		
WASHINGTON														
Madigan General, Tacoma	P. W. Palmer	185	944,435	4,373	4,373	4P	1	1	1	1	0	4		
UNITED STATES NAVY														
CALIFORNIA														
U.S. Naval, Oakland	D. B. Rulon	188	474,880	5,458	5,458	4P	1	1	1	1	0	4		
U.S. Naval, San Diego	R. M. Dimmette	604	721,876	13,590	12,606	4P	2	2	1	1	0	6		
MARYLAND														
U.S. Naval, Bethesda	J. Humes	307	665,136	8,946	8,946	4P	2	2	2	2	0	8		
NEW YORK														
U.S. Naval, St. Albans	S. S. Sarkisian	177	460,909	14,729	29,458	4P	2	2	1	1	0	6		
PENNSYLVANIA														
U.S. Naval, Philadelphia	B. H. Smith, Jr.	238	346,528	5,139	4,976	4P	2	2	2	2	0	8		
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U.S. Public Health Service, New Orleans	A. Steplock	303	228,267	7,533	7,320	4P	1	1	1	1	0	4		
MARYLAND														
U.S. Public Health Service, Baltimore	R. Y. Katase	84	191,427	2,724	2,536	4P	1	1	1	1	0	4		
National Institutes of Health-Clinical Center, Bethesda	G. Z. Williams, H. Stewart	287	390,590	2,824	2,824	4P						13		
NEW YORK														
U.S. Public Health Service, New York City (Staten Island)	R. E. DeLashmutt	113	418,945	5,009	4,960	4P	1	1	1	1	0	4		
WASHINGTON														
U.S. Public Health Service, Seattle	B. S. Eggertsen	148	136,391	3,179	3,025	2P	1	1	0	0	0	2		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	M. A. Jackson	221	220,583	5,120	5,120	4P						4	367-475	P
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	H. Mondragon	121	395,630	3,567	3,567	4P						6	458-593	O
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington	P. A. Athanasiadou	193	204,255	1,554	1,554	2A	2	2	0	0	0	4	400-433	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist	A. E. Casey	211	544,328	11,022	11,022	4P	1	0	0	0	0	1	300-375	O
Carraway Methodist	J. A. Cunningham, B. Bishop	110	121,880	3,938	3,938	4P	2	2	0	0	0	4	300-350	FP
University of Alabama Medical Center	C. H. Lupton	538	808,947	9,512	9,512	4P	3	3	2	1	0	9	150-208	F
University Hospital and Hillman Clinic	B. M. Hathaway					3A	1	1	1	1	0	4	291-497	O
Veterans Admin.														
Fairfield														
Lloyd Noland	H. G. Davis, Jr.	104	156,568	4,506	3,015	1A	1	0	0	0	0	1	300-300	FP
Mobile														
Mobile General	E. L. Brown	930	179,020	1,970	1,800	2A	1	1	0	0	0	2	300-375	FP
ARIZONA														
Phoenix														
Good Samaritan	J. D. Barger	233	209,414	9,583	7,029	4P	1	1	1	1	0	4	400-450	P
Maricopa County General	N. P. Grenfell	292	380,080	3,461	3,201	2A	2	2	0	0	0	4	373-392	P
St. Joseph's	L. A. Stapley	258	229,485	6,077	4,880	4P	1	1	1	1	0	4	300-400	FP
ARKANSAS														
Little Rock														
Arkansas Baptist	E. L. Wilbur	176	184,528	6,219	4,649	2A	1	1				2	325-325	F
University	T. D. Norman, J. S. Abercrombie, Jr.	482	162,502	5,498	5,498	4P	2	2	2	2	1	9	233	O
Veterans Admin, Hospitals						4P								
Veterans Admin.	C. F. Shukers	215	270,295	2,007	1,935		2	0	0	0	0	2	291-443	O
Veterans Admin. (North Little Rock)	T. T. Frost	300	334,000	2,650	2,550		1	1	1	1	0	4	291-586	O
CALIFORNIA														
Bakersfield														
Kern County General	R. W. Huntington	692	290,302	9,422	3,732	4P	1	1	1	1	0	4	375-450	P
Berkeley														
Herrick Memorial	H. R. Fishback	86	110,040	3,108	3,108	4P	1	1	1	1	0	4	175-225	F
Burbank														
St. Joseph	R. Straus	137	86,140	5,698	4,244	4P	1	1	1	1	0	4	400-550	O

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
Duarte														
City of Hope Medical Center	G. D. Amromin	241	117,089	6,526	6,526	1P	1	1	0	0	0	2	400-400	O
Glendale														
Glendale Sanitarium and Hospital	A. F. Brown	216	155,241	4,624	3,130	4P	1	1	1	1	0	4	355-380	P
Inglewood														
Daniel Freeman	W. B. Dublin	137	143,402	5,087	3,775	2P	0	0	0	2	0	2		
Loma Linda														
Loma Linda Sanitarium and Hospital—Riverside County General	C. S. Small	88	311,848	5,594	4,930	4P	1	2	2	1	0	6	315-380	O
Loma Linda Sanitarium and Hospital—Riverside County General (Riverside)	J. L. Hanson												440—	P
Long Beach														
Memorial Hospital of Long Beach	E. R. Jennings	208	222,290	7,733	5,549	4P	1	1	1	1	0	4	325-475	P
St. Mary's Long Beach	T. Kiddie	153	195,488	6,681	4,043	3P	2					2	400-600	F
Veterans Admin.	B. E. Konwaler	705	537,644	5,326	5,320	4P	2	2	2	2	0	8	291-497	O
Los Angeles														
California	A. Wright	209	179,268	5,763	4,775	3A	1	1	1	0	0	3	250-300	FP
Cedars of Lebanon	N. B. Friedman	336	244,975	7,772	7,658	4P	2	2	2	2	1	9†	290-500	P
Children's	B. Landing	273	185,000	2,777	1,128	1A	3	1	1	0	0	5†	325-425	O
Hospital of the Good Samaritan	L. J. Tragerman	177	158,769	5,836	4,454	4P	1	0	0	0	0	1	325-375	FP
Kaiser Foundation	J. H. Rowe					4P	1	1	1	1	0	4		
Los Angeles County General	E. Butt	2,092	1,272,572	18,243		4P	7	4	4	4	0	23	290-500	P
Mount Sinai	L. Kaplan	109	77,904	4,747	4,155	1P	1	1	1	0	0	1	290-425	P
Queen of Angels	J. H. Cremin	284	170,508	6,673	6,114	4P	1	1	1	1	0	4	275-325	F
University of California	S. C. Madden	392	212,835	5,060	4,471	4P						8	261-460	O
Veterans Admin. Center General Medical and Surgical ⁹¹	B. G. Fishkin	894	745,308	7,277	7,277	4P	4	4	3	3	0	14	292-373	P
White Memorial	O. B. Pratt	284	410,224	5,522	4,395	4P	2	1	0	1	0	4	265-420	P
Oakland														
Children's Hospital of the East Bay	A. J. McAdams	83	94,202	2,338	512	1A	1*	0	0	0	0	1	275-350	F
Highland-Alameda County	R. J. Parsons	395	198,955	5,137	4,483	3A	2	1	1	0	0	4	255-281	FP
Kaiser Foundation	N. L. Morgenstern	461	449,526	11,414	9,461	4P	1	1	1	1	0	4	315-520	FP
Samuel Merritt	C. P. Baker	138	162,108	6,057	5,080	4P	1	1	1	1	0	4	255-295	P
Veterans Admin.	B. Gerstl	398	269,500	3,375	3,375	4P	2	2	2	2	0	8	291-497	O
Orange														
Orange County General	E. B. Reilly	415	255,894	2,490	2,312	4P	1	0	1	0	0	2	355-417	P
Palo Alto														
Stauford Medical Center and Affiliated Hospitals						4P								
Palo Alto-Stanford Hospital Center	A. J. Cox, Jr.	332	171,854	9,721	7,676		3	3	2	2	0	10	100-175	F
Veterans Admin.	B. Gerstl	113	168,093	1,027	1,006								291-497	O
Pasadena														
Huntington Memorial	D. S. Shillam	282	286,224	10,719	9,083	4P	1	1	1	1	0	4	300-300	FP
Riverside														
Riverside County General—See Loma Linda Sanitarium and Hospital—Riverside County General, Loma Linda														
Sacramento														
Mercy	S. Friedlander	126	284,218	10,516	6,772	4P	1	1	1	1	0	4	400-700	O
Sacramento County	R. Hardre	571	261,658	2,657	2,507	4P	1	1	1	1	0	4	420-510	F
San Bernardino														
San Bernardino County Charity	C. H. Lee	304	161,590	3,251	3,157	2A	3	0	0	0	0	3	—350	F
San Diego														
Donald N. Sharp Memorial Community	H. R. Irwin	123	198,977	8,976	8,125	4P		1	1	1	0	3	250-450	O
Mercy	D. A. DeSanto	214	212,944	17,277	15,845	4P	1	1	1	1	0	4	250-400	FP
San Diego County General	L. A. Palmer	286	197,685	2,559	2,163	4P	1	1	1	1	0	4	250-400	F
San Francisco														
Children's	S. T. Nerenberg	113	178,984	3,799	2,888	2P	1	1	0	0	0	2	250-300	FP
French	G. A. Watson	78	84,967	2,595	2,103	1A	1	1	0	0	0	1	300-350	F
Kaiser Foundation	M. L. Bassis	336	429,256	9,652	8,514	3A						2	315-415	P
Mount Zion Hospital and Medical Center	G. R. Biskind	224	209,538	5,666	5,149	4P	1	1	1	1	0	4	200-350	F
Presbyterian Medical Center	R. J. Kleinhenz	138	91,144	3,500	3,430	4P	1	1	1	1	0	4	175-300	P
St. Francis Memorial	J. L. Zundell	92	238,231	5,510	4,103	4P	2	0	0	0	0	2	300—	P
St. Joseph's	C. M. McCandless	87	97,693	3,332	2,991	2P	1	1	0	0	0	2	250-400	F
St. Luke's	M. B. Black	183	147,541	3,994	3,091	4P	1	1	0	0	0	2	325-375	FP
St. Mary's	R. A. Jeffrey	196	235,954	12,638	5,581	4P	1	1	1	1	0	4	200-350	FP
San Francisco General	J. L. Carr	692	92,669	3,567	3,416	3A	5	4	1	0	0	10	261-458	O
University of California Service														
Southern Pacific General	V. L. Cull	201	135,999	3,738	2,839	4P	1	1	1	1	0	4	300-400	F
University of California Hospitals ¹⁰⁴	H. D. Moon	376	171,441	7,794	7,531	4P	7	5	5	5	0	22	261-460	O
Veterans Admin.	L. Lichtenstein	215	199,070	2,993	2,893	2P	0	2	2	1	0	5	291-497	O
San Jose														
O'Connor	L. R. Grams	226	188,561	7,254	5,948	4P	0	1	1	1	0	3	400-600	P
Santa Clara County	D. L. Alcott	478	465,598	2,502	2,155	4P	2	2	2	2	0	8	300-400	P
San Mateo														
Community Hospital of San Mateo County	R. O. Holmes	995	153,434	3,364	2,128	2A	1	0	0	0	0	1	325-325	F
San Pablo														
Brookside	G. H. DeMay, C. Rolle	105	107,846	3,121	2,242	2P	1	1	0	0	0	2	500-500	O
Santa Barbara														
Santa Barbara Cottage	D. R. Dickson	149	35,891	5,825	4,872	4P						2	250-400	FP
Santa Monica														
St. John's	G. J. Hummer	133	160,118	7,907	6,161	2A	2	0	0	0	0	2	250-300	P
Sequoia														
Sequoia	S. Lindsay	129	141,268	6,312	5,827	4P	1	0	0	0	0	1	350-400	P
Stockton														
San Joaquin General	H. Schneider	364	149,238	3,102	2,774	3A						1	335-400	P
Torrance														
Los Angeles County Harbor General	D. L. Moyer	544	401,486	3,346	3,218	4P	2	2	2	2	0	8	290-500	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964						Total All Years	Salary per Month Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
COLORADO														
Colorado Springs														
Penrose	M. Berthrong, J. D. Rice, Jr.	200	152,124	4,450	3,584	4P	2	2	0	0	0	4	250-350	F
Denver														
Children's	E. C. Beatty, Jr.	123	160,252	3,583	901	2P	1	1	0	0	0	2	250-300	P
Denver General	W. C. White	846	398,060	2,859	2,823	4P	2	2	2	2	0	8	245-320	P
General Rose Memorial	J. Minckler	160	149,030	6,421	6,034	4P	1	1	1	1	0	4	265-310	F
Mercy	E. Hildebrand	152	145,761	7,352	7,004	4P	1	1	0	0	0	2	385-460	P
Porter	J. Denst, L. A. Olsen	98	124,841	4,682	4,580	2P	1	1	0	0	0	2	300-600	P
Presbyterian	A. E. Lubchenko	236	193,844	7,611	6,327	4P	2	1	1	1	0	5	300-400	P
St. Anthony	S. K. Kurland, R. E. Herrmann	184	222,372	6,135	3,423	2A	2	2	0	0	0	2	300-375	FP
St. Joseph's	S. M. P. Ashe	257	386,904	1,696	1,696	4P	1	1	1	1	0	4	200-300	F
St. Luke's	W. C. Black	256	221,497	9,105	7,331	4P	2	2	1	1	0	6	290-315	P
University of Colorado Medical Center						4P								
Colorado General	D. King	639	503,489	6,513	6,490		3	3	3	3	0	12	250-300	O
Veterans Admin.	C. W. Anthony	275	246,279	2,462	2,437							7	291-886	O
Pueblo														
Colorado State ¹⁵	M. Gallavan	306	150,328	975	933	4P	2*	2*	2	2	2	10†	540-884	O
St. Mary-Corwin	R. Fargotstein	170	188,413	7,515	5,522	4P	2	0	2	0	0	4	350-500	P
CONNECTICUT														
Bridgeport														
Bridgeport	R. H. Pope	179	315,266	5,497	3,834	4P	1	1	1	1	0	4	325-400	FP
St. Vincent's	H. G. Schmidt	283	224,176	4,808	4,258	4P	1	1	1	1	0	4	375-475	P
Danbury														
Danbury	E. Woll	142	153,447	3,663	2,848	4P	2	2	2	2	0	8	250-250	F
Derby														
Griffin	W. P. McNulty, Jr.	90	94,115	2,238	1,654	1A	1	0	0	0	0	1	250-400	F
Greenwich														
Greenwich	I. Rappaport	187	161,428	3,086	2,239	2A	1	1	0	0	0	2	200-350	F
Hartford														
Hartford	R. Tennant	549	413,183	12,640	11,987	4P	2	2	2	2	0	8	235-385	P
St. Francis	L. P. Hastings	236	301,102	7,493	7,819	4P	1	1	1	1	0	4	200-300	FP
Manchester														
Manchester Memorial	F. P. Becker	152	110,297	3,943	2,926	2A	2	0	0	0	0	2	425-...	O
Meriden														
Meriden	R. Katzenstein	109	164,669	3,657	2,611	2A	2	0	0	0	0	2	300-500	F
Middletown														
Middlesex Memorial	C. E. McLeod	186	111,892	3,816	2,634	2P	1	1	0	0	0	2	200-...	F
New Britain														
New Britain General	P. D. Rosahn	221	208,042	6,635	5,011	4P	2	1	1	1	0	5	265-340	FP
New Haven														
Hospital of St. Raphael	R. Nesbit	247	200,886	5,675	5,390	4P	1	1	1	1	0	4	300-375	F
Yale-New Haven Medical Center														
Grace-New Haven Community	A. A. Liebow, D. Seligson	612	432,964	10,092	8,213	4P	2	2	1	0	0	5	175-250	O
Veterans Admin. (West Haven)	R. Yesner	256	376,716	3,145	3,000	4P	1	2	1	0	0	4	291-373	O
Newington														
Veterans Admin.	R. G. Olivetti	99	116,974	1,272	1,170	2P	1	0	0	0	0	1	291-443	O
Norwalk														
Norwalk	R. Barnett	261	177,248	4,711	3,364	4P	2	0	0	1	0	3	235-340	F
Stamford														
Stamford	E. S. Breakell	281	178,684	5,639	4,971	4P	1	1	1	1	0	4	200-300	F
Waterbury														
St. Mary's	M. E. Cox	217	167,999	4,544	3,005	4P	1	1	1	1	0	4	325-400	F
Waterbury	J. O. Collins	203	214,431	4,896	4,896	4P	1	1	1	1	0	4	225-300	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	J. W. Howard	287	399,788	7,028	6,632	4P	1	1	1	1	1	5	240-280	FP
Memorial	J. W. Abbiss	261	256,043	5,743	5,644	4P	2	1	1	1	0	5	237-297	F
Wilmington General	J. V. Casella	165	201,988	3,418	3,418	2P	2	1	0	0	0	3	220-355	FP
DISTRICT OF COLUMBIA														
Washington														
Children's	G. H. Guin	117	172,771	784	784	2P	2	0	0	0	0	2	200-320	P
District of Columbia General	D. Weiss	1,034	1,118,770	8,790	8,790	4P	4	3	2	2	0	11	258-358	P
Doctors	O. B. Hunter, Jr.	178	242,652	6,372	5,324	4P	1	1	1	1	0	4	300-400	F
Georgetown University	G. F. Geschickter	359	326,620	7,698	7,698	4P	4	4	3	1	0	12	175-235	P
George Washington University	T. M. Peery	338	326,832	20,389	20,089	4P	2	1	2	1	0	6	210-285	P
Providence	K. L. McCoy	273	248,629	6,058	5,955	4P	1	1	1	1	0	4	350-425	P
Sibley Memorial	O. B. Hunter, Jr.	265	188,000	4,732	4,199	4P	1	1	1	1	0	4	346-390	O
Veterans Admin.	J. S. Howe	297	197,783	2,359	2,359	4P	2	1	1	1	0	5	291-497	O
Washington Hospital Center	V. E. Martens	465	411,873	11,649	11,090	4P	2	2	2	2	0	8	315-360	O
FLORIDA														
Coral Gables														
Veterans Admin.	R. M. Clark	423	361,641	3,382	3,350	4P	1	1	1	1	0	4	291-443	O
Fort Lauderdale														
Broward General	R. J. Poppiti, R. V. Thomson	283	254,281	7,659	6,082	4P	2	0	0	0	0	2	450-500	FP
Gainesville														
University of Florida Teaching Hospital and Clinics	J. L. Edwards, J. B. Henry	234	178,813	5,348	5,348	4P	6*	3	3	3	2	17	217-450	O
Hollywood														
Memorial	J. Mickley	122	173,538	3,790	3,524	2P	1	1	0	0	0	2	400-400	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued														
Jacksonville														
Baptist Memorial	A. G. Foraker	177	191,944	6,108	5,030	4P	1	1	1	1	0	4	325-400	O
Duval Medical Center	J. W. Eversole	277	207,904	6,798	6,561	2A	1	1	0	0	0	2	325-350	O
St. Vincent's	C. M. Whorton	140	216,450	6,365	4,711	4P	1	1	1	1	0	4	325-400	P
Miami														
Jackson Memorial	W. A. D. Anderson	903	1,041,873	16,865	14,369	4P	5	5	5	5	0	20	200-335	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	J. Benson	222	245,571	4,725	4,211	4P	1	1	1	1	0	4	250-325	F
Orlando														
Orange Memorial	C. G. Butt	219	330,865	5,699	5,204	4P	1	1	1	1	0	4	325-400	O
Pensacola														
Baptist	G. V. Squires	224	261,993	7,076	4,834	4P	1	1	1	1	0	4	425-500	O
Tampa														
Tampa General	R. Neale, Sr.	236	264,882	8,603	7,973	4P	1	1	1	1	0	4	250-300	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	D. Ayer	250	243,164	7,424	6,224	4P	3	2	1	1	0	7	315-350	O
Emory University ¹²⁶	M. Goodman	347	184,110	9,937	5,776	4P	3	2	2	1	0	8	235-265	P
Georgia Baptist	G. L. Forbes	193	185,618	19,946	19,946	2P								
Grady Memorial	T. D. Raean	550	582,158	8,542	8,542	4P	5	4	1	0	0	10	100-200	F
St. Joseph's Infirmary	J. T. Godwin	200	269,073	9,096	9,096	4P	1	1	1	1	0	4	330-400	P
Veterans Admin. ¹²⁵	J. Mendeloff	187	202,053	1,632	1,512	3P	2	1	0	0	0	3	291-497	P
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	L. D. Stoddard	214	458,604	3,898	3,898	4P	3	2	1	1	1	8	250-583	O
University	M. Ihnen	155	188,928	5,074	41	4P	1	1	1	0	0	3	250-300	O
Savannah														
Memorial Hospital of Chatham County	L. Howard, Jr.	194	124,298	2,510	1,969	2A	1	1	0	0	0	2	350-350	F
HAWAII														
Honolulu														
Kuakini Hospital and Home	G. N. Stemmermann	107	80,752	3,970	3,300	2A	1	0	0	0	0	1	350	F
Queen's	H. Cavin	270	274,392	7,636	7,473	4P	2	1	1	1	0	5	250-400	FP
St. Francis		148	134,688	4,515	3,714	2A	1	1	0	0	0	2	250-300	F
ILLINOIS														
Berwyn														
MacNeal Memorial						4P								
Chicago														
Alexian Brothers Hospital—St. Joseph Hospital	G. F. Stevenson					4P								
Alexian Brothers		75	100,515	1,784	1,752		1	0	0	1	0	2	300-375	F
St. Joseph		94	106,035	3,812	3,478		1	1	1	1	0	4	325-400	F
American	W. Eisenstaedt, F. Bicknell	80	58,846	1,686	1,512	1P	2	0	0	0	0	2	175-225	F
Augustana	G. Milles	167	113,360	3,038	2,762	4P	1	1	0	0	0	2	500-500	F
Children's Memorial	J. Boggs	190	161,517	3,292	3,292	2P	2	2	2	2	2	2	250-300	P
Columbus	E. F. Hirsch, E. Nora, Sr.	178	323,463	5,582	4,414	4P	1	1	1	1	0	4	325-400	F
Cook County	P. B. Szanto	2,124	1,358,547	17,019	17,019	4P	4	3	3	2	0	12	150-250	FP
Edgewater	L. Gamboa	172	173,365	5,004	4,804	4P	2	0	1	1	0	4	400-550	F
Englewood	M. Swerdlow	79	71,119	2,095	1,717	2P	1	1	0	0	0	2	400-450	F
Grant	J. C. Sherrick	182	121,046	3,992	3,992	2A	1	1	1	1	0	4	450-525	F
Illinois Central	W. P. Mavrelis	136	103,010	3,666	3,112	2A	1	1	0	0	0	2	320-330	FP
Illinois Masonic	L. King, G. Gyori	298	345,914	3,978	3,595	4P	2	1	0	0	0	3	225-300	F
Louis A. Weiss Memorial	S. A. Levinson					2A								
Mercy	G. W. Changus	148	239,884	4,147	4,147	4P	1	1	1	1	0	4	225-300	F
Michael Reese Hospital and Medical Center	O. Saphir	450	742,849	9,134	7,321	4P	2	2	3	3	2	12	200-275	FP
Mount Sinai	I. Davidsohn	271	475,037	7,335	6,856	4P	3	3	3	3	0	12	250-325	P
Northwestern University Medical Center														
Chicago Wesley Memorial	T. C. Laipply	300	346,388	10,330	10,330	4P	2	1	1	1	0	5	250-325	P
Passavant Memorial	W. B. Wartman	112	204,743	3,365	3,365	4P	2	1	1	1	0	5	250-300	P
Presbyterian-St. Luke's	G. M. Hass	562	672,273	12,711	12,003	4P	2	2	2	2	1	9	125-225	F
Veterans Admin. Research	H. Yokoo	397	295,902	2,361	2,361	4P	2	2	1	1	0	6	291-497	O
Evanston (Evanston)	C. B. Taylor	298	299,680	5,760	4,470	4P	2	2	1	1	0	6	250-325	P
Ravenswood	H. Hetz	169	169,197	3,113	2,876	1A	1	0	0	0	0	1	375-375	F
St. Anne's	J. B. Hartney	174	196,373	4,415	2,620	4P	1	1	0	1	0	4	550-550	O
St. Mary of Nazareth	M. C. Godwin	155	289,304	4,659	3,662	1A	1	0	0	0	1	1	515-565	P
Swedish Covenant	J. B. McCormick	160	150,249	2,718	2,082	4P	1	1	1	1	0	4	240-475	F
University of Chicago Hospitals and Clinics	R. W. Wissler	374	672,242	7,875	7,761	4P	3	1	1	1	0	6	250-330	O
Educational Hospitals														
University of Illinois Research and														
Educational Hospitals	C. A. Krakower	437	891,601	12,320	12,320	4P	3	2	2	3	0	10	200-275	P
Veterans Admin. (West Side) ¹²⁴	B. Chomet	272	258,900	3,505	3,400	4P						4	291-443	O
Decatur														
Decatur and Macon County	O. C. Brosius	183	193,612	7,154	7,154	4P						4	425-575	F
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
St. Francis	G. A. Nedzel, J. W. Henry	288	337,450	5,974	4,784	4P						3	325-370	F
Hines														
Veterans Admin.	M. E. Rubnitz	797	713,949	4,821	4,582	4P	2	2	2	2	0	8	291-442	O
Oak Park														
West Suburban	G. Kent	218	230,836	5,850	4,906	4P	1	1	1	1	0	4	400-450	P
Peoria														
Methodist Hospital of Central Illinois	H. I. Brown	216	126,246	5,966	4,433	4P	1	1	1	1	0	4	450-600	FP
St. Francis	D. D. Mark	279	210,200	7,728	7,728	4P	1	1	1	1	0	4	275-350	F
Rockford														
Rockford Memorial	M. O. Alexander	243	205,848	4,207	3,420	4P	1	1	1	1	0	2	300-400	F
St. Anthony	A. R. K. Matthews	143	168,177	1,735	1,583	4P	1	1	1	1	0	4	200-350	F
Urbana														
Carle Memorial	H. Friedman	62	160,000	3,472	3,210	1A	1	0	0	0	0	1	250-250	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsias	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary Per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA														
Fort Wayne														
St. Joseph's	L. A. Schneider	220	207,273	10,652	9,239	4P	2	1	1	1	0	5	250-500	P
Gary														
Methodist	W. P. Loh	264	151,241	5,161	4,956	4P	1	2	0	1	0	4	350-500	FP
Indianapolis														
Indiana University Medical Center														
Indiana University Hospitals	E. B. Smith	475	366,772	13,724	13,600	4P	3	3	3	3	0	12	300-416	P
Marion County General	T. A. Stump	459	238,342	3,078	3,033	4P	2	2	2	2	0	8	269-348	P
Methodist	L. Hoyt	381	1,127,965	14,740	10,083	4P	2	2	2	2	0	8	360-450	P
St. Vincent's	L. N. Foster	182	251,584	5,317	3,502	4P	1	1	1	1	0	4	275-325	FP
Veterans Admin.	D. Rosenbaum	320	280,280	4,340	4,340	3P	1	1	1	1	0	4	291-373	O
Lafayette														
St. Elizabeth	G. B. Stansell	72	151,690	4,057	3,079	2A	1	1	0	0	0	2	400-415	F
Muncie														
Ball Memorial	L. G. Montgomery	302	354,292	6,426	4,940	4P	1	1	1	1	0	4	350-350	P
South Bend														
South Bend Medical Foundation Hospitals														
Elkhart General (Elkhart)	C. S. Culbertson	439	409,504	15,897	11,717	4P	2	2	2	2	0	8	425-....	O
St. Joseph (Mishawaka)														
Memorial														
St. Joseph's														
Vincennes														
Good Samaritan	B. K. Black	97	138,198	3,047	2,249	1A	1	0	0	0	0	1	500-....	O
IOWA														
Cedar Rapids														
St. Luke's Methodist	R. F. Looker	261	289,708	6,829	4,151	4P	1	1	1	0	0	3	275-350	F
Des Moines														
Iowa Methodist	J. Green, Jr.	227	239,780	6,108	4,580	4P	1	1	1	1	0	4	200-275	F
Mercy	F. C. Coleman	242	198,319	3,805	3,794	4P	1	1	1	1	0	4	375-450	P
Veterans Admin.	T. E. Corcoran	209	173,630	2,677	2,677	3A	1	1	1	1	0	4	291-442	P
Iowa City														
Mercy	K. R. Cross	49	84,121	3,152	2,226	1P	1	0	0	0	0	1	300-500	O
University Hospitals	E. D. Warner	582	493,906	7,227	7,227	4P	3	3	3	3	0	12	345-416	FP
Veterans Admin.	K. R. Cross	238	222,662	2,223	2,082	4P	1	1	1	1	0	4	291-446	O
KANSAS														
Halstead														
Halstead	C. A. Hellwig	54	133,171	2,575	2,258	1P	1	0	0	0	0	1	300-350	O
Kansas City														
University of Kansas Medical Center	J. Carter	447	770,482	9,428	8,512	4P	4	3	3	3	0	12	200-500	P
Veterans Admin. (Kansas City, Mo.)	S. H. Choy	301	286,641	1,979	1,758	4P	1	1	1	1	0	4	292-443	
Wichita														
St. Francis	W. P. Callahan, Jr.	371	776,385	12,443	10,729	3A	1	1	1	0	0	3	275-325	FP
Wesley	B. E. Stofer	131	355,632	9,987	7,856	4P	2	2	1	1	0	6	325-400	FP
Wichita-St. Joseph	W. J. Reals	194	151,241	7,435	6,451	4P	1	1	1	1	0	4	325-450	P
KENTUCKY														
Covington														
St. Elizabeth	R. J. Ritterhoff	208	105,934	3,588	2,463	2A	2	0	0	0	0	2	225-250	F
Harlan														
Harlan Memorial	D. M. Kuhns	61	120,000	4,623	4,151	4P	1	1	0	0	0	2	400-550	P
Louisville														
Children's	D. Stowens	101	52,938	1,554	1,034	1P	1	0	0	0	0	1	....	F
Louisville General	W. Christopherson	583	333,719	5,652	5,003	4P	2	2	2	2	0	8	....	FP
Veterans Admin.	E. L. Foote	254	258,175	2,492	2,488	4P	1	1	1	1	0	3	291-442	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
	E. Moss, C. E. Dunlap, H. C. McGill	1,905	1,065,541	17,094	17,094	4P						18	125-200	F
Hotel Dieu Sisters'	R. M. Hartwell	110	214,214	10,591	10,591	3P	1	1	1	0	0	3	275-400	P
Ochsner Foundation	G. M. Carrera	166	202,235	5,769	5,769	4P	1	1	1	1	0	4	225-300	P
Ochsner Foundation	M. F. Beeler	166	202,235	5,769	5,769	3C	0	0	0	1	1	2	275-300	P
Southern Baptist	E. H. Lawson	164	532,751	12,699	12,699	4P	1	1	1	1	0	4	275-460	P
Touro Infirmary	A. Hertzog	234	263,101	6,778	6,778	4P	1	1	1	1	0	4	235-310	FP
Veterans Admin.	J. Ziskind	346	288,816	2,904	2,881	4P	1	1	0	0	0	2	291-925	O
Shreveport														
Confederate Memorial Medical Center	W. R. Mathews	409	385,993	6,382	6,382	4P	1	1	1	1	0	4	160-300	F
MAINE														
Bangor														
Eastern Maine General	R. C. Wadsworth	168	206,601	8,355	6,918	3A	2	2	2	0	0	6	200-250	FP
Lewiston														
Central Maine General	C. F. Branch	227	101,807	5,116	5,086	4P	1	0	0	0	0	1	225-360	FP
Portland														
Maine Medical Center	J. E. Porter	226	259,303	5,790	4,629	4P	2	1	1	1	0	5	175-250	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals														
Franklin Square	A. D. Pollack	497	302,359	4,763	4,763	3A	3	2	1	0	0	6	200-250	FP
Johns Hopkins	P. F. Guerin	63	142,385	2,412	2,412	2A	2	2	0	0	0	2	....	F
Maryland General	I. L. Tennett, Jr.	647	462,969	8,998	8,998	3A	4	3	2	1	0	10	200-416	P
Mercy	W. B. King, Jr.	182	275,716	6,121	5,075	4P	2	0	0	0	0	2	225-300	FP
	C. G. Warner													
	R. Lancaster	123	599,683	6,035	3,593	2A	1	1	0	0	0	2	300-300	P
Provident	H. L. Tseng	95	138,102	2,119	2,005	1A	1	0	0	0	0	1	450-450	F
St. Joseph's	W. B. VandeGrift	139	179,041	6,070	4,642	2A	1	1	0	0	0	2	350-375	F
Sinai Hospital of Baltimore	T. Weinberg	283	404,531	14,012	13,389	4P	3	3	2	1	0	9	250-400	P
Union Memorial	W. C. Merkel	216	256,560	9,511	8,560	4P	1	1	1	1	0	4	520-600	P
University of Maryland	H. I. Firminger	460	465,052	9,301	8,500	4P	2	2	2	2	0	8	300-450	P

Numerical and other references are listed on pages 262 through 264.

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 1963-1964						Total All Years	Salary per Month Min.-Max.	Maintenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND—Continued															
Bethesda															
Suburban	J. E. Ash	131	433,234	4,888	3,775	4P	1	1	1	1	0	4	360-435	P	
Cheverly															
Prince George's General	C. J. Burns	284	261,669	5,152	4,623	2P	2	0	0	0	0	2	325-350	FP	
MASSACHUSETTS															
Beverly															
Beverly	R. Feinberg	138	118,427	2,157	2,157	4P						2	...-300	F	
Boston															
Beth Israel	D. G. Freiman	241	257,058	5,281	5,179	4P	3	1	1	1	0	6	192-275	P	
Boston City	G. K. Mallory	1,050	83,236	6,690	6,690	4P	6*	6	3	3	0	18	158-248	F	
Boston Lying-In Hospital—Free Hospital for Women	J. M. Craig					1A									
Boston Lying-In ⁹⁰ Free Hospital for Women (Brookline)		155	74,983	4,399	4,399		2	0	0	0	0	2	75-150	F	
Carney	H. J. Christian	165	227,183	5,360	4,509	4P	0	0	4	0	0	4	142-217	F	
Children's Hospital Medical Center	S. Farber	291	200,000	2,129	2,123	2P	1	1	1	1	0	4	200-275	F	
Faulkner	P. M. LeCompte	145	70,216	3,418	3,000	2P	2	1	0	0	0	3	125-300	F	
Lemuel Shattuck	G. W. Curtis	226	209,758	844	844	2A	2	1	0	0	0	3	306-319	P	
Massachusetts General	B. Castleman	1,047	12,266	46,296	46,296	4P	3	1	4	1	0	9	108-188	FP	
Massachusetts Memorial Hospitals	R. P. Sherwin	124		4,848	4,842	4P	2	1	1	0	0	4	175-225	O	
New England Center	H. E. MacMahon	254	284,863	4,028	3,841	2A	1	2	1	0	0	4	237-304	O	
New England Deaconess	S. Warren	361	325,914	7,939	7,683	4P	4	4	4	3	0	15	175-280	P	
Peter Bent Brigham ¹⁰⁸	G. J. Dammin	323	285,183	3,218	3,218	4P	3	3	2	0	0	8	154-217	P	
St. Elizabeth's	J. H. Graham	202	175,191	5,181	3,904	3A	2	2	2	0	0	6	175-225	FP	
Veterans Admin. (Jamaica Plain)	J. D. Houghton	441	550,000	3,747	3,737	3A	3	2	1	0	0	6	291-373	O	
Brockton															
Brockton	G. R. Dickersin	124	136,789	3,410	2,399	2A	1	1	1	1	0	2	303-383	F	
Cambridge															
Cambridge City	F. O. Young	123	51,597	23,037	23,037	2A	1	1	0	0	0	2	195-220	F	
Mount Auburn	C. W. Jones	183	149,130	3,392	2,927	2A						3	200-250	FP	
Fall River															
Truesdale	W. Freeman	112	110,892	4,855	3,940	1A	1	0	0	0	0	1	200-250	F	
Fitchburg															
Burbank	H. J. Sparling, Jr.	114	142,872	2,437	2,340	3P	3	3	3	0	0	3	200...		
Framingham															
Framingham Union	C. G. Tedeschi	308	138,789	6,950	5,345	2A	1	1	0	0	0	2	200-275	F	
Holyoke															
Holyoke	H. P. Wakefield	119	91,374	3,463	2,738	1A	1	0	0	0	0	1	200...	F	
Lawrence															
Lawrence General	L. S. Jolliffe	120	135,242	2,014	1,994	4P	1	1	1	1	0	4	300-350	F	
Lynn															
Lynn	H. G. Olken	196	162,338	6,061	6,061	4P	2	0	0	0	0	2	225-250	F	
Malden															
Malden	M. V. MacKenzie	88	96,570	3,521	3,318	2P	1	1	0	0	0	2	225-275	F	
New Bedford															
St. Luke's	V. Kiarsis	221	265,141	4,892	3,084	2A	1					1	350-350	FP	
Newton Lower Falls															
Newton-Wellesley	D. Skinner	155	181,166	5,954	4,016	4P	1	1	1	1	0	4	200-345	F	
Pittsfield															
Pittsfield Affiliated Hospitals	W. Beautyman	180	166,331	5,915	4,280	4P	2	2	1	1	0	6	325-425	F	
Pittsfield General															
St. Luke's															
Quincy															
Quincy City	R. Street	212	147,698	3,866	3,866	4P	1	1	1	1	0	4	300-383	F	
Salem															
Salem	D. A. Nickerson	138	146,252	11,304	9,204	4P	2	1	1	0	0	4	200-350	FP	
Springfield															
Springfield	W. Kaufmann	343	254,750	9,257	9,257	3A	2	2	1	0	0	5	250-300	FP	
Walpole															
Pondville	S. Warren	134	76,837	1,784	1,784	2P	0	0	1	2	0	3	556...	O	
West Roxbury															
Veterans Admin.	I. Gore	122	169,704	1,594	1,594	2P	1	0	0	3	0	4	291-497	O	
Worcester															
Memorial	R. C. Sniffen	187	175,944	3,600	3,105	2A	1	1	0	0	0	2	250-275	FP	
St. Vincent	W. Casale	337	367,803	6,432	5,408	4P	2	1	1	1	0	5	300-375	FP	
Worcester City	W. MacGillivray	239	187,570	3,110	3,110	4P	1	1	1	1	0	4	270-340	FP	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	H. C. Bryant	244	234,393	6,191	6,153	3A	1	1	1	1	0	4†	360-435	F	
University of Michigan Affiliated Hospitals	A. J. French					4P	5	5	5	5	0	20			
University		502	488,535	9,237	9,237								193-295	O	
Veterans Admin.															
Dearborn															
Oakwood—See Wayne State University Affiliated Hospitals, Detroit															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Children's	W. W. Zuelzer	230	1,494	653	653	1A	1	1	0	0	0	2	235-285	F	
Grace	C. I. Owen	390	407,526	16,133	16,133	4P	1	1	1	1	0	4	275-350	FP	
Harper	J. R. McDonald	302	501,799	10,714	10,266	4P	2	2	2	2	0	8	275-350	P	
Henry Ford	R. C. Horn	749	766,976	12,844	12,844	4P	4	4	4	4	0	16	300-400	P	
Mount Carmel Mercy	L. W. Gardner	288	370,497	8,325	6,437	4P	1	1	1	1	0	4	450-525	P	
Providence	C. A. Velat	235	239,819	4,700	4,602	4P	1	1	1	1	0	4	410-465	P	
Wayne State University Affiliated Hospitals															
Oakwood (Dearborn)	R. L. Mainwaring	139	208,968	5,915	5,779	4P	1	1	1	1	0	4	300-375	F	
Veterans Admin. (Dearborn)	J. Shrager	282	379,641	2,818	2,818	4P	1	1	1	1	0	4	291-443	O	
Detroit Memorial Hospitals	J. D. Langston	160	247,473	4,001	3,651	4P	0	0	1	1	0	2	475-500		
Herman Kiefer	P. C. Martineau	191	662,378	2,545	2,545	2P	1	0	0	0	0	1	599-673	O	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1963-1964						Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN, Detroit—Continued															
Receiving	L. Berman	504	660,983	6,970	6,970	4P	1	1	1	1	0	4	340-415	P	
Sinai Hospital of Detroit	S. Kobernick	219	285,789	8,690	7,563	4P	1	1	1	1	0	4	300-375	F	
Woman's	E. E. Muirhead	109	264,837	5,020	18,891	4P	0	0	1	1	0	2	475-550	O	
Eloise															
Wayne County General Hospital and Infirmary	S. E. Gould	404	340,019	3,950	3,877	4P	2	1	2	2	0	7	419-513	F	
Flint															
Hurley	E. M. Knights	438	516,115	6,575	6,001	4P	1	1	1	2	0	5	325-450	F	
McLaren General	E. G. Murphy	156	214,749	9,622	4,180	4P	1	1	1	1	0	4	400-475	P	
St. Joseph	W. Eaton	215	308,076	6,466	4,876	4P	1	1	1	0	0	3	450-500	P	
Grand Rapids															
Blodgett Memorial	C. A. Payne	489	220,494	8,870	8,167	4P	1	0	1	0	0	2	325-375	FP	
Butterworth	J. D. Mann	292	214,749	7,220	5,476	4P	1	1	1	1	0	4	325-400	O	
St. Mary's	H. E. Bowman	212	281,838	7,651	7,002	4P	1	1	1	1	0	4	315-370	FP	
Kalamazoo															
Borgess	P. Rutherford	155	151,858	3,970	2,780	2P	1	1	0	0	0	2	275-295	F	
Lansing															
Edward W. Sparrow	J. Dunkel	164	169,219	6,829	1,144	4P	1	1	1	1	0	4	550-600	P	
St. Lawrence	L. W. Walker	172	154,958	5,926	5,926	2A	1	1	0	0	0	2	450-525	FP	
Pontiac															
Pontiac General	J. J. Marra	212	208,806	5,674	4,602	4P	1	1	1	1	0	4	350-450	FP	
St. Joseph Mercy	R. E. Olsen, J. Rutzky	136	134,980	4,459	3,952	4P	1	1	1	1	0	4	375-435	P	
Royal Oak															
William Beaumont	H. J. Linn					4P	1	1	1	1	0	3			
Saginaw															
Saginaw General	H. Shecter	215	128,197	5,261	4,952	4P	1	1	1	1	0	2	380-455	P	
MINNESOTA															
Duluth															
St. Luke's	A. H. Wells	382	335,893	9,361	8,800	4P	1	1	1	1	0	4	300-375	F	
St. Mary's	A. C. Aufderheide	237	166,000	5,078	4,507	4P	1	1	1	1	0	4	250-250	P	
Minneapolis															
Minneapolis General	J. I. Coe	384	582,903	5,526	5,124	3A	2	1	0	0	0	3	250-...	F	
Mount Sinai	S. Barron	113	186,192	4,101	2,980	2A	1	1	0	0	0	2	250-250	FP	
Northwestern	F. H. Lott	123	172,829	5,139	4,529	4P	1	1	1	1	0	4	225-300	F	
St. Barnabas	N. H. Lufkin	191	148,837	5,023	3,976	2A	1	1	0	0	0	2	230-280	F	
St. Mary's	W. Subby	309	225,191	7,753	5,744	2A	1	1	0	0	0	2	250-300	F	
Swedish	A. Jay, D. P. Reynolds	324	263,772	10,761	8,232	3A	1	1	1	0	0	3	230-330	F	
University of Minnesota Hospitals	G. T. Evans, J. Dawson, Jr.	749	745,349	4,763	4,763	4P							280-...	O	
Veterans Admin. ²⁰⁹	D. F. Gleason	496	553,140	6,420	369	4P	2	2	1	1	0	6	291-497	O	
Rochester															
Mayo Foundation	C. A. Owen, Jr., A. H. Baggenstoss	898	1,285,557	23,534	23,534	4P	6	6	6	6	0	24	200-333	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker	J. F. Noble	380	262,740	1,841	1,841	2A	1	0	0	0	0	1	280-280	F	
Charles T. Miller	J. E. Edwards	156	247,825	5,429	4,614	4P	1	1	1	1	0	4	325-375	P	
St. Joseph's						2A									
MISSISSIPPI															
Jackson															
Mississippi Baptist	K. M. Heard	178	205,153	11,122	5,134	4P	1	0	0	0	0	1	350-375	P	
University	W. N. Bell, J. G. Brunson	399	486,000	5,029	5,029	4P	3	3	3	3	0	12	250-425	O	
MISSOURI															
Clayton															
St. Louis County	J. P. Wyatt	333	254,380	1,938	1,801	1A									
Columbia															
University of Missouri Medical Center	F. Lucas	239	211,344	5,865	5,865	4P	3	3	3	3	0	12	400-525	P	
Kansas City															
Kansas City General	C. B. Wheeler	445	460,745	6,550	6,103	4P	2	2	2	2	0	8	220-320	FP	
Menorah Medical Center	H. Cohen	178	1,802	8,309	3,886	4P	1	1	1	1	0	4	300-450	F	
Research	H. K. B. Allebach	108	174,667	4,472	3,152	4P	1	1	1	1	0	4	300-375	FP	
St. Joseph	R. W. Kerr	304	362,576	10,271	10,271	4P	1	1	1	1	0	4	250-400	F	
St. Luke's	F. C. Helwig	307	335,237	25,562	23,006	4P	2	2	1	1	0	6	250-325	FP	
St. Mary's	A. Lapi	152	366,073	5,507	4,106	4P	1	1	1	1	0	4	275-425	FP	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kans.															
St. Louis															
Barnes	P. E. Lacy	595	585,084	16,498	14,848	3A						14	50-175		
DePaul	J. Bauer	154	218,235	1,525	3,920	4P	1	1	1	1	0	4	350-450	F	
Homer G. Phillips	J. O. Blache	326	437,847	5,186	4,647	3A	1	1	1	0	0	3	271-346	P	
Jewish	J. Hasson	334	309,897	5,917	5,167	4P	1	1	1	1	0	4	200-350	FP	
Missouri Baptist	W. R. Platt	157	120,933			4P	1	1	1	1	0	4	250-350	F	
St. John's	H. N. Allen	204	158,929	6,440	3,602	4P	1	1	1	1	0	4	300-400	F	
St. Louis City	V. R. Bleisch	509	320,458	3,890	3,667	4P	3	2	2	2	0	9	285-382	P	
St. Louis University Group of Hospitals	H. Pinkerton	571	1,115,484	8,195	8,195	4P	2	2	2	2	0	8	200-400	P	
St. Luke's	R. W. Ogilvie	216	208,433	5,875	5,032	2A	1	1	0	0	0	1	300-300	F	
Veterans Admin.	H. Richardson	239	244,086	4,384	4,384	3A	1	1	1	0	0	3	291-373	O	
NEBRASKA															
Lincoln															
Lincoln General	H. L. Papenfuss	75	119,128	5,695	4,950	1A	1	0	0	0	0	1	350-350	F	
Omaha															
Bishop Clarkson Memorial	M. Foeter	172	267,737	7,410	5,193	4P	1	1	1	1	0	4	350-450	P	
Creighton Memorial St. Joseph's	T. Ferrin	197	224,678	7,028	6,884	3A	1	1	1	0	0	3	325-375	P	
Immanuel	H. E. Giffen	86	97,586	10,459	2,778	2P	1					1	-350	P	
Nebraska Methodist	J. R. Schenken	211	135,121	8,011	8,000	4P						6†	425-500	O	
University of Nebraska	J. R. Schenken	108	189,971	2,047	2,047	4P	1	1	2	0	0	4	225-333	P	
Veterans Admin. ²⁰⁸	M. M. Fernando	179	184,795	2,150	1,918	3A	1	1	1	0	0	3	291-373	O	

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. K. House	233	196,089	4,192	3,833	4P	2	2	1	1	0	6	218-305	
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ackerman	345	135,933	5,696	4,556	2A	2	2	0	0	0	2	275-300	F
Camden														
Cooper	W. T. Read, Jr.	317	292,335	7,056	6,949	2P	1	1	0	0	0	2	350-400	F
Our Lady of Lourdes	R. L. Breckenridge	123	181,004	3,771	2,727	4P	2	0	0	0	0	2	400-550	P
West Jersey	W. V. McDonnell	128	169,691	5,376	5,371	3A	1	1	1	0	0	3	400-500	F
East Orange														
East Orange General	H. L. Goodman	96	97,356	3,011	2,515	1A						1	300-400	F
Veterans Admin. ²⁴⁴	F. Pschibul	474	287,000	3,364	3,364	3A	1	1	1	0	0	3	291-497	P
Elizabeth														
Elizabeth General Hospital and Dispensary	J. P. Greeley	86	124,212	4,437	4,437	4P	1	0	0	0	0	1	325-425	F
St. Elizabeth	D. Dreizin	116	128,757	2,968	2,812	2A	1	1	0	0	0	2	275-300	F
Englewood														
Englewood	S. R. Gambino	123	220,560	9,417	7,999	4P	1	0	0	0	0	1	310-310	FP
Flemington														
Hunterdon Medical Center	E. V. Olmstead	117	80,214	1,900	1,600	1A	1	1	0	0	0	2	175-225	FP
Hackensack														
Hackensack	D. E. Brown	197	208,543	4,615	4,615	4P	1	1	1	1	0	4	250-325	FP
Hoboken														
St. Mary's	A. Ehrlich	108	74,116	3,533	3,228	1A	1	1	0	0	0	2	200-250	F
Jersey City														
Christ	A. Gidlitz	136	153,478	8,948	7,316	2P	1	1	0	0	0	2	200-350	F
Jersey City Medical Center	A. N. Gnassi	370	432,725	12,527	12,527	4P	2	2	2	1	0	7	250-500	F
Long Branch														
Monmouth Medical Center	M. R. Rush	228	178,512	4,861	4,064	3A	1	1	1	0	0	3	225-275	F
Montclair														
Mountainside	J. L. Work	198	241,281	5,852	5,648	3A	2	0	0	0	0	2	275-300	FP
Morristown														
Morristown Memorial	H. F. Luddecke	210	248,772	5,698	5,608	4P	1	1	1	1	0	4	275-350	FP
Mount Holly														
Burlington County	J. T. Bauer	172	127,448	2,411	2,411	2A	2	0	0	0	0	2	200-200	FP
Neptune														
Fitkin Memorial	R. E. Conover	226	217,770	2,973	2,947	2A	1	1	0	0	0	2	250-250	F
Newark														
Martland Medical Center	E. A. Albano	492	401,848	2,987	2,987	3A	1	1	1	0	0	3	300-350	F
Newark Beth Israel	L. Goldman	258	132,174	7,275	6,792	4P	1	1	1	0	0	3	250-300	F
St. Barnabas Medical Center	W. G. Bernhard	171	113,855	3,481	3,300	3P	1	1	1	0	0	3	275-325	FP
St. Michael	S. Rose	206	265,942	3,511	3,511	4P	2	1	1	1	0	5	275-350	FP
United Hospitals of Newark	S. A. Goldberg	166	193,724	6,453	5,357	3A	3	3	3	0	0	3	340-365	O
New Brunswick														
Middlesex General	S. E. Moolten	114	95,477	3,255	2,803	2P	1	1	0	0	0	2	390-415	FP
St. Peter's General	W. A. Jarrett	168	109,732	6,186	3,777	2A	2	2	0	0	0	4	300-325	FP
Orange														
Orange Memorial	J. B. Gere	195	126,965	3,983	3,983	4P	1	1	1	1	0	4	225-300	FP
Paramus														
Bergen Pines County	D. Roth	314	106,825	1,136	1,136	2A	1	1	0	0	0	2	275-325	P
Passaic														
Passaic General	J. R. Gannon	118	107,455	2,973	2,944	2P	1	1	0	0	0	2	350-400	F
St. Mary's	R. Brill	97	84,280	3,178	3,105	2P	1	1	0	0	0	2	250-275	F
Paterson														
Barnert Memorial	J. Churg	79	132,083	4,648	3,928	1A	1	0	0	0	0	1	300-...	P
Paterson General	A. H. Davis	197	94,027	6,253	5,077	2A	1	1	0	0	0	2	225-250	F
St. Joseph's	P. Steinlauf	303	285,649	7,444	5,522	4P	2	1	1	0	0	4	250-400	FP
Perth Amboy														
Perth Amboy General	H. Y. Tyler	109	177,031	3,128	3,117	1A	2	0	0	0	0	2	400-400	F
Phillipsburg														
Warren	E. E. Ziegler	79	128,417	4,324	3,552	1A	1	0	0	0	0	1	300-500	F
Summit														
Overlook	G. L. Erdman	172	166,527	6,507	5,974	4P	1	1	1	1	0	4	250-400	F
Trenton														
Mercer	T. K. Rathmell	170	163,927	2,719	2,719	3A	1	1	0	0	0	2	150-...	F
St. Francis	S. Weintraub	151	289,643	8,939	7,613	3A	1	1	1	0	0	3	250-325	F
Vineland														
Newcomb	M. N. Solomon	81	67,782	2,721	2,286	1A	0	0	0	2	0	2	450-450	F
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	T. L. Chiffelle	106	169,339	3,467	2,876	4P	1	1	1	1	0	4	300-400	F
Bernalillo County-Indian	N. E. Pond	159	192,638	2,456	2,087	4P	1	1	1	1	0	4	300-383	FP
Veterans Admin.	W. Hentel	177	197,481	2,603	2,519	2A						1		O
NEW YORK														
Albany														
Albany Medical Center	W. A. Thomas	615		9,783	9,783	4P	3	2	2	2	0	9	200-350	O
Bender Laboratory Hospitals	J. J. Clemmer	334	645,120	12,247	12,247	4P	2	2	1	1	0	6	350-450	O
Anthony N. Brady Maternity Home														
Memorial														
St. Peter's														
Veterans Admin.	A. S. Doaud	322	314,297	4,326		4P	1	1	1	1	0	4	291-497	P
Binghamton														
Binghamton General	N. Elton	224	185,373	3,473	2,505	4P	1	1	1	1	0	4	275-375	P
Bronxville														
Lawrence	A. A. Eggston	110	89,729	2,234	1,492	1A	1	0	0	0	0	1	225-225	F
Buffalo														
Buffalo General	D. N. Shaver	456		8,173	10,877	4P	1	1	1	1	0	4	225-350	FP
Children's	K. Tenplan	218	6,634	2,070	1,567	2P	3*	2	2	0	0	7		

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, Buffalo—Continued														
Deaconess	B. Fisher, J. B. Sheffer	136	130,921	7,252	7,211	4P	1	1	1	0	0	3	325-350	F
Edward J. Meyer Memorial	H. Lansky	608	568,463	7,002	7,002	3A	3	1	1	0	0	5	292-332	P
Millard Fillmore	A. V. Postoloff	321	376,780	8,937	8,136	3A	2	1	1	0	0	4	338-366	O
Roewell Park Memorial Institute	J. W. Pickren	476	510,784	11,454	11,445	4P	1	1	2	2	0	6†	357-440	O
Sisters of Charity	C. F. Becker	236	178,335	5,396	5,166	2A	1	1	0	0	0	2	335-420	F
Veterans Admin.	G. Fazekas	270	353,205	2,408	2,290	3P	1	1	0	0	0	2	291-373	O
Cooperstown														
Mary Imogene Bassett	C. V. Z. Hawn	80	142,226	1,575	1,575	2A	1	1	0	0	0	2	200-350	P
Elmira														
Arnot-Ogden Memorial	W. D. Kelly	120	174,577	4,874	4,213	1A	1	0	0	0	0	1	250-...	...
Glen Cove														
Community Hospital at Glen Cove	T. Robertson	119	145,910	3,758	2,993	4P	1	0	1	0	0	2	300-300	FP
Glens Falls														
Glens Falls	R. Stokes	153	255,242	4,748	4,748	4P	1	1	1	1	0	1	325-400	F
Hempstead														
Meadowbrook	V. S. Palladino	484	...	5,910	5,898	4P	2	2	2	2	0	8	321-436	F
Johnson City														
Charles S. Wilson Memorial	A. A. Kosinski	230	250,648	6,525	4,108	4P	1	1	1	1	0	4	325-400	P
Kingston														
Kingston Laboratory Hospitals	H. Derman	166	288,188	8,223	7,456	2P	1	0	0	1	0	2	280-500	O
Benedictine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kingston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Manhasset														
North Shore	S. Gross	98	206,359	3,701	3,137	2P	...	...	...	...	...	1	281-348	F
Mineola														
Nassau	L. R. Ferraro	153	148,713	5,217	4,528	4P	1	1	1	1	0	4	375-475	O
Mount Kisco														
Northern Westchester	R. A. Fox	95	133,585	7,037	3,786	1A	1	0	0	0	0	1	370-...	P
Mount Vernon														
Mount Vernon	J. G. Sharnoff	163	102,310	4,887	4,709	3P	1	1	1	0	0	3	225-300	F
Newburgh														
St. Luke's	T. P. B. Payne	100	160,885	5,403	6,619	2A	1	1	0	0	0	2	300-300	F
New Rochelle														
New Rochelle	W. C. Schraft	152	222,003	3,871	3,081	3A	1	0	0	0	0	1	225-275	FP
New York City														
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Division III—New York University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
College of Medicine	M. Kuschner	1,000	926,360	8,907	8,907	4P	5	5	5	5	0	20	231-317	FP
Beth-El	D. M. Spain	192	360,723	7,796	9,651	2A	1	1	0	0	0	2	175-225	F
Beth Israel	W. Antopol	145	227,813	5,875	5,875	4P	1	1	1	1	0	4	300-310	P
Booth Memorial	A. Blaustein	140	109,044	1,184	4,220	2A	1	1	0	0	0	2	325-400	F
Bronx	L. Reiner	141	233,393	4,111	4,083	4P	1	1	1	1	0	4†	251-303	F
Bronx Municipal Hospital Center	A. A. Angrist	668	842,373	4,813	4,813	4P	4	4	4	4	0	16	231-317	FP
Brooklyn	J. A. deVeer	195	181,809	4,750	4,650	4P	1	1	1	1	0	4	175-220	F
City Hospital at Elmhurst	I. Chapman	733	468,667	3,923	3,909	4P	2	2	1	1	0	6	231-317	FP
Coney Island	H. Fink	431	293,338	2,178	2,178	4P	1	2	1	1	0	5	231-317	FP
Cumberland	S. H. Polayes	222	142,792	2,333	2,259	3P	1	1	0	0	0	2	231-317	FP
Doctors	S. S. Trinidad	68	146,641	3,718	3,668	1A	2	0	0	0	0	2	400-400	F
Flushing Hospital and Dispensary	I. Garrow	131	157,805	3,718	2,769	4P	1	1	1	1	0	4	250-325	F
Fordham	L. J. Millman	289	177,277	2,759	2,627	3A	2	1	1	0	0	4	231-317	FP
Francis Delafield	D. McKay	160	124,598	3,081	3,081	3A	4	2	0	0	0	6	231-317	FP
Grand Central	R. E. Carnes	90	106,257	3,168	3,168	1A	1	0	0	0	0	1	200-200	F
Greenpoint	R. Aronoff	65	111,047	950	950	3P	2	1	1	0	0	3	231-317	FP
Harlem	V. A. Dolgopool	484	382,873	134	5,056	4P	1	1	1	1	0	5	231-317	FP
Hospital for Joint Diseases	H. L. Jaffe	62	161,554	2,784	2,784	1A	2	0	0	0	0	2	160-160	P
Jamaica	E. Khayat	117	180,700	11,814	11,814	4P	1	1	1	1	0	4	250-450	F
Jewish Chronic Disease	B. W. Volk	132	410,318	941	904	2C	0	0	2	0	0	2	250-300	F
Jewish Hospital of Brooklyn	A. C. Allen	252	696,215	6,628	6,351	4P	2	1	1	1	0	5	165-250	F
Jewish Memorial	A. Schwarz	101	141,095	2,260	1,930	2P	1	1	0	0	0	2	250-300	F
Kew Gardens General	J. Rosenthal	38	62,892	2,400	2,375	1A	1	0	0	0	0	1	250-300	P
Kings County Hospital Center	P. J. Fitzgerald	1,297	1,997,535	14,698	14,698	4P	5	5	5	5	0	20	231-317	FP
Knickerbocker	W. B. Ober	171	135,612	1,766	1,721	2A	1	1	0	0	0	2	300-375	P
Lebanon	J. C. Ehrlich	152	134,314	3,513	3,413	3P	1	1	1	0	0	3	200-250	F
Lenox Hill	S. R. Opler	180	501,270	4,891	4,891	4P	1	1	1	1	0	4	250-400	P
Lincoln	H. Lepow	162	219,628	2,443	2,443	3A	1	1	0	0	0	2	231-317	FP
Long Island College	T. G. Morrione	234	200,172	5,370	4,968	4P	2	1	1	0	0	4	170-225	P
Long Island Jewish	J. I. Berkman	211	431,474	6,319	5,819	4P	1	1	1	1	0	4	333-458	O
Lutheran Medical Center	I. Diamond	101	143,000	2,255	2,150	1A	2	0	0	0	0	2	300-300	F
Maimonides Hospital of Brooklyn	A. R. Kantrowitz	380	536,263	6,660	6,660	4P	2	2	1	1	0	6	160-250	P
Mary Immaculate	T. J. Hartnett	131	137,932	5,956	5,706	4P	1	1	1	1	0	4	300-325	F
Memorial Hospital for Cancer and Allied Diseases—James Ewin	F. W. Foote, Jr.	553	...	16,342	16,342	3A	...	...	...	...	...	...	300-400	P
Methodist Hospital of Brooklyn	B. S. Herr, Jr.	148	204,516	4,091	4,091	3P	1	1	1	0	0	3	300-325	F
Montefiore	H. M. Zimmerman	451	388,294	6,125	6,125	3A	2	6	3	1	0	12	245-325	P
Morrisania City	M. R. Dacso	188	206,975	2,651	2,611	4P	2	1	1	1	0	5	231-317	FP
Mount Sinai	H. Popper	484	498,218	9,395	9,395	4P	2	2	2	2	0	8	303-437	P
New York	J. G. Kidd	614	645,019	9,469	8,707	4P	3	1	1	1	0	6	250-308	P
New York Medical College Metropolitan Hospital Center														
Unit I—Flower and Fifth Avenue Hospitals	B. Wagner	126	203,828	7,062	4,967	...	1	1	1	1	0	4	250-333	O
Unit II—Metropolitan	B. M. Wagner	394	522,014	7,291	6,650	...	2	2	2	2	0	8	231-317	FP
New York Polyclinic Medical School and Hospital														
New York University Medical Center	W. E. Finkelstein	133	128,559	4,879	4,547	3A	1	1	1	0	0	3	225-275	F
University Hospital	M. N. Richter	139	153,094	4,632	704	2A	2	1	1	1	0	5	300-500	O
Presbyterian	D. McKay	632	784,493	10,065	10,065	4P	4	4	4	4	0	16	292-375	P
Queens Hospital Center	G. Silverman	669	652,372	6,581	6,581	4P	2	2	2	2	0	8	231-317	FP
Roosevelt	R. Garret	202	439,780	4,007	4,007	4P	2	0	1	1	0	4	183-341	P
St. Barnabas Hospital for Chronic Diseases	N. H. Bigelow	123	54,937	122	122	2P	2	1	1	0	0	4†	100-300	FP
St. Catherine's	M. Wachstein	133	130,581	1,898	...	3A	2	1	0	0	0	3	225-275	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
St. Clare's	J. M. Ravid	116	166,049	3,154	3,004	2P	1	1	0	0	0	2	225-250	F
St. Francis	T. Ehrenreich	136	224,658	3,647	3,611	4P	2	1	1	1	0	5	300-400	FP
St. John's Episcopal	L. Fox	69	219,668	6,943	6,943	2P	1	1	0	0	0	2	275-300	FP
St. John's Queens	E. Santora	70	74,279	2,458	1,940	1P	1	0	0	0	0	1	250-250	F
St. Luke's	C. F. Begg	231	362,569	4,540	4,540	4P	2	2	1	1	0	6	225-300	FP
St. Mary's	W. Moitrier, Jr.	68	157,988	3,836	3,836	2P	1	0	0	0	0	1	325-350	F
St. Vincent's Hospital of the Borough of Richmond	V. Kogan	107	139,131	2,969	2,935	1A	1	0	0	0	0	1	240-240	P
St. Vincent's Hospital of the City of New York	A. Rottino	403	324,898	4,972	4,972	4P	3	3	3	1	0	10	200-275	F
Staten Island	V. Altmann	119	102,740	2,606	2,606	1A	1	0	0	0	0	1	500-540	F
Veterans Admin. (Bronx) ²⁵⁰	B. S. Gordon	462	629,167	4,646	4,646	4P	3	3	2	2	0	10	291-886	O
Veterans Admin. (Brooklyn) ²⁷⁴	G. Kaufman	383	406,345	3,418	3,418	4P	2	2	1	1	0	6	291-442	O
Veterans Admin. (Manhattan)	S. L. Wilens	386	703,762	3,701	3,331	4P	2	2	2	2	0	8	291-442	O
Wyckoff Heights	A. L. Statsinger	215	158,356	4,040	3,765	2A	2	2	0	0	0	4	250-275	F
Niagara Falls														
Mount St. Mary's	T. T. Bronk	86	129,804	5,566	4,897	1A	1	0	0	0	0	1	425-425	FP
Oceanside														
South Nassau Communities	L. Meyer	99	149,599	3,582	3,133	2A	1	1	0	0	0	2	300-300	F
Port Chester														
United	T. E. Young	94	162,000	3,046	3,046	1P	1	0	0	0	0	1	400-500	P
Poughkeepsie														
St. Francis	J. D. Gioia	72	119,951	5,070	4,930	1A	1	0	0	0	0	1	250-300	FP
Vassar Brothers	M. L. Dreyfuss	180	144,000	7,254	6,500	2P	1	1	0	0	0	2	275-300	F
Rochester														
Genesee	J. Abbott	339	268,305	6,590	4,424	3A	1	1	0	0	0	2	175-325	FP
Highland	J. H. Peers	212	...	3,145	3,095	2A	1	1	0	0	0	2	175-275	FP
Rochester General	M. Bohrod	380	274,346	10,055	6,242	4P	2	2	2	2	0	8	175-250	FP
St. Mary's	J. Adler	229	173,976	5,028	3,196	3A	1	1	1	0	0	3	300-350	F
Strong Memorial-Rochester Municipal Hospitals	J. L. Orbison	769	52,936	7,269	7,269	4P	4	4	2	2	0	12	167-292	O
Schenectady														
Ellis	G. Parkhurst	330	311,320	6,438	6,438	4P	1	1	1	1	0	4	325-400	FP
Syracuse														
St. Joseph's						2P								
State University of New York														
Upstate Medical Center	J. H. Ferguson	539	...	7,992	7,992	3A							250-410	O
Veterans Admin.	J. A. Schaefer	200	181,310	2,434	2,320	3P	1	0	0	0	0	1	291-291	O
Troy														
Samaritan	C. G. Burn	129	97,837	3,688	2,687	1A	1	0	0	0	0	1	400-500	F
Utica														
Utica State	N. M. Levine	83	43,135	147	147	4P	1	0	0	0	0	1	570-641	O
Valhalla														
Grasslands	V. A. Bradess	714	368,939	2,804	2,648	4P	1	1	1	1	0	4	250-400	FP
Yonkers														
St. John's Riverside	C. E. DeAngelis	80	88,443	2,041	1,777	1P	1	0	0	0	0	1	500-500	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	K. M. Brinkhous	329	374,293	10,821	10,793	4P	3	3	3	3	0	12	266-...	O
Charlotte														
Charlotte Memorial	F. G. Germuth, Jr.	187	207,623	6,475	6,453	4P	1	1	1	0	0	3	345-395	P
Presbyterian	H. L. Large	206	171,763	8,590	...	4P	1	1	0	0	0	2	250-250	F
Durham														
Duke University Affiliated Hospitals														
Duke	T. D. Kinney	487	979,275	9,859	9,859	4P	2	2	2	2	0	8	175-500	F
Veterans Admin.	J. V. Klavins	248	249,657	3,104	100	4P	2	2	1	1	0	6	291-497	O
Watts	J. U. Gunter	142	230,831	6,113	6,113	2P	1	1	0	0	0	2	300-400	F
Greensboro														
Moses H. Cone Memorial	H. Z. Lund	179	149,915	9,249	9,106	4P	1	1	1	1	0	2	350-500	O
Winston-Salem														
North Carolina Baptist	R. P. Morehead	405	387,032	52,356	52,356	4P	4	4	3	1	1	13	250-417	P
OHIO														
Akron														
Akron City	L. Catron	341	408,867	9,192	9,092	4P	1	1	1	1	0	4	275-375	FP
Akron General	G. R. Dochat	250	362,704	6,284	4,921	4P	1	1	1	1	0	4	300-400	F
St. Thomas	G. G. Proskauer	166	231,763	8,924	8,061	4P	1	1	1	1	0	4	300-450	FP
Canton														
Aultman	F. B. Queen	224	323,391	8,682	8,616	4P	1	1	1	1	0	4	250-400	F
Mercy	A. Raftery	178	271,157	6,751	4,132	4P	1	1	0	0	0	2	300-310	P
Cincinnati														
Bethesda	J. Hamblet	150	100,174	5,255	4,582	3P	3	0	0	0	0	3	270-310	F
Good Samaritan	L. Z. Gordon	319	314,822	17,333	...	4P	1	1	1	1	0	4	325-400	P
Jewish	P. Wasserman	278	322,536	8,164	7,310	4P	1	1	1	1	0	4	230-290	FP
University of Cincinnati Hospital Group														
Children's	E. V. Perrin	125	4,081	4,081	2,185	2A	0	0	2	0	0	2	125-200	F
Cincinnati General	E. A. Gall	671	215,113	7,372	7,372	4P	4	3	2	1	0	10†	150-375	F
Cleveland														
Cleveland Clinic	J. B. Hazard	352	669,816	8,945	8,945	4P	3	3	2	2	0	10	275-350	O
Cleveland Metropolitan General	T. L. Gavan	383	842,330	3,300	3,219	4P	4	2	2	2	0	10	200-367	F
Evangelical Deaconess	V. S. Hirsch	143	133,441	3,221	3,179	2A	1	1	0	0	0	2	305-330	P
Fairview Park	F. W. Tillotson													
Huron Road	H. F. McCorkle	164	163,111	5,737	3,678	1A	1	0	0	0	0	1	325-325	F
Lutheran	E. Goodsett	216	397,402	13,186	13,186	4P	1	1	1	1	0	4	260-310	FP
Mount Sinai	W. Sinclair	157	167,231	4,123	3,976	2P	2	1	0	0	0	3	275-300	P
St. Alexis	H. Gold	246	543,535	10,912	10,912	4P	1	1	1	1	0	4	215-250	FP
St. Luke's	R. J. Segal	168	185,473	28,720	28,720	1A	2	0	0	0	0	2	250-...	F
St. Vincent Charity ³¹¹	A. J. Mackrell, Jr.	284	387,082	6,489	6,192	4P	1	1	1	1	0	4	220-325	FP
University Hospitals of Cleveland	J. S. Morits	203	302,106	5,448	4,758	4P	2	0	1	1	0	4	310-350	FP
Veterans Admin. ³¹⁹	J. R. Kahn	364	403,561	4,276	3,849	4P	1	1	1	1	0	4	291-443	P

Numerical and other references are listed on pages 262 through 264.

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsias	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued														
Columbus														
Children's	W. A. Newton	266	150,590	3,384	3,373	1A	3	0	0	0	0	3	200-300	P
Grant	B. H. Hurd	140	187,025	6,190	6,176	3P	1	1	1	0	0	3	385-450	F
Ohio State University Hospitals	E. von Haam	641	1,239,974	8,025	7,697	4P	4	4	4	4	0	16	202-302	P
University	R. J. Johansmann	188	287,063			4P	1	1	1	0	0	3	290-340	P
Riverside Methodist-White Cross Hospitals														
Dayton														
Miami Valley	M. Oosting	696	723,476	11,972	11,972	4P	2	2	2	2	0	8	250-300	FP
Veterans Admin.	P. Garber	337	269,603	2,207	2,096	2A	1	1	0	0	0	2	291-373	O
Elyria														
Elyria Memorial	R. G. Thomas	112	176,414	4,857	4,091	4P	1	1	0	0	0	2	300-375	F
Garfield Heights														
Marymount	E. E. Siegler	68	153,021	2,835	2,598	2A	1	1	0	0	0	2	250-250	F
Hamilton														
Mercy	K. E. Lande	100	113,350	2,916	2,102	3A	1	1	1	0	0	3†	300-400	F
Lima														
St. Rita's	C. L. Blumstein	200	162,177	4,781	4,207	4P	1	1	1	1	0	4	400-475	P
Lorain														
St. Joseph	C. Chesner	159	169,966	2,653	2,653	4P	1	0	0	1	0	2	300-375	F
Springfield														
Springfield City	R. E. Wybel	137	160,349	8,377	3,520	2A	1	1	0	0	0	2	300-...	F
Toledo														
Maumee Valley	J. G. Snavely	162	180,088	1,438	1,317	4P	1	1	1	1	0	4	285-350	F
Mercy	E. L. Burns	186	218,158	6,109	5,239	4P	1	1	1	1	0	4	300-375	FP
St. Vincent's	M. F. Vidoli	269	237,287	6,052	4,275	4P	1	1	0	0	0	2	300-375	F
Toledo	B. Steinberg	266	216,391	7,202	5,917	4P	1	1	1	1	0	4	300-350	FP
Warren														
Trumbull Memorial	R. J. Williams	178	202,090	4,602	4,372	2A	1	1	0	0	0	2	300-350	F
Youngstown														
St. Elizabeth	B. Taylor	402	310,250	8,632	6,645	4P	1	1	1	1	0	4	375-450	F
Youngstown	A. E. Rappoport	529	538,529	8,114	6,772	4P	2	2	2	2	0	8	275-350	F
OKLAHOMA														
Oklahoma City														
Baptist Memorial	D. T. Hunter	77	165,136	7,172	6,620	1P	1	0	0	0	0	1	325-325	P
St. Anthony	W. T. Snoddy	197	210,608	8,402	5,993	4P	1	1	0	0	0	2	300-375	P
University of Oklahoma Medical Center						4P	2	2	2	2	0	8		
University Hospitals	W. E. Jacques	304	481,804	6,413	6,049								200-440	P
Veterans Admin.	H. L. McGaffey	233	204,652	2,649	1,688									
Wesley	H. T. Russell	103	152,725	5,824	4,469	2P	1	1	0	0	0	2	350-375	F
Tulsa														
Hillcrest Medical Center	L. Lowbeer	203	255,554	10,406	8,200	4P	3	1	1	1	0	6	200-275	F
St. John's	E. E. Palik	226	361,710	9,879	7,654	4P	2	2	2	2	0	8	200-275	FP
OREGON														
Portland														
Emanuel	V. D. Sneeden	283	222,668	12,095	10,450	3A	1	1	1	0	0	3	275-295	P
Good Samaritan	M. Heinemann	294	313,248	6,363	4,873	4P	1	1	1	1	0	4	275-315	P
St. Vincent	J. E. Nohlgren	236	197,781	13,337	12,437	4P	1	1	1	1	0	4	275-305	P
University of Oregon Medical School														
Hospitals and Clinics ³³⁴	J. T. Crane, T. T. Hutchens	542	475,683	6,432	5,700	4P	6	6	0	0	0	12	200-250	F
Veterans Admin.	E. J. Losli	310	267,971	3,098	2,998	3A	0	0	0	0	0	0	291-414	P
PENNSYLVANIA														
Abington														
Abington Memorial	J. W. Eiman	289	279,689	26,060	25,236	4P	1	1	1	1	0	4	275-450	FP
Allentown														
Allentown	G. Selin	303	307,410	6,563	6,127	3A	1	1	1	0	0	3	400-400	P
Sacred Heart	D. E. Stader	175	227,443	8,286	7,524	2A	1	1	0	0	0	2	250-275	FP
Altoona														
Altoona	G. J. Heid, Jr.	121	120,563	3,734	3,434	2A	1	1	0	0	0	2	325-350	F
Bethlehem														
St. Luke's	E. J. Benz	228	244,559	5,406	5,406	4P	1	1	0	0	0	2	260-290	FP
Bryn Mawr														
Bryn Mawr	M. M. Strumia	241	339,720	4,728	4,353	4P	3	1	1	1	0	6	200-275	F
Chester														
Chester	W. N. Campbell	109	159,000	2,915	2,915	2A	0	0	2	0	0	2	350-350	F
Danville														
Geisinger Medical Center	J. C. Sieracki	291	247,970	4,033	3,575	4P	1	1	1	1	0	4	175-250	FP
Darby														
Thomas M. Fitzgerald-Mercy	W. H. Miller	151	199,895	3,989	11,530	4P	1	1	1	1	0	4	250-400	F
Erie														
Hamot	E. L. Armstrong	222	337,287	8,014	7,132	4P	1	1	1	1	0	4	250-300	FP
St. Vincent's	R. B. Eisenberg	223	233,624	4,668	4,653	4P	1	1	1	1	0	4	275-325	FP
Harrisburg														
Harrisburg	F. W. Brason	440	552,311	15,763	15,763	4P	1	1	1	1	0	4	225-250	F
Harrisburg Polyclinic	J. S. Forrester	321	372,761	6,261	5,439	4P	1	1	2	0	0	4	300-350	FP
Johnstown														
Conemaugh Valley Memorial	W. W. Ayres	164	275,430	4,751	3,540	4P	1	1	1	1	0	4	350-400	F
Lancaster														
Lancaster General	W. M. O'Donnell	229	240,000	5,851	5,851	4P	1	1	1	1	0	4	300-300	P
St. Joseph	W. O. Umiker	150	116,179	5,108	4,844	2A	1	1	0	0	0	2	300-500	F
Norristown														
Montgomery	H. T. Tamaki	104	108,021	2,609	2,609	2P	1	1	0	0	0	2	400-400	F
Norristown State	M. H. Book	96	46,590	402	323	1A	1	0	0	0	0	1	439-464	F
Philadelphia														
Albert Einstein Medical Center														
Northern Division	H. Brody	306	281,263	8,950	7,856	4P	2	2	2	2	0	8	125-200	FP
Southern Division	D. Meranze	174	248,609	5,515	5,205	4P	2	2	1	1	0	6	125-200	FP

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary Per Month Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA, Philadelphia—Continued														
Chestnut Hill	S. B. Rose	108	133,254	5,490	5,124	4P	2	0	0	0	0	2	350	F
Children's Hospital of Philadelphia	W. C. Yakovac	147	147	719	719	1A	1	1	0	0	0	1	100-100	F
Episcopal	A. D. Wallis	200	182,558	3,468	2,739	4P	1	1	0	0	0	2	350-410	F
Frankford	L. Rauer	136	174,323	3,375	3,025	3P	1	0	1	0	0	2	375-375	F
Germantown Dispensary and Hospital	F. Fite	192	137,614	3,500	2,800	4P	1	1	1	1	0	4	225-250	FP
Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena, R. C. MacDuffee	145	216,139	3,878	3,800	4P	1	1	1	1	0	4	200-300	F
Hahnemann Medical College and Hospital	J. E. Imbriglia	350	329,889	5,781	5,781	4P	2	2	2	2	0	8	200-275	P
Hospital of the University of Pennsylvania	H. T. Enterline, R. Norris	428	493,015	8,836	7,900	4P	3	3	3	3	0	12	250-350	P
Hospital of the Woman's Medical College of Pennsylvania	M. N. Porter, I. N. Dubin	172	123,000	2,306	2,306	4P	1	1	1	1	0	4	300-335	O
Jefferson Medical College	P. A. Herbut	350	597,019	11,538	11,538	4P	2	2	2	2	0	8	250-350	O
Lankenau	C. E. Brown	241	243,207	4,273	4,273	4P	1	1	1	1	0	4	200-250	FP
Mercy-Douglas	W. P. Helk	40	98,798	3,277	3,043	1C	1	0	0	0	0	1	250-250	F
Misericordia	H. E. Marx	284	207,850	3,849	3,849	4P	1	1	0	0	0	2	250-400	F
Pennsylvania	A. R. Crane	294	342,288	4,207	4,270	4P						6	170-200	O
Philadelphia General	W. Erich, H. Schwarz	1,144	54,680	8,995	8,995	4P	3	3	3	2	0	11	155-275	F
Presbyterian Hospital in Philadelphia	J. Butcher	214	204,573	3,796	3,466	4P						5†	235-290	F
St. Christopher's Hospital for Children	J. B. Arey	100	103,997	861	398	1A	0	0	0	0	1	1	75-100	F
Temple University	E. E. Aegerter	585	687,014	10,000	10,000	4P	3	3	2	2	0	10	175-250	O
Veterans Admin.	P. V. Skerrett	371	254,111	2,935	2,935	4P	1	1	1	1	0	4	291-443	O
Pittsburgh														
Allegheny General	R. C. Grauer	253	218,836	4,494	4,494	4P	1	1	1	1	0	4	400-475	P
Health Center Hospitals of the University of Pittsburgh	G. H. Fetterman	188	146,871	2,118	2,118	1P	3	1	0	0	0	4	255-305	F
Children's Hospital of Pittsburgh	T. J. Moran	288	500,000	6,744	6,744	4P	3	3	2	2	0	10	255-305	O
Presbyterian-University and Woman's	M. M. Bracken	282	428,064	7,654	6,505	4P	1	1	1	1	0	4	275-325	F
Mercy	H. Mendelow	191	197,424	6,014	4,916	4P	1	1	1	1	0	4	225-300	F
Montefiore	R. C. Hamilton	250	303,395	5,423	4,532	4P	1	1	1	1	0	4	380-420	FP
St. Francis General Hospital and Rehabilitation Institute	J. E. Kurtz	78	135,750	3,207	3,118	1P	1	0	0	0	0	1	325-375	F
St. Margaret Memorial	E. L. Heller	205	169,335	4,339	3,150	4P	1	1	1	1	0	4	400-550	P
Shadyside	L. Goodman	111	165,428	3,990	3,870	3A	1	1	1	0	0	3	350-500	F
South Side	E. R. Fisher	471	336,240	4,434	4,434	4P	0	4	1	2	0	7	...	O
Veterans Admin.	R. G. McManus	281	345,644	7,367	5,964	4P	2	2	2	2	0	8	250-300	FP
Western Pennsylvania	G. Desjardins, J. Chen See	151	166,421	4,419	4,347	4P	1	1	1	1	0	4	350-...	F
Reading														
St. Joseph's	R. S. McCants	269	173,105	3,486	3,336	4P	1	1	1	1	0	4	245-385	P
Sayre														
Robert Packer	J. J. O'Connor, Jr.	107	85,664	1,294	1,168	1A	1	0	0	0	0	1	467-467	F
Scranton														
Scranton State General	W. P. Jennings	266	223,917	4,429	4,416	4P	1	1	1	1	0	4	250-325	F
West Reading														
Reading	C. E. Rodriguez	139	145,650	28,882	25,994	4P	0	1	0	0	0	1	350-350	F
Wilkes-Barre														
Wilkes-Barre General	M. G. Colvin	158	157,852	5,657	5,657	4P	1	0	0	0	0	1	250-325	FP
Williamsport														
Williamsport	T. J. Burkart	310	222,000	7,613	6,752	4P	1	1	1	1	0	4	325-425	F
York														
York														
PUERTO RICO														
Aguadilla														
Aguadilla District	D. A. Jutzly	299	...	1,753	1,750	1A	1	0	0	0	0	1	350-450	F
Arecibo														
Arecibo District	J. A. Carro	307	90,603	2,169	2,169	1A							...	...
Caparra Heights														
Caparra Heights University	R. Marcial	363	204,301	3,909	3,909	3A	1	1	1	2	0	5	250-400	P
Rio Piedras														
Rio Piedras Municipal	R. Crisado	124	1,988	1,988	1,900	2A	1	1	0	0	0	2	400-450	F
San Juan														
Dr. I. Gonzalez Martinez Oncologic ⁴²	R. A. Marcial Rojas	62	24,647	4,498	4,350	1A	0	0	1	0	0	1	300-300	P
San Juan City	M. De Jesus	300	297,977	3,817	...	3A	1	1	1	0	0	3	325-450	F
Veterans Admin. ³⁶⁹	F. M. Reyes	53	125,715	1,397	1,397	1A	1	0	0	0	0	1	325-419	O
RHODE ISLAND														
Newport														
Newport	S. Burrows	70	118,824	2,898	2,535	1A	1	0	0	0	0	1	250-250	FP
Pawtucket														
Memorial	G. P. Paparo	172	264,359	4,373	4,009	4P	1	1	1	1	0	4	...	F
Providence														
Rhode Island	H. Fanger	379	536,658	8,518	8,007	4P	2	2	2	2	0	8	248-423	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	H. R. Pratt-Thomas	636	411,007	23,499	18,800	4P	2	2	2	2	0	8	250-300	O
Medical College													...	...
Roper													...	...
Greenville														
Greenville General	E. A. Dreskin	212	239,663	7,120	7,050	4P	1	0	1	0	0	2	325-400	P
Spartanburg														
Spartanburg General	M. F. Patton	180	244,500	7,000	5,000	4P	1	1	1	1	0	1	375-450	P
SOUTH DAKOTA														
Sioux Falls														
Sioux Valley	J. Alexander	141	125,201	...	...	4P	2	0	0	0	0	2	325-375	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE														
Chattanooga														
Baroness Erlanger	J. W. Adams, Jr.	411	361,451	21,493	21,493	4P	2	2	2	1	0	7	325-375	F
Knoxville														
East Tennessee Baptist	R. J. Leffer	104	112,080	5,813	4,650	2P	1	1	0	0	0	2	300-350	F
St. Mary's Memorial	G. S. Mahon	97	159,793	4,530	2,798	4P	2	1	1	1	0	5	320-350	F
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	183	191,535	3,197	2,936	4P	1	1	1	1	0	4	275-320	F
Memphis														
Baptist Memorial	M. L. Trumbull	372	377,267	16,739	14,306	4P	2	2	2	2	0	8	325-400	F
City of Memphis Hospitals	D. Sprunt	583	77,980	6,910	40,877	4P	5	4	3	0	0	12	150-	F
Methodist	C. H. Steffee	201	296,849	10,813	8,673	4P	1	1	1	1	0	4	325-375	F
St. Joseph	L. C. Prieto, Jr., M. Goss	105	194,735	5,481	4,841	2A	1	1	0	0	0	2	325-350	F
Veterans Admin. ³⁶⁷	J. M. Young	449	425,137	4,820	4,447	4P	2	2	2	0	0	6	291-372	O
Nashville														
Baptist	F. Wornack	177	242,323	7,676	5,736	4P						4	300-300	FP
George W. Hubbard	H. M. Frazier	185	165,722	10,112	9,985	2A	1	1	1	0	0	2	175-275	F
St. Thomas	D. Gotwald	140	259,832	4,983	3,634	4P	1	1	0	0	0	2	300-300	FP
Vanderbilt University Affiliated Hospitals														
Nashville General	W. A. DeMonbreun	141	196,274	2,789	2,596	2A	1	1	0	0	0	2	325-400	FP
Vanderbilt University	J. L. Shapiro	277	281,254	8,728	8,446	4P	3	3	2	2	0	8	75-125	F
Veterans Admin.	N. Ende	209	291,000	3,714	3,623	4P	1	1	1	1	0	4	291-497	O
Oak Ridge														
Oak Ridge Institute of Nuclear Studies—Medical Division ³²	B. M. Nelson	29	197	42	42	1A	0	0	0	1	0	1	400-400	O
TEXAS														
Austin														
Brackenridge	D. Queen	158	143,597	3,461	3,290	4P	1	1	1	1	0	4	250-350	F
Dallas														
Baylor University Medical Center	G. J. Race	377	569,409	15,086	13,172	4P	3	2	2	2	0	9	210-250	P
Methodist Hospital of Dallas	A. B. Cairns	143	129,388	8,559	6,332	2P	1	1	0	0	0	2	275-350	F
Parkland Memorial	C. Ashworth	453	999,401	20,653	20,653	4P	6	2	1	5	0	14	225-275	P
St. Paul	J. H. Childers	189	382,825	5,334	5,170	4P	2	2	2	2	0	8	225-300	FP
Veterans Admin.	H. L. Reinhart	341	440,108	2,502	2,502	4P	1	1	1	1	0	4	291-497	P
Fort Worth														
Harris	C. B. Mitchell	140	131,138	6,358	5,629	2A	1	1	0	0	0	2	300-325	FP
St. Joseph's		135	224,030	4,907	4,638	4P	1	1	1	1	0	4	300-400	P
Galveston														
University of Texas Medical Branch Hospitals	H. Hopps	408	838,711	11,464	11,433	4P	2	2	2	2	0	8	283-283	P
Houston														
Baylor University Affiliated Hospitals														
Jefferson Davis	R. O'Neal	476	583,740	10,435	10,305	4P	2	2	2	2	0	8	125-165	
Methodist Hospital	J. P. Abbott	273	600,449	18,614	8,419	4P	2	2	2	2	0	8	260-335	O
Texas Children's	H. S. Rosenberg	127	267,342	2,362	2,099	1A	1	0	0	0	0	1	100-175	F
Veterans Admin.	B. Halpert	546	568,276	3,813	3,672	4P	1	1	1	1	0	4	291-443	P
Hermann	W. G. Brown	310	610,727	15,072	14,965	4P	1	1	1	1	0	4	200-417	P
Memorial Baptist	F. Leidler	112	244,081	7,993	6,362	3P	1	1	1	0	0	3	220-450	P
St. Joseph's	P. M. Marcuse	176	307,934	6,640	5,389	4P	1	1	1	2	0	5	150-225	F
St. Luke's Episcopal	C. J. Lind, Jr.	119	340,665	7,098	6,940	4P						4†	100-225	F
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	354	252,026	63,846		4P	0	2	3	3	0	8†	250-500	O
Lubbock														
Methodist	W. H. Long	104	6,141	4,137	4,137	4P	1	1	1	1	0	4	300-400	P
McKinney														
Veterans Admin.	H. G. McDonald	88	87,144	897	897	2A	1	1	1	0	0	1	291-497	O
San Antonio														
Baptist Memorial	A. O. Severance	176	236,813	6,108	5,864	4P	1	1	1	1	0	4	200-400	FP
Robert B. Green Memorial Hospital—Santa Rosa Medical Center						4P								
Robert B. Green Memorial	D. L. Galindo	278	368,102	4,679	4,679		2	2	0	0	0	4	225-375	F
Santa Rosa Medical Center	N. H. Jacob	336	344,343	8,035	7,514		1	1	1	1	0	4	275-400	F
Temple														
Scott and White Memorial	J. C. Stinson, W. N. Powell	93	308,178	6,887	10,675	4P	1	1	1	0	0	3	325-325	P
UTAH														
Ogden														
Thomas D. Dee Memorial	W. H. Bennett	166	162,775	5,563	4,195	4P	2	0	0	0	0	2	325-350	P
Salt Lake City														
Latter-day Saints	J. H. Carlquist	335	461,566	11,815	8,437	4P	1	1	1	1	0	4	325-400	FP
Holy Cross	C. McNeil	131	146,247	6,437	4,333	4P	1	0	1	0	0	2	275-375	
University of Utah Affiliated Hospitals	W. H. Carnes					4P	4	2	2	2	0	10		
Salt Lake County General	W. H. Carnes	242	112,891	1,705	1,492								275-450	O
Veterans Admin.	J. L. Verner	178	189,157	2,215	2,005								291-497	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. W. Coon					4P	3	2	2	2	0	9	200-300	FO
DeGoesbriand Memorial		122	79,341	2,648	2,596									
Mary Fletcher		277	137,973	4,786	4,209									
VIRGINIA														
Charlottesville														
University of Virginia	O. B. Bobbitt, D. E. Smith	424	393,064	12,216	12,216	4P						8	200-300	FP
Danville														
Memorial	L. W. Powell, Jr.	207	124,583	4,750	4,744	4P	1	1	1	1	0	4		
Lynchburg														
Lynchburg General	S. M. Bouton, Jr.	120	78,577	4,233	3,787	4P	1	1	1	1	0	2	200-300	FP
Newport News														
Riverside	F. Q. Wingfield	95	284,935	12,105	12,105	1A								

Numerical and other references are listed on pages 262 through 264.

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 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA—Continued														
Norfolk														
DePaul		246	244,075	8,797	8,331	4P	1	1	1	1	0	4	325-400	F
Norfolk General	E. D. Levy, R. Shuman	301	228,002	6,845	6,277	4P	1	1	1	1	0	4	250-450	F
Portsmouth														
Maryview Hospital						2A								
Richmond														
Johnston-Willis	J. L. Thornton	130	96,189	2,703	2,509	1A	1	0	0	0	0	1	400-400	F
Medical College of Virginia—Hospital Division		598	891,981	11,067	9,567	4P	4	4	4	4	0	16	200-300	F
Richmond Memorial	W. Monroe	129	230,000	5,600	5,000	1P	2	0	0	0	0	2	350-	F
Veterans Admin.	J. R. Kriz	266	353,713	3,533	3,530	4P	1	1	1	1	0	4	291-443	P
Roanoke														
Roanoke Memorial	J. C. Gale	133	170,059	8,714	6,667	4P	1	1	1	1	0	4	350-450	F
WASHINGTON														
Seattle														
Doctors	R. C. Ellis	174	139,500	4,232	3,219	2A	1	1	0	0	0	2	450-	FP
Providence	D. G. Mason	171	128,291	5,333	3,448	2A	1	1	0	0	0	2	300-350	F
St. Frances Xavier Cabrini	G. D. LaZerte	98	43,250	3,245	2,568	2A						2	250-300	FP
Swedish	P. K. Lund	298	215,181	14,019	13,644	4P	1	1	1	1	0	4	225-400	FP
University of Washington Affiliated Hospitals						4P	4	5	4	4	0	17		
Children's Medical Center	S. A. Creighton	181	179,887	1,637	655								225-525	P
King County	I. I. Schulberg	648	245,298	4,114	3,834								150-425	F
University	N. K. Mottet	135	28,571	1,264	1,264								250-550	P
Veterans Admin.	D. V. Brown	256	139,581	2,081	2,066									
Virginia Mason	H. W. Jones	182	192,232	6,357	5,592	4P	1	1	1	1	0	4	200-425	FP
Spokane														
Deaconess	T. E. Ludden	180	180,270	6,179	4,796	3A						1	400-450	F
Sacred Heart	J. E. Hill	265	136,938	8,594	8,438	3A						3	350-425	FP
Tacoma														
St. Joseph	C. R. McColl, R. T. Vimont	94	10,941	5,715	5,226	2A	1	1	0	0	0	2	375-	P
Tacoma General		481	196,656	15,772	12,506	4P	1	1	1	1	0	2	300-450	F
WEST VIRGINIA														
Beckley														
Beckley Memorial	W. A. Laqueur	106	160,000	3,986	3,818	2P	1	1	0	0	0	2	400-450	P
Charleston														
Charleston General	P. Ladewig, W. Garrard	126	91,182	5,177	5,152	4P	1	1	1	0	0	3	275-350	FP
Memorial	G. B. Swoyer	226	126,560	6,546	5,600	3A	1	1	1	0	0	3	325-375	F
Clarksburg														
St. Mary's	H. Fischer	98	115,083	3,389	2,320	2P	1	1	0	0	0	2	250-300	F
Huntington														
Cabell Huntington	S. Werthammer	118	181,653	9,083	8,300	3A	1	1	1	0	0	1	300-400	F
St. Mary's	M. L. Hobbs	121	263,777	5,037	4,287	3A	1	1	1	0	0	3	275-325	F
Martinsburg														
Veterans Admin.	R. G. Gottschal	119	211,168	1,200	1,113	2P						2	291-497	O
Wheeling														
Ohio Valley General	H. G. Little	178	176,621	6,262	5,545	4P	1	1	1	1	0	4	350-425	P
WISCONSIN														
Eau Claire														
Luther	W. Aronson	124	140,292	3,078	2,563	1A	1	0	0	0	0	1	350-350	F
Fond Du Lac														
St. Agnes	R. W. Steube	191	118,510	3,655	3,635	2A	1	1	0	0	0	2	250-250	FP
Madison														
Madison General	P. G. Piper	204	166,733	6,077	4,871	4P	1	1	1	1	0	4	240-315	FP
University Hospitals ^{39c}	D. M. Angevine, F. C. Larson, W. Jaeschke	333	340,777	5,748	5,664	4P	2	2	0	0	0	4	125-275	F
Marshfield														
St. Joseph's	F. Glassy	160	119,050	4,165	3,108	4P	1	1	1	1	0	4	300-450	P
Milwaukee														
Columbia ^{39b}	G. Ritchie	185	137,613	4,731	3,338	4P	1	1	1	1	0	4	350-425	P
Evangelical Deaconess	R. S. Haukoil	137	166,269	5,081	4,175	4P	1	0	0	1	0	2	425-500	F
Milwaukee County	P. Kimmelstiel	706	627,311	5,718	5,800	4P	2	2	2	2	0	8	238-452	O
Milwaukee	E. A. Birge	157	205,140	6,757	5,973	4P	1	0	0	0	0	1	375-450	P
Mount Sinai	N. Enzer	175	271,324	4,439	4,350	4P	1	1	1	1	0	4	350-425	FP
St. Francis	J. D. Cardy	112	113,921	3,437	2,459	4P	1	1	1	1	0	4	275-425	P
St. Joseph's	C. H. Alshuler	174	246,195	7,925	6,336	4P	1	1	1	1	0	4	400-475	F
St. Luke's	B. E. Clarke	161	184,163	4,037	3,633	4P	1	1	1	1	0	4	375-450	P
St. Mary's	S. B. Pessin	148	141,939	5,663	4,393	4P	1	1	1	1	0	4	400-475	P
Veterans Admin. (Wood)	R. M. Maynard	461	447,326	3,480	3,108	4P	2	2	3	3	0	10	291-443	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council 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 Hospital.....	R. W. Huntington, Jr.....	319	16	290	0
Oakland Western Laboratories.....	G. W. Loquvam.....	1,031	37	408	2
COLORADO					
Denver Denver General Hospital.....	G. I. Ogura, W. C. White.....	836	38	513	65
DISTRICT OF COLUMBIA					
Washington Armed Forces Institute of Pathology.....	E. H. Johnston.....	150	15	100	10
FLORIDA					
Miami Office of Medical Examiner, Dade County.....	J. H. Davis.....				
MARYLAND					
Baltimore Office of Chief Medical Examiner, Maryland State Dept. of Post Mortem Examiners....	R. S. Fisher.....	3,040	121	1,600	60
MASSACHUSETTS					
Boston Harvard Medical School Dept. of Legal Medicine.....	R. Ford.....				
OHIO					
Cleveland Cuyahoga County Coroner's Office.....	L. Adelson, S. R. Gerber.....	1,566	103	1,173	175
Columbus University Hospital.....	E. von Haam.....	248	34	191	
PENNSYLVANIA					
Philadelphia Office of Medical Examiner, City of Philadelphia.....	J. W. Spelman.....	1,786	150	2,008	75
VIRGINIA					
Richmond Office of Chief Medical Examiner, Commonwealth of Virginia.....	G. T. Mann.....	1,127	283	1,127	1,127
WASHINGTON					
Tacoma Tacoma General Hospital.....	C. P. Larson.....	172	16	191	10

17. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 206.

18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i.e., TWO or more years).
Hospitals, 260; Residencies, 2,021

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main- tenance O	
			Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS U. S. Air Force, San Antonio.....	T. M. Holcomb.....	45	1,466	35	94	29,052	4	4	0	0	0	8	.....	...
UNITED STATES ARMY														
CALIFORNIA Letterman General, San Francisco.....	F. C. Biehuseh.....	20	869	26	95	15,000	3	3	0	0	0	6	.....	...
COLORADO Fitzsimons General, Denver.....	H. J. Umlauf, Jr.....	...	1,578	72	89	41,944	3	3	0	0	0	6	.....	...
DISTRICT OF COLUMBIA Walter Reed General, Washington.....	E. J. Tomsovic.....	20	529	35	86	45,432	4	4	0	0	0	8	.....	...

Numerical and other references are listed on pages 262 through 264.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance P F O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
UNITED STATES ARMY—Continued															
HAWAII															
Tripler General, Honolulu	J. P. Fairchild	21	1,368	12	100	40,998	3	3	0	0	0	6			
TEXAS															
William Beaumont General, El Paso	D. C. Plunket	20	979	12	100	62,728	3	3	0	0	0	6			
Brooke General, San Antonio	L. J. Geppert	36	647	18	83	48,125	3	3	0	0	0	6			
WASHINGTON															
Madigan General, Tacoma	R. B. Giffin, Jr.	17	1,126	9	78	42,234	4	4	0	0	0	8			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	D. J. Pascoe	30	1,925	17	82	44,474	2	2	0	0	0	4			
U. S. Naval, San Diego	W. I. Neikirk	31	2,439	25	87	49,375	2	2	0	0	0	4			
MARYLAND															
U. S. Naval, Bethesda	T. E. Cone	30	1,284	24	88	10,403	3	2	0	0	0	5			
MASSACHUSETTS															
U. S. Naval, Chelsea	A. M. Margileth	18	1,007	36	100	18,093	2	2	0	0	0	4			
PENNSYLVANIA															
U. S. Naval, Philadelphia	C. L. Waite	8	386	7	86	21,694	2	2	0	0	0	4			
VIRGINIA															
U. S. Naval, Portsmouth	F. B. Becker	40	2,263	47	70	38,430	2	2	0	0	0	4			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	R. B. Scott	31	1,000	25	84	2,896						6	367-475	P	
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	D. Hirschl	23	850	10	100	2,282						2	458-499	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Children's	H. C. Shirkey	70	4,008	72	58	7,644	3	3	2	0	0	6†	300-350	F	
University Hospital and Hillman Clinic	W. K. Hare	37	1,373	66	47	5,761	6	6	0	0	0	12	150-160	F	
Fairfield															
Lloyd Noland	G. C. McCullough	28	1,299	5	60	32,045	2	2	0	0	0	4	300-350	FP	
Mobile															
Mobile General	J. H. Baumhauer	18	785	35	74	8,312	1	1	0	0	0	2	300-375	FP	
ARIZONA															
Phoenix															
Maricopa County General	D. B. Manley	36	667	49	71	7,703	2	1	0	0	0	3	373-392	P	
St. Joseph's	H. W. Lipow	19	1,099	26	73	2,154	1	1	0	0	0	2	300-350	FP	
ARKANSAS															
Little Rock															
University	T. C. Panos	63	2,862†	48	70	8,405	5	5	3	0	0	13	233-283	O	
CALIFORNIA															
Bakersfield															
Kern County General	A. Dominguez	55	1,768	30	94	19,114	2	1	0	0	0	3	375-450	P	
Fresno															
Fresno County General	H. Weinberg	46	1,294	49	78	9,305	2	2	0	0	0	4	300-325	P	
Los Angeles															
California Babies' and Children's Medical Center	D. C. Shelby	11	970	9	89	17,441	2	1	0	0	0	3	300-350	F	
Cedars of Lebanon	B. M. Kagan	29	1,770	37	86	9,347	3	3	0	0	0	6	290-315	P	
Children's	R. Ward	71	3,610	162	92	64,408	17	12	2	0	0	31†	190-450	P	
Los Angeles County General	R. Chinnock	136	7,167	114	77	35,646	8	6	0	0	0	14	290-315	P	
Queen of Angels	J. Mitchell	20	1,795	8	75	2,750	2	2	0	0	0	4	275-300	F	
University of California	J. M. Adams	48	19,838	82	91	10,734	5	2	2	1	0	10†	261-460	O	
White Memorial	R. F. Chinnock	14	836	20	95	5,633	2	2	0	0	0	4	265-420	P	
Oakland															
Children's Hospital of the East Bay	H. Long	76	6,339	79	90	8,896	6	6	0	0	0	12†	275-350	F	
Highland-Alameda County	M. Schwartz	30	1,288	40	50	7,676	2	1	0	0	0	3	255-268	FP	
Kaiser Foundation	A. King	17	753	20	75	70,292	2	2	0	0	0	4	315-348	FP	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals															
Palo Alto-Stanford Hospital Center ⁹⁵	N. Kretschmer	31	2,388	47	98	5,814	6	4	1	1	0	12†	100-175	F	
San Francisco															
Children's	J. J. Piel	38	1,233	21	85	14,111	4	3	0	0	0	7	250-300	FP	
Kaiser Foundation	A. N. Lethin, Jr.	11	819	14	71	74,062	2	2	0	0	0	4	315-390	P	
Presbyterian Medical Center	A. H. Jacobs	19	884	10	100	2,950	2	2	0	0	0	4	175-300	P	
St. Luke's	D. Haskin	20	2,277	21	86	6,674	1	1	0	0	0	2	325-350	FP	
St. Mary's	R. T. Terry	23	2,070	5	100	3,702	1	1	0	0	0	2	200-250	FP	
University of California Hospitals															
San Francisco General	M. Grossman	33	1,404	17	64	14,700	4	0	1	0	0	5	261-458	O	
University of California Hospitals	E. B. Shaw	44	2,110	39	95	16,349	8	4	0	2	0	14	261-460	O	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
CALIFORNIA—Continued														
San Jose														
Santa Clara County	H. Hardenbergh	14	506	13	92	8,757	2	1	0	0	0	3	300-400	P
Stockton														
San Joaquin General	F. Rubstaller	23	888	12	100	3,075						1	335-400	P
Torrance														
Los Angeles County Harbor General	K. Z. Zike	38	1,764†	31	67	12,507	3	3	0	0	0	6	290-315	F
COLORADO														
Denver														
Children's	F. B. Parkhurst	109	6,202	104	90	21,806	6	6	1	0	0	13	250-300	P
Denver General	J. R. Connell	26	1,316	31	90	8,586	4	4	0	0	0	8	245-268	P
University of Colorado Medical Center														
Colorado General	C. H. Kempe	20	909	38	92	15,628	2	6	3	0	0	11	180-205	O
CONNECTICUT														
Hartford														
Hartford	A. U. Peacock	16	945	114	72	1,543	1	1	0	0	0	2	235-285	P
St. Francis	T. F. Murphy	41	2,783	18	78	5,876	2	1	0	0	0	3	200-250	FP
New Haven														
Hospital of St. Raphael	P. F. McAlenney	26	2,077	21	62	3,498	3	1	0	0	0	4	300-375	F
Yale-New Haven Medical Center														
Grace-New Haven Community	N. K. Ordway	26	1,176	62	90	11,113	6	7	1	0	0	14	175-333	O
DELAWARE														
Wilmington														
Delaware	R. O. Y. Warren	47	2,391	37	84	3,278	2	2	0	0	0	4	220-240	FP
DISTRICT OF COLUMBIA														
Washington														
Children's	R. H. Parrott	83	4,276	106	79	46,579	12	10	2	0	0	24	200-400	P
District of Columbia General	T. Reichelderfer	73	2,054	46	88	34,583	6	8	1	0	0	15	258-333	P
Georgetown University	F. G. Burke	22	1,329	28	71	3,406	4	3	1	0	0	8	175-270	P
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	R. T. Smith	35	1,185	33	85	4,063	4	3	2	1	0	10†	217-450	O
Jacksonville														
Jacksonville Hospitals Educational Program														
Baptist Memorial	J. C. Lanier	46	3,466	23	65	1,422	2	1	0	0	0	3	325-350	O
Duval Medical Center	J. K. David	17	654	40	67	11,035	4	2	0	0	0	6	325-350	O
St. Vincent's	H. A. Carithers	33	2,402	13	54	1,466	2	2	0	0	0	4	325-350	P
Miami														
Jackson Memorial	R. B. Lawson		1,673	73	62	10,670	5	5				11†	200-225	P
GEORGIA														
Atlanta														
Crawford W. Long Memorial	F. D. Jones	20	1,188	88	60	3,651	5	1	0	0	0	6	315-330	P
Georgia Baptist	J. G. Barrow	27	2,195	24	58	519	3	2	0	0	0	5	330-355	O
Grady Memorial	R. W. Blumberg	61	1,922	88	58	21,172	4	4	2	0	0	10†	100-200	F
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	V. Vaughan	24	456	38	90	1,675	3	3	0	0	0	6	250-333	O
University	J. Bell	46	4,026†	70	43	3,678	2	1	0	0	0	3	250-275	O
HAWAII														
Honolulu														
Kauaikealani Children's	W. F. Moore, Jr.	47	4,858	39	69	7,739	3	3	0	0	0	6	200-250	FP
ILLINOIS														
Chicago														
Children's Memorial	J. A. Bigler	63	3,042	122	89	54,072	10	10	1	0	0	21	250-350	P
Cook County	J. Greengard	336	10,136	458	77	27,498	11	11	0	0	0	22	150-150	FP
Michael Reese Hospital and Medical Center	J. Metcoff	89	1,343†	50	86	13,224	7	7	2	0	0	16†	175-225	FP
Mount Sinai	J. Hork	42	2,129	69	75	3,376	3	3	0	0	0	6	250-300	P
Presbyterian-St. Luke's	J. R. Christian	60	3,000	85	90	6,565	4	4	1	0	0	9	125-175	F
Provident	C. A. Tompkins	15	807	5	80	908								
Stritch School of Medicine of Loyola University-Affiliated Hospitals														
Mercy	A. Fleming	29	1,425	18	83	4,522	4	4	1	1	0	10	225-300	F
University of Chicago Hospitals and Clinics	F. H. Wright	37	1,387	63	81	13,351	6	6	1	0	0	13	250-330	O
University of Illinois Research and Educational Hospitals	I. Schulman	69	1,852	71	86	11,332	5	5	0	0	0	10†	180-205	P
Evanston														
St. Francis	J. B. Murphy	37	2,514	14	85	2,199	1	1	0	0	0	2	325-340	F
Evergreen Park														
Little Company of Mary	A. W. Fleming	53	4,340	26	65	1,251	4	4	0	0	0	8	225-275	F
INDIANA														
Indianapolis														
Indiana University Medical Center														
Indiana University Hospitals	L. T. Meiks	70	2,140	179	69	2,486	4	4	0	0	0	8	235-262	P
Marion County General	H. F. Call	35	908	27	67	17,734	2	2	0	0	0	4	269-295	P
Methodist of Indiana	D. Rogers	62	4,675	46	62	2,564	1	1	0	0	0	2	360-390	P
IOWA														
Des Moines														
Raymond Blank Memorial	L. F. Hill	53	4,402	63	75	12,452	3	3	0	0	0	6	200-225	F
Iowa City														
University Hospitals	D. L. Dunphy	52	2,286	93	82	12,814	5	5	0	0	0	10	225-250	FP

Numerical and other references are listed on pages 262 through 264.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance Code
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
KANSAS														
Kansas City														
University of Kansas Medical Center.....	H. Miller.....	34	1,473	47	83	28,146	4	4	0	0	0	8	200-250	P
KENTUCKY														
Louisville														
University of Louisville Medical Center.....	J. A. Little.....	48	3,006†	94	74	76	8	4	2	0	0	14	150-250	FP
Children's.....		18	971	24	79	13,741	4	4	1	0	0	9	116-120	FP
Louisville General.....														
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana.....														
Louisiana State University Division.....	R. L. Fowler.....	106	1,691	68	93	8,764						17	125-150	F
Tulane University Division.....	R. V. Platou.....	98	1,570	65	82	7,118						19	125-200	F
Shreveport														
Confederate Memorial Medical Center.....	C. H. Webb.....	85	3,304	188	37	3,688	2	2	0	0	0	4	160-180	F
MAINE														
Portland														
Maine Medical Center.....	P. G. Good.....	14	824	14	86	2,572	1	1	0	0	0	2	175-200	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals.....	H. E. Harrison.....	77	1,943	151	94	21,511	3	4	2	0	0	9†	150-250	FP
Johns Hopkins.....	R. E. Cooke.....	79	1,698†	134	93	66,093	12	7	1	1	0	21†	166-347	P
Sinai Hospital of Baltimore.....	H. H. Gordon.....	36	1,425	39	62	4,916	3	3	2	0	0	8	235-285	P
Union Memorial ¹⁹⁰	W. L. Grubb.....	14	633†	19	53	1,656	4	2	0	0	0	6	520-560	P
University of Maryland.....	J. E. Bradley.....	95	4,565	162	54	37,495	3	3	1	0	0	7†	220-350	P
MASSACHUSETTS														
Boston														
Boston City.....	S. G. Gellis.....	250	5,562	128	55	25,862	9	8	1	1	0	19†	158-248	F
Boston Floating.....	J. M. Baty.....	74	3,507	120	89	5,578	6	6	0	0	0	12	120-145	F
Children's Hospital Medical Center.....	C. E. Janeway.....	72	3,392	244	81	16,606	12*	12	6	2	0	32†	125-300	F
Massachusetts General.....	N. B. Talbot.....	56	3,498	28	86	6,501	7	6	1	0	0	14†	108-188	F
Worcester														
St. Vincent.....	P. P. Karpawich.....	51	3,096	22	77	806	2	1	0	0	0	3	300-325	FP
Worcester City.....	J. Cohen.....	57	2,761	49	71	3,464	2	2	0	0	0	4	270-340	FP
MICHIGAN														
Ann Arbor														
University.....	J. L. Wilson.....	60	2,128	105	90	19,139	12	12	6	5	0	35†	193-230	O
Detroit														
Children's.....	P. V. Woolley.....	179	7,554	366	58	65,946	13	13	3	0	0	29†	235-335	F
Harper.....	E. E. Martmer.....	27	1,306	15	66	2,549	6	6	0	0	0	12	275-300	P
Henry Ford.....	J. A. Johnston.....	32	1,659	17	88	21,902	3	3	0	0	0	6	300-320	P
Flint														
Hurley.....	A. L. Tuuri.....	90	4,951	44	75	16,814	2	2	0	0	0	4	325-350	F
Grand Rapids														
Butterworth.....	D. F. Waterman.....	45	3,098	50	71	1,287	1	1	0	0	0	2	325-350	O
Pontiac														
St. Joseph Mercy.....	F. M. Adams.....	52	3,925	19	42	2,014	1	1	0	0	0	2	375-435	P
Saginaw														
Saginaw General.....	R. M. Heavenrich.....	25	1,843	18	67	1,827	1	1	0	0	0	2	380-405	P
MINNESOTA														
Minneapolis														
Minneapolis General.....	R. B. Raile.....	30	1,390	27	81	8,988	3	1	0	0	0	4	250-...	F
Northwestern.....	D. M. Olson.....	20	1,642	31	70	2,346	1	1	0	0	0	2	225-250	F
University of Minnesota Hospitals.....	J. A. Anderson.....	101	2,551	169	92	11,281	12	8	0	0	0	20	280-...	O
Rochester														
Mayo Foundation.....	J. W. DuShane.....	80	5,437	105	81	43,303	8	8	8	0	0	24†	200-333	P
Rochester Methodist.....														
St. Mary's.....														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center.....														
University.....	B. E. Batson.....	23	734†	62	77	4,601	3	3	0	0	0	6	250-325	O
MISSOURI														
Columbia														
University of Missouri Medical Center.....	R. Jackson.....	28	664	40	55	5,538	2	2	2	0	0	6†	250-350	P
Kansas City														
Children's Mercy.....	D. C. Darrow.....	56	2,481	55	76	37,815	3	3	0	0	0	6	200-225	FP
Kansas City General.....	J. R. Patterson.....	63	3,625	68	48	14,125	2	2	0	0	0	4	200-240	FP
St. Louis														
Homer G. Phillips.....	P. J. White.....	69	3,305	38	57	14,228	9	9	2	0	0	20†	271-346	P
St. Louis Children's.....	A. F. Hartmann, Sr.....	124	5,232	149	76	41,124	14	14	6	0	0	30	100-375	FP
St. Louis City ²²⁷	J. T. Y. Shen.....	48	2,590	118	91	11,356	5	3	0	0	0	8	285-382	P
St. Louis University Group of Hospitals.....														
Cardinal Glennon Memorial Hospital for Children.....	J. P. King.....	49	2,320	63	89	21,602	2	2	0	0	0	4	150-170	FP
NEBRASKA														
Omaha														
Children's Memorial.....	C. R. Angle.....	56	3,866	48	83	7,700	4	4	0	0	0	8	275-425	P
Creighton Memorial St. Joseph's.....	T. R. Pfundt.....	24	1,400	7	100	3,500	3	3	1	0	0	7†	325-375	P
University of Nebraska ²²⁹	G. Gibbs.....	17	644	14	79	13,507	2	2	1	0	0	5	225-300	P

Numerical and other references are listed on pages 262 through 264.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Salary per Month Min.-Max.	Main-tenance F P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. C. Storrs	17	924	15	100	5,558	1	1	0	0	0	2	218-218	...
NEW JERSEY														
Camden														
Cooper ²⁴³	R. M. Bernardin	28	1,529	16	50	2,353	1	1	0	0	0	2	350-400	F
Jersey City														
Jersey City Medical Center	S. S. Stevenson	55	2,597	27	52	11,086	6	4	1	0	0	11	200-350	F
Neptune														
Fitkin Memorial	J. F. Raffetto	26	1,733	17	82	1,470	1	1	0	0	0	2	250-250	F
Newark														
Newark Beth Israel	A. S. Finkelstein	25	583	22	54	636	0	1	0	0	0	1	250-275	F
St. Michael	G. A. Maggio	51	2,533	22	73	3,406	4	4	0	0	0	8	275-300	FP
United Hospitals of Newark														
Babies'	W. P. Barba	60	3,465	43	84	14,631	6	6	2	0	0	14†	300-325	P
Martland Medical Center	W. L. Mitchell	48	1,900	80	60	400	3	3	1	0	0	7	300-350	F
NEW MEXICO														
Albuquerque														
Bernalillo County-Indian	S. W. Adler	23	866	57	67	2,442	1	1	0	0	0	2	300-383	FP
NEW YORK														
Albany														
Albany Medical Center	P. R. Patterson	37	1,671†	36	89	...	3	4	0	0	0	7†	230-325	P
Buffalo														
Children's	M. Rubin	118	7,040	79	72	71,572	12	6	1	0	0	19	175-300	FP
Edward J. Meyer Memorial	T. S. Bumbalo	61	1,303	24	71	21,813	2	3	0	0	0	5	292-312	P
Cooperstown														
Mary Imogene Bassett	T. C. Goodwin	9	547	5	60	7,168	1	0	0	0	0	1	200-350	P
Hempstead														
Meadowbrook	E. A. Stanchi	87	3,067	89	81	2,022	3	3	0	0	0	6	321-436	F
Manhasset														
North Shore	A. L. Florman	14	1,474†	8	29	701	2	1	0	0	0	3	281-348	F
New York City														
Bellevue Hospital Center														
Division III-New York University														
College of Medicine	S. Krugman	172	3,300	139	81	69,980	10	10	3	0	0	23	231-317	FP
Beth-El	B. Schick	16	491	14	71	4,699	3	1	0	0	0	4	175-225	F
Beth Israel	S. Blatman	16	313	6	67	3,205	2	2	0	0	0	3	250-270	P
Bronx	M. Davidson	20	888	8	75	12,254	3	3	0	0	0	6†	251-303	F
Bronx Municipal Hospital Center	H. L. Barnett	85	2,400	38	74	45,000	12	9	1	0	0	22†	231-317	FP
Brooklyn	G. Cunningham	28	1,312	39	72	11,713	2	2	0	0	0	4	175-190	F
City Hospital at Elmhurst	M. Weichsel	49	1,106	60	81	5,126	3	2	2	0	0	7†	231-317	FP
Coney Island	J. Rosenblum	31	1,101	19	68	7,377	4	2	0	0	0	6	231-317	FP
Cumberland	M. M. Maliner	43	1,010	20	87	16,290	2	1	0	0	0	3	231-317	FP
Fordham	J. Turner	21	618	17	73	7,360	2	2	0	0	0	4	231-317	FP
Harlem	H. J. Cohen	69	1,545	...	...	19,828	2	2	0	0	0	4	231-317	FP
Jewish Hospital of Brooklyn	J. Pincus	58	1,723	41	66	17,923	5	7	0	0	0	12	165-250	F
Kings County Hospital Center	J. T. Lanman	132	3,493	333	40	12,154	12	12	6	0	0	30†	231-317	FP
Lenox Hill	C. O'Regan	21	971	13	76	4,795	1	1	0	0	0	2	225-250	P
Lincoln	H. L. Barnett	50	1,445	68	72	25,584	9	5	2	0	0	16	231-317	FP
Long Island College	C. A. Weymuller	17	673	47	70	5,189	2	1	0	0	0	3	170-225	P
Long Island Jewish	S. Karalitz	53	2,259	48	79	2,744	2	2	1	0	0	5†	333-458	O
Lutheran Medical Center	J. A. Monfort	9	550	7	57	1,772	4	1	0	0	0	5†	250-275	F
Maimonides Hospital of Brooklyn	B. Kramer	33	995	32	95	4,069	4	3	0	0	0	7	160-250	P
Methodist Hospital of Brooklyn	W. R. Coles	30	1,556	24	66	2,081	1	1	0	0	0	2	300-325	F
Morrisania City	F. Chick	62	752	12	91	8,414	3	1	0	0	0	4	231-317	FP
Mount Sinai	H. L. Hodes	105	2,846	121	90	50,124	5	4	1	0	0	10†	303-458	P
New York	W. McCrory	83	1,941	136	75	27,959	10	9	2	1	0	22	250-308	P
New York Infirmary	B. Worcester	22	274	4	75	4,282	1	1	0	0	0	2	215-305	F
New York Medical College-Metropolitan Hospital Center														
Unit 1—Flower and Fifth Avenue Hospitals	L. Slobody	22	7,911	27	70	3,196	2	2	0	0	0	4	215-265	F
Unit 2—Metropolitan	L. Slobody	90	2,604	126	30	52,039	5	6	3	0	0	14	231-317	FP
New York Polylinic Medical School and Hospital	A. B. Susman	11	451	...	...	3,233	1	0	0	0	0	1	225-250	F
Presbyterian (Babies)	E. Curmen	164	5,724	243	88	45,420	10	10	1	0	0	21	292-500	P
Queens Hospital Center	M. Coe	51	1,251	82	41	4,813	4	3	0	0	0	7	231-317	FP
Roosevelt	E. N. Joyner, III	17	475	7	57	4,211	2	2	1	0	0	5	183-341	P
St. Catherine's	J. P. Lombard	11	1,384	29	37	4,535	2	1	0	0	0	3	225-275	F
St. John's Episcopal	B. H. Shulman	14	548	14	75	3,644	2	1	0	0	0	3	340-375	FP
St. Luke's	J. F. Eagle	51	1,667	...	...	9,859	3	3	0	0	0	6	225-250	F
St. Mary's	A. G. Stigliano	20	592	11	46	3,476	1	1	0	0	0	2	325-350	F
St. Vincent's Hospital of the City of New York	V. J. Fontana	36	1,214	79	65	9,926	3	3	0	0	0	6	175-200	F
Rochester														
Rochester General ²⁵⁴	E. Townsend	11	684	7	86	1,744	2	2	0	0	0	4†	175-200	FP
St. Mary's	W. F. O'Connell	32	924	9	...	1,178	1	1	0	0	0	2	300-325	F
Strong Memorial-Rochester Municipal Hospitals	W. L. Bradford	41	1,620	101	85	7,061	7	2	2	0	0	11	167-292	O
Syracuse														
State University of New York Upstate Medical Center	J. B. Richmond	106	5,903	148	40	14,339	5	5	1	0	0	11	250-340	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	F. W. Denny	47	1,710	95	80	7,016	4	3	2	0	0	9	200-375	O
Charlotte														
Charlotte Memorial	E. White	7	461	20	65	3,919	2	2	0	0	0	4	345-395	P
Durham														
Duke	J. S. Harris	33	1,328	145	77	10,312	6	4	2	0	0	12	175-225	F
Raleigh														
Rex	C. R. Bugg	35	2,925	11	36	1,674	1	1	0	0	0	2	350-350	O

Numerical and other references are listed on pages 262 through 264.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NORTH CAROLINA—Continued														
Winston-Salem														
North Carolina Baptist	W. M. Kelsey	40	1,981	74	56	3,863	4	3	1	0	0	8	204-270	P
OHIO														
Akron														
Children's Hospital of Akron	E. J. Rector	93	5,261	90	72	8,246	8	7	0	0	0	15	275-325	FP
Cincinnati														
University of Cincinnati Hospital Group	A. A. Weech	182	8,988	163	77	11,793	12	12	1	0	0	25	125-200	F
Children's		29	1,252	98	79	12,010								
Cincinnati General														
Cleveland														
Cleveland Clinic	R. D. Mercer	51	2,684†	33	67	7,210	2	2	1	0	0	5	275-300	O
Cleveland Metropolitan General ³²⁴	F. C. Robbins	46	1,532	46	86	41,989	6	6	2	0	0	14†	200-325	F
St. Luke's	R. G. Hodges	40	2,303	16	75	6,180	1	2	0	0	0	3	220-325	F
University Hospitals of Cleveland ³¹⁸	W. M. Wallace	69	2,873†	151	65	17,977	6	6	3	0	0	15	187-288	P
Columbus	E. H. Baxter	77	4,496	180	80	22,877	11	11	3	0	0	25	200-300	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center														
University Hospital ³²⁴	H. D. Riley	72	1,737	91	76	11,479	7	7	4	1	0	19†	200-350	P
Tulsa	L. Horowitz	55	3,539†	38	63	5,437	2	2	0	0	0	4	200-250	F
Hillcrest Medical Center	G. Kriemeyer	69	4,372	34	59	1,154	2	2	0	0	0	4	200-225	FP
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	R. W. Olmsted	50	1,195	76	92	25,129	4	4	0	0	0	8	200-250	F
PENNSYLVANIA														
Danville														
Geisinger Medical Center	S. S. Morrison	24	1,564	19	84	8,488	1	1	0	0	0	2	175-200	FP
Harrisburg														
Harrisburg	R. J. Tursky	45	2,540	24	46	3,397	2	1	0	0	0	3	225-250	F
Harrisburg Polyclinic	M. Ames	44	2,763	16	81	3,460	1	1	0	0	0	2	300-350	FP
Philadelphia														
Albert Einstein Medical Center	A. Capper	42	2,667	21	75	4,738	2	2	0	0	0	4	125-150	FP
Children's Hospital of Philadelphia	J. Stokes, Jr.	60	6,547	95	85	15,647	10	8	4	1	0	23	50-200	F
Germantown Dispensary and Hospital	J. C. Williams	19	1,106	11	55	1,891	1	1	0	0	0	2	225-250	FP
Hahnemann Medical College and Hospital ³⁴⁶	C. C. Fischer	30	1,124	31	51	6,244	3	3	0	0	0	6	200-225	P
Hospital of the University of Pennsylvania	L. Barness	15	589	13	84	9,563	3	3	1	0	0	7	100-300	P
Hospital of the Woman's Medical College of Pennsylvania	E. E. Miller	24	2,350	7	57	3,645	3	1	0	0	0	4	125-150	F
Jefferson Medical College	H. G. Keitel	133	4,000	79	46	11,500	4	6	0	0	0	10	250-283	O
Philadelphia General	P. Gyorgy, D. Fleisher	111	3,673	47	70	32,712	6	6	0	0	0	12	155-220	F
Temple University Medical Center	W. E. Nelson	84	3,664	108	92	49,777	10	10	3	0	0	23	75-300	F
St. Christopher's Hospital for Children														
Temple University	W. E. Nelson													
Pittsburgh														
Allegheny General														
Health Center Hospitals of the University of Pittsburgh														
Children's Hospital of Pittsburgh	R. L. Day		1,864	52	90	19,491	6	12	3	0	0	21	255-305	F
Sayre														
Robert Packer	D. S. Motsay	29	2,134	21	86	7,090	1	1	0	0	0	2	245-285	P
PUERTO RICO														
Caparra Heights														
University	A. Ortiz	62	1,743	183	54	6,205	3	3	1	0	0	7	250-400	P
Fajardo														
Fajardo District	R. Alonso	59	1,464	88	55	2,314	2	2	0	0	0	4	350-450	F
Ponce														
Ponce District General	R. Blasini	92	2,348	246	64	8,440	2	2	0	0	0	4	250-300	F
Rio Piedras														
Rio Piedras Municipal	M. M. Rullan	30	710	52	62	9,482	2	1	0	0	0	3	300-350	F
San Juan														
San Juan City	E. Colon Rivera	63	1,610	180	63	8,924	5	5	1	0	0	11	225-350	F
RHODE ISLAND														
Providence														
Rhode Island	B. Feinberg	42	1,489	22	64	7,240	3	2	0	0	0	5	165-265	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	J. R. Paul						3	3	1	0	0	7	138-163	FP
Medical College		53	2,220	103	75	10,285								
Roper		20	1,521	28	60									
Columbia														
Columbia Hospital of Richland County	B. O. Stands	58	2,607	48	69	24,415	1	1	0	0	0	2	300-320	P
TENNESSEE														
Knoxville														
East Tennessee Affiliated Hospitals														
East Tennessee Children's														
University of Tennessee Memorial	H. S. Christian	12	633	11	73	1,948	2	2	0	0	0	4	275-300	F
Research Center and Hospital														
Memphis														
University of Tennessee Affiliated Hospitals	J. Hughes													
City of Memphis Hospitals	J. Hughes	71	2,519	120	72	28,053	7	7	2	0	0	16	150	
Le Bonheur Children's														

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance F P O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
TENNESSEE—Continued														
Nashville														
Baptist	P. C. Elliott	37	2,184	29	48	943	2	1	0	0	0	3	300-300	FP
George W. Hubbard ²⁸⁶	E. P. Crump	29	888	20	70	9,787	2	2	2	0	0	6	175-275	F
Vanderbilt University	A. Christie	26	968	57	84	12,974	5	1	0	0	0	6	75-125	F
TEXAS														
Corpus Christi														
Driscoll Foundation Children's	J. M. Sloan	105	1,167	73	99	43,406	3	3	2	0	0	8†	200-300	FP
Dallas														
Children's Medical Center ²⁷⁷	E. L. Pratt	97	4,850	129	69	81,117	8	8	2	0	0	18	175-225	F
St. Paul	L. U. Mewhinney	21	1,733†	18	89	2,957	2	2	0	0	0	4	225-275	FP
Galveston														
University of Texas Medical Branch Hospitals	C. W. Daeschner	110	4,104	125	66	18,869	6	6	0	0	0	12	283-283	P
Houston														
Baylor University Affiliated Hospitals	R. J. Blattner	125	6,465	237	80	77,172	10	10	2	0	0	22†	...	...
Hermann	R. J. Blattner	16	587	28	82	7,652	2	2	0	0	0	4	175-225	F
Jefferson Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist Hospital	...	...	...	...	...	...	...	...	...	...	...	...	260-335	O
Texas Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph's	H. L. Ried	34	3,356†	22	50	2,238	1	1	0	0	0	2	150-175	F
San Antonio														
University of Texas Post-Graduate School of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	H. A. Britton	45	985	92	60	15,299	2	2	0	0	0	4	225-375	F
Santa Rosa Medical Center	C. Nau	34	4,603	198	67	4,247	1	1	0	0	0	2	275-350	F
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals ²⁸⁶	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salt Lake County General	M. E. Lahey	19	755	30	67	11,203	3	4	1	0	0	8	280-355	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. J. McKay, Jr.	...	...	...	...	...	2	1	0	0	0	3	166-166	O
DeGoesbriand Memorial	...	14	743	8	100	533	...	...	...	...	...	...	...	...
Mary Fletcher	...	9	552	17	88	1,292	...	...	...	...	...	...	...	...
VIRGINIA														
Alexandria														
Alexandria	R. H. Anderson	18	672†	6	67	4,571	1	1	0	0	0	2	300-340	P
Charlottesville														
University of Virginia	M. Birdsong	19	756	33	48	8,142	3	3	0	0	0	6	90-180	FP
Richmond														
Medical College of Virginia-Hospital Division	G. B. Odell	157	7,766	211	43	23,338	8	8	8	2	0	26	100-150	F
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	...	...	...	...	...	...	12	12	5	0	0	29	...	...
Children's Medical Center	F. C. Moll	64	3,729	107	95	7,449	...	...	...	...	...	...	225-475	P
King County	C. W. Bierman	20	969†	7	88	5,166	...	...	...	...	...	...	150-375	F
University	R. A. Aldrich	11	427†	27	96	1,884	...	...	...	...	...	...	200-550	P
WEST VIRGINIA														
Beckley														
Beckley Memorial	S. J. Winter	...	...	10	70	7,366	1	1	0	0	0	2	400-450	P
Charleston														
Memorial	T. G. Potterfield	20	967	15	53	1,343	1	1	0	0	0	2	325-350	F
West Virginia University Medical Center	W. G. Klingberg	22	866	28	79	1,907	2	2	0	0	0	4†	287-367	P
WISCONSIN														
Madison														
University Hospitals	N. Smith	48	1,466	44	86	6,820	6	6	2	0	0	14	125-275	F
Milwaukee														
Milwaukee Children's	F. J. Mellencamp	...	4,419	76	87	15,736	6	6	0	0	0	12	300-375	P
Milwaukee County	J. C. Peterson	56	2,543†	92	51	14,347	3	3	0	0	0	6	238-293	O

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training of two years' duration through affiliation with a fully approved program. Hospitals, 43 Residencies, 114

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA														
Long Beach														
Memorial Hospital of Long Beach ⁸⁴	R. C. DeGolia	24	2,259	6	67	3,667	1	0	0	0	0	1	325-325	P
San Diego														
San Diego County General ¹⁷⁶	J. B. Welsh	22	2,442†	67	60	697	1	0	0	0	0	1	250-...	F
San Mateo														
Community Hospital of San Mateo County ¹⁷⁷	W. C. Layton	5	387	2	0	2,127	1	1	0	0	0	2	300-400	F
CONNECTICUT														
Waterbury														
Waterbury ¹¹⁷	H. A. Rosenberg	27	2,057	7	71	2,325	1	1	0	0	0	2	225-250	F
FLORIDA														
Miami														
Variety Children's ¹⁸¹	W. C. Adams	38	1,834	39	80	23,748	4	4	0	0	0	8	200-265	O
GEORGIA														
Atlanta														
Henrietta Egleston Hospital for Children ¹⁸³	J. H. Patterson	40	3,109	70	77	...	4	2	1	0	0	7	155-295	P

Numerical and other references are listed on pages 262 through 264.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Salary per Month Min.-Max.	Main-tenance P O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
ILLINOIS														
Chicago														
Grant ¹⁴³	D. H. Welker	26	1,243	23	91	1,570	1	0	0	0	0	1	450-475	F
Illinois Masonic ¹⁴³	G. George	33	2,307†	17	82	5,777	2	0	0	0	0	2	225-300	F
Evanston														
Evanston ¹³⁹	A. L. Newcomb	20	1,740	8	75	1,400	1	1	0	0	0	2	250-275	P
Peoria														
St. Francis ¹³⁹	R. S. Easton	100	6,600	55	80		1	1	0	0	0	2	275-300	F
LOUISIANA														
New Orleans														
Ochsner Foundation ¹⁷⁴	C. H. Snyder	4	350	6	67	9,878	1	1	0	0	0	2	225-250	P
Southern Baptist ¹⁷³	J. Craven	18	2,062	14	79	787	1	1	0	0	0	2	275-325	P
Touro Infirmary ¹⁷⁴	S. Schaefer		793	10	80	2,811	1	1	0	0	0	2	235-235	FP
MAINE														
Lewiston														
Central Maine General ¹⁸⁵	H. C. Thacher	13	568	7	71	787	1	0	0	0	0	1	225-260	FP
MARYLAND														
Baltimore														
Mercy ¹⁸¹	S. H. Walker	13	487	10	30	3,193	1	1	0	0	0	2	300-300	P
Provident ¹⁸¹	E. L. White	18	774	13	38	2,010	2	1	0	0	0	3	450-500	F
MASSACHUSETTS														
Springfield														
Springfield ²⁴⁶	H. H. Shuman	22	1,080†	13	77	961	2	2	0	0	0	4	250-275	FP
MICHIGAN														
Detroit														
Receiving ²⁰²	C. F. Whitten	80	3,642†	47	49	3,762	2	0	0	0	0	2	340-415	P
Kalamazoo														
Borgess ²⁰²	H. S. Heersma	27	2,356	17	71	1,046	1	1	0	0	0	2	275-295	F
NEW JERSEY														
Trenton														
St. Francis ³³⁹	H. Davis	38	2,387	15	40	2,880	1	1	0	0	0	2	250-310	F
NEW YORK														
New York City														
Flushing Hospital and Dispensary ²⁹¹	H. T. Vogel	18	683	6	67	3,058	1	1	0	0	0	2	250-275	F
Jewish Memorial ²⁸⁴	W. Levy, N. Greenstein	14	926	5	80	1,260	1	1	0	0	0	2	250-300	F
Mary Immaculate ²⁹¹	V. G. Tosti	15	612	13	69	500	1	1	0	0	0	2	300-310	F
Misericordia ²⁸⁴	V. P. Casey	25	1,051	10	60	3,265	2	2	0	0	0	4	290-365	F
Wyckoff Heights ¹⁸³	A. N. Eden	12	624	8	100	857	2	2	0	0	0	4	250-275	F
Rochester														
Genesee ³⁰²	R. Meltzer	41	3,057	49	94	3,135	1	1	0	0	0	2	175-325	FP
Valhalla														
Grasslands ²⁴⁶	D. A. Wilcox	14	394	15	73	1,811	1	1	0	0	0	2	250-300	FP
NORTH CAROLINA														
Durham														
Watts ⁶⁶	A. H. London	17	1,309	17	82	2,831	1	1	0	0	0	2	300-400	F
Wilmington														
Babies ⁶⁵	J. B. Sidbury	24	1,969	17	50	0	2	0	0	0	0	2	300-300	F
OHIO														
Cincinnati														
Good Samaritan ³¹³	C. F. Wagner	45	3,469†			371	1	2	0	0	0	3	325-350	P
Jewish ³¹²	L. S. Friedman	28	2,450†	6	67	2,410	1	1	0	0	0	2	230-290	FP
Cleveland														
Mount Sinai ³²⁴	E. E. Smith	14	713	18	68	4,153	2	2	0	0	0	4	215-235	FP
Toledo														
Mercy ²⁰²	J. J. Tansey	75	4,925	54	67	5,693	1	0	0	0	0	1†	300-300	FP
Warren														
Trumbull Memorial ³¹⁷	R. P. Ostergard	21	1,732	12	67	115	1	1	0	0	0	2	300-350	F
PUERTO RICO														
San Juan														
Presbyterian ³⁶⁰	J. Basora Defillo	9	664†	10	60	1,617	1	0	0	1	0	2	300-500	F
RHODE ISLAND														
Providence														
Charles V. Chapin ¹⁹⁵	M. Adelman	41	1,118	4	75	679	4	2	0	0	0	6	324-324	F
Roger William General ¹⁹⁶	M. N. Kay	32	2,164	9	89	699	2	2	0	0	0	4	300-350	F
SOUTH CAROLINA														
Greenville														
Greenville General ³⁷¹	R. C. Brownlee	23	1,191†	28	57	5,525	0	1	0	0	0	1	350-350	P
TENNESSEE														
Chattanooga														
T. C. Thompson Children's ¹³³	R. B. Clark	76	3,694	113	52	25,759	3	5	0	0	0	8	325-350	F
Memphis														
Baptist Memorial ³⁶⁶	F. S. Hill	41	2,770	37	54	660	1	1	0	0	0	2	325-350	F
St. Joseph ³⁶⁷	M. B. Arnoult	19	1,492	8	38	1,438	2	2	0	0	0	4	325-350	F
TEXAS														
Dallas														
Methodist Hospital of Dallas ³⁷⁶	M. G. Russell	25	2,995	12	8	998	2	2	0	0	0	4	175-225	F
WISCONSIN														
La Crosse														
La Crosse Lutheran ⁷¹	R. K. Slungaard	21	1,425	3	100	11,120	1	0	0	0	0	1	300-350	F

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements and the explanatory footnote (*) on "Mixed," "Adult" and "Pediatric" categories below.)
Hospitals, 28; Residencies, 23

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION											
CALIFORNIA											
Los Angeles											
University of California											
San Francisco											
University of California Hospitals	W. C. Deamer		3,251						300-300	O	
COLORADO											
Denver											
University of Colorado Medical Center											
Colorado General											
DISTRICT OF COLUMBIA											
Washington											
Children's	R. H. Todd	20	2,739	0	0	2	0	0	2	300-350 O	
ILLINOIS											
Chicago											
Michael Reese Hospital and Medical Center	A. Matheson, M. Mosko	161	2,893	1	1	0	0	0	2	175-200 FP	
University of Illinois Research and Educational Hospitals*	J. Hyde		1,949	1	0	0	0	0	1	250-250 O	
KANSAS											
Kansas City											
University of Kansas Medical Center*	F. Speer			1	0	0	0	0	1	300-300 P	
MARYLAND											
Baltimore											
Johns Hopkins	M. B. Rhyne	75	6,000							583 O	
University of Maryland	R. L. London		1,891	1	1	0	0	0	2	220-350 P	
MASSACHUSETTS											
Boston											
Children's Hospital Medical Center	H. L. Mueller		4,194	0	0	0	2	0	2	125-300 F	
Massachusetts General*			7,948	0	0	0	0	0	0	O	
MICHIGAN											
Detroit											
Children's	S. J. Levin		5,920								
MINNESOTA											
Rochester											
Mayo Foundation*	G. B. Logan										
Rochester Methodist											
St. Mary's											
NEW YORK											
Buffalo											
Children's	M. I. Rubin										
NEW YORK CITY											
New York City											
New York University Medical Center											
University Hospital	V. J. Fontana	354	1,410	0	1	0	0	0	1	257-432 O	
Roosevelt*	W. B. Sherman	19	4,189	1	0	0	0	0	1	216-341 P	
Rochester											
Strong Memorial—Rochester Municipal Hospitals	W. L. Bradford		2,779	0	0	1	1	0	2	167-292 O	
NORTH CAROLINA											
Durham											
Duke*	S. Dees	51	2,582	1	1	0	0	0	2	400-400 O	
OHIO											
Columbus											
Children's	I. Sivon	238	2,421	0	0	1	0	0	1	250-275 P	
PENNSYLVANIA											
Philadelphia											
Children's Hospital of Philadelphia	H. I. Lecks		1,453								
St. Christopher's Hospital for Children											
RHODE ISLAND											
Providence											
Rhode Island*	S. S. Freedman		1,085	1	0	0	0	0	1	265-315 FP	
TENNESSEE											
Memphis											
City of Memphis (Frank Tobey Memorial Children's)	J. G. Hughes			1	0	0	0	0	1		
TEXAS											
Dallas											
Children's Medical Center	S. R. Halpern		3,865	1	0	0	0	0	1	417-417 O	
HOUSTON											
Houston											
Baylor University Affiliated Hospitals											
Texas Children's	J. P. McGovern	49	912	2	0	0	0	0	2	420... O	
VIRGINIA											
Charlottesville											
University of Virginia*	J. L. Guerrant	240	2,000	1	0	0	0	0	1	90- 90 F	

The total residency programs in Allergy at these centers also include Adult Allergy. Accordingly, residency programs in centers with the symbol () are in the "Mixed" category referred to under Board Requirements. All other residency programs listed above are in the "Pediatric" category.

19. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty. Hospitals, 80; Residencies, 385

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P F O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco	W. H. Moore, Jr.	7,406	104,660	81,057	1	1	1	0	0	3		F
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Tuskegee												
Veterans Admin.	R. S. Wilson	2,598	458,736	102	2	2	2	0	0	6	291-372	O
CALIFORNIA												
Long Beach												
Veterans Admin.	B. J. Michela				2	2	2	0	0	6		
Los Angeles												
Los Angeles County General	E. Austin	11,680	28,877								290-425	P
University of California	R. E. Worden	2,461	10,391	6,853	3	3	3	1	0	10†	261-340	P
Veterans Admin. Center General Medical and Surgical	K. H. Haase	10,080	151,932	154,360	4	4	4	0	0	12	292-373	P
White Memorial	F. B. Moor	5	99	600	1	1	1	0	0	3	265-420	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals												
Palo Alto-Stanford Hospital Center ¹⁶	D. J. Feldman	653	19,579	5,236	3	3	3	0	0	9	300-350	FP
San Francisco												
University of California Hospitals	G. Bard	15,432	22,720	7,148	2	2	2	0	0	6	300-350	O
San Francisco General	W. Treanor	1,464	12,540		0	0	0	0	0	0		
Fairmont Hospital of Alameda County (San Leandro)												
California Rehabilitation Center (Vallejo)	S. Mead	3,018	45,900	3,018	1	1	1	0	0	3	315-365	F
San Leandro												
Fairmont Hospital of Alameda County—See University of California Hospitals, San Francisco												
Vallejo												
California Rehabilitation Center—See University of California Hospitals, San Francisco												
COLORADO												
Denver												
University of Colorado Medical Center												
Colorado General	J. Gersten	3,344	32,398	909	2	2	2	0	0	6	180-205	O
Veterans Admin.	C. C. Hoffman	1,214	33,897	2,040						3	582-886	O
CONNECTICUT												
New Haven												
Yale-New Haven Medical Center												
Grace-New Haven Community	R. V. Jones	1,707	15,522	13,804	1	1	1	0	0	3		O
Rocky Hill												
Veterans Home and Hospital	H. L. Kamenetz	2,191	49,225		1	1	1	0	0	3	365-...	F
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General	J. Buchanan	9,421	81,490	6,884	2	2	0	0	0	4	258-308	P
Georgetown University	M. M. Kenrick	50	11,231	6,165	1	1	1	0	0	3	200-250	P
George Washington University	C. S. Wise	3,074	14,300	7,331	1	1	1	0	0	3	210-260	P
Veterans Admin.	I. T. Hill	2,974	43,584	5,977	1	1	1	0	0	3	291-497	O
FLORIDA												
Coral Gables												
Veterans Admin.	W. C. Fleming	3,340	45,727	5,232	2	1	1	0	0	4	291-373	O
GEORGIA												
Warm Springs												
Georgia Warm Springs Foundation-Emory University												
Emory University	R. L. Bennett	7,162	9,183		0	1	0	0	0	1	...-245	P
Georgia Warm Springs Foundation	E. D. Haak	641	82,897	2,356	4	4	4	0	0	12	300-400	P
ILLINOIS												
Chicago												
Northwestern University Medical Center												
Veterans Admin. Research	L. B. Newman	147	95,840	1,503						3	291-497	O
Hines												
Veterans Admin. ¹⁴⁷	W. T. Liberson	3,548	263,470	1,272	2	2	1	0	0	5	291-372	O
Peoria												
Institute of Physical Medicine and Rehabilitation ¹⁴	H. W. Kendell	3,078	82,728	13,406	1	1	1	0	0	3	375-425	O
KANSAS												
Kansas City												
University of Kansas Medical Center	D. Rose	4,024	27,263	6,351	1	1	1	0	0	3	200-400	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	2,507	46,760	580							292-373	
Wadsworth												
Veterans Admin.	A. B. Gauger	2,723	162,054	51,531	1	1	1	0	0	3	291-497	P
KENTUCKY												
Louisville												
University of Louisville Medical Center												
Louisville General	H. Wing	7,684	10,145	5,381	0	0	0	1	0	1		FP
Veterans Admin.	I. Muss	131	1,214	75								

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

19. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1963-1964						Total All Years	Salary per Month Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND													
Baltimore													
University of Maryland	P. F. Richardson	813	34,373	4,264	1	1	1	0	0	3	325-400	P	
MASSACHUSETTS													
Boston													
Massachusetts General	A. L. Watkins	23,222										O	
Veterans Admin. (Jamaica Plain)	F. Friedland	3,217	144,287	1,092	1	1	1	0	0	3	291-497	O	
MICHIGAN													
Ann Arbor													
University of Michigan ²⁰¹	J. W. Rae	59,324	5,617		2	2	2	0	0	6	193-265	O	
Detroit													
Rehabilitation Institute	R. S. Blanchard	1,754	71,347	30,849	2	2	2	0	0	6	300-350	P	
MINNESOTA													
Minneapolis													
Kenny Rehabilitation Institute	M. E. Knapp	497	51,864	1,278	1	1	1	0	0	3	285-310	O	
University of Minnesota Hospitals	F. J. Kottke	3,889	128,030	9,413	5	5	5	3	3	21†	280	O	
Veterans Admin.	B. S. Troedsson	6,943	129,380	1,214	1	1	0	0	0	2	583-930	O	
Rochester													
Mayo Foundation	E. C. Elkins	13,169	104,542	104,542	3	3	3	0	0	9	283-337	P	
Rochester Methodist													
St. Mary's													
MISSOURI													
Kansas City													
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kans.													
NEW JERSEY													
East Orange													
Veterans Admin. ²⁴²	C. R. Brooke	2,496	107,666		2	1	2	0	0	5	291-884	P	
NEW YORK													
Albany													
Albany Medical Center Hospital	L. Policoff	13,635	22,524	4,362	1	1	1	0	0	3	230-325	P	
Veterans Admin.	J. Ehrlich	1,725	103,838	1,712	1	1	1	0	0	3	291-497	P	
Buffalo													
Veterans Admin.	S. Machover	1,769	117,085	6,047	1	1	1	0	0	3	291-373	O	
Montrose													
Veterans Admin. ²⁵²	J. Meislin	24,988	612,384		1	1	0	0	0	2	291-908	O	
New York City													
Bronx Municipal Hospital Center	A. S. Abramson	5,953	125,093	7,400	3	3	3	0	0	9	231-317	FP	
Coney Island	S. Feuer	13,464	34,718	538	2	1	1	0	0	4	231-317	FP	
Jewish Chronic Disease	J. B. Rogoff	254	482	4,103	2	2	2	0	0	5	250-300	F	
Kings County Hospital Center	J. G. Benton	3,463	88,648	13,469	1	1	1	0	0	3	231-317	FP	
Montefiore	J. Tobis	1,794	29,153	3,752	3	3	3	0	0	9	245-325	P	
New York Hospital-Cornell Medical Center	K. Archibald	1,382	14,906	2,517									
Hospital for Special Surgery	A. Kara		3,028										
New York Medical College—Metropolitan Hospital Center													
Unit 2—Metropolitan	M. Lowenthal	22,088	46,888	10,695	0	1	2	0	0	3	231-317	FP	
Unit 3—Bird S. Coler Memorial Hospital and Home	M. Lowenthal	781	89,840		1	2	2	0	0	5	231-317	FP	
New York University Medical Center ²⁶⁰													
University Hospital (Institute of Physical Medicine and Rehabilitation)													
Bellevue Hospital Center	H. A. Rusk	50,008	129,740	6,108	2	2	1	0	0	5	231-317	FP	
Goldwater Memorial	M. Dacso	693	53,753	65	2	2	1	0	0	5	231-317	FP	
St. Vincent's Hospital of the City of New York													
Grasslands (Valhalla)	E. Moskowitz	827	48,493	2,006	0	2	0	0	0	2	250-350	FP	
Presbyterian	R. C. Darling		88,224	18,216	3	0	0	0	0	3	375-375	P	
Veterans Admin. (Bronx)	A. Ebel	4,387	344,298	5,585	5	2	0	0	0	7	291-886	O	
Veterans Admin. (Brooklyn)	H. H. Samberg	1,953	93,538		3	0	0	0	0	3	291-372	O	
Veterans Admin. (Manhattan)	B. Stoll	2,943	299,294	1,471	2	1	1	0	0	4	291-372	O	
Valhalla													
Grasslands—See New York University Medical Center, New York City													
NORTH CAROLINA													
Durham													
Veterans Admin.	H. T. Zankel	3,951	55,938		2	1	1	0	0	4	291-497	O	
OHIO													
Cleveland													
Cleveland Clinic	P. A. Nelson	6,788	25,962		1	1	1	0	0	3	275-325	O	
Veterans Admin.	R. Lowry	1,313	84,597	76	1	0	0	0	0	1	291	P	
Western Reserve University Affiliated Hospitals													
Cleveland Metropolitan General		1,822	94,087	8,452									
Highland View	M. Peczynski	2,651	83,933		4	4	4	0	0	12	258-364	P	
University Hospitals of Cleveland	H. Case	10,740	12,756	1,736	4	4	4	0	0	12	258-344	P	
Columbus													
Ohio State University Hospitals													
University	E. W. Johnson	3,084	51,800	6,571	3	3	3	0	0	9	202-277	P	
Dayton													
Veterans Admin.	L. Rosenberg	1,793	134,029	29	1	1	1	0	0	3	583-886	O	
OREGON													
Portland													
Veterans Admin.	E. W. Fowiks	3,920	103,950	811	2	1	1	0	0	4	583-886	P	

Numerical and other references are listed on pages 262 through 264.

19. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania.....	W. Erdman.....	2,160	18,740	3,165	2	2	2	0	0	6	.....	O
Philadelphia General.....	A. Martucci.....	12,030	154,096	28,102	1	1	1	0	0	3	333-400	F
Veterans Admin.....	R. A. Schlesinger.....	2,207	45,346	.....	1	1	1	0	0	3	291-373	O
Pittsburgh												
Veterans Admin.....	M. D. Lecklitner.....	2,090	119,050	653	1	1	1	0	0	3	.....	O
PUERTO RICO												
San Juan												
Veterans Admin. ²⁹⁸	H. J. Flax.....	1,471	29,095	5,215	1	1	1	0	0	3	325-419	O
TENNESSEE												
Memphis												
Veterans Admin.....	B. B. Sutton.....	1,700	140,700	840	1	0	0	0	0	1	291-372	O
TEXAS												
Dallas												
Baylor University Medical Center.....	E. Krusen.....	44,861	127,452	26,916	1	1	1	0	0	3	283-...	P
Houston												
Baylor University Affiliated Hospitals.....	L. A. Leavitt.....	17,585	263,271	7,996	4	4	4	0	0	12	291-886	P
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA												
Richmond												
Medical College of Virginia—Hospital Division.....	F. E. Vultee.....	4,790	84,890	886	2	2	2	0	0	6	100-150	F
Veterans Admin.....	A. R. Dawson.....	3,300	120,000	400	2	2	2	0	0	6	291-373	P
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals.....	J. F. Lehmann.....	.....	.....	.....	3	3	2	0	0	8	.....	.....
King County.....	.....	1,209	41,919	4,285	.....	.....	.....	.....	.....	.....	150-425	F
University.....	.....	403	29,192	6,148	.....	.....	.....	.....	.....	.....	200-550	P
Veterans Admin.....	.....	2,295	20,768	.....	.....	.....	.....	.....	.....	.....	.....	.....
WISCONSIN												
Milwaukee												
Veterans Admin. (Wood).....	J. F. McDermott.....	3,368	381,101	.....	3	3	3	0	0	9	291-373	P

20. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. Hospitals, 88; Residencies, 163

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
TEXAS															
Brooke General, San Antonio.....	W. Tumbusch.....	13	261	0	0	1,648	1	1	0	0	0	0	1	.....	.....
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda.....	J. Connelly.....	35	478	0	0	5,225	1	1	1	0	0	0	2	.....	.....
Georgetown University, Washington.....	A. F. Fleury.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
University of California Medical Center.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
University of California.....	F. L. Ashley.....	4	233	0	0	1,522	.....	1	1	1	0	0	3	301-301	O
Veterans Admin. Center General Medical and Surgical.....	F. L. Ashley.....	14	170	0	0	465	.....	1	0	0	0	0	1	373-497	P
Huntington Memorial (Pasadena).....	G. V. Webber.....	6	525	0	0	2,732	.....	.....	.....	.....	.....	.....	1	300-300	FP
Pasadena															
Huntington Memorial—See University of California Medical Center, Los Angeles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco															
Franklin.....	H. Blackfield.....	4	372	1	0	.....	2	0	0	1	0	0	1	260-340	P
St. Francis Memorial.....	G. B. O'Connor.....	10	860	4	0	725	3	1	1	1	0	0	3	300-450	P
University of California Hospitals.....	L. Goldman.....	4	150	2	100	613	2	0	1	0	0	0	1	340-340	O
H. C. Moffitt.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco General.....	Incl. in Surgery	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

20. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA															
Washington															
Georgetown University—See U. S. Naval, Bethesda, Maryland															
George Washington University	G. S. Letterman	12	674	0	0	675	3	1	1	1	0	0	3	210-285	P
FLORIDA															
Orlando															
Orange Memorial	J. O'Malley	...	...	...	...	...	2	...	...	...	...	...	...	...	...
ILLINOIS															
Chicago															
Cook County	G. K. Lewis	35	659	...	...	18,436	3	3	2	2	1	0	4	150-150	FP
University of Illinois Affiliated Hospitals															
Presbyterian-St. Luke's	P. W. Greeley	22	479	2	50	116	..	0	0	0	1	0	1	125-200	F
University of Illinois Research and Educational Hospitals	P. W. Greeley	10	278	1	100	1,268	2	0	0	0	1	0	1	275-275	P
INDIANA															
Indianapolis															
Indiana University Medical Center	H. M. Trusler	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Indiana University Hospitals		21	510	17	35	1,738	..	1	1	1	0	0	3	235-289	P
Veterans Admin.		...	...	...	...	...	..	0	1	0	0	0	1	291-315	O
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Robinson	13	793	10	60	6,162	2	1	1	0	0	0	2	200-300	P
MARYLAND															
Baltimore															
Johns Hopkins	M. T. Edgerton	15	649†	9	100	2,407	2	0	0	0	0	1	1	...-250	P
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	R. O. Dingman	9	467	0	0	43	2	1	1	0	0	0	2	410-435	F
Detroit															
Grace	W. Lange	...	...	...	...	...	2	1	1	1	0	0	3	275-...	...
Henry Ford	A. P. Kelly, Jr.	13	622	3	100	10,144	2	1	1	0	0	0	2	400-400	P
Straith Memorial	R. E. Straith	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Grand Rapids															
Blodgett Memorial	W. H. Steffensen	7	558	4	75	439	3	1	0	0	0	0	1	325-350	FP
MINNESOTA															
Rochester															
Mayo Foundation	J. B. Erich	23	2,677	15	60	20,758	3	4	4	4	0	0	12	200-333	P
Rochester Methodist		...	...	...	...	...	..	...	...	...	...	...	...	...	...
St. Mary's		...	...	...	...	...	..	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.	...	...	...	...	...	2	1	0	0	0	0	1	...	...
University		7	189	7	14	924	..	...	...	...	...	...	...	250-325	O
Veterans Admin.		54	200	...	...	130	..	...	...	...	...	...	...	290-373	O
MISSOURI															
Kansas City															
Kansas City General	F. J. McCoy	37	1,675	10	50	12,211	2	1	1	0	0	0	2	220-350	FP
St. Louis															
Barnes	J. B. Brown	25	1,288	12	70	2,690	2	...	...	...	...	...	8	150-250	F
St. Louis University Group of Hospitals	F. X. Paletta	...	Inc. in Surgery	...	...	2,272	2	2	2	0	0	0	4	200-225	FP
NEW JERSEY															
Newark															
St. Barnabas Medical Center	L. A. Peer	31	1,014	1	0	801	3	1	1	1	0	0	3	325-375	FP
NEW YORK															
Albany															
Albany Medical Center	W. B. Macomber	20	700†	4	50	210	2	1	2	0	0	0	3	325-425	PO
St. Peter's		...	...	...	...	...	..	...	...	...	...	...	...	...	...
Veterans Admin.		...	...	...	...	...	..	...	...	...	...	...	...	...	...
Buffalo															
Roswell Park Memorial Institute	F. S. Hoffmeister	26	359	14	100	1,728	1	0	0	0	0	3	3	357-440	O
Hempstead															
Meadowbrook	L. R. Rubin	25	317	8	38	264	2	1	1	0	0	0	2	321-436	F
New York City															
Columbia-Presbyterian Medical Center		...	...	...	...	...	3	...	...	...	...	...	...	...	...
Francis Delafield		...	...	...	...	...	..	...	...	...	...	...	...	...	...
Presbyterian	G. F. Crikelair	...	...	...	...	...	..	2	2	0	0	0	4	333-375	P
Kings County Hospital Center	B. E. Bromberg	43	794	20	44	4,725	2	2	2	0	0	0	4	231-317	FP
Montefiore	M. Lewin	...	...	...	...	...	2	1	1	0	0	0	2	245-325	P
Mount Sinai	A. J. Barsky	18	450	...	...	1,212	3	0	0	1	0	0	1	303-387	P
Beth Israel		4	365	1	100	128	..	1	0	0	0	0	1	250-270	P
Bronx Municipal Hospital Center		10	150	0	0	800	..	0	1	0	0	0	1	231-317	FP
New York Hospital-Cornell Medical Center	H. Conway	...	...	...	...	...	3	...	...	...	...	...	...	...	...
New York		14	583	1	...	1,669	..	0	0	0	1	1	2	283-308	P
Veterans Admin. (Bronx)		26	427	2	0	348	..	3	0	0	0	0	3	443-497	O

Numerical and other references are listed on pages 262 through 264.

20. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued															
New York University Medical Center							3								
Bellevue Hospital Center (III and IV Surgical Service)															
Manhattan Eye, Ear and Throat University Hospital (Institute of Reconstructive Plastic Surgery)															
St. Luke's	R. B. Stark	15	508	2	50	809	2	1	0	0	0	0	1	275-300	P
Rochester															
Strong Memorial-Rochester Municipal Hospitals	R. M. McCormack	15	535	4	50	546	2	0	0	0	1	1	2	167-292	O
Syracuse															
State University of New York Upstate Medical Center	D. B. Stark	13	493	0	0	240	2	0	0	0	1	1	2	250-410	O
Veterans Admin.															
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	E. E. Peacock, Jr.	12	627	6	100	2,314	2	1	1	0	0	0	2	200-375	O
Durham															
Duke University Affiliated Hospitals	K. L. Pickrell						3	2	2	2	0	0	6		
Duke		44	1,295	22	41	2,764								400-400	F
Veterans Admin.		20	286†	3	33									291-497	O
OHIO															
Cincinnati															
Christ	J. J. Longacre	13	290	3	66	128	2	1	1	0	0	0	2	250-325	FP
Cleveland															
University Hospitals of Cleveland	C. L. Kiehn						2	1	1	0	0	0	2	320-...	P
Veterans Admin.															
OKLAHOMA															
Oklahoma City															
St. Anthony	G. H. Kimball	11	515	5		130	3	1	0	0	0	0	1	300-350	P
Mercy															
PENNSYLVANIA															
Allentown															
Allentown	K. M. Marcks	18	685†	0	0	2,265	2	1	1	0	0	0	2	250-275	FP
Philadelphia															
Hospital of the University of Pennsylvania	H. Royster	13	422	9	78	667	3	1	1	0	0	0	2	150-300	P
Graduate Hospital of the University of Pennsylvania	H. Royster	2	173	3	33	174		1	1	0	0	0	2	100-100	F
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh							2								
Children's Hospital of Pittsburgh	W. L. White		600	1	100										
Presbyterian-University and Woman's Hospitals	W. L. White	23	961	7	14			3	3	0	0	0	6	255-305	O
Veterans Admin.	W. L. White	48	489	32	66			1	1	0	0	0	2		O
Western Pennsylvania	J. C. Gaisford	126	126	3	67	9		1	1	0	0	0	2	250-300	FP
TENNESSEE															
Memphis															
City of Memphis Hospitals	H. Wilson	10	189	15	27		3	1	1	1	0	0	3	150-...	
TEXAS															
Dallas															
Baylor University Medical Center	J. T. Mills	12	1,022	0	0		2	1	0	0	0	0	1	210-210	P
Galveston															
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., S. Lewis	48	1,104	43	49	2,292	3	2	2	2	0	0	6	283-283	P
Houston															
Baylor University Affiliated Hospitals	S. B. Hardy	49	894	8	37	7,071	3	2	2	2	0	0	6		
Jefferson Davis															
Methodist															
Texas Children's															
Veterans Admin.															
San Antonio															
University of Texas Post-Graduate School of Medicine Affiliated Hospitals	C. W. Tennison						3								
Robert B. Green Memorial		3	53	0	0	939		1	1	1	0	0	3	225-375	F
Santa Rosa Medical Center		12	538	0	0	1,336		1	1	1	0	0	3	275-375	F
UTAH															
Salt Lake City															
Letter-day Saints	T. R. Broadbent	7	386	0	0	41	2	0	0	0	1	1	2	400-425	FP
VIRGINIA															
Charlottesville															
University of Virginia	C. C. Coleman	20	470	12	42	987	2	0	0	0	1	1	2	90-180	FP
WEST VIRGINIA															
Charleston															
Charleston General Hospital-Memorial Hospital	C. Litton						3								
Charleston General		8	556	0	0	3,980		1	1	1	0	0	3	275-350	FP
Memorial		3	153	0	0	81		1	1	1	0	0	3	375-400	F
WISCONSIN															
Madison															
University Hospitals	W. Slaughter	18	484	6	33	1,221	2	0	0	0	1	1	2	125-275	F

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

21. PREVENTIVE MEDICINE

AVIATION MEDICINE

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

School	Location	Director	For information regarding program write to:	Length of Approved Program (Years)	Beginning Salary (Month)
UNITED STATES AIR FORCE					
School of Aerospace Medicine	Brooks Air Force Base, Texas	P. A. Campbell	For information regarding program write to: Headquarters, USAF Office of the Surg. Gen. (AFCSG-25.2) Washington 25, D.C.	2	...
Affiliated training sites for the second year are:					
Norman, Oklahoma (F.A.A.)					
Fort Rucker, Alabama (U.S. Army)					
Barksdale AFB, Louisiana					
Edwards AFB, California					
Langley AFB, Virginia					
March AFB, California					
McGuire AFB, New Jersey					
Offutt AFB, Nebraska					
Randolph AFB, Texas					
Westover AFB, Massachusetts					
Wright-Patterson AFB, Ohio					
UNITED STATES NAVY					
School of Aviation Medicine, Naval Aviation Medical Center	Pensacola, Florida	R. B. Lautzenheiser	For information regarding program write to: Chief, Bureau of Medicine and Surgery U. S. Navy Washington 25, D. C.	2	...
NONFEDERAL					
Ohio State University Medical Center	Columbus, Ohio	W. F. Ashe	For information regarding program write to: 410 West 10th Avenue Columbus 10, Ohio	3	302-500

*Applicants interested in a residency sponsored by the U.S. Army should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington 25, D.C. For information concerning a residency sponsored by the Federal Aviation Agency the applicant should address the Civil Air Surgeon, Federal Aviation Agency, Washington 25, D.C.

GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in General Preventive Medicine.

Institution or Agency	Location	Physician in Charge
University of California School of Public Health	Berkeley, California	R. A. Stallones
State of New York Department of Health	Albany, New York	F. B. Amos
University of Oklahoma School of Public Health	Oklahoma City, Oklahoma	W. W. Schottstaedt

OCCUPATIONAL MEDICINE

The following educational institutions have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for 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 1963-1964			
	1st Year	2nd Year	Total All Years	
CALIFORNIA				
Los Angeles University of California School of Public Health	J. S. Felton	1	1	2
MASSACHUSETTS				
Boston Harvard University School of Public Health	J. L. Whittenberger	6	6	12
MICHIGAN				
Ann Arbor University of Michigan Institute of Industrial Health	J. Weller	4	4	8
NEW YORK				
Rochester University of Rochester School of Medicine and Dentistry	J. H. Sterner	4	4	8
OHIO				
Cincinnati University of Cincinnati Institute of Industrial Health, Graduate School of Arts and Sciences	R. A. Kehoe	10	5	15
Columbus Ohio State University College of Medicine, University Hospital and Ancillary Facilities, Department of Preventive Medicine	W. F. Ashe	4	4	8
PENNSYLVANIA				
Pittsburgh University of Pittsburgh, Graduate School of Public Health		4	4	8

OCCUPATIONAL MEDICINE

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

Physician In Charge	Residencies Offered 1963-1964	Total All Years
UNITED STATES ARMY		
MARYLAND U.S. Army Environmental Hygiene Agency, Edgewood	A. J. Rapalski	1

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

21. PREVENTIVE MEDICINE—Continued

	Physician In Charge	Residencies Offered 1963-1964 Total All Years
UNITED STATES AIR FORCE		
OHIO Headquarters, Air Materiel Command, U.S.A.F. Wright-Patterson Air Force Base	L. R. Braswell	1
NONFEDERAL		
CALIFORNIA		
Oakland Kaiser Aluminum and Chemical Corporation	J. P. Hughes	1
DELAWARE		
Wilmington E. I. du Pont de Nemours and Company, Inc.	A. J. Fleming	1
ILLINOIS		
East Peoria Caterpillar Tractor Company	H. A. Vonachen	1
MICHIGAN		
Dearborn Ford Motor Company	E. A. Irvin	1
Detroit General Motors Corporation	S. D. Steiner	2
NEW YORK		
Endicott International Business Machines Company	J. C. Duffy	1
New York City American Telephone and Telegraph Company and Subsidiaries	L. H. Whitney	2
New York City New York State Department of Labor, Division of Industrial Hygiene	M. Kleinfeld	1
Rochester Eastman Kodak Company	J. H. Sterner	1
OHIO		
Cincinnati National Lead Company of Ohio	J. A. Quigley	1
Columbus Ohio State Department of Health, Division of Industrial Hygiene	T. F. Mancuso	1
PENNSYLVANIA		
Harrisburg Pennsylvania Department of Health, Division of Occupational Health		1
Pittsburgh Jones and Laughlin Steel Corporation (Pittsburgh Works Division)	R. J. Halen	1
Pittsburgh Westinghouse Bettis Atomic Power Division Power Laboratory	R. E. Masters	1
WASHINGTON		
Richland General Electric Company, Hanford Atomic Products Operation	W. D. Norwood	1
WISCONSIN		
West Allis Allis-Chalmers Manufacturing Company	P. J. Whitaker	1

PUBLIC HEALTH

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

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Salary		
U.S. Army	6th Army Hdqrs., Fort Ord and Presidio of San Francisco, California	D. S. Myers, Lt. Col., MC	Military Post—Fort Ord	100,000*	1	...		
			1st Army Hdqrs., Fort Dix, N.J. and Governor's Island, N.Y.	A. W. Hill, Lt. Col., MC—Fort Dix	Fort Dix Military Reservation, N.J.	50,000*	2	...
			L. Altshuler, Col., MC—Governor's Island	1st U.S. Army, Governor's Island, N.Y.	100,000*	2	...	
State of California	Berkeley, California	I. H. Canfield, Lt. Col., MC	3rd Army Hdqrs., Preventive Medicine Division, Fort Bragg, N.C.	I. H. Canfield, Lt. Col., MC	Fort Bragg	100,000*	1	...
			M. H. Merrill	Alameda County	813,600	2	(a)	
			Berkeley City	111,300	...	...
			Contra Costa County	428,900	...	...
			Los Angeles City	2,551,000	...	...
			Orange County	793,200	...	...
			San Bernardino County	425,700	...	...
			San Diego County	1,111,600	...	...
			San Francisco City and County	744,000	...	...
			Santa Clara County	462,800	...	...
State of Delaware	Dover, Delaware	M. H. Mires	Yolo County	-70,500	...	...
			Kent County and New Castle County (b)	370,000	2	500 (c)		
State of Florida	Jacksonville, Florida	W. N. Stephens	Alachua-Gainesville	74,074	2	(d)		
			Dade-Miami	935,047	...	...
			Hillsborough-Tampa	397,788	...	...
			Palm Beach-West Palm Beach	228,106	...	...
			Pinellas-St. Petersburg	374,665	...	...
			Florida State Board of Health (e)	...	...	...
			(f)	1,781,921	2	627		
State of Georgia	Atlanta, Georgia	J. H. Venable	Cook County (g)	1,376,000*	2(h)	700-750		
			DuPage County	313,000*	...	...
			Peoria City and Peoria County (i)	189,000*	...	...
State of Illinois	Springfield, Illinois	F. D. Yoder	Anne Arundel County	216,000*	2	542		
			Baltimore County	516,000*	...	...
			Baltimore City	936,000*	...	...
			Montgomery County	363,000*	...	...
			Prince George's County	378,000*	...	...
			Washington County	92,000*	...	...
			Boston City	697,197	2 (j)	750-816		
State of Massachusetts	Boston, Massachusetts	F. R. Philbrook	Brookline Town	54,044	...	...
			Cambridge City	107,716	...	...
				

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

21. PREVENTIVE MEDICINE — Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Salary
State of Massachusetts—Continued			Central District	719,672		
			Newton City	82,384		
			Northeastern District	1,485,224		
			Southeastern District	1,282,760		
			Western District	726,581		
State of Michigan	Lansing, Michigan	A. E. Heustis	(k)		2	400
State of Minnesota	Minneapolis, Minnesota	R. N. Barr	Minneapolis City	482,872		400 (1)
			Olmsted County, incl. Rochester City	65,532		
State of Mississippi	Jackson, Mississippi	J. A. Milne	Mississippi State Board of Health	240,587		825
New York City	New York City	R. E. Rothermel	New York City	7,781,984		800
State of New York	Albany, New York	F. B. Amos	(m)			658-879 (n)
State of North Carolina	Raleigh, North Carolina	J. W. R. Norton	Charlotte-Mecklenburg County	272,111	2	
			Forsyth County-Winston-Salem	189,428		
			Halifax County	58,950		
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	142,622		
State of Oklahoma	Oklahoma City, Oklahoma	W. W. Schottstaedt	Pitt County	89,942		
			Oklahoma University Med. Center	97,600	2	410
			Cleveland County	47,600		
State of Oregon	Portland, Oregon	R. H. Wilcox	Tulsa City and County	346,038		
			Clackamas County	117,000*	2	800-920 (o)
			Jackson County	77,000*		
			Lane County	176,000*		
			Marion County	130,000*		
State of Pennsylvania	Harrisburg, Pennsylvania	C. C. Kuehn	Multnomah County	155,000* (o)		
			Lewiston		2 (p)	588-912
			Meadville			
			Philadelphia			
			Pittsburgh			
			Reading	791,627		
			Williamsport	342,388		
State of Tennessee	Nashville, Tennessee	R. H. Hutcheson	Wilkes-Barre			
			Hamilton County	237,905		790-900
			Shelby County	627,019		
			Sullivan County	114,139		
State of Texas	Austin, Texas	J. E. Peavy	Arlington County (q)	163,401		720
State of Virginia	Richmond, Virginia	M. I. Shanholts	Benton-Franklin	85,412		700
State of Washington	Seattle, Washington	W. Lane	Bremerton-Kitsap	84,176		
			Clark-Skamania	99,016		
			Seattle-King	935,014		
			Snohomish	172,199		
			Spokane City	181,608		
			Tacoma-Pierce	321,590		
			Washington State	2,853,214		

- * Estimated.
- (a) Two state civil service residencies—\$613 for first year. Salaries in local health department payrolls vary.
- (b) Excludes the city of Wilmington.
- (c) To those planning to work in state.
- (d) A resident with less than two years' experience in public health, or equivalent experience, receives \$890 a month; one with two years' experience receives \$840 a month.
- (e) Training in Florida State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
- (f) State of Georgia with emphasis on 8 major districts.
- (g) Excludes Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), all with full-time health officer.
- (h) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointment can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois medical license required.
- (i) Training is given under one director in both the City and County Health Departments.
- (j) Training in Massachusetts Department of Public Health, with field experience out of one or more of the District Health Offices of the Department and the affiliated health departments of Boston, Brookline, Cambridge and Newton.
- (k) The program operates in a local area which will best meet the defined need of the resident trainee.
- (l) Applications not accepted from aliens. Salary of \$400 per month for the post-doctoral student plus \$30 per month for each dependent.
- (m) Program uses any one of the 20 county health departments, 9 city health departments or 13 district offices within the state. Assignments are made on an individual basis. Fellowship granted for attendance at school of public health during or after first year of residency.
- (n) Maximum available in the second year for those who will be continuing to work in public health in New York State.
- (o) All residencies under supervision of Oregon State Board of Health; only applicants planning to remain in Oregon will receive a salary. Population of Multnomah County excludes City of Portland. Second year residencies may involve the whole state.
- (p) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year.
- (q) Plus selected rural areas to supplement urban program.

22. PROCTOLOGY

For residency programs in proctology, see the information published in this Directory under: 4. Colon and Rectal Surgery.

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Hospitals, 254; Residencies, 3,946

Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	W. Hausman	136	116	1,110	1	0	13,437	6	6	6	0	0	18		

Numerical and other references are listed on pages 262 through 264.

23. PSYCHIATRY — Continued

District/State	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
					Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	T. M. Badgley	138	193	1,172	1	100	12,552	8	8	8	0	0	24		
UNITED STATES NAVY															
CALIFORNIA															
U.S. Naval, Oakland	R. V. Berry	10	191	2,052	3	100	9,700	2	2	2	0	0	6		
MARYLAND															
U.S. Naval, Bethesda	S. Thompson	44	85	679	0	0	5,507	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
KENTUCKY															
U.S. Public Health Service, Lexington	J. F. Maddux	41						6	6	6	0	0	18	665-1,000	O
TEXAS															
U.S. Public Health Service	S. N. Kieffer		867	962	22	59		4	4	4	0	0	12		O
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	E. Y. Williams	22	21	303	7	43	4,129						3	367-475	P
St. Elizabeths, Washington	A. H. Kiracofe, Jr.	24	7,933	1,981	429	45	2,137	10	10	10	0	0	30	400-487	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center		1	99	1,502	10	50	3,559								
University Hospital and Hillman Clinic	J. N. Sussex							4	4	4	0	0	12	333-466	F
Veterans Admin.	H. Spira							3	2	2	0	0	3	291-497	O
ARKANSAS															
Little Rock															
Arkansas State	H. B. Molholm	2	4,694	3,775	353	11	464	4	0	0	0	0	4	647-1,000	P
University	W. G. Reese		14	185	1	100	2,964	3	3	2	0	0	8	283-1,000	O
North Little Rock															
Veterans Admin.	H. L. Lambert	3	1,981	1,922	97	66	0	3	3	3	0	0	9	291-886	O
CALIFORNIA															
Berkeley															
Herrick Memorial	A. E. Bennett		37	789	1	100		4	3	0	0	0	7	300-400	F
Camarillo															
Camarillo State	F. H. Garrett	4	6,199	4,080	399	53							17	481-862	O
Eldridge															
Sonoma State Hospital-Napa State Hospital		5													
Sonoma State	D. B. Bean		3,671	3,903	81	85	300	0	5	1	1	0	7	431-1,300	O
Napa State, Imola	D. C. Wilson		5,091	9,528	611	40		6	6	6	0	0	18	481-1,300	O
Imola															
Napa State—See Sonoma State-Napa State, Eldridge, Calif.															
Long Beach															
Veterans Admin.	M. Feld	6	49	342	3	100	2,089	2	2	0	0	0	4	291-497	O
Los Angeles															
Cedars of Lebanon	J. Gussen		13	168	1	0	5,042	2	2	2	0	0	6	290-425	P
Los Angeles County General	E. Stainbrook		152	7,255	4	33	17,873	6	6	6	0	0	18	290-425	P
Mount Sinai	S. Schwartz	7	22	147			12,272	2	2	2	0	0	11	290-425	P
University of California	N. Q. Brill		51	111	0	0	11,328	12	12	12	2	0	38	261-862	O
Veterans Admin. Center Neuropsychiatric	J. T. Ferguson	8	1,969	1,604	112	78		12	12	12	0	0	36	291-373	O
Norwalk															
Metropolitan State	A. R. Beisser	9	3,766	3,369	193	40		8	8	7	3	1	27	710-862	O
Palo Alto															
Stanford Medical Center and Affiliated Hospitals															
Palo Alto-Stanford Hospital Center	D. A. Hamburg		11	336	1	100	8,091	12	12	12	4	4	44	100-200	F
Veterans Admin.	G. Krieger		1,595	2,745	41	93								291-497	O
Community Hospital of San Mateo County (San Mateo)	J. J. Downing		31	1,381	5	5	14,529	3	1	2	0	0	6	300-350	F
Patton															
Patton State	J. E. Blanchette	11	4,647	2,913	415	30	1,400	5	5	5	2*	1*	18	481-862	P
San Francisco															
Langley Porter Neuropsychiatric Institute	A. Simon	12	89	352	2		26,005	12	15	12	9	4	52	200-1,000	O
San Jose															
Agnew State	J. L. Waters		4,000	3,322	391	24	1,504	5	5	5	0	0	15	481-530	O
San Mateo															
Community Hospital of San Mateo County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Sepulveda															
Veterans Admin.	M. Unger	13	706	1,743	26	69	704	6	6	6	0	0	18	291-886	O
Stockton															
Stockton State	R. C. Martin	14	3,622	6,366	349	37	3,867	4	4	4	0	0	12	481-862	O
Talmadge															
Mendocino State	R. C. Kennedy	15	2,290	1,374	117	69	374	0	0	6	0	12	18	481-1,338	P
COLORADO															
Denver															
University of Colorado Medical Center															
Colorado Psychopathic	H. S. Gaskill		80	826	2	0	19,637	10	10	10	10	10	50	216-300	O
Veterans Admin.	L. L. Woodfin	16	82	624	4	100	6,882						9	291-886	O

Numerical and other references are listed on pages 262 through 264.

23. PSYCHIATRY — Continued

Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Salary per Month Min.-Max.	Main-tenance		
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years	
CONNECTICUT															
Hartford															
Institute of Living	F. J. Braceland	369	575	8	25	2,265	11	11	11	0	0	33	367-583	P	
Middletown															
Connecticut Valley	H. S. Whiting	17	2,691	2,120	319	21	6,350	8	4	11	0	0	23	459-585	F
New Canaan															
Silver Hill Foundation	W. B. Terhune	18	55	381	0	0	770	1	1	1	0	0	3	350-666	O
New Haven															
Yale-New Haven Medical Center		19													
Grace-New Haven Community	F. C. Redlich	62	166				5,568	0	14	10	0	0	24	290-300	O
Veterans Admin. (West Haven)	L. B. Fierman	158	431	1			665	14	8	0	0	0	22	291-373	O
Newtown															
Fairfield State	J. E. Oltman	137	2,616	2,647	343	40	6,728	8	8	8	0	0	24	455-580	P
Norwich															
Norwich	W. W. Burns	20	2,692	1,775	264	39	6,289	7	7	6	0	0	20	454-620	F
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven															
DELAWARE															
Farnhurst															
Delaware State	K. Anstreicher	21	1,450	782	144	41	0	3	3	3	0	0	9	375-675	P
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General	M. McIndoo	123	195	4,968	12	44	248	5	2	1	0	0	8	258-283	P
Georgetown University	R. A. Steinbach	23					8,700	10	10	10	2	0	32	260-500	O
George Washington University	L. Yochelson	69	24	734	0	0	2,337	2	2	3	0	0	7	210-285	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	P. F. Regan		27	220			5,396	3	3	3	0	0	9	350-458	O
Miami															
Jackson Memorial	J. M. Caldwell	25	128	1,675	5	0	10,703	8	8	8	0	0	24	250-350	P
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals															
Emory University	B. Holland	17	6,351†					5	4	4	0	0	13	435-555	P
Grady Memorial	B. Holland	15	128	0	0	839	10	10	10	0	0	0	30		
Milledgeville State (Milledgeville)	J. B. Craig		11,873	4,618	866	33	1,109	3	3	3	3	3	15†	468-606	P
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial	J. McCranie		25	253	0	0	2,007	3	3	3	0	0	9	250-416	O
Veterans Admin.	C. E. Jump	26	1,198	2,858	77	74	11	0	0	1	0	0	1	583-990	O
Milledgeville															
Milledgeville State—See Emory University Affiliated Hospitals, Atlanta															
HAWAII															
Honolulu															
Hawaiian Psychiatric Training Program		27													
Queen's	L. Pauling, Jr.		15	667	0	0	2,509	2	3	2	0	0	5	275-300	F
Hawaii State (Kaneohe)	E. F. Furukawa		1,175	629	53	87		3	3	3	0	0	9	475-722	P
ILLINOIS															
Chicago															
Illinois State Psychiatric Institute	R. C. Drye	28	199	770	1	0	7,869	20	20	20	0	0	60	350-890	P
Chicago State			4,474	2,414	609	7	6,405								
Michael Reese Hospital and Medical Center	R. Grinker	29	73	735†	4	75	10,151	7	7	7	0	0	21	200-300	FP
Mount Sinai	H. H. Garner	30	25	603	3	0	3,501	1	1	1	0	0	3	250-325	P
Northwestern University Medical Center	B. Boshes	31					2,032								
Chicago Wesley Memorial	B. Boshes		39	394	1	100		0	1	0	0	0	1	250-300	P
Passavant Memorial	J. R. Adams		16	267					1				1		
Veterans Admin. Research	R. D. Chessick		27	331				0	3	3	0	0	6	291-497	O
Veterans Admin. (Downey)	A. E. Harvey		2,321	3,177	91	80							21	291-373	O
Evanston (Evanston)															
Presbyterian-St. Luke's	P. E. Nielson	32	53	555	0	0	2,714	4	4	4	0	0	12	125-175	F
Stritch School of Medicine of Loyola															
University Affiliated Hospitals	J. J. Madden	33													
Loretto			45	856	3	100	1,033	3	2	1	0	0	6	250-350	P
Mercy			25	297			1,834	3	3	3	0	0	9	225-300	F
University of Chicago Hospitals and Clinics	C. K. Aldrich	34	14	170	0	0	7,902	5	5	5	0	0	15	250-330	O
University of Illinois Research and Educational Hospitals	M. Sabsbin	35	23	139	1	0	5,353	4	3	3	0	0	10	180-240	P
Veterans Admin. (West Side)	L. Halperin	36	81	515	2	50	142	3	3	3	0	0	9	291-373	O
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
Hines															
Veterans Admin.	L. Jensen	37	116	443	11	36	1,978	8	4	3	0	0	15	291-372	O
INDIANA															
Indianapolis															
Indiana University Medical Center															
Indiana University Hospitals	J. I. Nurnberger						2,922	13	13	13	0	0	39	500-650	P
Larue D. Carter Memorial	D. F. Moore		150	320	4	0	1,850	12	12	12	0	0	36	400-500	P
Marion County General	D. W. Schuster		60	531	12	42	994	1	1	1	0	0	3	269-321	P
Veterans Admin.	A. H. Axiotis		76	389	1	100	223	0	0	1	0	0	1	291-373	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
					Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
IOWA																
Cherokee																
Mental Health Institute	W. C. Brinegar	38	863	733	87	59	4,423	4	4	4	0	0	12	950-1,025	O	
Independence																
Mental Health Institute	S. M. Korson		968	1,126	106	48	3,926	4	4	4	0	0	12	925-1,025	O	
Iowa City																
State Psychopathic	P. E. Huston		53	388	0	0	6,131	6	6	6	4	2	24†	333-1,100	O	
KANSAS																
Kansas City																
University of Kansas Medical Center	D. Greaves		31	219	1	100	6,668	6	6	6	1	0	19†		P	
Veterans Admin.	J. T. Brauchi		77	215	1	100	201							292-373		
Topeka																
Menninger School of Psychiatry		39														
C. F. Menninger Memorial	K. A. Menninger		115	266	0	0								6	325-350	O
Topeka State	P. E. Feldman		1,060	850	108	79	8,344	20	20	20	0	0	60	557-750	O	
Veterans Admin.	A. D. Cook, Jr.		952	3,108	136	85		25	18	18	0	0	61	291-373	O	
KENTUCKY																
Lakeland																
Central State—See University of Louisville Medical Center, Louisville																
Louisville																
University of Louisville Medical Center																
Central State (Lakeland)	W. Fox		1,583	825	113	51	3,238							6	200-583	F
Louisville General	R. G. Keller		16	1,006	2	50	1,755	2	1	1	0	0	4	116-200	FP	
Norton Memorial Infirmary	E. E. Landis		24	251	2	50	1,979						5	250-500	FP	
Veterans Admin.	A. Guiglia		48	440	2		30						2	291-442	O	
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University Division	C. Watkins	42	55	1,089	8	83	4,576						13	125-175	F	
Tulane University Division	R. G. Heath		55	1,036	16	6	4,068						12	125-150	F	
Tulane University Affiliated Hospitals																
Veterans Admin.	R. L. Stone	139	41	212	0	0	199	1	2	0	0	0	3	291-925	O	
MARYLAND																
Baltimore																
Johns Hopkins	S. S. Kety		51	249†	0	0	6,341	7	7	9	4	3	30†	250-500	P	
Seton Psychiatric Institute	L. H. Bartemeier	43	227	608	19	31	574	4	4	4	0	0	12	250-350	FP	
University of Maryland	R. R. Monroer		50	365	1	100	10,471	8	7	5	2	2	24†	275-450	P	
Catonsville																
Spring Grove State	B. Radauskas		2,414	1,707	231	30	4,746	3	4	5	0	0	12	417-713	P	
Perry Point																
Veterans Admin.	W. M. Harris	45	1,388	2,095	48	92	286	3	3	3	0	0	9	291-886	O	
Sykesville																
Springfield State	I. L. Hitchman	125	3,276	1,650	289	46	3,801	5	5	5	0	0	15	417-710	O	
Towson																
Sheppard and Enoch Pratt	H. M. Murdock		203	485	11	28		5	5	4	3	0	17	366-466	P	
MASSACHUSETTS																
Belmont																
McLean—See Massachusetts General, Boston																
Boston																
Boston State ⁶⁷	J. M. Mackensie	47	2,596	1,805	291	37	4,447	15	12	8	0	0	35	292-525	P	
Massachusetts General		48														
General Hospital Division	E. Lindemann		17	612	0	0	5,704	4	0	0	0	0	4	108-187	F	
McLean (Belmont)	A. H. Stanton		190	329	7	70							19	200-300	P	
Massachusetts Memorial Hospitals	B. Bandler	49	12	128	0	0	4,509	4	4	4	1	0	13†	200-300	O	
Massachusetts Mental Health Center	J. R. Ewalt	50	199	970	1		26,993	22	20	11	0	0	53	306-394	O	
New England Center ⁶⁷	J. M. Hope	51	4	89	0	0	2,107	1	1	1	0	0	3	237-262	O	
Peter Bent Brigham	H. M. Fox	52						1	1	1	0	0	3	200-300	O	
Veterans Admin. Hospitals of the Boston Area		46														
Veterans Admin. (Bedford)	B. Yood		1,572	522	60	72	0						3	290-372	O	
Veterans Admin. (Jamaica Plain)	C. A. Pinderhughes		183	702	4	75	32,520	10	10	10	0	0	30	291-373	O	
Veterans Admin. (Brockton)	A. S. Mason		936	1,741	34	79	1,178	1	1	0	0	0	2	291-497	O	
Medfield																
Medfield State	D. Kenefick		1,324	600	100	54	1,058	6	6	4	0	0	16	596-828	P	
Worcester																
Worcester State	D. M. Moriarty	53	2,042	1,002	239	28	5,002	5	5	5	8	10	33†	290-792	FP	
MICHIGAN																
Ann Arbor																
University of Michigan Affiliated Hospitals		54														
University	R. W. Waggoner		93	446			6,443	8	8	8	8	0	32†	385-475	O	
Veterans Admin.	R. J. Ging		65	228	0	0	420	2	0	1	0	0	3	291-497	O	
Detroit																
Henry Ford	L. D. Proctor	55	24	496	1	0	8,575	1	1	1	0	0	3	533-625	P	
Lafayette Clinic	J. S. Gottlieb	56	136	557	0	0	20,194	12	12	12	0	0	36	540-710	O	
Receiving	J. H. Graves	57	130	5,963†	46	39	2,196	6	6	6	0	0	18	340-415	P	
Sinai Hospital of Detroit	N. Rosenzweig	144											12			
Eloise																
Wayne County General Hospital and Infirmary	S. D. Jacobson	58	2,767	5,426	207	29	9,661	5	5	5	0	0	15	599-675	O	
Northville																
Northville State	P. N. Brown		2,154	840	95	27	4,316	6	6	6	0	0	18	597-675	O	
Pontiac																
Pontiac State	R. A. Braun	59	2,916	688	197	38	3,228	6	6	6	0	0	18	596-849	P	
Traverse City																
Traverse City State	C. W. Page	60	2,876	847	222	34	2,496	6	6	6	0	0	18†	597-849	PO	
Ypsilanti																
Ypsilanti State	O. R. Yoder		397	4,837	165	42	1,903	7	7	7	0	0	21	597-675	O	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

State	City	Program Identification	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary (per Month) Min.-Max.	Main-tenance		
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
MINNESOTA																		
Minneapolis																		
		University of Minnesota Affiliated Hospitals																
		Minneapolis General	W. W. Jepson	35	1,151	2		6,517	2	0	1	0	0	3	250		F	
		University of Minnesota Hospitals	D. W. Hastings	58	583	2		4,863									O	
		Veterans Admin.	D. W. Hastings	61	719	5		9,616	5	5	5	0	0	15	280-550		O	
Rochester																		
		Mayo Foundation	H. P. Rome	62	40	808		11,000	6	6	6	2	0	20†	283-366		P	
		Rochester Methodist																
		St. Mary's																
MISSISSIPPI																		
Biloxi																		
		Veterans Admin.—Gulfport Division	J. T. May	63	870	1,001	30	87	0	4	4	2	0	0	10	291-443	O	
Jackson																		
		University of Mississippi Medical Center		64														
		Veterans Admin.—Gulfport Div. (Biloxi)																
		Mental Health Unit—Mississippi State Board of Health																
		University	F. J. Moore	1	571			953	4	4	4	0	0	12	450-625		O	
		Veterans Admin.	O. Hubbard	25	240	2		50	0	1	1	0	0	2	290-373		O	
		Mississippi State (Whitfield)	J. J. Head	4,278	7,908	232		40									F	
MISSOURI																		
Columbia																		
		University of Missouri Medical Center	J. Weiss		7	72		455	2	2	2	0	0	6	400-525		P	
Kansas City																		
		Kansas City General	R. H. Barnes		50	706	0	0	3,700	6	6	6	0	0	18	300-500		F
		Veterans Admin.—See University of Kansas Medical Center, Kansas City, Mo.																
St. Louis																		
		Barnes	E. F. Gildea	65	80	1,232	6	60	3,950	14	12	14	4	1	45†	50-175		F
		Jewish	A. H. Kaplan		31	57	1		1,954	5	4	4	0	0	13	250-425		FP
		St. Louis City (Malcolm Bliss Mental Health Center)		66	182	1,853	18	47	8,396	6	8	7	0	0	21	285-382		P
		Homer G. Phillips						2,476										
		St. Louis State	L. H. Kohler	67	3,036	869	130	46	8,292	7	7	7	2	1	24†	400-650		F
		Veterans Admin.	B. A. Cruvant	68	80	314	2	0		5	5	6	0	0	16	291-373		O
NEBRASKA																		
Omaha																		
		Nebraska Psychiatric Institute	C. L. Wittson		81	484	5	40	10,984	9	9	9	4	3	34†	400-500		O
NEW JERSEY																		
Cedar Grove																		
		Essex County Overbrook	I. Ross		3,802	1,659	490	33		5	5	5	0	0	15	460-572		O
Greystone Park																		
		New Jersey State	A. Crandell	70	5,066	7,132	555	26	2,963	4	4	4	0	0	12	541-625		O
Hammonon																		
		New Jersey State Hospital at Ancora	H. H. Brunt, Jr.	71	2,124	2,078	438	44	3,059	4	4	4	0	0	12	541-625		P
Jersey City																		
		Jersey City Hospital	R. Nenno		24	664	4	50	2,500	2	0	0	0	0	2	200-350		F
Lyons																		
		Veterans Admin.	L. Freeman	72	1,958	539	62	55		4	3	3	0	0	10	291-886		O
Mariboro																		
		New Jersey State	J. B. Gordon	73	2,829	1,631	351	36	1,291	3	3	3	0	0	9	541-625		O
Princeton																		
		New Jersey Neuropsychiatric Institute	R. E. Bennett	74	830	1,253	34	68	676	4	4	4	0	0	12	541-625		O
Trenton																		
		New Jersey State	H. S. Magee	75	3,069	1,882	327	29	1,975	3	3	3	0	0	9	542-625		O
NEW YORK																		
Albany																		
		Albany Medical Center	W. L. Holt	76	42	1,760†	10	60	7,000	3	3	2	1	0	9†	400-550		P
		Veterans Admin.	T. A. Gilmore	77	337	784	35	98	3,226	3	3	3	0	0	9	291-497		P
Binghamton																		
		Binghamton State	U. Schutzer	128	2,881	4,021	350	8	2,580	3	3	3	0	0	9	570-640		O
Buffalo																		
		Buffalo State	D. Whitehead	80	3,180	1,448	473	16	8,172	8	4	4	0	0	16	570-640		O
		Edward J. Meyer Memorial	S. M. Small		103	2,671	99	34	4,471	4	4	4	0	0	12	322-439		P
Central Islip																		
		Central Islip State	F. J. O'Neill		9,786	3,094	922	36	2,755	15	14	11	0	0	40	570-640		
Kings Park																		
		Kings Park State	C. Buckman		8,330	2,045	614	19	2,291	10	10	10	0	0	30	570-641		O
Marcy																		
		Marcy State	N. Bigelow		2,858	949	314	34	3,150	7	4	4	0	0	15	262-303		
Middletown																		
		Middletown State	H. Pleasure		3,278	1,010	320	27	12,203	5	5	5	0	0	15	570-640		F
Montrose																		
		Veterans Admin.	L. H. Kashe	145	1,710	2,442	48	73	162	3	3	3	0	0	9	291-908		O
New York City																		
		Bellevue Hospital Center		133														
		Division III—New York University College of Medicine	A. Zitrin		700	18,158	272	90	14,476	22	17	20	0	0	59	231-317		FP
		Bronx Municipal Hospital Center	M. Rosenbaum		125	1,370	1	100	44,000	14	14	14	7	4	53†	231-317		FP
		Brooklyn State	N. Beckenstein	78	3,844	1,852	475	4		9	5	3	0	0	17	488-544		O
		City Hospital at Elmhurst	L. Bellak		90	736	0	0	12,095	5	5	5	0	0	15	231-317		FP

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23. PSYCHIATRY — Continued

Program Identification	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Columbia-Presbyterian Medical Center	L. C. Kolb	81												
New York State Psychiatric Institute														
Presbyterian														
Creedmoor State	H. A. La Burt													
Hillside	L. L. Robbins													
Kings County Hospital Center	I. C. Kaufman													
Manhattan State	O. K. Diamond	82												
Montefiore	S. Perlin													
Mount Sinai	M. R. Kaufman	83												
New York (Payne Whitney Psychiatric Clinic)	O. Diethelm	84												
New York Medical College-Metropolitan Hospital Center														
Unit 1—Flower and Fifth Avenue Hospitals														
Unit 2—Metropolitan														
Unit 3—Bird S. Coler Memorial														
St. Luke's	J. M. Cotton	85												
St. Vincent's Hospital of the City of New York	H. J. Tompkins	86												
St. Vincent's Hospital of Westchester County (Harrison)	R. D'Isernia													
Veterans Adm. (Bronx)	W. Brown	87												
Veterans Adm. (Brooklyn)	M. Paine	79												
Veterans Adm. (Manhattan)	M. Wiederlight	88												
Northport														
Veterans Adm.	A. D. Carra	89												
Orangetown														
Rockland State	A. M. Stanley													
Poughkeepsie														
Hudson River State	R. C. Hunt													
Rochester														
Rochester State	C. F. Terrence	90												
Strong Memorial-Rochester Municipal Hospitals	J. Romano	143												
Syracuse														
State University of New York Upstate Medical Center	M. H. Hollender													
Syracuse Psychiatric	M. H. Hollender													
Veterans Adm.	J. J. Danehy													
Utica														
Utica State	M. Lazar	91												
Vestal														
Grasslands	F. V. Rockwell													
West Brentwood														
Pilgrim State	H. S. Barahal													
White Plains														
New York Hospital-Westchester Division	J. H. Wall													
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. C. Ham	92												
Durham														
Duke University Affiliated Hospitals		93												
Duke	E. W. Busse													
Veterans Adm.	R. L. Green, Jr.													
Raleigh														
Dorothea Dix	W. A. Sikes													
OHIO														
Cincinnati														
Rollman Receiving Hospital and State Institute of Psychiatry	C. O. Ranger	95												
University of Cincinnati Hospital Group	M. Levine	94												
Cincinnati General														
Veterans Adm.														
Cleveland														
Cleveland Clinic	A. D. Weatherhead													
Cleveland Psychiatric Institute and Hospital	E. N. Hinko	96												
University Hospitals of Cleveland	D. D. Bond													
Columbus														
Ohio State University Hospitals	R. M. Patterson	98												
Columbus Psychiatric Institute and Hospital														
University														
Worthington														
Harding Sanitarium	H. S. Evans	99												
OKLAHOMA														
Norman														
Central State Griffin Memorial	F. Cornelison	100												
Oklahoma City														
University of Oklahoma Medical Center														
University of Oklahoma Medical Center														
University Hospitals	L. J. West													
Veterans Adm.	C. M. Pierce													
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	101												
Salem														
Oregon State	M. Jones	141												

Numerical and other references are listed on pages 262 through 264.

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23. PSYCHIATRY — Continued

Program Identification	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Total All Years	Salary per Month Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
PENNSYLVANIA																
Coatesville																
Veterans Admin.	K. Wolf	102	1,540	460	65	72	2	1	2	0	0	5	280-458	O		
Norristown																
Norristown State	W. P. Camp	103	4,313	929	381	18	2,718	10	10	10	0	0	30	541-626	F	
Philadelphia																
Eastern Pennsylvania Psychiatric Institute	W. A. Phillips	104	129	346	0	0	8,733	5	5	5	0	0	15	588-648	O	
Hahnemann Medical College	V. B. O. Hammett	105	Inc. in Internal Medicine				924	1	1	0	0	0	2	200-225	P	
Hospital of the University of Pennsylvania	K. Appel	106	1	2	0	0	6,757	6	6	6	0	0	18	250-1,000	O	
Mercy-Douglas	H. H. Morris		85	260	0	0	250	6	0	0	0	0	6	250-1,000	O	
Institute of the Pennsylvania Hospital	L. H. Smith		212	1,454	9	22	5,789	7	7	5	0	0	17	200-300	O	
Jefferson Medical College	F. S. Cornelison		20	325	0	0	3,550	3	3	1	0	0	7	300-400	O	
Philadelphia General	J. Harris, J. Mock		163	1,256	14	36	10,143	5	5	5	0	0	15	450-600	F	
Philadelphia Psychiatric	P. Mechanick	107	105	979	2	0	4,442	6	6	6	0	0	18	300-367	F	
Philadelphia State	E. L. Sielke	108	6,320	1,300	479	2	4,249	10	10	5	0	0	25	448-645	O	
Temple University	O. S. English	109	20	258	1	100	7,518	6	6	6	1	0	19	175-225	O	
Pittsburgh																
Western Psychiatric Institute and Clinic	H. W. Brosin		111	385	2	100	23,000	15	15	15	0	0	45	267-566	O	
Warren																
Warren State	R. H. Israel	110	2,765	3,682	368	32	4,050	15	10	10	0	0	27	560-715	FP	
PUERTO RICO																
Bayamon																
Puerto Rico Institute of Psychiatry	R. Fernandez Marina	111	172	482	8	38	124	2	2	0	0	0	4	400-500	P	
Rio Piedras																
Psychiatric Center for Training and Research	J. A. Rossello		1,495	1,787	48	85	47,772	6	6	6	0	0	18	250-500	P	
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. J. Cleckley	130	...	...	...	...	...	4	4	4	0	0	12	325-500	P
Medical College			20	942	0	0	806
Columbia																
South Carolina State-Columbia Unit	E. M. Burn	146	3,307	2,188	386	35	342	4	4	4	0	0	12	834-834	O	
TENNESSEE																
Memphis																
Gailor Memorial Psychiatric	T. S. Hill	142	51	340	0	0	5,420	4	4	4	0	0	12	250-1,000	P	
Nashville																
Vanderbilt University	W. F. Orr	112	14	120	0	0	1,739	3	3	3	2	1	12†	75-125	F	
TEXAS																
Austin																
Austin State	S. Hoerster, Jr.		2,848	4,353	301	77	2,503	6	5	6	0	0	17	490-917	...	
Dallas																
Parkland Memorial	R. Stubblefield	113	25	282	0	0	3,458	9	9	8	1	0	27†	367-433	P	
Timberlawn Sanitarium			104	838	0	0	1,747	6	6	0	0	0	12	400-...	F	
Veterans Admin.		
Galveston																
University of Texas Medical Branch Hospitals	T. H. Harris		167	1,750	7	86	5,993	10	10	10	0	0	30	283-283	P	
Houston																
Baylor University Affiliated Hospitals		114
Houston State Psychiatric Institute		
Jefferson Davis	B. Sher		18	246	0	0	6,356	3	1	1	0	0	5	125-165	...	
Methodist Hospital	M. C. Bettis		23	500	0	0	302	0	2	2	0	0	4	260-310	O	
Veterans Admin.	A. D. Pokorny		347	1,976	14	79	3,661	6	6	6	0	0	18	291-886	P	
UTAH																
Salt Lake City																
University of Utah Affiliated Hospitals	C. H. H. Branch	115	5	5	5	1	1	17†
Salt Lake County General	C. H. H. Branch		18	390	0	0	5,317	...	...	...	...	...	...	350-1,000	O
Veterans Admin.	J. L. Bennett		375	356	39	69	6	...	...	...	...	...	...	291-497	O
VIRGINIA																
Charlottesville																
University of Virginia	I. P. Stevenson	116	28	428	2	0	1,700	5	5	5	0	0	15	300-566	FP	
Petersburg																
Central State	T. G. Denton	131	4,800	1,447	322	17	2,457	7	6	4	0	0	17	670-700	O	
Richmond																
Medical College of Virginia-Hospital Division	R. A. Senescu	117	37	839	4	50	3,074	5	5	5	0	0	15	250-350	F	
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals	H. S. Ripley		10	10	10	2	0	32
King County	F. M. Draper		20	1,771†	6	83	1,491	...	...	...	...	...	...	150-375	F
University	H. S. Ripley		26	242†	0	0	11,684	...	...	...	...	...	...	200-550	P
Veterans Admin.	M. H. Johnson		72	398	1	100	1,070	...	...	...	...	...	...	...	...
Sedro Woolley																
Northern State	P. B. Smith	119	1,622	2,508	114	54	...	2	2	2	0	0	6	627-853	P	
WISCONSIN																
Madison																
University Hospitals	R. Roessler	120	38	545	0	0	13,269	10	10	10	0	0	30	250-333	F	
Milwaukee																
Associate Training Programs of Milwaukee Hospitals		
Milwaukee County Hospital for Mental Diseases	C. W. Landis		964	2,981	12	17	5,435	3	3	3	0	0	9	291-375	O	
Veterans Admin. (Wood)	M. J. Primakow		131	352	10	70	5,186	2	2	2	0	0	6	291-373	P	
Milwaukee Sanitarium Foundation (Wauwatosa)	E. S. Turrell		...	...	...	...	...	3	3	3	0	0	9	291-375	O

Numerical and other references are listed on pages 262 through 264.

23. PSYCHIATRY — Continued

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Hospitals, 21; Residencies, 239

State	Hospital	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY																
PENNSYLVANIA																
	U.S. Naval, Philadelphia	J. G. Hebble, III		271	1,750	7	100	2,132	2	2	0	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
San Francisco																
	Mount Zion Hospital and Medical Center	E. M. Weinschel	122	32	46†			8,182	2	4	6	0	0	12†	200-500	F
	Presbyterian Medical Center	J. P. Kahn		10	206	2		2,772	3	3	3	0	0	9†	175-300	P
ILLINOIS																
Galesburg																
	Galesburg State Research	T. T. Tourlentes	124	1,815	739	113	58	1,365	4	4	0	0	0	8	625-...	F
KENTUCKY																
Lexington																
	Veterans Admin. ¹⁶⁷	K. B. Moore		1,119	917	60	57	360	2	2	0	0	0	4	291-373	O
MARYLAND																
Crowsville																
	Crowsville State	L. W. Whitt		1,870	1,306	137	34	2,891	3	4	4	0	0	11†	417-970	P
MASSACHUSETTS																
Boston																
	Beth Israel	G. Bibring	126					7,230	1	1	2	3	1	8†	192-275	P
	Boston City	P. Solomon	127	12	167	0	0	19	0	3	3	0	0	6	248-248	F
Waltham																
	Metropolitan State	M. Asekoff		1,624	1,333	152	36	1,600	3	3	0	0	0	6	316-600	O
NEBRASKA																
Omaha																
	Creighton Memorial St. Joseph's	C. Farrell														
NEW YORK																
Helmuth																
	Gowanda State	I. M. Rossman	140	2,782	809	225	28	1,863						15	570-640	F
Port Chester																
	High Point	A. Gralnick		37	78	0	0	0	0	1	3	1	1	6	415-835	P
Willard																
	Willard State	K. Keill		3,231	1,399	273	13							12	570-641	O
Wingdale																
	Harlem Valley State	L. P. O'Donnell	134	4,973	1,005	420	18	1,557	5	5	0	0	0	10	570-641	O
OHIO																
Cleveland																
	Fairhill Psychiatric	I. N. Perr		147	764	5	60	2,962	4	4	4	0	0	12	417-542	P
Columbus																
	Columbus State	L. O. Dillon	97	2,434	1,211	264	42	14,692	15	15	15	0	0	45	575-660	O
PENNSYLVANIA																
Allentown																
	Allentown State	H. T. Fiedler		1,823	383	147	29	2,139	6	6	0	0	0	12	533-588	O
Danville																
	Danville State	L. R. Angus		2,390	919	177	26	4,709	8	6	4	4	3	25	533-889	F
Mayview																
	Mayview State	R. F. Downey		2,998	857	300	1	2,904	6	6	0	0	0	12	530-680	F
RHODE ISLAND																
Howard																
	State of Rhode Island Medical Center Institute of Mental Health	S. S. Goldstein		3,316	1,741	398	98	1,981	8	6	0	0	0	14	479-521	O
VIRGINIA																
Williamsburg																
	Eastern State	M. Hernandez		2,355	1,643	242	17	0						8	700-764	O

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Hospitals, 32; Residencies, 155

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND																
National Institutes of Health-Clinical Center, Bethesda																
		R. Cohen		51	190			3,418	0	0	6	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
Pomona																
	Pacific State	G. Tarjan		2,930	369	40	77	8,019	0	0	4	0	1	5†	481-862	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main- tenance P U P O	
					Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued																
San Francisco																
St. Francis Memorial	R. H. Trapnell		20	585	2	100	2,373	1	0	1	0	0	2	300-450	P	
COLORADO																
Pueblo																
Colorado State	A. B. Adam		5,855	1,890	545	56	...	20	0	0	0	0	20	540-540	O	
DISTRICT OF COLUMBIA																
Washington																
Children's	R. S. Lourie		...	3	0	0	2,852	0	0	3	7	0	5	400-600	O	
FLORIDA																
Jacksonville																
Duval Medical Center	W. H. McCullagh		50	717	5	40	3,670	2	1	1	0	0	4†	425-475	O	
ILLINOIS																
Winnetka																
North Shore	M. A. Dushkin		59	458	10	40	380	0	0	2	0	0	2	300-600	FP	
INDIANA																
Logansport																
Logansport State	E. J. Fogel		2,400	1,206	302	10	0	4	0	0	0	0	4	675-675	FP	
MARYLAND																
Rockville																
Chestnut Lodge	M. L. Adland		83	40	1	...	1,275	0	0	4	0	0	4	583-750	O	
MASSACHUSETTS																
Foxborough																
Foxborough State	J. T. Shea		1,158	681	136	35	2,520	...	...	...	...	...	8	597-1,050	P
Stockbridge																
Austen Riggs Center	R. P. Knight		38	96	0	0	3,567	...	...	...	...	...	7†	575-633	O
Taunton																
Taunton State	W. E. Glass		1,706	933	206	35	841	6	0	0	0	0	6	596-752	O	
Waverley																
Walter E. Fernald State School	M. J. Farrell		2,474	137	38	71	450	...	...	...	...	...	2	150-580	...
Westborough																
Westborough State	B. Simon		1,725	980	216	29	395	4	0	0	0	0	4	282-282	O	
MICHIGAN																
Northville																
Hawthorn Center	R. D. Rabinovitch		136	148	...	...	5,200	2	1	1	3	3	10	580-967	O
MISSISSIPPI																
Whitfield																
Mississippi State	J. J. Head		4,278	7,908	232	40	...	6	0	0	0	0	6	700-850	F	
NEBRASKA																
Ingleside																
Hastings State	J. C. Nielsen		1,326	1,061	104	19	0	4	0	0	0	0	4	...-400	O	
NEW HAMPSHIRE																
Concord																
New Hampshire State	G. D. Niswander		2,508	1,210	254	12	4,445	3	0	0	0	0	3	503-503	P	
NEW YORK																
Cooperstown																
Mary Imogene Bassett	H. Gurian		5	128	0	0	939	1	0	0	0	0	1	200-350	P	
Hempstead																
Meadowbrook	R. R. Steen		47	1,872	34	59	4,483	4	0	0	0	0	4	321-436	F	
New York City																
New York University Medical Center																
University Hospital																
Roosevelt	R. W. Laidlaw		14	166	0	0	1,167	2	2	2	1	1	8	183-341	P	
Ogdensburg																
St. Lawrence State	H. B. Snow		1,724	752	206	12	1,186	12	0	0	0	0	12	570-570	O	
Thiells																
Letchworth Village	I. N. Wolfson		4,249	193	66	64	264	2	0	0	0	0	2	590-590	P	
OHIO																
Cincinnati																
Longview State	C. D. Feuss, Jr.		3,093	923	243	38	3,404	...	...	...	...	...	...	276-...	...
Toledo																
St. Charles	H. L. Hartman	135	49	946	...	...	...	1	1	0	0	0	2	575-575	F
PENNSYLVANIA																
Embreeville																
Embreeville State	P. A. Barenberg		825	1,254	108	20	4,118	6	0	0	0	0	6	530-586	F	
Harrisburg																
Harrisburg State	H. C. Eaton		2,638	3,229	215	31	139	6	0	0	0	0	6	533-715	F	
Philadelphia																
Albert Einstein Medical Center	P. Sloane		...	...	...	...	2,248	0	0	4	0	0	4	300-300	FP
Pittsburgh																
St. Francis General Hospital and Rehabilitation Institute	J. M. Henninger		285	4,446	86	45	1,098	4	0	0	0	0	4	360-420	F	
RHODE ISLAND																
Providence																
Charles V. Chapin	W. N. Hughes		59	1,252	11	18	866	3	0	0	0	0	3	607-607	F	
Riverside																
Emma Pendleton Bradley	M. W. Laufer		54	15	0	0	1,425	0	0	1*	0	0	1	300-500	P	

Numerical and other references are listed on pages 262 through 264.

PSYCHIATRY PROGRAM IDENTIFICATION

1. Alabama State Hospital, Tuscaloosa, Ala.
2. Six months psychiatry and six months neurology at University of Arkansas Medical Center, Little Rock, Ark.
3. Six months OPD at University of Arkansas Medical Center, Little Rock, Ark.
4. Six months psychosomatic medicine at Mount Sinai Hospital, Los Angeles.
5. Twenty-four months at Napa State Hospital and twelve months at Sonoma State Hospital.
6. Six months OPD at Veterans Administration Mental Hygiene Clinic, Los Angeles. Six months child psychiatry at Long Beach Child Guidance Clinic. Three months female service at Metropolitan State Hospital, Norwalk, Calif.
7. Six months acute inpatient service at Los Angeles County General Hospital, Los Angeles.
8. OPD: Mount Sinai Hospital, Los Angeles; Los Angeles Psychiatric Service; Los Angeles Harbor General Hospital; Veterans Administration Mental Hygiene Clinic, Los Angeles; Cedars of Lebanon Hospital, Los Angeles. Division of Child Psychiatry, UCLA Medical Center, Los Angeles; Child Guidance Clinic of Los Angeles; Reiss-Davis Clinic for Child Guidance, Los Angeles.
9. Six months psychosomatic medicine at Los Angeles County General Hospital; six months mental retardation at Pacific State Hospital, Pomona, Calif. Twelve months, elective, at UCLA Medical Center, Los Angeles.
10. Nine months OPD at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.; three months female service at Napa State Hospital, Imola, Calif.
11. OPD at Pasadena Child Guidance Clinic, Pasadena, Calif.; Psychosomatic at Riverside County General Hospital, Riverside, Calif.; Riverside Mental Hygiene Clinic, Riverside, Calif.
12. Three to twelve months at San Francisco General Hospital; six to twenty-four months at Child Guidance Clinic, San Francisco; OPD at Cowell Memorial Hospital, Berkeley, Calif.; six to twelve months OPD and Child Psychiatry at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.
13. Twelve months OPD at Mount Sinai Hospital, Los Angeles; twelve months child psychiatry at the University of California, Los Angeles; twelve months at Reiss-Davis Clinic for Child Guidance, Los Angeles; twelve months adult OPD at Los Angeles Psychiatric Service; and 12 months adult OPD at Los Angeles Harbor General Hospital.
14. Six months at Langley Porter Clinic, San Francisco; six months adult OPD at San Joaquin General Hospital, Stockton, Calif.
15. Twelve months at Langley Porter Clinic, San Francisco; six months at Children's Hospital, San Francisco; twelve months at Stanford Medical Center, Palo Alto, Calif.; three months children's inpatient service at Napa State Hospital, Imola, Calif.
16. Six months child psychiatry and six months female service at Colorado Psychopathic Hospital, Denver; three months psychosomatic at Colorado General Hospital, Denver.
17. Six months psychosomatic medicine at Grace-New Haven Community Hospital, New Haven, Conn.; three months neurology at Veterans Administration Hospital, West Haven, Conn.
18. Twelve months at Columbia-Presbyterian Medical Center, New York City
19. Twelve months at Yale Psychiatric Institute, New Haven, Conn.
20. Six months at Hartford Hospital, Hartford, Conn.; six months child OPD at the Institute of Living, Hartford, Conn.
21. Three months at Governor Bacon Mental Health Clinic, Delaware City.
22. Two months forensic service at St. Elizabeth's Hospital, Washington, D.C.
23. Twelve months at D.C. General Hospital, Washington, D.C.; three months inpatient service at Mt. Alto Veterans Administration Hospital, Washington, D.C.
24. Two months psychosomatic medicine at George Washington University Hospital, Washington, D.C.
25. Three months at Dade County Child Guidance Clinic, Miami, Fla.; three months at South Florida State Hospital, Hollywood, Fla.
26. Twelve months at Eugene Talmadge Memorial Hospital, Augusta, Ga.
27. Six months OPD at State of Hawaii, Division of Mental Health, Honolulu, Hawaii.
28. Six months at Institute for Juvenile Research, Chicago; twelve months at Galesburg State Hospital, Galesburg, Ill.; six months at Elgin State Hospital, Elgin, Ill.
29. Three months inpatient service at Illinois State Psychiatric Institute, Chicago; three months at Chicago State Hospital for chronic ward and long-term cases.
30. Three to nine months inpatient service at Illinois State Psychiatric Institute, Chicago; three to six months service at Veterans Administration (West Side) Hospital, Chicago.
31. Six months at Children's Memorial Hospital, Chicago.
32. Three months at Institute for Juvenile Research, Chicago.
33. Six months neurology at Cook County Hospital, Chicago; twelve months at Illinois State Psychiatric Institute, Chicago; twelve months at Institute for Juvenile Research, Chicago.
34. Three months at Illinois State Psychiatric Institute, Chicago.
35. Three months at Institute for Juvenile Research, Chicago.
36. Six months at Institute for Juvenile Research, Chicago; three months female inpatient service at Chicago State Hospital, Chicago.
37. Six months at University of Illinois Neuropsychiatric Institute, Chicago; three months at Institute for Juvenile Research, Chicago; three months, elective, at V.A. Hospital, Downey, Illinois; four and one-half months OPD at Veterans Administration (West Side) Hospital, Chicago.
38. Three months at State Psychopathic Hospital, Iowa City; two months neurology at University Hospital, Iowa City; part-time psychosomatic medicine at Sioux Valley Memorial Hospital, Cherokee, Iowa.
39. Twelve months OPD at Family Service & Guidance Center, Topeka, Kans.; six months at Boys' Industrial School, Topeka, Kans.; six months at University of Kansas Student Health Service, Lawrence, Kans.
41. Third year assigned to an approved University psychiatric training program.
42. L.S.U. affiliated with South East Louisiana State Hospital, Mandeville, La., and Central Louisiana State Hospital, Pineville, La.
43. Six months adult and child OPD at University Hospital, Baltimore.
44. Three months child psychiatry at D. C. General Hospital, Washington, D.C.
45. Six months child OPD at University Hospital, Baltimore, or Johns Hopkins Hospital, Baltimore.
46. Six months OPD at Veterans Administration Mental Hygiene Clinic, Boston; six months OPD at Douglas A. Thom Clinic for Children, Boston, James Jackson Putnam Children's Center, Roxbury, Mass., or Massachusetts General Hospital Child Psychiatry Clinic, Boston; six months at Harvard University Health Service, Boston.
47. Twelve to twenty-four months at Massachusetts Memorial Hospital, Boston; six months neurology at Massachusetts General Hospital, Boston; twelve months child psychiatry at Judge Baker Guidance Center, Boston, Douglas A. Thom Clinic, Boston, or Boston Floating Hospital.
48. Twelve months at Beth Israel Hospital, Boston; twelve months at Peter Bent Brigham Hospital, Boston; six months neurology at Veterans Administration Hospital, Boston.
49. Twelve months at Boston State Hospital, Boston; four months at Boston City Child Guidance Clinic or Douglas A. Thom Clinic, Boston.
50. Six months, elective, psychosomatic medicine at Peter Bent Brigham Hospital, Boston; six months, elective, child psychiatry at Judge Baker Guidance Center; four months, elective, chronic service at Metropolitan State Hospital, Waltham, Mass.
51. Twelve months at Boston State Hospital, Boston; three to four months at Boston Floating Hospital, Boston.
52. Twelve months at Massachusetts Mental Health Center, Boston.
53. Six months at Worcester Youth Guidance Center, Worcester, Mass.
54. Jackson Penitentiary Psychiatric Service, Jackson, Mich.; Ypsilanti State Hospital, Ypsilanti, Mich.
55. Three months child psychiatry at Hawthorn Center, Northville, Mich.
56. Three months neurology at Receiving Hospital, Detroit; three months at Pontiac State Hospital, Pontiac, Mich.; three months psychosomatic medicine at Detroit Memorial Hospital, Detroit, or at Harper Hospital, Detroit.
57. Three months neurology at Detroit Memorial Hospital, Detroit; three months at Ypsilanti State Hospital, Ypsilanti, Mich.; six months psychosomatic medicine and child OPD at McGregor Center, Detroit; four months penal problems at Detroit House of Correction, Detroit; six months OPD at Harper Adult Psychiatric Clinic, Detroit.
58. Six months OPD at Wayne County Clinic for Child Study, Detroit.
59. Three months child psychiatry at Lafayette Clinic, Detroit; three months neurology at Wayne State University, Detroit.
60. Three to six months neurology and child psychiatry at Lafayette Clinic, Detroit.
61. Six months female service and six months child psychiatry at University Hospital, Minneapolis; nine months OPD at Veterans Administration Mental Hygiene Clinic, Minneapolis.
62. Three months, elective, at Rochester State Hospital, Rochester; twelve months at Amherst-Wilder Child Guidance Clinic, St. Paul, Minn.
63. Twelve months at Charity Hospital, New Orleans.
64. Twelve months, elective, at Veterans Adm. Hospital (Gulfport Div.), Biloxi, Miss.; inpatient service at Veterans Administration Hospital, Jackson; three months child OPD at Mental Health Unit, State Department of Health, Jackson, Miss.
65. Affiliated with Malcolm Bliss Mental Health Clinic and Veterans Administration Hospital, St. Louis, Mo.
66. Six months acute psychotic and psychoneurotic disorders at Renard Hospital; six to twelve months at Community Child Guidance Clinic, St. Louis, Mo.
67. Affiliated with St. Louis City Hospital (Malcolm Bliss Mental Health Clinic), and St. Mary's Group of Hospitals of St. Louis University; and six to twelve months at St. Louis Mental Health Clinic.
68. Affiliated with Barnes Hospital, St. Louis and St. Louis State Hospital; William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine, St. Louis, OPD at Veterans Administration Mental Hygiene Clinic, St. Louis.
69. Includes affiliations of six months each with St. Elizabeth's Hospital and Children's Hospital.
70. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Skillman, N.J.; four and one-half months psychosomatic medicine at Morristown Memorial Hospital, Morristown, N.J.
71. Eight months at Jefferson Medical College Hospital, Philadelphia; two months forensic at New Jersey State Hospital, Trenton; two months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N.J.
72. Three months female service at New Jersey State Hospital, Greystone Park, N.J.; two months Child Psychiatry at New Jersey State Diagnostic Center, Menlo Park, N.J.
73. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N.J.
74. Two months forensic problems, Trenton State Hospital; one month mental deficiency, Vineland State School, Vineland, N.J.; five months adult and child OPD at Union County Psychiatric Clinic, Plainfield, N.J.; three months psychosomatic medicine and OPD neurology at Muhlenberg Hospital, Plainfield, N.J.
75. Four months psychosomatic medicine at Mercer Hospital, Trenton, N.J.; four months basic and clinical neurology at Jefferson Hospital, Philadelphia; four months at the Child Guidance Center of Mercer County, Trenton, N.J.; six months of child and adult OPD at Mental Health Center, Trenton, N.J.
76. Three months chronic service at Veterans Administration Hospital, Albany, N.Y.; one month Child Psychiatry at Rockland State Hospital, Orangeburg, N.Y. Also affiliated with Albany Child Guidance Clinic, Albany, N.Y., Marcy State Hospital, Marcy, N.Y., and Hudson River State Hospital, Poughkeepsie, N.Y.
77. Two months basic and clinical neurology and family service at Albany Hospital, Albany, N.Y. (integrated for residency training). Also affiliated with Albany Child Guidance Center, Albany, N.J., Marcy State Hospital, Marcy, N.Y., and Rockland State Hospital, Orangeburg, N.Y.
78. Six months psychosomatic medicine at Mount Sinai Hospital, New York; also affiliated with Brooklyn Juvenile Guidance Center and Coordinated Community Mental Health Clinics, Brooklyn, N.Y.
79. Affiliated with Kings County Hospital, Brooklyn.
80. Affiliated with E. J. Meyer Memorial Hospital, Buffalo.
81. Three months at Manhattan State Hospital, New York City; three months at Rockland State Hospital, Orangeburg, N.Y.

Numerical and other references are listed on pages 262 through 264.

PSYCHIATRY PROGRAM IDENTIFICATION—Continued

82. Five months psychosomatic medicine and adult and child psychiatry at Mount Sinai Hospital, New York City.
83. Six to twelve months at Manhattan State Hospital or Brooklyn State Hospital; ten months at Godmothers League, N.Y.C., child psychiatry.
84. During the first two years, two-thirds of the time is spent at the Veterans Administration Hospital, Montrose, N.Y.
85. Six months chronic service at Manhattan State Hospital, New York City; two and one-half months basic and clinical neurology, at Columbia University College of Physicians and Surgeons, New York City.
86. Six months, elective, at Astor Home for Children or Catholic Charities Guidance Institute, New York City.
87. Twelve months female and child psychiatry at New York State Psychiatric Institute, New York City.
88. Twelve months at Bellevue Medical Center, New York City.
89. Six months child psychiatry and OPD at Kings County Hospital, Brooklyn; six months family service at Veterans Administration Hospital, Montrose, N.Y.; six months neurology and psychosomatic medicine at Veterans Administration Hospital, Brooklyn.
90. Four months at Strong Memorial Hospital, Rochester.
91. Four months acute service at Syracuse Psychiatric Hospital, Syracuse, N.Y.; six months child psychiatry at Marcy State Hospital, Marcy, N.Y.; two months epilepsy service at Craig Colony, Sonyea, N.Y.
92. Four months at Dorothea Dix Hospital, Raleigh, N.C.; John Umstead Hospital, Butner, N.C.; Cherry Hospital, Goldsboro, N.C., or Broughton Hospital, Morganton, N.C.; two months mental deficiency at Murdock School, Butner, N.C.
93. Six months at Durham Child Guidance Clinic, Durham, N.C.
94. Includes rotation through Central (Mental Hygiene) Clinic of the Community Chest, Child Guidance Home, Longview State Hospital, and Jewish Hospital.
95. Three months at Longview State Hospital; six months at Dayton Children's Psychiatric Hospital; psychosomatic and child psychiatry at the University of Cincinnati College of Medicine Hospital Group.
96. Psychosomatic basic and clinical neurology at Cleveland Metropolitan General Hospital, Cleveland; six months at Cleveland Guidance Center, Cleveland, O., or Dayton Children's Psychiatric Hospital, Dayton, O.
97. Three months psychosomatic at White Cross Hospital, Columbus, Ohio; three months at Columbus Receiving Hospital for Children, Columbus, Ohio; three months OPD at the Children's Mental Health Center, Columbus, Ohio.
98. Three to six months at Juvenile Diagnostic Center, Columbus, Ohio.
99. Affiliated with University Hospital, Columbus, Ohio, for neurology.
100. Three months neurology at Veterans Administration Hospital, Oklahoma City; twelve months adult and child OPD at Community Guidance Center, Oklahoma City.
101. Four months chronic service at Oregon State Hospital, Salem, Ore.; four months neurology at Veterans Administration Hospital, Portland, Oregon.
102. Four months psychosomatic medicine at Veterans Administration Hospital, Philadelphia. Also affiliated with Jefferson Medical College Hospital, Eastern Pennsylvania Psychiatric Institute, Hahnemann Hospital and Temple University Hospital, Philadelphia.
103. Six months psychosomatic medicine and six months neurology at Jefferson Medical College Hospital, Philadelphia; twelve months child psychiatry at Eastern Pennsylvania Psychiatric Institute, Philadelphia; twelve months adult and child OPD at Lankenau Child Guidance Clinic, Overbrook, Pa.; or Haverford Mental Health Clinic, Haverford, Pa.; or Montgomery Mental Health Clinic, Norristown, Pa., or Bucks County Mental Health Clinic.
104. Six months inpatient service at Temple University Hospital, Philadelphia; twelve months OPD at Danville State Hospital, Danville, Pa.
105. Twelve months inpatient service at Institute of Pennsylvania Hospital, Philadelphia; two months research in basic sciences at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
106. Affiliated for one year of child psychiatry at Philadelphia Child Guidance Clinic.
107. Three months psychosomatic medicine at Temple Hospital, Philadelphia; three months neurology at Jefferson Medical College Hospital, Philadelphia.
108. Three months child psychiatry at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
109. Six months inpatient service at Eastern Pennsylvania Psychiatric Institute, Philadelphia; six months inpatient service at Carrier Clinic, Belle Mead, N.J.
110. Three months at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
111. Three months forensic and penal problems at Superior Court Social Services, San Juan, Puerto Rico.
112. Affiliated with Central State Hospital, Nashville; Thayer Hospital, Nashville; and Nashville Mental Health Center.
113. Dallas Child Guidance Clinic, Dallas, elective. Terrell State Hospital, Terrell, Texas, elective.
114. Three months, elective, inpatient and outpatient child psychiatry at Texas Children's Hospital, Houston.
115. Six months chronic service at Utah State Hospital, Provo, Utah.
116. Three to six months at Children's Service Center, Charlottesville, Va.; two months mental deficiency and epilepsy at Lynchburg Hospital and Training School, Lynchburg, Va.
117. Affiliated with Eastern State Hospital, Williamsburg, Va.
119. Twelve months at University of Washington Medical School Hospital and Clinics, Seattle.
120. Six months chronic service at Mendota State Hospital, Madison; three months child OPD at Dade County Guidance Center, Madison; three months child inpatient service at Wisconsin Diagnostic Center, Madison.
122. Twelve months at San Francisco General Hospital (UCLA Service), San Francisco.
123. Affiliated with Georgetown Univ. Medical Center, Washington, D.C.
124. Affiliated with Illinois State Psychiatric Institute, Chicago; Institute for Juvenile Research, Chicago; Cook County Criminal Court Behavior Clinic, Chicago; and Community Mental Health Clinic, Peoria, Ill.
125. Two months psychosomatic medicine, child psychiatry and OPD at University of Maryland Psychiatric Institute, Baltimore.
126. Affiliated with McLean Hospital, Belmont, Mass.
127. Affiliated with Department of Psychiatry, Harvard Medical School, Boston.
128. Six months adult and child OPD at Broome County Mental Health Clinic, Binghamton, N.Y.
130. Six months chronic service at South Carolina State Hospital, Columbia, S.C.
131. Six months adult and children's inpatient and OPD at Medical College of Virginia, Richmond.
133. Integrated program with service at Bellevue Hospital Center and University Hospital, New York City.
134. Three months mental deficiency at Wassaic State School, Wassaic, N.Y.
135. Affiliated with Lucas County Mental Hygiene Clinic, Toledo, Ohio.
136. Six months part-time at Langley Porter Neuro-psychiatric Clinic, San Francisco.
137. Six months OPD and Psychosomatic Medicine at Grace New Haven Hospital, New Haven; six months clinical and research at Yale University School of Medicine, New Haven; eight months part-time child psychiatry at Mental Hygiene Clinic, Bridgeport; three months part-time child psychiatry at Stamford Hospital, Stamford; three months part-time child psychiatry at Greenwich Hospital, Greenwich.
138. Six months at Children's Hospital, Washington, D.C.
139. One year at Charity Hospital (Tulane Unit), New Orleans.
140. Three months epilepsy at Craig Colony and Hospital, Sonyea, N.Y.
141. Four months psychosomatic medicine at University of Oregon Hospital, Salem, Oregon.
142. Six months acute psychosomatic and OPD; six months neurology at John Gaston Hospital; six months child psychiatry at Memphis and Shelby County Mental Health Clinic; twelve months at Adult Psychiatric Clinic; three months Alcoholic Rehabilitation Center; three months cerebral palsy at Les Passes; three months Western State Hospital, Western State, Tenn.
143. Includes assignments in Rochester State Hospital, the nursery school of the Child Study Center and the Rochester Child Guidance Center.
144. Three months neurology at Wayne State University; three months chronic psychiatric illnesses at Northville State Hospital, Northville, Michigan; six months child psychiatry at Hawthorne Children's Psychiatric Hospital, Northville, or at Children's Psychiatric Hospital of the University of Michigan, Ann Arbor.
145. Twelve months OPD at Payne Whitney Clinic of New York Hospital, New York, N.Y.
146. Three months neurology and three months child psychiatry at Medical Center Hospitals, Charleston, S.C.; OPD at Richland County Mental Hygiene Clinics, Columbia, S.C.

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. (Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for applicant published by the American Board of Psychiatry and Neurology. Hospitals, 79; Residencies, 403

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY											
CALIFORNIA											
Letterman General, San Francisco*	W. Hausman	2	4	486	1	1	0	0	0	2	.....

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1963-1964					Total All Years	Salary Per Month Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION												
CALIFORNIA												
Los Angeles												
Mount Sinai*	G. Mohr			9,695	0	3	0	0	0	3	500-583	P
University of California*	N. Q. Brill	8	10	1,573	0	0	2	2	0	4	300-500	O
Palo Alto												
Stanford Medical Center Child Psychiatry Clinic*	H. F. Shirley	0	0	2,253							100-175	F
San Francisco												
Children's (Child Guidance Clinic)*	J. F. Ryan			5,870	0	1	1	0	0	1	710-782	FP
Langley Porter Neuropsychiatric Institute*	S. A. Szurek	10	1	4,485	0	0	1	3	3	7†	300-583	O
Mount Zion Psychiatric Clinic*	E. M. Weinschel	20		5,015	0	0	0	3	3	6	200-500	P
COLORADO												
Denver												
University of Colorado Medical Center*												
CONNECTICUT												
Hartford												
Institute of Living-Children's Clinic	F. G. Buckman			5,800	1	1	0	0	0	2	500-666	O
New Haven												
Yale University Child Study Center*	S. Ritvo			4,446	2	2	0	0	0	4	300-833	O
DISTRICT OF COLUMBIA												
Washington												
Children's*	R. S. Lourie		3	2,852	0	0	3	7	0	5	333-500	
Georgetown University Medical Center*	E. S. Kessler			1,850	0	0	1	1	0	2	300-516	O
ILLINOIS												
Chicago												
Institute for Juvenile Research*	J. E. Halasz	23		11,414	0	0	6	6	0	12	500-600	O
Michael Reese Hospital and Medical Center*	J. Spurlock	10	28†	1,963	0	0	3	3	0	6	320-500	FP
University of Chicago Hospitals and Clinics*	J. F. Kenward			2,978	0	0	2	2	0	4	330-500	O
INDIANA												
Indianapolis												
Indiana University Medical Center*	J. E. Simmons											
Indiana University Hospitals				5,511	2	2	0	0	0	4	500-650	P
Larue D. Carter Memorial	J. E. Simmons	24	15		0	0	0	2	2	4	575-650	P
KANSAS												
Topeka												
Menninger Clinic (Children's Service)*	K. A. Menninger	29	6	2,210	0	0	2	4	4	10	708-791	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic	S. S. Ackerly	45	414	4,926	0	0	2	2	0	4	300-600	O
LOUISIANA												
New Orleans												
Guidance Center of the Institute of Mental Hygiene	J. E. Chappuis	14	158	3,801	1	1	0	0	0	2	667-750	O
Tulane University School of Medicine*	C. Phillips	22	7	603	0	0	2	2	0	4	300-500	P
MARYLAND												
Baltimore												
Johns Hopkins*	L. Eisenberg			3,696	0	0	2	2	1	5	420-583	O
University of Maryland	F. Rafferty			450			4	4	1	9	400-460	P
MASSACHUSETTS												
Boston												
Beth Israel (Children's Unit-Psychiatric Service)*	G. Bibring				0	0	2	1	1	4	192-275	P
Boston University-Massachusetts Memorial Hospitals, Department of Child Psychiatry*	E. Pavenstedt			4,930	0	0	2	2	2	6	300-1,000	P
Children's Hospital Medical Center*	G. E. Gardner			10,017	0	0	3	9	0	12	300-583	O
Douglas A. Thom Clinic for Children*	S. T. vanAmerongen	21	235	2,853	0	0	2	2	0	4	300-500	O
James Jackson Putnam Children's Center	F. H. Gates	70	643	10,882	2	2	0	0	0	4	500-583	O
Judge Baker Guidance Center	G. E. Gardner	26	26	4,504	0	0	0	6	0	5	300-583	O
Massachusetts Mental Health Center*	J. R. Ewalt	7	9	5,665	0	0	0	6	0	6	306-384	O
Tufts-New England Medical Center*	H. M. Wolman			3,600	0	0	1	1	1	3	300-1,000	
Lawrence												
Greater Lawrence Guidance Center	M. D. Bain			2,727	0	0	0	2	2	4	500-583	
Quincy												
South Shore Guidance Center	D. Ottenstein	0	0	11,225	2	2	0	0	0	4	785-860	O
Worcester												
Worcester Youth Guidance Center*	M. Sils			7,785	4	4	0	0	0	8	500-583	O
MICHIGAN												
Ann Arbor												
University*	S. M. Finch	49	114	4,639	7	7	0	0	0	14	430-475	O
Detroit												
Lafayette Clinic*	C. B. Simson	35	108	4,959	4	4	0	0	0	8	710-880	O
Northville												
Hawthorn Center*	R. D. Rabinovitch	136	148	5,200	2	1	1	3	3	10	560-967	O
Saginaw												
Saginaw Valley Child Guidance Clinic	N. Westlund			7,786	0	0	1	0	0	1	612-878	O
MINNESOTA												
Minneapolis												
University of Minnesota Medical School*	R. A. Jensen	16	136	3,176	5	5	5	2	1	18†	280-...	O
St. Paul												
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman	49		11,550							300-600	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MISSOURI												
Kansas City												
Greater Kansas City Mental Health Foundation*	G. J. Lytton			6,520	0	0	0	1	1	2	500-600	P
St. Louis												
William Greenleaf Elliot Division of Child Psychiatry Division-Washington University*	E. J. Anthony	20	72	400	0	0	0	3	3	6	500-583	...
NEW JERSEY												
Plainfield												
Union County Psychiatric Clinic	W. E. Ganss			13,769	0	0	2*	2	1	5	625-666	O
Trenton												
Child Guidance Center of Mercer County*	C. R. Swift			6,332	2	2	0	0	0	4	500-625	O
NEW YORK												
Albany												
Albany Child Guidance Center*	L. M. Sportsman	10	115	2,567	0	0	1	1	1	3†	583-750	...
New York City												
Albert Einstein College of Medicine and Bronx Municipal Hospital Center*	J. B. Cramer	14	35	8,500	3	3	0	0	0	6	231-317	FP
Brooklyn Psychiatric Centers	B. New	75	1,198	11,241	0	0	0	2	2	4	500-666	O
Catholic Charities Guidance Institute	T. W. Broekbank	29	7	23						6	693-693	...
Child Therapy Clinic-Postgraduate Center for Psychotherapy	B. B. Pfeffer	40	274	6,915	3	3	0	0	0	6	500-583	O
Lenox Hill*	K. Woodward			1,156	0	0	1	1	0	2	500-750	P
Mount Sinai*	M. R. Kaufman	2	12	2,500	0	0	0	5	5	10	500-583	P
New York Medical College-Metropolitan Hospital Center												
Unit 1—Flower and Fifth Avenue Hospitals												
Unit 2—Metropolitan												
Unit 3—Bird S. Coler Memorial												
New York State Psychiatric Institute and Presbyterian*	L. C. Kolb	14	31	877	0	0	2	2	0	4	570-641	O
New York University Medical Center*												
Rochester												
Rochester Child Guidance Clinic	P. A. Zwick		386	5,188	2	0	0	0	0	2	600-700	O
Strong Memorial-Rochester Municipal Hospitals	J. Romano	86	1,209	17,185	10	10	8	0	0	28	167-292	O
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial*	G. C. Ham			4,562	0	0	3	3	1	6	510-593	O
Durham												
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	50	421	5,275	0	0	2	2	0	4	417-583	O
OHIO												
Cincinnati												
University of Cincinnati Hospital Group	O. M. Krug				0	0	6	6	0	12†	300-500	F
Central (Mental Hygiene) Clinic				10,745								
Child Guidance Home		15	3	2,518								
Cleveland												
University Hospitals of Cleveland*	W. D. Boaz			9,248	0	0	0	2	2	4	200-500	O
Dayton												
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery Counties	J. M. Cunningham	68	96	1,435	2	2	0	0	0	4	625-666	O
OKLAHOMA												
Tulsa												
Children's Medical Center Child Guidance Clinic	P. C. Benton	36	256	6,000	0	0	1	0	0	1	666-666	O
PENNSYLVANIA												
Philadelphia												
Child Study Center*	H. G. Gianakon			9,548	0	0	0	3	3	6	500-584	...
Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	22	13	5,325	3	3	0	0	0	6	626-691	O
Philadelphia Child Guidance Clinic	J. A. Rose	0	820	7,701	7	3	0	0	0	10	300-583	O
Philadelphia General Hospital												
St. Christopher's Hospital for Children	C. F. Settlage			3,724	2	2				4	300-500	P
Pittsburgh												
Western Psychiatric Institute and Clinic	M. Sonis	59	649	12,270	0	0	5	5	0	10	343-500	O
Wilkes-Barre												
Wyoming Valley (Children's Service Center)*	J. F. Robinson	40	436	3,819	0	0	0	4	4	8	283-583	O
RHODE ISLAND												
Providence												
Providence Child Guidance Clinic*	H. Jaso			1,960	2	2	1	0	0	3	300-583	O
Riverside												
Emma Pendleton Bradley*	M. W. Laufer	54	15	1,425	0	0	0	2	2	4	300-583	P
TEXAS												
Dallas												
University of Texas Southwestern Medical School*												
Houston												
Houston State Psychiatric Institute*	I. A. Kraft	30	40		3	3	0	0	0	6	475-580	O
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals* ³⁸⁴	C. H. H. Branch											
Salt Lake County General												
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals												
University	R. Sobel			506	4	4	0	0	0	8	400-500	P

Numerical and other references are listed on pages 262 through 264.

24. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 212.

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Hospitals, 331; Residencies, 1,988

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
U.S. Air Force, San Antonio ²⁶⁰	C. C. Watts, Jr.	97,408	31	2,597	206	3	3	3	0	0	9			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	F. Y. Leaver	51,788	43	4,179	154	3	3	3	0	0	9			
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	H. C. Harrell	67,288	72	12,276	209	4	4	6	0	0	14			
HAWAII														
Tripler General, Honolulu	L. C. Hamilton	64,485	8	2,146	351	2	2	0	0	0	4			
TEXAS														
Brooke General, San Antonio	P. Zanca	74,376	42	5,331	244	4	4	4	0	0	12			
UNITED STATES NAVY														
CALIFORNIA														
U.S. Naval, San Diego	G. E. F. Stocker	152,308	67	10,010	34	2	2	2	0	0	6			
MARYLAND														
U.S. Naval, Bethesda ¹⁵⁴	L. Brown	42,160	46	5,718	66	2	2	2	0	0	6			
MASSACHUSETTS														
U.S. Naval, Chelsea	W. A. Wulfman	57,534	2	552	25	1	1	1	0	0	3			
NEW YORK														
U.S. Naval, St. Albans	W. Pischotte	54,270	17	2,345	36	2	1	1	0	0	4			
PENNSYLVANIA														
U.S. Naval, Philadelphia	G. L. Lewis	60,857	18	2,187	0	2	2	2	0	0	6			
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U.S. Public Health Service, New Orleans	D. MacKillop	23,265	0	0	0	1	1	1	0	0	3			
MARYLAND														
U.S. Public Health Service, Baltimore	W. M. Sennott	21,467	27	4,276	167	1	1	1	0	0	3	723-		
National Institutes of Health—Clinical Center, Bethesda	T. Hilbish, J. R. Andrews	38,788	4	1,727	60	1	1	1	1	0	4			
NEW YORK														
U.S. Public Health Service, N.Y. City (Staten Island)	G. A. Shipman	48,715	230	1,370	425	2	2	2	0	0	6			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	T. W. Davis	79,857	14	4,218							4	367-475	P	
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist	J. W. Underwood	29,750	104	9,129	120	3	0	0	0	0	3	300-400	O	
University of Alabama Medical Center	R. E. Roth	91,191	207	10,985	777									
University Hospital and Hillman Clinic						3	3	3	2	0	11	291-443	F	
Veterans Admin.						2	2	2	0	0	4	291-497	O	
ARKANSAS														
Little Rock														
University	H. J. Barnhard	35,515	54	4,949	437	4	4	4	0	0	12	233-283	O	
CALIFORNIA														
Long Beach														
Memorial Hospital of Long Beach—See Harbor General-Memorial Hospitals, Torrance														
Veterans Admin.	B. H. Feder	62,747	34	7,206	437	3	3	3	0	0	9	291-497	O	
Los Angeles														
California	W. Hiemstra	18,967	104		1,522	1	1	1	0	0	3	250-300	FP	
Los Angeles Tumor Institute	H. F. Hare	7,300	85	10,504	1,020									

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, Los Angeles—Continued													
Cedars of Lebanon	D. E. Zion, H. Jaffe	28,405	14	1,551	281	3	3	2	0	0	8	290-425	P
Los Angeles County General	G. Jacobson	160,130	343	11,787	581	6	4	4	4	0	18†	290-425	P
Queen of Angels	S. Wilk	16,827	34	1,920	210	1	1	1	0	0	3	275-350	F
University of California	A. H. Dowdy	46,183	91	15,620	474	4	3	3	3	0	13†	261-570	O
Veterans Admin: Center General Medical and Surgical	J. G. Davis	133,724	67	10,169	661	6	2	3	0	0	11	292-373	P
White Memorial	W. L. Stilson	19,021	3,764	2,538	214	2	2	2	0	0	6	265-420	P
Oakland													
Highland-Alameda County	H. H. Jensen	35,618	52	1,548	...	2	1	1	0	0	4	255-281	FP
Palo Alto													
Stanford Medical Center and Affiliated Hospitals						4	4	4	4	0	10†	...	
Palo Alto-Stanford Hospital Center ¹⁰⁷	H. S. Kaplan	14,000	33	9,652	616	...	...	...	...	...	...	100-665	F
Veterans Admin.	H. H. Jones	12,980	...	128	0	...	...	...	...	...	...	291-497	O
Sacramento													
Sutter Community Hospitals	R. C. Ripple	35,476	77	11,257	2,026	...	...	...	...	...	2	300-415	O
San Francisco													
Children's	G. G. King	12,044	56	2,107	49	1	1	0	0	0	2	250-300	FP
Mount Zion Hospital and Medical Center	S. B. Reich	18,060	3	1,488	...	...	...	...	...	...	...	200-350	F
St. Mary's	J. C. Bennett	20,353	18	2,602	74	1	1	1	0	0	3	200-300	FP
University of California Hospitals	R. S. Stone	66,978	105	14,084	149	...	...	...	...	...	16	261-460	O
San Francisco General	L. H. Garland	55,604	15	2,909	56	2	4	1	0	0	7	261-458	O
Veterans Admin.	M. Roth	25,268	7	1,547	41	1	0	0	2	0	3	291-497	O
San Jose													
Santa Clara County	J. J. McCort	35,161	16	68	26	1	1	1	0	0	3	300-300	P
Torrance													
Harbor General-Memorial Hospitals						3	3	2	0	0	8	290-425	F
Los Angeles County Harbor General	J. J. Woodruff	39,455	39	3,111	233	...	...	...	...	...	...	325-325	P
Memorial Hospital of Long Beach (Long Beach)	H. J. Prichard	25,842	6	2,612	52	...	...	...	...	...	...	...
COLORADO													
Colorado Springs													
Penrose	J. W. McMullen, J. A. del Regato	30,107	10	11,238	2,010	3	3	3	0	0	9	300-400	F
Denver													
Denver General	E. Salzman	37,923	28	1,174	92	2	2	2	0	0	6	245-293	P
General Rose Memorial	M. H. Levine, J. H. Weiss	19,991	23	1,428	...	1	2	1	0	0	4	265-295	F
Presbyterian	K. D. A. Allen	17,777	167	9,681	120	1	1	1	0	0	3	300-375	P
St. Joseph's	E. J. Meister	18,980	280	1,315	0	1	1	1	0	0	3	200-275	F
St. Luke's	W. P. Stampfi	22,000	25	2,500	120	1	1	1	0	0	3	290-315	P
Veterans Admin.	A. L. Daywitt	40,996	5	1,959	49	...	...	...	...	...	6	291-497	O
CONNECTICUT													
Bridgeport													
Bridgeport	J. J. Esposito	24,261	65	2,897	0	1	1	1	0	0	3	325-375	FP
St. Vincent's ¹⁰⁴	R. D. Russo	25,295	28	1,384	275	1	1	1	0	0	3	375-425	P
Hartford													
Hartford	W. Hall	46,938	72	378	17,088	2	2	1	0	0	5	235-385	P
New Haven													
Hospital of St. Raphael	R. Shapiro	24,248	33	8,950	348	2	2	2	0	0	6	300-375	F
Yale-New Haven Medical Center						4	4	4	0	0	12	175-250	O
Grace-New Haven Community	M. M. Kligerman	49,119	99	10,028	323	1	1	1	0	0	3	291-373	O
Veterans Admin. (West Haven)	J. R. Mitchell	22,948	9	3,750	63	...	...	...	...	...	...	...
West Haven													
Veterans Admin.—See Yale-New Haven Medical Center, New Haven													
Waterbury													
St. Mary's	K. R. Kaess	21,207	10	3,337	54	1	0	1	1	0	3	325-375	F
Waterbury	J. M. James	25,498	28	1,812	30	1	1	1	0	0	1	225-275	F
DELAWARE													
Wilmington													
Delaware	W. W. Lattomus	27,672	148	3,279	159	1	1	1	0	0	3	220-260	FP
DISTRICT OF COLUMBIA													
Washington													
Doctors	C. E. Bickham, Jr.	24,201	85	7,331	794	3	1	0	0	0	4	...	O
Georgetown University	W. E. Baensch	30,500	21	3,484	124	4	3	3	0	0	10	210-245	P
George Washington University ¹³⁰	W. W. Stanbro	28,584	11	3,546	0	2	2	2	0	0	6	210-265	P
Washington Hospital Center	R. M. Caulk	45,093	26	9,960	467	2	2	2	0	0	6	315-360	O
FLORIDA													
Gainesville													
University of Florida Teaching Hospital and Clinics	J. D. Reeves	18,866	5	2,866	34	3	3	3	0	0	9	217-450	O
Miami													
Jackson Memorial	R. E. Parks	106,794	123	11,501	...	4	4	4	...	...	13†	200-275	P
GEORGIA													
Atlanta													
Emory University ¹³⁶	T. F. Leigh	27,884	91	5,044	1,983	2	2	2	0	0	6	235-255	P
Grady Memorial	H. S. Weens	61,497	106	4,295	334	3	3	3	0	0	9	100-200	F
Veterans Admin. ¹³⁴	S. Krantz	15,877	5	2,726	169	1	1	1	0	0	3	291-497	P
Augusta													
Medical College of Georgia Hospitals						2	2	2	0	0	6	250-416	O
Eugene Talmadge Memorial	R. Wigh	27,216	45	3,721	90	...	...	...	...	...	...	...
HAWAII													
Honolulu													
Queen's	L. L. Buzaid	15,994	17	3,774	177	1	1	1	0	0	3	250-300	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P F O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS														
Chicago														
Columbus	F. Lake, D. Lochman	25,275	63	8,453	731	2	2	2	0	0	6	325-375	F	
Cook County	I. F. Hummon	141,809	136	25,222	879	7	7	7	0	0	21	200-200	FP	
Illinois Central	R. R. Lough, R. C. Crain	20,647	8	2,547	206	1	1	1	0	0	3	320-340	FP	
Illinois Masonic	T. Messaros	33,231	20	3,551	70	2	1	1	1	0	5	225-300	F	
Mercy	G. B. Cahill	26,218	130	5,154	1,522	1	1	1	0	0	3	225-300	F	
Michael Reese Hospital and Medical Center	B. Levin, E. M. Ullmann	57,128	1,691	9,317	387	3	3	2	0	0	8	200-250	FP	
Mount Sinai	J. Nadelhaft	30,159	40	8,304	598	2	2	2	0	0	6	250-325	P	
Northwestern University Medical Center														
Chicago Wesley Memorial	A. H. Cannon, W. T. Moss	51,541	19	7,347	164	3	1	1	0	0	5	250-300	P	
Children's Memorial	H. White	19,540	0	473	2,003	1	1	1	0	0	1	250-300	P	
Passavant Memorial	R. B. Lewis	20,755	10	7,113	162	1	1	1	0	0	3	250-300	P	
Veterans Admin. Research	E. G. Warnick, W. T. Moss	28,357	3	6,144	99	3	0	0	0	0	3	291-497	O	
Evanston (Evanston)	H. C. Burkhead	39,887	23	4,914	327	1	1	1	1	0	4	250-300	P	
Presbyterian-St. Luke's	F. H. Squire	73,428	38	8,900	499	3	3	3	0	0	9	125-175	F	
University of Chicago Hospitals and Clinics	R. D. Moseley	69,948	104	13,250	257	4	4	4	4	0	16	250-330	O	
University of Illinois Research and Educational Hospitals	R. A. Harvey	65,324	150	10,122	727	3	2	2	0	0	7	180-240	P	
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Evergreen Park														
Little Company of Mary	J. M. Brosnan	50,130	41	4,418	173	1	1	1	0	0	3	225-275	F	
Hines														
Veterans Admin. ¹⁴⁰	I. E. Kirsh	68,463	34	6,766	248	2	5	3	0	0	10	291-372	O	
Peoria														
St. Francis	P. R. Dirkse	30,743	12	2,817	129	1	1	1	0	0	3	275-325	F	
Urbana														
Carle Memorial ¹⁴³	C. Gianturco	28,375	12	3,702	271	1	0	0	0	0	1	250-250	O	
INDIANA														
Bluffton														
Clinic	R. A. Milroy	21,744	12	1,178	27	1	1	1	0	0	3	300-400	P	
Indianapolis														
Indiana University Medical Center														
Indiana University Hospitals	J. A. Campbell	43,910	270	17,375	914	5	5	4	0	0	14	235-289	P	
Marion County General	W. A. Tosick	55,227	30	2,502	13	1	1	1	0	0	3	269-321	P	
Veterans Admin.	J. A. Campbell	46,006	7	2,064	222	1	1	1	0	0	3	291-373	O	
St. Vincent's	J. L. Morton	18,764	35	3,091	129	1	0	0	0	0	1	275-325	F	
IOWA														
Des Moines														
Iowa Methodist ¹⁶¹	A. B. Phillips	19,875	25	2,478	491	1	1	1	0	0	3	200-250	F	
Veterans Admin.	P. J. Trier	31,122	10	1,757	30	1	1	1	1	0	4	291-442	P	
Iowa City														
University Hospitals	E. F. Van Epps	68,569	257	21,909	16	3	3	3	0	0	9	225-300	FP	
Veterans Admin.	J. G. Baron	25,573	3	2,562	16	1	2	0	0	0	3	291-376	O	
KANSAS														
Kansas City														
University of Kansas Medical Center	G. Tice	35,870	57	7,699	339	1	1	2	0	0	4	300-400	P	
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	35,850	6	1,587	49							292-373		
Wichita														
St. Francis	J. R. Kline	31,657	51	3,823	131	1	1	1	0	0	3	275-325	FP	
KENTUCKY														
Louisville														
St. Joseph Infirmary	E. Maxwell	28,670	117	6,251	299						4	395-415	O	
University of Louisville Medical Center														
Louisville General	E. Pirkey	49,629	45	5,382	745	3	3	3	0	0	9	116-166	FP	
Veterans Admin.	R. H. Akers	20,156	4	278	127	1	1	1	0	0	3	291-442	O	
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	C. M. Nioe, M. Garcia	201,671	324	45,477	2,457						18	125-175	F	
Ochsner Foundation ¹⁷²	B. C. Buchtel	32,388	117	1,998	76	1	1	1	0	0	3	225-275	P	
Southern Baptist ¹⁷²	L. J. Bristow	34,656		4,552	66	1	1	1	0	0	3	275-325	P	
Touro Infirmary	A. Payzant	44,597	28	3,336	543	1	1	1	0	0	3	235-285	FP	
Shreveport														
Confederate Memorial Medical Center	P. Riley	42,132	59	5,791	229	2	2	2	0	0	6	160-300	F	
MAINE														
Bangor														
Eastern Maine General	H. A. Smith	23,720	30	1,916	36	1	1	1	0	0	3	150-250	FP	
Portland														
Maine Medical Center	J. F. Gibbons	39,558	50	3,441	130	1	1	1	0	0	3	175-225	FP	
MARYLAND														
Baltimore														
Johns Hopkins	R. H. Morgan	89,734	207	22,026		5	5	5	0	0	15	166-250	P	
Sinai Hospital of Baltimore	J. O. Salik	32,821	25	4,326	75	2	2	2	0	0	6	250-375	P	
University of Maryland	J. M. Dennis	74,056	218	13,111	178	3	3	3	0	0	9	250-350	P	
MASSACHUSETTS														
Boston														
Beth Israel	M. Simon	28,034	17	1,005	12	2	2	2	0	0	6	192-275	P	
Boston City ¹⁹⁰		136,877	63	3,831	431	4	4	4	1	0	13	178-248	F	
Lahey Clinic ¹⁸⁴	M. I. Smedal	44,424	21	7,225	1,104	1	1	1	0	0	3	225-300	O	
Massachusetts General	L. L. Robbins	112,066	162	14,014	2,658	4	4	4	0	0	12	108-188	F	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964						Total All Years	Salary per Month Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year	O			
MASSACHUSETTS, Boston—Continued														
New England Center	A. Ettinger	29,807	6	2,485	126	2	1	1	0	0	4	237-287	O	
New England Deaconess	J. H. Marks	23,826	38	6,168	36	1	1	0	0	0	3	175-245	P	
Peter Bent Brigham ¹⁹⁹	J. B. Dealy, Jr.	30,226	18	2,302	22	4	4	4	1	0	13†	154-217	P	
Children's Hospital Medical Center	E. B. D. Neuhauser	28,526	0	2,728	0							125-300	F	
Mount Auburn-Faulkner-Shattuck Associated Hospitals	R. Schatzki					1	1	1	0	0	3			
Faulkner	L. E. Hawes	12,635		546	11							225-250	F	
Lemuel Shattuck	H. S. Sear	12,776	22	8,595	45	0	1	0	0	0	1	319-319	P	
Mount Auburn (Cambridge)	R. Schatzki	24,248	13	2,017	177							200-250	FP	
Veterans Admin.	E. Wissing	36,742	6	5,091	77	2	2	2	0	0	6	291-373	O	
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	C. J. LaVielle	34,991	25	2,710	228	1	1	1	0	0	3	360-410	F	
University ²⁰¹	F. J. Hodges	62,140	91	15,310	359	6	6	6	2	0	20	193-265	O	
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Grace	F. K. Wietersen	41,418	102	9,250	641	2	2	2	0	0	6	275-325	FP	
Harper	T. Leucutia	30,819	120	17,850	30	3	3	3	0	0	9	275-325	P	
Henry Ford	W. R. Eyer	134,743	111	8,846	151	6	6	5	0	0	17	300-350	P	
Sinai Hospital of Detroit	H. Feigelson	27,886	16	3,582	28	1	1	1	1	0	4†	300-375	F	
Wayne State University Affiliated Hospitals														
Veterans Admin. (Dearborn) ²⁰⁴	R. S. Pakusch	45,091	6	2,424	36	2	2	2	0	0	6	291-443	O	
Detroit Memorial Hospitals	J. E. Lofstrom	18,311	67	8,208	101	1	1	1	0	0	3	476-525	O	
Herman Kiefer	E. A. Harkaway	209,541				1	0	0	0	0	1	599-673	O	
Receiving	J. E. Lofstrom	98,873	120	7,809	198	6	6	6	0	0	18	340-415	P	
Eloise														
Wayne County General Hospital and Infirmary	J. Zbikowski	49,249	6	1,290	77	2	2	2	0	0	6	419-485	F	
Filnt														
Hurley	D. R. Limbach	40,816	30	5,014	244	2	2	2	2	0	8†	325-450	F	
McLaren General ²⁰⁷	P. W. Dorsey	41,402	7	1,071	35	1	1	1	0	0	3	400-450	P	
Grand Rapids														
Blodgett Memorial	J. A. Gunn	21,934	28	3,102	65	1	0	0	0	0	1	325-350	FP	
Pontiac														
St. Joseph Mercy	E. Keefe	29,904	28	2,272		1	1	1	0	0	3	375-435	P	
MINNESOTA														
Minneapolis														
University of Minnesota Hospitals ²¹¹	H. O. Peterson, D. G. Mosser	71,409	192	19,326	581	8	8	8	8	0	32	280-...	O	
Veterans Admin. ²¹⁴	J. Jorgens	79,705	10	5,031	142	7	7	7	0	0	21	291-497	O	
Rochester														
Mayo Foundation	C. A. Good, D. S. Childs, Jr.	265,454	602	30,889	300	10	10	10	0	0	30	200-333	P	
Rochester Methodist														
St. Mary's														
St. Paul														
Charles T. Miller	J. B. Coleman	20,958	20	4,737		1	1	1	0	0	3	325-375	P	
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center														
University	R. D. Sloan	41,373	102	6,312	50	3	3	3	0	0	9	250-325	O	
Veterans Admin.	J. Schor	36,440	0	0	0									
MISSOURI														
Columbia														
University of Missouri Medical Center	G. S. Lodwick	22,082	22	226	4,682	3	3	3	1	0	10†	400-525	P	
Kansas City														
Menorah Medical Center ¹⁶⁸	D. S. Dann	20,759	19	860	68	1	1	1	0	0	3	300-400	F	
Research and Affiliated Hospitals														
Children's Mercy														
Research	A. B. Smith	20,354	23	124	522	1	1	1	0	0	3	200-500	P	
St. Luke's	L. A. Scarpellino	40,311	64	3,069	39	1	1	1	0	0	3	250-300	FP	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kans.														
St. Louis														
Barnes	H. Wilson	64,463	202	10,211	360	5	5	5	3	0	18	250-350	F	
DePaul	E. C. Ernst	13,694	27	809	306	1	1	1	0	0	3	350-450	F	
Homer G. Phillips	W. E. Allen	37,499	54	1,699	2	2	2	1	0	0	5	271-346	P	
Jewish	H. R. Senturia	28,444	61	793	323	2	1	1	0	0	4	200-300	FP	
St. Louis City ²²³	D. C. Weir	50,064	24	1,723		3	3	3	2	0	11†	285-382	P	
St. Louis University Group of Hospitals	D. C. Weir	56,752	34	3,847	161	2	2	2	0	0	6	150-170	FP	
Veterans Admin.	S. Kamberg	23,287	40	2,754	79	2	2	2	0	0	6	291-373	O	
NEBRASKA														
Omaha														
Creighton Memorial St. Joseph's	J. F. Kelly, Sr.	21,977	24	4,361	132	1	1	1	0	0	3	325-375	P	
University of Nebraska Affiliated Hospitals	H. B. Hunt													
Nebraska Methodist	H. B. Hunt	14,475	92	7,853	463	0	1	0	1	0	2	275-500	O	
University of Nebraska	H. B. Hunt	14,113	54	1,354	175	2	1	1	0	0	4	225-300	P	
Veterans Admin.	H. B. Saichek	22,928	4	1,723	20	1	1	1	0	0	3	291-373	O	
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	W. C. MacCarty, Jr.	32,057	73	4,961	449	1	1	1	0	0	3	218-273		
NEW JERSEY														
Camden														
Our Lady of Lourdes	B. P. Widmann	24,429	22	1,242	37	1	1	1	0	0	3	400-550	P	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P y O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued													
East Orange													
Veterans Admin. ^{280,285}	J. R. Nahon	27,535		6,190	76	0	2	1	0	0	3	291-497	P
Morristown													
Morristown Memorial—See Memorial Hospital for Cancer and Allied Diseases, James Ewing, New York City													
Newark													
Newark Beth Israel	C. Berman	18,708	27	4,601	49	1	1	1	0	0	3	250-300	F
NEW MEXICO													
Albuquerque													
Bataan Memorial Methodist	J. W. Grossman	24,875	27	4,852	550	1	1	1	0	0	3	300-400	F
NEW YORK													
Albany													
Albany Medical Center	J. F. Roach	44,168	36	10,887		2	2	2	0	0	4	230-325	P
Veterans Admin.	H. Thomas	32,350	0	1,691	112	1	1	1	0	0	3	291-497	O
Buffalo													
Buffalo General	G. J. Culver	28,210	43	6,143		2	1	1	0	0	4	225-325	FP
Deaconess	R. E. Seibel	25,979	12	4,405	554	1	0	2	0	0	3	325-350	F
Edward J. Meyer Memorial	E. G. Eschner	32,725	8	1,519	60	2	2	2	1	0	7†	292-380	P
Millard Fillmore ²⁸⁶	E. H. Schnap	28,816	0	2,080	70	1	1	1	0	0	3	338-366	O
Roswell Park Memorial Institute	W. T. Murphy, F. R. Sheehan	37,502	353	37,011	2,928	7	3	3	0	0	13	357-440	O
Hempstead													
Meadowbrook	H. R. Zatskin	37,557	54	5,904	114	2	2	2	0	0	6	321-436	F
Johnson City													
Charles S. Wilson Memorial ²⁸⁸	B. D. Jay	20,439	12	1,350	430	1	0	1	0	0	2	325-400	P
Mineola													
Nassau	N. H. Robin	16,875	18	4,963	146	1	1	1	0	0	3	375-425	O
New York City													
Bellevue Hospital Center													
Division III—New York University College of Medicine	M. H. Poppel, S. Rubinfeld	228,468	77	4,801	165	4	4	4	2	0	14	231-317	FP
Beth-El ²⁸⁸	I. Bluth	26,013	9	1,182	295	2	2	2	0	0	6	175-225	F
Bronx Municipal Hospital Center	M. Elkin	89,788	87	7,780	228	4	4	4	2	0	14†	231-317	FP
Brooklyn	P. Lampros	26,023	52	2,067	34	1	1	1	0	0	3	175-205	F
City Hospital at Elmhurst	P. Strax	51,239	8	2,894	271	1	2	2	0	0	5	231-317	FP
Flushing Hospital and Dispensary ²⁹¹	M. Pomerans	21,170	12	343	3	1	1	1	0	0	3	250-300	F
Jewish Hospital of Brooklyn	S. S. Schwartz	30,938	51	2,741	39	2	2	2	0	0	6	165-250	F
Kings County Hospital Center	H. Z. Mellins	203,451	112	7,953	794	6	6	6	0	0	18	231-317	FP
Lenox Hill	F. Ghiselin	28,602	11	4,495	128	1	1	1	0	0	3	250-350	P
Long Island College	R. L. Pinck	31,986	29	4,465	141	2	1	1	0	0	4	170-225	P
Long Island Jewish ²⁸⁸	B. Epstein	21,172	4	933	19	1	1	1	0	0	3	333-458	O
Maimonides Hospital of Brooklyn	E. J. Levin	32,424	24	1,915	47	1	1	1	0	0	3	160-250	P
Memorial Hospital for Cancer and Allied Diseases—James Ewing	R. S. Sherman, J. J. Nickson	86,920	191			6	6	6	1	0	19	232-400	F
Morristown Memorial (Morristown, N.J.)	F. S. Reed	18,888	4	1,838	191	1	0	0	0	0	1	275-275	FP
Methodist Hospital of Brooklyn	N. F. Bartone	26,880	20	2,230	0	1	1	1	0	0	3	300-325	F
Montefiore	H. G. Jacobson	60,050	66	16,305	1,365	5	5	5	0	0	15	245-325	P
Mount Sinai	B. S. Wolf	49,000	40	8,922		3	3	3	0	0	9	308-458	P
New York ²⁸⁰	J. A. Evans	94,648	66	9,810	516	6	6	6	0	0	18	250-308	P
New York Medical College—Metropolitan Hospital Center													
Unit 1—Flower and Fifth Avenue Hospitals	F. J. Borrelli	25,116	65	2,694		2	2	2	0	0	6	215-265	F
Unit 2—Metropolitan	F. J. Borrelli	111,252	18	5,137	750	3	3	4	0	0	10	231-317	FP
New York Polyclinic Medical School and Hospital	S. A. Brahms	17,344	3	719	8	1	1	1	0	0	3	225-275	F
New York University Medical Center													
University Hospital	M. H. Poppel	17,986	68	1,271	1,691	2	2	2	1	0	7	257-482	O
Presbyterian	W. B. Seaman	141,497	79	15,553		5	5	5	0	0	15	292-500	P
Queens Hospital Center	A. V. Shapiro, L. B. Goldman	77,506	112	4,908	412	5	3	0	0	0	8	231-317	FP
Roosevelt	A. A. Dunn	44,502	30	4,372	2	2	2	2	0	0	6	183-341	P
St. Luke's	N. Finby	45,437	45	4,191	345	2	2	2	0	0	6	225-275	F
St. Vincent's Hospital of the City of New York ²⁸⁴	F. F. Rusicka	46,683	19	4,963	151	3	3	3	2	0	11†	175-250	P
Veterans Admin. (Bronx)	S. M. Unger	64,681	75	13,617	327	4	4	3	0	0	11	291-386	O
Veterans Admin. (Brooklyn) ²⁷⁴	W. E. Chamberlain	33,344	4	7,098	64	1	1	1	0	0	3	291-372	O
Veterans Admin. (Manhattan) ²⁸⁵	L. R. Lawrence	50,510	23	5,481	142	0	2	2	0	0	4	291-372	O
Rochester													
Genesee ²⁹³	G. J. Baron	27,572	30	1,893	201	1	1	1	0	0	2	175-325	FP
Rochester General	T. VanZandt	34,222	17	6,166	504	1	1	1	0	0	3	175-225	FP
Strong Memorial-Rochester Municipal Hospitals	L. H. Hempelmann, Jr.	40,825	48	6,542	837	4	4	4	2	0	14	167-292	O
Syracuse													
State University of New York Upstate Medical Center	C. H. Hale	69,611	70	11,587	561	5	5	5	0	0	15	250-340	O
Veterans Admin.	W. A. Ventimiglia												
Valhalla													
Grasslands ²⁹⁴	H. Lubetsky	18,761	3	832	46	1	1	1	0	0	3	250-350	FP
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	E. H. Wood	32,162	187	1,930	143	2	2	2	0	0	6	200-375	O
Durham													
Duke University Affiliated Hospitals													
Duke	R. J. Reeves	69,948	85	9,770	240	2	6	4	0	0	12	250-300	O
Veterans Admin.	G. H. Brown	32,082	0	1,888	29	1	1	1	0	0	3	291-497	O
Winston-Salem													
North Carolina Baptist	I. Meschan	44,449	39	6,017	166	3	3	3	0	0	9	204-270	P
NORTH DAKOTA													
Bismarck													
Bismarck Affiliated Hospitals	H. M. Berg	33,982	64	3,594	511	1	1	1	0	0	3	350-...	O
Bismarck													
St. Alexius													

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO													
Akron													
Akron City	F. T. Moore	54,456	223	8,281	237	1	1	2	0	0	4	275-325	FP
Akron General	C. J. Miller	33,843	19	5,281	196	1	1	1	0	0	3	300-350	F
Canton													
Aultman	S. Larson	39,218	22	3,000	900	1	1	1	0	0	3	250-400	F
Cincinnati													
Good Samaritan	J. E. McCarthy	41,316	...	5,089	1	1	1	1	0	0	3	325-375	P
Jewish	L. Rosenberg	29,298	79	2,219	201	1	1	1	0	0	3	230-290	FP
University of Cincinnati Hospital Group ²¹⁶													
Children's	F. N. Silverman, E. L. Saenger	17,252	...	...	...	0	0	1	0	0	1	250	P
Cincinnati General	B. Felson	65,619	56	2,193	506	5	5	5	0	0	15†	100-135	F
Cleveland													
Cleveland Clinic	C. R. Hughes	93,983	64	7,793	55	4	3	3	0	0	10	275-325	O
Cleveland Metropolitan General	H. Hauser	51,047	74	3,798	227	3	3	3	2	0	11†	200-367	F
Huron Road	W. D. Heinrich	40,451	40	2,562	225	1	1	1	0	0	3	260-285	FP
Mount Sinai	G. Krause, M. Lubert	34,745	16	5,498	155	1	1	1	1	0	4	215-250	FP
St. Luke's	D. D. Brannan	42,194	32	3,694	195	1	1	1	0	0	3	220-290	F
University Hospitals of Cleveland	H. L. Friedell	71,042	53	1,988	207	3	3	3	0	0	9	187-288	FP
Veterans Admin. ²²⁰	M. D. Sachs	30,355	35	2,220	21	2	2	2	2	0	8	291-443	P
Columbus													
Ohio State University Hospitals													
University	S. W. Nelson	63,825	2	14,188	193	5	5	0	5	0	15	202-302	P
Dayton													
Miami Valley	G. Nicoll	41,529	94	4,411	...	1	1	1	0	0	3	250-300	FP
Veterans Admin. ²²⁷	H. F. Plaut	28,877	2	2,616	121	2	2	1	0	0	5	291-373	O
Elyria													
Elyria Memorial—See St. Joseph-Elyria Memorial Hospitals, Lorain													
Lorain													
St. Joseph Hospital-Elyria Memorial Hospital	D. A. Russell	21,240	27	2,627	175	1	1	1	1	0	4	375-425	P
St. Joseph		23,390	15	896	0							300-350	F
Elyria Memorial (Elyria)													
Youngstown													
St. Elizabeth	S. Tamarkin	50,059	40	2,874	889	1	0	0	0	0	1	375-425	F
Youngstown	F. A. Miller	45,041	38	6,065	1,685	2	2	2	0	0	6	275-325	F
OKLAHOMA													
Oklahoma City													
St. Anthony	C. G. Coin	17,447	26	...	...	1	1	0	0	0	2	300-350	P
University of Oklahoma Medical Center						4	4	4	1	0	13†		
University Hospitals	G. R. Ridings	34,306	180	6,298	1,145							200-375	P
Veterans Admin.	S. M. Glasser	32,677	0	3,591	88								
Wesley	E. H. Kalmon	18,657	32	3,272	60							360-850	F
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	48,366	33	7,009	30	3	3	2	0	0	8	200-250	F
PENNSYLVANIA													
Abington													
Abington Memorial	C. H. Sillars	33,209	33	5,174	160	1	1	1	0	0	3	275-450	FP
Bryn Mawr													
Bryn Mawr	R. M. Harvey	26,239	25	3,415	574	1	1	1	0	0	3	200-250	F
Danville													
Geisinger Medical Center	J. Williams	30,778	56	3,505	...	2	2	2	0	0	6	175-250	FP
Darby													
Thomas M. Fitzgerald-Mercy	F. K. Alexander	21,590	43	1,749	102	1	1	1	0	0	3	100-350	F
Philadelphia													
Albert Einstein Medical Center													
Northern Division	J. Gershon-Cohen	43,206	32	5,561	979	4	4	4	0	0	12	125-175	FP
Southern Division	H. J. Isard	25,530	15	...	...	1	1	1	0	0	3	125-175	FP
Episcopal	H. Fisher	25,034	35	2,235	105	1	1	1	0	0	3	350-390	O
Germantown Dispensary and Hospital	B. R. Young	27,041	45	4,312	299	1	1	1	0	0	3	225-250	FP
Graduate Hospital of the University of Pennsylvania	A. K. Finkelstein	21,360	21	2,524	78	3	3	3	2	0	11	200-300	F
Hahnemann Medical College and Hospital	J. S. Lehman	3,813	64	8,352	500	3	3	2	2	0	10	200-275	P
Hospital of the University of Pennsylvania	R. Chamberlain	73,792	102	23,972	908	6	6	6	6	0	24	200-400	P
Children's Hospital of Philadelphia	J. W. Hope	11,115	0	272	5	1	1	0	0	0	1	250-250	F
Jefferson Medical College	P. J. Hodes	46,156	71	9,470	130	6	6	6	6	0	24	250-350	O
Misericordia	C. J. Rominger	22,999	20	2,898	200	1	1	1	0	0	3	250-400	F
Pennsylvania	P. A. Bishop	21,636	67	1,579	120						2	170-180	O
Philadelphia General	G. Wohl	56,000	57	7,603	209	6	6	6	0	0	18	165-275	F
Presbyterian Hospital in Philadelphia	E. L. Lame	16,279	30	2,040	15	1	1	1	0	0	3	235-400	F
Temple University	H. M. Stauffer, R. Robbins	55,869	34	9,594	234	5	5	5	0	0	15	175-225	O
Veterans Admin.	A. T. Shockman	32,045	5	2,782	175	2	2	3	0	0	7	291-373	O
Pittsburgh													
Allegheny General	T. B. Childs	33,417	55	7,653	165	2	2	2	0	0	6	325-400	P
Health Center Hospitals of the University of Pittsburgh													
Children's Hospital of Pittsburgh	B. R. Girdany	26,861	...	1,167	...								
Elizabeth Steel Magee													
Presbyterian-University and Woman's Hospitals of Pittsburgh													
Veterans Admin.	E. C. Lesser	78,325	151	11,204	195	3	3	3	0	0	9	255-305	O
Mercy	S. Poller	31,166	2	5,310	38	2	2	2	0	0	6	...	O
Montefiore ²²⁷	C. R. Perryman	38,417	36	13,283	525	2	2	2	0	0	6	275-300	F
St. Francis General Hospital and Rehabilitation Institute	H. W. Friedman	30,085	18	4,422	127	1	1	1	0	0	3	225-275	F
Western Pennsylvania	G. Alexander	31,688	40	2,800	200	2	1	1	0	0	4	360-420	F
	W. S. Mellon, Jr.	34,588	78	3,413	...	1	1	1	0	0	3	250-300	FP

Numerical and other references are listed on pages 262 through 264.

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued													
Sayre													
Robert Packer	J. T. Littleton	20,024	26	200	16	2	1	1	0	0	4	245-335	P
West Reading													
Reading	G. W. Chamberlin	19,950	9	4,401	...	1	1	1	0	0	3	250-300	F
PUERTO RICO													
San Juan													
Veterans Admin. ⁵⁶¹	L. Ehrlich	9,272	0	0	0	0	1	0	0	0	1	325-419	O
Dr. I. Gonzalez Martinez Oncologic	V. Marcial	4,543	214	30,118	...	3	3	3	1	0	10	250-400	P
RHODE ISLAND													
Providence													
Rhode Island	L. A. Martineau	42,665	78	6,779	40	1	1	1	0	0	3	248-398	FP
Roger Williams General	R. R. Hunt	19,690	40	3,792	432	1	0	0	0	0	1	300-350	F
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals	H. S. Pettit	...	...	...	...	2	2	2	0	0	6	138-163	FP
Medical College	...	34,321	71	8,035	1	...	...	...	...	...	...	...	...
Roper	...	22,071	...	522	11	...	...	...	...	...	...	...	...
TENNESSEE													
Chattanooga													
Baroness Erlanger	C. W. Reavis	49,886	60	3,563	373	2	1	1	0	0	4	325-375	F
Knoxville													
University of Tennessee Memorial Research Center and Hospital	W. F. Kraemer	18,446	35	2,213	109	1	1	1	0	0	3	275-320	F
Memphis													
Baptist Memorial	J. E. Whiteleather	48,415	45	4,819	737	2	2	2	0	0	6	325-375	F
City of Memphis Hospitals	D. Carroll	38,100	70	...	...	2	2	2	0	0	6	150-...	...
Methodist	J. C. King	49,874	43	4,114	385	3	2	2	0	0	7	325-375	F
Veterans Admin.	B. E. Greenberg	71,761	3	5,105	560	0	0	0	0	0	0	291-372	O
Nashville													
Vanderbilt University	G. W. Hudson	36,217	164	8,147	191	4	4	3	1	0	12	167-267	F
Veterans Admin.	D. E. Sherman	26,201	16	2,325	68	1	1	1	0	0	3	291-497	O
TEXAS													
Austin													
Brackenridge	J. C. Rude	20,794	74	2,322	7	1	1	1	0	0	3	250-350	F
Dallas													
Baylor University Medical Center	J. E. Miller	44,233	162	11,632	...	2	2	2	2	0	8†	210-250	P
St. Paul	M. J. Healy	18,406	21	307	0	1	1	1	1	0	4	225-300	FP
University of Texas Southwestern Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Parkland Memorial	F. Bonte	61,468	63	1,726	1,606	2	2	2	0	0	6	150-200	P
Veterans Admin. ⁵⁷⁴	D. Morkovin	53,416	44	6,002	191	2	2	2	0	0	6	291-373	P
Galveston													
University of Texas Medical Branch Hospitals	R. N. Cooley	79,768	161	9,859	2	4	4	4	0	0	12	283-283	P
Houston													
Baylor University Affiliated Hospitals	V. P. Collins	180,371	260	14,881	213	4	4	4	0	0	12†	...	...
Jefferson Davis	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist Hospital	...	...	...	...	...	...	...	...	...	...	...	260-310	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann ⁵⁸⁰	J. D. Reeve	51,621	76	3,878	163	2	2	2	0	0	6	200-300	P
St. Joseph's	C. W. Yates	27,425	-26	1,812	15	1	1	1	0	0	3	150-200	F
University of Texas M.D. Anderson Hospital and Tumor Institute	G. H. Fletcher	28,305	722	43,823	817	2	4	3	3	0	12†	125-500	FO
San Antonio													
University of Texas Post-Graduate School of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	B. D. King	27,967	83	1,799	20	1	1	1	0	0	3	225-375	F
Santa Rosa Medical Center	F. E. O'Neill	39,206	51	1,307	40	1	1	1	1	0	4	275-375	F
Temple													
Scott and White Memorial	A. W. Sommer	50,134	61	5,442	1,033	1	1	1	0	0	3	325-325	P
UTAH													
Salt Lake City													
Letter-day Saints	E. R. Crowder	19,287	33	2,531	60	1	1	1	0	0	3	325-375	FP
University of Utah Affiliated Hospitals	W. H. Christensen	...	...	...	...	...	...	...	...	...	...	...	...
Holy Cross	R. R. Meyer	13,513	...	2,177	...	1	1	1	0	0	3	275-375	...
St. Mark's	H. P. Plenk	11,573	20	5,673	52	1	1	1	0	0	3	325-347	P
Salt Lake County General ¹⁹⁹	W. R. Christensen	18,924	27	3,916	188	1	1	1	0	0	3	290-345	O
Veterans Admin.	D. W. Stowell	22,625	0	...	...	1	1	1	0	0	3	291-497	O
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals	A. B. Soule, Jr.	...	...	...	...	2	2	2	0	0	6	250-250	O
DeGoesbriand Memorial	...	16,460	0	1,114	46	...	...	...	...	...	...	...	...
Mary Fletcher ¹⁸⁰	...	23,292	46	4,091	16	...	...	...	...	...	...	...	...
VIRGINIA													
Charlottesville													
University of Virginia	G. Cooper	47,092	43	11,727	675	3	3	3	0	0	9	100-125	FP
Norfolk													
Norfolk General	C. P. Wisoff	35,866	62	3,776	85	1	1	1	0	0	3	200-400	F
Richmond													
Medical College of Virginia-Hospital Division	R. G. Lester	54,513	100	3,148	349	4	3	3	0	0	10	225-275	F
Veterans Admin. ²⁸⁵	W. H. Mendel	43,038	3	1,587	45	2	2	1	1	0	6	291-373	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. Radium Treatments	No. Deep X-ray Treatments	No. Superficial X-ray Treatments	Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P F O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
WASHINGTON														
Seattle														
Providence ²⁸⁰	E. A. Addington	12,425		932	76	1	1	1	0	0	3	300-350	F	
University of Washington Affiliated Hospitals	M. M. Figley					3	3	3	3	0	12		F	
King County	L. Phillips	33,588	15	1,876								150-325	F	
University	M. M. Figley	12,682	16	2,713	3							250-550	P	
Veterans Admin.	R. S. Leighton	11,229	2	1,723	0								FF	
Virginia Mason	T. Carlile	36,603	60	6,743	706	1	1	1	0	0	3	200-375	FF	
WISCONSIN														
Madison														
University Hospitals ³⁹⁶	L. W. Paul	47,233	170	12,114	134	3	5	4	0	0	12	125-225	F	
Milwaukee														
Columbia ⁴⁰²	R. W. Byrne	23,813	42	4,052	1,012	1	0	0	0	0	1	350-400	P	
Evangelical Deaconess	A. Melamed	32,087	35	4,153	243	1	1	1	0	0	3	425-475	F	
Marquette University Affiliated Hospitals													O	
Milwaukee County	J. R. Amberg	81,557	41	4,997	246	3	2	2	0	0	7	238-348	O	
Veterans Admin. (Wood)	R. V. McAllister	44,163	23	5,438	70	2	2	2	0	0	6	291-373	P	
Milwaukee ¹⁴³	J. L. Armbruster, H. W. Hefke	29,930	186	5,070	298	1	1	1	0	0	3	375-425	P	
Mount Sinai	M. Moel	24,163	21	70	18	1	1	1	0	0	3	350-400	FP	
St. Joseph's	G. W. Sengpiel	31,123	18	3,975	131	1	1	1	0	0	3	400-450	F	
St. Luke's	H. H. Wright	29,559	45	3,546	1,261	1	1	1	0	0	3	375-425	P	

26. SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate. Hospitals, 408; Residencies, 5,128

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio	O. K. Park	76	2,632	44	84	10,337	3	3	3	3	0	12		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. L. Smith	138	5,972	50	74	21,426	3	3	3	3	0	12		
COLORADO														
Fitzsimons General, Denver	P. A. Bergman	80	1,047	30	90	9,123	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	J. F. Patton	111	998	38	79	7,728	4	4	4	4	0	16		
HAWAII														
Tripler General, Honolulu	P. V. Kiehl	189	4,179	37	59	39,431	3	3	3	3	0	12		
TEXAS														
William Beaumont General, El Paso	D. G. Eisner	59	2,540	10	90	11,190	2	2	2	2	0	8		
Brooke General, San Antonio	W. W. Nichol	104	2,084	81	91	6,771	5	5	5	5	0	20		
WASHINGTON														
Madigan General, Tacoma	C. W. Hughes	152	4,230	35	71	49,436	2	2	2	2	0	8		
UNITED STATES NAVY														
CALIFORNIA														
U.S. Naval, Oakland	C. K. Holloway	121	3,395	48	85	15,814	2	2	2	2	0	8		
U.S. Naval, San Diego	P. D. Cronemiller	542	7,638	145	85	39,428	3	3	3	3	0	12		
ILLINOIS														
U.S. Naval, Great Lakes	F. P. Ballenger	134	2,036	6	100	9,140	1	1	1	1	0	4		
MARYLAND														
U.S. Naval, Bethesda	D. Osborne	152	2,289	66	90	5,567	2	2	2	2	0	8		
MASSACHUSETTS														
U.S. Naval, Chelsea	W. C. Turville	160	2,656	36	84	10,235	2	1	2	1	0	6		
NEW YORK														
U.S. Naval, St. Albans	H. M. Wertheimer	165	2,396	47	70	2,824	2	2	2	2	0	8		

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month		Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.		
PENNSYLVANIA																
U.S. Naval, Philadelphia	H. P. Mahin	163	2,513	83	60	9,305	2	2	2	1	0	7				
VIRGINIA																
U.S. Naval, Portsmouth	H. F. Lenhardt	360	5,468	64	63	58,920	3	3	2	2	0	10				
UNITED STATES PUBLIC HEALTH SERVICE																
CALIFORNIA																
U.S. Public Health Service, San Francisco	J. L. Elliott	102	2,372	26	88	7,120	1	1	1	1	0	4				
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																
DISTRICT OF COLUMBIA																
Freedmen's, Washington ¹²⁸	B. Syphax	48	1,546	85	46	9,374						8	367-475			P
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center		146	3,768	191	47	12,988										
University Hospital and Hillman Clinic	C. Lyons						10	10	6	4	0	30	291-443			F
Veterans Admin.	M. B. Sullivan, Jr.						6	2	3	3	0	12	291-497			O
Fairfield																
Lloyd Noland	J. M. Slaughter	55	2,460	31	60	25,757	2	2	2	1	0	7	300-400			FP
Mobile																
Mobile General	J. G. Donald	67	2,576	113	63	8,534	4	2	2	2	0	10	300-525			FP
ARIZONA																
Phoenix																
Maricopa County General	R. B. Leonard	80	1,789	87	61	6,377	4	2	2	1	0	9	373-433			P
ARKANSAS																
Little Rock																
University	J. H. Growdon	54	1,367	68	41	10,165	4	4	2	2	2	14	233-417			O
Veterans Admin. ⁷⁹	R. J. Lipin	92	1,657	58	66	547	2	3	1	1	0	7	291-443			O
CALIFORNIA																
Bakersfield																
Kern County General	G. A. Paulsen	68	1,806	135	76	21,728	4	4	2	1	0	11	375-450			P
Fresno																
Fresno County General	M. Levin	88	2,304	114	61	15,070	2	2	2	2	0	8	300-375			P
Long Beach																
Veterans Admin. ⁸⁴	J. A. Weinberg	196	2,018	104	80	5,040	3	3	3	3	0	12	291-497			O
Los Angeles																
Cedars of Lebanon	L. Morgenstern	156	6,638	155	54	14,593	7	2	1	1	1	12	290-500			P
Los Angeles County General	L. Rosoff	219	7,957	664	50	34,122	6	5	4	4	0	19	290-500			P
University of California ¹⁰⁰	W. P. Longmire, Jr.	32	1,231	64	92	4,929	7*	2	2	1	1	13	261-340			O
Veterans Admin. Center General Medical and Surgical ⁸⁵	J. S. Clarke	184	3,422	360	74	3,844	12*	4	4	4	0	24	292-497			P
White Memorial	A. I. Kugel	40	1,765	63	75	5,468	4	2	2	2	2	12	265-420			P
Oakland																
Highland-Alameda County	A. Hunnicutt	52	1,594	130	36	9,721	9*	3	3	3	0	18	255-295			FP
Kaiser Foundation	H. Holmboe	108	5,656	110	70	67,809	4	3	2	1	0	10	315-520			FP
Veterans Admin.	J. V. Smith	208	1,845	144	77		4	4	4	4	0	16	291-497			O
Orange																
Orange County General	L. F. Ellmore, S. Gendel	45	1,568	54	70	6,013	2	1	1	1	1	6	355-417			P
Palo Alto																
Stanford Medical Center and Affiliated Hospitals							6*	4	4	4	2	20				
Palo Alto-Stanford Hospital Center ¹¹⁰	R. B. Cohn	82	3,532	74	74	3,333							100-200			F
Veterans Admin.	L. R. Chandler	25	295	11	91								291-497			O
Community Hospital of San Mateo County, San Mateo	K. H. Prindle	29	760	44	39	2,959							300-400			F
San Diego																
San Diego County General	R. A. Jones	42	1,108	121	70	4,898	3*	2	2	2	0	9	250-400			F
San Francisco																
Kaiser Foundation	P. D. Smith, Jr.	58	2,822	74	61	129,834	2	2	2	2	0	8	315-570			P
Mount Zion Hospital and Medical Center ⁸⁶	L. D. Rosenman	141	5,918	123	54	10,463	4	3	1	1	0	9	200-350			F
Presbyterian Medical Center ¹⁰¹	V. Richards	44	1,733	72	76	3,532	6	4	4	4	0	18	175-300			P
San Francisco General	W. Silen, C. Mathewson, Jr.	159	4,049	183	36	4,725	7	1	4	0	0	12	261-458			O
Southern Pacific General	W. L. Newberg	117	7,654	140	63		3*	3	2	2	0	10	200-350			F
University of California Hospitals ¹⁰²	L. Goldman	60	2,251	43	70	8,572	8*	7*	6	6	6	33	261-460			O
Veterans Admin. ¹⁰⁴	F. W. Blaisdell	94	1,339	64	67	1,984	6*	3	2	2	0	13	291-497			O
San Jose																
Santa Clara County	G. B. Armanini	39	862	48	75		4	4	2	2	0	12	300-400			P
San Mateo																
Community Hospital of San Mateo County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto																
Santa Barbara																
Santa Barbara County General-Cottage Hospitals		75	3,331	48	69	0	4*	2	2	1	0	9	250-400			FP
Santa Barbara Cottage	E. T. Smith	10	472	26	69	1,081										
Santa Barbara County General																
Stockton																
San Joaquin General	W. Brock	89	2,097	100	76	13,640	2	2	2	1	0	7	335-400			P
Torrance																
Los Angeles County Harbor General	M. Orloff	68	2,012	247	48	6,024	7	4	4	4	3	22	290-550			F
COLORADO																
Denver																
Denver General	D. H. Watkins	69	2,256	160	70	20,118	4	3	2	2	0	11	245-320			P
St. Joseph's	F. B. McGlone	50	2,441	43	62	4,005	4	3	2	1	0	10	200-300			F

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
COLORADO, Denver—Continued															
University of Colorado Medical Center															
Colorado General	W. R. Waddell	44	1,824	102	84	5,358	3	3	4	2	0	10	180-483	O	
Veterans Admin.	R. J. Sanders	132	970	59	97	1,997						14†	291-497	O	
CONNECTICUT															
Bridgeport															
Bridgeport ²⁵⁰	J. F. Nolan	146	7,172	114	34	2,171	1	1	1	1	0	4	325-400	FP	
St. Vincent's	W. H. Curley	120	6,296	114	59	2,025	2	2	2	2	0	8	375-475	P	
Hartford															
Hartford	W. A. Standish	278	10,805	112	67	1,381	8	4	4	2	2	20†	235-385	P	
Veterans Admin. (Newington)	P. W. Fenney	85	982	23	57	2,372	3	2	2	1	0	8	291-443	O	
St. Francis ¹¹⁶	L. A. St. John	210	8,829	138	44	2,506	2	2	2	2	0	8	200-300	FP	
New Britain															
New Britain General	B. B. Clark	116	5,744	87	48	838	2	2	1	1	0	6	265-340	FP	
New Haven															
Yale-New Haven Medical Center ¹²⁰															
Grace-New Haven Community	G. E. Linskog	94	3,716	104	63	7,789	7	8	8	1	1	25†	175-333	O	
Veterans Admin. (West Haven)	W. W. Lindenmuth	82	1,483	68	82	1,452	3	3	1	2	0	9	291-373	O	
Newington															
Veterans Admin.—See Hartford Hospital, Hartford															
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven															
Waterbury															
Waterbury	C. H. Cole	115	4,222	105	41	2,393	1	1	1	1	0	4	225-300	F	
DELAWARE															
Wilmington															
Delaware	C. L. Munson	103	3,693	115	62	10,900	2	1	1	1	0	5	220-280	FP	
Memorial	J. C. Pierson	92	4,980	60	37	1,765	2	1	1	1	0	5	237-297	F	
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General		75	1,485	110	53	9,600	4	3	3	3	0	13	258-358	P	
Georgetown University Service	R. J. Coffey														
George Washington University Service	B. Blades														
Howard University Service	B. Syphax														
Georgetown University	R. J. Coffey	75	2,573	103	71	2,768	11	5	4	3	2	25†	175-270	P	
George Washington University ¹²⁵	B. B. Blades	120	7,798	58	60	1,468	6	3	2	1	0	12	210-285	P	
Providence	L. J. Goffredi	127	8,747	100	52	6,489	2	2	1	1	0	6	350-425	P	
Veterans Admin.	G. A. Higgins	91	1,406†	74	72	2,373	2*	2*	2*	1	0	7	291-497	O	
Washington Hospital Center	W. E. Ferguson	336	13,415	306	57	12,097	8*	3	3	3	0	17	315-360	O	
FLORIDA															
Coral Gables															
Veterans Admin.	M. W. Wolcott	152	3,176	126	97	7,422	6*	5	4	4	0	19	291-443	O	
Gainesville															
University of Florida Teaching Hospital and Clinics ⁷⁴	E. R. Woodward	31	1,208	45	69	3,636	6	6	2	2	2	18†	217-450	O	
Jacksonville															
Duval Medical Center	K. A. Morris	62	2,827	110	49	23,283	5	3	2	2	0	12	325-400	O	
St. Vincent's	A. C. Williams	110	5,232	91	44	1,862	4	2	2	2	0	10	325-400	P	
Baptist Memorial	J. H. Wood	98	4,611	83	53	377	1	1	0	0	2	2	325-350	O	
Miami															
Jackson Memorial	D. H. Reynolds	128	4,902	198	45	12,249	11*	5	5	5	0	26	200-335	P	
GEORGIA															
Atlanta															
Emory University Hospital-Veterans Admin.															
Emory University	J. D. Martin, Jr.	59	21,682†	56	54		8*				2	0	10	235-315	P
Veterans Admin. ¹⁹¹	J. C. Thoroughman	155	2,641	69	49		2	5	5	5	0	17	291-497	P	
Georgia Baptist	J. G. Barrow	155	9,280	159	43	1,057	2	2	1	1	0	6	330-405	O	
Grady Memorial	J. D. Martin, Jr.	111	3,589	193	43	37,648	12	8	6	4	0	30	100-200	F	
Piedmont Hospital	F. McRae	122	5,691	59	46	1,158	1	1	1	1	0	4	290-335	P	
St. Joseph's Infirmary	J. W. Veatch, Jr.	115	5,898	98	60	1,577	4	1	1	1	0	7	330-400	P	
Augusta															
Medical College of Georgia Hospitals	W. Moretz														
Eugene Talmadge Memorial	W. Moretz	55	1,108	55	69	4,476	5	5	5	2	2	19†	250-583	O	
University	G. M. Kelly	52	2,601†	69	35	3,260	1	1	1	1	0	4	250-325	O	
Veterans Admin.	C. M. Rhode	126	1,142	49	67	2,472	2	2	1	1	1	7	291-497	O	
HAWAII															
Honolulu															
Honolulu Integrated Surgical Residency															
Kuakini	Y. Yoshida	67	2,682	31	58	214									
Queen's	J. E. Strode	173	7,929	120	59	6,151	6	3	2	1	0	12	250-500	FP	
St. Francis		55	2,783	65	37	2,071	1	1	1	0	0	3	250-300	F	
ILLINOIS															
Chicago															
Cook County	M. E. Lichtenstein	582	17,623	924	37	37,096	7	7	7	7	7	35	150-150	FP	
Illinois Central	C. C. Guy			85	47		1	1	1	1	0	4	320-350	FP	
Mercy ¹⁵¹	J. L. Keeley	85	2,289	115	48	4,916	4	3	2	1	0	10	225-300	F	
Michael Reese Hospital and Medical Center	S. Mackler	96	3,411†	106	66	5,156	5*	2	2	2	0	11	175-250	FP	
Mount Sinai ¹⁵⁶	J. M. Greene	87	3,234	114	33	12,852	4*	2	2	2	0	10	250-350	P	
Northwestern University Medical Center						3,003									
Chicago Wesley Memorial ¹⁵⁹	W. G. Maddock	98	3,406	96	53		5	1	1	1	0	8	250-325	P	
Passavant Memorial	L. Davis	97	3,429	56	52		6	0	1	1	0	8	250-300	P	
Veterans Admin. Research	F. W. Preston	101	2,183	123	82		4	4	4	4	1	17†	291-497	O	
Evanston (Evanston)	J. M. Dorsey	86	3,727	70	81	760	2	1	1	1	0	5	250-325	P	
Presbyterian-St. Luke's	E. J. Beattie	166	5,071	232	65	5,522	10	5	5	5	0	25	125-200	F	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS, Chicago—Continued															
University of Chicago Hospitals and Clinics	W. E. Adams	84	2,384	178	79	27,891	3	4	4	4	3	18†	250-330	O	
University of Illinois Research and Educational Hospitals	W. H. Cole	88	3,006	119	79	13,211	3	3	3	3	0	12	180-275	P	
Veterans Admin. (West Side) ¹⁴⁸	W. J. Gillesby	177	2,538	98	81	5,866	4	3	3	3	0	13	291-443	O	
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	D. P. Slaughter	108	4,249	49	61	5,681	2	2	1	1	0	6	325-370	F	
Hines															
Veterans Admin. ¹⁴⁶	C. B. Puestow	277	2,344	364	66	3,484	19*	9	9	9	0	46	291-442	O	
INDIANA															
Indianapolis															
Indiana University Medical Center															
Indiana University Hospitals	H. B. Shumacker	125	1,315	139	79	5,000	12*	3*	3*	2	2	22†	235-316	P	
Veterans Admin.	R. E. Lempke	160	2,648	110	72	3,603	3	0	0	1	0	4	291-497	O	
Marion County General	W. Carson	80	1,665	179	54	8,596	3	3	3	3	0	12	269-348	P	
IOWA															
Des Moines															
Iowa Methodist ¹⁶¹	J. B. Priestley	173	7,063	213	50	10,385	3	2	2	2	0	9	200-275	F	
Veterans Admin.	L. T. Palumbo	146	6,547	122	77	4,868	5*	3	3	2	0	13	291-442	P	
Iowa City															
University Hospitals	R. T. Tidrick	151	4,641	225	74	14,960	9*	4	4	4	0	21	225-325	FP	
Veterans Admin.	E. S. Brintnal	143	1,856	116	62	2,199	6	5	2	2	2	17†	291-497	O	
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	68	1,655	143	80	5,129	3	3	2	2	0	10	200-300	P	
Veterans Admin. (Kansas City, Mo.)	J. M. Zimmerman	77	1,075	93	72	1,330							292-497		
Wadsworth															
Veterans Admin. ²¹⁹	W. Brauer	118	1,671	72	82	1,275	6	2	2	2	0	12	291-497	P	
Wichita															
St. Francis Hospital-Veterans Admin. ¹⁶⁴															
St. Francis	J. H. Holt	112	6,510	70	46	4,232	5*	2	2	2	0	11	275-350	FP	
Veterans Admin.	E. M. Berkas	111	1,322	72	71	1,866	3	1	1	1	0	6	289-497	O	
KENTUCKY															
Harlan															
Harlan Memorial ¹⁶⁶	W. H. Potter	81	2,025	35	54	18,702	3	3	2	2	0	10	400-550	P	
Lexington															
Good Samaritan	A. E. Grimes	47	3,264	55	40	520									
St. Joseph	C. C. Johnston	64	2,862	84	48	1,989	2	2	2	1	0	7	220-250	FP	
University of Kentucky Medical Center							6	3	3	3	2	17			
University	B. Eiseman	13	73	6	67	10							300-450	P	
Veterans Admin.															
Louisville															
St. Joseph Infirmary	J. D. Hancock	145	6,681	76	39	2,918						10	395-425	O	
University of Louisville Medical Center	R. J. Noer						11*	8	8	8	0	35			
Children's		27	1,269†	34	38	2,357							150-200	F	
Louisville General		78	3,000	147	52	27,556							204-321	FP	
Veterans Admin.	J. E. Hamilton	108	1,683	93	63	2,087	4*	3	3	3	0	13	291-442	O	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division ⁷	J. D. Rives	98	2,983	149	60	21,048						30	125-200	F	
Tulane University Division	O. Creech, Jr.	89	2,624	154	61	20,327						31	125-200	F	
Ochsner Foundation ¹⁷⁰	A. Ochsner	49	2,243	45	87	21,742	4	4	4	4	0	16	225	P	
Veterans Admin.	E. L. Burke	84	1,587	108	71	2,418	3	2	2	1	1	9†	291-443	O	
Shreveport															
Confederate Memorial Medical Center	C. L. Black	133	5,207	205	36	14,831	6	4	4	3	0	17	160-300	F	
MAINE															
Portland															
Maine Medical Center	E. H. Drake	200	9,453	149	54	17,240	3	2	2	2	0	9	175-250	FP	
MARYLAND															
Baltimore															
Baltimore City Hospitals	M. M. Ravitch			79	56	12,969	6*	4	3	1	1	15†	150-250	FP	
Church Home and Hospital	O. C. Brantigan	122	4,219	74	36	5,106	3	2	2	1	0	8	316-416	O	
Franklin Square	D. B. Hebb	58	2,175†	51	50	4,110	3	1	1	1	0	6	275-300	F	
Johns Hopkins	A. Blalock	113	4,127†	173	66	9,184	8	3	2	2	2	17	166-458	P	
Mercy	D. J. Pessagno	82	2,756	68	31	6,879	2	2	3	1	0	8	300-350	P	
St. Joseph's	O. C. Brantigan	91	3,526	86	45	6,747	4	3	2	1	0	10	350-375	F	
Sinai Hospital of Baltimore	A. M. Seligman	57	4,348	112	42	5,871	9	4	2	1	1	18†	235-325	P	
South Baltimore General	W. J. Sullivan	82	2,090	56	51	7,788	3	3	2	1	0	9	400-400	F	
Union Memorial	G. G. Finney, Sr.	146	5,822†	120	47	11,980	7	2	1	1	0	11	520-600	P	
University of Maryland Affiliated Hospitals															
Maryland General	R. Z. Pierpont, C. T. Flotte	122	4,909	116	42	1,576	4	2	2	2	0	10	225-300	FP	
University of Maryland ¹⁸²	R. W. Buxton	193	5,609	261	54	25,375	15*	6	6	6	0	33	220-350	P	
Cheverly															
Prince George's General	S. Schwartzbach	132	6,184	84	62	1,844	2	2	2	2	0	8	325-400	FP	
Fort Howard															
Veterans Admin.	J. M. Miller	114	874	46	70	398	3	2	3	1	0	9	291-497	O	
Perry Point															
Veterans Admin.	R. T. Schackelford	53	1,104	23	87	1,763	2	1	1	1	0	5	291-446	O	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS															
Boston															
Beth Israel ¹⁹⁷	J. Fine	123	5,511	...	...	20,250	4	4	4	4	2	18†	192-275	P
Boston City															
I Surgical Service (Tufts) ¹⁹³	R. A. Deterling, Jr.	77	1,798	96	49	20,807	8*	6*	3	3	0	20	158-248	F	
III Surgical Service (Boston University)	J. J. Byrne	80	1,831	100	48	20,569	7	4	3	3	0	17	158-248	F	
V Surgical Service (Harvard)	M. P. Osborne	70	1,755	115	59	22,153	8*	6*	5	5	0	24	158-248	F	
Boston University Affiliated Hospitals															
Massachusetts Memorial Hospitals	R. Smithwick	56	2,088	57	54	4,256	7	5	6	4	0	22	175-275	O	
Veterans Admin. (Boston University Service)															
Veterans Admin. (Providence, R.I.)	H. W. Harrower	120	2,305	76	51	3,818	3	4	4	2	0	13	291-497	...	
Carney ¹⁸⁸	C. J. Shea	140	6,716	113	44	6,199	4	3	3	2	0	12	200-275	F	
Massachusetts General	E. D. Churebill	141	7,506	309	64	13,040	10	10	10	10	0	40	108-438	F	
New England Center	R. A. Deterling, Jr.	69	2,290	46	76	4,800	8	6	3	2	0	19	237-304	O	
Peter Bent Brigham ¹⁸⁷	F. D. Moore	129	3,601	167	73	19,159	9	9	4	4	1	27†	154-217	P	
St. Elizabeth's	J. W. Spellman	146	5,728	126	42	6,803	3	3	2	2	0	10	175-250	FP	
Veterans Admin. (Jamaica Plain)	H. H. Faxon	92	2,533	115	71	5,816	8	8	4	4	0	24	291-497	O	
Springfield															
Springfield	J. V. Scola	161	7,396†	202	45	2,983	6*	4	2	2	0	14	250-325	FP	
Worcester															
Memorial	G. R. Dunlop	103	3,771	96	53	1,352	3*	2	1	1	0	7	250-325	FP	
St. Vincent	J. C. McCann	205	7,941	149	65	1,221	3	3	2	1	0	9	300-375	FP	
Worcester City	E. Croce	135	6,510	124	47	12,687	3	3	2	1	0	9	270-340	FP	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	E. T. Thieme	147	7,006	61	69	98	5*	2	2	2	0	10	360-435	F	
University of Michigan Affiliated Hospitals															
University of Michigan	C. G. Child	97	2,434	128	84	17,122	20	10	6	5	0	41	193-295	O	
Veterans Admin.	W. J. Fry	139	1,860	62	77	2,790	3	2	1	1	...	7	291-497	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Detroit Memorial Hospitals	L. VanRaaphorst	69	2,333	28	50	123	1	1	1	1	0	4	475-550	O	
Grace	D. W. McLean	217	8,096†	140	54	2,326	8*	5*	3	3	0	19	275-350	FP	
Harper	E. A. Osius	133	4,315	135	53	2,916	12	4	3	3	0	22	275-350	P	
Henry Ford	L. S. Fallis	147	4,847	104	67	44,608	16	10	8	8	0	42	300-400	P	
Mount Carmel Mercy	W. S. Carpenter	235	10,108†	188	42	738	5	2	2	2	0	11	450-525	P	
St. John	C. C. Eades	...	1,826	18	7	280	2	2	1	1	0	6	325-400	FP	
Sinai Hospital of Detroit	M. Sorock	115	4,495	66	45	...	4	2	2	2	0	10	300-375	F	
Wayne State University Affiliated Hospitals	A. R. Thal														
Veterans Admin. (Dearborn)															
Receiving		179	5,191	178	54	6,982	4	4	4	6	4	22†	291-443	O	
Woman's	J. R. Brown	63	2,396	49	46	621	11	11	11	11	11	58	340-415	P	
Eloise															
Wayne County General Hospital and Infirmary	W. W. Glas	192	3,566	338	31	9,166	3	3	3	3	0	12	419-513	F	
Flint															
Hurley	M. Dodds	149	5,232	102	45	1,270	3	2	2	2	0	8	325-450	F	
McLaren General ²⁰⁰	C. W. Colwell	128	6,268	88	36	6	3	2	1	1	0	7	400-475	P	
Grand Rapids															
Blodgett Memorial	D. S. MacIntyre	63	2,814	68	74	509	2	1	1	1	0	5	325-375	FP	
Butterworth	K. A. Dewey	131	5,374	488	57	279	2	2	2	2	0	8	325-400	O	
St. Mary's	F. S. Gillet	95	4,694	116	46	528	2	1	1	1	0	5	315-370	FP	
Highland Park															
Highland Park General	J. A. Witter	84	3,883†	61	44	...	2	2	2	2	0	8	434-509	P	
MINNESOTA															
Minneapolis															
Minneapolis General	C. R. Hitchcock	49	1,702	128	69	12,036	6	4	4	3	3	20†	250-...	F	
University of Minnesota Hospitals	O. H. Wangenstein	94	2,169	272	85	3,432	15	15	12	10	6	58†	280-...	O	
Veterans Admin. ²¹⁸	W. D. Kelly	170	3,152	166	85	3,525	8	4	4	4	0	20	291-497	O	
Rochester															
Mayo Foundation	J. M. Waugh	183	11,098	254	78	55,000	20	20	20	20	5	85†	200-333	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker	L. D. MacLean	105	3,570	182	63	10,326	2	1	5	1	2	11†	280-280	F	
Charles T. Miller ²¹⁷	H. Schroeckenstein	102	3,618†	123	56	2,953	1	1	1	0	0	3	325-375	P	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center							6	6	4	4	0	20			
University	J. D. Hardy	42	1,805	66	77	3,937							250-325	O	
Veterans Admin.	J. H. Conn	151	2,544	60	75	...							290-497	...	
Vicksburg															
Vicksburg	W. H. Parsons	37	2,361	34	35	10,974	1	1	1	1	0	4	100-300	F	
MISSOURI															
Clayton															
St. Louis County	D. Sauer	45	1,942	87	69	21,336	4	2	2	2	0	10	275-400	F	
Columbia															
University of Missouri Medical Center	J. Modlin	62	1,275	55	78	4462	4	4	4	3	0	15	250-400	P	
Kansas City															
Kansas City General	R. R. Coffey	54	1,901	156	45	9,775	2	2	2	2	0	8	220-320	FP	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kans.															
St. Louis															
Barnes ²¹⁷	C. A. Moyer	107	3,100	119	68	7,865	15	10	3	4	0	32	86-136	F	
Homer G. Phillips	C. Moyer	114	2,583	227	31	13,040	12*	6	4	4	0	26	271-363	P	
Jewish	M. D. Pareira	53	2,168	50	68	1,400	4	2	2	2	0	10	200-350	FP	
Missouri Pacific Employees	R. A. Weir	95	3,470	53	45	30,501	6	2	2	2	0	12	300-375	F	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI, St. Louis—Continued															
St. Louis City ²¹⁸	C. A. McAfee, L. V. Mulligan, C. B. Starkloff, C. R. Hanlon	73	3,010	214	53	9,109	7	4	3	3	0	17	285-382	FP	
St. Louis University Group of Hospitals Veterans Admin. (St. Louis University Service)	C. E. Lischer	130	5,053	163	79	4,190	6	4	4	3	3	20†	150-170	FP	
St. Luke's Veterans Admin. Washington University Service	C. E. Lischer W. Newton	117	4,611	104	63	2,876	4	3	1	1	0	9	300-400	F	
	W. Newton	68	1,260	104	61	...	2	2	2	2	0	8	291-443	O	
NEBRASKA															
Omaha															
Creighton Memorial St. Joseph's	R. J. Fitzgibbons	55	1,883	63	22	3,200	4	4	4	2	0	14	325-400	P	
University of Nebraska ²²⁰	M. M. Musselman	49	797	48	72	9,297	4	3	3	3	0	13	225-333	P	
Veterans Admin. ²²⁰	W. P. Kleitsch	112	1,809	105	63	2,656	2	2	2	2	0	8	291-434	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals							7	5	5	4	0	21	...	...
Mary Hitchcock Memorial	R. E. Weismann	35	1,043	31	97	10,495	...	...	...	...	...	...	218-325	...
Veterans Admin. (White River Junction, Vt.)	W. B. Crandell	34	447	24	95	996	...	...	...	...	...	...	218-325	...
NEW JERSEY															
Camden															
Cooper	E. R. Ristine	...	2,928	136	41	1,438	1	1	1	0	0	3	350-400	F	
East Orange															
Veterans Admin.	A. H. Levy	166	2,464	136	67	1,012	4	2	2	2	0	10	291-497	P	
Jersey City															
Jersey City Medical Center	H. K. Judy	176	5,850	186	35	14,238	8	8	4	4	0	24	200-350	F	
Newark															
Newark Beth Israel	M. Kern	105	5,339	106	40	11,240	2	1	1	1	0	5	250-300	F	
Orange															
Orange Memorial	R. G. Hamilton	56	2,486	59	44	1,581	2*	1	1	1	0	5	225-300	FP	
Trenton															
St. Francis	A. J. Lettiere	118	3,536	91	26	3,707	2	2	2	1	0	7	250-340	F	
NEW MEXICO															
Albuquerque															
Veterans Admin. Hospital-Bernalillo County-Indian							1	1	1	1	0	4	...	...
Bernalillo County-Indian	L. Parsons	70	1,977	79	47	5,591	...	...	...	...	...	...	...	...
Veterans Admin.	R. I. Carlson	104	1,499	39	92	...	6	4	3	3	0	16	291-497	O	
NEW YORK															
Albany															
Albany Medical Center Hospital-Veterans Admin.	C. Eekert	107	3,365†	112	60	1,545	8	6	5	2	4	25	230-325	P	
Albany Medical Center	J. A. Nelson	166	2,675	106	72	10,489	4	4	3	3	0	14	291-497	P	
Buffalo															
Buffalo General ²²⁰	J. R. Paine	111	3,298†	122	53	8,994	6	3	3	3	3	18†	225-375	FP	
Edward J. Meyer Memorial	J. D. Stewart	133	2,554	232	57	15,440	3	3	3	3	3	15†	292-380	P	
Millard Fillmore	F. G. Stoesser	106	3,517†	54	41	4,813	4	3	3	3	0	11	338-366	O	
Sisters of Charity	F. M. Zaeffel	172	6,111	149	39	1,164	2	2	2	2	0	8	335-440	F	
Emergency Hospital of the Diocese of Buffalo	F. M. Zaeffel	102	3,373	56	27	1,938	2	2	2	2	0	8	410-440	P	
Veterans Admin. ²²¹	W. M. Chardaek	155	1,245	62	63	5,004	4	3	3	3	0	13	291-443	O	
Cooperstown															
Mary Imogene Bassett ²²²	J. H. Powers	32	1,189	29	76	12,109	2	1	1	1	0	5	200-350	P	
Hempstead															
Meadowbrook	J. P. Glaubitz	72	2,086	211	48	5,905	6	3	3	3	0	15	321-436	F	
Mineola															
Nassau	R. F. Smith	128	5,841	94	30	952	2	2	2	2	0	8	375-475	O	
New York City															
Beekman-Downtown ²²⁴	S. Mage	86	2,650	51	33	9,909	3	3	1	1	0	8	225-300	FP	
Bellevue Hospital Center							7	2	2	2	0	13	231-317	FP	
Division I—Columbia University ²²⁹	J. M. Ferrer, Jr.	66	2,558	104	66	8,968	7*	6*	6	2	1	22	231-317	FP	
Division II—Cornell University ²²⁶	C. W. Holman	61	2,144	46	47	10,921	15	8	7	6	0	36	231-317	FP	
Division III and IV—New York University ²²⁶	J. H. Mulholland	184	4,672	241	39	21,115	2	2	2	2	0	8	175-250	F	
Beth-El	C. B. Ripstein	105	3,223	115	38	10,177	4	1	1	1	0	7	250-300	P	
Beth Israel ²²⁴	L. Ginzburg	89	2,744	71	30	6,898	4	2	2	2	0	10	251-303	F	
Bronx	R. Friedlander	74	3,126	74	24	10,649	4	2	2	2	0	10	231-317	FP	
Bronx Municipal Hospital Center	D. State	95	2,467	180	51	22,000	9*	6	6	4	4	29	231-317	FP	
Brooklyn	K. MacGregor	121	4,657	111	34	11,762	4	2	2	2	0	10	175-220	F	
Coney Island	J. E. Hammett	131	4,353	215	28	19,440	3	3	3	3	0	12	231-317	FP	
Flushing Hospital and Dispensary ²²⁴	J. J. Creedon	93	4,339	79	34	15,808	1	1	1	1	0	4	250-325	F	
Harlem	A. Del Maynard	207	3,347	...	...	30,709	6	5	5	4	0	20	231-317	FP
Jewish Hospital of Brooklyn	H. Krieger	80	2,873	122	41	5,975	5	2	2	2	0	11	165-250	F	
Kings County Hospital Center ²²²	C. Dennis	317	6,723	612	30	29,021	8*	7	7	7	0	29†	231-317	FP	
Knickerbocker ²²⁴	P. D. Allen	88	2,054	69	63	5,220	3	3	2	2	0	10	300-375	P	
Lenox Hill	H. Maier	115	4,721	76	38	9,697	2	2	2	2	0	8	225-300	P	
Lincoln	B. Sherwin	130	2,659	131	27	34,084	6	4	2	2	0	14	231-317	FP	
Long Island College	R. A. Mainzer	112	3,248	121	35	9,085	2	1	1	1	0	5	170-225	P	
Long Island Jewish	P. E. Lear	74	3,552	53	57	2,723	2*	1	1	1	0	5	333-458	O	
Maimonides Hospital of Brooklyn	A. Hurwitz	110	3,663	126	31	11,658	5	2	1	1	1	10	160-250	P	
Methodist Hospital of Brooklyn	A. J. Vosseler	80	2,553	94	29	4,787	1	2	2	1	0	6	300-325	F	
Montefiore	E. Hurwitz	189	5,632†	178	54	3,977	6	3	3	2	0	14	245-325	P	
Mount Sinai	A. E. Kark	160	4,484	170	50	15,980	7*	7	3	3	3	23†	303-458	P	
New York	F. Glenn	143	3,474	144	73	37,523	7	7	6	4	7	31	250-417	P	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Salary per Month Min.-Max.	Main-tenance	
			Number	Auto-psy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
NEW YORK, New York City—Continued														
New York Medical College-Metropolitan Hospital Center														
Unit 1—Flower and Fifth Avenue Hospitals	W. L. Mersheimer	126	4,281	161	33	1,636	4	2	1	1	0	8	215-265	F
Unit 2—Metropolitan	C. P. Bailey	91	2,412	158	25	38,462	6	6	4	4	2	22†	231-317	FP
Unit 3—Bird S. Coler Memorial	C. Bailey												231-317	FP
New York Polyclinic Medical School and Hospital	W. H. Cassebaum	99	3,508	82	56	4,139	6	2	2	2	0	12	225-325	F
Presbyterian ²⁸⁵	G. H. Humphreys	200	6,159	94	62	54,158	8	7	6	6	3	31†	292-500	FP
Queens Hospital Center	L. J. Morse	165	3,380	321	41	9,174	8*	3	2	2	0	15	231-317	FP
Roosevelt		146	4,166	153	37	6,258	8	3	3	3	0	17	183-341	P
St. Clare's	J. L. Madden	128	2,676	106	34	6,856	2	2	2	2	0	8	225-300	F
St. John's Episcopal ²⁷⁴	J. E. Mule	78	3,102	65	22	7,370	4	2	1	1	0	8	340-425	FP
St. Luke's	H. A. Zintel	144	4,462	100	59	22,093	8	4	3	3	0	18	225-300	P
St. Vincent's Hospital of the City of New York	L. M. Roussetot	251	6,247	203	60	14,730	6*	6	2	2	0	16†	175-250	F
Veterans Admin. (Bronx)	P. Cooper	202	2,339	88	58	2,192	8*	4	3	3	0	18†	291-497	O
Veterans Admin. (Brooklyn)	H. H. LeVeen	113	1,915	82	57	2,347	9	3	3	3	0	18	291-497	O
Veterans Admin. (Manhattan) ²⁸⁸	W. F. MacFee	179	2,348	139	58	2,842	10	5	5	5	0	25	291-442	O
Wyckoff Heights	P. A. Zoller	106	3,758	128	31	4,453	3	3	3	2	1	13	250-350	F
Rochester														
Genesee	E. W. Douglas	109	5,152	81	66	5,146	4	4	2	2	0	12	175-450	FP
Highland	T. B. Garlick	83	3,798	68	65	656	2	2	1	1	0	6	175-375	FP
Rochester General ²⁸⁰	C. Sahler	141	6,348	131	60	2,208	3	3	2	2	0	10†	175-250	FP
St. Mary's	J. H. Remington	97	5,929	86	56	2,032	2	2	2	2	0	8	300-372	F
Strong Memorial-Rochester Municipal Hospitals ²⁰⁰	C. G. Rob	82	2,891	153	71	10,827	10	6	2	2	0	20	167-292	O
Syracuse														
State University of New York Upstate Medical Center	C. B. Mueller	332	10,743	231	52	3,851	13	8	6	4	0	31	250-410	O
Veterans Admin.	L. S. Rogers	88	1,486	53	66		4	2	2	2	0	10	291-443	
Valhalla														
Grasslands	R. W. Holliday	77	1,487	90	49	7,064	2	2	2	2	0	8	250-400	FP
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial ³⁰⁷	N. A. Womack	82	2,844	48	62	5,433	8	6	6	5	3	28†	200-375	O
Durham														
Duke ³⁰⁹	C. E. Gardner, Jr.	60	2,256	15	53	8,952	14	3	3	3	3	26	175-225	P
Winston-Salem														
City Memorial	K. V. Tyner	117	4,986	78	28	2,272	4	2	2	2	0	10	330-440	P
North Carolina Baptist	H. H. Bradshaw	54	2,339	68	65	4,065	6	3	3	3	0	15	204-270	P
OHIO														
Akron														
Akron City	H. V. Sharp	129	4,526	148	55	1,600	6	3	2	2	0	13	275-375	FP
Akron General	T. S. Brownell	144	4,044	92	51	2,094	6	4	2	2	0	14	300-400	F
St. Thomas	E. A. Simendinger	98	3,418	71	40	2,380	4	2	2	2	0	10	300-450	FP
Cincinnati														
Christ	J. R. Meek	69	2,077	54	43	4,040	4	2	2	1	0	9	250-325	FP
Good Samaritan	J. J. Cranley	277	2,659†	63	44	191	4	3	3	2	0	12	325-400	P
Jewish ³¹⁴	E. Woliver	146	6,298†	102	41	2,814	4	5*	3	2	0	14	230-290	FP
University of Cincinnati Hospital Group	W. A. Altemeier													
Children's														
Cincinnati General		126	2,315	262	45	16,648	12*	6	5	5	3	33†	100-450	F
Veterans Admin.		77	1,073	51	65								291-497	O
Cleveland														
Cleveland Clinic	G. Crile, Jr.	93	3,192†	95	52	16,666	6*	4	2	2	0	14	275-350	O
Cleveland Metropolitan General	F. A. Simeone	64	1,658	70	77	13,463	10	4	4	4	2	24†	200-367	F
Fairview Park	B. A. Ceraldi	48	2,134	57	26	457	2	2	2	2	0	8	325-400	F
Huron Road	J. L. Bilton	124	4,750	132	46	2,614	5*	3	3	3	0	14	260-310	FP
Lutheran	W. O. Lewin	105	4,297	73	47		6	4	2	2	0	14	275-350	P
Mount Sinai	H. Gans	96	4,460	132	56	6,562	5	2	2	2	0	11	215-250	FP
St. Alexis	L. Backiel	152	5,639	191	49	1,481	4	3	2	1	0	10	225-300	F
St. Luke's	F. S. Cross	153	4,093	120	57	19,881	2	2	2	2	0	8	220-325	F
St. Vincent Charity	D. T. Shaw	168	5,178	154	45	17,577	4*	4*	2	2	0	12	310-350	FP
University Hospitals of Cleveland ²⁸⁴	W. D. Holden	122	4,875†	142	64	11,207	12	6	6	6	0	30	187-288	P
Veterans Admin.	C. L. Cogbill	76	1,519	60	76	1,211	5	1	1	1	1	9	291-443	P
Columbus														
Mount Carmel	R. W. Zollinger	125	4,632†	105	48	818	2*	1	1	1	0	5	275-350	FP
Ohio State University Hospitals														
University	R. M. Zollinger	107	3,475	122	72	6,957	10	5	5	5	0	25	202-302	P
Riverside Methodist-White Cross Hospitals	D. K. Heydinger	120	5,136†	89	58	5,732	3	2	2	1	0	8	290-365	P
Dayton														
Veterans Admin. ³²⁵	R. J. Ireton	172	1,780	104	78	4,853	4*	3	3	3	0	13†	291-443	O
Toledo														
Maumee Valley	R. Hotz	47	1,458	119	44	14,179	3	2	2	2	0	9	285-350	F
Youngstown														
St. Elizabeth	P. B. Cestone	183	8,870	139	55	1,296	5	2	2	2	0	11	375-450	F
Youngstown	G. G. Nelson	218	9,925	179	49	672	4	4	2	2	0	12	275-350	F
OKLAHOMA														
Oklahoma City														
St. Anthony	C. M. O'Leary	128	6,135	160	39	4,680	4	0	1	1	0	6	300-375	P
University of Oklahoma Medical Center														
University Hospitals ³²¹	J. A. Schilling	62	2,145	62	60	6,780	8*	6*	5*	4	1	24†	200-440	P
Veterans Admin.	G. W. Campbell	71	1,440	57	75	3,384								

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance F P O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON														
Portland														
St. Vincent ²³⁷	N. D. Wilson	159	7,680†	66	59	5,987	2	2	2	0	8	275-305	P	
University of Oregon Medical School Hospitals and Clinics	J. E. Dunphy	312	3,906	190	77	12,878	5	5	5	5	0	200-250	F	
Veterans Admin.	R. M. Vetto	105	1,338	79	87	1,800	4	1	1	2	0	291-414	P	
PENNSYLVANIA														
Abington														
Abington Memorial	C. M. Smyth	80	3,477	123	46	1,789	1	1	1	1	0	4	275-450	FP
Allentown														
Allentown	C. H. Trexler	112	4,628†	246	49	11,935	1	1	1	1	0	4	225-300	FP
Bryn Mawr														
Bryn Mawr ¹²¹	F. R. Robbins	125	4,605	77	50	3,788	3	2	2	2	0	9	200-275	F
Danville														
Geisinger Medical Center	H. M. Klingler	48	1,868	85	71	10,377	2	2	2	2	0	8	175-250	FP
Erie														
Hamot	D. D. Dunn	53	2,793	81	46	2,617	1	1	1	1	0	4	250-300	FP
Harrisburg														
Harrisburg	D. A. Johnston	206	6,782	322	36	16,086	4	1	1	1	0	7	225-250	F
Philadelphia														
Albert Einstein Medical Center														
Northern Division	B. Greenspan	106	3,460	88	49	10,998	4	2	2	2	0	10	125-200	FP
Southern Division	A. Ulin	49	1,792	109	486	2,816	2	2	2	2	0	8	125-200	FP
Germantown Dispensary and Hospital ³⁵⁸	S. D. Weeder	109	3,461	147	48	20,625	1	1	1	1	0	4	225-250	FP
Graduate Hospital of the University of Pennsylvania	L. K. Ferguson	26	1,089	30	46	23,330	3*	2	2	2	0	9	100-150	F
Hahnemann Medical College and Hospital	J. M. Howard	129	3,256	125	46	7,736	4	4	4	4	3	19	200-300	P
Hospital of the University of Pennsylvania	J. E. Rhoads	130	3,506	207	68	9,988	9	7	7	6	4	33	175-300	P
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	36	1,339	30	63	5,566	2	1	1	1	0	5	125-200	F
Jefferson Medical College	J. H. Gibbon, Jr.	201	3,435	99	46	4,280	10	7	4	4	0	25	250-350	O
Methodist	J. J. DeTuerk	79	2,891	43	35	6,726	1	1	1	0	0	3	225-275	F
Lankenau ³⁴⁷	J. M. Deaver, G. C. Engel	110	4,061	97	52	14,045	2	2	2	2	0	8	200-250	FP
Misericordia	W. D. O'Sullivan	102	2,625	124	53	13,564	1	1	1	1	0	4	250-400	F
Pennsylvania	O. C. King		1,545	84	46	10,325						12	170-200	O
Philadelphia General		141	3,826	221	68	10,013							155-275	F
Hahnemann Medical College Service	C. Wollerth											2		
Jefferson Medical College Service	W. T. Lemmon											2		
Temple University Service	J. Hall											2		
University of Pennsylvania Service	W. Erb											2		
Woman's Medical College of Pennsylvania Service	L. Stahlgren											2		
Presbyterian Hospital in Philadelphia	L. Stevens	86	2,864	76	62	7,920	2	2	2	1	0	7	235-290	F
Temple University	G. P. Rosemond	150	2,793	118	63	9,692	4	4	4	4	0	16	175-250	O
Episcopal	J. W. Klopp	77	2,387	83	41	7,878	2	2	2	0	0	6	350-390	O
Veterans Admin.	O. Serlin	96	3,941	90	68		6*	3	3	3	0	15	291-443	O
Pittsburgh														
Allegheny General	W. M. McNaughey	80	2,471	91	33	2,746	1	1	1	1	0	4	325-400	P
Health Center Hospitals of the University of Pittsburgh														
Children's Hospital of Pittsburgh	W. B. Kiesewetter		1,153	22	86	4,759	0	2	1	2	1	6	255-305	F
Presbyterian-University and Woman's Hospitals	S. P. Harbison	76	2,407	73	59		4	2	2	2	2	12	255-305	O
Mercy	J. E. McClenahan	204	5,067	121	36	8,214	2	2	2	2	0	8	275-325	F
Veterans Admin. ³⁵⁵	F. C. Jackson	104	1,995	125	76		7*	4	4	4	3	22†		O
Western Pennsylvania	G. V. Foster	72	2,612	90	51	1,671	3	3	2	2	0	10	250-325	FP
Sayre														
Robert Paeker	W. C. Beck	78	5,783	75	67	13,939	2*	1	1	1	0	5	245-385	P
York														
York	F. M. Weaver	150	6,835	169	52	9,650	2	2	2	2	0	8	325-425	F
PUERTO RICO														
Caparra Heights														
University	F. Raffucci	84	2,073	133	87	17,577	6	4	4	4	2	20	250-450	P
San Juan														
San Juan City	A. S. Casanova Diaz	89	3,471	98	57	9,941	4	4	4	4	0	16	225-450	F
Veterans Admin. ³⁵⁸	J. H. Amadeo	83	2,481	22	68	2,818	4	1	2	0	0	7	325-419	O
RHODE ISLAND														
Providence														
Rhode Island	L. L. Vargas	126	5,330	141	42	16,424	6	2	2	2	0	12	165-340	FP
Veterans Admin.—See Boston University Affiliated Hospitals, Boston														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	R. R. Bradham						6	3	3	3	0	15	138-200	FP
Medical College		89	2,632	143	69	18,546								
Roper		39	1,537	33	64									
Greenville														
Greenville General	L. W. Stoneburner	149	6,334†	146	35	4,911	1	1	1	1	0	4	325-400	P
TENNESSEE														
Knoxville														
University of Tennessee Memorial Research Center and Hospital ³⁵⁴	C. R. Zirkle	76	2,835	99	48	5,679	2	2	2	1	0	7	275-320	F
Memphis														
Baptist Memorial	R. M. Miles	312	12,318	176	39	2,613	4*	3	2	1	0	10	325-400	F
City of Memphis Hospitals	H. Wilson	70	2,274	89	43	13,023	3	3	3	3	1	13	150	
Methodist	J. M. Aste	215	9,348†	135	39		2	1	1	1	0	5	325-400	F
Veterans Admin.	R. F. Bowers	164	2,310	96	80	1,523	8*	6	5	3	0	22†	291-497	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				Number	Auto-psy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued														
Nashville														
Baptist	C. C. Trabue	142	7,370	89	33	1,341	3	3	3	2	0	11	300-300	FP
George W. Hubbard	M. Walker	42	974	66	35	8,277	4	0	3	4	0	11	175-300	F
St. Thomas ³⁶⁹	G. Holcomb	140	6,687	107	31	740	4	4	3	1	0	12	300-300	FP
Vanderbilt University Affiliated Hospitals														
Nashville General	J. L. Sawyers	84	2,609	94	35	23,488	3	3	2	2	0	10	315-400	FP
Vanderbilt University ³⁶⁸	H. W. Scott	77	3,041	94	56	6,863	12	12	8	6	3	41†	75-125	F
Veterans Admin.	W. G. Gobbel, Jr.	171	3,200	137	59	...	5	2	4	3	1	15	291-497	O
TEXAS														
Dallas														
Baylor University Medical Center	J. W. Duckett	87	4,026	73	50	2,617	4	3	1	1	0	9	210-250	P
Parkland Memorial	T. Shires	118	3,940	206	21	30,810	11*	4	7	8	0	30	150-225	P
Veterans Admin. ³⁷⁵	R. P. Hays	106	1,469	63	76	2,000	7*	3	3	3	0	16	291-443	P
Galveston														
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., R. Moore	48	1,523	56	45	6,779	5	4	4	3	0	16	283-283	P
Houston														
Baylor University Affiliated Hospitals	M. E. DeBakey	217	7,565	274	87	22,567	17*	8*	8*	6	0	39	...	...
Jefferson Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	...	...	...	...	...	...	...	...	...	...	...	...	260-335	O
St. Luke's Episcopal	W. D. Seybold	59	2,565	24	67	17	5*	0	0	0	0	5	100-	F
Texas Children's	L. W. Able	23	1,362	53	85	187	0	0	0	1	1	2	175-200	F
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann	G. W. Waldron	123	5,347	110	41	7,382	2	2	2	2	0	8	175-275	F
UTAH														
Salt Lake City														
Latter-day Saints ⁶⁹	H. M. Jackson	122	5,957	92	37	783	5	2	2	2	0	11	325-400	FP
University of Utah Affiliated Hospitals ³⁸³	W. J. Burdette	...	...	...	...	...	6	4	4	4	4	22	...	O
Salt Lake County General	...	53	1,182	93	61	19,806	...	...	...	...	...	...	270-462	O
Veterans Admin.	W. K. Fitzpatrick	80	878	38	79	1,017	...	...	...	...	...	...	291-497	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	A. G. Mackay	...	...	...	...	...	2	2	2	2	0	8	100-266	FO
DeGoesbriand Memorial	...	25	891	21	52	552	...	...	...	...	...	...	...	...
Mary Fletcher	...	69	2,573	62	89	7,199	...	...	...	...	...	...	...	...
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia	W. H. Muller, Jr.	59	2,149	97	63	10,123	8	4	3	3	0	18	90-180	FP
Clifton Forge														
Chesapeake and Ohio Railway Employees' Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chesapeake and Ohio Railway Employees ³⁸⁷	J. M. Emmett	85	4,117	59	59	13,526	3	2	2	1	0	8	250-350	FP
Chesapeake and Ohio Railway Employees' (Huntington, W. Va.)	J. P. Carey	52	1,690	34	44	8,397	...	...	...	...	...	...	...	...
Norfolk														
DePaul	C. E. Davis	92	4,070	67	57	5,652	2	2	1	1	0	6	325-400	F
Norfolk General	C. W. Fitchett	147	6,189	130	40	3,401	4	2	1	1	0	8	150-375	F
Richmond														
Medical College of Virginia—Hospital Division	D. M. Hume	329	8,235	397	48	46,788	10	9	8	8	0	35	100-175	F
Veterans Admin.	Y. H. Zimberg	90	1,150	64	77	3,194	...	...	...	...	...	...	291-443	P
WASHINGTON														
Seattle														
Swedish ¹⁹²	E. B. Speir	183	10,250	244	65	3,100	6*	2	2	2	0	12	225-425	FP
University of Washington Affiliated Hospitals ³⁹⁰	H. N. Harkins	...	...	...	...	...	12	9	6	6	6	39	...	...
King County	J. R. Cantrell	69	1,757†	172	54	7,695	...	...	...	...	...	...	150-425	F
University	H. N. Harkins	19	550†	39	90	1,859	...	...	...	...	...	...	200-550	P
Veterans Admin.	J. W. Bell	108	1,382	77	87	2,025	...	...	...	...	...	...	291-497	O
Virginia Mason ³⁸⁹	J. W. Baker	93	5,258	98	75	...	3	3	3	3	0	12	200-425	FP
WEST VIRGINIA														
Beckley														
Beckley Memorial	R. E. Wilcox	76	3,075	26	65	35,580	3	3	2	2	0	10	400-550	P
Charleston														
Charleston General	J. Zekan	117	5,015	79	25	9,909	2	2	2	2	0	8	275-350	FP
Memorial	J. E. Lutz	69	3,240	85	46	3,736	3	2	2	1	0	8	325-400	F
Huntington														
Chesapeake and Ohio Employees'—See Clifton Forge, Va.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morgantown														
West Virginia University Medical Center ³⁹³	B. Zimmermann	27	551	30	80	1,439	4	4	4	4	0	16†	267-367	P
WISCONSIN														
Madison														
University Hospitals ³⁹⁶	J. W. Gale	123	3,125	131	69	22,626	8*	5	5	5	0	20	125-275	F
Milwaukee														
Milwaukee County	E. H. Ellison	143	3,676†	418	57	35,663	9	6	5	5	0	25	238-452	O
Milwaukee ⁴⁰⁰	P. F. Hausmann	104	4,270	59	58	26,710	2	2	2	2	0	8	375-450	P
Veterans Admin. (Wood)	E. H. Ellison, A. S. Close	102	1,539	97	90	4,147	4	4	4	4	0	16	291-443	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Hospitals, 158; Residencies, 885

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U.S. Public Health Service, New Orleans	J. H. Waite	137	2,618	29	80	8,604	2	2	2	2	0	8			
MARYLAND															
U.S. Public Health Service, Baltimore	N. Tarr	129	2,637	89	81	12,397	2	2	2	0	0	6			
MASSACHUSETTS															
U.S. Public Health Service, Boston	F. W. Love	96	1,795	23	91	9,960	1	1	1	0	0	3			
NEW YORK															
U.S. Public Health Service, N. Y. City (Staten Island)	C. R. Kunstling	238	5,203	36	64	27,293	4	3	3	0	0	10			
WASHINGTON															
U.S. Public Health Service, Seattle	H. C. Savage	105	1,941	42	88	10,278	1	1	1	1*	0	3			
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	E. P. Shirokov	49	1,815	32	88	8,871						6	458-541	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															5
Carraway Methodist	B. M. Carraway	88	4,123†	39	48	61,181	2	1	1	0	0	4	300-350	FP	
Tuskegee															
Veterans Admin.	R. S. Wilkinson	134	1,496	61	41		3	3	3	0	0	9	291-372	O	
ARIZONA															
Phoenix															
St. Joseph's	J. J. Berens	138	6,734	104	57	1,119	1	1	1	0	0	3	300-375	FP	
CALIFORNIA															
Los Angeles															
California	J. H. Gifford	114	5,773†	74	61	1,599	2	2	2	0	0	6	250-300	FP	
Hospital of the Good Samaritan	J. C. Jones	187	7,438	150	45	2,124	3*	2	1	0	0	6	300-375	FP	
Queen of Angels	J. Regan	54	2,532	52	67	1,100	2*	1	1	0	0	4	275-325	F	
San Diego															
Mercy	A. E. Moore	124	7,071	86	44	2,392	1	1	1	0	0	3	250-350	FP	
San Francisco															
St. Luke's	O. H. Pfueger	83	4,482	48	50	7,687	3*	1	1	0	0	5	325-375	FP	
St. Mary's	T. J. Whalen	127	5,120	52	86	4,031	1	1	2	1	0	5†	200-350	FP	
COLORADO															
Denver															
Mercy	R. Woodruff	105	6,387	13	85	944	2	2	1	0	0	5	385-460	P	
Presbyterian	K. C. Sawyer	121	4,275	82	84	1,194	3	2	1	0	0	6	300-375	P	
St. Luke's	C. H. McLauthlin	184	6,698	88	60	743	3	2	1	0	0	6	290-315	P	
Pueblo															
Colorado State ¹¹⁴	H. H. Kerr	95	489	49	47	6,228	4	4	1	0	0	9	540-620	O	
CONNECTICUT															
New Haven															
Hospital of St. Raphael	J. J. Kneisel	91	4,320	126	55	13,526	3	3	1	0	0	7	300-375	F	
Stamford															
Stamford	E. C. Rawls	105	4,483	66	61	21,756	2	1	0	0	0	3	200-225	F	
Waterbury															
St. Mary's	J. R. Bergen	169	5,820	153	49	6,565	2	2	1	0	0	5	325-375	F	
FLORIDA															
Miami Beach															
Mount Sinai Hospital of Greater Miami	L. H. Manheimer	115	4,359	129	47	2,792	4	2	1	0	0	7	250-300	F	
Orlando															
Orange Memorial	A. H. Spivack	94	3,813	61	40		2	2	2	2	0	8†	325-400	O	
Tampa															
Tampa General	L. Carlton	108	5,777	138	44	3,713	5*	2	2	0	0	6	250-300	FP	
GEORGIA															
Atlanta															
Crawford W. Long Memorial	C. E. Holloway	151	9,192	101	46	6,602	5	3	2	0	0	10	315-350	P	
Macon															
Macon	M. B. Hatcher	100	5,080	72	17	6,287	4	2	2	0	0	8	275-375	FP	
Savannah															
Memorial Hospital of Chatham County	J. L. Alexander	66	2,931	73	40	6,030	1	1	1	0	0	3	350-350	F	
ILLINOIS															
Chicago															
Grant	C. K. Solander	56	2,042	41	37	4,335	1	1	0	0	0	2	450-500	F	
Illinois Masonic	H. Udesky	124	4,102†	92	27	20,172	2	2	1	0	0	5	225-300	F	
Provident	M. M. Proffitt	62	2,066	43	20	302									
St. Elizabeth's	J. A. Loef	74	6,150	15	67	1,273	1	1	1	0	0	3	225-275	F	
St. Joseph	E. J. DeBeccaro	45	1,837	27	56	1,967	1	1	1	0	0	3	325-400	F	
St. Mary of Nazareth	T. Steinert	240	2,967	56	29	5,772	4	2	2	0	0	8	515-565	P	
Evergreen Park															
Little Company of Mary	M. J. McCarthy	185	5,673	28	42	261	4	0	0	0	0	4	225-275	F	
Peoria															
St. Francis ¹⁰⁹	R. A. DeBord	90	3,400	30	40	3,030	2	2	1	0	0	5	275-325	F	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA														
Bluffton Clinic	H. D. Caylor	21	561	10	70	7,693	1	1	1	1	0	4†	300-400	P
Indianapolis Methodist	R. Brickley	287	10,989	225	...	4,276	2	2	2	0	0	6	360-420	O
KANSAS														
Kansas City St. Margaret	M. V. Laing	28	1,300	10	35	...	2	0	1	0	0	3	375-425	P
LOUISIANA														
New Orleans Southern Baptist ¹⁶⁹	R. L. Buck	140	7,412	88	34	1,065	4	2	1	0	0	7	275-325	P
Touro Infirmary ¹⁷⁸	S. Karlin	...	3,790	123	48	2,963	2	2	2	0	0	6	235-285	FP
MARYLAND														
Baltimore Lutheran	W. E. Gilmore	54	2,618†	72	47	4,018	2	2	1	0	0	5	345-375	P
Provident	R. A. Montgomery	52	1,702	39	26	2,616	3	2	1	0	0	6	450-600	F
St. Agnes	G. G. Govatos	88	2,672	63	17	1,628	6	3	1	0	0	9	325-375	P
MASSACHUSETTS														
Beverly	R. E. Alt	76	3,101	63	71	...	2	2	1	0	0	5	225-300	F
Cambridge Cambridge City	F. M. Woods	54	1,686	95	40	5,047	1	1	1	1	0	4	195-260	F
Fall River Truesdale Hospital—Fall River General														
Truesdale	C. H. Hawes	56	2,260†	47	28	4,641	1	1	1	0	0	3	200-400	F
Fall River General	D. F. Gallery	...	...	...	...	...	2	0	0	0	0	2	350-350	F
Malden	W. E. Garrey	113	5,397	58	47	953	4	1	1	0	0	6	225-375	F
Pittsfield Pittsfield Affiliated Hospitals	R. Zupanec	97	3,339	44	41	1,958	2	2	1	0	0	5	325-400	F
Pittsfield General														
St. Luke's														
Quincy Quincy City	M. Sargent	...	...	...	...	...			
MICHIGAN														
Detroit Alexander Blain	A. Blain, III	28	1,168	16	25	8,679	2	0	0	0	0	2	325-375	FP
Providence	W. G. Quigley	127	6,830	99	50	1,284	2	2	2	0	0	6	410-450	P
St. Joseph Mercy	S. J. Shanosi	76	3,366	85	46	218	1	1	1	0	0	3	425-475	F
Kalamazoo Bronson Methodist	A. J. Neerken	89	4,251	43	24	966	1	1	1	1	1	5†	270-330	F
Pontiac Pontiac General	A. L. Brown	111	4,275†	116	53	408	2	2	2	2	1	9†	350-450	FP
St. Joseph Mercy	C. G. Darling	106	3,913	26	46	364	2	2	2	0	0	6	375-435	P
Royal Oak William Beaumont	H. B. Barker	86	5,247	67	58	77	3	3	3	0	0	9	350-450	P
Saginaw Saginaw General	J. E. Manning	74	3,091	71	41	375	1	1	1	1	0	4†	380-430	P
MINNESOTA														
Minneapolis Mount Sinai ²⁰⁸	F. A. Miller	65	2,774†	30	73	3,866	2	2	1	0	0	5	250-250	FP
St. Barnabas Hospital—Swedish	L. J. Hay	75	3,020	44	68	3,223	2	1	1	0	0	4	230-330	F
St. Barnabas		89	4,364	65	56	4,338	4	3	1	0	0	8	230-330	F
Swedish														
MISSOURI														
Kansas City Menorah Medical Center	H. Unger	88	4,018	40	50	...	3	1	1	0	0	5	300-400	F
St. Luke's ¹⁶³	R. E. Allen	111	5,631	48	63	7,582	3*	2	2	0	0	7	250-300	FP
St. Mary's	J. J. Cochrane	114	4,775	70	50	787	1	1	1	0	0	3	300-450	P
St. Louis DePaul	M. Fryer	57	2,288	47	34	333	1	2	1	0	0	4	350-450	F
Missouri Baptist	E. R. Lerwick	56	2,188†	64	55	...	4	3	2	0	0	9	250-350	F
St. John's	W. L. Tomlinson	102	4,531	121	52	...	3	2	1	0	0	6	300-400	F
NEBRASKA														
Lincoln Veterans Admin.	R. F. Moore	57	1,203	37	89	2,282	2	2	2	0	0	6	291-373	O
NEW JERSEY														
Atlantic City Atlantic City	G. R. Stamps	115	4,969	129	60	32,472	1	1	1	0	0	3	275-400	F
Camden West Jersey	K. L. Athey	124	4,683	96	30	3,046	1	1	1	0	0	3	400-500	F
Hackensack Hackensack	R. Grant	78	3,662	68	46	1,030	2	1	1	0	0	4	250-300	FP
Long Branch Monmouth Medical Center	L. A. Barnett	97	3,573	104	58	3,281	3*	1	1	0	0	5	225-275	F
Mount Holly Burlington County	L. B. Reagan	59	2,045	115	41	4,563	2	2	1	0	0	5	200-300	FP
Newark Martland Medical Center	H. A. Schulte	100	2,420	177	52	2,474	3	3	3	0	0	9	300-350	F
St. Barnabas Medical Center	C. J. Reilly	97	3,548	69	39	2,433	1	1	1	1	0	4	275-350	FP
NEW BRUNSWICK														
Middlesex General	P. J. Kunderman, N. Rosenberg	95	4,716	61	36	3,038	3	2	1	1	0	7†	390-440	FP
St. Peter's General	F. M. Clarke, Sr.	101	6,720	50	44	2,303	4	2	1	0	0	7	300-350	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK															
Albany															
St. Peter's	T. I. Tyrrell	155	6,306	65	40	10,676	2	2	1	0	0	5	275-325	F	
Buffalo															
Deaconess	K. H. Eckhart	85	3,242	107	25	5,692	2	3	1	0	0	6	325-350	F	
Johnson City															
Charles S. Wilson Memorial	D. D. Smith	88	3,285	53	43	15,926	3	2	2	0	0	7	325-375	P	
Manhasset															
North Shore	J. H. Eckel	50	3,135†	35	70	561	3	2	1	0	0	6	281-348	F	
Mount Vernon															
Mount Vernon	J. F. Bagg	106	4,074	53	43	4,428	2	1	1	0	0	4	225-300	F	
Newburgh															
St. Luke's	T. P. Proper	42	1,798	49	41	585									
New Rochelle															
New Rochelle	H. J. Dunlap	149	7,849	123	34	5,173	1	1	1	1	0	4	225-275	FP	
New York City															
City Hospital at Elmhurst	A. Zimany	122	2,153	178	59	6,077	4	3	2	2	0	11†	231-317	FP	
Columbus	L. M. Rosati	152	4,250	108	32	3,999	3	2	1	0	0	6	250-350	F	
Cumberland	J. J. Gainey	72	1,928	99	38	13,811	4	2	2	0	0	8	231-317	FP	
Fordham	J. Alvich	108	2,590	199	30	20,478	4	2	2	1	0	9	231-317	FP	
French ²⁵⁴	H. B. Keyes	60	1,924	52	39	7,068	2	1	1	1	0	5	250-300	FP	
Grand Central	L. Breidenbach	97	3,830†	82	50	686	4	3	2	0	0	9	200-250	F	
Greenpoint	S. Schussheim	51	1,128	37	29	15,745	2	2	2	0	0	6	231-317	FP	
Jamaica	E. J. Patterson		1,994	65	46	1,376	1	1	1	1	0	4	200-250	F	
Lutheran Medical Center	R. P. San Filippo	65	2,437	49	37	2,268	2	1	1	0	0	4	225-275	F	
Mary Immaculate	N. Tiscione	97	3,696	74	31	797	3	2	1	0	0	6	300-320	F	
Misericordia	M. J. Healy	91	3,263	93	29	3,875	3	3	1	1	0	8	290-365	F	
Morrisania City	J. Deutsch	33	1,407	52	36	4,810	2	2	2	0	0	6	231-317	FP	
St. Catherine's	J. Marrone	63	2,894	81	25	2,922	2	1	1	0	0	4	225-275	F	
St. Mary's	J. Rizzo	53	1,857	36	23	2,791	1	1	1	0	0	3	325-375	F	
St. Vincent's Hospital of the Borough of Richmond	W. F. Mitty, Jr.	74	3,493	93	35	1,816	2	2	2	0	0	6	475-550	F	
Schenectady															
Ellis	S. MacMillan	146	6,045	155	47	8,682	3	3	1	0	0	7	325-400	FP	
White Plains															
White Plains ²⁶⁴	W. M. Sheridan	91	4,624	65	37	2,795	1	1	1	0	0	3	250-300	FP	
NORTH CAROLINA															
Charlotte															
Charlotte Memorial	A. G. Brenizer, Jr.	48	1,976	28	61	3,064	3	2	2	0	0	7	345-395	P	
Durham															
Lincoln	H. M. Schiebel	18	646	11	55	4,298	1	1	1	0	0	3	350-450	F	
Watts	J. E. Davis	98	4,571	45	49	1,952	3	3	1	0	0	7	300-400	F	
Winston-Salem															
Kate Bitting Reynolds Memorial	R. T. Odom	67	2,602	67	27	10,196	2	2	1	0	0	5	330-490	P	
OHIO															
Canton															
Aultman	M. F. Lieber	144	6,834	105	49	656	5	5	4	0	0	14	250-400	F	
Mercy	P. E. Smith	155	7,596	167	35	15,199	3	3	2	0	0	8	300-310	P	
Cincinnati															
St. Mary's	R. Matuska	64	2,189	75	41	17,917	1	1	1	0	0	3	275-325	F	
Cleveland															
Evangelical Deaconess	H. A. Haller	45	2,082†	35	57		3	3	1	0	0	7	305-355	P	
St. John's	J. C. Avellone	100	3,616	64	45	8,662	2	2	2	1	0	7	325-450	FP	
Dayton															
Good Samaritan	J. C. Stahler	154	8,975	159	42	245	1	1	1	0	0	3	275-325	F	
Miami Valley	F. Shively, Jr.	280	11,182†	285	42	3,279	2	2	2	0	0	6	250-300	FP	
St. Elizabeth	T. P. Rab	74	5,556	41	34	9,373	1	1	1	0	0	3	300-350	F	
Lakewood															
Lakewood	N. W. Thiessen	111	5,160	65	34	308	4	4	2	0	0	10	325-375	F	
Lima															
Lima Memorial	R. R. Snowball	76	3,791	49	31	25	1	1	1	0	0	3	300-375	F	
St. Rita's	A. C. Jones	122	6,051	107	43	4,817	1	1	1	0	0	3	400-450	P	
Toledo															
Mercy	E. L. Gaspari	120	5,863	95	34	707	1	1	1	0	0	3	300-350	FP	
St. Vincent's	J. I. Collins	115	5,542	120	45	2,023	2*	1	1	0	0	3	300-350	F	
Warren															
Trumbull Memorial	D. A. Miller	112	4,624	76	47		2	2	2	0	0	6	300-400	F	
OKLAHOMA															
Tulsa															
Hillcrest Medical Center	C. T. Thompson	136	9,792†	148	36	2,640	2	2	2	0	0	6	200-250	F	
St. John's	E. L. Moore	210	6,665	206	33	3,154	2	2	2	0	0	6	200-225	FP	
OREGON															
Portland															
Good Samaritan	M. McKirdie	117	5,414†	54	54	2,400	1	1	1	1	0	4	275-315	P	
PENNSYLVANIA															
Allentown															
Sacred Heart	C. A. Holland	153	6,218	117	52	2,781	1	1	1	0	0	3	250-300	FP	
Bethlehem															
St. Luke's	D. P. Walker	160	4,064	154	39	2,345	2	1	1	0	0	4	260-280	FP	
Easton															
Easton	T. C. Zulick, Jr.	81	2,533	64	59	914	1	1	1	0	0	3	300-350	FP	
Erie															
St. Vincent's	F. J. Brinig	95	4,793	115	47	2,209	2	1	1	0	0	4	275-325	FP	
Harrisburg															
Harrisburg Polyclinic	W. K. McBride	185	5,815	124	55	3,745	3	0	1	0	0	4	300-350	FP	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1984						Total All Years	Salary per Month Min.-Max.	Main-tenance P F O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
PENNSYLVANIA—Continued																
McKeesport																
McKeesport	F. R. Bondi	180	5,720	269	38	4,361	2	1	1	0	0	4	400-500	FP		
Norristown																
Sacred Heart	R. Buyers	77	27,985	46	33	19,378	2	1	0	1	0	4	350-400	FP		
Philadelphia																
Frankford	A. L. Colley	58	2,436	70	41	4,488	1	1	1	0	0	3	375-375	F		
Mercy-Douglass	M. W. Allen	48	1,936	28	32	7,576	3	2	1	0	0	6	250-300	F		
Nasareth	J. F. O'Neill	71	2,040	56	57	1,021	1	1	1	0	0	3	300-300	F		
Pittsburgh																
Montefiore	H. Frankenstein	129	4,760	91	51	6,013	3	1	1	0	0	5	225-275	F		
St. Francis General Hospital and Rehabilitation Institute	H. E. Feather	134	5,004	80	40	7,112	3	3	3	1	0	7	360-420	F		
Reading																
St. Joseph's	R. R. Impink	117	4,450	76	52	1,004	1	1	1	0	0	3	350-350	F		
West Reading																
Reading	C. B. Rentschler	119	2,239	43	54	774	1	1	1	0	0	3	250-300	F		
Columbia	E. S. A. King	90	3,904	68	32	22,707	2	0	0	0	0	2	400-400	F		
Williamsport																
Williamsport	F. E. Sanford	140	5,815†	148	41	2,512	1	1	1	0	0	3	250-325	FP		
PUERTO RICO																
Fajardo																
Fajardo District	R. T. Justiniano	58	1,439	53	55	7,829	2	2	1	0	0	5	350-450	F		
Ponce																
Hospital de Damas	L. F. Sala	61	3,038	29	42	869	1	1	1	0	0	3	250-275	F		
Ponce District General	J. Colon Bonet	117	2,467	96	68	16,540	3	3	3	0	0	9	250-350	F		
SOUTH CAROLINA																
Columbia																
Columbia Hospital of Richland County	G. T. McCutchen	123	4,993	139	38	12,867	1	1	1	0	0	3	300-340	P		
Spartanburg																
Spartanburg General	R. S. Wilson	187	8,791	147	27	17,000	2	2	2	0	0	6	375-425	P		
SOUTH DAKOTA																
Yankton																
Sacred Heart	C. B. McVay	33	1,446	25	40	...	1	1	1	0	0	3	300-350	O		
TENNESSEE																
Chattanooga																
Baroness Erlanger	M. Baker	94	3,847	76	37	...	8	4	2	0	0	14	325-375	F		
Memphis																
St. Joseph	B. G. Mitchell	109	5,018	96	28	2,746	1	1	2	0	0	4	325-375	F		
TEXAS																
Austin																
Brackenridge ²⁷²	R. R. Ross	41	1,778	35	37	3,197	1	1	1	0	0	3	250-350	F		
Dallas																
Methodist Hospital of Dallas	C. E. Patterson	69	9,653	55	32	3,149	3	2	2	0	0	7	225-275	F		
St. Paul	C. R. Morris	126	5,312†	67	57	2,897	2	1	1	0	0	4	225-275	FP		
Houston																
St. Joseph's	W. B. Thorning, J. P. Barnes	72	3,084†	69	35	552	3	2	1	0	0	6	150-200	F		
San Antonio																
Robert B. Green Memorial	A. W. Hartman	60	2,064	118	46	29,785	3	3	2	0	0	8	225-375	F		
Temple																
Scott and White Memorial	T. Speed	68	2,461	53	42	...	3	3	3	0	0	9	325-325	P		
VIRGINIA																
Alexandria																
Alexandria	H. D. Wolf	57	3,570†	68	28	3,086	2	1	1	0	0	4	300-380	P		
Richmond																
Johnston-Willis	F. S. Johns	85	3,070	41	56	...	1	1	1	0	0	3	400-...	F		
Roanoke																
Jefferson	H. H. Trout, Jr.	23	959	24	70	2,730	2	1	1	0	0	4	200-300	F		
Roanoke Memorial	M. A. Johnson, III	170	6,938	63	41	...	3	2	2	0	0	7	350-450	F		
WEST VIRGINIA																
Beckley																
Beckley	D. P. Davis	27	1,402	27	41	10,737	2	1	1	0	0	4	250-300	FP		
Charleston																
Kanawha Valley Memorial	J. C. Condry	45	1,936	13	31	4,492	0	0	0	0	0	0	225-300	F		
Huntington																
Cabell Huntington	S. Schnitt	36	1,682	33	39	5,915	3	2	1	0	0	6	250-300	F		
St. Mary's	W. E. Irons	144	8,178	114	32	11,977	2	1	1	0	0	4	275-325	F		
Martinsburg																
Veterans Admin.	I. Harrison	122	1,334	53	70	237	2	2	1	0	0	5	291-497	O		
Phillipi																
Broadus	H. C. Myers	40	1,485	29	55	14,734	1	1	2	0	0	4	325-425	F		
Wheeling																
Ohio Valley General	J. O. Rankin	177	7,915	144	34	2,837	4	3	1	0	0	8	350-400	P		
WISCONSIN																
Madison																
Madison General	S. L. Chase	47	1,669	41	59	...	2	2	2	0	0	6	240-290	FP		
Milwaukee																
Columbia ⁴⁰⁰	M. Schroeder	75	2,982†	39	85	8,573	2	1	1	0	0	4	350-400	P		
Mount Sinai	S. K. Wynn	39	1,919	35	54	...	3	3	2	0	0	8	350-400	FP		
St. Joseph's	J. J. Gramling, Jr.	139	6,057	132	43	3,079	2	2	2	0	0	6	400-450	F		

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for ONE year of training as an integral part of an approved program of four or more years' duration. Hospitals, 19; Residencies, 98

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
TEXAS														
U. S. Army, Fort Hood.....	J. W. Batch.....	133	5,445	7	85	108,696	2	0	0	0	0	2		
OTHER FEDERAL														
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington.....	N. P. D. Smyth.....	68	871†	69	54	9,907	0	2	1	0	0	3	366-433	O
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Glendale														
Glendale Sanitarium and Hospital.....	H. C. Prout.....	73	4,397	49	49									
Oakland														
Samuel Merritt.....	G. T. Root.....		1,429	16	81								255-310	P
COLORADO														
Denver														
Children's.....	D. A. Akers.....	31	2,573	40	35	4,706							300-300	P
ILLINOIS														
Chicago														
Columbus.....	K. Meyer.....	91	3,913†	91	43	12,334	5	0	0	0	0	5	325-...	F
Henrotin ¹⁵⁷	C. B. Puestow.....		1,270	28	32		0	0	2	0	0	2		
IOWA														
Des Moines														
Broadlawns Polk County.....	R. W. Hoffmann.....													
MASSACHUSETTS														
Boston														
Lahey Clinic.....	R. B. Cattell.....	86	3,080	65	52	12,665						8	250-250	O
Cambridge														
Mount Auburn.....	J. Tartakoff.....													
Chelsea														
Lawrence F. Quigley Memorial.....	A. L. Davis.....	46	823	24	75	4,303							319-358	O
MISSOURI														
Columbia														
Ellis Fischel State Cancer.....	J. S. Spratt.....	70	1,200	76	50	4,700	0	0	0	2	2	4	200-300	F
NEW YORK														
New York City														
Francis Delafield.....	G. H. Humphreys, II.....	69	593	134	42	4,390	5	3	0	0	3	11	231-317	FP
Memorial Hospital for Cancer and Allied Diseases-James Ewing.....	H. T. Randall.....	286	7,151	424	46	40,251	0	0	27	24	0	51	300-500	F
NORTH CAROLINA														
Durham														
Veterans Admin.....	R. W. Postlethwait.....	56	1,050†	38	77		4	0	2	1	0	7	291-497	O
OHIO														
Barberton														
Barberton Citizens.....		14	4,676	38	47	1,532								
Columbus														
Children's.....	H. W. Clatworthy.....	56	1,885	47	85	6,280	0	0	0	0	3	3	300-350	P
PENNSYLVANIA														
Philadelphia														
Chestnut Hill.....	J. W. Stayman, Jr.....	68	3,240	17	29	708	1	1	0	0	0	2	50-350	F
VIRGINIA														
Lynchburg														
Lynchburg General.....	L. R. O'Brian.....		3,527†										200-300	FP

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates. Hospitals, 20; Residencies, 137

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA														
Duarte														
City of Hope Medical Center.....	R. L. Byron.....	27	835	106	91	9,405	0	0	2	2	0	4	400-400	O
COLORADO														
Denver														
Children's.....	D. R. Akers.....	31	2,573	40	35	4,706	0	0	1	0	0	1	300-300	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA															
Washington															
Children's	G. McAteer	57	8,181	28	86	13,475	0	0	0	1	0	1			
ILLINOIS															
Chicago															
Children's Memorial	O. Swenson	64	3,374	91	84	13,388						5	250-325	P	
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	R. E. Gross	51	2,157	83	92	14,697	6	5	5	1	0	12	125-300	F	
Walpole															
Pondville	W. B. Patterson	85	1,395	192	70	16,562	0	0	0	6	0	6	556	O	
Westfield															
Westfield State Sanatorium	F. S. Hopkins	44	709	112	50	6,465	0	0	0	3	0	3†	527-527	P	
MICHIGAN															
Detroit															
Children's	C. D. Benson						0	0	0	1	0	1	417		
MISSOURI															
Columbia															
Ellis Fischel State Cancer	J. S. Spratt	70	1,200	76	50	4,700	0	0	0	2	2	4	200-300	F	
NEW YORK															
Buffalo															
Children's	T. Jewett	45	2,282	31	31	4,884	0	0	0	1	1	2	200-300	FP	
Roswell Park Memorial Institute	G. E. Moore	86	1,526	138	100	12,963	0	0	0	6	6	12	357-440	O	
New York City															
Francis Delafield	G. H. Humphreys, II	69	593	134	42	4,390	5	3	0	0	3	11	231-317	FP	
Memorial Hospital for Cancer and Allied Diseases-James Ewing	H. T. Randall	286	7,151	424	46	40,251	0	0	27	24	0	51	300-500	F	
Presbyterian (Babies)	T. V. Santulli	20	712	Ine. in Pediatrics					Ine. in Surgery				375-375	F	
OHIO															
Columbus															
Children's	H. W. Clatworthy	56	1,885	47	85	6,280	0	0	0	0	3	3	300-350	P	
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	C. E. Koop	30	2,581	25	80	2,990	0	0	2	2	0	4	66-100	F	
St. Christopher's Hospital for Children	S. L. Cresson	37	1,612	23	100	9,482					1	1	300-300	F	
Pittsburgh															
Children's Hospital of Pittsburgh	W. B. Kiesewetter		1,153	22	86	4,759	0	2	1	2	1	6	255-305	F	
PUERTO RICO															
San Juan															
Dr. I. Gonzalez Martinez Oncologic	L. A. Vallecillo	14	474	9	67	3,518	0	0	0	2	0	2	300-500	P	
TEXAS															
Houston															
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	85	2,173	109	74	23,106	0	0	0	6	2	8†	350-500	O	

Residency programs in the following hospitals are approved by the Council as offering satisfactory training of ONE or TWO years' duration in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list. (Also refer to Surgical Residencies, J.A.M.A. 156-432, Sept. 25, 1954). Hospitals, 127; Residencies, 356

UNITED STATES AIR FORCE

TEXAS														
U.S. Air Force, Wichita Falls	H. E. Woosley	85	3,390	3	33	48,446	2	0	0	0	0	2		

UNITED STATES ARMY

CALIFORNIA														
U.S. Army, Fort Ord	L. S. Serfas	160	5,687	4	75	60,322	1*	0	0	0	0	1		
GEORGIA														
Martin Army, Fort Benning	F. F. Krauskopf	136	3,469	33	82	5,994	3	0	0	0	0	3		
KENTUCKY														
U.S. Army, Fort Campbell	R. R. Chapman	47	1,839	6	67	7,947	2	0	0	0	0	2		
Ireland Army, Fort Knox		168	5,887	1	100	181,281	1	0	0	0	0	1		
NEW JERSEY														
Walson Army, Fort Dix	J. H. Sharp	543	21,097	78	66	435,604	1	0	0	0	0	1		
NORTH CAROLINA														
Womack Army, Fort Bragg	W. H. Moncrief, Jr.	206	6,620	22	96	83,649	3	0	0	0	0	3		
OKLAHOMA														
U.S. Army, Fort Sill	S. Rodriguez	89	2,817	20	80	36,627	1	0	0	0	0	1		
VIRGINIA														
DeWitt Army, Fort Belvoir	L. M. Jackson	81	3,193	15	80	29,732	4	0	0	0	0	4		

Numerical and other references are listed on pages 262 through 264.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary Per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
ARIZONA														
Phoenix														
Good Samaritan	L. L. Stolfa	110	8,392	122	31	1,163	2	2	0	0	0	4	400-450	P
Tucson														
St. Mary's	E. G. Ramsay	117	6,718	69	38	...	6	4	4	0	0	14	350-375	FP
Tucson Medical Center	F. J. Lesemann, Jr.	50	5,806	33	55	6,621	7	0	0	0	0	7	350-500	F
ARKANSAS														
Little Rock														
Arkansas Baptist	J. R. Walt	53	2,308	52	44	...	...	...	...	...	...	...	...	...
CALIFORNIA														
Berkeley														
Herrick Memorial	G. B. Lewis	52	2,494	36	53	788	1	1	0	0	0	2	300-...	F
Loma Linda														
Loma Linda Sanitarium and Hospital	A. A. Michals	...	...	...	...	...	1	0	0	0	0	1	315-...	...
Long Beach														
Memorial Hospital of Long Beach	E. S. Moore	123	5,705	93	32	494	1	0	0	0	0	1	325-325	P
Los Angeles														
Santa Fe Coast Lines	L. Chaffin	...	618	4	75	...	4	0	0	0	0	4	450-450	F
Pasadena														
Huntington Memorial	M. H. Crumrine	55	2,475	35	50	7,672	3	0	0	0	0	3	300-300	FP
Riverside														
Riverside County General	G. J. Anday	52	1,749	106	58	8,181	3	0	0	0	0	3	440-464	P
San Bernardino														
San Bernardino County Charity	R. Seavers	31	901	49	49	14,404	5	2	0	0	0	7	...-350	F
San Francisco														
Mary's Help	E. Carlson	58	2,941	42	43	5,439	2	1	0	0	0	3	250-350	F
Santa Monica														
St. John's	J. F. Roberts	159	5,371	38	69	532	1	0	0	0	0	1	250-300	P
COLORADO														
Pueblo														
St. Mary-Corwin	J. E. Pollard	165	7,828	107	44	379	4	3	1	0	0	8	350-500	P
CONNECTICUT														
Danbury														
Danbury	J. B. Cherry	87	4,598	53	24	958	2	0	0	0	0	2	250-250	F
Greenwich														
Greenwich	F. A. Read	91	4,029	61	82	1,123	2*	0	0	0	0	2	200-300	F
Hartford														
Hartford Municipal Hospital and Health Center	M. E. Freedman	27	922	15	73	3,062	2	0	0	0	0	2	318-368	O
New London														
Lawrence and Memorial Hospitals	F. B. Hartman	90	4,642	55	44	502	4*	0	0	0	0	4	250-300	F
Norwalk														
Norwalk	H. Genvert	76	1,738	31	48	898	4	1	0	1	0	6†	235-340	F
DISTRICT OF COLUMBIA														
Washington														
Eastern Dispensary and Casualty	E. Short	63	2,215	23	38	6,000	3	3	0	0	0	6	350-425	FP
Sibley Memorial	D. C. Richtmeyer	81	4,964	46	64	305	1	1	1	0	0	3	346-390	O
FLORIDA														
Fort Lauderdale														
Broward General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jacksonville														
St. Luke's	R. P. Thompson	64	2,998	46	33	...	2	0	0	0	0	2	325-325	O
Miami Beach														
St. Francis	J. Jana, Jr.	96	4,162	101	25	6,350	2	0	0	0	0	2	310-350	O
St. Petersburg														
Mound Park	E. B. Campbell	66	2,244	112	31	...	1	0	0	0	0	1	325-325	P
ILLINOIS														
Berwyn														
MacNeal Memorial	R. J. Mrasek	100	1,721	25	40	103	3	0	0	0	0	3	450-450	FP
Chicago														
Alexian Brothers	L. G. Khedroo	78	1,180	26	48	1,150	2	0	0	0	0	2	350-375	F
American	P. Thorek	42	1,530	30	67	783	1	0	4	0	0	5	225-275	F
Hospital of St. Anthony de Padua	R. F. Teborek	62	2,506	21	11	96	2	0	0	0	0	2	350-350	F
Norwegian-American	T. C. Everson	77	3,136	56	29	1,311	4	0	0	0	0	4	...-500	...
Ravenswood	J. R. DeCaro	34	1,485	22	64	232	2	0	0	0	0	2	375-375	F
St. Anne's	P. F. Fox	62	1,482	46	28	313	2	0	0	0	0	2	550-550	O
St. Bernard's Hotel Dieu	J. Waitkus	43	2,405	11	18	4,908	1	0	0	0	0	1	350-375	F
Woodlawn	A. Bulfer	67	2,115	29	14	...	0	0	0	1	0	1	300-350	P
La Grange														
Community Memorial General	N. Correll	41	2,636	32	50	...	1	0	0	0	0	1	350-425	F
Peoria														
Methodist Hospital of Central Illinois	W. H. Eastman	176	7,292	82	37	1,493	5	0	0	0	0	5	450-600	FP
Rockford														
St. Anthony	R. G. Smith	32	2,911	20	60	...	1	1	0	0	0	2	200-300	F
INDIANA														
Indianapolis														
St. Vincent's	J. Finneran	79	2,984	56	51	...	0	0	0	0	4	4	275-325	F
Muncie														
Ball Memorial	W. E. Covalt	151	5,670	108	45	1,212	1	0	0	0	0	1	350-350	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964						Total All Years	Salary per Month (Min.-Max.)	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
IOWA																
Iowa City Mercy	J. W. Dulin	27	742	26								1				
KANSAS																
Wichita Wesley	L. K. Crumpacker	144	6,935	76	36	0	5	0	0	0	0	5	325-325	FP		
KENTUCKY																
Louisville Norton Memorial Infirmary	P. R. Imes	144	6,298	60	37	367	6	0	0	0	0	6	250-400	FP		
LOUISIANA																
New Orleans Hotel Dieu Sisters'	M. Salaticb	53	2,238	21	38	271	2	2	0	0	0	4	275-300	P		
MAINE																
Lewiston Central Maine General	W. V. Cox	91	4,018	88	48	982	1	0	0	0	0	1	225-225	FP		
MARYLAND																
Baltimore Bon Secours	S. G. Sullivan	94	3,654	80	33	8,213	2	2	1	0	0	5†	325-345	F		
Bethesda Suburban	A. B. Rohrbaugh															
MASSACHUSETTS																
Boston New England	A. Brown	26	1,135	22	12	1,790	1	0	0	0	0	1	225-275	F		
Fitchburg Burbank	F. P. Ross	54	1,889	75	60	3,127	0	1	2	0	0	3	200-250	F		
MICHIGAN																
Dearborn Oakwood	G. S. Bates	55	2,257	30	50		4*	0	0	0	0	4	300-300	F		
Detroit Evangelical Deaconess	T. H. Hunt	71	3,273	46	48	2,189	2	0	0	0	0	2	440-...	P		
Jennings Memorial	J. B. Hartzell	15	491	18	41	587	2	0	0	0	0	2	350-400	O		
Grosse Pointe Bon Secours	M. O. Young	76	4,311	53	45	5,759	2	1	0	0	0	3	415-465	F		
Kalamazoo Borgess	M. D. Verhage	38	1,887	35	49	480	2*	0	0	0	0	2	275-275	F		
Lansing Edward W. Sparrow	S. Rutledge	50	7,847	94	44	250	2	0	0	0	0	2	550-600	P		
MINNESOTA																
Minneapolis Northwestern	R. E. Reiley	129	3,974	54	67	10,845	3	0	0	0	0	3	225-225	F		
St. Paul St. Joseph's	D. Kuske	38	1,394	16	38	1,112	2	0	0	0	0	2	...-335	P		
MISSOURI																
St. Joseph Methodist Hospital and Medical Center	J. R. McDaniel	94	4,300	119	11	409	2	0	0	0	0	2	325-350	F		
St. Louis Deaconess	C. A. Gomez	54	1,876	39	46	456	3	2	0	0	0	5	450-500	FP		
St. Anthony's	W. J. Gillespie	60	3,788	110	37	13,989	5	0	0	0	0	5	400-400	F		
NEBRASKA																
Lincoln St. Elizabeth	R. F. Mueller	67	3,542	51	32	136							350-350	P		
NEW JERSEY																
Montclair Mountainside	R. O. Fager		3,899	107	37	2,187	2	0	0	0	0	2	275-275	FP		
Morristown Morristown Memorial	R. W. Tilney	74	3,172	78	54	4,997	1	0	0	0	0	1	275-275	FP		
Neptune Fitkin Memorial	M. Q. Hancock	86	3,545	112	46	4,664	1	0	0	0	1	2	250-250	F		
Newark United Hospitals of Newark																
Presbyterian	J. J. McGuire	62	2,080	56	50	181	3	0	0	0	0	3	340-365	O		
St. Michael	J. Connolly	100	2,097	150	40	1,929	4	0	0	0	0	4	275-275	FP		
NEW MEXICO																
Albuquerque Bataan Memorial Methodist	W. R. Lovelace, II	69	4,001	47	57	8,122	1	0	0	0	0	1	300-300	F		
NEW YORK																
Buffalo Mercy																
Clifton Springs Clifton Springs Hospital and Clinic	R. M. Price	29	1,333	30	59	10,429	1	1	0	0	0	2	150-250	F		
New York City Booth Memorial	J. Chassin	64	2,556	36	44	385	3	3	0	0	0	6	325-400	F		
Hospital for Joint Diseases	J. R. Wilder	58	1,711	47	34	14,247	6*	0	0	0	0	6	140-140	P		
Jewish Memorial	B. Sherwin	58	2,249	60	25	2,945	1	0	0	0	0	1	250-250	F		

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Lebanon	H. Gordimer	99	2,718	56	55	2,792	2	1	0	0	0	3	200-250	F
Mother Cabrini Memorial	J. P. Alvich	69	1,418	17	18	5,326	1	1	1	0	0	3	350-400	F
New York Infirmary	L. L. Loseke	37	1,511	33	30	5,776	1	0	0	0	0	1	215-305	F
Port Chester United	F. J. Murphy	94	3,416	33	4	1,059	2	0	0	0	0	2	400-500	P
NORTH DAKOTA														
Bismarck														
Bismarck	N. O. Brink	72	2,320	58	34	1,717	3	0	0	0	0	3	330-...	P
Fargo														
St. Luke's	V. G. Borland	45	4,556	46	39	...	3	0	0	0	0	3	500-...	F
OHIO														
Cincinnati														
Deaconess	R. W. Good, S. Hamilton	45	2,596	33	21	...	1	1	0	0	0	2	400-...	F
Elyria														
Elyria Memorial	W. V. Young	55	4,230	77	73	514	2	2	0	0	0	4	300-325	F
Hamilton														
Mercy	W. F. Hume	3	1,111	25	36	...	2	2	2	0	0	6†	300-400	F
Mansfield														
Mansfield General	P. S. Test	45	1,590	28	50	...	5	0	0	0	0	5	300-325	F
Toledo														
Flower	W. H. Meffley	79	3,638	31	48	177	1	0	0	0	0	1	300-350	P
OKLAHOMA														
Oklahoma City														
Wesley	J. H. Robinson	27	1,128†	26	62	...	1	0	0	0	0	1	350-350	F
OREGON														
Portland														
Emanuel	H. D. Colver	77	3,893†	76	51	376	2	2	0	0	0	4	275-285	P
Providence	C. Hardwick	146	...	108	59	...	4	0	0	0	0	4	275-275	PO
PENNSYLVANIA														
Altoona														
Altoona	J. M. Stowell	114	5,426	69	29	11,798	2	0	0	0	0	2	325-400	F
Bradford														
Bradford	S. A. McCutcheon	69	3,043	75	36	...	2	2	2	2	0	8	250-250	F
Hazleton														
Hazleton State	J. P. H. Ketric	...	...	...	...	...	1	1	0	0	0	2	490-530	...
St. Joseph	E. F. LaBus	66	3,331	25	24	...	1	1	0	0	0	2	400-400	F
Johnstown														
Conemaugh Valley Memorial	W. L. Hughes	50	1,518	27	44	799	2	0	0	0	0	2	350-400	F
Philadelphia														
Jeanes Hospital	F. A. Bothe	49	1,998	43	49	2,500	1	0	0	0	0	1	300-300	F
St. Joseph's	J. A. Lehman	73	2,667	51	31	1,782	3	0	0	0	0	3	400-...	F
St. Mary's Franciscan	W. J. Tourish	41	1,224	33	42	3,240	2	0	0	0	0	2	300-300	F
Woman's Hospital of Philadelphia	S. Beck	32	1,547	12	8	788	1	0	0	0	0	1	275-275	F
Pittsburgh														
St. Margaret Memorial	J. R. Watson	60	1,972	29	51	5,712	...	...	...	...	...	2	325-375	FP
Wilkes-Barre														
Wilkes-Barre General	P. J. Morgan	61	3,062	56	36	1,130	1	1	0	0	0	2	350-350	F
PUERTO RICO														
San Juan														
Presbyterian	J. Noya Benitez	64	2,792†	30	16	2,022	1	1	0	0	1	3	300-500	F
TENNESSEE														
Chattanooga														
Newell	E. T. Newell, Jr.	37	2,008	57	18	22,770	3	0	0	0	0	3	300-385	FP
Knoxville														
St. Mary's Memorial	C. L. Chumley	60	2,479	36	39	238	1	1	0	0	0	2	320-330	F
TEXAS														
Dallas														
Gaston	J. V. Goode	92	4,575	135	39	...	4	0	0	0	0	4	225-275	FP
Fort Worth														
Harris	R. D. Bickel	156	5,521†	49	47	529	1*	1*	0	0	0	2	300-350	FP
Houston														
Southern Pacific	J. R. Gandy	45	1,130	13	39	6,046	2	0	0	0	0	2	...-250	F
UTAH														
Ogden														
Thomas D. Dee Memorial	D. W. Tanner	60	4,559	55	56	738	2	0	0	0	0	2	325-350	P
Salt Lake City														
Holy Cross	A. W. Middleton	65	5,008	53	51	...	2	0	0	0	0	2	275-400	P
St. Mark's	G. L. Wright	121	5,556	27	41	3,154	1	0	0	0	0	1	325-...	P
VIRGINIA														
Newport News														
Riverside	S. Evans	78	3,946†	57	27	0	2	0	0	0	0	2	300-350	F
Richmond														
Richmond Memorial	B. W. Rawles, Jr.	150	6,500	83	37	...	5	0	0	0	0	5	350-...	F
St. Elizabeth's	G. W. Horsley	28	83	10	33	...	2	2	1	0	0	3	325-500	FP
Roanoke														
Lewis Gale	W. L. Sibley	60	2,812	26	35	19,796	2	1	0	0	0	3	400-500	FP

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Salary per Month Min.-Max.	Main-tenance P F O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
WASHINGTON														
Seattle														
Doctors	A. I. Sheridan	71	4,585	44	70	...	1	1	0	0	0	2	450-450	FP
Providence	C. E. Chism	132	8,199†	84	55	577	3	0	0	0	0	3	300-300	F
Spokane														
Sacred Heart	C. P. Schlicke	202	12,208	128	45	260	3*	0	0	0	0	3	350-350	FP
WISCONSIN														
Janesville														
Mercy	E. W. Reinardy	63	3,249	67	37	9,455	3	0	0	0	0	3	350-350	F
La Crosse														
La Crosse Lutheran	S. B. Gundersen, Jr.	112	5,543	93	37	33,931	2	0	0	0	0	2	300-350	F
Madison														
Methodist	W. L. Waskow	51	2,247	46	45	...	2	0	0	0	0	2	225-...	F
Marshfield														
St. Joseph's	B. Lawton	50	1,948	26	51	1,276	2	0	0	0	0	2	350-350	F
Milwaukee														
Evangelical Deaconess	C. A. Bauer	153	8,319†	137	43	1,664	3	2	1	0	0	6	400-450	F
St. Luke's	R. T. McCarty	98	4,880	68	50	347	3	0	0	0	0	3	375-375	P

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council and the Board of Thoracic Surgery, as offering acceptable training in the specialty. Hospitals, 113; Residencies, 246

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1963-1964		Salary per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent	Outpatient Visits		Total All Years			
UNITED STATES ARMY											
CALIFORNIA											
Letterman General, San Francisco	B. A. Raymond	14	297	28	82	2,335	2	2	...	...	...
COLORADO											
Fitzsimons General, Denver	T. H. Hewlett	21	163	4	75	686	2	2	...	...	...
DISTRICT OF COLUMBIA											
Walter Reed General, Washington	E. J. Jahnke	22	450	25	60	480	2	2	...	...	...
TEXAS											
Brooke General, San Antonio	H. A. Blake	15	234	18	100	309	2	2	...	...	...
UNITED STATES NAVY											
CALIFORNIA											
U.S. Naval, San Diego	R. J. Fleischaker	43	391	34	89	1,761	2	2	...	...	...
NEW YORK											
U.S. Naval, St. Albans	J. J. Timmes	26	286	9	77	62	2	2	...	...	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center	...	33	747	34	47	...	1	1	...	...	...
University Hospital and Hillman Clinic	C. Lyons	...	...	...	...	...	...	...	...	462	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...
CALIFORNIA											
Duarte											
City of Hope Medical Center	A. Goldman	...	154	16	100	460	1	1	400-400	...	O
Los Angeles											
University of California	J. V. Maloney, Jr.	10	326	50	96	(Incl. in Surg.) 321	2	2	261-340	...	O
Veterans Admin. Center General Medical and Surgical*	J. T. Burroughs	18	457	48	77	...	2	4	497-497	...	P
Oakland											
Children's Hospital of the East Bay	P. Samson	10	192	11	100	137	1	1	350-350	...	F
Highland-Alameda County*	D. J. Dugan	14	263	22	41	459	2	3	255-295	...	FP
Olive View											
Olive View	N. C. Hamel	80	627	48	63	142	1	4	889-...	...	O
San Francisco											
University of California Hospitals	L. Goldman	13	456	59	93	770	1	1	460-460	...	O
Torrance											
Los Angeles County Harbor General	W. E. Bloomer	7	146	23	52	797	...	...	500-550	...	F
COLORADO											
Denver											
National Jewish	M. M. Newman	15	0	21	99	0	2	2	350-417	...	O
Veterans Admin.	...	...	Inc. in Surgery	...	...	...	1	...	...	...	...

Numerical and other references are listed on pages 262 through 264.

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 1963-1964	Salary per Month	Main-tenance
				Number	Autopsy Percent					
								Total All Years	Min.-Max.	
CONNECTICUT										
New Haven										
Hospital of St. Raphael	M. G. Carter	8	260	17	41	214	1	2	300-375	F
Yale-New Haven Medical Center										
Grace-New Haven, Community	W. W. L. Glenn, G. E. Lindsog	26	695	48	84	1,080	2	2	...-250	O
DISTRICT OF COLUMBIA										
Washington										
George Washington University	B. B. Blades	13	640	21	67	750	2	2	...-285	P
FLORIDA										
Gainesville										
University of Florida Teaching Hospital and Clinics	M. W. Wheat, Jr.	16	518	33	70	780	1	2	217-450	O
Miami										
Jackson Memorial	R. S. Litwak	22	658	50	68	...	2	3	375-400	P
GEORGIA										
Atlanta										
Emory University	O. A. Abbott	22	8,119†	34	76	...	2	4	...-300	P
Grady Memorial	O. A. Abbott		Inc. in Surgery	...	...	...	1	1	200-200	F
Augusta										
Medical College of Georgia Hospitals	R. G. Ellison	...	...	...	...	...	2	...	...	...
Eugene Talmadge Memorial	R. G. Ellison	19	375	25	80	833	...	4	500-583	O
Batley State (Rome)	R. F. Corpe	30	235	5	40	0	...	1	827-650	O
HAWAII										
Honolulu										
Leahi	P. W. Gebauer	20	502	0	0	350	1	1	400-400	F
ILLINOIS										
Chicago										
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	75	1,000	7	71	1,100	1	12	402-422	F
Chicago State Tuberculosis Sanitarium	H. T. Langston	28	300	4	50	105	1	2	350-350	O
Hines										
Veterans Admin. ¹⁶⁰	H. T. Langston	54	275	38	68	716	2	2†	442-497	O
Hinsdale										
Suburban Cook County Tuberculosis Sanitarium	A. F. Reimann	30	160	5	100	965	1	1	250-600	O
IOWA										
Iowa City										
University Hospitals	J. L. Ehrenhaft	28	750	29	83	...	2	2	458-583	FP
KANSAS										
Kansas City										
University of Kansas Medical Center	F. Allbritten		Inc. in Surgery	...	...	...	1	1	300-360	P
LOUISIANA										
New Orleans										
Charity Hospital of New Orleans										
Louisiana State University Division	L. H. Strug	4	125	25	48	650	2	2	200-225	F
Tulane University Division	O. Creech, Jr.	4	92	15	87	517	2	2	200-225	F
Shreveport										
Confederate Memorial Medical Center	W. W. McCook	9	324	7	15	1,031	1	1	300-300	F
MARYLAND										
Baltimore										
University of Maryland	R. A. Cowley	13	281	29	79	501	2	6	400-455	P
Veterans Admin.	R. F. Kieffer	30	237	9	78	...	1	1	291-497	P
MASSACHUSETTS										
Boston										
Boston City	J. W. Strieder	16	237	36	64	553	2	4	208-248	F
Boston Sanatorium	J. W. Strieder	24	...	2	50	0	1	1	331-...	P
New England Deaconess ⁹⁴¹	R. H. Overholt	16	518	38	58	...	2	4	245-280	P
MICHIGAN										
Ann Arbor										
University	C. Haight	33	615	38	25	1,618	2	8	193-230	O
Detroit										
Henry Ford	C. R. Lam	35	753	66	86	688	2	5	400-400	P
Herman Kiefer	W. M. Tuttle	98	923	5	100	800	2	6	599-820	O
Lansing										
Ingham Medical	A. L. Stanley	49	924	34	50	5,377	2	2	350-450	FP
MINNESOTA										
Minneapolis										
Veterans Admin.	W. D. Kelly		Inc. in Surgery	5	100	506	2	1	497-551	O
Oak Terrace										
Glen Lake State Sanatorium	S. S. Cohen	145	220	31	49	...	1	1	391-446	O
Rochester										
Mayo Foundation	O. T. Clagett		Inc. in Surgery	...	...	...	2	4	...	...
Rochester Methodist										
St. Mary's										
MISSISSIPPI										
Jackson										
University of Mississippi Medical Center							2	2	...	...
University	J. D. Hardy	1	60	3	67	...	...	...	...-300	O
Mississippi State Sanatorium	W. R. Webb	18	209	3	67	174	...	...	300-...	P

Numerical and other references are listed on pages 262 through 264.

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 1963-1964 Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent					
MISSOURI										
Mount Vernon										
Missouri State Sanatorium	J. W. Polk	454	1,107	113	54	5,836	1	2	400-...	O
St. Louis										
Barnes	T. H. Burford	26	773	70	62	2,063	2	6†	300-420	O
NEW JERSEY										
Jersey City										
B. S. Pollack Hospital for Chest Diseases	F. Bortone	265	113	15	20	1,602	2	2	375-375	F
NEW YORK										
Albany										
Albany Medical Center	A. Stranahan	20	750‡	28	46	180	2	2	230-325	P
Buffalo										
Buffalo General ²⁵³	J. R. Paine	41	1,129‡	136	70	3,461	2	4	300-375	FP
Veterans Admin.	W. M. Chardack	14	193	32	65	168	2	1	443-497	O
Mount Morris										
Mount Morris Tuberculosis							1			
New York City										
Bellevue Hospital Center										
Division I—Columbia University ²⁵⁹	R. H. Wylie	12	157	13	30	213	2	4	231-317	FP
Bronx Municipal Hospital Center	D. State	22	220	31	65	450	2	2	231-317	FP
Kings County Hospital Center	K. Karlson	41	496	50	43	1,012	2	4	231-317	FP
Maimonides Hospital of Brooklyn	A. Hurwitz	8	124	14	64		1	1	250-250	P
Montefiore	A. Aufses		Inc. in Surgery 114‡		Inc. in Surgery		1	1	245-325	P
New York Medical College-Metropolitan Hospital Center										
Unit 1—Flower and Fifth Avenue Hospitals							2			
Unit 2—Metropolitan	S. A. Thompson	14	168	24	34	680		3	231-317	FP
Queens Hospital Center	L. Miscall	27	59	26	40	498	2	4	231-317	FP
Veterans Admin. (Bronx)	P. Cooper	15	151	14	100	196	2	2	497-497	O
Veterans Admin. (Brooklyn)	R. Klopstock	12	260	12	67	520	2	2	442-497	O
Veterans Admin. (Manhattan) ²⁷⁸	J. A. Malcolm	18	238	22	55	250	2	4	372-442	O
Oneonta										
Homer Folks Tuberculosis	A. M. Skinner	183	322	15	0	12,512	1	1	715-715	O
Sunmount										
Veterans Admin.	V. S. Wojnar	4	100	5	95		1	1	373-373	O
NORTH CAROLINA										
Chapel Hill										
North Carolina Memorial	R. M. Peters	6	281	6	67	805	1	2	200-375	O
Charlotte										
Charlotte Memorial	P. Sanger	6	275	15	73	61	2	2	345-395	P
Durham										
Duke	W. C. Sealy	20	693	52	65	1,041	2		175-225	P
Oteen										
Veterans Admin.	D. E. Smith	99	1,251	72	68	662	2	4	...-497	O
Winston-Salem										
North Carolina Baptist	H. H. Bradshaw	9	283	38	66	202	2	2	204-270	P
OHIO										
Cleveland										
Cleveland Clinic	D. B. Effler	23	627‡	52	69	2,111	2	4	350-400	O
Cleveland Metropolitan General	G. H. A. Clowes, Jr.	12	186	27	74	670	2	2	317-379	F
Veterans Admin. ²¹¹	H. J. Mendelsohn	9	130	13	62	287	2	2	443-497	P
Columbus										
Ohio State University Hospitals							2			
Ohio Tuberculosis	N. C. Andrews			10	70			2	277-277	P
University	K. P. Klassen	21	633	31	71	320		2	302-302	P
OKLAHOMA										
Oklahoma City										
University of Oklahoma Medical Center	G. S. Campbell						2	3		
University Hospitals		19	248	20	80	485			250-500	P
Veterans Admin.			Inc. in Surgery							
OREGON										
Portland										
University of Oregon Medical School Hospitals and Clinics	J. E. Dunphy	44	308	19	95	Inc. in Surgery	2	4	200-250	F
PENNSYLVANIA										
Philadelphia										
Episcopal	T. J. E. O'Neill	5	97	7	29	206	1	1	350-350	O
Hahnemann Medical College and Hospital ¹⁸	H. T. Nichols	27	156	18	33			4	275-300	P
Presbyterian Hospital in Philadelphia ²⁴⁹	J. Davila	14	381	36	65	98	2	4†	265-265	F
Pittsburgh										
Health Center Hospitals of the University of Pittsburgh							3	4		
Allegheny General										
Children's Hospital of Pittsburgh										
Presbyterian-University and Woman's Hospitals	K. M. Kent	12	238	19	53				255-305	O
TENNESSEE										
Knoxville										
University of Tennessee Memorial Research Center and Hospital ²⁵³	R. W. Newman	7	222	14	71	303	2	2	...-320	F

Numerical and other references are listed on pages 262 through 264.

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 1963-1964		Main-tenance
				Number	Autopsy Percent			Total All Years	Salary per Month Min.-Max.	
TENNESSEE—Continued										
Memphis										
City of Memphis Hospitals	H. Wilson	12	261	28	43	474	2	1	150-...	...
Veterans Admin.	F. A. Hughes	47	686	59	80	285	2	3	291-497	O
West Tennessee Tuberculosis	F. H. Cole	78	286	1	100	214	2	4	330-420	F
Nashville										
Vanderbilt University	R. A. Daniel	12	301	29	69	750	2	2	75-125	F
TEXAS										
Dallas										
Baylor University Medical Center ³⁸	D. L. Paulson	17	642	35	60	142	2	1	250-250	P
Parkland Memorial	R. Ernst	13	362	17	35	765	2	2	250-250	P
Veterans Admin. ^{37a}	R. H. Holland	24	277	47	70	482	2	2	443-497	P
Galveston										
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., A. Harrison	19	464	33	52	265	2	2	283-283	P
Houston										
Baylor University Affiliated Hospitals	M. E. DeBakey	39	1,359	96	86	2,717	2	6	...	...
Jefferson Davis	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...
Methodist Hospital	...	...	...	...	...	...	...	...	360-385	O
UTAH										
Salt Lake City										
Latter-day Saints	W. R. Rumel	16	1,147	61	66	32	2	2	400-425	FP
VIRGINIA										
Charlottesville										
University of Virginia	E. C. Drash	16	563	21	76	750	2	1	180-180	FP
Richmond										
Veterans Admin.	Y. H. Zimberg	16	188	18	55	200	1	2	291-315	P
WASHINGTON										
Spokane										
Sacred Heart	R. Berg, Jr.	7	339	19	100	100	1	1	425-425	FP
WISCONSIN										
Milwaukee										
Milwaukee County	B. G. Narodick	Inc. in Surgery	218†	16	62	...	2	2	452-452	O
Veterans Admin. (Wood)	W. Weisel	14	179	11	82	907	2	2	497-497	P

28. UROLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution. Hospitals, 256; Residencies, 887

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Salary per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES AIR FORCE													
TEXAS													
U.S. Air Force, San Antonio	F. E. Cook, Jr.	28	941	3	100	8,746	1	1	1	1	0	4	...
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco	K. E. VanBuskirk	35	1,360	14	86	7,621	0	1	1	1	0	3†	...
DISTRICT OF COLUMBIA													
Walter Reed General, Washington	C. B. Hewitt	42	574	11	100	5,748	2	2	2	0	0	6	...
HAWAII													
Tripler General, Honolulu	A. A. Borski	28	902	4	75	6,387	1	1	1	0	0	3	...
TEXAS													
Brooke General, San Antonio	L. K. Mantell	26	1,048	9	89	7,085	2	2	2	0	0	6	...
UNITED STATES NAVY													
CALIFORNIA													
U.S. Naval, Oakland	E. A. Blakey	26	881	4	100	5,631	1	1	1	1	0	4†	...
U.S. Naval, San Diego	J. R. Dillon, Jr.	53	1,442	26	81	13,501	1	2	1	2	0	6	...
MARYLAND													
U.S. Naval, Bethesda	A. Galuszka	48	629	13	92	6,567	1	1	1	1	0	4	...

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK														
U.S. Naval, St. Albans	C. W. Lewis, Jr.	23	419	2	50	3,192	1	1	1	1	0	4		
PENNSYLVANIA														
U.S. Naval, Philadelphia	W. E. Morris	31	609	25	72	3,413	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
NEW YORK														
U.S. Public Health Service, New York City (Staten Island)	M. Justice	52	1,124	12	67	7,410	2	1	1	0	0	4		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	R. F. Jones	19	626	17	65	3,191						3	367-475	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	H. C. Hudson	15	724†	7	28	4,910	1	0	0	0	0	1	300-350	FP
University of Alabama Medical Center	B. Barelare, S. W. Shirley	40	809	25	64	4,167	2	2	2	0	0	6		F
University Hospital and Hillman Clinic													291-373	F
Veterans Admin.	S. W. Shirley												291-497	O
ARKANSAS														
Little Rock														
University	J. Headstream	14	492†	10	20	3,463	1	1	1	0	0	4†	258-333	O
CALIFORNIA														
Bakersfield														
Kern County General	D. Falk	7	195	21	52	2,510	1	1	0	0	0	2	375-450	P
Downey														
Rancho Los Amigos—See Loma Linda University Affiliated Hospitals, Los Angeles														
Long Beach														
Veterans Admin. ⁶⁸	A. J. Bischoff	44	479†	27	85	2,711	1*	1	1	1	0	4	291-497	O
Los Angeles														
Kaiser Foundation	J. F. Cooper	15	1,180	9	4	10,400	3	3	3	0	0	9	275-350	
Loma Linda University Affiliated Hospitals							5	5	5	5	0	20†		
Rancho Los Amigos (Downey)	R. Barnes	20	106	15	80	540							290-500	P
White Memorial	R. T. Bergman	8	470	5	80	3,507							265-420	P
Riverside County General (Riverside)														
Los Angeles County General	L. Lombardo	65	3,229	127	47	18,460	2	3	2	3	0	10†	290-500	P
University of California Medical Center														
University of California	W. E. Goodwin	16	661	12	78	3,433	1	1	1	1	0	4	261-340	O
Veterans Admin. Center—General Medical and Surgical ⁶⁸	R. O. Pearman	64	1,399	50	78	6,209	0	3	4	0	0	7	315-497	P
Los Angeles County Harbor General (Torrance)	J. Kaufman	15	378†	39	45	3,508	1	1	1	1	0	4†	290-425	F
Oakland														
Highland-Alameda County	T. T. Nickels	19	518	30	50	3,778	1	1	1	0	0	3	255-281	FP
Veterans Admin.	J. Elliot	46	469	27	88		1	1	1	0	0	3	291-443	O
Orange														
Orange County General	C. K. Pearlman													
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							2	2	2	2	0	8		
Palo Alto-Stanford Hospital Center	T. A. Stamey	16	968	4	75	442							100-175	F
Veterans Admin.	L. R. Chandler	3	42										291-497	O
Riverside														
Riverside County General—See Loma Linda University Affiliated Hospitals, Los Angeles														
San Diego														
San Diego County General ⁶⁸	S. G. Peck	18	512†	25	73	2,966	1	1	1	1	0	4	250-400	F
San Francisco														
Presbyterian Medical Center ⁶⁸	H. M. Weyrauch	7	354	2	50	1,313	2	2	2	0	0	6	175-300	P
Santa Clara County (San Jose)	G. I. Smith	7	225	6	84	2,046								
Southern Pacific General	T. E. Gibson	19	7,654	6	50		1	0	0	1	0	2	200-350	F
University of California Hospitals														
San Francisco General	F. Hinman, Jr.	25	506	20	40		2	0	1	0	0	3	261-458	O
University of California Hospitals	D. R. Smith	16	705	7	57	4,858	0	1	1	1	0	3	301-340	O
Veterans Admin.	J. W. Schulte	20	365	14	79	909	1	1	1	0	0	3	291-497	O
San Jose														
Santa Clara County—See Presbyterian Medical Center, San Francisco														
Torrance														
Los Angeles County Harbor General—See University of California Medical Center, Los Angeles														
COLORADO														
Denver														
Denver General	D. H. Watkins	8	220	12	58	4,853	1	1	1	1	0	4	245-320	P
University of Colorado Medical Center	O. J. Stonington													
Colorado General		11	507	7	100	2,131	1	1	1	0	0	3	180-360	O
Veterans Admin.			456	6	100	855	0	1	0	0	0	1	291-497	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	B. M. Harvard													
Grace-New Haven Community		37	1,348	24	46	2,165	0	2	2	2	0	6	200-250	O
Veterans Admin. (West Haven)		17	290	9	56	567	0	0	0	2	0	2	291-373	O

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CONNECTICUT—Continued															
Waterbury															
Waterbury ²⁹	J. K. Shearer	16	522	11	73	160	1	1	1	0	0	1	225-275	F	
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven															
DELAWARE															
Wilmington															
Delaware	J. H. Furlong	18	559	12	50	1,524	1	1	1	0	0	3	220-260	FP	
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Affiliated Hospitals	L. Culbertson, R. Baker	2	2	2	0	0	6
District of Columbia General	...	18	293	...	...	3,086	...	...	...	...	...	...	258-333	P
Georgetown University	...	11	485	9	78	683	...	...	...	...	...	...	240-310	...
Veterans Admin.	...	18	349†	11	82	1,596	...	...	...	...	...	...	291-497	P
Washington Hospital Center ¹²³	H. S. Sabin	37	2,051	17	41	931	1	1	1	0	0	3	315-345	O	
FLORIDA															
Bay Pines															
Veterans Admin.—See Tampa General, Tampa															
Gainesville															
University of Florida Teaching Hospital and Clinics	G. H. Miller, Jr.	5	257	4	75	1,116	1	1	1	1	0	4†	217-450	O	
Jacksonville															
Duval Medical Center—St. Vincent's	W. A. Van Nortwick	9	287	15	40	3,580	0	1	1	0	0	2	350-375	O	
Duval Medical Center	...	15	795	2	100	352	1	1	1	0	0	3	325-375	P	
St. Vincent's
Miami															
Jackson Memorial	M. M. Coplan	25	1,539	70	47	4,722	3	3	3	0	0	9	225-335	P	
Orlando															
Orange Memorial	J. L. Campbell	32	1,239	25	40	...	1	1	1	1	0	4†	325-400	O	
Tampa															
Tampa General	L. Hewit	19	1,043	16	25	1,559	1	1	1	0	0	3	250-300	FP	
Veterans Admin. (Bay Pines)	J. L. Davis	37	447	20	10	2,085	0	1	0	0	0	1	291-315	O	
GEORGIA															
Atlanta															
Grady Memorial	C. Rieser	31	600	17	47	10,008	2	2	2	0	0	6	125-200	F	
Veterans Admin.	E. Haltiwanger	Inc.	...	...	...	...	1	1	1	0	0	3	291-497	P
St. Joseph's Infirmary ²¹³	H. P. McDonald	21	1,000	13	54	616	1	1	1	0	0	3	330-380	P	
Augusta															
Medical College of Georgia Hospitals
Eugene Talmadge Memorial	R. Rinker	24	449	7	72	2,386	1	1	1	1	0	4†	333-500	O	
University	W. Lucas	14	652†	4	0	800	1	1	1	0	0	3	250-300	O	
Savannah															
Memorial Hospital of Chatham County	P. L. Scardino	13	597	15	47	731	1	1	1	0	0	2	350-350	F	
ILLINOIS															
Chicago															
Cook County	J. L. Wilkey	47	778	67	21	3,243	2	2	2	0	0	6	150-150	FP	
Mercy	E. T. Wilson	17	496	18	61	1,826	1	1	1	0	0	3	225-300	F	
Michael Reese Hospital and Medical Center ¹⁵⁶	I. Shapiro	27	1,069†	39	72	1,893	1	1	1	1	0	4†	175-250	FP	
Mount Sinai ¹⁵⁷	H. Lakin	12	309	6	33	977	0	1	1	1	0	3	250-350	P	
Northwestern University Medical Center	2,427
Chicago Wesley Memorial	V. J. O'Connor	17	621	18	44	...	1	1	1	1	0	2	250-350	P	
Passavant Memorial	J. T. Grayhack	13	531	7	100	...	...	...	...	...	...	...	250-300	P
Veterans Admin. Research	J. T. Grayhack	35	648	35	91	...	0	1	1	0	0	2	291-497	F	
Presbyterian-St. Luke's	E. C. Graf	48	1,150	10	80	2,742	1	1	1	0	0	3	125-200	O	
University of Chicago Hospitals and Clinics	C. W. Vermeulen	12	431	10	80	6,072	1	1	1	1	1	5†	250-330	O	
University of Illinois Research and Educational Hospitals	J. H. McDonald	20	461	7	71	5,408	1	0	1	0	0	2	205-275	P	
Hines															
Veterans Admin. ¹⁴²	F. A. Lloyd	69	988	46	61	2,340	0	3	3	3	0	9	315-442	O	
INDIANA															
Indianapolis															
Indiana University Medical Center
Indiana University Hospitals	R. A. Garrett	18	514	15	40	1,378	2	2	2	0	0	6	235-316	P	
Marion County General	J. W. Hendricks	20	351	27	41	2,706	1	1	1	1	0	4	260-348	P	
Veterans Admin.	R. A. Garrett	...	...	...	...	...	0	0	2	0	0	2	291-443	O
Methodist	J. H. O. Mertz, Jr.	55	2,331	25	60	1,495	1	1	1	1	0	4	360-450	P	
IOWA															
Des Moines															
Veterans Admin. ⁴⁵	L. J. Arduino	28	1,128	27	82	951	1	0	0	0	0	1	291-442	P	
Iowa City															
University Hospitals	R. H. Flocks	64	2,003	56	71	9,062	3	3	3	3	0	12†	225-325	FP	
KANSAS															
Kansas City															
University of Kansas Medical Center	W. Valk	22	894	22	32	4,388	1	1	1	0	0	3	200-300	P	
Veterans Admin. (Kansas City, Mo.)	W. L. Valk	28	590	14	64	1,175	...	...	...	...	...	...	292-443	...
Wadsworth															
Veterans Admin.	L. Becker	25	368	4	100	7,015	1	1	1	1	0	4	315-443	P	
St. Luke's (Kansas City, Mo.)
KENTUCKY															
Lexington															
Good Samaritan Hospital—St. Joseph
Good Samaritan	D. E. Scott	16	823	10	20	150	0	1	1	0	0	2	275-295	F	
St. Joseph	E. H. Ray	15	768	10	70	...	1	1	1	0	0	3	220-240	FP	

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY—Continued														
Louisville														
University of Louisville Medical Center														
Louisville General	R. Lich, Jr.	12	536	7	71	6,833	1	1	1	0	0	3	204-321	FP
Veterans Admin.	H. I. Berman	21	432	14	57	445						2	291-442	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	G. C. Tomskey	28	1,008	37	46	7,274						9†	125-200	F
Tulane University Division	J. U. Schlegel	26	868	23	50	8,139						8†	125-200	F
Ochsner Foundation ¹⁷¹	W. E. Kittredge	17	659	5	40	8,429	1	1	1	0	0	3	225-...	P
Veterans Admin.	J. U. Schlegel	32	492	22	55	710	1	1	1	0	0	3	291-373	O
Touro Infirmary	P. Morrow		907	11	73	1,805	1	0	0	0	0	1	260-260	FP
Shreveport														
Confederate Memorial Medical Center	B. E. Trichel	25	1,227	27	55	5,592	1	1	1	1	0	4†	160-300	F
MAINE														
Bangor														
Eastern Maine General—See Mount Auburn, Cambridge, Mass.														
MARYLAND														
Baltimore														
Johns Hopkins	W. W. Scott	58	964†	26	58	7,894	0	2	2	2	2	8†	166-250	P
Sinai Hospital of Baltimore ⁴⁷	M. A. Robbins	51	871	19	42	842	2	2	1	0	0	5	235-285	P
Fordham (New York City) ⁴⁷	L. V. Smiley	19	302	17	6	982	1	0	0	0	0	1	231-317	FP
University of Maryland	J. D. Young	28	820	22	57	4,367	0	2	2	2	0	6	220-350	P
Fort Howard														
Veterans Admin. ¹⁸¹	J. D. Young, Jr.	18	197	21	62	75	1	0	0	0	0	1	291-373	O
MASSACHUSETTS														
Boston														
Beth Israel ⁴⁹	G. Prather						1	0	0	0	0	1	192-275	P
Lawrence F. Quigley Memorial (Chelsea) ⁴⁹	L. Woodruff					1,434	1	0	0	0	0	1	319-358	O
Boston City	G. Austen, Jr.	41	628	27	37	7,135	2	1	1	0	0	4	208-248	F
Lahey Clinic	E. E. Ewert	20	736	8	63	5,844	1	1	1	0	0	3	250-350	FP
St. Luke's (New Bedford)	H. A. Hoffman	13	511	12	17	337	0	0	1	0	0	1	350-350	FP
Massachusetts General	W. F. Leadbetter	50	1,925	37	76	5,733	1	1	1	0	0	3	108-188	F
Massachusetts Memorial Hospitals ⁵³⁻³⁰²	D. B. Stearns	10	477	5	40	832	1	1	0	0	0	2	175-225	O
Lynn (Lynn) ⁵⁴	J. Lipton	12	498	13	54	386								F
Peter Bent Brigham ¹¹⁻¹⁸⁶	J. H. Harrison						0	2	2	2	0	6	175-217	P
Veterans Admin. (West Roxbury)	H. S. Talbot	15	284	8	75	611	3	2	2	0	0	7	291-497	O
Veterans Admin. (Jamaica Plain) ¹⁸⁴	R. Chute	28	847	23	69	1,782	1	1	1	0	0	3	291-443	O
Cambridge														
Mount Auburn	J. Fischmann	14	404	8	4	65	1	1	1	0	0	3	200-250	FP
Eastern Maine General (Bangor, Me.)	J. Memelaar	17	520	15	13	2,223								
Chelsea														
Lawrence F. Quigley Memorial—See Beth Israel, Boston														
Lynn														
Lynn—See Massachusetts Memorial Hospitals, Boston														
New Bedford														
St. Luke's—See Lahey Clinic, Boston														
West Roxbury														
Veterans Admin.—See Peter Bent Brigham, Boston														
MICHIGAN														
Ann Arbor														
University of Michigan Medical Center														
University	R. M. Nesbit	34	1,495	26	21	6,215	3	3	3	0	0	9	230-265	O
Veterans Admin.														O
Detroit														
Grace	M. N. Stewart	36	1,366†	22	68	794	1	1	1	0	0	3	300-350	FP
Harper	F. B. Bicknell	36	1,264	16	50	892	1	1	1	0	0	3	275-325	P
Henry Ford	A. W. Bohne	25	1,021	13	77	12,720	2	2	2	0	0	6	300-350	P
Receiving	D. Jaffar	25	638†	31	35	4,931	2	2	2	0	0	6	340-415	P
Eloise														
Wayne County General Hospital and Infirmary	J. Lapides	24	449	35	40	916	1	1	1	1	0	4	419-513	F
MINNESOTA														
Minneapolis														
Minneapolis General Hospital-St. Mary's														
Minneapolis General	B. A. Smith, Jr.	12	419	9	67	2,158	0	1	1	0	0	2	250-...	F
St. Mary's	T. H. Sweeter, Jr.	26	1,184	14	58	211	0	1	0	0	0	1	...-275	F
University of Minnesota Hospitals	C. D. Creedy	26	830	20	90	1,855	1	1	1	1	0	4†	280-...	O
Veterans Admin. ²¹³	G. Mellinger	48	1,352	16	88	2,999	2	2	2	0	0	6	291-497	O
Rochester														
Mayo Foundation	G. T. Thompson	44	3,496	9	78	37,400	5	5	5	5	0	20†	200-333	P
Rochester Methodist														
St. Mary's														
St. Paul														
Ancker Hospital—Charles T. Miller ⁵⁴	F. E. B. Foley													
Ancker	F. E. B. Foley	14	464	19	37	2,171	1	1	1	0	0	3	280-280	F
Charles T. Miller		12	547†	4	25	513	0	1	0	0	0	1	350-...	P
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center							0	1	1	1	0	3		
University	T. Ainsworth	10	289	6	33	2,216							250-300	O
Veterans Admin.	S. A. Sabatini	20	273	9	61	949							290-373	

Numerical and other references are listed on pages 262 through 264.

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Maintenance P W O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI															
Columbia															
University of Missouri Medical Center	I. Thompson	26	653	19	53	2,489	2	1	1	1	0	5†	250-400	P	
Kansas City															
Kansas City General	W. A. Staggs	26	461	17	60	3,742	1	1	1	1	0	4†	220-320	FP	
St. Luke's—See Veterans Admin., Wadsworth, Kansas															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes ²²⁷	J. J. Cordonnier	30	1,057	20	47	3,439	2	2	2	0	0	6	86-136	F	
Homer G. Phillips	M. Abrams	31	338	41	23	2,758	0	2	1	1	0	4	313-363	P	
Missouri Pacific Employes'	A. E. Vitt	13	450	15	53	2,003	1	0	0	0	0	1	300-350	F	
St. Louis City	H. Sunshine, E. M. Cannon	13	369	20	53	2,823	1	1	1	0	0	3	285-382	P	
St. Louis University Group of Hospitals	W. F. Melick	26	1,184	28	31	1,904	1	1	1	0	0	3	150-170	FP	
Veterans Admin.	J. Cordonnier	17	454	16	50	...	1	0	1	0	0	2	291-373	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	L. J. Morin	11	544	5	100	1,712	1	1	1	0	0	3	...	...
Mary Hitchcock Memorial	...	8	144	4	75	162	...	...	...	...	...	...	218-305	...
Veterans Admin. (White River Jct., Vt.)															
NEW JERSEY															
Bayonne															
Bayonne Hospital and Dispensary ⁴⁸	A. J. Balsamo	20	1,173	4	50	370	1	1	1	0	0	3	250-250	F	
East Orange															
Veterans Admin.	M. Malamant	43	696	45	69	994	0	1	1	1	0	3	291-497	P	
Hackensack															
Hackensack—See Lincoln Hospital, New York City															
Jersey City															
Jersey City Medical Center	E. J. Connell	35	794	27	26	1,845	1	1	1	0	0	3	250-350	F	
Newark															
Martland Medical Center	C. Brunkow	19	427	30	33	1,157	1	1	1	0	0	3	300-350	F	
NEW YORK															
Albany															
Albany Medical Center ²⁴⁷	W. A. Milner	21	868†	18	17	596	1	1	1	0	0	3	230-325	P	
Buffalo															
Buffalo General ²⁴⁹	B. Brown	27	977†	11	27	1,082	1	1	1	0	0	3	250-325	FP	
Roswell Park Memorial Institute	M. W. Woodruff	22	461	18	100	4,304	0	1	1	1	0	3	357-440	O	
Edward J. Meyer Memorial	W. J. Staubitz	17	293	23	30	1,573	2	2	2	2	0	8†	292-351	P	
Children's	W. J. Staubitz	10	316	0	0	503	...	...	...	...	...	...	...	FP
Veterans Admin.	M. J. Gonder	32	478	27	66	660	0	0	1	0	0	1	373-497	O	
Millard Fillmore	P. A. Greco	20	772†	12	50	385	1	1	1	0	0	3	338-366	O	
Hempstead															
Meadowbrook	C. J. Schmidlapp	25	569	22	45	1,447	2	2	1	0	0	4	321-436	F	
New York City															
Bellevue Hospital Center	J. W. Draper	50	545	24	9	2,912	1	1	1	1	0	4	231-317	FP	
Div. II—Cornell University ²⁵³															
Div. IV—New York University Post-Graduate Medical School ²⁵⁶															
Beth Israel	H. Brendler	64	628	38	48	3,242	2	2	2	2	0	8	231-317	FP	
Bronx Municipal Hospital Center	L. A. Orkin	53	1,200	34	26	1,041	1	1	1	0	0	3	250-270	P	
City Hospital at Elmhurst	H. R. Newman	35	700	34	27	3,000	2	2	2	0	0	6	231-317	FP	
Fordham—See Sinai Hospital of Baltimore, Baltimore, Md.	A. N. Spinelli	18	295	29	38	2,267	1	1	1	0	0	3	231-317	FP	
Francis Delafield	J. K. Lattimer	31	352	31	42	1,577	1	2	2	0	0	5	231-317	FP	
French	P. B. Snyder	19	617	12	34	615	1	1	1	0	0	3	250-300	FP	
Jewish Hospital of Brooklyn	P. Katzen	23	616	14	43	1,104	1	1	1	0	0	3	165-250	F	
Kings County Hospital Center ²¹	F. C. Hamm	33	847	63	26	6,005	2	2	2	0	0	6	231-317	FP	
Brooklyn															
Lincoln	R. G. Marks	Inc. in Surgery	8	25	2,282	1	1	1	0	0	3	231-317	FP		
Hackensack (Hackensack, N.J.)	H. Metz	10	574	10	40	466	1	0	0	0	0	1	250-250	FP	
Long Island College	H. C. Harlin	19	646	17	24	970	1	1	1	0	0	3	170-225	P	
Maimonides Hospital of Brooklyn ²⁷⁴	H. Hermann	34	1,185	27	33	996	1	1	1	0	0	3	185-250	P	
Morrisania City	H. R. Kenyon	11	396	6	31	1,449	1	2	1	0	0	4	231-317	FP	
Mount Sinai	G. D. Oppenheimer	50	1,318	38	45	2,688	4	1	1	0	0	6	303-458	P	
New York	V. Marshall	44	1,212	30	...	10,050	0	2	2	2	0	6	267-308	P	
New York Medical College—Metropolitan Hospital Center															
Unit 1—Flower and Fifth Avenue Hospitals															
Unit 2—Metropolitan															
Unit 3—Bird S. Coler Memorial Hospital and Home															
New York Polyclinic Medical School and Hospital	F. A. Beneventi	24	848	14	29	1,209	1	1	1	1	0	4	225-325	F	
Presbyterian	J. K. Lattimer	87	2,827	29	28	10,495	4	2	2	0	0	8	313-375	P	
Queens Hospital Center	L. G. Goldberg	23	423	56	28	2,488	1	1	1	0	0	3	231-317	FP	
Roosevelt	S. A. Beisler	25	695	17	53	1,888	1	1	1	0	0	3	216-341	P	
St. Clare's	G. A. Fiedler	10	297	5	20	364	1	1	1	0	0	3	225-275	F	
St. Luke's	J. W. Draper	39	747	20	40	3,588	1	1	1	0	0	3	225-275	P	
Veterans Admin. (Bronx) ²⁵⁹	J. K. Lattimer	57	805	27	52	636	2	2	1	0	0	5	315-497	O	
Veterans Admin. (Brooklyn) ²⁷⁴	W. J. Samellas	34	537	31	26	800	1	1	1	0	0	3	315-442	O	
Veterans Admin. (Manhattan) ²⁸⁴	A. H. Ulm	51	896	40	58	1,920	2	2	2	0	0	6	291-372	O	
Rochester															
Strong Memorial-Rochester Municipal Hospitals ³⁰¹	D. F. McDonald	26	876	13	77	1,455	0	2	0	2	1	5	167-292	O	
Syracuse															
State University of New York Upstate Medical Center	F. O. Harbach	40	961	24	54	680	0	1	1	1	0	3	250-410	O	
Veterans Admin.	O. M. Lilien	...	...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA															
Chapel Hill															
University of North Carolina Affiliated Hospitals	P. L. Bunce	10	412	11	57	1,727	1	1	1	0	0	3	200-375	O	
North Carolina Memorial	J. Hughes	11	599	7	57	321	1	1	0	0	0	2	300-400	F	
Watts (Durham)	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NORTH CAROLINA—Continued															
Charlotte															
Charlotte Memorial	R. McKay	33	1,433	16	38	587	1	1	1	1	0	4	345-395	P	
Durham															
Duke University Affiliated Hospitals	E. P. Alyea	20	717	8	75	5,975	2	2	2	0	0	6	175-225	P	
Duke Veterans Admin.		18	392	9	100		1	1	1	0	0	3	291-497	O	
Watts—See University of North Carolina Affiliated Hospitals, Chapel Hill															
Winston-Salem															
North Carolina Baptist	W. H. Boyce	29	1,170	7	30	3,795	1	1	1	1	0	4	204-270	P	
OHIO															
Akron															
Akron City	D. E. Banks	39	1,481	25	44	641	1	1	1	0	0	3	275-325	FP	
Akron General	R. G. McCready	29	858	9	22	316	0	1	0	1	0	2	300-400	F	
Cincinnati															
University of Cincinnati Hospital Group		26	1,137	25	64	4,394	2	2	2	0	0	6	75-425	F	
Cincinnati General	T. B. Wayman	27	383	16	38								291-497	O	
Cincinnati Veterans Admin.	A. Evans														
Cleveland															
Cleveland Clinic	W. J. Engel	41	1,784	44	57	14,372	2	2	2	0	0	6	300-350	O	
Cleveland Metropolitan General	A. Roth	11	344	16	50	4,341	1	1	1	1	0	4	233-338	F	
Huron Road	V. C. Laughlin	23	671	16	43	369	1	1	1	0	0	3	260-285	FP	
University Hospitals of Cleveland	L. Persky	21	1,043	12	50	2,643	0	1	1	1	0	3	221-288	P	
University Hospitals of Cleveland Veterans Admin.	L. Persky	28	510	19	79	380	0	1	1	1	0	3	315-443	P	
Columbus															
Ohio State University Hospitals		24	676	20	75	5,961	0	2	2	1	0	5	227-302	P	
Ohio State University	C. C. Winter														
Dayton															
Dayton Veterans Admin.	R. T. Sauer	28	310	18	61	1,451	1	1	1	0	0	3	315-443	O	
Toledo															
St. Vincent's ¹⁴	E. A. Oekuly	22	1,052	22	36	241	1	1	1	1	0	4	300-375	F	
Toledo Maumee Valley	E. A. Oekuly	7	188	7	43	432	0	0	1	0	0	1	285-350	F	
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	M. M. Appleton	9	353	6	67	2,134	1	1	1	0	0	3	200-440	P	
Oklahoma City University Hospitals		35	342	3	33	980									
Oklahoma City Veterans Admin.															
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	56	1,402	52	88	4,064	2	2	2	2	0	8	200-250	F	
University of Oregon Medical School Hospitals and Clinics Veterans Admin.	R. B. Higgins	34	539	22	100	872	1	0	2	0	0	3	291-414	P	
PENNSYLVANIA															
Danville															
Geisinger Medical Center	H. E. Brown	19	947	17	47	8,516	1	1	1	1	0	2	175-250	FP	
Erie															
Hamot	R. C. Lyons	20	749	18	28	4,488	1	1	1	0	0	3	250-300	FP	
Erie St. Vincent's	A. F. Kaminsky	28	1,185	36	69	8,170	2	1	1	0	0	4	275-325	FP	
Philadelphia															
Albert Einstein Medical Center	H. Lipshutz	57	1,482	41	442	1,059	1	1	1	0	0	3	125-175	FP	
Episcopal	G. D. Shoup	13	380	16	28	1,007	1	1	0	0	0	2	350-390	O	
Graduate Hospital of the University of Pennsylvania	H. M. Burros	15	190	5	60	1,078	1	1	1	0	0	3	100-100	F	
Hahnemann Medical College and Hospital	W. C. Hunsicker	35	709	16	56	2,000	2	1	1	0	0	4	225-275	P	
Hospital of the University of Pennsylvania	B. Hughes	31	992	20	65	2,797	1	1	1	0	0	3	200-300	P	
Jefferson Medical College	T. R. Fetter	90	1,537	19	53	6,000	2	2	2	0	0	6	250-316	O	
Jefferson Medical College Pennsylvania	B. Hayllar		478	8	50	2,633						2	170-190	O	
Philadelphia General	P. Leberman, J. Gislason	34	557	64	48	3,444	2	2	2	0	0	6	155-275	F	
Temple University	K. B. Conger	45	866	16	19	2,040	1	1	1	0	0	3	175-225	O	
Temple University Veterans Admin.	M. M. Bogash	36	886	31	68		1	1	1	0	0	3	315-443	O	
Pittsburgh															
Allegheny General	J. L. Hamilton	22	782	21	24	1,048	1	0	0	0	0	1	325-400	P	
Health Center Hospitals of the University of Pittsburgh															
Health Center Hospitals of the University of Pittsburgh Presbyterian-University and Woman's Hospitals	J. J. Lee	23	715	17	47		1	1	1	1	0	4	255-305	O	
Mercy	C. C. Altman	28	747	25	48	650	2	1	0	0	0	3	275-325	F	
Mercy Veterans Admin.	C. A. Kuehn	24	578	36	66		1	1	1	1	0	4		O	
Wilkes-Barre															
Wilkes-Barre General	W. J. Daw	58	717	19	66	590	0	1	0	0	0	1	350-350	F	
PUERTO RICO															
San Juan															
San Juan City	L. Sanjurjo		361			3,580	1	1	1	0	0	3	225-350	F	
RHODE ISLAND															
Providence															
Rhode Island	E. K. Landsteiner	23	752	29	34	1,793	1	1	1	0	0	3	165-315	FP	
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	P. Sanders						1	1	1	0	0	3	138-163	FP	
Charleston Medical College		12	450	9	67	1,418									
Charleston Medical College Roper		8	363	5	80										

Numerical and other references are listed on pages 262 through 264.

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1963-1964					Total All Years	Salary per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE														
Memphis														
City of Memphis Hospitals	S. Raines	19	542	23	39	6,534	3	2	1	0	0	6	150-...	
Veterans Admin. ³⁶⁵	W. H. Walker	59	911	26	96	3,090	1	1	1	0	0	3	291-372	O
Nashville														
George W. Hubbard	D. V. Bradley	10	173	12	25	961	1	1	1	0	0	3	175-275	F
Vanderbilt University	A. P. Harris	10	313	3	33	2,374	3	2	2	1	0	8	75-125	F
TEXAS														
Dallas														
Parkland Memorial	H. Spence	18	535	22	45	4,923	0	1	1	1	0	0	150-225	P
Veterans Admin.	P. A. Duff	35	626	25	76	2,756	1	1	1	0	0	3	315-443	P
Galveston														
University of Texas Medical Branch Hospitals	T. G. Blocker, Jr., C. Hooks	27	603	14	36	4,502	1	1	1	0	0	3	283-283	P
Houston														
Baylor University Affiliated Hospitals	R. Scott, Jr.	105	4,526	65	71	10,710	3	3	3	0	0	9		
Jefferson Davis														
St. Luke's Episcopal														
Texas Children's														
Veterans Admin.														
Hermann ³⁶¹	C. M. Crigler	34	1,949	17	41	3,392	1	1	1	1	0	4	175-275	F
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	P. R. Powell	7	310	3	33	227	1	1	1	0	0	3	166-300	FO
DeGoesbriand Memorial		9	399	7	57	347								
Mary Fletcher														
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	A. J. Paquin	25	726	16	56	2,986	2	2	1	0	0	5	90-180	FP
Danville														
Memorial	R. R. Landes	19	978	7	43	910	1	1	1	1	0	4	300-400	P
Richmond														
Medical College of Virginia-Hospital Division	G. R. Prout, Jr.	29	882	16	31	2,771	1	1	1	0	0	3	125-175	F
Veterans Admin.	R. C. Bunts	35	849	29	65	2,577	2	2	1	0	0	5	291-373	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	J. S. Ansell	27	556½	33	48	2,633	2	2	2	2	0	8		
King County		3	138½	2	100	459							225-425	F
University													200-550	P
Veterans Admin.													291-497	O
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals		24	930	15	33		1	0	0	0	0	1	185-185	O
Madison General	P. R. Kundert	21	493	17	53	711	2	2	2	0	0	6	175-275	F
University Hospitals	J. B. Wear, Sr.	16	145	5	80	99						1	373-497	P
Veterans Admin.	J. T. Mendenhall													
Milwaukee														
Milwaukee County	J. T. Hotter	20	540½	16	43	2,889	1	1	1	0	0	3	238-348	O
Veterans Admin. (Wood)	R. S. Irwin	40	465	24	83	2,676	2	2	2	2	0	8	291-443	P

Numerical and other references are listed on pages 262 through 264.

APPROVED RESIDENCIES

Numerical and Other References

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

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

‡ Indicates discharges instead of admissions.

1. Appointments restricted to men only.
2. U. S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. Training at the third year level only.
5. May include one year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months training in the second year at Veterans Administration Hospital, Fort Howard, Maryland.
11. Co-ordinated three year program: Peter Bent Brigham Hospital affords 18 months. Veterans Admin. Hospital, West Roxbury, Mass., 18 months. Residents should apply to either hospital.
13. Residents will spend one year at Vanderbilt University Hospital, Nashville, Tennessee.
14. Co-ordinated three year program: St. Vincent Hospital affords two years, Maumee Valley Hospital, one year. Resident should apply to St. Vincent's Hospital.
18. The Board of Thoracic Surgery will allow a maximum of six months credit for time spent at this hospital.
19. In addition to three years in Internal Medicine, one year of training in Hematology is available.
20. Credit limited to six months training.
21. Combined integrated program—Bellevue Hospital Center—Div. II (Cornell) and Hospital for Cancer and Allied Diseases—James Ewing Hospital; also third year medical residency at Memorial Hosp. for Cancer and Allied Diseases—James Ewing Hospital.
23. To include one year of affiliate training at the second year level at the University Hospitals of Cleveland.
24. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. An additional one year of fellowship training in cardiopulmonary laboratory is available.
27. Includes one year of training (1st year) at Barnes Hospital, St. Louis, Missouri.
29. Six month rotation to Grace-New Haven Community Hospital, New Haven, Connecticut. Residents should apply to Grace-New Haven Community Hospital.
30. Obstetrical and Gynecological pathology only.
31. Co-ordinated three year program: two years at Kings County Hospital Center; one year at Brooklyn Hospital. Residents should apply to Kings County Hospital Center.
32. Approved Category P. Residents interested should consult Requirements for Certification of the American Board of Pathology.
33. La Rabida Sanitarium, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Hospital, Chicago.
34. Methodist Hospital and St. Francis Hospital Divisions, Peoria, Ill.; University of Kansas Medical Center, Kansas City, Kansas
36. Loma Linda Sanitarium and Hospital, Loma Linda, California.
37. In addition to the three year program at Bellevue Medical Center, Division I, another program has been approved for two years of training which includes rotation on the following services: Columbia University Division and Medical Chest Service, Bellevue Hospital; Columbia Research Division, Goldwater Memorial Hospital, Medical Service, Francis Delafield Hospital.
38. Includes one year of training at Parkland Memorial Hospital, Dallas.
40. Previous internship not required.
41. Lincoln General Hospital, Lincoln, Neb.; Immanuel Hospital, Omaha, Neb.
42. Approved Category J. Residents interested should consult Requirements for Certification of the American Board of Pathology.
43. Jefferson Davis Hospital, Veterans Admin. Hospital, Houston.
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. In addition to three intramural years at Sinai Hospital of Baltimore, Baltimore, co-ordinated three-year program: Sinai Hospital of Baltimore affords first two years, Fordham Hospital one year (third year). Residents should apply to Sinai Hospital of Baltimore.
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. Co-ordinated three year program: Beth Israel Hospital affords two years, Lawrence F. Quigley Memorial Hospital affords one year. Residents should apply to Beth Israel Hospital.
51. A second year of training available at Massachusetts General Hospital.
52. In addition to a three-year intramural residency, a rotating residency which provides six months training on each of the following services: Columbia University Division, Bellevue Hospital; Medical Chest Service, Bellevue Hospital; Columbia Research Division, Goldwater Memorial Hospital, and Medical Service, Francis Delafield Hospital, is afforded.
53. Co-ordinated three year program: Massachusetts Memorial Hospitals affords two years, Lynn Hospital affords one year (second year). Residents should apply to Massachusetts Memorial Hospitals.
54. Combined three year program: Two years afforded at Ancker Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to Ancker Hospital.
55. At the time of the preparation of this Directory, application for three year approval was pending and had been received before the deadline set for such applications. It is expected that action will be taken at the fall meeting of the Residency Review Committee for Obstetrics and Gynecology. Applicants should correspond directly with the hospital as to the action taken.
56. Three year co-ordinated program, all of which may be at Walter Reed General Hospital or Brooke General Hospital, or may be two years at one of these plus a year at Fitzsimons General Hospital or Letterman General Hospital.
57. In addition to three intramural years, coordinated three year program offered with first year at Boston State Hospital and two remaining years at New England Center Hospital.
58. Program offers a year or more of additional training in the specialty beyond the basic two years required to fulfill the residency requirements of the Board.
59. Emory University Affiliated Hospitals, Atlanta, Georgia.
60. City Hospital at Elmhurst, Hospital for Joint Diseases, Institute for the Crippled and Disabled, New York City; New York State Rehabilitation Hospital, West Haverstraw, N.Y.
61. Latter-day Saints Hospital, Holy Cross Hospital, Primary Children's Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Shriners Hospital for Crippled Children, Veterans Admin. Hospital, Salt Lake City.
62. One year of affiliated training provided on a continuing basis at Beekman-Downtown Hospital or Jewish Hospital of Brooklyn.
63. In addition to the affiliation at Presbyterian Medical Center, Veterans Admin. Hospital also holds independent two year approval in Neurology.
65. Duke Hospital, Durham, North Carolina.
66. Orange County General Hospital, Orange, California.
67. Memphis Eye, Ear, Nose and Throat Hospital, Memphis.
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 Center for Cancer and Allied Diseases, New York City.
70. Providence Hospital, Seattle, Washington.
71. University Hospital, Madison, Wisconsin.
72. One year affiliation at Veterans Admin. Hospital, Madison, Wisconsin.
73. One year affiliated training at Milwaukee County Hospital, Milwaukee.
74. Includes nine months at the Veterans Admin. Hospital, Lake City, Florida.
75. In addition to a program of three intramural years at University Hospitals, a separate three year program of two years at University Hospitals and one year at Veterans Admin. Hospital is afforded.
76. University of Alabama Medical Center, Birmingham, Alabama.
77. John Andrew Memorial Hospital, Tuskegee, Alabama.
78. Maricopa County General Hospital, Phoenix, Arizona.
79. University of Arkansas Medical Center, Little Rock, Arkansas.
80. City of Hope Medical Center, Duarte, California; University of California Medical Center, Los Angeles.
81. City of Hope Medical Center, Duarte, California; Los Angeles County Harbor General Hospital, Torrance, California.
82. Sonoma State Hospital, Eldridge, California; Highland-Alameda County Hospital, Oakland.
83. Fresno County General Hospital, Fresno; Veterans Administration Hospital, Oakland; Hahnemann Hospital, San Francisco.
84. Children's Hospital, Los Angeles.
85. Children's Hospital, University of California Hospital, Los Angeles.
86. Children's Hospital, Los Angeles; St. John's Hospital, Santa Monica, California.
87. Los Angeles County General Hospital, Mount Sinai Hospital, University of California Hospital, Los Angeles; Harbor General Hospital, Torrance, California.
88. Los Angeles County General Hospital, Los Angeles; Torrance Memorial Hospital, Torrance, California.
89. Los Angeles Tumor Institute, Los Angeles.
90. University of California Hospital, Los Angeles; Veterans Admin. Hospital, San Fernando, California.
91. University of California Hospital, Los Angeles; St. John's Hospital, Santa Monica, California.
92. University of Southern California, Los Angeles.
93. Highland-Alameda County Hospital, Oakland; Children's Hospital, Southern Pacific General Hospital, San Francisco.
94. Samuel Merritt Hospital, Oakland, California.
95. Stanford Convalescent Home, Palo Alto, California.
96. Stanford Convalescent Home, Veterans Admin. Hospital, Palo Alto, California.
97. San Joaquin General Hospital, Stockton, California.
98. Sacramento County Hospital, Sacramento, California.

99. Sacramento County Hospital, Sacramento, California; San Francisco General Hospital, Southern Pacific Hospital, Veterans Admin. Hospital, San Francisco; Santa Clara County Hospital, San Jose, California.
100. Veterans Admin. Hospital, San Fernando, California; Johns Hopkins University Hospital, Baltimore, Maryland.
101. Children's Hospital, French Hospital, San Francisco; Fresno County General Hospital, Fresno; French Hospital, San Francisco.
102. Franklin Hospital, San Francisco General Hospital, San Francisco.
103. Presbyterian Medical Center, San Francisco.
104. San Francisco General, San Francisco.
105. Southern Pacific General Hospital, San Francisco.
106. University of California Hospitals, San Francisco.
107. Santa Clara County Hospital, San Jose, California.
108. Santa Barbara General Hospital, Santa Barbara, California.
109. Los Angeles County Harbor General Hospital, Torrance, California.
110. Weimar Chest Center, Weimar, California.
111. Colorado General Hospital, Denver.
112. St. Luke's Hospital, Denver.
113. Veterans Admin. Hospital, University of Colorado Medical Center, Denver.
114. Parkview Episcopal Hospital, Pueblo, Colorado; St. Mary-Corwin Hospital, Pueblo, Colorado; St. Joseph's Hospital, Denver, Colorado.
115. St. Mary-Corwin Hospital, Pueblo, Colorado.
116. Hartford Municipal Hospital and Health Center, Hartford, Connecticut; Memorial Hospital for Cancer and Allied Diseases, New York City.
117. Grace-New Haven Community Hospital, New Haven, Connecticut.
118. Laurel Heights Hospital, Shelton, Connecticut.
119. Veterans Administration Hospital, West Haven, Connecticut.
120. Windham Community Memorial Hospital, Willimantic, Connecticut.
121. Veterans Administration Hospital, Wilmington, Delaware; Norristown State Hospital, Norristown, Pennsylvania.
122. Armed Forces Institute of Pathology, Washington, D.C.
123. Children's Hospital, Washington, D.C.
124. District of Columbia General Hospital, Washington, D.C.
125. District of Columbia General Hospital, St. Elizabeth's Hospital, Veterans Admin. Hospital, Washington, D.C.; Fairfax Hospital, Fairfax, Virginia.
126. District of Columbia General Hospital, Veterans Administration Hospital, Washington, D.C.
127. District of Columbia General Hospital, Washington, D.C.; Soldiers' Home Hospital, Chelsea, Massachusetts; Norfolk Community Hospital, Norfolk, Virginia.
128. District of Columbia General Hospital, Washington, D.C.; U.S. Public Health Service Hospital, Staten Island, N.Y.; Norfolk Community Hospital, Norfolk, Virginia.
129. District of Columbia General Hospital, Washington, D.C.; Fairfax Hospital, Fairfax, Virginia.
130. Walter Reed General Hospital, Washington, D.C.
131. Jackson Memorial Hospital, Miami, Florida.
132. Emory University Hospital, Atlanta, Georgia.
133. Grady Memorial Hospital, Atlanta, Georgia.
134. Grady Memorial Hospital, Emory University Hospital, Atlanta, Georgia.
135. Grady Memorial Hospital, Veterans Admin. Hospital, Atlanta, Georgia.
136. Veterans Admin. Hospital, Atlanta, Georgia.
137. Kapiolani Maternity and Gynecological Hospital, Honolulu, Hawaii.
138. Chicago State Hospital, Cook County Hospital, Salvation Army Booth Memorial Hospital, Chicago.
139. Children's Memorial Hospital, Chicago.
140. Children's Memorial Hospital, Columbus Hospital, Chicago.
141. Children's Memorial Hospital, University of Illinois Research and Educational Hospitals, Chicago.
142. Children's Memorial Hospital, Chicago; Methodist Hospital, Peoria, Illinois.
143. Cook County Hospital, Chicago.
144. Cook County Hospital, Mount Sinai Hospital, Chicago.
145. Cook County Hospital, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago.
146. Henrotin Hospital, Presbyterian-St. Luke's Hospital, Veterans Admin. Hospital (West Side), Chicago.
147. Loyola University (Stritch School of Medicine), Chicago.
148. Mercy Hospital, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago; Veterans Admin. Hospital, Hines, Illinois.
149. Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Veterans Admin. Hospital (West Side), Chicago.
150. Municipal Tuberculosis Sanitarium, Presbyterian-St. Luke's Hospital, University of Illinois Research and Educational Hospitals, Chicago.
151. Municipal Tuberculosis Sanitarium, Chicago; Veterans Admin. Hospital (West Side), Chicago.
152. Passavant Memorial Hospital, Chicago.
153. Presbyterian-St. Luke's Hospital, Chicago; Veterans Admin. Hospital, Hines, Illinois.
154. University of Chicago Hospitals and Clinics, Chicago.
155. University of Illinois Research and Educational Hospitals, Chicago.
156. Veterans Admin. Hospital (West Side), Chicago.
157. Veterans Admin. Hospital, Hines, Illinois.
158. Silver Cross Hospital, Joliet, Illinois.
159. Peoria State Hospital, Peoria, Illinois.
160. Veterans Admin. Hospital, Indianapolis, Indiana.
161. Broadlawns Polk County Hospital, Des Moines.
162. University of Kansas Medical Center, Kansas City, Kansas.
163. Veterans Admin. Hospital, Wadsworth, Kansas.
164. Sedgwick County Hospital, Wichita, Kansas.
165. Wesley Hospital, Wichita, Kansas.
166. Hazard Memorial Hospital, Hazard, Kentucky; Middlesboro Memorial Hospital, Middlesboro, Kentucky.
167. University of Kentucky Medical Center, Lexington, Kentucky.
168. McDowell Memorial Hospital, McDowell, Kentucky; Pikeville Memorial Hospital, Pikeville, Kentucky or Man Memorial Hospital, Man, West Virginia.
169. Lallie Kemp Charity Hospital, Independence, Louisiana.
170. E. A. Conway Memorial Hospital, Monroe, Louisiana.
171. E. A. Conway Memorial Hospital, Monroe, Louisiana; Huey P. Long Charity Hospital, Pineville, Louisiana.
172. Charity Hospital of Louisiana, New Orleans.
173. Charity Hospital, Louisiana State University Division, New Orleans.
174. Charity Hospital, Tulane University Division, New Orleans.
175. Charity Hospital (Tulane Univ. Div.), Eye, Ear, Nose and Throat Hospital, New Orleans.
176. California Babies' and Children's Hospital, Los Angeles.
177. Stanford Medical Center and Affiliated Hospitals, Palo Alto.
178. Touro Infirmary, New Orleans.
179. Hospital for the Women of Maryland, Baltimore, Maryland.
180. Johns Hopkins Hospital, Baltimore, Maryland.
181. University of Maryland Hospital, Baltimore, Maryland.
182. Peninsula General Hospital, Salisbury, Maryland.
183. Boston City Hospital, Boston.
184. Boston City Hospital, Children's Hospital Medical Center, Boston.
185. Boston Floating Hospital, Boston.
186. Children's Hospital Medical Center, Boston.
187. Children's Hospital Medical Center, Boston; Burbank Hospital, Fitchburg, Massachusetts; Veterans Admin. Hospital, West Roxbury, Massachusetts.
188. Children's Hospital Medical Center, Boston; Veterans Admin. Hospital, West Roxbury, Massachusetts.
189. Faulkner Hospital, Boston.
190. Lahey Clinic, Boston.
191. Grady Memorial Hospital, Atlanta, Georgia.
192. Lahey Clinic, Boston; Children's Orthopedic Hospital, Seattle; Northern State Hospital, Sedro Woolley, Washington.
193. Lemuel Shattuck Hospital, New England Center Hospital, Veterans Admin. Hospital, Boston; Mount Auburn Hospital, Cambridge, Massachusetts.
194. Massachusetts General Hospital, Boston.
195. Massachusetts General Hospital, Boston; Emma Pendleton Bradley Hospital, Riverside, R.I., Providence Lyng-In Hospital, Providence, R.I.
196. Boston City Hospital, Children's Hospital Medical Center, Boston; Emma Pendleton Bradley Hospital, Riverside, R.I.
197. Chelsea Soldier's Home, Chelsea; Boston State Hospital, Mattapan; Pondville State Hospital, Walpole, Massachusetts.
198. Lawrence F. Quigley Memorial Hospital, Chelsea, Massachusetts.
199. Pondville Hospital, Walpole, Massachusetts.
200. University Hospital, Ann Arbor, Michigan.
201. Veterans Admin. Hospital, Ann Arbor, Michigan.
202. Children's Hospital, Detroit.
203. Children's Hospital, Receiving Hospital, Grace Hospital, Detroit; Wayne County General Hospital, Eloise, Michigan.
204. Children's Hospital, Woman's Hospital, Detroit.
207. Wayne State University Medical Center, Detroit or Bellevue Medical Center, New York City.
208. Anoka State Hospital, Anoka, Minnesota; Veterans Admin. Hospital, Minneapolis.
209. Minneapolis General Hospital, University of Minnesota Hospitals, Minneapolis.
210. Minneapolis General Hospital, University of Minnesota Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
211. Minneapolis General Hospital, Veterans Admin. Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
213. University of Minnesota Hospitals, Minneapolis.
214. University of Minnesota Hospitals, Minneapolis, Ancker Hospital, St. Paul, Minnesota.
215. Veterans Admin. Hospital, Minneapolis, Minnesota.
217. Ancker Hospital, St. Paul, Minnesota.
218. Bills Fischel State Cancer Hospital, Columbia, Missouri; Barnes Hospital, St. Louis State Hospital, St. Louis.
219. St. Luke's Hospital, Kansas City, Missouri.
220. Veterans Admin. Hospital, Kansas City, Missouri.
221. Koch Hospital, Koch, Missouri; Barnes Hospital, Veterans Admin. Hospital, St. Louis.
222. Cardinal Glennon Hospital, St. Louis.
223. Cardinal Glennon Hospital, St. Mary's Hospital, St. Louis.
224. McMillan Hospital, St. Louis.
225. St. Louis City Hospital, St. Louis.
226. St. Louis Maternity Hospital, St. Mary's Hospital, St. Louis.
227. Veterans Administration Hospital, St. Louis.
228. U.S. Air Force Hospital (Offutt), Bellevue, Nebraska.
229. U.S. Air Force Hospital (Offutt), Bellevue, Nebraska; Nebraska Psychiatric Institute-Children's Division, Omaha, Nebraska.
230. Bishop Clarkson Memorial Hospital, Children's Memorial Hospital, Douglas County Hospital, Nebraska Methodist Hospital, Veterans Admin. Hospital, Omaha, Nebraska.
231. Bishop Clarkson Memorial Hospital, Nebraska Psychiatric Institute, Veterans Administration Hospital, Omaha, Nebraska.
232. St. Christopher's Hospital for Children, Philadelphia.
234. Highland View Hospital, Cleveland.
235. St. Joseph's Hospital, Omaha.
236. St. Joseph's Hospital, University of Nebraska Hospital, Omaha.
238. Veterans Administration Hospital, Omaha.
239. Margaret Hague Hospital, Jersey City, N.J.
240. Marland Medical Center, Newark Crippled Children's Hospital, Newark, N.J.; U.S. Public Health Service Hospital, (Staten Island), New York City.
241. United Hospitals of Newark—Hospital for Crippled Children, Newark, N.J.

242. United Hospitals of Newark—Hospital for Crippled Children, Newark, N.J.; Kessler Institute for Rehabilitation, West Orange, N.J.
243. New Jersey Orthopaedic Hospital, Orange Memorial Hospital, Orange, N.J.
244. Orange Memorial Hospital, Orange, N.J.
245. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N.M.
246. Albany Medical Center Hospital, Albany, New York.
247. Veterans Admin. Hospital, Albany, New York.
248. Children's Hospital, Buffalo, New York.
249. Children's Hospital, Veterans Admin. Hospital, Buffalo, N.Y.
250. Children's Hospital, Edward J. Meyer Memorial Hospital, Roswell Park Memorial Hospital, Veterans Admin. Hospital, Buffalo, N.Y.
251. Children's Hospital, Emergency Hospital, Buffalo, N.Y.
252. Children's Hospital, Roswell Park Memorial Hospital, Buffalo, N.Y.
253. Children's Hospital, Roswell Park Memorial Hospital, Buffalo; Mount Morris Tuberculosis Hospital, Mt. Morris, N.Y.
254. Children's Hospital, Buffalo, N.Y.; University of Rochester Medical Center, Rochester, N.Y.
255. Children's Hospital, Buffalo, N.Y.; St. Vincent's Charity Hospital, Cleveland, Ohio.
256. Edward J. Meyer Memorial Hospital, Buffalo, N.Y.
257. Edward J. Meyer Memorial Hospital, Millard Fillmore Hospital, Buffalo, N.Y.
258. Roswell Park Memorial Institute, Buffalo, N.Y.
259. St. Vincent's Hospital, Harrison, N.Y.; St. Vincent's Hospital, New York City; Astor Home for Children, Rhinebeck, N.Y.
260. Meadowbrook Hospital, Hempstead, N.Y.; Bellevue Hospital Center, New York City.
261. Meadowbrook Hospital, Hempstead, N.Y.; Veterans Admin. Hospital (Manhattan), New York City; New York State Rehabilitation Hospital, Haverstraw, N.Y.
262. Albert Einstein Clinic, New York City.
263. Beekman-Downtown Hospital, Memorial Center, Presbyterian Hospital, St. Luke's Hospital (Woman's Division), New York City.
264. Bellevue Hospital Center, New York City.
265. Bellevue Hospital Center, Presbyterian (Babies) Hospital, New York City.
266. Beth-El Hospital, Brooklyn, N.Y.
267. Columbia-Presbyterian Medical Center, New York City.
268. Francis Delafield Hospital, New York City.
269. Francis Delafield Hospital, Goldwater Memorial Hospital, New York City.
270. Francis Delafield Hospital, Mount Sinai Hospital, St. Luke's Hospital, New York City.
271. Hospital for Joint Diseases, New York City.
272. Hospital for Special Surgery, New York City.
273. Jewish Hospital of Brooklyn, Maimonides Hospital of Brooklyn, (Brooklyn) New York City.
274. Kings County Hospital Center (Brooklyn), New York City.
276. Lenox Hill Hospital, New York City.
277. Long Island College Hospital (Brooklyn), New York City.
278. Long Island College Hospital (Brooklyn); Long Island Jewish Hospital, (New Hyde Park), New York City.
279. Maimonides Hospital of Brooklyn; Long Island College Hospital (Brooklyn); Veterans Admin. Hospital (Brooklyn), New York City.
280. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
281. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York Hospital, New York City.
282. Includes one year of training at Montefiore Hospital, New York City.
283. Montefiore Hospital, New York City.
284. Morrisania City Hospital, New York City.
285. Mount Sinai Hospital, New York City.
287. New York Hospital-Cornell Medical Center, New York City.
288. New York Polyclinic Medical School and Hospital, New York City.
289. Presbyterian Hospital, New York City.
290. Presbyterian (Babies) Hospital, New York City.
291. Queen's Hospital Center (Jamaica), New York City.
292. St. John's Episcopal Hospital (Brooklyn), New York City.
293. St. Luke's Hospital, New York City.
294. Triboro Hospital, Jamaica, New York.
295. Triboro Hospital, Jamaica, N.Y.; North Shore Hospital, Manhasset, N.Y.
296. University Hospital, New York City.
297. University Hospital, Veterans Admin. Hospital (Manhattan), New York City.
298. Veterans Admin. Hospital (Bronx), New York City.
300. Genesee Hospital, Highland Hospital, Rochester, N.Y.
301. Monroe County Home Infirmary, Rochester, New York.
302. Strong Memorial-Rochester Municipal Hospitals, Rochester, N.Y.
303. University of Rochester Medical Center, Rochester, N.Y.
304. Grasslands Hospital, Valhalla, New York.
306. Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, N.C.
307. McPherson Hospital, Durham, N.C.; North Carolina Orthopaedic Hospital, Gastonia, N.C.
308. Veterans Administration Hospital, Durham, N.C.
309. Veterans Admin. Hospital, Watts Hospital, Durham, N.C.; North Carolina Sanitarium, McCain, N.C.
310. Veterans Administration Hospital, Brecksville, Ohio.
311. Veterans Admin. Hospital, Brecksville, Ohio; Sunny Acres-Cuyahoga County Tuberculosis Hospital, Mount Sinai Hospital, Cleveland.
312. Children's Hospital, Cincinnati.
313. Cincinnati General Hospital, Cincinnati.
314. Longview State Hospital, Cincinnati.
315. Veterans Admin. Hospital, Cincinnati.
316. Booth Memorial Hospital, Cleveland.
317. Cleveland Clinic Hospital, Cleveland.
318. Cleveland Metropolitan General Hospital, Cleveland.
319. Cleveland Metropolitan General Hospital or Institute of Pathology, Western Reserve University, Cleveland.
320. Cleveland Metropolitan General Hospital, University Hospitals of Cleveland, Cleveland.
321. Highland View Hospital, Cleveland.
322. Highland View Hospital, Veterans Admin. Hospital, Cleveland.
323. St. Vincent's Charity Hospital, Cleveland.
324. University Hospitals of Cleveland, Cleveland.
325. Children's Hospital, Columbus, Ohio.
326. Mount Carmel Hospital, Columbus, Ohio.
327. University Hospital, Columbus, Ohio.
328. University Hospital, Columbus, Ohio; Miami Valley Hospital, Dayton, Ohio.
329. Veterans Administration Hospital, Dayton, Ohio.
330. Central State Hospital, Norman, Oklahoma.
331. Central State Hospital, Norman, Oklahoma; Mercy Hospital, Oklahoma City.
332. Mercy Hospital, Oklahoma City.
333. Veterans Administration Hospital, Oklahoma City.
334. Wesley Hospital, Oklahoma City.
335. St. Vincent Hospital, Portland, Oregon.
336. Veterans Administration Hospital, Portland, Oregon.
337. Oregon State Hospital, Salem, Oregon.
338. Chestnut Hill Hospital, Philadelphia.
339. Children's Hospital of Philadelphia, Philadelphia.
340. Graduate Hospital of the University of Pennsylvania, Philadelphia.
341. Hahnemann Medical College and Hospital, Philadelphia.
342. Hospital of the University of Pennsylvania, Philadelphia.
343. Jefferson Medical College Hospital, Philadelphia.
344. Lankenau Hospital, Philadelphia.
345. Misericordia Hospital, Philadelphia.
346. Pennsylvania Hospital, Philadelphia.
347. Philadelphia General Hospital, Philadelphia.
348. Philadelphia General Hospital, Philadelphia; St. Christopher's Hospital for Children, Philadelphia.
349. St. Christopher's Hospital for Children, Philadelphia.
350. Wills Eye Hospital, Philadelphia.
351. Allegheny General Hospital, Pittsburgh.
353. Children's Hospital of Pittsburgh, Pittsburgh; Mercy Hospital, Pittsburgh.
354. Children's Hospital of Pittsburgh, Pennsylvania Eye and Ear Hospital of Pittsburgh, Pittsburgh.
357. University of Pittsburgh Medical Center, Pittsburgh.
358. University Hospital, Caparra Heights, P.R.
359. University Hospital, Caparra Heights, P.R.; San Juan City Hospital, San Juan, P.R.
360. San Juan City Hospital, San Juan, P.R.
361. San Juan City Hospital, Dr. I. Gonzales Martinez Oncologic Hospital, San Juan, P.R.
362. Veterans Administration Hospital, Providence, R.I.
363. East Tennessee Tuberculosis Hospital, Knoxville, Tennessee.
364. St. Mary's Memorial Hospital, Knoxville, Tennessee.
365. Baptist Memorial Hospital, Memphis, Tennessee.
366. City of Memphis Hospitals, Memphis, Tennessee.
367. John Gaston Hospital, Memphis, Tennessee.
368. Middle Tennessee Tuberculosis Hospital, Nashville, Tennessee.
369. Nashville General Hospital, Nashville, Tennessee.
370. Nashville General Hospital, Veterans Admin. Hospital, Nashville, Tennessee.
371. Vanderbilt University Hospital, Nashville, Tennessee.
372. Austin State Hospital, Austin, Texas.
373. Brackenridge Hospital, Austin, Texas.
374. Baylor University Medical Center, Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
375. Children's Medical Center, Gaston Hospital, Parkland Memorial Hospital, Dallas, Texas.
376. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
377. Parkland Memorial Hospital, Dallas, Texas.
379. Jefferson Davis Hospital, Houston, Texas.
380. University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Texas.
381. University of Texas M.D. Anderson Hospital and Tumor Institute, Southern Pacific Hospital, Houston, Texas.
382. Robert B. Green Memorial Hospital, San Antonio, Texas.
383. Holy Cross Hospital, St. Mark's Hospital, Salt Lake City.
384. Primary Children's Hospital, Salt Lake City.
385. Salt Lake County General Hospital, Salt Lake City.
386. Shriners Hospital for Crippled Children, Primary Children's Hospital, Salt Lake City.
387. University of Virginia Hospital, Charlottesville, Virginia; Lynchburg General Hospital, Lynchburg, Virginia.
388. Providence Hospital, Seattle, Washington.
389. Children's Medical Center, Seattle, Washington.
390. Children's Medical Center, Firland Sanatorium, Seattle, Washington.
391. Firland Sanatorium, Seattle, Washington.
393. Veterans Administration Hospital, Clarksburg, West Virginia.
394. St. Mary's Hospital, Veterans Admin. Hospital, Madison, Wisconsin.
395. University Hospitals, Madison, Wisconsin.
396. Veterans Administration Hospital, Madison, Wisconsin.
397. Martha Washington Hospital, Milwaukee County Hospital, Milwaukee.
398. Milwaukee Children's Hospital, Milwaukee.
399. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
400. Milwaukee Children's Hospital, Milwaukee; Veterans Admin. Hospital, (Wood), Milwaukee.
401. Milwaukee County Hospital, Milwaukee.
402. Milwaukee Hospital, Milwaukee.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical division of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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| 1. Anesthesiology | 15. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 16. Plastic Surgery |
| 3. Dermatology | 17. Preventive Medicine |
| 4. General Practice | General Preventive Medicine |
| 5. General Surgery | Aviation 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 and Hospitals of the American Medical Association. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident

staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other meetings at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers, are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section II).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no re-

sponsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section II).

4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indexes. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the *Standard Nomenclature of Diseases and Operations* is recommended for all medical records. Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, 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 and Hospitals of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

[Beyond July 1, 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 or temporary certificate from ECFMG.

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

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e. g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of

instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain

period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either

individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross

and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

II. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

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 responsi-

bility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading, teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. **The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).** The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. **General Medicine.** The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms

and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident. For those residents in the two-year program, emphasis should be in clinical training. Direct participation in research by residents in a three-year program is not required but should be encouraged.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consul-

tations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lectures, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry,

embryology, histology, pathology, pharmacology and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration. In a two-year residency, the first year should be devoted to general medicine: *i.e.*, internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The second year may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, traumatic surgery, fractures, and operative gynecology. Any service offered during this second year must be of at least three months' duration. Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized outpatient department should provide the resident with an opportunity to compensate for this deficiency, such as that provided in a home care program or preceptorship.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

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

5. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Coun-

cil on Medical Education and Hospitals, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents, and must be willing to give the time and effort required by the educational program.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient 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 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

6. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to include instruction in the various specialties which combine to form internal medicine. Accordingly, the

program should not be limited entirely to internal medicine and its subdivisions but might well include a reasonable amount of training in psychiatry, neurology, dermatology, and pediatrics, even though they are organized as independent residencies.

In institutions offering residencies in internal medicine and its special fields, emphasis should be placed on the educational features of the program and residents should receive regular instruction from members of the staff in all diagnostic and therapeutic methods. Particular emphasis should be placed on the study of etiology, pathogenesis, symptoms, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff, the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies not only with post-mortem pathology, but also with the other allied basic science fields; review medical literature and take an active part in regular teaching rounds, departmental seminars, and clinical-pathologic conferences.

Requirements.—For approval, a residency in internal medicine should have an adequate number and variety of annual admissions to the Department of Medicine.

Allied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, biophysics, pathology, pharmacology, physiology, and other areas are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a specialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the specialty board. These are listed annually in the Directory of Approved Internships and Residencies.

7. Special Requirements for Residency Training in Neurological Surgery

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

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

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

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

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

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

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

8. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

9. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here, for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve

programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Ophthalmology

Duration of training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education and Hospitals, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if pos-

sible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology,

biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education and Hospitals of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complimentary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desir-

able to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents, and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology

and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to func-

tion efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical specimens, and for the performance of autopsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with an autopsy percentage of less than 25 will not ordinarily be approved, and those institutions with percentages between 25 and 40 will be given special scrutiny.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—As indicated in the following categories, no hospital with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved, except as outlined in the following paragraphs. It is believed that less material than this is inadequate for the training of a pathologist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

In the field of anatomic pathology, a deficiency in either autopsies of surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens.

If a hospital meets the minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in anatomic pathology, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

Category A. In both anatomic pathology and clinical pathology for four years.

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category B. In both anatomic pathology and clinical pathology for three years.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. An additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

Category C. In both anatomic pathology and clinical pathology for two years.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category D. In both anatomic pathology and clinical pathology for one year.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. An additional resident for each 50 autopsies, or 500 surgical speci-

mens, or 20,000 tests in clinical pathology.

Category E. In anatomic pathology only, for three or more years.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. An additional resident for each 50 autopsies, or 500 surgical specimens.

Category F. In anatomic pathology only, for two years.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. An additional resident for each 50 autopsies or 500 surgical specimens.

Category G. In anatomic pathology only, for one year.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. An additional resident for each 50 autopsies or 500 surgical specimens.

Category H. For post-mortem part of anatomic pathology for two years. Credit is never allowed for more than two years, and this is given only toward certification in anatomic pathology. Candidates taking training in institutions having an approved program in Category H must pursue further training as follows: (1) for anatomic pathology only, an additional year in an institution in Category A, B, C, E, F, or G with full-time assignment in surgical pathology, (2) for certification in anatomic and clinical pathology, one year in surgical pathology as outlined above and two years in clinical pathology in an institution in Category A, B, C, L, or M.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

Category I. For post-mortem part of anatomic pathology for one year: 75 autopsies for one resident.

Category J. Surgical pathology part of anatomic pathology for one year.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

Category K. Special pathology as part of anatomic pathology.

Category L. Clinical pathology for three or more years.

Minimum: 100,000 tests in clinical pathology for three residents. An additional resident for each 50,000 tests.

Category M. Clinical pathology for two years.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

Category N. Clinical pathology for one year.

Minimum: 50,000 tests in clinical pathology for one resident.

Category O. Special clinical pathology as part of clinical pathology.

Category P. Research: Residence in certain institutions in which full-time is devoted to research with a direct application to the practice of anatomic pathology or clinical pathology. This category is only for those wishing to do full-time research.

Category Q. Forensic pathology for one year.

Minimum: 150 medico-legal autopsies annually, of which 25 or more are on bodies of persons known or suspected to have died by homicide. Laboratory facilities for the usual medical problems of anatomic and clinical pathology. In addition, closely affiliated laboratory facilities and personnel for studies in photography, toxicology, general police science, bacteriology, immunology, etc., as applied directly in forensic pathology. It is highly desirable that the director of the training program be a legally constituted medical examiner or the equivalent. The program should include formal lectures, seminars, conferences, preceptorship type training, and an adequate library.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

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 Sections 1 to 9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Allergy. (See also Allergy under Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic require-

ments 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.

15. Special Requirement for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patients visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

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 and Hospitals of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education and Hospitals of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and Hospitals and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aviation Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section 1 to 9) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies

in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and co-ordinated supervision of the educational and training experience of the 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 legal 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.

Aviation Medicine

A formal training program in aviation 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 aviation 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 aviation medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aviation 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 aviation-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 aviation 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 aviation 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 aviation 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 aviation 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 Aviation 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 aviation 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 aviation 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 aviation 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 hygienic problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

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

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

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

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

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

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

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

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

residency training may 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 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of

*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.

patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable.

However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education and Hospitals is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diag-

nosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.

- E. Sufficient experience in child psychiatry for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.
- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination

of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

CHILD PSYCHIATRY

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatric facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psycholo-

gists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs

and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequate equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic 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 (Section 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology

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 the use of radioactive isotopes.

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.

Without attempting to define a detailed plan of instruction, it can be suggested that the first year be devoted principally to fundamentals of diagnostic roentgenology. In the second and third years, the clinical applications of radiology should be emphasized with at least one year or the equivalent assigned exclusively to radiotherapy, including the therapeutic use of radioactive isotopes. In addition, during the residency training period the equivalent of two months should be devoted to the diagnostic use of radioactive isotopes.

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 1,500 roentgen therapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). An adequate number and 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 Instruction: In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, radiation physics, and radiobiology. Such work should be closely related with clinical experience. See Sections 1 to 9 of these *Essentials* for a discussion of applied basic medical science instruction.

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

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

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

Residents who plan to seek certification by an American board should communicate with the secretary or the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

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

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

Prerequisites. Residents in approved programs should have completed the training requirements for examination by the American Board of Surgery or should have completed such

requirements at the conclusion of a specified period of the training in thoracic surgery. The moral and ethical standards of the candidate must be acceptable.

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

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

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

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

- (a) Thorough understanding of the basic sciences as they apply to thoracic surgery.
- (b) Graded and progressive assumption of operative responsibility.
- (c) Finally, assumption of relatively complete responsibility for the patient's care under proper supervision.

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

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

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

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

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three

to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

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

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

III. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

IV. MISCELLANEOUS

Contract for Appointment.—It is considered desirable that the candidates for residency and the hospital enter into a formal contract at the time of the appointment. Contracts for one year, renewable by mutual consent, are preferable.

Once made, the terms of the contract should be honorably fulfilled by both parties. The contract may be terminated following failure of one or the other parties to carry out its terms of the contract or by mutual agreement. Violations of contract may be made a matter of record in the hospital's or individual's file of the American Medical Association.

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

V. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education and Hospitals of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education and Hospitals, the various American Boards responsible for 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 Approved Examining Boards in Specialties.")

American Board of Anesthesiology
Forrest E. Leffingwell, M.D., Secretary-Treasurer
217 Farmington Ave., Hartford 5, Conn.

American Board of Colon and Rectal Surgery
Stuart T. Ross, M.D., Secretary
520 Franklin Ave., Garden City, N. Y.

American Board of Dermatology
Maurice J. Costello, M.D., Secretary
140 E. 54th St., New York 22, N. Y.

American Board of Internal Medicine
W. A. Werrell, M.D., Secretary-Treasurer
1 W. Main St., Madison 3, Wis.

American Board of Neurological Surgery
Donald D. Matson, M.D., Secretary-Treasurer
300 Longwood Ave., Boston 15, Mass.

American Board of Obstetrics and Gynecology
Robert L. Faulkner, M.D., Executive Secretary-Treasurer
2105 Adelbert Rd., Cleveland 6, Ohio

American Board of Ophthalmology
Merrill J. King, M.D., Secretary-Treasurer
Box 236, Cape Cottage Branch, Portland, Maine

American Board of Orthopaedic Surgery
Wm. A. Larmon, M.D., Secretary-Treasurer
29 E. Madison St., Chicago 2, Ill.

American Board of Otolaryngology
Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa

American Board of Pathology
Edward B. Smith, M.D., Secretary-Treasurer
P.O. Box 5795, Bethesda, Md.

American Board of Pediatrics
John McK. Mitchell, M.D., Executive Secretary
6 Cushman Rd., Rosemont, Pa.

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S. W., Rochester, Minn.

American Board of Plastic Surgery
Reed O. Dingman, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis 8, Mo.

American Board of Preventive Medicine, Inc.
Tom F. Wayne, M.D., Secretary-Treasurer
University of Pennsylvania School of Medicine
4219 Chester Ave., Philadelphia 4, Pa.

American Board of Psychiatry and Neurology
David A. Boyd, Jr., M.D., Secretary-Treasurer
102 Second Ave., S. W., Rochester, Minn.

American Board of Radiology
H. Dabney Kerr, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn.

American Board of Surgery
John B. Flick, M.D., Secretary-Treasurer
after Feb. 1, 1963,
Robt. M. Moore, M.D., Secretary-Treasurer
1617 Pennsylvania Blvd., Philadelphia 3, Pa.

American Board of Urology
Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minneapolis 26, Minn.

Board of Thoracic Surgery
Wm. H. Tuttle, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit 2, Mich.

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

VI. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For two specialties, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education and Hospitals of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Three boards 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 will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology 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, aviation medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neu-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools										Foreign Medical Graduates Special or Additional Requirements			All Graduates			
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitation (Years) on Applicant's Eligibility
Anesthesiology.....	x	x	x	x	2-3	1-4	..	..	x	..	x	x	..	x	50	150	3
Colon and Rectal Surgery.....	x	x	x	x	4-5	..	x	..	..	..	x	x	..	x	25	175	..
Dermatology.....	x	x	x	x	3	1	x	..	x	..	x	x	x	x	25	150	2
Internal Medicine ¹	x	x	x	x	3	2	x	x	x	..	x	x	x	x	60	135	3
Neurological Surgery.....	x	x	x	x	4	2	x	..	..	..	x	x	x	..	25	150	3
Obstetrics and Gynecology.....	x	x	x	x	3	2	x	x	..	x	x	..	..	x	35	160	..
Ophthalmology.....	x	x	x	x	3	1	..	x	x	x	x	x	..	x	100	150	3
Orthopedic Surgery.....	x	x	x	x	4	2	x	x	..	..	x	x	x	..	15	205	3
Otolaryngology ²	x	x	..	x	4	..	..	..	..	x	x	..	..	x	75	155	3
Pathology.....	x	x	x	..	4	1	x	x	x	..	x	..	..	..	100	100	3
Pediatrics ³	x	x	x	x	2	2	x	x	..	..	x	x	x	..	125	125	..
Physical Medicine and Rehabilitation.....	..	x	x	x	3	2	x	..	x	..	x	x	..	x	100	175	..
Plastic Surgery.....	x	x	..	x	5	2	x	x	x	..	x	x	x	..	50	175	3
Preventive Medicine.....	..	x	x	x	3	3	x	..	..	..	x	x	x	..	25	125	2
Psychiatry and Neurology ⁴.....	..	x	x	x	3-5	2-1	x	..	..	x	x	x	x	..	75	175	3
Radiology.....	x	x	x	x	3	1	..	x	..	..	x	x	..	x	150	150	..
Surgery.....	..	x	x	x	3-4	2-0	x	x	..	..	x	..	..	x	25	175	..
Thoracic Surgery ⁵.....	..	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, 1962	Year of Activation
American Board of Anesthesiology.....	2,773	1937
American Board of Colon and Rectal Surgery....	320	1949
American Board of Dermatology.....	2,200	1932
American Board of Internal Medicine.....	14,184	1936
American Board of Neurological Surgery.....	981	1940
American Board of Obstetrics and Gynecology....	7,098	1930
American Board of Ophthalmology.....	5,439	1915
American Board of Orthopedic Surgery.....	3,704	1934
American Board of Otolaryngology.....	5,610	1924
American Board of Pathology.....	5,260	1936
Anatomic Pathology.....	2,702	
Anatomic Pathology and Clinical Microbiology.....	1	
Anatomic Pathology and Clinical Pathology.....	1,494	
Anatomic Pathology and Neuropathology.....	3	
Clinical Chemistry.....	13	
Clinical Microbiology.....	26	
Clinical Microbiology and Clinical Chemistry.....	1	
Clinical Pathology.....	855	
Forensic Pathology.....	118	
Hematology.....	12	
Neuropathology.....	35	
American Board of Pediatrics.....	8,556	1933
American Board of Physical Medicine and Rehabilitation.....	448	1947
American Board of Plastic Surgery.....	546	1937
American Board of Preventive Medicine.....	2,213	1948
Aviation Medicine.....	413	
Occupational Medicine.....	414	
Public Health.....	1,386	
American Board of Psychiatry and Neurology.....	7,419	1934
Psychiatry.....	5,891	
Neurology.....	543	
Psychiatry and Neurology.....	985	
American Board of Radiology.....	7,256	1934
Diagnostic Roentgenology.....	826	
Medical Nuclear Physics.....	6	
Radiological Physics.....	66	
Radiology.....	5,090	
Radium Therapy.....	8	
Roentgen Ray and Radium Physics.....	19	
Roentgenology.....	1,012	
Therapeutic Radiology.....	224	
Therapeutic Roentgenology.....	5	
American Board of Surgery.....	12,268	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery).....	1,277	1949
American Board of Urology.....	2,916	1935
Totals.....	90,468	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy.....	186	
Cardiovascular Disease.....	677	
Gastroenterology.....	469	
Pulmonary Diseases.....	283	
Total.....	1,617	
American Board of Pediatrics		
Allergy.....	126	
Cardiology.....	57	
Total.....	183	
American Board of Psychiatry and Neurology		
Child Psychiatry.....	310	
American Board of Surgery		
Proctology.....	81*	
Totals.....	391	
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics.....	24	
Gynecology.....	15	
Total.....	39	
American Board of Otolaryngology		
Endoscopy.....	4	

* Independent board approved in 1949.

rology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, radium therapy, radiologic physics, roentgen ray and gamma ray physics, and medical nuclear physics.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, and indicates that each specialty board will accept the foreign graduate under certain conditions. This table is incomplete because the varying requirements of the boards cannot be shown in full detail.

Most of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of THE DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES, there are published, with the consent of each board concerned, sections from the booklets containing the requirements for certification in the specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any

TABLE 3.—Annual Specialty Board Certification, 1942-1962

Year (Ended March)	No. of Boards In Existence	No. Certified	Cumulative Totals
1942.....	15	1,756	19,694
1943.....	15	2,172	21,866
1944.....	15	1,578	23,444
1945.....	15	1,308	24,752
1946.....	15	1,320	26,072
1947.....	15	2,424	28,496
1948.....	16	3,002	31,498
1949 (June 30).....	19*	4,479	35,977
1950 (June 30).....	19	3,827	39,804
1951 (June 30).....	19	4,552	44,356
1952 (June 30).....	19	4,118	48,474
1953 (June 30).....	19	4,022	52,496
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

* 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, 1962. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

A corrected total of 85,642 physicians was reported certified by the 19 specialty boards to July 1, 1961. From this date through June 30, 1962, 4,826 physicians were certified, bringing the total to 90,468 certifications on June 30, 1962. In the subspecialties, 190 physicians were certified, bringing that total to 2,191 on the same date.

Table 3 indicates the total number of physicians certified each year for the past 21 years by all specialty boards. The total number certified on June 30, 1962, was 90,468.

The tenth edition of the *Directory of Medical Specialists*, compiled by the Advisory Board for Medical Specialties and published in 1961 by the *Marquis-Who's Who*, Chicago, contains biographical information on the educational background of each living specialist (including those retired from practice) certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

STUART C. CULLEN, President, San Francisco
 MILTON C. PETERSON, Vice President, Kansas City, Mo.
 JOHN ADRIANI, New Orleans
 RICHARD H. BARRETT, Hanover, N. H.
 DONALD L. BURDICK, New York City
 ROBERT D. DRIPPS, Philadelphia
 ALBERT FAULCONER, Rochester, Minn.
 FREDERICK P. HAUGEN, Portland, Ore.
 DAVID M. LITTLE, JR., Hartford, Conn.
 E. M. PAPPER, New York City
 FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena,
 California, Office of the Board, 217 Farmington Avenue,
 Hartford 5, Connecticut

The following provisions are applicable to any candidate for certification who takes his first written examination in June, 1966. Those desiring to take any examination given prior to that date should direct an inquiry to the Secretary of the American Board of Anesthesiology, at the address listed above, for detailed information as to current regulations.

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education and Hospitals 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 and Hospitals of the American Medical Association and for the American Board of Anesthesiology, Inc. The two years of clinical training may be received in a hospital or other institution approved for only two years of training. The additional training (described under "Equivalents") must be obtained in a hospital or other institution approved for three years of training.

In a three-year residency or fellowship, the Board will require any of the following equivalents for not more than one year of the total three year training period.

Equivalent (a)

Training and study in one of the following disciplines: physiology, pharmacology, biochemistry, anatomy, pathology, internal medicine, general surgery.

Equivalent (b)

Approved advanced training in a subspecialty in An-

esthesiology, such as anesthesia for pediatric surgery or anesthesia for cardiovascular surgery.

The applicant may spend all or a part of a year in one or more of the equivalents.

In addition, one year of practice acceptable to the Board over and above the period of residency training including the equivalents.

Plan 2

A residency or fellowship in anesthesia of not less than two years, both of which must be devoted to clinical training. The residency or fellowship must be in a hospital or institution approved for such training by the Residency Review Committee acting for the Council on Medical Education and Hospitals 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 last Friday in June. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

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

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

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

*The Residency Review Committee for Anesthesiology is currently reviewing those programs desiring to be listed as being approved for three years of training. Those seeking such approval should submit an application together with a detailed description of the facilities and training activities which are being offered for the additional year to the Secretary, Residency Review Committee for Anesthesiology, % Council on Medical Education and Hospitals, 535 North Dearborn Street, Chicago 10, Illinois. The director of each training program should take note that, until he has received official notice from the Committee Secretary that his program has been approved for three years of training, he and his trainees should continue to make prior arrangements individually with the Board as to credit allowable for the trainees' proposed activities beyond two years of clinical training.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of fifty dollars (\$50) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of re-examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void and reapplication will not be allowed.*

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred fifty dollars (\$150). At least fifty dollars (\$50) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Forrest E. Leffingwell, M. D., 217 Farmington Ave., Hartford 5, Conn.

AMERICAN BOARD OF COLON AND RECTAL SURGERY**

- M. O. HINES, President, New Orleans
- J. EDWIN ALFORD, Vice President, Buffalo, N.Y.
- GARNET W. AULT, Washington, D.C.
- HARRY E. BACON, Philadelphia
- CON AMORE V. BURT, New York City
- CLIFFORD E. HARDWICK, Portland, Ore.
- HYRUM REICHMAN, Salt Lake City
- ROBERT A. SCARBOROUGH, San Francisco
- KARL ZIMMERMAN, Pittsburgh
- STUART T. ROSS, Secretary, 520 Franklin Avenue, Garden City, N.Y.

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

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

*The reapplication privilege may still be granted those who filed their original application prior to February, 1958, if they submit proof of an additional year of approved clinical training.

**Formerly American Board of Proctology.

record of patients hospitalized by him during the year prior to the date of submission of the application.

5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. He shall possess a license to practice medicine in the country of his residence.

3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

4. Candidates who have graduated from foreign medical schools are required to possess the certificate of the Educational Council for Foreign Medical Graduates prior to acceptance in an approved proctologic residency.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:

- (a) Two years of a proctologic residency approved by the Board; or
- (b) Two years of a proctologic preceptorship approved by the Board.

2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in proctology.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's pre-medical and medical training; internships; residencies; precepteeships; other postgraduate study; hospital and dispensary appointments; teaching positions; service in the armed forces; service in federal, state or local government; membership in medical societies, and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

Part I: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Colon and Rectal Surgery, candidates who have been certified by the American Board of Surgery and who have completed required training in proctology may not be required to take Part I of the examinations of the American Board of Colon and Rectal Surgery.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEES

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

CLINTON W. LANE, President, St. Louis
 WALTER C. LOBITZ, JR., Vice President, Portland, Ore.
 LOUIS A. BRUNSTING, Rochester, Minn.
 EDWARD P. CAWLEY, Charlottesville, Va.
 BEATRICE MAHER KESTEN, New York City
 WILEY M. SAMS, Miami, Fla.
 WALTER B. SHELLEY, Philadelphia
 J. WALTER WILSON, Los Angeles
 MAURICE J. COSTELLO, Secretary, Office of the Board, 140 East 54th St., New York City, 22.

GENERAL REQUIREMENTS

Preliminary Registration forms are acceptable after the applicant has met the following requirements:

1. High ethical and professional standing.
2. Graduation from an approved medical school in the United States of America or Canada. Graduates of other schools are required to pass Part I and Part II of the examination of the National Board of Medical Examiners.
3. Satisfactory completion of an approved internship.
4. A state license to practice medicine in the United States of America or Licentiate of Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or regular status in the Armed Forces of the United States or Canada.
5. Citizenship in the United States or citizenship in Canada.
6. Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of an approved residency in dermatology are eligible for nonresident special certification. (See section on Graduates of Foreign Medical Schools.)

SPECIAL REQUIREMENTS

The following minimum requirements have been established for admission to examination:

Formal training in dermatology and related subjects of not less than three years. This training may be obtained as a resident, fellow, or graduate student in the institutions recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the joint Residency Review Committee for Dermatology. One month in each year may be taken as a vacation. Vacations may not be postponed to accumulate from one year to another.

The formal training shall include: At least one year full-time in an institution approved for three-year training in dermatology. Graduate training in the basic medical sciences; and carefully supervised laboratory and clinical work which should include the direct responsibility for in-patient care in dermatology.

METHODS OF TRAINING

The preferred method of training is a 3-year well-integrated and continuing program in an institution approved for the full training period.

Apart from the required full-time year in such an institution, the additional training requirements may be fulfilled by training in institutions approved for one year or two years or in a part as a preceptee.

Training must be completed within five years except where military service or other compelling circumstances shall intervene.

Suggestions for the study of dermatology are given in the Guide for Residency Training in Dermatology.

CREDIT FOR GRADUATE TRAINING IN OTHER SPECIALTIES

Candidates who are diplomates of other specialty boards or who have taken formal training in part toward such certification may submit credentials for possible credit toward training.

RESPONSIBILITY

It is the candidate's responsibility to make early contact with the Board at the beginning of training to ascertain and observe its regulations, and to file the *Preliminary Registration* and the *Application for Certification* forms. Candidates must meet all requirements before applying for certification.

Directors of training are responsible for submitting an *Annual Graduate Training* form on each candidate.

Approved preceptors, in conjunction with the director of training of the institution in which the candidate spends half of his training time, are responsible for submitting an *Annual Graduate Training* form on each preceptee.

PRELIMINARY REGISTRATION

Each candidate *must file a Preliminary Registration form with the Board* at the beginning of training, whether or not plans are complete at the time. This establishes his identity and status as a candidate and begins his permanent file. It also enables the Board to detect any possible deficiencies in the plan of training. A fee of twenty-five dollars (\$25) must accompany this registration, which is not refunded.

ESTIMATES OF STATUS

Decisions as to the status of candidates who ask for an estimate of the further training needed can be made only by the Committee on Requirements upon submission of an *Estimate of Status* form for the Board acts as a body and only through duly constituted committees. The twenty-five dollars (\$25) *registration fee*, which will be credited toward the Preliminary Registration, must accompany this form.

APPLICATION FOR CERTIFICATION

Each candidate must file an *Application for Certification* form after completion of formal training and before the closing date regularly, semimonthly published in the Examination and Licensure column of *THE JOURNAL of the American Medical Association*. Dates of examinations are also published here. When all supporting documents have been

received the application is submitted to the Committee on Requirements, which appraises the qualifications of the candidate and decides as to his eligibility for examination. An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his application is acceptable to the Board. The loan sets of histo-pathology slides are then available from the Armed Forces Institute of Pathology.

The total fee of one hundred and fifty dollars (\$150) has been carefully computed and is used entirely for administrative purposes. Members of the Board receive no compensation except for actual expenses connected with the oral examinations.

EXAMINATIONS

Examinations are designed to ascertain the breadth of the candidate's knowledge in the basic as well as the clinical aspects of dermatology, to test his familiarity with the literature and to gauge his general qualifications as a specialist in this branch of medicine.

All applicants for certification must pass a comprehensive written examination before they are eligible for the oral test. The written examination is held simultaneously in major cities. Applicants are then required to pass the oral clinical and laboratory examination. Cases will be seen and discussed with each candidate, and the examiners will seek to ascertain his knowledge of dermatology as well as of various related subjects.

Candidates whose applications have been accepted may take the examination if in addition to three years of training they will have completed one year of credit toward experience by the date of the next oral examination.

Except in special circumstances an applicant shall take the examination within two years following the filing of application for accreditation. A candidate once accepted for an examination will henceforth remain eligible for only two succeeding examinations, unless some compelling circumstance, such as military service, shall intervene.

Candidates who have signified their intention of taking the examination and who fail to appear, or who cancel their request after the final notice has gone out, shall forfeit the examination fee.

The Board's records are confidential throughout. Examination marks will not be divulged. The findings of the Board are subject to its discretion and are final. Applications are accepted with this understanding.

CERTIFICATES

A certificate is issued when the candidate has: (1) successfully completed his three years of formal training; (2) completed one year of experience before taking the oral examination; and (3) successfully passed the written and oral examinations.

Certificates are issued only to physicians who practice in the United States of America and its possessions or in Canada.

Membership in the local and state medical societies as well as the American Medical Association is strongly recommended.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

A—Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of approved residency in dermatology are eligible for nonresident certification.

REQUIREMENTS

1. High ethical and professional standing.
2. Graduation from a medical school listed in the *World Directory of Medical Schools*, World Health Organization.
3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates.

4. Citizenship in the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of (a) three full years of training in an institution or institutions approved for graduate training in dermatology; (b) the written and oral examinations given by the American Board of Dermatology.

RULES AND REGULATIONS

A *Preliminary Registration* form should be filed with the office of the Secretary as soon as requirements 2, 3, and 4 have been fulfilled, accompanied by photostatic copies of (a) medical diploma; (b) standard certificate of ECFMG; and (c) a license to practice medicine. A fee of twenty-five dollars (\$25) must accompany this registration, which is not refunded.

The *Application for Nonresident Certification* form is acceptable on completion of three full years of training in institutions approved for graduate training in dermatology. The final date for filing applications is published semi-monthly in the Examination and Licensure column of THE JOURNAL of the American Medical Association.

Each applicant must present a sworn statement that his application for this Special Certificate is based upon his intention to return to the nation where he intends to practice and if he returns to practice in the United States of America or Canada, under visa, exchange, immigration quota, or by any other means, he will surrender his Special Certificate and accept any further consideration from this Board under all of the regulations applying to a regular applicant from the United States of America or Canada.

An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his Application for Certification is acceptable to the Board.

All examinations will be given in the United States of America.

A special certificate suitable for framing will be awarded after fulfilling the above requirements and successfully passing the examinations.

B—Graduates of foreign medical schools who are citizens of the United States of America or Canada and who will practice in the States or Provinces are eligible for certification after meeting the General and Special Requirements.

PRECEPTORS AND PRECEPTEE TRAINING

Preceptors are Diplomates of the Board of at least five years standing in active practice; recognized teachers of professional rank, on the active staff of an institution approved for three years of graduate training in dermatology.

Precepteeships are granted for one year of graduate training. The preceptee must not spend more than one half of his time in the preceptor's office. The remaining half-time is to be spent under supervision of preceptor in an institution approved for three years of graduate training in dermatology.

AMERICAN BOARD OF INTERNAL MEDICINE

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 WILLIAM A. WERRELL, Executive Secretary-Treasurer, One West Main St., Madison 3, Wis.

GENERAL QUALIFICATIONS

1. All candidates must be citizens of the United States or Canada. (For exceptions see "Graduates of Foreign Medical Schools not citizens of the United States or Canada, who are returning to their homeland.")
2. All candidates must be licensed to practice medicine in a state, territory, province or possession of the United States or Canada.
3. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation. (Graduates Foreign Medical Schools*)
2. Satisfactory completion of an approved internship of not less than twelve months.**
3. Satisfactory completion of training and experience according to the following PLANS A, B, or C. (Graduates of foreign medical schools may qualify only under PLAN A.)

QUALIFICATIONS FOR EXAMINATION

Plan A

Written Examination: Candidates who will have satisfied the general and professional qualifications listed above, and who will have had five years of preparation after the completion of an approved internship on or before October 1st, are eligible to apply for examination in their fifth year. (Closing date for acceptance of applications is May 1st.)

Three (3) years of the five (5) year interval must be in full time formal training as follows:

1) Three years of residency training in the broad field of internal medicine in a program approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education and Hospitals of the American Medical Association, or

2) Two years of residency training in the broad field of internal medicine in an approved program as described in Paragraph 1, and a third year of full time graduate education in a field related to internal medicine, provided the assignment is in an approved medical school or medical school hospital or in a hospital approved for 3 years of residency in internal medicine by the Residency Review Committee in Internal Medicine. The Board may recognize other institutions for a third year of training; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere.

Assignments for this year of graduate education may be devoted to:

- a) basic or clinical research,
- b) assignments in basic science departments of approved medical schools in the United States or Canada.
- c) subspecialty training,
- d) twelve months of formal study in internal medicine in a recognized postgraduate medical school in the United States or Canada.

The remaining two years in internal medicine may be devoted to work in any clinical investigative or basic science area related to internal medicine.

OBLIGATED military service in the Armed Forces of the United States or Canada or in the United States Public

*See requirements for Graduates of Foreign Medical Schools on page 297.

**During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirements of twelve months. A residency of nine months is considered as nine months only.

Health Service may be applied as clinical experience but not as formal training.

Such assignments in the Armed Forces, as well as other experience in internal medicine, may be applied at any interval in the five year requirement, following an approved internship.

Plan B

Written Examination: Graduates of approved medical schools in the United States and Canada not eligible under PLAN A, may qualify under PLAN B after completion of the following training and experience: (NOTE: Graduates of foreign medical schools cannot qualify under PLAN B.)

- 1) One year of approved internship
Two years of approved residency in internal medicine
Five years of experience in areas related to internal medicine
- 2) One year of approved internship
One year of approved residency in internal medicine
Two years of graduate education as described under PLAN A (2)
Four years of experience in areas related to internal medicine
- 3) One year of approved internship
One year of approved residency in internal medicine
Eight years of experience in areas related to internal medicine
- 4) One year of approved internship
Eleven years of experience in areas related to internal medicine, provided the candidate is identified as an internist by his colleagues in his community
Obligated military service may be applied as in PLAN A.

Plan C

Written Examination: Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of this Board. *This plan is exclusive.* It is reserved for the use of *Chairmen of Departments of Medicine, in approved medical schools in the United States and Canada,* who may wish to recommend for admission to examination certain men who have planned a career in *academic medicine* but whose training has not satisfied the requirements of the other "Plans" authorized by the Board.

Candidates themselves may not elect "Plan C." Specific recommendations that a candidate be qualified under this plan must be made by a *Chairman of a Department of Medicine in a Class A Medical School in the United States or Canada.* This recommendation must assure that the candidate has been under the jurisdiction and guidance of him or other persons whom he has selected or recommended during a five year period of training after internship; that at the time of application this training has been completed and has been shaped with the idea that the candidate has been preparing for an academic career; and that during the training period the candidate has had *adequate direct responsibility* for patient care in the broad field of internal medicine. Obligated military service, as described in Plan A, *may not* be included as a part of the five year period of training. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will 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 EXAMINATIONS: The oral examination, under all PLANS, may be taken at the convenience of the Board after passing the written examination. Your regional area with dates and locations of examination will be designated with your notification of passing the written examination.

GRADUATES OF FOREIGN MEDICAL SCHOOLS
WHO ARE CITIZENS OF THE UNITED STATES OR CANADA
REQUIREMENTS

1) Candidates in this classification not licensed to practice in a state, territory, province or profession 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 and Hospitals of the American Medical Association.

3) All candidates are required to complete the appropriate graduate training and subsequent experience in internal medicine after internship in accordance with the provisions of "PLAN A."

4) Two years of obligated service in the Armed Forces of the United States or Canada after internship may be applied in satisfying the time element but not the post-graduate training requirements.

5) Please see "DEFINITIONS" as applied to requirements of this Board.

GRADUATES OF FOREIGN MEDICAL SCHOOLS NOT CITIZENS
OF THE UNITED STATES OR CANADA WHO WILL RETURN
TO THEIR HOMETLAND AFTER COMPLETION OF AN
APPROVED INTERNSHIP FOLLOWED BY THREE YEARS OF
APPROVED RESIDENCY IN INTERNAL MEDICINE

1) Candidates in this classification are required to complete an internship of twelve months approved by the Council on Medical Education and Hospitals of the American Medical Association.

2) Candidates must have passed the examination of The Educational Council for Foreign Medical Graduates and have received a permanent certificate regardless of time or school of graduation. A photostatic copy of the certificate must accompany application for admission to examination.

3) Candidates are required to complete thirty-six months of approved residency and two additional years of experience after internship in accordance with the requirements of Plan A.

4) Candidates who are accepted for the Written Examination may take this examination in the United States or at designated installations of the United States in foreign countries.

5) Candidates who pass the written examination will be eligible to apply for admission to the oral examination at the convenience of the Board. All oral examinations will be given in the United States.

6) Candidates passing the oral examination of this Board will receive from the Board a statement that they have passed the written and oral examinations of the American Board of Internal Medicine. This "statement" may take the form of a document suitable for framing.

7) The Board reserves unto itself the right to reject any and all applications.

8) All candidates must be citizens of the country to which they are returning and licensed to practice medicine in that country.

9) The "Statement" referred to in paragraph 6 may not be exchanged for a certificate of the Board in the event the candidate should return to the United States or Canada and qualify for citizenship.

10) Please see "DEFINITIONS" as applied to the requirements of this Board.

DEFINITIONS

As Applied to Requirements of This Board

- 1) *An approved internship* is defined as an internship not less than one year (rotating or straight internship in internal medicine) approved by the Council on Medical Education and Hospitals of the American Medical Association.
- 2) *An approved residency* in internal medicine is defined as 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.

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.

GRADUATES OF THE CHICAGO MEDICAL SCHOOL
AND THE MIDDLESEX SCHOOL OF MEDICINE

Graduates of the Chicago Medical School prior to the approval of the Council on Medical Education and Hospitals of the American Medical Association, in 1949, may apply under the provision of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

Graduates of the Middlesex School of Medicine, who received their degree in medicine prior to January 1, 1951, may apply under the provisions of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in Medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in outlining its requirements, the Board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The Board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology. Such knowledge is essential to the continued progress of any internist. The Board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The Board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the Board.

METHOD OF EXAMINATION

1. *The WRITTEN EXAMINATION* is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever

eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into morning and afternoon periods of three hours each. The questions are of the multiple choice type, framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. The **ORAL EXAMINATIONS** are held near the time and place of the annual meeting of the American College of Physicians and at such other times and places as the Board may designate. Announcement of all oral examinations will appear in the *Bulletin of The American College of Physicians* and *THE JOURNAL of The American Medical Association*. Applications will be accepted as soon as the schedule is announced and cannot be accepted after the closing date published. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected, and are conducted at the bedside of patients assigned each candidate.

Candidates will be expected to present in a concise, orderly fashion pertinent facts in the history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion and to any other aspects of Internal Medicine. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret objective demonstrations of roentgenologic, pathologic, hematologic, electrocardiographic and other abnormalities.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Secretary-Treasurer.

The closing date for acceptance of application 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) dollars. Forty-five (\$45) dollars will be refunded if the application is disapproved.

The oral examination fee of sixty-five (\$65) dollars is due when applying for admission to the oral examination.

The certificate fee of twelve dollars and fifty cents (\$12.50) is due after the notification of certification is received.

REEXAMINATION

I. WRITTEN EXAMINATION

- 1) The interval between written examinations will be not less than one year.
- 2) A fee of thirty-five dollars (\$35) is due upon application for reexamination.
- 3) The number of written examinations for which a candidate may apply is not limited.

II. ORAL EXAMINATION

- 1) The interval between oral examinations will be not less than one year.
- 2) A fee of sixty-five dollars (\$65) is due upon application for reexamination.
- 3) Candidates failing three (3) oral examinations, one or more of which occurred after February 1, 1958, must apply for and pass another written examination before admission to further oral examinations.

NOTE: Candidates are not required to repeat the examinations within the specified time limits. A longer interval may be elected between both written and oral examinations. Candidates who elect an

interval of three years or more between written examinations must file new applications.

CANCELLATIONS

A candidate who cancels his assignment for examination will be required to pay a special fee before admission to a subsequent examination. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made and the expense incident thereto.

Written Cancellation Fee	\$25.00
Oral Cancellation Fee	\$65.00

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the Articles of Incorporation and the By-laws and shall be signed by the members of the Board and shall bear the official seal of the Board.

Certificates of the Board will be issued to candidates who have passed the written and oral examinations and have been officially certified by the Board.

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology and Pulmonary Disease are recognized subspecialties.

The Subspecialty Boards of the American Board of Internal Medicine will no longer list approved training programs in *THE JOURNAL of the American Medical Association*. Each candidate is expected to meet the requirements of the individual board by which he desires to be examined.

Candidates are not eligible to apply for admission to examination in a subspecialty until *three (3) years after certification* in INTERNAL MEDICINE. Each subspecialty application is individually considered, and a candidate is not eligible for admission to examination until his application has been approved by the Subspecialty Board concerned and the approval confirmed by this Board.

Announcement of the dates and places of subspecialty examinations will appear in *THE JOURNAL of the American Medical Association* and the *Bulletin of The American College of Physicians*.

Application forms will be forwarded upon request to the office of the Executive Secretary-Treasurer.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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 J. LAWRENCE POOL, New York City
 DONALD D. MATSON, Secretary-Treasurer,
 300 Longwood Avenue, Boston 15, Mass.

GENERAL QUALIFICATIONS

1. Moral, ethical and professional standing satisfactory to the members of the Board.

2. Completion of a minimal prescribed period of formal training in approved centers in the United States or Canada as described below.

3. It shall be discretionary with the Board to accept for examination candidates who have been in neurosurgical practice in the United States or Canada more than six years, but whose formal training fails to meet the full requirements.

4. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally

qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for certification by the American Board of Neurological Surgery.

5. A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for the Foreign Certificate may be taken without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

PRELIMINARY PROFESSIONAL STANDING

I

1. Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

II A

1. Completion of a rotating internship of not less than year in an approved hospital in the United States or Canada, or its equivalent in the opinion of the Board.

PLUS

2. A period of graduate study of not less than four years beyond the year of general surgical training; this must be in a hospital or in a 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 be obtained in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

OR B

1. Completion of a rotating internship of not less than one year in a hospital acceptable to the Board, or its equivalent in the opinion of the Board.

PLUS

2. A period of graduate study of not less than four years beyond the year of rotating internship in an approved hospital, or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training a period of at least six months must be in an approved clinical program in general surgery, and at least thirty months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training be obtained in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

Upon recommendation of the head of an approved neurosurgical training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

- a) transfers from one approved neurosurgical training center to another by arrangement between the chiefs of the two programs.
- b) before entering a training program has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery in one location is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

- 1. Identifying hospital number and date of admission
- 2. Clinical diagnosis
- 3. Definitive diagnostic procedures, if performed
- 4. Operations, if performed
- 5. Result, including, when applicable, all complications and autopsy findings

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material will be readily available when requested. The candidate should bring this list with him to the examination. He should *not* send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of Directors, must be in the hands of the Secretary-Treasurer of the Board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted the candidate shall be eligible for examination at the next meeting of the Board for which he can be scheduled. He must take the examination within 3 years of the time that he is eligible to be scheduled or re-apply again as a new candidate. If the examination has been failed, it must be repeated within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. If a candidate has failed twice and reapplies, he must submit satisfactory evidence that he has taken additional training or other definite steps to remedy his deficiencies.

PAYMENT OF FEES

The fee for Certification shall be one hundred fifty dollars (\$150). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred twenty-five dollars (\$125) to the Secretary-Treasurer at least two weeks before the date of the examination. The fee for re-examination in case of failure shall be one hundred dollars (\$100).

FOREIGN CANDIDATES

All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Educational Council for Foreign Medical Graduates. Each foreign candidate who passes the examinations given by the American Board of Neurological Surgery must provide the Secretary-Treasurer of the Board with evidence of his license to practice in his own country before the Foreign Certificate of the Board will be forwarded to him. If the holder of a Foreign Certificate returns to or remains in the United States to practice, he must forfeit this Foreign Certificate and reappear before the Board after two years of practice in the United States or Canada. The fee for this re-examination shall be one hundred dollars (\$100).

AMERICAN BOARD OF OBSTETRICS
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REQUIREMENTS

Each candidate, before he may become eligible to apply for evaluation of qualifications by the Credentials Committee, must establish the following facts:

1. The possession of the degree of Doctor of Medicine from an institution of learning acceptable to the Council on Medical Education and Hospitals of the American Medical Association.

2. That he is a full citizen of the United States or Canada, has an unlimited license to practice medicine in either country, is a member of a County or District Medical Society, and is of high ethical and professional standing.

3. The completion of at least one year of intern service in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association or The Canadian Council on Hospital Accreditation. The Board accepts the fifth or "intern" medical school year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.

4. The completion of six years of residency and practice, after the first intern year, before application can be made for admission to examination. This time must include:

(a) A minimum of three years approved progressive

residency composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology.

(b) Two years of post-residency practice, limited to the specialty.

5. That he has limited his practice to obstetrics and gynecology in the same locality for the two years immediately preceding the filing of his application. Interpretation of the "same locality" requirement may be made by the Board for those candidates who have had post-residency practice in service on obstetrics and gynecology in the Armed Forces.

6. In addition, the candidate must offer as sponsors two Diplomates of this Board from his community currently acquainted with his ability in the practice of the specialty.

SPECIAL CREDITS AND RULINGS

1. Since July 1, 1962, this Board has required a minimum of three years approved and progressive RESIDENCY, composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology, to complete the requirements for admission to examination. Exceptions will be made only for those candidates who have served a preceptorship approved and commenced prior to July 1, 1960, under the rules then in force, and completed by July 1, 1962. APPLICATIONS FOR TRAINING BY PRECEPTORSHIP ARE NO LONGER APPROVED.

2. Applicants on service in obstetrics-gynecology under orders in hospitals of the Army, Navy, Air Force and Public Health Service will receive residency credit if such hospitals are officially approved for residency programs in this specialty. When the hospital is not approved, credit may be allowed for Preceptorship as previously stated.

Physicians in practice who are recalled to service as members of either National Guard or reserve units will be granted credit toward their post-residency practice time for 50 per cent of the time served; this credit will not, in any circumstance, exceed one year.

3. Post-residency practice is emphasized as an opportunity for colleague appraisal of the candidate's ability when working on his own responsibility. This experience may occur as an assistant, an associate, as independent practice, service in obstetrics and gynecology in the Armed Forces or, when the candidate has completed residency requirements, advanced to full-time teaching appointment in a medical school, which includes clinical practice, and has served two years in such capacity. Periods of residency in obstetrics and gynecology in excess of the required three years will not be substituted for any part of post-residency practice.

4. 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 at least five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Knowledge of both obstetrics and gynecology is required.

5. Applicants who possess a certificate from another Board may retain such certificate provided they agree to confine their future practice to obstetrics and/or gynecology.

6. The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except when this is related to active military duty.

7. It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in Emergency Care.

8. Foreign born applicants must supply with the application a notarized statement, not original citizenship papers,

attesting full citizenship in the United States or Canada. Such candidates will not be eligible to apply for admission to examination until three years from the date of unlimited licensure to practice medicine in the United States or Canada.

9. Credit for a residency in "accelerated programs" will be allowed only for residencies served during 1943-46.

10. Any physician who formally obligates himself to enter a Residency Program approved by the Residency Review Committee who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be declared ineligible for examination for certification at the discretion of the Board.

APPLICATION AND FEES

Application forms may be obtained from the Executive Secretary. When completed they must be returned to him not later than July 1 of each year, accompanied by the application fee of \$35.00 which is not returnable.

The application must be accompanied by duplicate certified typewritten lists of all patients dismissed from the candidate's service in each hospital where he has practiced during the year preceding the application. The patients listed must be only those for whom the candidate assumed the major responsibility.

The data of obstetrical and gynecological patients must be listed separately on unbound paper 8½ by 11 inches and must conform IN ALL DETAILS to the format on the last page of the Bulletin.

If the application is approved the candidate will be notified of admission to examination. This should be acknowledged immediately accompanied by remittance of the examination fee of \$125.00 which is not returnable.

Applicants declared eligible but who fail to exercise the privilege of examination within three years of the date of filing application will be requested to file a new and current application, submit new duplicate certified typewritten lists of all patients dismissed from their service in each hospital where they have practiced during the year immediately preceding re-application, and to pay a new application fee of \$35.00.

When the Board declares the candidate ineligible for admission to examination or postpones this admission, a request for re-opening of the application may be made within two years of the original date of application without payment of additional fee. This request must be accompanied by evidence that the reasons for ineligibility and/or postponement have been corrected. As a general rule the Board will not reconsider the application in less than two years.

Following two ineligibility or postponement rulings on the original application, an entirely new application must be submitted with the fee of \$35.00.

All candidates requesting re-opening of their application are required to submit, with their letter of request, current duplicate certified typewritten lists of all patients dismissed from their service in each hospital where they have practiced during the preceding twelve months.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expense. Directors and Associate Examiners serve as such without compensation other than actual expense.

APPLICATION, FEES AND REGULATIONS CONCERNING
ADMISSION TO RE-EXAMINATION

Re-examinations, owing to failure in the Part I examination, may be taken after one year but must be taken within three years after first failure without payment of additional fee.

Re-examination in Part II does not include repetition of Part I examination. One re-examination may be taken on the original application within three years of the first examination and first failure without submission of a new application.

Requests for this re-opening of the original application and first admission to re-examination in Part II must be accompanied by a fee of \$35.00.

Failure to exercise the privilege of re-examination within three years requires the submission of a new application with payment of the usual fees for application and examination.

Following two failures in either Part I or Part II the candidate may submit a second application under the same regulations as applied to the original application and may be admitted to re-examinations but once. Exceptions to this ruling can only be made by action of the entire Board of Directors.

All requests and applications for re-examination, in either Part I or Part II, must be made prior to July 1 of each year and accompanied by CURRENT duplicate certified typewritten lists of all patients dismissed from the candidate's service in each hospital where he has practiced during the preceding twelve months.

ONLY ONE RULING ON ANY APPLICATION WILL BE MADE
WITHIN A PERIOD OF TWELVE MONTHS

EXAMINATIONS

Part I, scheduled for December 14, 1962, consists of a comprehensive written examination in obstetrics and gynecology and related basic sciences limited to three hours.

Arrangements will be made for candidates to report in a convenient city where there is a Diplomate of this Board who will supervise the examination sent to him under sealed cover.

Special arrangements will be made with senior officers to supervise the examination for candidates in military service. Such candidates must keep the Executive Secretary informed of their addresses.

Each applicant accepted for Part I examination will be required to achieve a passing grade of 75 per cent before becoming eligible for the Part II examination. The latter must be taken at one of the two next consecutive Part II examinations offered. However, if Part II examination is not taken during the first year after the candidate passes Part I, he is required to submit new certified lists of patient dismissals as described under "Application and Fees."

Part II, scheduled for April 29-May 4, 1963, is conducted by the Directors of the Board and Associate Examiners and consists of:

1. An oral examination to determine the general qualifications of the candidate as a specialist in obstetrics and gynecology, the extent of his experience in clinical obstetrics and gynecology and related basic sciences, and his familiarity with recent obstetrical and gynecological literature.

2. An oral examination in obstetrical and gynecological pathology. The candidate is expected to identify and discuss gross and microscopic preparations.

Examiners report on each candidate to the assembled Board and Associate Examiners. The candidate is then passed or failed by the vote of the entire Board of Directors.

The passing grade in each part of the examination is 75 per cent.

RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY

Graduate programs in obstetrics and gynecology are passed upon by a Residency Review Committee sponsored jointly by the American Board of Obstetrics and Gynecology, the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons. The Committee is composed of twelve Diplomates of the 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 delegated to it full authority to act.

Programs are approved to provide for the resident an educational opportunity that is progressive in experience and

responsibility. All programs should achieve a balance between the educational activities and the experience acquired through the care of patients. The total number of residents should be such that the maximal education and experience can be afforded the individual resident.

The American Board of Obstetrics and Gynecology requires three years of progressive experience composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology for admission to examination for certification.

The Board recognizes that some residency programs, in order to meet the minimal requirements, may extend beyond three years. Such programs may be arranged for approval of more than three years provided there is no dilution of resident experience in clinical obstetrics and gynecology or no decrease in the time requirements mentioned previously.

Education 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.

Since July 1, 1958, this Board has not allowed credit within the required three years for separately organized basic science courses which remove the candidate from clinical obstetrics and gynecology.

Exchange of residents within the specialty between approved programs is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical experience equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such service is carefully supervised by the chief of the approved program in which the Resident is enrolled. Such an arrangement is to be attested in the hospital information form supplied to the Residency Review Committee.

The Board requires a minimal three years of an approved progressive residency program composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology to fulfill the qualifications for admission to examination. Programs not including, either intramurally or by affiliation, thirty-six months of progressive clinical experience in the specialty are no longer approved. Thus, the one year programs approved only for the first year in obstetrics and/or gynecology are no longer approved. The institutions involved are urged to affiliate with those having approved programs. Full approval will be given only to the parent program.

Two-year residencies in obstetrics only or gynecology only are not approved and should affiliate to produce a combined program that can be approved. Two-year residencies in obstetrics and gynecology likewise are not approved. The institutions involved are encouraged to develop a three-year program by expansion or affiliation.

The chief of service should be a Diplomate of this Board in the interest of proper organization of the department and the teaching of the combined specialty. At least one additional senior member of the staff should be similarly qualified. In the absence of such certification the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty and one additional senior member is similarly qualified. When obstetrics and gynecology are not a combined department the chief of each division and at least one of his associates must be Diplomates of this Board or otherwise qualified as mentioned above. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. 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 integration of teaching and the rotation of residents between obstetrics

and gynecology in order to afford equal education and experience in both branches of the specialty.

Applications for residency approval must be made in triplicate. Special forms may be secured from the Secretary of the Council on Medical Education and Hospitals of the A.M.A. The hospital should retain a duplicate of all documents relating to the application. When completed the application and all papers pertaining thereto should be submitted to the Council on Medical Education and Hospitals of the A.M.A., 535 North Dearborn Street, Chicago 10, Illinois. Following inspection of the proposed program by a representative of the Council the application will be submitted to the Residency Review Committee for consideration and action.

For further information a copy of the Essentials of Approved Residencies, published by the Council, should be available to all who participate in the activities of a program.

AMERICAN BOARD OF OPHTHALMOLOGY

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PREREQUISITES

1. High ethical and professional standing.
2. Full citizenship in the country where the candidate practices. Foreign born ophthalmologists practicing in the United States, if otherwise qualified, may apply if they have filed their petition for naturalization three years prior to application.
3. A degree from a medical school of high standing, satisfactory to the Board and approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools; (Canadian schools excepted), providing that he has not already passed the examination of the State Board or that of the National Board of Medical Examiners.
5. Completion of an internship of not less than one year in a hospital approved by the same Council.
6. Individuals who have completed 36 months of formal ophthalmological training (residency and basic science courses) may apply for the written qualifying test after completion of 12 months of practice or 12 months of institutional work, a total of 48 months. All other individuals, with less formal training, may apply for the written test after 60 months in ophthalmology or 72 months of combined ophthalmology and otolaryngology. A basic course is recognized as equivalent in time to residency training. *All time requirements must be completed by the date of the written test.*
7. Licensure in the State, Province or country where the candidate practices.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.
2. Fee of \$100.00 remitted with application.

3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery.

FEEES

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.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skillful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology.

2. Active clinical experience in approved hospitals, clinics, dispensaries and private practice. Library and laboratory facilities should be utilized for the intensive study of cases. These requirements may be met in various ways:

BASIC STUDIES

- Anatomy and Histology of the Normal Eye
- Embryology and Developmental Abnormalities
- Bio-Chemistry
- Pathology
- Microbiology and Immunology
- Optics and Physiological Optics
- Ocular Physiology
- Medical Ophthalmology
- Pharmacology
- Neuro-Ophthalmology
- Principles of Ophthalmic Surgery

These may be covered by:

A—A curricular course in the basic sciences related to Ophthalmology in an approved graduate medical school.

B—Courses in individual basic sciences related to ophthalmology as given at various approved institutions. The Home Study Course of the American Academy of Ophthalmology and Otolaryngology is recommended as a supplement.

C—Residency. By advanced study of these subjects during a residency and by correlation of the principles involved with clinical problems.

D—Research, Fundamental and Clinical. By the detailed study, under supervision or as assistant to an experienced research worker, of some problem or topic which brings the basic sciences into direct relation with the concrete clinical problem.

Research under competent critical and sympathetic supervision will give first hand insight into (1) the methods whereby old knowledge was and new knowledge is acquired and (2) the pitfalls which accompany attempts to enlarge the sphere of knowledge. In this way the candidate can learn to evaluate basic facts in the intelligent critical way which is expected of the specialist in practice.

CLINICAL EXPERIENCE

Residency or Fellowship in an approved hospital is recommended. The most desirable of these residencies have regular lectures covering the entire field of clinical ophthalmology and of the basic subjects as applied in clinical practice. Many of these have seminars at which residents report cases which they have carefully worked up. These are discussed by the other residents and by the staff and the method of presentation as well as the subject matter critically considered.

After completing a residency it is of great advantage to secure a position in a clinic as fellow or assistant. This may require only part time work, but due credit will be given. Its value to the student depends on how much study he puts into it and on how competent his seniors are.

The candidate who cannot secure the type of residency he desires should not despair, for his progress depends upon how he uses his opportunities as well as on the opportunities themselves.

MILITARY SERVICE

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.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a Written Test to ascertain their qualifications. The questions may cover any part of ophthalmology and are especially devoted to the subjects listed on pages 6 and 8. The Written Test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent clinical examination in ophthalmology.

Written qualifying test must be taken within three years of date of application. Thereafter new application and fee are required.

A candidate is not considered "Board Eligible" until he has passed the Written Qualifying Test.

CLINICAL EXAMINATIONS

Examinations usually are held annually at or near the time and place of the meeting of the American Medical Association; also at other times and places at the discretion of the Board.

The Board reserves the right to limit the number of candidates to be admitted to any scheduled clinical examination.

The clinical examination must be taken within three years after passing the written test.

SUBJECTS

(conducted with patients, slides, graphs, charts, etc.)

- | | |
|--------------------|-----------------|
| External Diseases. | Ophthalmoscopy. |
| Histopathology. | Refraction. |
| Motility. | Perimetry. |

Principles of Ophthalmic Surgery.

1. EXTERNAL DISEASES of the eye and adnexa. Patients will be examined by the candidates. Methods of examination, diagnosis, and treatment will be discussed. As a basis of discussion slides may be used to illustrate various external diseases.

2. OPHTHALMOSCOPY. Techniques and principles of ophthalmoscopy. Patients will be examined by the candidate and the findings described or drawn. A candidate is required to bring his own ophthalmoscope to demonstrate his technique and understanding of principles.

3. PATHOLOGY. The candidate will demonstrate familiarity with general clinical pathology as well as the etiology,

pathology and bacteriology of diseases of the eye. He will be asked to examine microscopic slides and to recognize normal and pathological histology of the eye.

4. **REFRACTION.** A candidate will examine patients and show mastery of various methods, and of the principles of refraction and of retinoscopy. He should bring his own retinoscope, trial frame and cross cylinders.

5. **MOTILITY.** The candidate will demonstrate upon patients his familiarity with methods of examination. He should bring his own prisms and other portable testing devices. Diagnosis and treatment will be discussed including the normal and abnormal physiology of binocular vision.

6. **OPHTHALMIC SURGERY.** Examination of surgical patients and discussion on principles of ophthalmic surgery. As a basis for discussion, slides may be used to illustrate surgical problems.

7. **PERIMETRY.** The candidate will examine patients with the use of arc perimeter and tangent screen. He will be required to interpret charted fields, and to demonstrate an understanding of the principles of perimetry. It is desirable for him to bring test targets.

CERTIFICATION

The decision of the Board is final as to the candidate's passing, failure or partial failure. The final action of the Board is based upon the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

Certified ophthalmologists should refer to themselves as **DIPLOMATÉS** of the American Board of Ophthalmology. (There are only twelve members of the Board and these are elected from the three component societies.)

RE-EXAMINATION

Candidates may be re-examined on satisfactory evidence of adequate additional preparation and payment of re-examination fee. When a candidate is conditioned in one or more subjects the Committee on Examinations shall decide on the merits of the case and the length of time that must elapse before re-examination in these subjects. A minimum of one year additional preparation is required of candidates who fail. The Board may at its discretion deny the candidate the privilege of re-examination.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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CERTIFICATES

The American Board of Orthopaedic Surgery awards either a "Full Certificate" or a "Limited Certificate"* to candidates who successfully pass Part I and Part II examinations, confine their practice to orthopaedic surgery, and are acceptable on the basis of moral and ethical standing enjoyed by them in their community.

*Training leading to "Limited Certification" was discontinued on January 1, 1962.

REQUIREMENTS FOR PART I EXAMINATION

1. Citizenship in the United States or Canada, or possession of papers showing intent to become a full citizen.
2. Graduation with a Degree of Doctor of Medicine from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association.
3. Graduates of foreign medical schools who pass the examination of the Educational Council for Foreign Medical Graduates will be acceptable to the Board on the same basis as others possessing the degree of Doctor of Medicine as herein stated. Send inquiries to the Educational Council for Foreign Medical Graduates, 1710 Orrington Avenue, Evanston, Illinois. The Board will accept completion of the examinations of the National Board of Medical Examiners or possession of a state license in lieu of the examinations of the Educational Council for Foreign Medical Graduates.
4. Completion of an internship of not less than one year in a hospital approved at that time by the Council on Medical Education and Hospitals of the American Medical Association, or if trained abroad, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.
5. Completion, in addition to the above, of one year of resident training in general surgery in a hospital approved by the aforementioned Council.

Note: This minimum year of training in general surgery may also be satisfied in one of the following alternate ways, subject to approval by the American Board of Orthopaedic Surgery, and can be accomplished at any time during the total period of residency training.

- (a) A second year of surgical internship.
 - (b) Time spent in supervised research pertaining to orthopaedic surgery.
 - (c) Time spent on services which have overlapping interest with orthopaedic surgery, such as vascular surgery, plastic surgery, hand surgery and anaesthesiology. No credit is granted for residency training in radiology.
 - (d) A fourth year of orthopaedic training on an approved service consisting either of twelve months of adult orthopaedic surgery or six months of such surgery and six months of fractures and related trauma.
 - (e) Surgical work in private practice. Candidate will present a list of his independent surgery prepared and signed by the hospital administrator or record librarian, and supplemented by letters from at least two colleagues evaluating the candidate's experiences.
 - (f) Surgical work in military service. Credit is granted only after termination of military service and presentation of the Professional Training Record, letters from Chiefs of Services and a list of operations performed by the candidate.
6. Completion of the required three years of resident training in orthopaedic surgery under a program approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Internships and Residencies. This list is available from the Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.) This training consists of the following:
 - (a) One year of adult orthopaedic surgery.*
 - (b) Six months of fractures and related trauma.
 - (c) Six months of basic science training.
 - (d) One year of children's orthopaedic surgery.

*Six months of credit may be granted toward adult orthopaedic surgery when the resident is assigned full time on Hand Services in approved hospitals. The Residency Review Committee is also empowered to approve for training certain hand services on which residents are not necessarily assigned full time in the hospital. A maximum of three months of training may be given toward the adult orthopaedic surgery requirements for time spent on physical medicine and rehabilitation programs acceptable to the Board.

FILING OF APPLICATION FOR
PART I EXAMINATION

1. Application blanks for this examination are obtainable from the office of the Board. They must be returned to the office before January 1st of the year of the examination, and must be accompanied by the application fee of \$15.00, a non-refundable fee.

2. The Committee on Eligibility is the arbiter in deciding whether or not the application is acceptable. Questions pertaining only to rules and procedures may be answered by the Secretary of the Board.

3. Notification of acceptance is mailed to eligible applicants before the examination.

4. A fee of \$50.00 is payable on receipt of notification. Candidates who fail to appear for the examination or who cancel after they have been scheduled for the examination forfeit the fee.

5. An application which has been accepted by the Committee on Eligibility remains on file for three years, after which time a new application and fee are required.

6. The date and place of the scheduled examination are announced in *THE JOURNAL of the American Medical Association* and in *The Journal of Bone and Joint Surgery*. The examination is usually held in June in three cities strategically located in the eastern, central and western sections of the country.

7. Part I examination must be taken within three years after completion of training unless there is a reason acceptable to the Committee on Eligibility, or candidates will be required to take an additional year of training on an approved residency program to qualify. Following this, the candidate will be eligible for Part I examination for three years.

8. Candidates practicing in Canada must pass the qualifying examination in orthopaedic surgery of the Royal College of Physicians and Surgeons before they can apply for Part I examinations of the American Board of Orthopaedic Surgery unless they obtained three or more years of approved training in the United States.

9. Foreign doctors who complete approved training in orthopaedic surgery in the United States or Canada and who return to their own countries to practice may take the examinations of the American Board of Orthopaedic Surgery under specific rules and regulations which may be obtained from the Secretary of the Board.

SCOPE OF PART I EXAMINATION

The examination is in two parts—*written* and *oral*.

The *written* part covers such subject matter as: fundamental principles of surgery, elementary fractures and related trauma, orthopaedic surgery, history-taking, physical diagnosis and also anatomy, pathology, physiology and biochemistry as related to the Specialty.

The *oral* portion covers the following five subjects: (1) anatomy; (2) pathology; (3) physiology and biochemistry; (4) surgery; and (5) fractures, related trauma and orthopaedic surgery.

RESULTS OF PART I EXAMINATION

1. Notification of the results of the Part I examination is mailed by the Secretary of the Board to both successful and unsuccessful candidates.

Note: No information regarding the results is obtainable prior to the date of notification and no certificate is issued to successful candidates of Part I examination.

2. Successful candidates may make application to the Board for admission to the Part II examination, as explained in the following section.

3. Unsuccessful candidates may repeat the Part I examination in the two ensuing years without filing a new application. They are *automatically* reconsidered for examination by the Committee on Eligibility during the two years their

application remains valid. On receipt of the Committee's approval of his eligibility to repeat the examination the applicant must pay to the Board the \$50.00 examination fee.

4. Candidates must repeat Part I examination after failure within the ensuing two years unless there is a reason acceptable to the Committee on Eligibility or they will be required to take an additional year of training on an approved residency program to qualify.

5. After the third and subsequent failures to pass the Part I examination the Committee on Eligibility may require the unsuccessful candidate to obtain experience equivalent to one year of acceptable residency training. A new application with a fee of \$15.00 must then be submitted for each additional examination, and this must be followed by payment to the Board of the \$50.00 examination fee upon notification of eligibility by the Committee.

REQUIREMENTS FOR PART II EXAMINATION

Note: Successful completion of the Part I examination does not automatically enjoin the Board to declare the candidate eligible for the Part II examination. Certain additional requirements, as well as the approval of the Committee on Eligibility, are necessary.

1. Part II examination must be taken within the five-year period following completion of the Part I examination. The Committee on Eligibility may extend this time in some cases because of problems presented by service in the military forces. After a lapse of five years or more it will be necessary for a candidate to take Part I examination again before eligibility for Part II examination can be considered. If Part I examination is not taken within the ensuing year, the candidate must obtain an additional year of acceptable training on an approved program before he becomes eligible again for Part I examination.

2. Citizenship in the United States or Canada.

3. License to practice medicine in the United States or Canada.

4. High ethical, professional and moral standing in the community.

5. Practice Requirements:

(a) Practice requirements must be satisfied after completion of all training.

(b) Practice must be limited to orthopaedic surgery for two years, except as other therapy is required in the care of patients on emergency services.

(c) Candidates in private practice must spend fourteen of the twenty-four months in one locality immediately prior to the Part II examination to permit the Committee on Eligibility to evaluate the candidate's competence in practice.

(d) Candidates employed full time in institutions can qualify after a minimum of two years. If Part II examination is not taken after spending two years of continuous service in institutions and the candidate returns to civilian practice, it will be necessary to practice fourteen months in one locality prior to the examination. The minimum period of two years of practice cannot be satisfied by mixing full time institutional work with preceding or subsequent time in private practice unless the Committee on Eligibility rules otherwise.

(e) Candidates in military service must be assigned as orthopaedic surgeons in hospitals for two years. If such a candidate returns to civilian life before taking Part II examination he must spend fourteen months in one locality prior to the examination.

(f) A candidate must submit as part of his application for Part II examination an unbound list of all of his patients admitted to the hospitals in which he has practiced for the year immediately preceding the execution of his application form, or the year just prior to the re-opening of his application. The

list must be certified by the hospital administrator or librarian.

FILING OF APPLICATION FOR PART II EXAMINATION

1. Applications for admission to the Part II examination must be received in the office of the American Board of Orthopaedic Surgery before July 1st of the year preceding the examination. Each application must be accompanied by the non-refundable fee of \$15.00.

2. An application remains on file for three years, after which time a new application and fee must be submitted.

3. On notification from the Committee on Eligibility of approval of the candidate's application a fee of \$125.00 must be paid to the Board. The notification is mailed to the candidate by the Secretary before the Part II examination.

4. Candidates who fail to appear for the examination or who cancel after they have been scheduled for the examination, forfeit the fee.

SCOPE OF PART II EXAMINATION

1. The examination consists of two parts—*written* and *oral*.
2. The *written* part covers advanced work in all phases of orthopaedic surgery and trauma related to the muscular skeletal system.

3. The *oral* portion covers the following five items: (1) anatomy; (2) correlative pathology; (3) children's orthopaedic surgery; (4) fractures and related trauma; (5) adult orthopaedic surgery; including hand surgery.

Note: Candidates for "Limited Certification" will not be examined in children's orthopaedic surgery, but will be tested personally in adult orthopaedic surgery and fractures and related trauma by two different groups of examiners.

RESULTS OF PART II EXAMINATION

A. Successful Candidates

1. Candidates who have successfully passed the Part II examination and who are otherwise acceptable to the Board on the basis of full requirements, receive appropriately a "Full" or a "Limited" Certificate, stating that they have been found qualified to practice the Specialty of Orthopaedic Surgery in those fields in which they have been trained and examined.

2. Candidates who obtain "Limited Certification" are expected to delete children's orthopaedic surgery from their practice because of lack of approved training. They may subsequently become fully certified by completing one year of approved resident training in children's orthopaedic surgery and passing the written examination in that field and three oral examinations, two in children's orthopaedic surgery and one in children's fractures. A practice period of one year should intervene between the completion of the additional training and the examination. The examination fee is \$50.00.

B. Unsuccessful Candidates

1. Candidates unsuccessful in the Part II examination are so informed by the Secretary of the Board.

2. Candidates who fail one oral examination or the written examination will be required to repeat this portion of the examination within the following two years upon payment of a fee of \$50.00.

3. Candidates who fail two oral interviews or one oral and the written examination must repeat the entire examination. It may be repeated on two occasions after the initial failure without requirement of further training or filing of a new application. The eligibility of candidates for re-examination receives automatic consideration by the Committee on Eligibility each of the two years following failure and its decision is then made known to the candidates. Upon notification of approval, candidates are required to send to the Board the examination fee of \$125.00.

4. Unsuccessful candidates for Part II examination must repeat the examination within the ensuing two years unless there is a reason acceptable to the Committee on Eligibility; otherwise they must repeat the Part I examination. If Part I is not then taken within one year, the candidate must obtain an additional year of full-time training on an approved residency program before Part I can be taken and he is not "Board eligible" until this is accomplished.

5. After a third or subsequent failures to Part II examination the candidate may apply to the Committee on Eligibility for permission to repeat the examination. The Committee may require the candidate to gain additional experience equivalent to one year of resident training. A new application and the fee of \$15.00 must be submitted for each additional examination, and this must be followed by payment of the examination fee of \$125.00 upon receipt of Committee approval of the candidate's eligibility.

REVOCACTION OF CERTIFICATES

1. Certificates may be revoked because of misrepresentations to the Board of the candidate's training and other requirements.

2. In signing his application the applicant agrees to revocation of his certificate on grounds of his violation of standards of ethical practice and/or for any cause resulting in forfeiture of his license to practice.

MILITARY SERVICE

1. Medical officers who have elected service in the military forces as their life career compete for certification on the same basis as do doctors in civilian practice; that is, they must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopaedic surgery.

2. Medical officers on temporary or permanent status with the Armed Services who serve in military hospitals approved by the Residency Review Committee obtain credit on the same basis as do residents on approved services in civilian hospitals.

3. Applicants who serve in military hospitals not approved by the Council for orthopaedic training, but whose experience is judged by the Board to have been equal to that obtained on the approved orthopaedic programs, may be granted the maximum credit of one year of resident orthopaedic training.

4. Applicants requesting such credit must submit completed "Professional Training Records" in addition to lists of operations performed by them, and letters from Chiefs of Services with evaluations of their experience.

5. Medical officers assigned to residency programs in civilian institutions on the approved list for orthopaedic training receive the same credit as do civilian candidates.

RECORDS OF SURGICAL CASES AND INSPECTIONS

1. Records of a specified number of consecutive surgical cases may be requested by the Board in order to evaluate properly the work of an applicant.

2. A representative of the Board may visit a community in order to evaluate properly the work of an applicant.

APPROVED RESIDENCIES

1. Training in the United States must be taken in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The latter is made up of representatives of the Council on Medical Education and Hospitals of the American Medical Association and of the American Board of Orthopaedic Surgery.

A complete list of approved institutions is published annually in the Directory of Approved Internships and Residencies, published by the American Medical Association. The list is *not* obtainable from the office of the Board.

2. Credit for time spent in institutional resident training will be granted only for the period the institutions are on the approved list. Credit may be given from the start of the resident training period if an institution becomes approved during the time a candidate is in training and the program is found to be satisfactory.

3. Candidates engaged in resident training in institutions which become disapproved, in whole or in part, receive resident training credit for the entire period during which their contracts are in force, but not to extend beyond two years of the date of disapproval.

4. The term "fellow" is considered synonymous with "resident" only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows performing resident training for credit must not exceed the number approved by the Residency Review Committee for a given program.

5: Institutions approved for resident training in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of other institutions, provided that:

- (a) The resident spends at least half of the minimum time required in each category of training in institutions approved for that type of training by the Council.
- (b) The training supplements services in the same categories in which the institution responsible for the training is approved.

Note: After May, 1962 the Residency Review Committee will inspect and approve every hospital used for training by a given program, regardless of the length of time of such service. This rule will go into effect as programs are routinely inspected by the Committee, as is done every two or three years. Hospitals given six months or more training may be listed in the Directory.

- (c) A maximum of three months may be spent on services devoted to rehabilitation.

REQUIREMENTS OF INSTITUTIONS OFFERING
ORTHOPAEDIC TRAINING

1. Institutions approved for full three-year programs and including all parts of the training requirements may integrate all parts so that they may be given concurrently.

2. Institutions which can provide less than three years of resident orthopaedic training must make cooperative arrangements with other institutions so as to provide complete three-year programs and be approved by the Residency Review Committee.

3. The minimum requirements of resident orthopaedic training programs, in addition to twelve months of general surgery or its equivalent (see Requirements for Part I Examination, Paragraph 5), are as follows:

- (a) One year of training in adult orthopaedic surgery.
- (b) Six months of training in the basic sciences.
- (c) Six months of training in fractures and related trauma.
- (d) One year of training in children's orthopaedic surgery.

4. Training in adult and children's orthopaedic surgery must include observation and first-hand experience in diagnosis, treatment, operative and post-operative care of orthopaedic problems.

5. Training in fracture surgery and related trauma must similarly include observation and first-hand experience in diagnosis, conservative and operative treatment, and post-operative care of recent and old fractures as well as other forms of related trauma.

6. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry, insofar as these relate to orthopaedic surgery.

7. Candidates may complete the residency requirements by training in several approved institutions, provided that all of the aforementioned requirements are satisfied.

8. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except as noted in Approved Residencies, Paragraph 5.

9. Candidates in resident training may not engage in private practice of their own or receive credit for time spent in private office practice of others.

MECHANISM FOR OBTAINING APPROVAL OF INSTITUTIONS
FOR RESIDENCY TRAINING IN ORTHOPAEDIC SURGERY

1. Obtain the necessary data blanks from the secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

2. Return the completed forms to the Council and request an inspection of all the hospitals involved in the proposed residency program.

3. Following the inspection by a representative of the Council the report and related data will be directed to the Residency Review Committee for final action. The Secretary of the Committee will then convey the decisions of the Residency Review Committee to the petitioning hospitals.

4. Programs so approved are re-inspected after twelve months by a Diplomate of the Board who is selected by the Residency Review Committee. This report is followed by further consideration and final evaluation by the Residency Review Committee.

5. Hospitals seeking extension of approved training services or the reinstatement of approval of services following withdrawal of same, will follow the same procedures outlined in Paragraphs 1, 2 and 3.

AMERICAN BOARD OF OTOLARYNGOLOGY

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GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the Board:

1. A candidate shall possess moral, ethical and professional qualifications acceptable to the Board.

2. A candidate shall have been graduated from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association or of the Canadian Medical Association.

3. A candidate must have had an internship of at least one year approved by the Council on Medical Education and

Hospitals of the American Medical Association or the Canadian Medical Association.

4. A candidate who has received premedical or medical instruction outside of the United States or Canada shall present documented evidence of the satisfactory completion of this course of study in approved institutions.

5. A candidate from a country outside of the United States or Canada who has received acceptable foreign premedical and medical training and who has served an approved residency in Otolaryngology in the United States or Canada is eligible for examination provided he meets all other requirements of the Board.

6. A candidate who has received premedical, medical and residency training outside the United States or Canada will be considered on an individual basis by the Board.

SPECIAL REQUIREMENTS

1. Four years of graduate training in addition to the internship. This period must include a minimum of one year of training in general surgery and three years in otolaryngology, both in approved programs.

(a) It is recommended that the year of general surgery be taken before the residency training in otolaryngology or between the first and second year. It may be taken between the second and third year but not following the completion of training in Otolaryngology.

2. The training must include studies in anatomy, biochemistry, embryology, microbiology, pathology, physiology and audiology.

In exceptional circumstances certain candidates who do not meet all the prescribed requirements may be accepted for examination by special action of the Board.

LIMITED CERTIFICATION

At the discretion of the Board, a limited certificate may be issued to one who has all the prerequisites but practices one branch of the specialty exclusively.

APPLICATION FOR EXAMINATION

1. A candidate for examination shall complete and submit the application forms supplied by the Secretary of the Board. It shall contain a record of the following: premedical and medical training, internships, residencies, and other postgraduate study, hospital and dispensary appointments, teaching positions, membership in medical societies, list of personal publications, if any, and any additional information considered of value to the Board's consideration of his qualifications.

The application shall be signed by two Diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two recent photographs, 4" x 3½", unmounted and autographed, (b) three letters of endorsement from responsible citizens, two of whom must be Diplomates of the Board of Otolaryngology, (c) a list of operations and assists performed by the candidate during his residency training, (d) verification of training, and (e) the application fee.

The complete application shall be filed with the Secretary not less than nine months prior to the probable date of the examination, with exception of the list of operations, which must be submitted three months prior to the termination of the residency.

2. An accepted application remains active for three years. If at the end of this period a candidate fails to appear for examination the application fee is forfeited and reapplication will be necessary.

3. The Board reserves the right to reject any application.

4. No statement indicating a prospective candidate's eligibility for examination by the Board can be given until after formal application has been made.

FEES

The fee for the examination is one hundred fifty-five dollars (\$155). Of this sum seventy-five dollars (\$75) must accompany the application. No part of this seventy-five dollars (\$75) is returnable. No application will be acted upon until the seventy-five dollars (\$75) application fee is received. The remaining eighty dollars (\$80) of the fee of one hundred fifty-five dollars (\$155) must be paid to the Secretary immediately upon notification of acceptance for examination. No part of this eighty dollars (\$80) is returnable once the candidate has been accepted for examination. A reexamination fee of one hundred fifty-five dollars (\$155) is required of candidates who request reexamination.

NOTE: The fee is computed on a basis of actual cost and is used wholly for administrative and examination expenses.

Candidates whose credentials have been found satisfactory and who have met the requirements of the Board examination will be notified as early as possible prior to the probable date of examination. Because the number of candidates who can be admitted to an examination is limited, appointments are made in the order in which the applications are received and accepted.

EXAMINATION

The time and place of the examination will be determined by the Board. Advance notices of examinations are published in *THE JOURNAL of the American Medical Association* and certain journals devoted to the specialty of otolaryngology. Insofar as is possible, examinations will be held near the time and place of the annual meetings of the American Academy of Ophthalmology and Otolaryngology and/or the National Ear, Nose and Throat Societies. Time allotted for these examinations is from three to five days.

The examination encompasses all phases of Otolaryngology including bronchoesophagology, maxillofacial surgery, and surgery of the neck, comprising the following sections:

1. Oral examinations covering all phases of otolaryngology.
2. Basic sciences as applied to otolaryngology.
3. Gross pathology and histopathology.
4. Clinical examinations of patients (history taking, physical examination, functional tests, a discussion of differential diagnosis, laboratory and x-ray data, etc.)

Unless otherwise specified all examinations will be conducted orally.

REEXAMINATION

A candidate who fails one examination may be admitted to a subsequent examination after a waiting period of one year (but within four years of the date of his second application) provided such a request for reexamination is approved by the Board and an additional fee of one hundred fifty-five dollars (\$155) is paid. Nine months notice of a desire to appear for a reexamination is required.

Candidates who have failed in a second examination may be accepted for a third examination upon recommendation of the Credentials Committee. However, satisfactory evidence of further study and progress is required, and a new application must be filed. The fee for the third examination is one hundred fifty-five dollars (\$155), seventy-five dollars (\$75) of which must accompany the application. The balance of the fee, eighty dollars (\$80) will be due upon notification of acceptance.

A candidate who is being reexamined must take the complete examination.

CERTIFICATION

A certificate is granted by the Board to a candidate who has met all the requirements and passed its examination.

AMERICAN BOARD OF PATHOLOGY

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 Bethesda, Maryland

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 and Hospitals of the American Medical Association, or graduation from medical schools acceptable to the Board in other countries.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals 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 and Hospitals of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee or assistant. The four years are divided equally as follows: two years of anatomic pathology and two years of clinical pathology. The candidate may substitute up to 12 months of training in a department of pathology of an approved school of medicine after the second year of undergraduate study as credit toward anatomic and clinical pathology provided that, in the opinion of the Board, the training is acceptable. Candidates may likewise substitute not to exceed 12 months of a fellowship or instructorship in a preclinical department of a medical school for one of the four years if, in the opinion of the Board, the experience was applicable to the practice of pathology. Candidates holding a master's or doctor's degree in a special discipline of pathology may obtain time credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work. These various credits may permit the candidate to take the examinations before the end of the fifth year following graduation from medical school. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should

communicate with the Office of the Secretary of the American Board of Pathology early in their training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(2) One additional year, which may be a rotating or straight clinical internship, or a continuation of 2-(a)-(1) above, 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 and Hospitals 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 either of the following types of training:

(1) Applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only (for qualification in clinical chemistry, clinical microbiology or hematology), or the certificate in anatomic pathology (for qualification in neuropathology)—two additional years of supervised training in the special field of their choice in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year of regular Board certification.

For certification in forensic pathology, only one additional year is required. A prerequisite for admission to examination in forensic pathology is certification in anatomic pathology, anatomic and clinical pathology, or, in special instances, clinical pathology. The Board will approve the combination of anatomic, clinical and forensic pathology training after five years on the basis of training for two years in anatomic pathology, two years in clinical pathology and one year in forensic pathology. For complete details, write the Secretary of the Board.

A person holding a certificate in anatomic and clinical pathology, or clinical pathology only, may be admitted to examination in the special field of clinical chemistry, clinical

microbiology or hematology upon the completion of an additional 12 months of full-time experience, or its equivalent, in the special field of clinical chemistry, clinical microbiology or hematology respectively.

(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 and Hospitals of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a 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.

(Note: Candidates desiring a certificate in anatomic pathology and neuropathology must have two years of approved training in anatomic pathology and two years of approved training in neuropathology.)

3. The requirements for those acceptable under the so-called "11 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidate, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For the candidate in this category who has had some special study and training in anatomic or clinical pathology acceptable under paragraphs 2-(a), (b), (c) or (d), double time credit will be allowed. Thus, if a candidate had two years of acceptable supervised study and training, only seven years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Seven years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

4. Certification without examination.

(a) Until January 1, 1966, the Board at its discretion may certify candidates without examination in the special fields of clinical chemistry, clinical microbiology and hematology, if the following conditions have been met as of January 1, 1961:

(1) That the candidate has been for a period of five years of professorial rank in the special field of his choice and in an approved medical school, or

(2) That the candidate has been practicing his specialty for 10 years in a senior position in a hospital having an adequate department in the special field, approved by the Council on Medical Education and Hospitals of the American Medical Association, or in an institution acceptable to the Board.

The Board no longer certifies without examination in anatomic or clinical pathology, nor in the special fields of neuropathology and forensic pathology.

CREDIT FOR MILITARY SERVICES

Credit may be allowed for training and experience in pathology in the military services during the period July 1, 1940 to June 30, 1947. This credit for training or experience, or both, is given on an individual basis and will depend on the opportunity the applicant has had as indicated by the medical service record in the specialty of pathology. After July 1, 1947 credit for those military services will be given on the same basis as it is in civilian institutions except that the rule in the preceding statement will not apply to reserve officers who continue on active duty after that date.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required. If the candidate does not pass the examination during these two three-year periods of being "Board eligible" for examination, he will no longer be regarded as "Board eligible."

This policy is in effect as of January 1, 1962, that is, persons previously declared to be eligible for examination shall continue to be eligible until January 1, 1965.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the Secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is one hundred dollars (\$100). If the candidate fails in his examination, he will be admitted to a second examination after one year. The applicant must pay an additional fee of fifty dollars (\$50) before a second examination will be given.

The application fee of one hundred dollars (\$100) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

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.

DEFINITIONS

Pathology is defined as that specialty of the practice of medicine dealing with the causes and nature of disease, which contributes to diagnosis, prognosis and treatment through knowledge gained by laboratory applications of the biological, chemical or physical sciences to man, or material obtained from man.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Internship and Residency Number* of THE JOURNAL of the American Medical Association.

ciation each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

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 from laboratories 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 autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Autopsy percentage:

No institution with an autopsy 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.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

(a) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the Board that less material than this is inadequate for the training of a pathologist.

(b) In the field of clinical pathology, there should be a reasonable diversification of tests, and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

(c) In the field of anatomic pathology, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens. Thus, in a hospital approved for one year in anatomic pathology and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in anatomic pathology, or clinical pathology or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both anatomic pathology and clinical pathology for four years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. Additional resident for each 50 autopsies or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY B. In both anatomic pathology and clinical pathology for three years. This meets all requirements of the Board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training

in clinical pathology or anatomic pathology in another hospital that is approved for the deficiency of training required.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. Additional residents for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY C. In both anatomic pathology and clinical pathology for two years. Candidates taking two years in these institutions must have an additional year (two years after July 1, 1952) in an institution in category A, B, or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. Additional resident for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY D. In both anatomic pathology and clinical pathology for one year. Candidates taking training in these institutions must have an additional two years (three years after July 1, 1952) in institutions that are approved for the deficiency of training required.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY E. In anatomic pathology only, for three or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (two years after July 1, 1952) is taken in clinical pathology in institutions that are approved for the deficiency of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In anatomic pathology only, for two years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (two years after July 1, 1952) in institutions that are approved for the deficiency of training required, and will be eligible in anatomic pathology only if another year is taken in another institution that is approved for one or more years in anatomic pathology.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In anatomic pathology only, for one year. Candidates training in these institutions will not be eligible in both anatomic pathology and clinical pathology unless they take an additional year in anatomic pathology and an additional year (two years after July 1, 1952) in institutions that are approved for these periods of training. Candidates seeking certification in anatomic pathology only must study an additional two years in institutions that are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of anatomic pathology for two years. Credit is never allowed for more than two years. Candidates taking training in these institutions may pursue further training as follows: (1) For anatomic pathology only. An additional year in an institution in Category A, B, C, E, F, or G with assignment to surgical pathology principally. (2) For anatomic pathology and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology and one-half year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

CATEGORY I. For postmortem part of anatomic pathol-

ogy for one year. Candidates taking training in these institutions may pursue further training as follows: (1) For anatomic pathology only. An additional two years in an institution in Category A, B, C, E, F, or G with general assignments. (2) For anatomic pathology and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology; and one year to an institution in Category A, B, C, E, F, G.

Minimum: 75 autopsies for one resident.

CATEGORY J. Surgical pathology part of anatomic pathology for one year. Credit is never allowed for more than one year, and the director of the laboratory must hold the certificate of the American Board of Pathology in anatomic pathology or be eligible for certification. Candidates training in these institutions may pursue further training as follows: (1) For anatomic pathology only. An additional two years in an institution in Category H or in an institution in Category A, B, or C with assignment to postmortem pathology only. (2) For anatomic pathology and clinical pathology an additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G, or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

CATEGORY K. Special pathology as part of anatomic pathology. Credit for not to exceed one-fourth the time credit (one year if seeking certification in anatomic pathology only, six months if seeking both anatomic pathology and clinical pathology) of candidates applying in anatomic pathology may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the Board.

CATEGORY L. Clinical pathology for three or more years. Candidates taking three years of training in these institutions will not be eligible for anatomic pathology unless they take an additional two years in institutions approved for anatomic pathology.

Minimum: 100,000 tests in clinical pathology for three residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for two years. Candidates taking two years training in these institutions must take the same additional training as in Category L to be eligible for anatomic pathology also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for one year. Candidates taking training in these institutions must take an additional two years in an institution in Category A, B, C, L, or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in anatomic pathology and clinical pathology, an additional two years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for one resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of one-quarter of the training period (one year if seeking certification in clinical pathology only, six months if seeking both anatomic pathology and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, immunology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the Board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of anatomic pathology or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The Board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full-time research.

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**REQUIREMENTS FOR ADMISSION TO EXAMINATION
GRADUATES OF MEDICAL SCHOOLS IN THE
UNITED STATES**

All candidates for examination for certification must meet the following requirements:*

1. Graduation from an approved medical school.
2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.
3. One year of rotating, pediatric, or other internship in an approved hospital.
4. Two years of specialized residency-type training in an approved pediatric center.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency or internship in an approved institution. The second year of required residency training may be met in the ways listed below, although the Board recommends that whenever possible candidates complete the two years as regular residents.

(a) It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of children. The Board believes further that this purpose can be accomplished only through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or postgraduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

(b) Three months' credit will be allowed for full-time residency-type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services.

A maximum of six months' credit may be granted for training in these fields through prior arrangement with the

*Booklet of Information presenting in more detail the data published here, may be obtained from the Executive Secretary of the Board. To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with that office. Whenever possible, this should be done before entering upon the appointment in question.

Credentials Committee. All appointments must be served in programs approved for general pediatric residency training or for the pediatric subspecialty in question.

5. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year toward this requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to completion of residency training is eighteen months.

Attention is invited to the fact that the primary duty of the resident must be the care of patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies or fellowships which involve little or no clinical training are creditable for only three months toward completion of requirements. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching appointments may not be substituted for residency training appointments.

Both research residencies and teaching appointments are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of a research residency not applicable for residency credit may thus be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but may be accepted toward the practice requirement.

The Board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes graded responsibility for care of patients on ward and outpatient services, experience with newborn, including premature infants, and both therapeutic and preventive pediatrics. It is expected that such service will include adequate graduate training in the basic medical sciences, as well as in the clinical, laboratory, and public health aspects of this specialty.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States.—Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They are graduates of a foreign medical school acceptable to this Board, or hold the certificate of the Educational Council for Foreign Medical Graduates.
2. They hold a license to practice in the United States.
3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries.—Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the residency training requirements listed above in the United States or Canada may apply for examination for special certification by the American Board of Pediatrics.

Candidates who complete their residency training requirements subsequent to Dec. 31, 1960, must pass the Qualification Examination of the Educational Council for

Foreign Medical Graduates before being admitted to the Board Examination.

Such foreign candidates who are returning to their own country at the end of their training period may be examined without completion of two full years in the *practice* of pediatrics.

A special certificate, appropriately identified to distinguish it from the regular certificate of this Board, will be issued to such candidates who have passed successfully, the examinations of this Board after they have completed such a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

Articles on the written examination will be found in PEDIATRICS (November, 1958, November, 1959, and June, 1962). Details concerning conduct and content of the oral examination were published in PEDIATRICS (October, 1959). Reprints will be distributed in advance of the examinations.

PART I-WRITTEN

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

PART II-ORAL

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility, and proximity to the examination site.

APPLICATION

Application must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of contemplated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEES

The application fee is one hundred twenty-five dollars (\$125). The full fee must be remitted with the application. Fees are subject to change at any time.

No additional fee is required for second and third written examinations. The fee for second and third *oral* examinations is seventy-five dollars (\$75) each.

All fees are subject to change at any time.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination.

Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however, be utilized in final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific data, the candidate must be prepared to demonstrate that he has a working knowledge of these.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

WILLIAM C. DEAMER, Chairman, San Francisco
SUSAN DEES, Durham, N.C.
GEORGE B. LOGAN, Rochester, Minn.
HARRY L. MUELLER, Boston
JAMES C. OVERALL, Nashville
RICHARD H. TODD, Washington, D.C.

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING 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

*Training in allergy may be carried out prior to such certification.

allergy clinics have been approved: (a) pediatric, (b) adult, and (c) mixed.

Two years of training in clinics of type (a) or (c), or one year in each, is acceptable. One year in (b) and the other in (c) is not acceptable. Please see Directory of Approved Internships and Residencies for listing of approved hospitals and associated clinics. In place of (2) the candidate may take (3).

(3) One full year full-time training in an approved allergy clinic plus two years part-time training of at least 200 hours each year in an approved allergy clinic and hospital.

At least one-half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify.

OR

(4) Five years, part-time, of at least 200 hours each year, in an approved pediatric or mixed allergy clinic and its activities. (This provision will be omitted after July 1, 1966, by which time five-year, part-time training programs should be completed.)

Research: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two. Accredited research should run concomitantly with clinical training in allergy.

Preceptorship: Preceptorship alone is not acceptable, but part of a full-time training program (50% or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptorship and clinic training run concomitantly.

Credit for Courses: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 40 hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infections, drug allergy, autoimmune disease, experimental hypersensitivity, the clinical manifestations of allergic diseases, 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, G. Berg; Children's Memorial Hospital, Chicago, G. Lanoff; Charity

Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New York City, E. Pearlman; Metropolitan Hospital, New York City, New York Medical College, S. Untracht; Mt. Sinai Hospital, New York City, H. Rapaport; New York Hospital, New York City, P. DeGara; Children's Memorial Hospital, University of Oklahoma, Oklahoma City, C. Pounders; University of Oregon Medical School Hospital, Portland, M. Moore; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

CERTIFICATION IN SUBSPECIALTY OF CARDIOLOGY

JAMES W. DUSHANE, Chairman, Rochester, Minn.
 FORREST H. ADAMS, Los Angeles
 EDWARD C. LAMBERT, Buffalo, N. Y.
 ALEXANDER S. NADAS, Boston
 SAUL S. ROBINSON, San Francisco
 HELEN B. TAUSSIG, Baltimore

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology.

Each cardiology application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATION

Cardiology examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

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) Each candidate must meet the following requirements:
 (a) Serve two (2) years full-time as a trainee in an approved training program in pediatric cardiology

OR

(b) One (1) year full-time as a trainee in an approved training program in pediatric cardiology,

AND

Two (2) years part-time or not less than 300 hours of concentrated work under supervision in each year in an approved training program in pediatric cardiology

OR

(c) Six years of work in the field of pediatric cardiology for three-fourths of his time.

(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.

N.B.: These alternative requirements given above under (b) and (c) will be withdrawn after December 31, 1963; i.e., candidates must have entered upon part-time training taken subsequent to the full-time year before that date in order to qualify, or have completed two years of acceptable part-time training before that date, if this is taken in advance of the full-time year.

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.

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 200 First St., S.W., Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

Foreign graduates who have completed three years of approved residency training in this country and who are returning to their native country to practice may be declared eligible for examination without the aforementioned licensure.

C. Graduation from a medical school approved by the Council on Medical Education and Hospitals or graduation from a foreign medical school which, in the opinion of the Board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than three years in a residency approved by the above mentioned Council. This period of study shall include graduate training in basic science as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities, related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

Any foreign medical graduate who has received approved residency training in this country and who wishes to be certified by the American Board of Physical Medicine and Rehabilitation, must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for examination and subsequent certification.

E. An additional period of not less than two years in full-time practice of physical medicine and rehabilitation.

In selected cases, *full-time* practice in physical medicine and rehabilitation may be substituted, in whole or in part, for "D" above. In those cases, two years of full-time practice in the specialty is considered the equivalent of one year of approved training.

Up to one year of credit may be given for (a) one or more years of approved training in other recognized specialties, or (b) four or more years of general practice, and would count toward "D" above.

EXAMINATION

The examination for certification is given in two parts. Part I is written, Part 2, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full-time practice in the specialty. The application shall be accompanied by a fee of one hundred dollars (\$100) if the candidate is applying for Part I only, and by a fee of one hundred seventy-five dollars (\$175) if applying for Parts 1 and 2. (In case of rejection of the application, evaluation fee of twenty-five dollars (\$25) will be retained by the Board, and the examination fee will be refunded.)

CERTIFICATION

Certificates of the Board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

KENNETH L. PICKRELL, Chairman, Durham, N.C.
 HERBERT CONWAY, Vice Chairman, New York City
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 MRS. ESTELLE E. HILLERICH, Corresponding Secretary,
 4647 Pershing Ave., St. Louis 8, Mo.

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full

citizens of the United States of America or citizens by birth in Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery, beyond the internship year, as a resident or an assistant resident in a hospital approved by the same Council. Of the required three years of approved training in general surgery, a minimum of 24 months must be in clinical surgery, which may include a few months each of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery, as well as general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the same Council, or in a preceptorship approved by the Board. In fulfilling this requirement, there is a limit of one year's credit given for all work done in all governmental plastic surgery residencies (Army, Navy, Veterans Administration Hospital, etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in a civilian residency or preceptorship.

Residencies approved by the Tripartite Residency Review Committee for Plastic Surgery as two-year programs of training in plastic surgery are recognized as the minimum training required in plastic surgery. If a hospital wishes to be approved for a three-year program of training in plastic surgery, then candidates accepting training in such programs must complete the entire three years in order to receive full credit, so as to have at least one year of senior responsibility. Any exception to this must be specifically recommended by the Chief of Service and be approved by the Board. One of the three years will be credited as the first of the required two years of practice in plastic surgery.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its discretion, give credit toward the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the Board office).

The period of special training should emphasize the relation of the basic sciences—*anatomy, pathology, physiology, biochemistry, and bacteriology*—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education and Hospitals of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education and Hospitals of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery c/o Council on Medical Education and Hospitals of the American Medical Association, 535 N. Dearborn Street, Chicago 10. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semiannual meeting of the Residency Review Com-

mittee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is published annually in the Directory of Approved Internships and Residencies and in the *Bulletin of the American College of Surgeons*. The list may also be obtained from the office of the Board, but the Board assumes no responsibility for 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 and Hospitals of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

Upon approval by the Board of a candidate's application for certification, each candidate is required to submit to the Board 25 case reports illustrative of his independent work in the field of general plastic surgery.

Candidates are admitted to examination only after submitting case reports that meet the required standards of the Board and that have been approved by the Committee on Credentials and Requirements. They must be submitted within one year from the time of such request; otherwise a new application must be filed. The case reports shall conform to conditions which the Board may from time to time specify.

The case reports should be assembled during the private practice period, and may be submitted at any time near the completion of the private practice period that they are ready, in cases where the candidate has had an official evaluation of his training. They should be submitted preferably by October 1st of any year, and not later than January 1st, for the annual May examinations of the Board.

The 25 case reports must be of a diversified nature and must be submitted to the office of the Board together with before and after photographs. They should be of the following distribution:

1. Cleft lip: primary and secondary
2. Cleft palate: primary and secondary
3. Traumatic defects requiring reconstructive surgery:
 - (a) Face and neck
 - (b) Body
 - (c) Extremities
4. Acute burns
5. Fracture of facial bones, excepting nasal fractures
6. Aesthetic operations of sufficient variety
7. Plastic surgery of the hand
8. Malignancies or conditions prone to malignancies (eradication and repair):
 - (a) Face
 - (b) Body
 - (c) Extremities
9. Congenital anomalies:
 - (a) Examples:
 - (1) Syndactylism
 - (2) Congenital absence (partial or total) of external ear
 - (3) Hypospadias
 - (4) Bands (constricting)
 - (5) Thyroglossal duct cyst
 - (6) Extensive nevi, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifica-

tions 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 25 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last three days. These centers will be 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. Arrangements for all examinations are made by the Examination Committee.

A written examination will consume all of the first day and half of the second day. An oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are: (1) theory and practice of plastic surgery; (2) applied anatomy, applied physiology; (3) pathology, bacteriology, clinical laboratory methods (pharmacology); (4) reaction of tissue to injury, surgical accidents, anesthesia. A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiner will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technique, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and to tabulate in the order of their importance the methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates, and they will be asked to write a description and diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution of fifteen dollars (\$15) from Diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

- JAMES H. STERNER, Chairman, Rochester, N.Y.
- RICHARD F. BOYD, Vice Chairman for Public Health, Dallas
- WILLIAM J. KENNARD, Vice Chairman for Aviation Medicine, Washington, D. C.
- LEMUEL C. MCGEE, Vice Chairman for Occupational Medicine, Wilmington, Del.
- RODNEY R. BEARD, Vice Chairman for Preventive Medicine, Palo Alto, Calif.
- J. H. BAILLIE, Toronto, Canada
- THOMAS D. DUBLIN, Bethesda, Md.
- HAROLD V. ELLINGSON, Gunter Air Force Base, Ala.
- MERRILL H. GOODWIN, Washington, D.C.
- MALCOLM H. MERRILL, Berkeley, Calif.
- FRANK PRINCI, Cincinnati
- ERNEST L. STEBBINS, Baltimore
- CHARLES F. SUTTON, Springfield, Ill.
- TOM F. WHAYNE, Secretary-Treasurer, 4219 Chester Ave., Philadelphia 4, Pennsylvania

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 and Hospitals of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education and Hospitals of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. *Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and Hospitals 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 or 2 above, of special training in, or teaching or practice of, public health;

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AVIATION 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 aviation 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 Hospitals 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, aviation 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, aviation medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education and Hospitals 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

*Information concerning residencies in Public Health may be obtained from the Secretary of the joint Residency Review Committee for Preventive Medicine, Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

*Information concerning residencies in Aviation Medicine may be obtained from the Secretary of the joint Residency Review Committee for Preventive Medicine, Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

*Information concerning residencies in Occupational Medicine may be obtained from the Secretary of the joint Residency Review Committee for Preventive Medicine, Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

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 Hospitals 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, of special training in, or teaching or practice of, occupational medicine;

4. Three years of the experience outlined in 2 and 3 above, must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medicine and approved by the American Medical Association's Council on Medical Education and Hospitals 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 Hospitals 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 and Hospitals, 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

*Information concerning residencies in General Preventive Medicine may be obtained from the Secretary of the joint Residency Review Committee for Preventive Medicine, Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

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	\$25
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	\$100
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	\$25
Examination fees for additional affiliated specialties: Each specialty	\$50

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The 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.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

- C. H. HARDIN BRANCH, President, Salt Lake City
- A. B. BAKER, Vice-President, Minneapolis, Minnesota
- EWALD W. BUSSE, Secretary-Treasurer, Durham, N. C.
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- CHARLES RUPP, Philadelphia
- A. L. SAHS, Iowa City, Iowa
- DAVID A. BOYD, JR., Executive Secretary-Treasurer, 102-110 Second Avenue, S. W., Rochester, Minn.

APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board *not less than 90 days* before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

- (a) He is a physician duly licensed by law to practice medicine.
- (b) He is of acceptable ethical and professional standing.
- (c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.
- (d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

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 and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years 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 in one subject and two years in the other. The required years each in psychiatry and neurology or three years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in psychiatry or neurology under the regulations relating to training credit and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

The Board will give credit for one year of training in Child Psychiatry providing it is the third year of the re-

quired three years of special training required by the Board and providing it is taken in a center approved by this Board for training in Child Psychiatry.

The lists of training programs approved by this Board and by the Council on Medical Education and Hospitals 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 Psychiatry.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the Board. The examination for Certification in Psychiatry will differ from the examination for Certification in Neurology.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry shall include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well of such medico-legal issues as competency and responsibility. Formal provision should be made in neurologic training programs so that the trainee may acquire the knowledge and skills described before.

A formal application, together with the application fee, must be filed in the Executive Office and the applicant, having fulfilled completely the five full years in the field, must be declared eligible for examination by the Credentials Committee before he can be scheduled for any examination.

No reservation will be made in any examination which has not been definitely scheduled, both as to date and location.

PAYMENT OF FEES

The candidate upon filing his application shall accompany it with an application fee of fifty dollars (\$50), which is not returnable. If a preliminary written examination has been decreed, an additional twenty-five dollars (\$25) fee will be required at the time of the applicant's acceptance. When notified by the Secretary that he is accepted for the

oral and practical examination, the candidate shall send to the Secretary an examination fee of seventy-five dollars (\$75). A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of seventy-five dollars (\$75).

A candidate who has failed in one examination is eligible for reexamination within one year upon payment of a re-examination fee of seventy-five dollars (\$75). After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and fifty dollars (\$50) fee, present evidence of further training, and pay an examination fee of seventy-five dollars (\$75).

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year upon payment of a reexamination fee of fifty dollars (\$50). After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of an application fee of fifty dollars (\$50). If admitted to the examination, he must pay a new examination fee of seventy-five dollars (\$75).

Effective January 1, 1962, the following fee schedule will be adopted: Application fee, seventy-five dollars (\$75); Examination fee, one hundred dollars (\$100); Reexamination fee (complete reexamination), one hundred dollars (\$100); Reexamination fee (one or two subjects), seventy-five dollars (\$75).

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary at three (3) months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three (3) years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

Beginning January 1, 1958, all unused examination fees, or portions of examination fees, on deposit in the Board Office will be forfeited by the candidate to the Board when the application lapses by going out of date. Further, all unused examination fees, or partial, unused examination fees, deposited before the date of January 1, 1952, were automatically forfeited by the candidate to the Board on January 1, 1958.

[COMMENT ON TRAINING WHICH FULFILLS THE SPECIALIZED REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training 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. (See Classes of Applicants.)

(d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

CLASSES OF APPLICANTS

CLASS A

Psychiatrists who have concluded their training and have been continuously in the full-time practice of child psychiatry since July 1, 1950, or before, may apply for certification on record (without examination). If the major interest and activities of their practice is with children or adolescents, this will be regarded as full-time practice of child psychiatry. Applicants must have been previously certified in psychiatry by the American Board of Psychiatry and Neurology, Inc. except in those instances where this requirement has been waived by the Board for good and sufficient reasons.

This certification is for those who are currently in the specialty of child psychiatry and not for those who have been in the field in the past. Applicants who have previously practiced in the field of child psychiatry, but who have left this specialty for other types of practice, must show that in the two years preceding application their major interest and activities have been in the field of child psychiatry.

The Committee will consider the application and ascertain if the applicant's training, experience and contributions in child psychiatry warrant his certification on record. If all is in order, such certification will be recommended. Those applicants not qualifying for such certification will then be evaluated by the Committee for eligibility for examination. All applications for certification on record must be in the office of the Executive Secretary of the Board on or before

September 21, 1961. All psychiatrists applying after September 21, 1961, will be considered as applying for certification by examination regardless of whether they could have qualified for certification on record by earlier application.

APPLICATION AND FEES

Class A applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of fifty dollars (\$50). This fee is not refundable.

Those applicants who are accepted for certification on record will be notified. An official diploma of Certification in Child Psychiatry will then be issued after payment of a certifying fee of seventy-five (\$75).

CLASS B

Those child psychiatrists not qualifying under the above rules and regulations will be considered as applicants for certification by examination. Such applicants must satisfy the Committee of the adequacy of their specialized training and experience in child psychiatry. Further, their major interest and activities in their current practice must be devoted to psychiatric problems of children and adolescents. Should they have left the field of child psychiatry for other types of practice but otherwise fulfill the training and experience requirements, they must show that the two years prior to application have been in specialized practice of child psychiatry.

TRAINING AND EXPERIENCE REQUIREMENTS

Class B applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology, 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 certificates as specialists in child psychiatry who receive their primary training in psychiatry should have training in the pediatric aspects of general medicine. Such training may be offered in lieu of two years of practice experience.

In the third year of basic training in psychiatry, the applicant may complete one (1) year of the two years of specialized training in child psychiatry. After completion of basic psychiatric training, a minimum of one (1) year of specialized child psychiatry training must be secured in training centers acceptable to the Committee. Enough further training in child psychiatry in approved specialty programs to total a minimum of two (2) years are required. At least the second year of training in child psychiatry should be secured in a child psychiatric training program approved for two years of training in the specialty. Any excess training in child psychiatry over the required two (2) years or approved residency training in pediatrics may be applied to the experience requirements. Otherwise the applicant must have a minimum of two (2) years of specialized practice in child psychiatry. In the interim he must have achieved Certification in Psychiatry by the American Board of Psychiatry and Neurology, Inc.

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

Class B applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of fifty dollars (\$50). This fee is not refundable.

Those applicants accepted for certification by examination will be notified and scheduled for examination. The exami-

nation fee of seventy-five dollars (\$75) 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.

Effective January 1, 1962, the following fee schedule will be adopted: Application fee, seventy-five dollars (\$75); Examination fee, one hundred dollars (\$100); Re-examination fee (complete re-examination), one hundred dollars (\$100).

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, 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 seventy-five dollar (\$75) 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 fifty dollars (\$50).

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of child psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee. All unused examination fees on deposit in the Board Office will be forfeited by the candidate to the Board when the application lapses by going out of date.

AMERICAN BOARD OF RADIOLOGY

- LAURENCE L. ROBBINS, President, Boston
- ERNEST H. WOOD, Vice President, Chapel Hill, N. C.
- JAMES W. J. CARPENDER, Treasurer, Chicago
- ROBERT P. BARDEN, Philadelphia
- EARL E. BARTH, Chicago
- DONALD S. CHILDS, Rochester, Minn.
- JOHN A. EVANS, New York City
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- LESTER W. PAUL, Madison, Wis.
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- JOHN F. ROACH, Albany, New York
- EUGENE F. VAN EPPS, Iowa City, Iowa
- BERNARD P. WIDMANN, Philadelphia
- H. DABNEY KERR, Secretary, Kahler Hotel Bldg., Rochester, Minn.

CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of the three forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice radiology in one of the following categories: (a) diagnostic roentgenology; (b) therapeutic radiology.
3. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in one of the following categories: (a) roentgen ray and gamma ray physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms or radiant energy such as roentgen ray, radium, and radioactive isotopes.
2. *Diagnostic Roentgenology* is that branch of radiology which deals with the diagnostic application of roentgen rays.
3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, radium, and radioactive isotopes.
4. *Radiologic Physics* is that branch of physics which deals with the medical application of roentgen rays and the radiation 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 radium.
6. *Medical Nuclear Physics* is that branch of radiologic physics which deals with radioisotopes, nuclear reactions, and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATES IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements:

- A. General Qualifications:
1. Satisfactory moral and ethical standing in the profession.
 2. A license to practice medicine in the state or country in which he resides.
 3. Assurance that the applicant holds himself out to be a specialist in radiology or one of its branches as defined under "Definitions" and that he limits his practice within the field of radiology.
 4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.
- B. General Professional Education:
1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. If the applicant is a resident of the

United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.

2. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same Council.

C. Special Training:

1. After completion of the internship there shall be a period of special training in radiology in clinics, hospitals, or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have three years' formal residency training in an approved department of radiology.

2. Candidates beginning their training *on* July 1, 1956, or thereafter must have three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice.

3. The three-year training period must include the equivalent of three months' training in pathology and three months' training in isotopes.

DIAGNOSTIC ROENTGENOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology; the equivalent of six months of this time must have been devoted to pathology.

2. Candidates beginning their training *on* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

3. Candidates beginning their training on July 1, 1957, or thereafter must have three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice. The three-year training period must include the equivalent of three months' training in pathology. Candidates applying for diagnostic roentgenology may expect to be examined in physics.

THERAPEUTIC RADIOLOGY

1. For candidates beginning their training *before* July 1, 1956, *on* July 1, 1956, or July 1, 1957, the *time* requirements are the same as for diagnostic roentgenology (see above). After July 1, 1957, a candidate must have three months' training in pathology and three months' training in isotopes. Candidates applying for therapeutic radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources as well as proficiency in roentgen therapy.

Generally the Board holds two examinations each year—in the spring and in the fall. The policy of the Board is to give oral examinations.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to their country of citizenship.
3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation; problems regarding the clinical applications of roentgen rays, fixed

gamma ray sources (radium, cobalt, etc.) 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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 MERLE M. MUSSELMAN, Omaha
 HENRY SWAN, Denver
 JOHN B. FLICK, Secretary-Treasurer, 1617 Pennsylvania Blvd., Philadelphia 3; *after February 1, 1963*,
 ROBERT M. MOORE, Secretary-Treasurer
 GORDON M. LOOS, Executive Associate, Philadelphia

REQUIREMENTS FOR ADMISSION TO EXAMINATION GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. 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

MEDICAL SPECIALTIES

sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, the Board requires that the candidate have had this senior year in order to become eligible for examination. Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical as well as other forms of education, the Examination Committee of the Board is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board reserves the right to require a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP 1 PROGRAM

Completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four years of training by the Conference Committee on Graduate Training in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four years by the Conference Committee. The senior year must have been spent in the parent institution holding the approval of the Conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special considera-

tion by the Examination Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

GROUP 2 PROGRAM

Completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Two additional years of training beyond the three years of residency to complete a total of five are necessary to meet the requirement 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 with a preceptor acceptable to the Board who should inform the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during a 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 can-

didate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

FOREIGN-TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Examination Committee of the Board may grant some credit for foreign graduate training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates are urged to file the Evaluation Form several months before completing their training requirements if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada, and those requesting some credit for foreign graduate training (see above), must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications should be returned by Aug. 1 if consideration is desired for examination in Part I in December of the same year.

Candidates completing their training requirements after Sept. 30 must await consideration for admission to the December Part I examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part 2 examination until they have made a passing grade in Part 1.

A candidate who has been notified of eligibility to take the Part 1 or the Part 2 examination and who does not exercise this option within three years shall apply for re-evaluation of his eligibility for examination.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May. 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 process and their clinical implications. The identification of gross and 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 Examination Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

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).

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. William M. Tuttle, 1151 Taylor Avenue, Detroit 2, Mich. This board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY
(An Affiliate of the American Board of Surgery)

HERBERT C. MAIER, Chairman, New York City
 JOHN W. STRIEDER, Vice Chairman, Boston
 HENRY T. BAHNSON, Baltimore
 EDWARD J. BEATTIE, JR. Chicago
 LYMAN A. BREWER, III, Los Angeles
 ANTHONY R. CURRERI, Madison, Wis.
 ROLLIN A. DANIEL, JR., Nashville, Tenn.
 DAVID J. DUGAN, Oakland, Calif.
 PAUL W. SANGER, Charlotte, N.C.
 ROBERT R. SHAW, Dallas
 WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Ave., Detroit 2, Mich.

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Two years training credit on services approved by the Board of Thoracic 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 Surgical Service that is approved by the Council on Medical Education and Hospitals of the American Medical Association in collaboration with the Board of Thoracic Surgery:

Training obtained on Surgical Services where the experience with thoracic and nonthoracic 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, William M. Tuttle, M.D., 1151 Taylor Avenue, Detroit 2, Michigan.

Preceptorships 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 experience that is confined to any one such segment.

Since very 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. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the Board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written and Part II is an oral examination in clinical surgery, x-ray interpretation, and pathology.

Part I.—This examination will be given simultaneously at

least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Part II.—In order to be eligible for Part II a candidate must have successfully completed Part I. Examinations in Part II are conducted in certain centers of the country selected by the Board.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after Oct. 26, 1955, who are certified by the American Board of Surgery, will be required to take only the oral examination given by the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to Oct. 26, 1955, will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

REEXAMINATIONS

Those individuals who fail Part I or Part II will be required to wait one year before they can retake the part which they failed. Those who fail twice will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to reexamination. A candidate must give at least 60 days' notice requesting reconsideration for examination. Candidates who are unsuccessful at three attempts will be required to wait three years before requesting reconsideration. The Board may at its discretion deny the candidate the privilege of reexamination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Also a candidate who has failed in an examination (Part I or Part II) and who does not apply for reexamination within three years shall be required to make a new application and pay a new examination fee.

FEES

For the special examination in thoracic surgery and the issuing of a certificate the fee will be one hundred twenty-five dollars (\$125). Twenty-five dollars (\$25) of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination. The fee for reexamination will be fifty dollars (\$50).

AMERICAN BOARD OF UROLOGY

WILLIAM P. HERBST, JR., President, Washington, D.C.
 RUBIN H. FLOCKS, Vice President, Iowa City
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 WYLAND F. LEADBETTER, Boston
 ROBERT LICH, JR., Louisville, Ky.
 WM. NILES WISHARD, JR., Secretary-Treasurer, Minneapolis
 or
 MRS. RUBY L. GRIGGS, Executive Secretary, 30 Westwood Road, Minneapolis 26, Minn.

REQUIREMENTS FOR ALL APPLICANTS

A. Application for Certification Must Be Made on a Special Form provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by seventy-five dollars (\$75) of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to urology; or one-year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in urology, leading to competency in all its phases.

Any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full-time practice of urology.

FEEs

The examination fee is one hundred seventy-five dollars (\$175). (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) Seventy-five dollars (\$75) must accompany the application. One hundred dollars (\$100) must be paid when the application has been processed. Neither fee is returnable.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give sixty days' notice of his intention to appear for reexamination. A new group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include: evidences of hospital practice including the presentation of reports of twenty-five representative (not necessarily consecutive) major urologic cases from practice, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc.; a written examination; pathology and oral-clinical examinations.

A. Evidences of Hospital Practice and Case Reports.

An index, in consecutive order, of all major and minor urologic surgery (including endoscopy) done during the last two years of practice must be presented. This index must be verified by the various hospital administrators.

The candidate must present twenty-five records of major

urologic cases completed since the candidate's residency training with hospital, names (or initials) and record numbers, in which the candidate has had complete charge, responsibility and activity in all phases of the patient's care. These reports must be typewritten on 8½-by-11-in. paper and in duplicate, but need not be on any special form. *Please file the duplicate in your own office.* The second copy will be called for when and if it is needed.

Complete index lists must accompany the reports. If they are obtained from more than one hospital, a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name (or initials) of the patient, the hospital number and the name and date of operation. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

The candidate must *personally* prepare the case reports, remembering that these are documentary evidence of his ability and that the material in them and the manner of presentation are important evidence of his competence as an Urologist.

The case reports must be received on or before Aug. 1. The case reports must be prepared as follows. Those not conforming to this outline will be returned for correction.

1. Heading; including identification of patient, hospital number and name or initial, age, marital status, sex, occupation, diagnosis, dates of hospitalization, date and name of operation, and outcome.
2. Complete history, including chief complaint, present and past history, family history, review of symptoms, etc.
3. Complete physical examination, including temperature, pulse, respiration and blood pressure, upon admission.
4. Initial laboratory and x-ray examinations must be recorded in detail.
5. Admitting diagnosis, based on above, with reasons for making this diagnosis.
6. Indications for further management and description of same in chronological order, together with finding and outcome, as they occurred. This should include detailed description of all subsequent laboratory and x-ray findings, final preoperative diagnosis and reasons for same.
7. Major and minor surgical procedures shall be described in detail. A detailed description of all other treatment and findings such as administration of drugs, and fluids, morbidity, complications, consultations, use of special drainage, etc., shall be recorded.
8. A detailed description of the postoperative course, including complications and outcome shall be given. If autopsy is done this should be reported.
9. An adequate follow-up of patient's course after dismissal from the hospital.
10. Final summary of the case.

This must include the candidate's interpretation of the record in terms of pathology; the basis for diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; and a critical discussion of the knowledge gained from the management of the case.

11. The entire record should be compiled as chronologically as possible and *must* contain dates of all data.

12. The candidate will be required to include a statement that he has personally prepared and edited the case reports.

B. Written Examination.

The written examination is designed to test the candidate's preparation in and his knowledge of the whole field of urology, including the subjects: clinical urology, pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry, and endocrinology. These may be held on certain dates simultaneously in different parts of the country at places convenient for candidates.

C. Pathology.

The examinations in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. It will be held at the time of the oral examination.

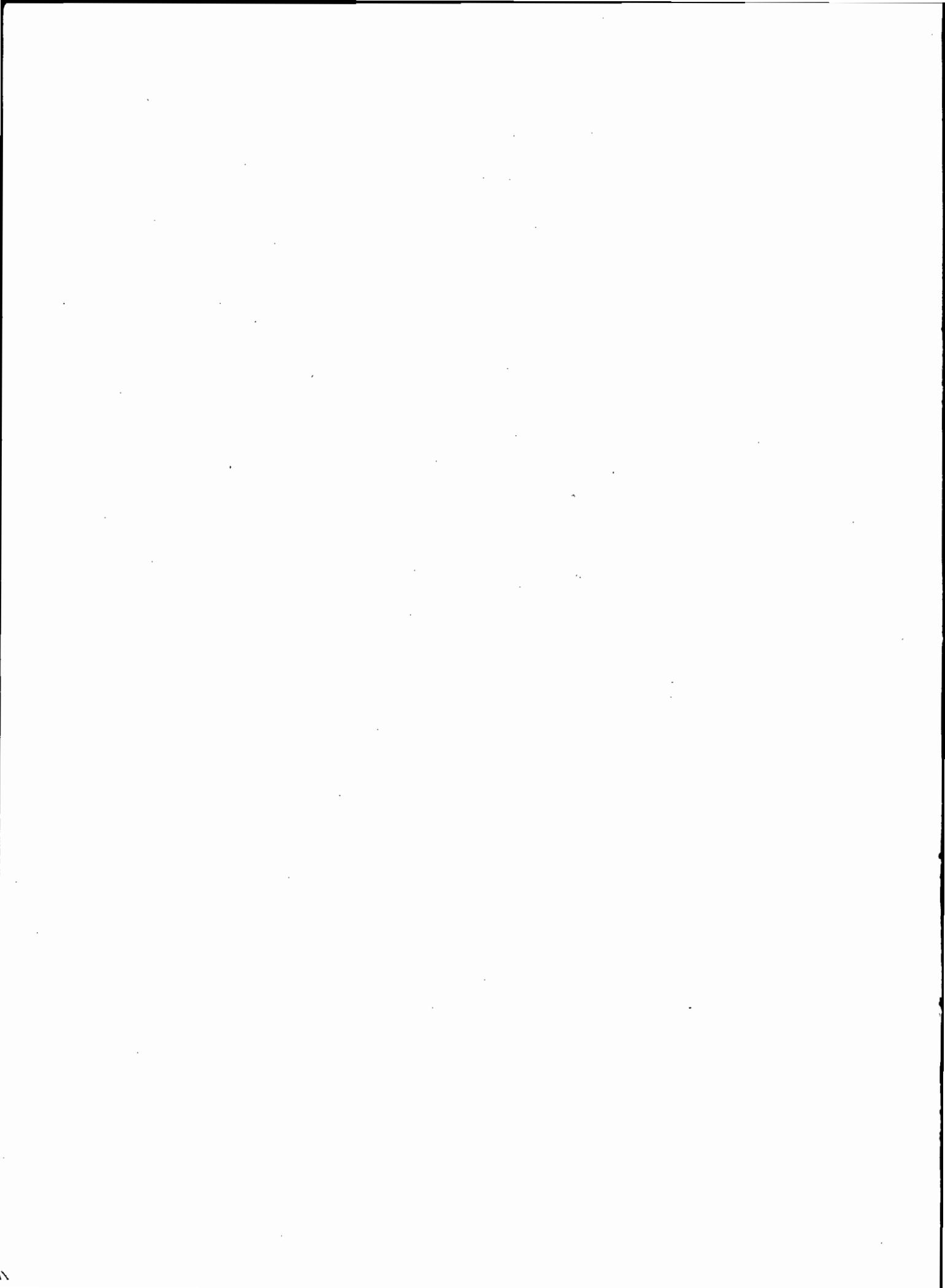
D. Oral-clinical examination.

This will consist of discussion of urological problems. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate and

each portion of the urinary tract and the adrenals. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

Communications should be addressed to the Secretary-Treasurer. Checks should be made payable to: the American Board of Urology, Inc.



MEDICAL LICENSURE REQUIREMENTS*

Licensure, Registration or Other Requirements for Interns

Licensure	Registration	Other Requirements
Indiana	Arkansas	Arizona 1
Puerto Rico	California	Florida 4
Rhode Island 7	Colorado 2	Oklahoma 1
South Carolina 7	Delaware 3	
	District of Columbia	
	Massachusetts 5	
	Nebraska	
	New Hampshire	
	New Mexico	
	Oregon	
	Texas 7	
	Virginia 1	
	West Virginia 8	

- Licensed hospitals must register annually names of all interns.
- May serve for an aggregate period not to exceed 4 years: required to register with licensing board annually.
- May serve for 2 years without licensure.
- Hospitals required to register names of interns every 6 months with state Board of Health. Interns may serve for a period of 2 years without licensure.
- Limited registration granted.
- May serve for not more than 2 years without licensure.
- Temporary permit required.
- Foreign graduates must obtain approval from Board for such service.

Licensure, Registration, or Other Requirements for Residents

Licensure	Registration	Other Requirements
Illinois 4	Arkansas	Arizona 1
Indiana	California	Florida 3
Iowa 5	Colorado 2	
Maine 6	Delaware 3	
Michigan 6	District of Columbia	
Minnesota 6	Idaho	
Nevada 9	Massachusetts 8	
North Carolina 11	Montana	
Oklahoma 11	Nebraska	
Puerto Rico	New Hampshire	
Rhode Island 6	New Mexico	
South Carolina 7	New York 10	
South Dakota 13	Oregon 1	
Texas 6	Pennsylvania 12	
	West Virginia 1, 7	
	Wisconsin 1	

- Licensed hospitals must register annually names of all residents.
- May serve for an aggregate period not to exceed 4 years: required to register with licensing board annually.
- Hospitals required to register names of residents every 6 months with State Board of Health. Residents may serve for a period of 2 years without licensure.
- Applicants who wish to serve residencies in Illinois hospitals and who are not eligible for permanent registration may apply for temporary certificates which are issued without examination. Temporary permit issued for service in state hospitals to physicians eligible for licensure.
- Resident physician's license issued for a period of not more than 7 years in approved hospital; must practice under the supervision of a licensed physician.
- Temporary license issued.
- Foreign graduates must obtain approval from Board for such service.
- Limited registration covering appointment as resident, or fellow in a specific hospital.
- Temporary permit for one year; candidate must be eligible for permanent licensure.
- Temporary certificate for 2 years for residents, except in state mental and municipal hospitals.
- Limited license for duration of residency.
- Postgraduate certificate issued for residency training if licensed in any state or Canada or hold the certificate of the National Board of Medical Examiners.
- Temporary permit for one year.

*Information on this and subsequent pages reprinted with permission from the STATE BOARD NUMBER of *The Journal of the American Medical Association*, Vol. 180, pp. 843-892 (June 9), 1962.

Boards of Examiners in the Basic Sciences

Twenty-two states and the District of Columbia have adopted basic science requirements as a prerequisite for licensure. The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indicates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiropody, and dentistry.

A basic science law provides for the establishment of a board of medical examiners and requires that each person to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic sciences. These boards have no licensing powers. A certificate of proficiency in the fundamental sciences is issued which must be presented when applying for a license to practice medicine or other methods of healing.

States Having Basic Science Laws and Year of Enactment

Alabama	1959	Nebraska	1927
Alaska	1945	Nevada	1951
Arizona	1936	New Mexico	1941
Arkansas	1959	Oklahoma	1937
Colorado	1937	Oregon	1934
Connecticut	1925	Rhode Island	1940
District of Columbia	1929	South Dakota	1939
Florida	1939	Tennessee	1943
Iowa	1935	Texas	1949
Kansas	1957	Washington	1927
Michigan	1937	Wisconsin	1925
Minnesota	1927		

Subjects Included in Basic Science Examinations

	Anat-omy	Bacte-riology	Chem-istry	Diag-nosis	Hy-glens	Pa-thol-ogy	Physi-ology	Public Health
Alabama	x	x	x	..	..	x	x	..
Alaska	x	x	x	..	x	x	x	..
Arizona	x	x	x	..	x	x	x	..
Arkansas	x	x	x	..	x	x	x	..
Colorado	x	x	x	..	..	x	x	..
Connecticut	x	..	..	x	x	x	x	..
District of Columbia	x	x	x	..	..	x	x	..
Florida	x	x	x	..	..	x	x	..
Iowa	x	x	x	..	x	x	x	..
Kansas	x	x	x	..	..	x	x	..
Michigan	x	x	x	..	..	x	x	..
Minnesota	x	x	x	..	x	x	x	..
Nebraska	x	x	x	..	x	x	x	..
Nevada	x	x	x	..	..	x	x	..
New Mexico	x	x	x	..	..	x	x	..
Oklahoma	x	x	x	..	..	x	x	..
Oregon	x	x	x	..	x	x	x	..
Rhode Island	x	x	x	..	..	x	x	..
South Dakota	x	x	x	..	..	x	x	..
Tennessee	x	x	x	..	..	x	x	..
Texas	x	x	x	..	x	x	x	x
Washington	x	x	x	..	x	x	x	..
Wisconsin	x	..	..	x	..	x	x	..

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.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard or temporary ECFMG certification.
Delaware	Temporary emergency license granted for 4 months, subject to renewal, for emergency shortage and for locum tenens practice provided physician is licensed in another state.
Georgia	Temporary permit until board meets. Institutional permits to practice at medical colleges and institutions, renewal possible indefinitely.
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.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician.
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 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 semi-annual meetings of the board. Temporary permit valid until next meeting of the board.
Maine	Temporary camp license for season. Hospital resident license for one 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.
Minnesota	Limited license for duration of residency.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Montana	In extenuating circumstances in a community without adequate medical service, a temporary license may be issued.
Nevada	Temporary permit for one 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.
New York	Temporary certificate for 2 years for residency training except in state mental and municipal hospitals.
North Carolina	Limited license issued for duration of residency, renewable on an annual basis, to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for United States and Canadian graduates until next board meeting and for locum tenens. Limited license for physicians employed in state hospitals. Does not apply to foreign graduates.
Oklahoma	Temporary license for one 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 one year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for one year for intern and residency training; renewable. Temporary permits are issued to endorsement applicants beginning practice prior to board meeting.
South Dakota	Temporary license issued for four years for practice in emergency medical areas.
Texas	Temporary permit issued until next board meeting. Beginning July 1, 1961, permits limited to hospitals will be issued to interns and residents.
Vermont	Limited license issued to foreign graduates, noncitizen who is awaiting citizenship.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary permit 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.

Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other than Canada*

	Written Examination Required	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship in United States	Required to Pass Examination of Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, Dollars
Alabama	x		x	x	x	x	x	25
Alaska	x	x	x	x	x	x		35
Arizona	x		D	x	x	x		50
Arkansas	x	Not Accepted						
California	x				x		x	40
Canal Zone	x		R				x	10
Colorado	x		x	x	x		x	25
Connecticut	x		D	x			x	50
Delaware	x	x	x		x	x	x	50
District of Columbia	x	x			x		x	35
Florida	x		x	x		x	x	50
Georgia	x	x	x			x		20
Guam	x	x			x	x		50
Hawaii	x		D		x	x	x	50
Idaho	x		D		x	x	x	25
Illinois	x		x		x		x	75
Indiana	x		D				x	25
Iowa	x		D	x	x	x	x	25
Kansas	x		x	x	x	x	x	50
Kentucky	x		x		x	x	x	50
Louisiana	x	Not Accepted						
Maine	x				x	x		52
Maryland	x		D		x	x	x	50
Massachusetts	x		D				x	50
Michigan	x		x	x	x	x	x	30
Minnesota	x		x	x	x	x		35
Mississippi	x		x				x	35
Missouri	x		x		x	x		25
Montana	x	x	x		x	x		75

	Written Examination Required	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship in United States	Required to Pass Examination of Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, Dollars
Nebraska	x		x					25
Nevada	Not Accepted			x		x		
New Hampshire	x	D		x	x	x	x	30
New Jersey	x	x	x		x		x	50
New Mexico	x		x	x		x		100
New York	x		D		x		x	40
North Carolina	x		x		x	x	x	50
North Dakota	x		D		x	x	x	100
Ohio	x		x			x	x	50
Oklahoma	Not Accepted							
Oregon	x	D		x	x	x	x	125
Pennsylvania	x		x		x	x	x	25
Puerto Rico	x				x			30
Rhode Island	x	D	x	x	x	x	x	50
South Carolina	x		x		x	x	x	100
South Dakota	x		D	x	x	x	x	40
Tennessee	x	x	x	x		x	x	35
Texas	x	D	x			x	x	50
Utah	Not Accepted							
Vermont	x		x		x	x	x	20
Virgin Islands	x				x		x	65
Virginia	x		D		x	x	x	50
Washington	x	x		x		x		25
West Virginia	x		D		x	x	x	25
Wisconsin	x	x	D	x	x	x	x	75
Wyoming	x	x	x			x		50

This summary should be supplemented 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.
 R Must be resident of Canal Zone or Panama.

Additional Requirements

Alabama. Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.
California. Two-year internship in an approved hospital in the United States, one of said years being in California.
Canal Zone. Acceptable at the discretion of the Board of Medical Examiners.
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.
Connecticut. 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. Maintains list of acceptable medical schools.
Florida. One year approved internship or 5 years private practice in United States.
Georgia. Reciprocity applicants may furnish certification of passing examination of Education 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.
Hawaii. Residence for one year required. Diplomates of National Board eligible on reciprocity basis. Maintains list of acceptable medical schools. Graduates of other schools considered if in practice for 10 years as a licensed physician.
Idaho. Considered on an individual basis.
Illinois. Limited license for practice in hospitals maintained by the state.
Indiana. Two years postgraduate training in approved hospital in United States required.
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 hearing on acceptance.
Kentucky. Applicant required to complete at least five years' training in the United States in an institution approved by the board and to have successfully passed examination of National Board of Medical Examiners.
Maryland. Three years hospital service in the United States required, one year of which must be a rotating internship or one year of residency in internal medicine; also one of the three years must have been spent in an approved hospital in Maryland.
Massachusetts. Must furnish documentary evidence that education is equivalent to that of graduates of United States medical schools and shall be required to take a screening examination conducted periodically for such applicants by the National Board of Medical Examiners, who shall certify that the appli-

cant has successfully passed said examination. If he fails to pass, he may be permitted to repeat the screening examination twice. If third screening examination is failed, he shall not be permitted to retake screening examination until he has finished a one year internship or residency in a Massachusetts hospital approved for such training by the American Medical Association.
Michigan. Temporary licenses for private practice may be granted to those foreign medical graduates who have served an approved internship in Michigan and have declared their intention to become a citizen of the United States.
Minnesota. Two-year internship is required.
Mississippi. Interview by examining board prior to examination required.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on an individual basis. Certified copies of credentials and translations must be filed with application.
New Jersey. Candidates graduated after June 30, 1960 required to have not less than three years of training in a hospital approved by the board.
New York. Board of Regents maintains list of acceptable medical schools.
North Carolina. Considered on an individual basis.
North Dakota. Considered on an individual basis. Must be licensed in country of school of graduation.
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 with the exception of those who matriculated before Oct. 1, 1957 in the schools approved by the board or those licensed by examination in another state, are required to pass the examinations of Educational Council for Foreign Medical Graduates.
South Dakota. Applicant required to practice in an emergency area for four years under a temporary license and reappear before the board for permanent licensure.
Tennessee. All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis.
Virgin Islands. Residence of six months required.
Virginia. Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full right to practice. Two years of internship 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.

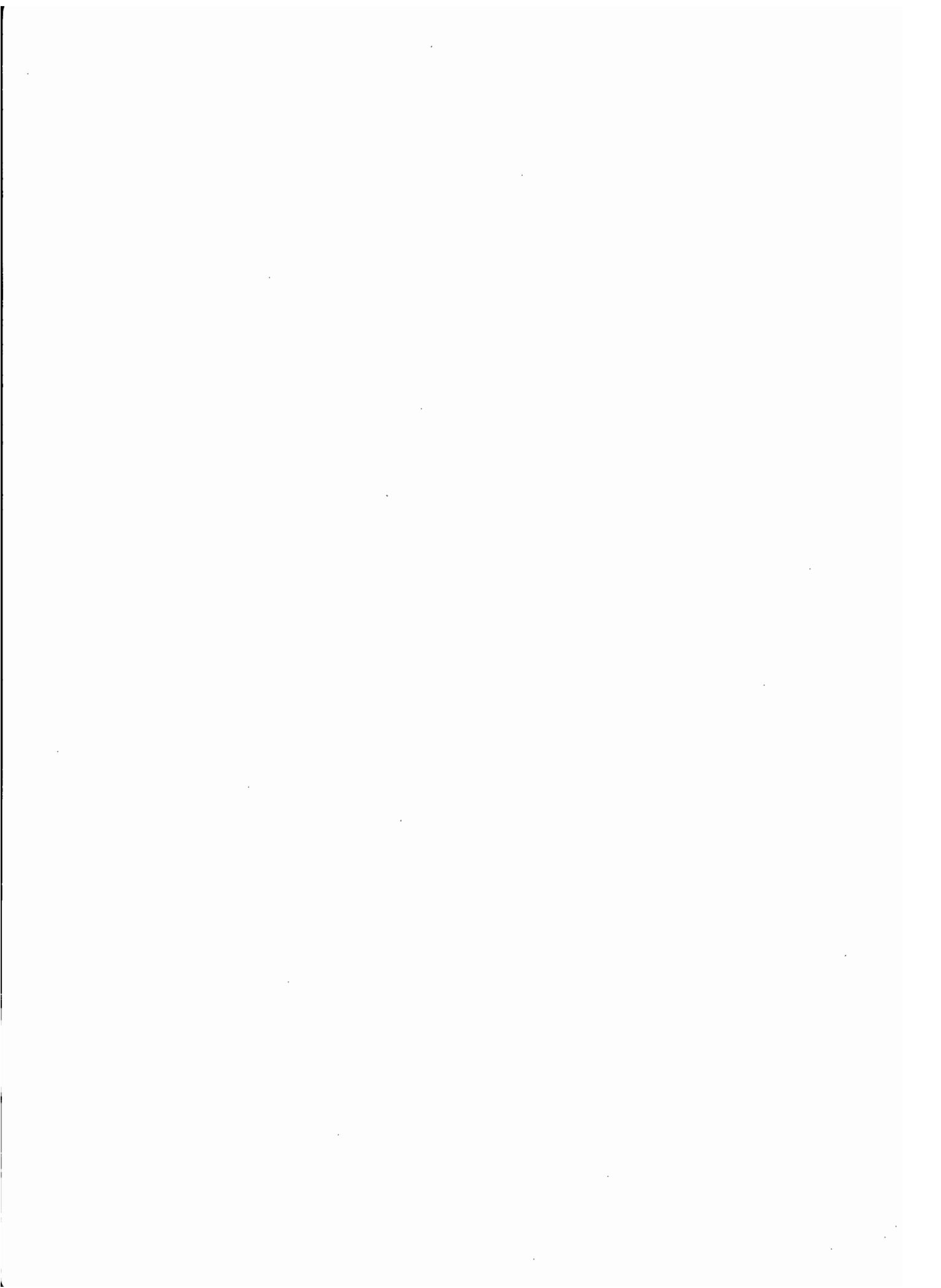
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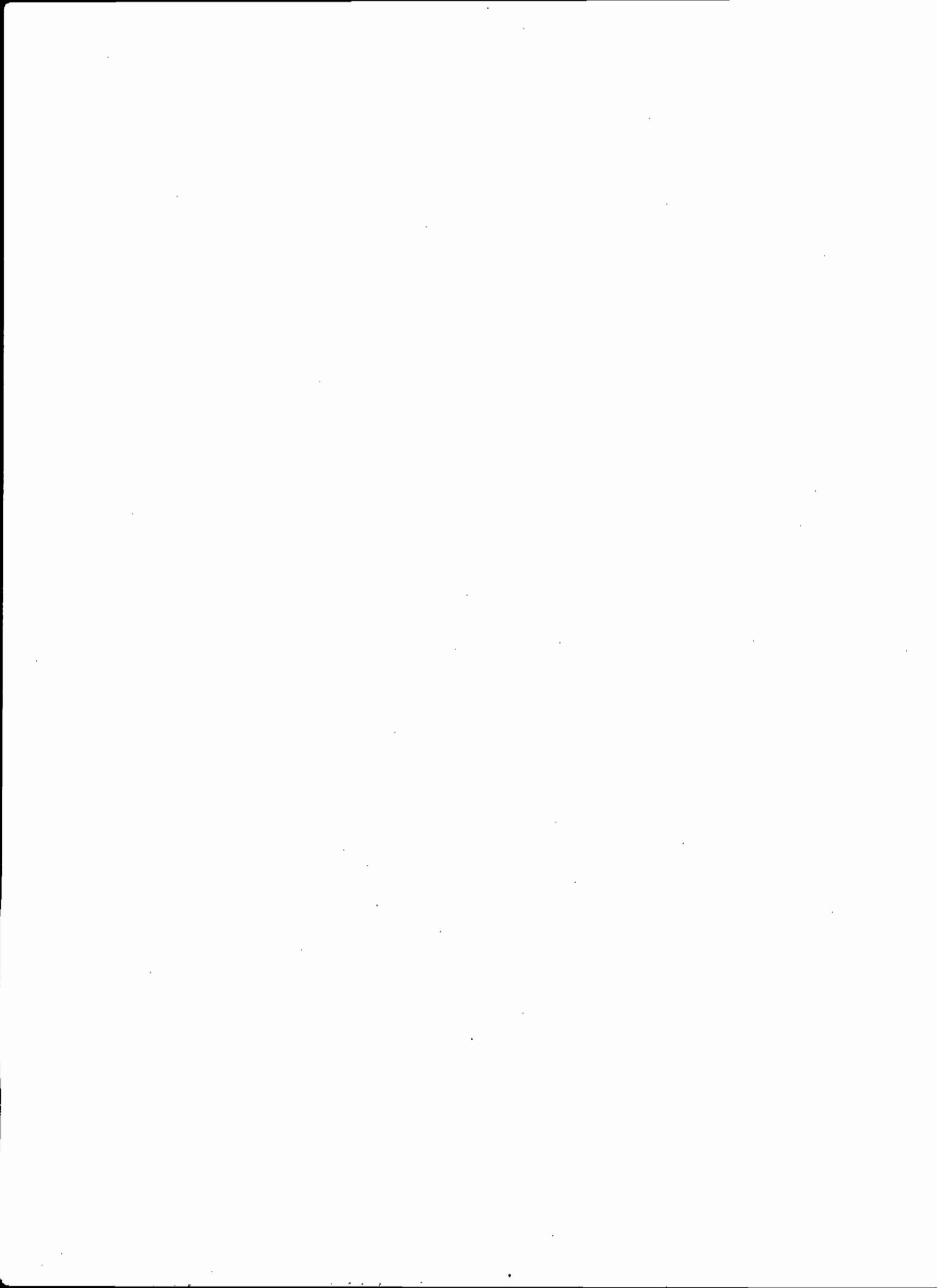
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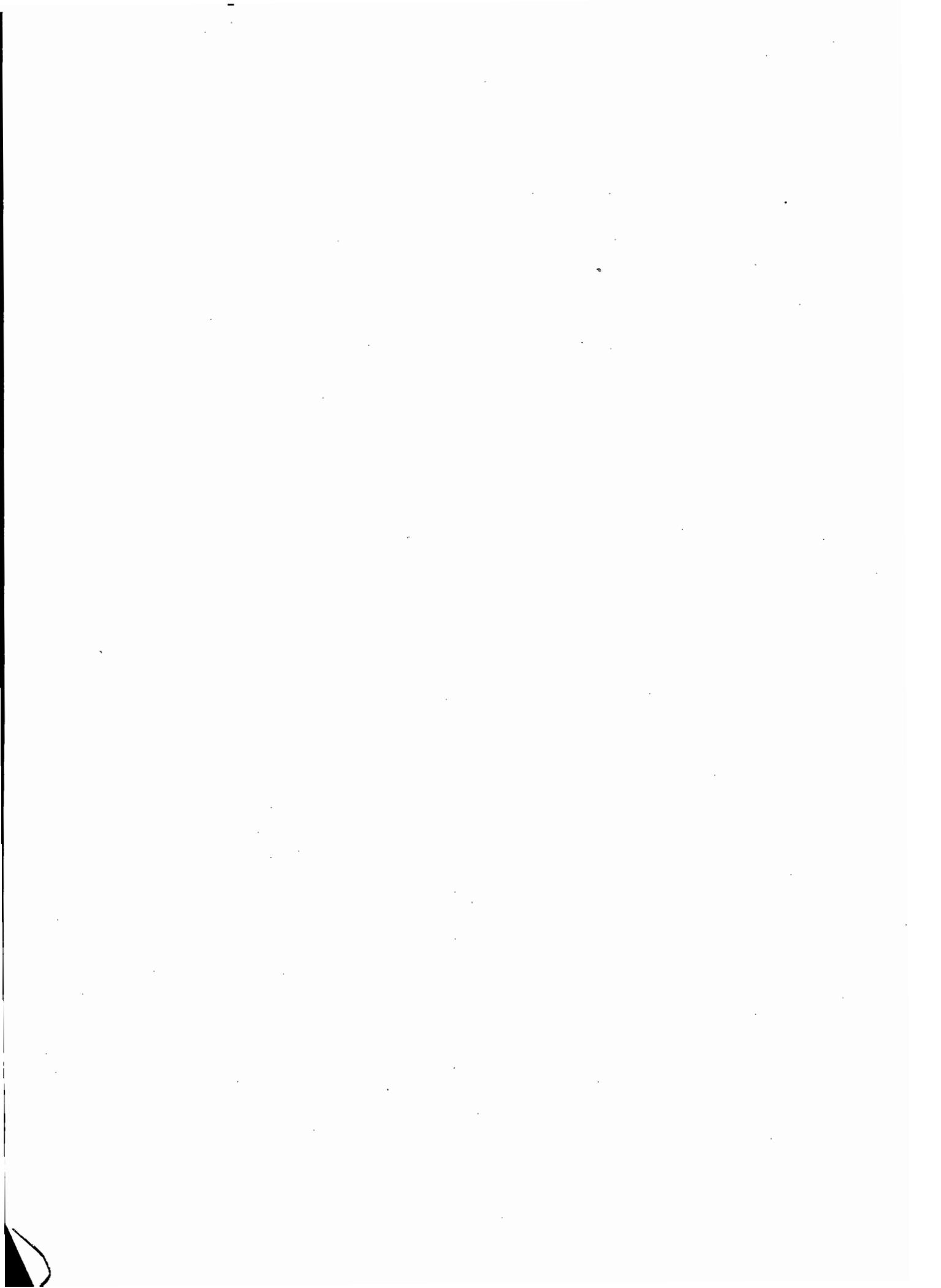
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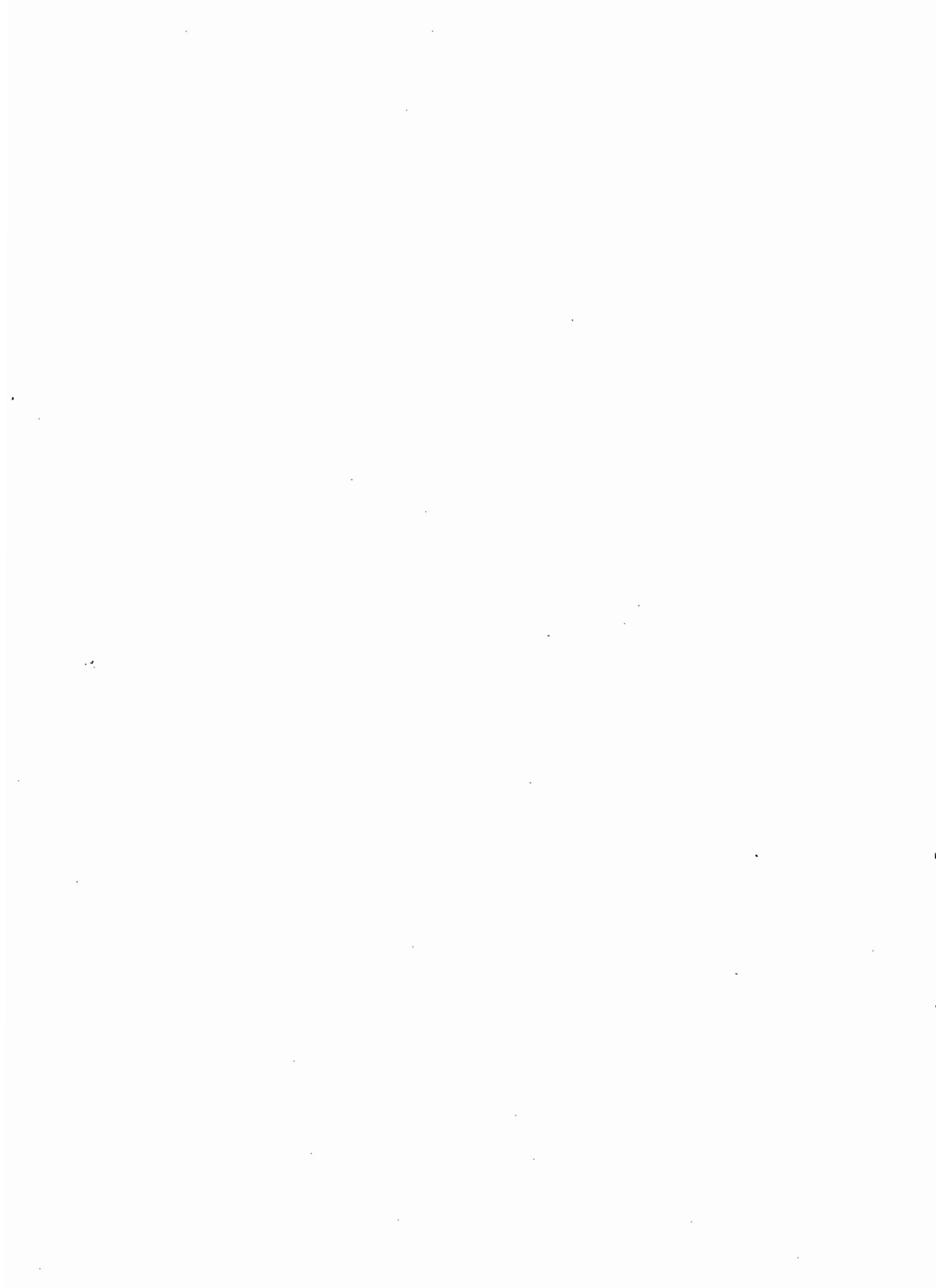
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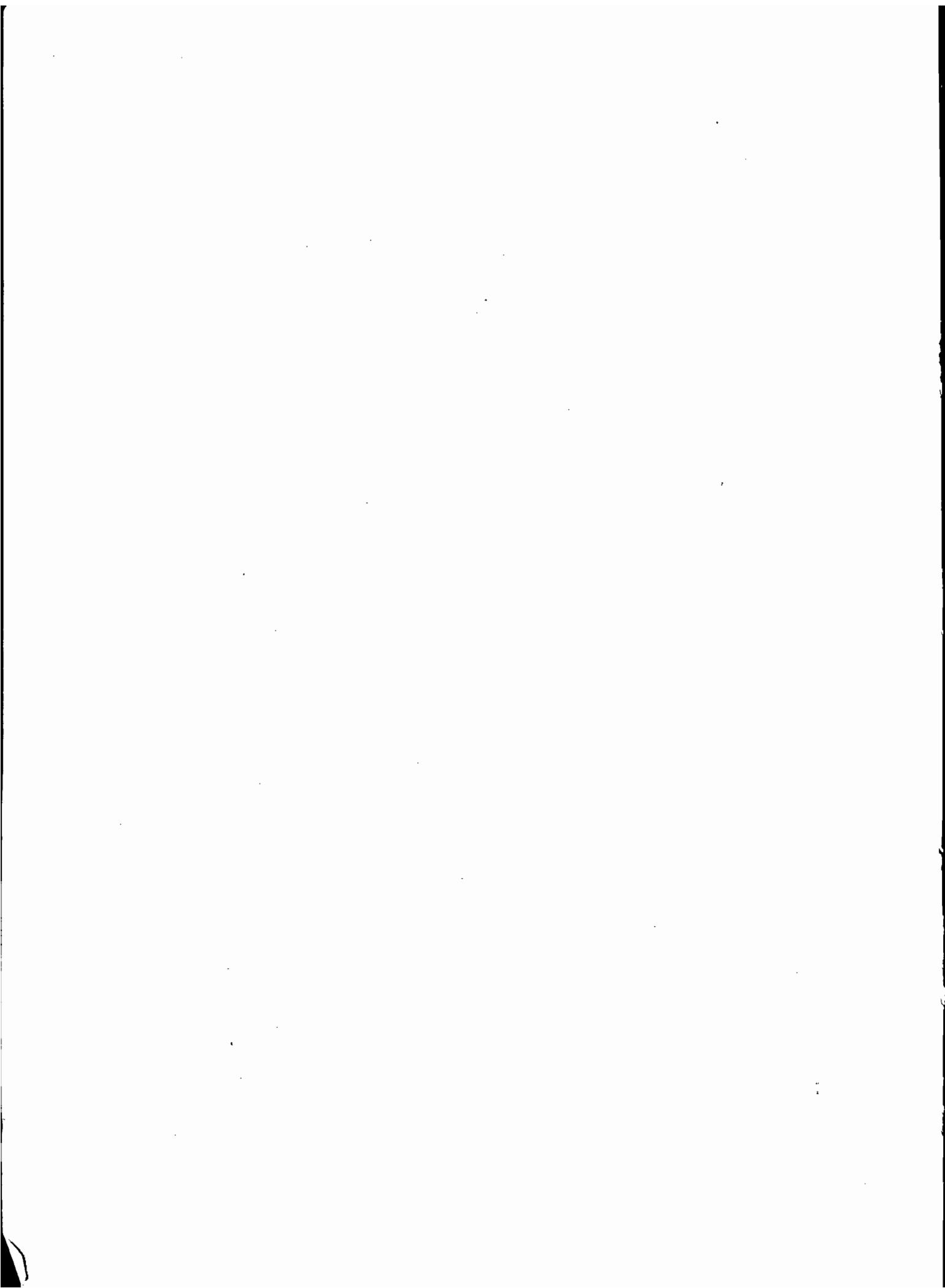
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